

Service Specification No.	2.2
Service	Age UK Dementia Service
Commissioner Lead	
Provider Lead	
Period	1 st April 2022 – 31 st March 2024

1. Population Needs

1.1 National/local context and evidence base

The core purpose of the service is to focus on enablement for the individual service user, the reduction of social isolation, the maintenance of skills, whilst maintaining independent living and promoting quality of life wherever possible. The service will primarily be safe-guarded for those with co-morbidity of physical health need and frailty commonly associated with ageing.

Prevalence/projection Lancashire

- Figures from the 2020 NHS Digital Recorded Dementia diagnoses publications indicate that there are 10,508 known cases of dementia in the 65+ registered population across the Lancashire-12 area (4.22%), significantly higher than the rate for England (3.97%).

Indicator	Period	England	West Lancs CCG	Chorley & S. Ribble	Lancs wide
Dementia: Recorded prevalence (aged 65 and over)	2020	3.97%	4.14%	3.92	4.22%
Estimated dementia diagnosis rate (aged 65 and over)	2021	61.6%	66.5%	66.1%	67.6%
Dementia care plan has been reviewed last 12mths (denominator incl. PCAs)	2020/21	39.7%	31.6%	44.4%	76.0%
Dementia: Direct standardised rate of emergency admissions – CCG responsibility (per 100,000)	2019/20	3517	4211	3770	3423
Direct standardised rate of mortality: People with dementia (aged 65 years and over) (per 100,000)	2019	849	975	776	857
Deaths in Usual Place of Residence: People with dementia (aged 65 years and over)	2019	70.3%	73.8%	64.8%	73.5%

- National projections are set to rise from 1,008,375 people living with dementia in 2021 to 1,333,473 in 2030 and 2,060,903 in 2050 (146%).
- The cost of acute care for people aged over 65 living with dementia increased 150% between 2010 and 2017, from £1.2bn to £2.7bn.
- In 2017, people with dementia had a significantly higher proportion of emergency admissions (77%), compared to those without (34%).
- Between 2010 and 2017, hospital stays for people with dementia increased from 345,000 to 975,000 – a rise of 180%.

www.dementiastatistics.org

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

The Dementia Service will be based around six key quality outcomes:

- Contribute to the reduction of admissions to secondary care
- Reduction in primary and secondary care dependency
- Promotion of independent living
- Maintenance of community presence
- Reduction in social isolation

As part of its audit programme, the dementia service will be measured as part of its treatment outcomes by the following:

- Patient waiting times for the service
- Levels of patient satisfaction

3. **Scope**

3.1 Aims and objectives of service

In meeting its core purpose, the Dementia Service should aim to provide services that not only meet the needs of its customers, but also provide additional value and utility to the local health care economy to which it serves. To this end, the service should be committed to working in partnership with its commissioners and local health care economy to:

- Deliver high quality services in line with national strategy
- Provide services that deliver the best possible outcomes
- Ensure that the services provided represent the best value for money
- Develop staff to provide the necessary skills to meet operational objectives

The objectives of the Dementia Service are to:

- Provide the highest quality safe, accessible community services
- Maximise health, wellbeing, independence and choice for all service users

- To develop and improve services by engaging with and listening to service users and their carers, using innovative and flexible approaches
- Ensure that the Dementia Service is efficient and effective and makes best use of available resources.

3.2 Service description/care pathway

To provide a Dementia Service to residents of West Lancashire or Chorley & South Ribble over the age of 55 with a diagnosis of Dementia (this will include people under 55 with young-onset Dementia) or memory concerns (without a formal diagnosis).

The service aims to target those in a period of transition following an initial diagnosis or following a traumatic event such as a General Hospital admission, where the focus would be on the maintenance or re-development of skills through Cognitive Stimulation Therapy and other appropriate activity-based provision.

To provide added value it is expected that staff from the service will also offer advice, information and support to individuals on a range of issues and signpost to other services or agencies as required. It is expected that Age UK Lancashire will look to further develop the service through the recruitment of additional volunteers to enhance the capacity of the service.

The service will aim to promote good health, wellbeing and quality of life by the provision of this service, targeted to those with dementia or memory concerns.

The service will focus on enablement for the individual service user, the reduction of social isolation, the maintenance of skills and support through a period of change, including the following interventions:

- Practical support to maintain or re-develop daily living skills
- Support in undertaking social pursuits
- The maintenance of community presence
- Involvement in Educational or creative activities
- Signposting, advice and information on complementary services
- Support to Carers through advice and guidance, as well as by providing respite through the above activities
- Introduction to developments such as Dementia cafes
- Development of Dementia Hubs and new local initiatives with additional funding

Days/Hours of operation

The service will operate Monday – Friday excluding Bank Holidays.

However, the times of the service should be flexible to an individual's needs and interests. It is expected that the utilisation of the hours available to the service should be managed flexibly to accommodate the potential to deliver services in the evenings and at weekends, where this supports the interventions required to meet an individual's support plan.

Referral route

Access to the service will be via referral from any health and social care practitioners, and other services/agencies involved in the provision of care and support to older adults in Chorley & South Ribble and West Lancashire including self-referrals. Access to the service will be via an initial assessment identifying the need for the service. The service will work to develop pathways with IAPT/Mindsmatter Services.

Response time & detail and prioritisation

Users for this service will be prioritised for an assessment appointment from the time of the referral being made, and if suitable to receive the service, their first appointment will be made according to the priority of need agreed with staff referring into the service.

When referring to other services/agencies the appropriate care pathway will be utilised.

Discharge Criteria

Support to an individual from the service would be subject to in service reviews prompted by length of service indicators and the maximum length of stay within the service should be no longer than 6 months.

Appropriate discharge planning should be undertaken prior to an individual's discharge from the service, setting goals of supporting people in accessing mainstream interest groups in order to step out of the service.

The service user experience

The Provider will arrange for a user satisfaction survey to be undertaken to provide feedback on the service user experience. The survey will be undertaken post service to ensure continuous service improvements.

Service user complaints

Service user complaints should be used as potential learning experiences where service improvements can be identified or learning experiences shared. The Provider will address any complaints appropriately and the service will adapt according to lessons learnt.

Staffing and Competencies

To ensure a person centred approach is encouraged when providing individual care, it will be necessary for the staff within this service to have the skills and expertise to provide advice, information, and signpost individuals to other appropriate services. Therefore, it is essential these staff have an understanding of related services across health and social care, statutory, independent and third sector services.

Equipment

Services will be provided from appropriate premises, which have the provision to deliver a high quality service.

Information/Data

Invoices must be submitted in line with schedule 3.

3.3 Population covered

All patients registered with a GP in West Lancashire or Chorley & South Ribble over the age of 55 with a diagnosis of Dementia (this will include people under 55 with young-onset Dementia) or memory concerns (without a formal diagnosis).

3.4 Any acceptance and exclusion criteria and thresholds

Potential service users will receive an assessment prior to commencing the service. Each service user will have individualised support goals.

3.5 Interdependence with other services/providers

The service will be a key component of the wider Community Mental Health Team (CMHT) and there is an expectation that close integrated working relationships will be developed between the service staff and CMHT members. This will include the screening of referrals to the service through the CMHT, where appropriate, involvement of the Service Manager within the management meetings of the CMHT within each district, the sharing of all information, including outcome and performance data, with CMHT managers

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Standards within the National Dementia Strategy “Living Well with Dementia” (DH 2010) apply.

4.2 Applicable local standards

The service will be delivered whilst working within agreed guidance and protocol. The service will be expected to develop policy and practice documents to ensure clinical governance, clarity on eligibility, assessment and working processes and protocols around inter-working relationships. Age UK Lancashire policies on recruitment and Human resource management will be made available to commissioners on request. All Dementia Service workers should be subject to appropriate CRB clearance.

Local guidelines will also be developed and introduced:

- In response to new national guidance
- To establish best practice
- To minimise a risk that has been identified via an adverse incident, a risk assessment or a significant event analysis
- To improve outcomes
- To improve patient safety
- To provide support and guidance for staff
- To ensure a rigorous and consistent approach to a procedure
- To establish a new procedure as necessary

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The service will be undertaken as a domiciliary service provided to individuals within their own home and within appropriate community settings.

The Provider's Premises are located at:

Wellbeing Centre
Moorgate
Ormskirk
L39 4RY

7. Individual Service User Placement