


Project Proposal Form	
Adult Social Care Programme Provider Development Innovation Fund	

Who should complete this form?

- Please complete this form (FOUR parts) to apply for project funding from the North East Improvement and Efficiency Adult Social Care Provider Development Innovation Fund.
- A separate form must be completed for each project.

Deadline and returns

- Completed forms should arrive at NE IEP's offices not later than **noon on 15 January 2010**.
- Completed forms should be emailed to riep@northeastcouncils.gov.uk

Further Information

- Further information can be obtained from the NE IEP Programme Office on **0191 261 3923** or riep@northeastcouncils.gov.uk

PART 1 – PROJECT INFORMATION

Project Name:	Dementia is Everybody's Business - Developing a Citizenship Framework and Self Directed Support for people with dementia
Lead Officer Name:	Rani Svanberg
Position:	Chief Executive
Lead Organisation:	
Name:	Dementia Care Partnership
When established:	1993
Number of staff / office:	200

Evidence of successfully delivering previous projects / some indication of achievements to date:

The following illustrates evidence of delivering previous projects and achievements to date:

Project 1: Challenging the culture of disempowerment: Between 1989-1991, faced with service cut backs, closure of residential homes and hospital wards, 12 carers were brought together to set up the first carer support group in Blakelaw. Carers identified urgently needed services which were: i) flexible home support, ii) day services; iii) community respite; iv) independent supported living houses; v) 24 hour help lines, vi) information pack for people with dementia of all ages, disabilities and backgrounds (including diverse cultural and religious backgrounds) and their carers. Experiences of working with people with dementia as they challenged ageism and stereotyping attitudes led to the development of PEACH philosophy (Person-led, Empowerment, Attachment, Continuity, Hope) which underpins every aspect of our work (Appendix 1). Developing socially inclusive alternative options to institutional forms of care became our vision.

Project 2: Empowering carers - The Power of Partnership: Between 1991-1995, using £60k a health and social care funded care management pilot project was set up in the west end of Newcastle to test out the feasibility of supporting people with dementia in the community. The above 12 carers were brought together to act as advisors to the project. The lessons learned led to the founding of DCP in 1993, with the carers becoming the board of trustees. Since then DCP has been systematically developing the services identified previously by carers as explained below.

Project 3: Service development – A Person led model: Today, DCP is a £4m turnover charity providing: i) home support service of approximately 1800 hrs/week for 243 clients and carers including an integrated service for 16 people from BME communities, and 41 younger people with dementia; ii) day opportunities at three venues in Newcastle (north and west) and Hexham (covering rural areas of Tyndale) with approximately 180 people and more than 300 attendances per week including 6 from diverse communities; iii) approximately 2500 care and 1900 support hours in 13 Independent Supported Houses for 43 tenants across the city; iv) short break services in individuals' own homes including holiday escorts for giving carers a break; v) 17 privately funded people plus two partially private funded tenants in the supported houses, vi) specialist training based on the PEACH philosophy directly involving carers (drama group) and people with dementia in the delivery; vii) employment opportunities for DCP employees, former carers and residents from the deprived communities; viii) two monthly carers' support groups and a monthly carers' development group.

These services are delivered by 200 employees and approximately 30 volunteers.

Project 4: Major £2.1m capital development: Between 2002-2005 DCP embarked on a major capital development costing £2.1m, an integrated service in the heart of the Brunswick Village community offering day opportunities, a restaurant, coffee shop, gym, playroom, short break service, hairdressing and beauty therapy, computer room, training and a secure large garden.

Awards: Sir Roy Griffiths Award (1999) for pioneering supported housing for people with dementia emphasising user involvement, community integration and independent living; **Voluntary Sector Entrepreneur of the Year award** (2004); **The Journal's 'Fastest 50' growing companies award** (2004); **Positive Practice Award** for Specialist Services (DH-CSIP 2006); **Paul Harris Award** (2008).

DCP was selected as one of 25 **DH Social Enterprise Pathfinders** nationally and one of three regionally (2007). DCP is also one of the two **National Dementia Strategy Early adopter site**. This work is ongoing.

	<p>Influencing practice nationally and around the globe: DCP regularly receives visitors from national and international organisations, who wish to learn about and replicate, DCP's housing and other service models in their own areas and countries. We are invited to present our work at conferences around the globe including Australia and influence policy and practice through membership of various think tanks, advisory groups and strategy boards.</p> <p>DCP's work is publicised in various national and international journals.</p>
Address:	<p>The Bradbury Centre Darrell Street Brunswick Village Newcastle upon Tyne NE13 7DS</p>
Tel:	<p>0191 217 1323 (reception) 0191 217 1323 (PA)</p>
Email:	<p>rani@dementiacare.org.uk</p>

<p>1. Description: a brief summary of the project, maximum of 500 words</p>	<p>The prevalence of dementia, ageing population, increased demands on services and tight budget constraints are challenging commissioners. A complex myriad of potentially high cost/high demand care packages is placing extreme pressure on existing resources.</p> <p>It is widely recognised that the system whereby control rests with care managers, and people fitting the FACS eligibility criteria for substantial or critical are told which services they can receive from a limited menu, constrained by rigid task and time specifications, is no longer acceptable.</p> <p>The Personalisation Agenda calls for a radical shift in culture and practice where people (not care managers) are central to identifying their <i>own</i> needs, can exercise choice and control over their care arrangements, assuring the outcomes that they, and their carers/family, want for themselves (self directed support).</p> <p>It provides opportunities for new ways of working and developing new roles. This project is one such example.</p> <p>In partnership with Newcastle Carers Centre and Adult Services, the Project will test and pilot pathways, putting people with dementia and their carers in the lead, maximizing efficiencies without compromising quality, achieving positive outcomes. Voluntary sector expertise will add value.</p> <p>The Project will be carried out in two phases. Phase 1 involves selecting</p> <ul style="list-style-type: none"> • 12 people with dementia <ul style="list-style-type: none"> ○ from diverse age-groups and backgrounds, ○ who meet FACS substantial or critical needs, ○ living with their carers, ○ receiving complex care packages from DCP, and • 6 new referrals, all at risk of: <ul style="list-style-type: none"> • requiring institutional or long term care • significant levels of social isolation • significant carer/family stress • care package breaking down because it does not fully meet their needs. <p>The Project will test whether</p> <ol style="list-style-type: none"> i) developing a Citizenship Framework¹ of service delivery and outcome based Self Directed Support and workforce redesign will bring about culture shift and efficiency savings.
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	<p>ii) Improved health and wellbeing reduces substantial or critical need</p> <p>A key element of this is incorporating an <u>Enriched Support and Development Plan²</u> at the core of Self Directed Support and part of practice improvement and innovation.</p> <p>Emphasising that biggest efficiencies can be made in prevention and early intervention, the project involves establishing a new Personalisation for Dementia Project Board involving people with dementia, carers, and DCP , Adult Services, Carers Centre to steer the project and develop preventative, early intervention services including circles of support in local areas.</p> <p>Key functions include</p> <ul style="list-style-type: none"> • clients and carers reviewing their care packages: <ul style="list-style-type: none"> ○ changes they require, ○ ascertaining care costs, ○ level of support or activities required, ○ assisting with recruitment of their support workers <p>Support needs and RAS assessment, monitoring and review will be carried out by SSD. DCP will assist with drawing up the Enriched Support and Development plan; the independent service evaluation carried out by trained former carers.</p> <p>Individual outcomes the project aims to achieve are closely aligned to the NHS White Paper outcome outlined in section 15.</p> <p>Findings of Phase 1 would act as a building block for a larger project in phase 2. Funding of ££89,673 for phase 1 only.</p>
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<p>2. What is innovative about your project? maximum of 100 words</p>	<p>It is:</p> <ul style="list-style-type: none"> • a user-led project with people with dementia and carers on the project board • adheres to PEACH values and introduces '<u>Enriched Support/Development Planning</u>' as part of the Self Director Support • supports people with dementia and carers to manage/be aware of their own resource allocation/budget • enables trained former carers to undertake service reviews • helps develop new and emerging roles and a learning and development pathway for Peer Navigators since clients/carers accessing self directed support will need to develop new skills • supports the workforce development ensuring lessons learned are shared and disseminated.
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<p>3. Local Authority Sponsor identify the officers with whom you have agreed this project</p>	<p>Cathy Bull Head of Adult Services Newcastle City Council Civic Centre Barras Bridge Newccastle NE1 8PA Tel: 0191 232 8520 Cathy.bull@newcastle.gov.uk</p>
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<p>4. Provider Involvement: identify the officers with</p>	<p>Ms Katie Dodd Centre Manager The Carers' Centre</p>
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<p>whom you have discussed this project</p>	<p>6 Saville Place Newcastle, NE1 8DQ Telephone: 0191 260 3030 Email: katiedodd@btconnect.com</p> <p>Bob Little Regional Development Manager Skills for Care DBH Business Centre Belasis Hall Business Park Billingham TS23 4EA Tel: 01642 345681</p> <p>Maggy Crane Health Work Coordinator Search Project 74 Adelaide Terrace Benwell Newcastle, NE4 9JN Tel: 0191 273 7443 Email: searchprojectuk@yahoo.co.uk</p>
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<p>5. Involvement of other partners, if any, identify others who you have discussed this project with</p>	<ul style="list-style-type: none"> • Ms Hayley Quinn, Regional Manager, Skills For Care, North East • Dr Alison Richardson, Parkway Medical Centre, Chapel House • Ms Sue Tiplady, Head of Commissioning, NHS North Of the Tyne • Ms Caroline Burden, Branch Manager, Alzheimer’s Society – Newcastle Branch • Barbara Douglas, Strategy Director, Quality of Life Partnership, Civic Centre, Newcastle • Faridah Rehman, West end Befrienders, • Rev Anne Marr, Holy Nativity Church, Chapel House • Rev Mark Edwards, St Cuthberts Church, Brunswick Village • Mrs Sally Harwood, Deputy Principal, Seaton Burn Community College • Alison Bell, Your Homes Newcastle • Christine Lowthian, Divisional Manager, Newcastle General Hospital • Sue Benson, Editor, The Journal of Dementia Care • Paul Devine, Dementia Adviser, Alzheimers Society, North Tyneside
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<p>6. Evidence of Need or drivers for the Project e.g.</p> <ul style="list-style-type: none"> • Evidence of need (research, surveys, skills audits, inspection reports etc) • Consensus amongst authorities and/or stakeholders • Demand or resource challenges • External factors - political, environmental, economic, social • Policy or legislation • Recognised or emerging best practice 	<p>As the population ages, the predictions of the number of people developing dementia increases. It is stated that by 2022, 20% of the population will be over 65 and by 2027 there will be a 60% increase in the number of people over 85 years. UK dementia prevalence indicates 20% of males and 25% of females over 85 developing dementia. In Newcastle there are approximately 3030 people with dementia aged 65 and over with a predicted increase to 3839 or (27%) increase by 2025. In 2008 there were 1130 who required some form of institutionalised care which is predicted to increase by 32% by 2025. It is stated that 70% of LA funding is invested for adult social care. Newcastle commissioner referred to the cost of EMI residential care to be £6.7m. Dementia UK also reports 64% of people with dementia aged over 65 are in the community.</p> <p>Consensus amongst authorities and/or stakeholders</p> <p>The above raises huge challenges in relation to health and social care budgets and calls for a significant reinvestment from traditional high dependency support and the current reactive approach to service provision. There is consensus amongst the health and social services that</p>
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personalisation for people with dementia is not progressing well and needs addressing.

Recognised or emerging best practice

DCP works closely with Professor Murna Downs, chair of dementia studies, Bradford University where Prof Tim Kitwood pioneered Personhood and people with dementia.

An outline proposal has been given to develop PEACH value base and citizenship framework as a practice guidance book. The key message of this framework is:

- bringing dementia out of the shadows is Everybody's Business
- Person led Support and Development Planning needs to be enriched incorporating life history, emotional attachments, personality, health, neurological impairment and social psychology.

The views of the person with dementia are central to the design and delivery of their Enriched Support and Development plan. The project would enable DCP in partnership with those signed up to this project to develop this further as a nationally replicable model.

External factors - political, environmental, economic, social

National Dementia Strategy (2009) sets a clear vision and emphasises three broad themes for achieving outcomes. These are, raising awareness and understanding, early diagnosis and support and living well with dementia.

The role of the timely carer support, peer support, technology to promote independent living and reduce risks, support closer to home through developing a circle of friends through peer wellbeing clubs, 24 hour help lines, maximising income etc go a long way towards preventing crisis and care breakdown.

Putting People First, Transforming Adult social care (2007) together with the National Dementia Strategy are crucial in developing and delivering flexible, reliable Personalised support for people with dementia in the community.

In addition, the NHS White Paper outlines clear outcomes which are also in line with the Self Directed Support outcomes. This consistency is vital for outcome based personalised practice.

In order for people with dementia and their carers feel they have choice in the way they want to live their lives, have control over the decisions they make and in designing their own support needs and plan, the individual outcomes the project aims to achieve are to:

- improve their health and wellbeing and to be as active as possible.
- maintain their independence and quality of life.
- make a positive contribution to the community.
- exercise choice and control over their lives and the support that they receive.
- feel safe and secure at home and in the community.
- enjoy freedom from discrimination.
- achieve economic wellbeing and security.
- be consulted, listened to, involved and treated with respect

In addition, working with people with dementia needs to draw from other government strategies, local and regional carers consultation reports, dementia services review, early adopter site finding, the Big Care Debate – new ways of funding social care and so on.

Policy or legislation

	The project also works to the Care Quality Commission, National Minimum Care Standards, safeguarding of vulnerable adults and Mental Capacity Act.
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<p>7. Fit with NE IEP key indicators, such as:</p> <ul style="list-style-type: none"> • Collaboration between councils and with other public sector or VCS • Innovation • Catalyst for change • Mutual support & challenge for improvement • Tackling underperformance • Represents good value for NE IEP funding 	<p>The project can evidence a fit with all REIP key indicators as follows:</p> <ul style="list-style-type: none"> i) as stated in questions 4 & 5 there is collaboration between Newcastle City Council, voluntary and community sectors, health, housing, schools and local churches to develop and implement personalisation approaches. In addition there is collaboration and engagement with people with dementia, carers and local community members. ii) Innovation: this involves, <ul style="list-style-type: none"> • Developing approaches with people living with dementia to ensure they are at the centre of any decision making process • Developing, implementing and reviewing a value based ‘Enriched Support & Development Plan’ in collaboration with the Department of Health and Newcastle Adult Social Care and Culture Services, NHS North of Tyne (building on the approach that was developed by the Bradford Dementia Group, Bradford University and with guidance from CQC). • The development of carers as Peer Navigators, independent service review evaluators and trainers through mandatory training acting as ‘sharing the care’ with Personal Assistants/PEACH practitioners. • Learning from other innovative practices around the country. iii) Catalyst for Change: This involves <ul style="list-style-type: none"> • Delivering real evidence base for workforce redesign and service development to meet the transformation agenda to be disseminated as lessons learned. • Untapped resource within each local community, community empowerment/volunteering acting as a catalyst for change • The overlap between the National Dementia Strategy and Putting People First, and Adult Transformation through Personalisation would help bring about a change in relationships between local authorities, providers and communities. iv) Mutual support & challenge for improvement <ul style="list-style-type: none"> • This involves views and ideas emerging from the carers of people with dementia and people with dementia strengthening the DCP Carers ‘Speaking Up’ Group offering mutual support and guidance for one another – but also advocating practice/practical guidance tips for other carers and professionals alike. • Hearing the voices of people with dementia to influence and shape policy and practice. • Volunteer involvement and projects offering mutual support and improving the quality of many lives of people with dementia and their carers/families. • Through partnership and collaborative work with the local authority, identify partners and other linkages between communities such as ‘Joining the Dots’ for challenging improvements. v) Tackling underperformance: this will be carried out <ul style="list-style-type: none"> • by enabling and empowering a culture shift from traditional care management towards working to clear personalised outcomes, closer monitoring and review • regular training involving people with dementia and their carers in their training delivery • sharing and disseminating emerging good practice and lessons learned locally, regionally and nationally. vi) Represents good value for NEIEP funding The above represents good value for REIP funding. In addition, added value comes from improvement in the way support/development plans are delivered flexibly, improved access, quality, customised services and
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	<p>so on.</p> <p>The above approaches are also marketable products adding financial value to the Project.</p>
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<p>8. Funding Required: exclusive of VAT, provide a breakdown</p>	<p>Self directed support Pilot</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: right;">FTE</th> <th style="text-align: right;">Required</th> <th style="text-align: right;">Cost</th> </tr> </thead> <tbody> <tr> <td>Personalisation Project Manager</td> <td style="text-align: right;">£24,342</td> <td style="text-align: right;">1.00</td> <td style="text-align: right;">£24,342</td> </tr> <tr> <td>Part time administrator</td> <td style="text-align: right;">£13,564</td> <td style="text-align: right;">0.60</td> <td style="text-align: right;">£8,138</td> </tr> <tr> <td>Part time Volunteer Coordinator</td> <td style="text-align: right;">£19,689</td> <td style="text-align: right;">0.60</td> <td style="text-align: right;">£11,813</td> </tr> <tr> <td>Part time Peer support Coordinator</td> <td style="text-align: right;">£19,689</td> <td style="text-align: right;">0.60</td> <td style="text-align: right;">£11,813</td> </tr> <tr> <td>BME Personalisation Coordinator</td> <td style="text-align: right;">£19,689</td> <td style="text-align: right;">0.40</td> <td style="text-align: right;">£7,876</td> </tr> <tr> <td>Sessional welfare rights adviser (2hrs per wk)</td> <td style="text-align: right;">£19,689</td> <td style="text-align: right;">0.05</td> <td style="text-align: right;">£1,064</td> </tr> <tr> <td>Advocacy worker</td> <td style="text-align: right;">£19,689</td> <td style="text-align: right;">0.05</td> <td style="text-align: right;">£1,064</td> </tr> <tr> <td>Technology adviser</td> <td style="text-align: right;">£22,570</td> <td style="text-align: right;">0.05</td> <td style="text-align: right;">£1,220</td> </tr> <tr> <td>Support worker specialists (BME/younger people)</td> <td style="text-align: right;">£13,603</td> <td style="text-align: right;">2.00</td> <td style="text-align: right;">£27,206</td> </tr> <tr> <td>Emergency on call support</td> <td></td> <td></td> <td style="text-align: right;">£10,950</td> </tr> <tr> <td>Recruitment/advertising for posts</td> <td></td> <td></td> <td style="text-align: right;">£2,500</td> </tr> <tr> <td>Training costs</td> <td></td> <td></td> <td style="text-align: right;">£3,000</td> </tr> <tr> <td>Travel & Accommodation</td> <td></td> <td></td> <td style="text-align: right;">£1,000</td> </tr> <tr> <td>Printing stationery and postage</td> <td></td> <td></td> <td style="text-align: right;">£300</td> </tr> <tr> <td>Computer and additional software</td> <td></td> <td></td> <td style="text-align: right;">£1,600</td> </tr> <tr> <td>Telephone support line 24 hour (mobile/pager)</td> <td></td> <td></td> <td style="text-align: right;">£1,000</td> </tr> <tr> <td>Total requested</td> <td></td> <td></td> <td style="text-align: right;">£119,673</td> </tr> <tr> <td>Match funding from DCP reserves</td> <td></td> <td></td> <td style="text-align: right;">£30,000</td> </tr> <tr> <td>Cost to Project</td> <td></td> <td></td> <td style="text-align: right;">£89,673</td> </tr> </tbody> </table>		FTE	Required	Cost	Personalisation Project Manager	£24,342	1.00	£24,342	Part time administrator	£13,564	0.60	£8,138	Part time Volunteer Coordinator	£19,689	0.60	£11,813	Part time Peer support Coordinator	£19,689	0.60	£11,813	BME Personalisation Coordinator	£19,689	0.40	£7,876	Sessional welfare rights adviser (2hrs per wk)	£19,689	0.05	£1,064	Advocacy worker	£19,689	0.05	£1,064	Technology adviser	£22,570	0.05	£1,220	Support worker specialists (BME/younger people)	£13,603	2.00	£27,206	Emergency on call support			£10,950	Recruitment/advertising for posts			£2,500	Training costs			£3,000	Travel & Accommodation			£1,000	Printing stationery and postage			£300	Computer and additional software			£1,600	Telephone support line 24 hour (mobile/pager)			£1,000	Total requested			£119,673	Match funding from DCP reserves			£30,000	Cost to Project			£89,673
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<p>11. Efficiencies Anticipated: Specify the amount in £s and explain how the efficiencies will be derived</p>	<p>Cashable Financial Efficiencies: Maximum £165,600. This is a challenging request as we are developing a new way of working and implementing radical change never tested before but are calculations for cashable efficiencies are estimated based on our extensive knowledge of our client base and our rigorous project and risk management during the lifespan of this initiative. We have taken 3 client files and mapped the current cost of care packages and used this to frame our thinking about self directed support, carer input, neighbourhood friend volunteering and utilising universal services to determine</p>																																																																																

where savings can be made without compromising on quality of care or risk safeguarding issues arising.

This project will support 18 clients to undertake the process of self directed support from review/assessment, support planning, resource allocation, navigation/brokerage, and implementation to monitoring and review. The outcome is to reduce the demand for traditional services such as Day Care or respite and implement more creative solutions to reduce cost but increase choice, control and maximise additional support networks and the use of new technology. Evidence from the 'in control' pilots illustrated that when Service Users/Carers were in control of their financial allocation they were much more selective and frugal with how it was spent. We will expect to have the same outcome for this project. Based on an average client accessing 6 days day care and 2 weeks traditional respite we would reduce the actual cost of the care package from £14,112 per annum to approximately £10,000 (by a reduction from 6 days to 3 for traditional day care using telecare, carer support, universal services, volunteer support and use of personal assistants plus a more creative approach to respite) making a saving of £4,000pa. If we were to use this as a benchmark across the lifespan of the project then we could project cashable efficiencies of £72,000 (based on £4000 x number of participants on project).

Additionally, if we can delay the admission of one person in to EMI residential care for 6 months, this could save more than £5,000. If this were effective for all the clients in the initiative this would bring savings of £93,600

It is important to note that all service/users and carers are different and have a wide range of needs and changes as radical as self directed support will not provide 'quick wins', the change will be implemented sensitively and gradually to ensure sustainability of this new way of working and quality outcomes for service users and carers maintained.

Non-Cashable Benefits: £ Non quantifiable

Quality outcomes for service users and carers through support planning, choice and control, free capacity of adult social care team, reduce administration for adult social care, delivering prevention and early intervention to reduce need for crisis intervention and high cost intensive resources, contribute to performance management for adult social care, strengthen partnership arrangements between statutory and voluntary sector agencies.

Non-Cashable Improvements:

The improvement in the quality of life and well being of the clients and carers within the initiative is a required outcome of this initiative and should be demonstrable in non financial terms.

12. Project Duration & Timescales:	From February 2010-January 2011	
	Project Activities	Timescales
	Set up Personalisation for dementia Project Board consisting of people with dementia, their carers and representatives from DCP, Social Services, and Carers Centre, to steer the project	February – March 2010
	Review existing workforce to assess capacity to take this work on.	
	Set up a small task group with social services Personalisation team to identify 12 clients, drawn from a diverse group and carers, 2 younger people with dementia, 2 black, Asian and minority ethnic community, 2 older people, 2 jointly funded packages with health and social services and 4 living in supported tenancies) and 6 new clients who receive	

	complex packages.	
	Draw up job descriptions for a Personalisation Project new team members (fixed term as appropriate):	
	Project Manager (Personalisation) - new post Volunteer coordinator (make current part time post full time) Carer support coordinator (make current part time post full time) Peer support coordinator (new part time post) Carer representation (drawn from the 'Carers Speaking Up' group developed as part of the Early Adopter Site work) People with dementia Finance manager Lead Social worker Specialist social worker (younger people) Administrator (part time new post) Welfare rights and Assistive technology Assessors (time purchased from SEARCH)	
	Recruitment and appointment of the new project team members	April-May 2010
	Identification of clients and carers finalised. Information sharing meeting with them about the purpose of the project	
	Clients and carers are enabled to review their care packages, identifying what is working or not working in their lives and what they would like changing - this would help ascertain cost of care, level of support or activities required.	
	Support needs assessment and RAS assessment carried out by SSD, new budget as appropriate agreed.	
	DCP will assist with the drawing up of the Enriched Support and Development plan, devising of forms for recording, monitoring and review functions as previously guided by CQC.	
	Clients and carers involved in drawing up the job description of support workers and assist with recruitment as appropriate.	
	Mandatory training offered to support workers and carers so that they can share the care.	May/June 2010
	Monitoring and review undertaken by SSD and independent service evaluation carried out by trained former carers	Monthly
	Monthly progress meetings and recording of emerging issues	Monthly
	New referrals for the 6 clients to begin from SSD	September – December 2010

13. Perceived risks to the project:	How will the identified risk be managed?
1. Tender not successful; funding support to be sought elsewhere	1. Work will be incorporated into DCP business planning for transformation, but progress and achievements slower
2. Low uptake of self directed support/individual budgets	3. Monitored by project board by monthly reports, produce marketing strategy with clear information on how the project will be promoted

	and participants recruited,
3. Cashable efficiencies lower than expected	3. Detailed monitoring of financial data to be recorded and presented to project board, issues log to be established to identify blocks and challenges
4.	4.

<p>14. Please describe any plans that exist or will be put in place to ensure a sustainable forward strategy for the project:</p>	<p>The Transformation of Adult Social Care has dictated that DCP undertakes a whole service review to ensure our organisation continues to be fit for purpose in the 'new world' of self directed support. The Citizen Framework model and implementation of self directed support will be embedded into the business planning cycle for DCP.</p> <p>Building on the lessons learned, and subject to review of meeting the desired outcomes, this project would form a building block of phase 2 to develop Personalisation for a larger number of people with dementia in partnership with social services as guided.</p> <p>The Enriched Support & Development Plan, Individual Service Agreements between the client and employee, and the relevant recording and review forms could become a model to adopt regionally and nationally for people with dementia.</p> <p>Department of Health Objective 6 Think Tank report identified the development plan to be trialled.</p> <p>The mandatory training for informal carers can be rolled out and marketed, income generating on the one hand and making financial savings to commissioners as carers would act as a 'support worker' in double up packages.</p> <p>DCP will build on the lessons learned, market and develop better personalised community services for people with dementia</p>
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<p>15. Identify any project dependencies:</p>	<p>i) The Project cannot be delivered without financial support from NEIP. The funding is crucial for the start up and progression.</p> <p>ii) Christmas holidays and severe weather conditions did not allow sufficient time for wider discussion with some key partners such as divisional managers for older people, NHS North of Tyne and assistive technology providers – telecare, telemedicine etc are vital to minimise risks and promote independence of people with dementia and their carers.</p>
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<p>16. Please provide any further information in support of the project (maximum of 150 words):</p>
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In section 15 below you are asked to describe what the project seeks to achieve in terms of outputs, outcomes and impacts using the following definitions:

- **Outputs** are the immediate results arising from interventions (“facts and figures”)

- **Outcomes** are the changes achieved by the interventions, net of additionality (would it have happened without project/programme intervention? – *deadweight* – is it replacing activity elsewhere? – *displacement*)
- **Impacts** are the long term structural improvements in the personalisation of adult social care service provision as a result of interventions. Consequently these are less amenable to immediate measurement and attribution to activities

Section 15 – Outcomes, Outputs and Impact

	OUTCOMES	TASKS/OUTPUTS	MILESTONE DATES
	What will be achieved by your project? Ensure outcomes are SMART -specific, measurable, achievable, relevant and timed to the Provider Development Fund criteria	How the outcomes will be delivered	When you expect to complete tasks/activities towards your outcomes
1	Improved health and well being of people with dementia supported at home through Development of new approaches to providing personal services	Number of self directed support clients	Feb 2010-Jan 2011
2	Reduction in carer stress	Number of carers supported through the project both receiving SDS and attending carer support groups and community events	
3	Reduction in crisis and care break down	Number of calls to information and advice using the 24 hour on call line	
4	For commissioners less crisis interventions admissions to hospital and residential homes	Number people in the project supported at home	
5	Increased confidence of people with dementia feeling valued and assisting school children with projects.	Number of people with dementia being part of intergenerational work	
6	Wider interest generated through integrated approaches	Development of enriched support and development plans	
7	Increased knowledge, understanding & confidence Providing evidence base	<i>Project report, feed back and service satisfaction</i>	

IMPACTS	How Observed?
Communities have better understanding about the early signs of dementia and want to look for so there is more acceptance.	Feed back through schools, churches and carers meetings and community events
Improvement in service and business growth for DCP and third sector partners, this shows greater client and carer satisfaction	<i>Increase in number of referrals</i>
Reduction in care stress and they are able to continue the care	General improvement in health and well being
People with dementia much happier, more settled, less restless behaviour and less medication	<i>Reduction in crisis and phone calls about behaviour problems</i>
Happier workforce who have greater job satisfaction	<i>Not rushed into task centred 30 minute packages etc and are able to build a good relationship- through supervision sessions</i>
Less demand on commissioners for crisis intervention, emergency	<i>Improved health and well being through well being clubs run by</i>

beds, EMI beds etc	<i>Peer support and carer support coordinators</i>
Breaking down barriers between older and younger generation	<i>Intergenerational work with the school</i>
Improved partnership working	<i>Improved relationship and better understanding of issues affecting providers –through meetings</i>

To complete PART 2 continue to the next page

PART 2 - PROJECT TYPE INFORMATION

A. INNOVATION FUND THEMES:

Indicate with a tick which themes the projects is associated with in the table below. Tick as many as apply and state the amount of funds to be used for these specific areas of need.

	Tick (✓)
• To evidence new and different service models through collaboration	✓
• To evidence quality improvements, better outcomes and quantifiable efficiencies	✓
• To provide flexible and reliable personal care and personal assistance	✓
• To respond sensitively and safely to meet choice and control	✓
• To provide a seamless service to enable independent living	✓

B. IN WHAT GEOGRAPHICAL AREA WILL THE PROPOSED PROJECT TAKE PLACE?

If ticking more than one option please provide an explanation

	Tick (✓)
• Local neighbourhood / ward (i.e. smaller than district, borough or unitary authority)	✓
• District, borough or unitary local authority area	
• Sub regional (i.e. countywide or larger but smaller than region):	
• Regional (to cover all 12 LA's)	

C. WHAT ELEMENT(S) OF PUTTING PEOPLE FIRST WILL THE PROJECT ADDRESS ?

	Tick (✓)
• Personalisation	✓
• Prevention	✓
• Maintaining Dignity	✓
• Safeguarding	✓

Please describe how the Project will address the elements ticked:

Personalisation: As described, ensuring people with dementia are brought out of the shadows and play a central role in deciding about their care, support or development needs with the support of their carers. Prevention and early intervention is also cornerstone to Personalisation. By working with key partners and local authority and health commissioners we are able to develop the 7 steps of Self Directed Support, but also test out and develop 'Enriched Support and Development Plan.

Prevention

Working closely with the Carers Centre, the project would be able to offer timely information, awareness raising, carer and peer support. Timely information and flexible, reliable support services that offer continuity go a long way to prevent carer break down and unnecessary admissions to hospitals and residential homes.

Maintaining dignity and safeguarding

The Citizenship Framework model adhering strictly to the PEACH value base and the Enriched Support and Development plan focuses on the early stages of dementia to end of life. Person led care values people regardless of age or cognitive ability is individualised recognising that each individual with dementia is unique; includes the perspective of the person with dementia as central to all care, support of developing their potential; it values the person as being able to live a life that is meaningful to them and provides a supportive social environment through creating circle of friends giving opportunities to form new relationships. The project will follow the journey of people with dementia and their carers from the point of referral until they no longer need DCP's support.

Developing

The project will be working in a local community using a patch based approach to recruit and train volunteers to be active citizens. Ensuring that the workforce required to deliver personalisation is

equipped with specialist skills and appropriate knowledge and promoting self directed support as a means to achieve choice and control. Providing an evidence base of good practice for self directed support. Safeguarding is critical when working with vulnerable people and the ability to provide a 24/7 service with a range of support mechanisms will be a strong focus of the project.

D. WHAT NATIONAL INDICATOR(S) WILL THE PROJECT ADDRESS ?

		Tick (✓)
6	Participation in regular volunteering	✓
7	A thriving third sector	✓
119	Self reported measure of peoples overall health and wellbeing	✓
124	People with a long term condition supported to be independent and in control of their condition	✓
139	The extent to which older people receive the support they need to live independently at home	✓
142	Percentage of vulnerable people who are supported to maintain independent living	
	Other indicators – please specify	

Please describe how the Project will address the National Indicators ticked or any other indicators :
 In addition to the above, circle of friends will be recruited and supported to volunteer in their local community. DCP is a third sector organisation and will aim to be a leader in workforce redesign inline with personalisation and self directed support. The outcomes will focus on the whole person and not just the needs that dementia presents, social inclusion, validity in local community etc. This will include maximising universal services, preventing crisis and maintaining health and well being and independence for the whole family.

Working with SEARCH and purchasing their services (Joining the dots) (art classes, welfare rights, activity clubs,) etc enables the third sector to generate income but also meets the health and well being of clients and carers referred.

To complete PART 3 continue to the next page

PART 3 - PROJECT COMPLIANCE INFORMATION:

Tick to indicate your Project complies with the requirements listed below:

	Tick (✓)
E1. Projects must be collaborative, i.e involving at least two providers and one North East local authority.	✓
E2. Project must be a new and innovative initiative that supports personalised service delivery. Funding will not be provided to support existing activity.	✓
E3. Project must anticipated delivering efficiencies savings for a local authority	✓
E4. Project proposals must be submitted on the standardised project proposal form.	✓
E5. Projects must seek to improve a number of the following national indicators: Nat Ind 6, 7, 119, 124, 139, 142	✓
E6. Project proposals must state which of the different elements of adult social care provision they are seeking to address	✓
E7. Project proposals must include a risk assessment.	✓
E8. Project proposals must provide monitoring information of project outputs, outcomes and milestones, including appropriate project start and end measurement of relevant indicators.	✓
E9. Project proposals must state how the project will be supported after completion, where this is appropriate.	✓
E10. Project proposals must describe how they will embed effective communications within them.	✓
E11. Project proposals must ensure no duplication with existing activity.	✓
E12. Project proposals must confirm their willingness to fully and actively participate in an independent evaluation during the lifetime of the project to learn and share through the journey not just at the end to maximise transferable learning, replicable across the region.	✓
E13. Project proposals must adhere to the following principles: equal opportunities, POVA, health and safety, clear governance, inclusiveness, respecting diversity and include an equalities impact assessment, either using the attached form, or the one used within their organisation.	✓
E14. All project costs must exclude VAT.	✓
E15. All project costs must be revenue only.	✓
E16. Lead organisation able to supply approved financial accounts for the year 2007-08 or 2008-09.	✓

Desirable Criteria

	Tick (✓)
D1. Project proposals which incorporate a degree of match resources (in-kind/financial)	✓

To complete PART 4 continue to the next page

PART 4 - EQUALITIES IMPACT ASSESSMENT

1. Will the project be accessible to everyone within the community? Please describe how accessibility will be achieved?	
• Gender	
• Sexual Orientation	
• Race	
• Religion of belief	
• Age	
• Disability	
• Geography	
• Other equality issues	

2. Does the project treat any group differently from its other service users? Yes or No	
If Yes, please specify those individuals or groups affected and whether the impact may be adverse, and how this can be prevented?	

3. Does the project promote equality? Yes or No	
If Yes, please describe how it is promoted	
4. Does the project budget cover activity to promote equality? Yes or No Yes. We have requested funding to reach out to people from the diverse backgrounds and a coordinator for the black and minority ethnic communities.	

5. Have you consulted with any of the following groups regarding delivery and access to the project? Yes or No If Yes, please describe. If No, please describe what you plan to do and by when.	
• Gender	
• Sexual Orientation	
• Race	
• Religion of belief	
• Age	
• Disability	
• Geography	
• Other equality issues	

THANK YOU VERY MUCH FOR YOUR TIME TAKEN TO SUBMIT A PROJECT PROPOSAL

Please submit project proposals to
riep@northeastcouncils.gov.uk by noon on 15th January 2010

Confirmation of funding decisions will be provided by **26th January 2010**. Written feedback will be available for unsuccessful bids for four weeks after this date.

Appendix 1: Citizenship Framework

Appendix 2: Enriched Care Planning for People with Dementia 2009: Bradford Dementia Group