

**PROGRESS REPORT: CARDIFF AND VALE DEMENTIA THREE YEAR
PLAN (2014/15 – 2016/17)**

Purpose of Report

1. To provide Members with information on the progress made in implementing the Dementia Three Year Plan for Cardiff and the Vale of Glamorgan, which was developed by Cardiff Council, the Vale of Glamorgan Council, the Cardiff and Vale University Health Board and Third sector partners, whilst engaging with service users and carers. It was agreed by these partners in 2014.
2. The following documents are attached as appendices:
 - a. **Appendix A** – Year 2 report on the Dementia Three Year Plan;
 - b. **Appendix B** – Cardiff and Vale Dementia Three Year Plan;
 - c. **Appendix C** – Cardiff North Dementia Friendly Community Action Plan;
 - d. **Appendix D** – Cardiff wide Dementia Friendly Community Action Plan.

Background

3. Statistical analysis to estimate the predicted increase in the numbers of people with dementia in Cardiff and the Vale of Glamorgan shows that the numbers will increase by 54% between 2012 and 2030. In Cardiff, it is estimated that there will be just over 5,000 people suffering from dementia by 2030.
4. The Cardiff and Vale Dementia 3 Year Plan was developed to address the needs of people with dementia and their carers, to help them live as well as possible with the consequences of the illness, as well as preparing for future increases in the number of people suffering from dementia related illnesses.

5. The Three Year Plan builds on existing national strategic documents regarding dementia. The National Dementia Action Plan outlines four key strategic themes and the Three Year Plan is structured around these:

- Making structural changes to economic, cultural and environmental conditions;
- Improving infrastructure and access to services for all;
- Strengthening communities; and
- Strengthening individuals.

6. The Three Year Plan fits within the Older Person's Framework and Statement of Intent¹, considered previously by this Committee in April 2014 and September 2015. Each statutory organisation has included appropriate elements of the Three Year Plan in their respective plans, for example:

- a. Cardiff Council Corporate Plan 2016-18 contains the following commitment: *'Work to make Cardiff a recognised Dementia Friendly City by March 2018'*;
- b. Cardiff & Vale Local Public Health Plan 2016-2019 contains a commitment to *'deliver'* and *'evaluate the Three Year Plan'* and to *'review actions for 2017/18 and beyond'*;
- c. Ageing Well in Cardiff Local Delivery Plan has, as one of its five areas of focus, *'Building and promoting dementia supportive communities'* and reinforces the Council's commitment to *'implementing Cardiff Council assigned actions contained within the 3 year dementia action plan'*;
- d. Cardiff Council Strategy for Health and Social Care Directorate Older People's Services 2014/17 contains the following: *'Addressing the needs of people with dementia and their carers by joint working with partner organisations to fulfil the actions identified within the Cardiff and Vale Dementia 3 year plan 2014-2017'*.

¹ Signed up to by Cardiff Council, the Vale of Glamorgan Council and Cardiff & Vale University Health Board,

7. The Three Year Plan sets out a number of key actions for partners to undertake, including:
 - a. Establishing a pilot 'dementia supportive community' in Cardiff West. This is defined by the Alzheimer's Society as '*one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them*';
 - b. Further consideration be given to developing 'accommodation with care' models to allow the Council and the UHB to jointly commission different forms of supported living for people with young onset dementia;
 - c. Joint health and social care training in dementia and other joint initiatives such as telehealth and telecare.

8. The implementation of the Three Year Plan has been overseen by a Dementia Taskforce², with six subgroups as follows:
 - a. Dementia Champions Network;
 - b. Monitoring and Evaluation;
 - c. Service Development and Finance;
 - d. Communications and Engagement;
 - e. Training and Development;
 - f. Medicines Management Group.

Progress Report

9. The Dementia Three Year Plan end of Year 2 progress report is attached at **Appendix A**. This provides:
 - a. Pages 8-19: a synopsis of the work undertaken by each of the Taskforce subgroups, as well as a summary of their planned work for 2016-17;
 - b. Pages 20-21: an overview of performance against agreed measures, in 2015/16;

² with representatives from the Cardiff and Vale University Health Board, Vale of Glamorgan Council, Cardiff Council, Third Sector Councils for Cardiff and the Vale of Glamorgan, Nexus, Alzheimer's Society, Carers and Cardiff Metropolitan University

- c. Pages 22-23: a summary of the achievements since the start of the Plan;
- d. Page 24: a list of the work to be undertaken in 2016/17.

10. The End of Year 2 progress report shows that many of the actions timetabled for Years 1 and 2 have been achieved. In particular, the progress report states that good progress has been made in the following headline areas:

- a. Promoting healthy living initiatives in dementia and increasing public awareness and understanding of dementia;
- b. Ensuring timely diagnosis of dementia;
- c. In-patient dementia care.

11. The End of Year 2 progress report shows that there are actions from Year 2 that remain to be achieved and states that these will be prioritised for action during Year 3 (page 24) alongside the planned Year 3 actions. These are:

- a. To develop standard guidance on how to conduct an anti-psychotic review;
- b. To audit length of stay for people with dementia;
- c. To implement Dementia '2 minutes of your time' Carers survey³ widely;
- d. To further develop DGH⁴ Liaison Psychiatry for Older People Service, in particular to ensure a presence in unscheduled care;
- e. To develop the Carers Education Pathway.

12. The Year 3 key actions due to be undertaken in 2016/17 are:

- a. To develop respite opportunities by assessing need and then rolling out the new opportunities;
- b. To increase the opportunities for different respite opportunities and publicise them;
- c. To increase opportunities for people with dementia to die at their place of choice;
- d. Roll out of dementia supportive communities pilots, with evaluation of the pilots and consideration given to integrating these across all Cardiff and Vale communities;

³ This is a survey of carers experiences whilst the person they care for is in hospital

⁴ DGH = District General Hospital e.g. University Hospital of Wales (Heath) and University Hospital Llandough

- e. To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians;
- f. To re-audit the prescribing of anti-psychotics in people with dementia;
- g. To develop the quality of residential and nursing care home placements if appropriate and consider supported living options;
- h. To develop Memory Team capacity further to cope with increasing demand;
- i. To roll out training in non-pharmacological methods in behaviour management and to ensure that this covers health and social care staff in pilot areas.

13. Cardiff Council does not have an input into any of the outstanding actions from Year Two. With regard to Year Three, Cardiff Council has an input into six of the planned actions, listed above as a, b, c, d, g and i. Cardiff Council does not have an input into the planned actions listed above as e, f and h, which will be undertaken by Health.

Dementia Friendly Communities

14. In order to achieve city wide Dementia Friendly status, the six Neighbourhood Partnerships are being used to facilitate conversations, co-ordinate responses and ensure partners are working locally to meet the Dementia Friendly status qualifying objectives. This work is being captured in a local plan, as a subsection of the Neighbourhood Partnerships' main action plans. An example of one of these, for the Cardiff North Neighbourhood Partnership, is attached at **Appendix C**, with the city wide plan, which will collect progress from each of the individual areas to demonstrate the city wide approach, attached at **Appendix D**.

Way Forward

15. At the meeting, Councillor Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing may wish to make a statement. Members will have the opportunity to ask questions of the following officers:
- Tony Young – Director of Social Services

- Amanda Phillips – Assistant Director of Social Services - Adults
- Dr. Suzanne Wood – Consultant in Public Health Medicine, Cardiff & Vale UHB

16. External witnesses from Nexus⁵, Cardiff & Vale Action on Mental Health and from the Alzheimer's Society have also been contacted to ask if they wish to pass comments to Members, either in writing or by attending the Committee Meeting.

Legal Implications

17. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

18. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are

⁵ Nexus involves those who use older people's mental health services and their carers to have say in the way that those services are planned, run and developed.

implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATIONS

The Committee is recommended to:

- I. Consider the information provided in the report, appendices and at the meeting
- II. Agree any comments and observations committee wishes to make to the Cabinet.

DAVINA FIORE
Director of Governance and Legal Services
29 September 2016