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Regional Collaboration Fund Dementia Project North Wales:

Inspiring Action:

Improving outcomes for people living with dementia and their carers in North Wales.

North Wales

Dementia

Commissioning Statement

Welcome to the first

North Wales Dementia Commissioning Statement.

This Commissioning Statement is a symbol of the regions drive and determination to provide valuable information to Providers of service for people living with dementia and their carers across North Wales.

Successful and valued services meet the needs of the person through working collaboratively and in partnership with other organisations and sectors.

Welsh Government policies highlight that the future for services in Wales is where the Voluntary / Community and Independent sector plays a key role in delivering services and where Local Authorities have an enabling role for shaping service provision.

This Commissioning Statement should not be read in isolation. Each of the Six Local Authorities across the region, Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham have a Commissioning Strategy or Plan that focuses on older people services and services for those people living with dementia and their carers. These provide key information held on current and future needs, thoughts on how demand for services will change and may be met in the future. Included in the strategies / plans are links to more detailed sources of information which can be found on the Local Authority website which will be updated to reflect current information and intentions.

We hope you find this Commissioning Statement useful and let us know what you think. Details of who to contact are provided.

Created as part of the Inspiring Action, Regional Collaboration Fund Dementia Project North Wales,
led by North Wales Social Services Improvement Collaborative.

What is it?

The Commissioning Statement is targeted for Providers from all sectors who deliver services for people living with dementia and their carers.

The Commissioning Statement summarises demand, supply and commissioning intentions to help support current and potential providers to develop the right service to meet the needs of the people living with dementia and their carers across the region.

Why is this useful for me?

Encourages creativity, innovation and sharing of best practice.

Supports improved relationships between commissioners and service providers.

Creates a foundation for improvement.

Links to Commissioning Strategies and Plans for North Wales Local Authorities.

Isle of Anglesey: <http://www.anglesey.gov.uk/searchresults?qsearch=1&qkeyword=commissioning+strategy>

Gwynedd: https://www.gwynedd.gov.uk/en/Residents/Search-Results.aspx?search_keywords=commissioning+plan

Conwy: <http://search.conwy.gov.uk/search.aspx?pckid=21&aid=368692&pt=6018936&sw=commissioning+strategy&Submit=Search>

Denbighshire: <https://www.denbighshire.gov.uk/en/resident/search/search.aspx?search=elderly%20mental%20health%20commissioning%20strategy>

Flintshire: http://www.flintshire.gov.uk/en/Resident/CouncilApps/Search.aspx?search_keywords=older+people+dementia+commissioning+strategy

Wrexham: http://www.wrexham.gov.uk/english/council/social_services/older_people.htm

This is what we **Want** and **Need** for People living with Dementia and their Carers in North Wales

Personalisation:

Services that are focused on the person and centred on **Respect Empathy and Dignity.**

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Active offer of Welsh Language Services to enable people living with dementia and their carers to access the service they require in the language of choice throughout the dementia journey.

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Early Intervention, Prevention and Re-ablement to provide services that accommodate people living with dementia and their carers with a range of needs, for example, early onset, learning disabilities, sensory impairments, ethnic and cultural needs.

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Outcomes based Commissioning & Wellbeing. providers need to demonstrate how their service makes a difference to the quality of life and wellbeing of people living with dementia and their carers as well as meeting health and social care outcomes, including cost saving and benefits.

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Adding Value through connecting with existing community groups, facilities and volunteers to add value to the service.

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Collaborative service provision between Health, Social Care and Voluntary Sector to provide a holistic service which focuses on the needs of the person living with dementia and their carers. To move away from a one dimensional service. To think creatively about working in collaboration.

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DEMENTIA NORTH WALES

In line with the Dementia Vision for Wales (Welsh Government, 2011):

We want to emphasise four priority areas for improvement:

1. Improved service provision through better joint working across Health, Social Care, the Voluntary Sector and other agencies.
2. Improved early diagnosis and timely interventions.
3. Improved access to better information and support for people with dementia and their carers, including a greater awareness of the need for advocacy.
4. Improved training for those delivering care, including research.

What do we want and need in North Wales for people living with dementia and their carers?

Services are flexible to meet changing needs.

People are diagnosed early.

Our services have better knowledge of dementia.

Carers are recognised as active key partners in care planning.

A compassionate informed and able workforce

Reliable information and advice.

Active offer of Welsh Language Services throughout the dementia journey.

Respect
Empathy
Dignity.

Our services are Personalisation focused.

Our services incorporate technology to achieve added value.

Our services are partnership and community integrated.

Better public transport in rural areas.

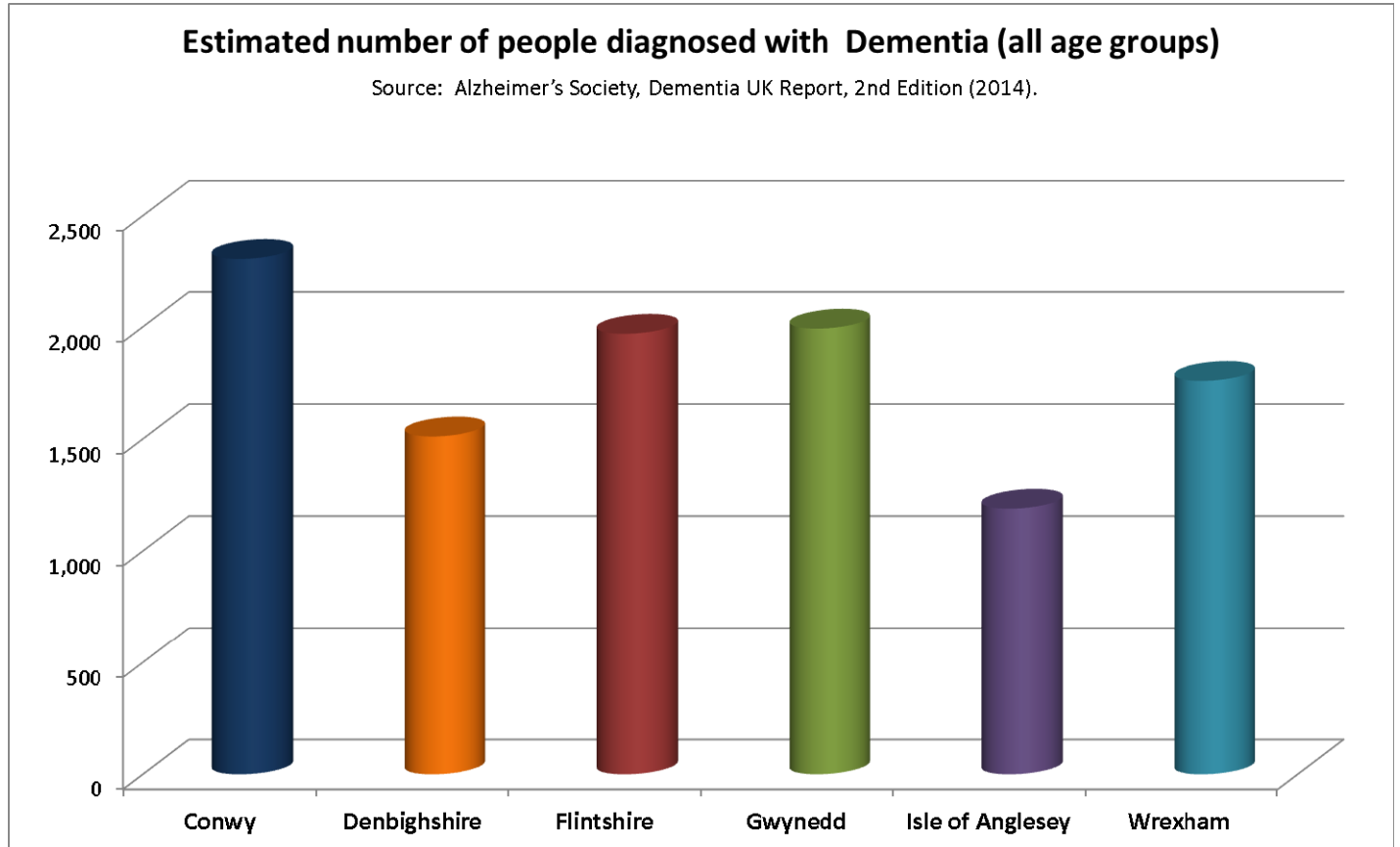
Dementia in the North Wales Region

(More specific Stats available on p. 5)

- North Wales is home to 680,642 people, equating to 22.7% of the total population of Wales (Institute of Welsh Affairs 2010). Life expectancy in North Wales is in line with the Wales average for men (78 years) and for women (84 years). The majority of people (78.8%) with dementia are cared for at home by a relative or friend and the average age of a family carer is between 60 and 65 years old.
- North Wales has a higher proportion of people aged 55+ in the population compared to Wales as a whole (Public Health Wales 2013).
- An estimated 2.7% of the population of North Wales are aged over 85, which is slightly higher than the average of 2.5% across Wales, and the number of people in this age group is expected to double by 2033 (ONS 2011, Welsh Government, 2014). By 2015 there will be 850,000 people with dementia in the UK of whom 670,000 will be cared for by an unpaid carer (i.e. friend, family member, neighbour).
- The region has a distinct identity underpinned by Welsh culture and the Welsh Language.
- The percentage of the population aged three and over who speak Welsh is below the Wales average in Flintshire and Wrexham, but higher than the Wales average in Conwy, Denbighshire, the Isle of Anglesey and Gwynedd.
- The counties of Gwynedd and the Isle of Anglesey have a higher concentration of Welsh speakers in comparison to all the other counties in Wales (ONS, 2011, Welsh Government 2014).
- The development of collaborative, integrated community based services for people living with dementia and their carers is a priority across the North Wales region.
- The rate of older people (aged 65+) who are supported in the community per 1,000 population aged 65+, is below the Welsh average in all 6 counties in North Wales, however Wrexham and Flintshire have a higher rate of older people supported in the community than the other four counties (ONS 2011, Welsh Government, 2014).
- In Wales there are an estimated 45,000 people with dementia (Alzheimer's Society 2014); however this is likely to be an under-estimate of the true prevalence of the condition.
- Only 44% of people with dementia in England, Wales and Northern Ireland receive a diagnosis. The Alzheimer's Society estimate that less than 40% of people with dementia in Wales receive a formal diagnosis (equating to over 27,868 undiagnosed people across Wales, and the lowest national diagnosis rate in the UK) (Alzheimer's Society 2013). The Alzheimer's Society (2013) have called upon health and social care bodies across Wales to set dementia as a local priority, to work towards achieving dementia supportive communities, and to share best practice.
<https://www.carers.org/help-directory/alzheimers-and-dementia> <http://www.alzheimers.org.uk/statistics>
- The number of people with dementia in Wales is projected to increase by 31% by 2021, and by as much as 44% in some rural areas (Welsh Assembly Government 2011).

Dementia in the North Wales Region

In 2013, the Alzheimer's Society estimated that there were 10,727 people with diagnosed dementia in the North Wales region. The estimated figures for each local authority are provided in the bar chart below:



What are the important considerations that are specific to providing support for people living with dementia and their carers in North Wales?

We need to meet the needs of people living with dementia and their carers in rural areas.

We need to meet the needs of people living with dementia and their carers for whom Welsh is their first language.

We have a higher proportion of people aged 55 and over compared to Wales as a whole and the highest levels of social deprivation in some parts of the region.

Caring for the Person Living with Dementia and their Carers

What do we need?

We need:
Personalisation:

This is the route to deliver improved outcomes

How do we do that?

By providing a support system.

We need a whole family approach to be supported.

By responding to the needs of a person living with dementia and their carers

Example: Dementia Supportive Community Swansea:
<http://www.dementiafriendlyswansea.org/>

By moving away from traditional service provision.

Example: Flintshire Sounds: <http://www.carers.org/local-service/34979/news/flintshire-sounds>

Example: Dance and Dementia: contact Dawns I Bawb: <http://www.netmums.com/nw-wales/local/view/after-school-activities/dance/dawns-i-bawb>



Denbighshire County Council contact: Sian Fitzgerald Community Arts Development Officer for further information:
sian.fitzgerald@denbighshire.gov.uk



By moving towards a model that promotes and encourages, flexible, personalised care.

How? by focusing on Individual Outcomes.

Example: Crossroads Care in the Vale (EMI): <http://www.crossroads-vale.org.uk/about-us/welcome-to-crossroads/> Example: Age Cymru Gwynedd and Mon sitting Service <http://www.ageuk.org.uk/cymru/gwyneddamon/Search/?keyword=sitting+servic>

I was diagnosed early.

As a Carer I want to feel engaged and my contribution valued.

I understand, so I make good decisions and provide for future decision making.

I am treated with
Respect
Empathy
Dignity.

I get the treatment and support which are best for my dementia, and my life.

Those around me and looking after me are well.

I feel part of a community and I'm inspired to give something back.

I can enjoy life.

I know what I can do to help myself and who else can help me.

I am confident my end of life wishes will be respected. I can expect a good death.

Together We Succeed

Example: Carmarthenshire Dementia Project
<http://newsroom.carmarthenshire.gov.uk/news-archive/2014/02/pontyberem-becomes-a-dementia-friendly-community/#.VbY7dE0tDiw>

Example: Denbighshire Commissioning Programme:
e-mail Bethan.wyn.roberts@denbighshire.gov.uk

'A Road Less Rocky': supporting Carers of People with Dementia:
https://www.carers.org/sites/default/files/dementia_executive_summary_english_only_final_use_this_one.pdf



By focusing on partnership working and building on co-production to help improve co-operation and communication

As a Carer I want my expertise and experience to be utilized and valued.

By reducing dependency and support people living with dementia and their carers to remain in their own homes / communities for longer.

Example: The Raglan Care at Home in Rural Monmouthshire:

<http://www.monmouthshire.gov.uk/app/uploads/2014/05/Raglan-Project-Summary-short-version.pdf>

Example: Care Closer to Home: Integrated Community Resource Teams in Pembrokeshire:

<http://www.kingsfund.org.uk/audio-video/care-co-ordination-demonstrator-site-pembrokeshire-%E2%80%93-community-care-closer-home>

Dementia RED™ Respect ■
Empathy ■
Dignity ■



For further information on Dementia RED please contact the North Wales Alzheimer's Society: Dementia RED Manager: Emma Gough, emma.gough@alzheimers.org.uk

By helping people living with dementia and their carers to help themselves in terms of accessing appropriate community support services at the right time.

Example: NEWCIS: North East Wales Carer Information Service:

<http://www.carers.org/local-service/flintshire>

Strategic priorities for North Wales

Personalisation

To shape a service, the Provider needs to start with the person living with dementia and their carers.

The Provider needs to view the person as an individual with strengths, preferences and aspirations. We want the Provider to place the person at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives.

The Provider should address the needs and aspirations of whole communities to help build Dementia Supportive Communities, ensuring that everyone has access to the right information, advice and advocacy to make good decisions about the support they need.

Providers need to ensure that people living with dementia and their carers have wider choice in how their needs are met and are able to access universal services such as transport, leisure, health, education and housing regardless of age and ability.

Example of a service centred on Personalisation:

Denbighshire Arts: <https://denbarts.wordpress.com/2014/11/18/lost-in-art-10/>

The Lost in Art group have been providing a visual arts project for people living with dementia and their family carers to attend together at Ruthin Craft Centre since 2010. The project is delivered by Denbighshire County Council and the Arts Council of Wales. The group engages in a range of creative arts activities, stimulated by a creative environment and by their own creative ideas and interests. The project is widely recognised as a model of good practice in supporting people with dementia and their carers, by providing a service which centres on personalisation, providing a setting for enjoyable creativity, self-expression, engagement and socialisation in meaningful activity.

Active Offer of Welsh Language Services

“Being sensitive to the needs of the patient is all important when providing dementia care. Language is not a matter of choice in this case, but a real and serious clinical need” (Huws, 2013). Huws, M. 2013. Communicating in Welsh Essential to Dementia Care. [Online]. Available at

<http://www.comisiynyddygydraeg.org/english/news/Pages/Communicating-in-Welsh-essential-to-dementia-care.aspx>

[Last Accessed 24 / 04 / 2015].

Dementia can cause a person to revert back to using their first language. For many Welsh speakers, being able to use their own language has to be seen as a core component to care and not as an optional extra. It is the responsibility of the service Providers to meet these care needs. Providers from all sectors have an expectation to mainstream Welsh language services as an integral element of service planning and delivery. There is a need to meet the needs of those people living with dementia in rural areas and for those people for whom Welsh is their first language. Some people can only express their needs for care effectively by speaking Welsh. We want Providers to be able to offer a bi-lingual service to enable people living with dementia and their carers to access the service they require in the language of their choice throughout the dementia journey.

North Wales has a distinct identity underpinned by Welsh culture and the Welsh Language. The counties of Gwynedd and the Isle of Anglesey have a higher concentration of Welsh speakers in comparison to all the other counties in Wales (ONS, 2011, Welsh Government 2014). There are important considerations that are specific to providing support for people with dementia and their carers in North Wales. There is a higher proportion of people aged 55 and over in the region compared to Wales as a whole and higher levels of social deprivation in some parts of the region (Welsh Assembly Government 2011, Public Health Wales 2013). The Welsh Government asserts that services delivered in Welsh should be ‘actively offered’ to people living with dementia. Welsh speaking dementia patients across the region could be left to struggle owing to the lack of Welsh-language provision. It is important for staff (paid and non-paid) working in the health and social care sectors and services across the region of North Wales to recognise that some people can only communicate their needs effectively through their first language - being Welsh (Wyn Roberts, 2014-2017, pp. 2-3). We want the Provider to consider the following when shaping the design of their service:

- **Services are provided in the service user and their family’s language.**
- **The language of choice is recorded.**
- **Literature and information provided to the public is bi-lingual.**
- **Signs and advertisements are bi-lingual.**
- **Translation arrangements are in place. (Gwynedd County Council, Scrutiny Committee Services, 2014, p. 9).**

Example of a service which actively offers a Welsh Language provision:

Waen Outreach: <http://www.capelywaen.btck.co.uk/CanolfanDydddaGofalCymunedol> In the North Wales region the Voluntary Sector organisations and Community groups are delivering a plethora of bi-lingual community services which are providing support for people living with dementia and their carers. Following a community audit of need and wide consultation with local groups, which documented the personal experiences of older people within the predominantly rural community, it was apparent that access to appropriate bi-lingual day care support was needed. There was a highlighted need for care to be provided bilingually for older people and especially people with cognitive problems / dementia. A service model was developed by Waen Outreach, a group solely run by volunteers and located in the Waen, St Asaph, Denbighshire. The level of care is based on the Hospice day care principles. There is a range of daily activities offered from chair based exercises, arts and crafts, cooking, gardening, physiotherapy assessment, reminiscence and creative writing among others. Everyone who attends is visited informally at home prior to attending to ensure that the volunteers can support their needs. The service is open 45 weeks a year and works in partnership with other Voluntary Sector organisations and Community Groups. Current costs for providing weekly day care are approximately £9,000 per year. This service model in recent times has received some funding from statutory sector but tend to meet most of their own costs including the activities provided and the cost of ensuring all volunteers are trained in First Aid, Food Hygiene, Moving and Handling, POVA, Dementia Awareness. Weekly door to door transport is provided by Dial a Ride but fully funded by the service, along with equipment, materials, utilities, food. Fundraising activities are organised throughout. Such a model helps in providing much needed support for the person living with dementia and their carers in their first language being Welsh.

Early Intervention, Prevention & Re-ablement.

We want Providers to provide services that are able to accommodate people living with dementia and their carers with a range of needs, for example, for people with dementia who have early onset, learning disabilities, sensory impairments, ethnic and cultural needs. We want Providers to consider utilizing digital mobile technologies and assistive technology to help people living with dementia to live more independently (follow link): **AT Dementia** <http://www.atdementia.org.uk/>

Throughout North Wales, Social Care services are supporting people through re-ablement, independence, wellbeing, social inclusion and assistive technology to live in their own homes and communities safely and independently for longer. This results in the cohort of people requiring residential or care home with nursing, as changing. Owing to the increasing ageing population people are developing complex needs such as a dementia. Early interventions are critical in providing appropriate information and support for those people living with dementia and their carers in the community.

Our Commissioners want to support services that can offer early intervention to prevent unnecessary deterioration in health that could cause a need for increased care. We want our services here in North Wales to prevent avoidable health deterioration by encouraging healthy lifestyles, reducing risk factors for ill health or disability before they have happened. Through focusing on an outcome based commissioning approach we can create effective contractual conditions to focus on re-ablement. Our Commissioners are committed to re-ablement in the community to help improve a person's independence, recovery and the challenges they face throughout the dementia journey following an identified need for appropriate care at home. It has become apparent that re-ablement services have excluded people living with dementia owing to the progressive nature of the condition. It was believed that people living with dementia would not benefit from re-ablement care packages. There is growing support and a general consensus that people living with dementia can benefit from a period of re-ablement. **SCIE: Maximising the potential of Re-ablement:** <http://www.scie.org.uk/publications/guides/guide49/dementia.asp>

We want Providers to align their services with the principles of early intervention, prevention and re-ablement so that better outcomes are delivered for people living with dementia and their carers in the long term. We want Providers offering such services to evidence the quality of life benefits for the people living with dementia, their carers and the cost benefits that the service will have on the health and social sectors. We want Providers to think about the evidence and data they collect to be able to meet our requirements.

Example of service that centres on early intervention, prevention and re-ablement:

Dementia Go <https://www.gwynedd.gov.uk/en/Council/News/Press-releases/April-2015/Activitydayforpeoplelivingwithdementia.aspx>

Many people living with dementia and their carers across the region often lack the confidence to take part in social activities or to engage with people outside their own home. Owing to this there is concern that those people living with dementia and their carers become isolated, especially those living in the rural areas of the North Wales region, thus putting them at risk of poor mental emotional wellbeing. An example of where this issue has been highlighted is during the delivery of the **Dementia Go** exercise programme. These classes have been operating at Dysynni, Glaslyn and Arfon Leisure Centres in Gwynedd. Lack of physical activity can reduce strength, balance, co-ordination and stamina, making daily activities more difficult and putting people living with dementia at risk of falls. This integrated programme includes the exercise referral team, memory clinics, mental health teams, physiotherapists, occupational therapists, GP surgeries, Social Services, Voluntary Organisations, Carer's Outreach and the Alzheimer's Society. The **Dementia Go** physical activity classes consist of 1 hr of gentle exercises to improve mobility, balance, co-ordination and endurance to help with daily tasks and reduce the risk of falls. The last 30 minutes of the class offers the opportunity to socialise over refreshments. Other organisations such as Social Services and Carers Outreach are able to attend this part of the session to offer advice and support. The **Dementia Go** staff have reported that more time was needed to be able to engage with stakeholders further to ensure referrals to the service and to look into the possibility of arranging transport to the exercise sessions. The evaluation of the participants attending classes have shown marked improvements to lower limb strength, hand grip strength and the many very positive comments from participants show that the service offers a valuable 'time out' for those living with dementia and in particular for carers. The service is unique in the community and helps people cope with a difficult home situation by bringing them out into the community, gaining valuable physical activity as well as emotional support. The **Dementia Go** team are employed via the Intermediate Care Fund (ICF) through Gwynedd County Council's Health Communities Department and work closely with clinical professionals and Voluntary Sector organisations to promote the **Dementia Go** physical activity classes as an option for their clients.

Outcome based Commissioning & Wellbeing

Welsh Government: The National Outcomes Framework for people who need care and support and carers who need support. 2014-2015. (working document).

<http://gov.wales/topics/health/socialcare/well-being/?lang=en>

Social Services and Wellbeing (Act) Wales 2014:

http://www.legislation.gov.uk/aw/2014/4/pdfs/anaw_20140004_en.pdf

New Economics Foundation (NEF): Commissioning for outcomes and co-production: a practical guide for local authorities: <http://www.neweconomics.org/publications/entry/commissioning-for-outcomes-co-production>

What is meant by Outputs? Outcomes? Indicators?

Outputs:

Are a quantitative summary of an activity. It tells you an activity

Outcomes:

The change that occurs as a result of an activity. Some projects may lead to chains of linked outcomes.

Indicators:

Are ways of knowing that change has happened. Ask people who access your service if change has happened.

We want Providers to demonstrate how their service makes a difference to the quality of life of people living with dementia and their carers, as well as meeting health and social care outcomes, including cost saving and benefits. Commissioners will be asking:

Can your service meet and evidence outcomes for people living with dementia and their carers?

Can your service meet and evidence broader health and social care outcomes, including cost benefits?

Commissioners are focusing on services that can achieve positive outcomes rather than just outputs. Commissioners are enquiring and consulting with people living with dementia, their carers and communities across the region about what they need and want from a service. Becoming Outcome focused helps both Commissioner and Provider to develop creativity, innovation, personalisation, quality, commitment and more for less in service provision.

Outcome based commissioning helps people and their communities to develop a better understanding of their local services, how these compare to other services and the level of quality they can expect.

When Commissioning and shaping a service both Commissioner and Provider need to think about how this service will focus on helping to make a positive impact on the wellbeing of the person living with dementia and their carers. Wellbeing is a broader concept than either physical or mental health. It is about how people experience their lives. It is strongly influenced by material and psycho-social circumstances and has both personal and social components. Wellbeing centres on a person being able to function well and feel good through a positive state of mind, feeling safe, sense of connection and resilience which is the capacity of people to confront and cope with life challenges to maintain positive wellbeing. Developing and improving partnership working with all sectors and making Service Users and Carers active key partners will improve outcomes and reduce service delivery costs (follow link): The Triangle of Care <https://professionals.carers.org/working-mental-health-carers/triangle-care-mental-health>

Added Value

People's time, creativity and energy can be in some cases more valuable than money. Providers need to connect with existing community groups, facilities and volunteers to add value to their service.

Focussing on maintaining independent living for people with dementia goes 'hand in hand' with support to carers. Growth in numbers of people with dementia across the North Wales region implies an increase in the number of carers needed in the future. The Voluntary Sector is pivotal to augment current statutory provision and therefore in joint working partnership with local statutory sector can aid cost efficiency of service.

To be able to meet the need for early intervention, preventative and re-ablement services across the region in aiding support for people living with dementia and their carers, there is a need to focus on investment of both Voluntary Sector organisations and Community groups.

In the North Wales region the Voluntary Sector organisations and Community groups are delivering a plethora of community services which are providing support for people living with dementia and their carers. WCVA (2013) estimate that there are over 33,000 Voluntary Sector organisations working in Wales providing a range of vital community services, including 11% providing support with health and social care. These organisations can be operating at national, regional or local level. The total number of Voluntary Sector organisations estimated to be active and providing a range of services across the North Wales region is over 19,000, although it is difficult to estimate precisely how many of these organisations support people with dementia, either directly or indirectly. The Alzheimer's Society has a presence in all the 6 counties in North Wales.

In these times of financial uncertainties, Local Authorities are focussing any funding on services that meet the local needs and the priorities outlined by the Local Authorities, whereas, in the past, this may not have been the case. These priorities are communicated with Voluntary Sector organisations and Community groups to help in the shaping and planning of services. However, if Local Authorities sign post or refer to Voluntary Sector organisations and Community groups there needs to be consideration to determine where accountability lies. This needs to be balanced with personal choice.

Identifying suitable partners (either voluntary or community) to support us in the long term sustainability of support to those people living with dementia and their carers is a major challenge. However, it is apparent from examples of active practice in the community that volunteer led Community groups can and do provide an effective and efficient service that supports Local Authorities and Health services in meeting demand in times of pressing financial constraint.

Example of service that is adding value to current statutory provision:

Clwb y Berwyn <http://canolfan-ni.org/clwb-y-berwyn/> is a community-run group providing an opportunity for all older people and their carers to meet and have tea and an activity. The group meets every fortnight at Canolfan Ni in Corwen. There are 50 members in total, with an average attendance of 35-40 people at each meeting with an age range of 60-96. The club is well known to local health and social care services and they refer people who may benefit from attending the club. Clwb y Berwyn plays a very important role in preventing social isolation for older people who live in our communities providing opportunities to be part of the community network. The club is supported by 10-11 volunteers from the Royal Voluntary Service who also provide the refreshments. Activities include guest speakers, quizzes and bingo, monthly chair exercise sessions, trips and short breaks. Members pay £2.00 per session which includes tea and a raffle ticket and the club is self-supporting. Transport is available through Bws Ni – a local Community Transport Scheme.

Collaborative Service Provision between Health, Primary Care, Social Care & Voluntary Sector.

For those who suspect they have a dementia or for families thrown into crisis as dementia deteriorates the first port of call will invariably be the GP and, if dementia is hard to live with, it is equally difficult to manage in primary care. We want Providers to provide a holistic service which focuses on the needs of the person living with dementia and their carers. We want Providers to move away from a one dimensional service. Providers will need to work together, sharing learning and collaborating creatively and with innovation to achieve the outcomes in joint working partnership with all sectors.

It is important that services work together. Welsh Government published *Our Plan for a Primary Care Service for Wales up to March 2018* <http://www.scie-socialcareonline.org.uk/our-plan-for-a-primary-care-service-for-wales-up-to-march-2018/r/a11G00000070GZilAM>. This plan highlights the need for people to receive the majority of advice, diagnosis, treatment and care in flexible ways, in flexible facilities delivered by a range of professionals close to home (p. 13).

In response to **growing demand** and **limited resources**, the Provider needs to consider:

- Collaborative services between Health – Primary Care, Social Care and Voluntary Sector to provide people living with dementia and their carers with the best chance of staying out of residential care, hospital and maintaining independence at home.
- Building together collaborative local delivery of Health – Primary Care, Social Care and Voluntary Sector service through GP networks working in partnership with assessment and care management and community support services (responsive and community based).
- Working in partnership towards highlighting the benefits of an early diagnosis, which are:
 1. Help with uncertainty.
 2. Accessing treatment.
 3. Accessing appropriate and timely support services.
- (Follow link for further information: **Benefits of an early diagnosis of Dementia**. [Online]. Available at NHS Choices <http://www.nhs.uk/Conditions/dementia-guide/Pages/dementia-early-diagnosis-benefits.aspx> [Last Accessed 08 / 06 / 2015].

Evidence from North Wales suggests that overwhelmingly those who present for assessment want to be told if they have dementia. Research has identified some of the things that get in the way of effective primary care for people with dementia. These include: professionals simply not understanding the importance of diagnosing the condition or the need for on-going support as well as a lack of information for people with dementia and their carers about the condition and any services that might be available (Alzheimer's Society, 2014). Through a collaborative approach people living with dementia and their carers will be able to receive timely and appropriate information and support to help them to lead a meaningful life in the heart of their community.

Although there may be delay in some areas it is vital that people living with dementia and their carers are referred onto the appropriate pathway and receive timely and appropriate information and support.

Example of a service working collaboratively with all sectors

Dementia RED (Respect Empathy Dignity) Care Information Centre Point:

http://www.alzheimers.org.uk/site/scripts/recruit_details.php?id=9007 The Dementia RED service works collaboratively with Health-Primary Care, Social Care and Voluntary Sector in offering every GP practice, who wish it, the opportunity, at no direct cost, to have a manned 'Dementia RED Care Information Centre Point' available in their practice across the North Wales region. **The benefits from the Dementia RED service are that it helps to:** Increase understanding and greater awareness of cognitive problems / dementia and the role of carers and the impact that living with cognitive problems / dementia can have on individuals. Promotes active engagement in supporting and involving people living with cognitive problems / dementia and their carers in community initiatives and activities. Develop knowledge and ability to sustain support for people living with cognitive problems / dementia and their carers in the long term. Increase awareness in the primary care teams to potentially help improve recording on GP registers.

Summary:

This is what we **Want** and **Need** for People living with Dementia and their Carers in North Wales

Personalisation:

Services that are focused on the person and centred on **Respect** **Empathy** and **Dignity**.

Active offer of Welsh Language Services

to enable people living with dementia and their carers to access the service they require in the language of choice throughout the dementia journey.

Early Intervention, Prevention and Re-ablement

to provide services that accommodate people living with dementia and their carers with a range of needs, for example, early onset, learning disabilities, sensory impairments, ethnic and cultural needs.

Outcomes based Commissioning & Wellbeing.

providers need to demonstrate how their service makes a difference to the quality of life and wellbeing of people living with dementia and their carers as well as meeting health and social care outcomes, including cost saving and benefits.

Adding Value

through connecting with existing community groups, facilities and volunteers to add value to the service.

Collaborative service provision between Health, Social Care and Voluntary Sector

to provide a holistic service which focuses on the needs of the person living with dementia and their carers. To move away from a one dimensional service. To think creatively about working in collaboration.

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