

Wiltshire Council

Cabinet

January 2014

Subject: **Wiltshire Council direct provision –
CQC registered care services for adults**

Cabinet member: **Councillor Keith Humphries – Public Health, Protection
Services, Adult Care and Housing**

Key Decision: **No**

Purpose of Report

Wiltshire Council Adult Social Care and Wiltshire Clinical Commissioning Group commission a range of health and care services for people with dementia. These services are delivered by adult care operations, NHS Trusts and a range of independent providers

This Cabinet report briefs members on the draft Wiltshire Dementia Strategy which provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in supporting people with dementia and their carers and families from the point that people notice concerns about their memory through to end of life care. It includes a commissioning action plan for 2014/2015 which details the commitments and actions that will be delivered in order to achieve the objectives and priorities identified..

The aim of the strategy is that all people with dementia 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 and can remain independent and living at home for as long as possible within supportive and understanding communities.

The Council is being asked to consider the draft strategy and agree that it can proceed to formal consultation.

Background Information – Dementia Services

The focus on dementia has been increasing in recent years, both at a national and local level. It is now considered as a priority area for action, largely due to the increasing population with dementia, the cost of this to services, communities and families and the poor quality of care that many people with dementia receive from health and care services. The Wiltshire JSA supports this identifying that the number of people with dementia will nearly double by 2030 in Wiltshire, whilst the Health and Wellbeing Strategy acknowledges the increasing population living with dementia and identifies it as an area for action.

The key national policies include the Living well with dementia: a National Dementia Strategy (Department of Health, 2009) and Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health, 2012). These place a focus on improving health and care services and dementia friendly communities, as well as improving people's awareness and understanding of dementia, the importance of early diagnosis and ongoing support and the role of services in ensuring that people can live well with dementia.

This draft strategy supports the four main outcomes of the Health and Wellbeing Strategy, including the dementia-themed ambitions set out in the action plan. It does this through placing an emphasis on the following:

- Making dementia everyone's business so that people can live well in supportive and inclusive communities.
- Providing care and support to promote people's independence, health and wellbeing and quality of life.
- Delivering improvements to care and health services so that they are able to deliver quality services that are able to appropriately meet the needs of people with dementia.
- Ensuring that wherever possible people will be supported within their home and local community with care and support being delivered as close to these as possible.

In addition to this, the draft dementia strategy develops links with a number of other strategies as it is vital to acknowledge that people with dementia will often be supported by non-specialist services and / or have needs that are not related to their dementia. These include, but are not limited to the Mental Health Strategy (currently being developed), the End of Life Strategy (currently being developed), Help to Live at Home, Wiltshire Carers' Strategy and the Older People's Accommodation Strategy.

In developing the strategy, work has taken place to engage with people with dementia and their carers and families in Wiltshire to identify what is important to them, what is working well and where improvements are required. The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy. The draft strategy was approved for consultation by the Joint Commissioning Board on 12th December.

Main Considerations for the Council

Safeguarding Considerations

The business of adult social care is in managing risk and in supporting others to be as independent as possible whilst managing the risks that their vulnerability contributes to. The prime aim is to support customers to be as independent as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered. In order to deliver this staff in services commissioned by the Council and the NHS have to be trained safeguarding vulnerable adults (and children) and informed on how to assess and refer / alert on a safeguarding issue. The strategy aims to ensure services will be delivered with due regard to safeguarding people with dementia and their carers.

Public Health Implications

There are no direct public health implications in relation to this cabinet paper. Public Health staff are working closely with Adult Social Care and NHS staff to develop and deliver this strategy.

Environmental and Climate Change Considerations

There are no environmental or climate implications in relation to this cabinet paper.

Equalities Impact of the Proposal

The strategy aims to ensure services will be delivered with due regard to equality legislation and that people with dementia will have equitable access to services. An equality analysis has been undertaken and can be found in the appendices of the strategy document. This has identified that the main equality issues that will require further attention through the implementation of the strategy include:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and those who lack transport

The equality analysis will be reviewed once the draft strategy has been through the formal consultation process.

Risk Assessment

The main risk associated with the Dementia Strategy is the increasing number of people living with dementia in Wiltshire and increased demand being placed upon services. The strategy addresses this through a number of measures which include:

- Developing dementia friendly communities so that people are supported by their local community and informal networks to live well with dementia and maintain their independence and wellbeing.
- Working with non-specialist services to ensure that they are skilled and supported to meet the needs of people with dementia, so that they can support the majority of people with dementia, with specialist services only being required at critical points in time.
- To monitor, review and implement improvements in existing services, including those that have seen recent investment including the dementia adviser service, primary care and memory service.
- To look at alternative ways of delivering care and support which can meet demand within the budgets available.

Three significant risks associated with not implementing this strategy would include:

- Placing the wellbeing, independence and safety of people with dementia and their carers and families at significant risk through a lack of suitable provision of care and support services.
- An increased demand on health and social care services and budgets when people reach crisis due to a lack of preventative, skilled and responsive services.
- A failure of the statutory bodies within Wiltshire to respond to national guidance, policy and legislative duties.

Financial Implications

There are no direct financial implications in relation to this cabinet paper. There has currently been no additional investment identified to deliver the dementia strategy as a whole. However, it is acknowledged that the population living with dementia in Wiltshire will increase by 28% by 2020. It is anticipated that unless additional funding is made available within the future, the delivery of the strategy will be achieved through creating efficiencies that can be re-invested in services in order to meet this increase in demand.

Legal Implications

There are no legal implications in relation to this cabinet paper.

Proposal

That Cabinet agree the draft strategic direction for services proposed in the Wiltshire Dementia Strategy 2014 – 2021 and agree that it can proceed to formal consultation.

Maggie Rae
Corporate Director

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January 2014

Background Papers

None

Appendices

Appendix 1 – Wiltshire Dementia Strategy 2014 – 2021

Safeguarding Considerations

Appendix 2 – Appendices to the Strategy



Wiltshire Dementia Strategy

2014 – 2021

Introduction

This strategy has been developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in conjunction with various local partners from the statutory and voluntary sector, as well as through talking to people with dementia and their carers and family about their experiences in Wiltshire (see appendix A).

The main purpose of the strategy is to ensure that people with dementia and their carers and family are able to live well and are supported to do so through being able to access the right services and support at the right time, whether that be from organisations or their local community.

We want the message of this strategy to be that it is everybody's business to support people with dementia and their carers and family in Wiltshire and not just the reserve of specialist care services.

For this to happen we need to understand:

- Where are we now?
- Where we want to be by 2021?
- How do we get there and what will success look like?

This document will address each of the above points so that people can understand the commitments and priorities of Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations that support people with dementia and their carers and family in Wiltshire.

The focus of this strategy is all people with dementia and their carers and family, right from the point that they have concerns about their memory through to the end of their lives. For clarity, several different phrases will be used within the document to describe different groups of people:

- People with dementia – People who have dementia (whether diagnosed or undiagnosed)
- Carers – People who provide unpaid support to people with dementia – they are normally family members, partners, friends or neighbours.
- Care workers - Care workers – Paid staff who support the person with dementia and their carer(s).

The word 'dementia' describes a group of symptoms that occur when the brain is affected by specific diseases and conditions, such as Alzheimer's disease and vascular dementia, amongst others. Symptoms of dementia vary but often include loss of memory, confusion and problems with speech and understanding. Dementia is progressive and as it advances so do the symptoms, up to the point that people will have difficulty to undertake everyday tasks and will need increasing support and assistance from others.

In Wiltshire dementia is seen as a long term condition, although it is acknowledged that many specialist dementia services are provided by a mental health organisation (Avon and Wiltshire Mental Health Partnership) and that people with dementia may also have needs relating to their mental health.

Whilst there is currently no cure for dementia, there are a number of types of support that can help someone to live with dementia. Support and treatment can also often help to alleviate symptoms or to slow the progression of the dementia for many people.

Section 1: Where are we now?

National and local policy, legislation and guidance

Within recent years there has been an increased focus on dementia at a national level due to a number of factors, including a rising older population and therefore increasing number of people with dementia coupled with a lack of awareness and understanding of dementia leading to stigmatisation and poor quality care.

As a result of this, there is now a substantial body of national policy, legislation and guidance that advises and directs organisations on how to best support people with dementia and their carers and family (see Appendix B for more detail). Amongst this there are two pieces of policy which are most relevant to this strategy:

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

The strategy focuses on driving improvements for people with dementia and their carers and family in three main areas:

- Awareness and understanding – Improved public and professional awareness and understanding of dementia and the stigma associated with it.
- Early diagnosis and ongoing support – Good quality early diagnosis and intervention; good quality information for those with diagnosed dementia and their carers; and easy access to care, support and advice following diagnosis and follow on medication management.
- Living well with dementia – High quality health and social care services so that people can live well with dementia until the end of their lives.

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

This aims to deliver a number of actions that focus on three main areas:

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

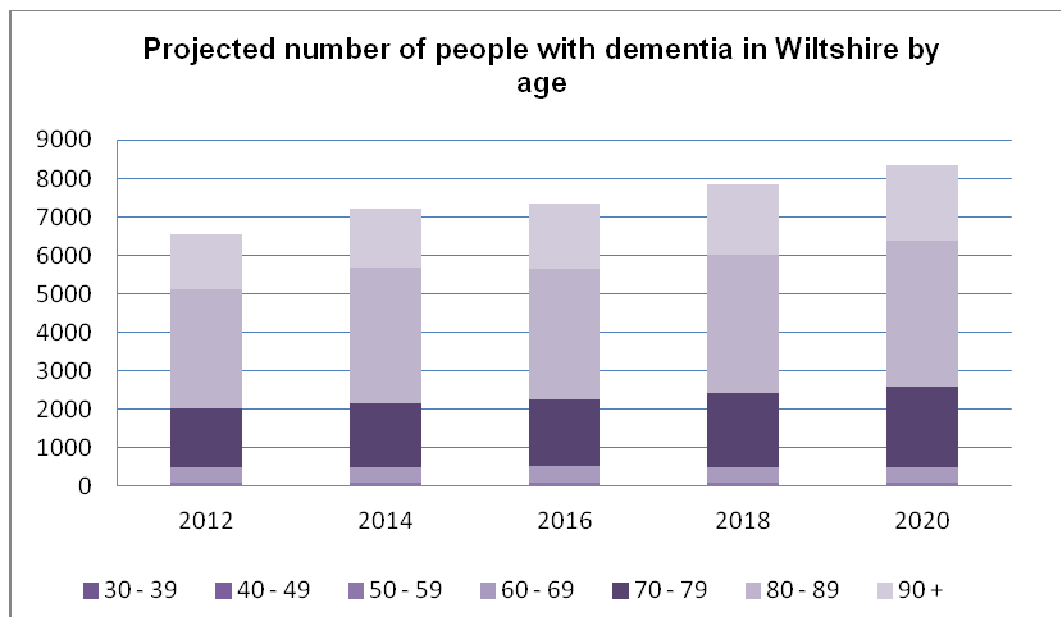
Locally, the previous Wiltshire Dementia Strategy developed in 2009 has provided the context and direction for health and social care provision for people with dementia and their carers and family. However, many people with dementia and their carers will have needs that can be met by non-specialist services and/or have other needs that do not relate to their dementia e.g. housing, other long term conditions etc. There are a number of other local strategies (listed in Appendix B) which cover these areas and so this document should be read in conjunction with them.

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+ years for men and 60+ years 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)

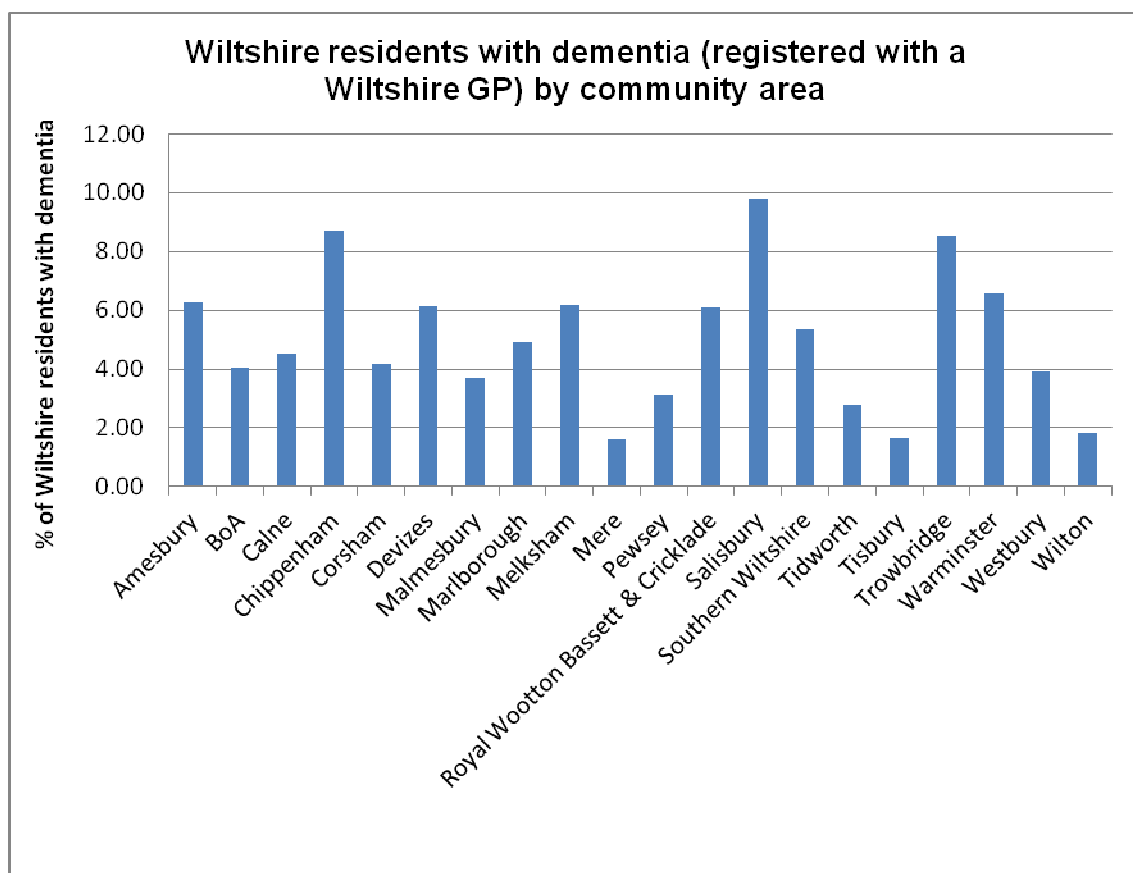
The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia and this tells us that in 2013/2014 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better 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 62% of the population who have a dementia do not have a diagnosis i.e. this is an unmet need. Nationally there is a drive to promote early and timely diagnosis to ensure that people can access the care and support they require, as well as being able to plan for their futures.

Community areas

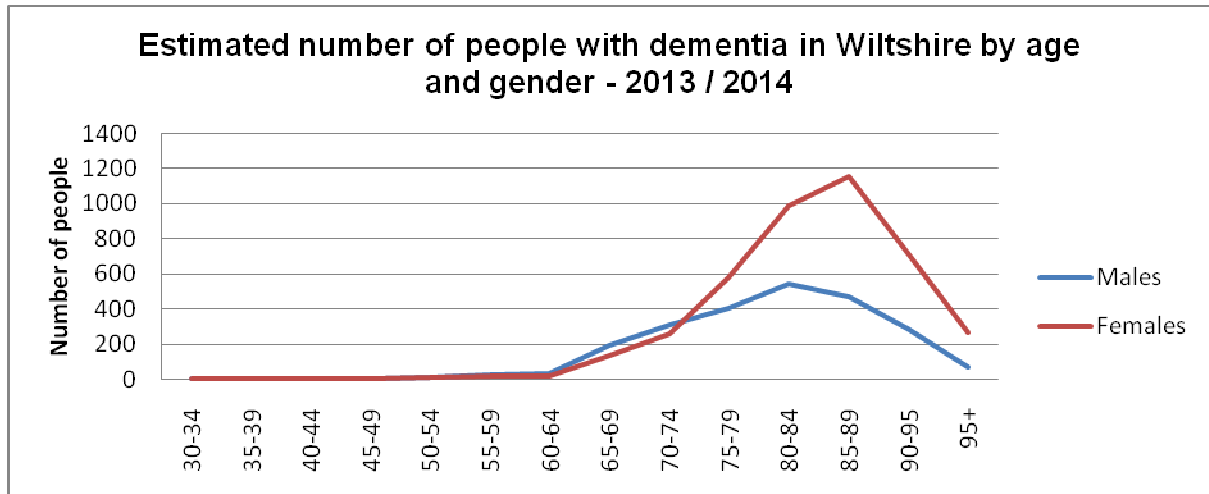
The following graph provides a picture of where Wiltshire residents (and also registered with a Wiltshire GP surgery) with dementia in live.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2012)

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.



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

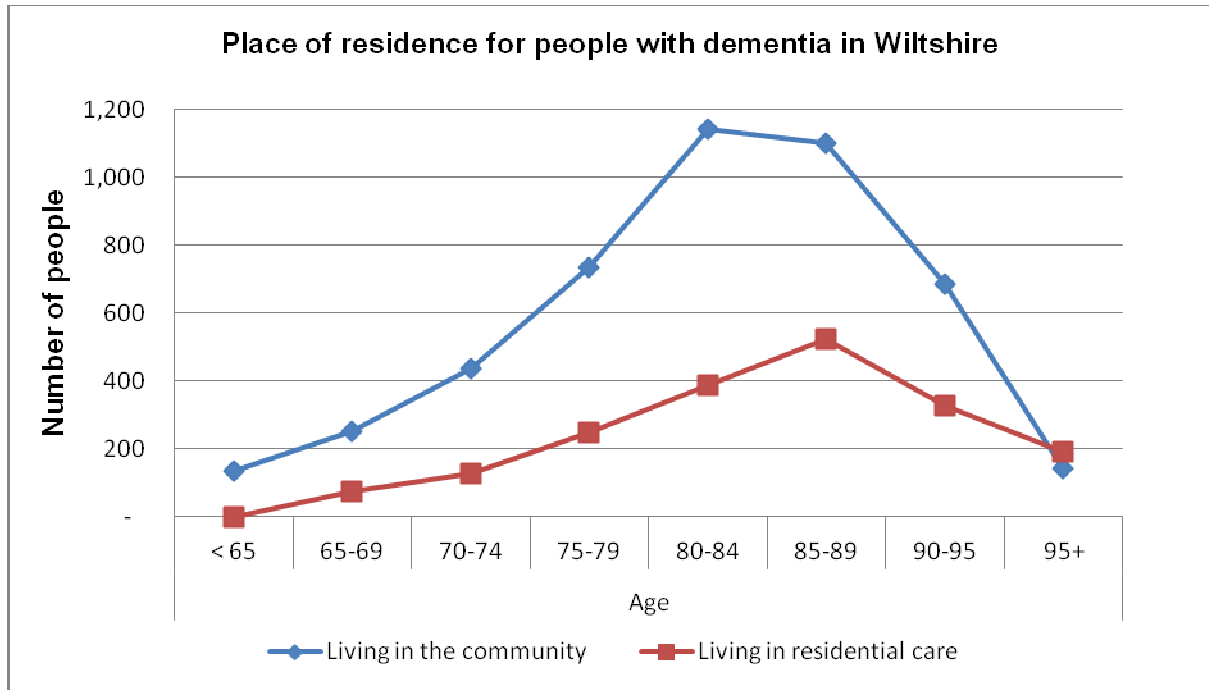
Severity of dementia

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 2013, the Dementia Prevalence Calculator identified that of the population with dementia in Wiltshire:

- 55% have mild dementia
- 32% have moderate dementia
- 13% have severe dementia

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.



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

End of Life

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

In Wiltshire this represented an average of 766 deaths per year 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.

Other aspects of the Wiltshire population

In relation to ethnicity and religion, there is no specific data about the population of Wiltshire who have dementia. However, we do have information from the 2011 Census which relates to the whole population. Whilst we need to take in to consideration that this may not be truly reflective of people with dementia, it would indicate that:

- The majority of people are White British (93%) followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).
- The majority of people are Christian, followed by having no religion or not wishing to state their religion.

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
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and / or lack transport

Investment in services

Using estimates from the Alzheimer's Society (2007) and the Dementia Prevalence Calculator, the annual financial cost of dementia in Wiltshire in 2013/2014 is approximately £141 million. This includes accommodation, care provided by formal care agencies, as well as approximately £51 million from informal care by family and friends.

In 2013/2014 NHS Wiltshire Clinical Commissioning Group project that they will invest £tbcin supporting people with dementia and their carers and family. During the same period, Wiltshire Council project they will spend £14.8 million supporting people with dementia and their carers and family. This sum includes commissioning specialist voluntary sector services and individual social care packages and placements where people have a recorded dementia that has been diagnosed.

In addition to the amounts identified above, it should be noted that many services funded by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group which people with dementia and their carers and family access are not specialist and so it has not been possible to include the associated costs within these figures. Examples include non-specialist carer support services, hospital care and community services for older people. In addition many people who have dementia do not have a formal diagnosis and so have not been included in the figures above.

In addition to this, there is a notable contribution from the voluntary sector with specialist dementia organisations bringing £394,941 of fundraising in to the county in 2012/2013 and their unpaid volunteers giving an average of 101 hours support each week. According to the formula recommended by Volunteering England, this volunteering activity is worth £1,324 per week or £68,854 annually.

Current service provision in Wiltshire

The services currently 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). Successes that have been delivered during this time can be found in Appendix D.

The Wiltshire Dementia Delivery Board has been responsible for mapping current service provision for people with dementia and their carers and family in Wiltshire. This exercise was undertaken in 2013 and the model of care developed by Dr Edana Minghella (2012) was used as the framework. This model of care identifies the different services that may be required against the following six phases that people will experience when living with dementia:

- 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

Many of the services identified that people with dementia and their carers and family access are non-specialist services i.e. they support people with a range of needs. These services include support for carers, hospital care, Help to Live at Home etc.

There were also a number of specialist services that are designed to specifically work with people with dementia and their carers and family and these include dementia community activities, dementia adviser service, specialist mental health service etc.

These current services can be seen in the table below on page 11.

The Wiltshire Delivery Board also looked at where the gaps were in provision for people with dementia and their carers and family and where there could be improvements made to existing services in order to deliver better care and support. These included support for specific groups of people (including people who live alone, people with early onset dementia and people with learning disabilities), advanced care planning and out of hours support during a crisis.

Appendix D provides more information about the services and gaps that were identified, as well as describing what current services look like. It also includes two case studies that describe what services might look like for a person with dementia and their carer in Wiltshire.

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				GP out of hours service ~ Complex Intervention & Therapy Team	
Primary care - Dementia assessment, diagnosis and treatment			Day services		
Dementia CQUIN in acute hospitals	RUH Community geriatrician	Life Story Groups (Alz Support) ~ Home improvement agency – part of Help to live at Home service (Equipment ICESS)	Specialist Home & Community Support Service	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	My Home Life programme in care homes ~ Continuing Health Care ~ Hospices
Awareness raising activities and resources			Movement for the Mind ~ Singing for the Brain ~ Active Health Programme ~ Counselling		
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					

What do people with dementia and their carers and family tell us?

There is a large amount of research that has taken place at a national level that shares the experiences of people with dementia and their carers and family and much of this can be applied to Wiltshire.

However, in developing this strategy, work has taken place to meet with people with dementia and their carers and family in Wiltshire to find out what is important to them in relation to their lives with dementia and what their experiences of care and support services have been locally.

The things that people with dementia and their carers and family said are important to them and are going well include:

- Community activities such as memory cafes and Singing for the Brain
- Support from the voluntary sector
- Being able to meet and socialise with other people living with dementia
- Day care

The things that people told us are important to them and need improving include:

- Support for people living alone
- Support to plan for the future
- Direct Payments
- Transport
- Support for carers
- Understanding of professionals of the challenges of living with dementia.
- Processes, paperwork and the language used.
- More time
- The general public's understanding of dementia
- Support from businesses
- Person centred care

There were some things that people with dementia and their carers and family told us are important to them, but people have had mixed experiences:

- Support from GPs
- Specialist mental health services
- Knowing where to go for information and help
- Carer involvement
- Acute hospitals
- Care in care homes

More detailed information about the experiences of people with dementia and their carers and family can be found in Appendix E.

Section 2: Where do we want to be by 2021?

Ambition

It is our ambition 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.

It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. In the model of care developed by Mingeihla (2012) these phases are as follows:

- 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.

The ambition will be achieved by taking a proactive approach to supporting people to stay within their home and community wherever possible through the provision of care and support so that they can live well on a daily basis. At difficult times, such as crisis or illness, if people do need to travel to health or care services that cannot be delivered within their community, e.g. acute hospitals and/or specialist inpatient hospitals, this will be for as short a time as possible, with the aim to get the person back to their home as soon as possible.

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.



This ambition and the following objectives, outcomes and principles will form the service model that this strategy will deliver. In terms of delivery these elements will be structured across the phases of care identified by Minghella (2012) to form an action plan that organisations will sign up to (see Section 3 for more information).

Objectives

The objectives of the strategy are:

- To ensure that there are awareness raising resources within the community to support and encourage people to seek advice when they have concerns about their memory.
- To work with primary care and specialist health services to ensure that people are able to obtain a timely and quality assessment and diagnosis.
- To ensure that following diagnosis, people (including those who fund their own care) are able to access good quality information and advice so that they can make informed and timely decisions and plan for their future.
- To ensure that people have access to dementia community based services and activities that support them in their local communities.
- To ensure people with dementia have access to appropriate specialist therapeutic services.
- To ensure that people have access to peer support opportunities so that they can share their experiences and socialise with people in similar circumstances.

- To support people to remain in their own home (whether that be a family home, extra care or residential care setting) for as long as possible through the provision of a range of care and support services.
- To support people to remain independent for as long as possible through the use of telecare (assistive technology) and dementia friendly environments.
- To ensure that there are a range of appropriate housing options for people with dementia, where their care needs can be met appropriately.
- To ensure that carers are recognised and supported to care for as long as they are able and willing to do so through providing appropriate care and support.
- To work with local communities so that they are inclusive and supportive of people with dementia and their carers and family.
- To ensure that there are good quality services in place that are able to appropriately support people with dementia and their carers at more difficult times in their lives e.g. Access to specialist hospitals for assessment and treatment
- To ensure that people have access to support so that they are able to plan for end of life and have a good death.
- To ensure that staff who work with people with dementia and their carers and family have the skills, knowledge and support to do so.
- To ensure that people with dementia are encouraged and supported to make decisions and remain in control of their lives for as long as possible.

Outcomes

Wherever organisations, services and support may be involved in a person's life, by becoming signatories to this strategy, they are committing to improving services so that people with dementia and their carers and family in Wiltshire are able to agree with the following outcomes:

- I was diagnosed early and with the correct medication and treatment package
- I understand the implications of my diagnosis in order for me to make good decisions and provide for future decision making.
- I get the treatment and support which are best for my dementia and my life.
- I am treated with dignity and respect.
- I know what I can do to help myself and who else can help me, especially in times of crisis.
- Those around me and looking after me are well supported.
- I can enjoy life.
- I feel part of a community and I'm inspired to give something back.
- I am confident my end of life wishes will be respected. I can expect a good death.

These outcomes were developed by the Department of Health (2010) for use by local areas to ensure that they are working to the standards in the National Dementia Strategy.

Principles

All organisations are committed to ensuring that in the delivery of the services and support to people with dementia and their carers and family they will:

- Promote health, wellbeing and social inclusion.
- Work together with partners to develop and deliver reliable, high quality and sustainable services that put the individual at the centre of delivery.
- Be person centred and recognise and understand the individual and their identity, wishes and abilities.
- Enable people to maintain their independence and have freedom to live as they wish to do so for as long as possible and appropriate.
- Provide support and services to people with dementia and their carers and family that are compassionate, honest, accessible and equitable.
- Help to keep people safe from harm, whilst also taking a positive approach to risk.
- Listen to people with dementia and their carers and family and communicate with them effectively.
- Involve people with dementia and their carers in service delivery and recognise that involvement will look different for different people.
- Treat people with respect and dignity.
- Learn from their experiences of supporting people with dementia to inform future service improvements.
- Be flexible to the changing needs of people with dementia and their carers and family.

Section 3: How do we get there and what will success look like?

Priorities

A number of areas have been identified as priorities for the initial period of this strategy. These include, but are not limited to:

Recognising memory problems

- Awareness raising within the general public and across mainstream services e.g. leisure and libraries
- Ensure that health services, e.g. GPs and hospitals, have in place standard processes to identify, diagnose and treat people when they may have problems with their memory.
- Undertake a research project to identify the understanding of dementia within black and minority ethnic communities and access to services in order to inform future service delivery.

Learning it's dementia

- Monitor and review the delivery of timely and quality assessments by GPs and the memory service and make improvements as necessary.

Planning for the future

- Monitor and review the effectiveness of the dementia adviser service and their interface with other GP based services and make improvements as necessary.
- Commission a generic information portal linked to the Council's website and available also in GP practices and libraries. Information included on the portal will include community services, universal services as well as registered services.

Living well with dementia

- Continue to work to promote and improve services for carers, including carers breaks
- Continued oversight and maintenance of treatment packages by general practitioners.
- Establish dementia friendly communities across Wiltshire.
- Work with mainstream care and health services, including Help to Live at Home, Neighbourhood Teams and GPs to ensure that they are able to appropriately support people with dementia and their carers and family.
- Work with public services, e.g. libraries and leisure, to ensure that they are able to appropriately support people with dementia and their carers and family to access their services.
- Further implement Help to Live at Home and its principles, including the delivery of initial support and outcome based care planning and delivery.
- Implement personal budgets and develop a personalisation policy.
- Develop links with the Community Campus programme.
- Develop community therapeutic activities.

- Development of new care homes delivering specialist dementia and nursing care.
- Support to make improve the quality of care in different settings including care homes.
- Development of new extra care schemes, designed to meet the needs of people with dementia.

Managing at more difficult times

- Work to shape and develop dementia related specialist mental health services to ensure timely access to specialist assessments and treatment as required, including the support they provide to other services e.g. care homes and hospitals.
- Ensure that all emergency / response services are skilled and knowledgeable about working with people with dementia
- Monitor and review progress within hospitals to deliver high quality dementia care in all relevant departments and disciplines.
- Analysis of triggers for people reaching crisis / requiring a move of home to receive appropriate care in order to inform future commissioning.

Care at end of life

- Implementation of the End of Life Strategy, which will include people with dementia as a target group.

Overarching

- Development of a needs assessment for people with learning disabilities and dementia to inform future service developments and commissioning.
- Development of a needs assessment for people with early onset dementia to inform future service developments and commissioning.
- Ensure that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard.

Action plan, measuring success and governance

Supporting this strategy an action plan will be implemented, which will not only look to address the priorities listed, but also the gaps identified within the mapping exercise. This action plan will be accompanied by a set of success measures, which will be updated on an annual basis and overseen by the Wiltshire Dementia Delivery Board. The success measures will provide the Board with information to identify whether the implementation of the action plan has made a difference to people with dementia and their carers and family.

This is a multi-agency board that is chaired by the NHS Wiltshire Clinical Commissioning Group and consists of representatives from Wiltshire Council, health and social care organisations and the voluntary sector. It meets bi-monthly and is accountable to the Joint Commissioning Board.

Also in existence and with a role in delivering this strategy are the following groups:

- Carers Reference Group
- Wiltshire Alzheimer's Partnership Group
- Workforce Development Group
- Salisbury Foundation Trust Dementia Steering Group
- Transforming community services

References

The following documents and information have been used in the development of this strategy:

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Appendix 2 – Wiltshire Dementia Strategy Appendices

See separate document