

### ANNEX 3 JOINT DEMENTIA STRATEGY: DRAFT IMPLEMENTATION PLAN

The following table sets out the draft implementation plan and indicative estimated resource implications for the first 3 years of the 5 year strategy. Following approval of the strategy, more detailed work on the plan will be carried out in partnership with stakeholders and definitive yearly resource allocations will be agreed through the usual financial approvals process and as part of the Councils annual budget setting process.

STRATEGIC OBJECTIVE	COMMISSIONING INTENTIONS	INDICATIVE RESOURCE IMPLICATIONS			COMMENTS
		Y1	Y2	Y3	
<b>1. IMPROVE PUBLIC AND PROFESSIONAL AWARENESS OF DEMENTIA AND REDUCE STIGMA</b>	Develop a local awareness and social marketing campaign that supports the planned national awareness campaign by targeting the following groups: <ul style="list-style-type: none"> <li>• People aged 50 +</li> <li>• Carers of people with dementia</li> <li>• Black and minority ethnic groups</li> <li>• People with learning disabilities and their carers</li> <li>• Major employers whose workforce has significant interaction with the public e.g Police, transport, post office workers etc.</li> <li>• People living in the more deprived wards of the Borough</li> <li>• People at risk of poor cerebrovascular health</li> <li>• Schools</li> </ul>	£0	£0	£0	Resourced from within existing commissioning and public health budgets and through partnership working with the voluntary sector, and ongoing communication and community engagement activities.

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		Y1	Y2	Y3	
	<p>Explore potential to link with existing campaigns and services, for example:</p> <ul style="list-style-type: none"> <li>• Existing health promotion campaigns</li> <li>• Carers health checks</li> <li>• Health trainers programme</li> <li>• Learning Disability services</li> </ul>	£0	£0	£0	Within existing budget through incorporating key messages into existing programmes and services. For example, health promotion and healthy lifestyles campaigns, community engagement events, and health checks.
	Address the promotion of healthier lifestyles through exercise and diet through the Prevention strategy.	£0	£0	£0	As above.

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		Y1	Y2	Y3	
	Consult with local employers of public-facing staff to gain advice on how best to develop staff awareness including access to local resources for staff.	£0	£0	£0	<p>Within existing resources as part of ongoing development of local partnerships.</p> <p>Potential to tap into corporate social responsibility programmes.</p> <p>In partnership with voluntary sector and utilising national information and awareness resources and materials.</p>
	Include dementia awareness in all induction training for employees within the NHS, Council and partner organisations working with adults and older people.	£0	£0	£0	<p>Cost neutral through inclusion in existing induction programmes for NHS and Council staff.</p> <p>Through contract specifications with external providers.</p>

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<b>2. IMPROVE EARLY DIAGNOSIS AND TREATMENT OF</b>	Ensure awareness raising is coordinated with the development of services to ensure that any additional demand that is created through improved awareness is able to be responded to.	£0	£0	£0	Additional demand for services will be closely monitored and considered during annual budget setting. It is important to note that over the longer term improving early access to services will reduce pressures on care home and hospital budgets.
	Develop and implement a local dementia care pathway, spanning early diagnosis to the end of life, and ensure that people with dementia, carers and health and social care professionals are aware of this pathway.	£0	£0	£0	Within existing resources - work to be carried out by commissioners in partnership with providers who are part of the care pathway.

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		Y1	Y2	Y3	
<b>TREATMENT OF DEMENTIA</b>	Reconfigure the current Memory Treatment Clinic model to enable it to better manage existing and future demand, including the capacity to meet the needs of the growing population of older people with dementia from BME groups. Explore the option of direct referral to the clinic from primary care; and consider the benefits of developing the service to provide assessment and treatment. Cross Borough options for development and remodelling will be explored through the Haringey, Barnet and Enfield Dementia Commissioning Forum.	£0	To be determined		Need to develop NHS 'invest to save' business case. (Rationale: Investment in early diagnosis and treatment will reduce total care expenditure by delaying the time to nursing home admission and reducing hospital admissions)

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		Y1	Y2	Y3	
	Model the impact of increasing early diagnosis on other services. People diagnosed early are likely to receive pharmaceutical and therapeutic interventions that will help them live active lives for longer therefore reducing hospital admissions and delaying the need for long term residential care. However it is likely that pressures will be felt by other parts of the health and social care economy as more people are referred for diagnosis, treatment and support.	£0	£0	To be determined	See Objective 3 setting out commitment to increasing funding for day opportunities and respite.  Monitor impact of increasing early diagnosis on other services and consider during annual budget setting process.
	Establish formal processes to ensure that people who are admitted to hospital with a diagnosis of dementia are notified to the appropriate GP practice to ensure that the patient is placed on the dementia register.	£0	£0	£0	Acute trust in partnership with G.Ps.

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	Shift resources from the point of crisis to prevention and early intervention services that help people to maintain their independence and prevent or delay the need for high cost care (this will be implemented through the Enfield Prevention Strategy).	£0	£0	£0	Reconfiguration of existing resources through community and voluntary sector review.  Re-ablement grant for investment in assistive technology as detailed in Objective 3.
<b>3. INCREASE ACCESS TO A RANGE OF FLEXIBLE DAY, HOME BASED &amp; RESIDENTIAL RESPITE OPTIONS.</b>	Allocate additional funding for the development of increased flexible day opportunities and respite care that is responsive to individual needs including the needs of carers.	£75k	£150k	£150k	NHS re-ablement funding for social care.
	Implement <i>Putting People First</i> personalisation changes to enable the development of more innovative, flexible day, home based and residential respite services to better meet the needs of people with dementia and their carers.	£0	£0	£0	Moving to self directed care options with potential for more efficient use of resources.
	Through review, promote local initiatives to make more effective use of existing resources currently invested in day opportunities to provide increasingly flexible responses to peoples expressed needs.	£0	£0	£0	No cost. Will be resourced within existing day opportunities funding.

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	Ensure that the need for respite is an integral part of people's assessment and care package; and that if respite is include in the care package they are able to access flexible respite using Direct Payments. Where the person is entitled to it, they should also be able to access the Independent Living Fund to add to the resources available to fund respite.	£0	£0	£0	Cost neutral.
	Ensure that the rights of carers to an assessment of needs are upheld.	£0	£0	£0	Within existing budget for carers assessment.
	Engage in discussions with the market regarding their ability to respond to the personalisation agenda in the provision of flexible and responsive respite services.	£0	£0	£0	Cost neutral
	Ensure that the needs of carers of people with dementia are addressed through the Enfield Carers Strategy.	£0	£0	£0	Implemented as part of carers strategy.
	Provide funding to support the development of a peer support group for carers of people with dementia that will enable carers to support each other, share information and advice, give carers a stronger voice and provide a forum for training.	£5k	£10k	£10k	NHS re-ablement funding for social care.



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<b>4. DEVELOP SERVICES THAT SUPPORT PEOPLE TO MAXIMISE THEIR INDEPENDENCE.</b>	Implement <i>Putting People First</i> personalisation changes to enable the development of more innovative, flexible home care services to better meet people's needs. This will include the development of self-directed care and individual budgets to increase individual choice and control over the services that they receive.	£0	£0	£0	Cost neutral.
	Ensure that home care services specify core competencies and training in dementia care for all staff and that home care staff have access to specialist dementia input from Community Mental Health Teams.	£0	£0	£0	Within existing resources.
	Invest in assistive technology to support people to remain in their own homes.	£75k	£75k	£75k	Existing telecare budget.
	Ensure that Enfield's Supporting People Programme offers appropriate housing related support to people with dementia.	£0	£0	£0	Cost neutral
	Commission a range of housing options that better meet the specialist needs of people with learning difficulties and dementia.	£0	£0	£0	No additional cost. Implementation through review of services at Caterhatch, retendering of extra care housing, and internal sheltered accommodation.

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	Ensure that a range of high quality, affordable local services providing therapeutic, cognitive and social stimulation for people with dementia are available to help maintain their well being. These services will be appropriate for people at different stages of the disease.	£0	£0	£0	No additional cost. Within review of day opportunities and re-ablement funding allocation in Strategic Objective 3 above.
	Commission training for carers on caring for someone with dementia.	£0	£0	£0	Rolling programme of quarterly workshops facilitated through the carers centre funded through reprioritisation of existing carers resource.
<b>5. IMPROVE THE SKILLS AND COMPETENCIES OF THE WORKFORCE</b>	Develop a local dementia workforce plan that links to, and complements, the identified national workforce development initiatives.	£0	£0	£0	Within existing resources.

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WORKFORCE	We will ensure that all commissioned services include service specifications that specify dementia training and core competencies that include, but are not limited to, the national minimum standards.	£0	£0	£0	Within existing resources through procurement team.
	We will ensure that home care services specify core competencies and training in dementia care for all staff and that home care staff have access to specialist dementia input from Community Mental Health Teams.	£0	£0	£0	Within existing resources through procurement team.
	All community based health and social care staff will receive core training in dementia.	£0	£0	£0	Within existing training budgets.

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<b>6. IMPROVE ACCESS TO SUPPORT AND ADVICE FOLLOWING DIAGNOSIS FOR PEOPLE WITH DEMENTIA AND THEIR CARERS</b>	Undertake an evaluation of the Enfield Dementia Demonstrator Pilot programme for dementia advice in order to inform future commissioning decisions regarding this service.	£55k	£165k	£165k	2011/12 funds to be met from carry forward of DH grant. Potential financial impact in 2012/13 when DH funding for pilot ceases. Note, commitment made jointly by PCT, MH Trust and Council to continuation of funding subject to evaluation of pilot.  Council contribution from within existing voluntary sector funding.
	Ensure that dementia information materials and resources are available for all people with dementia and their carers.	£0	£0	£0	Cost neutral. Access national resources.

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	Ensure that the needs of carers of people with dementia for support and advice are included in the Enfield Carers Strategy.	£0	£0	£0	Cost neutral.
<b>7. REDUCE AVOIDABLE HOSPITAL &amp; CARE HOME ADMISSIONS AND DECREASE HOSPITAL LENGTH OF STAY</b>	Hospital Mental Health Liaison Service: Collate and analyse current data and review existing model of service provision in order to develop an 'invest to save' business case for expanding the role of the current liaison service. This would include exploring the benefits of expanding the service to include responsibility for general hospital staff dementia training and education.	£0	To be determined		Develop an 'invest to save' business case for consideration in 2012/13 annual budget setting process.
	Ensure that people with dementia are able to access Intermediate care services by providing all Intermediate Care staff with core training in dementia and access to advice and support from specialist mental health staff. In addition we will increase the capacity of Intermediate Care to provide in reach to care homes in order to reduce hospital admissions. (To be implemented as part of the Intermediate Care Strategy).	£0	£0	£0	Resource implications addressed with Intermediate Care and re-ablement strategy implementation plan.

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	Review the appropriateness of current arrangements for assessing people with dementia in general hospitals, including appropriateness of current assessment environment.	£0	£0	£0	Resource implications to be reconsidered on completion of review.
	Implement and evaluate the Unique Care Pilot described in Section 5.	£0	£0	£0	Within existing resources in partnership with G.Ps.
	Agree local targets for a reduction in inpatient admissions and length of stay and increase in the number of patients on dementia registers.	£0	£0	£0	Cost neutral. Potential acute savings to be reinvested in prevention and early intervention.
	Review the quality, range and provision of services for people who require continuing healthcare.	£0	£0	£0	Resource implications to be reconsidered on completion of review.
<b>8. ENSURE THAT THE NEEDS OF YOUNGER PEOPLE WITH DEMENTIA ARE ADDRESSED</b>	Ensure that health and social care staff working with people with learning disabilities and other younger people at risk of dementia receive training in dementia awareness.	£0	£0	£0	Cost neutral.
	Ensure that people with learning disabilities and those supporting them have access to specialist advice and support for dementia.	£0	£0	£0	Cost neutral.

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	Explore the potential of jointly commissioning services for younger people with dementia with our neighbouring boroughs of Barnet and Haringey. This will be taken forward by the newly formed 3 Borough Dementia Commissioning Group.	£0	£0	£0	No cost – undertake needs assessment and service mapping as part of core commissioning business.  Needs assessment and review of gaps to inform recommendations.
<b>9. IMPROVE THE QUALITY OF DEMENTIA CARE IN CARE HOMES &amp; HOSPITALS</b>	We will commission our specialist older peoples mental health team to provide in-reach service to support primary care in its work in care homes.	£0	£0	£0	Within existing budgets.
	We will commission primary care and pharmacy in reach services to ensure more appropriate use of anti-psychotic medication.	£0	£0	£0	Within existing budgets.

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	We will ensure distribution, promotion and implementation of the 'good practice resource pack' that is being developed by the National Dementia Strategy Implementation Team.	£0	£0	£0	No cost.
	We will enter into collaborative partnerships with care home providers to encourage the development of local leaders who can demonstrate excellence in provision of services.	£0	£0	£0	No cost.
	Identify a senior clinician within Chase Farm Acute Trust to take the lead for quality improvement and training in dementia care in hospital.	£0	£0	£0	No cost. Acute Trust lead.
	Review the current care pathway for the management and care of people with dementia in hospital, led by that senior clinician.	£0	£0	£0	No cost. Acute Trust lead.



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	Explore the potential use of the commissioning for quality and innovation (CQUIN) payment framework, to incentivise general hospital providers to improve quality and innovation.	To be determined			Resource implications to be determined. Any additional costs would be health funded and require approval by North Central London Sector.
<b>10. IMPROVE END OF LIFE CARE FOR PEOPLE WITH DEMENTIA</b>	Ensure people with dementia have the same access to palliative care services as others.	£0	£0	£0	Implementation and resourcing through the End of Life strategy.
	Ensure that end of life care is included in the local pathway for dementia and is consistent with the Gold Standard Framework as identified by the National End of Life Care Strategy.	£0	£0	£0	Implementation and resourcing through the End of Life strategy.
	Continue quality payments to care homes that achieve the Gold Standard for End of Life Care.	£20k	£40k	£60k	Funded through commissioning budget to develop the market in Enfield.

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	Commission a Gold Standard Framework Facilitator to work with care homes to assist them to implement the Gold Standard Framework.	£25k	£50k	£50k	NHS re-ablement funding for social care.  Target: reduction in emergency hospital admissions from care homes.
	Continue to raise awareness of the Mental Capacity Act among health and social care professionals in order to increase the number of people who are enabled to plan for their end of life care while they have the capacity to do so.	£0	£0	£0	Through DoIS Office work programme.
	Enable people with dementia and their carers the opportunity and support to discuss and document advance care plans.	£0	£0	£0	Through Mental Health Trust supported by voluntary and community sector services.
	Ensure that care home staff are trained and supported so that they feel more confident in adhering to advance care plans.	£0	£0	£0	Implemented as part of workforce planning and through GSF implementation.

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<b>11. ENSURE THAT SERVICES MEET THE NEEDS OF PEOPLE FROM BLACK AND MINORITY ETHNIC GROUPS</b>	Review current service provision to assess whether it is meeting the needs of Black and Minority Ethnic groups.	£0	£0	£0	No cost. Core commissioning business to ensure access for hard to reach groups.
	Engage with the Black and Minority Ethnic community to gain a better understanding of their needs and current gaps in service provision.	£0	£0	£0	No cost. Core commissioning business to ensure access for hard to reach groups.
	Ensure that the needs of Black and Minority Ethnic groups are taken into account during the implementation of all strategic objectives.	£0	£0	£0	No cost. Core commissioning business to ensure access for hard to reach groups.
<b>PROJECT MANAGEMENT</b>	In order to ensure effective implementation of the strategy, investment in additional project management support for 1 year spanning 11/12 – 12/13 is required.	£30k	£30k	£0	Funding options will include GP consortium early delegated responsibility; existing project management resource; or new re-ablement funding.
<b>Total:</b>		<b>£285k</b>	<b>£520k</b>	<b>£510k</b>	