

AGENDA

Meeting: CARERS BREAKS AND DEMENTIA FUNDING RAPID SCRUTINY
Place: Committee Room III, County Hall, Trowbridge
Date: Thursday 16 December 2010
Time: 9.00 am

**MEMBERS BRIEFING ARRANGED FOR 2:00pm on MONDAY 13 DECEMBER –
SCRUTINY MEMBERS ROOM**

Please direct any enquiries on this Agenda to Sharon Smith, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718378 or email sharonl.smith@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225)713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Tony Deane
Cllr Mike Hewitt
Cllr Tom James MBE
Mr Phil Matthews (WIN)
Cllr Helen Osborn

Invitees:

Mr Brian Warwick	Representative of the Wiltshire & Swindon Users Network (WSUN)
Cllr John Thomson	Deputy Leader & Cabinet Member Adult Social Care, Wiltshire Council
Cllr Jemima Milton Christine Graves	Portfolio Holder, Adult Social Care, Wiltshire Council Service Director, Strategy & Commissioning, Wiltshire Council
Jeff James	Chief Executive, NHS Wiltshire
Jo Howes	Head of Community Engagement, NHS Wiltshire
Christine Reid	Non Executive Director, NHS Wiltshire

AGENDA

1. **Apologies and Introductions**

2. **Appointment of Lead Member**

A Lead member will be appointed to act as chairman for the meeting. The Lead member will also have responsibility for reporting back outcomes of the meeting to the Health & Adult Social Care Select Committee in January.

3. **Public Participation**

The public will be given the opportunity to contribute at an appropriate time during the meeting, as determined by the Lead Member.

4. **Purpose of Meeting**

Background

At the 29 April Health and Adult Social Care Select Committee Development Day carers funding was identified as a priority for review. The Chairman was also notified that the Cabinet Member for Adult Care had received representation on the matter of carers' breaks.

A written question on carers funding was also received at Committee in July from the Chair of the Wiltshire Swindon and Users Network (WSUN). The questioner was keen to get assurance that the full allocation of funds received by the PCT for carers' breaks would be made available for the purposes intended.

The Committee requested that both the Department of Community Services (DCS) and NHS Wiltshire (NHSW) provide reports on the resources allocated to carers services to the September 9th Committee. These can be found on the following links for information:

DCS report: <http://cms.wiltshire.gov.uk/mgConvert2PDF.aspx?ID=8473>

NHSW report: <http://cms.wiltshire.gov.uk/mgConvert2PDF.aspx?ID=8480>

On taking the matter forward the Chairman proposed that a Task Group to consider carers funding would be established in November. This was based on the limited capacity of members at the time to due their commitments to other activities.

On 11 November the Committee resolved to consider carers funding in two parts:

1. A rapid Scrutiny meeting would take place in December to consider the allocation of funding and monies spent in respect of carers' breaks for periods 2009/10 and 2010/11.
2. A Task Group would be established in the New Year to look more broadly at carers funding including the affordability of the carers strategy and the services commissioned and delivered by NHS and WC.

The Committee commissioned a Mental Health and Dementia Task Group in July to review how the Dept of Community Services and NHS Wiltshire would deliver the Joint Commissioning Strategy for Dementia, including how actions in the strategy would be funded.

At the November Committee the Chairman also recommended that the funding for Dementia be explored along with carers' breaks funding at the rapid scrutiny meeting in December. This would prevent the same key representatives from both organisations having to attend a further meeting on another funding related issue.

The purpose of today's meeting is to therefore consider **"the allocation of funding and monies spent in respect of Carers' Breaks and Dementia for the periods 2009/10 and 2010/11"**.

In addition to the evidence supplied under Item 5 below, the following documents have been sent to the Scrutiny Members for background reading:

- Draft Wiltshire Joint Commissioning Strategy for People Living with Dementia and their Families
- Draft Wiltshire Carers Strategy 2010-13
- Refresh of the National Carers Strategy
- NHS Operating Framework 09/10 and 10/11

5. **Evidence to be Considered**

The meeting will be split into two parts:

PART A – Carers' Breaks Funding

Attached to this Agenda are the following documents in relation to Carers' Breaks Funding. The Lead Scrutiny Member will invite representatives from NHSW, DCS and WSUN to present the evidence attached and to provide verbal evidence as appropriate:

1	NHSW report on carers' breaks funding (pages 1-4)
2	DCS report on carers' breaks funding (pages 5-8)

PART B – Dementia Funding

Attached to this Agenda are the following documents in relation to Dementia Funding. The Lead Scrutiny Member will invite representatives from NHSW and DCS to present the evidence provided and to provide verbal evidence as appropriate:

1	NHSW report on Dementia Funding (<i>pages 9-16</i>)
2	DCS report on Dementia Funding (<i>pages 17-20</i>)

6. Conclusion

Witnesses will be thanked for their participation and will be invited to leave. Following consideration of the evidence, scrutiny members will be asked to agree their findings and recommendations. These will then be sent to the interested parties for reply and reported to the parent Select Committee on 13th January for endorsement.



**NHS Wiltshire
Carers Break Funding
HASCSC Task Group – 16 December 2010**

1. Carers Support Service Funding

- 1.1 Funding levels for Carers Support agencies in Wiltshire currently totals £180,544 which includes two mental health carer support worker posts as shown below. This funding supports the delivery of services which maintain and improve carers' health and wellbeing, and being able to balance caring with a life of their own. Carers break activities such as days out, workshops and walking groups are delivered by the services, making a huge difference to carers as demonstrated in quotes from carers in North Wiltshire '*keeps me going*', '*my only chance to have time to myself*' and '*to have me time*'.

Carers Support Agency	Funding	Mental Health Support Worker
North Wiltshire Carers Support	34,192	22,455
West Wiltshire Carers Support	37,292	22,455
South Wiltshire Carers Support	28,000	Funded by Wiltshire Council
Kennet Carers	36,150	Funded by Wiltshire Council

- 1.2 A transition Board has been established to bring together the four services into one new equitable Carers Support Service for Wiltshire by summer 2011. This will allow the services to deliver the 25% savings Wiltshire Council have outlined must be made by 2013 through management cost savings, whilst preserving 'carer facing hours'. NHS Wiltshire has confirmed a sustained level of funding to Carers Support agencies for 2010/2011.

2. Additional Carers Support

- 2.1 In addition, NHS Wiltshire provides support to people with a caring role through the provision of mainstream health services, such as:
- mental health services
 - Primary care (GP) services
 - Neighbourhood teams
 - Acute hospital services

- 2.2 For people with continuing health care needs and long term conditions, NHS Wiltshire supports carers that need respite from their caring tasks by funding agency carers or respite placement where necessary. The Community Team for people with Learning Disabilities also funds respite for carers.
- 2.3 It is not possible to determine the proportion of carers that are supported through mainstream services because the way the information is captured is not proportionally broken down.

3. Future Developments

- 3.1 The national refresh of the Carers Strategy sets out the Government's priority for 2011-2015 to ensure maximum value for money. The 4 areas of priority & actions which are key activities:

a. Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of contribution and involving them from the outset in designing local care provision and in planning individual care packages

Activities announced include:

- Department of Health (DH) will make £1m available to patient-led and condition-specific voluntary organisations to enable them to focus on supporting carers
- DH additional funding for GP training to improve carer awareness

b. Enabling those with caring responsibilities to fulfil their educational and employment potential

Activities announced include:

- Department of Education will make an Early Intervention Grant available to local government
- Department of Education will work with careers advice professionals, schools, colleges etc. to develop the first all-age careers service

c. Personalised support both for carers and those they support, enabling them to have a family and community life

Activities announced include:

- Councils to provide personalised budgets for those eligible
- NHS organisations to continue to develop and implement their local plans for improvement as part of the quality and improvement challenge

- Government to publish more details on relationship between GP consortia and councils allowing more and improved joining up of services

d. Supporting carers to remain mentally and physically well

Activities announced include:

- Government to make available to the NHS an additional £400 million to support carers to take breaks from their caring responsibilities over the next 4 years – announced on 16 November 2010, but with no further guidance at this time
- Government to publish a new mental health strategy setting out the outcomes that all users of mental health services can benefit from, including carers.

3.2 As yet there are no further details on a number of these activities, including the additional £400 million to support carers to take breaks. It has been stated that this money will not be ring fenced from the baseline budget provided to PCTs.

4. Next Steps

4.1 NHS Wiltshire in partnership with Wiltshire Council, Carers Support Agencies, GP practices and colleagues in other NHS Organisations and the voluntary sector has, and will continue to develop a number of projects and initiatives to improve services for carers locally which link to these four areas.

4.2 We will work together to complete the self assessment programme requested by NHS South West and to refresh our Wiltshire Carers Strategy in line with the latest national guidance and feedback from local carers and support agencies.

Susan Lambert
Community Engagement Manager
NHS Wiltshire

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Funding for Carers Breaks in Wiltshire

Executive summary

This paper outlines the situation with regards to the allocation of funding for carers' breaks in Wiltshire by Wiltshire Council for the periods 2009/2010 and 2010/2011.

Proposal:

That the Committee:

1. Notes the funding and resources allocated to carers breaks by Wiltshire Council.

Reason for proposal

The Health and Adult Social Care Select Committee requested that Adult Care Services provide a report detailing the resources allocated to carers' breaks in Wiltshire.

Author: Rhian Bennett, Programme Lead - Carers, DCS

Contact details: 01225 713933 or rhian.bennett@wiltshire.gov.uk

Funding for Carers Breaks in Wiltshire

Purpose of the report

1. The purpose of this report is to provide information to committee members with regards to funding that is allocated to carers' breaks in Wiltshire by Wiltshire Council.

Background

2. In Wiltshire, a carer is someone who provides unpaid support to a family member, partner, friend or neighbour. This could be because they are ill, frail, disabled or have mental health or substance misuse problems. The national census, 2001, identified that 39,886 people in Wiltshire look after someone on an unpaid basis and Carers UK, a national carers' organisation, has estimated that the value of unpaid care provided by carers in Wiltshire is £511 million per year. It should also be noted that this is likely to be an underestimate as many people do not recognise themselves as carers; that with an increasing older population this figure will increase in the future; and that health and social care would be unable to meet this cost if carers did not continue in their roles.
3. Since 1995 when the Carers (Recognition & Services) Act was introduced, carers' rights and entitlements, as well as the provision of services and support for carers, have been an increasing priority both nationally and locally. In 1999, local authorities were provided with a Carers Grant to ensure an increase in the level of support that they provided to carers. This has continued, although in recent years has not been ring-fenced and for all local authorities is due to run until March 2011. The breaks provided by Wiltshire Council with this, and other funding is detailed under Main Considerations.

Main Considerations for Members

4. To note the provision of resources for carers breaks in Wiltshire as provided by Wiltshire Council.
5. As noted, Wiltshire Council receives funding through the Carers Grant on an annual basis and in addition to this, funding is also identified through other services and funding streams. This funding is spent on a range of activities and support services to ensure that carers are supported in their caring role, and this includes the provision of carers' breaks.
6. In total for 2009/2010, Wiltshire Council spent £729,841 on breaks for carers in their own right, which includes adult carers of adults and young carers. For 2010/2011 Wiltshire Council's planned spend for carers' breaks is £776,469, although the full year forecast based upon the spend for the first six months of the year is £852,926. Breaks for parent carers are provided indirectly through short breaks being given to the child or young person - details can be found in point 10.

7. The breaks funded by Wiltshire Council in both 2009/2010 and 2010/2011 are provided through a variety of methods and organisations and include:

- Timeout activities – provided by the four carers support organisations, these include leisure, social and health and wellbeing activities.
- Carers' Direct Payments – provided by Wiltshire Council and accessed through a Carers' Assessment, these are sums of money provided to carers so that they can buy their own break.
- Young Carers Breaks – provided by Youth Action Wiltshire, these include a range of activities for young carers
- Sitting Service – provided by a range of organisations, including Alzheimer's Support and Alzheimer's Society, this support allows carers to have some time away from the caring role.

8. In 2009/2010, through funding provided by Wiltshire Council:

- Over 1342 timeout breaks were provided for adult carers
- 4200 hours of sitting service were provided by the Alzheimer's organisations to give carers of people with dementia a break from their caring role
- 480 adult carers received direct payments to pay for their own breaks

9. Evidence has been gathered from carers who access breaks provided by Wiltshire Council that they make a significant difference to them, in their ability to continue caring, to look after themselves and to ensure that they can partake in activities, which many non-carers would take for granted such as making health appointments and meeting with friends and family. 480 carers received direct payments in their own right in 2009/2010 to take breaks from their caring role. When asked how the payment had helped them in addition to giving them a break, the responses were as follows (please note carers could give a number of answers):

- To look after my own health and wellbeing – 72%
- To have a social life with friends and family – 51%
- To stay in / return to employment – 10%
- In other ways (such as attending health appointments, training courses and undertaking daily tasks such as shopping and decorating) – 24%

Some of the other responses about how carers used their direct payment and the difference it made included:

- "To feel more able to cope with the demands of looking after a totally dependent person, which has given a more relaxed relationship"
- "Help attending Dr appointments / bank and other appointments for myself"
- "To be able to leave the house, to shop or just walk"
- "I could not cope now caring for my husband at home without carer so I do really appreciate the money. Another very important factor is that xxx is much more settled and content at home than spending respite in a care home"

- “It means for 2 hours a week I can stop worrying and as I do that day and night the 2 hours mean a lot to me.”
- “this is my lifeline for retaining my sanity and is appreciated beyond measure”

10. It should be noted that the breaks listed above are those which are provided directly to carers in their own right. However, an effective way to support many carers to take a break is to provide a service directly to the person that they are looking after. Calculating the costs of these services which benefit carers is incredibly complex, given that the service is being provided to, (and therefore recorded against), the person being cared for. Examples include:

- Providing day care opportunities and short breaks for the cared for person, allowing the carer a break.
- Providing services that allow the person being looked after to stay in a residential home for a period from a few days to a few weeks to allow the carer to have a break or when the carer is unable to provide care for example if they have an operation or become unwell.
- Providing direct payments and local offer payments for children, young people and families, which in turn provide parent carers with breaks from the caring role. In 2009/2010 these direct payments totalled £138,000 and for 2010/2011 the planned spend is £498,000.

Conclusion

11. It is concluded that Wiltshire Council has and continues to provide funding for a wide range of carers' breaks to ensure that carers are supported to continue in their caring role, if they choose to do so.

Report Author

Rhian Bennett, Programme Lead – Carers

Background papers

None

**NHS Wiltshire
Dementia Funding
Carer's Breaks & Dementia Funding Task Group – 16 December 2010**

1. Introduction

- 1.1 NHS Wiltshire receives an annual budget of £650m from the Department of Health which it uses to commission all NHS funded health services for the people of Wiltshire. This is used to pay for a wide range of care, including GPs and other primary care services (dentists, pharmacy services), community services (community hospitals, Neighbourhood Teams, health centres), acute and specialist care, ambulance services, mental health services and placements for people with complex care needs.
- 1.2 Within this overall budget there is no earmarking of funds as a general principle. Services are bundled sectorally, i.e. GP services, community services, hospital services, specialist mental health services. Dementia services are funded either through direct provision of care or in core contracts for services designed to provide generic care to patients living in the community with a wide range of conditions.
- 1.3 This report is intended to set the context so that members can understand broadly how dementia care is funded in order to provide the best value for money for people who receive care from the NHS in Wiltshire.

2. Dementia prevalence*

- 2.1 Dementia is more common in the older population as its prevalence rises significantly with increasing age over 65. Dementia is characterised by progressive deterioration in all aspects of intellectual function, leading to problems with memory, speech and understanding and changes in behaviour and personality. There are many causes of dementia, with the most common in the UK being Alzheimer's disease and vascular dementia, caused by a clogging of the arteries that resulting in reduced oxygen to the brain.

*Wiltshire Dementia Needs Assessment, February 2009

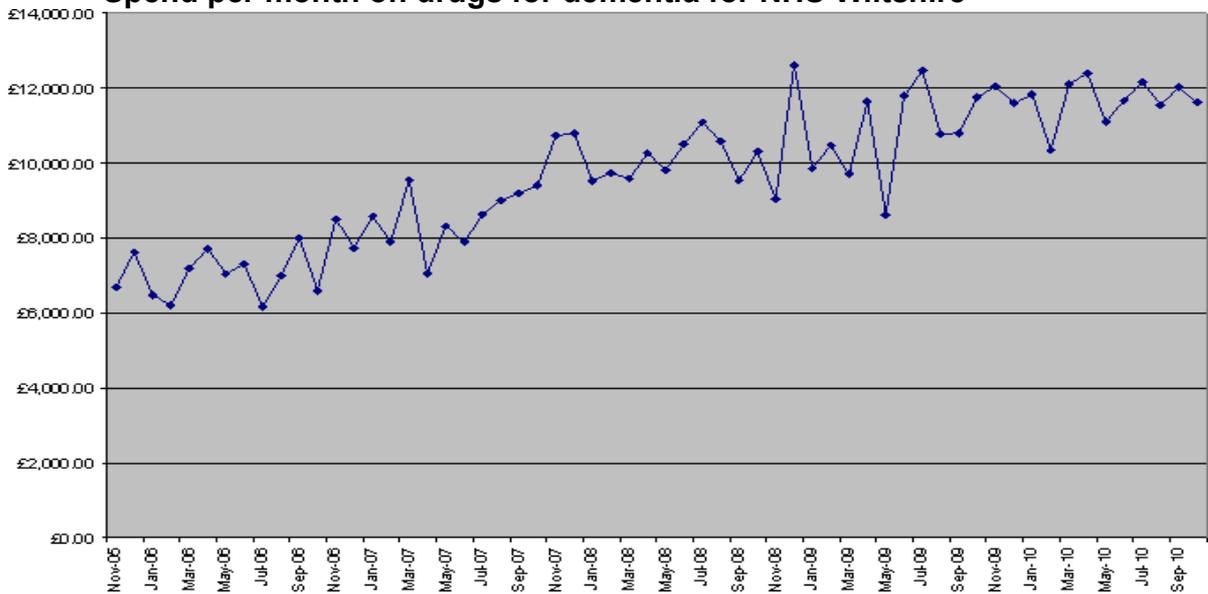
- 2.2 It is difficult to estimate the prevalence of dementia in the population as a whole as, like mental illness, reported rates differ widely depending on the criteria and study methods used. However, the rates of dementia rise consistently with increasing age. A recent review of the literature found that the prevalence of dementia increased from up to 3.7% in people aged 65–69 to as much as 75% of those aged over 90.
- 2.3 There have been a number of national and international studies carried out to assess the rates of dementia across different parts of Europe and England. When these rates are applied to the Wiltshire population the lowest estimate is a prevalence of 2137 people over 65 with a cognitive impairment or dementia, and the highest is a prevalence of 6242.

3. General health services

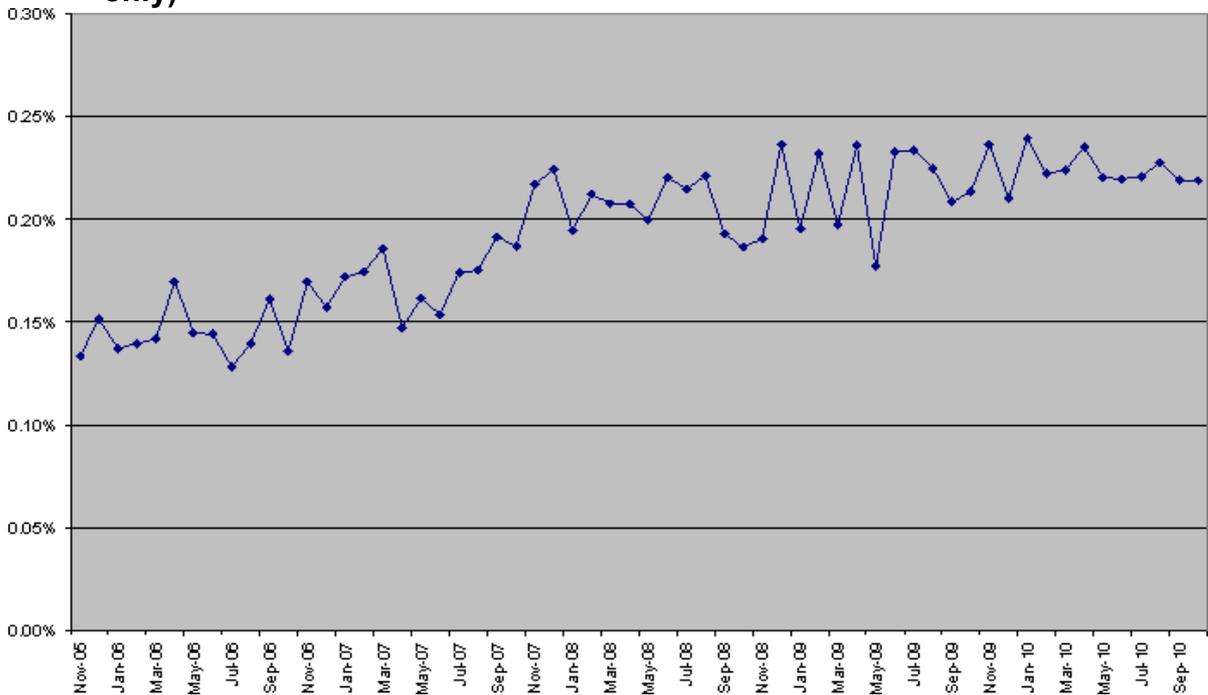
- 3.1 Many of those who develop dementia are already receiving NHS care for other related or unrelated conditions, so it is not simple to disaggregate the cost of the dementia element from their overall package of care. In addition to this clinicians and practitioners may be making reasonable routine adjustments in order to ensure that the patient is receiving the appropriate treatment. For instance, GPs report that dementia patients are more likely to make appointments seeking reassurance, having no memory of having previously attended for the same reason.
- 3.2 Dementia can also be the cause of other associated health problems, particularly as an individual's condition deteriorates, which can lead to a need for further treatment. For example, dementia sufferers can experience a falling away of learned skills, such as how to eat, leading in turn to malnutrition. Injuries caused by falls also increase, and costs associated with treating these injuries that are not attributed to the dementia budget, but are covered within core contracts for primary and secondary care.
- 3.3 It is therefore important to recognise that GPs, Neighbourhood Teams (community nurses, physiotherapists, occupational therapists, specialist support services), dentists, pharmacists, community hospitals and health clinics all provide care for people living with dementia as part of a model of care designed to help keep people living independently, in their own home or other community setting for as long as possible. This pattern of services also supports families and carers of people living with dementia, particularly through short term planned inpatient admissions which are delivered through Avon & Wiltshire Mental Health Partnership NHS Trust (AWP), designed to give intensive input that enables a patient to return home.

- 3.4 Given that dementia services are an integral part of many of our core contacts, it is difficult to accurately breakdown the percentage of these overall health service budgets being spent on dementia care alone as the intention is that they provide care to effectively support a large number of people with a diverse range of long term conditions.
- 3.5 However, it is possible to give a sense of how GPs, clinicians and health care practitioners allocate their time and resources. For instance, dementia care is a core function of the community adult services contract (including Neighbourhood Teams and community hospital inpatient beds), so the funding is included in the overall budget of £34m for adult community services. Approximately 75% of patients in the NT caseload present with some level of dementia, as well as the physical needs for which they are receiving treatment. This percentage is reflected in the demography of patients who receive inpatient care in community hospitals.
- 3.6 Alongside the cost for commissioning primary care is the budget set aside for prescribing. In recent years a number of new dementia drugs have been developed, which has caused a sharp increase in the cost of prescribing. This, coupled with an increase in the number of people diagnosed with dementia and a growing awareness of the benefits of medication, has seen the dementia prescribing budget become the fastest growing area of spend.
- 3.7 NHS Wiltshire's annual cost for prescribing in primary care is £62m and, while there is no specific budget for prescribing within that overall total, the tables below show the spend per month for dementia drug and the increase in spend since 2005, along with spend on drugs for dementia as a percentage of the overall prescribing budget since 2005.

Spend per month on drugs for dementia for NHS Wiltshire



Spend on drugs for dementia expressed as a percentage of overall prescribing spend per month since Nov 05 (primary care prescribing only)



4. Continuing Healthcare

- 4.1 Continuing Healthcare (CHC) represents a significant ongoing responsibility for the NHS and the Council as it is the mechanism for supporting people with a range of very complex care needs for as long as they need it. It may be the case that people need CHC care for the rest of their lives, although it is also possible for patients to improve and no longer need such a high level of support.
- 4.2 By their very nature, NHS funded CHC packages tend to be complex, costly, or both and it is often the case that a patient is receiving care for a number of different conditions, one of which could be dementia.
- 4.3 The overall budget for CHC is £23m, with £4,726,783 forecast in 2010/11 to be spent on elderly mentally ill patients (EMI), compared to £4,448,879 in 2009/10. However, CHC reporting does not currently break down the EMI budget to distinguish between dementia care from other mental health needs. This is due in part to the high prevalence of dementia among EMI patients receiving CHC.
- 4.4 However, to give a sense of scale, there are currently 123 people receiving CHC funding allocated to the budget for EMI, where the main element of the care needed is for an age related mental illness. These funding packages most often take the form of placements, where people are living in nursing homes providing specialist dementia care.
- 4.5 NHS Wiltshire monitors the cost of CHC packages on a weekly basis, which enables commissioners to understand any potential impact on the overall budget early on. The current weekly cost of EMI CHC packages is £102,653. This will fluctuate throughout the year as new people have their care packages agreed and other patients reach the end of their lives.

5. Specialist mental health services

- 5.1 NHS Wiltshire currently spends £33m with Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) for specialist and community mental health services, including dementia services.
- 5.2 The dementia element of this budget is approximately £15m, which is spent on inpatient services in Salisbury and Trowbridge, memory clinics, multi disciplinary liaison services and community services, which includes specialist mental health nursing care across Wiltshire, called Community Mental Health Teams (CMHT).

- 5.3 The principles that underpin the dementia contract with AWP are:
- Improve equity across the county
 - Efficient evidence based services compliant with NICE guidance and CQC registration
 - Integration through a liaison model with local generic services; thus reducing duplication and helping delivery across the whole QIPP agenda
 - Emphasis on supporting local generic services rather than referral to secondary care through upskilling of primary care staff
 - Provided as part of a seamless service across AWP
- 5.4 The Dementia Task Group has received information about how services are currently configured, where gaps have been identified and how the model of care will be improved through joint commissioning between NHS Wiltshire and Wiltshire Council.
- 5.5 Task Group members were supportive of this joint approach and agreed with representatives from Wiltshire Council and NHS Wiltshire that this is an area of good practice in commissioning that should be learned from and replicated across other jointly commissioned services in the future. Members were keen to ensure that the proposed service improvements are delivered and were reassured to hear that funding for memory clinics will increase in year by £350k, which will be used to improve coverage of this service, reduce waiting times and increase frequency of appointments. The work of this Task Group will continue into the New Year and NHS Wiltshire will contribute accordingly.

6. Public Health and prevention

- 6.1 In recent years prevention has played an increasingly important role in the long term planning and management of health services in England. Public Health professionals have worked closely with clinicians to understand more about the causes of disease in order to identify effective methods for prevention through key messages, behavioural change and better access to information.
- 6.2 GPs play a key role in prevention, as well as in the delivery of dementia care, being well placed to identify trends in disease prevalence and progression. They are also able to assess the impact on carers and families while determining the appropriate level of care for their patients. GPs record diagnosed cases of dementia as part of their Quality Outcomes Framework, and report that at least 50% of dementia cases have a vascular dementia component to their disease.

6.3 Health prevention programmes are often cross cutting over a number of disease areas. The Public Health team in Wiltshire has commissioned a number of schemes and activities aimed at reducing prevalence of cardiovascular disease (CVD) and stroke. This will in turn impact on levels of vascular dementia, whose causes are the same as those for CVD and stroke. The level of investment by Public Health in Wiltshire for CVD and stroke prevention was £454k in 2009/10 and for 2010/11 is £309k.

7. Voluntary sector

7.1 In addition to our NHS contracts, NHS Wiltshire also funds a number of voluntary sector organisations to provide a range of care and support services for people living with, or caring for someone with dementia or other mental health issues. This care and support can include drop in facilities, social contact, practical support and advice, bereavement support, music therapy, advocacy and housing support.

7.2 Most of these organisations, with the exception of the Alzheimer's Society, are funded to provide a range of services for people with different support needs, some of which will be dementia related. However, it is not possible to identify the element of each service level agreement which relates purely to dementia as again the emphasis is on a rounded approach to care that provides support for the whole person and works to reduce stigma.

7.3 **The breakdown of NHS Wiltshire voluntary sector spend for mental health services is outlined in the table below:**

Organisation	2010/11 Budget
Alabare Christian Care Centres	£85,500
Elizabeth House Social Centre	£47,424
MIND	£36,413
Cruse	£5,566
Soundwell Music Therapy	£2,955
SWAN Advocacy	General £109,247 MH £39,000
WSUN development worker	£26,764
Alzheimer's Society x 3	£139,626
Carers Support Agencies x 4	£180,544
MH Housing Officer	£20,000
Age Concern Wiltshire x 2	£183,000
TOTAL	£876,039

8. Conclusions

- 8.1 The philosophy for dementia funding in the NHS is to focus, where possible, on developing a skill base within mainstream healthcare which allows people to remain independent and retain their identity, self respect and social and familial structures for as long as possible. This is captured in the national dementia strategy, called Living well with dementia and the recent advertising campaign, Don't Run Away.
- 8.2 NHS Wiltshire is working with providers in primary, secondary and specialist care to ensure that the services we commission reflect this ethos and deliver effective services that also work to remove the stigma attached to dementia. There is also an emphasis on prevention and healthy living, which will impact on dementia and other age related progressive diseases over time.
- 8.3 The voluntary sector plays a key role in delivering social and practical support, which adds value to health services and aims to help people suffering from dementia and their families and carers to cope with the impact in their way of life as the disease progresses.
- 8.4 Identifying the true cost of providing dementia care in the NHS is not a simple task, but it is possible to develop an understanding of the wider impact of dementia on patient, families and carers and the health services they use. In summary, NHS Wiltshire will spend this year:

GP services	-	£64m
Adult community services	-	£34m (75% of clients presenting with dementia symptoms)
Dementia drug prescribing	-	£12m (from a budget of £62m)
AWP specialist services	-	£15m (from a budget of £33m)
Continuing Healthcare	-	£4.7m (from a budget of £23m)
Health prevention	-	£309k
Voluntary sector	-	£876k

Jo Howes
Head of Community Engagement
NHS Wiltshire

Funding for Dementia services in Wiltshire

Executive summary

This paper outlines the situation with regards to the allocation of funding for dementia services in Wiltshire by Wiltshire Council for the periods 2009/2010 and 2010/2011.

Proposal:

That the Committee:

1. Notes the funding and resources allocated to dementia services by Wiltshire Council.

Reason for proposal

The Health and Adult Social Care Select Committee requested that Adult Care Services provide a report detailing the resources allocated to dementia services in Wiltshire.

Author: George O'Neill, Head of Service - Mental Health & Substance Misuse Services

Contact details: 01225 756562 or george.o'neill@wiltshire.gov.uk

Funding for Dementia Services n Wiltshire

Purpose of the report

1. The purpose of this report is to provide information to committee members with regards to funding that is allocated to dementia services by Wiltshire Council.

Background

2. The Wiltshire Joint Strategy and Commissioning Plan for Mental Health Services were published in 2008. Those documents, which cover services for adults of all ages, set out our strategic objectives for the development of mental health services for the five year period from 2009-2013. They also signalled our intention to undertake further work on developing services for people with dementia within the context of the National Dementia strategy.
3. The Wiltshire dementia strategy “Living well with dementia” was published in February 2009 and acknowledges the impact that dementia can have on individuals and their families. It emphasises the need to develop services that maximise the quality of life of people suffering from dementia as well as providing appropriate support for their carers.
4. We estimate that there may be as many as 6157 people suffering from dementia living within the Wiltshire boundary and that this number will increase to 9776 by 2025. It is essential therefore that all services for older people are equipped to meet the needs of those with dementia. The National Strategy outlines 17 key objectives and associated outcomes that health and social care commissioners and providers are expected to meet over a five year period. The Wiltshire dementia strategy outlines NHS Wiltshire and Wiltshire Council’s local strategic intentions and joint commissioning plan for improving services for people living with dementia and their families.

Main Considerations for Members

5. To note the provision of resources for dementia services in Wiltshire as provided by Wiltshire Council.
6. Wiltshire Council provides funding for a range of services and support for people with dementia and their families and carers on an annual basis.
7. In total for 2009/2010, Wiltshire Council spent £13.25 million on dementia services, which includes services for the person with dementia, as well as their families and carers. For 2010/2011 Wiltshire Council’s full year forecast spent for dementia services is £13.05 million.
8. It should be noted that whilst this is the most accurate figure that can be produced for this exercise, a more intensive process took place in 2009, which examined all individual care packages. This exercise identified that annual spend for dementia services was £14.2 million. The difference between figures can be explained by several issues:

- Many people with dementia will not be primarily recorded as having dementia and instead will be recorded as an older person. This therefore means that the 2009/2010 and 2010/2011 figures do not capture these individuals and the related funding, and the process of doing so is incredibly time and labour intensive.
 - A number of specialist services are provided to people with dementia by Wiltshire Council, but which are commissioned as parts of larger generic block contracts and are therefore recorded and captured as such. This therefore means that the 2009/2010 and 2010/2011 figures do not capture these individuals and the related funding, and the process of doing so is incredibly time and labour intensive.
9. The services funded by Wiltshire Council in both 2009/2010 and 2010/2011 are provided through a variety of methods and organisations and include:
- Home care services, information and advice and day activities provided by the Alzheimer's organisations
 - Memory cafes and Singing for the Brain groups
 - Memory support group
 - Individual community care packages and placements - these represent the majority of the funding for dementia services
10. There are also many generic services funded by Wiltshire Council which provide support to people with dementia and their families and carers, such as advocacy and carers support, the associated costs of which are complex to identify and are not provided in this report.
11. It should be noted that in Wiltshire, based upon prevalence figures for people with dementia, only three in ten people with dementia in Wiltshire have been diagnosed as such. Based upon this, it is highly probable that there are a large number of people receiving social care services that Wiltshire Council funds who have dementia, but are yet to be diagnosed and therefore recorded as such. Therefore, the funding figures provided are likely to be lower than the true value of services provided, as services can only be reported when they are recorded against a diagnosis.

Conclusion

12. It is concluded that Wiltshire Council has and continues to provide funding for a wide range of dementia services to ensure that people with dementia and their families and carers are supported to live good quality and fulfilling lives within Wiltshire.

Report Author

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Background papers

None

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