



Programme logic model for

# *Connecting People, Connecting Support*

Transforming the allied health professionals' contribution  
to supporting people living with dementia in Scotland 2017-2020

23<sup>rd</sup> April 2018  
Review October 2018

## Our aims

The executive summary of Scotland's National dementia strategy 2017-2020<sup>1</sup> describes the context in which Connecting People, Connecting Support will be implemented:

*“Over the last ten years there has been progress around improving diagnosis rates, post-diagnostic support, [and] workforce development and in improving the experience of people with dementia and that of their families and carers in hospital and other settings. However, we know there is more to do [...] At the heart of this strategy is a recognition of the need to ensure a person-centred and flexible approach to providing support at all stages of the care journey.”*

*Our shared vision is of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them”*

The implementation of Connecting People, Connecting Support is commitment 10 of Scotland's Dementia Strategy and aims to:

- Increase awareness and understanding of how AHP-led contributions can enable people to live well with dementia after diagnosis.
- Improve access to a range of AHP's regardless of a person's age or place of residence, early in their diagnosis and throughout the illness
- Influence & integrate the AHP contribution to living with dementia, aligned to other national transformational changes in Scotland.

## Purpose of this document

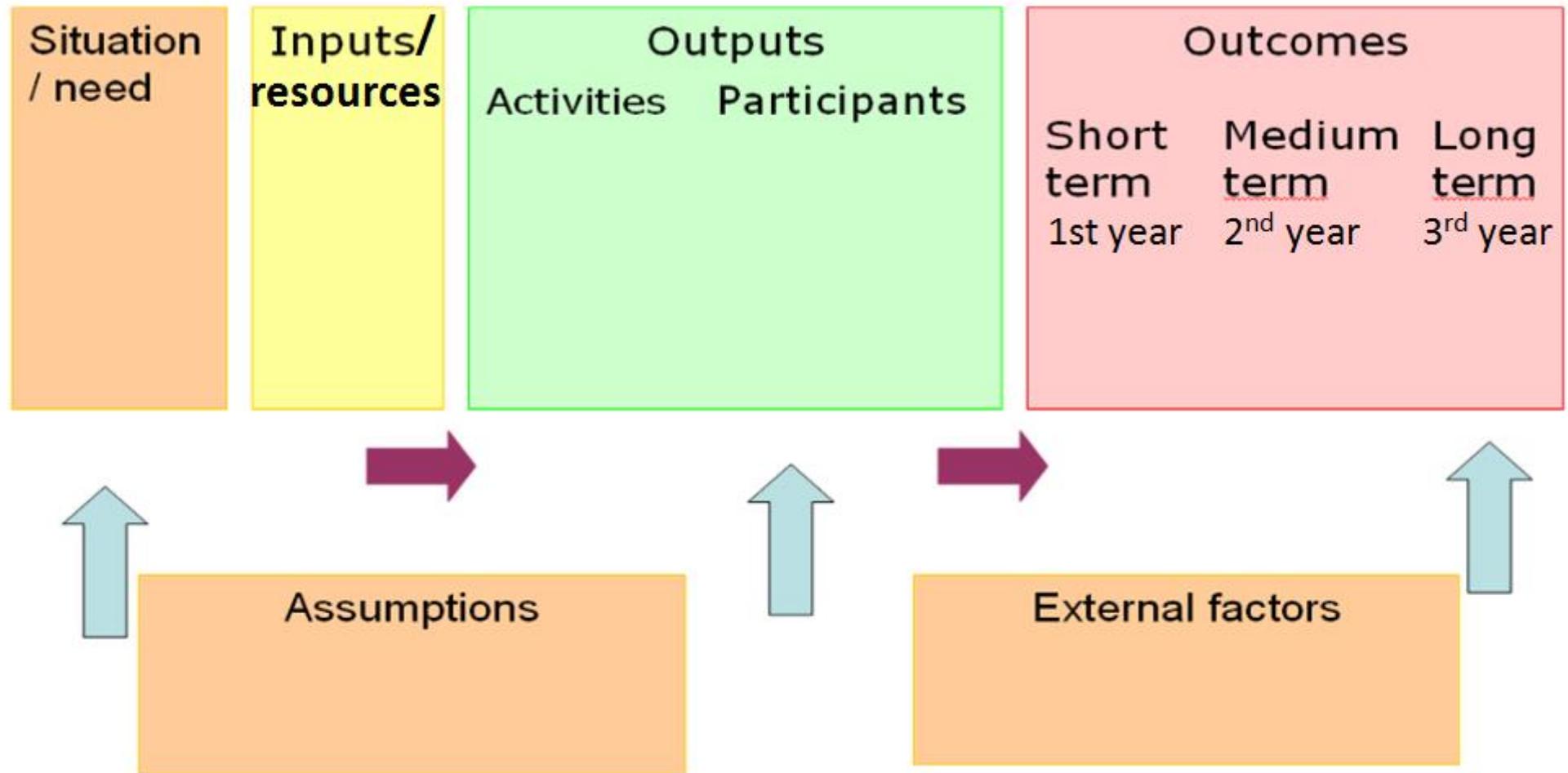
This document provides a logic model for the Connecting People, Connecting Support programme. The logic model components set out how the programme is supposed to work and regular progress review of its elements will be used to evaluate the effectiveness of the programme. By definition of the Situation, Need, Inputs, Assumptions and External factors, the logic model seeks to illustrate why the programme is a good solution to the identified need. The model definition process has allowed a programme of work to be planned and will support the Alzheimer Scotland AHP Dementia Forum to realise their ambitions and support policy to practice. A mapping of the 4 ambitions to the NHS Scotland Health & Social Care Outcomes can be found at [https://www.alzscot.org/assets/0002/9408/AHP\\_Report\\_2017\\_Web.pdf](https://www.alzscot.org/assets/0002/9408/AHP_Report_2017_Web.pdf) and in appendix 1 of this document.

## Connecting People, Connecting Support Ambitions & Principles

Principles	Ambitions
A human-rights based approach	Enhanced Access
A biopsychosocial approach to rehabilitation	Partnership and Integration
Dementia is every AHP's business	AHP workforce skilled in dementia care
AHPs will adapt and tailor their rehabilitation interventions	Innovation, Improvement & Research

<sup>1</sup> Scotland's National Dementia Strategy 2017-2020 <http://www.gov.scot/Publications/2017/06/7735>

## Components of our Logic Model<sup>2</sup>



<sup>2</sup> Evaluation Support Scotland Logic Model Support Guide <http://www.evaluationsupportscotland.org.uk/resources/127/>

## **Situation/Need** The context & drivers for change

- Scotland's Health & Wellbeing Outcomes demand a transformational change to how services work with people.
- 3<sup>rd</sup> National Dementia Strategy (2017-2020) contains a specific commitment for AHPs to deliver a key contribution.
- An estimated 90,000 people in Scotland have a diagnosis of dementia and they tend, along with the wider ageing population, to also be living with other complex needs.
- There is inequitable access to AHP services across Scotland for people with dementia and their family carer's.
- Public and H&SC partnerships often lack awareness of the contribution AHPs can make to dementia care.
- People with dementia continue to experience unintended discrimination resulting in lack of access to AHP services when they need them.
- An increased focus on personal outcomes would provide a more positive and effective experience.
- AHPs already see people with multiple complex health conditions, many of whom also have dementia, with improved knowledge of the impact of dementia there is an opportunity to better support rehabilitation and enablement towards better clinical and personal outcomes for individuals.
- The current Health & Social Care drivers articulate the need for change and offer opportunities.
- There is potential for AHPs to make a real difference to more people's lives by spreading the evidence informed practice that is already happening in many areas.

## **Inputs/Resources** *Who and what do we have or need?*

- People living with dementia
- Families / Friends /Supporters/ Carers
- Each of the Allied Health Professional Bodies
- Alzheimer Scotland link workers & dementia advisors & nurse consultants
- Post diagnostic dementia link workers / practitioners
- Health Improvement Scotland including Focus on Dementia
- Scottish Ambulance Service, Police, Scottish Fire and Rescue
- Health & Social Care Partnership management and clinicians
- General Practice,
- Housing, leisure and third sector partners
- AHP Dementia champions
- NHS National Education for Scotland
- The Care Inspectorate
- AHP Directors
- Other Access programmes and subject matter experts
- Higher Education Institutions
- Colleagues from Active and Independent Living programme
- Local AHP Dementia Forum in board areas with reps from appropriate stakeholders
- Other Local contacts

### **Resources**

- Community of Practice
- Alzheimer Scotland website
- Promoting Excellence
- Communication plan
- WEBEX
- Alzheimer Scotland AHP Dementia Forum

# Outcomes – CPCS

## Short Term Term

- Ensure **visible routes** for people to access AHP services.
- **Increase awareness** of the Allied health professional's contribution to dementia care in Scotland
- Promote **early interventions** into AHP services.
- Produce evidence based **self management information**.
- Integrate needs of people with dementia into the national AHP programmes inc **falls, vocational rehabilitation, redesign of paramedic services**.
- **Utilise most up to date research** to underpin any service development where appropriate.

## Medium Term

- Ensure **timely access** into services to promote early intervention.
- Simplify processes for **inter AHP referrals**.
- Utilise **technology** to support access and approaches to self-management and well-being.
- Contribute to a **personal outcomes approach** enhancing quality of care.
- Identify **innovative ways of service delivery** to provide better outcomes for people living with dementia.
- Develop and implement **new integrated models of care** and support in **multiagency pathways** in health and social care.

## Long Term

- Support AHP workforce to undertake **cultural transformational change** required to drive the AHP contribution to dementia in health and social care.
- Support staff development to ensure **promoting excellence framework** integrated into development of a skilled AHP workforce.
- **Develop partnerships** between academic institutions and AHP services that support dementia awareness and skills across undergraduate and professional development.

# Overall Outputs

## Activities Ambitions 1 & 3

### ENHANCED ACCESS

1. Work with Alzheimer Scotland and AHP services to increase awareness of the AHP contribution to dementia care & visible routes to access AHP services.
2. Develop (more) inter-AHP Direct Referral options
  - a) Inter AHP pathways – capture example(s) of how it is now
  - b) Map how many people are involved in an individual's care
  - c) Agree and implement new referral opportunities
3. Early intervention and enablement
  - a) Develop Top Tips (key, simple AHP messages) to support more independent daily living
  - b) Proactively offer more early intervention/input during post diagnostic support

### SKILLED WORKFORCE

4. Baseline then monitor promoting excellence uptake by AHP professions
5. Increase AHP uptake of Personal Outcomes training
6. Undertake engagement exercise with Higher Education Institutions, Colleges and HCPC re consistency of registration PE level (skilled)

## Activities Ambitions 2 & 4

### PARTNERSHIP

8. Define (across professions) what is meant by: - Universal, Targeted, Specialist for the needs of people living with dementia
9. Find / capture good examples of: Falls & Dementia, vocational rehabilitation & Dementia, Paramedics & Dementia, children & young people & Dementia
10. Develop and embed human rights based approach (PANEL) in the CPCS programme e.g. engagement & training education awareness
11. Increase practice placement in partnership with local services & Alzheimer Scotland

### INNOVATION, IMPROVEMENT & RESEARCH

12. Home Based Memory Rehabilitation
  - a) Assess effectiveness of pilot programmes using ICHOM framework
  - b) Scale and Spread
13. Supported Self-Management
  - a) Pilot SSM programmes
  - b) Scale and Spread
14. Integrated approach
  - a) Tailored Activity Programme
  - b) Scale and Spread

## Participants

### *Who needs to be involved*

1. Local teams and Alzheimer Scotland AHP Dementia Forum
2. Local teams and Alzheimer Scotland AHP Dementia Forum
3. a) Profession leads and Alzheimer Scotland AHP Dementia Forum
3. b) Local teams and Alzheimer Scotland AHP Dementia Forum
4. Local teams and Alzheimer Scotland AHP Dementia Forum
5. Local teams and AHP Directors
6. National team, NES and HEIs
7. National team and NES
8. Professional leads and Forum
9. National Team with Active & Independent Living and AS AHP Forum
10. National Team and NES
11. National Team, NES, AS & AHP Directors
12. National Team, ICHOM, Pilot areas
13. National Team, Forum, Pilot areas
14. National Team, Forum, Pilot areas

# Outputs – Phase 1

## Activities *Ambitions\_1 & 3*

### ENHANCED ACCESS

1. **Work with Alzheimer Scotland and AHP services to increase awareness of the AHP contribution to dementia care & visible routes to access AHP services.**
2. Develop (more) inter-AHP Direct Referral options
  - a) **Inter AHP pathways – capture example(s) of how it is now**
  - b) **Map how many people are involved in an individual's care**
  - c) Agree and implement new referral opportunities
3. Early intervention and enablement
  - a) **Develop Top Tips (key, simple AHP messages) to support more independent daily living**
  - b) Proactively offer more early intervention/input during post diagnostic support

### SKILLED WORKFORCE

4. **Baseline then monitor promoting excellence uptake by AHP professions**
5. Increase AHP presence on Personal Outcomes training
6. **Undertake engagement exercise with Higher Education Institutions, Colleges and HCPC re consistency of registration PE level (skilled)**
7. Develop further the highest level of PE (Expert).

## Activities *Ambitions 2 & 4*

### PARTNERSHIP

8. **Define (across professions) what is meant by: - Universal, Targeted, Specialist for the needs of people living with dementia**
9. **Find / capture good examples of: Falls & Dementia, vocational rehabilitation & Dementia, Paramedics & Dementia, Children & young people & Dementia**
10. Develop and embed human rights based approach (PANEL) in the CPCS programme e.g. engagement & training education awareness
11. Increase practice placement in partnership with local services & Alzheimer Scotland

### INNOVATION, IMPROVEMENT & RESEARCH

12. Home Based Memory Rehab
  - a) **Assess effectiveness of pilot programmes using ICHOM framework**
  - b) Scale and Spread
13. Supported Self-Management
  - a) **Pilot SSM programmes**
  - b) Scale and Spread
14. Integrated approach
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11. National Team, NES, AS & AHP Directors
12. **National Team, ICHOM, Pilot areas**
13. **National Team, Forum, Pilot areas**
14. **National Team, Forum, Pilot areas**

# OUTPUTS – Phase 2

## Activities *Ambitions 1 & 3*

### ENHANCED ACCESS

1. Work with Alzheimer Scotland and AHP services to increase awareness of the AHP contribution to dementia care & visible routes\_to access AHP services.
2. Develop (more) inter-AHP Direct Referral options
  - a) Inter AHP pathways – capture example(s) of how it is now
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  - c) **Agree and implement new referral opportunities**
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### SKILLED WORKFORCE

4. **Baseline then monitor promoting excellence uptake by AHP professions**
5. **Increase AHP presence on Personal Outcomes training**
6. Undertake engagement exercise with Higher Education Institutions, Colleges and HCPC re consistency of registration PE level (skilled)
7. **Develop further the highest level of PE (Expert).**

## Activities *Ambitions 2 & 4*

### PARTNERSHIP

8. Define (across professions) what is meant by: - Universal, Targeted, Specialist for the needs of people living with dementia
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### INNOVATION, IMPROVEMENT & RESEARCH

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13. **National Team, Forum, Pilot areas**
14. **National Team, Forum, Pilot areas**

## Assumptions

*What do we assume will be the case, or will be happening in tandem*

- Support from a local dementia forum in each Board/health and social care area for the efforts of the Board nominated AHP CPCS lead.
- Support from AHP professional body representative to develop a professional network to support integration of the ambitions and awareness of the policy document
- Leadership by an AHP Consultant based in Alzheimer Scotland with support from a national team to oversee the programme integration into practice.
- Support from AHP Directors to participate at both a national & local levels in the leadership, advocacy and planning efforts to integrate policy ambitions to local practice.
- National Team and Alzheimer Scotland AHP Forum will proactively capture and share good practice and QI resources.
- The Board nominated Alzheimer Scotland AHP Dementia Forum members will be allowed sufficient time each month to plan, lead and coordinate improvement efforts within their health board organisation.
- QI expertise can be made available in each board area to adequately support project development, e.g. to support process mapping and measurement for improvement.

## External Factors (risks)

*What might happen to change our plans, or affect our progress/impact.*

- Any further reorganisation affecting decision making structures within health board areas.
- Any alteration to the priorities of Health & Social Care organisations.
- Any reductions in the availability of allied health professional staff within health and social care organisations.
- Lack of willingness or capacity for engagement from the Higher Education Institutes.
- Lack of suitable infrastructure to record and report on educational/CPD attainment within the workforce.
- Lack of support by the health board areas for an allied health professional representative on the Alzheimer Scotland AHP Dementia Forum

# APPENDIX 1 – CPCS Ambitions mapped to Health and Social Care Outcomes

<p><i>The four ambitions for change outlined in Connecting People, Connecting Support</i></p>	<p><i>The nine National Health and Wellbeing Outcomes that apply to integrated health and social care</i></p>
<p><b>1. Enhanced Access</b></p> <p>People living with dementia will experience visible and easy access to AHP expertise and services at the earliest time to derive maximum benefit to address the symptoms of the illness, now and in the future. This will include the availability of, and access to, AHP-led self-management information and supported self-management advice. It will also feature evidence-informed AHP-led targeted interventions from integrated and co-ordinated AHP services that integrate the five key elements of the AHP approach.</p>	<p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p>People, including those with disabilities or longterm conditions or who are frail, are able to live, as far as is reasonably practicable, independently at home or in a homely setting in their community.</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>People who provide unpaid care are supported to look after their own health and wellbeing, including measures to reduce any negative impact of their caring role on their own health and wellbeing.</p>
<p><b>2. Partnership and Integration</b></p> <p>People living with dementia are the experts on the impact of the disease on their daily lives and will experience AHP services delivered in a partnership approach across teams, voluntary agencies, community resources, and the third and independent sectors (including housing associations), providing the right support for individuals in the right place and at the right time.</p>	<p>People who use health and social care services have positive experiences of those services and have their dignity respected.</p> <p>Health and social care services contribute to reducing health inequalities.</p> <p>People using health and social care services are safe from harm.</p>
<p><b>3. AHP workforce skilled in dementia care</b></p> <p>People living with dementia will experience services that are led by AHPs who are skilled in dementia care (as defined by the Promoting excellence framework) and committed to a leadership and quality-improvement approach that drives innovation, shares best practice, and delivers high-quality, personal outcome-focused and AHP-led therapies.</p>	<p>People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.</p>
<p><b>4. Innovation, improvement and research</b></p> <p>People living with dementia will experience AHP services delivered by therapists who are committed to an approach that drives improvement, innovation and research in the delivery of high-quality, responsive, rights-based and person-centred AHP rehabilitation.</p>	<p>Resources are used effectively in the provision of health and social care services, without waste.</p>

## APPENDIX 2 – Active and Independent Living Programme Outcomes

### SHORT TERM

#### *Short term outcomes (Phase 1)*

- Engagement of Scottish Government departments, H&SC partnerships, Board AHP Directors, and other stakeholders in the programmes of the key work streams
  - Children & Young People (Ready to Act)
  - Dementia (Connecting People, Connecting Support)
  - Falls & Frailty
  - Musculoskeletal
  - Vocational Rehab
  - LifeCurve Survey
  - Operational Measures

### MEDIUM TERM

#### *Medium term outcomes (Phase 2)*

- Population will have direct access to an AHP where appropriate.
- Population will have access to once for Scotland evidence based resources to support self management and early intervention for Health & Wellbeing.
- Population will benefit from technologies to support self management, early intervention for H&WB.
- Population will benefit from multi-agency pathways to support their self management and early intervention.

### LONG TERM

#### *Long term outcomes (Phase 3)*

- AHPs will work in partnership with the people of Scotland to enable them to live healthy, active, and independent lives, by supporting personal outcomes for Health and Wellbeing
- The ethos of Active and Independent Living will underpin all community development.
- Appropriately skilled and developed workforce is contributing to the health and care needs of Scotland in a cost efficient and person centred way.

## **Acknowledgments**

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## **Contextual Note and Next Steps**

This logic model describes how Connecting People, Connecting Support will deliver on its four ambitions, however there is also the expectation that other projects will evolve over time depending on the context of local delivery plans and service redesign. Although this logic model shares the potential national projects, more crucially members of the Alzheimer Scotland AHP Dementia Forum will lead the development and strengthening of a local partnership for delivery and co-design of local solutions. The measure of success will be how well the projects are implemented in practice according to local need and service demands and how they make a real difference to the lives of people living with dementia.

A programme implementation process will now be developed to support the integration of the projects and will include a measurement framework.

The programme implementation process will be available for use in practice by May 2018.

Elaine Hunter, Allied Health Professions Consultant, Alzheimer Scotland