LIVING WELL WITH DEMENTIA – a National Dementia Strategy

Demonstrator Site Programme
The National Dementia Strategy requires an improved evidence base about the effectiveness of two service models proposed, Objective 4 – Enabling easy access to care, support and advice following diagnosis and Objective 5 – Development of structured peer support and learning, and we are inviting applications for demonstrator sites for these two areas.

Completed applications should be returned by 12:00 on 21 May 2009.

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Executive summary

The launch of the first ever National Dementia Strategy in February 2009 heralded a new chapter in building dementia services that we can all be proud of and that meet the needs of people with dementia and their carers. It is based on the contributions of professionals in many fields; academic experts; public, independent and third sector organisations; but most importantly from people with dementia, their families and carers.

The consultation on the draft strategy demonstrated widespread agreement on what these services should be. However, two themes emerged very strongly from what people with dementia themselves and their carers said they wanted to help them to live well with dementia.

First, they told us that they wanted someone with them on their journey. Too often, people are discharged from NHS or social care when they receive a diagnosis as they may not have the complex needs that services are currently geared up to meet. This means they have to start all over again as their condition progresses and their needs change to get back into the system that should be there to help them. People told us that they want access to reliable information and advice services that can provide continuity throughout the course of the illness. This is where the idea of the dementia adviser service came from.

Second, people with dementia stressed the importance of peer support networks in providing practical help and emotional support. However, such provision is patchy and often cater for much smaller numbers than could benefit.

Both of these proposals make sense but the evidence base is limited. We are therefore pleased to announce this programme of demonstrator sites that is aiming to find out what works best for which groups of people and at what cost.

The NHS and social care must work together and involve other partners to deliver these crucial developments.

David Behan
Director General
Social Care, Local Government and Community Partnerships

Mark Britnell
Director General
Commissioning and System Management
Introduction

The launch of the National Dementia Strategy provides a clear pathway for improving the support provided to people with dementia, their families and carers. It sits within the wider context of the NHS Review, World Class Commissioning, Putting People First and other key strategies relating to Carers and End of Life Care. As its title suggests the emphasis is on Living Well with Dementia throughout the course of the illness, at whatever stage diagnosis is received and in whatever setting the person is living or receiving care.

The strategy will require leadership at all levels – national, regional and local. To support this, regional implementation support teams under the auspices of the Deputy Regional Directors for Social Care are being established to provide diagnostic advice and improvement support to localities to enable them to implement the strategy. They will develop effective links with PCT and SHA leads for the delivery of the Darzi regional visions, some of which include specific pathways for dementia. Similarly, they will make the necessary links with local authority leads to ensure coherence with the Putting People First agenda. There will also be a small national core team to co-ordinate activity, disseminate learning and develop support materials.

The strategy has been developed through an extensive consultative process and a rigorous evaluation of the evidence base. However it requires an improved evidence base about the effectiveness of two service models proposed, namely:

- **Objective 4 – Enabling easy access to care, support and advice following diagnosis.** A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers

- **Objective 5 – Development of structured peer support and learning networks.** The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

There is a lack of good-quality definitive studies available at present from which to choose models with the greatest likelihood of success. There is a need to invest in service model development, piloting and evaluation to generate data upon which to make commissioning decisions. In order to provide this evidence the Department of Health is establishing a demonstrator programme whose specific objective is to provide robust evidence of the effectiveness (or otherwise) of these initiatives.

The purpose of this prospectus is to inform local authorities and their health partners about this initiative to enable them to apply to be a demonstrator site as part of this programme. Applications will need to demonstrate strong partnership working, especially between health, social care and the voluntary and independent sectors. There is also a very strong emphasis on being able to demonstrate an ability to deliver successful projects of this nature.
Part A - Overview

Background

The publication of the National Dementia Strategy provides a real opportunity to make a huge improvement in the support provided to people with dementia and their carers. The main themes in the strategy are:

- Raising awareness - reducing the stigma associated with dementia through a public information campaign, improved training for staff in all settings and good quality information for people with dementia and their carers
- Early assessment and diagnosis - a good quality specialist diagnosis made early in the illness, communicated sensitively and followed by intervention and support as needed
- Living well with Dementia - improving the quality of care for people with dementia in acute general hospitals, at home and in care homes.

Objectives of the Demonstrator Site Programme

The key objective of the demonstrator site programme is to test out whether two service models proposed within the strategy are effective, namely the Dementia Adviser Service and Peer Support Networks.

The expected outcomes of the programme are:

- An overall analysis of effectiveness of each service model
- A more detailed assessment for each model of which variants are most effective, for which people and in which situations
- On the basis of the above, and if the evaluation of effectiveness is positive, the production of guidance and/or service specifications which enable the most effective models to be replicated across the country and help commissioners to make investment decisions. Future funding will be decided in the light of this learning

Demonstrator sites will be expected to be involved in hands-on action learning in order to identify and share the lessons they have learnt with other sites within the programme and with the Department of Health, to enable rapid dissemination to other local authorities, PCTs and third sector organisations within the wider health and social care community. This may include contributing to national or regional workshops with localities that are not part of the programme but may be starting to implement objectives 4 and 5 of the strategy.

Service Models

The strong message from people with dementia, their families and carers during the consultation on the National Dementia Strategy is that they want to be in control of their lives. They want an early diagnosis and to be helped to access the information and support they
need to get on with living with dementia. Two key elements of the package of measures set out in the Strategy are, therefore, the Dementia Adviser Service and Peer Support Networks. Evidence already exists about the value of self-help, peer support and information services for a variety of people and groups. However, the demonstrator sites need to examine what works best for people with dementia, their families and carers and provide clear evidence about cost effective solutions.

Below are descriptions of the Dementia Adviser Service and Peer Support Network recommendations from the National Dementia Strategy, which will be tested through demonstration projects.

Initial scoping suggests that there are a number of ways of configuring Dementia Adviser Services or Peer Support Networks. The following provides a broad definition of each service model and outlines some of the varying ways in which they might be delivered.

**Dementia Adviser**

Current evidence suggests that people with dementia, their families and carers struggle to access the information and services they need at the time they need them.

Sometimes this is because there is little support available following diagnosis. The National Dementia Strategy sets out how we can start to fill that void. However, information about dementia and services that are currently available to help people across local communities is often poorly understood, stored or communicated. As a result, intervention is often late, in a crisis or does not happen at all.

One of the solutions identified by people with dementia, their families and carers is access to a local named contact, from the point of diagnosis, who can support the person with dementia and their family to access the information and advice they need throughout their lives. Evidence about models of social support emphasises the importance of helping people with dementia to learn about their condition as early as possible, in order to empower them to maximise quality of life. Facilitating access to the right information and support to promote self-help is a core objective of the Dementia Adviser Service role that needs to be tested. Current learning also suggests that information by itself is a powerful lever for change, but that information with support leads to far greater impact on the ability of people to adapt to living well with their condition.

A number of information and advice services exist across England that are similar to that proposed as a Dementia Adviser Service within the National Dementia Strategy. However, there is a need for a detailed evaluation of different models of dementia adviser in order to make the economic case for investment; provide evidence of what works and why; and support effective implementation of this proposal.

Applications for demonstrator sites for the dementia adviser role will need to demonstrate that there will be sufficient numbers of people diagnosed with dementia referred to the service to make it viable. This will mean that memory assessment and other diagnostic services will need to be in place.
Through the consultation on the National Dementia Strategy more detail has emerged about the possible role a dementia adviser might perform and how the service might be organised without removing health and social care professionals from front line care. This is set out below:

- A named point of contact for the person with dementia and their carer throughout their journey, so that they are not simply discharged after diagnosis and have to try to re-enter the care system when their needs change
- A provider of tailored information, support and signposting to a range of local and national support services
- Promoting self help, access to information and peer support
- Able to work pro-actively with a significant contact list of up to 200 people with dementia, so not providing “hands on” personal care, case management, specialist advice or emotional support or outreach work, as these roles are already carried out by support workers, Admiral nurses, CPNs and social workers
- Someone with access to and good working relationships across health, social care, community services and the voluntary sector
- Referral would follow a diagnosis of dementia, but could come from a variety of sources
- The service should be accessible to people from a wide variety of communities and must show that it can meet the needs of people from excluded groups and those who face social isolation

Commissioners and providers will need to consider whether the dementia adviser is a service that is already offered, a service currently offered that could be extended, or a completely new service offer.

It is expected that successful bids for demonstrator sites will be based on close collaborative working between health, social care and the voluntary sector, although the role could be provided and managed by any of these partners. Particular issues to be considered in designing the service are its physical location, the host organisation, and its position in the management structure.

It is expected that the dementia adviser service would be accessible to people with dementia, their families and their carers, but that wherever possible the main contact and relationship would be with the person with dementia. The information and signposting service should also be provided face to face (perhaps at a local health or community centre) by telephone, by post and by email.

Beyond this, the Department of Health is not prescriptive about the model of service as long as it can deliver the outcomes detailed in the section below on Measuring Effectiveness.

A detailed service specification will not be provided to localities. The development of a detailed specification will be the responsibility of localities selected for demonstration, although advice can be given by regional dementia development teams on request.
Some of the elements of the adviser service that we hope to understand better through demonstrator sites are as follows:

1. What do people with dementia and carers think of the service?

2. Does the service improve access to information? If so, how?

3. What level of support do people need to be able to access information appropriately and make use of it?

4. How does access to a dementia adviser improve quality of life for a person with dementia and their carers? How can a dementia adviser service most effectively promote early intervention, independence, well-being and choice?

5. How can dementia advisers be most effectively integrated into services, without being the slave of particular elements of the service?

6. Where should a dementia adviser work, where should they be in the management structure and by whom should they be managed?

7. How many people with dementia can a dementia adviser be in contact with and deliver an effective service to? What might a sensible case mix look like?

8. What level of information and signposting can a dementia adviser do without being drawn into more intensive support?

9. What information and tools does a dementia adviser require to perform the role effectively? Which national and local information is most helpful?

10. How can a dementia adviser service be accessible to a wide range of people who may have difficulty accessing services such as people from minority ethnic groups, rural communities, or people with dementia living on their own?

11. What learning and development need to be in place before a dementia adviser can start performing the role and what continuing professional development is required?

12. How can dementia advisers work together to share learning about best practice and provide peer support to each other?

13. What lessons can be drawn from the demonstration work about successful partnership working between agencies?

14. How far is an effective dementia adviser service dependant on other elements of service being in place, e.g. memory service, CMHTs for older people or liaison teams in general hospitals?
Peer Support Networks

Introduction

One of the strongest messages from people with dementia and their carers during the consultation on the National Dementia Strategy was that in many cases contact between other people with dementia and carers - ‘peer support networks’ - can be immensely helpful in providing practical information about living with dementia and emotional support. Peer support networks promote self care, independence, well-being and choice. Currently there is a wide range of peer support networks across England, many of them provided by the voluntary sector, in informal environments such as dementia cafes or carer support groups. Diversity of this provision is part of its strength. However, current peer support networks are at very varied levels of development and quality. In some parts of the country there are none or very few in place and few locations have enough capacity to provide for the level of demand that a more developed service might offer. In addition, it is important to note that much of the current provision is skewed towards carer support. We need to increase our understanding of how we can expand peer support for people with dementia themselves either alongside carer support or in combination with it.

Peer support networks should be designed according to user preference and local requirements. They should aim to achieve the following outcomes:

1. People with dementia have the opportunity to meet regularly with other people with dementia, or;
2. Carers of people with dementia have the opportunity to meet regularly with other carers of people with dementia, or;
3. People with dementia and carers have the opportunity to meet regularly with other people with dementia and carers.
4. An informal learning environment is created which delivers:
   a. Information about dementia
   b. Practical tips about coping with dementia
   c. Social networking opportunities within and without the service
   d. A forum where advice can be given by health and social care professionals and others
   e. Emotional support
   f. A reduction in social isolation for people with dementia and carers, particularly by reducing the stigma associated with dementia
5. Commissioners and providers of services can access an information resource to help them understand local need and develop service responses accordingly.

1. Which models of peer support work best for people with dementia and/or carers?
2. How can peer support most effectively deliver within an informal setting?
3. What type of information do people want to receive through peer support, in what format and when?
4. What are the outcomes of peer support in terms of independence, well-being and choice?

5. What sizes of peer support group are most effective?

6. What level of facilitation do peer support networks require? What requires permanent staffing and what might provide volunteering opportunities?

7. How much capacity do peer support networks need? Is there an optimum capacity?

8. How can transitions in and out of peer support groups be effectively handled?

9. How can peer support networks be most accessible to people from excluded groups and particularly people at risk of social isolation?

10. How can peer support networks be used to inform commissioning decisions and wider service development?

11. What lessons can be drawn from the demonstrator sites about partnership working between agencies, in particular with the third sector?

**Choice of Service Model**

Applications to become part of the programme will be required to state whether they intend to have a demonstrator site on either the Dementia Adviser Role or the Peer Support Networks. It will not be possible to pilot both within the geographical boundary of one demonstrator site. Sites will need to focus on the specific deliverables for the relevant theme to avoid cross contamination of the data for the national evaluation. The Department also wishes to enable as many localities as possible to participate in the programme.

**Measuring Effectiveness**

It is crucial to the success of the programme that it is able to generate clear evidence of effectiveness. To this end, there will be a national evaluation of the programme. All participating sites will be required to make an explicit commitment to participate actively in this national evaluation and to provide agreed data sets.

A detailed evaluation framework is currently under development and will be available soon.

These are some possible measures that may feature in the evaluation framework:

**Outcomes**

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Outcome</th>
<th>Possible measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common to both</td>
<td>Improved choice and control</td>
<td>- better access to information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- better access to support services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- more say over how support is delivered</td>
</tr>
<tr>
<td></td>
<td>Improved quality of life</td>
<td>- self reported status over a range of ‘well being’ domains</td>
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More people with dementia supported to live at home - less incidence of crisis situations requiring health or social care intervention - greater use of community support rather than institutional services - more prolonged interval between diagnosis and use of institutional services - lower incidence of carer breakdown

More efficient use of health and social care services - lower use of crisis response services - less unscheduled contact with social care or primary care

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<thead>
<tr>
<th>Service Model</th>
<th>Outcome</th>
<th>Possible measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific to Dementia Care Adviser</td>
<td>A named point of contact for people with dementia and their carers throughout their journey</td>
<td>Activity data - numbers and profile of people accessing the service&lt;br&gt;User feedback</td>
</tr>
<tr>
<td></td>
<td>Tailored information, support and advice</td>
<td>Activity data - types of information provided and to whom&lt;br&gt;User feedback on quality</td>
</tr>
<tr>
<td></td>
<td>Ongoing contact with a significant number of people with dementia (up to 200)</td>
<td>Activity data - numbers of referrals, contacts and ongoing cases</td>
</tr>
<tr>
<td></td>
<td>Effective networking with health, social care and third sector partners</td>
<td>Activity data - number, frequency and nature of contacts with other partners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Outcome</th>
<th>Possible measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific to Peer Support Services</td>
<td>People with dementia are offered access to a peer support network after diagnosis</td>
<td>Number of people offered access; Compare to local QOF data</td>
</tr>
<tr>
<td></td>
<td>Carers are offered access to a peer support network</td>
<td>Number of carers offered access</td>
</tr>
<tr>
<td></td>
<td>People with dementia receive information and practical tips about living with dementia</td>
<td>User feedback on usefulness&lt;br&gt;Activity data - types of information provided, by what means</td>
</tr>
<tr>
<td></td>
<td>Reduction in social isolation</td>
<td>User feedback</td>
</tr>
</tbody>
</table>
Effectiveness will be determined through a process of assessing the costs required to deliver the above outcomes and comparing this against an appropriate ‘cost / benefit’ calculation, combined with an analysis of the qualitative data gathered through user and carer feedback.

A final evaluation framework will be agreed with each site prior to commencement of the programme. This will allow for the setting of local metrics.

Building the evidence base will require the provision of detailed, accurate and regular performance, cost, activity and user perception data. The ability of sites to deliver this will be a key factor in the selection process.

There are clear links between the demonstrator sites for the national dementia strategy and those proposed for the carers’ strategy. Applicants are encouraged to make links with local bids under the carers’ strategy to ensure synergy and improved outcomes for carers of people with dementia. Applicants should also be aware of other pilot activity in their locality and make similar links.

**Partnership Working**

As set out in the National Dementia Strategy and other previous policy documents, older people’s mental health is “everybody’s business”. There is therefore a clear expectation that applications to become a demonstrator site will be developed jointly by health and social care. Specific criteria are provided later in this guidance note on what is required to demonstrate the required level of partnership sign up.

The strategic involvement of a more diverse range of partners such as the voluntary, community and independent sectors is welcome. Closer working with these partners will help to ensure that their capabilities are brought in to play to provide greater access and choice for service users and carers.

Applicants must be able to demonstrate that they have arrangements in place to involve people with dementia and their carers in delivering and monitoring the proposed services.

**Equality and Diversity**

The National Dementia Strategy is intended to promote access to services that is the same for everyone with a need. The Department has published an equality impact assessment (EIA) to accompany the Strategy, which assesses whether the Strategy will have any adverse effects on any particular group. It also alerts commissioners and service providers of health and social care to the need to monitor the Strategy’s impact on all groups within society and to make changes to mitigate any inequality. Applicants will need to demonstrate that their project has considered the impact on, and needs of, all population groups.

The Equality Impact Assessment is available on the DH website:

Part B - Applying

Eligibility

All English Councils with Social Services Responsibilities (CSSRs) will be entitled to apply for funding on behalf of a local partnership.

Whilst each CSSR will be the responsible authority for submitting an application it is a requirement of funding that proposals have been developed in full partnership with at least one PCT and at least one voluntary sector partner, all of whom must co-sign proposals.

A CSSR is entitled to submit one application only as the administering authority for that application, but may enter into a different partnership covering a different population and led by another CSSR if it wishes.

Resources

It is our intention to fund up to 40 Local Authority-led partnerships, 20 for each demonstrator theme. Funding will be provided to enable pilots to run over the two years as follows:

<table>
<thead>
<tr>
<th>Demonstrator theme</th>
<th>Year 1 2009-10</th>
<th>Year 2 2010-11</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>Dementia adviser service</td>
<td>Up to £1.300m</td>
<td>Up to £2.850m</td>
<td>Up to £4.15m</td>
</tr>
<tr>
<td>Peer support networks</td>
<td>Up to £900,000</td>
<td>Up to £1.9m</td>
<td>Up to £2.8m</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>Up to £2.20m</strong></td>
<td><strong>Up to £4.750m</strong></td>
<td><strong>Up to £6.95m</strong></td>
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Given the significant differences between the two service models (i.e. Dementia Adviser and Peer Support Service), different amounts will be available for each:

- For dementia adviser service demonstrator sites, councils may bid for up to £65,000 in year one and up to £142,500 in year two, up to £207,500 over the two years
- For peer support network demonstrator sites, councils may bid for up to £45,000 in year one and up to £95,000 in year two, up to £140,000 over the two years

There is no expectation that partnerships should apply for the full amount of funding available and some may wish to apply for smaller amounts. Each application will be assessed for value for money with careful consideration given to how the funding requested is appropriate to the population targeted by the proposal. Councils may wish to consider harnessing other resources to match that available through this programme.

Application Process and Timetable

A national panel of key stakeholders, including Deputy Regional Directors for Social Care (DRDs), will select the sites, using agreed criteria based on those outlined in Appendix A.
CSSRs should engage their key PCT and voluntary sector partners from the beginning of the application process.

Applicants will be required to:

- Address the specific criteria set out at Appendix A
- Ensure that the application is approved and signed by the Director of Adult Social Services of the CSSR
- Secure endorsement from the CSSR with administering authority for the proposal and from the PCT and voluntary sector partners
- Develop a detailed proposal setting out how they will deliver the particular service model which they are applying to pilot
- Indicate when they expect to be able to start up the demonstrator site if they are selected

Applications must be received by 10 am on Thursday 21 May 2009. They must be sent electronically using the template at Appendix C (also available at www.dh.gov.uk/dementia) to: dementia.strategy@dh.gsi.gov.uk

Selection Process and Decision

The selection process will include representatives from external organisations and will involve older people and carers. It will ultimately make recommendations to Ministers.

Applications will be short-listed against the application criteria set out at Appendix A.

Final confirmation of the successful bids will be dependant on a satisfactory face to face interview with the relevant DRD or their representative.

We expect to announce the successful bids during Dementia Awareness Week 6-12 July.

Partnerships selected for funding will be required to submit an implementation plan for their project to the Department of Health via their DRD. The implementation plan along with the specific conditions governing the use of the grant will form the basis of an agreement between the demonstration site and the Department of Health and funding will be allocated on this basis.
Part C - Funding

Initial Support

We will be holding two briefing events to support the application process - one in Manchester on Monday 20 April and one in London on Wednesday 22 April. Further details and information about how to book a place will be posted at the following website: www.DHcarenetworks.org.uk/dementia

This briefing event will provide an opportunity for potential applicants to clarify the detail about the application process and the overall aims of the demonstrator programme.

We recognise that it may difficult for some authorities to send a representative to attend these events. We will produce some Frequently Asked Questions to assist.

Ongoing Support for Pilot Projects

The Department of Health, through its regional structures, will offer support to the successful applicants with implementing their projects. Support will include:

- Peer support through a named regional contact for each pilot site
- Opportunities for shared learning and solving difficulties through a Project Leaders’ Network (PLN) of all the successful sites
- Provision of timely information and advice through a dedicated website facility
Appendix A

Assessment Criteria

This table sets out the criteria that we will apply when assessing applications. Criteria 1 and 2 have the highest weightings.

Criteria 1: Clarity of service specification: The proposal sets out clearly its approach to interpreting and delivering the service model. This will include all the elements which would be expected in a quality specification for commissioning a service of this nature (e.g. details about staff roles and responsibilities; quality standards; relationship to care pathways; and the involvement of users and carers).

Criteria 2: Delivery: There is evidence that the partnership has a well-developed approach to delivering service change projects, with a good history of success. Points which will be addressed include:

- a clear understanding of project management principles and their application within the participating organisations;
- The robustness of the proposals within the application for ensuring delivery of the project within the required timescales;
- Evidence of appropriate management and governance arrangements for the actual service (as opposed to project management arrangements);
- Evidence of effective data collection and performance management structures and capacity.

Criteria 3: Outcomes for people with dementia: It is clear how the proposal will result in improved outcomes for local people with dementia.

Criteria 4: A robust partnership: There is evidence of effective joint working between health, social care and the third sector.

Criteria 5: Engagement of people with dementia and their carers: There is evidence that local people with dementia and carers will be involved in the delivery and monitoring of the proposal.
Appendix B

Standard Conditions for any Award

Basis on which funding will be awarded - for you to note and observe

a. The grant is awarded at the discretion of the Secretary of State under section 31 of the Local Government Act 2003. It is recoverable to the extent that it is not used for the purposes for which it is given, and the right is reserved to discontinue the grant before it is paid in full.

b. No aspect of the activity being funded by the Department should be party political in intention, use or presentation.

c. In carrying out the activity, your organisation and anyone acting on its behalf, must comply with the law for the time being in force in the United Kingdom. Your attention is drawn in particular to the need to avoid committing any act of discrimination rendered unlawful by the Sex Discrimination Act 1975, the Race Relations Act 1976 or the Disability Discrimination Act 1995.

d. The grant may not be passed to a third party (i.e. outside the members of the council-based partnership).

e. The council retains financial responsibility for the use of the grant.

f. The grant will be paid quarterly.

g. The grant may not be used to finance fundraising efforts.

h. Each council based partnership must include at least one Primary Care Trust and one voluntary sector organisation.

i. The pilots will generate usable data, which will enable future projects to accurately estimate projected costs for similar work and the savings that may be generated.

Accounting for the Grant

j. You must separately identify the grant in your full annual accounts, audited, reported on by a reporting accountant or independently examined in accordance with current legal requirements. Identifying the grant in your accounts is required as a measure of accountability for the use of public funds, but no separate audit certificate is required.

k. At the end of each accounting year you must provide to the Department a detailed statement of amounts spent against the grant. This must be signed by the Chief Executive with administering responsibility or their designated officer.
Accounting for the Grant

1. The grant must be used in the Department of Health’s financial year (1 April to 31 March) for which it has been awarded. Any unspent grant remaining at the end of the financial year must be notified to the Department as soon as it comes to light. All Councils regardless of their status in performance ratings will be able to roll over up to 25% of funding allocated by the Department of Health into the following financial year i.e. for grants awarded in 2009/10 25% roll over may occur in to 2010/11 and for grants awarded in 2010/11 25% roll over may occur in 2011/12.

m. If any of the conditions specified are not fulfilled without the prior agreement of the Secretary of State, you may be asked to repay all or part of the money.

Monitoring Grant Activity

n. you must submit progress report(s) when requested to do so including progress against agreed national and local indicators.

o. you must comply with the evaluation arrangements as described in Part B.

It must be stressed that this is not an exhaustive list. Particular conditions will be discussed with individual grant applicants.
Appendix C

Application Form

NATIONAL DEMENTIA STRATEGY
a demonstrator programme for peer support networks and dementia adviser role

Please return your completed form to the Department of Health by e-mail to the following address:

Dementia.strategy@dh.gsi.gov.uk

no later than 12 noon on Thursday 21 May 2009

Important notes:

- Make sure you read the full prospectus and the criteria listed in Annexe A of this document before you fill in the application form
- Applications must be submitted electronically
- Please note there are word limits on some questions - do not exceed these limits
- The final section of Part A must be signed and dated by the Director of Adult Services of the local authority submitting the application, the Chief Executive of the partner PCT and the Chief Executive of the partner voluntary sector organisation
- Do not change the format of the application form
- If you want us to acknowledge receipt, please ensure you fill in your e-mail address so that we can respond to you within 5 days
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**Part A: General information**

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<th>Name of Chief Executive</th>
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Which demonstrator site are you applying for – Dementia Advisor or Peer Support Network?

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<th>Name of project:</th>
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Please tell us how much you are applying for to fund the demonstrator site.
I confirm the organisation’s support for this application.

Signed:

Position held:

Organisation: Local Authority

Date:

Signed:

Position held:

Organisation: Local Authority

Date:

Signed:

Position held:

Organisation: Local Authority

Date:
Part B: Executive Summary (400 words)
## Part C: Description of Project

- include details of partner organisations, resources for the project, expected activities and outputs; details of staff roles and responsibilities; and rationale for the amount of funding you are applying for.

*(There is a later question about the governance and project management arrangements)*

### Further questions common to both projects. The boxes will expand as you type - do not exceed 400 words in each answer.

1. How will your project result in improved outcomes for people with dementia?

   *For official use only*

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2. How will your project result in a more efficient use of health and social care services?

   *For official use only*
3. How will your project support people with dementia to live at home?

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4. How will you ensure that your project provides services that meet the needs of all population groups? Applicants should be mindful of the Equality Impact Assessment that accompanied the National Dementia Strategy.

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5. How will you ensure that your proposed partnership is effective in delivering the project?

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6. How will people with dementia and their carers be involved in the delivery and monitoring of the project?

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7. How will you measure the effectiveness of your project locally?

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Dementia Care Advisors only

Supplementary information to address the expected outcomes detailed in paragraph 6.2 in the prospectus.
(max 500 words)

Peer Support Services only

Supplementary information to address the expected outcomes detailed in paragraph 6.2 of the prospectus.
(max 500 words)

Project delivery and governance

Please detail the project management and governance arrangements for delivering the project and the costs associated with these.
(max 500 words)
Part D: Declaration

I confirm there is a process in place for the identification of conflict of interest and its management amongst the partners to this bid.

YES/NO

PLEASE RETURN COMPLETED APPLICATION FORM BY EMAIL TO:

dementia.strategy@dh.gsi.gov.uk

Any queries about the application process should also be sent to this address or contact one of the DH national support team members:

Ruth.eley@dh.gsi.gov.uk

Jane.gilliard@dh.gsi.gov.uk

or

Claire.goodchild@dh.gsi.gov.uk
Annex A: Assessment Criteria

This table sets out the criteria that we will apply when assessing applications. Criteria 1 and 2 have the highest weightings.

Criteria 1: Clarity of Service Specification - The proposal sets out clearly its approach to interpreting and delivering the service model. This will include all the elements which would be expected in a quality specification for commissioning a service of this nature (e.g. details about staff roles and responsibilities; quality standards; relationship to care pathways; and the involvement of users and carers).

Criteria 2: Delivery - There is evidence that the partnership has a well developed approach to delivering service change projects, with a good history of success. Points which will be addressed include:

- A clear understanding of project management principles and their application within the participating organisations
- The robustness of the proposals within the application for ensuring delivery of the project within the required timescales
- Evidence of appropriate management and governance arrangements for the actual service (as opposed to project management arrangements)
- Evidence of effective data collection and performance management structures and capacity

Criteria 3: Outcomes for people with dementia - It is clear how the proposal will result in improved outcomes for local people with dementia.

Criteria 4: A robust partnership - There is evidence of effective joint working between health, social care and the third sector.

Criteria 5: Engagement of people with dementia and their carers - There is evidence that local people with dementia and carers will be involved in the delivery and monitoring of the proposal.