



south ayrshire
health & social care
partnership

Dementia Strategy 2018 – 2023

September 2018



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Foreword

I am pleased to introduce the South Ayrshire HSCP Dementia Strategy. This Strategy is a significant document which outlines the collaborative approach to dementia proposed by all stakeholders in South Ayrshire. The Strategy aims to provide a local response to the Third National Dementia Strategy 2017-2020 which was published in June 2017.

Within South Ayrshire there are estimated to be around 1200 people living with dementia. This is about one-fifth more than the Scottish average figure for a population of the size of South Ayrshire. This figure is predicted to rise significantly over the next 10-20 years.



The HSCP has been working with partners in the third and independent sectors to develop this strategy which is intended to improve the lives of people living with dementia and their carers.

You will see from the content of the 'Where are we now?' section that there is a positive existing base of dementia work from which to build. This includes the requirement to ensure everybody newly diagnosed with dementia is offered a year of personalised post-diagnostic support.

There are a wide range of ambitions within the strategy. These include an emphasis on prevention, early diagnosis of disease and early intervention. Our aim is to provide people with dementia and their carers with the opportunity to identify the personal outcomes they see as important for living as fulfilling a life as possible and supporting them to achieve these outcomes. The achievement of outcomes will involve collaborative working between formal and informal services and care provision. Locality Planning Groups have a key role in supporting people with dementia to engage with their communities. We are pleased to note the successes achieved by both Prestwick and Troon Dementia Friendly Communities and will want to build on this success. It is anticipated that this activity will be further enhanced by Community Planning Partners as part of the commitment in the Local Outcome Improvement Plan to enhance support to people with dementia.

We know that creating positive outcomes for people living with dementia is dependent on the work of many disciplines within health and care, so a key ambition for the new local strategy is to further develop multi-disciplinary working to support the delivery of integrated services for people with dementia. We also value the important role that unpaid carers play for people with dementia and we will ensure that our new Carers Strategy (to be launched at the same time) addresses their needs. We will work with our care home sector to ensure they fully support their residents with dementia in line with the recent report developed through the Care Inspectorate. We will also aim to enhance further our approach to the palliative and end of life needs of people with dementia.

I look forward to working with all our partners to realise the outcomes set out within this Strategy.

Tim Eltringham
Director of Health and Social Care
September 2018

1. Purpose of Strategy

- 1.1 This document outlines the Dementia Strategy for South Ayrshire for the period 2018 to 2023. It sets out key strategic themes identified through discussions with service users' representatives, carers, staff, and the South Ayrshire Dementia Strategic Planning Group. Support will be designed and delivered in ways that:
- promote preventative activity
 - will ensure that people with dementia get access to appropriate and timely interventions
 - address environmental issues to better support people with dementia
 - examine how care pathways might be adapted to better support those with dementia
 - provide options in the way people can choose to receive support;
 - ensure that the needs of carers are fully considered; and
 - protect people with dementia from harm
- 1.2 The South Ayrshire Dementia Strategic Planning Group (part of the South Ayrshire Health and Social Care Partnership) developed this strategy and its associated implementation plan with support from local and national partners (e.g. Ayrshire Dementia Care (formerly South Ayrshire Dementia Support Association), Healthcare Improvement Scotland, South Ayrshire Community Planning Partnership).
- 1.3 The purpose of this document is to set out the broad strategic themes for the development of community-based Dementia Support. These are set in the context of both national and Partnership strategies, especially the commitments set out in [Scotland's National Dementia Strategy 2017-2020](#) and the [National Outcomes for Health and Wellbeing](#). Although framed in this policy context, the needs identified in South Ayrshire will inform the planning and delivery of local activity to support these outcomes. This activity is broader than providing services and relates also to the development of a dementia friendly environment and participation in shaping services.
- 1.4 The Strategic Themes were produced following a consultation exercise with people with dementia, service managers, representatives from public health, third sector providers, advocacy services, clinicians, and carers' services (via the South Ayrshire Dementia Strategic Planning Group). The consultation undertaken to date is described in more detail later in this document.
- 1.5 The actions required to achieve our Strategic Themes are detailed in the Implementation Plan set out at the end of this document. These are set out in broad strategic terms, and many will involve the development of more detailed plans of action.
- 1.6 When considering the Strategic Themes, the South Ayrshire Dementia Planning Group recognises that routes other than statutory services provided by NHS Ayrshire and Arran and South Ayrshire Council will contribute to their delivery. The Strategic Themes take into account health and community based interventions and the effects of the wider environment on people with dementia. The Strategy recognises the contribution made by partners such as housing and Community Planning as well as the valuable support provided by Third Sector organisations. The importance of improved awareness raising of dementia within communities has been highlighted

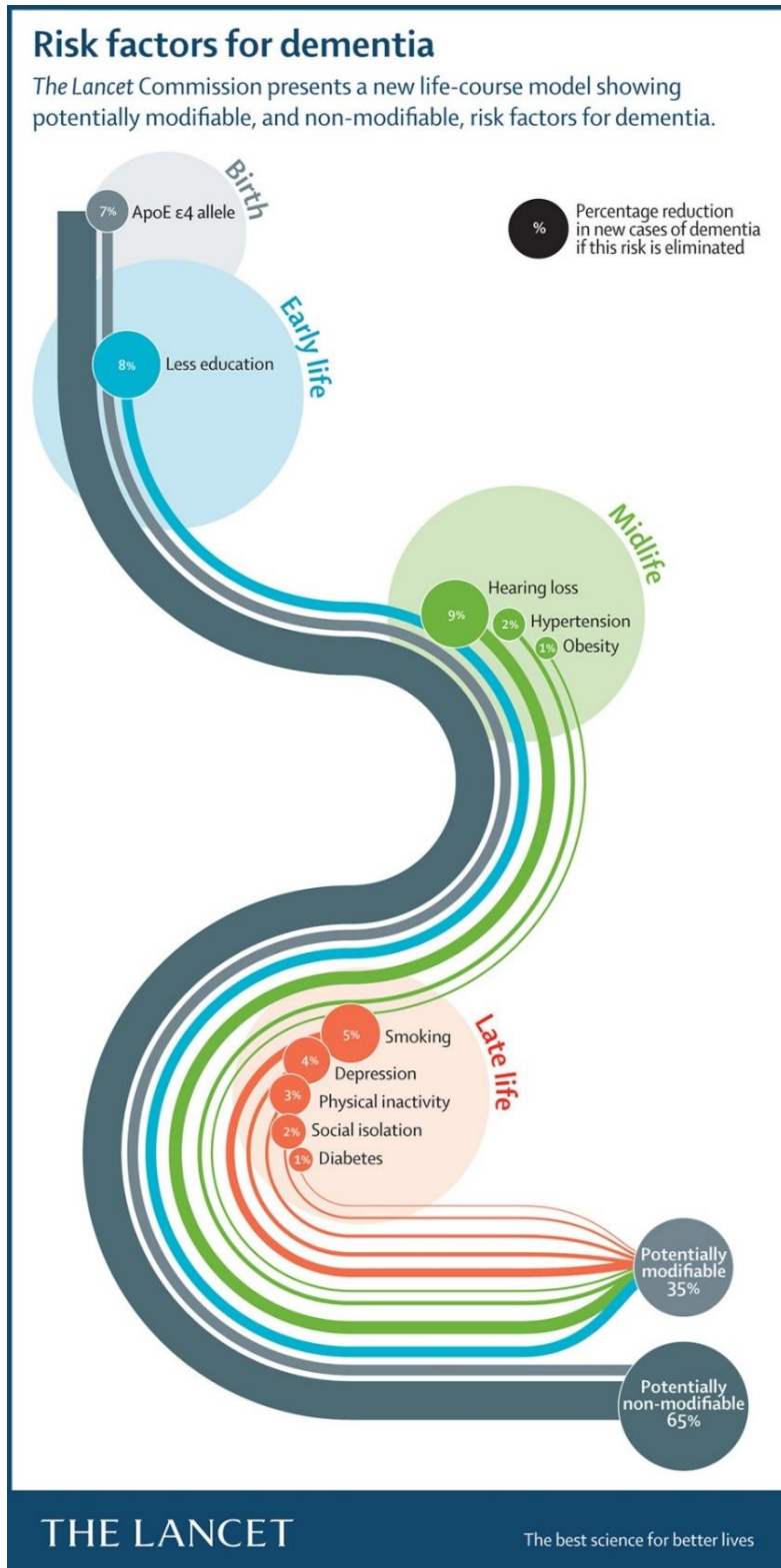
to support improved wellbeing throughout South Ayrshire. Many of these activities are broad in scope and contribute to improved mental wellbeing, physical health, and general wellbeing.

1.7 What is Dementia?

- 1.7.1 Dementia is caused when brain cells are damaged e.g. by diseases such as Alzheimer's disease or a series of strokes. The specific symptoms that someone with dementia experiences will depend on the parts of the brain that are damaged and the underlying cause of the dementia. Further information can be found on the [Alzheimer Scotland website](#) and in Appendix 2.
- 1.7.2 The term 'dementia' describes a set of symptoms, caused by damage in the brain, that may include memory loss and difficulties with thinking, problem-solving, vision (although eyes might still be healthy), and language. These changes are often small to start with, but for someone with dementia they become severe enough to affect daily life, for example finding it difficult to carry out everyday tasks such as paying bills, finding their way around and remembering appointments. A person with dementia may also experience changes in their mood or behaviour.
- 1.7.3 Dementia is not a normal part of ageing and not everyone will develop dementia in their lifetime, it can also sometimes affect younger adults. Previously, presentation of dementia below the age of 65 was considered to be 'early onset' dementia, but a focus on person-centred care has made this age distinction less relevant.
- 1.7.4 Scientists and researchers are working hard to find a cure or effective treatments for dementia. In partnership with people with dementia and their families, they are also looking into its causes, how it might be prevented and diagnosed earlier, and how to improve quality of life for people living with the condition. Until a cure is found, there are drugs and other therapies that can help with some of the symptoms, so people can lead active, healthy lives and continue to do the things that matter to them most.
- 1.7.5 Several factors can contribute to the likelihood of a person developing dementia, some of which can be managed by lifestyle choices. A review published in [The Lancet](#) in July 2017 combined the results of published studies to evaluate the risk of lifestyle and other factors (including e.g. hearing loss, isolation, education, smoking cessation and diet) to evaluate their contributions to the overall risk of developing dementia. The review found that development of dementia was not always inevitable and that several of the risk factors could be modified. These risk factors are noted in Figure 1, below.

1.7.5 Figure 1. Risk factors associated with dementia, reproduced from *The Lancet*.

(Further details are available in the published article; reference to the ApoE ε4 allele relates to genetic predisposition that can influence the risk of late onset Alzheimer's, particularly when associated with high blood pressure or high cholesterol).



2. Who we are

- 2.1 The South Ayrshire Health and Social Care Partnership brings together a wide range of community and primary care health and social work services into a single operational delivery unit. In South Ayrshire, the Partnership includes Adult Services, Children’s Services, and Criminal Justice Services. The Partnership is governed by the Integration Joint Board (IJB). The IJB has members from NHS Ayrshire and Arran, South Ayrshire Council, representatives of the 3rd Sector, Independent Sector and staff representatives.
- 2.2 The Integration Joint Board is a separate legal entity from both South Ayrshire Council and the NHS Ayrshire and Arran Board. It is responsible for planning and overseeing the delivery of a full range of community health and social work/social care services. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the policy priorities set out in its Strategic Plan.
- 2.3 In practice, this means that services will work more closely together to deliver streamlined and effective support to people that need it.

2.4 Our Vision

‘Working together for the best possible health and wellbeing of our communities.’

2.5 Our Mission

The IJB through the Health and Social Care Partnership will express its mission in this planning period through an approach rooted in the following principles:

- Support and services will be co-produced – ‘doing with’ not ‘doing to.’
- Partnership with communities sharing all resources.
- People will be treated as equals and assets and strengths built upon.
- People will have access to good information and advice pre-crisis points.
- The system will be outcome focused, proportionate and responsive.
- Bureaucracy will be the minimum it needs to be.

2.6 Our Values

- 2.6.1 The following are the values to which those employed or contracted by the Partnership, or who are stakeholders in it, will be expected to adhere to:

<p>We will be: Caring Positive Respectful Safe Supportive</p>	<p>We will demonstrate: Engagement Integrity</p>
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2.7 The South Ayrshire Health and Social Care Partnership Strategic Outcomes

2.7.1 The Integration Joint Board has approved Strategic Outcomes and Policy Priorities which have been designed to deliver progress locally against the National Health and Wellbeing Outcomes for the period 2018-2021.

2.7.2 The Strategic Outcomes are:

- We will protect vulnerable children and adults from harm.
- We will work to provide the best start in life for children in South Ayrshire.
- We will improve outcomes for children who are looked after in South Ayrshire.
- We will reduce health inequalities.
- We will shift the balance of care from acute hospitals to community settings.
- We will support people to exercise choice and control in the achievement of their personal outcomes.
- We will manage resources effectively, making best use of our integrated capacity.
- We will give all of our stakeholders a voice.

2.8 Our People and Partners

2.8.1 This strategy requires strong relationships and partnerships with agencies, services and the people who provide and receive them in South Ayrshire. Our ability to address the outcomes set out will largely depend on how well partners work together and how well they are integrated into the Partnership's Strategic Planning process.

2.8.2 The Partnership has made clear its intentions to establish new relationships with the public to ensure that they are much more active participants in shaping their own health and social care in the future. The work of the Partnership depends on active communities and families taking steps to improve their own health and to provide neighbourly care and support.

2.8.3 This approach is often termed 'co-production' which includes supporting service users and carers to be equal partners in, and contributors to, their own care and support. The Partnership will put in place 'structural' arrangements for ensuring good joint work, for example, building on the work that has been done to establish cross sector locality planning groups within communities in South Ayrshire. The workforce, including employees of both Health and Council services, is an important resource along with the others mentioned below for the delivery of quality outcomes for people in South Ayrshire and the Partnership will support staff to be motivated, committed, skilled and valued. In delivering this strategy it is vital that strong internal connections with Council and non-delegated health services are not lost or weakened.

2.8.4 As the primary universal service for most people, General Practice is a vital component in the work of the Partnership. General Practitioners are already engaged in a range of work programmes that support the objectives of this Strategy. The Partnership recognises the centrality and importance of this work and consequently has sought to strengthen its relationship with General Practitioners through formal structures, at locality level and in the way it shapes and

manages its services. The Third, Community and Independent Sectors play an important role in supporting the delivery of this strategy. In South Ayrshire, there has been significant strengthening of the valuable role of these sectors and there is a positive relationship in place which provides a solid foundation for future work.

2.9 Policy Context

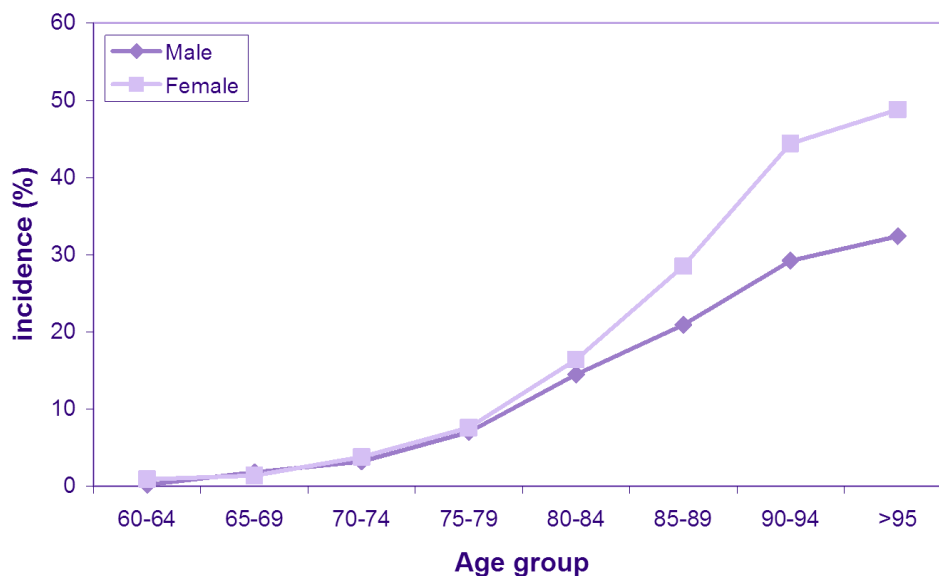
2.9.1 The national and local policy context which this Strategy document has been framed is set out at Appendix 1.

2.10 Population Needs

2.10.1 Alzheimer Scotland provides information about the types of dementia, including causes and symptoms, and how it is diagnosed and treated. Dementia is not an inevitable consequence of ageing: work published in the Lancet in 2017 identifies health and lifestyle factors from different phases of life that, if eliminated, might prevent dementia. Although therapies are currently not available to modify the underlying disease process, there are medical and social interventions that are able to help manage the symptoms of dementia.

2.10.2 As documented by the Alzheimer Europe - European Collaboration on Dementia, the main risk factor for dementia is age. The figure below illustrates the increase in dementia prevalence associated with age.

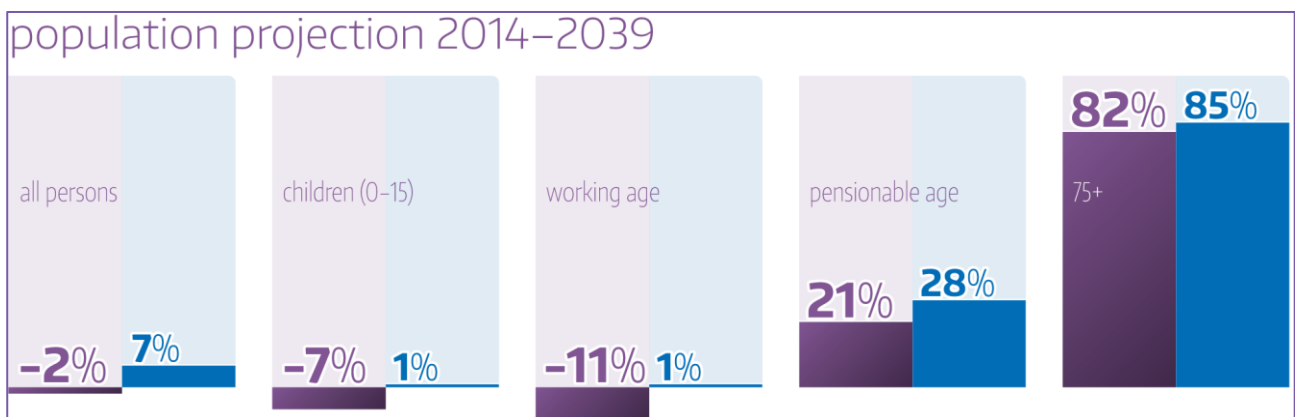
2.10.3 *Figure 2: Incidence of dementia diagnosis increases with age*



2.10.4 By 2039, the South Ayrshire population is projected to be 110,104, a decrease of 2% compared to the population in 2014. The population of Scotland as a whole is projected to increase by 7%.¹

¹ National Records of Scotland, 2014-2039 Population Projections

- 2.10.5 The projected change in South Ayrshire is not evenly spread across the different age groups. South Ayrshire's younger population (0-15 years) is projected to decrease by 7% and its working age population by 11%.¹
- 2.10.6 The pensionable age population is, however, projected to increase by 21% by 2039. More dramatically, the number of people aged 75 and over is projected to increase by 82% to 21,571 people, with major consequences for the demand for older people's services (see Figure 3).¹
- 2.10.7 *Figure 3: Population Projections 2014 – 2039 for South Ayrshire and Scotland (South Ayrshire data is shown in purple and Scotland in blue – National Records of Scotland, Population Projections 2014-2039)*



2.11 Dementia Prevalence in South Ayrshire

- 2.11.1 Over the period 2006 - 2016, the prevalence rate for diagnosis in South Ayrshire has risen from 0.59 to 1.03. This rise is much greater than that for Scotland as a whole, which has risen from 0.55 to 0.80 (about half as much) in the same space of time.² Moreover, the population structure in South Ayrshire suggests that the increase is likely to become greater still in the coming years. Whilst more detailed work is being undertaken by the Directorate of Public Health, we anticipate challenge in future years in terms of service demand.
- 2.11.2 Further information on the needs of the South Ayrshire population is set out at Appendix 2.

² ISD, QOF Register 2006-2016

2.12 Available Resources

2.12.1 We need to develop models of intervention and service provision which are increasingly cost effective and efficient. Early intervention will be the keystone of our approach and we will endeavour to maximise choice and control for people with dementia. However, we have a responsibility to be clear that because of changing and in some cases increasing needs, together with the scale of financial challenges faced, this will lead to a significant shift in what people can expect. This means people being supported to a greater degree within the community and our emphasis will be on working in partnership with communities in relation to how this shift can be achieved and supported.

2.12.2 The following summarises total spend on Dementia Services in South Ayrshire over the last year:

2017-18	£
Dementia related employees	£1,158,000
Pharmacy	£202,000
Payments to Third Sector	£175,000
Dementia related care home costs*	£11,494,341
Dementia related care at home costs**	£1,132,135
Total	£14,161,476

* The overall cost of external care home places in South Ayrshire was £16,622,832. The proportion of people with a diagnosis of dementia in South Ayrshire Care Homes over the last year was 62%. To enable a crude cost to be calculated, 62% of the overall cost of external care homes in the last financial year was calculated as £10,306,156.

The overall cost of internal care home places was £1,916,427. The proportion of people with a diagnosis of dementia in South Ayrshire Care Homes over the last year was 62%. To enable a crude cost to be calculated, 62% of the overall cost of internal care homes in the last financial year was calculated as £1,188,184.

The external and internal care home places costs were combined to provide an overall figure of £11,494,341.

** The proportion of people receiving care at home with a diagnosis of dementia over the last year was 7% (This figure may be under-reported). To enable a crude cost to be calculated, the overall cost of care at home in the last financial year (£16,173,363) was obtained and 7% of this cost was taken to provide the overall figure of £1,132,135.

3. Developing the Strategy

3.1 Dementia is a national priority in Scotland. In June 2017, the Scottish Government published Scotland's National Dementia Strategy 2017-2020. The commitments set out by Scottish Government in the national strategy are set out below and have informed our discussions in South Ayrshire:

3.2 The key outcomes that Scotland's National Dementia Strategy wants to see are:

- more people have increased say and control over their dementia diagnosis and are diagnosed early enough that they can take as full a part as possible in their own care planning;
- more people get earlier access to good quality, person-centred post diagnostic support in a way that meets their needs and circumstances;
- more people with dementia are enabled to live well and safely at home or in a homely setting for as long as they and their family wish;
- more people get timely access to good quality palliative and end of life care;
- during the process of diagnosis and through all parts of the care journey, the critical input of family carers is encouraged and facilitated, and carers' own needs are recognised and addressed;
- people with dementia's right to good quality, dignified, safe and therapeutic treatment, care and support is recognised and facilitated equally in all care settings – at home, in care homes or in acute or specialist NHS facilities; and
- there are more dementia-friendly and dementia-enabled communities, organisations, institutions and initiatives.

3.3 Scotland's National Dementia Strategy was underpinned by a commitment to a Human Rights approach to dementia as set out by the Charter of Rights for people with Dementia and their Carers in Scotland. Our local Dementia Strategy will adopt the same approach. The **Charter of Rights** is summarised as:

3.4 People with dementia and their carers, at every stage of the illness and wherever they are, have the following rights.

3.4.1 Participation

1. People with dementia and their carers have the right to be provided with accessible information and the support they require in order to enable them to exercise their right to participate in decisions which affect them.
2. People with dementia and their carers have the right to live as independently as possible with access to recreational, leisure and cultural life in their community.
3. People with dementia and their carers have the right to full participation in care needs assessment, planning, deciding and arranging care, support and treatment, including advanced decision making.
4. People with dementia and their carers have the right to be assisted to participate in the formulation and implementation of policies that affect their well-being and the exercise of their human rights.

3.4.2 Accountability

5. People with dementia and their carers have the right to be able to enjoy human rights and fundamental freedoms in every part of their daily lives and wherever they are, including full respect for their dignity, beliefs, individual circumstances and privacy.
6. Public and private bodies, voluntary organisations and individuals responsible for the care and treatment of people with dementia should be held accountable for the respect, protection and fulfilment of their human rights and adequate steps should be adopted to ensure this is the case.

3.4.3 Non-discrimination and equality

7. People with dementia and their carers have the right to be free from discrimination based on any grounds such as age, disability, gender, race, sexual orientation, religious beliefs, social or other status.

3.4.4 Empowerment

8. People with dementia have the right to access appropriate levels of care providing protection, rehabilitation and encouragement.
9. People with dementia have the right to help to attain and maintain maximum independence, physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life
10. People with dementia and their carers have the right to access opportunities for community education and lifelong learning.
11. People with dementia have the right to access to social and legal services to enhance their autonomy, protection and care.
12. People with dementia have the right to health and social care services provided by professionals and staff who have had appropriate training on dementia and human rights to ensure the highest quality of service.

3.4.5 Legality

13. People with dementia and their carers have the right to have the full range of human rights respected, protected and fulfilled. In addition to those explicitly contained in the Human Rights Act 1998, these include:
 - the right to live in dignity and security and be free of exploitation, violence and physical, mental or sexual abuse;
 - economic, social and cultural rights including the right to an adequate standard of living including social protection; and
 - the right to the highest attainable standard of physical and mental health.
14. People with dementia and their carers have the right to information, to participation in decision making and, where rights are not observed, the right to seek remedy through effective complaint and appeal procedures.
15. People with dementia have the right, regardless of diagnosis, to the same civil and legal rights as everyone else. Where someone lacks capacity to take a specific action or decision due to their mental disorder, anyone acting for them must have regard for the principles and provisions of the Adults with Incapacity (Scotland) Act 2000. These principles are enshrined in Article 12 of the Convention on the Rights of Persons with Disabilities which sets out international standards in relation to legal capacity.

16. In summary, any intervention on behalf of the person with dementia who lacks capacity must:

- benefit the person;
- restrict the person's freedom as little as possible whilst still achieving the desired benefit;
- take account of the person's past and present wishes (with appropriate support to assist communication);
- take account of the views of relevant others; and
- encourage the person to use their existing abilities and to develop new skills.

3.5 In South Ayrshire, we benefit from examples of existing good practice, including dementia friendly communities, accessible services, post diagnostic support, support for younger people with dementia and financial harm prevention. Our hope is that South Ayrshire is and continues to be a good place for people to live with dementia. This means that families should feel supported in their caring roles, that post diagnostic support is offered and delivered according to the choices made by individuals.

3.6 We want to make sure that people can live well with dementia, and that means looking at the good practice of existing support agencies and raising awareness of positive responses and provisions. This document sets the Strategic Themes that we believe are important and will help us in South Ayrshire to deliver on our commitments.

3.7 Supporting people living with dementia links with other programmes and services that the Partnership delivers (see Figure 4 below). The Locality Planning Groups across South Ayrshire have also identified dementia as a key priority in their Action Plans.

3.8 *Figure 4: Supporting people living with dementia links to other programmes and there is a need to ensure good articulation with these other work areas*



3.8 We have based development of this strategy on evidence that we gathered in several ways:

- Analysis of need and demographic projections, supported by the work of the Partnership's Planning and Performance, and Public Health teams;
- Staff surveys for managers and frontline workers across the health, social care and the Third and Independent Sectors;
- Interviews with the leads of the strategy sub-groups established as part of the exercise to develop this new document;
- Through the summary of strategies and policies (see Appendix 1) that direct how our services should work; and
- Through additional consultation and engagement with service users, carers, families, provider organisations; Health and Social Care Partnership managers, clinicians and staff; General Practitioners' Stakeholder Group; the Strategic Planning Advisory Group; South Ayrshire Adult Mental Health Providers' Forum; Locality Planning Groups and the Integration Joint Board.

3.9 Research and Consultation

3.9.1 From the evidence gathered above, our previous work and wider research, our view is that:

- Improved community awareness, and accessible environments are better for everyone.
- Some types of dementia are preventable and community-based prevention programmes should be in place (e.g. for alcohol related brain damage and some risk factors related to vascular dementia).
- Interventions such as management of hearing loss, hypertension etc. offer routes to general wellbeing and minimise the risk of dementia ([Lancet Commission](#)).
- Screening can assist in identifying those at risk of early onset dementia.
- Where dementia is not preventable, interventions should be in place that might slow down the development of symptoms in some forms of dementia.

3.10 Consultation feedback

3.10.1 Overall responses to consultation suggested a desire for improved awareness and education in relation to dementia and its underlying causes, its impact on people's lives, and available support. There was a strong theme of improving acceptance and understanding, to support people with dementia and carers. Figure 5 below identifies the areas that respondents felt the strategy should focus on. More frequent reference to words or ideas in the feedback is illustrated by larger words in the image.

recognition of the effects of dementia and the difference from normal ageing. Many responses suggested that greater community awareness and cohesion would be to the long-term benefit of those with dementia.

3.10.5 Dementia friendly environments

- 3.10.5.1 Consultation indicates that our work to date in relation to dementia friendly towns was noted positively, and there appeared to be a common desire to see improved accessibility across other areas in South Ayrshire. Improving signage would be beneficial for people with dementia and the wider community.
- 3.10.5.2 Similarly, the provision of care closer to home and the need for a secure, safe, warm and clean home with access to appropriate nutrition was mentioned by many.

3.10.6 Quality of care

- 3.10.6.1 In the context of formal care settings, feedback suggested a desire for additional training in how best to communicate with people with dementia. Introduction or further training of 'dementia champions' in clinical settings was suggested as one way of addressing this.
- 3.10.6.2 Feedback included the perceptions that home care teams would benefit from further training and the ability to spend time with the carer and family to better support those with dementia. Increased awareness and training to support those with dementia and other health conditions was noted by several responses. Several responses were clear about their opinions in the need for adequate levels of service provision (especially out of hours) to keep people at home for longer but noted that this would require investment in care and housing provision. Many noted their perceptions of the need to increase funding.

3.10.7 Choice and options for support

- 3.10.7.1 Responses to questions about choice and control tended to centre on the desire for people to maintain living in their own environment for as long as possible. Suggestions included additional befriending, advocacy and volunteer drivers as well as opportunities for safe environments for social interaction and addressing loneliness. The notion of specific support was discussed in the context of self-management and personalised care, with a need to ensure that collaborative care design and delivery takes place. Feedback suggested that this could be delivered through a combination of formal and community-based initiatives, but respectful treatment of people as individuals was a very strong theme.
- 3.10.7.2 Use of technology was not a strong theme in the responses received to date, perhaps as a consequence of limited exposure to possible options. One response noted a desire for improvements to the functionality and accessibility of websites to provide links to support, e.g. via NHS Inform. One possible extension of these tools might be the use of domestic environment monitoring, as used in relation to telecare and telehealth.

- 3.10.8 Overall, consultation responses suggested our wider strategic ambitions are best captured by statements from people living with dementia. These are intended to capture the human elements of living with dementia (rather than applying medical labels), and underpin the specific aims described later in this document.

3.10.9 Maintaining Caring Relationships

3.10.9.1 Many consultation responses noted the difficulty of the role that carers perform and the need to address social isolation for carers as well as those they care for, in particular those who might have limited funds or transport. Support with managing finances, continence, and the ability to access support from those with appropriate experience was noted. Several responses mentioned the need for appropriate support for carers to retain fulfilment in their lives and be able to access support. This extended to the suggestion of psychological therapy to address anticipatory grief for the carer and the person with dementia.


3.10.10 Protection from Harm

Unsurprisingly, the majority of responses from carers indicated that they wanted their loved-ones to remain safe from harm. Issues of safety reflected in the consultation were broad, encompassing risks in the home, detection and prevention of scams, protection from dishonest tradespersons, and general safety when 'out and about'.

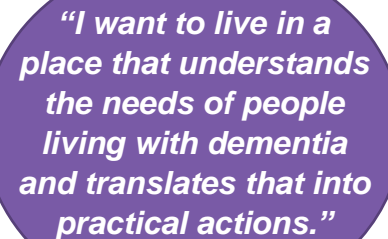
3.10.10.1 In summary, people have told us:




"I want services and supports to be accessible to me no matter where I live."




"I want choice and control in the way that I am enabled to deal with my life."



"I want to live in a place that understands the needs of people living with dementia and translates that into practical actions."



"I want to be treated like a person, not defined by my condition... I want respect and dignity."



"I want services and supports to be designed in a way that meet my particular needs."

4. Where are we now?

- 4.1 Over the past decade progress has been made in South Ayrshire. This includes progress in terms of post-diagnostic support, in improving the experience of people with dementia and that of their families and carers in hospital as well as in the community. Our work over the last three years has been focussed on collaboration and implementing the outcomes of the national dementia strategies in a coordinated way.
- 4.2 Some examples include:



Dementia Friendly Prestwick was established in 2014. The success of this work has been a catalyst for other areas such as Troon, to develop similar programmes. In Girvan, a significant piece of local research (supported by the UWS) has been the foundation for the development of local work. Other thematic work takes through, for example, Ayrshire Gaiety, Ayr United Football Academy, Libraries and Leisure Services.



Alzheimer Scotland South Ayrshire provides support to people with dementia and their carers by carrying out home visits and facilitating community activity groups. The types of support provided include planning for the future, staying active, increasing participation in influencing policies and accessing peer support. Football Reminiscence, Ladies Who Lunch, Melody Memories and a Carers Group are some of the group activity that takes place.



Everybody newly diagnosed with dementia in South Ayrshire is offered a year of post-diagnostic support delivered by a professional with training appropriate to that person's needs (Community Psychiatric Nurse, Liaison Nurse, Occupational Therapist, or Learning Disabilities Nurse where this is more appropriate).

The Partnership has invested in 'Promoting Excellence' training for staff in both health and social care staff have received training appropriate to their roles. Training has also been undertaken by Scottish Fire and Rescue and Police Scotland, as well as adapted sessions for carers.

Uptake of Self-Directed Support, which promotes choice and control, is increasing, particularly among those with early-onset dementia. It is a more flexible delivery mechanism for care.



The Pilotlight project in South Ayrshire used a co-design team which consisted of people with lived experience of younger onset dementia, their carers, social workers, community psychiatric nurses, practitioners, private sector support providers and providers of independent advice. Together we looked at the care pathway and developed helpful tools to support people and their carers with younger onset dementia.

Mental Health Liaison nurses cover all hospitals (Ayr, Biggart and Girvan hospitals in South Ayrshire). They work closely with the dementia nurse consultant and have representation on the dementia champion group.

There are a range of local supports available through stakeholders such as Alzheimer Scotland and Ayrshire Dementia Care (formerly South Ayrshire Dementia Support Association) who provide specialised day care, family, and carers support.



South Ayrshire H&SCP works with Trading Standards to help safeguard residents from mail and telephone fraud or unscrupulous doorstep callers and rogue traders, for instance by working with Post Office staff to intercept fraudulent mail.

All people with a diagnosis of dementia and who have been prescribed anticholinesterase medication (used to slow the degradation of cognitive activity in the treatment of Alzheimer's) are monitored and reviewed at least yearly by the Elderly Community Mental Health Team.

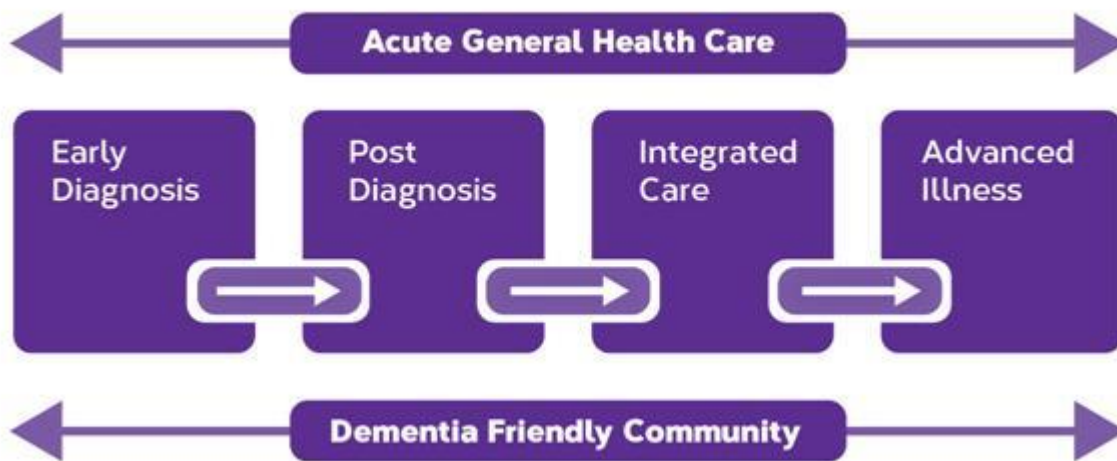
Cognitive Stimulation Therapy (a 14-week programme supporting memory skills and social interaction) is available to people with a diagnosis of early onset, mild Dementia via the Elderly Community Mental Health Team.

Our Elderly Mental Health Team has two nursing home liaison nurses who support residents and staff within the care homes. They have made a significant impact on the care delivered to people with dementia in care homes in South Ayrshire.

5. Strategic Themes

5.1 In order to build and improve on previous work, the South Ayrshire Health and Social Care Partnership will work towards achieving the following outcomes. These have been developed following consultation as described above. The Strategic Themes take account of Alzheimer Scotland's 'Vision for Change' diagram which highlights the areas that people with dementia, their families and carers say are most important to them (see Figure 6 below). The relationships between individual activities and our wider aims are illustrated in the driver diagram at Appendix 5.

5.2 *Figure 6: 'Vision for Change' (Image reproduced from Alzheimer Scotland)*



5.3 The methods that are adopted and commissioned by individuals, communities, and professionals in South Ayrshire under the provisions of this Strategy will be in line with the following Strategic Themes:

5.4 Prevention

5.4.1 As described above, evidence indicates that onset of dementia can be delayed or prevented if risk factors are managed effectively. Preventative work recognises the importance of wellbeing and promotion of good physical and mental health to delay the onset of dementia.

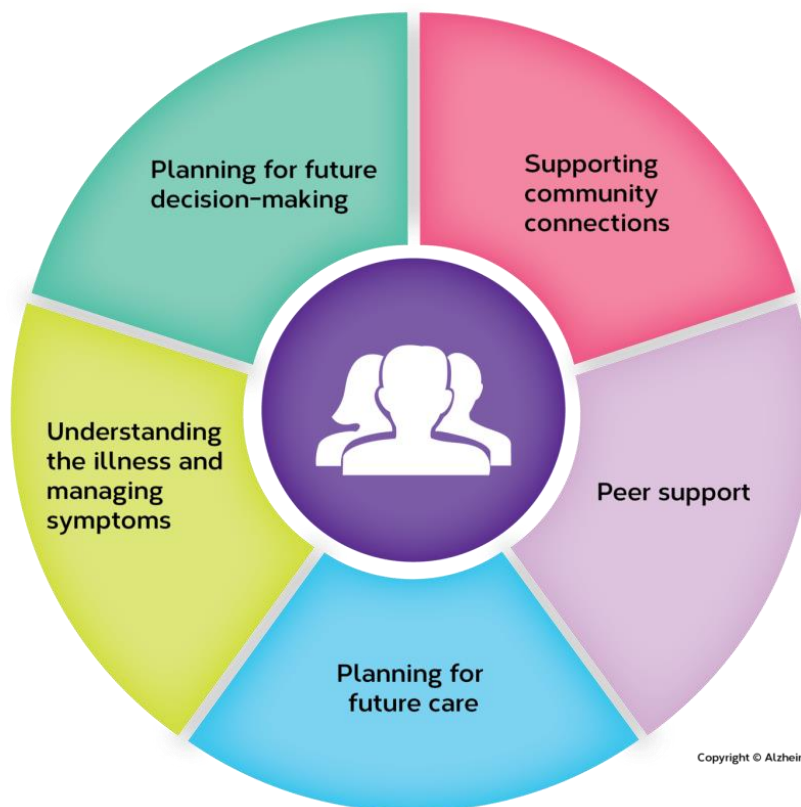
Areas of Focus

- 5.4.2
- We will highlight possible activities and preventative steps and will pursue them with communities.
 - We will work in partnership with Public Health to promote good mental health and wellbeing.

5.5 Early Interventions

5.5.1 For those who do develop dementia, we will make sure that they get access to appropriate and timely interventions, taking note of the 'five pillars' approach to early intervention recognised by Scotland's National Dementia Strategy (see Figure 7 below).

5.5.2 *Figure 7 – Alzheimer Scotland's Five Pillars Model of Post Diagnostic Support shows the five key elements which are essential to supporting a person after their diagnosis.*



5.5.3 Areas of Focus

- Communities will be supported to have an informed view of dementia so that earlier referral to supports can be enhanced.
- Dementia will be detected and diagnosed earlier so that people can be offered appropriate support and interventions.
- Support will be based primarily on the needs of the person, rather than clinical interventions to address a condition.

- We will work to improve early identification and support via screening activities in groups at high risk of developing dementia.
- Pre-diagnosis support will be further improved to assist those with emerging needs and for those with mild cognitive impairment, or with conditions linked to later emergence of dementia such as Parkinson's disease or Down's syndrome.

5.6 Dementia Friendly Environments

5.6.1 While easily accessible physical and social environments benefit everybody, particular care is needed in designing and working in ways that support those with dementia. Our approach is intended to support people to live their lives in ways that they choose; by adopting a social/environmental model of disability our services will consider possible adaptations to the physical environment rather than a medical view of 'treatment'.

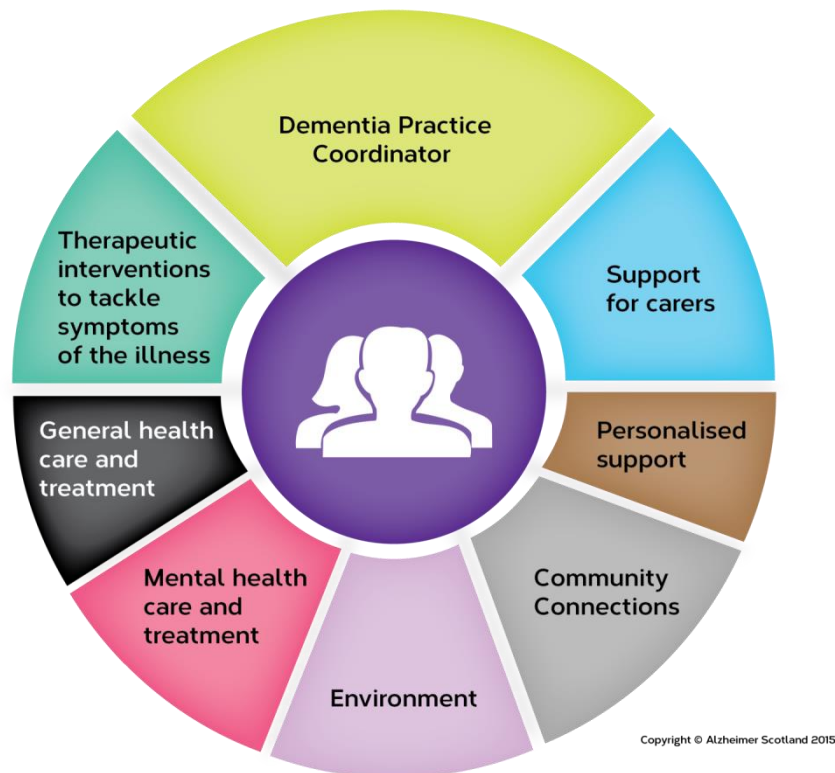
5.6.2 Areas of Focus

- We will encourage an increasing awareness of dementia and encourage improvements to the environment.
- We will work with partners to ensure that dementia-friendly principles will be embedded in services throughout South Ayrshire.
- We will work with our locality planning groups to help them take a leadership role in addressing these points in their neighbourhoods.
- Dementia training will be given to those working in key areas and encourage participation from partner organisations; this includes Acute Health staff, and those from South Ayrshire Council (e.g. in libraries and housing), Scottish Fire and Rescue, Police Scotland, etc.
- We will establish links with the University of the West of Scotland to receive updates on training and research being carried out.
- We will work with our Community Planning Partners to achieve outcomes identified in the Local Outcomes Improvement Plan.
- We will promote direct (informal) support via community groups, libraries, clubs and activities, not least through the South Ayrshire LIFE resource (and its dementia section).
- We will ensure that our Social Isolation Strategy and Implementation Plan fully considers the needs of people living with dementia and those caring for people with dementia.

5.7 Dementia Care in Context

5.7.1 We will seek to improve our offers of care to those with dementia in line with the approaches set out in the eight pillars model of integrated community support (described in the National Dementia Strategy – see Figure 8 below).

5.7.2 *Figure 8 – Alzheimer Scotland’s Eight Pillar Model of Community Support sets out a comprehensive and evidence-based approach to the integrated support of people with dementia living at home or a homely setting during the moderate to severe stages of illness.*



5.7.3 Areas of Focus

- We will develop dementia specific services in ways that recognise the different levels and types of need across our localities.
- Service delivery will be managed as part of a journey consistent with the care models promoted by Alzheimer’s Scotland and will aim to create a fully integrated and accessible pathway for service users.
- Work to develop an integrated pathway will inform recommissioning of services to support people with dementia.
- We will ensure that life stories and anticipatory care planning are used to support those with dementia.
- We will work with clinicians and other professionals to improve how we manage delirium and dementia at the point of entry to other services (e.g. Emergency Department or hospital admissions).
- We will work in ways that prevent avoidable admission to hospital for people with dementia.

- We will improve links between community and acute care to ensure peoples wishes are conveyed clearly when moving between settings via links with pan-Ayrshire acute dementia care strategies.
- We will set high expectations of ourselves and partners in the quality of service delivery, for example by supporting residential care providers to meet the Standards of Care for Dementia in Scotland.
- We will ensure that planning and care for people living with dementia at palliative and end of life stages is appropriate and sensitive to their needs and those of their family and carers. We will take account of the Alzheimer's Scotland Advanced Dementia Practice Model which sets out an integrated and comprehensive approach to providing care and support for people with advanced dementia and at end of life with dementia.

5.8 Choice and Options for Support

5.8.1 We will offer increased choice and control to those with dementia and their carers.

5.8.2 Areas of Focus

- We will improve further the rates of people receiving post-diagnostic support after a diagnosis of dementia (N.B. support for functional conditions is dealt with via the Adult Community Mental Health Strategy, so is not discussed here)
- We will promote access to a range of appropriate services, memory clinics, cafes, Dementia Advisors and Coordinators, activity groups, day care etc.
- We will optimise the use of Technology Enabled Care to support people living with dementia
- People with dementia and who receive services will be supported in taking control of service management wherever this is appropriate, supported by a coordinator or via advocacy
- We will increase the opportunities for people with dementia and their families to access Self-Directed Support (SDS)
- We will support the retention of independence via practical and personal support, including home signage, advice, befriending (particularly outside service hours) and provision of crisis support
- We will liaise with hospital services to ensure timely provision of support to assist in the process of discharge from hospital (e.g. by way of liaison staff)

5.9 Maintaining Caring Relationships

5.9.1 We recognise the importance of caring relationships, whether they arise from formal or informal circumstances ensuring that carers' views are considered as appropriate throughout their journey.

5.9.2 Areas of focus

- The Health and Social Care Partnership will fully support carers in their caring role.

- We will ensure that our Carers Strategy and Implementation Plan fully considers the needs of people caring for those living with dementia.
- We will ensure that life stories and anticipatory care planning are used to support carers of those with dementia.
- Local South Ayrshire residents will have an increased understanding of dementia and the role they can play in supporting people living with dementia and their carers.

5.10 Protection from Harm

5.10.1 We will protect vulnerable people from harm

5.10.2 Areas of Focus

- Adults with dementia will be protected from harm by the Adult Support and Protection process which encompasses all categories of harm.
- Adults with dementia will be protected from financial harm by working with Trading Standards to provide safeguards from mail and telephone scams or unscrupulous doorstep callers.

6. What We Will Do Next

6.1 We will:

- Establish a steering group with responsibility to manage the delivery of the Implementation Plan with representation from the respective partners, including provider organisations;
- Confirm the reporting structure to clarify individual responsibilities;
- Develop Commissioning Plans for all services to be provided;
- Put in place robust monitoring and reporting arrangements;
- Collect outcomes-based evidence across all services;
- Review the Implementation Plan on a six monthly basis; and
- Co-produce services with people with dementia and carers as equal partners as part of the mid-term review process in late 2020.

7. How We Will Know We Have Made a Difference

7.1 We will measure performance, both qualitatively and quantitatively, against the Strategic Themes we have set and report on this to the Health and Social Care Partnership's Performance and Audit Committee. This information will be publicly available to all stakeholders through the Health and Social Care Partnership website:

<https://www.south-ayrshire.gov.uk/health-social-care-partnership/>

7.2 We will seek to evidence:

- Increased take up of preventative support;
- Promoting an understanding of the options under Self-Directed Support demonstrating and upward trend in the uptake of Options 1 and 2
- Higher levels of engagement and involvement of people with dementia in service design;
- Improved rates of post-diagnostic support;
- Improved partnership processes to respond to Adult Support and Protection referrals; and
- Improved community and employee awareness of dementia.

7.3 Our Performance Framework is set out at Appendix 3 and details the systematic and robust approach we will adopt to demonstrate delivery against the Strategic Themes. We have also included a Strategic Risk Analysis at Appendix 6, and an Equality Impact Assessment at Appendix 7.

7.4 Review of Strategy

7.4.1 In addition to the performance monitoring activity set out above, the Implementation Plan will be subject to a six-monthly review and a formal review halfway through the period 2018-2023 (i.e. in late summer 2020).

8. Glossary

4AT Assessment Tool	The 4AT tool is used to assess patients for delirium. It stands for Alertness, AMT4 (Patients are asked their age, date of birth, name of hospital or building and current year), Attention and Acute changes.
Coproduction	A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.
CPP	Community Planning Partnership
HIS	Healthcare Improvement Scotland, the national improvement agency for NHS services
HSCP	Health and Social Care Partnership
Independent Sector	Care providers operating as independent businesses within the private sector
IJB	Integration Joint Board, the Governing Body of the Health and Social Care Partnership
LOIP	Local Outcomes Improvement Plan is a Community Planning Partnership Plan which replaces the previous Single Outcome Agreement.
SAC	South Ayrshire Council
SADSA	South Ayrshire Dementia Support Association
SDS	Self-Directed Support
South Ayrshire LIFE	South Ayrshire LIFE is a directory of local activities and volunteering opportunities in the South Ayrshire area.
TEC	Technology Enabled Care
Third Sector	Third Sector comprises community groups, voluntary organisations, charities, social enterprises, cooperatives and individual volunteers

9. Implementation Plan

The Strategic Themes will be delivered through the completion of the following measurable tasks whilst supporting people to achieve the National Health and Wellbeing Outcomes (a full description can be found in Appendix 4):

STRATEGIC THEME: Prevention					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
1	Develop referral pathways to existing programmes that may prevent dementia, e.g. alcohol related support, health improvement, diet and exercise and the new social isolation work stream.	Senior Manager Mental Health Services	September 2019 (and 6 monthly review thereafter)	A, D.	HSCP Integrated Budget
2	Ensure active linkage between the Dementia Strategy and associated programmes and strategies that may slow down the development of symptoms, for example, through the Sensory Impairment Strategy.	Senior Manager Mental Health Services	September 2019 (and 6 monthly review thereafter)	A, D	HSCP Integrated Budget
3	Work in partnership with Public Health to provide information and advice in localities to promote good mental health and wellbeing and to promote early intervention when required.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	A; D, I	HSCP Integrated Budget NHS Ayrshire and Arran

STRATEGIC THEME: Early Interventions					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
4	<p>Develop a comprehensive public facing dementia awareness programme (ensuring linkage to local Dementia Friendly work) to ensure early signs are responded to timeously. This will include:</p> <ul style="list-style-type: none"> • Supporting work taking place within the context of Locality Planning Groups and Dementia Friendly Communities, and equipping Community Planning Partners to enhance public awareness, • Ensuring that NHS Ayrshire & Arran and South Ayrshire Council promote dementia awareness via internal staff communication • Providing information to encourage presentation at an earlier stage of disease progression to narrow the gap between the number of people on the register and projections of prevalence. • Developing third sector specific support through VASA-led sessions • Supporting the wider deployment of the Dementia Champions programme facilitated through Alzheimer Scotland • Exploring appropriate curricular (and other 	Partnership Facilitator	September 2019 (and 6 monthly review thereafter)	A, D, I	Activity within existing service capacity

	informal) opportunities to explore dementia using inter-generational activity and opportunity within school contexts				
5	Building on the learning from the national primary care pilot programme, strengthen local pathways from Primary Care to context for diagnosis.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	D	HSCP Integrated Budget
6	Dementia training will be given to those working in key areas including the HSCP, NHS Acute Services, South Ayrshire Council departments, Police Scotland, Scottish Fire and Rescue Service and Transport Providers, Ayrshire College, Churches, Third and Independent Sector (action also supports Strategy Outcome – Dementia Friendly Environments).	Partnership Facilitator	March 2020 (and 6 monthly review thereafter)	D, H	Resource yet to be identified
7	Offer Post-Diagnostic Support to anybody newly diagnosed with dementia in a flexible and iterative way and increase take up of the support offered.	Senior Manager Mental Health Services	March 2020 (and 6 monthly review thereafter)	C, D	HSCP Integrated Budget

STRATEGIC THEME: Dementia Friendly Environments					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
8	Continue the work of the <i>Dementia Friendly South Ayrshire Steering Group</i> and develop a linked work-plan to develop co-ordinated activity across the area.	Partnership Facilitator	March 2019 (and 6 monthly review thereafter)	D, H	Delivered within existing capacity
9	Strengthen existing locality based Dementia Friendly work (in Prestwick and Troon) and develop new activity in Girvan, Maybole, Ayr and elsewhere.	Partnership Facilitator	March 2020 (and 6 monthly review thereafter)	A, E	Community based resources
10	Support the work of the South Ayrshire Community Planning Partners to implement actions on Supporting People with Dementia and their Carers within the LOIP.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	A, E	Delivered within existing capacity
11	Influence and contribute to other related strategic programmes that might offer support to people with dementia such as Community Led Support, Community Capacity, and local place planning	Partnership Facilitator	March 2019 (and 6 monthly review thereafter)	E	Delivered within existing capacity
12	Collaborate to ensure that the dementia section on the South Ayrshire LIFE web-site includes comprehensive dementia friendly information.	Partnership Facilitator	March 2019 (and 6 monthly review thereafter)	E	Delivered within existing capacity

13	Explore and utilise learning from the pilot Dementia Friendly Care Home work being developed in East Ayrshire HSCP.	Partnership Facilitator	September 2020 (and 6 monthly review thereafter)	D	Delivered within existing capacity
14	We will ensure that our Social Isolation Strategy and Implementation Plan fully considers the needs of people living with dementia and those caring for people with dementia.	Partnership Facilitator	March 2019 (and 6 monthly review thereafter)	A	Delivered within existing capacity
STRATEGIC THEME: Dementia Care in Context					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
15	Make appropriate services available which recognises the different levels and types of need.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	D, E	HSCP Integrated Budget
16	Manage services as part of a journey consistent to create a fully integrated and accessible referral pathway for service users (consistent with the Alzheimer Scotland models of care).	Senior Manager Mental Health Services	March 2020 (and 6 monthly review thereafter)	C, D	HSCP Integrated Budget

17	Improve arrangements for diagnosis and management of dementia at Primary Care level utilising learning from the national GP pilot work in Grampian area.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	D.	HSCP Integrated Budget
18	Provide training and support to improve identification and support for non-typical cases (such as those involving younger onset, or a combination of Learning Disability and Dementia, etc.)	Senior Manager Mental Health Services	March 2020 (and 6 monthly review thereafter)	D, E.	HSCP Integrated Budget
19	People with learning disabilities who require access to specialist assessment for the diagnosis of dementia or who have a confirmed diagnosis of dementia will have access to specialist interventions, where required.	Team Leader – Community Learning Disability Team	March 2019 (and 6 monthly review thereafter)	E	HSCP Integrated Budget
20	We will work with clinicians and other professionals to improve how we manage delirium and dementia at the point of entry to other services (e.g. The 4AT clinical instrument for delirium detection and other screening methods at Emergency Department or hospital admissions).	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	D	HSCP Integrated Budget
21	Improve links between community and acute care to ensure peoples wishes are conveyed clearly when moving between settings.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	D	HSCP Integrated Budget

22	Set high expectations of ourselves and partners in the quality of service delivery by supporting independent providers to meet the standards for Care for Dementia in Scotland.	Senior Manager Mental Health Services	March 2020 (and 6 monthly review thereafter)	C, D	HSCP Integrated Budget
23	Incorporate the needs of people with dementia and carers' needs within our Palliative and End of Life Care planning, through Ayrshire wide and local strategic planning on Palliative and End of Life Care.	Associate Nurse Director South Ayrshire HSCP	March 2019 (and 6 monthly review thereafter)	C, F	HSCP Integrated Budget
STRATEGIC THEME: Choice and Options for Support					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
24	Increase opportunities for people with dementia and their families and carers to access Self-Directed Support (SDS) by identifying people currently in receipt of services across the partnership and set up locality engagement events to provide them with information on how to access SDS and demonstrate how it can provide them with more choice and control in their lives.	Team Leader (SDS)	March 2020 (and 6 monthly review thereafter)	A, D	Delivered within existing capacity

25	In line with our statutory responsibility, SDS will continue to be offered and explained at every new assessment and review to increase opportunities for individuals to have more choice and control. This will be evidenced by recording on both the statutory annual review and at every new assessment.	Team Leader (SDS)	March 2019 (and 6 monthly review thereafter)	A, D	Delivered within existing capacity
26	Promote advocacy services to people with dementia in the community, hospital, and residential establishments.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	C	Delivered within existing capacity
27	TEC options will be delivered with a focus on supporting people with dementia and their carers to be independent both at home and when accessing their community.	Senior Manager Mental Health Services	September 2019 (and 6 monthly review thereafter)	B	Delivered within existing capacity
28	For people with dementia, the Community Mental Health Team will offer access to income maximisation support to ensure that benefits and entitlements are received.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	E	Delivered within existing capacity
29	Actively promote Power of Attorney through the national marketing campaign.	Partnership Facilitator	March 2019 (and 6 monthly review thereafter)	D	Delivered within existing capacity

STRATEGIC THEME: Maintaining Caring Relationships					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source
30	The Strategic Lead for the Dementia Strategy will ensure the South Ayrshire Carer's Strategy and Implementation Plan fully addresses the needs of carers of those with dementia.	Senior Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	F	Delivered within existing capacity
31	Develop opportunities (in partnership with other organisations) to enable people living with dementia and their carers to influence local services and support by establishing an engagement forum whilst maintaining clear links with the Carers' Reference Group.	Partnership Facilitator	March 2019 (and 6 monthly review thereafter)	E, F	Delivered within existing capacity
STRATEGIC THEME: Protection from Harm					
Objective Number	Action	Responsible Officer	Target Date(s)	National Outcomes Delivered	Funding Source

32	Case file audits will be carried out regularly to monitor the assessment and management of risk and also highlight areas for continuous service improvement.	Service Manager Mental Health Services	March 2019 (and 6 monthly review thereafter)	G	HSCP Integrated Budget
33	Train our staff to manage risk and protect people from harm - the ASP multi-agency training calendar offering a range of training will be accessible across the Partnership and meet identified training needs.	Adult Support Protection Co-ordinator	March 2019 (and 6 monthly review thereafter)	G, H	HSCP Integrated Budget
34	Improve the safety of people living with dementia through the 'Keep Safe' programme.	Unit Team Leader – Day Care	March 2019 (and 6 monthly review thereafter)	G	Keep Safe Programme Resources
35	Continue work with Trading Standards to provide safeguards against mail/phone scams and unscrupulous doorstep callers.	Team Leader - Trading Standards	March 2019 (and 6 monthly review thereafter)	G	Trading Standards

Appendix 1: Policy Context

Background

Policy at both a national and local level aims to ensure that people with dementia have their rights respected, are treated fairly, and are supported to make their own decision and to live as independently as they choose. More generally, there is also a firm commitment to reducing health inequalities by addressing socioeconomic, environmental and lifestyle determinants and prioritising early intervention and prevention.

A focus on outcomes is key to achieving improved life chances and quality of life underpinned by a human rights approach and support for independent living. Partnership working and engagement with individuals, families, communities, and other organisations has a crucial role to play in achieving these outcomes, alongside approaches which build on the strengths and assets of individuals and local communities.

National Policy

Scotland's National Dementia Strategy (2017-2020)

The National Dementia Strategy 2017-2020 sets out a vision for people with dementia and their carers have timely access to skilled and well coordinate support that extends from diagnosis to the end of life and supports the achievement of outcomes that matter to them. Further to previous national strategies (which addressed timely diagnosis, quality of care, and post diagnostic support and integrated care) the current strategy focusses on quality of care throughout the life of people with dementia and their carers. It notes that in general, people are living longer, and as consequence are more likely to require support for complex needs or multiple conditions.

The National Strategy identifies three main challenges:

- Continued need for flexible, person centred support for people living with dementia, available consistently across a range of settings
- A requirement for further improvement in the provision of support provided shortly after diagnosis
- An increasing proportion of people developing dementia in later life, in addition to wider needs associated with old age

The National Strategy sets out key outcomes, which are supported by a series of 21 commitments. In summary the key outcomes address the desire for:

- Better control for those with dementia over their care planning
- Access to good post diagnostic support for more people
- Support to live in a homely setting
- Timely access to good palliative and end of life care
- Better recognition of the contributions and needs of carers
- Consistent access to good and dignified care and treatment

- More dementia-friendly and dementia-enabled communities

Mental Health in Scotland - a 10-year vision

Following the 2016 engagement exercise a new 10 year mental health strategy <http://www.gov.scot/Resource/0051/00516047.pdf> was published in March 2017. This marked a change from previous 3 year plans with a focus on:

- Prevention and early intervention
- Access to treatment
- Joined up accessible services
- The physical wellbeing of people with mental health problems
- A clear human rights based approach.

The strategy aims to prevent stigma and discrimination related to mental health and improve understanding of how to prevent and treat mental health problems in communities. The focus in the strategy is on mental healthcare that is person-centred and recognises the benefits of fast, effective treatment so people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.

A significant challenge for the Strategy is that over its 10 years it will attempt to achieve parity between mental and physical health.

The Strategy should be seen in the context of the Scottish Government's 2020 Vision for health and social care delivery, which emphasises integrated care and prevention, anticipation and supported self-management; and in the context of the Scottish Government's Health and Social Care Delivery Plan, which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.

Self-Directed Support

Self-Directed Support (SDS) is the principle that people have informed choice about the way that their social care and support is provided to them. The policy aims to ensure that people who need support have more control over how their support needs are met, and how their support is provided so that better outcomes are achieved, and people are enabled to live as full a life as possible. In this regard SDS is underpinned by the core principles of personalisation (people and families having choice and the ability to shape and control the public services they require) and co-production (equal and collaborative relationships between people, professionals, and communities).

The [Social Care \(Self Directed Support\) \(Scotland\) Act 2013](#) gives people greater control over the provision of their care and support needs and enables them to take as much control as they want of their individual budget. The Act requires local authorities to offer people four choices on how they can manage their care and support arrangements:

- **Option 1** - Direct Payment (DP) which the person receives is used to budget for and purchase agreed support;
- **Option 2** - The money is held by the Local Authority or a third party, but the person still decides how the money is spent and organises it (with support to do this if required);
- **Option 3** – The Local Authority organises and purchases the services the person wants; and
- **Option 4** – A mixture of these options.
- The Act also contains duties on local authorities to give information to help individuals in receipt of care packages to make an informed choice.

Achieving Sustainable Quality in Scotland Healthcare – a 20:20 Vision

The Scottish Government's '2020 Vision' is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care;
- There is a focus on prevention, anticipation and supported self-management;
- When hospital treatment is required, and cannot be provided in a community setting, day treatment will be the norm;
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 set out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and services by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes. By focusing on outcomes, integration aims to maximise the impact of the opportunity to shift the focus of performance improvement onto the achievement of individual personal outcomes for those receiving support, and their carers.

National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of nine national health and wellbeing outcomes focus on improving the experiences and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Equality Act 2010

The Equality Act 2010 requires local authorities and service providers in the statutory, third and independent sectors not to discriminate on the basis of protected characteristics and to make reasonable adjustments in certain situations. It places duties on public bodies to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity; and
- promote good relations between those who share a relevant protected characteristic and those who do not share.

Local Authorities should undertake Equality Impact Assessments (EIA) to identify whether there is a disproportionate impact of a policy on people of a protected characteristic. An EIA has been undertaken on this Strategy and is included at Appendix 4.

Scotland's National Action Plan for Human Rights 2013-17 (SNAP)

Scotland's National Action Plan for Human Rights (SNAP) aims to ensure that everyone, including people with learning disabilities, has their human rights respected and protected. The Action Plan encompasses the UN Convention on Rights of Disabled People and reinforces the Scottish Government's commitment to promoting and protecting human rights for all.

Adult Support and Protection (Scotland Act 2007)

The Adult Support and Protection (Scotland) Act 2007 requires public bodies to work together to support and protect adults and decide whether someone is an adult at risk of harm. It includes measures to identify and protect individuals who fall into the category of 'adults at risk'. These include:

- placing a duty on councils to make the necessary inquiries and investigations to establish whether further action is required to stop or prevent harm occurring;
- a requirement for specified public bodies to co-operate with local councils and each other during adult protection investigations;
- a range of protection orders including assessment orders, removal orders and banning orders; and
- the establishment of multi-disciplinary Adult Protection Committees.

The principles of the Act stipulate that any intervention must: benefit the adult; be the least restrictive option and take into account the views of the adult and their family/carers. The adult must also be involved in any decision, be provided with accessible information, have their background recognised and be treated equally. Independent advocacy and support services should be available.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare and finances of people who lack capacity. It allows a person such as a relative, friend or partner to make decisions on behalf of someone who is unable to do so because of a mental disorder or an inability to communicate. Sometimes the local authority will also apply to make these decisions. The Act is currently in the process of being reviewed.

Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing. The provisions in the Act include:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria; a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights;
- a requirement for the Scottish Government to prepare a Carers' charter that sets out the rights of carers;
- a requirement to consider whether support to carers should take the form of a short break, and there must be a wide range of breaks available to carers;
- the joint preparation by local authorities and health boards of local carers' strategies; and
- a new Carers Strategy for South Ayrshire is being developed to outline the approach that will be adopted locally to the implementation of this new legislation.

Welfare Reform Act 2012

The Welfare Reform Act 2012 includes:

- The phased introduction of Universal Credit – a new integrated, working-age benefit which will (when fully implemented) replace six existing means-tested benefits (Income-based JSA, Income-related ESA, Income Support (IS), Working Tax Credit (WTC), Child Tax Credit (CTC) and Housing Benefit (HB)); and
- The phased replacement of Disability Living Allowance (DLA) with the Personal Independence Payment (PIP) for working-age adults. Central to the PIP system is a change to eligibility for the benefit with tighter criteria backed by 'descriptors' and a points-based approach to entitlement. An assessment for the benefit by an independent healthcare provider is a critical aspect of the system.

Christie Commission on the Future Delivery of Public Services 2011

The approach set out in this Strategy will be built around the principles of the Christie Commission on the Future Delivery of Public Services which published recommendations that:

- public services are built around people and communities, their needs, aspirations, capacities, and skills, and work to build up their autonomy and resilience;
- public service organisations work together effectively to achieve outcomes - specifically, by delivering integrated services;
- public service organisations prioritise prevention, reduce inequalities and promote equality; and
- all public services constantly seek to improve performance and reduce costs, and are open, transparent, and accountable.

Local Policy

South Ayrshire Community Planning Partnership Local Outcome Improvement Plan 2017

The Local Outcomes Improvement Plan (LOIP) has identified Improvement Themes with a particular focus on:

- Supporting older people to live in good health, by:
 - Reducing social isolation and loneliness
 - Support for older people living with dementia and their carers

South Ayrshire Integration Joint Board (IJB) Strategic Plan 2018-2021

The Strategic Plan aims to provide a 10-year vision for integrated health and social care services and contains a three-year strategic planning framework for 2018-21 which sets out priorities for the Partnership and how it will use its resources to integrate and transform services in pursuit of National and Local Outcomes. An area of focus in the Strategic Plan is to implement the Dementia Strategy and report on progress six monthly to the IJB Performance and Audit Committee.

South Ayrshire Health and Social Care Partnership Strategic Needs Assessment – December 2017

The Strategic Needs Assessment was developed in December 2017 to inform the IJB Strategic Plan. Data was collated across a variety of themes including demographics, general population health, specific health conditions, unscheduled care and community services.

Our People, Our Place - South Ayrshire Council Plan 2018-2022

The Council Plan 2018-2022 sets out the Council's vision for the next four years, with a focus on 'Our People, Our Place'. It details the high-level objectives and outcomes the Council want to achieve for the people and places by 2022.

The strategic objective focusing on health in the Council Plan is:

- Health and care systems that meet people's needs;

Adult Community Mental Health Strategy 2017 - 2022

The Community Adult Mental Health Strategy for South Ayrshire sets out key strategic outcomes identified through discussions with service users, carers, staff, and the South Ayrshire Mental Health Strategic Planning Group.

Support will be designed and delivered in ways that:

- Offers flexible, tailored, and coordinated support to those receiving services.
- Prevents escalation of need and supports people to remain at home.
- Promotes recovery, well-being, and self-management.
- Minimises the potential for social stigma associated with mental health issues.
- Offers choice in the way that services are managed and control by those who receive them.
- Is safe, and ensures the safety of vulnerable members of society.
- Addresses Carers' needs.

Learning Disability Strategy 2017-2023

South Ayrshire Health and Social Care Partnership's Adult Learning Disability Strategy for 2017-2023 applies to all adults with learning disabilities, including those aged from 16 years onwards who are in transition into adult services. This Strategy signals a change in what people can expect and a shift to being supported within the community; and details how communities can support this shift.

Ayrshire and Arran Sensory Locality Plan 2014-2024

The Ayrshire and Arran Sensory Locality Plan applies to children, young people, adults and older people living with sensory loss. Sensory loss includes varying degrees of hearing loss, sight loss and dual sensory loss. It also includes those with a recognised sensory loss; those at risk of developing a sensory loss and hidden or untreated sensory loss.

South Ayrshire Local Housing Strategy 2017 – 2022

South Ayrshire's Local Housing strategy notes that access to good quality, affordable housing that meets people's various needs is essential. Housing is at the heart of health, well-being, social inclusion and participation.

Having a suitable and affordable place to stay is at the very core of addressing an individual's health and social care needs and in meeting one of the National Outcomes for Health & Social Care regarding 'Independent Living' – namely that 'people, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community'. The housing strategy explains how, over the next five years, South Ayrshire will work with colleagues in Health and Social Care to support the provision of services to people in the community helping older people stay in their own homes for longer, rather than being admitted to hospital or a care home.

Appendix 2: Population Needs

Alzheimer's disease is the most common type of dementia and accounts for an estimated 60 to 80 percent of cases. It is characterised by deposits of the protein fragment beta-amyloid (plaques) and twisted strands of the protein tau (tangles) as well as evidence of nerve cell damage and death in the brain. Alzheimer's is considered a slowly progressive brain disease that begins well before symptoms emerge.

Vascular dementia accounts for about 10 percent of cases and was previously known as multi-infarct or post-stroke dementia. It can be present alongside Alzheimer's and is a consequence of damage arising from the loss of blood supply to the brain. The location and scale of brain injury determines how the individual is affected.

Dementia with Lewy bodies is associated with abnormal aggregations of the protein alpha-synuclein. When these Lewy bodies develop in the cortex of the brain, dementia can result. Alpha-synuclein also aggregates in the brains of people with Parkinson's disease, but the aggregates appear in a pattern that is different from dementia with Lewy bodies. As Parkinson's disease progresses, it often results in a progressive dementia similar to dementia with Lewy bodies or Alzheimer's.

Frontotemporal dementia includes dementias such as behavioural variant FTD (bvFTD), primary progressive aphasia, Pick's disease, corticobasal degeneration and progressive supranuclear palsy. No distinguishing microscopic abnormality is linked to all cases. People with FTD generally develop symptoms at a younger age (at about age 60) and survive for fewer years than those with Alzheimer's.

Less common causes of dementia include:

- Creutzfeldt-Jakob disease: which results from misfolded prion protein that causes a "domino effect" in which prion protein throughout the brain mis-folds and thus malfunctions.
- Normal pressure hydrocephalus: caused by the build-up of fluid in the brain. Can sometimes be corrected with surgical installation of a shunt in the brain to drain excess fluid.
- Huntington's disease: a progressive brain disorder caused by a single defective gene on chromosome 4 which causes abnormalities in a brain protein that, over time, lead to worsening symptoms.

- Korsakoff syndrome: a chronic memory disorder associated with severe deficiency of thiamine (vitamin B1). The most common cause is alcohol misuse.

Conditions of Old Age

The proportion of people describing their health as 'very good' or 'good' decreases as age increases. In the Scottish Health Survey, 89% of those aged 16 to 24 years old described their health as 'very good' or 'good', compared to 52% of those aged 75 or older. The proportion of people describing their health as 'very bad' or 'bad' increases with age. Only 1% of adults aged 16 to 24 years old described their health as 'very bad' or 'bad', compared to 17% of those aged 75 or older.

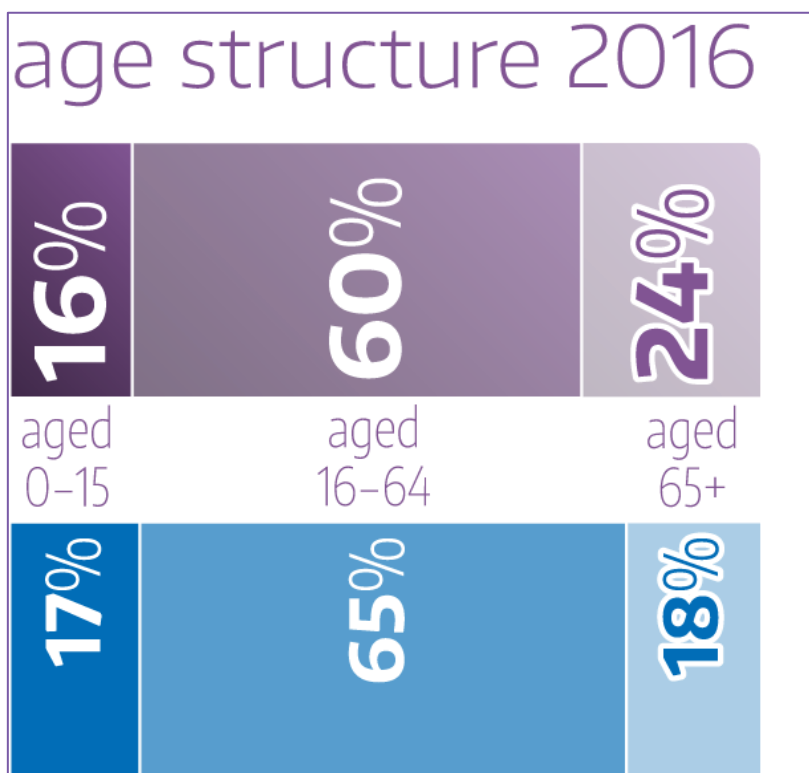
However, many contributory factors lead to a need for additional support but remain difficult to quantify with any certainty. For instance, loneliness can be associated with (undiagnosed) mental health needs or more simply as a precursor to the need for additional care and support in general. However, while the number of one-person households almost doubled between 1981 and 2001, in every age group, living alone does not necessarily equate to loneliness.

South Ayrshire's Ageing Population

As part of its strategic planning work the H&SCP has developed a Strategic Needs Assessment and Area Profile for the South Ayrshire. In addition, Locality Profiles have also been produced for each of the six smaller localities within South Ayrshire alongside a summary profile document which provides an overview of the key data. These documents provide a detailed analysis of need across South Ayrshire; key points relating to dementia are set out below.

Within Scotland, South Ayrshire has the highest proportion of centenarians with 3.1% of those aged 90+ also aged over 100 (38 people aged 100+). Figure 1 shows the proportion split of those aged 90 and over.

Figure 1: Population age structure in South Ayrshire (purple) and Scotland (blue) (2016).



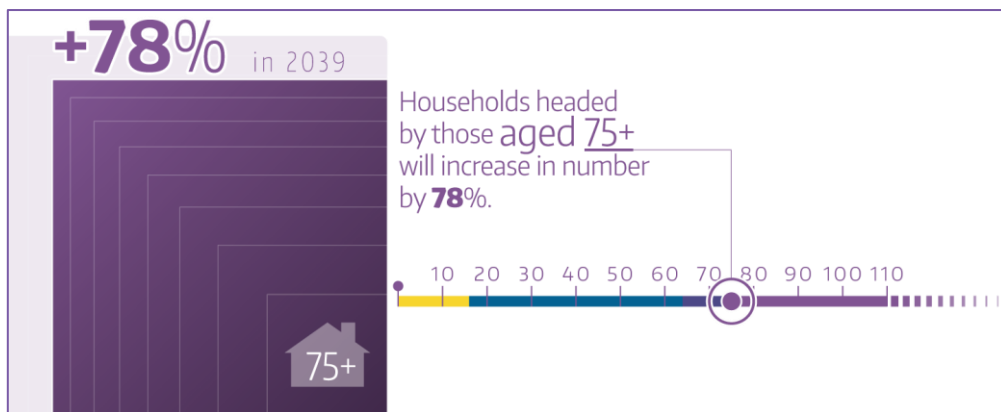
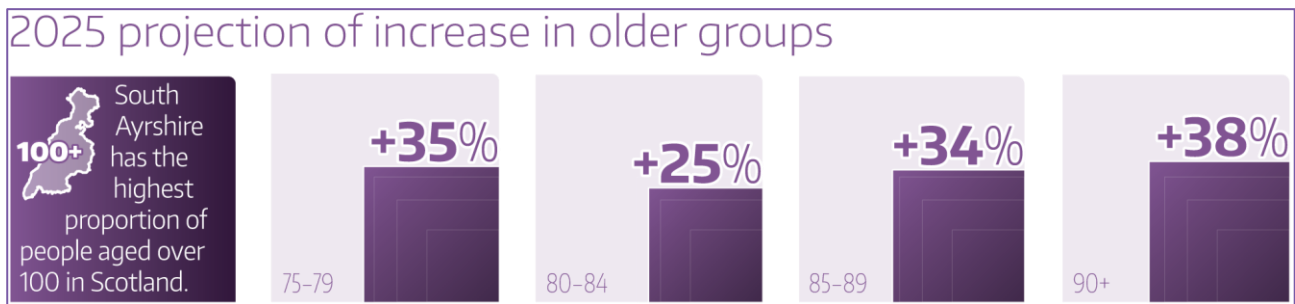
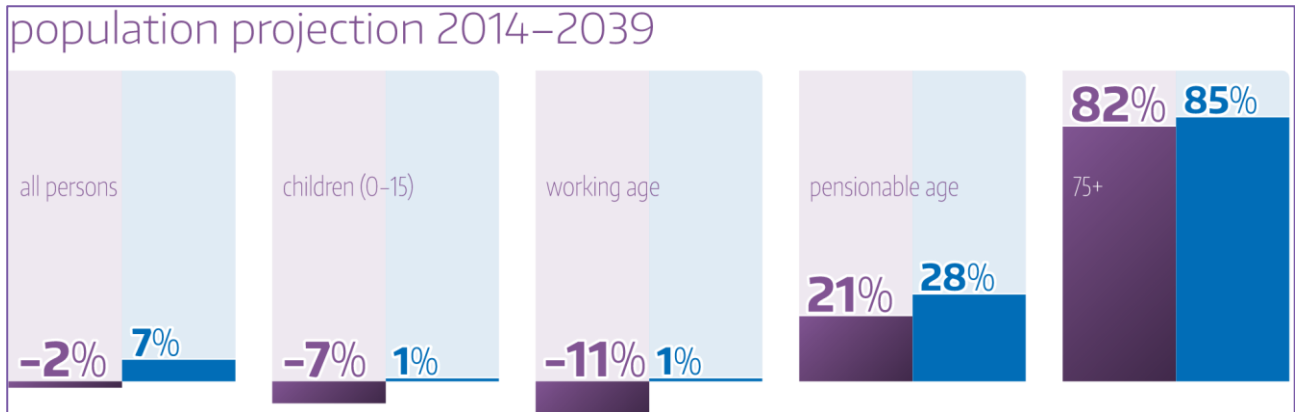
South Ayrshire also has a higher percentage of the total population aged 80-89 (5,598 people) than the national average at 5.0% compared to national average of 3.9%

By 2039, the South Ayrshire population is projected to be 110,104, a decrease of 2% compared to the population in 2014. The population of Scotland as a whole is projected to increase by 7%.

The projected change in South Ayrshire is not evenly spread across the different age groups. South Ayrshire's younger population (0-15 years) is projected to decrease by 7% and its working age population by 11%.

The pensionable age population is, however, projected to increase by 21% by 2039. More dramatically, the number of people aged 75 and over is projected to increase by 82% to 21,571 people, with major consequences for the demand for older people's services (see Figure 2).

Figure 2: Population projections illustrating anticipated population change 2014-2039 (South Ayrshire shown in purple, Scotland in blue), and effects on older groups and households.



Dementia Prevalence in South Ayrshire

Over the period 2006 - 2016, the prevalence rate for diagnosis in South Ayrshire has risen from 0.59 to 1.03. This rise is much greater compared to Scotland which has risen from 0.55 to 0.80 in the same space of time. Moreover, the population structure in South Ayrshire means that the increase is likely to become greater in the coming years. Whilst more detailed work is being undertaken by Public Health, this clearly shows the challenge over future years in terms of service demand.

Figure 5: Raw prevalence rate (per 100 people with dementia) for diagnosis of dementia from 2006/07 – 2015/16

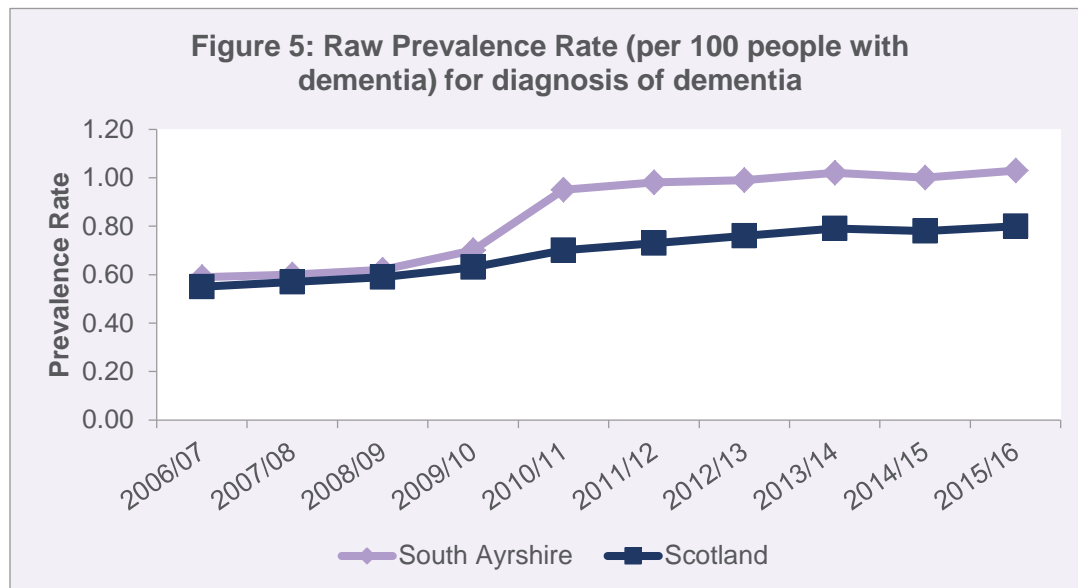
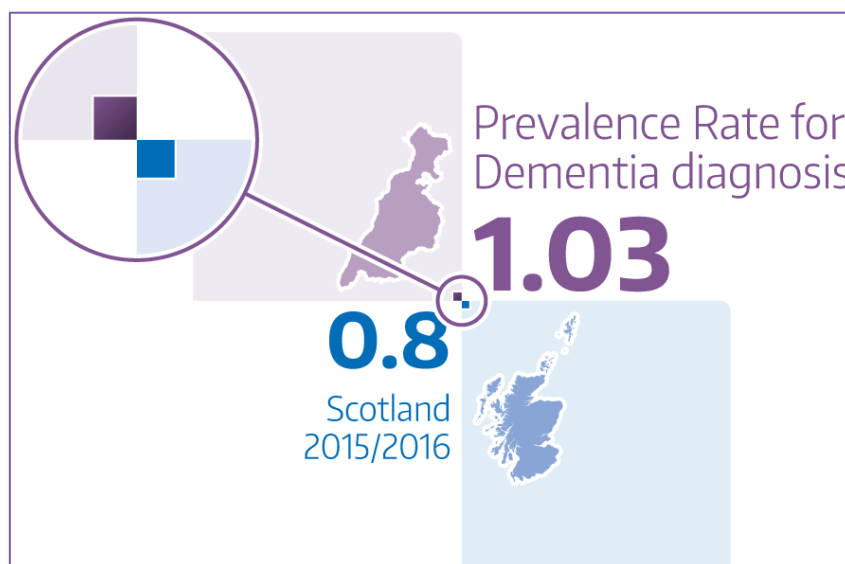
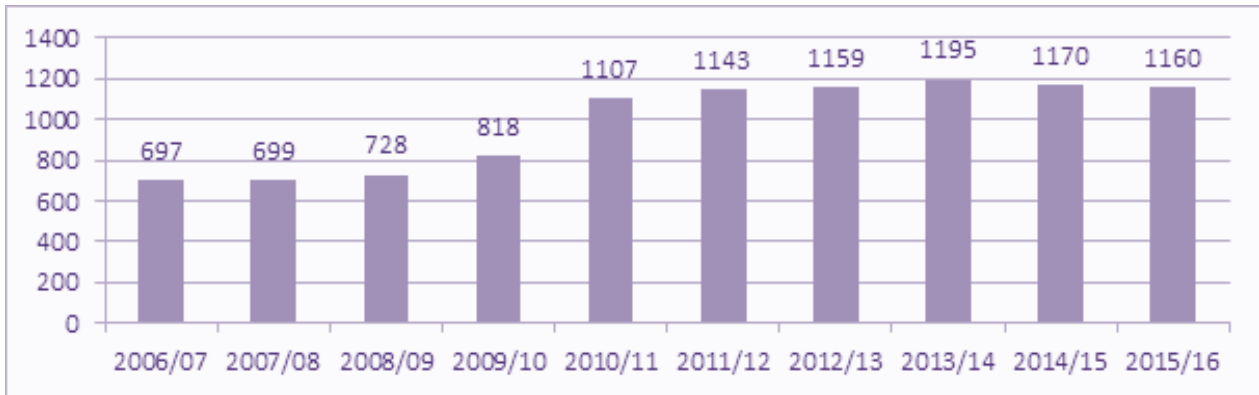


Figure 6: Prevalence Rate for diagnosis of dementia 2015/16 (South Ayrshire in purple, Scotland in blue)



The number of people with a diagnosis of dementia on the Quality and Outcomes Framework Register has increased from 697 in 2006/07 to 1,160 in 2015/16. It is important to note that this relates only to people who have been diagnosed as having dementia. It is likely, therefore, to be an underestimation of the number of people actually living with dementia.

Figure 7: Number of people with a diagnosis of dementia on the QOF Register – South Ayrshire



Appendix 3: Performance Management Framework

We have identified a high-level performance framework to measure if the strategy is making a difference. The performance framework identifies the key indicators which will evidence, in conjunction with the actions identified in the measurable tasks section, performance against the Strategic Themes.

Prevention

- Increased referral rates to existing Health and Wellbeing programmes which contribute towards promoting good mental health.

Early Intervention

- Prevalence rate of people diagnosed with dementia (prevalence rate per 100 people with dementia registered to General Practice).
- Percentage of estimated number of people newly diagnosed with dementia referred for post diagnostic support.
- Percentage of referrals achieving the LDP standard of 12 months post-diagnostic support for people with dementia.
- Number of South Ayrshire Health and Social Care Staff who have completed Dementia training.
- Number of Dementia Training sessions provided to relevant Third Sector and Partner organisations.
- Increased referral rates to the Memory Clinic.

Environment

- Number of Dementia Friendly activities including awareness raising sessions which have taken place across the localities.

Dementia Care in Context

- Increased proportion of providers meeting the standards for Care for Dementia in Scotland.

Choice and Options for Support

- Increased proportion of people with dementia accessing Self-Directed Support (SDS) Options 1 and 2.
- Increase take up of Technology Enabled Care options.

Carers

- Number of identified carers caring for someone with Dementia offered an Adult Carer Support Plan.
- Number of carers caring for someone with Dementia with a completed Adult Carer Support Plan.

Prevention from Harm

- Number of Adult Protection referrals for people with Dementia.
- Number of local businesses signed up to the 'Keep Safe' programme.

Appendix 4: The National Health and Wellbeing Outcomes

The **National Health and Wellbeing Outcomes** are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

- A. People are able to look after and improve their own health and wellbeing and live in good health for longer
- B. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- C. People who use health and social care services have positive experiences of those services, and have their dignity respected
- D. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- E. Health and social care services contribute to reducing health inequalities
- F. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- G. People using health and social care services are safe from harm
- H. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- I. Resources are used effectively and efficiently in the provision of health and social care services

Appendix 5: Driver Diagram

Aim	Primary Drivers	Secondary Drivers/ Actions (abbreviated from main Implementation Plan)
To create positive outcomes for people living with dementia	<p>Prevention Work in partnership with others to take best advantage of approaches that prevent or delay onset of dementia</p>	<ul style="list-style-type: none"> • Develop referral pathways to existing programmes that may prevent dementia e.g. alcohol related, health improvement, diet and exercise and the new social isolation work stream. (measures: existence/use of pathway, number of referrals, reduced incidence of preventable dementia) • Develop referral pathways to existing programmes that may arrest the development of symptoms, for example, through sensory impairment strategy. • Work in partnership with Public Health to provide information and advice in localities to promote good mental health and wellbeing and to promote early intervention when required.
	<p>Early Intervention Ensure access to appropriate and timely interventions for those who develop dementia and support early identification and diagnosis.</p>	<ul style="list-style-type: none"> • Develop a comprehensive public facing dementia awareness programme to ensure early signs are responded to timeously. To include: <ul style="list-style-type: none"> ○ Support Locality Planning Groups, Dementia Friendly Communities, equip Community Planning Partners to enhance public awareness ○ Ensuring NHS Ayrshire & Arran and South Ayrshire Council promote dementia awareness via internal staff communication ○ Developing third sector specific support in partnership with VASA ○ Supporting the wider deployment of the Dementia Champions programme facilitated through Alzheimer Scotland ○ Encourage presentation / early identification to narrow the gap between the number of people on the register and projections of prevalence ○ Provide curricular opportunities for young people to engage in dementia related activity including inter-generational work and share good practice. • Enhance early diagnosis work to ensure timeous diagnosis and maintain robust pathways from Primary Care to specialist services such as Memory Clinics • Dementia training will be given to those working in key areas across the partnership • Offer Post-Diagnostic Support to anybody newly diagnosed with dementia in a flexible and iterative way and increase take up of the support offered.
	<p>Environment Promote awareness of dementia and the need for easily navigable physical and social environments, consistent with a social model of disability.</p>	<ul style="list-style-type: none"> • Establish a Dementia Friendly South Ayrshire Steering Group to develop a linked work-plan to ensure co-ordinated activity across the partnership • Strengthen locality-based Dementia Friendly Communities work and develop activity in Girvan, Maybole, Ayr and elsewhere by offering advice and support • Share learning and promote good practice from work in Council Services linked to Libraries, Leisure and Housing to provide dementia-friendly services • Encourage and advise Planning and related activity (influence new Access Panel) to ensure physical environments and signposting is dementia friendly • Evidence contributions to other strategic programmes that affect people with dementia e.g. Community Led Support, Community Capacity, and local place planning to ensure these are informed by best practice in dementia care • Update South Ayrshire LIFE to provide comprehensive and accurate information on services and support for those with dementia (with VASA) • Enable people living with dementia and their carers to influence local services and access rights-based support
	<p>Dementia Care in Context Improve our offers of care via integrated community support consistent with the eight pillars model</p>	<ul style="list-style-type: none"> • Develop dementia specific services that recognise the degrees and types of need across our localities. • Manage services as part of a journey to create a fully integrated and accessible referral pathway for service users (consistent with Alzheimer Scotland models) • Improve recognition, diagnosis, and management of dementia in Primary Care, learning from the national GP pilot, work in NHS Grampian, and in HIS • Advise and recommend actions to improve how delirium and dementia are managed at the point of entry to other services (e.g. Emergency Department or hospital admissions) (4As delirium pathway) • Improve identification and support for atypical cases (e.g. younger onset, those with LD & Dementia) • Ensure access to specialist interventions for people with learning disabilities who need assessment or have a diagnosis of dementia. • Improve links between community and acute care to ensure peoples' wishes are conveyed clearly when moving between settings • Set high expectations in the quality of service delivery, e.g. by supporting independent providers to meet the standards for Care for Dementia in Scotland. • Incorporate dementia and carers' needs in Palliative and End of Life care planning, through the development of the End of Life strategy.
	<p>Choice and Options for Support Promote mechanisms that provide greater control for those with dementia and their carers</p>	<ul style="list-style-type: none"> • Improve access to post-diagnostic support after a diagnosis of dementia by embedding flexibility in post-diagnostic pathways • Increase opportunities for people with dementia and their families and carers to access Self-Directed Support (SDS) • Make advocacy services available and offered to people with dementia in the community, hospital and residential establishments. • TEC options will be delivered with a focus on supporting people with dementia and their carers to be independent both at home and when accessing their community. • Access to Income Maximisation will be prioritised for people with dementia. (Council Tax, benefits, funding for NPC care items)
	<p>Carers Recognise and support the importance of sustainable caring relationships</p>	<ul style="list-style-type: none"> • Ensure the South Ayrshire Carer's Strategy and Implementation Plan addresses the needs of carers of those with dementia
	<p>Prevention from Harm Protect vulnerable people from harm</p>	<ul style="list-style-type: none"> • Promote range of ASP training to manage risk and protect people from harm across the Partnership to meet identified training needs • Support the safety of people living with dementia through the 'Keep Safe' programme • Continue Trading Standards work to provide safeguards against mail/phone scams and unscrupulous doorstep callers

Appendix 6: Assessment of Risk

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Information Availability	The availability of population or service information at partnership or locality level is insufficient to inform commissioning decisions	Commissioning decisions will need to be based on incomplete information, requiring flexibility (and perhaps cost) when contracts are let.	Director of Health & Social Care	Senior Manager – Planning & Performance
Health Inequalities	Some people's life chances are poorer than others and have a negative impact on their health and wellbeing	Life expectancy remains below average, prevalence of disease is higher, care needs are greater and there is a greater incidence of substance misuse and excessive consumption (risk factors for dementia)	Director of Health & Social Care	Senior Manager – Planning & Performance

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Adult Support and Protection	There is a risk that the Council and the Health and Social Care Partnership fail to provide adequate adult support and protection.	<p>Accident, incident, or crime resulting in harm or abuse to an adult. Legal prosecution / civil litigation.</p> <p>Significant damage to reputation of Health and Social Care Partnership, Council, and other Community Planning Partners.</p> <p>Financial impact of any prosecution or claims made.</p> <p>Impact on resource allocation.</p>	Head of Community Health & Care	Senior Manager – Mental Health Services
Financial Constraints/ Resource Allocation	The level of resource provided by the Statutory Partners is insufficient to meet desired outcomes or to deliver Strategy Objectives.	Reputational damage. Risk of dispute arising between partners. Partnership breaks down because it cannot deliver its objectives. Needs are not met in accordance with approved strategies and policies. Risk of annual overspend on Integrated Budget.	Director of Health & Social Care	Chief Finance Officer

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Culture Change	Partnership Management & Staff/Provider Organisations do not adapt and/or are not supported to adopt new ways of working required as part of an integrated partnership approach.	Impacts adversely on integration of service and delivery of National Dementia Outcomes. Potential reputational damage.	Director of Health & Social Care	Head of Community Health and Care
Effective Communication	The Partnership fails to properly engage with all stakeholders.	Stakeholders are not engaged in the transformation of service planning and delivery with negative implications for the Integration Project and for business efficiency.	Director of Health & Social Care	Senior Manager – Planning & Performance
Delayed in Hospital	People are delayed long term in inpatient services.	No local models of care to appropriately accommodate individuals. Needs are not met. Service is not provided in line with Strategy Objectives. Best Value is not delivered.	Head of Community Health and Care	Senior Manager – Mental Health Services
Admission to Hospital	People with dementia are at risk of unnecessary hospital admission	Models of care do not sufficiently account for the needs of those with dementia or delirium at the point of presentation	Director of Health & Social Care	Head of Community Health and Care

Risk Title	Risk Description	Impact Description	Risk Owner	Risk Manager
Timely diagnosis	People are not diagnosed in a timely manner (this might affect those from BME communities, which can be at increased risk in relation to late diagnosis)	Those affected might be unable to access some forms of support (e.g. post diagnostic input) in the absence of formal diagnosis	Director of Health & Social Care	Head of Community Health and Care
Isolation	People with dementia who live alone face an increased risk of social isolation and poorer health and wellbeing outcomes.	Isolation and poorer general health and wellbeing are linked to development of dementia – which might otherwise have been mitigated	Director of Health & Social Care	Head of Community Health and Care
Risks to carers	Carers experience a high burden of risk to their health and wellbeing by virtue of their caring role.	Carers unable to continue in their role.	Director of Health & Social Care	Head of Community Health and Care
Lifestyle	Lifestyle and wellbeing choices affect risk of developing dementia	Evidence suggests that around a third of cases might be attributable to potentially modifiable risk factors	Director of Health & Social Care	Public Health
Safeguarding	Risk to those who prefer to travel or live alone	Personal safety affected	Director of Health & Social Care	ASP (everyone's responsibility)
Legal	Risk to people with dementia without Power of Attorney or Guardianship arrangements in place	Impact potentially in hospital discharge context	Director of Health & Social Care	Partnership Facilitator

Appendix 7: Equality Impact Assessment

Equality Impact Assessment Scoping

1. Proposal details

Proposal Title: South Ayrshire Dementia Strategy 2018	Lead Officers: Senior Manager – Mental Health Senior Manager – Planning & Performance
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2. Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this proposal? Please indicate whether these would be positive or negative impacts


Community, Groups of People, or Themes	Negative Impacts	Positive impacts
The whole community of South Ayrshire		X
People from different racial groups, ethnic or national origin.		X
Women and/or men (boys and girls)		X
People with disabilities		X
People from particular age groups for example Older people, children and young people		X
Lesbian, gay, bisexual and heterosexual people		X
People who are proposing to undergo, are undergoing or have undergone a process to change sex		X
Pregnant women and new mothers		X
People who are married or in a civil partnership		X
People who share a particular religion or belief		X

Thematic Groups: Health, Human Rights, Rurality and Deprivation.		X
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3. Do you have evidence or reason to believe that the proposal will support the Partnership to:

General Duty and other Equality Themes	Level of Negative and/or Positive Impact (high, medium or low)
Eliminate discrimination and harassment faced by particular communities or groups	Positive - Medium
Promote equality of opportunity between particular communities or groups	Positive - High
Foster good relations between particular communities or groups	Positive - Medium
Promote positive attitudes towards different communities or groups	Positive - Medium
Increase participation of particular communities or groups in public life	Positive - High
Improve the health and wellbeing of particular communities or groups	Positive - High
Promote the human rights of particular communities or groups	Positive - Medium
Tackle deprivation faced by particular communities or groups	Positive - Medium

4. Summary Assessment

<p>Is a full Equality Impact Assessment required? (A full EIA must be carried out on all high and medium impact proposals)</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>YES</p>
<p>Rationale for decision:</p> <p>The Dementia Strategy emphasises the promotion of choice and control and improving the care received by people with dementia and their carers. Positive impacts are anticipated so a full Equality Impact Assessment is required.</p>	
<p> Signed: Director of Health & Social Care</p>	
Date: 21/08/2018	Copy to equalities@south-ayrshire.gov.uk

EQUALITY IMPACT ASSESSMENT

Section One: Proposal Details*

Name of Proposal	South Ayrshire Dementia Strategy
Lead Officers (Name/Position)	Senior Manager – Mental Health Senior Manager – Planning & Performance
Proposal Development Team (Names/Positions)	Strategic Review Group for Dementia Strategy
Critical friend (s)	Learning Officer

*This could include strategy, project or application: see guidance attached.

What are the main aims of the proposal?	The main aim of the proposal is to provide a strategic framework within which support for adults with dementia and their carers will be provided in the community in South Ayrshire. This support will be provided by organisations from across the sectors.
What are the intended outcomes of the proposal	The activities of the partnership will be designed and delivered in ways that: <ul style="list-style-type: none"> • Support preventative activity • Access timely early interventions • Address environmental issues to better support people with dementia • Provides options in the way people can choose to receive support • Considers the use of technology solutions where this is appropriate • Examines how care pathways might be adapted to better support those with dementia • Take into account carers' needs and aspirations • Protects people with dementia from harm

Section Two: What are the Likely Impacts of the Proposal?

Will the proposal impact upon the whole population of South Ayrshire or particular groups within the population (please specify)	The proposal is aimed primarily at adults in South Ayrshire with dementia. However, aspects of it are designed to combat stigma and to promote equality and to have a positive impact on family members and carers.
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Considering the following Protected Characteristics and themes, what likely impacts or issues does the proposal have for the group or community?

List any likely positive and/or negative impacts

Protected Characteristics	Positive and/or Negative Impacts
Race: Issues relating to people of any racial group, ethnic or national origin, including gypsy travellers and migrant workers	This strategy document will apply equally to people of all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request. The Strategy highlights the importance of individuals having choice and control which lends itself to supporting cultural needs.
Sex: Issues specific to women or men	It is expected that this strategy document will lead to the provision of more efficient and effective services for both men and women through an improved utilisation of resources prioritised in line with the published strategic themes.
Disability: Issues relating to disabled people	People with disabilities or long term conditions will be supported to live, as far as is reasonably practical, independently and at home or in a homely setting in their community. The strategy highlights the importance of an early intervention approach and early access to services which will have a positive impact on people diagnosed with dementia.

<p>Age: Issues relating to a particular age group e.g. older people or children and young people</p>	<p>This strategy will focus planning and service delivery activities that are typically aimed for older people, but it will also address the needs of the wider population. There will be a positive impact on people who care for those with dementia through improved planning and delivery of services.</p>
<p>Religion or Belief: issues relating to a person's religion or belief (including non-belief)</p>	<p>This strategy is fully inclusive to all: e.g. religions and beliefs (including non-belief). The Dementia Strategy has a right-based approach and fosters support and respect.</p>
<p>Sexual Orientation: Issues relating to a person's sexual orientation i.e. lesbian, gay, bi-sexual, heterosexual</p>	<p>This strategy document is fully inclusive to all irrespective of a person's sexual orientation.</p>
<p>Marriage and Civil Partnership: Issues relating to people who are married or are in a civil partnership.</p>	<p>This strategy is fully inclusive to all irrespective of people's marital status.</p>
<p>Gender Reassignment: Issues relating to people who have proposed, started or completed a process to change his or her sex.</p>	<p>This strategy document is fully inclusive to all irrespective of a person's gender.</p>
<p>Pregnancy and Maternity: Issues relating to the condition of being pregnant or expecting a baby and the period after the birth.</p>	<p>This Strategy will take cognisance of the impact on carers particularly when pregnant and the support they require will be person-centred.</p>

<p>Multiple / Cross Cutting Equality Issues</p> <p>Issues relating to multiple protected characteristics.</p>	<p>This strategy document will have no negative issues in terms of all of the above protected characteristics and in terms of a number of them is anticipated to have a positive impact leading to positive outcomes.</p>
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Equality and Diversity Themes Particularly Relevant to South Ayrshire	
<p>Health</p> <p>Issues and impacts affecting people's health</p>	<p>This Strategy document will have a positive impact on overall wellbeing of people with dementia. The Strategy focuses on choice and control and maximising independence.</p>
<p>Human Rights: Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections.</p>	<p>The right to be treated with dignity is a principle incorporated in the 2014 Public Bodies (Joint Working) (Scotland) Act. The Strategy focuses on a rights-based approach to being supported with dementia.</p>
<p>Rurality</p> <p>Impacts relating to living and working in a rural community</p>	<p>New commissioning plans to implement the delivery of services and supports to adults with dementia in line with the principles set out in this strategy will be designed to ensure appropriate provision of services across all 6 localities in South Ayrshire.</p>
<p>Deprivation</p> <p>Issues relating to poverty and social exclusion, and the disadvantage that results from it.</p>	<p>The principles set out in this strategy will be implemented in such a way through commissioned delivery arrangements as to make progress against the HSCP Strategic Objective – "We will reduce health inequalities."</p>

Section Three: Evidence Used in Developing the Proposal

<p>Involvement and Consultation</p> <p>In assessing the impact(s) set out above what evidence has been collected from involvement, engagement or consultation?</p> <p>Who did you involve, when and how?</p>	<p>An initial stakeholder consultation was carried out which provided the themes that respondents wanted the Dementia Strategy to focus on. The Public were consulted on the draft Strategy from 11th June to 26th July 2018. There were a total of 132 responses. The consultation was promoted through social media, locality planning groups and other Council formats. Feedback from the consultation has been considered and changes have been made to the Strategy resulting from the feedback.</p>
<p>Data and Research</p> <p>In assessing the impact set out above what evidence has been collected from research or other data. Please specify <i>what</i> research was carried out or data collected, <i>when</i> and <i>how</i> this was done.</p>	<p>Information on demographic projections was sought from a number of sources including South Ayrshire Council; NHS Ayrshire and Arran and the Scottish Government's Information Services Division. This is detailed in Appendix 2 of this strategy document.</p>
<p>Partners data and research</p> <p>In assessing the impact set out above what evidence has been provided by partners. Please specify partners</p>	<p>Alzheimer Scotland and South Ayrshire Dementia Support Association (SADSA) provided expertise in how best to support people with dementia and their carers.</p>
<p>Gaps and Uncertainties</p> <p>Have you identified any gaps or uncertainties in your understanding of the issues or impacts that need to be explored further?</p>	<p>Further work needs to be done to determine how future services and support will be provided to those with dementia, their families and carers. This will be set out in a commissioning plan(s) and will give life to the strategic themes set out in the strategy document.</p>

Section Four: Detailed Action Plan to address identified gaps in:

- a) evidence and
- b) to mitigate negative impacts

No	Action	Lead Officer(s)	Timescale

Note: Please add more rows as required.

Section Five - Performance monitoring and reporting**Considering the proposal as a whole, including its equality and diversity implications:**

When is the proposal intended to come into effect?	Following approval by the Integration Joint Board in September 2018.
When will the proposal be reviewed?	The proposal will be reviewed and rolled-on each year. There will be a full mid-point review.
Which Committee will have oversight of the proposal?	South Ayrshire Integration Joint Board.

Section Six - Summary Equality Impact Assessment Implications & Mitigating Actions

Name of Proposal: Dementia Strategy 2018 - 21

This proposal will assist the Partnership's ability to eliminate discrimination; advance equality of opportunity; and foster good relations as follows:

<p>Eliminate discrimination</p> <p>The Health and Social Care Partnership through its Dementia Strategy will support the elimination of discrimination as it applies equally to people across all protected characteristics and is flexible in its approach.</p>
<p>Advance equality of opportunity</p> <p>The Dementia Strategy will actively promote equality of opportunity as it offers choice and control for people with dementia and carers and will also ensure that frontline staff and appropriate services have Dementia Awareness Training.</p>
<p>Foster good relations</p> <p>The Dementia Strategy will foster good relations across all protected characteristics by working with its stakeholders and partners on an on-going basis to achieve its Strategic Themes.</p>

Summary of Action Plan to Mitigate Negative Impacts	
Actions	Timescale
Not applicable.	

<p>Signed:</p> <p>Date:</p>
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This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages. Contact details are provided below.

درخواست کرنے پر یہ معلومات ناپیدنا افراد کے لئے ابھرے حروف، بڑے حروف یا آڈیو میں مہیا کی جاسکتی ہے اور اس کا مختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات نیچے فراہم کی گئی ہیں۔

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ਇਹ ਜਾਣਕਾਰੀ ਮੰਗ ਕੇ ਬੋਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਸਣਨ ਵਾਲੇ ਰਪ ਵਿਚ ਵੀ ਲਈ ਜਾ ਸਕਦੀ ਹੈ, ਅਤੇ ਇਹਦਾ ਤਰਜਮਾ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ। ਸੰਪਰਕ ਕਰਨ ਲਈ ਜਾਣਕਾਰੀ ਹੇਠਾਂ ਦਿੱਤੀ ਗਈ ਹੈ।

Niniejsze informacje mogą zostać udostępnione na życzenie, w alfabecie Braille'a, w druku powiększonym lub w formie audio oraz mogą zostać przetłumaczone na wiele języków obcych. Dane kontaktowe znajdują się poniżej.

Faodar am fiosrachadh seo fhaighinn, le iarrtas, ann am braille, clò mòr no clàr fuaim agus tha e comasach eadar-theangachadh gu grunn chànanan. Tha fiosrachadh gu h-ìosal mu bhith a' cur fios a-steach.

South Ayrshire Health and Social Care Partnership

01292 612419

sahscp@south-ayrshire.gov.uk