

DESCRIPTION OF THE PRACTICE

1. Title of the practice

Living well with Dementia in England

2. Organisation responsible for the practice

Sefton Metropolitan Borough Council, United Kingdom

3. Contact person(s)

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4. Summary of the practice

The initiative covers the Borough of Sefton, in north-west England, and is composed of a number of strands which contribute to developing the workforce and providing support for individuals living with dementia and their carers.

The first strand is the delivery of a comprehensive programme of dementia training which can be accessed by employees of the council, providers of services, carers and family members and partner agencies including the voluntary, community and faith (VCF) sector.

The second is the Dementia Provider Forum which meets four times per year and includes representatives from Sefton's care provider sector, the local authority, health sector, carers and the VCF sector. The Forum enables the sharing of best practice and has supported initiatives such as a "Memory Box" scheme provided by the libraries and more recently the recording of reminiscence materials in an initiative called "Forgotten Voices".

The third strand is the training of "Dementia Friends". To date 36 Council staff have been trained and six volunteers are to be trained as Dementia Champions. As part of their commitment, the Champions will train a further 100 Dementia Friends.

The initiative was implemented in line with the Dementia Strategy and in response to the fact that Sefton is experiencing a continued increase in the proportion of older people in its population. A natural consequence of this will be an increase in the numbers of those who are living with dementia.

The initiative aims to support an informed and effective direct care workforce and an increase in public and professional awareness and understanding of dementia.

5. National/regional/local context of the practice

All the initiatives link to "Living Well with Dementia: A Strategy for Sefton 2014-2019". The strategy is aligned to the National Dementia Strategy 2009 and the updated NICE/SCIE guidance March 2013 "Supporting People with Dementia and their Carers". More recent drivers have been the Prime Minister's Dementia Challenge 2012 and the Dementia Action Alliance's National Dementia Declaration for England.

6. Staff involved

Staff from the following organisations have been involved in the practice:

- Sefton Council
- NHS Southport and Formby CCG, NHS South Sefton CCG, NHS Liverpool Community Health Trust
- Merseycare NHS Trust, Southport and Ormskirk NHS Trust, University Hospital Aintree NHS Foundation Trust
- Sefton Carers Centre
- Sefton CVS, Sefton and Liverpool Age Concern, Sefton Pensioners Advocacy Service
- Alzheimers Society
- One Vision Housing

7. Target group

All staff who work with older people and adults with learning disabilities. The wider workforce in universal services such as library and leisure centre staff who provide activities and interact with individuals and their carers.

8. Aims of the practice

The aims are to promote better outcomes for those living with dementia by training a workforce who understand the needs of individuals and their carers, who can communicate appropriately using resources and aids to support communication, and who are able to support people to enjoy life to the full.

To this end a wide range of activities have been developed by the library service, the Carers Centre, care providers and by the voluntary and community sector.

9. Issues for social services

Service Integration/ Cooperation across services	x	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	
Prevention and rehabilitation	x	Participation of service users	x	Volunteering	

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)		Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	x

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro level practice:* practice that involves individuals at local level
- *Meso level practice:* practice that involves organisations or communities
- *Macro level practice:* practice that involves large population groups

Meso level practice: The practice involves various organisations in the local area

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management:* shared between large partnerships, often of central, regional and local representation
- *Organisational management:* by one organisation
- *Professional management:* managed by a single person
- *Shared management:* shared with no defined leadership

Organisational management: Leadership for the project has come from within the Council, specifically from within Adult Social Care, Contracts and Commissioning, and Learning and Development.

Councillor Cummins, the Cabinet Member for Older People, has provided leadership in the production and delivery of the Dementia Strategy.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice:* individuals have sought practice change
- *Network approach:* one or more organisations develop a network
- *Collaborative approach:* large collaboration with relevant stakeholders

The stakeholders were involved in the production of the strategy for Sefton through the Dementia Alliance. Stakeholders who deliver services for individuals and their carers were invited to join the Dementia Provider Forum, this was initially done through an open event and invites are maintained by Sefton's Contracts and Commissioning section.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement:* service users and carers were part of the practice team
- *Consultative:* a consultative body of users was set up for an on-going dialogue and feedback
- *Involvement in care:* person-centred approaches to care/support

Service users have been involved through user-led organisations such as Sefton Pensioners Advocacy Service, and through the involvement of carers and other representatives.

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

In the initial stages of the project, in 2013, some costs were met through a Skills for Care Innovation Fund bid of £10,200. This paid towards the production of the Memory Boxes and the delivery of some of the training, including bespoke training for library staff. Training has been funded directly by the Adult Social Care Training Budget. In 2015/16 a charge was introduced for the training (unpaid carers are excluded from these charges).

Other necessary resources have included members of the Learning and Development team, Contracts and Commissioning team, Library staff, Dementia Champions and Dementia Friends.

Physical resources were required to support the training.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and a quantitative approach
- *Single method:* qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records, and/or other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

Multi-method: The outcomes of the first round of training and the Memory Boxes were evaluated by Skills for Care in 2013. The outcomes continue to be evaluated through the Dementia Provider Forum, through formal evaluation of training and through informal feedback.

An example of informal feedback would be organisations or individuals who have borrowed the Memory Boxes giving feedback to library staff.

Data on training attended is recorded and reported on annually. Evaluation forms are completed after each event and these are summarised and evaluated.

Data has been analysed by the Learning and Development team and adjustments made to the programme of delivery as a result. The initial programme of training was found to be overly complex with too many different training topics. The numbers attending decreased as people progressed through the programme. The outcome of the analysis was to reduce the number of different sessions down to three key elements: awareness, communication and behaviours.

17. Measurable effects of the practice and what it has achieved for...

Service users	With the training of Dementia Friends, individuals accessing universal services will feel better supported in using those services as their dementia progresses. For the individual service user, it means that those around them demonstrate a good level of understanding and support them to feel included, make decisions and lead an enjoyable life.
Formal care givers	Overall the initiatives raise awareness and help improve ways of working with individuals living with dementia. For both formal and informal care givers their knowledge and skills are increased so as to help them to understand individual needs and respond in a person-centred way.
Informal carers	
Organisations	Co-operation between all partners whether statutory, private or not-for-profit sectors worked well.
Other	n. a.

18. Anticipated or 'aspirational' effects of the practice and what it has achieved for...

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

Service users	n. a.
Formal care givers	n. a.
Informal carers	n. a.
Organisations	n. a.
Other	n. a.

19. How the practice has changed the way the service is provided (lessons learned)

- Communication between organisations is key.
- Transparency and sharing of good practice are important.
- A commitment to improving the quality of life for those living with a dementia and their carers is essential.

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- *Potential for sustainability:* practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward
- *Established:* the project has been operational for several years

Potential for sustainability: The training is sustainable due to the charging policy and the continued support of training budgets. The Dementia Strategy for Sefton helps to ensure that initiatives are maintained and that inclusive dementia-friendly communities are maintained. There is potential to take learning from all aspects of the initiative.

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

Potential for transferability: The Memory Boxes and Forgotten Voices projects could be replicated elsewhere easily.

22. Further information

[Living well with Dementia: A strategy for Sefton 2014-2019](#)