|  |  |  |  |
| --- | --- | --- | --- |
| **Care Co-ordination Critical Success factors** | | | |
| **Critical Success factor** | **Yes** | **No** | **Evidence/Comments** |
| 1. **Single point access**  * Support from diagnosis to end of life * Referral process simple and well known * Open referral system * Referrals triaged at the point of receipt |  |  |  |
| 1. **Promoting independence and quality of life**  * Maximise community connections and building resilience * Support is person centred, outcomes-based, responsive and proportionate to needs * Proactive support around ACP, SDS and POA etc. * Proactive referral to rehab/reablement |  |  |  |
| 1. **Needs of carers**  * Seen as equal partners * Referral offered to carers support * Carers support plan |  |  |  |
| 1. **Self-referral when things change**  * Written information on how to get back in touch * Person centred mechanisms to keep connected e.g. telephone, digital |  |  |  |
| 1. **Weekly team meetings**  * Mechanism in place for MDT/multi-agency sharing of collective expertise * Mechanism for dementia practice co-ordinator role |  |  |  |
| 1. **Roles and contribution valued**  * Organisations and team members know and value each other’s role/contribution * Roles clearly defined |  |  |  |
| 1. **Enhanced dementia knowledge and skills**  * All staff are trained or working towards enhanced level of the Promoting Excellence Framework * A sustainable framework is in place for on-going staff education and training |  |  |  |
| 1. **Use of quality improvement**  * Service looking to always improve * Routine use of QI methodology and data collection * Local QI support available * Local staff QI capacity and capability |  |  |  |
| 1. **Two way flow of information at all levels**  * People living with dementia and carers empowered to make decisions as well as being well informed * Robust communication processes in place between service and key stakeholders e.g. GP Practice, third sector |  |  |  |
| 1. **Third sector contribution**  * Third sector valued as equal partner in terms of contribution and commissioning and not an “add on” * Third sector partners at all relevant operational and decision making meetings |  |  |  |
| 1. **Leadership at all levels**  * Identified team leader * Staff empowered to suggest/make changes * Respectful culture that is inclusive and quality driven * Staff wellbeing/development valued |  |  |  |
| 1. **Care co-ordination at people,**   **service and organisational level**   * People with dementia and carers needs looked at holistically e.g. 8 Pillar Model * Dementia Practice Co-ordinator role in place (individual or team) * Dementia seen as an organisational priority in strategy and commissioning |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Detail of improvement required** | **By whom** | **By when** | **Date completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |