

Item 5: Improving care for people living with dementia and complex health needs, across Kent and Medway

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 4 March 2021

Subject: Improving care for people living with dementia and complex health needs, across Kent and Medway

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent and Medway CCG.

The Committee has yet to determine if the proposals constitute a substantial variation of service.

1) Introduction

- a) The support available for individuals living with dementia is provided by adult social services and the NHS. The NHS support includes treatment received through the GP and hospital.¹
- b) If a person has complex health and care needs, the NHS may cover the cost of both types of care above through “NHS continuing healthcare” paid for by the local CCG.²
- c) The NHS Long Term Plan set out the government’s intention for improved support in the community for people living with dementia – “We will go further in improving the care we provide to people with dementia and delirium, whether they are in hospital or at home.”³

2) Background

- a) Prior to the formation of a single CCG in Kent and Medway (in April 2020), West Kent CCG was leading a review into the clinical model of care for dementia patients across the county. HOSC determined that the de-commissioning of the Frank Lloyd Unit in Sittingbourne (that provided specialist support for those with complex needs) was a substantial variation of service.
- b) The Committee was minded to refer the proposal to the Secretary of State for Health and Social Care because it did not feel the closure was in the best interests of the local population.
- c) At the HOSC meeting on 22 July 2020 the Kent and Medway CCG accepted that the decisions made in relation to the Frank Lloyd Unit had not followed due process. It set out its next steps as:

¹ NHS (2018) Dementia, social services and the NHS, <https://www.nhs.uk/conditions/dementia/social-services-and-the-nhs/>

² ibid

³ NHS (2019) NHS Long Term Plan, p.17, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

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- Undertake a full review of current dementia services being provided to this cohort of patients with complex needs.
 - Undertake demand and capacity modelling to better understand the requirements of the Kent and Medway population both now and in the future.
 - Develop a robust 'case for change' for Kent and Medway.
 - Develop options for the future clinical model for this cohort of dementia patients with complex needs, their families and carers, considering a range of factors including clinical quality and outcomes, patient experience, access, workforce, and value for money.
 - Develop options for how and where the new clinical model could be delivered, aligned to national policy and clinical best practice.
 - Ensure public and stakeholder involvement in developing the case for change, the proposed model of care and the options; and consulting on this as appropriate.
 - Continue to engage with HOSC, NHSE/I assurances panel, patients, carers, the public, staff and stakeholders before, during and after consultation.
- d) Following a discussion at the above meeting, HOSC decided not to refer the closure of the Frank Lloyd Unit but it resolved that:
- “the next steps (set out on page 43 of the agenda pack) be noted and that the committee add that the Frank Lloyd unit be kept available until the review is completed. The committee will write to the Secretary of State to express its concern over the process undertaken by the previous CCG, which led to the suspension of the Frank Lloyd unit.”*
- e) The Kent and Medway CCG has been invited to attend today's meeting to present an update on the above steps. The Committee is scrutinising the proposed new model of care for dementia patients with complex needs and not the future of the Frank Lloyd Unit (though this may feature in the new model).

3) Potential Substantial Variation of Service

- a) The Committee is asked to review whether the proposed new model of care for dementia patients with complex needs constitutes a substantial variation of service.
- b) Where the Committee deems the proposed changes as not being substantial, this shall not prevent the HOSC from reviewing the proposed changes at its discretion and making reports and recommendations to the NHS.

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3) Recommendation

If the proposed new model of care for dementia patients with complex needs is *substantial*:

RECOMMENDED that:

(a) the Committee deems the proposed new model of care for dementia patients with complex needs to be a substantial variation of service.

(b) Kent and Medway CCG be invited to attend this Committee and present an update at an appropriate meeting once the timescale has been confirmed.

If the proposed new model of care for dementia patients with complex needs is *not substantial*:

RECOMMENDED that:

(a) the Committee does not deem the proposed new model of care for dementia patients with complex needs to be a substantial variation of service.

(b) the report be noted.

Background Documents

None

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