STORY OF CHANGE TEMPLATE

Reporting Period	End of Quarter 2 - Financial Year 2023-2024
Strategic Partnership	West Glamorgan Regional Partnership
Programme Name	Emotional Wellbeing & Mental Health Programme: Dementia
Programme Reference	

Programme Overview

The West Glamorgan Dementia Programme forms part of the wider Emotional Wellbeing and Mental Health programme, which was re-launched in April 2022.

Our **vision** for the Dementia Programme is that people with Dementia and their Carers can access the services and support where, when and how they need it across health, social care and voluntary services.

The **purpose** of the Dementia Programme is to oversee the implementation of the all-Wales Dementia Care Pathway of Standards and subsequent Action Plan to improve dementia support and services; and to develop a Regional Dementia Strategy.

A predominant focus for this year continues to be preparedness and initial stages of implementation to ensure that as a region we are in a strong position to deliver the all-Wales Dementia Standards and Action Plan. We have established the governance around this which mirrors the national structure and ensured we have the right people across the region involved in the 5 workstreams. An initial engagement event was held towards the end of the last financial year, feedback from which has confirmed that whilst partners across the region have achieved a lot, there is still a lot to be done, especially in relation to early diagnosis and supporting people to live at home for as long as possible.

The region continues to develop its Regional Dementia Strategy, progress with this has been slower than anticipated, but developments are now progressing at pace.

The Regional Dementia Steering Group reports directly into the Emotional Wellbeing & Mental Health Programme Board and oversees the following 5 interconnected workstreams.

1) **Community Engagement** – raising community awareness and support of dementia as well as improving social value and building supportive, resilient communities.
2) **Assessment & Diagnosis (Memory Assessment Service & Learning Disability)** – improving access to assessments to reduce waiting times and provide timely diagnosis and immediate support if required.
3) **Community Care & Support (including Dementia Connects)** – ensuring the correct level of seamless wraparound support is available at home or as close to home as possible.
4) **Hospital Settings (including the Hospital Charter)** – Improving the experience of people in hospital settings and facilitating their discharge in a safe and timely manner, back into their home, with the correct level of support in place for them and their carers.
5) **Workforce Development & Measurement -** focussed on improving knowledge and skills across the workforce (paid and voluntary) and ensuring we achieve Strategic outcomes and improve people's lives across the region.

The Dementia Steering Group is responsible for ensuring that the recurrent RIF funding is aligned to meet the needs of people living with Dementia and their carers across the region and dovetails with other RIF funded schemes across the Partnership.

A considerable amount of work is currently being undertaken in mapping service provision for those living with dementia and their carers across the region, and pulling together a report which demonstrates where all services (funded and statutory commissioned) are available. This will assist the region in developing its regional strategic

approach. It is anticipated therefore that the current governance arrangements for the Dementia Programme may evolve as the Regional Dementia Strategy comes to fruition.

Priority Population Group

The population group this programme supports is predominately older people living with dementia, and adults with young onset dementia, and those who care for them (this can include young carers).

Additionally, people with learning disabilities are at a higher risk of developing dementia and therefore this population group is also supported by this programme.

This Programme works alongside the West Glamorgan Carers Partnership Programme, Emotional Wellbeing & Mental Health Programme, and Emotional Wellbeing & Learning Disabilities Programme.

Delivery Partners

Across the Regional Partnership we take a pragmatic approach to Partnership working. Statutory Partners included in the delivery of the Dementia Programme are Swansea Bay University Health Board, Neath Port Talbot Council and Swansea Council and the 3rd/ voluntary sector.

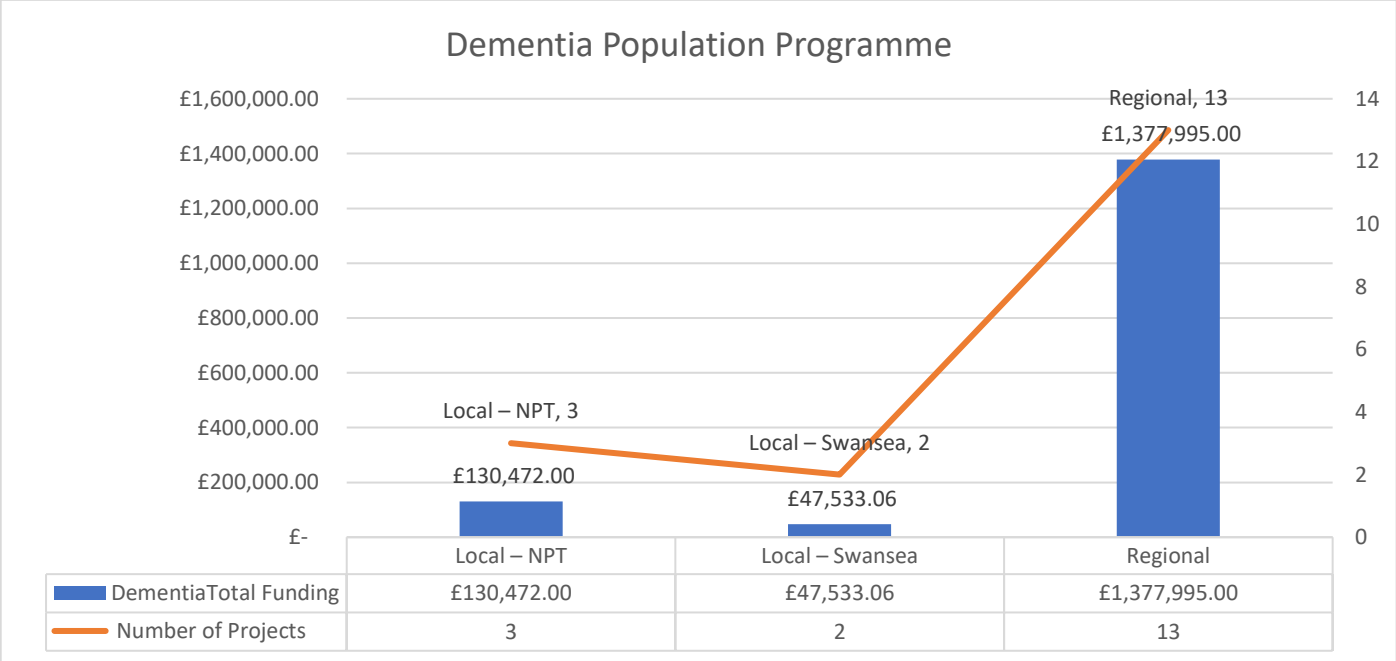
The Dementia Steering Group, Workstreams and Task & Finish groups all have Chairs/Leads from partner organisations and membership reflects the partnership working and engagement taking place. We endeavour to include people with Lived Experience in all levels of our governance as we believe their voices need to be integral to the work we deliver.

We promote partnership working, and independent working where required.

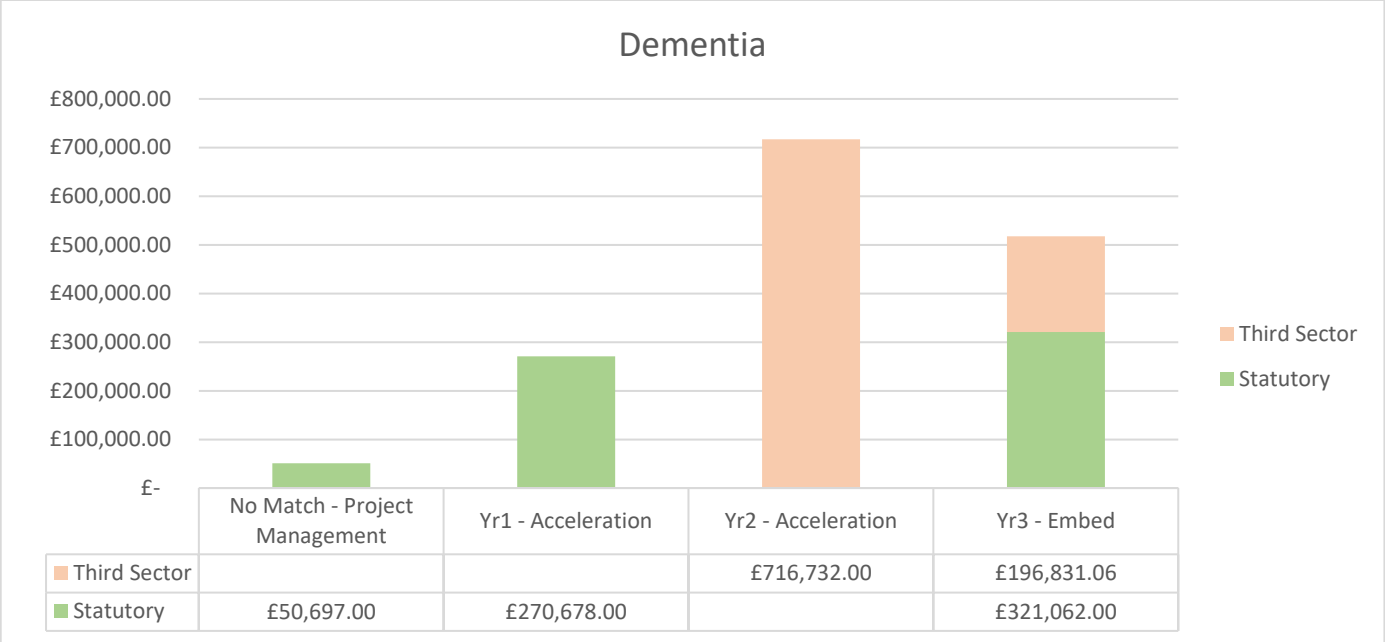
Funding Utilisation

The total dementia and memory assessment is £1,556,000.

18 organisations were provided with RIF Dementia and Memory Assessment Funding in 2023-24. There are 4 statutory schemes and 13 third sector schemes. There are 13 regional schemes and 5 local schemes (3 in Neath Port Talbot and 2 in Swansea)

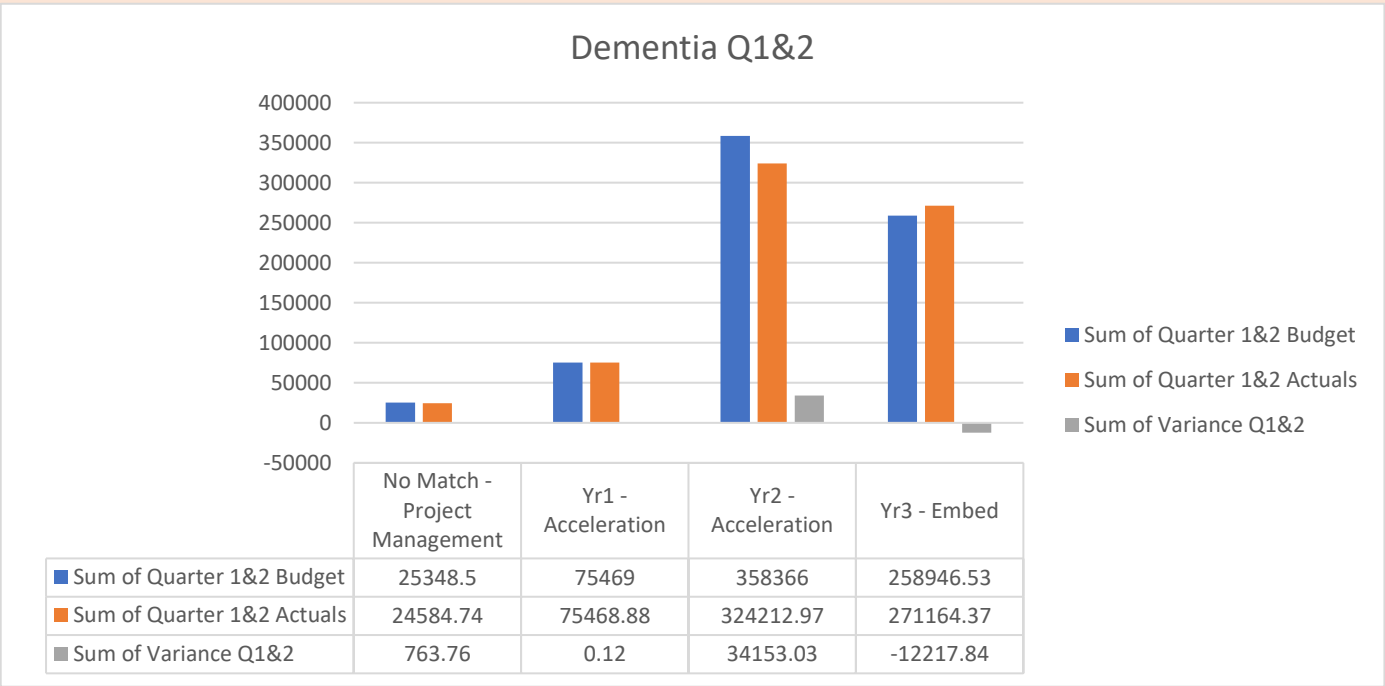


Dementia RIF Allocations 23-24



	No Match - Project Management	Yr1 - Acceleration	Yr2 - Acceleration	Yr3 - Embed
Third Sector			£716,732.00	£196,831.06
Statutory	£50,697.00	£270,678.00		£321,062.00

RIF Budget/Spend Position at end of Quarter 2



	No Match - Project Management	Yr1 - Acceleration	Yr2 - Acceleration	Yr3 - Embed
Sum of Quarter 1&2 Budget	25348.5	75469	358366	258946.53
Sum of Quarter 1&2 Actuals	24584.74	75468.88	324212.97	271164.37
Sum of Variance Q1&2	763.76	0.12	34153.03	-12217.84

In quarter 1 and 2, £695,431 has been spent out of the projected budget of £718,130.

Supporting individuals to access the right support from within their communities will support people living with dementia and their families to be supported and live a full life. The longer a person with dementia can live at home results in a cost avoidance for statutory services which would result from placing that person in residential care. Projects which provide prevention, early intervention and risk reduction support to people living with dementia and their carers reduces the reliance on paid carers services and provides access to activities which promote a healthy wellbeing that previously did not exist.

Assessment of Delivery

Despite the challenges facing the Programme it is progressing well towards the national delivery objectives. This region started this programme a little later than other areas of Wales due to workforce issues, posts were recruited in to 18 months ago and since then there has been an increase in pace in progress this financial year with more and more organisations engaging with the programme. We anticipate a further increase in pace of delivery once we have finalised and launched the Regional Strategy as this may make the work more meaningful to the region. In the absence of the

strategic document and a regional lead the Workstreams have been progressing well with the delivery of key objectives driven from the Dementia Action Plan and Dementia Standards.

Objective	Method of Delivery	Current Progress
Community Engagement 1. People's health & wellbeing is improved via access to timely information & advice and community-based assistance/ support 2. Prevention & early intervention to avoid escalation and crisis interventions and promote living well with dementia, for as long as possible 3. Community engagement via the Listening Campaign and other community events & hubs	**IAA** **Preventative / Early intervention** **Signposting** **Training** **Communications** **Engagement** **Consultation**	**IAA –** The Dementia Hwb is an excellent resource providing information, sign posting and offers immediate support to anyone who visits the Dementia Hwb in need of help & assistance. 5 mobile Dementia Hwbs across the region are due to open imminently. West Glamorgan Dementia Partnership offer information & sign posting via website and phone contact. In addition, the Carers Centre is huge source of information and support for unpaid carers and those they care for. **Prevention / Early Intervention / Living Well with Dementia –** Projects supporting people to live well with dementia, intervene early to prevent escalation include Sporting Memories; Me Myself & I; 2 dementia choirs; SCVS Dementia Cafes; NPT Sunflower Dementia cafes; Forget Me Not Clubs. These projects take place in many areas of the region to support people face to face to improve their physical, emotional, and mental wellbeing. All the above projects also offer IAA & sign posting. **Listening Campaign –** Phase 1 of the Listening Campaign has begun. Two areas have been selected: Baglan, Neath Port Talbot Council and Gorseinon, Swansea Council. Materials supporting the Campaign have been developed. A survey is being drawn up. Focus groups will commence soon to undertake the listening and recording of dementia stories. **Consultation/Engagement –** West Glamorgan Dementia Project Manager and Transformation Manager are working with West Glamorgan Communications Team to undertake a series of consultations with dementia groups, people living with experience and their carers to assist in coproducing the Dementia Strategic Document which will determine the direction of Dementia Care in West Glamorgan.
Assessment & Diagnosis 1. Implement Dementia Read Codes 2. Increase Diagnostic Rates for those living with Dementia 3. Diagnosis Support including those Pre-Diagnosis wating for a Memory Assessment	**Direct support** **Face to face appointments** **Multi-agency partnership working** **Mapping** **Development of new streamlined pathways**	**Dementia Read Codes –** All GP clusters in NPT & Swansea have adopted the Dementia Read Codes. LD are planning to adopt the Dementia Read Codes. **Mapping –** of statutory services for citizens to work in partnership to ensure reasonable adjustments are made at the point of contact. **LD –** Learning Disability representatives are working with Improvement Cymru to map the regions LD population. **Pathways –** A review of all dementia and MCI pathways is underway and to streamline with LD pathways. **Health & Social Care –** To work together to commence providing outcomes of the agreed a set of completed assessments & interventions; to develop a list of interventions to support people post-diagnosis. **Supporting People Through Diagnosis –** One of a range of initiatives is the establishment of Advanced Nurse Practitioners to provide leadership roles to improve diagnostic capacity within Memory Assessment Service. The Dementia Connect project run by the Alzheimer's Society support people through the diagnosis process.

		The Speech & Language Therapy project are part of the Memory Assessment Service ensuring early and timely interventions. **Pre-Diagnosis Support -** The Pre-Memory Assessment Support Project supports people living in NPT to develop care support plans whilst waiting for a diagnosis.
Community Care & Support 1. People receive preventative & early intervention support in their communities or as close to as possible 2. People are involved in deciding where they live while receiving care & support 3. Complex Care and Support Packages are better at meeting the needs of people and delivered at home or as close to home 4. Dementia Connector Role	Direct Support Face to Face Multi Agency / Partnership Working Preventative / Early Intervention	**Community Preventative & Early Intervention Projects –** In addition to the projects listed under Community Engagement that supply preventative & early intervention services; there are several additional projects that provide Dementia Connector type roles supplying wrap around services for those living with dementia and their carers. Alzheimer's Society guide people through an established pathway of dementia support for those pre-diagnosis and their carers. Age Connects and Age Cymru support people living with dementia and their carers post diagnosis. The West Glamorgan Dementia Partnership provide wrap around services for pre and post diagnosis. **Complex Care – Meeting People's Needs in the Home –** In addition to the organisations mentioned above, who significantly contribute to allowing people to live as well as possible in their own homes; the Marie Curie respite project provides a vital service to prevent hospital admissions and allow people to remain at home for as long as they wish. **Dementia Connector Role –** Workstream 3 Dementia Connector, held their first meeting on 24th August 2023. Since then, the members have moved the Dementia Connector Role agenda forward with pace. A mapping exercise took place where all job roles/specifications for Dementia Connector type roles across the region were gathered and analysed. A multi-agency Task & Finish group has been set up and members have created a job description and specification for a Dementia Connector. An advert for two Dementia Connector roles is currently out to advert to pilot the job description. The Dementia Hwb are funding the two posts.
Hospital Focused Work 1. People have a better understanding of the discharge process and are more involved in pre and post discharge planning 2. Dementia Friendly Hospital Wards	**IAA** **Early intervention Signposting Communications and engagement / Consultation Direct support Face to face Multi-agency**	**People have a better understanding of the discharge process and are more involved in pre and post discharge planning –** Advocacy Support Cymru has employed a non-statutory advocate to complement the statutory service, in order to ensure timely discharge in a person centred for way for effective transition between hospital and home. This is a niche role that allows the same advocate to be involved once the person is at home until all services and support has been put in place and seen to be working well. **Dementia Friendly Hospital Wards –** All Wales Dementia Friendly Hospital Charter. Care fit for VIPS (Values of People, Individual Needs, Perspective of service user, Supportive Social Psychology) has been piloted in the following hospital and wards: Morriston Hospital, wards A & G; Singlton Hospital, Ward 2; Gorseinon Hospital, West Ward; Cefn Coed Hospital, Ward Derwen; Neath Port Talbot Hospital, Minor Injuries Unit; Tonna Hospital, Suite 2. The next step is to roll out to all Wards in all West Glamorgan Hospitals once the regional Workstream 4 steering group has been established.
Workforce Development & Measurement	**Multi-agency** **Workforce Development & Measurement**	**Health, social care & third sector to develop training in-line with the 'Good Work Framework of Standards' -** Workstream 5a was established with the first meeting taking place in October. The workstream members include SBUHB, Swansea & NPT LA, 3rd Sector and people living with experience who will work together to map

1. Health, social care and third sector to develop training inline 'Good work framework standards' 2. Develop national measurements and gather the data items regionally	**are crosscutting themes for the whole Dementia Programme and membership therefore is taken from all Workstreams to ensure the work is developed with all partners**	current training provision across the region to ensure the 'Good work framework standards' are being met. **Develop national measurements and gather the data items regionally –** Workstream 5a and Workstream 5b have joined up because many members sit on both workstreams. The lead for workstream 5 attends the national meetings where development of national measures is taking place. Currently only one meeting has taken place in October 2023. A mapping exercise to gather all regional data will take place early in 2024.

Key Enablers

Integrated planning and commissioning
The supporting programme, Commissioning Processes for Complex Care ensures partners work together to take forward jointly agreed priorities. This commitment is informed by the findings in the Regional Market Stability Report for 2022.

Technology and Digital Solutions
This work sits under the Digital and Data Programme. One of the aims will be to consider technological developments to enable people to live within their own homes with increased independence.

Promoting the Social Value Sector
A number of RIF projects are from third sector organisations. Given the strategy is focussed on prevention, investing in the voluntary sector will be crucial. The approach outlined in the MH strategy is around how we join up the third sector services within our communities, together with the statutory services that they are supporting. There is a risk however in relation to the current financial pressures. Inflation and the cost-of-living crisis are impacting voluntary organisations that support the most vulnerable in society. Partners who need to make difficult decisions in order to balance the budgets, could result in local funding being cut which will impact on the overall service offer across the region. This will then impact on those service users who rely on these essential community services, which could result in escalating needs, which in turn impacts on the statutory services. At the same time some of these voluntary organisations are seeing record high service demand together with escalating complexity of service user needs. This will need to be considered as part of the strategy going forward.

Integrated Community Hub
The development of Hub's is being led by the Regional Strategic Capital Group.

Workforce Development and Integration
One of the supporting programmes is Workforce.

Successes and Progress

1. **Dementia Workstreams -** The Programme has established 5 workstreams which mirror the national workstreams and have identified Chairs, Vice-Chairs and diverse membership as recommended by Improvement Cymru. This reflects the commitment of Partners across the region to improving and transforming Dementia services. There is a clear appetite for change across the region with both professionals and citizens keen to be actively involved.
2. **Dementia Hwb Project** - is considered one of the Programme's significant successes. More information on this project is detailed below. This project has made such a significant impact on people living with dementia and their carers that Neath Port Talbot Council want to open a Dementia Hwb in its locality. At a recent RIF Panel Review meeting, members noted that this scheme would benefit from increased funding to enable to scale up

and offer the service to more remote parts of the region. This Project is a Safe Haven, this is regarding a person in distress or feeling unsafe when out and about. Access to Safe Haven with Safe Haven Carers for those living with dementia either on their own and needing a quiet area or with their carer/family who is accessing information and support on the shop floor. This Safe Haven has also allowed those who are concerned about their memory and are accessing help in the first instance to have a quiet and private area to discuss their concerns, as this can result in heightened emotions.

3. **Listening Campaign –** A Task & Finish group set up by Workstream 1 'Community Engagement' has been formed to support the development of the two Listening Campaigns, one in Baglan the other in Gorseinon, which are both in the planning phase. Several professionals have attended the Improvement Cymru Listening Campaign Training to be Listeners. A risk assessment and volunteer handbook has been developed as well as promotional leaflets. A survey is currently being developed. Focus groups to undertake group listening and story recording will take place soon.

4. **Dementia Connector Role -** Workstream 3 'Community Care & Support' are working towards the Development of Dementia Connector Roles in line with the All-Wales Dementia Pathway of Standards 12, namely: People living with dementia and their carers will have a named contact (connector) to offer support, advice and signposting, throughout their journey from diagnosis to end of life. Regionally workstream 3 members have decided that the Dementia Connector role will include people suffering from dementia symptoms pre-diagnosis. Workstream 3 members undertook a scoping exercise to analyse all the Dementia Connector type roles that currently exist regionally. A Task & Finish Group was set up and have worked together to develop a job role and specification which is currently out to advert. The two new recruited staff members will pilot the Dementia Connector Role for 12 months and will be managed by the Dementia Hwb. The Dementia Connectors will run five outreach hubs across Swansea and Neath Port Talbot. The aim of the pilot is to demonstrate the effectiveness of the role which aims to take a huge burden from people living with dementia and their carers by navigating all the services and support and creating a team around the person. The results of the pilot will inform the submission of a funding bid to the Welsh Assembly to fund regional Dementia Connector roles going forward.

Challenges

1. **Regional strategic themes and objectives -** Until the regional strategy is completed later in this financial year, we do not have regional strategic priorities to align the RIF projects to. This has been a challenge as until this is completed, we are working to national priorities which may not fully align with those of the region.

2. **Leadership -** There has not been a regional dementia lead in place for the entirety of the financial year to date, therefore, we are missing the regional steer that other Programmes have.

3. **Demand and capacity -** have been a real challenge. There is an increasing number of people being diagnosed with Dementia however, funding for this sector remains the same, which is putting pressure on strategic provision and 3rd sector provision which wraps around this. Workforce pressures and competing priorities is making it very challenging to always have the right people able to commit to attending meetings and progressing the work.

4. **Communication** – we have faced some challenges in communicating the services which are on offer across the region to provide support to those living with dementia. Services do a huge amount of work in attempting to reach those at the point of need, but often services are still not reaching the right people. A Task & Finish Group to include West Glamorgan Regional Partnership's Communications Team, Improvement Cymru Communications Lead, SBUHB & LA Communication Leads, is currently being set up at the request of all five Dementia Workstreams. The aim is to plan how we can develop good effective communications and promote the information to ensure professionals and the public have a good understanding of the Regional Dementia Action Plan and how they can contribute to its success.

Quantitative Measures

There are **13 projects** delivered by Third Sector organisations across the region, approximately **2,088** people living with dementia and/or their carers have been supported. These have been grouped into **4 themes** which support the **Models of Care 'Placed Based Care' – 'Prevention and Community Coordination' and 'Promoting Good Emotional Health and Wellbeing'** as outlined below:

1) **Building Dementia Friendly Communities** - raising community awareness and support of dementia as well as improving social value and building supportive, resilient communities. Supporting people to live as well as possible for as long as possible.

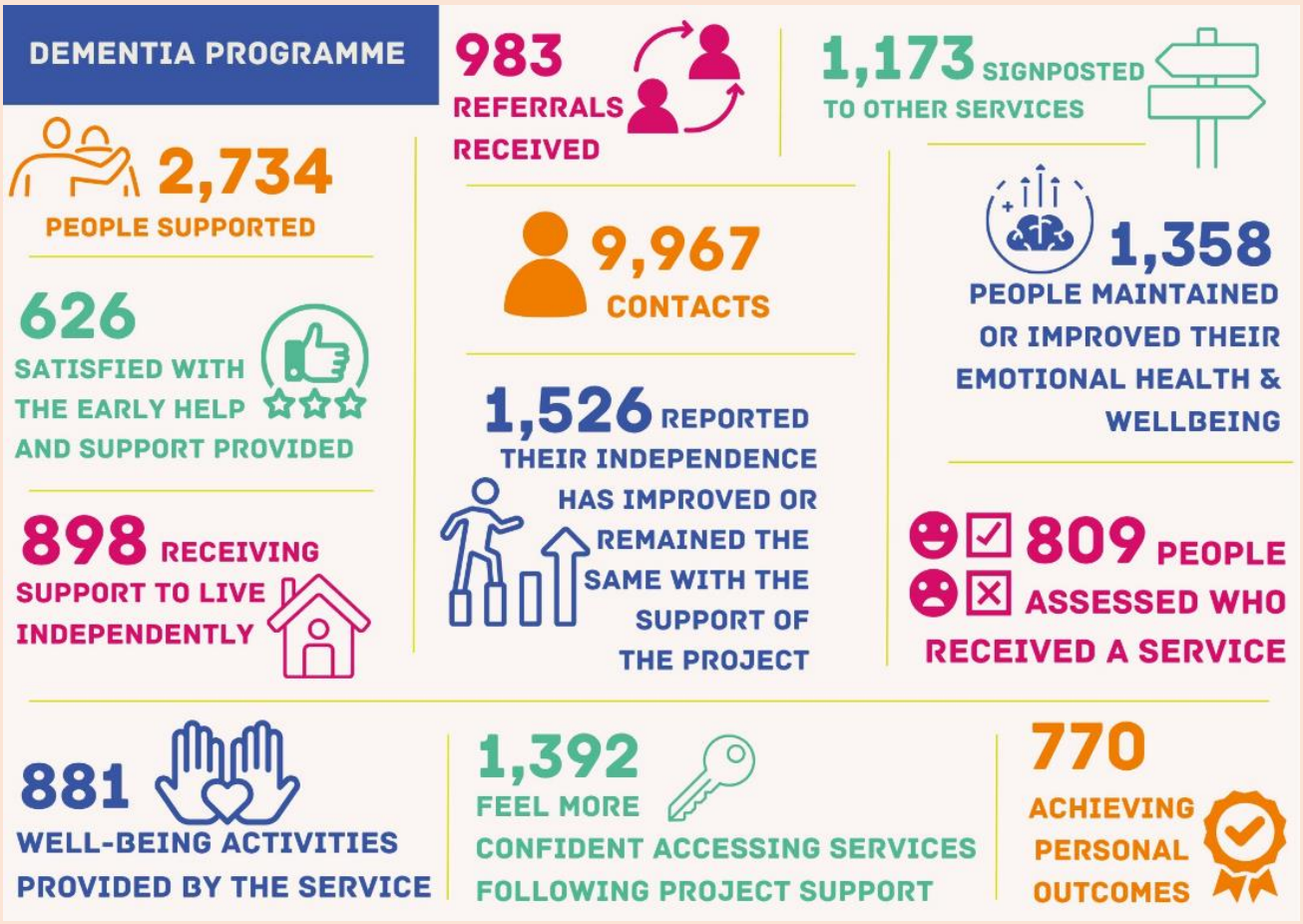
2) **Providing Community Care & Support (including Dementia Connects)** – ensuring the correct level of seamless wraparound support is available at home or as close to home as possible.

3) **Assessment & Diagnosis (Memory Assessment Service & Learning Disability)** – improving access to assessments to reduce waiting times and provide timely diagnosis and immediate support if required.

4) **Post diagnosis (including the Hospital Charter)** – supporting people in hospital settings and facilitating their discharge in a safe and timely manner, back into their home, with the correct level of support in place for them and their carers.

The total investment of all Dementia Projects for the whole financial year is £1,556,000.

Please refer to infographics below which provides a summary of the performance measures for all the projects.



Theme 1 – Building Dementia Friendly Communities:

A key priority for the region is to support people living with dementia to live at home, independently, for as long as possible. To achieve this, there needs to be options available to those living with dementia and their carers, and they need to be fully aware of the options available to them and empowered to make decisions about their lives at every stage of their dementia journey. **4 projects provide** support to people living with Dementia across the region, to remain as well as possible for as long as possible. These 4 projects have supported **628 people** so far in this financial year to live as well as possible for as long as possible within their communities. Thes 4 projects have signposted **162 people** on to other services where appropriate, and **271 people** have received well-being activities/ sessions so far, this financial year.

46 people have received support from **Me, Myself & I Community Hub,** which provides a community hub that is attractive and welcoming to people of all ages. The aim of the Hub is to provide support to people on their journey, provide opportunity for people to maintain their independence, remain in the community for longer and help to prevent social isolation and loneliness. The Hub provides emotional support, reassurance and

opportunities for people living with dementia and their families to socialise in a relaxed and friendly setting. The Hub also offers companionship along with a variety of activities such as art, music, singing, sports/ exercise, tabletop games, quizzes and cooking. The project provides this support in two forms:

1) Day Care Service which provides a full day at the Me, Myself and I venue which includes hot/cold meals, drinks and activities to take part in throughout the day;
2) The introduction this financial year of half day breaks; and
3) Social Afternoons/ Friendship Groups which run every morning and afternoon Tuesday – Friday.

The project has:

- Received **47 referrals.**
- Completed **47 assessments**.
- **Signposted 68 people** to other services (where relevant) and
- Delivered **78 wellbeing sessions**.

46 people have reported being satisfied with Early Intervention support services, and **19 people** went on to receive a further service. **97%** of those surveyed reported improved independence, or that they felt their independence had remained the same.

Another project which builds dementia friendly communities and supports people to live as well as possible, for as long as possible is **'Osprey's in the Community Sporting Memories'**. This is an extremely popular project which has been running since 2019. The project utilises Wales's passion for sport and rich history, to help tackle some of the biggest issues in the local area namely dementia, isolation and loneliness. The project has grown rapidly from six people in Dunvant RFC in 2019 to over **272 people supported so far, this financial year** across **seven** local rugby clubs with an **estimated social return of circa. £3million**. Using familiar community facilities to host the clubs, a friendly, sociable and relaxed environment is achieved where people can build friendship and share experiences. Attendees can reminisce and talk about sport, maybe a game they once played in, a great match they have witnessed, or even meeting a famous sports star from the past.

For 75% of members, the opportunity to engage in a project that increases their likelihood of connecting socially, improving their physical activity and overall wellbeing is in line with their personal outcomes. Attendance at sessions has assisted in improving their social communication skills, independent living skills and autonomy, assisting in achieving their own personal outcomes.

Informal empirical data gathered indicates that due to an increased connectivity of the relationships formed, and engagement in the activities, the confidence to remain engaged has increased over time. Resulting in an overall feeling of improved confidence and self-efficacy. It was also revealed that club members feel that such an improvement of additional well-being needs such as feelings of contentment, safety, trust, being well, being active, healthy, and happy have all resulted in an improved level of confidence among members.

So far in this financial year the project has delivered:

1) 173 Wellbeing sessions /activities provided.

2) 2653 Contacts made to the project (counting multiple contacts per person)

3) 272 people have received support to enhance living independently.

4) 140 individuals satisfied with early help support provided.

5) 272 individuals feel less isolated as a result of the project.

6) 161 individuals reported maintained or improved emotional wellbeing and mental health.

7) 204 individuals reported achieving personal outcomes.

Theme Two: Providing Community Care & Support – ensuring the correct level of seamless wraparound support is available at home or as close to home as possible. (Workstream 3). There are **6 projects** aligned to this theme. A total of **630 people** have received support so far, this financial year.

One of the Region's most successful projects is the Dementia Hwb. The Dementia Hwb is in an accessible, central location that can be accessed by anyone without the need for an appointment. The dop-in service enables flexibility in helping to meet people's wellbeing at a time that is appropriate to them. Various organisations attend the Hwb on a regular basis and are essential in enabling the Dementia Hwb to fully provide a wide range of resources to the public to have a comprehensive package of information and services accessible to them. In bringing together the services available across Swansea and surrounding areas it enables the visitor to access these from the same location, without the need for multiple visits to different locations. This empowers the visitor and helps to increase their wellbeing. The Hwb is the point of contact for the community to access third party organisations on set days during the week, this includes the Welfare Benefits Team from Swansea Carers Centre, Community Memory Support Team for Swansea Bay University Health Board, Neath Port Talbot Social Services, Neath Port Talbot Occupational Therapists, Swansea Direct Payments Team, Marie Curie dementia related services, local care providers, local social groups and more. The Hwb provides support to individuals via self-referrals or to family members seeking advice and support. The staff and volunteers at the Hwb are made up of former carers and professionals from local organisations who support those living with dementia and their carers. In addition to the Hwb's 'shop front', there are back rooms/ spaces which offer a safe haven in the City Centre for people living with dementia to come to whilst they are shopping, enabling carers a time limited 'drop-off' to have a short respite, provide a safe resting place for those alone and enable Hwb staff to register people for South Wales Police Keep Safe Cymru and complete the Herbert Protocol information. The back-office space also enables discreet conversations around personal finances, counselling sessions the possibility for memory assessments to take place.

Dementia Friendly Swansea have developed with one of our Safe Haven Carers to create a Buddy Project. This is run by an individual living with early-onset dementia and is targeted to those with early onset dementia and other dementias to have a person to discuss their dementia journey with that understands what they are going through, provide a listening ear and socialisation. The Buddy Project is advertised through Memory Assessment locations and local GPs to enable community engagement in the project. Access to Safe Haven with Safe Haven Carers for those living with dementia either on their own and needing a quiet area or with their carer/family who is accessing information and support on the shop floor. This Safe Haven has also allowed those who are concerned about their memory and are accessing help in the first instance to have a quiet and private area to discuss their concerns, as this can result in heightened emotions.

The Hwb has supported **630** people so for this financial year, completed **19** assessments, and signposted **630** people to other services (100% or contacts were signposted on to services they needed/ were relevant to them). **100%** of people reported maintaining or improving emotional health & wellbeing, with **100%** reported that their independence had remained the same or had improved as a result of the Dementia Hwb.

This is an excellent example of a wraparound service, based in a community aimed at providing a wide range of information, advice and support in a practical way, but also to bring services to one place to make them more accessible to the public.

The Dementia Hwb is expanding its service by setting up 5 outreach Hwbs across the region. Currently two posts have gone out to advert to recruit two dementia project managers to run the outreach Hwbs which will take place once a week at a regular venue.

Theme three: Assessment & Diagnosis – improving access to assessments to reduce waiting times and provide timely diagnosis and immediate support if required. There is one project delivering RIF funding to support this theme.

'Speech & Language Therapy in the Memory Assessment Service' is a project that was established as there were no Speech and Language Therapists employed as part of the Memory Assessment Service for the general

population across SBUHB. The purpose of this role is to provide specialist communication and dysphagia (swallowing difficulties) assessment, advice and support for people presenting with early cognitive and linguistic changes. This includes young onset dementia services as well as services for older adults. Establishing Speech and Language Therapy as part of the Memory Assessment Service will ensure robust and holistic delivery of key drivers and standards e.g., Dementia Action Plan 2018-2022, All Wales Dementia Care Pathway of Standards, 2021, NICE guidelines 2018 and the Health Board's Dementia Pathway which will in turn lead to improved patient, family, and carer outcomes.

The Speech and Language Therapy Service is now embedded across the four multi-disciplinary teams (MDTs) in Swansea Bay Health Board. The project undertakes joint work with MDT colleagues where opportunities present. For example, the project is currently working with Occupational Therapy to support people's participation and engagement in daily activities where communication diffiiculties are a barrier. The project is currently working on a joint information resource to provide to patients and families and are aiming to have this completed by the end of December.

Speech and Language Therapy are also working with health and Local Authority colleagues outside of the immediate MDT to support the co-ordination of services and joined up working. For example, the project has linked in with the Falls Team and have been asked to be part of a workstream looking at the development of accessible information around falls prevention. We are also linking in with the local Dementia Hwb e.g. participation in activities for the World Alzheimer's week.

As this is still a relatively new service, the longer-term benefits of early Speech and Langauge therapy input are still being captured. The project has:

1) Received **160 referrals** this financial year
2) Completed **121** assessments
3) Accepted **121** of the referrals made
4) **100%** of those accepted reciceved therapeutic intervention

Theme Four: Post diagnosis – Whilst it is the ambition of the region to provide projects which prevent and delay the onset of dementia, and support people living with dementia to remain as independent for as long as possible; it is recognised that once an individual's illness progresses, it is possible to remain living at home and in the community with the right level of support available to them and their carers. This theme aims to provide support for people in hospital settings who are able to return to their homes, and ensure the right support is in place for them and their carers.

Caring for a loved one, whilst rewarding can be extremely challenging. We have recognised the need to provide carers of those living with dementia with respite opportunities which enable them to take a break. The **'Marie Curie Dementia Care and Respite Service'** project is aimed at providing additional care and respite support for the growing number of people in West Glamorgan who are living with dementia to enable them to remain at home for as long as possible by providing support to their carers to help prevent escalation of need and crisis. The project works as part of the Swansea Bay Multi-Disciplinary Team to support the Virtual Wards, Community Resource Teams and existing dementia support services to prevent hospital and care home admissions and enable safe and timely discharge from hospital.

In the final quarter of the financial year the project has:

1) Supported **80** people.
2) Received **55** individuals accessing the project.
3) Completed **52** assessments.
4) Received contacts from **339** people.

5) Offered over **315** Wellbeing activities.

6) **100%** of those surveyed have achieved their intended personal outcomes.

Numbers for this project were expected to be higher however the project has faced difficulties in recruiting which impacted the number of people it was able to support. Recruitment to the vacant posts was being undertaken at the time of writing this report and it is therefore expected to see numbers increase by the end of Quarter 4.

Most of the projects are community lead and offer support and advice on topics and issues relevant to the individuals they are engaging with. Some of the examples include awareness raising organised by and with help of professionals. Others have the purpose of reducing dementia isolation and loneliness by promoting groups and Hubs where people can feel part of a community. There is a considerable amount of 'working together' across all the projects, with a collective view to give those living with dementia the ability to remain at home, independently for as long as possible.

Although the above projects come under the primary Models of Care, 'Placed Based Care – Prevention and Community Coordination' and 'Promoting Good Emotional Health and Wellbeing' the projects will support other models of care as they can also keep families together for longer and enable those living with dementia to be discharged home from hospital rather than into care.

Qualitative Indicators

In this section you'll need to consider the key headings outlined below and utilise the prompts / questions to aid completion. It's important that you illustrate how individuals felt about what has been delivered, providing clear examples of changes made and innovative practices that have improved people's lives.

What we did and why (Input and Outputs in the last 6 months)

1) **Building Dementia Friendly Communities** - raising community awareness and support of dementia as well as improving social value and building supportive, resilient communities. Supporting people to live as well as possible for as long as possible.

Ospreys in the Community – Sporting Memories project is considered one of the Region's great successes as it improves the lived of so significantly for those who attend. The project has previously reported that it delivers an estimated social return circa. £3 million. The Project Lead has noted that:

"Those who attend the Sporting Memories project across the West Glamorgan Regional Partnership have discussed at length, the ways in which their wellbeing has improved by attending the coordinated community-based programme. Furthermore, the carers / partners have also noted an improvement in the wellbeing of the people they are caring for. This improvement is largely due to the relationships formed, and connections made with those in similar situations within their community, alongside the physical activity and reminsisence they are able to participate in during sessions. Hence, social connectivity, physical activity and reminisence therapy was reported by members as being the vehicles that enhanced their wellbeing.

Swansea University is overseeing 2 studies, Study 1 has been successfully completed, currently developing Study 2. In line with the project targets, Study 1 evaluated the project aims and provides evidence that OitC are improving social connectivity, physical activity and wellbeing for those living with dementia and their carers. Study 1 also highlighted an important direction of travel for Study 2, which will consider how to ensure the sustainability of the project. That is, how to ensure that staff, volunteers, and carers can effectively manage the stress and emotional labour associated with their role, and thereby continue to play their part in delivering the programme (rather than experience burnout) over time.

The programme's progression and achievements are also discussed through conversations / meetings with key stakeholders from OitC and Swansea University. Feedback will be reported in Quarter 4.

This link demonstrated the excellent service this project provides to the community.

Sporting Memories | Ospreys (ospreysrugby.com)

2) **Providing Community Care & Support (including Dementia Connects)** – ensuring the correct level of seamless wraparound support is available at home or as close to home as possible.

One of the Region's most successful projects is the **Dementia Hwb**. Due to its accessible location in the Quadrant Swansea, the Hwb is able to offer support and assistance to people from across the region who are visiting Swansea City Centre. It is located adjacent to the bus station meaning good transport links to the service.

University of Wales Trinity Saint David's, Psychological Evaluation and Research Consultancy Hub (PERCH) were brought onboard to provide an evaluation of the Swansea Dementia Hwb. The impact and process evaluation was carried out through a longitudinal evaluation of the Dementia Hwb that commenced in December 2022. Over an eight-month period, visitors to the HWB were asked (where appropriate) to consider consenting to take part in an evaluation of the HWB involving the completion of up to three questionnaires over a three-month period. The research sought to explore the impact of the Dementia Hwb on the following key outcomes:

- Level and type of engagement.
- Knowledge and awareness.
- Satisfaction
- Uptake rate for other services
- The demographic profile of service users

Through the questionnaires and interviews general comments received included.

"It was a great comfort to me to visit the Hwb. The gentleman there listened and did what they could to help. It was a relief for me to talk about my concerns for my brother". [Female; Over 60].

"*I have nil to add beyond my keen appreciation for the time and energy devoted by so many".* [Male; Over 60].

"I remain astonished and delighted by the Hwb's continued good work. I have recommended its model to everyone I've spoken to and think one of the strongest selling points is its accessibility (even if people don't need it right now, it's far better to have 'dementia' in the heart of the community, spoken about and shared rather than another empty shop). I can't rate you highly enough". [Female, 18-35years].

"The best thing is that it exists! I believe that it is a major step forward for Dementia awareness and signposting".

In addition to the Hwb in Swansea City Centre, there is a pop up Hwb in Llansamlet Tesco Community Room, which has allowed us to track the visitor needs and assess any additional information that may be required in the Hwb location to make it readily available for access. Some feedback **comments from staff** about people using the service are:

"Lady visited the Hwb, wanted to thank us after her memory assessment and how grateful she is for the support. She said she will be back in to keep us all updated on her journey."

"Lady giving thanks to the Hwb for providing her with a twiddlemuff at a previous visit."

"Visitor thanking us for some social activity ideas for inmates with dementia in prison, also given UWTSD feedback to complete."

*"*redacted* has visited us before with a volunteer enquiry. This visit was regarding problems she is experiencing with her own memory. The visitor was feeling very emotional and began to tear up, taken to Safe Haven to have the privacy to talk about her concerns. Discussed and booked for memory assessment with the CMST. Thanked for listening to her concerns after explaining the memory assessment and diagnostic processes."*

That's TV South Wales on X: "'I thought I'd never work again' Dawn Davies has recently started a new role at the @DementiaHwb after receiving a diagnosis of early onset alzheimers in 2022. https://t.co/IlF7VFMk2B" / X (twitter.com)

'I was diagnosed with early-onset dementia and thought my life was over' | Express.co.uk

'I was diagnosed with early-onset dementia and thought my life was over' (msn.com)

3) **Assessment & Diagnosis (Memory Assessment Service & Learning Disability)** – improving access to assessments to reduce waiting times and provide timely diagnosis and immediate support if required.

The **'Speech & Language Therapy in the Memory Assessment Service'** has reported a reduction in the impact of undiagnosed communication impairments e.g., behavioural changes, social skills, interpersonal relationships, self-confidence, and self-esteem. More timely and responsive interventions have been reported by professionals as a more seamless assessment process has been developed.

Some feedback received from the Project Lead:

One of the key approaches of the SLT service in Memory Assessment Service is communication goal setting with the patient and focusing on what matters to the individual. All the communication strategies advised aim to maximize and maintain independence, activity and engagement a far as possible. For example, we are currently working with a patient who is distressed that she can no longer text her family and friends, which she feels is impacting on her feelings of isolation and loneliness. We are currently exploring augmentative communication systems and different types of technology to support her with this.

Patients and their families tell us that building their knowledge and understanding of why specific communication difficulties occur has been very helpful in their day-to-day situations as difficulties occur.

One recent example is a gentleman who is experiencing significant word finding difficulties which was a source of great frustration and distress for himself and his wife. His wife reported that she missed their easy flowing chats and the fun and humour they shared. We worked together to explore factors that impact on word finding skills and identified strategies to try when word finding difficulties occur. Through discussion and support, the wife feels there has been a general improvement in their relationship and general wellbeing.

A comment received from a professional about the service is:

"I have personally found it very reassuring to know that if someone I have visited/assessed has communication issues, word finding difficulties etc. I can now refer on to SALT and the person will then receive a thorough assessment, support and advice. Previously before SALT was in-situ in the team, the person would have received no further support for any communication issues. Since SALT have been with us, I have also increased my own knowledge in issues surrounding communication – they are always happy and willing to share their knowledge and offer advice. Over the past few months, I have referred several people to SALT – recently I have referred 2 patients who have been referred by a neurologist".

4) **Post diagnosis (including the Hospital Charter)** – supporting people in hospital settings and facilitating their discharge in a safe and timely manner, back into their home, with the correct level of support in place for them and their carers.

The **'Marie Curie Dementia Care and Respite Service'** is a service which provides high quality respite care from

Marie Curie Healthcare Assistants and with clinical supervision from a Registered Nurse to provide updated care.

assessments or additional advice and support. By providing care and support from HCAs for those people with higher levels of need or complexity, and from Volunteer 'Helpers' for lower-level needs, this service is promoting discharge or admission avoidance (D2RA Pathway 0) to avoid further referrals and admissions.

To determine the impact of this service, Marie Curie has commissioned Yma as an Independent Evaluator

for the West Glamorgan Dementia Care and Respite Service. From April 2023, Yma has been interviewing service users, and those working in health and social care in the area to understand the full impact of the service on a personal, professional and system level. As part of the ongoing service evaluation of outcomes (see later sections and case studies in Appendix 1), we review the well-being of carers in the household as this is a critical aspect of

enabling the carer to continue to provide support for the person living with dementia. We also know that as the clinical part of the service focusses on people living with more advanced stages of dementia and that this is the time when the pressures on a carer can reach a crisis point where they feel unable to cope.

To inform service feedback, we have undertaken 28 surveys with carers since April 2023. We asked 'To what extent do you think that your wellbeing has changed since using the West Glamorgan Dementia

Respite service?' (Survey data from 1st April 2023 – 31st August 2023 and based on 28 survey results).

- 72% of all respondents said that their wellbeing had improved since using the service and 19% of respondents said their ability to access respite hasn't changed.
- Of those that said their wellbeing had improved, 80% now had high wellbeing. Comments which people said about why their wellbeing improved included:

  "Able to have some personal time and feel comfortable to get on with things without worrying".

  "I have been able to spend more time for myself and look around shops and that my stress levels have dropped. I am also looking forward to spending time looking for an outfit for a wedding that we are going to in September."

  "I have been able to do more of the things that I like and do not have to keep looking at my watch to keep an eye on the time as I know that Marie Curie are there"

We also asked: To what extent do you think that your ability to access respite has changed since using the West Glamorgan Dementia Respite service? (Survey data from 1st April 2023 – 31st August 2023 and based on 28 survey results):

- 67% of respondents said their ability to access respite has improved since using the service and 11% of respondents said their ability to access respite hasn't changed.
- What people said about what they could now do because of using the service:

  - "I can go out without worrying, sometime shopping or a coffee. I have even just been to the Lake for a walk to clear my head."

  - "I have been able to attend my doctors' appointments."

  - "Able to look after myself more. make time for friends and family. Also, when staff are with mother, I am able to spend more time with my father who also has health problems - Dad also gets a break from looking after mum and relaxes, even if just sitting in the garden."

  - "Spend more time relaxing and concentrating on myself."

  - "Take time away to relax and meet up with other carers."

  - "Able to go and spend time at the local marina and with the family."

- Regarding survey responses of those who said it hadn't changed/got worse it appears to be due to caring responsibilities increasing with one respondent saying to *"I used to go out with friends but have been unable for a while",* as well as there being insufficient capacity to meet demand – *"The service is very good, I do appreciate the service we are having - staff are very good, very caring and experienced*

approachable. But there are not as many visits as before, the family would call and ask for was needed, the new procedure is that the hub call every week to offer so not getting as much as before".

What is being done differently?

Me, Myself & I have received funding to offer support to younger adults with early onset dementia. The project is currently in Year 2 and has been unable to access the numbers originally anticipated. This is due to younger adults with early onset dementia not wanting the same 'type' of support (i.e. in the form of a day centre and activities which are available to older people with dementia. The funding for this project is therefore going to be stopped. This gap has been recognised by Partners who will now address this need in a more suitable by. We anticipate this will be a theme which emerges from the pre strategy engagement.

Reach: Who we worked with (priority population groups – older people including people with dementia, children and young people with complex needs, people with learning difficulties and neurodevelopmental conditions, unpaid carers, people with emotional and mental health wellbeing needs).

This Programme is designed to support and provide improved services for those across the region who are currently living with dementia and their carers and families. The Programme also seeks to raise awareness of Dementia, how it can be delayed, how to access support and information and how to live as well as possible for as long as possible, at home and in the community. The Programme also seeks to look to the future and transform how we deliver dementia services to meet the anticipated needs of the future population, including those with Learning Disabilities who are at a greater risk of developing dementia.

In the main the cohort of the population for this programme are older adults and their families, however as dementia is affecting more and more younger adults, the reach of the Programme is increasing as it needs to ensure that the preventative messages are reaching all adults.

Many of the projects which are aimed at providing information, advice and assistance are seeing increased numbers in family and friends accessing their services making enquiries about how to support a loved one displaying signs of dementia.

Those living with dementia and their carers and families are invited to participate in the region's workstreams as both people with lived experience and carers. There is a Carers Liaison Forum which engages carers of those living with dementia.

How have people felt about what has been delivered

We are continuously working to improve the life of people living with dementia and their carers across the region. The projects which currently receive RIF Funding need to evidence that they deliver against the Programme Objectives. The wider Emotional Wellbeing and Mental Health Programme aims to develop resilient communities which are able to provide support to and for those that need them. Feedback we have received from funded projects indicates that we are making improvements to the quality of life of those who access the services, however there is still much to do.

This is a short clip developed by the Swansea Carers Centre which summarises some of the work facilitated across the region (from a Swansea perspective) which gives an indication of how carers feel:

(330) SCC Dementia Services - YouTube

Projects are required to capture how project recipients/ service users feel after receiving their service, however we need to improve how we capture the same information from staff and other organisations linked to the individual project.

On the whole the projects have been successful in making an impact on service which are linked to the project.

The **Marie Curie Dementia Care and Respite Service** have conducted extensive engagement with their staff and volunteers, some examples of the feedback received is detailed below:

Outcomes for families and volunteers

Since the service commenced in October 2022, we have supported 75 households and a minimum of 150 people (i.e., The person living with dementia and their carer, which is often a spouse/partner or family member) – however a few households also have a larger number of beneficiaries of the service due to extended family members receiving respite support too. All service users interviewed were grateful for the service they had received. The staff and Helper Volunteers were praised highly for their ability to chat and build a rapport with the person using the service and their kindness to the carer:

- *"lovely ladies, all different"*

- *"it's a fantastic service".*

- *"I'd just like to say I'm very grateful for the service they run – they're very friendly, very helpful, very sympathetic to our case and they talk lovely to my mother".*

- *"I'd like to put forward that we are grateful as a family for what they do".*

- *"they do a marvellous job".*

Impact on the person receiving the service.

Carers highlighted that they felt reassured and comfortable with the helpers/staff which gave them the confidence to leave their loved one:

"Mum said (to staff member) 'come back and see me mind, don't you forget', so that was nice. I was very comfortable then with about how it was going to work for mum".

"Lovely, friendly, put me at ease about leaving [name]"

One service user said the provision was very flexible – they discussed morning and afternoon visits with staff and decided afternoons suited. Additionally, the participant's mum can get a little irritated/upset in the final hour of her visit due to her condition, so they have discussed switching from 2-5pm to 1-4pm to see if that works better. This participant has also gone from 1 to 2 visits a week where possible.

One family member discussed the impact on her mum of spending time with someone who is not a family member. The day after the visit her mum was still talking about the "lovely little girl" who came to see her when her memory is usually very poor. Her mum has visits from family, but it isn't the same as talking to a friend. She is being stimulated by talking about different things:

"Family visiting is not the same as having a friend visit, it's a different social interaction then isn't it".

After the visit the participant's mum started talking about wanting to go into town, meet with her friends and have coffee, which she can't do but the visit seemed to spark an appetite or memory of similar social interactions.

The initial session where the Volunteer Coordinator comes to discuss likes and dislikes was mentioned by all participants. It seems to have helped with building a rapport:

"They were chatting as though they had known each other for ages".

Impact on Volunteers

It is currently a very challenging environment to recruit Volunteers due to the cost-of-living crisis meaning people are changing to paid employment and many 'usual' volunteers have not returned to volunteering post Covid-19. That said, Marie Curie is strongly invested in the value that volunteers bring to supporting people living with a terminal illness and so has provided funding within the service to fund a Volunteer Service Coordinator across Swansea and Neath Port Talbot. The coordinator recruits and manages volunteers; takes referrals; meets potential service users; and 'matches' people living with dementia with suitable volunteers.

Laura, started in the service as a Helper Volunteer earlier this year and has fed back:

"I enjoy being a volunteer in Marie Curie because I feel that I am actually making a difference in people's lives. This work is meaningful, and I see the difference I make every time I visit the people I support. Now that I have started, I can't imagine not doing it. It really is a privilege to be able to support the people I support and to hear their stories. I feel honoured and proud to be a part of this service."

Laura has also reported the benefits she can see for Brian, who is living with dementia and Anne, Brian's wife, and carer:

"Brian has started to recognise me more and more as my support has been moving forward. Our bond has grown a lot, and our conversations flow very easily. Brian said to me that we have gone from "friends to close friends" which meant a lot to me.

The support I provide means that Anne, Brian's wife, can run her errands and go to medical appointments and visit her friends. She has said "When I leave the house knowing you are with Brian, I am able to walk to the end of the street and just relax straight away. It's important to have time for myself and that's what the support has provided."

Also, my support is flexible. For example, one week I changed my day so that Anne could attend her friend's birthday party. This meant the world to Anne because she has missed so many special birthdays since Brian's diagnosis."

What have we learned about things that went well? What have we learned from any challenges that occurred?

Challenges

This has been a challenging period for this Programme as we are awaiting the appointment of a regional lead for the Dementia programme and as such the strategic vision and direction has been slow to pull together. This is a priority for the next half of the financial year. Once the strategic lead is in place we will progress at pace with the Dementia Strategy and agree a set of programme objective/ principles which will drive innovation and transformational change in this area forwards.

We set out to engage with all cohorts of the population affected by dementia and include as many voices in the Programme as possible. We have included a cross section of these cohorts in our 5 workstreams however this has been challenging as it is often the same faces attending meetings. We have noted that younger adults with early onset dementia are a group which needs specific consideration going forwards.

A considerable challenge so far has been the competing priorities faced by the professionals involved in the work. Diaries are full months in advance which is impacting the pace at which work can be delivered.

For those using the services a considerable challenge has been the waiting times being experienced by those requiring a Memory Assessment. Demand for this has significantly increased across the region since the Covid Pandemic. Many are struggling to get a referral to the MAS and once they do the waiting times are too long. Some funded schemes have been put in place to bolster the service, but further work is required here.

We have also noted that many funded projects have noted that the number of people they have supported is lower than originally planned. This has been due to the projects not being publicised as consistently by statutory and non-statutory services as was previously hoped. Going forwards we will support project leads to make better connections across the region to ensure the projects/ services are promoted in the best way.

The current financial climate could impact on both statutory and third sector dementia services going forward which could result in the overall service offer being reduced if statutory services have to be cut and third sector organisations result in folding due to the growing financial issues due to budget cuts, inflation, cost of living crisis, increase in minimum wage etc.

Successes

Despite not having a regional lead for the Programme, we have established the 5 workstreams which mirror the national governance and have interest from all partner organisations in attending these sessions.

From digesting the feedback provided by Project Leads across the region we have learned that providing as much information, advice and assistance as possible, as early as possible is key to unlocking the right services at the right time for those living with dementia and their families and we are successful in developing services and projects which deliver this objective. We feel we have a clear view on where there is a demand for services and where things need to be done differently. This will be proven/ disproven as we develop the strategy. There are strong projects delivering services in this theme and we intend to continue to strengthen this area.

There is a drive across the region to build resilient communities and there is an appetite from professionals and service users to commit to this agenda. This is evidenced in the enthusiasm of those involved in the programme and workstreams.

Changes to System

System Outcomes/Benefits

Dementia sits within the wider Emotional Wellbeing and Mental Health programme in the West Glamorgan Partnership. The Emotional Wellbeing and Mental Health programme has recently agreed its new Strategy. The Emotional Wellbeing and Mental Health Strategy is now in the process of being shared and discussed across the region with Stakeholders and an Engagement Roadshow is set to take place in November/ December to share the objectives of the strategy. By March 2024 the Programme will be developing an Implementation Plan with our regional partners.

The new Strategy will focus heavily on Prevention (how to prevent or delay the need for any services using community interventions), and early intervention (to ensure that needs are met quickly and efficiently at an early stage to prevent escalation of need/demand on services). With a strong emphasis on building community resilience.

The regional Dementia Strategy continues to be developed; we are due to embark on a period of engagement so that at the end of the financial year the strategy can be progressed. It is anticipated that the objectives of this strategy will be similar to those of the Emotional Wellbeing & Mental Health Strategy and focused on prevention/ early intervention, Community Resilience and supporting early assessment and diagnosis. The aim is anticipated to be to build structures in the community that meet these themes enabling strategic partners to deliver commissioned service for people with dementia post diagnosis where demand will be more managed. This Strategy will tie in with the All-Wales Dementia Care Pathway of Standards but will also reflect any regional requirements which are not reflected in the national agenda. This Strategy will be implemented within the region linking partners working within Dementia Services and Older People's Mental Health across the Region. The Strategy will be developed collaboratively with partners and coproduced with those living with dementia and their carers.

As a Region we recognise the importance of working together and overcoming the barriers already existing like lack of information sharing, lack of knowledge about services that are available, lack of joined up working between all partners and lack of awareness regarding the impact a good, healthy lifestyle can have on our mental health, reducing the risk of dementia. Although Dementia supports two primary Models of Care, all six will be considered during the development of the Strategy.

There is currently a review of service mapping underway across the region to allow better understanding of existing services, easier signposting and to identify any gaps in services provision to better inform future decision making. This mapping will also feed into the Strategy.

Future planning in the region needs to reflect the rising number of ethnic minorities, the cultural and language requirements of these communities will need to be planned for to ensure all residents can access the best possible care and treatment. A significant area for consideration will be the younger adults experiencing earlier onset of dementia, number of younger adults living with dementia are rising but their needs are very different to those of older adults, and this needs to be recognised.

Ensuring we provide the right services throughout the continuum of need is essential. Providing people with the right support at an early stage will promote independent living for as long as possible. Nobody wants to move into residential care and therefore the aim of the region needs to be strengthening services which promote independence and remaining at home for as long as possible. Once there is need for assisted living, services offered need to be innovative and focussed on the needs and requirements of those living with dementia. Traditional care homes are not always suitable. There is a Capital Programme delivered by a Capital Programme Manger which will lead on any schemes identified as part of this Programme.

Programme Progress

This will be updated as we progress with the Programme going forwards.

Lessons Learned

1) *Prevention/ EI/ Strengthening Communities*

   There is a real need to continue to develop services which provide support to people living with dementia and their carers as early as possible to prevent the escalation of need. The more we are able to raise awareness of dementia and how to live well with the illness, the sooner we can deliver support to people pre-assessment up to the point of diagnosis and beyond.

Strengthening the knowledge of and provision of support available in communities will build community resilience enabling people to be supported in their community, by their community, which is what people living with dementia, and those that do not yet have the illness want.

Feedback from those using services which are currently available indicates that there is still demand there for services in this area, and there are still many that are not being supported, such as younger adults and those in more rural places.

2) *Collaborative – Dementia Partnerships*

Moving towards a collaborative approach is integral. There are many services both commissioned and funded that are delivering the same (or similar) services, where appropriate collaborating on delivery and meeting the needs of the same cohort of people will be beneficial for services and service users alike. Collaborations need to have a strong partnership agreement in place and enable similar services to pool skills and abilities in meeting the needs of communities and cohorts of the population. We will need to consider the way we fund services and projects going forwards to ensure we are delivering the best possible service in the most effective way. Collaboratives provide an excellent opportunity for this if managed correctly.

3) *Communications and promotion of services*

The projects have all detailed in their original bid for funds how they would promote the project and reach the targeted cohort. Unfortunately sharing the information of the projects has not been consistent across the region which has meant there are many, professionals, and volunteers which are not aware of the projects on offer and how they can underpin the statutory services. Work needs to be done to ensure the reach of these schemes are pitched appropriately across the region.

System Constraints

1) *Competing priorities* – The workforce across the region are managing increasing conflicting priorities with diaries being inaccessible for months in advance which impacts the pace of the work.

2) *Workforce pressures and short termism* – there is a difficulty in attracting people to posts across the region, particularly where the roles are short term/ temporary positions. These vacant posts as impacting service and project delivery.

3) *Complexity of people coming into the preventative schemes* – people are displaying more and more complex as accessing commissioned service at the point of need is not always possible. Particularly with Dementia, many are not accessing services until the point of assessment and diagnosis.

National Models of Care (NMoC)

Depending on regional structure, include reporting NMoC relevant to the programme (maybe single NMoC Contribution or multiple) For each NMoC section you complete you must consider:

- *How is the project meeting the outcomes of the Model of Care to which it is aligned?*
- *The activities you have delivered which you think could be important 'ingredients' (e.g., specific activities/components) of a national Model of Care, and explain why you think this is so*
- *What have been the gains / advantages for people brought about by those activities or components?*
- *If you were looking to help another team provide a service similar to yours, what would be the important things that you would want them to include?*
- *What advice would you give them about this? What might they avoid?*

NMOC: Prevention & Community Co-ordination NMOC – Outcome Statements:

1. People's well-being is improved through accessing co-ordinated community-based solutions

2. Local prevention and early intervention solutions support people to avoid escalation and crisis interventions

Programme Contribution

As documented throughout the report, a priority for the region is to develop Resilient Communities which can provide prevention and early intervention information, advice and assistance to those living with dementia and their families. The purpose of this is to promote how people can live well with dementia, at home, for as long as possible.

People want to remain in their own homes, with their families, and living as independently as possible for as long as possible. The services which are being funded by RIF and supported by this Programme all work to achieve this. Feedback indicates that these objectives are being achieved although there is still much to do.

NMOC: Emotional Health and Wellbeing

1. People are better supported to take control over their own lives and well-being

2. People have improved skills, knowledge and confidence to be independent in recognising their own well-being needs

Programme Contribution

As documented throughout the report, a priority for the region is to develop service which promote good emotional health and wellbeing. The purpose of this is to empower those living with dementia and their families to make decisions about their lives that enhance their emotional wellbeing and mental health. The programme focuses on developing services which lead to better emotional wellbeing. Whilst it is recognised that dementia is a degenerative illness, people living with the disease live better lives when their emotional wellbeing is positive. The services which are being funded by RIF and supported by this Programme all work to achieve this. Feedback indicates that these objectives are being achieved although there is still much to do.

Financial and Economic Data

Economic Data

Ensuring we provide the right services throughout the continuum of need is essential. Providing people with the right support at an early stage will promote independent living for as long as possible. Nobody wants to move into residential care and therefore the aim of the region needs to be strengthening services which promote independence and remaining at home and in the community for as long as possible. Once there is need for assisted living, services offered need to be innovative and focussed on the needs and requirements of those living with dementia. Traditional care homes are not always suitable and more often people want to stay in their homes. The average cost of a care home is as follows:

Average cost of dementia residential home – weekly cost - £796

Average cost of dementia nursing home – weekly cost - £967

Average cost of dementia residential home – annual cost - £41,392

Average cost of dementia nursing home – annual cost - £50,284

By providing services that promote independence not only supports the person to remain in their own homes for longer, but it also has significant cost avoidance savings.

Programme Case Studies

Dementia%20Care%20Connects%20Case%

Dementia%20Hwb%20Case%20Study.doc

West%20Glamorgan%20Dementia%20Par

Westfield%20House%20Case%20Study.d

We have included case studies throughout our narrative.