

CABINET

9 FEBRUARY 2016

DEMENTIA GAP ANALYSIS AND JOINT COMMISSIONING PLAN

Portfolio Holder: Councillor David Brake, Adult Services

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Summary

Following the development of a Dementia Strategy for Medway in 2015, this report outlines progress achieved since the publication of the Strategy, and sets out the main findings following a more detailed needs and supply analysis of the current provision in Medway.

This exercise analysed population, needs, activity and costs data, and conducted extensive discussions with people with dementia and their carers across Medway, as well as other key stakeholders across the system.

The report concludes by identifying an action plan to take the work forward to the next stage of development.

1. Budget and Policy Framework

- 1.1 This decision is within the Council's policy and budget framework, including the Council Plan.
- 1.2 This report provides a summary of progress achieved since Cabinet approved the Medway Dementia Strategy on 10 February 2015 and sets out some key actions going forward, with a view to full implementation of the Strategy.

2. Background

- 2.1 In the Medway Local Authority area in 2015 there were estimated to be 2,898 people living with dementia, of whom 2,727 were aged over 65 years old. Dementia is a devastating condition for people and their loved ones, and it is estimated that there will be a considerable increase in the number of people living with dementia in Medway in future years, driven largely by the growth in the overall older population.
- 2.2 Responding to this challenge is a key priority for Medway Council and Medway CCG, as is highlighted in Medway's Health and Wellbeing Strategy

for 2012 – 2017¹. The foreword to the Medway Dementia Strategy (2014) sets out the nature of the challenge as follows:

'It is very clear that the challenge of dementia is an enormous one and the importance of developing a clear strategy cannot be underestimated. There are many examples of excellent care and support in Medway but there is often an absence of agencies working together to ensure that people living with dementia can continue to live well by being offered a clear pathway from earliest diagnosis through to end of life. The way that we will rise to the challenge and achieve better outcomes for people is to work together – here the relationships between people and organisations become key.'

2.3 The Strategy identified some key outcomes underpinning the future commissioning of dementia services in Medway. It outlined an aspiration that, working with all key partners across the community – including people with dementia and their families – we can co-create:

- A place to live that is dementia friendly;
- A sense of worth and inclusion, in a community that understands;
- A caring and supportive environment, within which needs are recognised;
- A commitment to work together to meet people's needs; and,
- A commitment to becoming a community that works together as an alliance to create resilience, rising to the challenge of dementia.

2.4 The Dementia Strategy set out a number of actions to be taken forward. This report provides a summary of progress achieved since the development of the Strategy, and sets out some key actions going forward, with a view to full implementation of the Dementia Strategy.

2.5. It is noted that at its meeting on 3 December 2015, Business Support Overview and Scrutiny Committee agreed the review topics for the remainder of the year. They agreed that the second review (to follow the Task Group on Housing), led by the Health and Adult Social Care Overview and Scrutiny Committee, would be 'How far has Medway gone in developing a dementia friendly community'?. The outcome of this will be reported to Members in due course.

¹ Joint Health and Wellbeing Strategy for Medway 2012-2017, November 2012

2.6 Summary of Progress as of December 2015 – Dementia Strategy Actions

Action	Update
Medway residents and people with dementia have been consulted on the implementation of the dementia strategy	<p>In depth consultation has taken place with people with dementia and families at the following venues:</p> <ul style="list-style-type: none"> • Alzheimer’s Society Dementia Cafes • Alzheimer’s Society supported Peer Support Group and Activity Group • Age UK Capstone Day Centre • St Nicholas Dementia Day Centre
Second edition of Dementia UK research will inform detailed gap analysis	<p>Second edition of Dementia UK research (published end 2014) underpinned the detailed needs / gap analysis, completed for presentation at Joint Commissioning Management Group (JCMG) on 3 December 2015.</p>
Ongoing support for Dementia Friends training for Medway Council staff	<p>Regular Dementia Friends training sessions have been offered to a wide range of Medway Council staff, facilitated by Public Health. These enabled staff to gain a greater awareness of dementia and its impacts, to tackle any myths and misunderstandings, and provided a safe space for discussion of the issues. Further opportunities may include offering a Dementia Friends session to Medway Council Cabinet Members and other Council Members. This will offer an opportunity to work on the outcomes of the in-depth Member Task Group on dementia.</p>
Medway Dementia Action Alliance established	<p>Medway Dementia Action Alliance has had a successful first year, recruiting a wide membership from the Historic Dockyard Chatham, the Huguenot Museum, Kent Fire and Rescue Service and Kent Police (to name a few). The CCG and Council jointly fund the DAA with a view to it becoming self-sustaining from 2017.</p>
Single Dementia Lead appointed to take this agenda forward across CCG/ Council	<p>Two officers are identified with the lead role for dementia in the Council and CCG respectively, and a joint approach will continue to be taken.</p>
Produce a dementia commissioning plan based on detailed analysis, evidencing new approach	<p>JCMG supported the direction of travel set out in the dementia commissioning intentions paper submitted on 3 December 2015. This was based on detailed analysis, and outlined a set of clear outcomes and priorities for whole system redesign. The action plan set out in the appendix to this paper outlines a series of specific steps required in order to achieve commitment across the system for the design and funding of future care pathways.</p>

<p>Care Act 2014 considered in any new commissioning plans</p>	<p>The proposed approach supports implementation of the Care Act 2014 in the following ways:</p> <ul style="list-style-type: none"> • Strong focus on role of information/ advice; • Personalisation and person-centred care is a cornerstone of the proposed outcomes; • Emphasis on prevention and early intervention; • The needs of social care self-funders considered with as much focus and priority as those being supported by the Council.
<p>The needs of equalities groups to be considered in more detail in any future commissioning plans</p>	<p>Assessment completed of estimated numbers of people with dementia, in particular equalities groups, namely BME groups, younger people and people with learning disabilities.</p> <p>Contacts established with key BME community groups who will have a key role to play in the design of future service models.</p> <p>Links also established with groups of younger people with dementia, who will particularly benefit from a more personalised approach in the future.</p> <p>Further research will be undertaken to help understand specific needs for some groups who have not yet been engaged directly, including LGBT groups.</p>
<p>NHS Medway CCG-led pilot scheme to support nursing homes through Integrated Care Home Team model - to include improved dementia care</p>	<p>Pilot is under way. Due to clear dependencies and interfaces with the strategic direction of travel for dementia care and support, effective ongoing links between these areas of work will continue.</p>
<p>Opportunity to recognise critical role of GPs - work to continue to promote best practice in primary care with respect to dementia care and support.</p>	<p>Exercise to support GPs to provide effective support to people with dementia, and improve partnerships with secondary mental health services, is now under way. Two Local Care Teams have identified dementia diagnosis as a priority.</p> <p>Again, due to clear dependencies / interfaces with the strategic direction of travel for dementia care and support, effective ongoing links between these areas of work will continue.</p>
<p>Improved support for unpaid carers of people with dementia.</p>	<p>Strategic review of support services for unpaid carers (including for carers of people with dementia) is underway.</p> <p>Again, due to clear dependencies / interfaces with the strategic direction of travel for dementia care and support, effective links between these areas of work will continue.</p>

Dementia redesign to complement Better Care Fund framework and integrate with Council / CCG strategic priorities.	The Better Care Fund ambition to achieve integration across health and social care, and seamless support for individual citizens, will provide a key impetus for the proposed approach to the redesign of dementia care and support pathways.
Alzheimer's Society Dementia Friendly Charter to be adopted in Medway, considering dementia-friendly technology in all care assessments / information/advice.	Dementia friendly technology pilot exercise is underway in Medway, working closely with Medway Telecare Service, including use of GPS technology to support people with dementia to get out and about safely within the Medway area. Again, due to clear dependencies / interfaces with the strategic direction of travel for dementia care and support, continuing effective links between these areas of work will continue as the telecare strategy is developed and implemented.
Analysis needed to set out the current pathways involved in dementia care, and to develop better ways to integrate these into a more seamless system.	Detailed gap analysis has been undertaken, leading to the identification of a set of key findings, as below. Going forward, further detail about current system costs / pressures will enable commissioners to agree an optimum delivery model and Integrated Care Pathway to deliver strategic commissioning intentions for dementia care and support.

2.7 Looking to the future, it is proposed that the necessary strategic shifts are:

Where we are now	Where we need to be
Commissioning based on traditional menu of service categories / types	Engaging with market to stimulate diversity, with innovative approaches to contracting for flexible support
Persistent sense in some quarters that there is no benefit in providing a diagnosis	Focus on supporting people to come to terms with and plan for the future
Post diagnostic support based in secondary care	Emphasis on community based support
Main option for those unable to remain in own home is a move to institutional care home	Extra care housing options, with option for couples to stay together independently and with privacy
Care driven by needs and demands of services	Care and support designed around the needs, preferences, strengths, skills and contributions of people with dementia, families / support networks.

3. Advice and analysis

- 3.1 The detailed gap analysis exercise undertaken to evidence and inform the proposed direction of travel echoed many of the broader messages from the Dementia Strategy. The analysis found much strength in the current system, but also a large number of weaknesses, gaps and missed opportunities. Key findings are set out in the box below:

Detailed Gap Analysis – Key Findings

1. Lack of a clear care pathway; insufficient effective partnership working
2. Lack of clear information and advice for people with dementia and carers
3. No 24/7 crisis support service, with nowhere to turn in a crisis, particularly out of hours; apart from, in many cases, hospital
4. Once admitted to hospital, many people with dementia remain for longer than needed, with wider costs arising from delayed discharge
5. A wide range of preventative services do exist, many funded through voluntary contributions. Feedback about the positive value of these services was overwhelming. There is a need to value informal community support more highly, ensuring that they are a core part of the care pathway
6. Lack of options for younger people with dementia / people who are more physically active
7. Shortage of nursing home capacity, particularly services specialising in support for people with dementia
8. Shortage of respite services – and those which do exist often reported to be difficult to access (even for self funders)
9. Particular gaps for people with learning disability and dementia
10. Gaps in support for people from BME backgrounds
11. Significant benefits would flow from a more proactive approach from many GPs to supporting people with dementia to continue active, healthy lifestyles for as long as possible
12. Demand for more (personalised) social (day) care options alongside a continuing role for good quality day centres for people with dementia
13. Significant concerns about the quality and availability of training for staff working in home care and care homes in supporting people with dementia.

- 3.2 In terms of particular equalities impacts, particular concerns have been evidenced about the following groups:

3.2.1 Younger people with dementia: Younger people are less likely to be diagnosed, and often have to wait longer to receive a diagnosis. Once they are diagnosed, there are often fewer services designed to meet their needs and preferences.

3.2.2 People with learning disabilities and dementia: This is an acknowledged a gap, with no clear pathway for this group. A programme of work is being planned to address this issue. Further work and research is needed to understand more about the needs, preferences, and experiences of people with learning disabilities and dementia, and their families.

3.2.3 People with dementia from Black and Minority Ethnic communities: It seems that this population is currently ill-served by the current offer, as they are significantly under-represented in the services for which data was available.

3.2.4 LGBT people with dementia: It was not possible, during the course of the needs analysis exercise, to find data enabling any kind of estimate of the numbers of LGBT people living in Medway at present, nor to come to any conclusions about whether or not individuals are being supported well, or whether particular needs and gaps exist in relation to these groups. This represents a real gap in terms of intelligence and evidence.

3.2.5 Particular efforts to understand (and if needed, to research further) the needs of the above groups in particular, and to ensure that their needs and preferences are directly addressed in the future, should be made by all partners involved in commissioning and delivering dementia care and support.

3.3 Proposed Next Steps – Action Plan, 2016

Please see the Action Plan set out in the attached Appendix.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Potential concern from service users and their families when services are reconfigured.	As with any transformation process, the prospect of change may cause anxieties and concerns for people with dementia and families who rely on health / social care support.	Engagement and communication with people with dementia /families to ensure that their views and priorities lie at the heart of service design.	C2
Some service providers may be resistant to change.	Service providers may be resistant to changing the services that they are currently delivering and they may lobby Members or approach local press to raise concerns.	Engagement with local stakeholders keen to be involved in delivering dementia support in Medway.	D3
Adverse media coverage or public perceptions.	Current service gaps are outlined in the report which may cause short term adverse publicity if aired and widely discussed in public.	Transparent communication of Council / CCG intentions to improve outcomes for people with dementia.	D3

4.1 There are significant potential risks of not going ahead with the proposed reconfiguration and redesign as outlined in this report, i.e. continuing with the status quo. The evidence review supporting this plan suggests the likely impact of this would be:

- Inability of the health and social care system to respond to inevitable rising demand due to the forecasted increase in people living with dementia
- More people with dementia trying to cope alone with minimal support, with ever greater pressures on health and social care services
- Potential heightened safeguarding risks, especially given the heightened vulnerability of this group to abuse of all kinds

- Continued opportunity costs, in terms of not making best use of the strengths, assets and contribution of the voluntary sector and communities, as well as of people with dementia and their families themselves

5. Consultation

5.1 In order to inform the detailed gap analysis, extensive informal discussions were held with people with dementia and their carers. These discussions focused on the views, needs and experiences of people with dementia and their families in Medway, and took place at the following venues:

- Dementia Cafes supported by the Alzheimer's Society across Medway, including in Hoo, Chatham, Gillingham, and Rainham (people with dementia and carers)
- Age UK Capstone Dementia Day Centre (carers)
- A meeting of the Dementia Action Alliance (people with dementia, carers, and other community / business leaders)
- The Peer Support Group for people with dementia, which meets at Woodlands GP Surgery, supported by the Alzheimer's Society (people with dementia).

5.2 Further discussions were also held with other key stakeholders in Medway, including:

- The Dementia Provider Engagement Group, which meets at Elizabeth House, including staff from Kent and Medway Partnership Trust (KMPT)
- Individual discussions with staff at Medway Community Healthcare (MCH), Medway Foundation Trust (MFT), social workers in the Older People's Teams at Medway Council, day centre staff at the Age UK Day Centres (Capstone Centre and the Dementia Suite), and St Nicholas Day Centre, Strood
- Individual discussions with key voluntary sector organisations in Medway in this sphere, namely Carers First, and the Alzheimer's Society

5.3 These discussions formed an essential part of the intelligence gathering process, and the findings from this exercise were strongly consistent with the overall conclusions set out above.

5.4 Medway Council must comply with its obligations to equalities under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act. It must advance equality of opportunity and foster good relations between people. This involves removing or minimising disadvantages suffered by people, including taking steps to meet the needs of people from people who have a "protected characteristic" in the terms of this Act. It must encourage people from protected groups to participate in public life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users and representative groups, and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.

5.5 A Diversity Impact Assessment will be carried out when required to support the detailed implementation plan and redesigned care packages.

6. Health and Adult Social Care Overview and Scrutiny Committee

6.1 The Health and Adults Social Care Overview and Scrutiny Committee considered this report on 26 January 2016

6.2 The Assistant Director, Partnership Commissioning introduced the report on the dementia gap analysis and joint commissioning plan which had been written following the adoption of the Dementia Strategy by the Council and Clinical Commissioning Group (CCG).

6.3 As part of her introduction she paid tribute to Major Maurice Bernard, OBE who had died recently. She stated that he had been very engaged in the process of developing dementia services until the time of his death. His own personal case study had been quoted in the report.

6.4 In addition to the partnership working with the CCG there had been a significant engagement with public health in launching the dementia friends programme. She explained that, following engagement with service users and carers it was clear that a strategic shift in practice was necessary to enable the offer to be less about a prescribed set of services, and more about flexibility, to fit with what may be required.

6.5 In explaining the content of the Dementia Commissioning Plan it was stated that it was planned to set up a Steering Group to oversee the implementation of the action plan, a Dementia Whole System Summit was also planned for 25 February 2016.

6.6 The Chief Clinical Officer, NHS Medway CCG emphasised the importance of early diagnosis as far as dementia is concerned but welcomed the shift in focus for the service.

6.7 Reference was made to a visit by a Member of the Committee to a dementia café the previous week and the view was put forward that although the group was well intentioned there seemed to be a gap in the service provided in that it was primarily directed towards the sufferer of dementia rather than there being any real support for the main carer/partner who are often struggling to cope with the life-changing and very significant behavioural changes in their loved one. The Director of Children and Adults Services reminded Members that there would shortly be a Member in-depth task group on 'how far has Medway gone in becoming a dementia-friendly community' and suggested that this feedback could be fed into the scoping meeting for that review.

6.8 The Deputy Director, Children and Adults informed Members that there would be a refresh of the Carer's Strategy shortly, which he would bring to the Committee in due course. The carers themselves are contributing to the document so are very much involved in the content.

- 6.9 A Member asked what was being done about minority groups and what contacts were in place. The Assistant Director, Partnership Commissioning explained that existing forums were being used to contact minority groups and that being inclusive was at the heart of the Alzheimer's Society work. A request was made that this information is included in the report back in August 2016.
- 6.10 In response to a question it was stated that it was not possible to specify the exact number of people with dementia who were among the numbers of patients waiting for discharge from the hospital. It was stated that the NHS Emergency Care Improvement Programme Team were working on the issue of delayed discharges and how to improve the experience for patients and speed up discharge from an acute bed.
- 6.11 The Committee:
- (a) Noted the report;
 - (b) Noted that the comments made during the meeting would be shared at the point of scoping the Member in-depth review into how far Medway has gone in developing a dementia-friendly community.

7. Health and Wellbeing Board

- 7.1 This report will also be submitted to the Health and Wellbeing Board on 15 March 2016.

8. Financial implications

- 8.1. No specific financial recommendations are included in this report. It is anticipated that these will emerge from the whole system 'Dementia Summit' and resulting care pathway redesign work which will emerge from this exercise, as set out in the Action Plan contained in the Appendix to this document.
- 8.2. Any redesign and improved service delivery model will need to be funded through reinvestment of efficiencies and savings identified elsewhere in the system.
- 8.3. Many of the expected improvements should also come from making better use of existing resources, through better partnership working, and a focus on supporting the whole person within their community. This should lead to less fragmentation and a more positive focus on enabling people with dementia and their families to live well with dementia for longer.

9. Legal implications

- 9.1 There are no specific legal implications arising from this report that have not already been dealt with in the report.

10. Recommendations

- 10.1 The Cabinet is recommended to note the progress achieved since the publication of the Medway Dementia Strategy and the Dementia Commissioning Action Plan as set out in Appendix A to the report.

11. Suggested Reasons for Decisions

- 11.1 This report provides a summary of progress achieved since the development of the Medway Dementia Strategy and sets out some key actions going forward, with a view to full implementation of the Dementia Strategy. The Dementia Commissioning Action Plan takes this forward to the next stage of development, whilst taking account of the main findings following a more detailed needs and supply analysis of the current provision in Medway.

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Appendices

Appendix A - Dementia Commissioning Action Plan, 2016.

Background papers

Medway Dementia Strategy 2014.

Dementia UK, 2014 – Alzheimer's Society.

JCMG Paper, 3 December 2015 – Dementia Gap Analysis and Commissioning Plan.

Dementia Commissioning Plan – Appendix: Needs and Supply Analysis.

All available at:

<http://democracy.medway.gov.uk/mglIssueHistoryHome.aspx?IId=14563&PlanId=242>

Appendix: Dementia Commissioning Action Plan

What	Description	Who	When
Identify and implement a co design process with partners of a service configuration for Medway that reflects best use of available resources whilst promoting the best possible outcomes for people and families affected by dementia			
Establish partnership governance arrangements	Set up Steering Group comprising lead representatives from Council, CCG and other partners, to oversee implementation of this Action Plan, supported by working groups	High level leads from Council, Public Health, CCG, health providers, people with dementia and families, voluntary sector, and Dementia Action Alliance. Supported by commissioning working group / sub groups as needed	By mid-February 2016
Dementia Whole System Summit for Medway	Event to bring together key stakeholders, and identify optimum model for future dementia services in Medway (inc. focus on personalisation / person-centred care)	Led by Partnership and CCG Commissioning. Including people with dementia / families, providers, social care leads, GPs, voluntary organisations, Dementia Action Alliance	25 th February 2016, Pembroke Court
Agree success criteria	Establish an agreed set of outcomes that can demonstrate delivery of effective, accessible, person-centred and evidence led services to the wider Medway community and people affected by dementia	Overseen by Dementia Steering Group, led by Council and CCG Commissioners with input from health and social care providers, people with dementia and families, and Dementia Action Alliance	Mid March 2016
Establish interface between Dementia Commissioning Intentions / Care Pathway review and the wider objective to support Medway to become a Dementia Friendly Community			
Medway Council and Medway CCG to develop Action Plan(s) as formal members of the Dementia Action Alliance	DAA Action Plan(s) covering two angles: a) how service redesign will support the outcome of Medway becoming a dementia friendly community; and b), what Medway Council and Medway CCG will themselves do to support this outcome, both as employers, and as a provider / commissioner of universal services e.g. arts, libraries, sports, leisure, General Practice and so on	Championed by Steering Group, liaising with the leadership of Medway Council and CCG at a high level	End March 2016

Role of Dementia Action Alliance in supporting this work to be clarified and agreed	Opportunity to emphasise the importance of building community capacity, maximising the existing assets and strengths in the community. Dementia Action Alliance could add significant value by helping to co-design future service models with this outcome in mind	Partnership between Steering Group and Dementia Action Alliance	End March 2016
Medway Council Members Task and Finish Group	Task and Finish Group to investigate 'How far has Medway gone in developing a dementia friendly community'?	Medway Council Members Task and Finish Group, supported by Democratic Services	Starting Spring 2016
Establish a particular focus on personalisation throughout the programme of work (in addition to the generalised principles set out above).			
Identify potential opportunity to roll out Personal Health Budgets in this area	As part of care pathway redesign work, explore potential opportunity to rollout Personal Health Budgets to people with dementia (potentially people with complex health conditions alongside dementia)	Overseen by Dementia Steering Group, working closely with CCG Contracts Team	End March 2016. Interface with PHBs Action Plan for NHS England
Personalisation of Dementia Day Services	Significant transformation exercise running alongside and complementing the wider Dementia Commissioning redesign work. Key links with Adult Social Care Strategy and Care Act implementation	Led by Partnership Commissioning.	2016/17 transformation exercise.
Establish detailed understanding of existing costs and pressures in the system. Identify opportunities for efficiencies / reinvestment and the potential role of the Better Care Fund.			
Undertake detailed analysis of existing costs	Identify current expenditure on primary, community and secondary dementia health care services, and social care services	Overseen by Steering Group, led by Council and CCG Commissioners with input from health and social care providers.	End March 2016
Undertake detailed analysis of potential for	Analyse system-wide pressures (e.g. on A&E or hospital discharge) and identify opportunities for efficiencies and	Overseen by Steering Group, led by Council and CCG Commissioners with input from health and social care providers	End April 2016

efficiencies and reinvestment	reinvestment as a consequence of an improved ICP / model for dementia care		
Identify potential role for Better Care Fund	Identify and agree whether or not there is a role for BCF funding in ensuring implementation of the new model and how this work interfaces with BCF framework	Overseen by Steering Group, working with BCF lead	End April 2016
Establish Integrated Care Pathways (ICPs) and information sharing protocols			
Draft optimum ICPs for dementia care in Medway	Care pathway task and finish event with representation from key agencies – informed by dementia commissioning priorities	Led by Partnership and CCG Commissioning. Including people with dementia / families; and key agencies / partners across the system	End April 2016
Develop information sharing protocols, as needed	Work with key partners to identify existing information sharing protocols, and ensure they are fit for purpose in the future, undertaking redesign as needed	Overseen by Steering Group with input from working groups as needed	By end May 2016
Consult on draft ICPs /information sharing protocols	Complete draft ICP for consultation with wider partners and stakeholders. Include referral pathways	Overseen by Steering Group with input from working groups as needed	By end May 2016
Seek Health and Wellbeing Board view on draft ICPs / service model	Take report to Health and Wellbeing Board to seek their input and feedback on draft ICPs and proposed service model for dementia care in Medway	Overseen by Steering Group with input from working groups (especially Partnership and CCG Commissioning)	June 2016
Agree final ICP and create shared plan for implementation	Achieve sign off by Steering Group and JCMG. Create detailed Gantt Chart showing steps towards full implementation	Overseen by Steering Group with input from working groups as needed	By end June 2016

Identify contractual position of existing provision and agree detailed Procurement Plan to enable system redesign.			
Undertake detailed analysis of contractual position	Identify timescales of existing contracts. Understand outcomes which will be required as a result of future procurement of dementia care services	Overseen by Steering Group working closely with CCG and Council Contracts / Category Management teams	By end June 2016
Develop detailed procurement plan	Develop detailed procurement plan in order to support ICP and new model of services which has been agreed (as above)	Overseen by Steering Group working closely with CCG and Council Contracts / Category Management teams	By end July 2016
Secure final strategic support for implementing the new ICP / Service Model / Procurement Plan.			
Seek strategic support from Health and Adult Social Care Overview and Scrutiny Committee	Take detailed implementation plan to Health and Adult Social Care Overview and Scrutiny Committee / Health and Wellbeing Board (if needed)	Steering Group	August 2016
Seek final sign-off from JCMG	Take detailed implementation plan to JCMG for CCG / Commissioning sign off	Steering Group	August 2016

It is anticipated, subject to detailed planning with key partners, that the programme of delivery of the new integrated care pathway and successful launch of a new service model may take up to 2 years (i.e. to summer 2018) to reach full implementation. This will be subject to a number of fixed factors, including the current CCG contractual timetable, and may be subject to interdependencies with other key strategic programmes of transformation and recommissioning exercises.

Key Interdependencies:

- Adult Social Care Strategy and Care Act Implementation programme.
- Telecare Strategy.
- Intermediate Care Strategy and progress with Home to Assess Pilot.

- Better Care Fund Framework.
- Partnership Commissioning Review of Carers Support.
- Partnership Commissioning Review and planned procurement exercise for Information, Advice and Advocacy Services.
- Mental Health Single Point of Access