

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	01
Service	Dementia Adviser and Peer Support Service
Commissioner Lead	
Provider Lead	
Period	1st April 2023 – 31st March 2024
Date of Review	31st March 2024

1. Population Needs

1.1 National context and evidence base

Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000.

Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some dementia can develop earlier, presenting different issues for the person affected, their carer and their family.

There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

Dementia is a key priority for both NHS England and the Government. The [NHS Long Term Plan](#) sets out the ambition to improve the care provided to people with dementia through a more active focus on supporting people in the community, working closely with the voluntary sector to improve advice and support for people following a dementia diagnosis.

Living well with dementia: A National Dementia Strategy published in 2009 highlighted the role of the dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.

Locally the Older Adult Mental Health Commissioning Strategy identified the need to scope the demand for crisis services within Blackpool. Forming part of a number of recommendations it was agreed that dementia advice should form part of a range of preventative services.

Principles of Service

Key Functions of a dementia adviser service

- Proactive contact with people at the point of diagnosis
- Provision of education and information about the illness
- Provision of information about support that is relevant to the individual's needs and helping people to navigate and access appropriate services
- Looking forward and planning for the future
- To make regular proactive contact with people throughout their journey and be a point of contact for people at agreed intervals, dependent on their individual needs
- Provision of information about Mental Capacity Act and DoLS and providing advocacy if required for existing clients
- Facilitation of peer support and groups for carers and people with dementia

Monitoring and reports will be in accordance with contract reviews.

1.2 Local context

Blackpool has a population of 179,132 (NHS Digital, Mar 20). Public Health England Fingertips population estimates for 2019 illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population (20.2%) than is observed at national level (18.2%). Not everyone with dementia has a formal diagnosis; NHS England's ambition is for two thirds of people with dementia to have a formal diagnosis, to ensure they have access to appropriate care and support. Blackpool has 1,770 people diagnosed with dementia ages 65+ and 2,241 people estimated to have dementia ages 65+ (Feb 20). This is a diagnosis rate of 79%, significantly higher than the 66.7% benchmark.

The Dementia Adviser and Peer Support Service will be available to people with dementia to support the process of diagnosis and to provide information, advice and guidance following diagnosis. The service will facilitate peer support networks and opportunities for social inclusion which will enable local people with dementia, their carers and family throughout the life of the person with dementia to feel supported.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

- People with dementia and their carers are aware of the support services available and are enabled to access them
- People with dementia are enabled to maintain and develop abilities, which in turn promote independence
- People with dementia and their carers are equipped with the knowledge to understand their diagnosis and to manage their condition
- People with dementia and their carers are aware of issues to consider for the future and are supported to plan ahead
- People with dementia and their carers have received factually correct and up to date information, tailored to their individual needs
- People with dementia and their carers have knowledge of the experiences of peers and improved access to emotional and practical support from others
- People with dementia and their carers have opportunities to maintain social inclusion and participation and are able to maintain and improve confidence and social functioning

3. Scope

3.1 Aims and objectives of service

The Dementia Adviser and Peer Support Service aims to: -

- Provide a named contact through a person's journey with dementia
- Improve access to personalised information, advice and emotional, practical and peer support
- Empower individuals to live well with dementia
- Promote independence, self-help, well-being, choice and control and social inclusion
- Champion the rights of people with dementia to live with dignity in the community
- Be accessible to all people with dementia (excluding those in residential care)

The objectives of the service are: -

- To provide an initial contact/meeting with the individual and/or family upon receipt of referral (within 10 days)
- To provide a "welfare" check to identify areas of where the individual may need information, support and advice
- Provide information about dementia, how it affects people, ways in which to manage the condition and coping strategies
- Provide quality information, signposting and support to access services appropriate to individual need
- To encourage the individual to plan ahead so that they can make informed decisions about their future, promoting choice and control
- To establish contact plan – frequency and nature of contact to be agreed with individual – minimum of telephone contact every 6 months to review information and signposting needs
- To establish and maintain professional links with other local support services to improve knowledge of and access to services for people with dementia and their carers
- To establish and facilitate a range of peer support opportunities that is responsive to the interests of the participants
- Promoting and encouraging participation in peer support groups and the development of peer networks to enable people to share and learn from the experiences of each other

- To maintain records as required by the commissioners and attend regular contract review meetings
- Service user reported outcome measures will be collected at the first and second follow up meeting to ensure that the service provided has achieved the desired outcomes as contained in section 2.2.

3.2 Service description/care pathway

The Dementia Advisers and Peer Support service will be available to people with dementia and their supporters, carers and families through a range of channels including:

- Face-to-face contact through booked appointments at key locations within the community and at GP Practices as part of the Neighbourhood Hubs/Primary Care Network developments
- At home or at another mutually agreed venue
- Telephone contact
- Email
- Post
- Drop in sessions
- Training sessions
- Activity sessions
- Dementia Advisers will provide a structured referral meeting conducted face-to-face or via alternative channels as appropriate.

The dementia adviser/s will be expected to support people with dementia and/or their families on an ongoing basis. The level of provision for each person will differ and this will be reflected in the total number of people accessing the service at any one time. It is anticipated that some people will use the service in an ad hoc manner for occasional advice and information. Other people will require more frequent and regular contact however, this should not extend to the provision of on-going intensive support, case management, brokerage or advocacy. Where this level of service is required, the dementia adviser service is to signpost and assist people to access the relevant services. People can access the service throughout the duration of their illness. Carers are able to continue to have contact with the service after the person being cared for entered residential care or has passed away.

3.3 Population covered

The service will be available to people with dementia and their carers who are registered with one of the member GP Practices.

Availability of Service

The service is to operate flexibly to meet the needs of people using the service. The service provider will be required to demonstrate how this will be achieved. Monitoring of preferred access times will be undertaken to inform future planning.

The Service will be free at the point of delivery.

3.4 Any acceptance and exclusion criteria and thresholds

The service is provided to the person with dementia as the principal service user.

Referral to the service can be via:

- GP
- Memory Assessment Clinic
- Health clinic or health and/or care professional
- Social Services
- Older Adults Community Mental Health Team
- VCFS
- Self-referral

Referrals will normally be responded to within 10 working days of receipt, by contact with the individual, the referrer, etc., whichever is deemed to be the most appropriate.

If a service user indicates at any time that they do not wish to continue with the service, this should be respected. This includes non-verbal clues that the person does not wish to have contact with the Dementia Adviser.

3.5 Interdependence with other services/providers

Interdependencies exist with several stakeholders including Lancashire and South Cumbria NHS Foundation Trust (particularly Memory Assessment Services and The Harbour), Blackpool Teaching Hospitals Community Services and Blackpool Council Adult Social Care.

The Service will be a key resource within the dementia care pathway in Blackpool, and will need to establish links with other providers to maximize the opportunities for those using the service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

The Service Provider shall ensure that the information, records, and documentation necessary to effectively monitor the performance of the Agreement are accurately maintained at all times, and that their validity is checked at regular intervals. The Service Provider shall grant the ICB access to the relevant information, premises and facilities utilised, or provide the requested information to enable the Service to be effectively monitored. The Service Provider shall also ensure the provision of information to the ICB to enable the ICB to meet its statutory obligations.

The ICB shall at all reasonable times be permitted access to the Provider's Premises for the purposes of Monitoring or reviewing the Service. The Service Provider shall ensure that senior staff assigned to the Service and any other appropriate employees/volunteers attend monitoring meetings, which shall take place quarterly. Other meetings, as are reasonably required by the Authorised Officer, in relation to the performance of the Service shall be held. The Service monitoring meetings shall convene to discuss and formulate any necessary actions in the following areas:

- Verification that the requirements of this Agreement are being met
- The continuous effective and efficient running of the Service
- Any issues or problems
- The impact of new legislative requirements and changes in Policy
- The means for achieving continuous quality improvements within the service
- The means of achieving value for money

The Service Provider shall supply a management information report on a monthly basis which should address the Key Performance Indicators provided below
As part of its Quality Assurance System, the Provider shall undertake a formal evaluation in partnership with the Commissioner.

The Service Provider shall inform the Authorised Officer in writing of any instances of activity or omission on the part of the ICB which prevents or hinders, or which may prevent the Service Provider from complying with the terms of this Agreement. The provision of information under this clause shall not in any way release or excuse the Service Provider from any of its obligations under this Agreement.

Where the Service Provider or any of its staff/volunteers become aware of any incident, accident or any other matter which may give rise to a claim or legal proceedings in respect of the provision or failure to provide the Service, it shall notify the Authorised Officer immediately in writing.

Key Performance Indicators: -

1. Number of sessions provided broken down by number of face-to-face contacts, and number of telephone contacts
2. Total number of new referrals, with a breakdown of the service user profile
3. Total number of acceptances
4. Total number of service users leaving the service
5. Time between referral and initial contact
6. Length of time receiving structured support
7. The total caseload
8. The % of ongoing cases with an individual support / contact plan at the end of the period
9. Total number of dementia training sessions delivered
10. Total number of drop-in sessions delivered
11. Total number of activity sessions delivered for carer and cared for
12. The number of volunteers who have supported the delivery of the service during the period
13. Staff/volunteer training undertaken
14. The number of partnership meetings, forums or working groups attended nature of organisations input and any positive outcomes achieved from attendance
15. Number and nature of comments/compliments and complaints received and actions taken
16. Number and nature of concerns and the number of safeguarding referrals and actions taken
17. Evidence of outcomes being achieved
18. Details of Professional Associations, Accredited Regulatory Bodies or Management Assurance Bodies the organisation is registered with or a member of
19. An annual user experience survey undertaken with service users which measures areas relating to the principles of service delivery

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

5.2 Applicable CQUIN goals (See Schedule 4E)

6. Location of Provider Premises

The Provider's Premises are located at:

Blackpool Carers Centre
Beaverbrooks House
147 Newton Drive
Blackpool
FY3 8LZ

However, the service will be delivered at key locations within the community and also in people's homes where appropriate.

7. Individual Service User Placement