



Ipsos MORI
Social Research Institute

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Dementia Advisers Survey

Survey of provision of dementia adviser services

Ipsos MORI

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1. Executive Summary

Key Findings

This report outlines the findings from a survey about the provision of dementia adviser services. The aim of this research was to explore the provision of services available to older people, with particular reference to dementia adviser services throughout England. To achieve this, those responsible for commissioning dementia adviser services within Clinical Commissioning Groups (CCGs) and Local Authorities (LAs), were invited to complete an online survey in October/November 2015. A total of 89 CCGs and LAs responded to the voluntary survey out of a total of 209 CCGs and 150 LAs¹. Although 89 responses were achieved, the survey responses cover more than 89 CCGs/LAs due to the effect of joint commissioning, which is explored in greater depth later on in this report. Taking into account the effect of joint commissioning the survey responses represent 141 CCGs/LAs that dementia services are commissioned in, giving an overall response rate of 39%.

Commissioning landscape

Service provision

This research suggests that services relevant to older people are widely available throughout England. Across all regions, commissioners reported a range of services available for older people in their area. Almost all (99%) participants say that support for carers is available in their service area. Community support and activities, domiciliary care, information and advisory services and residential care in private sector homes are also widely available (98% of commissioners mention these). This is followed by 96% who say that there is provision of equipment in the home for older people and 94% who say that home adaptations are available for older people.

Dementia adviser services

'Dementia adviser service' is defined as the provision of a service for those diagnosed with dementia and their families who they can approach for help and advice at any stage of the illness. The role of the dementia adviser will vary, but includes supporting those with dementia from the point of diagnosis by providing a single identifiable point of contact that has knowledge of, and direct access to, the whole range of available local services. They help with advice, signposting and enabling contact with other services if needed.

Dementia adviser services were found in most of the areas surveyed, with 81 out of 89 (91%) commissioners stating that there is a dementia adviser service or similar in their area. These dementia adviser services tend to be well established, with many of them having existed for two years or more. In three-quarters of cases the

¹ This research was designed to be indicative rather than representative of all commissioners within CCGs and LAs. The survey was voluntary and participants used an open link to complete.

CCG/LA commissions the Alzheimer's Society to deliver dementia adviser services. If a dementia adviser service is not delivered by the Alzheimer's Society it is provided by other organisations such as a mental health trust (more likely if the commissioning organisation is a CCG) or an LA (more likely if the commissioning organisation is an LA).

Commissioning decisions

Those responsible for commissioning dementia adviser services within CCGs and LAs typically hold senior roles within these organisations such as Head of Commissioning or Commissioning Manager. Those working within CCGs sometimes hold clinical roles such as Clinical Leads for Mental Health, which is not the case for commissioners within LAs.

Commissioners use many resources to inform the commissioning of dementia services. Online resources such as the National Institute for Health and Care Excellence (NICE) guidelines or the Alzheimer's Society website are commonly utilised, in addition to local resources such as a local Alzheimer's Society contact and other resources like Department of Health guidance. The majority (90%) of commissioners within LAs use the Social Care Institute for Excellence (SCIE) dementia gateway.

Joint commissioning

Nearly half (47%) of the commissioners responding said that they jointly commission dementia adviser services with other CCGs and LAs. This means that LAs and CCGs commissioning dementia adviser services are working with other CCGs and LAs in their region to commission services. Of the 38 organisations that jointly commission, 27 commission with one or two organisations and 11 do so with between three and six organisations. Joint commissioning is occurring within all regions, suggesting that dementia services are becoming integrated across England.

In many cases, there is one organisation that is the lead commissioner for the entire dementia adviser service (63%). In other areas, there are multiple lead commissioners responsible for different parts of the dementia adviser service (37%).

Provision of dementia adviser services

Information on dementia advisers

In three-quarters of cases, the people providing dementia adviser services are known as Dementia Advisers, but they are also sometimes known as Dementia Support Workers, Dementia Care Advisers, and Dementia Navigators. Three in five (59%) commissioners reported that they commissioned between one and four dementia advisers for their service area, although commissioners working within different regions (such as the South) reported commissioning more dementia advisers than this.

Commissioners report that dementia advisers communicate with a variety of people and organisations on behalf of the people they support, most frequently memory clinic staff (95%), community social services (91%)

support groups (89%) and community health services (85%). In addition to providing individual support and advice for people with dementia and their carers, 73% of commissioners responding highlight that dementia advisers run support groups for people with dementia and 67% run support groups for the carers of people with dementia. Three in five (59%) also run education groups for people with dementia and their carers and provide dementia friends training.

In the majority of cases, commissioners report that dementia advisers communicate face-to-face or over the telephone with people with dementia and their carers.

Of the 8 participants who say that there is not a dementia adviser service available in their service area, 3 have plans to introduce such a service in the future, 2 do not have any plans to introduce this service and 3 do not know whether there are any plans in place.

Workloads of dementia advisers

One in ten (10%) commissioners say that dementia advisers have provided their services for between 201 and 500 people in the past year and 7% for each of the following; over 2,000 people, between 501 and 1,000 people and between 101 and 200 people.

Cost of commissioning dementia advisers

Around a third (31%) of commissioners say that the annual cost of a dementia adviser is £25,000 – £34,999, and a fifth (19%) say that the cost is £15,000 – £24,999. The cost of commissioning each dementia adviser also seems to be greater within London than in other regions.

Other services available for older people

Where a dementia adviser service is unavailable or is not known to exist within an area, commissioners report a variety of other services available for older people, and people with dementia and their carers. General services for older people include support websites, telephone helplines, and community support and activities, as well as dementia specific services such as day centres and post-diagnostic support.

2. Introduction & background

Background

This report outlines the findings from a survey of the provision of services available to older people with particular reference to dementia adviser services. The survey was conducted between 2 October – 27 November 2015 with those responsible for the commissioning of dementia services within Clinical Commissioning Groups (CCGs) and Local Authorities (LAs). It also briefly examines wider availability of services relevant to older people.

The Department of Health, working with Age UK and Ipsos MORI, undertook a project to investigate the provision of services available for older people in England, with a particular interest in understanding dementia adviser services. Ipsos MORI conducted an online survey with those responsible for commissioning dementia services in CCGs and LAs between October and November 2015. The central aim of the study was to understand more about the provision of dementia adviser services across England, how they are commissioned, the role and functions of a dementia adviser (or similar positions), and how this differs across the region. As there is currently little available evidence on the provision of dementia services (such as how these services are commissioned, what services are provided and how many people these services help), it is difficult to say how representative this survey is of the services commissioned throughout England. Rather, it was exploratory research designed to provide indicative findings and baseline data to help the Department of Health, Age UK and all other dementia stakeholders to understand the current provision of these services across the country.

Dementia is a key priority area for government. Previous research found that around 850,000 people in the UK have dementia – a figure that is predicted to increase¹. In 2012 the Prime Minister issued a challenge for England to become the best country in the world for dementia care and support and the best place in the world to undertake research into dementia and other neurodegenerative diseases². NHS England were set the first ever national ambition for dementia diagnosis to ensure that two thirds of the estimated number of people with dementia should receive a diagnosis and appropriate post-diagnosis support by March 2015³. To support this ambition, the government looked for local areas to commission services to ensure that access is provided to someone who can help advise and support those with dementia and their families, and ensure they have access to the care services they need. However, there was little information available on the scope and profile of the provision of these services and how they vary across the country. The purpose of this survey was to

¹ https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2759

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf

³ <https://www.gov.uk/government/publications/2010-to-2015-government-policy-dementia/2010-to-2015-government-policy-dementia>

improve the evidence base and understanding of dementia adviser services and other services relevant to older people.

In summary, the purpose of this research was to:

- understand the profile and regional variation of dementia-specific services being provided to those with dementia and their families;
- understand the scope and nature of the dementia services that are provided;
- identify gaps in service provision for people living with dementia and their families; and
- understand the profile of services available to older people throughout England;

NHS England supported the Department of Health, Ipsos MORI and Age UK throughout the research process, providing guidance on survey design, reporting, and by promoting the survey within CCGs. The Association of Directors of Adult Social Services (ADASS) gave approval of this research prior to the launch of the survey. The research was also assessed and approved by the Burden Advice and Assessment Service (BAAS), which is overseen by the Health and Social Care Information Centre (HSCIC).

Definitions

Throughout this report, we refer to the following:

- **Dementia adviser service** – the provision of a service for those diagnosed with dementia and their families who they can approach for help and advice at any stage of the illness. The role of the dementia adviser will vary, but includes supporting those with dementia from the point of diagnosis by providing a single identifiable point of contact that has knowledge of and direct access to the whole range of available local services. They help with advice, signposting and enabling contact with other services if needed.
- **Clinical Commissioning Groups (CCGs)** – Since 2013, CCGs have been responsible for planning and commissioning health and care services for their local population. They are independent groups led by clinicians, accountable to the Secretary of State for Health through NHS England.
- **Local Authorities (LAs)** – Local government councils whose responsibilities include ensuring provision of social care and public health services to their constituents.
- **Age UK** – Age UK is the country's largest charity working with and for older people. They provide services and support for older people at a national level as well as locally through a network of independent local partners, including both dementia-specific and dementia-friendly services.

- **National Institute for Health and Care Excellence (NICE)** – NICE produces evidence based guidance for health, public health and social care practitioners and develops standards and performance metrics for those providing and commissioning health and social care services (including those commissioning dementia services). NICE also provides informational services for commissioners.
- **Alzheimer’s Society** – Alzheimer’s Society is a dementia specific charity that provides support for people with dementia, their carers and their families, and also conducts research into dementia.
- **The Association of Directors of Adult Social Services (ADASS)** – ADASS is a membership organisation representing all the Directors of Adult Social Services in Local Authorities throughout England, as well as senior managers that report to them.
- **Health & Social Care Information Centre (HSCIC)** – HSCIC is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.
- **Service area** – Geographical area in which dementia services are commissioned.

3. Methodology & technical details

Topics covered

With the aims of this research in mind, the survey was designed to gain an understanding of the following:

Services available to older people

- Support available for older people, people with dementia and their carers in local areas.
- Services, other than a dementia adviser service, which are available to support older people and people with dementia within local areas.
- Gaps in service provision.
- Availability of a dementia adviser service within local areas.
- Length of time that dementia adviser services have been established.
- Potential plans to introduce dementia adviser services in areas where this service does not exist.

Commissioning of dementia adviser services

- Who commissions dementia adviser services and how they are commissioned.
- What information commissioners of dementia services refer to when commissioning services.
- Which organisations are commissioned to run dementia adviser services.
- The number of dementia advisers that are employed within local areas.
- The cost of commissioning dementia adviser services.

Provision of dementia advisers services

- What dementia advisers (or similar) do in their day-to-day role.
- Which organisations, if any, dementia advisers communicate with on behalf of people with dementia and their carers.
- How dementia advisers communicate with people who have dementia/their carers/their families.
- How many people dementia adviser services help in local areas.

Survey method

Target population

As the aim of this research was to investigate current provision of dementia services, it was thought that commissioners of such services would be best placed to provide this information. Therefore, the survey was designed to be completed by commissioners of dementia services within LAs and CCGs.

Online approach

An online survey of CCGs and LAs was chosen as the method to administer the questionnaire, using a census approach (contacting all CCGs and all LAs rather than selecting a sample of CCGs/LAs) to ensure all CCGs and all LAs could participate in this research. The survey was sent out to 150 LAs and 209 CCGs in total, and was voluntary to complete.

Open link

An 'open' survey link was emailed out to participants in CCGs and LAs¹. This link was not uniquely personalised to participants so that it could be forwarded between colleagues within CCGs and LAs. In this way, our initial sample acted as gatekeepers to direct the survey on to the most appropriate participants – those working in CCGs/LAs responsible for commissioning dementia services.

Email invitations & reminders

Email invitations were sent out on the 2nd October 2015 to all CCGs (209) and LAs (150). The full text of these can be found in Appendices A.3 and A.4. In order to maximise responses three reminder emails were sent out on the dates below. Because of the open link method used, reminders were sent out to the full sample and not just non-responders.

The contact details used to send out the email invitations were obtained from two separate sources. The list of LA contacts was obtained from the government database Goveval, while the CCG contacts were obtained from Binley's, who provided Age UK with a database of contact details. Due to data confidentiality agreements, Age UK was unable to share the CCG contact details with Ipsos MORI. For this reason, Age UK sent out the email invitations and reminders to CCGs directly, while Ipsos MORI sent these out to LAs.

¹ Participants were sent the open website link "www.ipsos-mori.com/Dementia-Advisers-Survey"

Figure 1: Email invitation and reminder emails

	LAs – date	CCGs – date
Email Invitation	02/10/2015	02/10/2015
Reminder 1	29/10/2015	28/10/2015
Reminder 2	13/11/2015	16/11/2015
Reminder 3	25/11/2015	25/11/2015

Any undeliverable emails from the initial email invitations to staff within LAs were replaced with other staff from the same LA. This was not possible with the CCG contacts due to the sample coming from a different source (please see the previous page for more information).

Cognitive testing

Prior to the survey going live, Ipsos MORI conducted eight cognitive interviews with commissioners of local dementia services, and received detailed notes on the questionnaire from one other commissioner (from a CCG who was unavailable for an interview). Five interviews were conducted with commissioners from CCGs and three from LAs. These cognitive interviews involved a telephone interview during which interviewees answered all the draft survey questions and gave feedback on the questionnaire. The purpose of the cognitive interviews was to test the survey with people who know the commissioning landscape well, in order to ensure the questions were appropriate for the aims of the research. Other objectives included:

- Check whether the questions were easily understood;
- find out how easy or difficult the information was to provide;
- examine whether any language was unclear, and the appropriateness of the questions, and;
- uncover any gaps in the questionnaire or any gaps in response options.

Changes after cognitive testing

The following changes were made to the questionnaire as a result of the cognitive testing:

- Asking more questions about jointly-commissioned services rather than presuming that services for older people are commissioned solely by individual CCGs/LAs.
- Breaking down some response codes into more detail or adding new response codes to ensure the survey accurately reflected participant's answers.
- Changing the banding of responses in some of the questions to more accurately reflect services.
- Re-wording some of the questions to more accurately reflect how services are commissioned.

- Adding a 'refused' response code at a particularly sensitive question (question 11, about the cost of commissioning dementia advisers services).
- Adding separate boxes to respond to question 12 ("*What other options (e.g. alternative services or initiatives), if any, are available in your service area to meet the needs of older people and people with dementia and their carers?*"), grouped by service area to help make the question easier to answer.

Other changes to the survey

After the survey had gone live, a query from a participant in a CCG prompted a change in the survey. The focus of the survey had previously been on lead commissioners of dementia services, a strong steer identified from the cognitive testing, but this query highlighted that some services are not commissioned in this way. For this reason, text in the survey reminders and in the introductory pages of the survey was changed to cover those who commission services within a federation of CCGs. In such cases, a 'lead commissioner' would not exist. Participants were asked to forward the survey on to the person with the best overview of the provision of dementia services to answer the survey as if they were a lead commissioner.

Promotion of the survey

Once live, the survey was publicised by Age UK and the Department of Health. NHS England also promoted the survey amongst CCGs by publicising the survey twice within Alistair Burns' (National Clinical Director for Dementia) newsletters, firstly on 2 October 2015 and then on 13 November 2015. The survey was also included in the weekly CCG bulletin week commencing 26 October 2015. The survey was also promoted to LA contacts through the ADASS bulletin, which is sent to all Directors of Adult Social Services.

Response rates

The survey received a total of 89 completed responses; 57 (64%) of these were from CCGs and 32 (36%) were from LAs. These responses were spread throughout England, although there was some regional variation in the number of responses. The survey was sent out to 359 organisations in total including all CCGs (209) and all LAs (150). To ensure that the relevant audience was targeted, individuals within each CCG/LA with commissioning related job titles were sent invitations to the survey. Taking joint commissioning into account, the survey covered 141 CCGs/LAs (out of a total of 359), which is a response rate of 39%.

Figure 2: Response rates by region*Base: All participants (89)*

Region:	Count of CCGs/LAs	Percentage
North	15	17%
Yorkshire and the Humber	9	10%
East Midlands	8	9%
West Midlands	8	9%
East of England	8	9%
London	17	19%
South East	15	17%
South West	9	10%
Total	89	100%

For the purposes of reporting and due to the relatively low number of responses in each region, the above regions have been grouped into the following categories:

- 'North' and 'Yorkshire and the Humber' have been combined into **'North of England'**
- 'East Midlands', 'West Midlands' and 'East of England' have been combined into **'Midlands & East of England'**
- 'South East' and 'South West' have been combined into **'South of England'**
- 'London' has not been combined with any other regions.

The impact of joint commissioning on response rates

One important finding of this research is the extent to which services are jointly commissioned. Commissioners within CCGs/LAs commission services across multiple areas in many cases. This means that commissioners within CCGs or LAs are often not simply commissioning services within their own local area, but are commissioning services in cooperation with other CCGs/LAs with a wider geographical coverage. Almost half (38 of the 89 responses, 47%) jointly commission services. In some cases, services are being commissioned jointly with up to six different CCGs/LAs. These findings indicate an integration of services and that many health and social care communities are not acting in geographical silos.

The impact of joint commissioning means that although the survey received 89 responses, in actuality these responses cover many more than 89 local areas – 141 different CCGs/LAs in total. Analyses of responses from organisations that jointly commission services shows that of the 150 LAs and 209 CCGs, responses cover 44 LAs and 97 CCGs. This is broken down in more detail in the figure below. More detail on the extent and impact of joint commissioning is explored later on in this report in the section 'The extent of joint commissioning'.

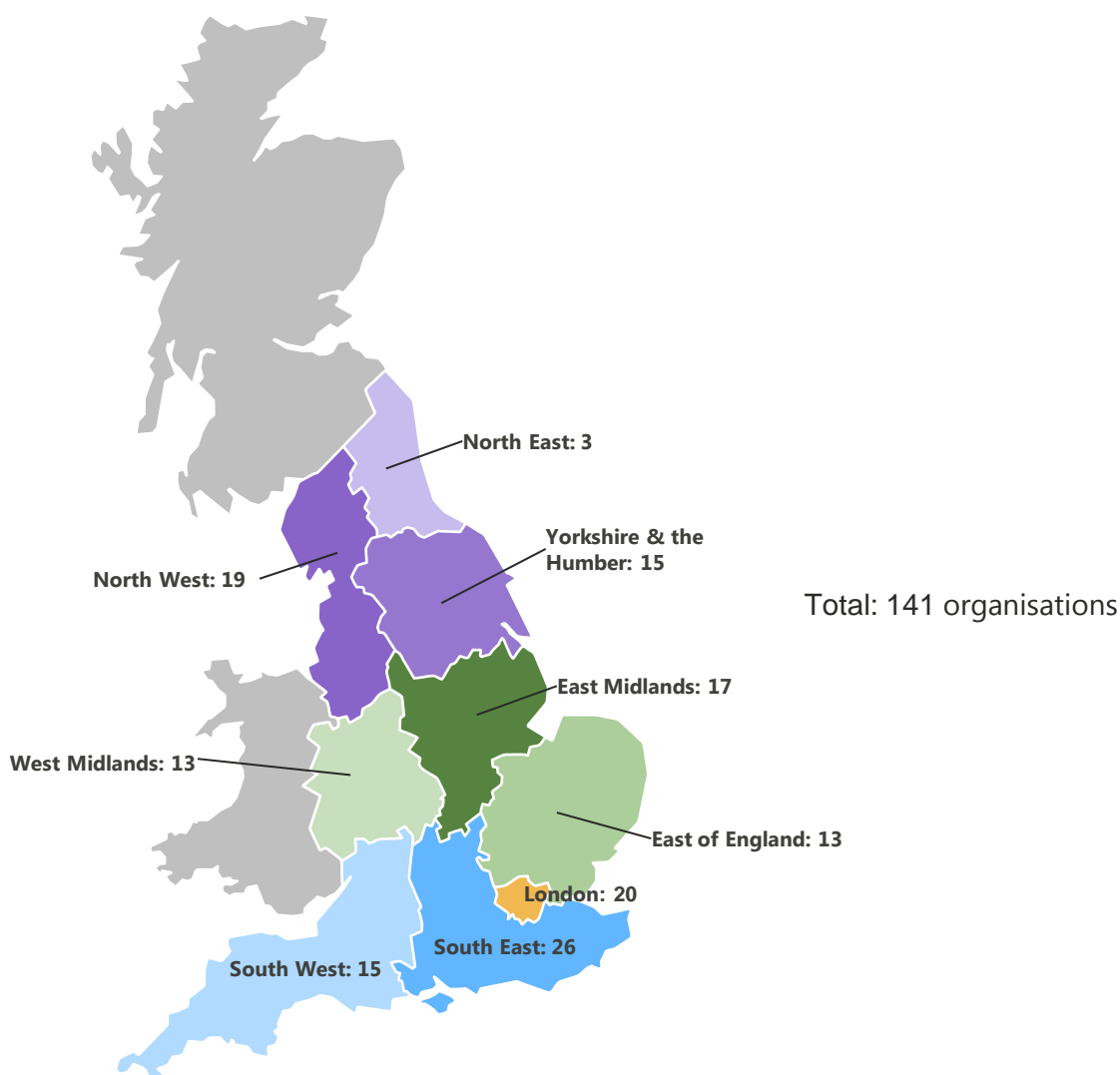
Figure 3: LAs/CCGs covered in survey by region, including joint commissioning

Base: All participants (89)

Region:	Count of CCGs/LAs in survey	Number of CCGs/LAs in region	Percentage of region covered in survey
North of England	37	115	32%
Midlands & East of England	43	95	45%
London	20	64	31%
South of England	41	85	48%
Total	141	359	39%

Figure 4: Map of number of LAs/CCGs covered in the survey, including joint commissioning

Base: All participants (89)



Limitations to the survey

The survey was not designed to provide statistically reliable data based on a representative sample as there is currently little available evidence on the provision of dementia adviser services. The survey was not mandatory and was designed as an investigative and indicative piece of research. Therefore, please bear in mind these responses are indicative only and not all reported differences will be statistically significant.

Notes for interpreting the data

Please note that wherever a question had 30 responses or fewer, we will report only the counts of responses, and not percentages. This is because percentages can be misleading when based on less than 100 responses.

Where figures do not add up to 100, this is due to multiple coding or computer rounding.

Weighting

Weights have not been applied to the data. In order for weights to be applied to a sample, characteristics about a population must be known. Because this is an exploratory piece of research, not enough was known about the population being surveyed in order to apply weights. The extent of joint commissioning also added another level of complexity to the population being surveyed.

4. Commissioning landscape

This section of the report focuses on how dementia adviser services are commissioned in local areas throughout England.

Who commissions dementia adviser services?

Job roles

Survey participants were those responsible for commissioning dementia services in their service area. Although the exact job titles of these people vary from area to area, generally they hold senior commissioning roles. Across the 89 survey responses, the most common job title given is 'Commissioning Manager', with 21% of participants within CCGs and 34% of those within LAs stating this as their role. Other common job titles include Commissioning Director or simply Commissioner. CCGs have people in clinical roles commissioning dementia services, for example a Clinical Lead for Mental Health (12% of those in CCGs identify this as their role). It is interesting to note that amongst CCGs; around two in five commissioning roles sit within mental health (39% of commissioners have mental health job titles). LAs and CCGs have Joint Commissioner/Joint Commissioning Manager roles (12% of participants in CCGs and 6% of those in LAs describe this as their role), which is indicative of the extent of jointly commissioned services.

What services are available for older people (including dementia services)?

Services available for older people

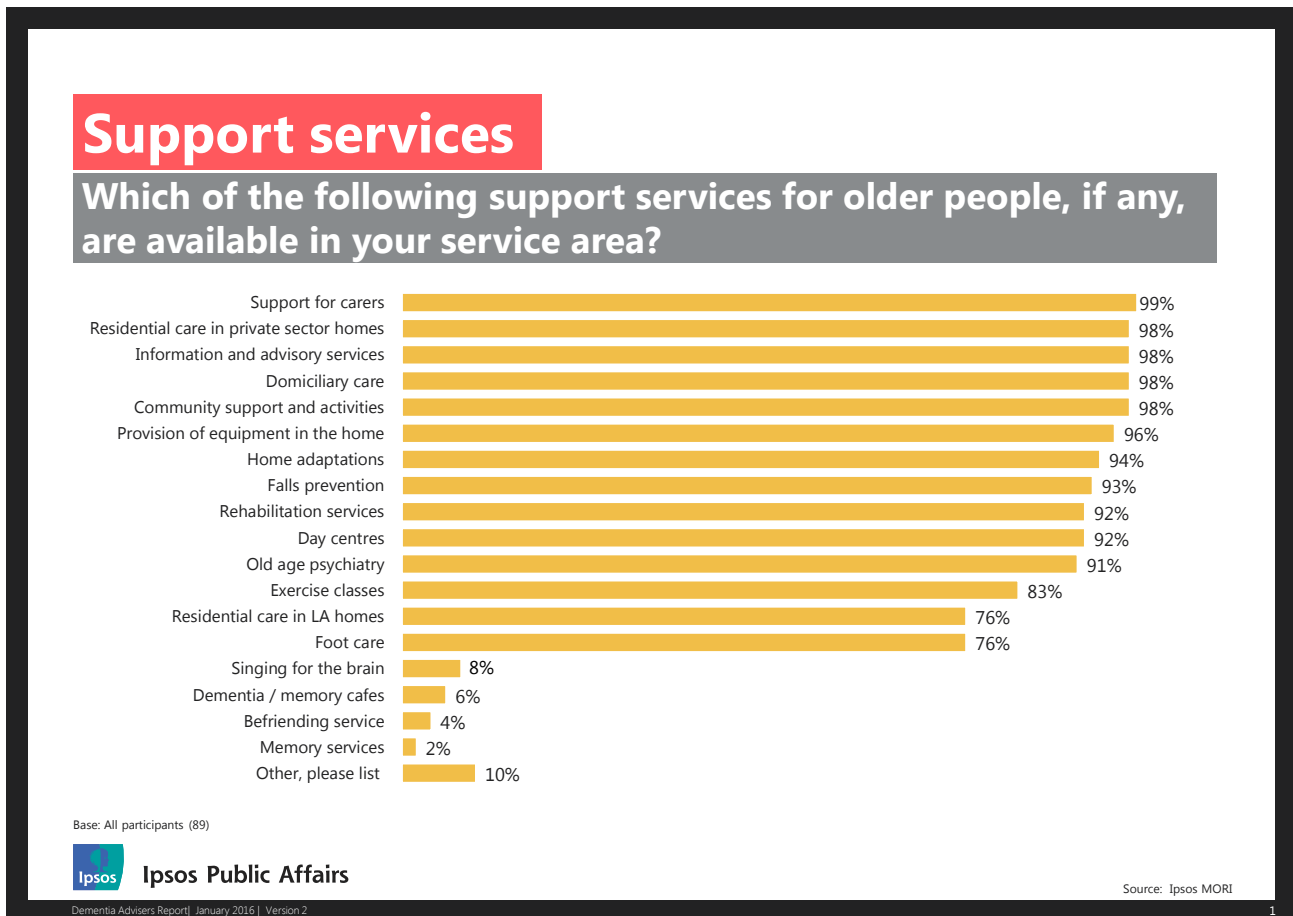
There is a wide array of support services relevant to older people available in local areas. Almost all (99%) of participants say that support for carers is available in their service area. Community support and activities, domiciliary care, information and advisory services and residential care in private sector homes are also widely available, as mentioned by 98% of commissioners. This is followed by 96% who say that there is provision of equipment in the home for older people and 94% who say that home adaptations are available for older people. The least common forms of care available for older people in local areas are foot care and residential care within LA homes, but this support is still available in three-quarters of service areas (76%). There are no commissioners who reported there being no forms of support for older people in their service area.

As you would expect there is a discrepancy between levels of residential care available in private sector owned homes and LA owned homes. While 98% of commissioners say that residential care is available in private sector homes, this figure drops to 76% for LA homes.

One in ten (10%) say that there are other services for older people available that were not listed on the survey, including 'singing for the brain' (8%), dementia/memory cafes (6%), befriending services (4%) and other memory services (2%).

Generally speaking services for older people are available nationwide. There are minor regional variations in services available – for example, in the availability of residential care within LA homes. 10 out of the 17 commissioners from London said this service was available, compared with 24 out of the 28 commissioners from the North of England (the region with the highest proportion who said this service was available in their area).

Figure 5: Support Services available for older people
 Base: All participants (89)



The pattern in services available for older people is similar for both CCGs and LAs, which is perhaps to be expected considering that they cover the same service areas. For example, all the participants from LAs say there is support for carers compared to 98% of those from CCGs, and 97% of those from LAs say there are information and advisory services compared to 98% of those within CCGs. The largest difference between CCGs and LAs is in foot care and residential care in LA homes. For both of these, 82% of participants within CCGs say that these services are available within their area compared to two-thirds (66%) of those in LAs.

Dementia adviser services

Most commissioners (91%) say that there is a dementia adviser service (or similar) available for people with dementia in their service area. 8% say that there is no such service and 1% say that they don't know if a service

like this exists. There is little variation by region, with most participants in CCGs/LAs in each region saying that this kind of service exists in their area.

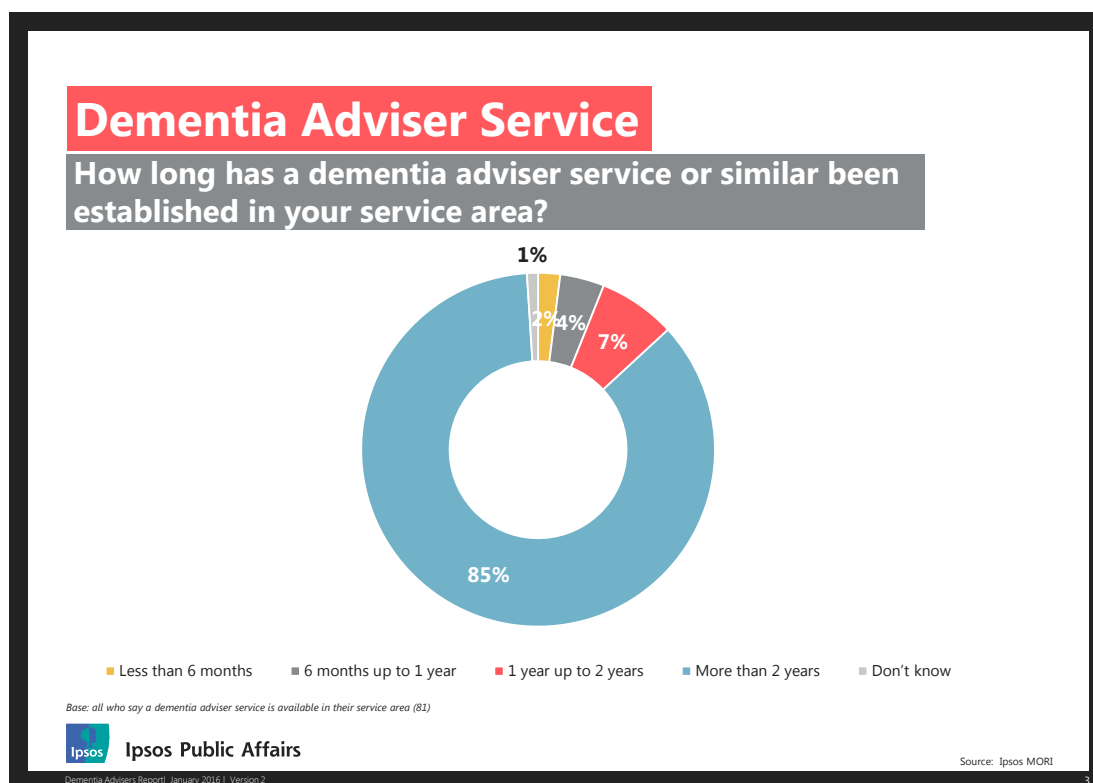
A higher proportion of participants from LAs than CCGs say that dementia adviser services exist in their service area (94% compared to 89%).

How long have dementia adviser services been commissioned for?

Dementia adviser services are well established across all regions. Most of the dementia adviser services that exist within local areas have been established for more than two years (85%). 7% have existed for between a year and two years, 4% between six months and a year, and 2% have existed for less than six months.

Figure 6: Length of time dementia adviser service has been established

Base: All who say a dementia adviser service is available in their area (81)



How are dementia adviser services commissioned?

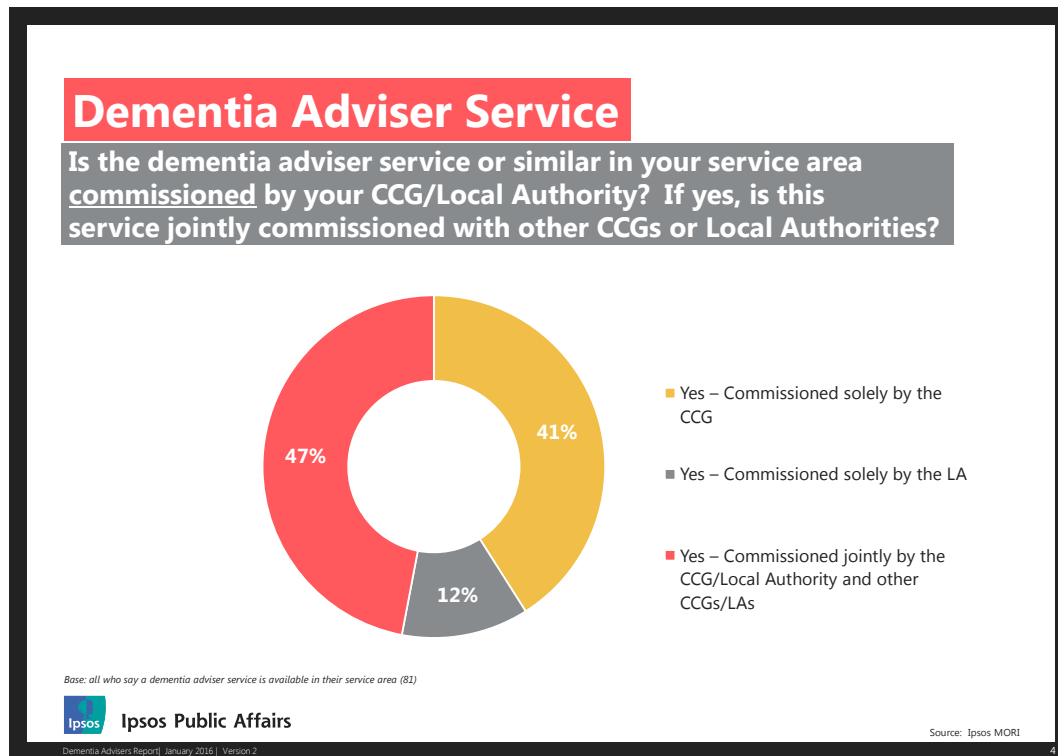
The extent of joint commissioning

Just over half (53%; 43 organisations) of organisations that commission dementia adviser services commission these services on their own and not with other CCGs or LAs. Of these 43 organisations, 33 are CCGs and 10 are LAs. Around two-thirds (65%) of CCGs solely commission dementia adviser services compared to a third (33%) of LAs.

Almost half (47%; 38 different organisations) of dementia adviser services are commissioned with other CCGs/LAs. 35% of CCGs and 67% of LAs jointly commission these services. These findings suggest that there is some evidence of integration of dementia services within CCGs and Local Authorities throughout the country.

Figure 7: The extent of joint commissioning

Base: All who say a dementia adviser service is available in their area (81)



Of the 38 organisations that report joint commissioning, 27 do so with one or two other organisations, and 11 do so with between three and six other organisations. Joint commissioning could occur with up to six other organisations. It was more common for CCGs to commission services with other CCGs than with LAs, and LAs only jointly commissioned services with CCGs, not with other LAs.

Regionally, the South of England has the highest proportion of organisations that jointly commission dementia adviser services, with 11 out of 18 organisations in this area saying that this is the case. The other regions all had a lower proportion of organisations claiming that dementia adviser services are jointly commissioned.

In the majority of cases where joint commissioning occurs, one organisation is the lead commissioner for the entire dementia adviser service (63%). In other cases, there are multiple commissioners responsible for different parts of the service (37%). Half of participants from CCGs say that there are multiple commissioners for different parts of the dementia adviser service (50%) compared with a quarter of those from LAs (25%).

Five out of the nine commissioners in the Midlands/East of England who jointly commission services say there are multiple commissioners for different parts of their service. This compares with two out of the eleven commissioners in the South of England who say this.

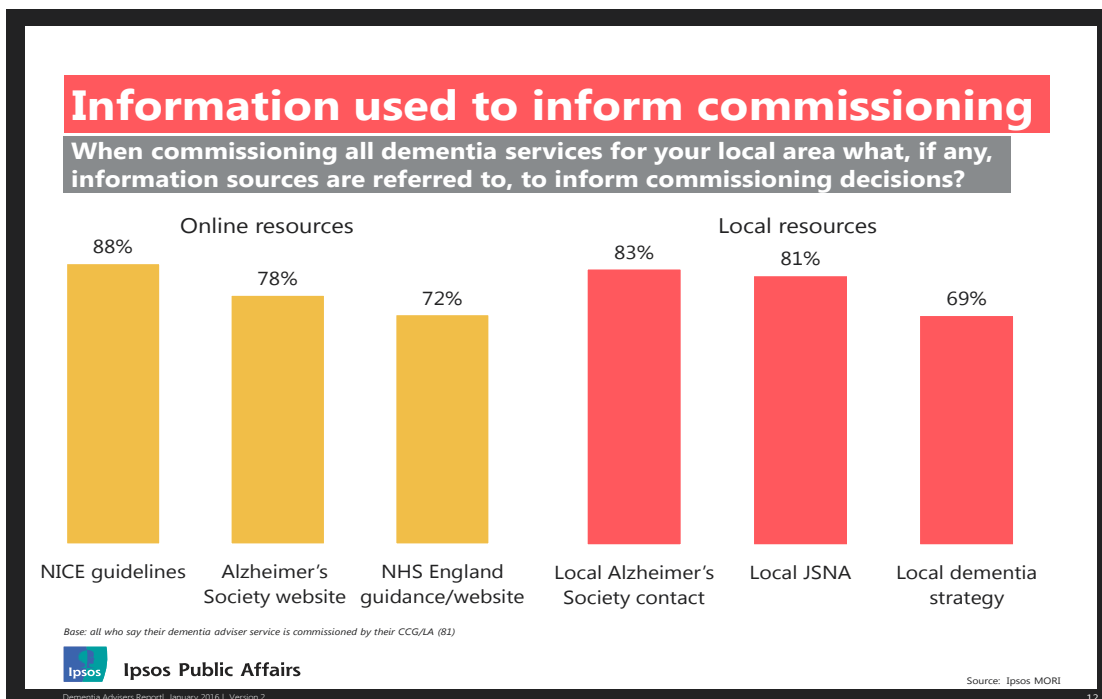
Information sources used to commission dementia services

A wide range of online resources, local resources, and other documents are used to inform commissioning decisions. The online resources most commonly used to inform the commissioning of dementia services are the National Institute for Health and Care Excellence (NICE) guidelines¹; 88% of commissioners use this resource. The second most common source used is the Alzheimer's Society website² (78%), followed by NHS England guidance/website (72%) and then Social Care Institute for Excellence (SCIE) dementia gateway³ (58%). Some of the less used online resources include the NHS Choices website (26%) and Dementia web (23%).

Commissioners also utilise a range of local resources when commissioning dementia services. The majority (83%) use a local Alzheimer's Society contact, and many (81%) use a local Joint Strategic Needs Assessment (JSNA). Over two-thirds (69%) use a local dementia strategy. Lesser used resources include Dementia Health Needs Assessment (46%) and a local Dementia UK contact (20%). Other documents that commissioners use include Department of Health guidance (65% say this) and academic papers/research (44% use these).

Figure 8: Information sources used to commission dementia services

Base: All who say a dementia adviser service is available in their area (81)



Organisations that solely commission services as well as those that jointly commission with other CCGs/LAs use a wide range of information sources and tend to use the same sorts of information. The largest difference is that 90% of commissioners in LAs that solely commission services say they use the SCIE dementia gateway, compared with 39% of CCGs that solely commission services.

¹ <http://www.nice.org.uk/Guidance>

² <https://www.alzheimers.org.uk/>

³ <http://www.scie.org.uk/dementia/>

5. Provision of dementia adviser service

Information about dementia advisers

Who provides these dementia adviser services?

In the majority of cases the dementia adviser services within service areas are provided by the Alzheimer's Society (75% of participants say this is the case). This is true for both CCGs and LAs (78% and 70% of participants say this respectively), and an additional 2% say this service is provided by a local group in partnership with the Alzheimer's Society. A further 14% say this service is provided by Age UK, another 14% by a mental health trust, and 10% by a LA. Around one in twenty participants (6%) say dementia adviser services are provided by an NHS Foundation Trust, or by a local charity (4%), a community health trust (2%), and 5% say these services are provided by an 'other' organisation.

There are differences in who provides dementia adviser services by type of organisation. About a fifth (18%) of participants from a CCG say services are provided by a mental health trust, compared with 7% of those from an LA. In contrast, 17% of those from a LA say their dementia adviser service is provided by the Local Authority, compared to 6% of those from CCGs.

Commissioners in the North of England are more likely to say they have dementia adviser services provided by a mental health trust, with 6 out of the 26 commissioners in this area stating that services are provided in this way, compared to 2 in 18 in the South of England and 3 in 16 in London.

Job roles

In almost three-quarters (72%) of service areas, the person employed as part of the dementia adviser (or similar) service is known as a Dementia Adviser. This person is more often known as a Dementia Adviser within CCGs than in LAs (78% of participants in CCGs compared to 60% in LAs). This also varies by region; almost all of the people working in London (15 in 16) and the North of England (21 in 26) are known as Dementia Advisers, whereas it is more common for them to be known by a different name in the South of England and the Midlands/East of England.

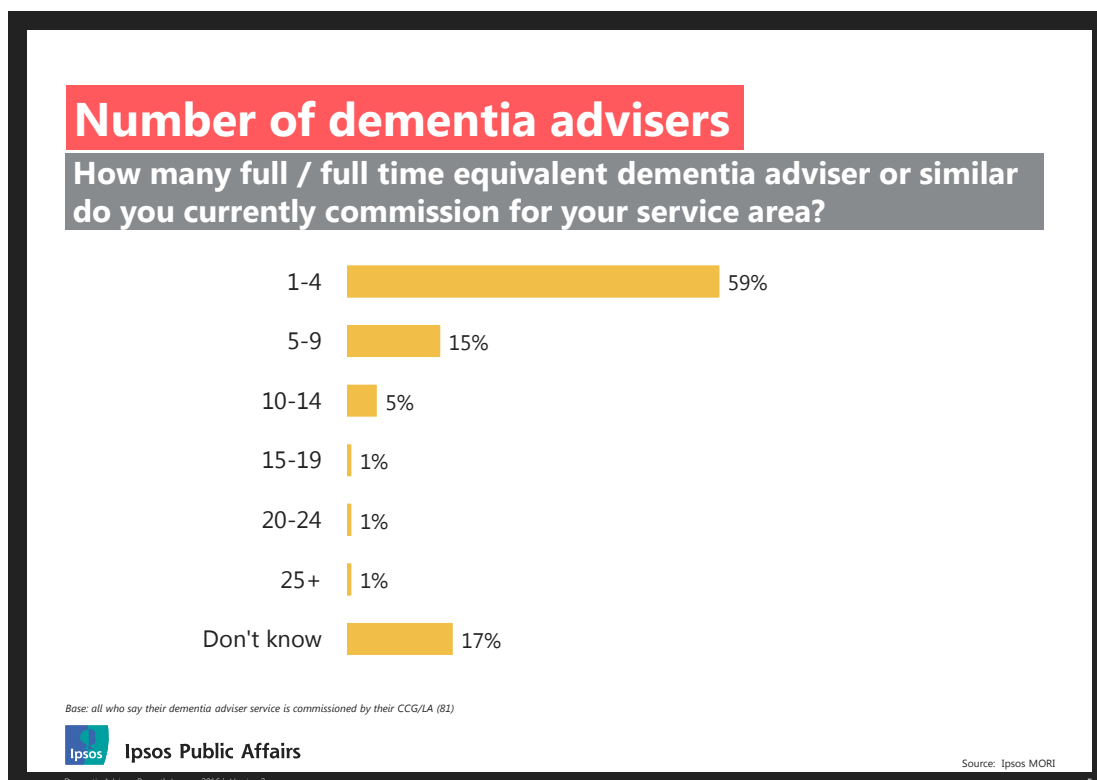
Sometimes the people working within these services have other titles, such as Dementia Support Worker, Dementia Care Adviser, Dementia Navigator or Nurse. Although called by a different name, these roles usually have the same job description as a Dementia Adviser.

Figure 9: Alternative job titles for the role of those providing a dementia adviser service*Base: All who say that the person employed is not known as a Dementia Adviser (22)*

Job title	Count
Dementia Support Worker	11
Dementia Care Adviser	3
Dementia Navigator	3
Dementia Nurse	3
Memory Adviser	1
Other support worker	2
Various	1

How many dementia advisers are there for each service area?

Commissioners were asked to provide a figure of full time dementia advisers employed in their service area. Those who could not provide a figure were then provided with ranges and asked to indicate which range the numbers of dementia advisers fall within. Of the commissioners who could provide a figure, three in five (59%) say that they commission between one and four dementia advisers for their service area. 15% say they commission between five and nine dementia advisers, and 5% commission 10 – 14 dementia advisers. It is rarer for a service area to have more dementia advisers than this, with only 1% of commissioners reporting having 15 – 19 dementia advisers, another 1% having 20–24 dementia advisers and a further 1% having 25 or over.

Figure 10: Number of dementia advisers*Base: All who say a dementia adviser service is commissioned by their CCG/LA (81)*

LAs are more likely to commission higher numbers of dementia advisers in their service area than CCGs. Approaching a quarter (23%) of LAs commission between five and nine dementia advisers in their area, compared with 10% of CCGs. 63% of CCGs commission between one and four dementia advisers, while 53% of LAs commission 1 – 4 dementia advisers.

The number of dementia advisers commissioned also varies by region, with CCGs/LAs in the South commissioning more dementia advisers than those in other regions. Joint commissioning is also higher in the South, so commissioners in this region may have a larger geographical area to cover and therefore employ more dementia advisers. Fewer dementia advisers per area are commissioned in London, with most (13 out of the 16) commissioners stating that they commissioned between one and four dementia advisers.

There are higher numbers of dementia advisers commissioned in areas that jointly commission services. 8% of organisations that commission services with other CCGs/LAs commission have between 10 and 14 dementia advisers, compared with 2% of organisations that solely commission services. A further 18% of commissioners who say that the dementia services in their area are jointly commissioned have between five and nine dementia advisers working in them, compared with 12% of commissioners who say this where services are solely commissioned by the CCG/LA. The organisations that report commissioning the highest numbers of dementia advisers for their area (over 20) also jointly commission services.

Almost a fifth (17%) of commissioners do not know exactly how many dementia advisers are commissioned within their service area. A fifth (20%) of commissioners in CCGs say this compared to 13% of those in LAs.

Survey participants who did not know the exact number of dementia advisers commissioned in their area were asked to provide a banded answer (1 – 4, 5 – 9, 10 – 14, 15 – 19, 20 – 24 and 25+). Of these, about a third (5 out of 14) said that they commissioned one to four dementia advisers, about another third (4 out of 14) said they commissioned five to nine dementia advisers, and the remaining third (4 out of 14) said that they did not know.

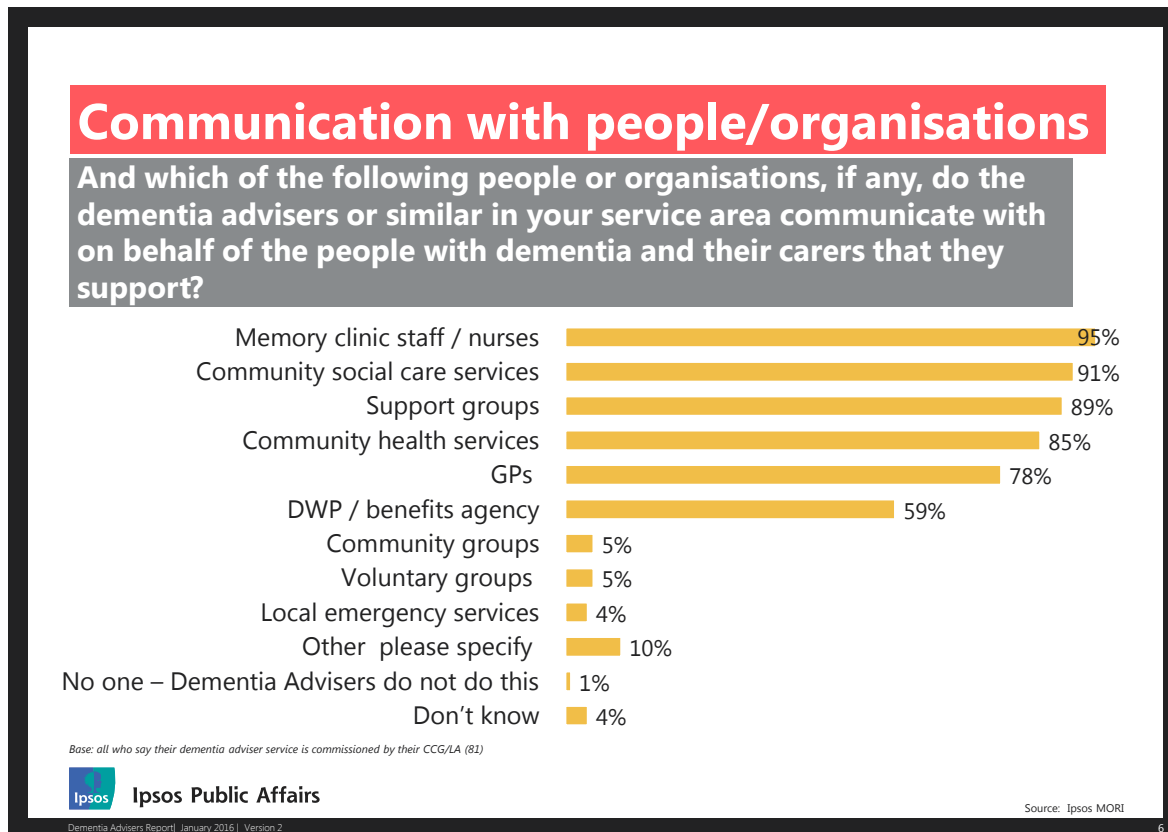
How do dementia advisers provide support?

Communication with people/organisations

Dementia advisers communicate with a variety of people and organisations on behalf of the people they support. In almost all cases (95%), participants say that dementia advisers communicate with memory clinic staff/nurses. Dementia advisers also communicate with community social care services (91% of commissioners say this), support groups (89%) and community health services (85%). According to commissioners, dementia advisers are less likely to communicate with local emergency services (4%), voluntary groups (5%) or community groups (5%). One in ten (10%) commissioners say that dementia advisers communicate with 'Other' people or organisations.

Figure 11: People/organisations that dementia advisers communicate with on behalf of the people with dementia and their carers that they support

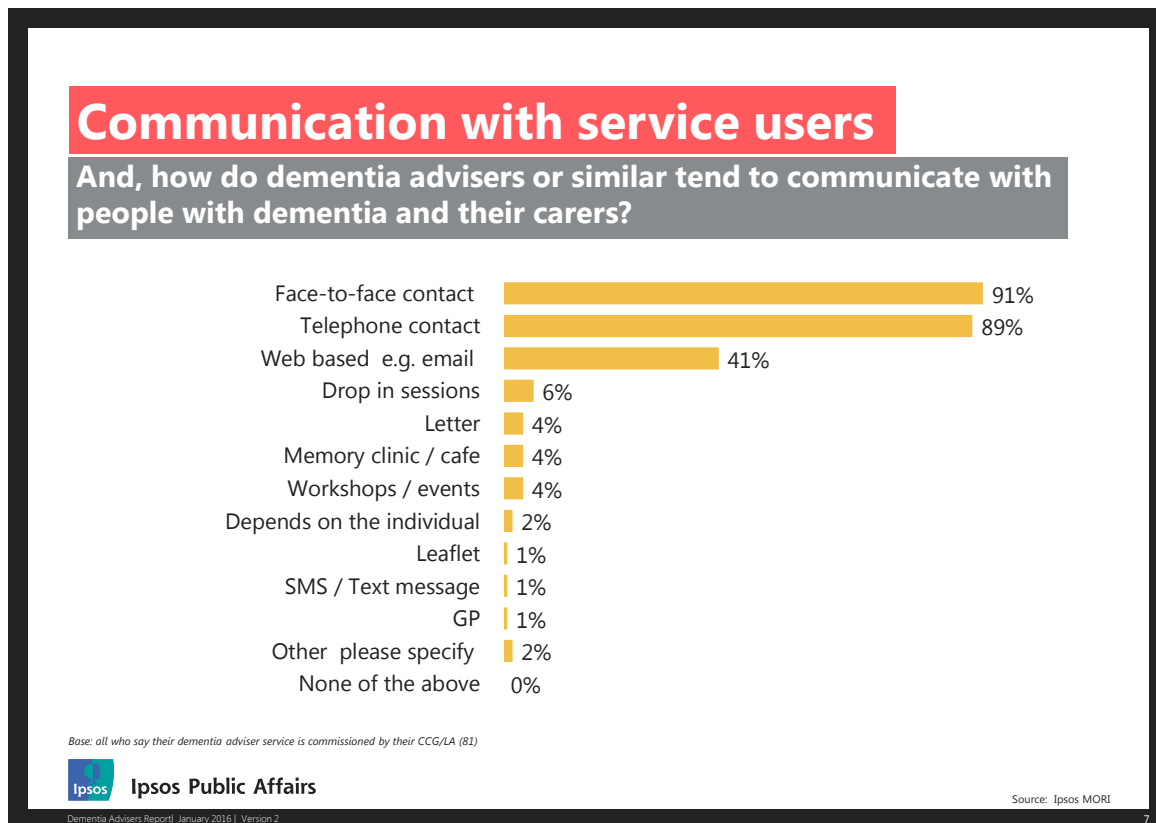
Base: All who say a dementia adviser service is commissioned by their CCG/LA (81)



Dementia advisers across all regions tend to communicate with the same kinds of people/organisations. This was also the case whether the commissioning organisation was a CCG or an LA.

Communication with people with dementia/their carers

Dementia advisers communicate with people who have dementia and their carers in a range of ways. The most common of these is by meeting them face-to-face (91% of participants say that dementia advisers communicate in this way). Telephone contact is the second most common method of communication (89%). Two in five (41%) dementia advisers also speak with people through email. Other communication methods mentioned include: drop-in sessions, letters, memory clinic/cafes and workshops/events, but these are less common than the aforementioned methods.

Figure 12: How dementia advisers communicate with people with dementia and their carers*Base: All who say a dementia adviser service is commissioned by their CCG/LA (81)*

The methods of communication employed by dementia advisers are generally the same whether commissioned by a CCG or LA.

Additional services

The primary role of a dementia adviser is to provide support and information to those with dementia and their carers, providing a single identifiable point of contact that has knowledge of, and direct access to, the whole range of available local services, and helping with advice, signposting and enabling contact with other services if needed. In addition to providing this on a one-to-one basis, dementia advisers also provide other services, which can be in a group setting. For example, nearly three-quarters (73%) of commissioners say that dementia advisers run support groups for people with dementia, as well as 67% saying that dementia advisers run support groups for the carers of people with dementia. As well as support groups, dementia advisers also run education groups for people with dementia (46% of participants say this occurs) and their carers (60%). Dementia friends training is another service often provided by dementia advisers (59% of commissioners say dementia advisers do this in their service area). Some of the other services that dementia advisers run for people with dementia include dementia cafes (5% say this) and 'singing for the brain' (2% say this).

Figure 13: Additional services provided by dementia advisers*Base: All who say their dementia adviser service is commissioned by their CCG/LA (81)*

Additional Services:	CCGs (%)	LAs (%)	Total (%)
Running support groups for people with dementia	65%	87%	73%
Running support groups for carers of people with dementia	59%	80%	67%
Running education groups for carers of people with dementia	53%	73%	60%
Dementia friends training	61%	57%	59%
Running education groups for people with dementia	59%	57%	46%
Dementia cafes	2%	10%	5%
Training for Health Care professionals	6%	-	4%
Singing for the brain	2%	3%	2%
Other	2%	3%	2%
Do not provide additional support	10%	3%	7%
Don't know	6%	-	4%

These additional services happen more often when the dementia adviser service is commissioned by an LA rather than a CCG. Almost nine in ten (87%) commissioners within LAs say that dementia advisers run support groups for people with dementia, 80% say dementia advisers run support groups for carers, and 73% say dementia advisers run education groups for carers of people with dementia. This compares with 65%, 59% and 53% of those commissioning within a CCG respectively.

Service areas in the North of England tend to have dementia advisers conducting these additional services more than in other regions. For example, 19 out of 26 commissioners in the North of England say they have dementia advisers running education groups for carers of people with dementia, compared to 7 out of 18 in the South of England.

How many people do dementia advisers help?

Commissioners were asked to provide a figure of the amount of people in their service area for whom dementia advisers have provided services for in the last year. Those who could not provide a figure were then provided with ranges and asked to indicate within which range it would roughly fall. Of those who could provide an exact figure, one in ten (10%) commissioners say that dementia advisers have provided their

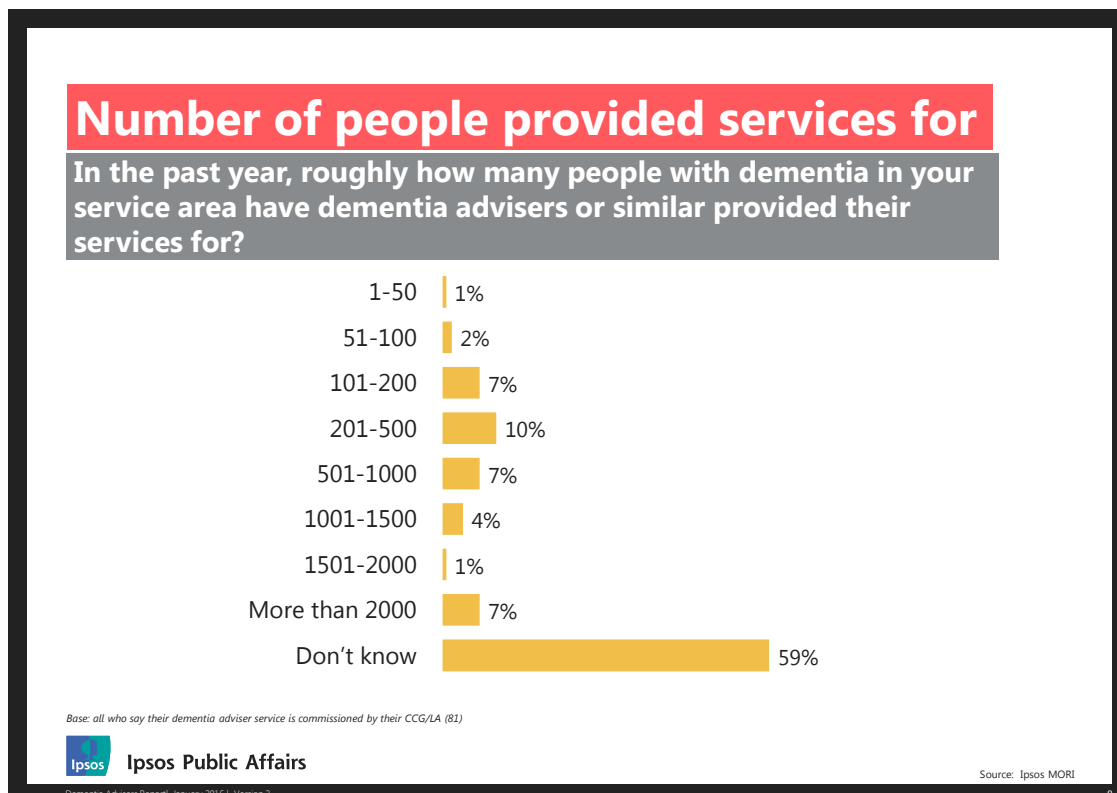
services for between 201 and 500 people in the past year and 7% for each of over 2,000 people, between 501 and 1,000 people and between 101 and 200 people. The average (mean) number of people that dementia advisers within an area have provided their services for within the past year is 1,112, but this figure needs to be interpreted with caution as it is affected by the large range of responses. Dementia advisers appear to be providing their services for more people per service area in the South than in other regions in England.

Commissioners within organisations that jointly commission dementia adviser services with other CCGs/LAs say that dementia advisers provide their services for more people on average than commissioners who work in organisations that solely commission services. Over one in ten (11%) of commissioners that jointly commission dementia adviser services say that dementia advisers in their service area provide their services for over 2,000 people annually. This compares to 5% of commissioners who say their organisation solely commissions dementia adviser services.

Three in five (59%) participants did not know the exact number of people that dementia advisers have provided their services for in their service area, over the last year. Prior to the survey launching, the questionnaire was tested by nine commissioners (for further detail on cognitive testing see Chapter 3). As part of their feedback for this question commissioners indicated that information on the number of people they provide services for was available, but this may be something that they would not have to hand, and would need to go away and look up. While we don't know the reason why commissioners were unable to answer this question, not having the information easily to hand may have played a part.

Figure 14: Number of people dementia advisers have provided services for

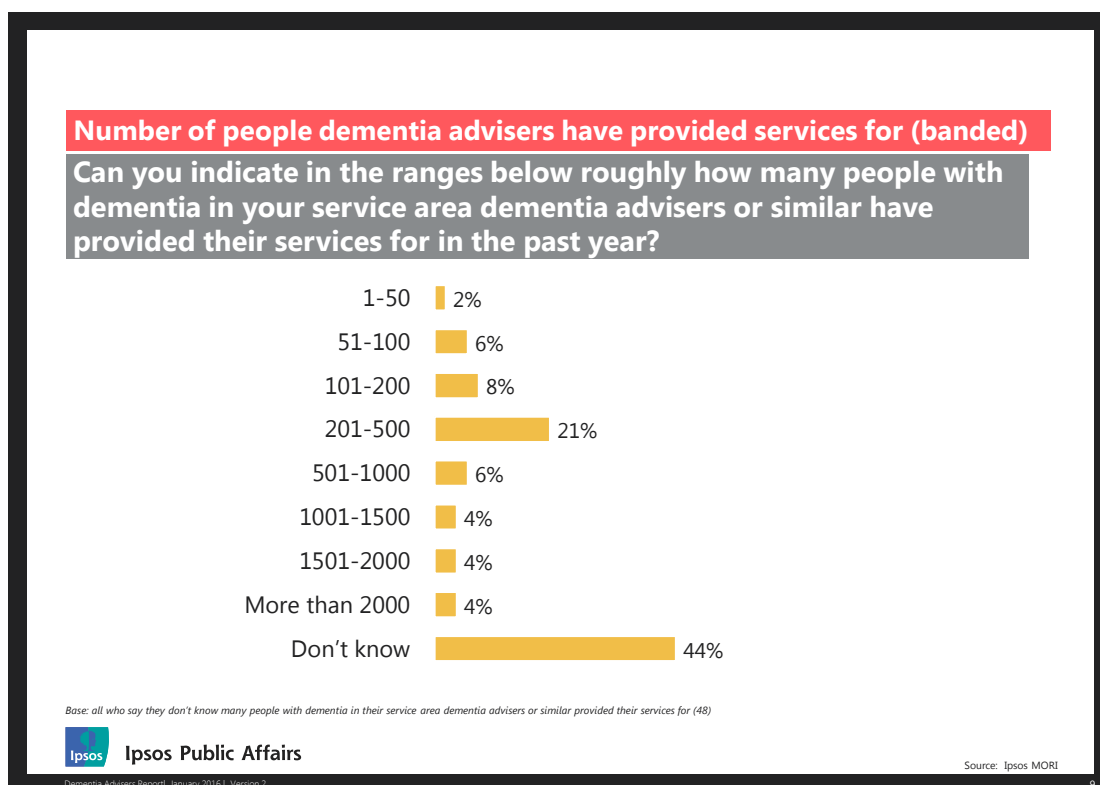
Base: All who say their dementia adviser service is commissioned by their CCG/LA (81)



The 59% (48 participants) that did not know the exact number of people dementia advisers in their area have provided their services for were asked to estimate the same number within bands (1 – 50, 51 –100, 101 – 200 and so on). Almost half (44%) of these 48 commissioners did not know how many people dementia advisers have helped in their area, when asked to estimate within these bands. Feedback from the cognitive testing of this question suggested that commissioners may not have this information readily available, which can help to explain why high proportions of commissioners say this. Understanding the numbers of people being reached and to what extent this reflects local need are important considerations when commissioning any service.

Figure 15: Number of people dementia advisers have provided services for (banded)

Base: all who say they don't know many people with dementia in their service area dementia advisers or similar provided their services for (48)

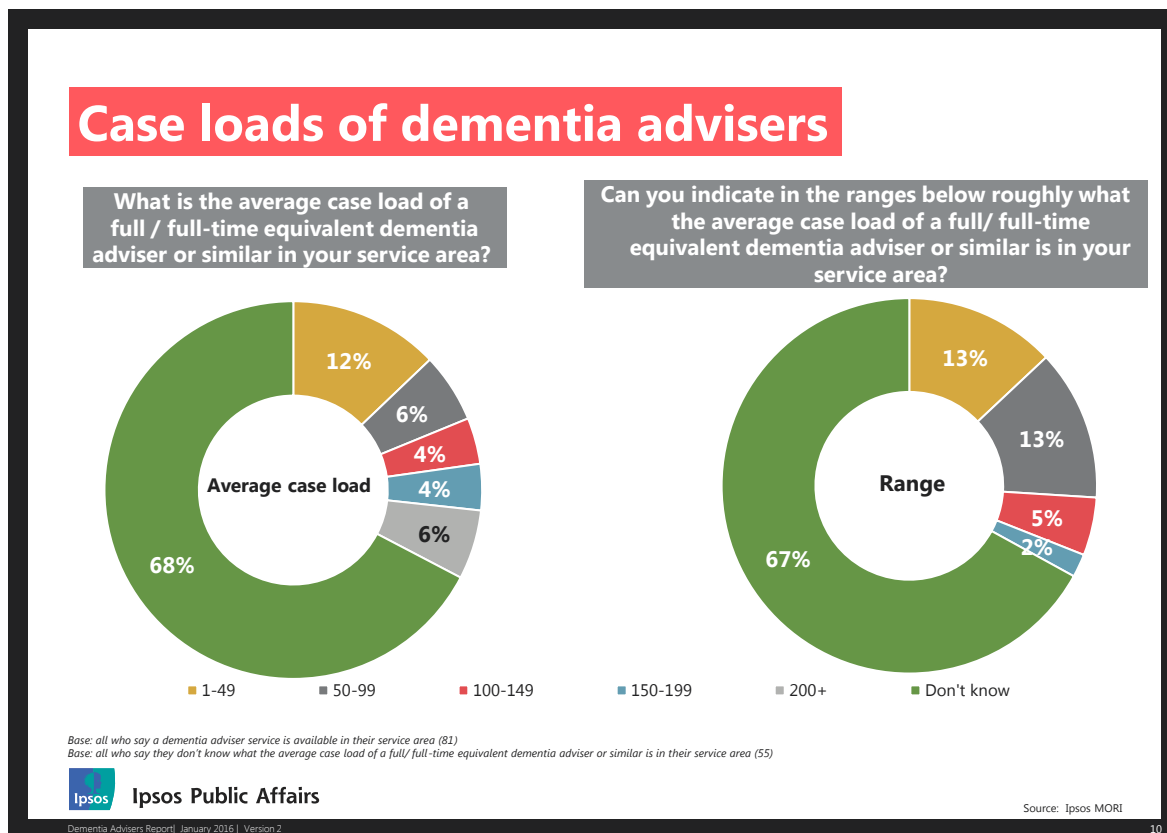


Case loads of dementia advisers

Most participants (68%) did not know what the average case load of a dementia adviser in their service area is. Two-thirds (67%) of the commissioners of dementia services that 'don't know' the average case load of a dementia adviser were also unable to estimate this case load within bands. Knowledge of the average case load of a dementia adviser in a service area is inextricably linked with knowledge of how many people dementia advisers have helped in the same area. Again, the cognitive interviews suggested that this information may not have been quickly and easily accessible to commissioners.

Figure 16: Case loads of dementia advisers

Bases: All who say a dementia adviser service is available in their service area (81) & all who say they don't know what the average case load of a full/full-time equivalent dementia adviser or similar is in their service area (55)



Of those commissioners who could estimate a caseload figure the average (mean) case load of a dementia adviser is 126. This varies regionally with the highest average case load in the North of England (186) and the lowest average case load being in London (88). The average case load of a dementia adviser appears to be lower for those commissioned by organisations that jointly commission services than those that solely commission services. The mean case load is 170 for dementia advisers commissioned by organisations that solely commission and 75 for those that jointly commission; these results should be interpreted with caution due to relatively low response rates and a wide range of responses.

What is the cost of commissioning?

When considering the annual cost to commissioners of each dementia adviser, it is important to note that commissioners were asked to include 'on costs' such as pensions and national insurance contributions.

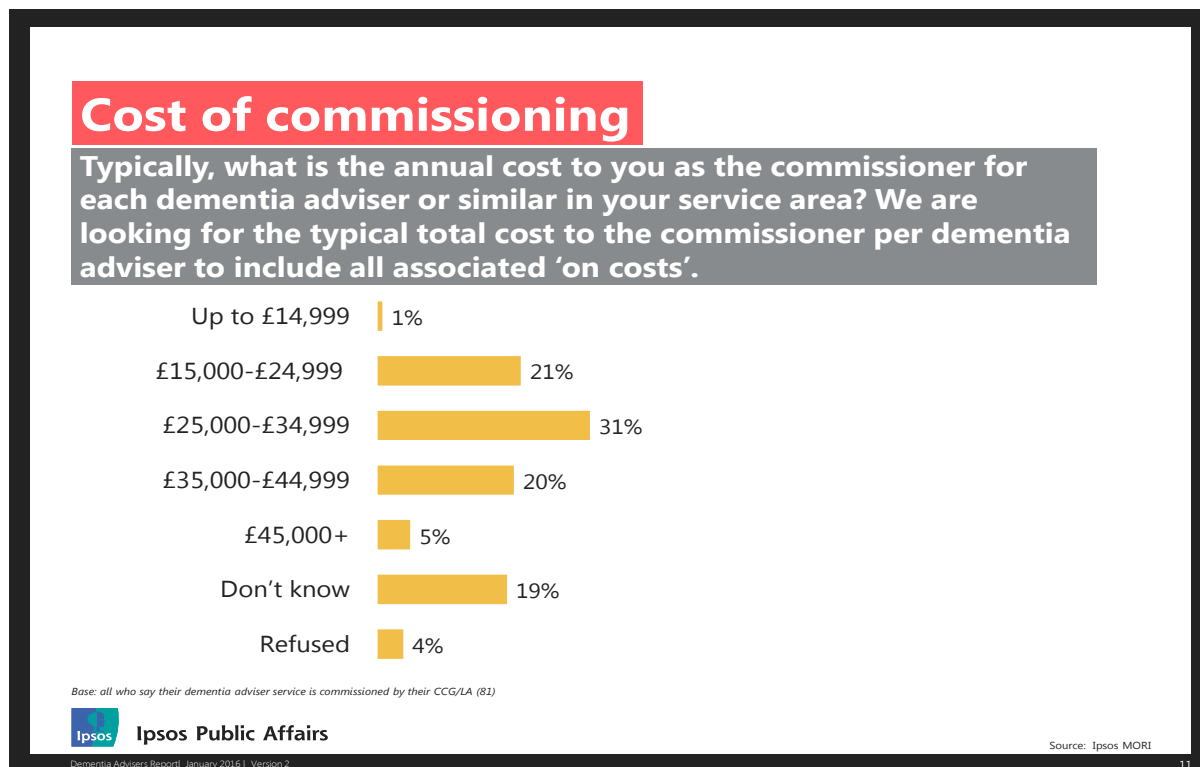
One in five (19%) commissioners say that they do not know what the annual cost is of each dementia adviser in their service area.

Around a third (31%) of commissioners say that the annual cost of each dementia adviser is £25,000 – £34,999. A further fifth (21%) state that the cost of each dementia adviser is £15,000 – £24,999, and 5% of commissioners say that each dementia adviser costs £45,000 or over. The cost of each dementia adviser may

be greater when commissioned by a CCG rather than an LA; all of the commissioners who say that dementia advisers each cost £45,000 or more are within CCGs. A higher proportion of participants within LAs than in CCGs say that dementia advisers cost between £15,000 and £24,999 annually (33% compared to 14% respectively).

Figure 17: Cost of commissioning each dementia adviser

Base: all who say their dementia adviser service is commissioned by their CCG/LA (81)



Perhaps unsurprisingly, commissioners in London say that each dementia adviser costs more per year than commissioners in any other region. 3 out of 16 commissioners in London report an annual cost of £45,000 or more per dementia adviser, compared to 1 commissioner in the South of England and none in any other regions. Similarly, 6 out of the 16 commissioners in London say that each dementia adviser costs £35,000 – £44,999 per year, a higher proportion in this bracket than any other region.

6. Other available services for older people

Other available services

8 commissioners out of the 89 surveyed say that there is not a dementia adviser service (or similar) in their service area, or that they do not know if such a service exists¹. 3 of these commissioners say there are plans to introduce a dementia adviser service in their area in the future, 2 say that there are no such plans and 3 do not know whether there are plans to introduce such a service.

These commissioners were asked what kinds of other services are available for older people and people with dementia and their carers. These following services were mentioned:

- **Web based services**, including web based community support and activities, online information and advisory services, and an online dementia roadmap.
- **Telephone based services**, including telephone helplines set up for older people in their service area, telephone based services that provides general carer support, and 'other' forms of telephone based service for older people/people with dementia/their carers.
- **Dementia specific services**, including community support and activities, day centres, dementia/memory cafes and post-diagnostic support.
- **General carer support**, including carer support groups and community support and activities to support carers.

¹ Please take caution in interpreting these findings due to the small numbers of responses.

7. Appendices

A.1 – Topline data

Survey of provision of services available to older people, with particular reference to dementia advisers

Topline results, 16-12-15, Final, 15-008850-01

- Results are based on 89 responses to an online survey
- A sample of contacts in Clinical Commissioning Groups (provided by Binley's) and LAs (Ipsos MORI's Goveal database) received an invitation inviting them to take part in the survey or to forward to the relevant person
- Access to the survey was through an open link
- Fieldwork was conducted between 2 October – 27 November 2015
- Results are based on all participants (89), unless otherwise stated
- Where figures do not add up to 100, this is due to multiple coding or computer rounding
- For questions with fewer than 30 responses, the actual number of participants is provided rather than the percentage figure. For questions with fewer than 30 responses, we recommend that you look at the number of participants giving each answer rather than the percentage, as the percentage can be misleading when based on so few responses.
- Data are unweighted

Screening

SQ1 Are you responding on behalf of a:

	Count	%
Clinical Commissioning Group	57	64
LA	32	36
Other	-	-

SQ2 Please select the name of your CCG from the drop down list below. We need this information so we can analyse the results by NHS England region. The names of individual CCGs who have participated in the research will not be passed on to Age UK and DH, unless you give permission for us to do so

Base: all responding on behalf of a CCG (57)

	Count	%
North	11	19
Yorkshire and the Humber	8	14
East Midlands	3	5
West Midlands	4	7
East of England	4	7
London	13	23
South East	8	14
South West	6	11

SQ3 Please enter your job title or position in the box below.

Base: all responding on behalf of a CCG (57)

	Count	%
Clinical Lead for Mental Health	7	12
Commissioner	2	4
Commissioning Director	2	4
Commissioning Manager	12	21
Commissioning Officer	3	5
GP Mental Health Lead	4	7
Head of Commissioning	2	4
Head of Mental Health	2	4
Joint Commissioner / Joint Commissioning Manager	7	12
Mental Health Commissioner	3	5
Mental Health Manager	1	2
Programme Manager	2	4
Team Manager	5	9
Other	3	5
Prefer not to say	2	4

SQ4 Please select the name of your LA from the drop down list below. We need this information so we can analyse the results by government office region. The names of individual LAs who have participated in the research will not be passed on to Age UK and DH, unless you give permission for us to do so

Base: all responding on behalf of an LA (32)

	Count	%
North	5	16
Yorkshire and the Humber	4	13
East Midlands	3	9
West Midlands	3	9
East of England	6	19
London	4	13
South East	4	13
South West	3	9

SQ5 Please enter your job title or position in the box below.

Base: all responding on behalf of a LA (32)

	Count	%
Commissioner	4	13
Commissioning Director	2	6
Commissioning Head	1	3
Commissioning Manager	11	34
Commissioning Officer	2	6
Commissioning Lead	1	3
Head of Commissioning	1	3
Joint Commissioner/ Joint Commissioning Manager	2	6
Team Manager	2	6
Other	4	13
Prefer not to say	2	6

Main survey

Q1 Which of the following support services for older people, if any, are available in your service area? Please include any services for older people in your service area, whether or not they are commissioned by your organisation.

	Count	%
Community support and activities	87	98
Day centres	82	92
Domiciliary care	87	98
Exercise classes	74	83
Falls prevention	83	93
Foot care	68	76
Home adaptations	84	94
Information and advisory services	87	98
Old age psychiatry	81	91
Provision of equipment in the home	85	96
Rehabilitation services	82	92
Residential care in LA homes	68	76
Residential care in private sector homes	87	98
Support for carers	88	99
Singing in the brain	7	8
Dementia / memory cafes	5	6
Befriending service	4	4
Memory services	2	2
Other please list	9	10
None of these	-	-

- Q2 **Is there a 'dementia adviser' service or similar available for people with dementia in your service area?** Please answer yes if this type of service is available in your service area, regardless of whether it is known locally as a 'dementia adviser service' or by a different name.

	Count	%
Yes a 'dementia adviser service' is available in my service area	81	91
No	7	8
Don't know	1	1

- Q3a **If a 'dementia adviser service' or similar exists in your service area, is the person employed known as a dementia adviser?**

Base: all who say a dementia adviser service is available in their service area (81)

	Count	%
Yes	58	72
No	22	27
Don't know	1	1

- Q3b.1 **Can you please provide this person's job title and a description of their role?**
 & **Please only enter a description of the role if it differs from the description of a**
 Q3b.2 **Dementia Adviser provided previously**

Base: all who say that the person employed is not known as a dementia adviser (22)

Q3b.1 Job title: Count

Dementia Support Worker	11
Dementia Care Adviser	3
Dementia Navigator	3
Dementia Nurse	3
Memory Adviser	1
Other support worker	2
Various	1

Q3b.2 Role:

Role is the same as Dementia Adviser described previously	11
Emotional Support	3
Practical Support	3
Post Diagnostic Support	3
Carer Support	3
Other	3
Don't know	1

Q3c How long has a dementia adviser service or similar been established in your service area?

Base: all who say a dementia adviser service is available in their service area (81)

	Count	%
Less than 6 months	2	2
6 months up to 1 year	3	4
1 year up to 2 years	6	7
More than 2 years	69	85
Don't know	1	1

In the remainder of this questionnaire where we refer to 'dementia adviser' we mean the persons employed in your service area who undertakes the dementia adviser role or similar as described previously, even if they have a different job title in your service area.

Q4a Is the dementia adviser service or similar in your service area commissioned by your [text sub: CCG/LA]? If yes, is this service jointly commissioned with other CCGs or LAs?

Base: all who say a dementia adviser service is available in their service area (81)

	Count	%
Yes – Commissioned solely by the CCG	33	41
Yes – Commissioned solely by the LA	10	12
Yes – Commissioned jointly by the [text sub: CCG/LA] and other CCGs/LAs	38	47
No	-	-
Don't know	-	-

Q4b Which organisations does your [text sub: CCG/LA] jointly commission the dementia adviser service or similar with?

Base: all who say their CCG/LA jointly commissions dementia advisor services in their area (38)

	Count
North	8
Yorkshire and the Humber	7
East Midlands	15
West Midlands	7
East of England	6
London	7
South East	15
South West	8

Q4c **You said that the dementia adviser service or similar in your service area is jointly commissioned. Is one organisation the lead commissioner for the entire dementia adviser service or similar in your service area, or are multiple organisations lead commissioners for different parts of the service?**

By lead commissioner we mean the organisation that holds the contract for all or part of the dementia adviser service or similar available in your service area.

Base: all who say their CCG/LA jointly commissions dementia advisor services in their area (38)

	Count	%
One organisation is the lead commissioner for the entire dementia adviser service	24	63
There are multiple lead commissioners for different parts of the dementia adviser	14	37

Q4d **Which organisation is the lead commissioner for the dementia adviser service or similar in your service area?**

Base: all who say one organisation is the lead commissioner for the entire dementia adviser service (24)

	Count
Your CCG	9
Your LA	15
Don't know	-

Q4e **Is your organisation a lead commissioner for any part of the dementia adviser service (or similar) in your service area?**

Base: all who say that there are multiple lead commissioners for different parts of the dementia adviser service (14)

	Count
Yes	14
No	-

Q4f **When commissioning all dementia services for your local area what, if any, information sources are referred to, to inform commissioning decisions?**

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
Online resources, for example:		
Age UK website	35	43
Alzheimer's Society website	63	78
Dementia UK website	39	48
Other Charity websites (please specify)	3	4
Dementia partnerships	36	44
Dementia roadmap	25	31
Dementia web	19	23
DH website	44	54
NHS Choices website	21	26
NHS England guidance/website	58	72
NICE guidelines	71	88
SCIE – Dementia gateway	47	58
Local resources:		
Local Age UK contact	47	58
Local Alzheimer's Society contact	67	83
Local Dementia UK contact	16	20
Other local charity contact (please specify)	4	5
Local JSNA	66	81
Your CCG Needs Assessments SHOW FOR CCGS ONLY	32	40
Dementia Health Needs Assessment	37	46
Local dementia strategy	56	69
Other documents:		
Academic papers/research	36	44
DH guidance	53	65
World Alzheimer's report	14	17
Carers groups various	4	5
Young Dementia UK	3	4
Tapestry	1	1
Know Dementia	1	1
Other (please specify)	11	14
None of these	-	-
Don't know	1	1

Q4g **Who provides the dementia adviser service or similar that you commission for your service area?**

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
A LA	8	10
Age UK	11	14
Alzheimer's Society	61	75
Community health trust	2	2
Dementia UK	-	-
Mental health trust	11	14
NHS / Foundation trust	5	6
Local charity	3	4
Community Health Trust	2	2
Local group in partnership with Alzheimer's Society	2	2
Other (please specify)	4	5
Don't know	-	-

Q5a **How many full / full time equivalent dementia adviser or similar do you currently commission for your service area?**

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
1-4	48	59
5-9	12	15
10-14	4	5
15-19	1	1
20-24	1	1
25+	1	1
Don't know	14	17

Q5b **Can you indicate in the ranges below roughly how many full / full time equivalent dementia adviser or similar you currently commission for your service area?**

Base: all who say they don't know how many full / full time equivalent dementia adviser or similar are currently commissioned (14)

	Count
1-4	5
5-9	4
10-14	-
15-19	-
20-24	-
25+	1
Don't know	4

Q6 And which of the following people or organisations, if any, do the dementia advisers or similar in your service area communicate with on behalf of the people with dementia and their carers that they support?

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
Community health services	69	85
Community social care services	74	91
DWP / benefits agency	48	59
GPs	63	78
Memory clinic staff / nurses	77	95
Support groups	72	89
Community groups	4	5
Voluntary groups	4	5
Local emergency services	3	4
Other please specify	8	10
No one – Dementia Advisers do not do this	1	1
Don't know	3	4

Q7 And, how do dementia advisers or similar tend to communicate with people with dementia and their carers?

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
Face-to-face contact	74	91
Telephone contact	72	89
Web based e.g. email	33	41
Drop in sessions	5	6
Letter	3	4
Memory clinic / cafe	3	4
Workshops / events	3	4
Depends on the individual	2	2
Leaflet	1	1
SMS / Text message	1	1
GP	1	1
Other please specify	2	2
None of the above	-	-
Don't know	3	4

Q8 In addition to providing support and information to those with dementia and their carers, do dementia advisers or similar in your service area provide any of the following services?

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
Running education groups for people with dementia	37	46
Running education groups for carers of people with dementia	49	60
Running support groups for people with dementia	59	73
Running support groups for carers of people with dementia	54	67
Dementia friends training	48	59
Dementia cafes	4	5
Training for Health Care professionals	3	4
Singing for the brain	2	2
Other (please specify)	2	2
Do not provide additional support	6	7
Don't know	3	4

Q9a In the past year, roughly how many people with dementia in your service area have dementia advisers or similar provided their services for?

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
1-50	1	1
51-100	2	2
101-200	6	7
201-500	8	10
501-1000	6	7
1001-1500	3	4
1501-2000	1	1
More than 2000	6	7
Don't know	48	59

Q9b Can you indicate in the ranges below roughly how many people with dementia in your service area dementia advisers or similar have provided their services for in the past year?

Base: all who say they don't know many people with dementia in their service area, dementia advisers or similar provided their services for (48)

	Count	%
1-50	1	2
51-100	3	6
101-200	4	8
201-500	10	21
501-1000	3	6
1001-1500	2	4
1501-2000	2	4
More than 2000	2	4
Don't know	21	44

Q10a What is the average case load of a full / full-time equivalent dementia adviser or similar in your service area?

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
1-49	10	12
50-99	5	6
100-149	3	4
150-199	3	4
200+	5	6
Don't know	55	68

Q10b Can you indicate in the ranges below roughly what the average case load of a full/ full-time equivalent dementia adviser or similar is in your service area?

Base: all who say they don't know what the average case load of a full/ full-time equivalent dementia adviser or similar is in their service area (55)

	Count	%
1-49	7	13
50-99	7	13
100-149	3	5
150-199	1	2
200+	-	-
Don't know	37	67

Q11 **Typically, what is the annual cost to you as the commissioner for each dementia adviser or similar in your service area? We are looking for the typical total cost to the commissioner per dementia adviser to include all associated 'on costs'.**

Base: all who say their dementia advisor service is commissioned by their CCG/LA (81)

	Count	%
Up to £14,999	1	1
£15,000-£24,999	17	21
£25,000-£34,999	25	31
£35,000-£44,999	16	20
£45,000+	4	5
Don't know	15	19
Refused	3	4

Q12 **What other options e.g. alternative services or initiatives, if any, are available in your service area to meet the needs of older people and people with dementia and their carers?**

Base: all who say that there isn't a dementia advisor service in their area or didn't know (8)

Counts are shown in the table below

	Web based services	Telephone based services	Dementia specific services	General carer support
Befriender service	-	-	1	-
Carers support groups	-	-	-	3
Community support and activities	2	-	3	2
Day centres	-	-	2	-
Dementia / memory cafes	-	-	2	-
Dementia roadmaps	1	-	-	-
Information and advisory services	1	-	-	1
Post diagnostic support	-	-	2	-
Provides general carer services	1	3	2	2
Provides dementia specific services	-	-	2	-
Singing in the brain	-	-	1	-
Support helplines	-	4	-	-
Support websites	3	-	-	-
Other	1	1	1	-
Don't know	-	-	-	-

Q13 **Does your [text sub: CCG/LA] have any plans to introduce a dementia adviser service or similar in the future?**

Base: all who say that there isn't a dementia advisor service in their area or didn't know (8)

	Count
Yes	3
No	2
Don't know	3

A.2 – Copy of the questionnaire

Survey of provision of services available to older people, with particular reference to dementia advisers

INTRO:

PAGE 1

This survey is intended to be completed only by those working in Clinical Commissioning Groups (CCGs) or LAs who are lead commissioners for Dementia Adviser services.

We understand that services can sometimes be commissioned by a federation of CCGs which does not have a lead commissioner. If this is the case we would like the person with the best overview of the provision of dementia services to answer the survey as if they were a lead commissioner.

By ‘dementia adviser service’ we mean the provision of a service for those diagnosed with dementia and their families who they can approach for help and advice at any stage of the illness. The role of the dementia adviser will vary, but includes supporting those with dementia from the point of diagnosis by providing a single identifiable point of contact who has knowledge of and direct access to the whole range of available local services. They help with advice, signposting and enabling contact with other services if needed. This type of service may be referred to as a ‘dementia adviser service’ or may be referred to under a different name.

By lead commissioner we mean the organisation that holds the contract for the dementia adviser service. If multiple organisations are lead commissioners for different parts of the dementia adviser service in your area then we are looking for each lead commissioner to complete the survey. If this service is commissioned by a federation of CCGs which does not have a lead commissioner, we would like the person with the best overview of the provision of dementia services to answer the survey as if they were the lead commissioner.

If this is not you, then please pass this link: [LINK INSERTED HERE] to the relevant person(s) in the CCG/LA so they can complete the survey.

PAGE 2

We understand there may be a number of services provided in your service area that fall under the definition of a dementia adviser service detailed previously. If this is the case, please complete the survey on behalf of all the dementia adviser services your organisation is the lead commissioner for in your ‘service area’.

In order for us to get a better understanding of the landscape of dementia adviser services (or similar) please then pass the survey onto any other colleagues who are lead commissioners for other parts of the dementia adviser service in your service area.

By ‘service area’ we mean the total geographical area for which you are responsible for commissioning dementia adviser services; this may include single or multiple CCGs and/or LAs.

If this is not you, then please pass this link: [LINK INSERTED HERE] to the relevant person(s) in the CCG/LA so they can complete the survey.

QA

Are you returning to this survey to complete your response or is this your initial attempt?

Initial attempt – GO TO PAGE 3

Returning to the survey to finish my response – ALLOW ENTRY OF ID NUMBER, THEN TAKE RESPONDENT TO LAST QUESTION COMPLETED WHEN SURVEY WAS CLOSED

PAGE 3 – ALL PARTICIPANTS ENTERING THE SURVEY FOR THE FIRST TIME

Many thanks for your interest in this survey.

As you know, dementia is a key priority area for government. The national ambition for dementia diagnosis sets out that two thirds of the estimated number of people with dementia should receive a diagnosis and appropriate post-diagnosis support. In order to meet this ambition, local areas were tasked to commission services that provide advice and support to those with dementia and their families to ensure that they have access to the care services they need throughout the rest of their lives.

In order to better understand the provision of dementia services across England, the Department of Health (DH) commissioned Age UK to undertake some exploratory work to scope out the current provision of such services. Ipsos MORI, the independent research agency, is conducting this research on behalf of Age UK and DH.

You may have received an email notification of this survey from the Department of Health. Please be assured that all responses to this survey will be sent to Ipsos MORI only. No individual will be identifiable in the results and only aggregated data will be provided to Age UK and DH.

The survey should take no more than 10 minutes to complete depending on your answers. **Please complete the survey by XXXXXX 2015.**

All information provided within the survey will be treated in the strictest confidence and used for research purposes only by Ipsos MORI and Age UK.

If you have any questions about the survey, please call David Hills at Ipsos MORI on 0207 347 3142 or email David.Hills@ipsos.com.

Approval for this research has been granted by NHS England, by the Association of Directors of Adult Social Services (ADASS) and by the Health and Social Care Information Centre (HSCIC) Standardisation Committee for Care Information.

PAGE 4 – ONLY SHOW ON OPEN LINK TO CCGS/LAS ENTERING THE SURVEY FOR THE FIRST TIME

DISPLAY ID NUMBER TO ALL

This is your personal ID number. Please record this number as it will allow you to re-enter the survey at a later date if you are unable to complete all questions on one occasion.

Unique Link

Are you happy to provide us with an email address to send you a unique link?

This will allow you to return to this survey in the event that you exit it before you have formally submitted your response. Your email address will only be used to send you a unique link to the survey and will not be used for any other purpose.

SCREENING**OPEN LINK:****ASK ALL WHEN ENTERING FOR FIRST TIME**

SQ1. Are you responding on behalf of a:

Clinical Commissioning Group (CCG) – GO TO SQ2

LA – GO TO SQ4

Other – THANK AND CLOSE

THANK SCREEN:

Many thanks for your interest in taking part in this survey. Unfortunately the survey is only to be completed by those responding on behalf of a CCG or LA.

ASK THOSE RESPONDING ON BEHALF OF A CCG ONLY. SINGLE CODE ONLY

SQ2. Please select the name of your CCG from the drop down list below. We need this information so we can analyse the results by NHS England region. The names of individual CCGs who have participated in the research will not be passed on to Age UK and DH, unless you give permission for us to do so.

DROP DOWN LIST OF CCGS

ASK CCGs ONLY

SQ3. Please enter your job title or position in the box below.

TEXT BOX

Prefer not to say

ASK THOSE RESPONDING ON BEHALF OF A LA ONLY. SINGLE CODE ONLY

SQ4. Please select the name of your LA from the drop down list below. We need this information so we can analyse the results by government office region. The names of individual LAs who have participated in the research will not be passed on to Age UK and DH, unless you give permission for us to do so.

DROP DOWN LIST OF LAS

ASK THOSE RESPONDING ON BEHALF OF A LA ONLY. OPEN ENDED

SQ5. Please enter your job title or position in the box below.

TEXT BOX

Prefer not to say

MAIN SURVEY:

TO APPEAR AT THE TOP OF EACH PAGE: *Please click here for a reminder of the definitions of a Dementia Adviser, Service Area and Lead Commissioner*

SHOW TEXT WHEN RESPONDENT CLICKS ON SENTENCE ABOVE:

By 'dementia adviser service' we mean the provision of a service for those diagnosed with dementia and their families who they can approach for help and advice at any stage of the illness. The role of the dementia adviser will vary, but includes supporting those with dementia from the point of diagnosis by providing a single identifiable point of contact who has knowledge of and direct access to the whole range of available local services. They help with advice, signposting and enabling contact with other services if needed.

This type of service may be referred to as a 'dementia adviser service' or may be referred to under a different name. We understand there may be a number of services provided in your area, that fall under the definition of a dementia adviser service detailed above.

By 'service area' we mean the total geographical area for which you are responsible for commissioning dementia adviser services; this may include single or multiple CCGs and/or LAs.

By lead commissioner we mean the organisation that holds the contract for the dementia adviser service. If multiple organisations are lead commissioners for different parts of the dementia adviser service in your area then we are looking for each lead commissioner to complete the survey.

We understand that services can sometimes be commissioned by a federation of CCGs which does not have a lead commissioner. If this is the case we would like the person with the best overview of the provision of dementia services to answer the survey as if they were a lead commissioner.

ASK ALL. MULTICODE ALLOWED. REVERSE ORDER.

Q1. Which of the following support services for older people, if any, are available in your service area? Please include any services for older people in your service area, whether or not they are commissioned by your organisation.

Please select all that apply.

- Community support and activities
- Day centres
- Domiciliary care
- Exercise classes
- Falls prevention
- Foot care
- Home adaptations
- Information and advisory services
- Old age psychiatry
- Provision of equipment in the home
- Rehabilitation services
- Residential care in LA homes
- Residential care in private sector homes
- Support for carers
- Other (please list)
- None of these

ASK ALL. SINGLE CODE ONLY.

Q2. Is there a 'dementia adviser' service (or similar) available for people with dementia in your service area?

Please answer yes if this type of service is available in your service area, regardless of whether it is known locally as a 'dementia adviser service' or by a different name.

Yes a 'dementia adviser service' is available in my service area – GO TO Q3A

No – GO TO Q12

Don't know – GO TO Q12

ASK ALL WHO SAY YES AT Q2. SINGLE CODE ONLY.

Q3A. If a 'dementia adviser service' (or similar) exists in your service area, is the person employed known as a dementia adviser?

Yes – GO TO Q3C

No – GO TO Q3B

Don't know – GO TO Q3C

ASK ALL WHO SAY NO AT Q3A. OPEN ENDED.

Q3B. Can you please provide this person's job title and a description of their role? Please only enter a description of the role if it differs from the description of a Dementia Adviser provided previously.

TEXT BOX – FOR JOB TITLE

TEXT BOX – FOR DESCRIPTION OF ROLE

Role is the same as Dementia Adviser described previously.

Don't know

ASK ALL WHO SAY YES AT Q2. SINGLE CODE ONLY.

Q3C. How long has a dementia adviser service (or similar) been established in your service area?

Less than 6 months

6 months up to 1 year

1 year up to 2 years

More than 2 years

Don't know

SHOW TO ALL WHERE SERVICE IS PROVIDED (CODE 1 AT Q2).

In the remainder of this questionnaire where we refer to 'dementia adviser' we mean the person(s) employed in your service area who undertakes the dementia adviser role (or similar) as described previously, even if they have a different job title in your service area.

ASK ALL WHERE SERVICE IS PROVIDED (CODE 1 AT Q2). SINGLE CODE ONLY.

Q4A Is the dementia adviser service (or similar) in your service area commissioned by your [text sub: CCG/LA]? If yes, is this service jointly commissioned with other CCGs or LAs?

Yes – Commissioned solely by the CCG - GO TO Q4F (SHOW TO CCGS ONLY)

Yes – Commissioned solely by the LA - GO TO Q4F (SHOW TO LAS ONLY)

Yes – Commissioned jointly by the [text sub: CCG/LA] and other CCGs/LAs - GO TO Q4B

No – THANK AND CLOSE

Don't know – THANK AND CLOSE

THANK SCREEN:

Many thanks for your interest in taking part in this survey. Unfortunately the remaining questions are for those who are lead commissioners for all or part of the dementia adviser service (or similar) in your service area. Please pass this link on to the relevant person(s) in the CCG/LA so they can complete the survey. Please pass this link: [LINK INSERTED HERE] to the relevant person(s) in the CCG/LA so they can complete the survey.

ASK ALL WHO SAY THEIR CCG/LA JOINTLY COMMISSIONS DEMENTIA ADVISER SERVICES IN THEIR AREA (CODE 3 AT Q4A)

Q4B. Which organisation(s) does your [text sub: CCG/LA] jointly commission the dementia adviser service (or similar) with?

Name of organisation(s)

ALLOW MULTIPLE RESPONSES

ASK ALL WHO SAY THEIR CCG/LA JOINTLY COMMISSIONS DEMENTIA SERVICES IN THEIR AREA (CODE 3 AT Q4A). SINGLE CODE ONLY

Q4C. You said that the dementia adviser service (or similar) in your service area is jointly commissioned. Is one organisation the lead commissioner for the entire dementia adviser service (or similar) in your service area, or are multiple organisations lead commissioners for different parts of the service?

By lead commissioner we mean the organisation(s) that holds the contract for all or part of the dementia adviser service (or similar) available in your service area.

One organisation is the lead commissioner for the entire dementia adviser service – GO TO Q4D

There are multiple lead commissioners for different parts of the dementia adviser service – GO TO Q4E

ASK ALL WHO CODE 1 AT Q4C. SINGLE CODE ONLY

Q4D. Which organisation is the lead commissioner for the dementia adviser service (or similar) in your service area?

Your CCG (SHOW TO CCGS ONLY) – GO TO Q4F

Your LA (SHOW TO LAS ONLY) - GO TO Q4F

ADD BOXES FOR EACH ADDITIONAL ORGANISATION LISTED AT Q4B – THANK AND CLOSE

Don't know – THANK AND CLOSE

ASK ALL WHO CODE 2 AT Q4C. SINGLE CODE ONLY

Q4E. Is your organisation a lead commissioner for any part of the dementia adviser service (or similar) in your service area?

Yes – GO TO Q4F

No – THANK AND CLOSE

THANK SCREEN:

Many thanks for your interest in taking part in this survey. Unfortunately the remaining questions are for those who are lead commissioners for all or part of the dementia adviser service (or similar) in your service area. Please pass this link on to the relevant person(s) in the CCG/LA so they can complete the survey. Please pass this link: [LINK INSERTED HERE] to the relevant person(s) in the CCG/LA so they can complete the survey.

SHOW TO ALL WHERE THERE ARE MULTIPLE LEAD COMMISSIONERS AND THEIR ORGANISATION IS ONE (CODE 1 AT Q4E).

We understand there are a number of services provided in your service area that fall under the definition of a dementia adviser service detailed previously. Please complete the rest of the survey only responding about the part of the dementia adviser service your organisation is the lead commissioner for.

In order for us to get a better understanding of the landscape of dementia adviser services (or similar), once you have completed the survey, please also then pass the survey onto any other CCG/LA colleagues who are the lead commissioners for other parts of the dementia adviser service in your service area.

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). MULTICODE ALLOWED. REVERSE ORDER.

Q4F. When commissioning all dementia services for your local area what, if any, information sources are referred to, to inform commissioning decisions? Please select all that apply.

Online resources, for example:

Age UK website
 Alzheimer's Society website
 Dementia UK website
 Other Charity website(s) (please specify)
 Dementia partnerships
 Dementia roadmap
 Dementia web
 DH website
 NHS Choices website
 NHS England guidance/website
 NICE guidelines
 SCIE – Dementia gateway

Local resources:

Local Age UK contact
 Local Alzheimer's Society contact
 Local Dementia UK contact
 Other local charity contact (please specify)
 Local JSNA
 Your CCG Needs Assessments (SHOW FOR CCGS ONLY)
 Dementia Health Needs Assessment
 Local dementia strategy

Other documents:

Academic papers/research
 DH guidance
 World Alzheimer's report

Other (Please specify)

None of these

Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). MULTICODE ALLOWED. REVERSE ORDER.

Q4G. Who provides the dementia adviser service (or similar) that you commission for your service area? Please select all that apply.

A LA

Age UK

Alzheimer's Society

Community health trust

Dementia UK

Mental health trust

NHS / Foundation trust

Other (please specify)

Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). OPEN ENDED.

Q5A. How many full / full time equivalent dementia adviser (or similar) do you currently commission for your service area?

ENTER NUMBER – GO TO Q6

Don't know – GO TO Q5B

ASK ALL WHO SAY DON'T KNOW TO Q5A. SINGLE CODE ONLY

Q5B. Can you indicate in the ranges below roughly how many full / full time equivalent dementia adviser (or similar) you currently commission for your service area?

1-4

5-9

10-14

15-19

20-24

25+

Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR CODE 1 AT Q4E). MULTICODE ALLOWED

Q6. And which of the following people or organisations, if any, do the dementia advisers (or similar) in your service area communicate with on behalf of the people with dementia and their carers that they support? Please select all that apply.

Community health services

Community social care services

DWP / benefits agency

GPs

Memory clinic staff / nurses

Support groups

Other (please specify)

No one – Dementia Advisers do not do this

Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). MULTICODE ALLOWED.

Q7. And, how do dementia advisers (or similar) tend to communicate with people with dementia and their carers? Please select all that apply.

Face-to-face contact

Telephone contact

Web based (e.g. email)

Other (please specify)

None of the above

Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). MULTICODE ALLOWED

Q8. In addition to providing support and information to those with dementia and their carer(s), do dementia advisers (or similar) in your service area provide any of the following services? Please select all that apply.

- Running education groups for people with dementia
- Running education groups for carers of people with dementia
- Running support groups for people with dementia
- Running support groups for carers of people with dementia
- Dementia friends training
- Other (please specify)
- Do not provide additional support
- Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). OPEN ENDED.

Q9A. In the past year, roughly how many people with dementia in your service area have dementia advisers (or similar) provided their services for?

ENTER NUMBER – GO TO Q10

Don't know exact number – GO TO Q9B

ASK ALL WHO SAY DON'T KNOW TO Q9A. SINGLE CODE ONLY.

Q9B. Can you indicate in the ranges below roughly how many people with dementia in your service area dementia advisers (or similar) have provided their services for in the past year?

- 1-50
- 51-100
- 101-200
- 201-500
- 501-1000
- 1001-1500
- 1501-2000
- More than 2000
- Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 at Q4A OR 1,2 AT Q4D OR 1 AT Q4E). OPEN ENDED.

Q10A. What is the average case load of a full / full-time equivalent dementia adviser (or similar) in your service area?

ENTER NUMBER – GO TO Q11

Don't know – GO TO Q10B

ASK ALL WHO SAY DON'T KNOW TO Q10A. SINGLE CODE ONLY.

Q10B. Can you indicate in the ranges below roughly what the average case load of a full/ full-time equivalent dementia adviser (or similar) is in your service area?

1-49
 50-99
 100-149
 150-199
 200+
 Don't know

ASK ALL WHO SAY DEMENTIA ADVISER SERVICE IS COMMISSIONED BY THEIR CCG/LA (CODE 1,2 AT Q4A OR 1,2 AT Q4D OR 1 AT Q4E). SINGLE CODE ONLY.

Q11. Typically, what is the annual cost to you as the commissioner for each dementia adviser (or similar) in your service area? We are looking for the typical total cost to the commissioner per dementia adviser to include all associated 'on costs'.

Please note: This information is important to collect as it will help to understand the level of resources required to fund dementia adviser services across the country. As with all questions in this survey, all information you provide will be treated in the strictest confidence and individual results will not be shared.

Up to £14,999
 £15,000-£24,999
 £25,000-£34,999
 £35,000-£44,999
 £45,000+
 Don't know
 Refused

ASK ALL WHO SAY NO/DK AT Q2 (CODES 2 OR 3). OPEN ENDED.

Q12. What other options (e.g. alternative services or initiatives), if any, are available in your service area to meet the needs of older people and people with dementia and their carers?

Web based services TEXT BOX
 Telephone based services TEXT BOX
 Dementia specific services TEXT BOX
 General carer support TEXT BOX
 Other TEXT BOX
 Don't know

ASK ALL WHO SAY NO/DK AT Q2 (CODES 2 OR 3). SINGLE CODE ONLY.

Q13. Does your [text sub: CCG/LA] have any plans to introduce a dementia adviser service (or similar) in the future?

Yes
 No
 Don't know

ASK ALL.

RECONTACT: Thank you for taking part in this survey.

The Department of Health or an agency working on behalf of The Department of Health (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research on this topic within the next 12 months.

If you would be willing to be contacted for this purpose you will need to provide your name, organisation and contact email address below. All details provided here will be treated in the strictest confidence, held only for 12 months by The Department of Health, and will only be used to send you invitations to take part in further research on this topic.

Are you willing to provide your contact details to The Department of Health so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

Yes – COLLECT CONTACT DETAILS – NAME, ORGANISATION, EMAIL ADDRESS.

No – THANK AND CLOSE

Appendix A.3 – Invitation email to LA contacts**Ipsos MORI****SUBJECT HEADING: Survey of dementia adviser services – please read**

Dear [First name, surname],

We are writing to invite you to take part in an important survey about local dementia support services.

As you know, dementia is a key priority area for the Government. In order to better understand the provision of dementia services across England, in particular the part played by dementia advisers, the Department of Health (DH) has commissioned Age UK to undertake exploratory work to further understand the current provision of such services. As part of this work a short survey has been designed to gather information on service provision.

Ipsos MORI, the independent research agency, is conducting this research on behalf of Age UK.

This survey is intended to be completed by those who are lead commissioners of Dementia Adviser services. If this is not you, then please pass this link on to the relevant person(s) so they can complete the survey. More details on whether this survey applies to you can be found by clicking on the survey link below.

[OPEN LINK HERE]

The survey should take no more than 10 minutes to complete depending on your answers. **Please complete the survey by 13th November 2015.**

Please be assured that all responses to this survey will be sent directly to Ipsos MORI. No individual will be identifiable in the results and only aggregated data will be provided to Age UK and DH. All information provided within the survey will be treated in the strictest confidence and used for research purposes only.

Approval for this research has been granted by NHS England, by the Association of Directors of Adult Social Services (ADASS) and by the Health and Social Care Information Centre (HSCIC) Standardisation Committee for Care Information.

If you have any questions about the survey, please call David Hills at Ipsos MORI on 0207 347 3142 or email DementiaSurvey@ipsos-mori.com.

Kind regards,

Caroline Abrahams
Age UK Charity DirectorAnna Carluccio
Research Director – Ipsos MORI

Appendix A.4 – Invitation email to CCG contacts**Ipsos MORI****SUBJECT HEADING: Survey of dementia adviser services – please read**

Dear [First name, surname],

We are writing to invite you to take part in an important survey about local dementia support services.

As you know, dementia is a key priority area for the Government. In order to better understand the provision of dementia services across England, in particular the part played by dementia advisers, the Department of Health (DH) has commissioned Age UK to undertake exploratory work to further understand the current provision of such services. As part of this work a short survey has been designed to gather information on service provision. You may have already seen information about this survey in a recent CCG bulletin from Alistair Burns, National Clinical Director for Dementia and Older People's Mental Health at NHS England.

Ipsos MORI, the independent research agency, is conducting this research on behalf of Age UK.

This survey is intended to be completed by those who are lead commissioners of Dementia Adviser services. If this is not you, then please pass this link on to the relevant person(s) so they can complete the survey. More details on whether this survey applies to you can be found by clicking on the survey link below.

[OPEN LINK HERE]

The survey should take no more than 10 minutes to complete depending on your answers. **Please complete the survey by 13th November 2015.**

Please be assured that all responses to this survey will be sent directly to Ipsos MORI. No individual will be identifiable in the results and only aggregated data will be provided to Age UK and DH. All information provided within the survey will be treated in the strictest confidence and used for research purposes only.

Approval for this research has been granted by NHS England, by the Association of Directors of Adult Social Services (ADASS) and by the Health and Social Care Information Centre (HSCIC) Standardisation Committee for Care Information.

If you have any questions about the survey, please call David Hills at Ipsos MORI on 0207 347 3142 or email DementiaSurvey@ipsos-mori.com.

Kind regards,

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About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.