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NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

# Heywood, Middleton and Rochdale: Our Approach to Dementia Care

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# What we are going to talk about

- Background
- Our approach- What mattered
- Dementia Care & Support: Social versus Medical Model
- Systems Not Organisations New Care Models – 6 Principles
- Rochdale Borough Model – Applying Social Principles
- Outcomes for Local People Living with Dementia & Family Carers
- Greater Manchester Devolution – Rochdale Locality Plan
- Dementia pathway redesign
- Next Steps

# Background

- Commissioned dementia projects due to cease March 2015
- New commissioning structure
- Lack of dementia steering group
- Lack of integrated working approach
- Focus on diagnostic rate what happened after
- Lack of systematic approach

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# Our approach

**Clear Aims:**

- To develop an integrated Dementia service, which offers **holistic support** across the Dementia journey

- Identify a systematic mechanism to build the **voices of people living with dementia and their carers** into service development, working in strategic partnership with the Life Story Network

- Build **confident, competent, connected and resilient communities** to enable people to Age Well

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# Our approach

## What mattered?

- Ensuring that the **voice of people** affected by dementia is truly respected, listened to and heard.
- Energised steering group and strong stakeholder engagement (**system-wide**).
- Consistent and **continuous engagement** with the full spectrum of our population.
- Asking the question, and being prepared to **hear the answer**.
- Building **TRUST** with providers and population.
- Developing performance measures which are **fit for purpose.**
- Being **honest and open** about commissioning priorities (including managing impact of GM Devolution).

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# Key Messages

- Starting point - **listen to what really matters** to local people affected by dementia and their family carers – working with the Life Story Network.
- DAA Declaration **'I Statements'** used in full.
- **System wide outcomes** - measure what matters across the whole system.
- **Strong system wide leadership** and ownership of the whole process.
- Adopting **social principles** and building on a **community development model**, identify and work with local people living with dementia, family carers and communities as equal partners.

***'A diagnosis of dementia is given not just to one person – it is given to a spouse, a partner, a child and the extended family'***


***Providing timely, meaningful post diagnostic care and support can make the difference between swimming and drowning***

National DAA Carers Call to Action

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# Dementia Care & Support: Social versus Medical Model

## Social Model

- Social, attitudinal and architectural environments are the barriers to an individual's participation.
- A person living with dementia is at the centre of the decision-making process (and is supported in this way).
- A person living with dementia is responsible, has control and is empowered and self-determining (facilitated by the appropriate support).
- People living with dementia have human rights, are deserving of dignity and respect, and are active not passive recipients of care.
- People with dementia are active citizens.

**Mental Health Foundation August 2015**

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# Dementia Care & Support: Social versus Medical Model

## Medical Model

- The problem is contained within the individual; dementia is about deficits – what's the cure?
- A person with dementia is not involved in decisions: decisions are made for them
- A person with dementia has no responsibilities, no control and is disempowered
- People with dementia are charity cases in need of sympathy; they are victims and are objectified
- People with dementia are passive dependents

**Mental Health Foundation August 2015**

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# Systems Not Organisations
# New Care Models – 6 Principles


**Success depends on:**

- **System leadership** - working effectively as a team
- **Open, engaging and iterative process** that harnesses the energies of local people, clinicians, carers and local community partners including local authorities and the independent sector.
- Developing a **shared vision** with the local community involving all partners
- Programme of set activities to **make it happen**
- Execution against this programme
- Continual **reflection, learning and adapting**.

**NHS England (2015) Delivering the Forward View: NHS Planning guidance 2016/17 – 2020/21**

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# Rochdale Borough Model – Applying Social Principles

**THRIVING, COPING and RESILIENT**
We will engage our communities.
We will empower and strengthen the knowledge, skills and assets in our community to build resilience, independence and caring for others. We will support volunteering and community action.


**GETTING HELP**
We will hear your story once
We will ensure there is no 'wrong door'.
We will ensure the workforce has the right skills and attitude.
We will support the family with a timely and appropriate response.
We will ensure communities identify their needs and solutions.
We will do more of what we know works.

**GETTING MORE HELP**
We will have high quality hospital and community care with as many community based services as possible

**SPECIALIST**
We will see fewer people needing reactive/crisis services.
We will utilise expertise across all services.
We will see more patients outside hospital and specialist places.

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# Outcomes for Local People Living with Dementia & Family Carers

- Putting people living with dementia and their family carers at the heart of what we do, ensuring that their voices and lived experiences drive change.
- Development of new hub model to provide meaningful post diagnostic support and enable people to help themselves.
- Newly commissioned Integrated Neighbourhood Team model led by provider collaborative.
- Model which builds generic workforce (third sector) into core health and social care MDTs.
- Proof of concept for genuine co-production approach to commissioning.
- New offer that puts a sustainable voluntary sector at the heart of service delivery.
- Expansion of the Oasis Unit (Rochdale Infirmary – 10 bedded unit)

**= Sustainable, competent, confident and resilient people and communities.**

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# Report recommendations:

The outcomes of the ethnographic approach led to a number of recommendations which have supported the development of the local service vision.

Copies of the recommendations are available on your tables. The Life Story Network used the evolving Rochdale locality plan model to frame the recommendations to incorporate into our future strategic plans

| New Model | Key Work Programme |
|---|---|
| **Thriving and coping** | This programme of work will focus on developing the building blocks that people need to support themselves to thrive and cope, to stay healthy and to achieve and prosper. |
| **Community hub**<br>**We will have high quality more intensive community services to provide extra help to people who have intensive needs and otherwise who may be admitted to hospital or long-term care. This includes effective crisis intervention.** | **Community service hubs** – will act as a bridge between coping and thriving and getting health and social care help and these new service centres are therefore a critical part of our model. |
| **Getting help**<br>**Primary and social care – We will ensure that there is no wrong door. We will ensure that the workforce has the right skills and attitude. We will support the family with a timely and appropriate response. We will do more of what we know works, working as an integrated team. We will hear your story once and focus on building confidence and maintaining stable health.** | **Getting help** will support people who have significant and emerging needs. It will provide immediate more comprehensive and better coordinated care through multi-disciplinary teams working together to provide support that will be personalised to the person and their families. |

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# Report recommendations

| New Model | Key Work Programme |
|---|---|
| **Getting more help – We will have high quality more intensive community services to provide extra help to people who have intensive needs and who otherwise may be admitted to hospital or long-term care. This includes effective crisis intervention.** | **Getting more help** will provide more intensive support to people in the community, which may only be required for a short period of time. We will enhance our existing integrated tier of intermediate services<br>As part of this programme |
| **Getting specialist help – We will provide this level of help to fewer people or where possible fewer placements. We will use less hospital care and specialist care.** | **Getting specialist** help will support people who need to be cared for in a 24 /7 setting or children who need to be looked after. When people do enter this level of care, our focus will be on quality and effectiveness, with discharge back to the getting help level services at the earliest point |

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# Dementia Pathway redesign

Business case developed for a 'Living Well with dementia' hub in Rochdale

- Links with the 3rd and voluntary sector network
- Voice of Carers
- Aligned with newly commissioned lead provider collaborative models of care
- 7 day provision
- Recognition of prioritisation of post diagnostic offer
- Model for sustainable development of community assets
- Use of Integrated Assistive technology

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# Next steps

- Integrated partnership mapping and gap analysis (July 2016)
- Links with GM Dementia United
- Develop approach to embed ongoing meaningful coproduction
- Procurement and launch of Living Well with Dementia Hub
- Development of  Project Coordinator Post

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