|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |