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PUBLIC

To: Members of Cabinet Member meeting - Adult Care

Wednesday, 13 November 2019

Dear Councillor,

Please attend a meeting of the **Cabinet Member meeting - Adult Care** to be held at <u>10.00 am</u> on <u>Thursday, 21 November 2019</u> in Room 129, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

- hered Al

Emma Alexander Executive Director Commissioning, Communities and Policy

<u>A G E N D A</u>

PART I - NON-EXEMPT ITEMS

1. Apologies for Absence

To receive apologies for absence (if any)

2. Declarations of Interest

To receive declarations of interest (if any)

3. Minutes (Pages 1 - 6)

To confirm the non-exempt minutes of the meeting of the Cabinet Member – Adult Care held on 19 September 2019.

To consider the non-exempt reports of the Executive Director for Adult Care on:

- 4. Derbyshire Dementia Well Pathway: Joined Up Care Derbyshire Strategic Vision 2020-2025 (Pages 7 38)
- 5. Exclusion of the Public

To move "That under Regulation 21 (1)(b) of the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph(s)... of Part 1 of Schedule 12A to the Local Government Act 1972"

PART II - EXEMPT ITEMS

6. Declarations of Interest

To receive declarations of interest (if any)

7. Minutes (Pages 39 - 40)

To confirm the exempt minutes of the meeting of the Cabinet Member – Adult Care held on 19 September 2019.

To consider the exempt reports of the Executive Director for Adult Care on:

- 8. Budget Monitoring 2019-20 Period 5 (as at August 2019) (Pages 41 46)
- 9. Urgent Decision by the Executive Director of Adult Social Care and Health on the Use of a Non-DCC Framework for Server Hardware for the Social Care Care Management System - Mosaic (Pages 47 - 50)

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER – ADULT CARE** held on 19 September 2019 at County Hall, Matlock.

PRESENT

Councillor J Wharmby (in the Chair)

Also in attendance were Councillors C Dale, and J Twigg.

17/19 MINUTES RESOLVED that the minutes of the meeting held on 15 August 2019 be confirmed as a correct record and signed by the Cabinet Member.

18/19BUDGET MONITORING 2019-20 PERIOD 3Thenetcontrollablebudget for the Adult Care portfolio was £252.712m.Thenet

The Revenue Budget Monitoring Statement indicated that there was a projected year-end underspend of £4.628m. In addition there was an estimated increase in the Better Care Fund of £1.350m. After the additional funding the forecast position was an underspend of £5.978m. Due to the high projected underspend, it was proposed that base budget of £5m be transferred back to Corporate.

The significant areas which made up this projection were shown in the table below:

	Controllable Budget £m	Projected Actuals £m	Forecast Over/(Under) Spend £m
Purchased Services	216.108	219.249	3.141
Assistive Technology &			
Equipment	7.354	5.453	(1.901)
Social Care Activity	23.622	23.141	(0.481)
Information & Early			
Intervention	14.256	14.015	(0.241)
Commissioning & Service			
Delivery	14.259	13.812	(0.447)
Health Funding	(26.694)	(27.586)	(0.892)
Unallocated Budgets	3.807	0.000	(3.807)
Total	252.712	248.084	(4.628)

The Budget Savings Targets were as follows:

Unachieved brought forward from previous year Current Year Allocation	5.732 5.732 5.732 5.732 5.732 0.000 0.000 0.000 0.000
Total Target	
(Shortfall)/Additional Identified Savings	
Forecast to be Achieved by Financial Year End Actual (Shortfall)/Additional Savings Target	5.703 (0.029)

Earmarked reserves totalling £32.443m were currently held to support future expenditure with the largest amount of 30m in the Older People's Housing Strategy.

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The profile of the debt raised, relating to income receivable by services within the Adult Social Care and Health department, was as follows:

0 - 30 Days £m	31 - 365 Days £m	1 - 2 Years £m	2 - 3 Years £m	3 - 4 Years £m	4 - 5 Years £m	Over 5 Years £m	Total £m
1.045	6.682	1.246	0.826	0.326	0.248	0.371	10.744
9.7%	62.2%	11.6%	7.7%	3.0%	2.3%	3.5%	100.0%

In addition, at the end of June 2019 there was a further £2.525m of debt relating to residential and co-funding charges that had not been invoiced.

In the 12 months up to the end of June 2019 the value of debt that had been written off totalled £0.360m.

RESOLVED that the Cabinet Member note the report.

19/19 SPECIALIST ACCOMODATION AND SUPPORT STRATEGY FOR DERBYSHIRE 2019-2024 The strategic aim was to reduce the number of people with complex needs in hospital and institutional settings. Additionally, the aim was to reduce the cohort of people placed in residential and institutional care outside of Derbyshire.

There were people with behaviours that challenged services residing in NHS England Specialist Commissioned inpatient settings and Section 117. Clients who were in long stay rehabilitation placements, often outside Derbyshire, who we wished to repatriate back into the county. There were approximately 43 Transforming Care inpatients along with 37 patients in out of area long term specialist mental health rehabilitation units who would require specialist re-housing and support over the next few years. There were also approximately 480 high risk people supervised by the National Probation Service in Derbyshire, who often presented with mental ill health and/or a learning disability or autism and/or substance misuse.

The strategy aimed to reduce the number of people with complex needs living in residential care and increase the number of people living independently in the community and would require all partners working together in a coordinated way. The five year Specialist Accommodation and Support Strategy and accompanying draft delivery plan, outlined this approach for people with complex needs and further information of how this would be delivered was outlined in the attached strategy.

The commissioning strategy and draft delivery plan was part of a wider transformation programme to improve community care for people with complex needs. It brought together previous specialist accommodation and support plans across mental health, Autism and learning disabilities.

The strategy outlined details of a number of design standards and specialist accommodation requirements that were tailored to the needs of this complex cohort of people. Some existing provision could be re-shaped to better meet the design or quality standards and make them more sustainable and fit for purpose for the future.

The success of the strategy was dependent on the further development of integrated community specialist services and support. Proposals for better joint working with the recently restructured Derby and Derbyshire Clinical Commissioning Group (CCG) were ongoing, including the development of enhanced community support services to improve outcomes for individuals.

Due to the complexities of the individuals who required accommodation and support a number of different delivery models would be required. It was proposed that the delivery plan would be refreshed on an annual basis to ensure it remained relevant to the people who required our assistance. This would also enable progress of the delivery plan to be monitored and to also take advantage of any potential new opportunities, such as new funding streams. Throughout the strategy implementation, we would seek to maximise opportunities from external funding bodies to support a more commercially minded, enterprising and innovative approach to implementation of the recommendations.

RESOLVED that the Cabinet Member approved the implementation of the Specialist Accommodation and Support Strategy for Derbyshire 2019 – 2024 and the associated initial delivery plan contained within it. **20/19 SAFE PLACES SCHEME** The Safe Places Scheme aimed to support vulnerable people with learning disabilities and or Autism and dementia, who feel unsafe or at risk of abuse by providing places of safety. It developed places of safety across Derbyshire for people with learning disabilities and or Autism to access while out and about in the community, if they should feel unwell, confused, threatened or are in trouble. The DCC libraries are Safe Places, as are a number of shops, cafes and offices of supportive organisations. At present, there are 219 Safe Places registered.

The scheme provided Keep Safe Cards to people with a learning disability, which tells staff at Keep Safe venues, the personal information, and emergency contact details of the person they would want to be told if they were in trouble. The card also has space for the cardholder to write information about any medication they take, how they prefer to communicate and anything else they might want someone to know about them. There were 1,301 cards in circulation.

The Safe Places Scheme was managed by the Adult Care Prevention Team. It was supported by MacIntyre (a charity for people with learning disabilities and or Autism). MacIntyre identify, train, encourage, and support people with learning disabilities, who were able and willing to take part in the development and implementation of the scheme.

The targets for the Keep Safe Scheme over the next 12 months were to add 30 new Safe Places and to issue 250 new Keeping Safe Cards.

The grant would enable the Prevention Team to achieve the stated targets by funding the delivery of a range of activity, co-produced with people with learning disabilities and or Autism, to grow the Safe Places Scheme. It would fund the delivery of:

- 16 x Staying Safe workshops by people with learning disabilities for people with learning disabilities;
- 2 x Easy read Staying Safe Fact Sheets (reviewed and distributed);
- Training and on-going development for Keep Safe Champions (people with Learning Disabilities);
- 30 x Safe Place awareness raising sessions to staff in Safe Places;
- 5 x walk-a-bouts in targeted towns/villages, to raise awareness about Safe Places and encourage take-up of new Safe Places;
- 5 x mystery shopping exercises to check Safe Places are functioning as required.

The effectiveness of the scheme would be monitored over the 12 month grant period, including how often Safe Places were used by people with learning disabilities and under what circumstances.

The Safe Places Scheme would support the reshaping of the Council's Day Care Offer for People who have a Learning Disability and/or Autism as approved by Cabinet on 6th June 2019. This significant change programme was based upon the progression model, which was a person centred development approach for people with a learning disability and/or Autism, where support was designed to enable people to be as independent as they are able and to be more active participants within their local communities. This would include enabling people with a learning disability and/or Autism, moving away from building based care to being out and about in their communities. Safe Places was a practical support mechanism for this policy shift.

RESOLVED that the Cabinet Member approve a grant of £15,000 (£7,500 from the Prevention Group and £7,500 from Community Safety) to MacIntyre to expand the Safe Places Scheme across Derbyshire, working with people with learning disabilities and or Autism following co-production principles.

21/19 EXCLUSION OF THE PUBLIC RESOLVED that the public be excluded from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings:-

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC WERE EXCLUDED FROM THE MEETING

1. To confirm the exempt minutes of the meeting of the Cabinet Member for Adult Care held on 15 August 2019.

2. To consider the exempt report on the Healthwatch Derbyshire Contract Extension.

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DERBYSHIRE COUNTY COUNCIL

CABINET MEMBER

21 November 2019

Report of the Executive Director for Adult Social Care and Health

DERBYSHIRE DEMENTIA WELL PATHWAY: JOINED UP CARE DERBYSHIRE – STRATEGIC VISION 2020 - 2025

ADULT SOCIAL CARE AND HEALTH

1. Purpose of the Report

To seek Cabinet Member approval for the implementation of the Derbyshire Dementia Well Pathway – Strategic Vision 2020 - 2025.

2. Information and Analysis

By 2021 there are estimated to be 15,300 people living with Dementia in Derbyshire and this is expected to increase to 20,000 by 2031. We have an ageing population in Derbyshire which will result in the number of people aged 65 and over increasing by 58.5% by 2039. Nationally and locally, the increase in both life expectancy and the prevalence of dementia creates the need for more effective services and support options.

The Council and its strategic partners have developed and agreed the 'Dementia Well Pathway – Strategic Vision 2020 - 2025', in order to clarify our shared priorities going forward. The Joined up Care Derbyshire Dementia Strategy Group set out to produce a high level but overarching vision that covers both Derbyshire and Derby City. In order to achieve this Commissioners and Providers from across Health, Social Care and the Voluntary sector have provided input.

To ensure co-production, engagement has been undertaken at various levels with people living with dementia, carers, those important to them and organisations providing support. We received a range of feedback about what is important to people, but the three priorities that presented the most were:

• Ensure all staff that work in the health and social care sector have the information, knowledge and skills required to meet the needs of people living with dementia wherever they receive care.

- Deliver services that diagnose early so that people can access support and plan for living with dementia.
- Improve access to, and quality of, treatment and support following diagnosis, for people living with dementia and their carers.

These priorities link to the actions set out in the joint implementation plan and provide a specific focus for key partners involved. The Joined up Care Derbyshire Mental Health System Delivery Board will review and agree this plan annually.

Implementation of the Strategic Vision

The strategic vision is intended to provide a focus for Joined up Care Derbyshire Dementia partners to work closer together towards achieving a number of shared priorities. Many of the priorities are reasonably high level but should prompt important dialogue to take place across organisations about how these may be fulfilled. We have also been able to identify some gaps in provision where new efforts and resource is required to address these.

A five year joint implementation plan is included outlining key activity and projects which need to take place. Many of these high level actions will require their own specific project management approach by lead agencies. The implementation plan will be reviewed on an annual basis by the Joined up Care Derbyshire Mental Health System Delivery Board and the Derbyshire Dementia Strategy Group. This group will be able to review the latest position in Derbyshire, track progress and also take advantage of any new opportunities, such as new funding streams.

Each partner will be expected to develop and commit their own implementation plan to ensure the detailed requirements of each work area is considered. The Derbyshire County Council plan will need to be further refined and developed via input from other colleagues in the Department including Direct Care, Prevention and Personalisation, Public Health and Commissioners for Older People and Assistive Technology.

Cabinet or Cabinet Member approval will be sought for specific implementation issues and where appropriate this will be supported by co-production, engagement and consultation activity.

3. Financial Considerations

Derbyshire County Council and Derby and Derbyshire Clinical Commissioning Group already joint fund the Derbyshire Dementia Support Service and Dementia Reablement Service at £1.822 M per annum from the Better Care Fund until 2024. If there are specific projects that require further development as a result of this Strategic Vision, then specific business cases will need to be developed.

4. Legal Considerations

National legislation and guidance that have influenced the Derbyshire Well Pathway for Dementia include: the Prime Minister's Challenge on Dementia (2016), the Care Act (2014), NHS Long Term Plan (2019) and NICE: Dementia assessment, management and support guidance (2018).

Local plans and programmes that have helped shape the Derbyshire Well Pathway for Dementia include: Derbyshire County Council Plan (2018 – 2023) Better Care Closer to Home (2017), Derbyshire Frailty Pathway (2018), Delirium Pathway (2018) and the work of other Joined Up Care Work streams.

Any future detailed proposals and changes to services are likely to require formal consultation and equality impact processes to be initiated.

5. Other Considerations

In preparing this report the relevance of the following factors has been considered: equality of opportunity, health, environmental, social value, transport, property, human resources and crime and disorder considerations.

6. Background Papers

Report to Cabinet May 2019 – Older People's Housing Commissioning Strategy for Derbyshire to 2035.

7. Key Decision

Yes

8. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

9. Officer's Recommendation

Cabinet Members are asked to approve the implementation of the Derbyshire Dementia Well Pathway – Strategic Vision 2020 – 2025.

Helen Jones Executive Director – Adult Social Care and Health County Hall, MATLOCK



Derbyshire Well Pathway for Dementia

Joined Up Care Derbyshire - Strategic Vision 2020 - 2025







Introduction

The Derbyshire Sustainability and Transformation Partnership (STP) is known as Joined Up Care Derbyshire (JUCD)

JUCD involves health, care and voluntary sector organisations across Derbyshire and Derby City working together to provide the best care possible for the people of Derbyshire. Derbyshire is a big county, covering some 2,625 square kilometres and comprising over 30 towns, a busy city, and a population of more than one million and the needs of populations in different parts of the area can vary. In order to further understand and be responsive to local populations the county has been divided into eight areas called 'Place Alliances' and further into primary care networks (PCNs). This will help to make sure that care and support best meets the needs of local people, within their local Place.

The **Derbyshire Well Pathway for Dementia** aims to provide the best care possible for people living with dementia, their carers and those important to them. It has been produced by a strategy development group comprising health, social care and voluntary sector representatives and mirrors the NHS England Well Pathway for Dementia (next slide). The Pathway sets out our vision and ambitions for the next five years in order to achieve further integration of support, good quality care, better outcomes and a system that is simpler to navigate for those in need of support. The dementia workstream includes goals aimed at tackling delirium in dementia, as it is recognised that people living with dementia are at a higher risk of developing delirium, both conditions share many symptoms and delirium can have a significant impact on an individual's health and life expectancy.

The Well Pathway for Dementia

Services and support for people living with Dementia and their carers in Derbyshire will be mapped against this pathway to ensure consistency and clarity of support available at all stages of the condition.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA					
PREVENTING WELL	PREVENTING WELL DIAGNOSING WELL		LIVING WELL	DYING WELL	
Risk of people developing dementia is minimised	Timely accurate diagnosis, care plan, and review within first year	Access to safe high quality health & social care for people with dementia and carers	People with dementia can live normally in safe and accepting communities	People living with dementia die with dignity in the place of their choosing	
"I was diagnosed in a timely way" "I was given information about reducing my personal risk of getting dementia" "I am able to make decisions and know what to do to help myself and who else can help"		"I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"	"I know that those around me and looking after me are supported" "I feelincluded as part of society"	"I am confident my end of life wishes will be respected" "I can expecta good death"	
STANDARDS:	STANDARDS:	STANDARDS:	STANDARDS:	STANDARDS:	
Prevention ⁽¹⁾ Risk Reduction ⁽⁵⁾ Health Information ⁽⁴⁾ Supporting research ⁽⁵⁾ Diagnosis ⁽¹⁾⁽⁵⁾ Memory Assessment ⁽¹⁾⁽²⁾ Concerns Discussed ⁽³⁾ Investigation ⁽⁴⁾ Provide Information ⁽⁴⁾ Integrated & Advanced Care Planning ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾		Choice ⁽²⁾⁽³⁾⁽⁴⁾ . BPSD ⁽⁸⁾⁽²⁾ Liaison ⁽²⁾ . Advocates ⁽³⁾ Housing ⁽³⁾ Hospital Treatments ⁽⁴⁾ Technology ⁽⁵⁾ Health & Social Services ⁽⁵⁾ Hard to Reach Groups ⁽³⁾⁽⁵⁾	Integrated Services ⁽¹⁾⁽³⁾⁽³⁾ Supporting Carers ⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite ^{(2),} Co-ordinated Care ⁽¹⁾⁽⁵⁾ Promote independence ⁽¹⁾⁽⁴⁾ Relationships ^{(3),} Leisure ⁽³⁾ Safe Communities ⁽³⁾⁽⁵⁾	Palliative care and pain ⁽¹⁾⁽²⁾ End of Life ⁽⁴⁾ Preferred Place of Death ⁽⁵⁾	

References: (1) NICE Guideline. (2) NICE Guality Standard 2010. (3) NICE Guality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

What is Dementia?

Dementia is a syndrome in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities.

Dementia has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their carers, families and society at large.

World Health Organisation

Background: The estimated prevalence of dementia in Derbyshire

Late Onset Dementia (over 65)

People diagnosed over 65, and particularly over 85, are at increased risk of having additional health conditions, frailty and of experiencing complex needs as a result.

Young Onset Dementia (under 65)

People diagnosed under 65 have different needs and commitments; they often follow a different clinical pathway, and may also need different forms of support.



People with dementia aged 80+



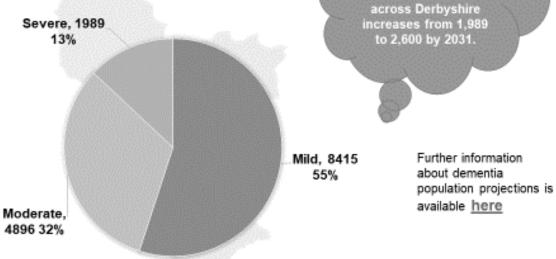
The greatest risk factor for dementia is age, 1 in 6 people over the age of 80 have dementia.

70 per cent of people in care homes are estimated to have dementia or severe memory problems.



Severity of condition

It is estimated that 55% of people living with dementia will have a mild condition, 32% will be moderately affected and 13% will have severe dementia.



The total number of

people over 65

potentially living with

severe dementia

Estimated number of people with late onset dementia by severity of condition, 2021, Derbyshire and Derby

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Background: the cost of dementia

Dementia costs £26 billion in the UK, with nearly half of this cost being paid by people living with dementia and those close to them as unpaid carers.

Estimated cost of dementia to Joined Up Care Derbyshire (Based

on total cost to the UK apportioned to Derby City & Derbyshire County GP Practices)

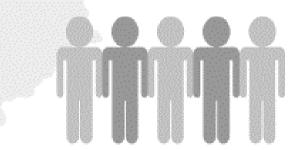


Local engagement

The Derbyshire Well Pathway for Dementia has been informed by undertaking engagement at various levels and in a range of places with people living with dementia, carers, those important to them and organisations providing statutory and voluntary services.

We received a range of feedback about what is important to people which has helped to shape the local pathway. The full report is available <u>here</u>.

Complementary engagement and research undertaken by key partners has also been taken into account.



What people said

"I want my family to know how they can do things to reduce the risk of developing Dementia as I would not want them to get it." Person living with dementia

"We live in a diverse society therefore services should not be one size fits all." Health / Social Care worker

"There needs to be much more for younger people to access." Carer "An early diagnosis is important for a person living with dementia as at the beginning it is quite frightening and frustrating and if we understand and are informed about the condition it would give the person the support they need."

Person living with dementia

"People with dementia use a wide number of services across the health and social care arena. All staff should be equipped to treat and care for these people." Health / Social Care worker



"It is still a minefield for people often not knowing where to go for support. Care needs to be coordinated so everyone is aware what is available and support needs to be on going." Carer

"We go to a garden centre where the staff know us and know she has Dementia the way they speak to us puts me at ease and makes me want to go back again and again." Carer

"It's important for wishes for the future to be known whilst I still have capacity."

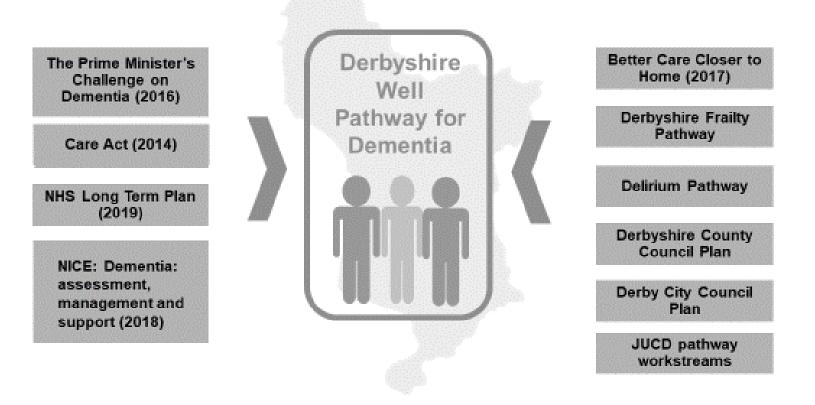
Person living with dementia

Engagement: Key themes

- The importance of Early Diagnosis to enable informed early decision making, and facilitate advance care planning
- The importance of post diagnosis support and timely information on an ongoing basis
- · Carers don't feel supported practically, and they aren't prioritised for support or as experts
- People under 65 living with dementia require targeted support
- Health and Social Care need to integrate, to reduce fragmentation, improve communication and reduce repetition and confusion for carers and people living with dementia
- Good training for staff is essential, sharing specialist skills and acknowledging that people
 with dementia may have complex physical health needs and people with complex physical
 health needs may have dementia
- Advance Care Plans are important and should be discussed more often
- Prevention and Risk Reduction should be promoted more, particularly for those in midlife
- One size does not fit all, people are individual
- The importance of dementia aware communities

National and Local Drivers

National and Local strategy and guidance have also influenced the direction of the **Derbyshire** Well Pathway for Dementia. This includes:



Achievements in Derbyshire over the last five years

A Memory Assessment Service that supports earlier identification and diagnosis of dementia

A Dementia Support Service to provide key information, advice and peer support

A Dementia Rapid Response Team to provide enhanced support and treatment for times of escalating need

A Dementia Reablement Service in the county focussed on stabilising support at home for people living with dementia

New Extra Care and Community Care Centres built in the county specifically designed for people living with dementia

Changes to day hospital services to ensure people are offered programmes of specialist education and advice as soon as they receive their diagnosis

Programmes of education for our Acute Care Hospitals: Chesterfield and Derby have provided staff training, promoted dementia friendly ward design and increased the number of dementia specialists working on physical care wards

Dementia Friends initiatives promoting the inclusion of people living with dementia in everyday life and activities

Improved approaches to integrating care for people living with dementia and their carers

A commitment, and practical approaches to ensure health, social care and voluntary sector organisations work better together to benefit people living with dementia, their carers and those close to them

A programme of delirium awareness made available across all health, social care and voluntary staff

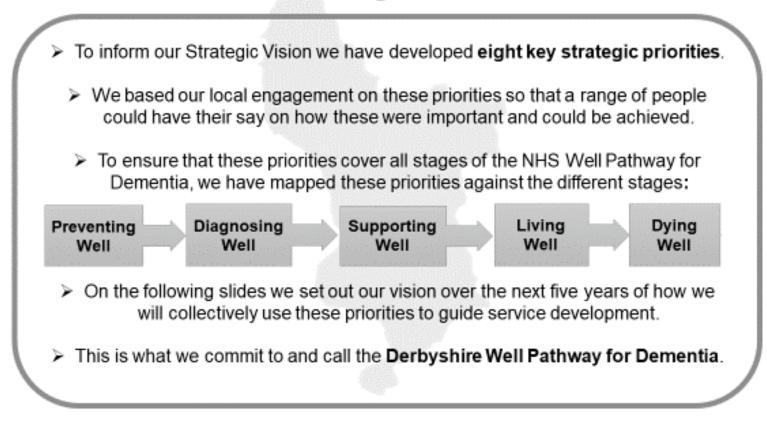
Delirium in dementia

Delirium is a physical health condition which people living with dementia are highly susceptible to developing and delirium can exacerbate dementia symptoms.

People living with dementia can experience extremely poor outcomes as a result of having delirium. The Derbyshire Well Pathway for Dementia incorporates delirium in dementia education and prevention strategies, because it is recognised that better approaches to managing delirium will have a positive impact and enable people living with dementia to live better.

Approaches such as the online **Delirium Awareness e-learning** (available <u>here</u>) and the **Delirium Animation Video** (available <u>here</u>) have helped to improve staff knowledge and skills. **Over 2,000 people have completed the e-learning to date**. This is part of our commitment to enable the health and care community to work well together to integrate care for people living with delirium and dementia.

Our strategic vision



The Vision: Preventing Well



Ensure the people of Derbyshire have information about dementia and are aware of ways in which they can minimise their risk of developing dementia

We will implement a broader dementia awareness and information programme

We will work in partnership across Derbyshire to spread risk reduction messages

We will ensure risk reduction messages are accessible to everyone living in Derbyshire

The Vision: Diagnosing Well



Deliver services that diagnose in a timely manner so that people can access support, make decisions and plan for living with dementia

We will maintain the dementia diagnosis rate above the national target of 66% and in line with national aspiration we will aim to improve this target to 75% by 2025

We will strive to increase the number of people diagnosed with dementia and starting treatment within 6 weeks of referral, in line with the national aspiration

We will provide services, from the point of diagnosis that deliver access to timely support and focus on planning for the future

We will continue to promote involvement in research, and increase the numbers of people diagnosed in Derbyshire participating in research

The Vision: Supporting Well



Ensure all staff that work in the health and social care sector have the information, knowledge and skills required to meet the needs of people living with dementia wherever they receive care

We will build on education and training programmes to improve the knowledge and skills of everyone working with people at every stage of living with dementia

We will improve the way health and social care staff share their specialist skills and knowledge to support best practice

We will work across organisations and with all stakeholders to improve palliative care for people living, and dying with dementia and their carers

The Vision: Supporting Well



Ensure care for people living with dementia is well coordinated and integrated

We will improve the way health and care staff work together to meet the needs of people living with dementia, particularly where the person also has other health conditions

We will improve the way health and care staff share information and decision making with people living with dementia, their carers and with each other

We will make systems easier to navigate, and support people living with dementia and their carers to understand their options for health, care and support

We will listen more to family carers, and promote and respect their role within the care and support process

The Vision: Supporting Well



Improve access to, and quality of, treatment and support following diagnosis, for people living with dementia and their carers

We will provide dementia education and information programmes for people diagnosed with dementia and their carers to access

We will improve the offer and uptake of assistive technology for people living with dementia to support their independence

We will maintain and design services delivering evidence based, quality treatment at the point of need for people living with dementia

We will improve equity and availability of services

The Vision: Living Well



Continue to build communities where dementia is understood and people living with dementia are included, respected and supported

We will continue to build community resilience and to foster inclusivity for people living with dementia, and awareness of dementia

We will increase co-production of services, ensuring people living with dementia, and their carers are involved in designing, developing, and reviewing services

We will proactively develop housing and accommodation options for the increasing number of people living with dementia

The Vision: Dying Well



Ensure more people with dementia have an advance plan of care that describes their wishes for the future

We will work across organisations and with all stakeholders to improve care for people dying with dementia

We will improve and embed advance care planning for people living with dementia

We will empower carers to feel confident, and supported in their role

We will increase the number of people dying with dementia doing so in the place of their choice and with an advance plan of care

The Vision: Whole Pathway



Tailor services to meet the needs of different, and diverse community groups

We will analyse the gap and barriers to under-represented groups including BAME communities, people with learning disabilities, people of working age and those with a sensory impairment accessing the dementia pathway

We will work to ensure services are accessible and sensitive to the needs of specific under-represented groups

Joint Implementation Plan

Implementation Action	Lead	2019- 20	2020 -21	2021 -22	2023- 24	2024- 25
Implement a broader dementia risk reduction information programme.	All Partners					
Maintain and improve the dementia diagnosis rate in Derbyshire to 75%.	DHCFT					
Make systems easier to navigate, and support people living with dementia and their carers to understand their options for health, care and support	All Partners					
Continue to improve the in-patient experience and develop hospital discharge pathways that improve outcomes and quality of care.	UHDBFT, CRHFT DHCFT, DCHSFT, Hospice					
Embed end of life care planning and improve quality of advance care plans undertaken by professionals supporting people living with dementia.	DHCFT, DCHS, UHDBFT, CRHFT, CCG, Hospice					
Improve and integrate training to improve staff skills and knowledge about dementia and delirium across the statutory, voluntary and private sector.	All Partners				리네라이다	
Work with partners, particularly District and Borough Councils to develop new extra care accommodation options for people living with dementia.	Derbyshire CC					
Work closer with BME communities to improve understanding and access to services and support for people living with dementia.	DHCFT, Derbyshire CC, DCHSFT					
Improve and focus the offer and uptake of assistive technology for people living with dementia to increase their independence.	Derbyshire CC					
Increased co-production of services and support involving people living with dementia and their carers in a more meaningful way.	All partners					

Priority actions where specific work has commenced are highlighted in darker blue



By 2025, people living with dementia and their carers in Derbyshire will:

- Have access to information to improve awareness of ways in which they can minimise their risk of developing dementia
- Have access to proactive dementia diagnosis and post diagnosis support to help them to understand their condition and plan how they can live well with dementia
- Be cared for and supported by a workforce that is constantly improving their knowledge and skills to support people living with dementia and their carers
- Receive dementia care and support that is both integrated and coordinated around themselves and their carers
- · Have access to good quality post dementia diagnosis treatment and support
- Live in communities where understanding of dementia is growing, and people living with dementia and their carers are respected, included and supported
- Have support to describe and share future preferences and improved end of life care and support
- Have access to dementia care and support that strives to meet the needs of different and diverse groups across the community

Next steps

- We will review the joint implementation plan annually to ensure we are working towards our overall ambition to provide the best quality care possible for people living with dementia in Derbyshire.
- We will ensure that all implementation partners involved in the Derbyshire Well Pathway for Dementia commit their own organisational implementation plan.
- We will monitor population changes covering the numbers of people predicted to develop dementia in Derbyshire over the next ten years.
- We will track the impact, demand and capacity within our pathway to identify further resources required to support our shared priorities.

Integrating with other pathways

The **Derbyshire Well Pathway for Dementia** prioritises the needs and wishes of people living with dementia and their carers. However there are many other pathways of care that at any point in living with dementia the person may need support from. Therefore it is **important that we take into account other care pathways** and share learning with them. For example, a person living with dementia may also be physically frail, so it is important that people caring know how to support both of these conditions.

The other care pathways that are particularly important include the **end of life pathway** and the **frailty pathway**, where work is already underway to ensure that the specific needs of people living with dementia are considered. It is very important for our strategic vision that services **respond to the person's range of needs and circumstances** rather than providing a prescriptive one size fits all approach. We will continue to build on cross-partnership programmes of education and awareness raising to share skills and knowledge across our pathways of care.

This Strategic Vision has been developed in partnership by:



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https://www.livelifebetterderbyshire.org.uk/

Partner websites www.derbyshire.gov.uk www.derbyandderbyshireccg.nhs.uk www.derbyshirehealthcareft.nhs.uk www.uhdb.nhs.uk

www.dchs.nhs.uk www.derby.gov.uk www.healthwatchderbyshire.co.uk www.alzheimers.org.uk www.makingspace.co.uk www.chesterfieldroval.nhs.uk

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Agenda Item 7

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