

<b>Decision maker:</b>	<b>Officer: Adult &amp; Wellbeing Director</b>
<b>Decision date:</b>	<b>27<sup>th</sup> August 2015</b>
<b>Title of report:</b>	<b>Leominster Meeting Centre for People with Dementia and their Carers</b>
<b>Report by:</b>	<b>Commissioning Lead</b>

## **Classification**

Open

## **Key Decision**

This is not a key decision

## **Wards Affected**

Primarily Leominster North, Leominster South, Golden Cross with Weobley, Bircher, Upton Ward, Hampton Court. Then, Countywide.

## **Purpose**

To approve the commissioning of a short term development project, aimed at implementing and evaluating the innovative Meeting Centre Support Programme (MCSP) in Herefordshire, for people with dementia and their carers.

## **Recommendation(s)**

**THAT:**

- (a) A contract and specification is agreed with the Alzheimer's Society (as lead organisation), in partnership with the University of Worcester, for the period 1<sup>st</sup> October 2015 to December 2016 at a value of £102,7k;**
- (b) by virtue of this decision, an exemption to paragraphs 4.6.13.2 of the**

**council's contracts procedure rules be granted in order to approve a direct award contract to the Alzheimer's Society without undertaking a competitive procurement process for the reasons set out herein.**

## **Alternative options**

- 1 Not to fund participation in the initiative. This is not recommended as this project is a unique opportunity to benefit from participation in the European Joint Programme – Neurodegenerative Disease (JPND) funded project aimed at implementing and evaluating the innovative Meeting Center Support Programme (MCSP) across Europe. This can only be achieved by commissioning the Alzheimer's society and the Association of Dementia Studies (ADS) at Worcester University.
- 2 To recreate a similar model in Herefordshire without the support of the 'MeetingDEM' brand. Worcester University effectively own the "MeetingDem" brand in the UK and are evaluating the pan European pilot programme in Italy and Poland aswell. The council cannot undertake this particular project without the University or their delivery partner, Alzheimer's Society. Whilst attempts could be made to do something similar but different, the council might face challenge and the council would not benefit from the international evaluation process and the unique intellectual capital that both ADS and the Alzheimer's society have developed around this model.

## **Reasons for recommendations**

- 3 There is currently very little specific community support or co-ordination for both people with dementia and their carers.
- 4 The initiative is consistent with the council's strategic aims to promote early intervention/prevention and will contribute to the recommendations contained in the *People with Dementia and their Carers Strategy and Implementation Plan 2013-2015*. The recommendations focus on organisations working together to help people identify dementia, get information, advice and support quickly, including diagnosis, as well as ensuring that carers receive assistance.
- 5 In addition, the *Integrated Needs Assessment for People with Dementia and their Carers (2012)* includes the following recommendations:
  - *Driving a Herefordshire wide culture change; taking a holistic approach to supporting all needs and developing Herefordshire as a Dementia friendly community will help people to support themselves, maintain independence and a sense of wellbeing.*
  - *Supporting Patient Carers and their Families; ensuring that carers are supported and valued in their role enables them to continue to provide support, preventing admissions and prolonging the time that people can remain independent in their own homes.*
- 6 The Meeting Centre Support Programme (MCSP) aligns significantly with the aspirations and recommendations as set out in Chapter 7 (Living with Dementia) of the Herefordshire Mental Health Needs Assessment (2015).
- 7 The Meeting Centre Model is based on the example of the Dutch Meeting Centres for people with Dementia and their informal caregivers, of which the first have been operational in Amsterdam since April 1993.
- 8 The Meeting Centres are different from the current offer of day services for people with Dementia and their informal caregivers because:

- The support focusses on both the person with dementia and their informal carer;
  - All support activities are offered at one, easily accessible location (community centre, neighbourhood elderly centre);
  - The selected community locations enable social integration and other local residents;
  - The support is offered by one small professional team, consisting of a programme co-ordinator, and activity therapist and a care assistant;
  - They provide case management and if necessary organise multidisciplinary care. Based on a collaboration protocol the team works together with other care providers and welfare services organisations in the region, such as GP's, home care services, community elderly services, mental health care services, informal caregivers support association, and care facilities and nursing homes.
  - The accessible, small-scale, integrated and non-stigmatizing design of the support close to home makes it easier for the person with dementia to accept help. It furthermore stimulates the development of a relationship of trust between staff and informal carer. This will help the latter share the care with others at an earlier stage.
- 9 The Leominster meeting centre will support people with mild to moderate dementia and their families in coping with the consequences of dementia and promoting positive outcomes in adapting to subsequent life changes. This includes learning to live with cognitive changes and emotional and social adaptation.
- 10 The initiative offers value for money in comparison to current day opportunities. The cost per person session is below the current minimum day rate for day opportunities. This cost also includes the project set up and evaluation. See Appendix 2.
- 11 It is anticipated that accommodation costs will be met through either an opportunity to gain some local funding support, which is currently being explored, or through local community fund raising as part of the project and therefore will not create an additional funding implication.
- 12 Research conducted by VU University medical centre (Droes, 2000, 2004, 2006) showed that, compared to regular types of day centre, the Meeting Centres have a more positive effect on the caregiving capacity of the informal carer (less experienced burden, improved sense of confidence, increased ability to continue caregiving for a longer period, expansion of social network) and on the functioning with people diagnosed with Dementia (fewer behaviour and mood problems, increased self-esteem, postponed nursing home admission). Similar effects are also found in other studies of combined support programmes. In general, a flexible application of a combination of different types of support, tailored to individual needs, is more effective than offering, for example, only practical or emotional support. The project has provided positive outcomes in the Netherlands and it is anticipated that the evaluation for the UK will demonstrate the same. See appendix 3.
- 13 Despite the current evidence base from the Netherlands, the pilot project has been set up to establish if the same benefits can be realised in the UK. It is anticipated, like in the Netherlands, there would be a delay in the use of high end services; the

evaluation of this pilot will provide the data to inform decisions regarding the shape of future services.

- 14 The programme will focus on individually tailored support to enable people with dementia to feel empowered and to have the opportunity to live active, social, stimulating and meaningful lives. In addition, a comprehensive programme of information and practical, emotional and social support is provided to their carers.
- 15 It is a requirement of the Care Act to deliver outcomes for carers and the council have re-designed their carers support services which are now Care Act compliant. A significant number of carers are supporting people who have had a diagnosis of dementia and this initiative supports the carers agenda as it provides a service for carers that currently does not exist in the county.
- 16 The Care Act support the 'Whole Family Approach' which the council have committed to. This means considering how the vulnerable person impacts on other family members, or anyone in their support network. This initiative provides support for both the carer and the cared for in a supportive community environment.
- 17 The initiative also support an 'asset based approach' to social care; in an environment of funding reductions it supports the shift from paternalistic services – a dependency on the state, to enabling people and communities to do more for themselves.
- 18 The project provides an opportunity to benefit from an evaluation through the ADS and the resources and expertise of Worcester University. This evaluation could also provide a proof of concept for a service which could benefit people with dementia across Herefordshire through the opportunity to undertake a robust local evaluation.
- 19 The implementation model has also attracted attention outside the field of dementia in that it is community based and driven and could be adapted to a range of initiatives. There could be an opportunity at the end of the project to incorporate the meeting centre into a wider wellbeing model.
- 20 Participation in the European JPND funded project could be beneficial as the European 'label' offers an opportunity to apply for other funding opportunities.

## **Key considerations**

- 21 MeetingDem is a European JPND funded project (2014 to 2017) aimed to implement and evaluate the innovative Meeting Center Support Programme (MCSP) for people with dementia and their carers. The programme has been developed and evaluated in the Netherlands, and is being adaptively implemented in three European countries, Italy, Poland and the United Kingdom (UK).
- 22 The University of Worcester with the University College London successfully applied to participate in this European project when in 2013 a consortium of Universities and NGAs from The Netherlands, the UK, Italy and Poland responded to an open call issued by the EU Joint Programme for Neuro-Degenerative Diseases (JPND). The application was to carry out a 3 year project called 'MeetingDem'. The lead UK applicant was Professor Dawn Brooker at the University of Worcester. The national Alzheimer's Society specified in the bid as their preferred implementation partner. This application was successful and funding was subsequently awarded to each applicant by their respective governments. In the UK this came via the Economic and

Social Research Council (<http://www.esrc.ac.uk/>). The project was launched in April 2014.

- 23 There is the option of waiting for the pilot in Droitwich to complete, to then access the evaluation data to inform future service provision in Herefordshire. However, there are added benefits of actually being part of the pilot, namely:
- The model is community based and can be quite unique to each area in which it operates, utilising the community resources and building up a community asset base. By benefiting from the rigorous evaluation, in a location specific to Herefordshire, should provide more focussed and unique evaluation outcomes.
  - Leominster will be one of the first two meeting centres in the UK and as such their will be the associated publicity and dissemination around the European funded project, the research of which will be published internationally. It will provide added value for the council and may be leverage for future funding.
  - There is the added value associated with the Association of Dementia Studies project management experience and the experience they have gained through the work they have done leading up to the opening of the project in Worcestershire. The programme adaptation and implementation is key to a successful project and they have experience in delivering this successfully. For example, the process of getting stakeholders together to contribute to the project and to ensure that they are not overlapping existing services.
- 24 The EU funding has been focussed on providing sufficient funding for the evaluation of one project in the UK. In that regard, the project in Herefordshire is not able to access this funding to support the project in Leominster. Neither can the funding be split due to the different care pathways of two projects so the control groups cannot be split. However, the cost to Herefordshire has been subsidised by participating in a project where the infrastructure for implementation and evaluation already exists including the paperwork required, the initialisation of the project, the continued learning and the expertise of the ADS in working with the council to get everything up and running.
- 25 This procurement relates to the unique opportunity to participate in a European pilot project solely available through Alzheimer's Society and Worcester University. A procurement of this value and nature would usually involve a competitive procurement under the council's contract procurement rules and typically such a request for the direct award of this applicable contract would not be approved. However, direct award is sought in this instance due to Worcester University's role, following their successful application to participate in this European funded project.
- 26 As Worcester University therefore effectively own the 'MeetingDem' brand in the UK, the council cannot undertake this particular project without them or The Alzheimer's Society. Whilst the council could attempt to do something similar but different, the council might face challenge and would also not benefit from the international evaluation process.
- 27 Whilst this procurement is below EU procurement thresholds of £172,514 an exemption from the council's contract procedure rules is sought based on the principles of Regulations 32 & Regulation 72 of the UK Public Contract Regulation 2015 in so far that only Worcester University has the unique exclusive rights to the 'MeetingDem' licence in the UK and therefore to undertake a tender process would be inappropriate as only Worcester University (and Alzheimer's Society as the

delivery body) can provide this.

- 28 There may well still be a risk of challenge against the council by not undertaking a competitive tender process however given the position outlined herein it is deemed that the risk is extremely low and the council's actions defensible.
- 29 The Association of Dementia Studies at the University of Worcester (ADS) leads the project, with the Alzheimer's Society as the implementation partner. ADS is leading on the evaluation of the efficacy and cost-effectiveness of the implementation; the evaluation of the satisfaction of people with dementia and carers and the evaluation of the implementation process of the MCSP.
- 30 Meeting Centres have been successful in the Netherlands for over 10 years. The approach is evidence-based and person-centred., focusing on helping both the individual and their family adapt to living with dementia. A permanent professional team of staff and volunteers provide a range of therapeutic, social and informative activities up to 3 days a week.
- 31 An 'Initiative Group' of interested parties including people with dementia and their families, volunteers and professionals in involved in planning and implementing a UK 'pilot' Centre that is due to open in Droitwich Spa in September 2015.
- 32 The benefits of the MCSP, as demonstrated by rigorous evaluation in the Netherlands, include higher self-esteem, reduced symptoms of depression, enhanced mood and behaviour, community inclusion and thereby preventing or delaying the need for more intensive interventions such as admission to residential care. Carers too feel less isolated and more supported. Moreover the MCSP has the potential to improve collaboration between voluntary and health and social care organisations, professionals and volunteers. Evidence shows that combined multicomponent support is more effective than single support for people with dementia and their carers.
- 33 The provision of care and support to service users enables them to remain in their own homes, living as independently as possible and to achieve and maintain their desired potential in relation to their physical, intellectual, emotional and social capacity, preventing or delaying the need for more intensive interventions.
- 34 The MCSP will encompass the Herefordshire Dementia Care Pathway, involving a range of relevant stakeholders during the planning and implementation phases and then via the Advisory Group. There is enhanced opportunity for bridging across every step of the pathway and increased person centred care and support.
- 35 It will be set up in an easily accessible location and will offer the opportunity for social integration in the community while complementing existing services, including those already provided by the Alzheimer's Society to improve signposting, information and provision.
- 36 The Meeting Centre will operate 3 days of the week supporting 15 pairs of people with dementia and their carers or families. The Leominster Meeting Centre will work within the dementia care pathway to provide a programme which aims to promote a good quality of life. The programme initiation and adaptation will begin on 1<sup>st</sup> October 2015 and the meeting centre will open on the 2<sup>nd</sup> January 2016. The meeting Centre will run until 31<sup>st</sup> December 2016 and evaluation will be completed, with final report, on the 31<sup>st</sup> March 2017.

- 37 The Alzheimer's Society will employ a team of three staff consisting of a meeting centre manager, group co-ordinator and day support worker and volunteers trained in dementia care and the adaptive coping model. This team will deliver the programme based on what is currently in place in the Netherlands, but with additions and amendments to ensure that the best possible package of activities is being delivered in Leominster.
- 38 The Alzheimer's Society will deliver the MCSP providing the staff and volunteers and ensuring the service is safe and of high quality. ADS will be responsible for evaluation, programme initiation and adaptation and training of the Leominster Meeting Centre staff. Throughout the period of the evaluation, the service will be free of charge to those that attend and eligibility will be determined by the Alzheimer's Society.
- 39 Services that exist currently in Leominster, specifically for people diagnosed with dementia are:
- Alzheimer's Society: Memory Café
- The Dementia Cafe provides information about living with dementia and other services available locally in an informal and comfortable environment. A Dementia Cafe is also a place to relax, socialise and meet other people with dementia and their carers. Once a month.
- Alzheimer's Society: Singing for the brain
- Singing for the Brain brings people together in a friendly, fun and social environment. Based around the principles of music therapy, the stimulating sessions include vocal warm-ups and singing a wide variety of familiar and new songs. Twice a month.
- In addition there are day opportunities for older people but nothing specifically for people who have been diagnosed with dementia.
- 40 The Alzheimer's contract currently commission for day opportunities operates in Hereford and Ledbury and offers a more traditional day opportunities approach. The pilot scheme would offer an additional service to this, it would not replace it, and is in a different community where currently day opportunities for people who have been diagnosed with dementia, and their carers, currently doesn't exist. The value of this contact equates to £36 per place.

## Community impact

- 41 The Meeting Centre contributes to the Adult and Wellbeing aims and objectives "To enable residents to live safe, healthy and independent lives and to maintain service provision, to those with need, within the available resources". The service contributes to this by having the potential to reduce demand on services, target care and support and increase integration to support the most vulnerable within the community.
- 42 The service works with a vulnerable user group. The service encourages and supports service users and their carers to become socially involved within the community and enables their independence.
- 43 The service aims to meet the outcomes which contribute to the Herefordshire Council Corporate Plan 2013-2015 to enable residents to be independent and lead fulfilling lives.

- 44 Herefordshire has an older age structure than nationally, with 22 per cent of the population aged 65 years or above (40,800 people), compared to 17 per cent nationally. This includes 5,500 residents aged 85 and over. The number of people aged over 65 is expected to rise to £46,900. Growth will be particularly high in the oldest age group of people aged over 80. There are older females than males in Herefordshire and this pattern is expected to continue in the future – this is relevant as there is a higher prevalence of Dementia in females.
- 45 Local POPPI8 projections for Dementia cases in the next 20 years provide the most compelling call to action, demonstrating a rapid increase in expected dementia cases, with year on year increases in males and females. The impending ‘tidal wave’ of expected dementia cases provides the driver to ensure that sustainable and effective services are in place to support the diagnosis and management of dementia.
- 46 Dementia presents a significant and urgent challenge to health and social care in Herefordshire in terms of both numbers of people affected and costs. It is one of the medical conditions that contributes significantly to the burden of ill health suffered by older people. Local projections suggest that the estimated 2,900 people affected in 2010 could almost double to 5,600 by 2030. Typical of the situation across the country, the observed prevalence in GP surgeries is only one third of the expected prevalence. This has implications in terms of lack of treatment and care.

## **Equality duty**

- 47 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The equality duty covers the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 48 The decision has no detrimental impact to eligible service users.
- 49 The decision has a positive impact on individuals with a diagnosis of dementia and their carers by offering an additional service to support them which does not currently exist.

## **Financial implications**

- 50 The total cost of the project will be £102k (excluding premises costs – see paragraph 11) and will be met from Adult and Wellbeing reserves. This is a one off development project at this stage and there are no funding implications beyond January 2016.
- 51 Indicative premises costs of £3.9k have been identified, however it is anticipated that any premises costs arising can be met through local community fund raising as part of the project and therefore will not create an additional funding implication.

## **Legal implications**

- 52 This procurement would ordinarily require a tender under the Council's Contract Procedure Rules. However, its value is below the OJEU threshold.
- 53 The tender requirement for this contract can be waived in exceptional circumstances. The nature of the services as a pilot and the existing involvement of the Alzheimer's

Society in the wider MeetingDem project would appear to be exceptional circumstances justifying this exemption.

- 54 The terms and conditions applicable to this contract have already been supplied by Legal Services. It is assumed these will form the basis of the contract the Council enters with the Alzheimer's Society.

## **Risk management**

- 55 The meeting centre premises have yet to be procured although the geographical location of Leominster has been agreed. Options have been identified and their suitability will be determined against a criteria prior to the location being agreed. It is anticipated that the premise will be procured through utilising an existing community based property. There is a risk that there is a costs implication to the council. In order to mitigate this a potential funding source is being investigated by the University of Worcester and it is anticipated that any premises costs arising could also be met through local community fund raising as part of the project.
- 56 There is a risk associated with the 30 participants who will be supported through the initiative due to their ongoing needs once the project has ended. Participants will enter the initiative, fully informed of the projects timescales and an exit strategy will be put in place to address identified ongoing needs. The AWB social work team will be involved to assist with reviews and to carry out re-assessment for the carer and the cared for, if appropriate.
- 57 There may well still be a risk of challenge against the council by not undertaking a competitive tender process (see key considerations) however given the position outlined herein it is deemed that the risk is extremely low and the council's actions defensible.

## **Consultees**

- 58 Dementia Implementation Plan Chair, Worcester University, Alzheimer's Society, Adult and Wellbeing, Head of Corporate Asset Management – Herefordshire Council.

## **Appendices**

Appendix 1 – Outline schedule – milestones for the Meeting Centre

Appendix 2 – Cost comparisons against current services

Appendix 3 – Evidence Base

## **Background papers**

None

## **References**

Dröes, R.M., Breebaart, E., Tilburg, W. van, and G.J. Mellenbergh (2000). The effect of integrated family support versus day care only on behaviour and mood of patients with dementia. *International Psychogeriatric*, 12(1): 99-116.

Dröes, R.M., Breebaart, E., Meiland, F.J.M., Tilburg, W. van, Mellenbergh, G.J. (2004a). Effect of Meeting Centres Support Programme on feeling of competence of family caregivers and delay of institutionalization of people with Dementia. *Aging & Mental Health*, 8(3): 201-211.

Dröes, R.M., Meiland, F.J.M., Schmitz, M., Tilburg, W. van (2004b). Effect of combined support for people with dementia and carers versus regular day care on behaviour and mood of persons with dementia: results from a multi-centre implementation study. *International Journal of Geriatric Psychiatry*, 19: 1-12.

Dröes, R.M., Meiland, F.J.M., Schmitz, M., Tilburg, W. van (2011). An evaluation of the Meeting Centres Support Programme among persons with dementia and their carers. *Nonpharmacological Therapies in Dementia*, 2(1)19-39

Dröes, R.M., Meiland, F.J.M., Schmitz, M., Tilburg, W. van (2005). Effect of the Meeting Centres Support Program on informal carers of people with Dementia: results from a multi-centre study.

## Appendix 1

### Outline schedule – milestones for the Meeting Centre

Date	Action	Who
Aug/Sept 2015	Research and analysis of Dementia Care pathway and other services in Herefordshire/Leominster	ADS and AS

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Further information on the subject of this report is available from  
Nick Griffiths Commissioning Officer on Tel (01432) 261588

Mid Sept 2015	Meeting Centre Information Meeting in Leominster	ADS
End Sept 2015 to End of December	Initiative Group meeting in Leominster – suggest twice a month. Each meeting to split into Working Groups (where appropriate) and then feedback to plenary:- target; programme; PR; collaboration; staffing; location; finance.	ADS
Nov 2015	Coffee morning to consult with end users	ASADS
Oct 2015	Start to recruit staff – MC manager to start 1 <sup>st</sup> Jan – others 1 <sup>st</sup> Feb	AS
Dec 2015 to Jan 2016	Training of staff and volunteers – plus on-going support.	ADS/AS
Mid to end Jan 2016	Meeting Centre opens	AS/ADS
February/March	Official launch	AS/ ADS/ HCC
Jan 2016	Initiative Group becomes an Advisory Group – key task will be sustainability. Meets monthly	ADS
Jan 2015 to end Dec 2016	Meeting Centre in operation and evaluation taking place	ADS

## Appendix 2

### Current day opportunities provision

Provider	Location	Places	Annual Cost	Weekly Cost	Cost per place
Age UK (Hereford & Localities)	Kington	35	£176,200	£3388	£25.09
Royal Voluntary	Hereford	35			

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Service					
Age UK (Hereford & Worcester)	Hereford	65			
Shaw Trust	Leominster (140)/Ledbury(140)/Ross(105)	385	£667,800	£12,842	£33.36
Alzheimer's Society	Hereford (8)/Ledbury (10)	18	£33,700	£648	£36

The only service that is specifically for people who have been diagnosed with Dementia is the one commissioned to the Alzheimer's Society. This is offered for one day per week at two locations.

The other commissioned services offer places for older people, but not specifically for those with dementia.

Neither service includes support for the carer of the person diagnosed with dementia.

### Cost of Meeting Dem project:

The cost of the MeetingDem project includes:

Association of Dementia Studies costs for

- Programme Initiation and Adaptation
  - Training and Support
  - Evaluation
- £21.3k

Alzheimer's Society costs for

- Total direct staff and non-staff costs
  - Essential support costs
- £81.4k

Sub total: £102.7k

Accommodation costs

It is anticipated that accommodation costs will be minimal. However, a quote has been received for the Leominster Community Centre: £3.9k

**Total: £106.6k**

Provider	Location	Places	Annual Cost	Weekly Cost	Cost per place
Alzheimer's Society	Leominster	90	£106,653	£2051	£22.80

To conclude, the cost per place at the Leominster Meeting Centre at £22.80, including the Association of Dementia Studies costs would fall below the costs for services currently commissioned at £36.00.

## **Appendix 3**

### **Evidence base**

- The efficacy of the MCSP was demonstrated in two controlled multi-centre studies in the Netherlands (1994-2003) the MCSP was compared with (specialist mental health day care service for older people) in nursing homes (Dröes et al., 2000, 2004a, b). In both studies, compared to those using regular day care, after 7 months of participation in the MCSP participants with dementia showed less behavioural and mood problems, increased activity, less unsocial and depressed behaviour, and a

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higher self esteem. Nursing home admission was delayed **after 7 months 4% of the MCSP participants were admitted to a nursing home compared to 30% of day care participants.**

- Carers taking part in the MCSP generally felt more competent and less burdened than carers using day care as respite only (Dröes et al., 2004a), and lonely carers also reported fewer psychosomatic complaints. Patients and carers reported high levels of satisfaction with MCSP and the majority of carers felt supported by other carers (Dröes et al., 2011).

Demonstrated benefits include **high levels of user satisfaction, reduced behavioural and mood problems, delayed admission to residential care, lower levels of care giving-related stress, higher carer competence, and improved collaboration between Social care and voluntary organisations.**

The research also demonstrated a delay in admission to residential care.

This is evidenced in *Effect of the Meeting Centres Support Program on informal carers of people with dementia: Results from a multi-centre study support programs* (Vernooij-Dassen, 1993; Brodaty et al., 1997; Ostwald et al., 2003).

- The average length of participation in regular day care of the persons with dementia who were admitted to a nursing home, was 24.9 weeks (SD¼17.4). Seven months after entering the support program, 4% of the participants in the MCSP and 29% of the participants in PDC had been admitted into a nursing home.
- In other words, in our opinion the effects we found with regard to psychological and psychosomatic symptoms and delayed nursing home placement are very likely caused by the difference in the support offered by the MCSP and the PDC. The effects found confirm the results of other studies that investigated comparable combined support programs (Vernooij-Dassen, 1993; Brodaty et al., 1997; Ostwald et al., 2003).

In addition, success is further evidenced in *Facilitators and barriers in the implementation of the meeting centres model for people with dementia and their carers* Franka J.M. Meiland, Rose-Marie Dröes, Jacomine de Lange, Myrra J.F.J. Vernooij-Dassen *ARTICLE in HEALTH POLICY · MARCH 2005*

- The implementation of care innovations that have been proven effective is not matter-of-course. In this study, we traced facilitating and impeding factors in the implementation of thirteen meeting centres for people with dementia and their carers in five different regions in The Netherlands. To guide the data collection and analyses, a theoretical model was developed that distinguishes different phases of implementation, and factors at the level of characteristics of the innovation and other preconditions. Qualitative methods were used, including interviews with 23 key figures and other written materials gathered. The interview data were double coded and analyzed, using the computer programme NVivo. Several factors proved to play a facilitating role in all phases of implementation, for example: motivated people, financial resources, continuous and varied PR-activities, and cooperation between organizations. Other important facilitating characteristics of the meeting centres were: the surplus value of the integrated support programme as compared to the local support offer, and the fact that several centres were already available as an example for new initiators.

The findings were used, among other things, to develop an implementation guide, to facilitate the implementation of meeting centres.