SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	11J/0223
Service	Memory Support & Advisory Service- part of the Memory Gateway
Commissioner Lead	NHS Dorset Clinical Commissioning Group
Provider Lead	
Period	1 September 2017 -in the 2 year roll over from initial
	specification
Date of Review	Initial review after six months

1. Population Needs

National/local context and evidence base

NHS England Mandate (2016/17) has dementia as a priority area. The targets include:

- Maintain a diagnosis rate of at least two thirds;
- Increase the numbers of people receiving a dementia diagnosis within six weeks of a GP referral
- Improve quality of post-diagnosis treatment and support for people with dementia and their carers.

The 5 Year Forward View for Mental Health 2016 eight principles to underpin reform:

- Decisions must be locally led
- Care must be based on the best available evidence
- Services must be designed in partnership with people who have mental health problems and with carers
- Inequalities must be reduced to ensure all needs are met, across all ages
- Care must be integrated spanning people's physical, mental and social needs
- Prevention and early intervention must be prioritised
- Care must be safe, effective and personal, and delivered in the least restrictive setting
- The right data must be collected and used to drive and evaluate progress

NHS RightCare is a key component of the Five Year Forward view, intended to support both improvement in individual patient care through personalisation of care and treatment, as well as improvements in population health with a focus on:

- Informed and empowered patients
- Integrated care providers
- Commissioning higher value interventions and outcomes

The Prime Minister's Challenge on Dementia 2020. This includes the following commitments:

- Raising awareness on reducing the risk of onset and progression and promoting the evidence base around dementia;
- Reducing dementia inequalities;
- Enhancing the dementia component of NHS Health Checks for people over 65 years;
- Increase the numbers of people receiving a dementia assessment within six weeks of a GP referral;
- GPs playing a leading role in ensuring coordination and continuity of care for people with dementia;
- Every person diagnosed with dementia to have meaningful care following their diagnosis, which supports them and those around them;
- All NHS staff to receive training on dementia appropriate to their role and social care providers providing appropriate training;
- All hospitals and care homes meeting criteria to become a dementiafriendly health and care setting;
- Alzheimer's Society to deliver an additional 3 million Dementia Friends in England;
- Dementia Friendly Communities working towards meeting standards and businesses encouraged to be dementia friendly;
- Increased numbers of people with dementia participating in research.

Wessex Clinical Network has published 'A Strategic Vision for Mental Health, Dementia and Neurology across Wessex 2016 – 2020/21' to support the development of a community focused approach to managing and designing Mental Health, Dementia and Neurology services across Wessex

The NHS Dorset CCG Primary Care Strategy and Commissioning Plan 2016-2020/21 sets out high level commissioning intentions and approach to delivering change over a 5 year period.

2. Outcomes

2.1 All service providers are required to work to the following outcome frameworks.

NHS Outcomes Framework Domains & Indicators

The NHS Outcomes Framework document sets out the framework for 2013/14 and contains measures to help the health and care system to focus on measuring outcomes.

Domain 1	Preventing people from dying prematurely	
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	
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

Dorset Dementia Partnership Living well with dementia in Dorset Progress and Actions 2016-18 is committed to the vision where every person with dementia, and their carers and families, receive high quality, compassionate care from diagnosis through to end of life care. This applies to all care settings, whether home, hospital or care home.

Dorset Dementia Partnership agreed the following outcomes. 'The outcomes we wish to be achieved are where people with dementia have a society where they are able to say¹:

- I have personal choice and control over the decisions that affect me
- I know that services are designed around me, my needs and my carer's needs
- I have support that helps me live my life
- I have the knowledge to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I am confident my end of life wishes will be respected. I can expect a good death'

Through each of these phases of the Dorset Dementia Pathway, those who care for individuals, the carer, should also be supported, both physically and psychologically to maintain their own health and wellbeing. The dignity of the client and their carers should be maintained throughout all communications and contacts with the service.

3. Scope

Aims and objectives of service

Aims:

The Memory Support and Advisory Service (MSAS) will work flexibly to deliver an effective service within the revised Memory Gateway model by aligning and working in partnership with the Memory Assessment Service (MAS) to provide support to people worried about their memory and diagnosed with dementia or mild cognitive impairment.

The Memory Support and Advisory Service will contribute to the national and local priorities to improve early detection and diagnosis of dementia.

The MSAS to develop hub working within Dorset GP practices or other venues such as libraries, community rooms, whereby memory advisers consult with patients and carers offering a pre and post diagnosis face to face service outside of the home. This model will allow sustainability due to the efficiencies illustrated in the pilot phase.

The service will contribute to raising awareness about dementia and / or mild cognitive impairment and deliver awareness and education in local communities and amongst professional groups.

The MSAS will provide local community facing and based point of contact for people with dementia and mild cognitive impairment and their families and carers at all stages of their journey through the management of their long term condition – dementia, as part of their individualised support plan. The service will be accessible for people who have concerns about their memory.

Objectives:

This service will:

 work to the revised "Memory Gateway" model, working with GPs and the MAS during and following diagnosis. The revised Memory gateway model will allow GPs to provide initial screening and assessment of patients concerned about their memory and arrange the relevant blood tests required before referring to the MSAS.

- triage referrals received from GP practices to the Memory Gateway via telephone consultation and if appropriate refer patients straight to the MAS without the need for a meeting with MSAS.
- Carry out an initial screening for patients concerned about their memory once the initial triage phone call has identified that the person needs to go through the Memory Gateway.
- work with people with dementia and/or their carer to provide an individualised support plan and continue to support them as required throughout the person's journey of dementia in the community;
- align to local authority services available to support people with dementia and their carers at home and in the community in Dorset, Bournemouth and Poole;
- refer the person and their carer with dementia or mild cognitive impairment to local advocacy services, if appropriate;
- support individuals entering hospital or a Care Home, this will include completing the "This is Me" document;
- seek and record client feedback/survey to understand whether their needs are being met and plan any necessary adjustments to their support;
- provide up to date, good quality information, in the right format, advice and signposting through a range of media for example websites, social media sites, leaflets, posters;
- contribute to the improvement in the quality of care for people with dementia, mild cognitive impairment, their families and carers of those referred to this service;
- work as a key partner within the revised memory gateway model for those people with dementia and / or mild cognitive impairment and their carers;
- As part of the added value of the contract to provide group sessions/activities and where needed memory cafes in localities as

identified at different stages of dementia in co-ordination with the commissioners, primary/community, social care and other providers.

This service will act as a signposting service and where appropriate provide support, advice, guidance and information for those with a diagnosis of dementia and mild cognitive impairment to include:

- Legal and financial
- Housing, employment and benefits advice;
- Carers education and support
- Healthy living groups nutritional and exercise information
- Mental Capacity Act:
 - Driving regulations;
 - Lasting Power of Attorney;
 - Advance decisions.

Work in collaboration with the MAS to signpost onto other appropriate services as necessary such as:

- Primary Care;
- Steps to well-being service;
- Community support groups;
- Community Mental Health Teams (CMHTs)

Promotion of Service

This service should actively promote itself in primary, community health and social care settings, as well as the wider community, to ensure people with dementia and/or mild cognitive impairment are signposted to the most appropriate service at the earliest opportunity.

Continually promote dementia-friendly communities to encourage individuals, organisations, businesses and the wider community to be better informed to support those living with dementia and / or mild cognitive impairment.

Liaison

This service will liaise with a range of organisations and individuals in order to support the person with dementia and / or mild cognitive impairment, to include:

- local community centres;
- professional groups in primary and community;
- link with hospitals and health and social care teams.

Work with the domiciliary care, re-ablement service for people with dementia and mild cognitive memory impairment as needed.

Organisation across localities

This service will be available to all patients registered with a Bournemouth, Poole or Dorset GP, who may suffer from dementia or mild cognitive impairment living in the community.

Location

The service will have a staff presence in each Dorset CCG locality.

Referral to service

GPs will make referrals to the Memory gateway after screening and assessing people worried about their memory including relevant blood tests.

Other health and social care professionals working in both acute and community settings / hospitals can also refer.

Hours of operation

Working hours of the service will be flexible, but mainly Monday – Friday between 9.00 – 17.00 hours, with evening and weekend appointments offered for individuals and carers in employment.

3.3 Any acceptance and exclusion criteria and thresholds

This service will be available to people worried about their memory and with dementia and mild cognitive impairment and their carers and families.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Quality Standard 1 NICE Dementia Pathway - issued June 2010

This quality standard covers the care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings. It should be considered in conjunction with Quality Standard 30. Standards and statements 1 - 10 should be met by the service provider

Quality Standard 30 NICE Supporting People to Live Well with Dementia issued April 2013

This quality standard covers the care and support of people with dementia and should be considered in conjunction with Quality Standard 1. It applies to all social care settings and services working with and caring for people with dementia. Standards and statements 1-10 should be met by the service provider.

Additional legislation and guidance

The service is required to work to legislation and guidance as set out in:

- Mental Health Act (1983) revised 2007;
- Mental Capacity Act (2005);
- Multi Agency Safeguarding Adults Policy (pan Dorset) 2013;

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

Not applicable

4.3 Applicable local standards

Refer to the Memory Gateway Model for referral timeframes and responses. Insert revised KPIs

5. Applicable quality requirements and CQUIN goals

Not mandatory at this stage

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

6. Location of Provider Premises

Not mandatory at this stage

The Provider's Premises are located at:

7. Individual Service User Placement

Not applicable

Appendix

Appendix 1 Memory gateway pathway algorithm



Memory Gateway Pathway Sept 2017 wit

Appendix 2 MSAS modelling September 2017



Memory Support and Advisory Service dema

Appendix 3 Wraparound locality authority services Poole, Bournemouth and Dorset



Poole Dementia Signposting.pdf



Wraparound services DCC.docx



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