

## Section 1: Project overview

<b>Project title</b>	<b>Dementia</b> <ul style="list-style-type: none"> <li>• Increase awareness and uptake of personal budgets amongst people with dementia.</li> <li>• To provide a regional programme of events to support unpaid carers of people with dementia.</li> </ul>
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<b>Lead authority</b>	Essex County Council
<b>Lead officer contact details</b>	Jenny Owen, ADASS 07831 597552 <a href="mailto:jenny.owen@essexcc.gov.uk">jenny.owen@essexcc.gov.uk</a>
<b>Partner authorities involved</b>	Department of Health Pan regional Local Authorities East of England SHA Training and education organisations
<b>Project description, purpose and outcomes</b>	<ul style="list-style-type: none"> <li>• To improve the lives of people with dementia by promoting independence and choice, enabling people with dementia to live at home for as long as possible.</li> <li>• To increase the number of people with dementia who have access to individual budgets</li> <li>• To support local authorities in developing their processes for delivering individual budgets for people with dementia, that promotes choice and independence whilst safeguarding the interests of the person with dementia</li> <li>• To provide high quality brokerage to people with dementia and their carers that facilitates them to use their individual budget effectively and in a way that promotes choice</li> <li>• To support the delivery of the Carer's Strategy and the implementation of '<i>Living Well with Dementia</i>' (DH 2009)</li> <li>• Improved knowledge and awareness amongst carers will reduce depression, provide carers with access to essential information and understanding of dementia as the disease progresses, access care when required and help prevent carers reaching a crisis that results in admission for a person with dementia</li> </ul>

## Section 2: Final status

<b>Original budget</b>	£75,100 from Improvement East and £50,000 from Partnerships for Older
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	People's Projects (POPPS) Total: £125,100
<b>Actual total cost</b>	£125,000 includes monies for the dementia programme management costs
<b>Cost savings and efficiencies achieved</b>	<p>Savings not identifiable yet, but will be achieved long term as anecdotal evidence suggests that unpaid carers feel more empowered / supported to cope at home for longer time.</p> <p>The expansion of personal budgets will achieve efficiencies long term as people remain independent and at home, rather than going in to long term residential care as early, if at all. Workforce efficiencies to be gained as practitioners become more confident in the use of PB and DP, and processes improve.</p> <p>Supports LA to deliver on NI30 for 2011.</p>

<b>Original estimated end date</b>	March 2010 for 'Supporting Dementia' events for unpaid carers. Sept 2010 for regional project manager role for Personal Budgets (PB) and Direct Payments (DP).
<b>Actual end date</b>	To achieve the desired outcomes for the regional project manager role for PBs and DPs it was recognised that a minimum of a one year secondment was required. Post holder did not commence until Sept 2009 due to no project lead for dementia being identified until July 2009.

### Section 3: Achievements and learning

<b>Were the original objectives achieved?</b>	<p>Yes, the 'Supporting Dementia' events have evaluated extremely well.</p> <p>The full evaluation report in March 2010 will detail qualitative data on how the information has empowered and supported unpaid carers to fulfil/retain their caring role.</p> <p>The regional project management role continues to achieve its objectives through direct work with practitioners and managers in local authorities and voluntary organisations, as well as service users.</p> <p>Again, the preliminary evaluation report in March 2010 will have further detail on achievements to date.</p>
<b>Were the end users/clients satisfied with the project?</b>	<p>Yes. Every Supporting Dementia event has been evaluated by the carers that have attended. Many are scoring the events 5 out of 5 and we have many quotes from people that have attended to highlight this.</p> <p>Also, feedback from events where the PB Project Manager has attended to talk have evaluated positively with many citing that their awareness of PB and DP is now much greater and they will actively seek support to be assessed for a DP or PB</p>
<b>Lessons learned: project planning</b>	It would have been useful to appoint a programme lead for dementia earlier in the year as, in order to achieve the outcomes, we had to

	condense the time available to tender and recruit, which meant less time to consult and forward plan.
<b>Lessons learned: effectiveness of project</b>	<ul style="list-style-type: none"> <li>• Funding for respite care should have been identified earlier, when the original proposal was put forward to IE</li> <li>• Clearer documentation from IE would have been useful as often repetitive and unclear</li> <li>• Local media has a positive effect on identifying unpaid carers that have little or no current support</li> <li>• Impossible to access numbers of people with dementia currently receiving DP or PB so very difficult to monitor increases</li> <li>• DP and PB often blocked at middle management level</li> <li>• A formal tendering process essential for work that may attract a lot of interest by regional suppliers.</li> </ul>
<b>Were any unexpected opportunities identified and realised?</b>	<p>Yes, bringing the two elements of the project together and we were able to facilitate the PB Project Manager to attend some of the Supporting Dementia events.</p> <p>Also, linking with the national pilot 'Dementia Choices' for PBs, run by the Mental Health Foundation</p>
<b>What went right?</b>	I think choosing the right supplier to provide the 'Supporting Dementia' events. The project manager for PBs has produced some excellent tools to support LA and practitioners to implement PB and DP and has generated real commitment to take this agenda forward. Being one step ahead in supporting LA achieve the NI30 target for PBs by 2011.
<b>What went wrong?</b>	It has been much harder than anticipated to attract unpaid carers to the supporting dementia events in the first instance. Reasons for this vary, and will be included in the full evaluation report, but it has required a lot of continued effort to promote the events. Ironically, once people had attended the first day, a considerable number asked if they could attend the second day of another event as they got so much out of the first day.
<b>Were risks identified and mitigated?</b>	Yes. Where we had supporting dementia events with empty spaces, we opened those spaces up for paid care staff to attend, although not all courses reached capacity.
<b>What could have been done to improve the project?</b>	More influence with LA to record the numbers of people with dementia who have access to a PB and DP. It is not a statutory requirement, so very challenging.

#### Section 4: The future

<b>Would the project merit evaluation in the future?</b>	<p>This is already happening. The final report regarding the 'Supporting Dementia' events will be produced in May 2010 (preliminary report due in March 2010) and will include some follow up telephone interviews with carers that attended and what impact it has actually had.</p> <p>The project manager for PB will be producing a final report in Sept 2010 too, as well as preliminary report in March 2010. Worth following this up as DH now recruiting regional leads to undertake this very same role, but across the board, rather than just for people with dementia.</p>
<b>Has learning been shared? How will it be?</b>	<p>The evaluation reports will be widely circulated to partners and available on the JIP website too.</p>

#### Section 5: Improvement East performance

<b>Please comment on the effectiveness of Improvement East throughout the project</b>	<p>IE have promoted the JIP dementia good practice webpage on the JIP web site.</p> <p>Lynsay Cook has attended JIP PM meetings</p>
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#### Section 6: Cluster evaluation

<b>Comments from the Cluster:</b>	<p><i>This section to be completed by the relevant Improvement East Cluster Group.</i></p>
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