



Northumberland

County Council

CABINET **12TH APRIL 2022**

Specialist Dementia Service

Report of: Executive Director of Adult Social Care & Children's Services, Cath McEvoy-Carr

Cabinet Member: Councillor Wendy Pattison

Purpose of report

To inform Cabinet of current issues in relation to supporting people with challenging dementia needs, and to seek Cabinet approval for a measure which could be adopted to help provide more capacity within Northumberland to assist adult social care clients with this level of need.

Recommendations

1. To agree to a procurement exercise being undertaken for a Specialist Dementia Service in Northumberland, as set out in section 2 below. Option C is recommended.
2. To delegate to the Executive Director of Adult Social Care and Children's Services, in consultation with the Cabinet Member for Adult Well-being, the authority to award the contract to the successful bidder if within existing budget.

Link to Corporate Plan

This report is relevant to the "Living" priority in the Corporate Plan.

Key issues

1. Care for people with advanced dementia often takes place in older persons residential and nursing care homes. Some people with advanced dementia experience significant changes in behaviour which require enhanced models of care, particularly when the behaviour includes unpredictable physical aggression. There is currently a gap in

provision for specialist dementia services in Northumberland that can offer enhanced levels of care for people who display aggressive behaviour and consequently, many service users that present with the most challenging behaviours are placed in care homes outside of Northumberland. For those people who remain in Northumberland there are a significant number that have high levels of staff support that are considered restrictive by social care professionals and do not provide good value for money.

2. The current solution is often out of county placements which are considered to be less attractive for several reasons including inconvenience for family members with reduced opportunities for visiting, increased costs to the council and difficulties in monitoring the quality of homes outside of Northumberland.
3. This report recommends the commissioning of a specialist dementia service in Northumberland which would improve the support to residents with dementia and complex behaviours. Advice from NHS professionals is that a service model based on specialist care planning with more intense support from highly trained staff, in the right environment can achieve better outcomes for people and enable them to move back to less restrictive and lower cost services in the longer term.

Background

1. Current Situation

- 1.1. According to the December 2020 NHS Digital Recorded Dementia Diagnoses information, there were approximately 3000 people aged over 65 diagnosed with dementia in Northumberland, with an estimated further 2000 undiagnosed. The Council is committed to providing support to this vulnerable group and the Adult Social Care Market Position Statement recognises the need to develop specialist dementia services for people whose behaviour cannot be safely managed in a mainstream care home.
- 1.2. Dementia is a strategic priority for central government and Northumberland County Council. The government's 'People at the heart of care – adult social care reform paper' confirms a commitment to delivering a standalone dementia strategy in 2022. The strategy will focus on the specific health and care needs of people living with dementia and their carers, including looking at dementia diagnosis, risk reduction prevention and research. Northumberland County Council is in the process of reviewing and updating the 2014 dementia strategy which was largely clinically focused.
- 1.3. Where possible people with dementia in Northumberland are cared for and supported in their own homes, but for people with advanced dementia and associated behaviours this may not be possible, and they may need to be cared for in a residential or nursing home. There are 31 nursing homes in Northumberland with a CQC registration to provide dementia care and these homes have a good range of skills and experience to enable them to support the majority of residents with dementia. However, even with all that skill and experience, people with dementia can become confused about their environment leading to varying degrees of agitation and this can be difficult for staff to manage alongside personal care, medication and the needs of the other older people in the home.
- 1.4. There are an increasing number of cases that care homes are unable to manage under existing arrangements particularly when an individual begins to display high levels of violent and aggressive behaviour towards staff and other residents. In recognition of this, the council introduced a premium into the care home fee structure that pays an additional sum of money where a resident's behaviour can be challenging to the service and the resident requires additional input from staff. In the most complex cases, care homes engage with the Behavioural Support Service and Crisis Team which are operated by CNTW and will work with homes to review medication and develop specialist support plans to continue to support people with dementia and this operates successfully in many circumstances. These teams will train staff in strategies and techniques to individuals including Prevention and Management of Violence and Aggression (PMVA) which gives them the techniques to prevent and de-escalate violent or aggressive situations safely.
- 1.5. Where a situation continues to be difficult to manage and people are at risk from behaviours, officers can commission additional support workers to care for a resident. This solution is problematic for a number of reasons including the

restrictions it places on an individual resident who is effectively 'shadowed' by a care worker. This can be counterproductive to the behaviour issues that the additional support is trying to manage. Additionally, this measure is costly and there are increasing difficulties in sourcing the required number of care workers to be able to deliver this type of support. It is more common now for care homes to be unable to provide one to one support from their own staff team due to staff vacancies so they are reliant on agency staff to provide this function which makes it difficult to provide consistent staff for residents who benefit from familiar faces.

- 1.6. The environment of some care homes is also not conducive to supporting some residents with challenging dementia needs. Narrow corridors and a lack of 'breakout' areas can create pinch points in the home where some residents can become aggressive towards each other.
- 1.7. Even where there are additional measures in place there continue to be situations where homes can no longer cope with specific individuals and in these circumstances, homes can serve notice that they can no longer meet someone's needs and require that they move to a different home. It is becoming increasingly difficult for officers to source an alternative home in Northumberland that can meet that person's needs and they are therefore required to place the person outside of Northumberland.
- 1.8. There are currently thirty older people from Northumberland accommodated in two specialist care homes in Newcastle for this reason. Whilst the homes are rated as "Good" by the Care Quality Commission, this is not felt to be a satisfactory solution for those Northumberland residents. There are other Northumberland residents placed in homes out of area that are not necessarily "specialist" at caring for people with dementia but manage to support people through large allocations of one-to-one support. In most cases, these moves have taken people further than officers would like from their communities and potentially away from friends and family who may have difficulties in continuing to visit. Visiting can often play a vital part in an individual's ongoing care. It is unlikely that all of these residents could be moved back to homes in Northumberland because of the upheaval this would cause, but officers are keen to develop a service that prevents more people from having to move in the first place. Those with the highest support packages and the most unsettled would, however, be considered in the first instance to establish if they would benefit from a more specialist service.
- 1.9. These arrangements can also make it more difficult to monitor the quality of services being provided. Within the county, officers can draw on feedback from the range of council and NHS professionals that regularly visit homes, but this becomes more difficult for homes that are out of area. If any quality issues are identified it is more complicated to rectify these than it would be in Northumberland homes where such things as unannounced monitoring visits are more straightforward to undertake, and the relationships with the managers in homes out of area are not as strong and therefore effecting change becomes more difficult.

1.10. Officers have explored this issue and have identified the options below. This has been done in conjunction with a range of professionals with specialist knowledge of supporting people with dementia, including care home managers, the CCG, NHS and social care professionals as well as benchmarking against specialist services outside of Northumberland.

2. Options

2.1. The following proposals have been developed in conjunction with the Northumberland Clinical Commissioning Group as many of those people who require specialist dementia care and support are eligible for NHS funding. The partnership arrangement in Northumberland between the Council and CCG ensures that any proposed service for people with health needs will be commissioned by the Council on behalf of the CCG. The options are as follows:

- A) Make no change and carry on with current situation of commissioning placements for people with challenging dementia needs in specialist services outside of Northumberland.
- B) To spot purchase placements for people with enhanced levels of staffing in Northumberland.
- C) Commission a Specialist Dementia Service in Northumberland

Option A – retain current commissioning arrangements

- 2.2. One option is simply to carry on as now and place out of area where we cannot manage in county with one-to-one support as the council has been doing. However, as set out in the narrative above this is not an attractive option for officers.
- 2.3. Additionally, based on current trends and with still no significant likelihood of a cure or significant change in medical treatment for dementia on the horizon, it is likely that demand for this service will increase in future.
- 2.4. There could also be a view that the lack of this type of service in Northumberland means that the council is not fulfilling its Care Act market shaping responsibilities to make available high-quality services for its residents. There is clearly demand for this service at this point in time.

Option B – enhanced spot purchasing arrangements in Northumberland

- 2.5. The Council and NHS could look to push more resources into commissioning enhanced packages with one-to-one staff support for individuals with challenging behaviour. This is used on occasions when some care home residents are particularly unsettled and through their behaviours are posing a risk to themselves,

other residents and staff in the home. This would have the advantage of being able to support residents to stay in Northumberland and potentially at homes close to their existing communities.

- 2.6. The argument against this option is that these arrangements are difficult to sustain particularly during current staffing shortages as they do require a significant amount of staff support that cannot always be sourced. Some homes rely on agency staff to be able to provide enhanced levels of support which makes it difficult to provide the levels of consistent staff that benefit people with dementia. This option is also very expensive.
- 2.7. The advice from specialist NHS professionals and care home managers is that providing 24/7 one to one staff support for individuals can be counterproductive and can lead to a negative reaction from service users who may want more space and less restrictions placed on them and therefore lead to an escalation of the behaviours that the service is trying to prevent.
- 2.8. Advice from NHS professionals has also focused on the need to ensure the care home environment lends itself to specialist support, and there are not many care homes in Northumberland that could offer this. The most important proposed features include a facility where people do not necessarily come into contact with each other in corridors and lounge areas for example. Secure outside space and other areas that offer people the opportunities for meaningful activities are also recommended, and these cannot be guaranteed in most homes. The result of this is that people with challenging needs as a result of dementia tend to be supported in one of two care homes in Northumberland which do not always have availability when required and do still require people to move on if their behaviour reaches particular levels. Whilst they do work well with the client group the numbers of people still placed outside of Northumberland does still indicate that they cannot meet all needs.
- 2.9. A service with large numbers of residents on one-to-one packages would create a large number of people in one location and would not support the need for space in the environment and it would likely become congested with large numbers of staff.

Option C – commission a specialist dementia service in Northumberland

- 2.10. The view of officers is that improvements could be made to services for this vulnerable user group if a specialist service is commissioned in Northumberland, including assurance about the range and level of staff skills, the suitability of the environment, having more control over the quality of the care and in doing so make a saving on current expenditure. NHS professionals have advised that an alternative service could be used to de-escalate challenging behaviours and enable people to move back to more mainstream homes once a specialist support plan is implemented. If successful, this would provide both a more satisfactory outcome in

terms of the physical location of clients and it would reduce the cost of the packages in the medium term at least.

- 2.11. The proposed initial solution is a separate 12 bed service within an existing Northumberland care home that would provide a highly specialist service to support people with dementia who display behaviours that cannot be met in existing care facilities.
- 2.12. Council officers have sought advice from specialist professionals on the physical environment that would be required to attempt to remove some of the triggers for challenging behaviour. It will have sufficient space that gives residents the options to socialise or spend time away from other residents to avoid clashes. It will aim to ensure there is access to secure outdoor space that will give people the opportunity for exercise and undertake outdoor activities. Officers would also propose a service that could accommodate multi-disciplinary teams who would work into the service as well as accommodate higher levels of staffing than we would normally expect to find in a care home.
- 2.13. The service will be led by a specialist mental health nurse with responsibility solely for the specialist dementia service. It will also be staffed by a larger number of care workers than would normally be expected in a care home in order to keep residents active, engaged and cared for but not providing one to one support. Staff will be highly trained in the Prevention and Management of Violence and Aggression (PMVA) and supported by NHS professionals where required.
- 2.14. It is expected that people will not necessarily become permanent residents of the service and will largely undergo a programme of intense assessment and detailed care planning in order to stabilise behaviour or resolve underlying reasons for challenging behaviour to enable them to move to alternative placements. This will facilitate people to move back to their own communities and ensure that the facility has throughput to enable space for new residents to move in. This is the reason why a 12 bed service is proposed despite there being around thirty people currently placed out of area although the ability of the service to move people to more mainstream services will be kept under review as we are testing new ground with this development.
- 2.15. It is proposed that block payment arrangements are put in place in order to ensure the service is continually staffed and beds available even when beds are not being used. The alternative to this would be spot payment arrangements but these would not provide the income required to keep the service available and would risk the reverse situation to that which we currently have of the provider selling beds to other local authorities to maximise income to the unit.
- 2.16. This does present a potential financial risk to the council and CCG who could find themselves paying to a service that is not being fully utilised, however occupancy levels will be continuously monitored and if demand for the service is lower than the payments, the council will ensure that contract arrangements are such that the Council can terminate the contract to minimise financial risk.

2.17. Analysis of similar services has identified that the unit cost for this service will be in the region of £1,545 per person per week based on service costs for 2021/22. However, this clearly needs to be tested properly with the market as part of the procurement. It is anticipated that there will be an increase in fees for next financial year and this rate will increase in line with that rise. A significant proportion of the costs are linked to the employment of the nurse to work specifically in this service and the council is prevented by statute from paying for nursing costs therefore a higher proportion of the fee is expected to be apportioned to the CCG.

3. Financial implications

- 3.1. Adult Care is proposing funding this service from within the current adult care commissioning budget at risk. The intention would be that the consequent savings from either moving current clients into the service or intercepting clients entering the system now who would have cost a significant amount in additional one-to-one support will more than offset this cost and hopefully lead to lower ongoing costs for those clients when they move out of the service following this more intensive intervention.
- 3.2. The cost, at current prices, for a fully operating service is expected to be in the region of £960k for a full year subject to testing the market through procurement. The CCG has agreed to a funding split where, based on the weekly bed rate of £1545, the CCG will meet £945 (61%) of the cost, and this will include a contribution to cover the cost of nursing provision within the service. This means the risk and the potential savings are shared between both public bodies within this scheme. The initial cost to Council before any applicable client charging is likely to be in the region of £375K.
- 3.3. As discussed above, it is proposed that the service will target those with the highest needs resulting from dementia who are also likely to have the highest cost packages of care. As an illustrative example, within the two homes in Newcastle, there are currently six people placed with one-to-one support at an average annual cost of £82.3K per person (although some individual packages are significantly higher) and a total annual cost of £494K. There are an additional six dementia residents identified in a combination of Northumberland and out of area placements where the average cost is in excess of £110K due to extensive levels of one-to-one support.
- 3.4. The total annual cost for these 12 residents is £1,164,000 at current prices. This does not include the potential reduced ongoing costs if we can support the management of their challenging behaviour and move them back into more mainstream accommodation. Of course, we can't guarantee that we could immediately move all of these clients into the new service as consultation with family, etc would be a key aspect of any moves, but the example does show the potential for significant cost saving.

- 3.5. As we would have to purchase the beds on a block basis there is of course the risk of underutilisation (and hence inefficiency), but this is felt to be unlikely based on current demand.
- 3.6. The procurement exercise will determine the most effective way of the service becoming operational, but it is unlikely that it would immediately have the capacity for the full 12 residents. Staff will need to be recruited, trained and a gradual and safe rate of referrals made to the service. Subject to discussion with the providers during the procurement process, the plan is to receive up to 6 residents in the first 6 months of operation and reach capacity at 12 months. This will be kept under review with operational changes made to this plan if it is considered safe to do so.
- 3.7. The proposed length of contract is 3 years with an option to extend in order to make the service attractive for providers who may need to invest in environmental changes to the care home. The contract will include an option for either party to terminate the contract by giving 3 months' notice.

4. Summary

- 4.1. The recommendation from officers is that option C, to commission a new specialist dementia service in Northumberland, is the preferred option. This service would deliver better outcomes for service users with fully trained staff able to deliver more person-centred care and more effective interventions to prevent escalations in challenging behaviour. Evidence suggests that similar services in Sunderland, Stockton and the Midlands have led to a reduced need for multiple moves to higher need services and reduced medication which is often prescribed to help manage anxiety or behaviours that challenge.
- 4.2. With a higher staff ratio, the service will be able to deliver meaningful engagement opportunities for every resident and learn the best approaches to reduce incidents of agitation and anxiety. Investment in staff training and the working environment can lead to increased staff retention, offering a sense of continuity to residents.
- 4.3. Having the service based in Northumberland would allow families more access to the service and allow the Council to effectively monitor the service. It is proposed that CCG and Council commissioners would continue to work on the model once operational to ensure the model continues to meet needs.

Implications

Policy	The proposed service would address a gap in dementia services in Northumberland.
Finance and value for money	This is set out in the financial implications section of the main report, but Adult Services is expecting to fund this new provision at risk from within its current budget allocation.
Legal	Public Contracts Regulations 2015 & Care Act 2014
Procurement	A tender exercise in accordance with the Council's contract and procurement rules, would be undertaken to identify the most appropriate service based on cost, quality and location.
Human Resources	No implications
Property	No implications

Report sign off

	Full Name of Officer
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