

Living Well With Dementia: A National Dementia Strategy

Implementation Plan

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Living Well With Dementia: A National Dementia Strategy

Implementation Plan

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Contents

Contents	4
Executive summary	
Introduction	
Section 1: The implementation task	
The scale of the challenge	
The priorities	10
Section 2: Implementation support	
Governance arrangements	
National support for implementation	
Regional support for implementation	
Resources	
Section 3: Implementation programme	
The baseline review	
Supported local action	
Section 4: Performance assessment	21
The NHS	
Local Authorities	
Annex 1: Implementation plan action list: a summary	25
Annex 2: A sample approach to the baseline review from DH South West	

Executive summary

The National Dementia Strategy¹ was published in February 2009 following an extensive public consultation process. The Strategy is ambitious; its aim is that all people with dementia and their carers should live well with dementia.

The Strategy is consistent with the wider policy context which is highly relevant to people affected by dementia. Putting People First², the rigour of World Class Commissioning³, the increased clarity brought by the Carers' Strategy⁴, the End of Life Care Strategy⁵ and the strategic shift to prevention and early intervention⁶, all should dovetail to strengthen the commissioning and delivery of services to people with dementia and their carers. The Dignity in Care campaign⁷ and improvements flowing from the consultation on adult safeguarding are also pertinent to the vision set out in the Strategy for a system where all people affected by dementia have access to high quality care and support from which they would benefit.

When the Strategy was published the Minister of State for Care Services stated that:

 In launching work on the Strategy in 2007, we called for dementia to be taken out of the shadows. I believe that is what this Strategy will achieve. Dementia and this Strategy will continue to be priorities for the Government, and we will do all we can to support those responsible in the NHS and social care in ensuring its delivery.

The Strategy defined the framework for the implementation phase. This has been developed further and this Implementation Plan sets out the task ahead. The Implementation Plan shows how the Department of Health will provide support nationally and regionally for all those involved in delivering the necessary implementation.

² Putting People First: A shared vision and commitment to the transformation of adult social care Department of Health 2007

 $http://www.dh.gov.uk/en/Publications and statistics/Publications/PublicationsPolicyAndGuidance/DH_081118$

http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index htm

 $2008\ http://www.dh.gov.uk/en/Publications and statistics/Publications/PublicationsPolicy and Guidance/DH_086277$

www.dhcarenetworks.org.uk/Prevention/type/Resource/?cid=4421

¹ Living well with dementia: a National Dementia Strategy Department of Health 2009 http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpoeople/NationalDementiaStrategy

index.htm

³ World Class Commissioning Department of Health http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.

⁴ Carers at the heart of 21st families and communities Department of Health 2008 http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Carers/NewDealforCarers/index.htm ⁵ End of Life Care Strategy Promoting high quality care for all adults at the end of life Department of Health

⁶ Guide to making a strategic shift to prevention and early intervention Department of Health 2008 http://

⁷ Dignity in Care campaign http://www.dhcarenetworks.org.uk/dignityincare

In June 2009 the Department of Health published the Joint Commissioning Framework⁸ which provides best practice guidance on commissioning each of the service objectives set out in the Strategy. New information from the evaluation of demonstrator sites⁹ to enable easy access to care, support and advice following diagnosis and for structured peer support will inform a rolling programme for implementation of the Strategy. Crucially, this Implementation Plan also describes how regional teams will take a national baseline measure of services using data that is already collected, which will enable progress to be reviewed and ensure that support is targeted regionally and locally at those areas where services are less developed.

This Implementation Plan describes the implementation task, arrangements for national and regional support, as well as the programme which has been put in place to secure delivery. Finally, the Implementation Plan shows how the performance assessment framework in health and social care will operate to prioritise dementia and provide the necessary focus for development.

The central motivation of this Implementation Plan is to ensure that the potential described in the Strategy for improved services and support for people affected by dementia can be realised.

⁸ *Joint Commissioning Framework: National Dementia Strategy* Department of Health 2009 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_10 0835

⁹ Demonstrator sites programme and up to date information www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097629

Introduction

Living Well with Dementia, the first ever National Dementia Strategy was published in February 2009. It provides a clear pathway for improving the support available to people with dementia, their families and their carers. As its title suggests, the emphasis is on living well with dementia throughout the course of the illness, at whatever stage people receive a diagnosis and in whatever setting they are living or receiving care.

An Implementation Plan was published with the Strategy, setting out how the Department of Health intends to support delivery through its national and regional structures. Five months into the first year of the Strategy and drawing on further consultation and implementation planning, the Department can now provide this more detailed plan.

The Department of Health has the strategic capability to set and review priorities for the transformation of dementia care. The purpose of this Implementation Plan is to provide clarity and consistency on these priorities; to set out robust arrangements to support and assess progress with implementation of the Strategy.

However, this Implementation Plan is not prescriptive; it does not state what services should be planned, commissioned, provided and delivered. As highlighted in the Strategy, the pace of implementation will inevitably vary depending on local circumstances and the level and development of services within each NHS and Local Authority area. The Implementation Plan describes the arrangements for what the Department of Health will do in the role of enabler for continued progress towards meeting all 17 objectives in the Strategy¹⁰.

This Implementation Plan:

- Emphasises the priority objectives in the Strategy;
- Describes the governance arrangements to secure and monitor delivery of the Strategy, including national and regional support for implementation;
- Defines a structured programme for implementation of the Strategy with measures to evaluate and report progress; and
- Provides a proposed timetable for implementation.

The approach to implementation is that set out by the NHS Chief Executive for implementing the Next Stage Review and outlined in the following guiding principles:

- Co-production: implementation should be discussed and decided in partnership with the NHS, local authorities and key stakeholders;
- Subsidiarity: where necessary, the Department will play an enabling role, but wherever possible, the details of implementation will be decided locally;

¹⁰ DH Capability Review and Development Plan Department of Health 2008 http://www.dh.gov.uk/en/Aboutus/HowDHworks/DH_077322

- Clinical ownership and leadership: DH staff will continue to be active participants and leaders as the strategy is implemented and the necessary changes are made; and
- System alignment: the wider system needs to be aligned around the same goals, enabling combined leverage to drive up quality across the system.

The phases for implementation of the Strategy across health and social care are shown below:

Figure 1: Implementing the Strategy: 2009 – 2014

Gearing U	lp	Coming On Str	eam Full I	Implementation
2009-10	2010-11	2011-12	2012-13	2013-14
O1 Public informa	tion campaign			
O2 Memory service	es			
O3 Information for	people with deme	ntia and carers		
O4 Continuity of s	upport for people v	vith demen <mark>tia and c</mark>	arers	
O5 Peer support				
O6 Improved com	munity personal su	pport		
O7 Implementing	arer's strategy			
O8 Improved care	in general hospital	S		
O9 Improved inter	mediate care for de	mentia		
O10 Housing inclu	dina telecare			
O11 Improved car	e in care home			
O12 Improved end	of life care			
O13 Workforce co	mpetencies, develo	pment and training		
O14 Joint local co	mmissioning strate	gy and World Class	s Commissioning	
O15 Performance	monitoring and eva	luation including ir	spection	
O16 Research	l I			

Section 1: The implementation task

The scale of the challenge

The Strategy (p 9) indicates that dementia presents a huge challenge to society, both now and increasingly in the future:

 There are currently 700,000 people in the UK with dementia, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with costs trebling to over £50 billion per year.

Currently, only about one-third of people with dementia receive a formal diagnosis or have contact with specialist services at any time in their illness. The Strategy lays out a vision to transform dementia over the next five years and clearly highlights the benefits of an early diagnosis so that people with dementia and their family carers can live as well as possible. The economic case demonstrates how investment in prevention, early intervention and community-based support can be substantially resourced, over 10 years, by reductions in admissions to long-term institutional care. The financial imperative for early diagnosis and intervention to improve the cost-effectiveness of services is made clear in the Strategy. The scale of the challenge is recognised as the process of implementation of the Strategy begins.

The priorities

The care pathway set out in Figure 1 in the Strategy (p 22) lists 17 objectives to help local commissioners begin jointly to commission services to enable people to live well with dementia. It is essential that a joint needs' assessment by PCTs and local authorities helps to determine local priorities, but feedback from the consultation on the draft proposals for the Strategy also showed key priority areas that would need consideration. Following the consultation, seven priority objectives were identified that are likely to require focussed attention to achieve urgent changes in the experiences of people with dementia and their carers. The priority objectives are:

- Good-quality early diagnosis and intervention for all;
- Improved community personal support services;
- Implementing the Carers' Strategy;
- Improved quality of care for people with dementia in general hospitals;
- Living well with dementia in care homes:
- An informed and effective workforce for people with dementia; and
- A joint commissioning strategy for dementia.

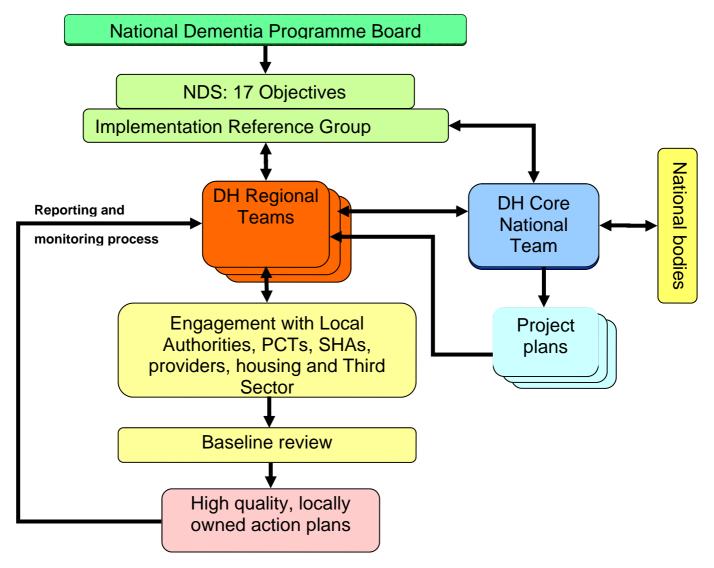
Implementation of these priority objectives will require joint planning and working between health and social care commissioners and providers, the third and independent sectors and people with dementia and their carers. Early progress with the priority objectives will help provide the foundations for successful implementation of the Strategy to improve the quality of the lives of all people affected by dementia.

Section 2: Implementation support

Governance arrangements

To ensure delivery the Department has established a Programme Board for the implementation of the Strategy, chaired by the Director General for the Social Care, Local Government and Community Partnerships Directorate. A new National Clinical Director for Older People and Dementia is being appointed to join this Programme Board and provide clinical leadership and accountability for improving dementia services. The Programme Board meets quarterly. The Board is supported by an Implementation Reference Group which is co-chaired by an independent expert and a person with dementia. The Implementation Reference Group includes representatives of key organisations whose leadership and advice are needed to support implementation in the spirit of co-production.

Figure 2: Implementation support



National support for implementation

The NDS Implementation Group leads on the Strategy at the Department of Health. This working group includes: the Senior Professional Adviser in Older People's Mental Health at the Department of Health, the Nurse Advisor for Older People, the National Dementia Strategy Lead from the Association of Directors of Adult Social Services, representatives from the Alzheimer's Society and a small core operational team. The Working Group combines clinicians and practitioners with policy and operational expertise in dementia, as well as the Deputy Regional Director for Social Care and Local Partnerships (DRD) from the Department 's South East region, who has the lead role for older people and dementia.

Each Implementation Group member leads on particular objectives in the Strategy and has developed detailed project plans with workstreams, timelines and dates for delivery. A system of progress reporting and updating these plans is in place. Annex 1 shows the Implementation Plan Action List that summarises the major workstreams for each objective in the Strategy.

DH policy leads within the Implementation Group co-ordinate internally and across government departments to ensure continued engagement and priority for implementation of the Strategy. The Core National Team within the Implementation Group provides support where national action is required for elements with a high profile, to ensure consistency or to avoid duplication. The aim is to drive improvement through national action where this is the most appropriate mechanism and adds value. The Core National Team is responsible for:

- leading specific projects with national bodies, for example, the Royal Colleges and government departments;
- working with regional DRDs and Implementation Leads on themes mutually agreed between regions and the Core National Team; and
- supporting cross regional work.

Regional support for implementation

Improving the experience and outcomes for people affected by dementia will require large scale change in how health and social care systems 'do business', as well as organisations across all sectors and their staff. The Strategy sets the direction and describes where and how improvement should be pursued. Translating the recommendations into delivery will need local and regional agreement and partnerships to lead change in commissioning and in operational systems to enable effective pathways and integrated working.

Whilst the evidence shows that over half of large scale change initiatives fail¹¹, there is growing recognition of, and commitment to, two essential factors that underpin success in large scale change:

¹¹ J.P.Kotter. *Leading Change: Why Transformation Efforts Fail* 1995 Harvard Business Review; March – April

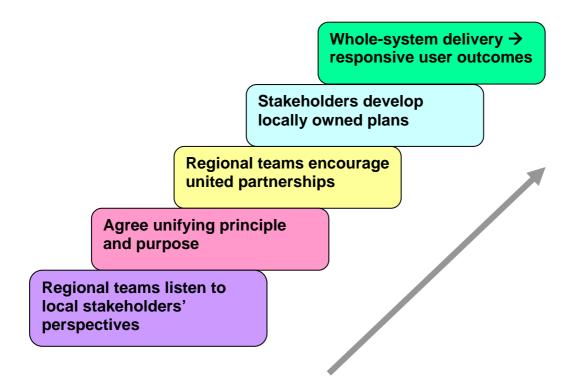
- establishing a well-organised framework; and
- empowering local leadership and commitment.

The structured programme to ensure and report improvement is described later in this Implementation Plan. It is founded on clearly agreed frameworks, systems and pathways, so that different organisations and varied perspectives can be harnessed into co-operative and aligned working.

The four DH change principles recognise the reality of local engagement and coproduction. They also support the development of local leadership, commitment and design. Securing buy-in and local ownership is a key task for DRDs (Social Care and Local Partnerships) and their DH regional teams working in partnership with SHAs. This can be achieved by:

- contributing specialist expertise, advice and support to assist in building local coalitions for change;
- enabling clinicians and front line staff to engage as leaders in large scale change initiatives;
- enabling change through support to local leadership networks to formulate the partnership arrangements they need;
- stimulating interest among local leaders in the potential for mutual approaches;
- drawing attention to the risks of proceeding in isolation;
- facilitating the formation of new coalitions to lead local change;
- acting as the catalyst for local stakeholders to determine their own engagement and strategy;
- linking between demonstrator programmes in different policy areas in the region to ensure an integrated approach and cross-learning;
- brokering access to models of good practice, tools and techniques for joint planning and joint commissioning;
- helping leaders to build learning and evaluation into their programmes;
- advising and assisting local leadership networks with evaluation design and programme measures; and
- other activities to build and assist coalitions with the power and vision to design their own successful delivery partnerships.

Figure 3: DH regional action to stimulate large scale change to implement the NDS



Department of Health regional teams will therefore fulfil their remit to help build capacity and capability to support local leaders within delivery organisations to implement policy in practical and tangible ways. It is accepted that for change to be effective and sustainable it has to be locally designed and owned. Therefore it is important to recognise that local agencies will design and plan local approaches although they will be supported by DH regional teams wherever necessary.

DH regional teams should link with SHAs to stimulate and manage improvement at a local level. This is achieved in a way that is consistent with the guiding principles of implementation set out in the Next Stage Review. DH regional teams (Social Care and Local Partnerships) will report on improvement in delivery by local authorities, SHAs have responsibility for reporting improvement in the NHS.

In addition, Department of Health regional teams will work in collaboration with the wider infrastructure of Joint Improvement Partnerships (JIPs) which are multi-agency cross sector forums linking together different communities of interest to address the personalisation, efficiency and quality agenda in public sector agencies connected to Adult Social Care.

Resources

Initial funding of £150m over the next two years (£60m in 2009/10 and £90m in 2010/11) has been made available to fund the implementation of the Strategy. The

first two years of the Strategy include much evaluation, demonstration and evidence gathering. Decisions on funding for future years will be made in the light of learning from the demonstration sites and the lessons for service development nationally.

Section 3: Implementation programme

The baseline review

Support for implementation of the Strategy has been described at national and regional levels. Regional teams are seeking engagement and influencing systems' leaders to bring about the large scale change described in the Strategy in ways which are sustainable. This drive is underpinned by a structured programme to ensure continued, system-wide progress towards the objectives in the Strategy. Achieving a sufficient degree of engagement as well as this structured programme are the key mechanisms for successful implementation of the Strategy.

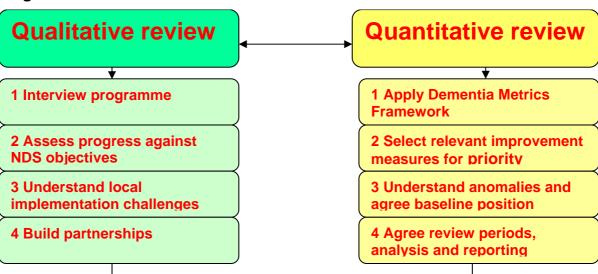
By the end of the first year of the Strategy (31 March 2010), DRDs and their regional teams will have completed a baseline review of stakeholders' implementation of Strategy objectives and will ensure there is an action plan for each locality¹² that key partners have co-produced and co-own. This is the key performance indicator for DH DRD's and their regional teams in the first year of implementation of the Strategy.

Regions have formulated different approaches to the baseline review which are tailored to their regional networks and ways of working. The overall process for the baseline review is shown overleaf:

17

¹² Council or PCT area – often co-terminous.





Challenge

- 1. Challenge by Third Sector Task Force 'the reality check' against the quality of information
- 2. What does a 'good action plan' look like to people affected by dementia?
- 3. Use of risk based criteria to identify where to target DH regional support

Outcomes

- 2. Informed, high quality, locally owned action plans to improve the outcomes for people living with dementia
- 1. Good practice identified and shared within and across DH regions
- 3. Targeted DH regional support to areas where services are less well
- 4. Accelerated implementation of the Strategy; with less variation between local areas
- DH capability to assess/report progress on implementation over life of Strategy

Annex 2 provides a sample approach to the baseline review from DH South West (Social Care, Local Government and Partnerships).

Currently, health and social care information that is available nationally on dementia services has been very limited and varies in quality¹³. This restricts the scope to assess overall improvement flowing from implementation of the Strategy. The baseline review will address this problem in two ways: with a systematic interview programme to consider progress against each service objective in the Strategy and by utilising the sources of dementia-specific quantitative information which are available.

On-going work is focussed on developing and testing a set of health and social care indicators; these indicators will form the improvement measures within the Dementia Metrics Framework. Agreement on which indicators can be used to inform a baseline will act as a driver to improve data quality and contribute to a rigorous assessment of implementation of the Strategy over time.

Example improvement measures from the Dementia Metrics Framework

- Narrowing the diagnosis gap
- Improvement in the number of people with dementia receiving care managed services against estimated prevalence of dementia in the population
- Participation in clinical audit of dementia care in general hospitals (Royal College of Psychiatrists)
- Improvement in quality ratings for dementia care homes

Information from the qualitative interview programme and from health and social care indicators in the Dementia Metrics Framework will be challenged by a Third Sector Task Force. This will be the essential 'reality check', an approach developed to provide quality assurance in this baseline process and ensure a clear focus on improved outcomes for people living with dementia.

Criteria will be used to evaluate the information and identify local areas where services are not well developed using a risk-based approach. Relevant criteria were listed in the Impact Assessment¹⁴ published with the Strategy; they will be developed further by the Third Sector Task Force to ensure they are appropriate and relevant locally. Risk based criteria to evaluate progress and identify underperformance could comprise:

 $^{^{13}\} Living\ well\ with\ dementia:\ a\ National\ Dementia\ Strategy\ Department\ of\ Health\ 2009\ http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpoeople/NationalDementiaStrategy/$

index.htm

Living well with dementia: a National Dementia Strategy Impact Assessment Department of Health 2009

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH 094058

- low numbers of people with a dementia diagnosis;
- low levels of care managed services for people with dementia in relation to prevalence;
- high number of admissions to residential care direct from hospital;
- low Care Quality Commission (CQC) ratings for dementia registered establishments; and
- poor partnership working.

Supported local action

DH regional teams will communicate the findings from the baseline review with their partner SHAs, PCTs and local authorities to inform the development of high quality, locally owned action plans to improve dementia services.

The baseline review will enable DH regional teams to:

- identify and share learning from local areas making good progress with implementation;
- target support to local areas where services are less well developed;
- support accelerated implementation across the system; and
- ensure local stakeholder leadership applies an appropriate degree of urgency and priority to implementation.

The Strategy indicates that:

• The pace of implementation may vary, depending on the current level and development of services at a local level within each NHS and local authority area (p 4).

By the end of the first year of implementation the baseline review will enable DH regional teams to have the capability to support accelerated implementation of the Strategy and reduce variation within Regions in the pace of this implementation.

DH regional teams will have the capability to monitor and report progress with implementation both regionally and nationally over the life of the Strategy.

Section 4: Performance assessment

The performance assessment frameworks in the NHS and for local authorities provide the means to enable local prioritisation of dementia within health and social care. Following the baseline review of stakeholders' implementation of objectives in the Strategy; high quality, locally owned action plans developed with DH regional support will provide the opportunity for performance assessment in relation to dementia.

The NHS

In 2008, in response to Lord Darzi's NHS Next Stage Review¹⁵, SHAs published their visions for improving health and healthcare over the next ten years. Many of these SHA local visions committed to improving dementia care. *High Quality Care for All* is the final publication in response to the SHA visions setting out reform levers to transform services to deliver high quality care for patients and value for money for the taxpayer.

The National Dementia Strategy was one of a number of important developments in the last year within the context of *High Quality Care for All* that will help PCTs determine how they develop and implement their local commissioning plans.

PCTs, in consultation with local partners, will choose areas where they want to target action and effort for improvement. The *NHS Operating Framework for 2009/10*¹⁶ identifies dementia services as one of the areas for local consideration.

In relation to dementia, PCTs will want to demonstrate that local priorities have been identified, will be met and are consistent with the Joint Strategic Needs Assessment¹⁷ undertaken with local authorities. Development and implementation of high quality, locally owned action plans to improve dementia care will be an important part of this process. The performance of SHAs in holding PCTs to account is assessed by DH in a rigorous assurance programme.

¹⁵ *High quality care for all: NHS Next Stage Review* Department of Health 2008 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuida nce/

DH_085825

¹⁶ The NHS in England: The Operating Framework for 2009/10 Department of Health 2008 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/

DH_091445

¹⁷ Joint Commissioning Framework: National Dementia Strategy Department of Health 2009 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuida nce/DH_100835

Following its recent consultation, the Care Quality Commission (CQC)¹⁸ will carry out a special review in 2009-10 on meeting the healthcare needs of people in care homes, many of whom have dementia.

¹⁸ http://www.cqc.org.uk/

Local Authorities

CQC make judgements about adult social care outcomes forming the annual performance assessment process for local authorities¹⁹. As a national policy priority, implementation of the National Dementia Strategy will form an important part of this overall judgement. CQC use evidence from:

- the Self-Assessment Survey (SAS) completed by all councils in England;
- the experience of people who use social care and their carers;
- the National Indicator Set, and data from national returns;
- regulatory activity;
- service inspection evidence, judgements and monitored progress against action plans;
- joint inspection improvement review activity;
- other inspection activity with relevance to social care services;
- routine business meetings and annual review meetings as part of a continuous dialogue around council performance;
- progress against agreed improvement/action plans; and
- delivery of relevant Local Area Agreement (LAA) targets and any other local targets underpinned by the Joint Strategic Needs Assessment implementation plan.

Progress with implementation of the Strategy will feed through many of these channels. CQC and council Directors of Adult Services (DAS) will jointly agree any necessary plan for performance improvement and development.

Comprehensive Area Assessment (CAA) is a new way of assessing how effectively local partnerships are working together to deliver local people's priorities. It is a joint assessment made by the main public sector inspectorates about the performance of

¹⁷ Performance Assessment Guide 2008-09 Commission for Social Care Inspection. (From April 2009, the Care Quality Commission has taken over the work of the Commission for Social Care Inspection)

local public services. Existing arrangements for performance assessment for the NHS and local authorities inform this process. CAA focuses on those who are vulnerable, at risk of harm and at risk of social exclusion. CAA is being developed and jointly delivered by the inspectorates that have responsibility for assessing the relevant organisations and services that are expected to drive improved outcomes for local people.

Annex 1: Implementation plan action list: a summary

NDS	Action	Lead	Target
Objective			date
1: Improving public and professional awareness	 Awareness raising programme on the NDS and government prioritisation of dementia National anti-stigma campaign Improved awareness programme for senior NHS decision makers and frontline clinicians Develop a communications strategy to engage with patient groups, health and social care professionals, the Third Sector, the Royal Colleges, health and social care regulators and all key stakeholders Outputs to include: Printed and digital materials for professionals demonstrating best practice Attendance at key conferences and events – development of supporting material Web-based dementia information, DH Website, Care Services Network, NHS Choices etc. Dementia awards for good services 'One-year on' event demonstrating proven best practice Planned positive media coverage 	Identified member of the National Implementation Team	March 2010
2: Good quality early diagnosis and intervention for all	 DH Senior Professional Advisor in Older People's Mental Health to convene an expert group to inform commissioners and practitioners on the development and delivery of good quality services for early diagnosis and intervention Work with the Faculty of Old Age Psychiatrists within the Royal College of Psychiatrists to support and promote the quality improvement scheme for memory services 	Identified member of the National Implementation Team	July 2009 On-going

3: Good quality information post-diagnosis	 Information stakeholder group to be developed, including with dementia and carers 	g people Identified member of the National Implementation	May 2009, then 6-8 wks as required
	 Gather evidence of the information need of people with a carers, family and public Measure effectiveness of existing information (content a Complete review of existing information sets Submit recommendations for information guidance, tools packages at national, regional and local levels 	nd media)	April – Oct 2009 Nov 2009
4 and 5: Dementia advisors and structured peer	 Develop prospectus and FAQs on demonstrator sites Hold briefing sessions Develop process for inviting bids including timelines, selective and support for all stages 	Identified member of the National Implementation	April 2009 April 2009 April 2009
support	 Announcement of successful sites Regional support for demonstrator sites 	Team	July 2009 From July 2009
	Development of demonstrator site learning network and collaboration with regional dementia leads, disseminate		July-Aug 2009 July 2009
	Development of web based resources		Guly 2000
	 Arrange and support national evaluation – commissionin advisor to develop process including data for evaluation tender 		Aug 2009
	teridei		From early 2010
	Disseminate learning from sites nationally and across re	gions	June 2011
	Evaluation report		
6: Improved	Stakeholder seminar to focus on what's needed to support	ort Identified	July 2009

community personal support services	 accelerated implementation of community personal support services Identify authorities that are providing leadership on PPF for people with dementia, notably Individual Budgets. Extract the learning and disseminate. Establish the evidence base for different interventions to improve community personal support services Explore interface with community health services (such as dementia liaison services) to identify critical dependencies between health and care provision Identify key interface activities that deliver effective outcomes for people with dementia and their carers Support commissioning and provider agencies to accelerate personalised community personal support services 	member of the National Implementation Team	July 2009 Sept 2009 On-going programme from Aug 2009
7: Implementing the Carers Strategy	 Work with Carers Strategy leads to ensure needs of carers of people with dementia are included in their programme. 	Identified member of the National Implementation Team	On-going
8: Improved quality of care in general hospitals	 Formation of 'Task and Finish Group' to include key clinicians, stakeholders and Acute Trust CEO. Group to identify how to develop, commission, publicise and promote the most effective ways to support front line staff to deliver change Map good practice examples Commissioning of coding project to establish evidence of admissions of people to general hospitals Develop toolkit for practice change Regional workshops targeted for non-speciality clinicians 	Identified member of the National Implementation Team	June 2009 July 2009 Aug 2009 Dec 2009 Oct – Dec 2009
9: Improved intermediate care	 Intermediate Care review of 2001 DH guidance to include dementia Issues for people with dementia will be highlighted at the Intermediate Care launch and in on-going publicity 	Identified member of the National Implementation	Oct 2009

		Team	
10: Considering the potential for housing and telecare support	 Establish links with key stakeholders nationally and regionally, including links with Housing and Dementia Research Consortium; Develop guidance and training materials for staff working in housing and housing-related services Scope current models of housing and ensure research develops the evidence base for future needs Make links with DH Telecare Network, and telecare researchers Scope current use of telecare and ensure research develops evidence base for future commissioning 	Identified member of the National Implementation Team	By March 2010 Dec 2009 Dec 2009 By March 2010 Dec 2009
11: Living well with dementia in care homes	 Develop good practice resource pack to include: case examples dementia care alternatives to anti-psychotic medication leadership models access to expert resources ECCA to host an event with providers and provider representative organisations to scope the detail of this resource pack and identify further workstreams 	Identified member of the National Implementation Team	Oct-Jan 2010 July 2009
12: Improved end of life care	 Establish close links with the DH End of Life Care Strategy Team, NHS End of Life Care Team and the National Council for Palliative Care Develop commissioning guidance with end of life care teams and NICE Develop dementia and end of life care pathway Collate and publish good practice case examples 	Identified member of the National Implementation Team	Feb 2009 On-going programme of work
13: An informed and effective workforce	 Discussions with Skills for Health, Skills for Care, the Social Care Institute for Excellence and the English Community Care Association about action needed. Further discussions planned with these and other relevant bodies Consideration of commissioning mapping exercise covering: the range of materials on dementia that are currently available for the wide range of different staff groups; curriculum content on dementia for all those as part of their 	Identified member of the National Implementation Team	April – June 2009 June-July 2009

	 initial and post-graduate training; iii. the training and development that is currently taking place; iv. where there are gaps in all of this; and as a consequence v. what Department of Health priorities and those of others should be in terms of future work Consideration of commissioning of training materials for nurses involved in providing care for people with dementia 		July – Sept 2009
14: Joint commissioning	 Publish Joint Commissioning Framework (JCF) Review JCF content based on comment and feedback from the field Disseminate best practice in commissioning Publish report on the commissioning of community personal support services from the Think Tank in July 2009 Provide practical support and guidance to queries Use the DH Care Networks for Dementia to facilitate sharing of best practice across the country. Use email based Q&A facility 	Identified member of the National Implementation Team	June 2009 Nov 2009 On-going July 2009 On-going On-going
15: Improved assessment and regulation for health and care services	 Work with CQC to ensure quality of dementia care is included in reviews and inspections. Key Performance Indicators to be developed Ensure DH progress with monitoring and review systems 	Identified member of the National Implementation Team	On-going June 2009 On-going
16: A clear picture of research evidence and needs	 Care and health dementia research summit planned for July 2009 Lead partners to include Medical Research Council Priorities to be identified at the summit 	Identified member of the National Implementation Team	21 July 2009
17 Effective national and regional support for implementation	 National Programme Board chaired by David Behan, Director General Social Care, Local Government and Community Partnerships Directorate National Implementation Reference Group to be co-chaired by a known leader in dementia services and a person with dementia Implementation Working Group in place Terms of reference to be published for all groups National support for implementation Core National Team including civil servant, clinical leadership and 	Identified member of the National Implementation Team	On-going from Feb 2009

implementation expertise
Each NDS objective has an identified core team lead. Project
plans to be developed
Co-production paper circulated to all regional implementation
leads
Work with key national stakeholders to secure engagement
through their organisations and ensure coherence
Run conferences and workshops on specific themes relevant to
all regions
Link with other DH or cross government demonstrator
programmes to ensure an integrated approach.
Regional support for implementation
· · · · · · · · · · · · · · · · · · ·
Weighted Resource allocation to regions to strengthen
implementation capacity
National Dementia Advisors from core national team link with
Regional Implementation Leads
DRD for the DH South East region provides links to all DRDs
Key Performance Indicator - baseline review of progress against
NDS objectives

Annex 2: A sample approach to the baseline review from DH South West











Briefing note on the South West Regional Review of Dementia Services

Introduction

This paper summarises the scope and methodology of the joint regional review of dementia services project, overseen by SW Regional Dementia Steering Group. The Group was established, following the November 2008 SW dementia summit, between NHS South West, SW ADASS, DH SW and the Alzheimer's Society to oversee implementation of the National Dementia Strategy.

The background to the review is twofold: the view, highlighted by the 2007 NAO report, that dementia services in most parts of the country require significant development; and the publication of *Living Well with Dementia: A National Dementia Strategy,* which sets outcomes across the care pathway then spans services provided by the voluntary, health, social care and independent sectors.

Review Project Aim

- 2.1 The review is a benchmarking exercise and strategic overview. The objective of the review process is to ensure, in the context of the National Dementia Strategy:
 - clarity on the current commissioning and provision of dementia services in the 14 SW health and social care communities, based on a common set of indicators and metrics;
 - that each community receives an independent assessment of its strengths and areas for development with regard to dementia services. This will include highlighting any notable capacity constraints, bottlenecks or obstacles in the care pathway for people with dementia and their carers;
 - appropriate and agreed plans are formulated and agreed across the 14 health and social care communities to ensure that dementia services become fully compliant with the National Dementia Strategy. As such, the review will cover all services commissioned by health and social care, including relevant voluntary and independent sector provision;
 - stretch and ambition for services in the South West in order that they become the best in the country in terms of experience and outcomes for people with dementia and their carers.

This is a peer review and not an inspection, with review teams seeking to play a "critical friend" role: encouraging health and social care communities to consider what are their development priorities for dementia services, in the context of the National Dementia Strategy.

3. Methodology

The review project is led by Lezli Boswell, Chief Executive, Cornwall Partnership NHS Trust, and will be one of the main workstreams overseen by the SW Regional Dementia Steering Group.

Members of the review team have been identified, drawn from organisations within and outside the South West, including NHS bodies, adult social care departments, the voluntary sector and carers representatives. Two or more review teams may be established in order to undertake the review in each of the 14 health and social care communities within the planned timescales. A project manager will support the team.

The review process starts with the collection of core quantitative and qualitative information provided by each health and social care community, and based on priority themes and standards set out in the National Dementia Strategy.

The information received will be evaluated by the review group to identify gaps and evidence required, and to inform the focus of the visit to each community. Views of carers and people with dementia are also being sought as a separate exercise.

A planned visit to each community takes place over two days, with review members needing to allow the equivalent of a further day for the combination of visit preparation and contributing to the final report. The visit will include meetings with leaders of key organisations and lead commissioners. It will also provide opportunity for services to be visited and engagement with clinicians, practitioners, service users and their carers.

The team visit will follow a common format:

- introduction and meeting with chief officers
- meeting with PCT and adult social care commissioners to explore current commissioning patterns and development plans
- meetings with staff providing services across the care pathway; to include voluntary sector services, primary care, specialist services, and independent sector home care and long term care services.
- meetings with carers and people with dementia
- team discussion of conclusions
- Initial feedback of review team findings.

By the end of the two-day visit the review team will have assessed the extent to which there are robust partnerships, commissioning plans, and pathways in place to deliver the National Dementia Strategy, and will provide initial feedback on gaps identified and associated actions to the local community.

The visits also enable the review team to examine best practice which most closely mirrors the National Dementia Strategy.

This will be followed by a written report, compiled by the review team for chief officers in each community, indicating where existing action plans need to be revised, and with suggestions of further work and support. There will be an opportunity to draw on the regional support available towards implementing the national dementia strategy.

4. Timescale of Dementia Review

The review process starts with a data collection and benchmarking exercise in April 2009, with visits to 14 communities in May and June 2009. The aim will be to send final reports from the review team, in July 2009, to the 14 communities followed by a report for the Regional Dementia Steering Group and the Strategic Health Authority in autumn 2009.

Nye Harries April 2009











South West Dementia Services Regional Steering Group

Introduction

Following the Dementia Summit on 24 November 2008, a group of representatives from stakeholder organisations met to consider the best means by which the priorities for implementing improved services for people living with dementia and carers can be coordinated across the South West.

Initial priorities were discussed and agreed. Please see attached briefing note.

It was agreed that the group would meet on 9 January 2009 to further discuss these priorities and the benefits of a Regional Steering Group.

The publication of the National Dementia Strategy has been delayed with an expected date of publication now expected to be January 2009. It is important to proceed with the planning for implementation and maintain the profile for change achieved at the Regional Summit. Accountability arrangements for the National Dementia Strategy differ across health and social care. However, a strong emphasis is proposed both regionally and nationally regarding the benefits from joint working in individual communities to improve local services.

The terms of reference have been prepared in advance of 9 January 2009 to assist discussion.

Terms of Reference

The South West Dementia Services Regional Steering Group has proposed, with the aims of;

- taking a regional overview of the progress regarding implementation of the National Dementia Strategy;
- seeking to influence and enhance local delivery, measured against the outcomes in the National Strategy;
- co-ordinating deployment of people and financial resources associated with regional support for implementing the National Strategy;
- assessing and highlighting innovative practice in dementia services across the South West;
- building strong networks relating to dementia services, both across the region and nationally, as appropriate.

Membership and chairing

The group will include representation from The Alzheimer's Society, Association of Directors of Adult Social Services, Department of Health South West (Social Care, Local Government and Partnerships) and NHS South West.

This core group will need to agree the most effective way in which,

- people living with dementia and carers are purposively included and influence the work of this group;
- other stakeholders are included to achieve the agreed outcomes of the group.

It is proposed that NHS South West chair the group for the first six months and that it is reviewed thereafter.

A review of the purpose of the group should be undertaken in early 2010 and concluded by 31 March 2010.

Resources

Part of the remit of the group is to identify, agree and co-ordinate the deployment of resources to support strategy implementation. This will include the designated Department of Health South West personnel time and support commissioned from the Regional Development Centre (formerly Care Services Improvement Partnership) by the South West Strategic Health Authority.