ANNEX 1 – Detailed Scheme Description

For more detail on how to complete this template, please refer to the Technical Guidance

Scheme ref no.
LTC 2
Scheme name
Integrated dementia pathways
What is the strategic objective of this scheme?
The strategic objectives are that organisations involved in providing services to people with dementia and their carers work in an integrated way. People with dementia will be able to easily locate sources of advice and support; organisations will be aware of and contribute to the support available.
Overview of the scheme Please provide a brief description of what you are proposing to do including: - What is the model of care and support? - Which patient cohorts are being targeted?
The overall aim of the service is to improve the quality of life and experience of care and support for people living with dementia, their families and carers in Rutland. This will be achieved through: • the development of a Rutland Dementia Hub where people living with dementia, their families and carers can come to receive advice and support, take part in activities, and access self help, health and social care services. • further development of the role of dementia champions in Rutland. • co-ordination and provision of training and support events to help equip people living with dementia, their families and carers to better cope with the impact of dementia. • information and advice to people living with dementia, their carers and families about the range of services and treatments available and signposting to other agencies as appropriate. • support for people to receive a diagnosis of dementia as quickly as possible to enable them to access appropriate treatment and services as soon as they need them. The desired outcomes are:- • greater knowledge of dementia and its impact • the empowerment of people living with dementia, their families and carers • prompt diagnosis and access to treatment • increased community awareness and acceptance of dementia, including the establishment of dementia friendly communities • enhanced partnership working between social care, health and the 3rd sector on issues concerning dementia • reduction in hospital admissions for people living with dementia • reduction in admissions to residential care (particularly long term and emergency) for people living with dementia

It is estimated that there are currently 7,000 people in Rutland over the age of 65. By 2025 it is predicted that this number will increase by 48% to 10,360. Nationally only 50% of people with dementia receive a proper diagnosis. In Rutland the figure is estimated at nearer 40%. The number of people living with dementia in Rutland is estimated at 520 but in reality this number could be much higher.

The National Dementia Strategy (2009) highlighted the need to enable easy access to care, support and advice following diagnosis of dementia". In 2011, Leicester City, Leicestershire County and Rutland County Councils agreed a Joint Commissioning Strategy for 2011-2014 with Health.

The strategy established five priority work streams:

1. Early diagnosis and access to care and support services
2. Improved experience of hospital care
3. Improved quality of care in residential/care homes
4. Personalisation of care and living well with dementia in the community
5. A workforce fit to deliver services to support the care pathway for dementia

The provision of Dementia Service in the Community for Rutland will contribute to these priorities.

The key to the success of the strategy is early diagnosis, which is essential to ensure that any identified care and support plan is based on individual need and can facilitate choice and control. The provision of this service for Rutland will help to ensure that people living with dementia are identified at the earliest opportunity and will avoid services being provided in response to a crisis.

In 2013 Rutland County Council signed the Government's Dementia Pledge and committed to the Dementia Care Compact. As part of this process the Council has produced an action plan to which this service will contribute:

- **How do you demonstrate high quality dementia care in the commissioning of services?**
  We will ensure that we communicate to our providers the needs of people with dementia and ensure that they understand the need to provide person centred services based on relation centred care.

- **How do you engage people with dementia and their families in the quality assurance process?**
  We will involve carers and people with dementia in quality audits and plans using techniques and methods which facilitate engagement.
  We will seek feedback from people with dementia and their carers at every opportunity throughout the care journey.

The successful delivery of the new Dementia in the Community Service will be key to supporting the ambitions of Rutland County Council through the Dementia Care Compact.
The new Dementia in the Community Service will replace both the existing Dementia Advisor and the Dementia Advice and Support Services.

Basic Features of the Service Required

- The service will be predominantly targeted at people over 65 living with dementia, their families and carers. However, people under 65 will not be excluded from accessing the service.
- Service users and their carers will access the service at varying points on their care journey, some will be newly diagnosed, some may be more advanced, all will require information advice and/or support.
- The service will be available for Rutland residents.
- Referrals into the service will be received from any source; for example a member of the public, a health or social care professional or a charity / other voluntary organisation.
- The eligibility criteria for the service is that a person suspects they may have dementia, has dementia or is caring for someone who is living with dementia. A formal diagnosis will not be required to access the service.
- The service will operate initially from 1st April 2014 until 31st March 2015. A longer term contract will be tendered within the same period.
- All staff and volunteers are required to have enhanced DBS checks and to have a commitment to undertake dementia awareness and / or Dementia Champion training.

Key Elements of the Service Required

- **Early Diagnosis** – the service provider shall identify people who may have dementia and provide information and support to access advice, support and treatment.

- **Partnership Working** – the service provider will develop strong strategic and operational partnerships with health practitioners such as doctors (GPs), community psychiatric nurses (CPNs) and district nurses (DNs), along with 3rd sector organisations and Rutland County Council, to maximise opportunities for the early diagnosis and support for people living with dementia, their families and carers. **Community Hub / Memory Cafe** – the service will develop an appropriate venue for a Rutland Dementia Hub and the opportunity to operate a "mobile" Hub across the county. The Hub will offer a range of services:
    1. Accommodation for CPNs, GPs and DNs to offer health and wellbeing advice for people living with dementia and their families and carers.
    2. Education – the co-ordination of training and support sessions for people living with dementia, their families and carers about the condition and coping with its impact.
    3. Information – a focal point for people to contact for information about dementia and related services by visiting the hub to collect leaflets, contacting an online information service or by telephone.
    4. Support – a drop in facility for people living with dementia, their families and carers to seek support and to share experiences.
    5. Activity - skill retention activities for people with dementia such as reminiscences, rummage boxes, music therapy etc.

- **Signposting** – the service will signpost people to other appropriate services such as advocacy and legal advice or assistive technology.

- **Dementia Champions/friends –** the service will recruit, train and support volunteers and professionals to be dementia champions/friends so that they are better able to support people with dementia.

- **Dementia Friendly Communities –** the service will influence the development of dementia friendly communities in Rutland to promote community understanding and acceptance of dementia; this in turn will assist in reducing the stigma associated with mental health issues.

- **Business Supporting Dementia –** the service will engage key local employers to support and promote Dementia Friendly Communities.

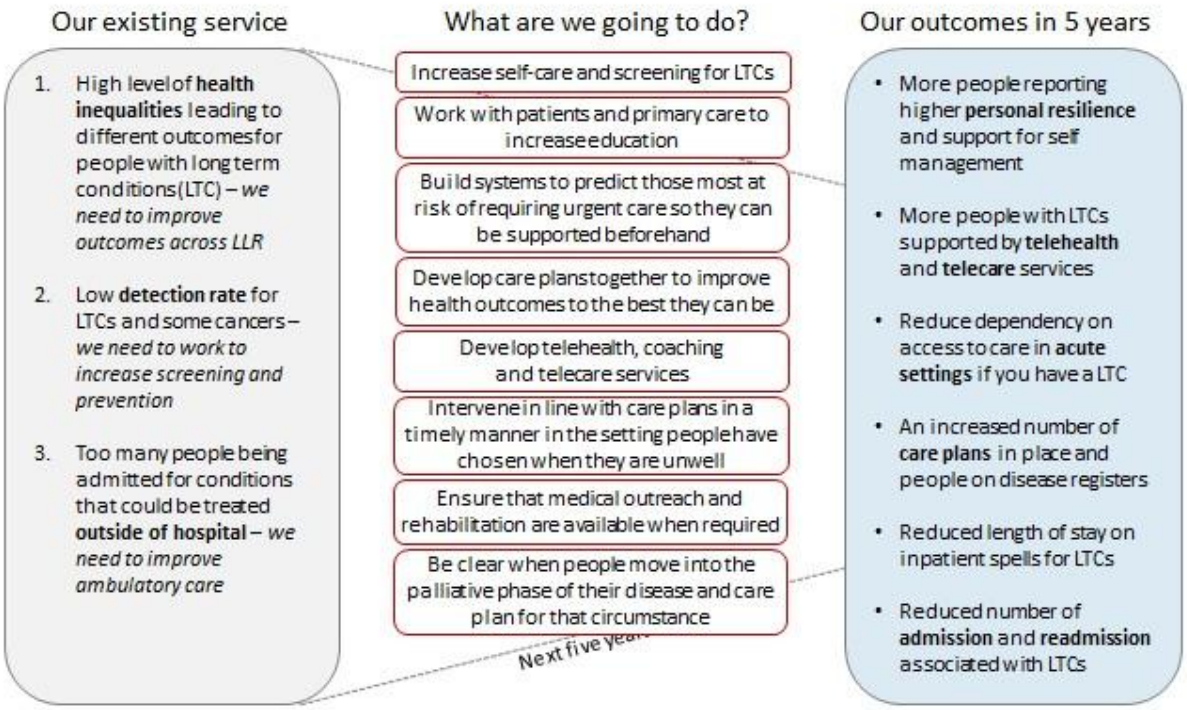
- **Maximise Funding –** the service provider will actively seek out additional sources of funding to complement the funding provided by the Council in order to enhance service delivery and achieve challenging targets (KPIs)

It is the intention of the Council that the provider of this service will build on the work carried out by the previous provider (Alzheimers UK) who, in their one year funding,have set some foundations for support. The provider will be expected to further build on this infrastructure based on joint working and relationship building from which further development of this service can grow over subsequent years.

The service has interdependencies with the community agent and information and advice service. It will draw upon the information available for signposting to sources of support and will gather information to add to the information database. The service will be delivering some of the requirements of the care act in terms of identifying carers, and contributing to the wellbeing agenda. There will be further work needed as part of the integrated hub BCF project and the Better Care Together five year Leicester, Leicestershire and Rutland strategy will identify pathways for long term conditions including dementia pathways. Healthwatch Rutland will be contributing to this work in conjunction with Rutland County Council – patients and service users experiences will also inform new integrated ways of working.

The delivery chain
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Rutland County Council will commission the dementia service using the Better Care Fund as approved by the Integration Executive and the Health and Wellbeing Board. The Better Care Together programme will be delivering outcomes based on the work programme from the long term conditions working group as below:



The outcomes will be monitored by the Health and Wellbeing Board at a strategic level and by Rutland County Council on a quarterly monitoring basis by submission of returns and annually by way of a face to face evaluation meeting with the provider. Outcomes for patients and overall satisfaction with the service will form part of the evaluation – as will satisfaction from referrers to the service.

The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

Assistive technology especially provided early means that people are able to remain in their homes even when they have debilitating conditions such as dementia and chronic disease.

Assistive Technology element of the scheme assumes the following:

Reduction in permanent admissions to residential care - Can be an option for some people by enabling them to feel safe and summon help if needed. Provides reassurance for families.

Increase the number of 65's still living at home after 91 days -

- Helps with falls management during recuperation phase so can summon appropriate help rather than dialling 999.
- Helps with medication compliance.

Reduce the number of delayed transfers of care –
Can be used to reduce the difficult to source care package in some situations.

Reduce total number of emergency admissions –
Prevents accidents in the home such as fires, flooding, hypothermia, medication errors or non-administration of medication

Reduce the number of falls –
Doesn't prevent the falls but ensures a speedier response which could avoid the need for a hospital admission or more serious consequences of a fall if not dealt with in a timely way.

Improved patient/service user experience –
Reduced need for invasive and costly care package. Peace of mind.

Disabled Facilities Grant element of the scheme assumes the following:

Reduce permanent admissions to residential care –
Provision of suitable housing adaptations or major equipment such as a stair lift can enable someone to remain at home safely.

Reduce the number of delayed transfers of care –
DFG's can be fast tracked in exceptional circumstances to provide adaptations that are essential for discharge

Reduce total number of emergency admissions –
Appropriate adaptations can reduce the risk of falls or injuries to care givers caused by unsafe lifting and handling.

Reduce the number of falls –
Appropriate adaptations can reduce the risk of falls

Improved patient/service user experience –
Suitable housing adaptations can improve level of independence and wellbeing and increase the individuals quality of life e.g. having a ramp so can go out and participate in the community

Investment requirements
Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

Impact of scheme
Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

The scheme will provide advice and support to prevent breakdown of carer support and enable people to find the right support at an early stage.

Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The commissioned service is expected to provide:

Delivery Targets	Basic	Target 1	Target 2	Target 3
Monthly Memory Cafes	1	3	3	3
Numbers of people living with dementia identified / referred	210	315	520	520
Numbers of carers identified / referred	105	160	260	260
Training Courses delivered (carers and people living with dementia)	2	3	4	4
Dementia Champions recruited and trained	25	50	100	150
Early Diagnosis - increased numbers	116	173	286	286
Employers engaged in developing dementia friendly communities	2	4	6	8

Response Times

Response to initial referral	48 hours
Signposted to other organisations	48 hours

Reports and Surveys

Performance Report	Monthly
Customer Impact Survey	Quarterly
Professionals Survey	Annual

KPIs – reported information – users of the service to report

Increased choice and control
Live better for longer
Timely access to services and treatment
Greater independence achieved
Improved knowledge of dementia and its impact
Early Diagnosis

What are the key success factors for implementation of this scheme?
Partnership working with providers. Close links have already been made with the current scheme providers Alzheimer's UK and with Healthwatch Rutland who are mapping dementia pathways and user and carer experiences within Rutland. **Delivery of a commissioned service by the successful provider – monitoring will be carried out by Rutland County Council – user experiences will form part of the monitoring.**