

22 January 2024	Item No:
Integrated Commissioning Executive (ICE)	
Dementia Connect Contract – Alzheimer’s Society (Update report)	
Report of: Dawn Shepherd Commissioning Manager – All age mental health & dementia	
Accountable Assistant Director: Les Billingham Assistant Director Adult Social Care and Community Development	

1. Background

Dementia is a group of symptoms caused by different diseases that damage the brain. The symptoms are mild at first but get progressively worse over time and include memory loss, confusion, and behavioural changes.

There are many types of dementia, but Alzheimer’s is the most common, followed by vascular dementia.

There is no cure for dementia, but people can live well - staying healthy and getting the right support can be helpful.

In England and Wales in 2022, dementia was the leading cause of death, responsible for almost 66,000 deaths (11.4% of all deaths)¹. This figure is anticipated to increase by 2040 to 219,409.²

Women are affected more than men – 64% of the deaths caused by dementia in 2022 were female.

The impact of dementia on the person living with the disease, and their carers, family and friends can be immense³. 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.

On 27 November 2023 a business case was presented to ICE to recommend the continued funding of a dementia support service in Thurrock. Further clarification was sought on the following issues, and this paper provides that clarification.

¹ ONS - Death registration summary statistics, England and Wales: 2022

² Alzheimer’s research UK <https://dementiastatistics.org/about-dementia/deaths/>

³ The Case for Further Change – Better Care Together Thurrock

- The level of funding being requested by the Alzheimer’s Society
- The number and profile of people being supported
- The benefits of joint commissioning
- The interface with integrated locality teams
- The fit to the SET dementia Strategy

2. Dementia in Thurrock

It is estimated that the number of people aged 65+ living with dementia in Thurrock could increase from 1503 in 2015 to 2401 in 2030⁴ – an increase of over 59%.

Currently, of the 2134 people receiving support from Thurrock Adult Social Care⁵, 271 (13%) have recorded an issue of dementia. 12 people (0.6%) are under the age of 65.

Currently, grant funding is made to the Alzheimer’s society who provide personalised and confidential support to people affected by dementia – including specialist information and practical advice. This includes supporting the carers of those living with the disease.

The aim is to reach every person affected at the initial point of diagnosis, usually via a GP or memory clinic. Support is provided by telephone, sign posting or face to face and is tailored to each individual. This approach supports the aims within the Case for Further Change⁶, which advocates a more holistic service model, supporting people living with dementia and their carers to live their best life. This is also a preventative model – supporting carers as well as service users - which ultimately prevents or delays people moving into formal and more costly care services, due to carer breakdown.

Once supported by the service, people remain connected and can “dip” in and out as needed. Ongoing catch-up calls are essential to maintaining this connection and preventing loneliness and isolation, both for the person with dementia and their carers.

2.1. SET Dementia Strategy

Thurrock Council is committed to the priorities and commitments agreed within the Southend, Essex and Thurrock dementia strategy, which was approved in August 2022 by the Thurrock Health and Wellbeing Board.

This strategy prioritises commitments which enable people to live well with dementia.

⁴ Thurrock Joint Strategic Needs Assessment (JSNA) Chapter 5

⁵ On 11 January 2024

⁶ The Case for Further Change – Better Care Together Thurrock

The service provided by Thurrock Alzheimer’s Society meets many of the commitments which include:

- Delivering information to improve dementia awareness
- Supporting unpaid carers
- Reducing the risk of crisis
- Building on training that improves professional practice and process
- Fully supporting people living with dementia to remain independent in their communities
- Assisting in end-of-life planning

3. Current funding – Dementia Connect Service

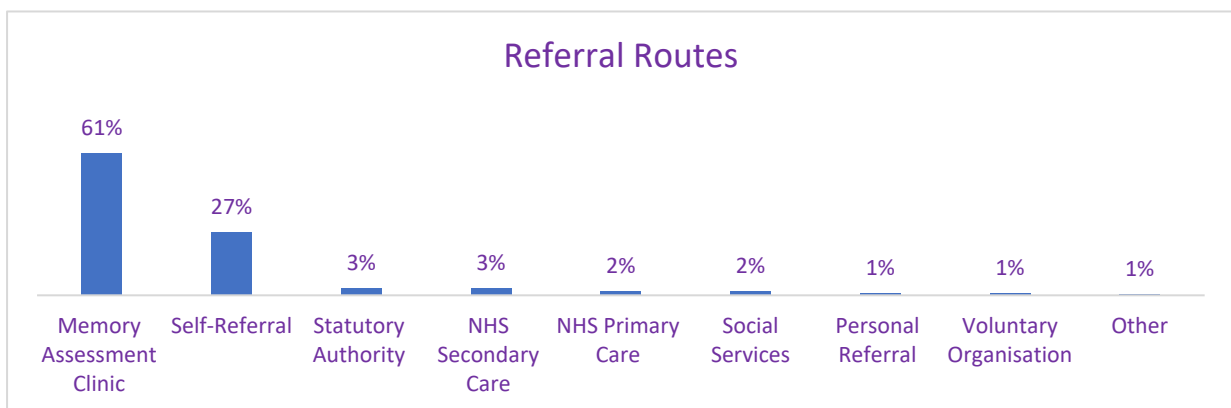
The current grant funding was awarded in 2021 to the Alzheimer’s Society on a three-year basis, ending in March 2024.

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

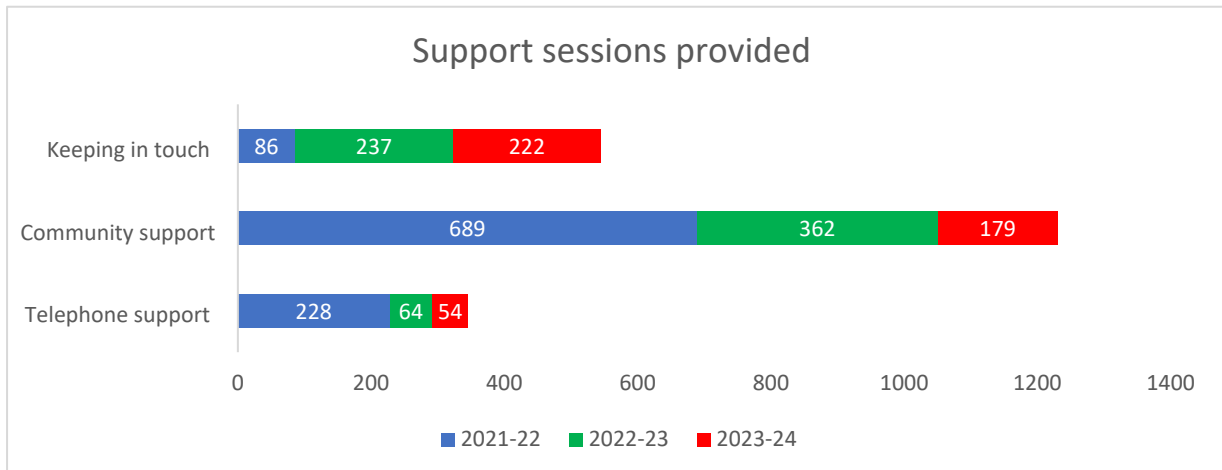
2021-22	2022-23	2023-24 Q1 & Q2	Total
357	280	114	751

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 self-referral:



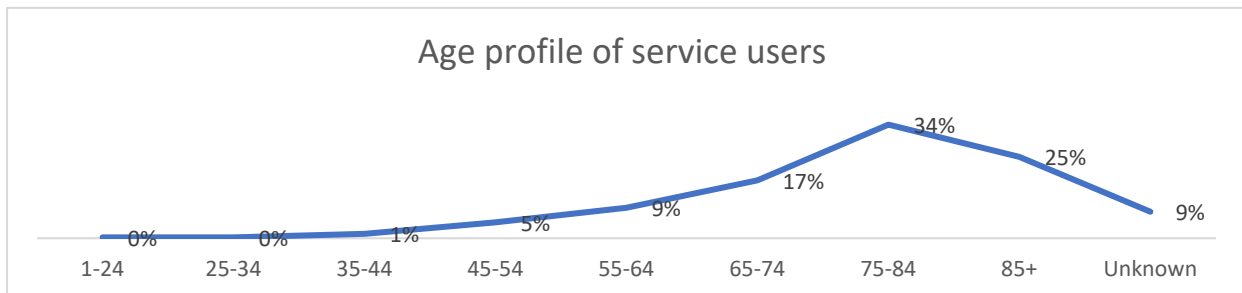
Support is provided via various routes – chosen by the individual, which helps to ensure it is person centred. Because of this, delivery numbers vary year on year as can be seen below. (Figures for 23-24 cover only the first two quarters of the year)



3.1. Service User analysis

3.1.1. Age

A breakdown by age of the people using the Thurrock Alzheimer’s service (“service users”) indicates, as expected, that the majority (76%) are aged over 65, 15% are under 65 and the remaining 9% did not provide an age.



For those under 65 with a young onset dementia (YOD) diagnosis the Alzheimer’s society offers support through the following routes:

- Referral to Peaceful Places – a daycentre in Basildon specifically catering for early onset dementia
- Through the usual Alzheimer’s service offer, with a bespoke package of support
- Through the wider Mid & South Essex YOD Peer Buddy support service
- Through the Hospital Discharge project which is being introduced into Basildon Hospital.

3.1.2. Ethnicity

A breakdown of service users ethnicity is provided below.

Ethnicity (high level)	Alzheimer's Society Service users	Thurrock profile All ages	Difference
White	93.5%	76.7%	16.8%
Mixed	0.8%	3.0%	-2.2%
Asian	2.0%	6.9%	-4.9%
Black	2.4%	11.9%	-9.5%
Other	1.2%	1.5%	-0.3%

NB. 258 people (34% of service users) have not provided their ethnicity and therefore the figures only include those where the ethnicity is known, so this data does not cover the full 751 service users.

Compared with Thurrock's ethnicity profile from the 2021 census, there appears to be a stark difference between the number of service users of black ethnicity and the Thurrock profile.

However, upon further analysis, the Thurrock profile of black ethnicity for those aged 65 and above is only 2%, therefore the profiles are quite similar.

Recent research undertaken by UCL⁷ indicates that black people have a 22% higher recorded incidence of dementia than white people

The research team studied primary care and hospital health records in the UK from 1997 to 2018, incorporating data from 662,882 people aged over 65.

They found the overall prevalence of dementia among people over 65 in the UK to be 11.8%. In comparisons between ethnic groups, they found that after controlling for factors such as age, sex and socioeconomic status, black people had a 22% higher incidence of dementia recorded than white people

Based on this research, we would have expected the number of service users in Thurrock, of black ethnicity, to be higher. More work is therefore required to ensure that the service provider

- Maximizes the capture of ethnicity profiles
- Promotes the service to all communities – ensuring a targeted approach
- Is responsive to the cultural needs of BME groups

4. Future funding

In preparation for March 2024, commissioners have been reviewing the funding, and reported outcomes, and considering options for the future.

⁷ <https://www.ucl.ac.uk/news/2023/oct/risk-factors-dementia-vary-ethnicity#:~:text=Overall%2C%2012.6%25%20of%20the%20study,those%20from%20other%20ethnic%20groups.>

Essex County Council (ECC) has approached Thurrock with an option to seek a joint tender for an Essex wide dementia connect contract – although it is uncertain yet whether Southend will join. ECC also currently commissions the Alzheimer’s Society for their dementia connect service.

If agreed, a joint Southend, Essex and Thurrock (SET) contract would commence in April 2025. There is a joint SET dementia strategy which has been signed up to by all three authorities, however, it is not dependent on the same service provider.

The question is, would a larger service be a good option for Thurrock, when we have invested in place based, bespoke, integrated solutions around the four existing PCNs?

Consideration of the advantages and disadvantages of a joint contract are considered below:

4.1. Advantages

- Economies of scale – saving money by centralising tasks such as admin, and reducing contract management time
- Consistency – residents would receive the same standard service provision across the whole of the county
- Flexibility – the provider would have greater flexibility to manage staff absences which could impact service provision
- Collaboration – joined up working across local authorities, providing support and sharing of best practice

4.2. Disadvantages

- Loss of control – Thurrock would lose the ability to develop and maintain a bespoke service which builds upon the ethos of locality working
- Any required future change could be bureaucratic due to the size of the contract. Thurrock has the advantage, through being a smaller local authority, to evolve and adapt which fits into our human learning systems model of learning, adapting and being person centred
- Any interaction with integrated locality teams could be lost due to the centralisation of the service and possible ongoing changes to workers
- Single point of failure – if things go wrong
- Risk of miscommunication
- Diminishes local knowledge amongst workers who are currently based only in Thurrock

5. Alternative solution

The Alzheimer’s society is a national organisation which is highly respected and recognised for its high standards of service. Its services are widely advertised and its involvement in dementia research is ongoing and well received.

Having a national presence allows residents to contact the organisation from anywhere in the UK for general advice and support. When further interaction is required, the resident is referred to their local branch for a full assessment and support from the local team.

Whilst a tender process would test the market for alternative providers, it is highly unlikely that any other organisation would match the experience, expertise and competency of the Alzheimer's Society.

If we do decide to tender for a joint contracted service, we would need to extend the existing grant for 12 months in order to align with the ECC timescale, since their existing contract has a further year to run, and the extra time would be required for the joint tender process.

In addition, there would need to be an option to extend for a further 3 months after that, on a rolling monthly basis, to allow for any slippage in the tender process. (total period of contract extension 15 months).

Thurrock would no longer hold complete control of the contract process and would be subject to timescales and slippages from ECC (as the major contributor).

The question then arises – would the option to award a further grant directly to the Alzheimer's society be a better use of public funds?

6. Funding

The original grant awarded in April 2021 was for the sum of £138,000 per year, totalling £414,000 over 3 years.

The funding is contained within the Voluntary Sector Organisations lines on the BCF schedule; they are not listed individually but are effectively the bulk of SE207.

Conversations with Thurrock Alzheimer's Society have been positive, and they will agree to extend for the required period if necessary.

However, they have indicated that costs have increased since 2021 – particularly around staffing – and have asked for an increase to £145,690 per year to accommodate this. (Please note – originally the increase requested was £163,000 but they have now revised this figure down).

Over the past three years, inflation has increased considerably but the inflationary figures being used by the Council for contracts are 6.7% in 2024 and 3% in 2025.

Applying these figures would give an inflated price of £151,663 per year, therefore the requested increase is below what we would have expected if inflation were matched.

The breakdown of the £145,690 is as follows:

Grays & Thurrock 1 year extension	
Direct salary costs (incl on costs)	
Dementia Adviser x 21hrs	16,805
Dementia Adviser x 21hrs	16,805
Dementia Adviser x 28hrs	22,722
Dementia Adviser x 28hrs	22,722
DFC Co-Ordinator x 21hrs	17,593
Service Manager x 14hrs	18,140
Staff travel	6,000
Essential support costs <ul style="list-style-type: none"> • IT, Data management, Equipment, • HR and management • Finance, Legal and administration • Health, Safety and Safeguarding 	24,903
Total cost for 12 months	£145,690

7. Options – for decision by ICE

Option	Implications
<p>1. Do nothing.</p> <p>The grant funding would stop at the end of March 2024 and the provider would be under no obligation to provide the service.</p>	<p>This would be a detriment to existing and future service users and their carers, who would lose valuable support</p> <p>This decision would not align with the SET dementia strategy which commits to providing advice and support to people living with dementia and their carers</p> <p>Bad publicity and public protest is likely, which would be detrimental to the Councils reputation</p>
<p>2. Join ECC in a SET wide tender for dementia connect services across the whole county (or just Essex and</p>	<p>Thurrock would experience the advantages and disadvantages laid out in section 4 above.</p>

Thurrock if Southend keep their own services)	Thurrock would need to extend the existing contract with the Alzheimer's society for at least one year to line up with the tender process.
3. Tender for a new Thurrock dementia connect service in 2024 and award a contract for 3 years plus provision for 2 further one-year extensions	<p>Thurrock would experience the advantages and disadvantages laid out in section 4 above.</p> <p>Thurrock would need to give 3 months' notice to the existing provider and instigate the tender process immediately in order to meet the timescales required</p>
4. Do not contract the service but award a further 3-year grant to the Alzheimer's society to enable the existing service to continue	<p>Continuity of service and workforce will benefit existing service users and their carers</p> <p>This will be the quickest and simplest response. A tender is ultimately likely to achieve the same result but will involve valuable time spent in producing documents rather than spent with service users</p>

8. Equality and Diversity implications

People living with dementia and their carers will be impacted by the decisions made above. This will affect a high number of people with one or more protected characteristics:

- Age – 76% of people using the service are aged over 65
- Gender – 64% of deaths from dementia are females
- Disability - Dementia is a recognised disability which is life limiting and progressive
- Ethnicity – black people have a 22% higher recorded incidence of dementia than white people
- Unpaid carers - are now recognised as a protected group. 39% of the service users are unpaid carers, and it is widely recognised that a high number of people living with dementia will require informal support from family and friends

Any of the decisions to continue the service will have positive impacts for these groups.

However, the decision to do nothing would have an adverse impact, which cannot be mitigated and could be challenged. This needs to be considered when making the decision.

9. Outcome:

Option Agreed:

Date

Signed