



LIVING WELL WITH DEMENTIA

THE NATIONAL DEMENTIA STRATEGY

IMPLEMENTATION PLAN

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1. Introduction

- 1.1 “Living Well with Dementia” sets out the government’s strategy for dementia for the next five years. It is integral to the “Putting People First” agenda and the implementation of the NHS Review “Your NHS, Your Future” and sits alongside other key government policies including the Carers’ Strategy, Valuing People Now, the review of “No Secrets”, Transforming Adult Social Care and World Class Commissioning.
- 1.2 Implementing the national dementia strategy will require leadership at all levels, across all agencies and in all sectors. People with dementia use mainstream services in acute, primary and community care. They live in neighbourhoods and communities. As their needs become more complex they use specialist mental health and social care services and at the end of life they may need palliative care. There is a particular need for leadership in acute care and in residential care homes, to ensure pathways and care plans are in place and implemented.
- 1.3 This implementation plan sets out the governance arrangements for the strategy and actions at national, regional and local level over the next five years.

2. The priorities

- 2.1 The care pathway set out in Figure 1 on page 22 puts the 17 outcomes in the national dementia strategy in a framework to help local commissioners identify the range of services and underpinning actions required to enable people with dementia and their carers to live well with their dementia. All health and social care communities are expected to make considerable progress in achieving these outcomes over the five year period of the strategy. Where they need to start will depend on their local priorities shaped by their Joint Strategic Needs Assessments. However, seven key priority outcomes have been identified that are likely to need focused attention for early delivery:
 - Early intervention and diagnosis for all;
 - Improved community personal support services;
 - Implementing the New Deal for Carers;
 - 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.

3. Governance structure

- 3.1 In order to secure and monitor the delivery of “Living well with dementia”, the Department of Health has established a National Programme Board for older people and dementia. With cross

Government representation and involvement from people with dementia and their carers, it will monitor progress, highlight best practice and work to remove barriers to successful implementation.

3.2 The Programme Board will link to the regional tier through the Deputy Regional Directors for Social Care (DRDs), who progress the Department's business in the Regions, and with the SHAs. The DRDs have close links to SHAs and will support the necessary linkages between Health, Social Care and other local stakeholders to gain the essential engagement and ownership necessary for delivery.

**NATIONAL OLDER PEOPLE AND
DEMENTIA PROGRAMME BOARD**

**CORE NATIONAL
TEAM**

**DH REGIONAL
LEADERSHIP**

**STRATEGIC
HEALTH
AUTHORITIES**

**LOCAL
AUTHORITIES**

PCTS

4. National Leadership

4.1 The Department of Health will work with key stakeholders in delivering the strategy. These include:

- The Care Quality Commission, the Audit Commission and other regulators
- ADASS, the LGA and the NHS Confederation
- Skills for Care, Skills for Health and other workforce bodies
- Royal Colleges and professional bodies
- Independent and third sector provider organisations and
- Third sector campaigning and advocacy organisations

4.2 The aim will be to drive improvement through national action where this is the most appropriate mechanism.

4.3 The Department will also work across government to ensure that the needs of people with dementia are fully integrated into other policy initiatives, including the Ageing Strategy, the Housing Strategy for an Ageing Society and the proposed Green Paper on social care funding. In particular, it will encourage joint projects for specific strategies where this will add value and coherence, for example in the proposed demonstration sites for the national dementia strategy and the Carers strategy.

4.4 The Department of Health will establish a small core team to help deliver the national dementia strategy. It will support the programme that will be delivered regionally and co-ordinate production of materials to support implementation, using web based materials and networks. It will also run workshops and conferences at the national level. It will provide assistance nationally based on particular themes in the strategy, for example to improve the quality of residential care for people with dementia. Improvement support in this area will need to reach commissioners, care managers, specialist mental health teams, residential care staff, home managers and medical staff. Whilst much of this will be developed and provided in the regions according to local needs, there will also be some core support materials that will be needed everywhere. Producing these nationally will avoid duplication and make best use of resources. The core team will work closely with DRDs and where appropriate provide support for a region to lead nationally on a particular theme.

4.5 The core team will recruit an external steering group to design a national framework for the delivery of demonstration sites for particular themes in the strategy, such as peer support and dementia advisers. They will commission external evaluation of these demonstration sites to inform future investment decisions. The steering group will monitor progress of the sites and provide advice to the evaluation team.

5. Regional leadership, engagement and delivery

- 5.1 The Department of Health has increased its presence in the regions by appointing regional Deputy Directors of Social Care (DRDs) with close links to Strategic Health Authorities and Government Offices. Central to the role of the DRDs, with their teams, is to support regional engagement in and delivery of the transformation of adult social care, as laid out in Putting People First, and specific national strategies including the national dementia strategy. The former CSIP regional leads for older people, including dementia, have joined these regional teams and have started work immediately with a small number of sites where Health and Social Care stakeholders were already developing implementation of good practice which is further promoted in the national strategy. The learning from these sites will inform the roll out of implementation support in the first full year (2009-10).
- 5.2 A set of deliverables that describe key elements of “Living Well with Dementia” will be agreed for DRDs to support stakeholders in evidencing their progress in delivering the outcomes in the strategy. These will reflect the priorities detailed in section 2 above. Regions and localities will then determine how these are best delivered according to local circumstances. Regional and sub-regional support will underpin localities facing particular challenges.
- 5.3 Each DRD will have a Regional Support Team (RST) to provide implementation support for the national dementia strategy. The RSTs will provide diagnostic advice and improvement support to local health and social care economies and deliver the necessary outcomes for people with dementia and their carers. The RSTs will work with the regional tier (ADASS, SHAs, PCTs and regulators) to identify localities within the region, probably based on local authority areas, that require assistance to implement the strategy. The criteria for selection are to be agreed but may include signed agreement from CEOs of NHS Trusts, PCTs and the Director of Adult Social Services to receiving implementation support: clarity about which outcomes in the dementia strategy they are requesting help to deliver; and agreement about how the RST can help. In the first year the RSTs will expect to work with approximately six localities in each region, although the numbers will depend on geography, demography and particular local characteristics and plans; in some regions RST support may include a greater number of sites.
- 5.4 The RST staff will assist the DRD in developing effective links with PCT and SHA leads for the delivery of the Darzi regional plans, some of which include specific pathways for dementia. Similarly, they will make the necessary links with local authority leads to ensure coherence with the Putting People First agenda, working in collaboration with JIPs and RIEPs.

5.5 In addition to the intensive site work, RSTs will provide a range of implementation support according to local needs. This could include, for example, learning sets on particular themes such as commissioning or improving the quality of residential care; workshops run by expert clinicians; or “buddying” localities who are working on similar aspects of the national strategy so that they can draw on each other’s experiences and good practice.

5.6 The DRDs will lead the selection of demonstration sites linked to the particular outcomes in the strategy – dementia advisers and peer support – within the framework agreed by the core national team, working in partnership with their regional ADASS and SHAs. The RSTs will provide support to the sites to help them deliver what is required.