

**Wiltshire Council**

**Health Select Committee**

**15 November 2012**

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**Dementia & Mental Health Task Group – update to final report**

**Purpose**

1. To update the Committee on the meeting of the Dementia & Mental Health Task Group held on 24 September 2012.
2. To propose the disbandment of the Dementia & Mental Health Task Group.

**Background**

3. The Dementia & Mental Health Task Group was established by the Health and Adult Social Care Select Committee in July 2010 “to consider dementia and the wider area of mental health.” It had the following membership:

Cllr Pip Ridout (Chairman)  
Dr Peter Biggs (no longer a member of the Task Group)  
Cllr Jane Burton  
Cllr Peter Hutton  
Cllr Tom James MBE  
Cllr Nina Phillips

4. The Task Group brought its final report to the Committee in July 2011 and the Committee endorsed all of its recommendations. It was also agreed that the Task Group would reconvene in the autumn of 2011 to receive updates on various projects relating to services for dementia sufferers in Wiltshire. The Task Group subsequently met in January 2012 and then requested that further updates be provided for the Task Group’s final meeting in September 2012 on two key projects:
  - The South Wiltshire pilot of the new dementia care pathway; and
  - The new Dementia Strategy action plan.
5. The meeting was also attended by Stephany Bardzil, Development and Communications Manager at Alzheimer’s Support (based in Trowbridge), who introduced a draft version of, ‘Barriers to Dementia Diagnosis in Wiltshire’, a survey report produced by Alzheimer’s Support. The final version is attached at Appendix 1.

## Summary of discussions

6. In 2011 the Task Group had welcomed the implementation of a Dementia Quality Mark, set up in partnership with councils across the South West to provide a recognisable single standard of dementia care within care homes. The Council itself can only grade care homes as 'compliant' or 'non-compliant' and is working to support the non-compliant care homes to improve.
7. Central Government has launched the Dementia Challenge, which aims to build on the National Dementia Strategy to enhance support for people with dementia, their carers and families nationally. There is a £10 million budget for the whole of the south of England and Clinical Commissioning Groups (CCGs) are taking the lead on expressions of interest. In Wiltshire, two applications for £50k have currently been approved and the outcome should be known by 25 October 2012.
8. Wiltshire and Swindon Care Skills Partnership are offering workforce training for providers in the care services, which includes a training programme to create ten 'Dementia Champions'. Dementia Champions receive specialist training in dementia, including on how to train others.
9. It was reported that the Campus Project team are aiming to make campuses 'dementia friendly' environments through the right choices of carpets and flooring etc. This includes avoiding strong patterns, which can confuse people with dementia, or wall art featuring images, such as forests or trees, which a person with dementia could perceive as being real.
10. It was agreed that there needs to be a continual focus on raising awareness of the support and treatment available for dementia sufferers. There is a high number of people with, or caring for somebody with, dementia who are unaware of the range of services available. This is particularly important in Wiltshire where the number of people with dementia is expected to increase by 44% over the next ten years.
11. There are many different types of dementia including Alzheimer's disease, vascular dementia and frontotemporal dementia, and the appropriate treatment for one type can actually adversely affect a person suffering from another type. It is therefore of paramount importance for tests to be as thorough as possible. This is partly the reason why the diagnosis of dementia syndromes cannot be rushed.
12. It was reported that there has been a significant rise in the numbers of referrals for dementia, but this has not been matched by increased resources. The route that patients take to get the best possible diagnosis is 1. Assessment; 2. Review of medical history; 3. Scan. GP's have a series of set tests to eliminate all other potential causes prior to this process as there are many conditions with similar symptoms, which must be ruled out first. There is a need to up-skill GP's to increase their confidence in working with the memory service.

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## **Recommendations**

**The Task Group recommends that:**

- 1. There is continued promotion of the Dementia Champion project and also wider community engagement regarding dementia in general through local campaigns and Area Boards;**
- 2. Efforts to raise awareness of dementia and the support services available are applied in all communities in Wiltshire, including those in rural areas;**
- 3. The Committee encourages the Clinical Commissioning Groups (CCGs) to prioritise, promote and monitor dementia training for GPs across Wiltshire;**
- 4. The Committee continues to conduct regular monitoring and scrutiny of dementia diagnosis rates;**
- 5. The Committee endorses the recommendations of Alzheimer's Support survey report, 'Barriers to Dementia Diagnosis in Wiltshire';**
- 6. The Committee disbands the Dementia & Mental Health Task Group.**

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**Cllr Pip Ridout, Chairman of the Dementia and Mental Health Task Group**

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## **Appendices**

Appendix 1 Alzheimer's Support research report

## **Background documents**

[Final Report of the Dementia and Mental Health Task Group – July 2011](#)