

Wiltshire Dementia Strategy Appendices

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Acronyms

AWP	Avon and Wiltshire Mental Health Partnership
CCG	Clinical Commissioning Group
MH	Mental Health
GWH	Great Western Hospital
SFT	Salisbury Foundation Trust
STARR	Step to Active Recovery and Return

APPENDIX A – Stakeholders involved in the development of this strategy

Thanks go to the following organisations and groups who have been involved in the development of this strategy:

People with dementia and their carers and family who attend:

- Carers Support Groups
- Dementia Carers Reference Group
- Carers Support Groups
- Singing for the Brain
- Memory cafes
- Movement for the Mind

Wiltshire organisations

- Alzheimer's Society
- Alzheimer's Support
- Avon and Wiltshire Mental Health Partnership
- Carer Support Wiltshire
- Dorothy House Hospice
- Great Western Hospital
- Prospect Hospice
- Royal United Hospital
- Salisbury Foundation Trust
- SWAN Advocacy
- Wiltshire and Swindon Users' Network
- NHS Wiltshire Clinical Commissioning Group
- Wiltshire Council

APPENDIX B – National policy, legislation and guidance

Mental Capacity Act, 2005

The Mental Capacity Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

The five key principles in the Act are:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Our health, our care, our say: a new direction for community services (Department of Health, 2006)

The vision set out in this White Paper is to reform health and social care services and is based upon four main goals:

- Better prevention services with earlier intervention
- More choice and louder voice for people who use services
- Tackling inequalities and improving access to community services
- More support for people with long-term needs

Putting people first: a shared vision and commitment to the transformation of adult social care (HM Government, 2007)

This document sets out a shared vision and commitment to the transformation of Adult Social Care, with a focus on promoting quality of life, independence, choice and control and participation as active and equal citizens within society.

Putting people first: a shared vision and commitment to the transformation of adult social care (Department of Health, 2007)

This outlines an ambition to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (Department of Health, 2008)

The carers' strategy sets out the Government's short-term agenda and long-term vision for the future care and support of carer. New commitments in the carers' strategy include: an increase in planned short breaks for carers and supporting carers to enter or re-enter the job market. Other schemes include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers. A more integrated and personalised support service for carers should be offered through easily accessible information, targeted training for key professionals to support carers.

Living well with dementia: a National Dementia Strategy (Department of Health, 2009)

This publication sets out an ambitious joint agenda for improving services for people with dementia and outlines 17 key objectives with associated outcomes. These include:

- Objective 1: We will increase awareness of dementia, the benefits of timely diagnosis and the services available to support dementia sufferers and their families through development of a publicity campaign.
- Objective 2: We will ensure that those affected by dementia have access to high quality, accurate information on their condition.
- Objective 3: We will develop a single care pathway for Wiltshire to streamline access to services and ensure that appropriate services are available when required.
- Objective 4: We will ensure that memory services are available in accessible, non-stigmatising locations and provide accurate, timely assessments, appropriate information and psychological and social support. Cognitive enhancers will be prescribed in line with National Institute for Clinical Excellence (NICE) guidance.
- Objective 5: We will ensure that Dementia Advisors are based in memory clinics to help those diagnosed with dementia and their carers to access the support and advice they need.
- Objective 6: We will facilitate the development of peer support networks by commissioning a range of dementia cafes across the county.
- Objective 7: We will ensure that all Wiltshire residents, regardless of their financial circumstances will have timely access to community care assessment and support to access services. Those that are eligible for community care funding will be given the opportunity to hold individual budgets
- Objective 8: We will ensure that a broad range of community based support services are available, including intermediate care, specialist domiciliary care, day care, telecare and supported housing services to help people with dementia remain safely in their own homes and to reduce unnecessary reliance on residential placements.

- Objective 9: We will ensure that services are in place to meet the mental health needs of people with dementia who are being treated in general hospitals and to facilitate timely and appropriate discharge planning.
- Objective 10: Through the development of a workforce plan and training strategy, we will ensure that all service providers, including generic older people's services, are equipped with the necessary skills, knowledge and competencies to work effectively with people with dementia.
- Objective 11: We will ensure that specialist dementia services focus increasingly on assessment, the provision of care and treatment for those with complex needs and behaviour that challenges and on consultancy advice and support for generic services.
- Objective 12: We will ensure that a range of carer support services are available to support carers of people with dementia, with particular emphasis on the availability of short breaks.
- Objective 13: Mental health liaison services will be available in our local general hospitals to determine the services that are required to meet the needs of people suffering from dementia in these settings.
- Objective 14: We will improve the quality of care provided to people in registered care homes through work with our Provider Forums, this will include the use of life story books and individualised plans.
- Objective 15: Our end of life strategy will take account of and meet the specific needs of people with dementia.
- Objective 16: We will ensure that local services are commissioned to meet the needs of two specific client groups i.e. younger people with dementia and people with learning disability, particularly those with Down's syndrome who have a relatively high incidence of dementia.

'Nothing ventured, nothing gained': Risk guidance for people with dementia
(Department of Health, 2010)

This document provides guidance on best practice in assessing, managing and enabling risk for people living with dementia. It is based on evidence and person-centred practice and within the context of 'Living well with dementia; a national dementia strategy' and 'Putting People First'. The guidance is aimed at commissioners and providers in health and care across all sectors.

The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone. It also introduced the Public Sector Equality Duty which means that public sector organisations must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The new duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

Within the Act there is also provision for protecting carers from discrimination because they are associated with someone who has a protected characteristic e.g. a disability.

Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care (National Institute for Health and Care Excellence, 2012)

This guideline makes evidence based recommendations on supporting people with dementia and their carers and family. Settings relevant to these processes include primary and secondary healthcare, and social care. Amongst other things it includes guidance on:

- Diversity, equality and language
- Integrated health and social care
- Risk factors, prevention and early identification
- Diagnosis and assessment of dementia
- Promoting and maintaining independence of people with dementia
- Interventions for cognitive symptoms and maintenance of function for people with dementia
- Interventions for non-cognitive symptoms and behaviour that challenges in people with dementia
- Interventions for co-morbid emotional disorders in people with dementia
- Inpatient dementia services
- Palliative care, pain relief and care at the end of life for people with dementia
- Support and interventions for the carers of people with dementia

Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, (Department of Health, 2012)

Launched in 2012, the Prime Minister's National Dementia Challenge outlined a number of commitments and areas for action at a local, regional and national level. It builds upon the National Dementia Strategy (2009) and focuses upon three main areas:

- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

QS30: Supporting people to live well with dementia (National Institute for Health and Care Excellence, 2013)

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing guidance, which provide an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

This quality standard covers supporting people to live well with dementia. It applies to all social care settings and services working with and caring for people with dementia. It should be read alongside the NICE dementia quality standard (QS1), which covers care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.

It focuses upon statements that cover the care and support that people with dementia and their carers and family require from the point at which they have concerns about their memory to end of life care:

- Statement 1: People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.
- Statement 2: People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.
- Statement 3: People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change
- Statement 4: People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.
- Statement 5: People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
- Statement 6: People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.
- Statement 7: People with dementia live in housing that meets their specific needs.
- Statement 8: People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.
- Statement 9: People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.

- Statement 10: People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

Local strategies

In Wiltshire there are a number of local strategies that outline the commitments made by Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations to supporting people to live well. The strategies listed below are those that may be of relevance to people with dementia who are either accessing mainstream (non-specialist dementia) services and / or have other needs that are not related to their dementia. These strategies should be read in conjunction with this document:

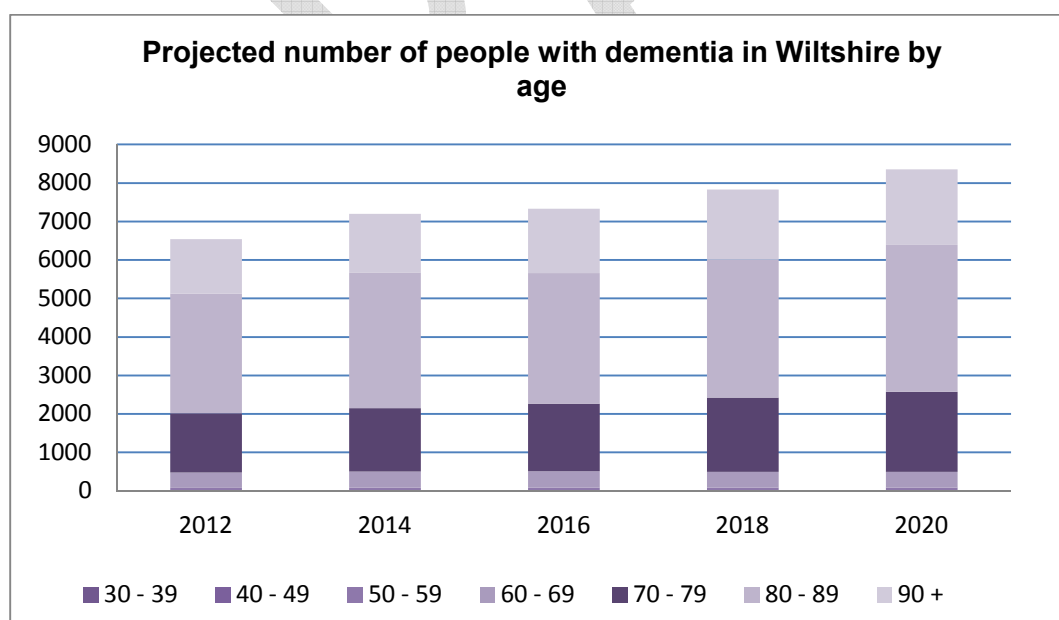
- Wiltshire's Health and Wellbeing Strategy
- Mental Health Strategy (currently being revised and led by Public Health)
- Wiltshire Physical Impairment Strategy 2009 – 2014
- Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire (2006)
- Wiltshire Carers Strategy 2012 – 2014
- Draft Drug Strategy Implementation Plan
- Alcohol Strategy Implementation Plan (to be refreshed following the Alcohol Needs Assessment)
- Joint Learning Disabilities Commissioning Strategy
- End of Life Care Strategy (currently being revised)
- Wiltshire Alcohol Strategy & Implementation Plan
- Wiltshire Drug Strategy & implementation Plan
- Older People Accommodation Strategy (2026)
- Help to Live at Home

APPENDIX C - People with dementia and their carers and family in Wiltshire

Wiltshire is a predominantly rural county and in 2011 had a total population of 470,981, 21.5% of whom were at retirement age (65+ for men and 60+ for women). This compares to 19.4% for the whole of England. This is significant because dementia is most common in the older population as its prevalence rises significantly with increasing age. One in three people over 65 will develop dementia, whilst a much smaller proportion of the population (about 1 in 1400) will be affected by early onset dementia which occurs in younger age groups.

It is difficult to give exact figures for the number of people with dementia within the population as reported rates differ widely depending on the criteria and study methods used.

According to figures produced by Oxford Brookes University and the Institute of Public Care (2013), the population of Wiltshire with dementia in 2012 was 6,538 and they estimate that this will increase by 27.8% in 2020 – this equates to an 1800 additional people with dementia. The age groups that will see the largest increases are 90 + years old (40% increase) and 70 – 79 years old (36% increase), whilst there will be a decrease of 12% in people aged 40 – 49 years old.



Information source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information (Oxford Brookes University and Institute of Public Care, 2013)

The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia and this tells us that in 2013/2014 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better understanding of our local population (more detailed information can be found in Appendix C):

Diagnosis

According to the Dementia Prevalence Calculator, the current diagnosis rate in Wiltshire is 37.4%. This is the number of people with dementia who have received a formal diagnosis which has been recorded by their GP. This means that 61.8% of the population do not have a diagnosis.

Community areas

The following data shows the estimated number of people who are Wiltshire residents registered with a GP surgery and who have dementia by the community area that they live. Note that it does not include people who live in Wiltshire but are registered with a non-Wiltshire GP.

Community area	Estimated number of Wiltshire residents, registered with a Wiltshire GP, with dementia	% of people with dementia
Amesbury	368	6.27
BoA	238	4.05
Calne	266	4.53
Chippenham	511	8.71
Corsham	245	4.18
Devizes	361	6.14
Malmesbury	218	3.72
Marlborough	290	4.93
Melksham	362	6.17
Mere	95	1.62
Pewsey	185	3.15
Royal Wootton Bassett & Cricklade	357	6.08
Salisbury	576	9.81
Southern Wiltshire	314	5.35
Tidworth	163	2.78
Tisbury	96	1.64
Trowbridge	501	8.54
Warminster	385	6.55
Westbury	230	3.92
Wilton	108	1.84
TOTAL Wiltshire	5,871	100

Age and gender

In line with national figures the majority of people with dementia in Wiltshire are women (64%) whilst only 36% are men. However it is worth noting that of the 135 people who have early onset dementia (this is when the individual is under the age of 65 years old) 59% are male and 41% are female. This again reflects the national trend. Over 4,500 of people with dementia are aged 80 years of age or older, and of these 1,348 are 90 years or older.

Age (in years)	Estimated number of people with dementia in 2013/2014		
	Males	Females	Total
< 30	0	0	0
30 - 34	1	1	2
35 - 39	1	2	3
40 - 44	1	4	5
45 - 49	6	5	11
50 - 54	11	9	20
55 - 59	27	15	42
60 - 64	33	19	52
65 - 69	193	134	327
70 - 74	308	256	564
75 - 79	402	580	982
80 - 84	546	984	1,530
85 - 89	471	1,155	1,626
90 - 95	291	720	1,011
95 +	68	269	337
Total	2,359	4,153	6,512

Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Severity of dementia

Dementia is progressive, meaning that as time passes people's symptoms will increase and they will require more help and support to live well. It is recognised that there are three broad levels of dementia, which reflect the impact that the dementia has on the individual and their ability to care for themselves. In Wiltshire:

Severity of dementia (2013/2014)	Age								Total
	< 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 95	95 +	
Mild	68	202	353	559	869	883	494	143	3570
Moderate	68	105	171	309	487	530	334	116	2120

Severe	0	21	40	113	174	213	183	78	822
Total	135	327	564	982	1,530	1,626	1,011	337	6,512

Place of residence

According to national statistics, 71% of people with dementia live within the community, whilst 29% in residential care. If applied to the Wiltshire population this equates to 4,629 people living in their own homes, whilst 1,899 live in residential care settings (residential and nursing care homes). Of those people who live in the community in their own home, Alzheimer's Society (2012) estimate that one third live alone.

Estimated number of people with dementia (2013/2014)	Age (in years)								Total
	< 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 95	95 +	
Living in the community	135	253	435	733	1,142	1,101	684	145	4,629
Living in residential care	0	74	129	249	388	525	327	192	1,883
TOTAL	135	327	564	982	1,530	1,626	1,011	337	6,512

Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

However, this data should be treated with caution as it is known from local service monitoring that there are a minimum of 15 people under the age of 65 years old who are living in residential care settings, with over a third of these being individuals with learning disabilities and dementia.

End of Life

The National End of Life Care Programme (2012) highlighted that in 2008-2010 in 18.3% of deaths, the cause of death upon the death certificate mentioned Alzheimer's, dementia & senility, compared to the England average of 17.3%.

In Wiltshire this represented an annual average of 766 deaths and of these the place of death was as follows: 11% at home, 62% in a care home, 26% in a hospital and 0% in a hospice.

Carers

In relation to the support provided by carers, according to figures produced by Alzheimer's Society (2012) it has been estimated that there are approximately 5,454 family members and friends acting as carers to people living with dementia in Wiltshire.

Ethnicity

The table below shows the estimated number of people with dementia by ethnic group. Data from the 2011 census for the Wiltshire population has been applied to the estimated number of people with dementia in 2013/2014. It clearly shows that the majority of people with dementia are White British, followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).

This data should be treated with some caution as the information from the Census applies to the whole Wiltshire population, whilst people with dementia are generally aged 65+. For example, the military community within Tidworth is one of the most diverse communities within the county, yet does not have a high number of people with dementia (65 people).

Ethnic Group	% of Wiltshire population	Estimated number of people with dementia in 2013/2014
White: British	93.36	6,080
White: Irish	0.51	33
White: Gypsy / Irish traveller	0.16	10
White: Other white	2.57	167
Mixed: White and Black Caribbean	0.42	27
Mixed: White and Black African	0.14	9
Mixed: White and Asian	0.35	23
Mixed: Other mixed	0.27	18
Asian or British Asian: Indian	0.33	21
Asian or British Asian: Pakistani	0.05	3
Asian or British Asian: Bangladeshi	0.13	8
Asian or British Asian: Chinese	0.26	17
Asian or British Asian: Other Asian	0.55	36
Black or Black British: African	0.30	20
Black or Black British: Caribbean	0.24	16
Black or Black British: Other Black	0.14	9

Arab	0.06	4
Other ethnic group: Please state	0.16	10
Total	100	6,512

Information source: Wiltshire's diverse communities: Results from the Census 2011 (Wiltshire Council) and Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Religion

The table below shows the estimated number of people with dementia according to religion of choice. Data from the 2011 census for the Wiltshire population has been applied to the estimated number of people with dementia in 2013/2014. It clearly shows that the majority of people with dementia are Christian, followed by having no religion or not wishing to state their religion.

Religion	% of Wiltshire population	Estimated number of people with dementia in 2013/2014
Christian	64	4,168
Buddhist	0	20
Hindu	0	20
Jewish	0	7
Muslim	0	26
Sikh	0	7
Other religions	1	33
No religion	27	1726
Religion not stated	8	501
Total	100	6,505

Information source: Wiltshire Census 2011- Selected Statistics Profile Tool: Wiltshire Unitary Authority (Wiltshire Council, 2013) and Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Other aspects of the population

It is important to remember that there are certain groups of people with dementia in Wiltshire that services may not be as well placed to meet the needs of when compared to the general population. However, it is equally as important to do so and work is needed to look at how this is best achieved. These groups include, but are not limited to:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- Black and Minority Ethnic communities
- People with dementia who live alone without family support

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APPENDIX D - Current service provision in Wiltshire

The services available to people with dementia and their carers and family have been delivered to date under the direction of the previous Wiltshire Dementia Strategy which was developed in 2009 and the Prime Minister's Challenge on Dementia (2012). Some of the highlights of the successes that have delivered during this time include for people living with dementia include, but are not limited to:

- A range of awareness resources developed entitled 'There's nothing wrong with my memory!'
- An improved information offer for people with concerns living with dementia including the new dementia adviser service, carers' booklet and range of resources within Wiltshire libraries.
- An expanded network of community activities for people with dementia and their carers including memory cafes and Singing for the Brain.
- Implementation of a new memory service, which has since development had additional investment to improve waiting times and develop links with primary care.
- Comprehensive GP training and new pathway in place for dementia diagnosis in primary care
- Development of specialist mental health services including care home liaison service, hospital liaison service.
- Delivery of training for social care and health staff on end of life care for people with dementia.
- An established Wiltshire Dementia Delivery Board that brings together multi-agency partners to deliver dementia care in Wiltshire.
- Workstreams within the acute hospitals to improve dementia care in hospital settings.
- New Help to Live at Home service
- New telecare service

Insert two case studies

Current service provision in Wiltshire as identified by the Wiltshire Dementia Delivery Board

Recognising concerns	Learning it's dementia	Planning for the future	Living well with dementia	Managing at more difficult times	Care at end of life
Memory Service - Dementia assessment, diagnosis and treatment (including post diagnostic groups)				GP out of hours service ~ Complex Intervention & Therapy Team	
Primary care - Dementia assessment, diagnosis and treatment			Day services ~		
Dementia CQUIN in acute hospitals		Life Story Groups (Alz Support) ~ Home improvement agency – part of Help to live at Home service (Equipment ICESS)	Specialist Home & Community Support Service ~ Movement for the Mind ~ Singing for the Brain ~ Active Health Programme	Acute hospital liaison service ~ Acute hospitals ~ Inpatient assessment service ~ MH Care Home Liaison Service ~ Emergency Duty Service ~ STARR scheme ~ Extra Care Housing ~ Care homes ~ Respite	
Awareness raising	RUH Community geriatrician			My Home Life programme in care homes ~ Continuing Health Care ~ Hospices	
			Social care ~ HTL@H ~ Telecare ~ DPs ~ Health community teams ~ Court of Protection		
Support for people who fund their own care					
Safeguarding ~ Primary care liaison service ~ Dementia Adviser Service ~ Memory cafes ~ Library resources ~ Support for carers (groups, training, assessments, breaks) ~ Advocacy ~ Good Neighbour Scheme ~ Wiltshire Citizens' Advice Bureau ~ Health Matters sessions					

Current gaps and ideas to improve service provision in Wiltshire as identified by the Wiltshire Dementia Delivery Board

Recognising concerns	Learning it's dementia	Planning for the future	Living well with dementia	Managing at more difficult times	Care at end of life
Consistency of awareness materials in community settings	Support for people to attend appointments ~ Links between acute hospitals and primary care / community services ~ Support to come to terms with diagnosis: psychology services & talking therapies ~ Development of a care pathway ~ Carer training ~ Post diagnostic groups	Information pack post diagnosis ~ Training about particular groups e.g. younger people ~ Employment support for carers ~ Awareness within the community ~ Advance care planning ~ Specific support targeted at carers	Links with falls prevention work ~ Develop existing OSJ day services ~ Clinical Nurse for Dementia ~ Relay in memory clinics ~ Support to pick up prescriptions and remember appointments ~ Psychological therapies for carers	Carer involvement in hospital discharges ~ Carer support ~ Sustainability of care home liaison service ~ Lack of specialist provision for people with specific needs e.g. younger people ~ People with dementia living alone ~ Access to and capacity of out of hours services including crisis intervention ~ Pathway for younger people through in-patient services ~ Alternatives to hospital	Gold Standards Framework ~ Pain management toolkit/guide ~ Carer involvement ~ Advanced care planning in early stages of dementia ~ Training for professionals ~ Patient choice ~ Dementia specific information ~ Tools to be used during Liverpool Care Pathway review ~ Equitable respite care ~ Spiritual and emotional needs ~ Equity of psychological therapies ~ Support to move on from the caring role
Consistency of carer assessment process ~ Specialist dementia advocacy ~ Understanding the population and needs of people with learning disabilities and dementia / BAME population / younger people with dementia					

The table below provides information about the various services that are available in Wiltshire to support people with dementia. Some are specialist services in that they only work with people who have dementia or complex mental health conditions, but the majority are non-specialist services that support people with a variety of needs, including dementia.

Service	Organisation	Location	Detail
Active Health Programme / Active Wiltshire	Wiltshire Council	Countywide	<p>Active Health is a scheme for physical activity opportunities for those referred by a medical professional. There can be many different reasons for referral and a number of different exercise programmes are available across the county in leisure centres and other local facilities, at a reduced rate.</p> <p>In addition, there are a number of other health related opportunities that are available such as walking groups which are accessed by people with dementia.</p>
Acute hospitals	Royal United Hospital, Great Western Hospital, Salisbury Foundation Trust	Bath, Swindon, Salisbury serving all of Wiltshire	There are three acute hospitals serving the Wiltshire population and within each there are plans in place to improve the quality of care for people with dementia and their carers. These plans include a range of actions including developing staff as dementia champions, introducing coloured crockery to support people to eat, working to become dementia friendly environments and putting in place a range of measures to identify people who have dementia.
Advocacy	SWAN Advocacy	Countywide in the community	Commissioned by Wiltshire Council, Swan Advocacy provides free advocacy services to vulnerable adults in Wiltshire, including people with dementia and carers. Their service includes Independent Mental Health Advocacy and Independent Mental Capacity Advocacy.
Awareness raising in the community	Various	Countywide in the community	Various organisations in Wiltshire work to raise awareness of dementia within the community through various activities. Awareness raising materials entitled 'There's Nothing Wrong with my memory!' are available from Wiltshire Council, Alzheimer's Support have established a memory awareness volunteer scheme across East and West Wilts and the Alzheimer's Society community road show bus visits Wiltshire on an annual basis.
Care homes	Various	Countywide	Residential and nursing care is commissioned from a range of providers

Service	Organisation	Location	Detail
			throughout the county. Currently Wiltshire Council commissions 333 residential placements and 220 nursing care placements for people with dementia. CHC funded placements/packages – CCG to provide info.
Carers breaks / respite	Various	Countywide in the community	Wiltshire Council and NHS Wiltshire Clinical Commissioning Group jointly commission a range of carers' breaks opportunities. These include: <ul style="list-style-type: none"> • Timeout opportunities • GP prescription breaks • Breaks for eligible carers following an assessment of caring needs – This could include regular short breaks, receiving a direct payment to purchase a flexible break, or care being provided to the person with dementia either in their own home, a day service or care home setting.
Complex Intervention & Therapy Teams	Avon and Wiltshire Mental Health Partnership	Countywide in the community	Commissioned by NHS Wiltshire Clinical Commissioning Group, these teams are supported by specialist therapy to provide people with specialist mental health services at home. They offer: <ul style="list-style-type: none"> • Assessment, intervention and care planning • Care management • Intensive support • Safeguarding and review of relevant service users • Signposting and providing optimum choice through working alongside other organisations.
Continuing Health Care	NHS Wiltshire Clinical Commissioning Group	Countywide	Some people qualify for the full costs of their care to be paid for by the NHS if they meet the NHS continuing health care criteria. Continuing health care means care provided to meet health needs for a period of time to a person aged 18 or over to meet physical or mental health needs.
Court of Protection	Wiltshire Council	Countywide	This service provides the management of the personal financial affairs of those who receive a social service from Wiltshire Council but are assessed as lacking the capacity to deal with their own financial affairs and has no one else able to assist them.
Day services	Various	Locations countywide	Wiltshire Council commissions day care for 45 people with dementia which form part of their care package, as well as funding specialist day services provided by

Service	Organisation	Location	Detail
			Alzheimer's Society and Alzheimer's Support. There are a range of specialist and non-specialist day care services across the county.
Dementia Adviser Service	Alzheimer's Society / Alzheimer's Support	Countywide in the community	Commissioned by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group, this service is a specialist service for people with dementia and their carers. It provides personalised information and guidance, and gives people a named adviser to support them along their journey with dementia. There are 8 advisers across the county and they work closely with health services to identify people with dementia as soon after their diagnosis as possible.
Dementia CQUIN (Commissioning for Quality and Innovation)	Royal United Hospital, Great Western Hospital, Salisbury Foundation Trust	Bath, Swindon, Salisbury	The aim of the Dementia CQUIN is to incentivise hospitals to identify patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital. Hospitals are required to have in place systems that will support this and have targets that they must achieve.
Direct Payments	Wiltshire Council	Countywide	<p>Direct payments are sums of money that are given to people who have been assessed as needing community care services by Wiltshire Council. They allow the individual to organise and buy the services that they want and so give them more choice, control and flexibility over the care that they receive. Wiltshire Council currently provides 230 people with dementia and their carers with direct payments as part of their funded care package.</p> <p>Wiltshire Council also commissions Wiltshire Centre for Independent Living to provide support and advice to people who choose to receive a direct payment.</p>
Emergency Duty Service	Wiltshire Council	Countywide in the community	This is an out of hours social care service, which can assist people who may be in crisis.
Extra Care Housing	Various	Trowbridge, Pewsey, Devizes	Extra care housing can provide a real alternative to residential care,. It provides independent living with support when it is needed and 'a home for life' for many people even if their care needs change over time. There are currently three schemes in Wiltshire, with plans to develop more over the next ten years as part

Service	Organisation	Location	Detail
			of the Older People's Accommodation Strategy. All schemes are designed to meet the needs of people with dementia.
Good Neighbour Scheme	Community First	Countywide in rural communities	Commissioned by Wiltshire Council, this service is primarily aimed at older people living in rural communities who may be vulnerable or at risk of becoming vulnerable. The service seeks to establish a trusted and effective bridge between vulnerable individuals and the statutory services and local voluntary organisations that are able to offer help and support.
GP Out of hours service	Medvivo	Countywide	This is a GP Out of Hours care for all patients registered with a GP Practice in Wiltshire.
Health community teams	Great Western Hospital	Countywide in the community	Commissioned by the NHS Wiltshire Clinical Commissioning Group, these teams are based throughout the county and provide community based health services to people within their own homes, including people with dementia.
Help to Live at Home	Various	Countywide in the community	<p>Help to Live at Home is a range of care and support services that are designed to support people to remain at home for as long as possible. Care is provided to people in way that is designed to meet their personal outcomes and ensure that they can remain as independent for as long as possible.</p> <p>Wiltshire Council commissions 205 care packages for people with dementia which are delivered within their own home. This include provision by HTL@H organisations, but also specialist services</p>
Hospices	Dorothy House, Prospect Hospice, Salisbury Hospice	Hospices at Salisbury, Bradford on Avon and Swindon providing community services	Three hospices serve the Wiltshire population and each provides dedicated end-of-life care for patients and compassionate support for their families and friends. They do this through supporting people in their own homes, as well as in their inpatient beds for those requiring 24 hour care to help with distressing symptoms or who wish to die in the hospice, day care and other services depending on the hospice. Hospice staff also work in partnership with colleagues in health and social services in the community, in care homes and in hospital offering advice, support and homes and in hospital offering advice, support and education.
Inpatient assessment	AWP	Salisbury with access	Commissioned by NHS Wiltshire Clinical Commissioning Group, this service is provides specialist in-patient assessment and treatment beds for people with

Service	Organisation	Location	Detail
service		to services in Swindon and Bath	dementia.
Library resources	Wiltshire Council	Countywide libraries	Wiltshire libraries offer people with dementia and their carers a number of services including an extensive book collection on dementia, Carers card, home delivery service. Library memory groups will commence in early 2014).
Life Story Groups	Alzheimer's Support	West / East Wiltshire	Alzheimer's Support runs occasional Life Story groups where a group of family carers and people with dementia meet together with trained staff to produce a life story over several weeks. It is funded through independent fundraising activity.
Memory cafes	Various	Various locations across the county	<p>Wiltshire Council commissions six cafes which are run by Alzheimer's Support and Alzheimer's Society and are specifically for people with dementia and their carers and family. The cafes meet on a regular basis and provide a friendly environment where people with dementia and their carers can meet and socialise with people in similar circumstances, share experiences and receive information about the services and support available.</p> <p>In addition to these and with the support of the Wiltshire and Swindon Users' Network, other cafes are developing independently within local communities including in Royal Wootton Bassett (3Ms café) and Melksham.</p>
Memory Service	Avon and Wiltshire Mental Health Partnership		<p>Commissioned by NHS Wiltshire Clinical Commissioning Group, this service provides a specialist assessment, diagnosis and treatment service for people with dementia. In Wiltshire, there are two elements of the service:</p> <ul style="list-style-type: none"> • Memory nurses who work with GPs and primary care to assess, diagnose and treat people with dementia within the community. • Memory clinics which provide specialist assessment, diagnosis and treatment that GPs and primary care are not able to deliver. This may be where people may have more complex needs or may have a less common type of dementia.

Service	Organisation	Location	Detail
			The service also offers advice and information to people who have received a diagnosis.
Mental Health Acute Hospital liaison Service	Avon and Wiltshire Mental Health Partnership	Bath, Swindon, Salisbury	This service works in the three acute hospitals serving Wiltshire and offers specialist mental health assessment to all adults attending Accident and Emergency (A&E) departments who have mental health concerns including self harm. It also assists acute general hospitals to assess and treat people with mental health concerns, including dementia, who have been admitted with an existing medical problem.
Mental Health Care Home Liaison Service	Avon and Wiltshire Mental Health Partnership	Countywide in the community	Commissioned by NHS Wiltshire Clinical Commissioning Group, the aim of the care home liaison service is to improve care, help maintain residents in their current setting and reduce hospital admissions ultimately enabling people to remain in their own care homes. It is a specialist service and is currently running as a pilot in Wiltshire until March 2014.
Movement for the Mind	Alzheimer's Support	Bowerhill	Movement for the Mind is a gentle physical activity club for people with dementia and their carers to enjoy together in west Wiltshire. It is funded by funded by Melksham Rotary Club, the Melksham Area Board and Wiltshire Council.
Primary Care	GP surgeries	Countywide in the community	There are 57 GP surgeries that serve the Wiltshire population. As well as providing health services to the general population, they are commissioned by NHS Wiltshire Clinical Commissioning Group to identify, assess and treat people with dementia. This is done in conjunction with the memory service which provides support and advice and will take the lead for people with more complex needs.
Primary Care Liaison Service	Avon and Wiltshire Mental Health Partnership	Countywide	Commissioned by NHS Wiltshire Clinical Commissioning Group, this is a specialist short-term support service to help people with mental health difficulties to move forward and get on with their lives. It works alongside GPs to assess and plan treatment and care for people, which may involve making referrals to other specialist teams including the Complex Intervention & Therapy Team or Memory Service.
Singing for the Brain	Alzheimer's Support / Alzheimer's	Various locations across the	Commissioned by Wiltshire Council, 10 groups run throughout the county on a regular basis specifically for people living with dementia. Based upon music and singing with others, groups offer structured sessions that promote participation,

Service	Organisation	Location	Detail
	Society	county	peer support and general wellbeing.
Social Care	Wiltshire Council	Countywide in the community	<p>Wiltshire Council provides a range of social care functions for people with dementia and their carers and family. They will assess and provide information to all people in Wiltshire, and where people meet eligibility criteria will fund the care that is needed to deliver the individuals' identified outcomes. A snapshot in 2013/2014 shows that of the individuals that Wiltshire Council contributes funding to, 41% of people receive funded care within the community (day care, direct payments and care at home) whilst 59% of people receive funded care within care home setting (residential and nursing care homes).</p> <p>Wiltshire Council also has a mental health social work service, which provides people with dementia and their carers and family with specialist assessment, support and services when required.</p>
Support for people who fund their own care	Various	Countywide	<p>Coordinated by the Wiltshire Centre for Independent Living, the Wiltshire Self Funders Forum meets quarterly to bring Self Funders together to discuss their concerns, learn from each other and participate in consultation exercises etc.</p> <p>Wiltshire Council is working with two independent Care Fees Specialists who can provide people who are responsible for funding their own care with specialist information and advice and help them understand the funding solutions available to fund their care for the rest of their life and protect their wealth and inheritance legacy.</p>
STARR scheme	Various	Countywide in the community	This service is commissioned by NEW Group, NHS Wiltshire Clinical Commissioning Group as a step up / step down service for people that provides a re-ablement approach. It is delivered in care homes across the county.
Telecare	Medequip-UK		Telecare, otherwise known as assistive technology, includes various pieces of equipment like lifelines, pendant alarms, smoke detectors, carbon monoxide detectors and many others that can help people to remain safe at home, 24 hours a day.
Safeguarding	Various	Countywide	Safeguarding describes the process that aims to protect vulnerable people from harm and abuse. All organisations have a duty to protect vulnerable people and

Service	Organisation	Location	Detail
			there are specialist safeguarding teams (including at Wiltshire Council and Wiltshire Police) in place to provide advice and decide how reports of abuse should be investigated and managed.
Support for carers (groups, training, assessments, breaks)	Various	Countywide in the community	<p>Wiltshire Council and NHS Wiltshire Clinical Commissioning Group fund a wide range of support options for carers of people with dementia. Some of these are provided by non-specialist organisations such as Carer Support Wiltshire, whilst other are provided by organisations that specifically work with people with dementia and their carers and family e.g. Alzheimer's Support and Alzheimer's Society. Support options include, but are not limited to:</p> <ul style="list-style-type: none"> • Assessments of carers' needs • Carers breaks / respite • Training for carers • Support groups • Information, advice and support

APPENDIX E – What do people with dementia and their carers and family in Wiltshire tell us?

In preparing for this strategy, Wiltshire Council and NHS Wiltshire Clinical Commissioning Group visited various groups of people with dementia and their carers to find out what life was like in Wiltshire living with dementia. It is acknowledge that further work is required in relation to gaining the views of people who do not access group activities. The information below summarises what people reported:

What is important to you in terms of your life with memory loss?

- Large number of people reported that having a place to meet and socialise with other people in similar circumstances and with the same experiences was important to them e.g. memory cafes
 - “Just getting out for a cup of tea and a chat. Things we take for granted, spontaneity.”
- Many people also reported the importance of knowing where to get information from and who to speak to if they had questions. One carer reported “it is important to know where to go for help and information and to be given correct advice. Time is precious enough without wasting it going round in circles.”
- Carers reported that access to good carer support was important and that a variety of support was required:
 - Support that focuses on being a ‘carer’ and on being ‘me’ i.e. looking after myself and my identity
 - 1:1 support
 - Covering a range of issues including learning about dementia, what the future entails and what to do about it, knowing what support is available, training on practical tasks and on recognising and managing emotions
 - Groups
 - Someone to talk to
 - Would be good to have the for carers of people living in care homes where the caring role is still present but perhaps not so obvious
- Help to prepare for the future
- Knowing what your care and funding options are
- Person centred care planning, which involves the person with dementia at an early stage to enable future choices to be made.

- Early diagnosis and conversation about the future and what it holds
- Being able to trust staff – to feel safe with them
- For the carer and person with dementia to feel safe, secure, and free from pain and discomfort
- Continuity of care
- Recognising the person's [with dementia] life – past, current and future
- Enough well trained staff to provide for each individuals' care needs
- Recognise carers' role in decision making
- Transport – particularly when the person with dementia loses the ability to drive
- Listening to the individual's voice

What is working well?

- Community activities such as memory cafes and Singing for the Brain
 - People gave positive feedback including “Signing for the Brain is absolutely wonderful. It’s social aspect is as fulfilling as the singing aspect.”
 - “At Singing for the Brain he can be his usual jolly, silly self. It's such a good break from the same old nothing.”
 - People reported that more activities would be good.
 - People reported that they felt better for attending these types of groups.
 - Some people reported concerns that these may be cut in the future.
 - One person who had been in contact with services for a number of years reported that there has been a huge improvement in group activities.
- Support from the voluntary sector
 - Organisations included Alzheimer's Support, Alzheimer's Society, Carer Support Wiltshire, the Wiltshire and Swindon Users' Network
 - People reported that they felt well supported by them and in some instances these were the only services that they were accessing.
- Being able to meet and socialise with other people with dementia and their carers and family

- Day care including Polebarn Club and Sidmouth Club
- Support for direct payment users and self funders from Wiltshire Centre for Independent Living
- Red Cross equipment hire
- Age UK – befriending
- Alzheimer’s Support memory awareness volunteers in GP surgeries and libraries
- Circle dancing in care homes
- Community coordinators
- Flu clinic forms – ask if you are a carer and who for
- Memory services – Comments included “it has improved a lot” and “first class”

What could be improved?

- Transport
 - Lack of available/affordable transport to access services
 - People commented that it is important for activities and services to be accessible by public transport – “you shouldn’t have to travel anywhere that isn’t served by public transport.”
 - Many people currently have transport but are relying upon others for it and worry what will happen if and when this support is not available.
 - Disabled parking “we need a map of where the spaces are, I haven’t got the time or energy to seek out where they are in and around Salisbury.”
 - Blue Badge scheme and the eligibility criteria over who is able to have one.
- Medication and delays in delivery
- Support for carers
 - Many carers reported that they would feel they need more respite, with some homes not being able to provide appropriate care.
 - One carer raised that there are some carers groups that the person you look after can’t attend, which makes it difficult to attend
 - “I’m gobbed up by the whole process ... It is hard to hang on to who you really are.”

- Understanding of professionals of the challenges of living with dementia.
 - Some people reported that they had not received useful support from health and social care organisations.
 - “It’s terminal. We want better customer care”
 - “We’re emotionally fragile in the initial stages. We need more understanding.”
- Processes, paperwork and the language used.
 - People reported that there are large amounts of paperwork involved in caring for someone with dementia, which often contains duplications and language that is ambiguous or contains jargon.
- More time
 - Carers reported that the level of caring that they are providing leaves them short of time to undertake the caring tasks that they need to undertake and with no time to do their own personal interests.
 - One person with dementia said for them the issue was “Getting people to realise you need time ... they rush you to make decisions, explain yourself.”
- Support for people living alone
 - This included comments about it being more difficult to know what is available and that people often are unable / do not want to attend activities or appointments alone. Isolation is a big issue.
- The general public’s understanding of dementia and the stigma that is still associated with it
 - People said that many people do not understand what it is like to live with dementia.
 - One person said ‘People are embarrassed to say they have a memory problem.’ Whilst another said “There’s that stigma still”
- Support to plan for the future
- Specialist MH services
- Direct Payments
- Better support in local communities including in shops and local businesses.
- Person centred care
- Linking with other organisations that support people at high risk of dementia e.g. Parkinsons, stroke
- Understanding of the different types of dementia

- EOLC in hospitals for people with dementia who may need 24/7 support and company.
- Sufficient support to get home from hospital
- Knowing what you are entitled to e.g. taxi vouchers
- Support from district nurse

Mixed experiences

- Support from GPs
 - Some people reported having had good support from their GP, including as carers in their own right.
 - Other people reported a number of concerns including:
 - Feeling that GPs do not feel that they understand and in one case “was not really interested”
 - Feelings that with specialist services in the practice, some GPs pass the individual to the specialist service rather than getting involved.
 - Continuity of care – People reported not being able to see the same GP each time they visited which was not useful and makes communication more difficult. One person commented that they saw different GPs for their dementia and physical health needs.
 - A number of people reported that they would like to see a specialist services in their GP surgery.
- Knowing where to go for information and help
 - Some people reported that they knew who to contact if they needed information, including their dementia adviser.
 - People reported that useful sources of information included the voluntary sector, dementia advisers and various publications including the carers’ handbook, dementia guide, and Days out and accessibility book.
 - Other people reported that they would not know who to go to if they needed information.
 - People also suggested that more information was needed in public places such as GP surgeries.
- Acute hospitals
 - Some people reported good experiences in hospital, including a sing song on Farley Ward at Salisbury District Hospital which was ‘really enjoyable’.
 - Some people were aware of good practice taking place in hospitals such as good dementia friendly signs (GWH) and dementia friendly wards and dementia coordinators at RUH.

- However other people did not have such good experiences – “When you go into hospital you become isolated from the world.”
- Care in care homes
 - People reported varying experiences of care in care homes. There were some examples of people receiving high quality care, whilst people also reported concerns they have with the quality of care in some homes, which related not only to meeting the individuals’ care needs, but also their general wellbeing including opportunities to access the community.
- Carers voice in decision making and service developments.
- Meeting people’s spiritual needs
 - People reported the importance of meeting the spiritual needs of the person with dementia. Some people had had good experiences of this happening, including in care homes, but others thought that more work was needed, including ensuring that it is a consideration from the start of the care planning process and that churches could take a greater role in supporting people with dementia in local communities.

APPENDIX F - EQUALITY ANALYSIS

Name of Service/Policy/Project/Decision to undergo Equality Analysis:
Wiltshire Dementia Strategy
Key contact person & others involved:
Key contacts: Rhian Burgess (Commissioning & Contract Lead – Dementia, Wiltshire Council) & Susan Dark (Dementia Lead, Wiltshire Clinical Commissioning Group) Partners involved: Wiltshire Dementia Delivery Board
Date Completed:
19 th November 2013
Review date (at least annually):
Spring 2014 – following the formal consultation process of the draft dementia strategy
Identify aims:
<p>The aim of the strategy is to ensure that all people with dementia and their carers and family in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia within supportive and understanding communities. This will be supported by providing care and support to promote people's independence, health and wellbeing and quality of life.</p> <p>It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. These are as follows:</p> <ul style="list-style-type: none"> • Recognising memory problems • Learning it's dementia • Planning for the future • Living well with dementia • Managing at more difficult times

- Care at end of life

The strategy's ambition is equally applicable across all of these stages, as is the aim to minimise the number of times that people need to move within their life with dementia in order to receive the care they need, whether that be to a hospital, residential or nursing care home setting.

Whilst it is acknowledged that there will be periods of time when people will require specialist care dementia services, it is the aim that people will be supported by generic, non-specialist care services for as long as possible and that these will be skilled and knowledgeable to appropriately support people with dementia and their carers and family.

In addition to this, it is the aim of this strategy to ensure that local communities are supportive, understanding and inclusive of people with dementia so that people can live well as active and valued members of our society. This will be achieved through implementing the concept of dementia friendly communities across Wiltshire.

Collect and use evidence:

The strategy includes a range of information about the population of Wiltshire living with dementia. The majority of this has been developed by applying national statistics to the Wiltshire population and includes:

- Prevalence and diagnosis rates
- Severity of dementia
- Place of residence
- End of life
- Age and sex
- Distribution of the population by community area
- Ethnicity
- Religion / faith
- Carers

In relation to gaps in the knowledge, these include:

- Disability
- Sexual orientation
- Marriage and civil partnership

Further work is required to look at these gaps in more depth although it is likely that in many cases national statistics would be applied to the Wiltshire population. In relation to disabilities it is acknowledged that certain conditions and illnesses increase people's risk of developing dementia. This is to be addressed through the action plan of the dementia strategy, which will include the commitment to undertake a needs assessment for people with learning disabilities and dementia. This will be overseen by the Wiltshire Dementia Delivery Board which will ensure that all relevant partners and stakeholders are involved as appropriate.

Further work is also required to look at whether the people accessing services are representative of the population with dementia. This will need to be addressed through commissioning and contract monitoring arrangements.

Assess the impact:

It is the intention that the individuals that will benefit from the dementia strategy include all people who have dementia and their carers (people who provide unpaid care and support) and family members.

However there are certain groups of people with dementia for whom services have been less successful in reaching. These include:

- People with early onset dementia (are aged under 65 years old) – Due to age being a determining factor in the onset of dementia, it is noted that the majority of services for people with dementia are accessed by people who are in their 70s, 80s and 90s. It has therefore been identified that the small number of people (approx. 135 people) with early onset dementia may not feel that these services are appropriate for them. In addition the challenges that someone with early onset dementia may face are likely to be different to an older person, including employment, children and the misconception that dementia only affects older people. At present there are no services commissioned specifically for this group of individuals.
- People with learning disabilities and dementia – It has been identified that people with a learning disability, and particularly Down's Syndrome, are at higher risk than the general population of developing a dementia. In addition the assessment and diagnosis process can often be more difficult and so people may not receive a timely diagnosis and without this may not be

supported appropriately to live well. However in Wiltshire little work has been undertaken to raise awareness of this or to better understand the needs of this group of people.

- People with dementia from black and minority ethnic communities – Studies at a national level have identified that further work is required across the country to better support people from BAME communities who have dementia. Within different BAME communities and cultures there are varying degrees of understanding and awareness of dementia, as well as attitudes towards caring and family duties. These can often prevent people from accessing advice and support in a timely manner. In addition health and care services are often not proactive in engaging with BAME communities or supporting people with dementia in a way that is appropriate.
- People with dementia who live alone without family support – It has been acknowledged by all stakeholders in Wiltshire that supporting people who live alone can be difficult particularly difficult and often results in people not accessing services until they reach crisis. This can be exacerbated when people with dementia may not be aware that they are unwell and require care and support. At present no work has been undertaken to address this specific issue.
- Couples where both individuals have dementia – On a similar note to people who live alone without support, it can also be difficult to support couples who live in their own home and both of whom have dementia.
- People who live in rural areas and those who lack transport – With Wiltshire being a predominantly rural county, people with dementia and their carers have raised concerns about transport and the difficulty in accessing services. These difficulties can often result in people not being able to access services that people who live in towns or who have access to transport can.

It has been acknowledged that from a commissioning perspective there is work to be done to better understand the needs of the above groups and how they could best be met. This work is being addressed through a number of actions within the strategy action plan which will include:

- Undertaking a number of needs assessments, including for people living alone, people with learning disabilities and people with early onset dementia.
- Developing a working group focusing upon transport issues and possible solutions
- Undertaking a project that will engage with the BAME population to identify their awareness and understanding of dementia,

as well as the services that they access.

In addition to identifying areas for improvement, it is widely considered that if you get services right for people with dementia then they will be right for most people i.e. others will benefit from the improvements implemented specifically for people with dementia. In relation to the dementia strategy actions delivering these wider benefits include the following:

- The development of dementia friendly communities
- Improving the workforces understanding of dementia
- Dementia friendly environments

Ensure fairness:

The implementation of the dementia strategy is a priority as it has been identified that there is an increasing number of people with dementia in Wiltshire – by 2020 there will be a 28% increase. Not only is this affecting individuals, families and communities, but is also placing an increasing pressure upon health and care services. It is also acknowledged that people with dementia and their carers often receive care that is poor quality and / or does not meet their needs appropriately. This is often because of a lack of understanding about dementia, systems not being flexible to making the adjustments that people with dementia require, and dementia still being a stigma for many people.

At a national level quality of life outcomes for people with dementia are often lower than for the general population. For example:

- Isolation caused by loss of social networks ability to access community activities etc
- Reduced life expectancy
- Stigmatisation of dementia and lack of public understanding

The strategy aims to improve the equity between people with dementia and the general population. This will ensure that people with dementia have an improved quality of life and are able to achieve the same outcomes in life as those without dementia. It has not been identified as excluding any particular groups, although work is required to ensure that all groups can equally benefit.

Finalise your decision:

The draft strategy has been developed through engaging with stakeholders and people living with dementia in Wiltshire.

Wiltshire Council and Wiltshire Clinical Commissioning Group have been engaging with people with dementia and their carers and family a various forums across Wiltshire. Discussions focused around identifying what is important to people in terms of living with dementia, what is working well and what could be improved.

The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy. This includes representatives from the Wiltshire Council, NHS Wiltshire Clinical Commissioning Group, the Avon and Wiltshire Mental Health Partnership, Alzheimer's organisations, Carer Support Wiltshire, Wiltshire and Swindon Users Network, SWAN Advocacy, the three acute hospitals, hospices and GWH community services. They agreed the draft strategy on 19th November 2013.

In addition the draft strategy is being presented to the CCG Executive on 2nd December, CCG Clinical Executive on 10th December and Joint Commissioning Board (JCB) on 12th December for approval. The JCB will approve the draft strategy before it goes to formal consultation.

This formal consultation process will last for three months and give people the opportunity to comment of the draft strategy. It will be placed upon the Wiltshire Council website, will be sent to partners for distribution amongst their customers, staff and partners and a press release will also be developed to ensure that people who may not be contact with services can contribute.

Communicate what has happened:

People with dementia and their carers and family have been informed of the development of the strategy through the engagement sessions, as well as inclusion of an article in the Alzheimer's Support summer newsletter. Organisational partners have been informed through the Wiltshire Dementia Delivery Board.

When the draft strategy goes to formal consultation, various methods will be used to inform people and provide them with the opportunity to contribute.

Review your decision:

The draft strategy will be reviewed following the end of the formal consultation process, which will last three months, as will this equality analysis.

DRAFT