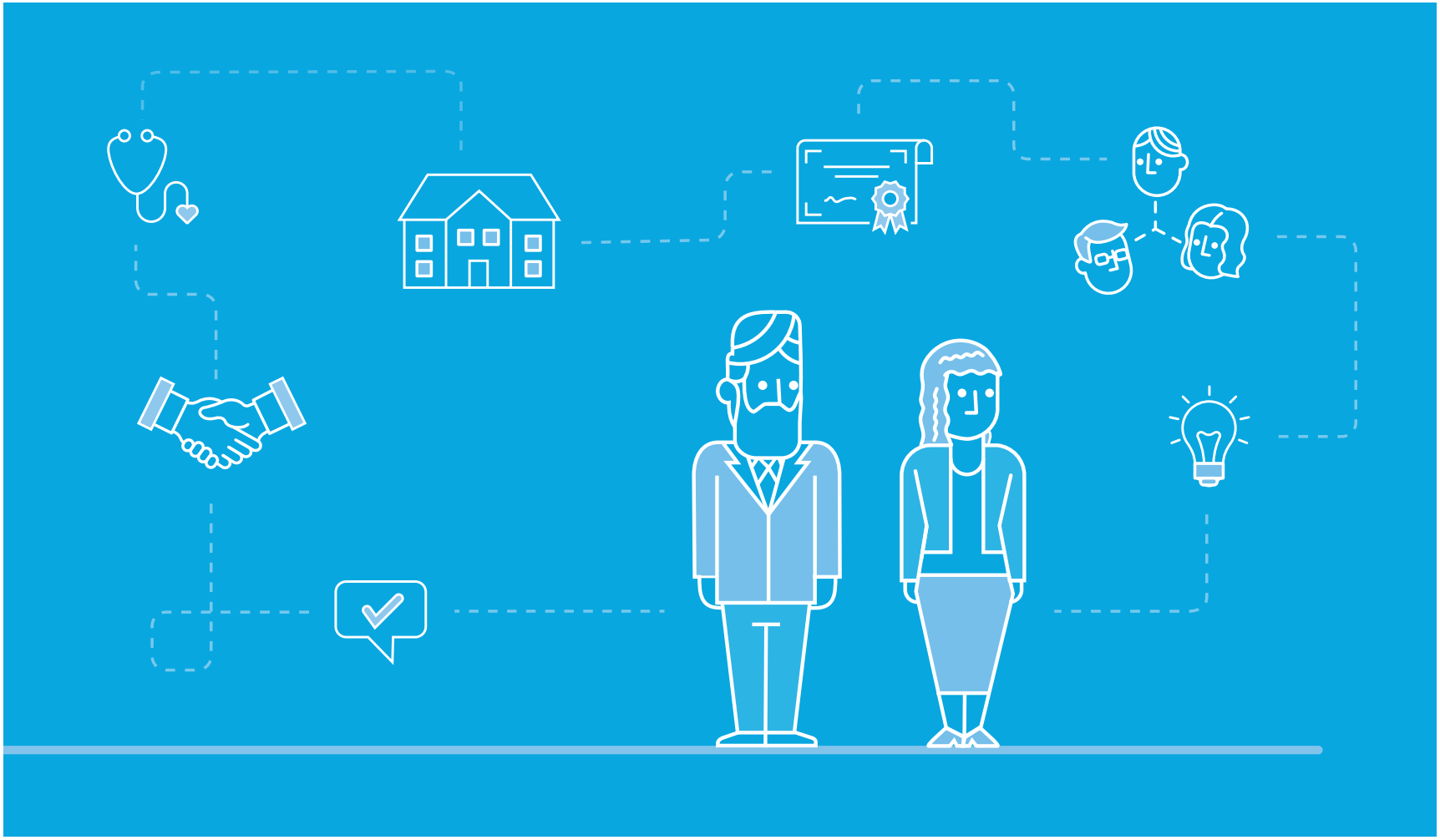


INDEPENDENT EVALUATION OF THE DEMENTIA WHOLE-SYSTEM CARE CO-ORDINATION PROGRAMME

Independent evaluation of the dementia whole-system care co-ordination programme

The Scottish Government commissioned RSM UK Consulting LLP (RSM) to undertake an independent evaluation of the effectiveness and impact of the programme in delivering a locality-based whole-systems approach to dementia care and services.

Outcomes

A personalised and human rights-based approach to care that empowers individuals to self-manage and live independently for longer

- Interviews and focus groups suggested that early intervention was key to avoiding individuals having to go into residential care earlier than expected.
- Carers (n=2) and staff referenced the leaflet and Access First telephone line as useful tools to signpost individuals to services and live independently.
- Greater links to the third sector have created greater opportunities for support within the community for people living with dementia.
- Stakeholders anticipated that the app would allow individuals to better manage their own wellbeing (once live).

A better person experience, improved quality, and better outcomes for people in the area living with dementia and their families/carers

Key enablers for better person experience

- Joined up care was key to providing a quality service (facilitated by regular meetings and communication between system partners)
- The ongoing collaborative work of The Dementia Reference Group ensured that the views of those with lived experience and their families/carers were included in the programme.
- Improved awareness for staff and carers of the services available.
- Increased PDS link worker resource contributed to reduced PDS waiting lists.

This impact may have been greater in the absence of Covid-19. To explore the extent to which this outcome has been fully achieved, further data collection and analysis (particularly of outcome data) will be required over a longer period of time. Additional consultation with those with lived experience and their families/carers would also be beneficial.

A more integrated and co-ordinated approach across the whole system which enhances connections and improved collaboration across health and social care

Key collaboration enablers for the programme

- Strong existing culture of integration within Inverclyde and willingness from all system partners to work together.
- Strong and visible leadership.
- Collaborative learning opportunities.
- Collaboration was particularly positive given the context of Covid-19.

Carers suggested it was too early to determine if care was more integrated.

Effective monitoring and measurement approaches that can adequately assess the effectiveness and quality of the 'whole system' locality approach

Throughout the programme there has been evidence of ongoing feedback and monitoring, and the collation and analysis of data in a systematic manner. Flash reports were helpful for staff members in monitoring achievements as the programme progressed.

Covid-19 had an impact on data analysis and activity trends. Going forward, some focus group participants suggested that there should be a renewed focus on accessing and monitoring trends in third sector data.

Evaluation

desk review of documents relating to the programme

7 interviews with strategic stakeholders

8 reflective focus groups

5 deep-dive interviews into three specific thematic areas

3 social listening and programme events attended

Key conclusions and areas for consideration

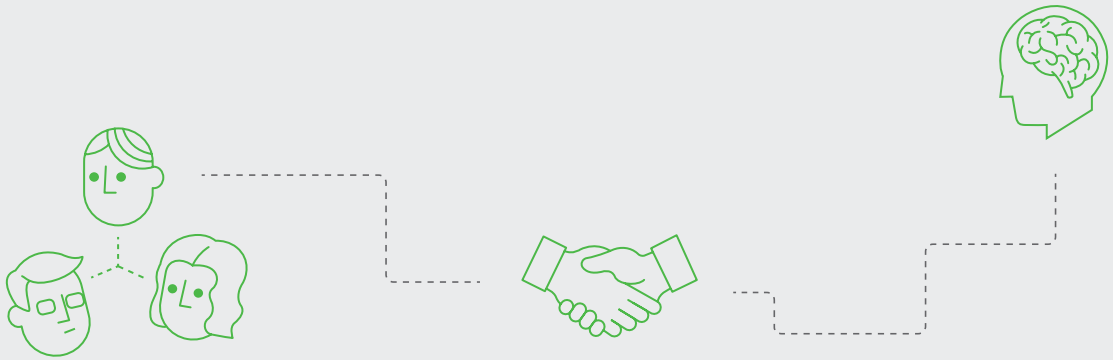
- To meet the aims and objectives of the programme, a number of key deliverables were developed, including:
  - The Inverclyde Dementia and Support Services Leaflet
  - ADPF evaluation
  - Services and Supports resource
  - Dementia and Palliative Care Identification Tools Guide
  - Living Well with Dementia App (currently being tested)
- The Programme builds upon previous Scottish Government policy (including the National Dementia Strategy) and has helped to deliver these policies in a real and meaningful way.

Factors that could be replicated elsewhere in Scotland

- Having a dedicated project improvement advisor.
- Developing close links with the third sector, as well as between various HSCP services.
- Co-location of staff was a key driver for effective multidiciplinary working and programme delivery.
- Regular programme meetings, accompanied by briefs and action logs.
- Programme structure may serve as a blueprint to support an improvement agenda in other localities.

Key factors for other systems to consider

- Develop a Theory of Change model, which is updated on a quarterly basis to reflect programme developments.
- Create a robust data collection system and build in dedicated resource to monitor data.
- Incorporate formative evaluation activities into the programme from the inception.
- Ensuring direct involvement of those with dementia and their families/ carers within a programme.



> ***If people get a timely diagnosis early in the disease process, it helps them understand their illness, to think about planning for the future and to give them opportunities for peer support***

Stragetic stakeholder