

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	7 March 2019
Officer	Diane Bardwell, Dementia Services Review Project Manager, NHS Dorset Clinical Commissioning Group
Subject of Report	NHS Dorset CCG – Dementia Services Review and consultation update
Executive Summary	<p>This report offers a summary update from the Dementia Services Review with the co-produced model options including the preferred option and highlights the proposed consultation process to follow.</p> <p>The project has moved into the formal assurance processes with NHS England. It is proposed that following the assurance criteria being met, the project moves into a formal public consultation for a period of 8 weeks during June and July 2019, following the period of purdah.</p>
Impact Assessment:	Equalities Impact Assessment: Completed as part of the review.
	Use of Evidence: Report provided by NHS Dorset CCG.
	Budget: N/A for Dorset County Council.
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)</p>

NHS Dorset CCG – Dementia Services Review and Consultation Update

	Other Implications:
Recommendation	To note progress of review and to comment on and support the proposed consultation plan.
Reason for Recommendation	The report provides the Committee with an opportunity to be updated and to contribute to the consultation plan for the Dementia Services Review.
Appendices	1 Draft consultation plan
Background Papers	<p>Dementia Services Review update paper - https://dorset.moderngov.co.uk/documents/s13473/Dementia%20Services%20Review.pdf</p> <p>Dementia Services Review - Project Initiation Document: https://dorset.moderngov.co.uk/documents/s5361/JHSC%20Dementia%20Review%20Report%20October%202016.pdf</p> <p>Dementia Services Review - View Seeking report: https://www.dorsetsvision.nhs.uk/wp-content/uploads/2018/05/Dementia-Services-Review-View-Seeking-Report-FINAL.pdf</p> <p>Dementia Services Review - Health and Social Care needs analysis: https://www.dorsetsvision.nhs.uk/wp-content/uploads/2018/05/Dementia-Health-Needs-and-Data-Analysis-for-Dorset-Version-2.6-final.pdf</p>
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1. Introduction

- 1.1 During 2014 a review of specialist dementia services to design a service model to deliver consistent, quality, agreed outcomes across Dorset, was prioritised and included in the Clinical Commissioning Programme 5 Year plan. This was against a backdrop of increasing demand for services, an ageing population and national policy. Noting in particular that specialist dementia services had inequity of provision particularly across the West of the county and service provision following the closure of two inpatient units due to inability to recruit and retain registered staff had not been fully considered. However due to commencement of the Clinical Services Review there was a postponement and the review re-commenced during 2016.
- 1.2 At the reinitiating of the Dementia Services Review the three Local Authorities requested to become full partners within the review and for the review to take a whole system approach including some social care services and co-dependant services and to consider the whole of the dementia pathway.
- 1.3 However, despite the best efforts of all partners as the review progressed it became apparent that the considerable stretch on local authority resources, the Local Government Review and service developments running at different timeframes were having an impact on joint working. It was confirmed on 1st February 2018 Project Board meeting that the Local Authorities were not able to include social care services in the review. The Project Board agreed to work together where possible but the project scope to focus on the health provision. There is a commitment from all partners to continue to work together and explore, beyond this review the opportunities for integrated approaches to commissioning and delivery.

Aim and objectives

- 1.4 The agreed vision with Dorset Dementia Partnership included in ‘Living Well with Dementia in Dorset strategy’:

‘Every person with dementia, and their families and carers, receive high quality, compassionate care from diagnosis to end of life care. This applies to all care settings, whether home, hospital or care home’.

- 1.5 The objectives have been to:
- design and deliver consistent and high quality, compassionate care and support to meet the needs of people living with dementia and their carers from diagnosis to end of life within the existing financial resource;
 - ensure equity of outcomes for people living with dementia and their carers across Dorset localities;
 - meet the ambition of a diagnosis rate of two thirds of prevalent population;
 - consider implications and any additional resource requirements of increasing the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral;
 - improve the quality of post diagnosis treatment and support.
- 1.6 The spending objectives agreed were to work within existing resources to:

- Take forward a re-procurement of services following the contract end of Memory Support and Advisory Service to re-utilise these recurrent funds;
- Identify remaining funds from previous closures of two inpatient units and reinvest these into new or existing dementia services;
- Ensure all services are cost efficient and offer best value for money.

1.7 The operational budget identified in quarter four during 2018-19 was £11,157,781 with a total of 291.71 full time equivalent staff.

Outcomes

1.8 The agreed outcomes from the Dementia Services Review were to ensure individuals living with dementia agree:

- I have personal choice and control over the decisions that affect me
- I know that services are designed around me, my needs and my carer's needs
- I have support that helps me live my life
- I have the knowledge to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I am confident my end of life wishes will be respected. I can expect a good death

Co-production approach

1.9 Throughout the Dementia Services Review, the Project Board's methodology has been to apply best practice in its decision-making processes and to embed 'co-production'. Co-production is a value driven approach in which decision makers e.g. professionals and citizens are involved in a relationship in which power is shared wherever possible and where there is recognition that everyone involved has a contribution to make.

1.10 All engagement and communication throughout this review will ensure the legal requirements to consult about the way the NHS and Social Care is operating and about any proposed changes are followed. This includes:

- Consulting patients and the public;
- Keeping the local authority Overview and Scrutiny Committee informed and consulting them on the review proposals.

1.11 An Equality Impact Assessment and Privacy Impact Assessment have been completed as part of the review.

Figure 1. Services in scope

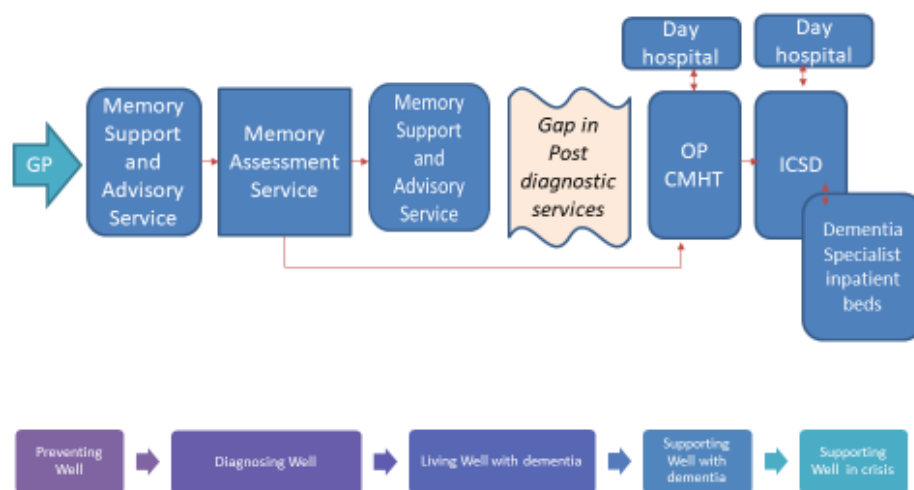
Provider	Services in scope
Dorset HealthCare NHS Foundation Trust	Memory Assessment Service
	Dementia In-reach Service
	Intermediate Care Service for Dementia (ICSD) East
	16 commissioned In-patient beds Chalbury Unit (closed in 2016)
	12 commissioned In-patient beds Betty Highwood (closed in 2013)
	Older persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	40 Specialist Dementia In-patient beds Alderney Hospital, Poole
Alzheimer’s Society	Memory Support and Advisory Service

Services not included

- 1.12 The consultation will not cover local authority services, community hospitals or general hospitals covered within the Clinical Services Review. Information can be found at www.dorsetsvision.nhs.uk.
- 1.13 Mental Health Liaison Services are not included in this review directly because there is currently a review of these services being taken forward. However, outcomes from this review will be linked.

How dementia services are currently organised in Dorset

Figure 2. Current summary of dementia pathway



- 2.1 Currently across Dorset when a person is concerned about their memory their GP can refer them to the Memory Support and Advisory Service which is currently provided by the Alzheimer’s Society. Memory Advisors will complete a short screening assessment and will offer advice and guidance prior to the person getting a dementia diagnosis. The Memory Assessment Service currently provided by Dorset HealthCare NHS Foundation Trust offers further assessment and a clinical specialist would provide the formal diagnosis.
- 2.2 If a person diagnosis is not dementia or is ‘mild cognitive impairment’ then they are referred back to their GP. If the person is given a dementia diagnosis, depending on the dementia type, they may be offered dementia medication. However, for those diagnosed with vascular dementia there is currently no dementia medication of benefit. All patients diagnosed with dementia are referred back to the Memory Support and Advisory Service for post diagnostic support which is usually offered by a telephone call or visit by a Memory Advisor.
- 2.3 People living with dementia then continue with their lives, possibly accessing different community based services often provided by the voluntary sector and local authorities. However, they are unlikely to be referred to Mental Health Services provided by Dorset HealthCare until their needs significantly increase or become more complex and they require services such as the Older Person’s Community Mental Health Teams (OP-CMHT) or Intermediate Care Service for Dementia (ICSD). This service offers urgent assessment, care and treatment for people with significant complex needs who require regular and intensive support for up to six weeks or until the difficulties are resolved and then less intensive support may be provided by the CMHT-OP.
- 2.4 This service was only commissioned formally on the East side of Dorset following a review of the Bournemouth and Poole services in 2012. However, with funding released from Chalbury Specialist Inpatient unit based in Weymouth (which had to be temporarily closed on the grounds of safety due to a shortage of registered staff) the

Intermediate Care Service for Dementia began to be developed across the West. If problems cannot be resolved in the community, for a small number of patient's care may need to continue on one of the dementia specialist hospital wards for a short time. These wards are currently all based in Poole on the Alderney Hospital site.

- 2.5 Other dementia services currently offered include Haymoor Day hospital based in Poole is utilised by the ICSD team to offer safe day provision and prevent hospital admission. There is an additional Day Hospital based in Weymouth which offers a service to both older people with dementia and to those with other mental health issues such as depression. This service is not currently integrated with the ICSD team.
- 2.6 Finally, there is a Dementia In-reach service which is commissioned on the East side of Dorset to offer advice and support to care homes, day centres and community hospitals.

Case for Change

- 3.1 Across Dorset we have among the longest life expectancy in the country and the number of Dorset pensioners is predicted to rise by 30 per cent over the next decade. Although this is good news, increased longevity brings new challenges. One of the most significant is that more people are living with dementia and this places an increasing demand on dementia services and increases costs.
- 3.2 Whilst our current services have supported many people in lots of positive ways we believe that dementia services could be improved upon. We would like to ensure that regardless of where someone lives in Dorset, if they have received a dementia diagnosis then they are offered high quality, compassionate care and support throughout their dementia journey and that their family carers also feel informed and supported.
- 3.3 During 2016, Stages One and Two included completing a Health and Social Care needs analysis and a taking forward view seeking. A total of 2,107 comments were made by respondents. These related to aspects of services that work well, aspects of services which work less well and ideas for improvements. Key themes and why we need to change are noted below:
 - Inequity of outcomes and access to services
 - Ageing population
 - Lack of integrated services
 - Memory Support and Advisory Service contract end
 - Dementia workforce and training
 - Information and Communication
 - Needs of family carers
 - Dementia diagnosis
 - Long Waiting times for diagnosis
 - Early onset dementia and lack of specific services
 - Dementia treatments and lack of support for those with vascular dementia
 - Lack of ongoing post diagnostic support to live well with dementia
 - Different models with Day hospitals
 - Decline in specialist dementia inpatient admissions

Design and modelling

4.1 Stage three of the project was the design and model options stage. Approximately 300 individual stakeholders including people living with dementia and family carers were involved with the co-production approach. Critical success factors were agreed at commencement of the review. These included:

- Can the option really be implemented?
- Does this deliver services which are safe and sustainable?
- Will option be affordable?
- Will this option deliver services that will be acceptable to people?
- Is the option based on evidence of best practice?
- Will this option result in a better experience for those who use the service?

4.2 Following an Innovation Event in 2017, three core groups made up of a mixture knowledge, experience and perspectives including people living with dementia, carers and various health and social care workforce were established in Dorchester, Bournemouth and Poole respectively and met from May to September 2017. These groups developed the initial design ideas and suggested proportional allocations of financial resources across the pathway. Stakeholders involved wanted to have a greater investment in the post diagnostic services and less within dementia specialist inpatient beds.

4.3 Specific working groups were established next and met from September 2017 – April 2018 where different elements of the pathway were considered in greater detail. The events and various groups enabled the identification of a long list of possible service solutions along a care pathway and these were broken into the following headings:

- Preventing Well
- Diagnosing Well
- Living Well (low level needs)
- Supporting Well (high level needs)
- Supporting Well (crisis needs)

Figure 3. Summary of long list of design options

Ref	Preventing Well Service options	Description
1.1	Local telephone helpline	Service aligned with low intensity dementia service or
1.2	National Dementia helpline	Utilising an existing dementia helpline or
1.3	Via 111	Signposting from 111 or
1.4	Helpline within new Mental Health Connections	Embedding the helpline within the new Connections Crisis line
Diagnosing Well Service option		
2.1	Model 1: Secondary care based service with registered triage and assessment team	GP Screening Desk based triage by registered staff Memory Assessment Nurse assessment Diagnosis by medical specialist

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2.2	Model 2: Primary Care Triage Service with 2 referral routes	GP screening Non clinical triage Two referral routes: <ul style="list-style-type: none"> Advanced dementia Less advanced dementia Diagnosis by medical specialist
2.3	Model 3: Primary Care based nurse led clinic	GP screening Primary care Memory Assessment Nurse GP diagnosis (advanced dementia) Medical specialist diagnosis for more complex/requiring scans
2.4	Model 4: As Model 1 but 50% diagnosed by Nurse Consultant	GP Screening Desk based triage by registered staff Memory Assessment Nurse assessment Diagnosis by medical and nurse specialists
2.5	Neuropsychology	Neuropsychological assessment to assist with diagnosis particularly complex cases. Aligned within Memory Services
Living Well Service option		
3.1	Dementia Co-ordinators all settings	Dementia Coordinators supporting individuals diagnosed with dementia and family carers along dementia pathway through groups, 1:1 and signposting. Aligned Dementia team and MDT.
3.2	Dementia Co-ordinators with care homes having different input	As above but input predominately settings other than care homes (In-reach service into care homes)
3.3	Early onset Dementia Co-ordinators	As above but age appropriate for those under 65 years and their family carers.
3.4	Living well with dementia education & memory roadshow sessions	Education session offered to all newly diagnosed and family carers Meet all key support services Enable peer support
3.5	Carer's emotional support training	Small group sessions specifically for family carers aimed at developing resilience and dealing with loss and change
3.6	Cognitive Stimulation Therapy Groups	Brief, closed, structured therapy groups for up to 10 clients each group.
Supporting Well Service Options		
4.1	Dementia Nurses (from OP CMHT)	Step up provision from Dementia co-ordinator Higher intensity, clinically based service when needs of patient increase or become more complex <i>Based on organic/dementia needs not functional</i>
4.2	Admiral Nurses	Providing support for family carers to manage complexity and avoid crisis Support practice of other professionals
4.3	Maintain the day hospitals operating as currently	Offering clinically based assessment and treatment
4.4	Close day hospitals	Patients where appropriate move under social care day provision Resources released into NHS Dementia services
4.5	Align day hospitals to intensive support team	Haymoor is currently operating this model where intensive support team (ICSD) utilise the resource during daytime and prevent an inpatient admission
Ref	Supporting Crisis Well Service options	Description
5.1	Intensive Support team (ICSD) across all Dorset	Formally commission Intensive support service for West of county and retain the existing East commissioned service
5.2	In-reach Service across whole of Dorset	Formally commission the In-reach service for the West of the county and retain the existing East commissioned service
5.3	Crisis helpline 24/7	Provide a 24/7 crisis helpline (consider alongside telephone helpline service)

5.4	40 Inpatient beds at Alderney Hospital, Poole	Provide 40 beds
5.5	40 Inpatient beds at Alderney Hospital, Poole. Step up and Step down in community hospitals and care homes	Provide 40 beds at Alderney. Step up/down provision in community. Reviewing bed numbers again in future when community services in place
5.6	Specialist Dementia Inpatient provision within Poole general hospital	Following meeting with Poole Hospital this option was discontinued

Options Appraisal and Shortlisting

4.4 Through the Design stage the long list of options went through a range of different analysis in order to shortlist the most acceptable options to be presented for consultation. This included holding a ‘Cross Check’ on 11th April 2018 followed by ‘Final options’ event on 5th September 2018. At the Cross Check event each of the options were analysed by applying a SWOT analysis and an individual scoring of options against the critical success factors. Following this more detailed analysis was completed at the ‘Final Options’ event where different permutations were analysed against the critical success factors.

4.5 Finally, an options framework shown below was completed based on the stakeholder analysis and critical success factors and enabled all options to be measured against ‘scope’, ‘solution’, ‘delivery’ and ‘implementation’. This enabled the identification of the shortlisted options and a ‘preferred way forward’ to be taken forward for consultation. See Strategic Outline Case.

Option A. Do Minimum

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	All people diagnosed with dementia and their families have access to information, advice and guidance	Partially NICE compliant diagnostic model (limited neuropsychology)	All people diagnosed with dementia in community based care settings excluding care homes	All people diagnosed with Dementia across all settings	All people living with Dementia
SOLUTION	Dementia Directory.	GP Screening. Desk based triage by non- registered staff. Memory Nurse assessment. Diagnosis by medical specialist.	Dementia Co-ordinators. Memory Roadshow.	CMHT In reach team (care homes) Day hospitals	Pan Dorset Intensive Support Team. In-patient Specialist Dementia Beds on one site (40 Beds).
DELIVERY	Local 3 rd / Voluntary sector	Primary Care (screening) + Voluntary Sector (triage) + Secondary care specialist provider (assessment & diagnosis)	Lead provider sub-contracting to others.	Lead provider sub-contracting to others.	One Provider of all elements.
IMPLEMENTATION	Operational in 6 mths	Staged Within 12 months of decision	Within 12 months of decision	Staged Within 12 months of decision	Staged Within 12 months of decision

4.6 The ‘Do Minimum’ option gives a limited offer to patients and family carers and would not tackle the areas highlighted as requiring change. Dementia Co-ordinators would be within this option however there are no dedicated Early Onset Co-ordinators to support those diagnosed whom are under 65 years, Cognitive Stimulation Therapy or Carer groups. Day hospitals would remain with different models and other services would be the same.

Option B Preferred way forward

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	100% population	NICE compliant diagnostic model + neuropsychology	All people living with dementia in community with different offer to care homes	All people diagnosed with dementia across all settings	All people living with Dementia
SOLUTION	Signpost national helpline & local Dementia Directory	GP Screening. Desk based triage by registered staff. Memory Nurse assessment. Diagnosis by medical and nurse specialists	Dementia Co-ordinators. Memory Roadshow. Early onset Co-ordinators. Cognitive Stimulation Therapy (vascular only). Carers emotional support groups.	CMHT. In reach team (care homes). Step Up Community Beds.	Crisis Helpline. Pan Dorset Intensive Support Team. 2 Day hospitals (aligned to intensive support). In-patient Specialist Dementia Beds on one site (40 Beds)
DELIVERY	Via local Authority commissioning	Primary Care (screening) + Existing Secondary Care Specialist Provider (triage, specialist assessment & diagnosis)	Lead provider sub-contracting to others	One single provider of all aspects pan Dorset	Lead provider sub-contracting to others
IMPLEMENTATION	Immediate	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision

4.7 The ‘Preferred option B’ as identified through the Co-production process offers a much more holistic and expanded service that is NICE compliant and cost effective. Neuropsychology is included within the diagnostic process and Cognitive Stimulation therapy would be offered to those patients diagnosed with vascular dementia whom currently have no offer of treatment. Emotional Support groups for carers are included alongside Dementia Co-ordinators and Early Onset Co-ordinators. Within this option, the In-Reach team would support the care homes rather than Dementia Co-ordinators providing individual support to all residents.

4.8 Two day hospitals are included in this option and both would be aligned to the Intensive support service as an extra resource for those in a crisis situation and having complex needs. The location of these units would need further consideration to enable greater equity. This supports efforts to prevent avoidable dementia specialist inpatient admissions, supports the ethos of providing care closer to home and would be less disruptive and destabilising for the patient with dementia and their family carers. A crisis helpline, intensive support service, Inreach into care homes and 40 inpatient beds are also included

Option C

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	100% population of Dorset have access to information, advice and guidance on dementia	Partially NICE compliant diagnostic model (limited neuropsychology)	All people living with dementia in all community based care settings	All people diagnosed with Dementia across all settings	All people living with Dementia
SOLUTION	local helpline & local Dementia Directory.	GP Screening. Desk based triage by registered staff. Memory Nurse assessment. Diagnosis by medical and nurse specialists.	Dementia Co-ordinators. Dedicated early onset co-ordinators. Memory Roadshow. Carers emotional support groups.	CMHT. In-reach team (care homes). Step Up Community Beds.	Crisis Helpline. Pan Dorset Intensive Support Team. In-patient Specialist Dementia Beds on one site (40 Beds)
DELIVERY	Local Authority commissioning	Primary Care (screening) + Newly procured provider (triage, specialist assessment & diagnosis)	Lead provider with sub-contracting arrangement	One single provider of all aspects pan Dorset	Lead provider sub-contracting to others
IMPLEMENTATION	Operational in 6 mths	Within 3 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision

4.9 Option C offers reduced compliance with NICE standards having limited neuropsychology included and does not offer Cognitive Stimulation Therapy or day hospital provision. This option however is more affordable and offers dementia co-ordinators to all within the community including the same level of input to all individuals within care homes.

Option D

	PREVENTING WELL	DIAGNOSING WELL	LIVING WELL	SUPPORTING WELL	SUPPORTING CRISIS WELL
SCOPE	100% population of Dorset have access to information, advice and 3.56 guidance on dementia	NICE compliant diagnostic model + neuropsychology	All people living with dementia in all community based care settings	All people diagnosed with Dementia across all settings	All people living with Dementia
SOLUTION	Signpost to a national helpline & local Dementia Directory	GP Screening Desk based triage by registered staff Memory Nurse assessment Diagnosis by medical and nurse specialists	Dementia Co-ordinators providing low level support Dedicated early onset co-ordinators Memory Roadshow Cognitive Stimulation Therapy (all) Carers emotional support groups	CMHT (higher intensity input) In-reach team (care homes) Step Up Community Beds	Crisis Helpline Pan Dorset Intensive Support Team 2 Day hospitals (aligned to intensive support) In-patient Specialist Dementia Beds on one site (40 Beds)
DELIVERY	Local Authority	Primary Care (screening) + Existing Secondary Care Specialist Provider (triage, specialist assessment & diagnosis)	Lead provider with sub-contracting arrangement	One single provider of all aspects pan Dorset	Lead provider sub-contracting to others
IMPLEMENTATION	Operational in 6 mths	Within 3 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision	Staged Within 6 months of decision

4.10 Option D does offer a NICE compliant service with a full neuropsychology service and Cognitive Stimulation therapy to be offered to all diagnosed. Dementia Co-ordinators would be offered to all regardless of their location and day hospitals would be aligned to the Intensive Support Service. This is the most expensive option.

Figure 4. Summary of dementia care pathway options and costs for year 1

	Core – minimum offer Option A		Preferred option B		Option C		Option D	
		Cost £000		Cost £000		Cost £000		Cost £000
Preventing Well	Info	-	Info & General helpline	-	Info & General helpline	-	General helpline	-
Diagnosing Well	Memory Assessment Service	1,282	Diagnostic model 4	1,476	Diagnostic model 4	1,476	Diagnostic model 4	1,476
	Neuropsychology (limited)	29	Neuropsychology (all)	147	Neuropsychology (limited)	29	Neuropsychology (all)	147
Living Well	Memory Advisors as current	591	Dementia Co-ordinators (different offer to care homes) & Memory Roadshow	803	Dementia Co-ordinators & Memory Roadshow	1093	Dementia Co-ordinators & Memory Roadshow	1093
			Early onset Co-ordinators	24	Early onset Co-ordinators	24	Early onset Co-ordinators	24
	Psychology	208	Psychology	208	Psychology	208	Psychology	208
			Cognitive Stimulation Therapy (vascular)	57			Cognitive Stimulation Therapy (all)	311
			Carer emotional support	65	Carer emotional support	65	Carer emotional support	65
Supporting Well	OP CMHT (based 54% of budget)	2068	OP CMHT (based 54% of budget)	2068	OP CMHT (based 54% of budget)	2068	OP CMHT (based 54% of budget)	2068
	In-Reach Team	191	In-Reach Team	191	In-Reach	191	In-Reach	191
Supporting Crisis Well	Intensive Support Team	2138	Intensive Support Team	2138	Intensive Support Team	2138	Intensive Support Team	2138
	Day hospitals with different models	294	2 day hospitals aligned to Intensive support	294			2 day hospitals aligned to Intensive support	294
	Modern Matron	53	Modern Matron	53	Modern Matron	53	Modern Matron	53
			Crisis helpline	-	Crisis helpline	-	Crisis helpline	-
	40 Inpatient beds	4,303	40 Inpatient beds	4,303	40 Inpatient beds	4,303	40 Inpatient beds	4,303
Total cost		11,158		11,827		11,648		12,371
Variation		-		(669)		(490)		(1,213)

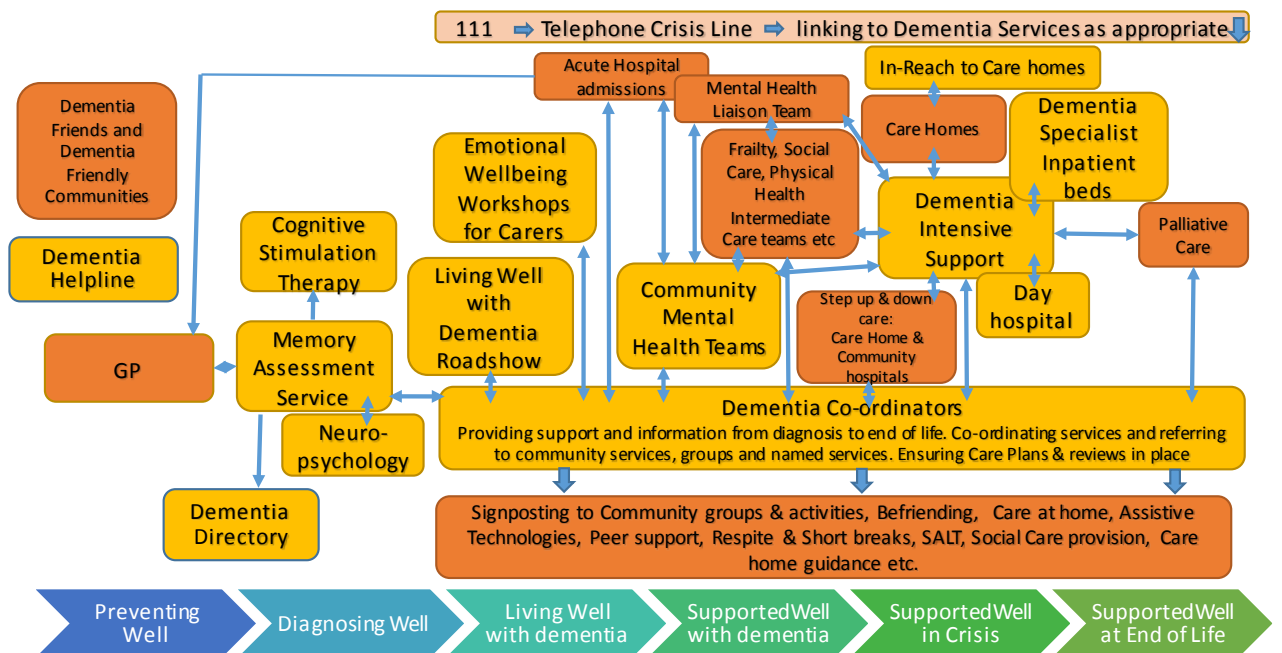
Figure 5. Summary of estimated five year costs for each option

	Option A Do min	Option B Preferred		Option C		Option D	
		Cost	investment £000	Cost	investment £000	Cost	investment £000
Year 1 £000	11,158	11,827	669	11,648	490	12,371	1213
Year 2 £000	Not modelled	11,949	791	11,687	529	12,479	1321
Year 3 £000	Not modelled	12,021	863	11,830	672	12,567	1409
Year 4 £000	Not modelled	12,141	983	11,908	750	12,657	1499
Year 5 £000	Not modelled	12,219	1061	11,988	830	12,750	1592

To note: Services that have not been included within the modelling have been based on year 1 costs throughout. These include psychology, CMHT, In-Reach Team, Intensive Support Team and Inpatients. Further modelling and costing will be required on these elements.

Summary of proposals for dementia services in Dorset

Figure 6. The preferred option - Option B



Note: the boxes in orange will be provided but are not part of the direct scope of this review

5.1 This preferred option includes:

- Provision of a Dementia Directory and website on Dementia
- Utilising a national Dementia Helpline to signpost people to for general queries and information
- A revised diagnostic service where patients are referred directly to the Memory Assessment Service from their GP whereby minimising any delay. This service would utilise Specialist Nurse Practitioners to assist with less complex dementia cases working alongside psychiatrists. Also, a neuropsychology service would be aligned to support cases which are more complex to diagnose;
- ‘Cognitive Stimulation Therapy’ offered particularly to those given a diagnosis of vascular dementia, whom currently receive no treatment for their dementia diagnosis;
- New roles in the form of ‘Dementia Co-ordinators’ to support, signpost, ensure a care plan is in place and offer patients and family carers a person to contact from the point of receiving a diagnosis of dementia onwards. These Co-ordinators would work in a locality based team structure alongside the other dementia team members;
- New roles of ‘Early onset Dementia Co-ordinators’ specifically for people diagnosed with dementia whom are aged under 65 years to better meet their needs;
- A new initiative of ‘Dementia Roadshows’ in which small events would run across all localities of Dorset giving basic information on dementia and dementia services. This would ensure people gain some understanding of what a dementia diagnosis might mean to them, to have awareness of the services and support offered across Dorset and meet representatives from these services. This would be offered to everyone who has received a dementia diagnosis and to their family and friends supporting them;
- A new initiative ‘Carer Emotional Wellbeing workshops’ to be offered for all family carers of those living with dementia. These training sessions over a number of weeks would offer education around dementia, developing personal resilience and managing carer stress;
- Formally commissioning ‘Dementia In-Reach’ services into the West of Dorset (this service had only been commissioned in the East of Dorset) to ensure the whole of Dorset is covered. This service would offer dementia education to care homes and community hospitals particularly around behaviours that challenge others;
- Community Mental Health Teams for older people to work within locally based teams across Dorset continuing to cover both dementia and other mental illness. These teams will include working closely with Dementia Co-ordinators to ensure if patients need more assistance then services are more aware and responsive;
- Providing a Crisis Helpline through the new Connections service provided by Dorset Healthcare and patients/family carers would be referred to appropriate service;
- Formally commissioning and expanding the ‘Dementia Intensive Support Service’ (previously known as Intermediate Care Service for Dementia) into the West side of Dorset so all of Dorset is included. This service offers intensive support and treatment in the person’s own home/residence to those experiencing a **crisis** for a

period of up to six weeks and to try to maintain the person in their own home if possible. Furthermore, this service offers the gatekeeping role to the Dementia Specialist Inpatient beds as a means of preventing admissions where possible;

- Revising the model of care within Melcombe Day Hospital in Weymouth to align to the same approach as Haymoor Day Hospital in Poole. Day hospital provision would be integrated as part of the Intensive support service offering support and a safe place during daytime for those in a crisis and as a means of enabling people to remain in their own homes;
- Offering one dementia specialist inpatient unit based at Poole in order to try to ensure successful recruitment and sustainability of specialist registered staff. Travel costs and accommodation support would be offered to those family carers needing to travel from the West of the county. This unit will be supported by various other 'Step up or Step down' provision across the whole of Dorset based in care homes and community hospitals as a means of ensuring different levels of care are available for those potentially requiring an admission from the dementia specialist unit or requiring discharge.

5.2 Whilst the original plan for this review was to achieve the changes within the current budget. Option B will require extra investment of an estimated £670,000 both to develop the new services and would require recruiting significantly more dementia staff.

Anticipated Benefits

6.1 The anticipated benefits from this option would be:

- People will experience a smoother and quicker diagnostic process and receive post diagnostic support from diagnosis to end of life;
- People will be supported to live well with dementia, have more responsive services which may prevent some crisis;
- More choice and support for people living with dementia through an increased range of community options including education and support for carers;
- More efficient and cost effective services;
- Greater compliance with NICE Standards;
- Reduced inpatient admissions and system wide cost savings.

Consultation plan

7.1 The Consultation Plan is attached in Appendix 1. Subject to meeting the formal assurances public consultation is being planned to commence after purdah from late May until the end of July 2019. (see Figure 7 below for summary of delivery plan)

7.2 The consultation will include a mixed methodology and wide advertising. This will include an online survey; a consultation document including a questionnaire; an Easy Read version; an animation video explaining the review and the proposals. These will be promoted at various drop in events held across Dorset during daytime and

evenings where staff will be available to answer queries. Outreach to existing groups, staff meetings and events will also be included.

- 7.2 A Project Champion Group has been meeting to advise us on appropriate public facing documents. Bournemouth University Market Research Group has been commissioned to offer external evaluation of the consultation and to produce a final report.

Figure 7. Consultation Summary

Task	Feb/ Mar	Apr	May	Jun	Jul	Aug/Sep t
Develop and prepare resources with Project Champions						
Plan and prepare communications and consultation methods						
Communications to media, stakeholders, public						
Consultation commences – online questionnaire, drop in events, feedback from questionnaire, outreach to carer and staff groups						
Consultation results collated and thematically analysed						
Consultation evaluation report drafted and finalised						

Next Steps

- 8.1 A Sense Check meeting was held with NHS England and the Clinical Senate on 17 September 2018. Stage 2 Assurance has been signed off to progress by NHS Dorset CCG and the Health and Wellbeing Boards. The dates are currently being arranged.
- 8.2 The Strategic Outline case has been approved by the Mental Health Programme Board, Clinical Commissioning Committee and Clinical Reference Group. It is being tabled for final approval at the Governing Body Board in March 2019.



**Dorset
Clinical Commissioning Group**

**Dementia Specialist Services Review
DRAFT Consultation Plan January 2019**

ANNEX NO 9

January 2019



Project Name:	Dementia Services Review – Consultation Plan		
Date:	May 2018	Release:	
Author:	Diane Bardwell/Jane Austin		
Owner:	Mental Health Programme		
Project Sponsor:	Sally Sandcraft		
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Revision N ^o	Date	Summary of changes	Author
0.1	8.5.18		Jane Austin
0.2	2.11.18	Updated to reflect consultation timeline change 2019	Jane Austin
0.3	10.1.19	Updated to include developments on EIA and evaluation planning	Jane Austin/Sara Bonfanti

Approvals			
Revision N ^o	Name	Job Title	Date
0.1			

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1. Purpose

- 1.1 NHS Dorset Clinical Commissioning Group (NHS Dorset CCG) vision, and its local authority partners, is for people with dementia and their family/carers to be helped to live well with dementia, no matter what the stage of their illness or where they are in the health and social care system.
- 1.2 The purpose of this document is to define the consultation stage intentions and proposals to ensure:
- A co-production approach is taken with key stakeholders;
 - Core messages are aligned across all channels;
 - Activity and messages are timely and informative;
 - Stakeholders and local communities are engaged in the review and have an opportunity to feedback and inform throughout;
 - NHS Dorset CCG, NHS and partners' reputations are managed;
 - Compliance with legal duties to involve, consult and report.

2. Consultation approach

- 2.1 The purpose of the consultation is to consult with all stakeholders on the proposed model options of the dementia services review to develop the Business Case.
- 2.2 The consultation objectives are to:
- take an approach of co-production ensuring stakeholder support throughout the consultation;
 - ensure that all communications are open, honest and transparent;
 - communicate consistent messages to all stakeholders;
 - ensure stakeholders, including service users, carers, staff and the public have opportunity to give their views on the proposed model options;
 - provide a range of opportunities to be involved regardless of who you are and where you live;
 - provide the consultation information in clear and simple language and a variety of formats to make sure everyone can access it;
 - use the feedback received to inform decision-making;
 - share the feedback received during consultation with local people;
 - ensure that Health Scrutiny Committee is fully informed and kept up to date on the progress of this review.
- 2.3 Each project stage will be carefully project planned. This stage will include:
- Development of a comprehensive consultation plan detailing public events, outreach groups, media, social media promotion, video development and website with persons responsible;
 - Re-establish the Project Champion Advisory Group including people using services and carers;
 - Gather feedback from service users, carers and staff on service model design options;

- Gather feedback from other stakeholders involved with dementia services such as GPs, Social Workers, Care homes and Domiciliary care.

- 2.4 The consultation will be taken forward with a co-production approach led by the Project Board ensuring people living with dementia and their informal carers are consulted with appropriately.
- 2.5 The Dorset Dementia Partnership and Project Champion Advisory Group will advise on effective methods of communication and consultation with people living with dementia and their carers.
- 2.6 The timescale for the consultation is 8 weeks, commencing from mid summer. It is planned for the final consultation report to be published in the autumn of 2019. For full detail of project plan see appendix 1.

Task	Feb/ Mar	Apr	May	Jun	Jul	Aug/Sept
Develop and prepare resources with Project Champions						
Plan and prepare communications and consultation methods						
Communications to media, stakeholders, public						
Consultation commences – online questionnaire, drop in events, feedback from questionnaire, outreach to carer and staff groups						
Consultation results collated and thematically analysed						
Consultation evaluation report drafted and finalised						

- 2.7 At the start of the dementia services review, stakeholders were identified who should be informed and involved in the review. The process included stakeholder mapping to identify stakeholders the CCG has or should have a relationship with and the rationale for engaging with them.
- 2.8 The consultation will reach out widely across all identified audiences across Dorset's geography, demography and diversity – providing information and opportunity for involvement to patients, carers, staff who deliver health and care services, local residents, organisations, diverse communities and groups to help to inform decision-making about what changes are proposed for dementia services in Dorset.
- 2.9 During the consultation a wide range of methods will be used to ensure that the greatest number and widest range of people from across the population of Dorset have the opportunity to be involved. This will include staff that work within the NHS.

- 2.10 The CCG will aim to reach as many people as possible through targeted channels. Methods and materials will be made as accessible as possible and in different languages. Recognition will be given to the diversity of audiences. The CCG will follow the principles of the NHS Accessible Information Standard.
- 2.11 A draft version of the consultation document will be shared with key stakeholders for comment.
- 2.12 Consultation activity and methodologies will be co-designed with the Dementia Project Champions in line with national best practice guidance.
- 2.13 The CCG will continue to work closely with the five NHS Trust providers, three local authorities, GP members and the voluntary sector to support them to cascade information to their internal and external audiences.
- 2.14 Consultation methods, materials and promotion will be described in detail in the Consultation Delivery Plan. This plan is supported by a detailed consultation action plan which is a live document and will be updated regularly.
- 2.15 The consultation activity will be led internally by CCG staff, with external support as appropriate from partner organisations.
- 2.16 The Market Research Group, Bournemouth University, will undertake hosting the online questionnaire and processing of written questionnaires, and the consultation analysis.
- 2.17 All staff involved in consultation will be given the tools to develop their skills and confidence in communicating consultation messages to wider audiences.
- 2.18 A budget has been set to support the delivery of consultation activities.

3. Communications

- 3.1 A detailed communication plan will be developed in conjunction with the Dementia Partnership and the Project Champion Advisory group.
- 3.2 To ensure the most effective level of communication during the consultation, the communication procedures/methods to be used should include updates and key reports through:
- Dorset Dementia Partnership Meetings;
 - GP Bulletin;
 - NHS Dorset CCG Public website and other stakeholder websites;
 - Media – press releases to attract local newspapers and radio. Social media promotion;
 - Through stakeholder networks.

4. Consultation risks

- 4.1 A number of risks have been identified which may have a detrimental effect on levels of public engagement and responses to the consultation process. These are;
- lack of awareness or engagement
 - consultation fatigue
 - lack of resources
 - due to the fact the CCG is going out with a preferred option there is the risk that the public will believe that decisions have already been made and that therefore this is not a meaningful consultation
 - quality versus quantity of responses
 - unbalanced media reports
 - failure to react to campaigners and protesters who seek to spoil the debate.
- 4.2 For each risk, the CCG has mitigations to minimise the impact on the consultation.

5. National guidance

- 5.1 All engagement, consultation and communication throughout this review will ensure NHS Dorset CCGs/Dorset HealthCare and the Local Authorities' legal requirements to consult about the way the NHS and Social Care is operating and about any proposed changes are followed. The duties particularly focus on:
- Consulting patients and the public;
 - Consulting the local authority Overview and Scrutiny Committee.
- 5.2 Throughout the communications and engagement activity for the consultation, the partnership of organisations will abide by the following legislation:
- **Health and Social Care Act 2012**
- 5.3 The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution and to promote awareness of the NHS Constitution.
- 5.4 Health Commissioners must involve and consult patients and the public:
- in their planning of commissioning arrangements in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
 - in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- 5.5 The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Health Overview and Scrutiny Committees (HOSCs) on any proposals for a

substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

- **The NHS Constitution**

5.6 The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

5.7 Commissioners will ensure that the duties required in legislation are met and that patient, the public and stakeholders have the opportunity to have meaningful input in shaping future health services within the scope of the programme.

5.8 In undertaking public consultation, the CCG ensure that it is clear to public, patients and stakeholders what they are able to shape or influence and what areas are set due to national policy or safety reasons.

- **The updated Government Consultation Principles 2018**

<https://www.gov.uk/government/publications/consultation-principles-guidance>

5.9 The government has published a revised set of government consultation principles. These principles give clear guidance to government departments on conducting consultations. They have amended the principles in the light of comments from the Secondary Legislation Scrutiny Committee and to demonstrate the government's desire to engage more effectively with the public.

5.10 The principles include using more digital methods to consult with a wider group of people at an earlier stage in the process, making it easier for the public to contribute their views, and to try harder to use clear language and plain English in consultation documents.

- **The Equality Act 2010**

5.11 The Equality Act 2010 unifies and extends previous equality legislation. The characteristics that are protected by the Act are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity,' and c) foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

- **The Gunning Principals of Consultation**

5.12 The four 'Gunning Principals' are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

- 5.13 **Consultation must take place when the proposal is still at a formative stage:** Decision-makers cannot consult on a decision that has already been made. If the outcome has been pre-determined, the consultation is not only unfair, but it is also pointless.
- 5.14 This principle does not mean that the decision-maker has to consult on all possible options of achieving a particular objective. A decision-maker can consult on a 'preferred option', and even a 'decision in principle', so long as its mind is genuinely open - 'to have an open mind does not mean an empty mind.'
- 5.15 If a decision-maker has formed a provisional view as to the course to be adopted, or is 'minded' to take a particular course subject to the outcome of consultations, those being consulted should be informed of this 'so as to better focus their responses'.
- 5.16 **Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response:** Consultees should be made aware of the basis on which a proposal for consultation has been considered and will thereafter be considered. Those consulted should be aware of the criteria that will be applied when considering proposals and what factors will be considered 'decisive' or 'of substantial importance' at the end of the process.
- 5.17 **Adequate time must be given for consideration and response:** Unless statutory time requirements are prescribed, there is no necessary time frame within which the consultation must take place. The decision maker may adopt a policy as to the necessary time-frame (e.g. Cabinet Office guidance, or compact with the voluntary sector), and if it wishes to depart from that policy it should have a good reason for doing so. Otherwise, it may be guilty of a breach of a legitimate expectation that the policy will be adhered to.
- 5.18 **The product of consultation must be conscientiously taken into account:** If the decision-maker does not properly consider the material produced by the consultation, then it can be accused of having made up its mind; or of failing to take into account a relevant consideration.
- 5.19 Under the Care Act 2014 local authorities now have a statutory duty relating to market shaping of social care provision. That duty relies on local authorities knowing their communities, and their care and support needs, and expectations. The Care Act also puts a legal duty on local authorities providing information to their citizens about care and support services.

6. Consultation Plan

- 6.1 The consultation approach will be developed in conjunction with the Dementia Partnership and the Project Champion Advisory Group.
- 6.2 Consultation methods to be agreed by the Dorset Dementia Partnership and Project Champion Group to include;
- Questionnaire and summary leaflet widely shared, distributed and promoted (returnable freepost)
 - Online questionnaire using Survey Monkey
 - Easy read documentation
 - Outreach to existing groups, staff meetings and events
 - Drop in and pop up events across the county

- A video giving an overview of the model option available to the events and on line
- 6.3 Advice will be sought from the Project Champions on the design, wording, font and colours of the questionnaire, summary leaflet and consultation document. Documents will be available on request in different languages, braille or through audio.
 - 6.4 The Project Champions advised in the view seeking phase that emotional support would be needed at events for service users and carers. This approach will be used for the consultation events.
 - 6.5 Staff involved in providing care and support to people with dementia and working within dementia specialist services will have the opportunity to be involved in the consultation and complete the questionnaire. There will be outreach staff groups during the consultation period.
 - 6.6 To enable carers to be involved in the consultation there will be outreach to existing groups for example over 50 plus forums, carer groups, learning disability forums and lunch clubs. Pop ups in day centres, food banks, market days, agricultural shows and libraries have been highlighted as ideal arenas to consult with the public.
 - 6.7 To enable people with learning disabilities to be involved in the consultation there will be outreach to Learning Disabilities forums in Dorset and easy read documentation available.
 - 6.8 The consultation drop in events will follow a similar format to the Acute Care Pathway consultation event remit. The meetings will be open for anyone to attend. These meetings would be held for two and a half hours and give information about the preferred model option. Participants would have opportunity to read the summary document, watch the animation and discuss the proposed model of care with informed facilitators and be invited to complete the questionnaire giving their views with assistance offered if necessary.
 - 6.9 There will be a video developed giving an overview of the preferred model option to play at the drop in events and have available on the Dorset CCG website and linked to partner organisations. The Project Champions will have opportunities to advise on the narrative and visual effects.
 - 6.10 The view seeking and engagement events were held in 11 localities across Dorset and for continuity and to give as many participants as possible the opportunity to attend it is suggested the same areas are used for the consultation and to include evening sessions to allow working people to attend.
 - 6.11 Project Champions will be asked to agree on methodologies to engage with various communities such as the Chinese forum and other groups with protected characteristics as noted in the Equality Impact Assessment.
 - 6.12 In collaboration with the CCG, the Market Research Group (MRG) will design a paper and online survey relating to proposals to change the delivery of Dementia services across the county. MRG will host the online survey on their own secure server and provide the CCG with an online link to the survey for distribution.

7. Analysis and evaluation

- 7.1 The Market Research Group (MRG) at Bournemouth university will carry out with the evaluation of data and produce the final report to ensure validity and external independence for the publication of the Consultation results document.
- 7.2 The MRG will produce an interim report and an overview of respondents which will enable the CCG to target under-represented areas and communities in the second part of the consultation.
- 7.3 Data will be qualitative and quantitative to ensure richness of data and the analysis will be available in a public consultation results report.
- 7.4 Development of consultation document including survey questions being written to ask questions on the preferred model diagnosis pathway, day hospital use and the number of specialised beds.
- 7.5 On conclusion of the analysis work MRG will produce a final interpretive written report which will be publically available. The report will be used to inform the Decision Making Business Case, on which the Governing Body's final decision will be based. The CCG will be explicit about the decision-making process.
- 7.6 The CCG website will be regularly updated at each stage of the consultation and decision-making process.

Appendix 2 – High level consultation delivery plan

The following plan has been developed in accordance with national best practice guidance. It has also been informed by the co-design work with Dementia champions and the Dementia Partnership board. This plan will be supported by a detailed consultation action plan.

Action	Description	Purpose	Audiences
Production of consultation materials	<p>A range of materials will be produced to support the consultation, in line with NHS England's Accessible Information Standard, including (but not exclusively):</p> <ul style="list-style-type: none"> • Consultation Document • Consultation Questionnaire (with freepost address). Also in Easy-Read. • Posters, flyers, z-card and pull up banners. • Videos. • Top level messages guide for staff. • Web based and digital/social media material (see below) • Information will be available in other translated formats, languages and audio version on request. 	To provide clear accessible information in a number of formats to inform people about opportunities for information and involvement, where consultation documents are available and to enable local people across Dorset's geography, demography and diversity to play a meaningful part in the public consultation.	General public— including diverse, and seldom heard communities and groups.
Distribution of consultation documents, including consultation questionnaire, in health settings	<ul style="list-style-type: none"> • 10,000 consultation documents to be printed. • To be distributed through a wide range of health settings, including GP waiting rooms, hospital waiting rooms, pharmacies, and care homes. • Ask practice managers to distribute documents to local people. 	To raise awareness of the consultation and provide the opportunity to participate amongst current users of health services and their carer.	<p>General public, patients and carers.</p> <p>NHS staff, volunteers.</p> <p>Care home staff.</p>
Distribution of consultation documents including consultation questionnaire through community and other settings.	<ul style="list-style-type: none"> • The consultation documents will be distributed through a wide range of community and other settings including e.g. town halls, libraries, sports and leisure centres, Citizen Advice Bureaus, transport hubs, job centres, sheltered housing, etc. • Link with Bournemouth and Poole Councils for Voluntary 	To raise awareness of the consultation and provide the opportunity to participate amongst current and potential users of dementia services and carers.	General public, working well, seldom-heard groups, volunteers, community leaders.

Action	Description	Purpose	Audiences
	<p>Service, Dorset Community Action, Dorset Volunteer Centre, Access Dorset and DAPTC (agreeing distribution plan)</p> <ul style="list-style-type: none"> • Link with social care teams (agreeing distribution plan). • Explore opportunities to distribute through other existing avenues like Fire and Rescue community teams etc. • Consultation document uploaded onto the CCG public website and Dorset's Vision website. 		
<p>Include article in the CCG "Feedback" news e-bulletin and other partner organisations newsletters</p>	<p>Include an article in the CCG's "Feedback" bulletin, linking directly to the consultation document</p> <p>Include an advert partner organisations news bulletin, linking directly to the consultation document</p>	<p>To raise awareness of the consultation, provide the opportunity to participate and continue the engagement 'journey' with people with an interest in or involvement with Dorset CCG and local health services.</p>	<p>Public, patients and carers. Informed audiences.</p>
<p>Locality Based Drop in Events</p>	<p>11 drop in events to be held in the morning or afternoon at:</p> <ul style="list-style-type: none"> • Christchurch • Ferndown • Wimborne • Swanage • Shaftesbury • Dorchester • Poole • Bournemouth • Weymouth • Bridport • Blandford <p>Emotional support will be provided at events for service users and carers.</p>	<p>To provide opportunity for information and involvement across Dorset. Display and film information will provide a clear background and overview, staff will be on hand to answer questions on the consultation and/or consultation document.</p>	<p>General public.</p>
<p>Locality based pop-ups – manned</p>	<ul style="list-style-type: none"> • Locality based manned pop-up information stands across Dorset. Staff will be on-hand to provide introductory and background information and opportunity to take part in the consultation. • Areas of high footfall will be selected. 	<p>To actively promote consultation across Dorset and provide opportunity for information and to ask questions.</p>	<p>General public.</p>

Action	Description	Purpose	Audiences
Opportunity across diverse organisations and communities	To liaise closely with organisations such as Dorset Race Equality Council, Access Dorset, Dorset's LGBT Advisory Group, etc. to produce a schedule of opportunities for information and involvement – visiting existing meetings / convenient locations – going to where they are	To reach out to people across Dorset's demography and diversity (all protected characteristics) – providing accessible opportunity for information and involvement.	General public, reaching out across Dorset's diverse groups (all protected characteristics) and communities (including the gypsy Romany community and armed forces).
Learning disability events	To liaise closely with organisations such as Bournemouth People First, Poole Forum etc. to produce a schedule of opportunities for information and involvement – visiting existing meetings / convenient locations – going to where they are.	To provide opportunity for information and involvement in ways that are clear and accessible to people with learning disabilities.	People with learning disabilities, their families, support workers and carers.
Communication and activities targeting the Working Well	<ul style="list-style-type: none"> Many of the activities and methods within this plan will be accessible to the working well. This will include CCG and partner organisations staff. To advertise opportunity for involvement through local working groups such as Dorset Chambers of Commerce and their media/social media. 	To provide information and opportunity for involvement to the working well.	The working well across Dorset.
Communications and consultation with Civic Leaders	<ul style="list-style-type: none"> Attendance at Health and Overview Scrutiny Committees MP briefings 	To ensure Civic Leaders are kept fully informed across the consultation. To present all opportunities for public consultation, provide opportunity to participate and to encourage onward communications of consultation opportunities.	Dorset's civic leaders and the general public.
Communication and consultation with CCG Membership	<p>Regular updates to be provided at all of the following meetings,</p> <p>Membership:</p> <ul style="list-style-type: none"> Locality meetings GP bulletin <p>Governing Body:</p> <ul style="list-style-type: none"> Governing Body Meetings 	To ensure CCG Membership is kept fully informed across the consultation. To present all opportunities for public consultation and encourage onward communication of consultation opportunities.	CCG Membership

Action	Description	Purpose	Audiences
	<ul style="list-style-type: none"> Clinical Reference Group Clinical Commissioning Committee 		
Communication and consultation with Health and Social Care Staff	<p>NHS and local authority staff</p> <ul style="list-style-type: none"> staff bulletins intranets Information to be provided before and across the consultation period. Materials and literature provided to Communication and Engagement Leads for onward use by managers and workforce leads to inform and encourage staff involvement <p>Practice Managers and practice staff</p> <ul style="list-style-type: none"> Materials and literature provided to inform and encourage staff involvement via Practice Managers meetings, locality GP meetings, GP bulletin 	<p>To ensure staff are kept fully informed across the consultation. To inform and encourage involvement and challenge to involve family and friends in consultation.</p> <p>Information for CCG staff and practice managers to support public messages when they are involved in public consultation work/events.</p>	<p>CCG staff.</p> <p>Partner/provider organisations</p>
Communications and media including digital media (also see below)	<ul style="list-style-type: none"> Regular release of proactive media stories in order to ensure information about the consultation and forthcoming events will be featured in a range of local and regional print, radio, television and online media outlets. Releases will also be sent out at key milestones throughout the consultation i.e. halfway through, one week to go. Reactive media work will also be undertaken. 	<p>To raise awareness of the consultation through broadcast, print and online media channels.</p> <p>We will ensure that public events are supported by spokespeople who are accessible and approachable and sufficiently informed to engage in meaningful conversations with key audiences.</p> <p>Spokespeople will be properly briefed and trained, if necessary.</p> <p>To provide reminders of the consultation and time remaining during the consultation.</p>	<p>General public, media partners, NHS staff and online communities</p>

Action	Description	Purpose	Audiences
Implementation of digital media plan	<p>Develop online Dementia Services Consultation pages on the Dorset's Vision website:</p> <ul style="list-style-type: none"> • Develop the pages as a consultation tool. Update information and functionality to support the public to make an informed decision and provide easy access to relevant information. • Content to be reviewed and updated regularly to share latest news and events. <p>Animation/video</p> <ul style="list-style-type: none"> • To develop a consultation video/animation to support the public in making an informed decision. <p>Social Media Strategy</p> <ul style="list-style-type: none"> • We will implement a social media strategy with a content and digital resource plan so that we can maximise our online presence, ensure timely and consistent two-way conversations, provide opportunity to respond to questions raised, optimise opportunities to reach online communities (especially those who use social media as their primary means of engagement). • Use social media as a priority communication and engagement tool. To provide regular information about the consultation including promotion of events taking place and ways people can get involved on Facebook and Twitter. • To use Facebook and Twitter paid for advertising to segment and target messages to appropriate audiences, including harder to reach groups. 	<p>To provide information about the review and the opportunities about how to participate.</p> <p>To drip feed small 'bite-sized' chunks of information about the consultation.</p> <p>To provide timely updates throughout the consultation period about consultation activity taking place.</p> <p>Raise awareness of the consultation.</p> <p>Provide information and facts in a simple way to help inform decisions.</p> <p>Increase event attendance.</p> <p>Reach the seldom heard.</p> <p>Build our audience.</p>	<p>Online communities, special interest groups, campaigners</p>

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