

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 10 SEPTEMBER 2024 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Nick Dye, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr David Vigar, Diane Gooch (Wiltshire Service Users Network) and Irene Kohler (Older Persons Champion representative)

Also Present:

Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion), Marie Gondlach (Senior Scrutiny Officer) and Lisa Pullin (Democratic Services Officer)

53 Apologies, Substitutions and Membership Changes

Apologies were received from Cllr Clare Cape, Caroline Finch and Carol Shirley (Wiltshire Centre for Independent Living), Cllr Laura Mayes, Cllr Ian Blair-Pilling and Kate Blackburn (Director – Public Health)

There were no substitutions.

Cllr Bridget Wayman had been added as a substitute member for the Committee as appointed by Full Council on 23 July 2024.

54 Minutes of the Previous Meeting

Resolved:

To confirm and sign the minutes of the meeting held on 17 July 2024 as a true and correct record.

55 Declarations of Interest

There were no interests declared.

56 Chairman's Announcements

The Chairman made the following announcements:

- Organisational changes within the Integrated Care Board (ICB) mean that the Committee will no longer work directly with Fiona Slevin-Brown. On behalf of the Committee the opportunity was taken to thank Fiona for

her open engagement with the committee and to wish her all the best for the future.

- The Committee extends a warm welcome to Caroline Holmes who is the interim Place Director for BSW ICB.
- Legacy report – a reminder for all Members to bear in mind between now and May 2025 that consideration would be given to produce a legacy report for the next Health Select Committee.
- Linked to the legacy report mentioned above, the Chair and Vice Chair would focus a little more than usual on the forward work programme for future meetings to ensure that it is as useful as possible for the next council, as well as supporting this Committee to focus the work for the year ahead.
- There had been no meeting of Cabinet since the last Health Select Committee - some items of interest are on the Cabinet's forward work programme included:

17 September 2024

ICB Community Health Service Procurement

8 October 2024

Telecare Service Recommissioning

Future Commissioning of Care Homes – For which the Chair and Vice Chair would be attending a briefing on 24 September 2024.

57 **Public Participation**

No questions or statements were received from the public in advance of the meeting.

58 **Update on Technology Enabled Care**

The Chairman welcomed Helen Mullinger (Commissioning Manager) who was in attendance to give an update on Technology Enabled Care (TEC), which is the use of technology to support and enhance health and social care outcomes. It was noted that the committee had received a presentation in September 2023 and asked for a report in 2024 on how the priorities of the strategy are being delivered to meet the needs of Wiltshire residents.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- The TEC may include pendants and wearable devices linked to a monitoring centre, sensors fixed in the home to monitor movement and changes and health monitoring at home;

- There had been a huge growth in technology and devices could now be used to enhance people's independence including apps on phones and tablets, smart home systems and environmental controls, devices connected to the internet and standalone devices;
- The Council's vision was to use technology to enable people to fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives and be valued and included within society. There would be more engagement with carers and there were currently a host of pilot initiatives running;
- There were four core objectives which included the target that by 2028 60% of packages funded by the Council would be enabled by technology;
- There had been much progress to date including a recommission of the telecare which would commence from 1 April 2025. With the new TEC pilots they were able to look at users changes in movement in home, change to home temperatures and they were looking to build a service to expand the use of the technology that is on offer to help support and make a difference to our residents;
- The Council had joined Swindon Borough Council in a TEC project with Swindon leading the project to secure a TEC partner and they would be working with practitioners and care providers to review 42 individuals in Wiltshire with overnight or 24/7 support needs;
- There was a strong appetite to innovate and to embed a wider range of solutions into the care and support provision, especially for adults with learning disabilities and/or dementia with a shift to a proactive TEC offer to prevent incidents and crisis's escalating;
- There were a number of priority outcomes including improving the quality of care, promoting independence, reducing admissions to hospital and care homes and achieving greater efficiency. However this was not a way to make cost savings – there were huge benefits to residents wellbeing and sense of independence, with the Council hopefully being able to provide less intrusive packages of care to them; and
- In delivering the priorities the Council would raise awareness and information sharing, develop clear pathways for TEC, grow the TEC offer, use a test and learn approach whilst utilising pilot opportunities and provide support to stakeholders.

The Committee asked the following questions which included but were not limited to:

- It was stated that the target is to have 60% of care provided enabled by technology – what is the current population this relates to and is this a challenging target? It was noted that the 60% related to those receiving

social care funded care. There were currently 7000 residents in the demographic, and they were supporting 60% of those. 2000 residents were already in receipt of some form of TEC and as part of the implementation plan, they were currently going out to tender for a TEC partner to help them maximise what is available for the community. It was felt to be a challenging target and there may well be a cost involved and they may have to secure additional funding to support this. There was a lot of focus on what they would concentrate on and this was part of the implementation plan.

- What about those residents who don't have contact with adult social care services or do not have access to devices such as smart phones or tablets etc? It was noted that the service would continue to support all those residents who have eligible needs for the Council's care services and of course there were a number that funded their own care. They would of course provide advice and information for residents and carers where they could for those who did not have eligible needs.
- Of the 7000 eligible residents there is still a large number not currently supported by TEC what is happening with those? It was noted that the plan was to hopefully better the 60% target in the strategy but that it would have to be done in stages to ensure that there is funding to support it. This would not replace face to face care and the aim was to improve quality of life not to reduce the cost of care.
- What was the budget for this activity? £630,000 per annum? had been allocated from the Better Care Fund and it was hoped that the service identify savings to enable them to continue to develop the service and roll out the TEC to more residents and buy the necessary equipment required. In the same way as any other service based on assessment of need, if an individual has eligible needs and if this need is to have a smart phone with a relevant app on it then they may to purchase this or for another person this could be a sensor on a door mat depending on their eligible need. The service would meet the relevant need.
- What are the plans to integrate the technology with partners and those who are intimidated by technology? It was noted that integrating systems was challenging as it related to commercial companies with their own platform so it was a challenge to insist on a single interface, however as commissioners they service would want to make it as easy as possible for its users and would work with colleagues in software to see what could be achieved.
- What training/information was in place to ensure staff are aware of all TEC options so that they can most effectively complete the Care Act Assessments – would it be/was it already easy for staff to see a “catalogue” of TEC options? It was noted that not all staff themselves are comfortable with new technology and there would have to be a culture change to embrace this, but encouragement would be given for staff and

colleagues to be aware of and to consider alternatives and there would be TEC champions within the operational teams to help support this.

- When would the priority outcomes be available as measurable data to be reviewed? It was noted that there was a Commissioning Monitoring Group with colleagues from health and there was monitoring from the Better Care Fund to look at the impact as it progressed. Once they had gone through the tendering exercise they would expect to see further improvements and would be happy to share the data with the Committee at that time.
- Had the 18-month joint project with Swindon for technology for independence already started? It was noted that his project had already started.

The Chairman asked if the details of the scheduled engagement events for the Swindon project could be shared with the Committee and suggested that Courtney Sparkes from Swindon Borough Council? Could provide a briefing to the Chair and Vice Chair.

Resolved:

That the Health Select Committee:

- 1. Be informed of the engagement events for the Swindon project.**
- 2a. Delegates to the Chair and Vice Chair to receive a briefing in 6 months in relation to the data for the outcomes listed as priorities (on page 38 of the agenda) to indicate progress/direction of travel.**
- 2b. Receive a full update on the delivery of priorities in 12 months. *This may be amended depending on the outcome of the 6 month briefing at 2a. above.***
- 3a. Delegates to the Chair and Vice Chair to receive a briefing in 6 months on the implementation plan for TEC Care (including an update on the number supported with TEC care with regards to the 60% target of funding packages).**
- 3b. Receive a full update on the implementation plan for TEC Care in 12 months. *This may be amended depending on the outcome of the 6 month briefing at 3a. above.***
- 4. Delegates to the Chair and Vice Chair to receive a briefing on the delivery of the Technology for independence project with Swindon, 12-months into the 18-months project. This update should include performance measures and feedback from customers.**
- 5. Receives a short report once the pilot for Technology for independence is completed (18 months) presenting evaluation of the pilot, outcomes, feedback from customers, and the proposed way**

forward. Further information may be requested for this update report based on the briefing to Chair and Vice Chair requested 12-months into the pilot.

59 **Wiltshire Council and Wiltshire Integrated Care Board (ICB) Dementia Strategy Update 2023-2028**

The Chairman welcomed Jo Body (Senior Commissioner), Alison Elliott (Director – Commissioning) and David Leveridge (NHS) who were in attendance to give an on update on the Dementia Strategy 2023-28, following consideration by the committee in June 2023. The report also included an overview of the dementia advisors and community services contracts and an update on the dementia diagnosis rates in Wiltshire.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- That dementia was a national challenge with approximately 950,000 people living with dementia in the UK costing £25 billion per year. Supporting a person to live at home for as long as possible was less expensive than a care home admission and better for a person's quality of life but this was only possible due to the huge caring contribution made by unpaid carers and specialist support offered by providers;
- The Wiltshire Dementia Strategy for 2023-28 was an all age, joint strategy supporting people with dementia and their carers – there was a One Council approach with dementia being everybody's business, not just social care;
- The priority outcomes included preventing well, diagnosing well, supporting well, living well and dying well;
- There were 55 actions identified in the Strategy and after consideration of the themes, 8 priority actions were identified;
- Two community based contracts were being delivered by Alzheimer's Support – Dementia Advisors and Dementia Community Services. Whilst the Council hold contractual responsibility for these, they were funded jointly with the Integrated Care Board and the contracts commenced on 1 April 2024;
- The Dementia Advisors Service provides signposting, information and support for eligible people with/have a suspected diagnosis and their carers who live in Wiltshire. There were 5 key elements – information, identify needs, support plan, reviews and carers support;

- Dementia Community Services deliver 800+ sessions/groups with over 8500 attendees. The key aims are supporting an active lifestyle, reduce isolation and to provide practical and emotional support; and
- The present waiting time for a GP referral to a Avon and Wiltshire Mental Health Partnership (AWP) memory nurse is 6 weeks, with a further 3 months wait for consultation and diagnosis. The Memory Service works closely with Alzheimer's Support to ensure a speedy referral to Dementia Advisors.

The Committee asked the following questions which included but were not limited to:

- I think highly of the service that Alzheimer's Support provides but feel that there is just not enough of it – what are the Dementia Advisors going to do to address the wishes and needs of their users? It was noted that there were follow on reviews with all those users that are referred to them. The Dementia Advisors give support and signpost them to additional support and services and they can access to find help in specific areas. There was data available to give details of how many users receive the help and support they need.
- Aware that there are no support sessions for those dealing with the early stages of dementia to go to but there are groups and activities for those who are more advanced with dementia. It was noted that there comes a point when a person's dementia is too advanced for them to be able to sustain their attendance at support/activity group when they have to move to a care home or get sectioned. Officers agreed to consider the issue of a lack of early support and would look at this through their priorities. It was also noted that there was advanced dementia support from the AWP if the user was eligible for social care needs and this would also consider the use of technology enabled care to so that they could stay at home for as long as possible. It was further noted that there was new work ongoing to reduce the risks of dementia in first place and it was hoped that they would see cognitive change work being carried out earlier to support healthy aging approach.
- Regarding the support sessions/activities it is noted that you are aiming for 1000 per year which would mean around 20 activities – aware that there are only 4 activities listed in the Salisbury area – are there others, how will you increase the number and access those find it difficult to engage. It was noted that the Council were working with Alzheimer's Support to find out what they offer as the data for their activities is shared with the Council. It was acknowledged that it was a stretch target to deliver what was set out in the contract but they would also work with other partners who may be delivering already in areas that Alzheimer's Support cannot reach, by all working together they would aim to reach the target.

- The diagnosis process for someone who is showing signs of dementia can take some considerable time with waiting weeks to get a GP appointment and then waiting for an assessment. There is medication available to those in the early stages of dementia to slow it down to improve the quality of life for some time. Whilst that information is available it is difficult to find out how to access it which is challenging. It was noted that the dementia diagnosis process can be lengthy and the aim was to bring down wait times for patients to move through the process in shortest time possible and effectively using the right tests. Public engagement was important as some were leaving it too late to seek help. It was hoped that more would come forward at an earlier stage so the treatments can start working. It was highlighted that within the priority actions information and awareness for the general public was highlighted.
- It is important for the Committee to be aware of developments within the strategy what is being brought forward to progress it – we need to know about the organisations and infrastructure in place. It was noted that this was a valid point and that the service would be putting smart targets on the 8 priority actions to be delivered by 31 March 2025 which could then be shared with the Committee.
- The dementia roadmap is brilliant but am concerned that not everyone who receives a diagnosis gets good support following this. Some are not aware of the types of dementia and are not all directed to the Dementia Advisors (who do great work). How was the service working with GPs to ensure that everyone receives the same support following a diagnosis? It was noted that the Officer had looked through the contract mobilisation where they get details of the dementia referrals by area and GP surgery and her ICB colleague also has data on referral rates for all GP surgery's and they would marry this data up with what they receive from Alzheimer's Support and overlaying it so they would have a much better picture going forward and go on to build up much strong relationships with GPs where they need to and share best practice.
- In Bradford on Avon there is a huge range of activities and support for those with dementia and training for businesses etc. Do Alzheimer's Support reach out proactively to town councils, parish councils and voluntary groups to create similar synergies in other Wiltshire areas? It was noted that Bradford on Avon and Calne are best practice exemplary towns who do an amazing job regarding dementia support. Officers look to utilise and learn from their best practice and how this could be spread across the county but of course they are limited with who is willing to take this on. It was highlighted that a Community Champion can help bring in voluntary sector support and that Officers were working with Area Boards to increase the number of Carers Champions to assist with meeting the

needs of people living with dementia and their carers and encourage engagement with others.

- The Council had a Dementia Friendly campaign a number of years ago – perhaps consideration could be given to resurrecting the campaign from May 2025 with the new Council in place working with Area Boards to bring in dementia services to communities where they may be forgotten in areas. It was noted that there were examples of good practice and from the AWP and the Council perspective they were working hard to meet needs but agreed that they had not maximised Councillor support and the use of Area Boards was a helpful point in raising awareness across the county.
- When the Committee received a Dementia Strategy progress update in June 2023 they asked if the strategy foresaw the utilisation of screening programmes and the possibility of using disease-modifying treatments. Was there an update on this? It was noted that there were a number of new treatments available but that they were not yet approved for NHS use there could be private use. There was no changes to the screening as yet.

The Chairman thanked Officers for the update and particularly the dementia diagnosis rates. He asked if in future reports, the numbers of those diagnosed, as well as the numbers anticipated, could be shown against percentage of that tranche of the population (over 65 years old) to support contextualisation.

Resolved:

That the Health Select Committee

- 1. Receives an update report around March 2025 to include:**
 - a. Demonstrating the implementation of the Dementia Strategy 2023-2028 (highlighting any key changes if required), including the eight key priorities listed in paragraph 40 of the report;**
 - b. A year's overview of delivery of the KPIs set for the Dementia Advisor Contract;**
 - c. A year's overview of delivery of the KPIs set for the Dementia Community Services contract.**
- 2. Receives a link to the Roadmap and Support Village, to be shared with their constituents.**
- 3. Invites officers to carry on engaging with Area Boards, including considering the possibility of running the Wiltshire Dementia Friendly campaign again in the next council. This may also be an opportunity to further promote information with regards to waiting time process for diagnosis and information to encourage people to come forward at the earliest stage possible, in line with priority 1.**

Appendix 1 to Minutes - Update on Wiltshire Dementia Strategy 2023-2028

60 Update on the Implementation Plan of the Integrated Care Strategy

The Chairman welcomed Leanne Field (Head of Delivery NHS BSW (ICB) who was in attendance to give an update on the Implementation Plan of the Integrated Care Strategy.

Summarising the more detailed presentation included in the agenda pack, the following was highlighted:

- The original plan was developed and signed off in 2023 and a high level refresh had now been undertaken covering the two years 2024/25 and 2025/26. The full implementation plan was available in their website and would be circulated the committee following the meeting;
- The plan had been developed with regard to the Integrated Care Strategy, the ICB Operating Plan and other system partnership key plans, particularly the Joint Local Health and Wellbeing Strategies and they were working with the 11 Delivery Group Leads (Programme Boards);
- The 2023-24 successes across BaNES, Swindon and Wiltshire included the development of an Integrated Neighbourhood Team in Swindon, a youth worker pilot, unborn children and those under 1 years old system improvements and over 7000 staff completing the Oliver McGowan training on learning disability and autism;
- Specific successes during 2023-24 for Wiltshire included improvements in obesity levels and in services for children and young people;
- The Integrated Care Plan objectives for 2024-25 were a focus on prevention and early intervention, fairer health and wellbeing outcomes, provision of excellent health and care services and financial recovery and sustainability;
- Some of the Wiltshire priorities for 2024-25 would include areas such as health care inequalities, neighbourhood collaboratives and system flow; and
- The ICB were awaiting the findings from the Lord Darzi Rapid Review of the state of the NHS, which was expected to impact on the NHSE refresh of the 10 year plan which is due to take place in Spring 2025. The ICB would consider the Darzi Review and 10 year plan update in its 2025-26 iteration of the Implementation Plan, ensuring priorities are aligned.

The Committee asked the following questions which included but were not limited to:

- It was felt to be important that performance and delivery by health care providers and the Council should be integrated where possible – was there anything in plan to show the Care Boards now being integrated had benefited people and could you reassure us that they are working better than they were before. It was noted that there was a specific section in the implementation plan for Wiltshire which had been co-written by health and Council colleagues and the priorities had been developed through alliance and the wider partners with flow through.
- On page 55 of the agenda pack shows the Wiltshire priorities for 2024-25, how would these be measured and was there a set of metrics behind those to determine quality and performance. It was noted that there were national metrics which officers would look into, and it was believed that they were also monitored through the alliance.
- There were concerns lack of pharmacies in the Amesbury area raised. It was noted that this would be addressed outside of the meeting.

Resolved:

That the Health Select Committee

- 1. Receives a performance report in a year's time showing delivery of the Wiltshire Priorities (page 55 of the agenda) for 2024-25 in relation to:**
 - **Healthcare inequalities**
 - **Neighbourhood collaboratives**
 - **System flow**
- 2. Delegates to the Chair and Vice Chair to have sight of the report when it is being drafted to ensure that it provides performance information that the committee can meaningfully review.**

61 **Update on Care Quality Commission (CQC) Inspection of Adult Social Care**

The Chairman introduced an update on the upcoming CQC inspection of Adult Social Care scheduled for 24 to 26 September 2024 and it was noted that the Chairman and Vice Chairman had both been invited to attend a meeting with the CQC Inspectors during that time.

The Chairman invited Emma Legg (Director – Adult Social Care) to talk to the presentation that was shared as part of the agenda supplement pack and the following was highlighted:

- An overview of the inspection timeline which would include inspectors being on site for 2.5 days and selecting up to 10 of the 50 identified cases to ask for their customer journey feedback and those involved with their care;
- Staff were working hard to finalise the timetable for the inspectors to speak with front line staff and partner organisations including the Chair and Vice Chair of this committee;
- The inspection feedback meeting was planned for 2 October and the findings report would be drafted to share with the service. The final version when prepared would be shared with the committee; and
- The Senior leadership presentation to the CQC had been their opportunity to explain how the service was organised, the strengths, outcomes and ongoing development areas for each adult social care operational and commissioning service and with a number of spotlight focus areas also being highlighted.

The Committee asked the following questions which included but were not limited to:

- Whether the service was ready and prepared for the inspection and if everyone understand their object and place in the team. It was noted that all of the teams involved had worked really hard to get to this position and they were proud of the passion and commitment shown and that they felt that they were in a much stronger position than they were in 12 to 24 months ago. A lot of time had been spent reflecting on performance and they had been given the opportunities to share their stories and say what they feel works work and what challenges they face.
- If this was an overall inspection of Adult Social Care or if it would focus on any particular aspect? It was noted that the overall assessment framework covered many areas which had an enormous scope. The inspectors would focus on intelligence data which would lead them to look at specific areas.
- How were the 50 cases shared with CQC selected to be listed for possible further inspection? It was noted that these were random but covered a range of diagnoses and conditions to ensure that there were some broad categories to cover all of the current population.

Resolved:

That the Health Select Committee

1. **Receives a brief report presenting the outcomes of the CQC inspection at the next available committee meeting and how this compares with the position presented on slide 4 of the agenda supplement (which are the strengths and areas for further development).**
2. **Reviews its forward work programme, if required, based on the outcomes of the CQC inspection.**

62 **Appointment Process for Stakeholders and Non Voting Members**

The Chairman reported that the report was circulated in the agenda supplement and presented options available to the Health Select Committee with regards to the appointment of non-elected non-voting co-opted members which he welcomed to show the value recognised in the co-opted members' contribution to overview and scrutiny.

There were no questions from the Committee.

Resolved:

That the Health Select Committee:

1. **Amends its agenda to reflect the position of co-opted members as “non-elected non-voting members” to offer clarity on the role and align with other committees of the council.**
2. **Confirms that the following appointments of co-opted members remain until the in-depth review is concluded:**
 - **Caroline Finch (Wiltshire Centre for Independent Living)**
 - **Diane Gooch (Wiltshire Service Users Network)**
 - **Irene Kohler as a representative of Older Person’s Champions (previously as a representative of Healthwatch Wiltshire)**
3. **Delegates to the Chair and Vice Chair to request an in-depth review of the process for the appointment of co-opted members for all overview and scrutiny committees at the next available meeting of the Overview and Scrutiny Management Committee.**
4. **Delegates to the Senior Scrutiny Officer to contact Healthwatch Wiltshire to invite them to nominate a representative.**

63 **Forward Work Programme**

The Committee’s noted the Forward Work Programme (FWP) would be updated to reflect any changes made during the meeting.

A Committee member suggested that there could be a future report from the Adult Social Care service which gave an overview of the major contracts that they tender out, acknowledging that these would be approved by Cabinet but that the Committee should be given the opportunity to be aware of them and scrutinise as relevant.

Resolved:

That the Health Select Committee:

Approve the Forward Work Programme with the additions agreed at the meeting.

64 **Urgent Items**

There were no urgent items.

65 **Date of Next Meeting**

The date of the next meeting was confirmed as Wednesday 20 November 2024 at 10.30am.

(Duration of meeting: 10.30 am - 12.40 pm)

The Officer who has produced these minutes is Lisa Pullin of Democratic Services, direct line 01225 713015, e-mail committee@wiltshire.gov.uk

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**Dementia Update
Health Select
10th September 2024**

Dementia Strategy – a **national** challenge

- Approximately 950,000 people live with dementia in the UK. 1 in 11 people aged 65+ have dementia. Dementia costs £25 billion per year in the UK
- In 2022, dementia was the leading cause of death in the UK. Many dementias do not yet have a treatment to prevent, cure or slow progression
- Supporting a person to live at home for as long possible is less expensive than a care home admission, and better for the person's quality of life
- However, this is only possible due to the huge caring contribution made by unpaid carers and specialist support offered by our providers

Wiltshire dementia strategy – 2023-2028

- All-age, joint strategy – supporting people with dementia and carers
- Aligned to national guidance (e.g. NICE), policy and strategy (National Dementia Strategy), as well as local strategies
- Informed by extensive co-production and engagement during 2023 – public, professionals, clinicians, Members (e.g. via Health Select) – over 400 people engaged, including 150+ people with dementia & carers
- Strengths-based approach, focus on prevention and early intervention, raising awareness, supporting communities, building resilience, enabling people
- **One Council approach – dementia is everybody’s business, not just social care**

Priority Outcomes

Preventing
well

Diagnosing
well

Supporting
well

Living well

Dying well

Priority Actions

- **Priority 1**
 - create a handbook (awareness, signposting) multiple languages and formats
- **Priority 2**
 - update dementia roadmap
- **Priority 3**
 - ensuring best practice is equitable across Wiltshire
- **Priority 4**
 - equitable coverage of Dementia Advisors, improve GP / PCN signposting
- **Priority 5**
 - audit of care professional's skillset, review accommodation provision
- **Priority 6**
 - equitable coverage of Dementia Community Services across Wiltshire
- **Priority 7**
 - extensive training matrix, professionals, carers, public (free and ££)
- **Priority 8**
 - high quality end of life care

Commissioned Services

- Two community-based contracts delivered by Alzheimer's Support
 - Dementia Advisors (£240,000 per annum)
 - Dementia Community Services (£340,000 per annum)
- Section 75 agreement with Wiltshire Council holding contractual responsibility
 - 50/50 funding split ICB / Wiltshire Council
- Contracts started 1st April 2024
 - Contract term 2+1+1 (break clause yr2 & yr3)

Dementia Advisors

- Service provides signposting, information and support
- Eligible people – with / suspected diagnosis and their carers who live in Wiltshire
- Access routes – self-referral, family, friends, healthcare professional, voluntary partners
- 5 key elements – Information, Identify needs, Support Plan, Reviews & Carers Support
- Work with Age UK, Citizens Advice Carer Support, Dorothy House, Acute Hospitals, Memory Service, & Care Homes
- Promote awareness and education campaigns
- Deliver training – Living with Dementia Programme
- Maintain Wiltshire Dementia Roadmap and ‘Support Village’

Dementia Community Services

- Service delivers 800+ sessions/groups pa with over 8500 attendees
- Key aims – active lifestyle, reduce isolation, provide practical / emotional support
- Access routes – self-referral, family, friends, healthcare professional, voluntary partners
- Types of groups – Memory Cafes, Music/Singing, Movement & Exercise, Discussion, Art/Craft, Memory Shed & Muddy Boots and Carers Support
- New contract asks for significant increases in offering aligned with stronger local partnerships to deliver equitable coverage across the county

Dementia Diagnosis & Treatment

- 2013 introduction of Dementia Local Enhanced Service (LES)
 - Greater assessment & diagnosis in Primary Care & Memory Clinics
 - Specialist AWP clinicians
 - Greater capacity to diagnose across primary & secondary care
 - Resulting in significantly reduced waiting times for assessment and treatment (prior to LES waiting times were more than 2 years)
- Present waiting time GP referral to AWP memory nurse is 6 weeks, with a further 3 months wait for consultation and diagnosis
- Memory Service works closely with Alzheimer's Support to ensure speedy referral to Dementia Advisors



Questions?