Case Example
Organisational Learning
Champions Gallery

The Scottish Government
Riaghaltas na h-Alba

Co-production: Working with the Third Sector to Reshape Dementia Services in East Dunbartonshire

East Dunbartonshire Council and partners have developed an innovative response to the challenge of delivering dementia care to the ageing local population. The Dementia Clinic Advisory Service is built on a model of co-production and choice for people with dementia. It is a service co-designed and delivered by a network of third sector providers. Already the service delivery model is helping to reshape services and reduce pressure on frontline Council services and budgets. It is also a model that could be replicated by other local authorities in Scotland to meet the current and substantial future challenges in dementia care facing the country.

Background

East Dunbartonshire is an area where citizens generally enjoy a very good quality of life, with relatively low levels of unemployment and material deprivation.

One of the most significant social challenges facing East Dunbartonshire, however, is its ageing population. It is the Scottish local authority area with the highest proportion of older people. Some 21% of the local population are aged over 60 years old, and this is rising sharply (the population aged over 75yrs is set to increase by 71% by 2024).

The growing number of older people is placing an increasing strain on those Older People Services provided by East Dunbartonshire Council and the Community Health Partnership. These pressures are heightened by the budgetary constraints facing publicly provided services.

There are particular service challenges in responding to the needs of older people with dementia. Around one person in 20 over the age of 65 is affected by dementia. There are some 1,816 people living locally with dementia (or 1.7% of the area's population).

Scope and focus

The Dementia Advisory Clinic model was developed as a response to the challenges in dementia care locally; one that is based on the principles of co-production and one where the third sector has played a critical role in reshaping and delivering services.

The model provides enhanced co-ordination of existing activities, whereby third sector partners offer bespoke one-to-one information and advice to individuals concerned about dementia, via Dementia Advisory Clinics. These Clinics act as a gateway to specialist services.

The Clinic model is central to the Reshaping Older People Services objectives; supporting people to live independently at home or in a homely setting through the provision of information, advice, support, anticipatory and crisis planning, carers education and support, more informed and confident staff and consistent responses.

Implementation

The initiative developed out of the work of the East Dunbartonshire Dementia Network, a forum that brings together

rfb ReadyforBusiness

groups, organisations and members of the community committed to improving the lives of people with dementia, their families and carers. The Network originally functioned as a knowledge exchange with members sharing service updates. It evolved over time to become a forum for collaboration with a focus on co-creation and a shared vision for a new community.

The clinic model was developed by East Dunbartonshire Council's Social Work Department in partnership with the Community Health Partnership and three third sector partners, Alzheimer Scotland, Ceartas and Carers Link. Ceartas had experience of delivering local advice clinics at the time and this model was used as a template for further development.

The Third Sector Partners

Ceartas provides independent advocacy to adults in East Dunbartonshire, including older people with dementia, in a variety of settings from the person's own home to hospitals and care homes.

Carers Link provides a range of information, support, training, and advocacy services for family carers within the East Dunbartonshire area.

Alzheimer Scotland provides a range of support for people with dementia and their carers across Scotland, including advice and information through the network of Dementia Advisors.

The concept was developed over a six-month timeframe, and was able to take advantage of additional monies made available through the Reshaping Older Peoples Services Change Fund from September 2011.

With a relatively modest investment of £67k annually to establish and test the service, the initial phase of this work has seen third sector providers delivering: open or community clinics; GP referral clinics; hospital clinics; and a specific clinic service for black and minority ethnic people concerned about dementia. Two clinics have been running monthly since September 2011, a further was added in November 2011, and three more from June 2012.

Offered in locations throughout East Dunbartonshire the service is delivered by trained staff and volunteers working in line with national dementia standards. Whilst promoting independence, the clinics also offer information on living well with dementia and keeping safe.

There is regular attendance at clinics with over 140 people attending the range of clinics in the different settings, including hospital.

Key challenges

The process of developing and testing the new service model was straightforward in most respects. However, particular time and emphasis was required in:

- **Choosing partner providers**. From among the wide network of potential service providers there were choices required on who the core operational partners should be. This process was managed within the context of the Dementia Network, ensuring an open and transparent process of developing the partnership.
- **Building a third sector consortium**. The collaborative model was able to come together because of existing strong co-operation between statutory organisations and the third sector whereby partners were actively sharing their own resources and co-operating with each other. Putting together a formal agreement for a number of organisations to work together within a specific service framework did take time but the good practice already happening through the Dementia Network expedited this process.
- **Agreeing the service design**. It required time and some difficult conversations

between partners to agree the optimum service delivery model. Throughout the process partners needed to remain grounded in the relevant policy priorities and expressed service user needs. It was also important to form a service delivery model that played to the strengths of each partner provider.

- **Channelling the resources**. There were considerations regarding the most appropriate mechanism through which to channel Change Fund resources into testing the new service. In the end one 'lead' partner from among the three providers was identified to manage funds, accountable to the Community Health Partnership, with Service Level Agreements formed with the other third sector providers. This again required co-operation among partners.

Outcomes

The new service delivery model created with third sector partners is already having very positive results.

By harnessing resources East Dunbartonshire Council and Community Health Partnership are now able to:

- avoid several organisations and bodies overlapping and all putting much needed resource into the same tasks on an individual basis;
- draw on greater capacity and resources collectively through partners than were available in-house;
- test a model of service that is much more flexible and capable of responding to the needs of older people; and
- take a longer-term perspective on what is a key service challenge for the Council and partners.

The more collaborative approach to the service means that the customer receives the best range of information from the specialist services to cater for the multi-faceted needs that dementia brings to people and their families. Qualitative feedback around the experience of care has been gathered with 100% positive feedback.

Through working with people with dementia the service promotes self-management at an early stage of the condition, more confident carers and anticipatory planning to avoid unnecessary crisis. This contributes to a more efficient use of existing service and avoids additional costs that arise from emergencies.

Practically, the enhanced service has also helped to reduce the number of bed days in hospital. For example, the number of people with dementia delayed in hospital has been reduced. There have been no delays as a result of Adults with Incapacity issues for over six consecutive months for people with dementia. This can be evidenced through Delayed Discharge reporting mechanisms.

The savings made by each organisation can then be used in other ways to develop new and innovative ways of working. An example of this reallocation of resources is a project developed by East Dunbartonshire Council where people with dementia in care settings are engaged with tablet personal computers to promote self-expression, target loneliness and stay connected to the community.

Critical success factors

With the service now performing well and delivering anticipated outcomes, a number of factors have been instrumental in the early success of this new service model:

- **Catalytic funding**. The availability and time of the Change Fund resources provided the ability to develop and test a new service in partnership with the third sector, with a view to mainstreaming the approach based on the learning. This was vital in being able to reconfigure services and eventually to sustain the approach (investing to save).

- **Building on a strong network of support**. The approach was grounded in a strong network of interested parties –

the Dementia Network – from which the concept was developed. This provided a natural forum from which to design the service, and access to a wide network of expertise, connections, venues, and resources. The initial involvement of all interested parties ensuring widespread local support.

- **A driver**. The Council's Older People Team Manager provided a single lead on dementia issues, operating jointly on behalf of Council's Social Work Department and the Community Health Partnership. This enabled a co-ordinated response among public agencies. This individual has also been instrumental in driving forward the initiative.

- **A partnership of equals**. Public and third sector partners have come to the partnership on an equal footing, collaborating in the design of the project and contributing knowledge, capacity, and resources as they can.

- **The right third sector partners**. Partners emerged that had the appropriate track record and specific specialisms within the dementia field. This supplemented the knowledge and capacity held by the Council and Community Health Partnership. All of the partners are committed to training and learning to ensure that the service is based on research and best practice.

- **Close working relationships**. Close personal and professional relationships based on trust developed between partners. This built on pre-existing partnership working between senior staff in the partner organisations.

- **Enabling the right solution**. Partners were willing to put their own organisational interests to one side to find a solution that was right for people with dementia in East Dunbartonshire. The Council's Social Work department demonstrated a willingness to think and act differently, facilitating a creative solution to emerge.

- **A robust service design**. Partners spent time designing a service capable of meeting public service priorities, grounded in the needs of service users, and capable of delivering transformational change. The service was based on a clear specification and on the basis of soundly articulated and measureable outcomes.

The East Dunbartonshire Clinic model has now been recognised nationally and internationally. It has been used as an example by the Scottish Government's Joint Improvement Team of models of co-production which support the transforming older people services agenda. It has also been recognised at the International Dementia Excellence Awards in Australia in June 2012.

Future ambitions

Over time it is expected that the new Dementia Clinic model will lead to a transformed service with the third sector at the centre of delivery, operating on behalf of public sector partners on a commissioned basis.

The immediate priority is to continue to enhance and develop the services. In collaboration with third sector partners, the next stages are:

- To provide a named worker for one year to a person with dementia as part of the support offered by specialist mental health services. Delivered in a standardised way by the public and third sector workforce, this will lead to a 'one stop shop' approach and provide the framework to support people with moderate to severe dementia in their own homes over the course of their condition.

- The further development of a Black and Minority Ethnic Diagnostic Service and a peripatetic clinic service that can outreach to the rural communities.

- The establishment of Dementia Network partnership website (a Council

'microsite') to provide online advisory clinic resources to meet the information needs of people with dementia, carers and professionals.

These enhancements will continue to reduce demand on Council Older People Services and help to free up resources.

Over the longer term, through sustained engagement with the third sector, it is expected that the service will continue to provide a better system of care, through directly engaging with service users via the Dementia Clinics, building a body of evidence about their needs, using this to continually inform the design of services, and delivering flexibly through a partnership of specialist providers.

After another two years the additional resources available through the Change Fund will come to an end and it is the intention to absorb the Clinic model into mainstream/statutory provision. This is likely to lead to contractual arrangements with a network of third sector providers able to deliver the service.

For further information, contact:

Julie Christie
East Dunbartonshire Partnership Lead for Dementia
Team Manager, Older People Team
Social Work Department, East Dunbartonshire Council,
P: Southbank House Strathkelvin Place, Kirkintilloch, G66 1XQ
T: 0141 355 2244
E: julie.christie@eastdunbarton.gov.uk