

17 July 2024		ITEM: 11 Decision: 110726
Cabinet		
Support, Information and Advice for Dementia (SIAD)		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor Mark Hooper – Portfolio Holder for Health and Wellbeing		
Accountable Assistant Director: Les Billingham, Assistant Director, Adult Social Care and Community Development		
Accountable Director: Ian Wake, Executive Director of Adults and Health		
This report is Public		
Version: Final / Cabinet		

Executive Summary

It is estimated that the number of people aged 65+ living with dementia in Thurrock could increase from 1503 in 2015 to 2401 in 2030, an increase of over 59%¹.

Currently, of the 2134 people receiving support from Thurrock Adult Social Care, 271 (13%) have recorded an issue of dementia with 12 of those (0.6%) being under the age of 65.²

The impact of dementia on the person living with the disease and their carers, family and friends can be immense.³ More than half of people with dementia report that they no longer feel part of their community and one third say they feel lonely. A quarter of carers say they feel cut off from their community. These figures worsen as the disease progresses.

Thurrock Council is planning to tender to appoint a provider that can deliver a service that will provide information, advice and support for people upon diagnosis of dementia. This will be delivered via a universally available specialist telephone support service, combined with local face to face support and guided online information. The aim of this will be to enable individuals with a dementia diagnosis to better understand their condition and navigate the Health and Social Care systems.

The Service will empower people affected by dementia to understand their options and choices so they can maintain their independence, remain active in their community, and manage their condition.

¹ Thurrock Joint Strategic Needs Assessment (JSNA) Chapter 5

² Thurrock Joint Strategic Needs Assessment (JSNA) Chapter 5

³ The Case for Further Change – Better Care Together Thurrock

Currently this Service is funded as a grant agreement paid via the Better Care Fund (BCF) since April 1st 2017, for which Thurrock is the lead commissioner. The annual value for this service is £145,690 per annum.

This Service enables Thurrock Council to discharge its duties under section 2 (reduce, prevent, delay) of the Care Act (2014) specifically for those suffering from dementia and their carers and enables the upstream pressures caused by this condition to be managed and controlled.

Commissioner Comment:

Commissioners have been consulted on the report and have made no comments.

1. Recommendation(s)

- 1.1 That Cabinet approve the recommendation to tender for a Support, Information and Advice for Dementia (SIAD) service to meet the council's statutory requirements in law. The proposed start date contract would be April 1st 2025 running until March 31st 2028 (with a possible years extension) totalling £582,760.**
- 1.2 That Cabinet agrees to delegate the award of the contract to the Executive Director for Adults and Health in consultation with the Portfolio Holder for Health and Wellbeing.**

2. Introduction and Background

- 2.1 On January 22, 2024, a business case (appendix A) was presented to the Integrated Commissioning Executive (ICE) to recommend the continued funding of a dementia support service in Thurrock and to approach the market.
- 2.2 The council is committed to the priorities and commitments agreed within the Southend, Essex and Thurrock (SET) Dementia Strategy⁴, which was approved in August 2022 by Thurrock Health and Wellbeing Board. The priorities of the SET Strategy are relevant to the proposed commissioning exercise:
 - Prevention.
 - Supporting unpaid carers.
 - Reducing the risk of crisis.
 - Knowledgeable and skilled workforce.
 - Finding information and advice.
 - Diagnosis and support.
 - Living well with dementia in the community.
 - Living well in long term care.

⁴ https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj74-C97rSFAXVr1QIHHD7xBYkQFnoECBoQAQ&url=https%3A%2F%2Fdemocracy.southend.gov.uk%2Fdocuments%2Fs54145%2FAppendix%25201%2520-%2520SET%2520Dementia%2520Strategy.pdf&usg=AOvVaw0o3YxMKCr35uMyC_rvSvVw&opi=89978449

- Assisting in end-of-life planning.

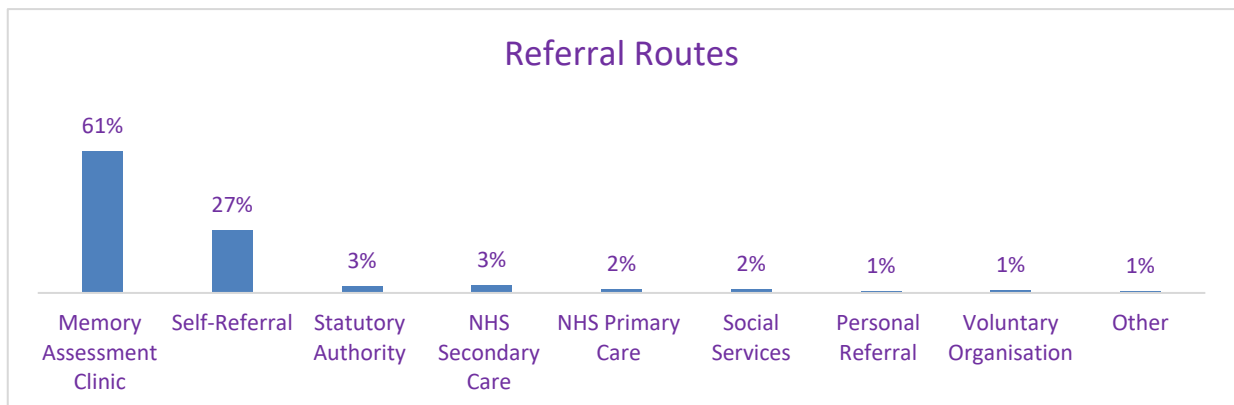
2.3 The SIAD contract will seek to achieve these priorities by:

- Supporting the community to work towards being dementia friendly enabling greater levels of community engagement and participation.
- Signposting and referring into community-based services to help people stay connected in their local community, aligning with the council’s current Human Learning System (HLS) and person-centred approach.
- Greater levels of support at point of diagnosis and throughout the individual’s dementia journey.
- Working alongside Memory Assessment Clinics, GPs and other health professionals and services to enable seamless referral pathways to support.
- Personalised information and support via skilled professionals throughout their dementia journey.

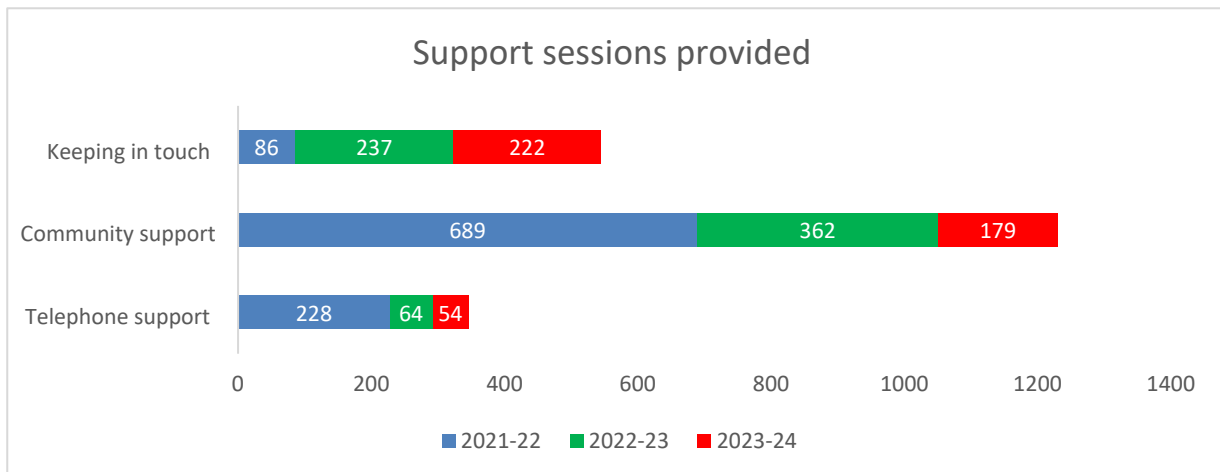
2.4 Since the start of the grant funding the following numbers of new service users have been supported:

2021-22	2022-23	2023-24	Total
357	280	450	751

2.5 Of the 751 people supported, 61% were people living with dementia and 39% were unpaid carers. Referral routes into the service are predominantly via the memory clinic or via self-referrals making up 88%:⁵



Support is provided via various routes that are chosen by the individual. This helps to ensure the support is provided is person centred. Because of this, delivery numbers vary year on year as can be seen below:



2.6 In addition, Thurrock has adopted HLS approach as a framework. HLS is about “*building relationships with real people – the people we’re trying to help.....and responding to the complex reality of people’s lives - their strengths and needs*”⁶. HLS enables commissioners to work with providers so that services can develop over the life of the contract to best respond to what people want and how they want it.

3. Issues, Options and Analysis of Options

3.1 Option 1 (not recommended): Recommission on the same basis as has been done historically i.e., grant funded agreement.

3.1.1 While this could be viewed as a low-risk option to award a grant on the same basis as before, this arrangement does not obligate the current incumbent provider to accept the existing terms of the agreement. Given the current market pressures around such things as the National Living Wage and inflation the provider would likely pressure for additional funding.

3.1.2 As part of the Integrated Care Strategy (The Case for Further Change), Thurrock has organised its health and social care systems into localities to enable greater integration and to take advantage of community resources and natural networks of support that exist in each area. Continuing to commission in a traditional way does not support locality working.

3.1.3 Without testing the market in relation to price and quality it would be difficult to establish if the incumbent provider offers the most advantageous offer to the council and the future needs of those living with dementia in Thurrock.

3.2 Option 2 (not recommended): Jointly commission across the SET footprint for Dementia support, information and advice service.

⁶ <https://realworld.report/>

- 3.2.1 Consideration was given by ICE to undertake a joint procurement exercise. However, Thurrock ICE did not support this option for the following reasons:
- Thurrock would lose the ability to develop and maintain a bespoke service which builds upon the ethos of locality working.
 - Lack of clarity of financial contribution levels.
 - Lack of clarity on Thurrock's voting share.
 - Diminishes local knowledge amongst workers who are currently based only in Thurrock.
- 3.3 Option 3 (recommended): To commission a Thurrock dementia support, information and advice service for a 3-year contract plus provision for a further one-year extension
- 3.31 This aligns with ICE's recommendation that Thurrock leads on a procurement exercise to test the market (in relation to cost and quality) to provide the service for individuals diagnosed with dementia.
- 3.32 This is to ensure the most advantageous offer possible in relation to quality and value can be sought and evidenced in line with Thurrock's new strategic approach. The market would be approached with a focus on 60% quality (to include Social Value) and 40% price. Ensuring that people requiring support receive a service that focuses on quality above all is an absolute priority and enables costs to be managed more effectively by preventing, reducing and delaying the need for increased care and support.
- 3.33 In addition, this would enable providers to innovate, test and learn in line with Thurrock's HLS approach while also ensuring financial effectiveness.
- 3.34 This approach will give this contract the autonomy to adapt and change during its lifecycle, as opposed to a jointly commissioned service and in addition, not be burdened by the additional administrative burden of a 'TECKAL' contractual arrangement as this would:
- Diminish voting rights within the contract as Thurrock's spend would form the basis of its voting share and would therefore be lessen its ability to shape how the contract is delivered.
 - The resulting increase in scope to include additional partners outside of Thurrock could alter the demographic profile being catered to and therefore make it less representative to the cultural make up of Thurrock and less responsive to our residents needs and requirements.

4. Reasons for Recommendation

- 4.1 The recommendation falls in line with the Southend, Essex and Thurrock Dementia Strategy⁷ and Thurrock's commitments to that strategy, but it also supports the aims within the Case for Further Change⁸, which advocates a more holistic service model, supporting people living with dementia and their carers to live their best life.

⁷ [PowerPoint Presentation \(essexproviderhub.org\)](#)

⁸ The Case for Further Change – Better Care Together Thurrock

- 4.2 Going to the market with an updated specification supporting Thurrock Council's commitment to providing tailored and person-centred solutions in line with a HLS approach will align the contract with the overarching corporate approach.
- 4.3 From the Alzheimer's Society 'The case for the Dementia Fund'⁹ it was highlighted nationally that there were more than 70,000 potentially avoidable emergency admissions of over-65s with dementia at an estimated cost of £400 million in 2016/17. It also highlighted that Local Authorities are paying care home rates that are around 10% higher for people with dementia compared to people without. The recommendation contained within this report has a key role in intervening and preventing a person with dementia from escalating to the point of crisis or carer/relationship breakdown. In doing so, the service being procured will reduce and prevent otherwise incurred costs – for example carer breakdown is often the point at which people with dementia require a service or an increase in the care required. Part of this service is to signpost and refer people into other support systems/services. This means that people are being referred to receive the correct care and support from an early stage, thus reducing the risk of deterioration.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Provider and ICE engagement has been undertaken to shape the methodology of approach needed to be undertaken.
- 5.2 A dementia working group has been implemented to champion the dementia agenda in Thurrock and will be working on developing the service specification for SIAD. The Group includes front line staff (Health and Social Care), Healthwatch and St Luke's Hospice.
- 5.3 Further lived experience will be sought via questionnaires (currently drafted) and will be sent out to service users and their representatives should the procurement approach be agreed. The aim of this will be to garner additional and direct information to shape the specification to better represent the needs of individual users.
- 5.4 Ongoing engagement is taking place with the incumbent provider via quality performance reviews and to monitor the quality and intensity of support provided.
- 5.5 Those with lived experience will be sought to be part of the tender evaluation process.
- 5.6 Report has been approved at DMT and SLT and will now be going to Cabinet for approval.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The contract to provide dementia support, information and advice services aligns with the aspirations of Better Care Together Thurrock: The Case for Further Change 2022-2026 and the Corporate Priority:

- *People – a borough where people of all ages are proud to work and play, live and stay.*

⁹ [Dementia Fund Report.pdf \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/resources/reports-and-publications/dementia-fund-report)

- *Prosperity – a borough which enables everyone to achieve their aspirations.*

7. Implications

7.1 Financial

Implications verified by: **Bradley Herbert**
Finance Manager
April 11th 2024

The funding for the contract is contained within the Better Care Fund (BCF), and therefore there is no impact on the Councils existing budget.

The 2025/26 contract sum, and subsequent inflationary increase will be contained, and funded as part of the annual BCF funding allocation. Any procurement, and associated cost will also be financed within the overall funding allocations.

The uplift proposals, detailed below, are in line with the MFTS approach to inflation assumptions in terms of rationale, but will be funded through the BCF.

The financial implications of this report for a 3 year contract, commencing in 2025/26

The annual values of the contract are as follows:

Year Commencing	Increase %	Annual Value with Inflation
2025/26	2%	£145,690.00
2026/27	2%	£148,603.80
2027/28	2%	£151,575.88
Total Contract Value		£445,869.68

For the total duration of the contract, including the extension period, the total value equates to £0.446m.

Current outturn is monitored via the number of referrals. Currently 450 for the last financial year. Any cost as a result of a procurement exercise would be met within the directorates cash envelope. There is a potential risk of funding being ceased due to funding being shared between MSE, Better Care Fund and Thurrock Council.

The agreement for the funding will be made in line with the BFC governance arrangements between the ICB and Thurrock Council.

The contract is monitored via the number of referrals, which for 2023/24, was 450.

7.2 Legal

Implications verified by: **Kevin Molloy**
Principle Solicitor Contracts Team
April 23rd 2024

Following issue by the council of a s114 notice, the council must ensure that its resources are not used for non-essential spending. Under section 2 of the Care Act 2014 above referred to, the council has a general duty to ensure the provision of preventative services - that is services which help prevent, delay or reduce the development of care and support needs (including carers' support needs). The council may also in any circumstance where the Care Act does not apply rely on its power in s.1 of the Localism Act 2011 to do anything an individual may do (the general power of competence) to commission this service. It is advised that none of the limitations on this power in s.2 to 4 apply to prevent the use of the power. It is advised that the use of the power, as set out in the report, is a rational exercise of the power.

The contract at issue here is essential and the provision of it a statutory duty under legislation. The value of the proposed contract will be above the threshold at which the relevant provisions of the Public Contracts Regulations 2015 apply. Therefore, this contract award will need to be conducted in accordance with the relevant provisions of the Public Contracts Regulations 2015, and in accordance with its own internal procurement rules. The proposed method outlined above is a compliant route to market and would comply with the rules referred to above. Officers should ensure Legal Services are kept informed as they progress through the procurement.

7.3 Diversity and Equality

Implications verified by: **Rebecca Lee**
Team Manager Community Development

The provision of this contract will support the council to uphold responsibilities set out in the Care Act (2014), Equality Act (2010) and Public Sector Equality Duty.

CEIA has been completed and a focus for the commissioning and procurement piece will be to place greater scrutiny on the equity of access to this service.

7.4 Risks

Risk of BCF (Better Care Fund) funding reducing and not being able to continue to fund the contract. The likelihood of this risk occurring is low.

7.5 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

- N/A

8. Background papers used in preparing the report (including their location on the council's website or identification whether any are exempt or protected by copyright):

- N/A

9. Appendices to the report

- Appendix A – Business Case to ICE 2024-01-22

Report Author:

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Adult Services