



Health Overview and Scrutiny Committee (HOSC)

5 March 2020

Update report of the service for patients with dementia and complex needs currently provided within the Frank Lloyd Unit, Sittingbourne

1. Introduction

This paper has been provided to update HOSC on the proposals for the service provided at the Frank Lloyd unit, since the last update provided in October 2019

The Frank Lloyd Unit (FLU) is a Continuing Health Care (CHC) unit located on the Sittingbourne Memorial Hospital site. Kent and Medway Partnership Trust (KMPT) are commissioned by Kent & Medway Clinical Commissioning Groups (CCG's) to provide this service. The unit provides highly specialist care and treatment for patients at a very advanced stage of their dementia, who have a range of complex needs including behaviours that challenge. All these persons meet and are paid for through the CHC funding. The unit provides a person centred approach, using dementia care mapping to respond appropriately and flexibly to specific, individual needs. The unit is accessed by all CCGs in Kent and Medway within the NHS Standard Contract. The unit was originally made up of two wards of 20 beds, 30 of which were commissioned on a block basis at a cost of circa £3.029m per annum. The remaining 10 beds were purchased on a cost per case basis at £405 per day; however the unit ceased taking cost per case patients in 2016.

2. National picture

Dementia currently affects more than 900,000 people nationally and this number is predicted to rise as the UK's population continues to age and grow. 39% of people living with dementia over 65 are living in care homes (either residential care or nursing homes) and 61% are living in the community (Prince, M et al, 2014)¹.

The National Dementia Strategy² explains the vision for the future. The ambition is to put local people at the heart of our services, helping people to stay well and independent in their own homes, in care homes or in nursing homes in their communities and avoid being admitted to hospital.

The national profile is to provide services for patients as close to their home as possible, whether that is in a domestic setting, nursing or residential home. The Department of Health published an issues paper for the commissioning of home care as part of the consultation process for the National Dementia Strategy (2009)³ this sets out the elements of specialist home care that need to be considered by commissioners, particularly in the context of personalisation and self-directed

¹ Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

² <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

³ Department of Health (2009) *Living Well with Dementia: A national Dementia Strategy*. London: TSO

support. Social care in England is undergoing an immense cultural change in the way specialist support is provided. The National Dementia Strategy sees the implementation of 'Putting People First' transformation agenda, which outlines a personalised system, available to all, focused on prevention, early intervention, enablement, and high quality personally tailored services (HM Government, 2007)⁴.

3. Local care

As the population grows, and more people live with long-term conditions and the predicted number of people living with dementia increases, the demands on our services are changing and increasing. Services are not necessarily designed for today's or future needs, and it is becoming more challenging to keep up with rising costs.

There are approximately 1.8 million people living in Kent and Medway, the number of people living here is predicted to rise by almost a quarter by 2031 and is higher than the average across England. This is because local people are living for longer and because people are moving into the area. While it is good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

Evidence shows that providing care for people living with dementia, who may also need additional care and support, is better provided care in their usual place of residence within a community environment. Co-ordinating their individual health and social care needs, enables patients, their families and carers to cope better with the illness. It is recognised though, that there will continue to be a small number of people who have highly complex needs, meet the NHS Continuing Healthcare criteria and will require specialist placements in residential or nursing homes.

4. Review of services provided for CHC eligible patients with dementia and complex needs:

The service provided at the Frank Lloyd unit was originally commissioned as a short term inpatient unit for people with dementia and complex needs, which aimed to settle patients with the use of behaviour care plans and dementia mapping and then discharge them back to a community home or care/nursing home. However historic data shows that when CHC patients were admitted to FLU they were unlikely to be discharged again, even when they became physically frail and at end of life. This means that the unit was operating out of scope and at significant cost, providing an enhanced service for patients that could have been suitably looked after in the community.

Over the last two years the Frank Lloyd Unit has been the subject of discussion between the continuing healthcare assessors, provider and commissioners to consider the best options for delivering care to patients who meet CHC criteria for dementia and complex needs and it was agreed that the CHC assessors should work on a model that focused on supporting people to be discharged back into a community environment in line with the Dementia Care Strategy.

CHC teams worked with patients and their family or carers to choose homes that best meet the needs of the person with a focus on keeping people in their usual place of residence.

As this model of care evolved CHC assessors were able to support patients to remain in their care homes with an enhanced care package around them with support from community services. This

⁴ HM Government (2007). *Putting People First: A shared vision and commitment to the transformation of adult social care*. HM Government. London

has prevented the need for any new admissions to FLU therefore there have been no new admissions to the inpatient service since 2017.

We have now moved from a service where people were admitted and frequently remained there until the end of their life, to one where they were admitted, stabilised and discharged back into the community, to the current model of care where the majority of people are able to remain in the community home with additional support. Please note that this was the original clinical commissioned purpose for FLU, as a short term intervention unit.

Since Jan 2018 there have been eighteen successful discharges from FLU from all CCG's to a range of care homes and nursing homes within Kent & Medway (listed below) that care for individuals with dementia and complex needs*; these homes have a mix of RMNs and RGNs so staff has the skill set and registration to look after patients with dementia and complex needs as well as physical frailty. They provide a homely environment and have activities you would expect to see in a care home. There have been no 'out of area' placements, for clarification and definition purposes out of area placements are defined as homes that geographically sit outside of Kent & Medway

- Darland House, Gillingham
- St Anselms, Deal
- Tunbridge Wells Care Centre
- Abbotsleigh Mews, Sidcup
- Newington Court Care Home, Sittingbourne
- Elvy Court Care Home, Sittingbourne
- Mayflower Care Centre, Gravesend
- Hazelwood Care Home, Longfield
- Applecroft Care Home, Dover
- Betsy Clara Care Home, Maidstone
- Newington Court Care Home, Sittingbourne
- Creedy House Care Home, New Romney
- Larchmere Nursing Home, Cranbrook
- Warren Lodge, Ashford
- Acacia House Nursing home, Tenterden

(*please note this is not an exhaustive list of current homes that would be suitable).

As an enhanced community service model is further developed it is expected that more care homes will be able to look after this client group without the need for an inpatient admission. Data is currently being collated to scope the future demand for this service as part of the development of the new model and will be provided once completed; however the evidence to date provided above indicates that a community model has been very successful. Wider consideration needs to be given to people with dementia that would not meet the CHC criteria as part of the new model development. We also recognise that for a very small cohort of patients, an inpatient unit will be clinically appropriate and the new service model will take this into consideration as part of the project.

5. Update of service provided at Frank Lloyd Unit & next steps

The FLU project group was unfortunately stalled from Oct 2019 – Jan 2020 due to Internal staffing issues, as well as the general election and the sensitive pre-election period until December 2019.

Currently there is one patient remaining in the unit and when appropriate and in collaboration with their family they will be transferred to an identified care home placement. We have been notified that a bed is now available and it is anticipated that this move to the home will take place soon.

After this the inpatient service will be 'mothballed' as these developments have enabled the local NHS to consider better use of the funding that is currently being used for the inpatient service.

The proposal is to develop an enhanced community service to provide support to current and additional care homes in the community which will both support transition into the home as well as responding to incidents where behaviours may require additional support and provide care home staff with the skills to manage individuals with complex dementia.

The new model in outline proposes a small number of acute dementia "hubs" into which the most challenging patients can be admitted. The NHS would provide specialist staff who would be based in these hubs and who would also provide outreach support into care homes where patients with less complex needs patients might be cared for.

Achieving this kind of transformation in a challenging environment is not an easy task but we are working together with the NHS and social services, with other public, private and voluntary sector providers of care and families and carers to ensure best possible outcomes for local people in the future.

The original NHSE Gateway review was postponed as more evidence was needed on developing a new model of care. It is anticipated that pre-engagement with stakeholders on the new model of care will be concluded by April 2020; it will then be presented to NHSE Gateway review with a view to moving to full consultation and engagement in May 2020 to consult on the development of the new enhanced community model.

Local engagement with Swale residents will be undertaken to consider the future use of the Frank Lloyd building.