

THE BALANCED SYSTEM[®] TEST OF CONCEPT FOR PEOPLE LIVING WITH DEMENTIA IN INVERCLYDE & FORTH VALLEY (NORTH)

**A PILOT PROJECT TO EXPLORE THE IMPACT OF UNDERSTANDING NEED
AND MAPPING PROVISION**

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**DEVELOPMENT OF THE BALANCED SYSTEM®
FRAMEWORK FOR ALLIED HEALTH PROFESSIONAL
SUPPORT FOR PEOPLE LIVING WITH DEMENTIA**

**A TEST OF CONCEPT OF THE METHODOLOGY
WITH TWO OCCUPATIONAL THERAPY SERVICES IN
SCOTLAND**



FOREWORD BY THE CHIEF ALLIED HEALTH PROFESSIONS OFFICER, SCOTTISH GOVERNMENT

“It’s not the load that weighs you down, it’s the way you carry it.”

C. S. Lewis

In reading this report I was reminded of the context that one in three people born today will go on to develop dementia. As Allied Health Professionals it is already a factor in our working lives and unfortunately a growing one. Therefore recognising, examining, testing, evaluating and ultimately adapting our services has become a necessity.

Many of you will be aware of Scotland’s Dementia Strategy, Dementia in Scotland: Everyone’s Story, and its associated Dementia Strategy: initial 2-year delivery plan – 2024 to 2026 were co-produced by people with lived experience and with significant input from AHPs. We therefore have our direction. If we wish to design and deliver the right support for people living with dementia and their care partners/unpaid carers this will only be achieved through accessing and using the latest data and evidence.

I have therefore followed closely since 2021 this pilot project, using for the first time in dementia - The Balanced System® to explore the impact of understanding the community’s need and mapping its provision in Inverclyde and Forth valley (North).

I am therefore delighted to welcome this report and hope, as I have, that all find this summary helpful. Our role and the ambition as outlined in Connecting People, Connecting Support (CPCS) remains for our AHP services in Scotland to support people living with dementia, their families and carers to live positive, fulfilling and independent lives for as long as possible.

Professor Carolyn McDonald



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EXECUTIVE SUMMARY



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AHP - Allied Health Professional

Audience

This report will be of interest to Integrated Joint Boards, NHS boards, AHP Directors, AHP Senior Leaders, Health and Social Care leaders and practitioners, Third and Independent Sector leaders and practitioners and people with lived experience and their carers and supporters.



Context

Dementia remains a priority for the Allied Health Professions (AHP) community, which is supported by Scotland's AHP directors, the national AHP mental health leads, the Allied Health Professions Federation (Scotland) (AHPFS) and the academic heads of the seven higher education institutions (HEIs) in Scotland that offer pre-registration AHP courses. All have worked collaboratively with members of the Alzheimer Scotland AHP Dementia Forum on projects that deliver improvements to the quality and experience of care, support wellbeing, and provide tailored, personalised self-management and rehabilitation approaches.

All AHPs supporting adult services are likely to meet someone living with dementia at some point in their professional or personal lives. Projected estimates show a 50% increase in the number of people living with dementia over 65 over the next 20 years. Alzheimer's disease and other dementia conditions continue to be among the leading causes of death in Scotland (National Records of Scotland, 2024. Government website).

According to Scottish Government figures (2023), one in three people born today will go on to develop dementia. The forecast rise in disease over the next 20 years is largely caused by preventable diseases, including diabetes, cardiovascular disease, cancer and dementia. (Scottish Government, 2025) The Government also estimates that approximately one third of people living with dementia in Scotland are in residential care, and those residents make up at least 65% of the overall care-home population. People living with dementia are frequently admitted to hospitals, often with illnesses that could be managed at home (Health Improvement Scotland, 2023). Those living with dementia who are over 65 years have, on average, four co-morbidities (Health Improvement Scotland, 2023).

The recent Service Renewal Framework (Scottish Government, 2025) outlines key principles including inclusive rehabilitation across settings and sectors. While Scotland's Population Health Framework highlights modifiable risk factors that impact on dementia prevention (Scottish Government, 2025).

Purpose of test of concept

The report presents a test of concept for services supporting people living with dementia. It began with co-production of the fifteen high level outcomes of the core Balanced System® Framework (Gascoigne.M.T (2008-2026) to reflect the appropriate system outcomes for people living with dementia and the support offered by allied health professionals (AHPs). Two Occupational Therapy services then took part in the needs analysis and mapping activity using the Balanced System process for understanding needs and provision to meet need in their area. This report summarises the learning from the test of concept through the experience of these two services. The work is underpinned by a comprehensive national dataset that considers the population, demographic and predicted prevalence of people living with dementia. The methodology for collecting and curating the data used the Balanced System understand phase tools. This framework includes the curation of datasets relevant to people living with dementia and how best to support outcomes that promote independence and quality of life. This test of concept was the first of its kind in using the Balanced System with a focus on people living with dementia, and has been commissioned by Alzheimer Scotland, funded by Scottish Government. This has been an extensive piece of work undertaken between 2021 and 2024.

The four themes and associated areas for consideration include opportunities for Scottish Government, AHP provider services, such as Occupational Therapy, and wider context partners to enhance support for people living with dementia and their families and carers. An overview is provided in the executive summary with further details in the main report.



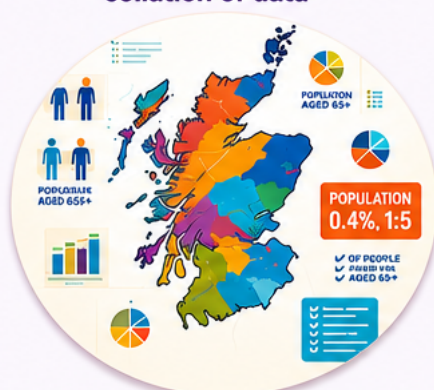


THE BALANCED SYSTEM TEST OF CONCEPT

A Scotland wide approach for people living with dementia



1 A consistent approach to the collection and collation of data



There is a Scotland-wide approach to care, ensuring all people have the right support at the right time, helping everyone know about good brain health, dementia diagnosis and individualised support.

As a result, no one is disadvantaged and everyone can access support.

Local population data informs support services for a local area. As a result, support services are proactive in developing help which is based on the needs of the person living with dementia.

2 A focus on meaningful outcomes and impacts



Support services capture the 'so what?' and 'how do you know?' from people accessing support.

This includes finding out what makes a difference to maintaining good brain health, early diagnosis and individualised support.

As a result, services provide support that improves the quality of daily life which makes a difference to the aging population.

All support services consistently capture lived experiences, showing how the activity or support has helped in day-to-day life and services make changes where needed.

3 AHPs provide the right support for all



The AHP workforce, including Occupational Therapy, work seamlessly together to provide the right information and support at the right time. As a result, there is a wide range of accessible community-based information and support which promotes good brain health, early and accessible diagnosis and the right support for each person.

AHP teams, such as Occupational Therapy, include a range of skills and expertise to meet the needs of everyone in a local area, across all three levels, universal, targeted and individualised support.

4 A whole system approach to meeting needs



All services and settings that support; good brain health, targeted help around diagnosis and initial post-diagnosis care, as well as individualised provision for more complex daily needs and episodic care with dementia, work together with statutory services.

As a result, there is timely care and sharing of information across universal, targeted and individualised support.

Help for the person living with dementia, and their family, friends and carers, is consistently available regardless of when it is needed or time of diagnosis.

This means that support is given at the most appropriate time for the person.

The Balanced System® development themes to inform a Scotland wide approach for people living with dementia



Data driven
We use the right data to understand needs and measure impact.



People at the centre
We listen, learn and design services with and for people living with dementia.



Working together
We collaborate across professions, services and communities.



Fair and consistent
Everyone has access to the right support, at the right time.



Better outcomes
We improve quality of life and support people to live well for longer.

Key Findings

The Balanced System Five Strands and Three Level Outcomes Framework was successfully adapted in the area of AHP support for people living with dementia. As a result the high-level outcomes of The Balanced System can provide a template for understanding need, at a local population area level and for the current support that services provide. This learning informs how support services can plan to meet need. There are four key themes.

The difference we need to make across Scotland

Theme 1: A consistent approach to the collection and collation of data

Scottish Government

Scottish Government should consider the importance of Allied Health Professional (AHP) services, supporting them to capture meaningful, person centred data in addition to existing metrics. Scottish Government should consider the equity of outcome for all people living with dementia, their families and carers, and their experience of support.

AHP service providers

Analyse qualitative reporting, connected to national and local data sets, in order to:

- To take a pan Scotland approach to care for people living with dementia, aiming for equity of outcome for all people around good brain health, dementia diagnosis and more individualised support. As a result no one is disadvantaged in relation to accessing support as and when they need it
- This will be possible through use of local population data to enable services to be proactive in developing the service offer based on needs, rather than reactive in relation to demand placed on a service

Wider context partners

All non-statutory services that support people living with dementia, their families and carers, work together to optimise independence and quality of life for all adults. As a result meaningful, person centred, data is collected to inform outcomes for people living with dementia which are supported by whole systems working.

Theme 2: A focus on meaningful outcomes and impact

Scottish Government

Scottish Government should consider establishing a Scotland wide requirement to collect impact data to drive whole system change. This will ensure that all services supporting adults provide a preventative and proactive needs led services for their community.

AHP service providers

Include capture of the 'so what?' and 'how do you know?' in relation to all support offered, including what makes a difference to maintaining good brain health, early diagnosis and individualised support.

Services have a strategic focus on outcomes and the impact for people living with dementia, their family and carers. All services consistently capture lived experiences, showing how the activity or support has helped in day-to-day life.

All AHP services have efficient, robust and shared impact data collection systems. These enable the monitoring of impact of;

- Information and support about good brain health, cognitive decline and dementia, for individuals, their friends, family and carers
- Adaptations to the environment that make daily life more accessible
- Knowledge and skills of the wider workforce who provide support
- Appropriate and timely identification tools and processes
- A range of timely support in order to inform adaptations to services.



Wider context partners

All non-statutory services work together, along with statutory services, to share impact data that focuses on the needs of the people they support. Impact data from people living with dementia and their families and carers is collectively evaluated to ensure the range of needs, pre and post diagnosis, are effectively being met across the system.

Theme 3: AHPs provide the right information and support for all, across universal, targeted and specialist levels

The difference we need to make across Scotland Scottish Government

Scottish government should continue to support AHP and local systems to work seamlessly to provide the right information and support at the right time. This will showcase accessible and community-based support which promotes good brain health, early and accessible diagnosis and the right individualised provision.

AHP service providers

Make support easy to access. Current AHP service provision for people living with dementia is largely at a specialist level however, there are opportunities to consider the deployment of resource to better meet the outcomes across all five strands and three levels of the Balanced System framework, whilst maintaining flexibility in the workforce. As a result of the test of concept process, greater awareness of the need to work across universal, targeted and specialist levels has evolved. This could be developed further through:

- An AHP workforce allocated based on need to facilitate equity in the service offer regardless of location
- Clearly defined management roles to provide leadership to ensure shared understanding of working across universal, targeted and individualised or specialist provision and support
- Every Occupational Therapy team includes a range of expertise to meet the needs of the population, across all three universal, targeted and individualised or specialist levels.

Wider context partners

All services and settings that support; promotion of good brain health at a universal level, targeted support around diagnosis and initial post diagnosis care as well as individualised provision for more complex daily needs associated with dementia, work together with statutory services to promote the wellbeing of the people they support. This ensures timely support and sharing of information across universal, targeted and individualised care.

Theme 4: A whole system approach to meeting the needs of an ageing population

The difference we need to make across Scotland:

Scottish Government

Scottish government should disseminate the findings of the pilot study, to highlight the importance of outcomes based, whole systems working and the importance of promoting good brain health, early diagnosis and support, along with impactful support for people living with dementia. As a result this would promote early access to services ensuring the right support at the right time.

AHP service providers

Ensure a consistent range of support. Access to community Occupational Therapy support varies across localities, and potentially reflects wider AHP services. In some areas, rigid pathways require referrals, subsequent waiting lists and diagnosis dependent interventions. In other locations, services are easily accessed through phone-based support and community engagement opportunities. To ensure a consistent continuum of support, provider organisations will need:

- Further development of the proactive 'early intervention' Dementia focused Occupational Therapist role, to work across all to work across all Five Strands and Three Levels of the Balanced System, including for people experiencing mild cognitive decline.
- A continuum of support provided by the whole system including AHPs, ensuring easy and early access to the right support at the right time.
- Support for people living with dementia, and their family, friends and carers to be consistently available regardless of when needs appear, point of diagnosis or where someone lives in Scotland, so that their needs are met at the most appropriate time.
- To disseminate the findings nationally and locally.

Wider context partners

Everyone in non-statutory services working together to provide information, advice and signposting at the earliest opportunity, working with and supported by AHP specialists.

Overall Recommendations

To achieve equity of measures to inform outcomes, services ideally aspire to understand the needs of the wider population, including people living with dementia, in order to utilise the AHP workforce resource in the most efficient way. Recognition of the need to deliver across all Five Strands and Three Levels of the Balanced System is key to transformational change and sustainable improvements for universal brain health and the service offer for those of 50 years plus. Consistent leadership and management, with the view to drive a culture change, focus on impact measures and deliver a flexible service offer are essential in the initiation and in subsequently maintaining momentum.

The Occupational Therapy services involved have identified an opportunity to further develop the understanding of provision for brain health in Scotland by involving more AHP colleagues and wider system partners using the Balanced System framework. This aspiration has been echoed within the Dementia Position paper (RCSLT, 2024), for Speech and Language Therapy colleagues to explore in more depth their role and impact within the community of those living with dementia, and this in line with the Balanced System Core Delivery Principles.

The intended outcome is to share learning from this pilot study to inform a Scotland wide approach, underpinned by a common understanding and vocabulary, and an aspiration to deliver against the Balanced System fifteen high level outcomes, in order to provide the best care possible for the brain health of the Scottish population.



"THE BALANCED SYSTEM PROJECT PROVIDED GREATER OVERVIEW OF DEMENTIA CARE THROUGHOUT SCOTLAND. BEING PART OF THE PROJECT HIGHLIGHTED AREAS WHERE FUTURE EFFORTS COULD BE MORE EFFECTIVELY FOCUSED."

ALISON KEIR, OT TEAM LEAD, OLDER ADULTS, FORTH VALLEY



INTRODUCTION



Alzheimer Scotland, funded by Scottish Government, commissioned a test of concept project exploring the application of the Balanced System framework and Methodology to the Allied Health Professional (AHP) support offered to people living with dementia (PLWD), their families, carers and supporters, promoting good brain health, support, treatment and rehabilitation. The Balanced System is a population based, outcomes focused approach which has been extensively and successfully used in services for Children and Young People (CYP) and was the basis of a Scottish Government funded review of the provision for CYP with speech, language and communication needs across Scotland (Gascolgne, M.T. (2021)).

Outcomes of the original ambitions of the test of concept were:

1. Co-production with the Alzheimer Scotland AHP dementia forum, of the high-level outcome framework statements as a multi-professional framework using the Balanced System Five Strands across universal, targeted and specialist or individualised levels, including outcome measures for PLWD and their families.
2. Development of population-based needs analysis tools following the principles of the Balanced System methodology through an iterative process between Better Communication CIC and AHP specialists in working with people living with dementia.
3. Test of concept in two Health Board areas with multiprofessional teams working with PLWD and their families, including the needs analysis and the qualitative mapping of provision to the high level outcomes.
4. Reflection and review of the test of concept and recommendations to Alzheimer Scotland and Scottish Government regarding the potential for ongoing development of the Balanced System for AHP services for good brain health and people living with dementia.

The project steering group (appendix 2) decided to narrow the scope to focus on Occupational Therapy provision within two Health Board areas to ensure meaningful testing and analysis of the Balanced System outcomes framework in the context of meeting the needs of people living with dementia. The areas identified were Forth Valley (North) and Inverclyde.

In Forth Valley, the Occupational Therapy team are responsible for acute and community services within mental health settings for people living with dementia and promotion of good brain health. The team operate in a North - South split of workforce resource. Although a larger footprint than Inverclyde, there are also areas of high social deprivation and areas of high predicted prevalence across the footprint (Scottish Government. (2020). Scottish Index of Multiple Deprivation 2020).

Inverclyde Occupational Therapy team have a role in acute and community service for people living with dementia, including the Hospital Based Complex Care (HBCC). Although there is variation across ward level disadvantage rankings, Inverclyde is host to the number one ranked socially disadvantaged ward in Scotland (Scottish Government. (2020). Scottish Index of Multiple Deprivation 2020) .

Dementia remains a priority for the Scottish Government with the publication of the 4th Dementia Strategy in 2023. The 4th Dementia strategy is a 10-year strategy. It sets out a vision for how life with dementia might be experienced and the policy, service and societal changes that are needed to support this. It describes what people living with dementia and their families have told us they want and expect and 'what good looks like' as people progress through dementia. (<https://tinyurl.com/269a9muz>). Key to the delivery of the dementia strategy is the need to use the latest available data and evidence. Access to updated data and evidence, will develop the shared understanding of dementia in Scotland and effectively assess the extent to which support is targeted in the right areas and is responding to the additional barriers being faced by particular groups and drive forward improvements in support. The test of the Balanced System to the work of allied health professionals in supporting people living with dementia, contributes to this ambition.

Dementia remains a priority for the AHP community Alzheimer Scotland (2017) (2020), with the publication of the 3rd AHP dementia framework in 2024.

The AHP dementia framework, Connecting People, Connecting Support (CPCS) (Alzheimer Scotland (2024)), commissioned by the Scottish Government and launched in 2017, was the first strategic AHP dementia workforce framework in Scotland. It is designed to maximise the impact of AHPs in response to the complex care needs of people living with dementia and their families.

CPCS seeks to ensure that people living with dementia and their families have better access to AHPs regardless of age or place of residence. It sets out how AHP services in Scotland can be re-modelled to meet the needs of people living with dementia and their families before diagnosis and throughout the illness.

Since its launch, the CPCS framework has been promoting and developing collaborative and integrated ways of working. It provides a strategic foundation for the AHP workforce to secure better outcomes for people living with dementia and their families. Key to the delivery of CPCS (Alzheimer Scotland) has been the test of the Balanced System to deliver Ambition 4; innovation, improvement and research to ensure people living with dementia and their families can expect "the right care for me is delivered at the right time". In transforming AHP practice in dementia, the need to measure whether the change has led to improvement, as defined by the experience of people living with dementia and their families, has remained a priority. Implementation and integration of CPCS within local practice. We have therefore worked with two health and social care partnerships to test The Balanced System® (2024) in AHP services, delivered by occupational therapy (Alzheimer Scotland 2024) for people living with dementia and their families before diagnosis and throughout the illness.

It is predicted that 1.6 million people will be living with dementia in the UK by 2050 (Luengo-Fernandez, R., & Landiro.F. (n.d)), there is therefore a drive to a culture change, away from the traditional refer-assess-treat model and a move into a whole system delivery model, which promotes prevention of cognitive decline, early identification of need and patient centred outcomes.

The Balanced System® Outcomes framework

The Balanced System is an outcomes based strategic framework for understanding and delivering a whole systems approach. The framework and accompanying online platform have been developed over almost two decades and is used widely throughout the UK.

Figure 1: Core Framework Summary for People Living with dementia (PLWD)



The core Balanced System framework provides the structure from which to deliver a whole systems offer. This builds on outcomes, delivered by an integrated workforce supporting family, friends and carers, and is driven by strong leadership and management. Support is provided for all to promote good brain health, support mild cognitive decline, people with dementia and more complex support needs by wider system support as well as specialists such as AHPs, including occupational therapists. This is underpinned with a robust training and development offer.

The service delivery model and the tools that support the analysis and design are based around the Balanced System five strands (figure 2) across three levels of universal, targeted and specialist support (figure 3). The importance of understanding the complex interaction between population, intervention and workforce is core to the model (see figure 4).

The Balanced System® Five Strands

The five strands have been adapted through the co-production workshops with the Alzheimer Scotland AHP Dementia Forum. Figure 2. below outlines the Balanced System five strands for understanding provision and supporting good brain health as well as people living with dementia (adapted following the workshops):

The Five Strand Outcomes areas, each with outcomes at a universal, targeted and specialist level, provide the High Level Outcomes Framework (figure 3) that a system working in this way should aspire to achieve.

Figure 2: The Balanced System Five strands for People Living with Dementia

Family, friend & carer support	• Are supported with appropriate, accessible information and resources to make informed choices to support their role as effective partners in care for older people & people living with dementia.
Environments	• Are audited, adapted and enhanced to maximise independence and participation to be inclusive of an ageing population, including people living with dementia
Workforce	• Specialist knowledge and skills are used to build capacity in the wider workforce to support across universal, targeted and specialist levels of provision
Identification	• Is efficient and accessible including training of others to identify and provision of pre-referral advice in community settings
Intervention	• Is appropriate and timely , and may include direct or indirect, individual and group interventions delivered in a functional context

Universal, Targeted and Specialist or Individualised offer

Meeting the needs of the population, the universal offer, as well as those with identified or more complex needs, targeted and specialist provision, is outlined below. More detailed definition can be found in appendix 1.

Universal offer: Available to all and includes a focus on maintaining good brain health and self-management techniques.

Targeted offer: Includes support for families and carers and the person living with dementia. Support may be AHP led and/or maintained by designated staff with the ~appropriate education.

Specialist offer: May be with an individual adult or as part of a specific group of support, again always with ~the involvement of a family member or carer and/or staff from a relevant context who can ensure that ~the support or intervention is embedded into the person's wider experience.

Combining the three levels and five strands creates the Balanced System Outcomes framework to guide, support and inform delivery of AHP services supporting an aging population including people living with dementia.

Figure 3: The Balanced System High Level Outcomes for people living with dementia

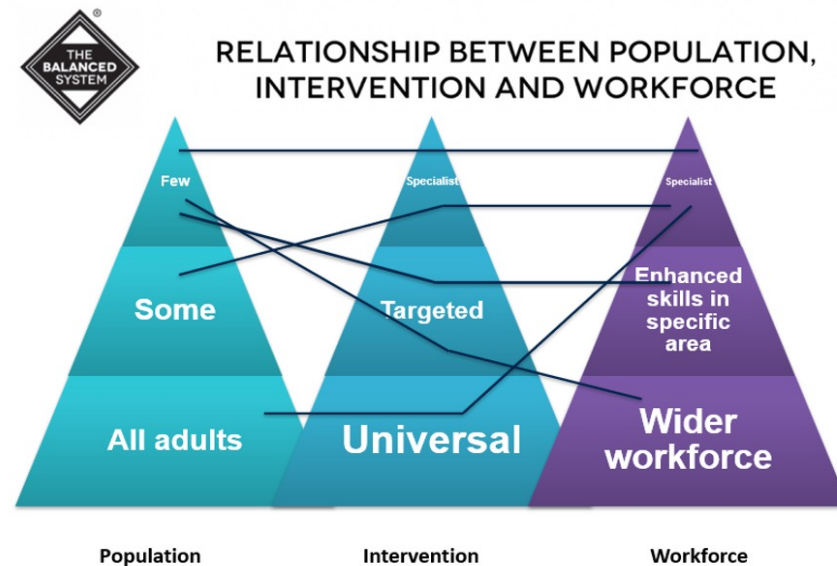
FAMILY, FRIEND AND CARER SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - All family, friends and carers have access to AHP support to ensure confidence in their role as a key partner of the person living with dementia to increase their understanding of the specific challenges faced by the person living with dementia.	EE3. Specialist - Places where people living with dementia with specialist and complex needs spend their time are dementia friendly. The necessary AHP specialist assessment and adaptations of the environment are in place to maximise potential, independence and function optimising quality of life. These are in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge, skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist AHP interventions including individual and groups activities. E.g. carers, family, support workers. All work will be with the person's wider support network.	ID3. Specialist - Access to specialist AHP services is based on assessment and identification of needs in a functional way for the individual and the person/people who care for them.	IN3. Specialist - People living with dementia needing specialist AHP intervention receive appropriate and timely AHP provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core needs.
FS2. Targeted - Family, friends and carers of people living with dementia are able to easily access additional specific AHP support and resources to ensure confidence in their role, to help enable the person living with dementia to maximise their independence and quality of life.	EE2. Targeted - Places where people with dementia and their care givers live, spend their time or access services, are dementia friendly and supportive. Appropriate additional enhancements, as recommended by AHPs, create an environment which ensures people living with dementia and their carers continue to live well, maximising potential.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to run some interventions. AHP staff are competent to deliver targeted interventions and support carers, adapt the environment and identify people with dementia who need support.	ID2. Targeted - All health, social care statutory and non-statutory services are skilled and confident working with people living with dementia. Where a referral has been made to an AHP for a specific condition the clinician deals with this condition and does not pass onto dementia services before assessment is completed and where possible treatment. AHPs who do not routinely work with people with a diagnosis of dementia are able to accurately identify someone who needs a more specialist service and are able to make a referral or signpost.	IN2. Targeted - People living with dementia, their families and those who support them, benefiting from targeted interventions, will have access to evidence based AHP approaches in the most appropriate functional context. These might include 1:1 and/or small group interventions that are typically designed by AHP specialist practitioners and delivered by those with appropriate training.
FS1. Universal - Family, friends and carers are supported with easily accessible information and resources from AHPs to encourage their role as effective partners in the care for older people. This enables the person requiring support and their family, friends and carers to make proactive choices to maintain their best quality of life.	EE1. Universal - Places where people spend their time, including physical, psychological and social spaces including communities, are accessible for all. Environments are supported by AHPs to promote engagement and participation inclusive of the needs of an ageing population.	WW1. Universal - The wider workforce is supported by AHPs to have a good basic understanding of good brain health, how to support and communicate appropriately and how to access appropriate AHP services as people's needs change with age. The wider workforce has access to appropriate training around maximising independence and quality of life.	ID1. Universal - All primary care workers and public sector organisations are brain health aware and can signpost and refer on. AHPs dealing with another condition who see someone with cognitive decline are able to give basic advice and signpost or refer on.	IN1. Universal - Everyone will be supported through AHP based information and approaches to understand and support good brain health to promote well-being. Adults are supported to make proactive choices to maintain their best quality of life.

Interaction between outcomes, population and need is summarised in Figure 4 below. The first pyramid shows a population as a whole for a locality, within this will be a range of need, including everyone 50 years and above, as well as those people with cognitive decline and more complex dementia needs. The middle pyramid shows the range of provision across:

- universal, available to all
- targeted, for those that need some extra support
- specialist, where more bespoke adaptations are required.

In the Balanced System whole systems approach, a range of provisions will be for all people, some will require enhanced support or targeted interventions and a smaller number will require specialist or individualised intervention. There is debate around exactly where the lines are drawn between targeted and specialist however, it is recognised that there is a continuum of intervention and support available. The third pyramid shows the workforce ranging from the wider workforce, which is everybody, through to those that have developed enhanced skills in a particular area.

Figure 4: Relationship between Population, Intervention and Workforce



There are a range of ways of travelling across the three pyramids. For example, a person living with more complex dementia needs can sit in the 'few', whose needs are currently being appropriately met by targeted interventions, delivered by either somebody with enhanced skills or potentially even through the wider workforce in the community or care context. Concurrently, there may be a person who has a less complex range of needs associated with their dementia, who sits further down the population pyramid and for them a specialist intervention delivered straight away would be most effective and make all the difference to their quality of life.

Methodology

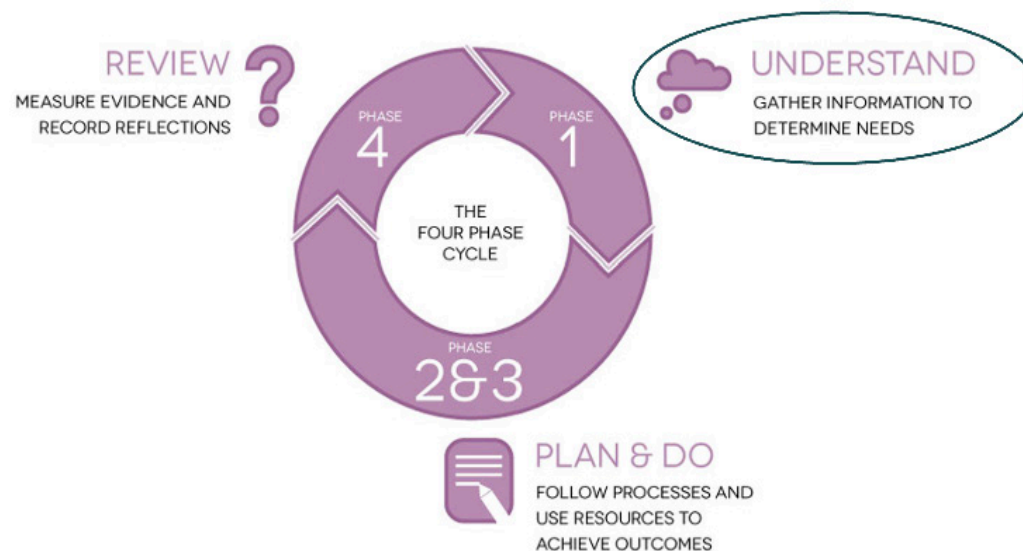
Initial project planning began in 2021, resulting in workshops for a range of AHPs from across Scotland taking place in 2021- 2022 to introduce the Balanced System framework and share the methodology and underlying principles. The project outcomes were shared at the workshops, resulting in feedback to inform and define the process and details of the test of change.

Five workshops, each focusing on one of the Balanced System five strand areas and outcomes, provided an opportunity to co-produce high level outcomes for AHP services supporting and promoting good brain health and people living with dementia. Workshop participation resulted in the following co-production building on existing Balanced System frameworks to create outcome definitions, see Figure 3, for AHP and wider partner services:

Figure 5: Understand, Plan, Do, Review Improvement Cycle



Next, the two identified services focused on the 'understand' element of the understand, plan, do review cycle (figure 5). The local systems identified unrelated challenges to implementation, which resulted in Better Communication CIC extending the support to 2024 in order to achieve the project outcomes.



The use of the Balanced System framework and tools, together with facilitation from author, Marie Gascoigne and team, have explored the application for AHPs supporting people living with dementia.

Timeline

2021

- Initial project planning and scoping of terminology and context
- Planning and delivery of workshops open to AHPs in Inverclyde and Forth Valley
- AHP workshops to capture views on the Balanced System outcomes for PLWD
- Further refinement of outcomes to reflect terminology and breadth of AHP support

2022

- Steering group decision making re involvement with the test of change using the Balanced System framework to understand service delivery for AHPs supporting PLWD and their families
- Qualitative outcomes and indicators co-designed with AHP community

2023

- Launch first test of change workshop and identify key local group to design and plan local project
- Self-evaluation completed
- Beginning of quantitative and qualitative data collection and entry into tools
- Ongoing reporting to steering group

2024

- Ongoing quantitative and qualitative data collection and entry into tools
- Community of Practice event
- Aspirational Plan and Do projects discussed
- Establishing the most effective way to measure impact of Plan and Do project in Forth Valley
- Feedback to steering group
- Extension of support, Prove It! tool established

Following the co production workshops, focused planning meetings to inform data and adaptations to the Balanced System tools took place between 2022 and 2023. Representation at these events included colleagues from Alzheimer Scotland, both Inverclyde and Forth Valley Occupational Therapy teams, AHP Director and leads, Mental Health representatives, service managers and Better Communication CIC associates. 2023 involved key local groups to design the local project and identify appropriate data sets for the purpose of this test of change.

From October 2023 to February 2024, virtual monthly meetings and liaison occurred to facilitate the collection and inputting of local qualitative and quantitative data with Occupational Therapy teams in Forth Valley (North) and Inverclyde.

Each of the pilot areas had access to the online account for the Balanced System. In addition, online and phone support was available as needed as well as some specific group calls to check on progress and share learning within and across areas.

A steering group (see appendix 2) was established to develop the tools to meet the needs of this test of concept. Time was spent negotiating the population focus, researching risk factors and identifying demographic indicators that were relevant.

It was agreed that the target population would be 50 years plus. A suite of tools were adapted to allow for reporting in this age range and to allow for quantitative and qualitative data to be captured. This provided the ability to identify relative prevalence of need by area and provided a reference population for workforce and caseload analysis.

The understand phase uses both quantitative and qualitative data to triangulate need with demand and provision. Quantitative analysis includes population, demographic and predicted prevalence data and triangulating these with the relevant evidence base. Demand was evidenced by service data and resource evidenced by workforce. The qualitative analysis comes through the use of the unique Balanced System® Mapping Tool which allows the services to capture a comprehensive map of the current offer for promoting brain health and support for people living with dementia across the Five Strands and Three Levels, linked to fifteen high level outcome areas (Figure 3). The framework also supports identification of gaps in provision. This process facilitates a bespoke action plan to achieve outcomes and demonstrate the impact for PLWD. More information about the system can be found at www.thebalancedsystem.org.

Prevalence Data

Prevalence rates are underpinned by the results of two studies. For people aged 65 and above, we apply the CAFSS II report. This is the result of a two-decade comparison of prevalence of dementia in individuals from three geographic areas of England (Cambridgeshire, Newcastle and Nottingham). CAFSS II built on the results of the 1989 CAFSS I study. CAFSS II data has fed into the 'Dementia in Europe 2019' figures. This is the data that NHS England currently use (Matthews. F. Et al. (2013)).

For early onset dementia rates (those aged 50 to 64) we apply the Dementia UK/Kings College study (Prince. M. Et al. (2014)). This uses a Delphi method where experts propose an agreed prevalence after reviewing several international studies. This report respects the CAFSS II survey.

A study was conducted across three health areas in Scotland with diagnosis rates for 2014 to 2020 presented however, it is recognised that not all individuals are diagnosed so many would be missed in these calculations and therefore, not provide useful prevalence data (Scottish Government. (2016)). Previously Alzheimer Scotland and the Scottish Government have adopted the EuroCoDe (plus Harvey adjustment) model but this has been under review.

Quantitative and Qualitative Findings

Understand phase

The teams were asked to provide qualitative and quantitative data for analysis against the fifteen outcomes as shown in the Integrated Solution Tool, Figure 3.

Quantitative Findings

Quantitative data includes nationally available data sets and local data provided by services. Data sets for workforce and caseload, including referrals, cease contacts and waiting times were provided. This allowed for triangulation of local data sets with predicted proportional prevalence of people living with dementia by locality, providing a baseline for establishing potential need and the available resource to meet the needs of the population.

Through engagement with each service and analysis of the qualitative and quantitative data sets, key findings have been identified.

Figure 6: Forth Valley (North) over 50 year old population split by age band

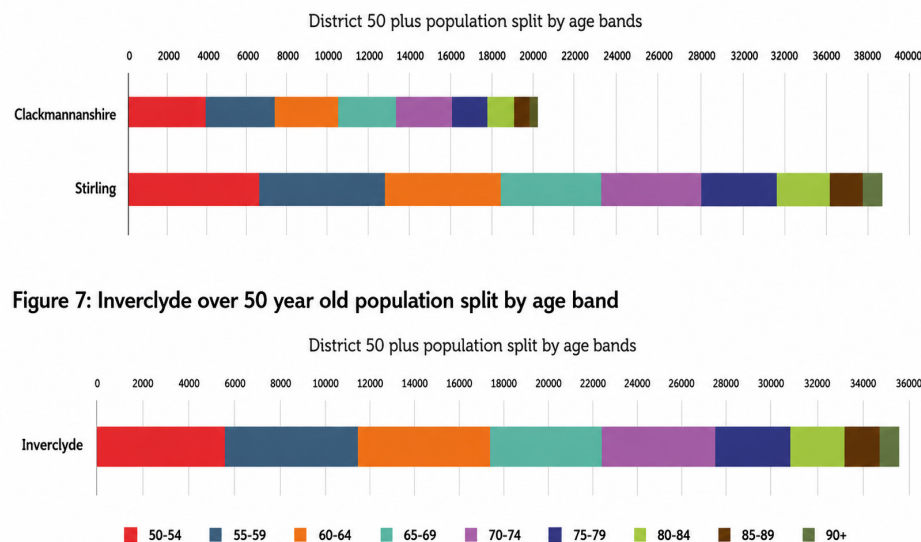


Figure 7: Inverclyde over 50 year old population split by age band

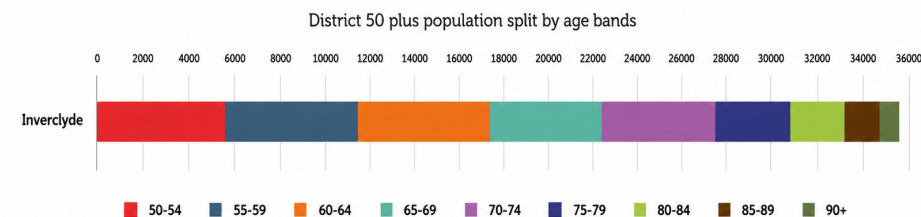


Figure 8: Clackmannanshire over 50 year old male and female population split by age band

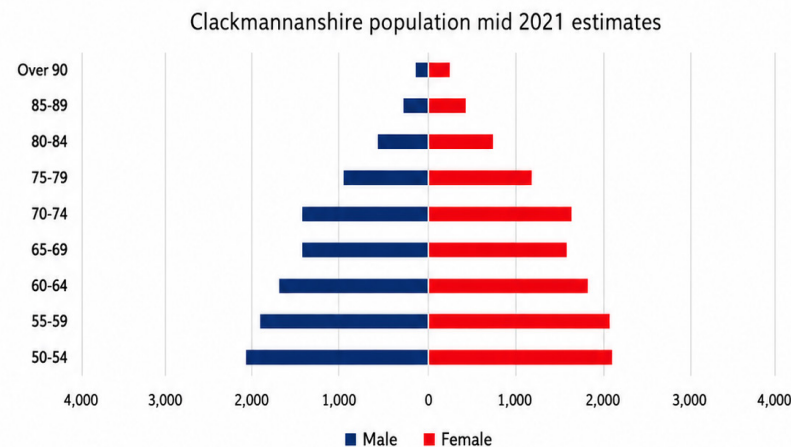


Figure 9: Stirling over 50 year old male and female population split by age band

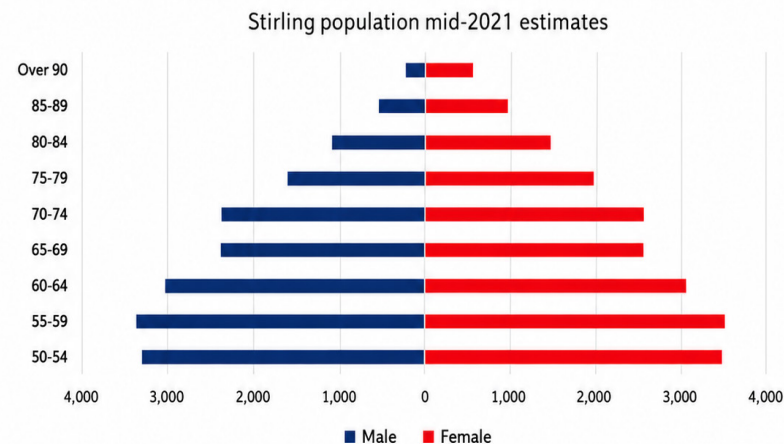
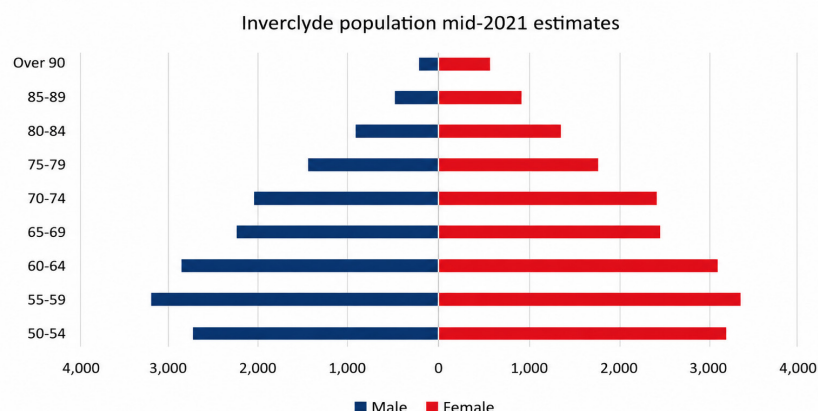


Figure 10: Inverclyde over 50 year old male and female population split by age band

Figure 10: Inverclyde over 50 year old male and female population split by age band



Qualitative Findings

The Balanced System suite of tools allows for capture of qualitative data for analysis, in the structures as outlined:

Self- evaluation activities to capture current views and aspirations

- Baseline, detailed and Core Delivery Principles (CDP) evaluation
- These provide 'red-amber-green' (RAG) ratings across key areas of the service, including a focus on commissioning, workforce, training and leadership.
- Stars, Bugs and Moon reflective activity relating to current support
- Mapping tool to capture the current service offer and identify any gaps in provision.

Self Evaluation

These activities provide an opportunity to reflect on the current service offer, using the Framework to structure thinking, in line with the Balanced System fifteen high level outcomes, as locally agreed in the planning phase. Both teams identified strengths in providing interventions and support focused on functional outcomes. Functional outcomes are meaningful day to day activities that people want to be able to do following support. Both services felt that there was room for improvement in the collection of impact measures of provisions.

Early Identification was not yet felt to be consistently present in either service (Figure 11, Figure 12). Through reflection and subsequent completion of the Stars, Bugs and Moon activity, Forth Valley (North) identified an aspiration to increase presence in the local community and ensure adequate support at early onset of cognitive decline. Inverclyde recognised the need to provide easy access to support at the point of need, and for this not to be diagnosis dependent.

There is graduation in completeness in meeting the CDPs, with more success noted at a specialist level. Both teams identified meeting the Balanced System high-level outcomes as 'mostly' or 'partially' at the specialist level, at varying degrees across the five strands at a targeted level and both teams considered provisions 'not yet in place' or 'partially' achieved at universal level.

Core Delivery Evaluation

Figure 11: Forth Valley (North) Core Delivery Principles Evaluation

Not present	Partially	Mostly	Complete	Don't know
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Impact measured: Impact rather than inputs are measured as indicators of success and captured and reported on in KPIs.

Early identification: People living with dementia or cognitive decline have their needs identified early throughout the age range, *early in* emergence of need, at any age. Family, carers and professionals are supported to identify when a need arises and access services in a timely manner.

Easy access: Services are accessed by the simplest route to support at the lowest level even if further progression through the system is required. This could include drop-ins or advice lines across the wider AHP workforce, who are able to sign-post and refer when necessary.

Appropriate assessment: Assessment through an enquiry-based process rather than through delivering a battery of assessments in isolation and out of context only. The person living with dementia or cognitive decline is assessed in the context where the need arises and is carried out in consultation with the person, their family and wider support.

Resources allocated based on need: Areas with evidence of higher need have their resource allocated accordingly and proportionately – either or both the nature of the offer or the volume of the offer.

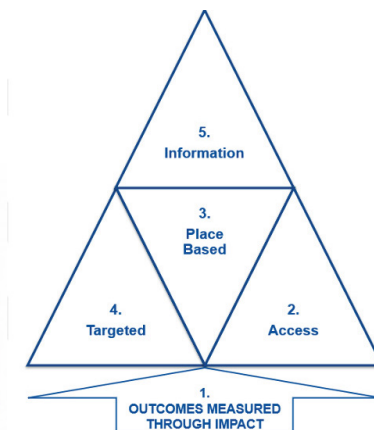
Link professional(s): AHPs are geographically linked to appropriate community settings or a cluster of settings. They work with the the wider workforce and consult with them regularly to identify and support the broad range of needs across universal, targeted and specialist levels.

Targeted offer: A comprehensive and robust range of targeted services are offered across the 5 strands of person and family support; environment; workforce; identification and intervention.

Intervention focused on functional outcomes: The therapeutic offer must be focused on functional, person and family led, outcomes. This includes both joint planning and joint problem solving.

Good accessible information: There is a range of information that is easy to find on: how to access the service including the referral information; how to support a person living with dementia or cognitive decline and where there are needs; signposting to other resources and services available.

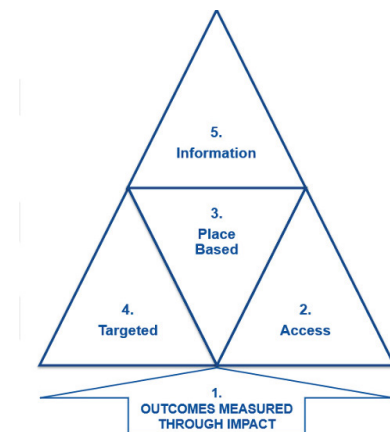
Offer across all strands and levels: There is evidence from mapping of a comprehensive offer across all strands and at all levels.



Core Delivery Evaluation

Figure 12: Inverclyde Core Delivery Principles Evaluation

Not present	Partially	Mostly	Complete	Don't know
Impact measured: Impact rather than inputs are measured as indicators of success and captured and reported on in KPIs.				
Early identification: People living with dementia or cognitive decline have their needs identified early throughout the age range, early in emergence of need, at any age. Family, carers and professionals are supported to identify when a need arises and access services in a timely manner.				
Easy access: Services are accessed by the simplest route to support at the lowest level even if further progression through the system is required. This could include drop-ins or advice lines across the wider AHP workforce, who are able to sign-post and refer when necessary.				
Appropriate assessment: Assessment through an enquiry-based process rather than through delivering a battery of assessments in isolation and out of context only. The person living with dementia or cognitive decline is assessed in the context where the need arises and is carried out in consultation with the person, their family and wider support.				
Resources allocated based on need: Areas with evidence of higher need have their resource allocated accordingly and proportionately – either or both the nature of the offer or the volume of the offer.				
Link professional(s): AHPs are geographically linked to appropriate community settings or a cluster of settings. They work with the the wider workforce and consult with them regularly to identify and support the broad range of needs across universal, targeted and specialist levels.				
Targeted offer: A comprehensive and robust range of targeted services are offered across the 5 strands of person and family support; environment; workforce; identification and intervention.				
Intervention focused on functional outcomes: The therapeutic offer must be focused on functional, person and family led, outcomes. This includes both joint planning and joint problem solving.				
Good accessible information: There is a range of information that is easy to find on: how to access the service including the referral information; how to support a person living with dementia or cognitive decline and where there are needs; signposting to other resources and services available.				
Offer across all strands and levels: There is evidence from mapping of a comprehensive offer across all strands and at all levels.				



Mapping Analysis

Services completed a robust mapping activity to reflect the provisions of the Occupational Therapy service offer within the community in Inverclyde and Forth Valley (North), to promote good brain health and those living with dementia, across the Five Strands and Three Levels, as shown with RAG ratings in Figure.

Figure 13: mapping analysis heat map of community provisions in Forth Valley (North) and Inverclyde

Forth Valley (North)

BY STRAND AND LEVEL

LEVEL	Family, Friend and Carer Support	Environment	Workforce	Identification	Intervention
Specialist	Provisions: 3	Provisions: 3	Provisions: 2	Provisions: 3	Provisions: 3
Targeted	Provisions: 4	Provisions: 2	Provisions: 5	Provisions: 1	Provisions: 2
Universal	Provisions: 3	Provisions: 2	Provisions: 2	Provisions: 2	Provisions: 2

Inverclyde

BY STRAND AND LEVEL

LEVEL	Family, Friend and Carer Support	Environment	Workforce	Identification	Intervention
Specialist	Provisions: 4	Provisions: 4	Provisions: 5	Provisions: 5	Provisions: 12
Targeted	Provisions: 5	Provisions: 5	Provisions: 3	Provisions: 5	Provisions: 12
Universal	Provisions: 1	Provisions: 1	Provisions: 1	Provisions: 1	Provisions: 2

The Balanced System and Occupational Therapy Service Offer

The use of the Balanced System methodology has enabled Inverclyde and Forth Valley (North) Occupational Therapy services to analyse, reflect and work towards outcomes based plans. These include providing a consistent, efficient and reliable needs-led service to the population, across all five strands and three levels of The Balanced System.



The Core Delivery Principles (CDP) facilitate thinking to strive for a person-centred approach in achieving functional outcomes in the most effective and efficient way. The five CDP are: a focus on functional outcomes and measures of impact; simple and easy access; support in the most functionally appropriate and relevant place; development of a strong targeted offer; and access to high quality, accessible and consistent information and advice.

Forth Valley (North)

Forth Valley (North) have recognised the range of high-quality information that is available and celebrated their offer of place-based provision (see Figure 14). There has been further scope identified in simplifying the route to services for the entire population being served and enhancing the current targeted offer. In Forth Valley (North), the team would like to improve links with system partners and, using available data, be proactive in meeting the needs of the population in areas of higher predicted prevalence.

Figure 14: Forth Valley (North) provisions RAG rated by Core Delivery Principles



Inverclyde

The team identified that all Five Strands and Three Levels of their provisions could be improved with easier access, when not dependent on diagnosis. There was a clear emerging targeted offer in relation to interventions available following assessment. As a result of this test of concept there is a recognised need for additional data to influence a place-based model of support, beyond initial assessments as well as the development of easy access provisions which will be strengthened by further engaging with wider system partners around good brain health and dementia care and support.

Figure 15: Inverclyde provisions RAG rated by Core Delivery Principles



Themes arising from the Test of Concept

As a result of the needs analysis, the following development themes have been identified:

Theme 1: A consistent approach to the collection and collation of data

Theme 2: A meaningful focus on outcomes and impacts

Theme 3: AHPs provide support for all, across universal, targeted and specialist levels

Theme 4: A whole systems approach to meeting the needs of an aging population

Theme 1: A consistent approach to the collection and collation of data

The first theme has emerged from analysis of the qualitative reporting in line with national and local data sets, and with further reflection upon the needs analysis process.

- There is a variable approach to collection and collation of evidence data from services
- Allocation of resource or provision which is based on demand without considering need
- The support available varies from place to place.

The Balanced System methodology takes a population-based approach in understanding the given need of the people in an identified area. Rather than starting with diagnoses it is based on data and the evidence of influencing factors. A level of predicted prevalence within a given geographical area is provided based on nationally available data.

Figure 16: Predicted number of People Living with Dementia (PLWD) in Inverclyde and in Forth Valley (North), split into age bands from 50 to 90+ years of age.

Locality all 50 plus predicted PLWD numbers based on prevalence by age bands

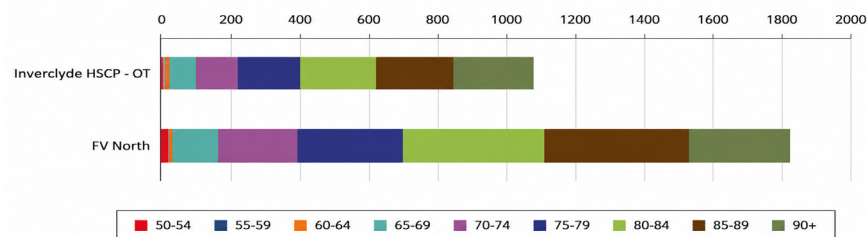


Figure 17: Forth Valley (North) predicted People Living with Dementia (PLWD) numbers by age and sex

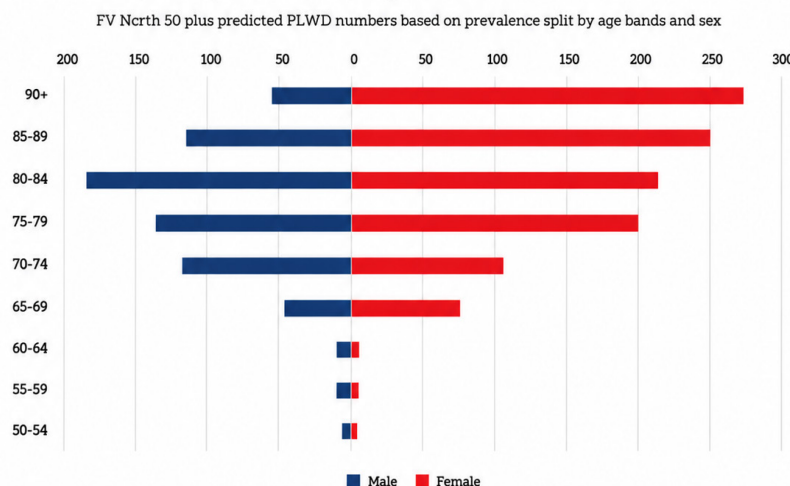


Figure 18: Inverclyde predicted People Living with Dementia (PLWD) numbers by age and sex

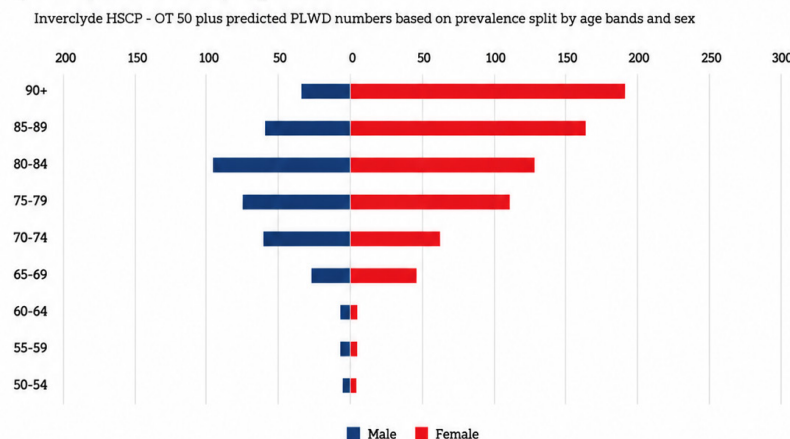


Figure 19: Scottish Index of Multiple Deprivation (SIMD) and Social Mobility ranks of Inverclyde and Forth Valley (North) footprint

Local Authority	LA SIMD	Conditions of Childhood	Promising Prospects	Labour market ops for young people	Innovation and growth
Inverclyde	44.74% (I)	Middle Group	Middle Group	Middle Group	Middle Group
Clackmannanshire	25% (B)	Middle Group	Middle Group	Middle Group	Middle Group
Stirling	12.4% (S)	Favourable	Middle Group	Middle Group	Middle Group

Quintiles				
1st - most disadvantaged rank	2nd	3rd	4th	5th - least disadvantaged rank

Social mobility categories				
Least Favourable	Unfavourable	Middle Group	Favourable	Most Favourable

Figure 20: Forth Valley (North) SIMD

Forth Valley North SIMD ranks

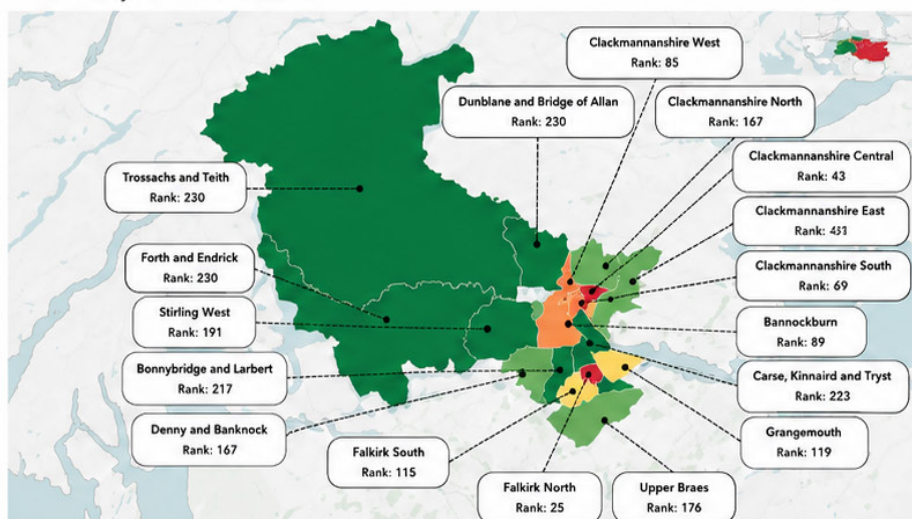
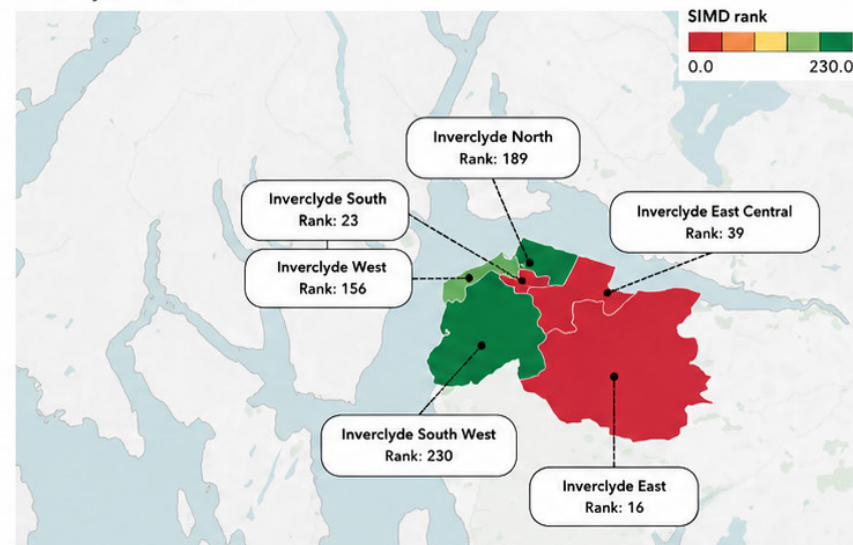


Figure 21: Inverclyde SIMD map

Inverclyde SIMD ranks



Data highlights the level of social deprivation across both service areas. In Forth Valley (North) with a population of 53,200 over 50 year olds, the rate of predicted prevalence of dementia is 3.4%; of a population size of 35,000 over 50 year olds in Inverclyde, there is a predicted prevalence rate of 3.1%. There is a significant known difference in the prevalence of dementia in females compared to males over time, regardless of social mobility factors. There is an apparent difference between service offers across the Five Strands and Three Levels; neither are shown to be driven by the need of the local population. The Scottish Government set out in their ten-year vision, to ensure "diagnosis is available and accessible irrespective of age, stage, sensory loss or where people live" (Scottish Government. (2023)).

Forth Valley (North)

Community

services, support, advice, Dementia, Memory, care, training, engagement, assessment, family, equipment, participation, signposting, strategies, event, dementia, theatre, centre, unpeited, based, carers, level, launch, data, rehab, scotland, service, allied, nursing, training, engagement, summit, level, technology, based, carers, support, advice, unpeited, memory, theatre, centre, dementia, event, signposting, strategies, equipment, participation, system, model

Inverclyde

Community

services, support, advice, Dementia, Memory, care, training, engagement, assessment, family, equipment, participation, signposting, strategies, event, dementia, theatre, centre, unpeited, based, carers, level, launch, data, rehab, scotland, service, allied, nursing, training, engagement, summit, level, technology, based, carers, support, advice, unpeited, memory, theatre, centre, dementia, event, signposting, strategies, equipment, participation, system, model

LEVEL	FAMILY, FRIEND AND CARER SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
Specialist					
Targeted					
Universal					

LEVEL	FAMILY, FRIEND AND CARER SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
Specialist					
Targeted					
Universal					

The impact of the current service delivery models is that the accessibility to care for the person living with dementia is determined by postcode. Early identification and access to the required level of support is inconsistent across the service areas. Scottish Government recognise the current “challenging fiscal context”(11) and therefore the importance of early identification to allow resource to meet need.

Scottish Government should consider the importance of Allied Health Professional (AHP) services, supporting them to capture meaningful, person centred data in addition to existing metrics. Scottish Government should consider the equity of outcome for all people living with dementia, their families and carers, and their experience of support.

Analyse qualitative reporting, connected to national and local data sets, in order to:

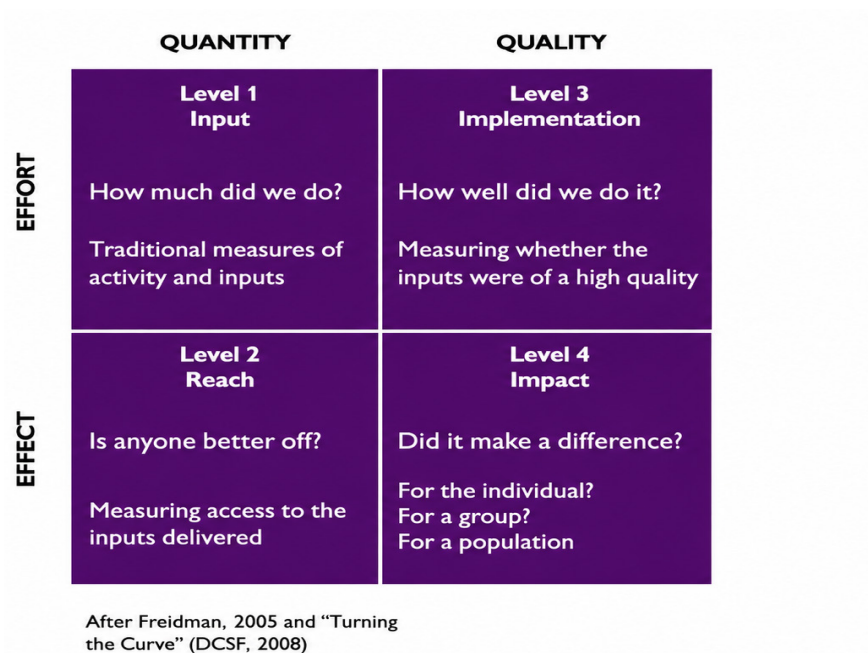
- To take a pan Scotland approach to care for people living with dementia, ensuring equity of outcome for all people around good brain health, dementia diagnosis and more individualised support. As a result no one is disadvantaged in relation to accessing support as and when they need it
- This will be possible through use of local population data to enable services to be proactive in developing the service offer based on needs, rather than reactive in relation to demand placed on a service

- All non-statutory services that support people living with dementia, their families and carers, work together to optimise independence and quality of life for all adults. As a result meaningful, person centred, data is collected to inform outcomes for people living with dementia which are supported by whole systems working.

Theme 2: A meaningful focus on outcomes and impacts

The second theme has arisen from reflection of the data capture process and anecdotal evidence. Input data is currently collected however, it is not always readily available, partly due to local systems and capacity. Impact data collection and use of data to inform provision is variable and in development.

Figure 25: Outcome Measurement Framework



The Balanced System outcome measurement framework considers evidence in four quadrants: input, reach, implementation and impact, with impact data being the most powerful indicator of success.

Inverclyde and Forth Valley (North) are at apparent different stages in the collection and use of data to inform provision. Both teams report using outcomes measures however, these are sporadic (Inverclyde) or in development (Forth Valley (North)).

Input Data

It was a challenging exercise for Inverclyde to access local statistics including workforce and caseload data. This was in part due to workforce availability (see theme 3) and access. Forth Valley (North) had quick and easy access to input data.

The difference we need to make across Scotland:

Scottish Government should consider establishing a Scotland wide requirement to collect impact data to drive whole system change. This will ensure that all services supporting adults provide a preventative and proactive needs led services for their community.

AHP services include capture of the 'so what?' and 'how do you know?' in relation to all support offered, including what makes a difference to maintaining good brain health, early diagnosis and individualised support. Services have a strategic focus on outcomes and the impact for people living with dementia, their family and carers. All services consistently capture lived experiences, showing how the activity or support has helped in day-to-day life. All AHP services have efficient, robust and shared impact data collection systems. These enable the monitoring of impact of:

- Information and support about good brain health, cognitive decline and dementia, for individuals, their friends, family and carers
- Adaptations to the environment that make daily life more accessible
- Knowledge and skills of the wider workforce who provide support
- Appropriate and timely identification tools and processes
- A range of timely support in order to inform adaptations to services.

All non-statutory services work together, along with statutory services, to share impact data that focuses on the needs of the people they support. Impact data from people living with dementia and their families and carers is collectively evaluated to ensure the range of needs, pre and post diagnosis, are effectively being met across the system.

Theme 3: AHPs provide support for all, across universal, targeted and specialist levels

Service provision is largely at a specialist level however, there is opportunity to consider the allocation of resource to better meet the outcomes for all across the five strands and three levels of the Balanced System outcomes framework, whilst maintaining flexibility in the workforce. As a result of this test of concept process greater awareness of the need to work across universal, targeted and specialist levels has evolved.

Figure 26: Forth Valley (North) Community workforce by banding

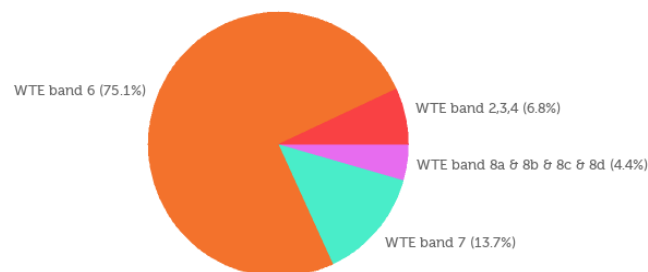
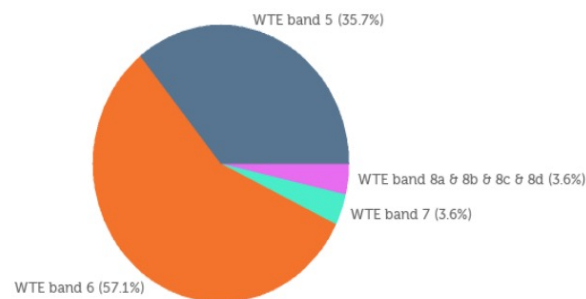


Figure 27: Inverclyde Community workforce by band-



Workforce to Meet Need

The reported Occupational Therapy workforce for community services in Inverclyde and Forth Valley (North) with a total of 5.73 whole time equivalents (WTE) across a range of Agenda for Change (AfC) bands, from band 3 to band 8. Staff working with people living with dementia on either of these caseloads, provide support in a range of settings, including their own homes, to varying degrees.

It was reported that there were 2.8 and 2.93 WTE Occupational Therapists providing services in the community in Inverclyde and Forth Valley (North) respectively, in autumn 2023. The structure across the services varied. In addition to figure 25 and figure 26, it is of note that there was no administrative support available to the Inverclyde team. The team reported that this impacted on their data collection and collation and added to their workload. One band 6 role had recently been created in Inverclyde to provide an early intervention service. Currently, this provision is diagnosis dependent and provides at a specialist level. There is ambition for this role to expand across the Five Strands and Three Levels to include a universal, preventative service for brain health in Inverclyde, this in line with the Promoting Excellence Framework, from Scottish Government, (2021).

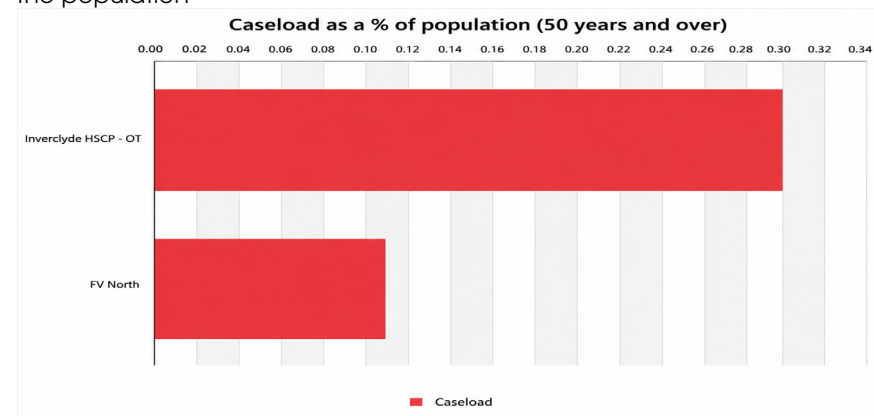
It was reported that there were no band 5 roles in the Forth Valley (North) community team which may impact on provision.

Both teams report the ability to confidently signpost to other services however, feel that they can be restricted in onwards referrals due to difficulties in sharing information and the challenge of services that are not easy to access. There has also been an opportunity to reflect on the impact of the lengthy wait times of wider partner provisions on the success and duration of Occupational Therapy interventions i.e. a reported twenty-four month wait for home aids, whilst the person living with dementia remains on the Occupational Therapy caseload.

Caseload

Teams were asked to provide a 'snapshot' of caseload data on a given date within the project window. Results have been analysed in the context of the entire population.

Figure 28: Inverclyde and Forth Valley (North) caseload as a percentage of the population



Forth Valley (North) had 2.93 WTE and Inverclyde had 2.8 WTE workforce to meet the needs of the population, including those who were actively on a caseload. Quantitative and qualitative data highlighted that workforce resource was allocated in different ways (see theme 1).

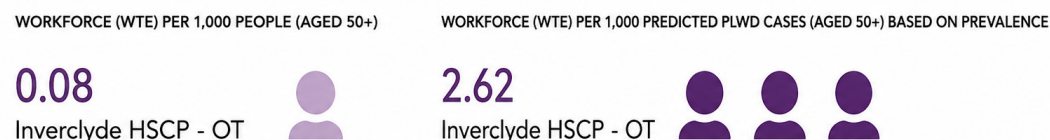
The demographic data highlights that the population of over 50 year olds is greater in Forth Valley (North), where staff resource was employed across three levels of the Balanced System framework. In Inverclyde, a smaller footprint, with less predicted prevalence of people living with dementia, the resource to predicted prevalence ratio is greater. In Inverclyde, service provision was predominantly at a specialist level.

Currently, there is no available benchmark that triangulates need, workforce and caseload; this poses an opportunity for further research into how best to utilise available resource to meet outcomes for the aging population, those with cognitive decline and dementia, and their family and carers.

Figure 29: WTE per 1000 people 50+ in Forth Valley (North); WTE per 1000 predicted prevalence of People Living with Dementia in age 50+ in Forth Valley (North):



Figure 30: WTE per 1000 people 50+ in Inverclyde; WTE per 1000 predicted prevalence of People Living with Dementia in age 50+ in Inverclyde:



The difference we need to make across Scotland:

Scottish government should continue to support AHP and local systems to work seamlessly to provide the right information and support at the right time. This will showcase accessible and community-based support which promotes good brain health, early and accessible diagnosis and the right individualised provision.

AHP services can make support easy to access. Current AHP service provision for people living with dementia is largely at a specialist level however, there are opportunities to consider the deployment of resource to better meet the outcomes across all five strands and three levels of the Balanced System framework, whilst maintaining flexibility in the workforce. As a result of the test of concept process, greater awareness of the need to work across universal, targeted and specialist levels has evolved. This could be developed further through:

- An AHP workforce allocated based on need to facilitate equity in the service offer regardless of location
- Clearly defined management roles to provide leadership to ensure shared understanding of working across universal, targeted and individualised or specialist provision and support
- Every Occupational Therapy team includes a range of expertise to meet the needs of the population, across all three universal, targeted and individualised or specialist levels.
- All services and settings that support; promotion of good brain health at a universal level, targeted support around diagnosis and initial post diagnosis care as well as individualised provision for more complex daily needs associated with dementia, work together with statutory services to promote the wellbeing of the people they support. This ensures timely support and sharing of information across universal, targeted and individualised care.

Theme 4: A whole system approach to meeting the needs of an ageing population

Theme four has emerged following consideration of national and local quantitative data sets and the reflections of the services.

Access to community Occupational Therapy support is varied across localities. In some areas rigid pathways require referrals, with subsequent waiting lists and support dependent on diagnosis. In other locations services are easily accessed through phone based and face to face support opportunities.

Scottish government should disseminate the findings of the pilot study, to highlight the importance of outcomes based, whole systems working and the importance of promoting good brain health, early diagnosis and support, along with impactful support for people living with dementia. As a result this would promote early access to services ensuring the right support at the right time.

Access to support

Core Delivery Principle: Easy Access, states that services should strive to provide simple and easy access to the right information, assessment and support. A key outcome indicator, as addressed by the Promoting Excellence framework is the right to access to a timely diagnosis and “information, education and support” (Gascoigne. M.T. (2008-2026).

Typically there is specialist support for people who have been referred to a service. Although there are provisions offered at a universal level, including information leaflets in GP practices and carer workshops, measures to quality assure and monitor the impact is not yet consistent. Targeted support typically requires a diagnosis, including occupation-based group Journeying Through Dementia. The recommendation would be for targeted provisions to be available without a diagnosis, and therefore easy to access and involve wider community settings and workforce alongside AHPs.

The difference we need to make across Scotland:

Where specialist assessment and Occupational Therapy led interventions have been the focus of service provision, a vortex effect has developed, requiring referral, lengthy waiting times and heavy demands on the service. Without the presence of a consistent wider system quality assured universal and targeted offer, there is a missed opportunity for community learning, awareness of early signs of cognitive decline and shared responsibility for early support and intervention prior to any consideration of diagnosis or diagnostic pathways.

The emerging Early Intervention in Dementia Occupational Therapist role provides support at the specialist level of service delivery and access is diagnosis-dependent. The local aspiration is for this role to evolve into providing provision across all Five Strands and Three Levels of the Balanced System, including prevention and for those experiencing mild cognitive decline.

The expectation is that everyone in non-statutory services work together to provide information, advice and signposting at the earliest opportunity, working with and supported by AHP specialists.

Scottish Government should disseminate the findings of the pilot study, to highlight the importance of outcomes based, whole systems working establishing a countrywide expectation of provision for the ageing population. As a result, promoting good brain health, early diagnosis and support, along with impactful support for people living with dementia. This would promote early access to services ensuring the right support at the right time.

AHP services can ensure a consistent range of support. Access to community Occupational Therapy support varies across localities, and potentially reflects wider AHP services. In some areas, rigid pathways require referrals, subsequent waiting lists and diagnosis dependent interventions. In other locations, services are easily accessed through phone-based support and community engagement opportunities. To ensure a consistent continuum of support, provider organisations will need:

1. Further development of the proactive 'early intervention' Dementia focused Occupational Therapist role, to work across all to work across all Five Strands and Three Levels of the Balanced System, including for people experiencing mild cognitive decline.
2. A continuum of support provided by the whole system including AHPs, ensuring easy and early access to the right support at the right time.
3. Support for people living with dementia, and their family, friends and carers to be consistently available regardless of when needs appear, point of diagnosis or where someone lives in Scotland, so that their needs are met at the most appropriate time.
4. To disseminate the findings nationally and locally.

Everyone in non-statutory services working together to provide information, advice and signposting at the earliest opportunity, working with and supported by AHP specialists.



Next Steps

This has been an ambitious test of change, which now requires the support, discussion and debate with a range of key stakeholders. The final report is available at the Alzheimer Scotland AHP pages at www.alzscot.org/dhpresources and Better Communication <https://www.thebalancedsystem.org/downloads/>. Dissemination of the work will include:

- Launch the report
- Deliver an AHP dementia webinar in 2025 led by the Better Communication and AHP leads in Inverclyde HSCP, NHS Greater Glasgow and Clyde and NHS Forth Valley. This will be followed up with a blog post at <https://www.youtube.com/watch?v=yBVyY0sF9A4>
- Present the work to Scottish Government led by the national AHP Consultant in partnership with Better Communication and AHP leads in Inverclyde and Forth Valley
- Share the findings of the test of change nationally to key stakeholders including Scottish AHP Directors (SAHPD), Public Services Delivery, Public Health Scotland and AHP Federation (Scotland) and debate a strategic way forward
- Share locally to key stakeholders including allied health professional and locality service manager and commissioners
- Build on phase one to develop phase two of this test of change of the Balanced System in AHP dementia, focusing on an outcomes led, system wide approaches, that capture meaningful impacts for individuals to inform service delivery and reporting.

Conclusions

In order to achieve equity of outcome across Scotland for people aged 50 and above, including people living with dementia, services would use population and predicted prevalence data to deliver effective support with the workforce resource that is available.

Provision of support across the Balanced System Five Strands and Three Levels is key to enabling whole system as well as service transformational change, delivering sustainable improvements to provisions for universal brain health and people living with dementia. It is key that provision involves whole system, multi-agency partnership working as no one service can meet needs and support achievement of outcomes in isolation.

Consistent leadership and management aligned to this approach, driving a culture change, to focus on impact measures, will enable the delivery of a flexible service offer. This is essential in initiation of an outcomes based approach, and in maintaining momentum.

The teams have identified an opportunity to further develop the understanding of provision for brain health and dementia services in Scotland by involving a wider group of AHP colleagues. An identified outcome to be that across Scotland, there is a common understanding across AHPs and wider services, including a shared vocabulary and aspiration to provide the best care possible for the brain health of the Scottish population.

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Appendices

Appendix 1: Universal, Targeted & Specialist offer for People Living with Dementia

Universal offer

Available to all and include a focus on maintaining good brain health through:

- Interventions which support the ageing population as a whole and the wider workforce in its fullest sense (website and other online resources would be good examples)
- Materials and resources available to the population as a whole through mainstream outlets such as GP surgeries, hospitals, community centres
- Generic advice sessions for community, care or residential groups
- Training for the wider workforce as a whole to increase awareness and understanding of how to maximise independence and quality of life and appropriate actions if concerned
- Specific training and advice giving around early identification on cognitive decline and dementia.

Targeted offer

Might include support for families and carers and the person living with dementia to:

- Easily access additional specific AHP support and resources to ensure confidence in their role, to help enable the person living with dementia to maximise their independence and quality of life.
- Places where people with dementia and their care givers live, spend their time or access services, are dementia friendly and supportive
- Have changing support needs recognised in a timely way.
- Benefit from targeted interventions. They will have access to evidence based AHP approaches in the most appropriate functional context. These might include 1:1 and/or small group interventions which might be supported by the wider workforce.

Targeted interventions may be AHP led and/or maintained by designated staff with the appropriate training. The decision as to the degree of direct AHP involvement will vary from context-to-context dependent on the skills and

competences of the wider workforce in that instance, as well as the needs of the adult living with dementia and predicted rate of change. Many settings that an adult living with dementia accesses, will establish approaches at this level with the initial support of an AHP and then maintain these independently using them as a way of supporting changing needs. Consequently, not all approaches at the targeted level assume a referral and acceptance onto an AHP's caseload and can be offered at the pre-referral stage. A useful way of considering the distinction may be to use the sub-divisions lower-targeted (LT or T1) and upper-targeted (UT or T2) as follows: Lower-targeted - approaches established with the support of a AHP but thereafter delivered independently by members of the wider workforce Upper-targeted - requiring on-going oversight from an AHP though level of direct involvement will vary. Adults living with dementia accessing upper-targeted support may move between specialist level or lower-targeted as their needs vary in different contexts.

Specialist offer

Might be with an individual adult or as part of a specific group of support or rehabilitation, again always with the involvement of a family member or carer and/or staff from a relevant context who can ensure that the support or intervention is embedded into the person's wider experience.

Many specialist interventions or support may follow a similar format to targeted interventions but be differentiated by the specificity of the techniques deployed or the rate of change anticipated from the adult necessitating a more highly skilled practitioner to be closely involved in order to monitor and adapt appropriately.

The specialist tier (S level) will be defined by the interventions needed and not primarily by the overall profile of need of the person living with dementia.

The underlying premise is that all adults benefit from universal level advice and information, and that targeted and specialist level activities are brought into the overall package of care based on need at a given moment in time.

Crucially, the level of support does not categorise the person and they can receive several packages from different levels simultaneously across AHP services. For example, a person needing a specialist package for mobility might also be part of a lower-targeted level group for communication facilitated entirely by family or care staff.

Appendix 2: Steering group membership

Jan Beattie, Professional Advisor, Dementia Policy Team, Scottish Government (Until March 2024)

Prof Pauline Bernie, AHP Director, NHS Forth Valley

Jeff Dormer, AHP Co-ordinator, Older Adults Mental Health, NHS Forth Valley

Marie Gascoigne, Director, Better Communication CIC

Prof Elaine Hunter, National AHP consultant, Alzheimer Scotland

Prof Maggie Nicol, Chair of Alzheimer Scotland, AHP Dementia Forum

Kate Lawson, Care Group Lead Occupational Therapist, NHS Greater Glasgow and Clyde

Dorothy Rae, Occupational Therapy Mental Health Advisor and Care Group Lead NHS Greater Glasgow and Clyde

Victoria Riley, Associate, Better Communication CIC

Claire Thomas, Associate, Better Communication CIC

Claire Welburn, Associate Better Communication CIC

Appendix 3: Impact measurement using Prove

Prove It! is a platform designed to capture measures of impact of support. As part of the test of change project, this platform was adapted to measure impact of outcomes for people living with dementia. Prove It! is based on the Balanced System framework and fifteen high level outcome areas, to capture four levels of impact: impact, quality, reach and input. Significant consideration was given to the design and delivery of the tools to best capture the carer and the person living with dementia's perspective.

Challenges including access to and confidence with IT were also considered. Carers in attendance at the event were supported to complete a part 1 survey with part 2 being sent electronically two weeks following the event. Ten part 1 and four part 2 surveys were completed, the results of which are summarised below:

- 100% of the respondents hoped to receive information about what can be done at home to help their family member
- 90% hoped to receive information of how to get more help. Of the four respondents who completed the post-event survey, three reported having met the first outcome; one of four felt that they had received enough information about accessing more help. Of the four that are completed, there is variation in the pre and post reporting of carer confidence; where respondents were asked to report on behavioural observations of their person living with dementia, due to the small response rate, there is no trend to report in the data.

