

1. It would be good to get an idea of what specific issues and baseline data this project is addressing and how the project might help support people and or avoid the need to access another service.

The people using our services, particularly Poppy day centre, are those who have been living with dementia for a period of time where the dementia has progressed to the later stages of the disease. We have considered carefully what the best possible outcome for the service users would be and analysed the gap between social care and clinical skills regarding occupation, postural care, physiotherapy/moving and handling techniques and how to bridge that gap.

These issues can be:

- This project aims at upskilling staff to be able to communicate either over the phone or via video link to a professional in order to undertake an assessment of their needs.
- When attending the day centre, it is sometimes noted that the person would benefit from a particular type of equipment but we, in social care, cannot order or request equipment.
- The staff and subsequently the service we offer would improve if frontline staff members had a greater understanding of the terminology and language used in physiotherapy or occupational therapy in order to relay the correct information. This could be specific questions about their 'gait', balance or posture for example enabling the professional to assess the need and suggest which equipment the person might benefit from. This would prevent the person living with dementia having to travel to an appointment (usually very difficult to do even with family and friends supporting them).
- It also might prevent the need for a home visit if all the questions were able to be answered by the staff members. Staff members would have usually been to the person's home when they first came to Poppy so they would have an idea of the environment and be able to relay important information about how the person was living.
- More efficient and assured identification of issues arising with individuals regarding their presentation around deterioration in all areas of daily living skills/on the quality-of-life index and maintaining their remaining strengths and abilities for as long as possible.
- Consequently, health and well-being issues can be identified sooner and addressed before other services or professionals (OT, physiotherapy, SALT, the falls team, stroke team, district nurses, CMHT, hospital visits) become involved. This training does not replace any of the skills of these professionals but can potentially delay the necessity for involvement.
- Other, external services can also be delayed for longer, for example assistance in the home having to be extended at a cost to the individual/family or being admitted into a care home.
- Most of the support workers for Aspire have never been employed in a clinical setting and may lack the understanding of physical, wellbeing and mental health deterioration.

2. It would be good to understand how they will measure the benefit to the person receiving care. How have they been supported in a different way? Has this prevented something e.g. attendance to the hospital, has it improved movement, helped with their OT programme etc

Measuring benefits to the people we support will be using quality improvement methodology and test of change. Outcome measures would include daily recording and would note improvements in the person's well-being, mobility, mood etc. to determine the benefit. By the person's health and wellbeing improving this in turn could prevent hospital visits/admissions due to falls or deterioration in their general health etc. Staff could continue with OT programmes if they were given the correct support and contact via video link.

We will use initial assessments currently in use following patient health questionnaires (4 x questions and 9 x questions) and the generalised anxiety disorder assessment tool. Starting with the PHQ-4 and use the others for slightly more in-depth screening. All are very quick and easy to use. None are diagnostic tools but would inform the OT to carry out further assessments and make referrals if necessary. Links are attached to show the type of questions and focus of each .

PHQ-4

PHQ-9

GAD7

[PHQ-4.pdf \(oregonpainguidance.org\)](#)

[Microsoft Word - PHQ9.doc \(apa.org\)](#)

[GAD7 Anxiety Test Questionnaire | Patient](#)

In addition, functional assessments, cognitive screens and assessments such as the MoCA amongst others (pain etc) will be used before treatment planning. A strong baseline will ease assessment of impact and assist in identifying key areas for social care staff and form the basis of assessment of their knowledge and skills.

3. [Could they be more clear on what the ROI might be? This does not have to be just financial, but what benefits/outcomes are expected for this investment?](#)

The ROI will lead to a better service user experience within our services for the people we support and dissemination of underpinning knowledge across the work force. The ROI could include SROI that could be calculated financially in terms of saved hospital/GP appointment times, professional input time saved and wider benefits around family and carer time and potential stress arising from deterioration/change not being addressed in a timely way. The poster attached gives some of the metrics used in determining the impacts of prevention work. In many respects the issues are not different for people living with dementia as they are for older people in general. However, the cognitive impairments and difficulties in achieving consistency in programmes are much greater and make people with dementia much more reliant on well directed support from their care staff and indeed family and unpaid carers.

4. [The sustainability going forward lacks information about what Aspire will do to continue the project for their staff and service users. It would also be useful to know a bit more information about the framework that's being developed.](#)

When the framework is developed this will inform future training provision for Aspire itself and will inform our training programmes and future work with Therapists, and the AHP students we provide placements to from Salford and Manchester Universities. This will directly benefit the people we support and their careers. However, part of our purpose in making such a bid is to be better able to take this forward with both the wider GM health service and social care providers. One of the project leads is Dementia Lead in Safeguarding for the Northern Care Alliance while Aspire holds the Chair of the Northwest CQC Registered Managers forum and the project leads are graduates of the MSc Advanced Practice in Dementia programme at Salford University and maintain links with the

University's specialism. As part of the bid, we are committed to use Aspire's facilities to host promotional activities to the sector. And we believe the effectiveness of these will be much greater if done with the support of the GM Integrated Care innovation programme.

The framework itself will identify, and seek to fill, the most common gaps in the understanding and skills of social care staff. The goal is to produce a framework that will be easily put into action through training inputs that can be delivered by social care providers and training providers. It is important to be concise and accurate in the framework to achieve practical training strategies that are impactful, given the well attested difficulties of the sector in delivering training inputs. Given such a solid foundation the bidding group will implement a training input in the host provider Aspire but will also seek further partners and possibly bid further to develop similar training inputs based on the framework and partners to develop an industry wide offer, hopefully including a digital offer.