

**Clinical Commissioning Group Governing Body
Paper Summary Sheet**

Date of Meeting:

For: PUBLIC session **PRIVATE Session**

For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/13/09/13 Specialist Older People Mental Health/Dementia Modernisation Overview
Author:	Susan Dark, dementia and specialist older people modernisation lead, Wiltshire CCG
Lead Director/GP from CCG:	WCCG: Dr Celia Grummitt, Wiltshire Dementia GP Lead; Ted Wilson, Group Director - N&E Wiltshire Group. WC: James Cawley, Service Director - Adult Care and Housing Strategy; George O'Neill, Head of Specialist Commissioning & Safeguarding Adults, Strategy, Commissioning & Housing Wiltshire Council
Executive summary:	<p>The paper is being presented in order to update the Governing Body on the progress of this project, the proposed programme deliverables and timeline. The steering group are also keen to communicate the positive feedback received at the JCB of 29th August.</p> <p>Wiltshire Clinical Commissioning Group (WCCG), Wiltshire Council (WC) in partnership with the Avon and Wiltshire Mental Health Partnership (AWP), referred to as the steering group have commenced the review, development and delivery of modernised older people's specialist mental health and dementia services in Wiltshire within the current AWP contract. This project will continue the on-going rebalancing of services in Wiltshire for older people with specialist mental health needs and dementia, away from a bed based model towards a community model, reflecting the needs of the local population.</p> <p>The project will be deemed to be successful once existing in-patient accommodation is used appropriately to service the needs of the Wiltshire population with shorter focussed admissions and that people are enabled to remain in their own homes, in care homes or in the least restrictive setting within the community receiving the support and care they require to live their lives to the full.</p> <p>We request the Governing Body continue to provide their commitment to the direction of travel and maintain active involvement in the project.</p>
Evidence in support of arguments:	The Project Steering Group believe that modern specialist health services needs to recognise that the majority of people wish to stay in their own homes with access to personalised services and support provided by skilled and knowledgeable resource. Should specialist care be necessary, people wish to generally stay in a place which is familiar, local to their homes and which presents minimal upheaval and stress. If they need to be admitted to hospital they expect to be cared for in a modern facility which is

	fit for purpose
Who has been involved/contributed:	Historically there have been a number of contributions made. New ideas and inputs have been received by members of the Project Team and Steering Group. Feedback has been received from the Clinical Executive, the Wiltshire Dementia Delivery Board and the Joint Commissioning Board. Members of the Project Team are currently engaging with carers and people with dementia.
Cross Reference to Strategic Objectives:	<p>The WCCG vision “To ensure the provision of a health service which is high quality, effective, clinically led and local”, underpins the ethos of this project, as does the vision for adult social care in WC, which is to help people live independent lives, reducing dependency on care services and providing people with information and advice to be able to make decisions and choices about care and support when they need it. The focus of delivering care to people in their own homes or as close to home as possible remains of paramount importance to both WCCG and WC.</p> <p>The steering group has gathered information from the JSA and other sources to highlight key trends and themes for the local population and the provision of health services. This information, together with local experience as clinicians working in the local health system has highlighted 7 key priorities needed to support the strategic plan; many of which are pertinent to this project:</p> <p>This project is aligned to WC’s Help to Live at Home service in that it will support people to remain living at home for as long as possible while maintaining their independence. Additionally, the project will ensure alignment and joint working with other commissioning priorities and work streams in order that all options available to older people are promoted and accessed in a timely manner e.g. mental health hospital liaison services, community transformation review, voluntary sector provision for people with dementia, Wiltshire dementia strategy, Wiltshire mental health strategy, Older People’s accommodation strategy and other initiatives.</p>
Engagement and Involvement:	An effective communications and engagement approach has been constructed between WC, WCCG and AWP which will ensure that the implications for all stakeholders including patients, families, carers, the public and staff have been identified and understood. We have commenced public engagement and are currently in discussion with people with dementia and their carers.
Communications Issues:	<p>There is on-going interest in this project due to it historically having a high profile with the media. The process we are following and our findings to date are discussed in open session with the members of the Wiltshire Dementia Delivery Board and we respond to all media requests that have been made in a timely manner.</p> <p>This issue is sensitive but is not considered exempt under FOI.</p>
Financial Implications:	The purpose of the project is to deliver a package of improvements within the existing AWP specialist mental health and dementia service provision contract and cost structure.
Review arrangements:	The arrangements will be reviewed regularly by the Steering Group, the WDDDB, the Governing Body and the JCB. Additional WC and WCCG boards will provide status checks and reviews.
Risk Management:	<ol style="list-style-type: none"> 1. Risk: The project is jointly resourced between WCCG, WC and AWP and is contingent upon all stakeholders providing the required resource within the designated programme plan timescales. There is the need to have easy access to key decision makers for them to give timely feedback and sign off as the project progresses. A principle risk is that the stakeholders are unable to give the required project resource and/or cannot respond in a timely manner to documents.

	<p>Mitigation: Terms of reference for both the Project Team and Steering Group are drawn up and 100% commitment from the current team members is being solicited. Shortfalls are brought to the attention of the Chair and additional resources are to be agreed to augment the shortfall.</p> <p>2. Risk: There is a risk of communications (between stakeholders and/or externally) not being clear, coherent and consistent and not being delivered in an understandable manner which potentially causes anxiety and conflict.</p> <p>Mitigation: Stakeholders are communicated with regularly; have representation on the two working teams (Steering Group and Project Team) and/or the WDDB. Consultation with external parties including service users and their carers is on-going and will continue throughout the project.</p> <p>3. Risk: The options that the project teams propose may require a step change that is too complex to implement.</p> <p>Mitigation: The scope of change is balanced and managed within the existing financial AWP contract framework.</p>
<p>National Policy/ Legislation:</p>	<p>Government initiatives/national policy includes:</p> <ul style="list-style-type: none"> • New proposals to improve care for vulnerable older people launched 5th July 2013 • The Dementia Challenge including Dementia friendly communities launched March 2012 • Royal College of Physician's Future Hospitals Commission published 12 September 2013 • All-Party Parliamentary Group on Dementia (2013) Dementia does not discriminate. London: Alzheimer's Society. • Commission on the Funding of Care and Support (2011) Fairer Care Funding: the report of the Commission on Funding of Care and Support, chaired by Andrew Dilnot • Commission for Social Care Inspection (2008). See me, not just the dementia. Commission for Social Care Inspection • Healthcare Commission (2009). Equality in later life - a national study of older people's mental health services. London • The King's Fund (2008). Paying the Price: the cost of mental health care in England. King's Fund: London <p>There are no anticipated legal implications. The project will be engaging in a full and transparent consultation with the public.</p>
<p>Equality & Diversity:</p>	<p>Equality impact assessments (EIA) will be undertaken under the direction of the Wiltshire Dementia Delivery Board (WDDDB) who will support the assessment of how the new services are likely to affect families, carers and people with specialist mental health issues and dementia. Alzheimer's Support, Alzheimer's Society, Swan Advocacy, Dorothy Hospice, Prospect Hospice, Wiltshire Council, Wiltshire and Swindon Users Network and other stakeholders will provide critical input to the WDDDB and will allow stakeholders to assess the potential impact of the services.</p>
<p>Other External Assessment:</p>	<p>This project has been presented widely and continues to have exposure at Boards and Committees outlined in the Overview document</p>
<p>Specific action:</p>	<p>The steering group would like to receive guidance from the Governing Body regarding any additional boards or committees that should be made aware of the remit and progress of the project. We would also like to ensure that there is agreement to the project activities and timeline outlined in the Overview document.</p>

Project overview

1. Introduction

This overview document provides an overview of the intentions of Wiltshire Clinical Commissioning Group (WCCG) and Wiltshire Council (WC), in partnership with the Avon and Wiltshire Mental Health Partnership (AWP), referred to as the steering group who have jointly commenced the review, development and delivery of modernised older people's specialist mental health and dementia services in Wiltshire. This project will continue the on-going rebalancing of services in Wiltshire for older people with specialist mental health needs and dementia, away from a bed based model towards a community model, reflecting the needs of the local population.

WCCG, WC and AWP, believe that modern specialist health services need to recognise that the majority of people wish to stay in their own homes with access to personalised services and support provided by skilled and knowledgeable resource. Should specialist care be necessary, where possible, people wish to stay in a place which is familiar, local to their homes and which presents minimal upheaval and stress. If they need to be admitted to hospital they expect to be cared for in a modern facility which is fit for purpose.

The health secretary, Jeremy Hunt announced on 5th July 2013 that he is seeking views on a set of proposals to radically improve care for vulnerable older people. The proposals set out improvements in primary care, urgent and emergency care. They look at establishing ways for NHS and social care services to work together more effectively for the benefit of patients, both in and out of hospital. Comments are being sought from NHS, social care and public health staff, carers and patients. The Government call for radical improvements provides further context to this project in that it indicates the increased focus on supporting older people to be independent, to have choice while ensuring the most vulnerable and elderly have the support they need to keep them in better health and where possible out of hospital.

The steering group are looking to enable service users and their carers to take more control over their health and wellbeing outcomes, supported by clinicians and community services as required. Our intention is to work with patients to provide the best healthcare for their conditions while working with carers to provide a living environment that meets their expectations. We are committed to reinforcing and undertaking where possible the longer term provision of joined up health and social care services through care pathways that enable seamless movement between service providers, recognising people's individual needs in relation to their mental health illness or dementia.

The project will be deemed to be successful if the remaining in-patient beds are used appropriately for the population of Wiltshire, with shorter focussed admissions. In addition that more people are enabled to remain in their own homes, or in care homes or in the least restrictive setting within the community receiving the support and care they require to live their lives to the full.

2. Case for Change

It has been identified by the lead partners in this project that there continues to be a need for rebalancing of specialist mental health and dementia services provided by AWP. The key rationale for this includes the following:

- a. There continues to be a high projected increase in advanced dementia, with a 29% increase anticipated in Wiltshire within the next 10 years.
- b. The current service delivery model in some instances is reactive to people's requirements (and hospital based), rather than proactive and flexible in supporting people

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- requiring care and or their carers (which may be in their own homes, nursing or residential care homes or within community based services).
- c. The service delivery model is in some cases, 'silo' driven as opposed to integrated and seamless with other support activities. There is also a need to strengthen the relationship across acute and community services. Services need, where possible to be integrated to ensure that duplication across acute and community services is minimised, e.g. health assessments
 - d. There is a need for more timely and accessible provision of services as and when they are required. Waiting lists must be managed within national norms and services must be available for people with easy accessibility.
 - e. The current service delivery model needs to continue the move away from specialist in-patient services to meet patient needs in the community.
 - f. There is a national drive to move the focus of service provision from specialist services to primary care to provide intervention as early as possible and to provide continuity through named clinicians.

3. Wiltshire Commissioning Board and Wiltshire Council Vision

The WCCG vision "To ensure the provision of a health service which is high quality, effective, clinically led and local", underpins the ethos of this project, as does the vision for adult social care in WC, which is to help people live independent lives, reducing dependency on care services and providing people with information and advice to be able to make decisions and choices about care and support when they need it.

The focus of delivering care to people in their own homes or as close to home as possible remains of paramount importance to both WCCG and WC.

The steering group has gathered information from the JSA and other sources to highlight key trends and themes for the local population and the provision of health services. This information, together with local experience as clinicians working in the local health system has highlighted 7 key priorities needed to support the strategic plan; many of which are pertinent to this project:

- Priority 1 Staying healthy and preventing ill health
- Priority 2 Planned care
- Priority 3 Unplanned care and frail elderly
- Priority 4 Mental health
- Priority 5 Long Term Conditions (including dementia)
- Priority 6 End of life care
- Priority 7 Community services and integrated care

Many of the values that lie at the heart of the CCG's work are relevant, i.e.

- Decisions will be clinically led and locally focused
- Clear accountability to communities
- Transparent in decision making
- Promote innovation and best practice
- One size does not always fit all; however consistency is important to partners and to the population.

This project is aligned to WC's Help to Live at Home service in that it will support people to remain living at home for as long as possible while maintaining their independence. Additionally, the project

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will ensure alignment and joint working with other commissioning priorities and work streams in order that all options available to older people are promoted and accessed in a timely manner e.g. mental health hospital liaison services, community transformation review, voluntary sector provision for people with dementia, Wiltshire dementia strategy, Wiltshire mental health strategy, Older People's accommodation strategy and other initiatives.

4. Government initiatives

a. New proposals to improve care for vulnerable older people

The health secretary, Jeremy Hunt announced on 5th July 2013 that he is seeking views on a set of proposals to radically improve care for vulnerable older people. The proposals set out improvements in primary care, urgent and emergency care. They look at establishing ways for NHS and social care services to work together more effectively for the benefit of patients, both in and out of hospital. Comments are being sought from NHS, social care and public health staff, carers and patients.

The Government call for radical improvements provides further context to this project in that it indicates the increased focus on supporting older people to be independent and to have choice while ensuring the most vulnerable and elderly have the support they need to keep them in better health and where possible out of hospital.

b. The Dementia Challenge

The Dementia Challenge was launched in March 2012 by Prime Minister David Cameron to tackle one of the most important issues faced as the population ages. The Dementia Challenge is an ambitious programme of work designed to make a real difference to the lives of people with dementia and their families and carers, building on progress made through the National Dementia Strategy.

There are 3 dementia challenge champion groups, each focusing on one of the main areas for action: driving improvements in health and care, creating dementia friendly communities and improving dementia research.

On 15 May 2013, the champion groups published a report reflecting on the progress made since the launch of the dementia challenge and their on-going work. In the report the groups also set out their shared ambition. Progress on driving improvements in health and care 15 May, 2013

- **Driving improvements in health and care**

Below are some of the main achievements of the health and care champion group highlighted in the Dementia Challenge progress report published in May 2013. They underpin the strategic direction of this steering group and many of Wiltshire's successes to date such as the implementation of the dementia LES.

- NHS England (NHSE) has set the first ever national ambition to improve dementia diagnosis rates. By 2015, the aim is that two-thirds of people should have a diagnosis, with appropriate post diagnosis support.
- There is a new Enhanced Service (NES/DES) for take up by GPs as part of the new GP contract for 2013/14 to reward practices for having a pro-active,

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case finding approach to the assessment of patients who may be showing the early signs of dementia.

- The government's response to Dilnot and the reforms to the social care system will begin to make a difference once implemented in 2016.
- The Dementia Care and Support Compact has been launched with major care providers to improve care and support for people with dementia living at home and in care homes. There are now more than 148 signatories, representing nearly 3,000 care services.
- Public Health England has named dementia as one of its high-level priorities for 2013/14, in recognition of the important role public health can play in the delivery of better dementia care and support.
- Establishing and beginning to embed the Commissioning for Quality and Innovation (CQUIN) reward for hospitals – offering dementia risk-assessments to all over-75s admitted to hospital – has led to over 4,000 people a month being referred for further investigation, for example to a memory service. From April 2013, the CQUIN reward has been extended to the quality of dementia care delivered and support for carers of people with dementia. Trusts have also been asked to appoint a senior clinical lead for dementia, who will be responsible for ensuring that staff are trained in dementia care.
- 116 acute trusts and 20 non-acute trusts have committed to becoming dementia friendly hospitals, working in partnership with their local Dementia Action Alliance.

• **Dementia friendly communities**

The dementia friendly communities champion group has been working with the Alzheimer' Society and the Dementia Action Alliance on a programme of work on these main issues:

- Getting evidence from people with dementia and carers about what would make it possible for them to live better in their community – the evidence will then be used to develop information and tools for organisations to help them meet the needs and aspirations of people with dementia.
- Creating a system of recognition so that places and organisations that want to become dementia friendly can use a symbol to show they are working to become dementia friendly.
- Creating local Dementia Action Alliances across the country to bring together people and organisations that can change things for the better.
- Educating the public so that more people understand dementia and think about how they can make things better – the Dementia Friends programme is a central part of this.

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- **Improving research**

The research champion group was formed to oversee the implementation of the commitments on dementia research in the Dementia Challenge. The group includes some of the country's leading dementia scientists and its work builds on the previous work of the Ministerial Advisory Group on Dementia Research (MAGDR).

5. Successes to date

There are currently a number of successful initiatives and services which have started across Wiltshire which are making a difference to waiting lists, identification and treatment of dementia, reducing stigma, heightening awareness of mental health issues within acute settings while providing signposting and support to service users and carers.

- a. Initiation of a Wiltshire dementia strategy with stakeholders representing all facets of the dementia pathway. The strategy currently being written covers six broad areas where people might need support. These are:
 - Recognising concerns
 - Learning its Dementia
 - Planning for the Future
 - Living Well with Dementia
 - Managing at More Difficult Times
 - End of Life CareEngagement with service users and their carers has been initiated.
- b. Comprehensive GP practice training and improved assessment, diagnosis, treatment and case management of dementia patients in primary care.
- c. Implementation of a new dementia adviser service which provides personalised information and signposting service for people with dementia and their carers in primary care. The service is being provided by Alzheimer's Support and Alzheimer's Society.
- d. AWP specialist memory services have now cleared the historic backlog of patients who were waiting for specialist memory assessments and everyone has been offered an appointment as at 30th August 2013.
- e. Jointly commissioned acute mental health liaison services are in place at two acute hospitals (RUH, GWH) and commencing at SDH in October 2013.
- f. Work has commenced on the creation of a care home liaison team in Wiltshire working together with the STARR team to support people in care homes to prevent hospital admissions and facilitate discharge.
- g. Community based specialist memory clinics have been created to provide local access for service users.
- h. Negotiation of Alzheimer's Support day service within the existing Charter House estate is on-going.
- i. Care navigators who are part of the CCG community transformation team who navigate activities within primary care and GP practices and AWP care coordinators who are responsible for coordinating (and often delivering) the specialist secondary mental health care package are under development.
- j. WCCG and WC will shortly be commissioning a coordination resource that will work in selected areas to develop local dementia action alliances and dementia friendly community pilot sites.
- k. WCCG and WC are currently evaluating proposals to develop community activities across Wiltshire for people with dementia. These will include activities that deliver benefits to the physical, mental and emotional health and wellbeing of those participating and activities that promote participation, social interaction, peer support, independence and/or self-identity.

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6. Project goals

- a. To plan and implement a programme of service and culture change that promotes the message of a community based model which supports people to live independently and at home for as long as possible. The model will:
 - Promote person centred care, recognising the changing needs of the individual and the family; working sensitively, proactively and preventatively to help pre-empt and manage crises.
 - Provide early intervention and timely diagnosis and treatment.
 - Support people to maintain independence and remain within their own home where possible with appropriate community support.
 - Provide quality care within hospital settings with timely and supported discharge to ensure that people are supported to get back to their own homes or extra care, sheltered housing, residential or nursing care home.
 - Provide timely and appropriate responses to crisis situations.
 - Undertake joint and integrated working between all relevant services, including other health, social care and voluntary organisations.
 - Ensure that health and care providers are supported by specialist health services to deliver appropriate care, through access to rapid assessment, advice and support.
- b. To promote equity of service provision for all service users and defined acceptable standards to achieve a community based model.
- c. To promote awareness and de-stigmatisation of dementia and mental illness within acute hospitals and local communities.
- d. To ensure that stakeholders are aware that the project is about securing fit for purpose, good quality specialist mental health and dementia services
- e. To consider the environment options:
 - For AWP to consider the future of specialist in-patient dementia and functional mental health services in line with WCCG and WC strategic aims and whether current provision is fit for purpose and able to provide an environment conducive to supporting service users
 - For AWP to make a recommendation on the alternative usage options for those assets that are deemed unfit to function as an in-patient facility for patients with mental health issues and later stage dementia.

7. Programme Plan

A Project Workbook has been developed by WCCG with input from WC and AWP which includes key milestones, risk management, KPI's, quality impact assessments, consultation and communications plans.

The Programme Plan includes the attached Proposed Activities and Timeline – See Appendix 1.

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8. Engagement and Communications considerations

An effective communications and engagement approach is being constructed and will ensure that the implications for all stakeholders including patients, families, carers, the public and staff have been identified and understood. It will safeguard an effective, systematic approach to communication and engagement throughout the project, specifically to:

- Ensure proposals and implementation plans are consistent with the pledges in local strategies for patient and public involvement.
- Ensure the communication plan is comprehensive and enables effective public and stakeholder engagement, so that all involved completely understand the plans for modernisation and the reasons for it.
- Ensure stakeholders receive feedback following the engagement process with regard to the future provision of services.

The action plan for engagement includes a number of stages which include informing local people about the plans, discussing possibilities and issues related to the proposed change and involving people in making decisions about the care model and pathway developments. As part of the action plan there will be opportunities for people to be involved in a range of different ways (to suit them as individuals) to ensure everyone is given the chance to be informed and have their say.

9. Financial implications

The purpose of the project is to deliver a package of improvements within the existing AWP provided specialist mental health and dementia service provision contract and cost structure.

The project is jointly resourced between WCCG, WC and AWP and is contingent upon all stakeholders providing the required resource within the designated programme plan timescales. It is important that key decision makers are readily accessible and available to give views and sign off as the project progresses.

10. Governance

- a. This project is being led by WCCG and WC, in partnership with AWP and will be overseen by the Wiltshire Dementia Delivery Board (WDDDB) and the Joint Commissioning Board (JCB).
- b. The steering group is chaired by Ted Wilson, Group Director - North and East Wiltshire (NEW) Group. Dr Celia Grummitt (Lead Dementia GP), George O'Neill (Wiltshire Council) and Victoria Hamilton (Wiltshire CCG) will provide strategic leadership for the Group. The project team will undertake the delivery of the Project as detailed in the Project Workbook. The advisory group will consist of individuals with specialist skills who will be kept informed of progress and be asked to contribute as and when required.
- c. The steering group and the project team will maintain regular consultation and communications with the following committees, boards and stakeholders including people with dementia and their carers. The project team will be directed by the steering group in terms of governance arrangements and consultation requirements which will include:

Modernising services for older people with specialist mental health needs and dementia

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Stakeholder Group	Timescale	Executive Leads
Project Steering Group	28/06/13	Ted Wilson, Dr Celia Grummitt
CCG Executive Meeting	01/07/13	Ted Wilson
Wiltshire Dementia Delivery Board	02/07/13	Dr Celia Grummitt
CCG Clinical Executive	09/07/13	Dr Celia Grummitt, Ted Wilson
Project Team Meeting	23/07/13	Susan Dark, Rhian Burgess
Executive Management Meeting	29/07/13	Ted Wilson
Executive Management Meeting	05/08/13	Ted Wilson
Project Steering Group	08/08/13	Ted Wilson, Dr Celia Grummitt
Joint Commissioning Board	29/08/13	Ted Wilson, Dr Celia Grummitt, James Cawley
Wiltshire Dementia Delivery Board	03/09/13	Dr Celia Grummitt
Project Team Meeting	04/09/13	Susan Dark
Project Steering Group	18/09/13	Ted Wilson, Dr Celia Grummitt
CCG Governing Body	24/09/13	Dr Celia Grummitt, Ted Wilson, WC representative
People with dementia and their carers including attendance at carer groups, memory café's and day clubs	09/09/13 – 31/10/13	Susan Dark, Louise Cox, Louise Warren, Miriam Turner, Mark Edwards
Project Team Meeting	01/10/13	Susan Dark
Joint Commissioning Board	24/10/13	Ted Wilson, Dr Celia Grummitt, James Cawley
Project Steering Group	24/10/13	Ted Wilson, Dr Celia Grummitt
Cabinet	TBC	James Cawley, Ted Wilson, Dr Celia Grummitt
Health Select Committee	TBC	James Cawley, Ted Wilson, Dr Celia Grummitt
Area Board Chairs	TBC	Dr Celia Grummitt, Ted Wilson
Health, Overview and Scrutiny	TBC	Dr Celia Grummitt, Ted Wilson, George O'Neill
Meetings in bold have already taken place		

Modernising services for older people with specialist mental health needs and dementia

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11. Resource and Budget

- a. This Project requires the time and dedication of a number of parties from WCCG, WC and AWP and in order to ensure the agreed outcomes are met and the stakeholders consulted, we will rely heavily on the parties identified in the various teams.
- b. Members of the Steering Group are accountable for their costs. Should joint funding be required, the Project team will submit a budget request to the Steering Group.

The Project Team and the Steering Group are composed of the following people:

Project Team	Steering Group
Susan Dark - WCCG	Ted Wilson - WCCG
Louise Cox - WCCG	Dr Celia Grummitt - WCCG
Tracy Torr- WCCG	Helen Robinson-Gordon - WCCG
Louise Warren - WCCG	Victoria Hamilton - WCCG
Pete Tilley – WCCG	Dina Lewis - WCCG
Miriam Turner - WCCG	Lynn Talbot – WCCG – For information
Julie Warner - AWP	George O’Neill - WC
Sandra Bond - AWP	Shirley Auburn - WC
Rhian Burgess - WC	Nicola Gregson- WC
Mark Edwards - WC	Sue Geary – WC – For information
	Julie Hankin or Denise Claydon - AWP
	Adrian Bolster - AWP
	Ray Chalmers - AWP
	Peter Rallings – AWP – For information
	+ Project Team

12. Feedback / more information

Wiltshire CCG and Wiltshire Council are keen to ensure that stakeholders are kept informed of the project and have the opportunity to ask questions and provide feedback. If you would like to make contact, please contact Susan Dark, Dementia and Older People modernisation project lead NHS Wiltshire Clinical Commissioning Group, Tel: 07785 326244, Email: s.dark@nhs.net

Appendix 1

Older people specialist mental health and dementia modernisation project activity schedule, output, responsible people and delivery date

Activity	Output	Responsible people (leads in bold)	Delivery date
Initial appraisal of the continued use of AWP assets as inpatient /community facilities both on an interim basis and longer term	First draft estates options with initial costings	Sandra Bond, Adrian Bolster, Julie Hankin, Julie Warner	August 2013 COMPLETED
Identify national best practice in relation to provision of specialist services for people with dementia and older people with functional MH needs	Best practice overview	Louise Cox , Miriam Turner, Susan Dark (Best practice) Rhian Burgess, Mark Edwards (national guidance)	30 th September 2013
Identify Wiltshire demographics and associated demand (JSNA)	Demographics/demand analysis	Louise Cox, Miriam Turner , Susan Dark Rhian Burgess, Mark Edwards (JSNA)	30 th September 2013
Review the current CCG spend with AWP, service provision and available resources to support specialist older people's mental health and dementia services as covered in the AWP service contract	Review of AWP specialist mental health and dementia budget, service provision, resources/assets within the current financial envelope,	Julie Hankin, Julie Warner, Pete Rallings, Pete Tilley, Victoria Hamilton , Susan Dark,	30 th September 2013

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Older people specialist mental health and dementia modernisation project activity schedule, output, responsible people and delivery date

	activity levels and performance		
Commence an effective communications and engagement approach to ensure that the implications for stakeholders including patients, families, carers, the public and staff have been identified and understood. The plan will safeguard an effective, systematic approach to communication and engagement throughout the project	Communications and engagement plan	Tracy Torr, Helen Robinson-Gordon, Ray Chalmers, Ted Wilson, James Cawley, Susan Dark, George O'Neill, Rhian Burgess	30 th September 2013
MH/D commissioning intentions for 2014/15 to be signposted	Intentions overview	Victoria Hamilton, Susan Dark, Julie Hankin, Julie Warner	30 th September 2013
Ascertain the views of stakeholders, including people with dementia, older people with functional mental illness and their carers to inform the development of the modernisation options. Three major questions: <ul style="list-style-type: none"> • What is important to you in terms of your life with dementia? • What is working well? • What could be improved? 	Carer, patient, stakeholder needs analysis	Susan Dark, Louise Warren, Louise Cox, Miriam Turner, Rhian Burgess, Julie Warner	30 th October 2013
Review current AWP service provision and identify gaps and potential reutilisation of AWP resources to enable an efficient patient driven	Gap analysis. Proposals for interim/longer term	Victoria Hamilton, Julie Warner, Susan Dark, Pete Tilley, Julie Hankin, Pete	30 th October 2013

Appendix 1

Older people specialist mental health and dementia modernisation project activity schedule, output, responsible people and delivery date

model of care and service provision	service accommodation options	Rallings, Rhian Burgess	
Develop a commissioning plan which is clear on the numbers; i.e. the evidence base and use this to determine how many in-patient beds are required and what the alternative services will look like. Show this information on a geographic basis	Commissioning Plan	Victoria Hamilton, Julie Hankin, Julie Warner, Susan Dark	30 th October 2013
AWP to advise on estates plan to deliver requirements identified in the commissioning plan (short/medium/long term)	Proposed estates plans with costings (three options)	Sandra Bond, Adrian Bolster, Julie Hankin, Julie Warner, Victoria Hamilton, Rhian Burgess, Susan Dark	30 th October 2013
Propose how specialist mental health services may work alongside and interface with other services, which also have a role in supporting people with complex needs in relation to their dementia or mental health illness e.g. primary care, acute and community hospitals, care homes, community care providers, voluntary sector etc.	Compilation of an interface/hand-over and signposting document	Rhian Burgess, Susan Dark, George O'Neill, Victoria Hamilton, Julie Warner, Mark Edwards	30 th October 2013
Consult with carers and service users on (three) options and agree a preferred option that fulfils stakeholder's joint ambitions.	Consultation to agree preferred option (short/interim and longer term)	Susan Dark, Julie Warner, Rhian Burgess, Mark Edwards, Miriam Turner	15th December 2013
Undertake a three month consultation process. This will be overseen by the steering group as	Formal three month Consultation of preferred option (interim and	Ted Wilson, James Cawley, Susan Dark, Rhian Burgess	15 th December 2013

Appendix 1

Older people specialist mental health and dementia modernisation project activity schedule, output, responsible people and delivery date

per the governance arrangements.	longer term) and potential agreement to progress preferred option	and project team	
Consultation	Consultation Review	Ted Wilson, James Cawley and project team	15 th March 2014
Update option to include comments following consultation and agree with stakeholders.	Preferred option updated to include amendments or additions as required	Ted Wilson, James Cawley and project team	30 th April 2014
Complete and agree interim operational plan and continue the plan for realising the longer term vision.	Interim operational plan	Ted Wilson, James Cawley and project team	30 th May 2014
Implement operational plan	Go Live	Ted Wilson, James Cawley and project team	30 th June 2014