A Misspent Opportunity?
All-Party Parliamentary Group on Dementia inquiry into the funding of the National Dementia Strategy - full analysis of PCT responses
June 2010

In March 2010 the All-Party Parliamentary Group (APPG) on Dementia held an inquiry into whether Primary Care Trusts (PCTs) in England had allocated funding committed to dementia on dementia. The Department of Health (DH) allocated £150 million to support initial implementation of the National Dementia Strategy (NDS), however this money was not ringfenced and was put directly into PCT baseline funding.

The APPG sent Freedom of Information (FOI) requests to all PCTs in England asking if this funding had been allocated to dementia and whether they had established joint dementia strategies with local authorities.

The resulting report A Misspent Opportunity? was based on the responses of 70 PCTs. A copy of the report can be found on Alzheimer’s Society’s website: http://www.alzheimers.org.uk/misspentopportunity.

The methodology and policy background behind this request can be found in A Misspent Opportunity, as can evidence submitted by stakeholders on their assessment of allocation of funding to dementia.

The APPG asked the following questions in our FOI request to PCTs:

1. Has the PCT allocated this funding for 2009/10?

2. How has the PCT allocated this money? Please return a breakdown and figures where possible?

3. Please explain how the PCT plans to spend the allocated money under the Dementia Strategy for 2010/2011?

4. Has the PCT developed a joint strategy with the local authority on how to improve dementia services, as emphasised by the Dementia Strategy?

The following analysis is supplemental analysis of responses from all PCTs who responded to the request up to 31 May 2010. In total 137 of 152 (90.1%) PCTs in England had responded to the APPG’s request by this date.

For consistency, this analysis follows the same structure as the original report.

General comment on findings
PCT responses paint a picture of variable and patchy progress on implementing the NDS. Many PCTs were unable to identify their NDS funding and cannot account for expenditure. This could indicate that many PCTs have not sufficiently prioritised the NDS in their planning. Many PCTs were also unable
to demonstrate they had joint strategies with local authorities, despite a March 2010 deadline for these being in place.

Summary of key findings
- Over 60% of PCTs did not show evidence of allocating their NDS funding
- Around two thirds of PCTs have invested in or prioritised memory and early diagnosis services.
- 89% of PCTs had joint strategies of one form or another in place or in development.
- Nearly 50% of PCTs look likely to have missed the March 2010 deadline for having a joint strategy in place.

Allocation of NDS funding
Most PCTs responding to the FOI request did not demonstrate that they had allocated their proportion of NDS funding. Furthermore, there was considerable variation in the detail provided by PCTs on how this money had been spent. This variability of responses suggests that PCTs financial and planning systems relating to dementia are inconsistent and often opaque.

Have PCTs allocated NDS funding?
Over 60% of PCTs responded that they could not determine whether they had allocated their NDS funding. Responses from PCTs are broken down as follows:
1) 30 PCTs said they had allocated NDS funding and could provide some figures of where it was spent.
2) 22 PCTs said they had allocated NDS funding, but could not provide figures of where it was spent.
3) 21 PCTs did not attempt to answer the question, but did provide some information on spending on dementia services
4) 50 PCTs could not say they had allocated their NDS funding as it was inseparable from the rest of their baseline funding, or some other funding/spending allocation.
5) 14 PCTs either stated they had not invested their NDS funding or did not answer.

Those PCTs not allocating funding.
In total over 60% of PCTs (85) in this analysis stated that they had not allocated their funding or did not provide any evidence of doing so. The lack of ringfencing of funding and the position of dementia as a priority for local action in the 2009/10 Operating Framework means there has been no compulsion for PCTs to prioritise the Strategy. Despite this, PCTs need to be held accountable for allocating this funding. The evidence of this analysis is that has not yet happened to date.

It is concerning that, of these 85 PCTs, 14 PCTs either stated they had not invested their NDS funding or did not answer, as it may indicate a lack of prioritisation of dementia by these PCTs. However, it should be highlighted that some of these PCTs responded that they had significantly prioritised and invested in dementia ahead of the publication of the NDS.
50 PCTs responded that they could not disaggregate their NDS funding from baseline or other funding/spending. In some instances this was because of block contacts with mental health trusts. Two further PCTs included in a) above stated they had spent their NDS funding, but could give no details as it was allocated wholesale to their mental health trusts. The lack of ability of PCTs to disaggregate dementia funding from other spending raises questions about PCT financial systems in relation to dementia.

Demographic relationships
There were no strong regional relationships regarding whether PCTs could show allocation of NDS funding or not. The East Midlands had the lowest proportion of PCTs who demonstrated allocation of NDS funding, with the West Midlands having the highest proportion of PCTs who demonstrated allocation of NDS funding.

Likewise there was no relationship between size of a PCTs NDS funding and whether they provided evidence to show its allocation.

Where NDS funding has been spent
PCTs should be allocating NDS and other spending on dementia to priority recommendations set out in the Implementation Plan for the NDS. These were outlined as areas where focussed attention is needed to achieve urgent changes.

Which PCTs are providing evidence of investment?
It is disappointing that the information PCTs have provided is so variable and, in many instances, sketchy and therefore only limited conclusions on prioritisation can be drawn. As highlighted above, less than 40% of responding PCTs have demonstrated allocation of NDS funding. However, most PCTs were able to provide some evidence of the areas they are prioritising.

- Just over a third of PCTs (50) responded saying they had allocated their NDS funding and gave some detail of doing so.
- Over 55% of PCTs (76) did not provide information on allocating their NDS funding, but have provided information on general spending or prioritisation of dementia.
- 11 PCTs provided no information on spending or prioritisation of dementia.

PCTs providing detail of allocating NDS funding (50)
There was considerable variation in the detail provided by PCTs who responded with details of allocating their NDS funding. Some could provide a full breakdown of investment, while others could only provide reference to areas of investment, without mentioning figures.

- Eight PCTs provided a detailed breakdown allocating funding.
- 12 PCTs provided a limited breakdown of allocating funding.
- 13 PCTs provided a breakdown of investment in excess of their NDS funding.
17 PCTs provided information on areas of investment, but have provided no figures other than their general spending or confirming the size of their NDS allocation.

Because of the variability in responses and the relatively small number of PCTs involved it is not meaningful to analyse separately PCTs responding with a detail breakdown and those only providing information on the areas where investment is being prioritised. Instead this analysis has been conducted looking at these 50 PCTs as one. Investment in the priority objectives of the NDS was shown as follows:

- Two thirds of these PCTs detailing allocation outlined investment or prioritisation of memory or other early diagnosis services.
- A third of these PCTs detailing allocation outlined investment or prioritisation of improving hospital and acute care of people with dementia.
- Just over a quarter of these PCTs detailing allocation explicitly outlined investment or prioritisation of workforce development.
- Under a quarter of these PCTs detailing allocation outlined investment or prioritisation of improving personal community support services and a similar proportion outlined improving the quality of care in care homes.
- Although not explicitly mentioned as a priority for urgent action, two fifths of these PCTs detailing allocation stated they were commissioning dementia advisor posts.

PCTs providing detail on general spending or prioritisation on dementia (76 PCTs)

The majority of PCTs not providing detail of allocation of their NDS funding did still provide some information on general prioritisation or spending on dementia.

- Just under 60% of these PCTs stated they were prioritising memory clinics and other early diagnosis services.
- A third of these PCTs stated they were prioritising improving hospital care and acute services.
- A sixth of these PCTs stated they were prioritising improving personal community support services.
- 12% of these PCTs stated prioritising workforce development.
- Less than a tenth of these PCTs stated they were prioritising improving the quality of care in care homes.
- Nearly a quarter of these PCTs highlighted they were commissioning dementia advisor posts.

Joint planning between health and social care

One of the urgent priorities of the NDS was the publication of joint commissioning strategies between health and social care. People with dementia are frequent users of both health and social care services and co-ordinated support is essential to providing good quality care.

The Implementation Plan for the NDS outlined that co-owned action plans in each locality should be in place by March 2010. Responses from PCTs regarding whether they had joint strategies in place were as follows:
31 PCTs responded that they had joint strategies currently in place.
   - In several cases PCT responses suggested these strategies were published before the NDS.
   - Two PCTs stated they were in the process of updating existing dementia strategies following the publication of the NDS.
   - Five PCTs strategies were only very brief sets of commissioning intentions.

57 PCTs responded that they had strategies in development.
   - Joint strategies in development ranged from strategies which were almost complete and only required final approval, to others which were at only very initial stages of development.
   - Eight PCTs stated that their strategies in development would be published by March 2010, in time for the date set out in the NDS implementation plan.
   - A further seven PCTs stated strategies would be published very shortly.
   - It was clear from the responses of seven PCTs that their joint strategies would not be in place by the March 2010 deadline.
   - The remaining 35 PCTs did not provide evidence of when their strategies still in development would be in operation.

33 PCTs responded that they did not have strategies specific to dementia, but dementia was covered in more general older people’s mental health (OPMH) strategies.
   - Seven PCTs were refreshing their OPMH strategies following the publication of the NDS.
   - Seven PCTs OPMH strategies were still in development.

One PCT highlighted differing stages of joint planning in the two local authority areas they were working in. A dementia strategy was being developed with one local authority and dementia being covered by OPMH in the other local authority in their area.

15 PCTs either did not state they had a joint dementia strategy or did not make it clear one existed or was being developed.

Several PCTs included in the breakdown above indicated that they were engaging in collaborative commissioning with other PCTs and local authorities in their area, or working on pan-area partnership.

**Joint strategies**
It is welcome that nearly 89% of PCTs had strategies of one form or another in place or in development. However, nearly half of PCTs responding made it clear that strategies were still in development, suggesting a significant number have missed the March 2010 deadline for these to be in place. Only two-fifths of PCTs clearly demonstrated that they had joint strategies (either dementia alone or dementia included in OPMH strategies) in operation.
The size of a PCT’s NDS allocation did not appear to impact whether s PCT has a dementia strategy in place and there was no only a limited regional pattern regarding whether PCTs have joint strategies in place or in development.

- Three SHAs did have lower proportions of PCTs responding saying they had joint dementia strategies in place: London, the North West and the West Midlands.
- The South East Coast had the highest proportion of PCTs who stated they had join dementia strategies in place.

- A greater proportion of PCTs with joint dementia strategies in place could show they had allocated their NDS funding.
- Likewise, a greater proportion of PCT who stated or showed that they had allocated their NDS funding had dementia strategies in place.

These two relationships suggest demonstrate the case that money for dementia and the existence of joint strategies are linked.

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