PETERBOROUGH CITY COUNCIL

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Dementia Strategic Plan: Dementia: Everybody's Business: Improving Outcomes for People Living with Dementia and their Carers in Cambridgeshire and Peterborough

Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health

March 2018

Deadline date: 7 May 2018

Cabinet portfolio holder: Responsible Director:	Councillor Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health Will Patten, Service Director: Commissioning
Is this a Key Decision?	NO
Is this decision eligible for call-in?	NO
Does this Public report have any annex that contains exempt information?	NO
Is this a project and if so has it been registered on Verto?	NO Verto number: N/A

R E C O M M E N D A T I O N S

The Cabinet Member is recommended to:

1. Approve the Dementia Strategic Plan.

2. Support Peterborough City Council officers and members of the wider Peterborough and Cambridgeshire health and care system in implementation.

1. PURPOSE OF THIS REPORT

1.1 This report is for Wayne Fitzgerald to consider exercising delegated authority under paragraph 3.4.3 of Part 3 of the constitution in accordance with the terms of their portfolio at paragraph (b).

2. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	**N/A**

3. BACKGROUND AND KEY ISSUES

3.1 Improving outcomes, experience and the cost effectiveness of services for people living with dementia and their carers is a national and local priority. Using the national Well Pathway for Dementia, the Strategic Plan presents a vision for dementia care in Cambridgeshire and Peterborough and the key outcomes to be achieved. It summarises the current status of dementia care in the area, identifying strengths and opportunities for improvement and likely future demand and the actions that are currently known to be required to improve outcomes over the 2 years from 2018/19. It aims to ensure that the best use of resources is made, and to identify significant gaps in services and the investment that may be required to address these. The work on cost effectiveness will be undertaken in the context of the current pressure on public sector resources with the aim being to determine the potential for service redesign and reinvestment to deliver the required improvements.

3.2 The Strategic Plan aims for equity of access, assessment, treatment/support and outcomes. It also aims to prevent or delay the onset of dementia. Overall, the aim is to ensure cost effectiveness and to maximise the resources available to meet health and social care needs in relation to dementia and other conditions across the area. It aims to deliver the following outcomes:

- Prevention of the onset of dementia where this is possible.
- People living with dementia are supported to live safely for longer within the community and with their carers.
- Improved accessibility to, and consistency of, assessment, treatment and support for people living with dementia and their carers across Cambridgeshire and Peterborough.
- Increased choice and control for people living with dementia and their carers.
- Improved outcomes and experience of services for people living with dementia and their carers at all stages of the disease and wherever they live i.e. at home, in care homes and when admitted to hospital.
- Well co-ordinated care that addresses physical and mental health and social care needs in a seamless way.
- A reduction in crises and avoidable admission to inpatient dementia services and acute hospitals.
- Better understanding and awareness of dementia within communities
- Better use of resources/value for money.

3.3 It describes how the Older People's Mental Health Delivery Board plans to work with its partners to achieve the vision for dementia using the Pillars and Cross-cutting themes of the Well Pathway for Dementia which provides a framework for delivery of the national dementia strategy as its basis. (See Pg 13 Appendix 1).

3.4 An action plan has been developed for each Pillar and Cross Cutting theme.
Gaps and improvements that can be made across the dementia pathway in Cambridgeshire and Peterborough have been identified. However, the biggest gaps identified are in:

- Early intervention and support including information, advice and guidance and advance care planning – primarily provided by the voluntary sector.
- The infrastructure required to support the development of dementia friendly communities and environments – primarily provided by the voluntary sector/also in primary care
- Support to maximise quality of life whilst living with dementia - for individuals living

with dementia and their carers.

- Capacity to support people intensively to remain at home at times of crisis and/or enhanced need (service provided by Dementia Intensive Support Team (DIST)).
- Psychological treatment for people following diagnosis and in specialist dementia inpatient care.
- The seamlessness and co-ordination of care across both mental and physical health clinicians, teams and organizations.
- Management of dementia and quality of care in care homes.
- Personalised care planning and support.
- Specialist assessment, treatment and support for people diagnosed with early onset dementia[1].

3.5 Investment, capacity, activity and performance across the health and social care system in dementia diagnosis, assessment, treatment and support is not yet fully understood. The Plan aims to build on the information gathered during its development in order to enable the identification of opportunities for improved performance, outcomes and cost-effectiveness in order to enable investment to address gaps in services and support. Improvement will be achieved primarily by ensuring early diagnosis, intervention and effective community based support, reducing demand on more expensive specialist interventions. The gap between current investment, improvements required and the increase in capacity necessary to match the likely increase in the numbers of people living with dementia will be identified. All of this will be brought together in a business case to the STP and to Peterborough City Council and Cambridgeshire County Council during the Autumn of 2018.

3.6 A core data set to monitor quality, outcomes and activity based on the Memory Service National Accreditation Programme quality standards, the reporting requirements of NHS and social care organisations has been developed and will be refined as part of the work to implement the Strategic Plan. Notwithstanding the need to report on core national and local activity, performance and outcomes, the key driver for the development of these outcomes will be to monitor the things that are of the greatest importance to people living with dementia and their carers. Achievement of this ambition will be supported by the alignment of the Personal Care and Support Planning initiative with the development of the dementia pathway.

3.7 The Executive Summary from the Strategic Plan is attached at Appendix 1 for reference.

4. CONSULTATION

4.1 The Plan was developed by the Older People's Mental Health Delivery Board that has wide representation of key organizations involved in the delivery and commissioning of dementia care and support. Individuals within and the organization represented were consulted. There were monthly consultations and engagement throughout the period when the Plan was developed at the scheduled meetings. Members of the Board are as follows:

Peterborough City Council /Cambridgeshire County Council Mental Health Commissioning Team
Cambridgeshire & Peterborough Clinical Commissioning Group:
Cambridgeshire and Peterborough NHS Foundation Trust

[1] This document contains key issues identified within the needs assessment undertaken to inform the Strategic Plan. The detail is contained in 'Early Onset Dementia, Needs Assessment', October 2017.

Alzheimer's Society
Carers' Trust
Peterborough Local Economic Partnership
Councillor Lamb
Ageing Well Strategy Board
Cambridgeshire and Peterborough Strategic Transformation Partnership: Primary Care Integrated Network
Cambridgeshire and Peterborough Strategic Transformation Partnership: Clinical Advisory Group
Older People's Partnership Boards: Peterborough and Cambridgeshire
Cambridgeshire Adult Social Care Teams
Peterborough Adult Social Care Teams

4.2 The Plan has now been signed off by:

The Older People's Mental Health Delivery Board: 17.01.18
The Ageing Well Strategy Board: 16.01.18 (subject to approval of the Plan by the OPMH Delivery Board)
Peterborough City Council/Cambridgeshire County Council Joint Commissioning Board: 14.02.18
Cambridgeshire and Peterborough Strategic Transformation Partnership: Primary Care Integrated Network:01.03.18
Cambridgeshire and Peterborough Strategic Transformation Partnership : Clinical Advisory Group: 15.03.18
Cambridgeshire and Peterborough Clinical Commissioning Group: Clinical Executive Committee: 27.03.18
Cambridgeshire and Peterborough NHS Foundation Trust: Executive Team: 27.03.18 (approval by the Board is not required)
Cambridgeshire and Peterborough Clinical Commissioning Group: Governing Body
4.3 01.05.18

Sign off by the following is planned April – June 2018:

Cambridgeshire and Peterborough Strategic Transformation Partnership : Health Care Executive
Cambridgeshire County Council: Adults Committee
Peterborough City Council: Health and Wellbeing Board
Cambridgeshire County Council: Health and Wellbeing Board

4.2 No further consultation needed to finalise the Plan. As the Plan is implemented there will be significant and ongoing engagement and consultation with all stakeholders.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 The Plan aims to deliver the following:

i) Improved outcomes and experience for people living with dementia and their carers as a result of collaborative delivery of the actions under each of the pillars and cross-cutting themes of the Well Pathway
ii) Better use of NHS and Council resources
iii) A good understanding of the outcomes, experience, activity, performance and investment in dementia care across Cambridgeshire and Peterborough
iv) A more specific set of proposals aimed at improving outcomes and experience
v) Proposals for service redesign and reinvestment or improved outcomes from existing resources – streamlining services and delivering improved outcomes and

experience

vi) A business case for joint NHS and Council/s consideration

6. REASON FOR THE RECOMMENDATION

6.1 The recommendation is made for all the reasons listed under 5 above.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 There are multiple indicators for the development of a Strategic Plan for dementia in Peterborough and Cambridgeshire:

I) There is considerable investment in dementia care across the Cambridgeshire and Peterborough area. There has been no in-depth review of the joint investment/ activity/outcomes for dementia care and support in the area within the last 5 years. It is therefore likely that there is considerable opportunity for improved delivery and outcomes.

II) The numbers of people living with dementia in the area has increased significantly and is set to continue to increase with an 86% increase in the number of people living with dementia set to rise to 16,011.

III) Dementia is a national priority for health and care. There have been a number of developments in dementia care since the publication of the national dementia strategy in 2009. Many of these, but not all are likely to have been implemented. It is likely that a systematic review of services against the current evidence for effective dementia care and support will lead to improved outcomes and use of resources.

IV) Bringing stakeholders together to consider the effectiveness of dementia care is likely to lead to improvement.

7.2 The development and implementation of a Strategic Plan was identified as a method to address the issues above. It is likely that additional recommendations and developments will be identified as the Plan is implemented. These will be integrated into the plans for improvement already summarised within the Plan. It was agreed that there was no option but to undertake the work. The report makes specific recommendations for immediate improvement which are based on work that is already underway or builds on current activity without further investment or the need for significant redesign. There are no specific recommendations that require either appraisal of options and/or investment at this stage, the aim being to develop and appraise options for improvement leading to a business case/s for consideration Quarters 3 and 4 2018/19.

8. IMPLICATIONS

Financial Implications

8.1 The aim of the Plan is to ensure the best use of resources i.e. cost effectiveness in dementia care. It aims to describe and understand current investment and its impact – performance, activity and outcomes in relation to dementia - across the health and social care system. It aims to identify opportunities for improved use of current resources and to identify gaps and possible need for additional investment in either/both health and social care services. The product of the first 9 months of the Plan will be a business case/s to support proposals for re-investment/re-design and/or increased investment based on the analysis completed.

Legal Implications

8.2 No specific implications.

Equalities Implications

8.3 **T**he Plan will have a positive impact on: age, disability, race, religion/belief, pregnancy and maternity (for those in caring roles), rurality and deprivation. It has a neutral impact on gender reassignment, sex, sexual orientation, and marriage and civil partnership. There are no negative impacts.

Other Implications

8.5 **Corporate Priorities: Environment Capital:** No specific implications

8.6 **Crime and Disorder / Community Safety:** Dementia Friendly Communities and Environments aim to improve the quality of life and access of people living with dementia and their carers to communities and community facilities. Both are key components of the Dementia Pathway and actions to develop/improve these are included in the Plan. T

8.7 **Human Resources:** Training and development of the specialist mental health/dementia workforce and the generic workforce is included within the Plan. At this stage there are no specific HR implications for the social care workforce.

8.8 **ICT:** Ensuring that care is seamless care is a key aspect of the Plan. Information sharing key to this. This can be supported by ICT. As the seamlessness of care is assessed and improvements are made to the care pathway, there may be a requirement to adjust data collection and to improve data sharing across agencies. At this stage there are no specific implications.

8.9 **Property:** No specific implications

Procurement: During 2019/20 and/or 2020/21, it is likely that a re-procurement of the pre-/post-diagnostic support provided currently by the Alzheimer's Society will be required. It is likely that this will be undertaken jointly with the CCG. In addition, it is likely that there will be a dementia specific component of the re-procured Carers Support service.

8.10 **Performance:** The aim of the Plan is to understand current and to identify opportunities for and to deliver improvement in either/both health and social care services. The product of the first 9 months of the Plan will be a business case to support proposals for improvement based on the analysis completed.

8.11 **Governance:** The Plan aims to improve the seamlessness/co-ordination of care and therefore to bring organizations across the health and social care system together to maximise the use of resources and deliver the best experience and outcomes possible for patients. Recommendations for improvements to governance and/or structures – formal/informal may emerge over time e.g relating to joint commissioning or delivery.

8.12 **Patient Experience:** The aim of the Strategic Plan is to improve patient experience. This is clearly defined within the Plan.

8.13 **Patient Outcomes:** The aim of the Strategic Plan is to improve patient outcomes. This is clearly defined within the Plan.

9. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED

9.1 None identified.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985) and The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

10.1 There are innumerable documents relating to national dementia strategy, policy and the evidence base as well as the wider legislative context e.g. the Care Act, national Carers Strategy. Key documents relating to dementia are:

Dementia: The National Institute of Clinical Excellence/Social Care Institute for Excellence Guidelines on Supporting People with Dementia and their Carers in Health and Social Care, National Institute of Clinical Excellence/Social Care Institute for Excellence, 2006
National Dementia Strategy, Department of Health 2009
Prime Minister's Challenge on Dementia: 2020, Department of Health, 2015
Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset, National Institute of Clinical Excellence, 2015

11. APPENDICES

11.1 Appendix 1: Glossary
Appendix 2: Executive Summary: Dementia Strategic Plan

Dementia Strategic Plan: 2018 – 2023 sent with the report.

Appendix 1

Cambridgeshire & Peterborough All Age Dementia Strategic Plan 2018 - 2023

Dementia: Everybody's Business: better outcomes for people living with dementia and their carers

Executive Summary

Cambridgeshire and Peterborough
Older People's Mental Health Delivery Board
January 2018

EXECUTIVE SUMMARY

Improving experience and outcomes for people living with dementia and their carers is a national priority. The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) which brings together leaders of health and social care organisations across the health and social care system to ensure that services are effective and efficient, has identified improving outcomes and experience for people living with dementia and their carers as a key priority for 2018/19 and beyond.

This Strategic Plan has been developed by the Older People's Mental Health (OPMH) Delivery Board to deliver that improvement. The Plan aims to address the needs of people of all ages living with dementia[2] and mild cognitive impairment[3] and their carers living in Cambridgeshire and Peterborough. It also aims to prevent or delay the onset of dementia and to identify ways that individuals and communities can be supported to improve the quality of life of people living with dementia as they go about their lives.

The Plan relates specifically to dementia. A definition of dementia has been agreed by those involved in dementia across the Cambridgeshire and Peterborough health and social care system:

> Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.[4]'

It can be caused by a number of progressive neurodegenerative diseases, including Alzheimer's disease, frontotemporal dementia, vascular disease, Parkinson's disease and Huntington's disease. Not all cognitive impairment is due to dementia.

Mild cognitive impairment (MCI) is also included within the scope of the Strategic Plan because, whilst people with MCI are at higher risk of developing dementia, it is not possible or appropriate to make a positive diagnosis of dementia at the point when MCI is identified. It is important that people with MCI are identified, in particular to distinguish them so that they are not misdiagnosed with dementia. To do so would give a large number of people a diagnosis of a progressive terminal neurodegenerative disease which they do not have, and which may never develop**.** This would be inappropriate and unhelpful, causing unnecessary distress for individuals and their families. MCI can be defined as:

> A condition where an individual has cognitive deficits beyond those expected for their age and education, but which are not significant enough to interfere with their daily activities[5].

[2] A syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.[2]'

[3] A condition where an individual has cognitive deficits beyond those expected for their age and education, but which are not significant enough to interfere with their daily activities[3].

[4] The ICD-10 Classification of Mental and behavioural Disorders, clinical descriptions and diagnostic guidelines' World health organisation 1992 ISBN 92 4 154422

[5] Petersen RC, Smith GE, Waring SC, Ivnik RJ, Tangalos EG, Kokmen E (1999). "Mild cognitive impairment: clinical characterization and outcome". Arch. Neurol. 56 (3): 303–8.

Services for people with cognitive impairment that results from brain damage of a non-progressive nature are not included within the scope of the Strategic Plan because responsibility for commissioning aand provision lies with a variety of organizations, groups and individuals beyond the boundaries of dementia commissioning and provision. However, it is essential that it is noted that there are gaps in services for people with non-progressive cognitive impairment. This issue has been drawn to the attention of STP leaders and commissioners by the Older People's Mental Health (OPMH) Delivery Board as part of its work to develop the Strategic Plan. Members of the Delivery Board are happy to provide assistance to those addressing these needs.

The case for prioritising the care and support of people living with dementia and their carers in Cambridgeshire and Peterborough is strong:

- Dementia affects the older population in significant numbers – an estimated 670,000 people in England[6] and 8,600[7] in Cambridgeshire and Peterborough.
- There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke[8].
- An estimated 25% of hospital beds are occupied by people with dementia.
- Hospital stays of people with dementia are approximately 1 week longer than average[9].
- 75% of people living in care homes have dementia[10].
- Dementia is the leading cause of death for women[11].
- It is estimated that the number of people living with dementia in Cambridgeshire and Peterborough will increase from 8,600 to 16,110 (7,510/86%) between 2016 and 2031. Action therefore needs to be taken to:
    i) Do everything possible to prevent and delay the onset of dementia to slow the growth in numbers of people living with dementia.
    ii) Ensure that the best use of the resources available is in order to manage the resulting increase in demand.
- Improving awareness and understanding of dementia will enable people living with dementia and their carers to live more comfortably with their families and communities.
- If dementia is diagnosed early in its course, appropriate support can be provided in the present, and as the disease progresses, reducing the incidence of avoidable crises and interventions, improving experience and outcomes whilst also releasing resources for investment in other health and social care interventions.
- Across Cambridgeshire and Peterborough there is a desire to improve experience and outcomes for people who access any health and social care services.

The main thrust of national strategy is to ensure that people living with dementia are supported to live at home with their families for as long as possible. Early diagnosis and intervention including access to information, advice and guidance, advance care planning that is personalised, timely access to specialist assessment and treatment, and effective support for carers are key components of the strategy. Promoting better awareness and understanding of dementia amongst communities

[6] The Prime Minister's Challenge on Dementia, DH, 2020
[7] Public Health England, 2016
[8] Commissioning for Value: Mental health and dementia pack, Public Health England, January 2017
[9] The Prime Minister's Challenge on Dementia, DH, 2020//5 Year Forward View, DH, 2015
[10] The Prime Minister's Challenge on Dementia, DH, 2020/5 Year Forward View, DH, 2015
[11] The Prime Minister's Challenge on Dementia, DH, 2020/5 Year Forward View, DH, 2015

and businesses is essential if people living with dementia and their carers are to live and participate comfortably in their communities. Based on the work of the Alzheimer's Society, national strategy includes programmes to increase awareness through the development of dementia friendly communities and environments. There is much that can be done to prevent dementia by tackling key risk factors such as smoking, excess weight and physical inactivity. Overall, the aim is:

> **To enable people living with dementia to live independently for longer and to enjoy being part of their community[12] and to keep them healthier for longer and out of hospital[13].**

A vision for people living with dementia and their carers in Cambridgeshire and Peterborough has been agreed:

> ***We will work hard to prevent people in Cambridgeshire and Peterborough from acquiring dementia and ensure that those living with and affected by dementia receive compassionate, expert care and support, that is right for them to live positive and fulfilling lives …. we will support and empower them to take part in, and contribute to, the families and communities in which they live and work[14].***

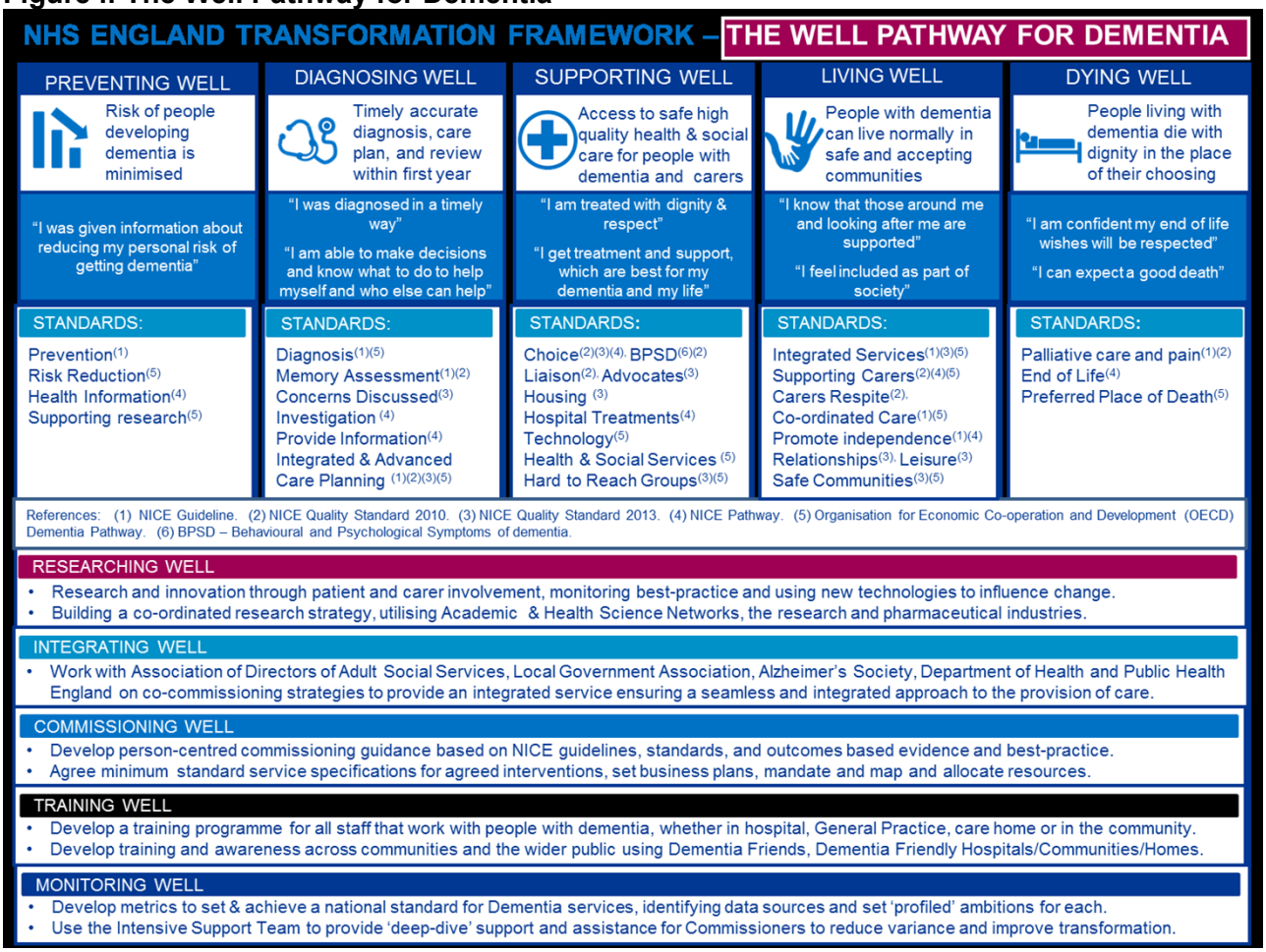
Gaps and improvements that can be made to all of the above in Cambridgeshire and Peterborough have been identified through the work to develop the Strategic Plan. However, the biggest gaps identified are in:

- Early intervention and support including information, advice and guidance and advance care planning – primarily provided by the voluntary sector.
- The infrastructure required to support the development of dementia friendly communities and environments – primarily provided by the voluntary sector..
- Support to maximise quality of life whilst living with dementia - for individuals living with dementia and their carers.
- Capacity to support people intensively to remain at home at times of crisis and/or enhanced need (service provided by Dementia Intensive Support Team (DIST)).
- Psychological treatment for people following diagnosis and in specialist dementia inpatient care.
- The seamlessness and co-ordination of care across both mental and physical health clinicians, teams and organizations.
- Personalised care planning and support.
- Specialist assessment, treatment and support for people diagnosed with early onset dementia[15].

Addressing these gaps has been prioritised within the Strategic Plan. The Plan describes how the OPMH Delivery Board plans to work with its partners to achieve the vision for dementia using the pillars and cross-cutting themes of the Well Pathway for Dementia which provides a framework for delivery of the national dementia strategy as its basis. (See Figure i below).

[12] Dementia Implementation Guide, DH, 2017
[13] The Five Year Forward View Implementation Guide, 2017-19, DH 2017
[14] Adapted from Dementia UK's Strategy
[15] This document contains key issues identified within the needs assessment undertaken to inform the Strategic Plan. The detail is contained in 'Early Onset Dementia, Needs Assessment', October 2017.

Figure i: The Well Pathway for Dementia[16]



The aim is to ensure that delivery of the services under each pillar of the Well Pathway are effective and efficient and developed in line with national and local good practice. To achieve this, action plans to improve outcomes from the services under each of the Pillars and Cross Cutting Themes has been developed. (See Section 3.2). These are summarised in Table 1 below. The Strategic Plan aims to deliver the following outcomes:

- Prevention of the onset of dementia where this is possible.
- People living with dementia are supported to live safely for longer within the community and with their carers.
- Improved accessibility to, and consistency of, assessment, treatment and support for people living with dementia and their carers across Cambridgeshire and Peterborough.
- Increased choice and control for people living with dementia and their carers - at all stages of the disease.
- Improved outcomes and experience of services for people living with dementia and their carers at all stages of the disease and wherever they live i.e. at home, in care homes and when admitted to hospital..

[16] https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf , online, accessed: 05.07.17

- Well co-ordinated care that addresses physical and mental health and social care needs in a seamless way.
- Crises and avoidable admission to inpatient dementia services and acute hospitals are reduced.
- Better understanding and awareness of dementia within communities
- Better use of resources/value for money.

A key objective of the Strategic Plan is to reduce costs where possible, releasing resources for investment in new/improved services and/or for investment in other key areas of need.

Investment, capacity, activity and performance across the health and social care system in dementia diagnosis, assessment, treatment and support is not fully understood. The Plan aims to develop this understanding in order to identify opportunities for improved performance, outcomes and reduced cost in order to enable investment to address gaps in services and support. Improvement will be achieved primarily by ensuring early diagnosing, intervention and effective community based, reducing expenditure on more expensive specialist interventions in line with national guidance for CCGs[17] and Local Authorities on cost effectiveness. Finally, the gap between current investment, improvements required and the increase in capacity necessary to match the likely increase in the numbers of people living with dementia will be identified. All of this will be brought together in a business case to the STP and to Peterborough City Council (PCC) and Cambridgeshire County Council (CCC).

A core data set to monitor quality, outcomes and activity based on the Memory Service National Accreditation Programme (MSNAP) quality standards, the reporting requirements of NHS and social care organisations has been developed and will be refined as part of the work to implement the Strategic Plan. Notwithstanding the need to report on core national and local activity, performance and outcomes, the key driver for the development of these outcomes will be to monitor the things that are of the greatest importance to people living with dementia and their carers.

Delivery of the Strategic Plan constitutes a major programme of work. A high level timeline for delivery of the actions/milestones required 2017 – 2019 has been developed to support delivery (See Figure ii below). An assessment of the risks to delivery of the Strategic Plan has been made with the following risks being identified:

- **Risk 1:** Insufficient capacity within OPMH commissioning and provider organisations to deliver a complex programme of work with the detailed level of analysis necessary to achieve the outcomes required
- **Risk 2:** Insufficient resources available across the system to support the analysis required
- **Risk 3:** Lack of resources to support external facilitation for the development of the care pathway

At the time of completion of the Strategic Plan (January 2018), these are rated amber with mitigating actions in place to address them.

[17] Next Steps on the NHS Five Year Forward View, DH, 2017

Table i: Summary of the Cambridgeshire and Peterborough Dementia Well Pathway Action Plans

Strategic Plan: Section	Pillar/Cross Cutting Theme and Standard	Key Objective 1	Key Objective 2	Key Objective 3	Key Objective 4
3.2.1	***Preventing Well*** ***The risk of people developing dementia is minimised: "I was given information about my personal risk of getting dementia"***	To build strategy to include evidence-based and equitable primary, secondary and tertiary prevention efforts across the life course.	To incorporate dementia risk reduction into current long-term disease approaches and unique messaging.		
3.2.2	***Diagnosing Well*** ***Timely accurate diagnosis, care plan, and review within first year. "I am diagnosed in a timely way. I am able to make decisions and know what to do to help myself and who else can help".***	To increase the dementia diagnosis rate.	To develop a robust pathway that meets the standards within NICE guidelines and MSNAP with protocols agreed between the Memory Assessment Service, GPs, older people's services and the voluntary sector, including protocols that ensure that advance planning is established consistently across Cambridgeshire and Peterborough (includes assessing the feasibility of commissioning a Memory Assessment Service that meets the standards required to achieve MSNAP accreditation).		
3.2.3	***Supporting Well*** ***Access to safe high quality health and social care for people with dementia and their carers. "I am treated with dignity and respect. I get treatment and support which***	To develop a robust dementia pathway within which there is an action plan that supports improvement/achievement of the standards within NICE guidelines and MSNAP consistently across Cambridgeshire and	To work with Acute providers to develop a plan for ongoing improvement in the quality of care for people with dementia when in hospital.	To improve awareness of and access to dementia care for hard to reach groups	To ensure that the quality of care of people living with dementia in care homes meets the Care Quality Commission requirements and best practice.

	are best for my dementia and my life."	Peterborough that relate to Living Well (includes assessing the feasibility of commissioning a Memory Assessment Service that meets the standards contained within NICE guidelines and MSNAP; as a minimum, standards relating to advance planning must be achieved).			
3.2.4	***Living Well*** ***People with dementia can live normally in safe and accepting communities. "I know that those around me and looking after me are supported. I feel included as part of society."***	To ensure geographical consistency in relation to Dementia Friendly Communities and Dementia Friendly Environments across Cambridgeshire and Peterborough	To ensure that people living with dementia have access to community based support that is robust and consistent across Cambridgeshire and Peterborough	To establish a robust infrastructure of support for carers that is consistent across Cambridgeshire and Peterborough	
3.2.5	***Dying Well*** ***People living with dementia die with dignity in the place of their choosing. "I am confident my end of life wishes will be respected. I can expect a good death."***	To improve the quality of care and support and outcomes at end of life for people living with dementia and their carers			
3.2.6	**Early Onset Dementia**	***To ensure that people living with early onset dementia and their carers have access to robust assessment, treatment and support.***			
3.2.7	***Researching Well***	To ensure that every patient with a diagnosis of dementia is given the opportunity to participate in dementia research.	To evaluate the impact of the Dementia Strategic Plan		

3.2.8	**Integrating Well**	To ensure that care is seamless, addressing physical and mental health and social care needs in an holistic and cost effective way			
3.2.9	**Commissioning Well**	To improve the commissioning and leadership for health and social care commissioning.	To ensure that best use of resources is made.	To ensure that services are effectively commissioned.	
3.2.10	**Training Well**	To ensure that staff across the Cambridgeshire and Peterborough health and social care system are involved in and inform the development of and are trained in the operation of the integrated dementia pathway.			
3.2.11	**Monitoring Well**	To improve understanding of activity, performance and outcomes for people living with dementia and their carers in Cambridgeshire and Peterborough.	To develop a set of indicators of quality that include experience of services and support and outcomes for people living with dementia and their carers related to dementia across the Cambridgeshire and Peterborough health and social care system		