Project Title: Eastern Devon Dementia Alliance	Post Implementation Review
PIR Milestone: 31st March 2025	**Review Date:** Choose a date.
Original Date of Approval: 29/03/2024	**Type of Investment:** Choose an item.
Lead department: Click here to enter text.	**Business Register Ref Number :**
Other departments Involved:	**Date of Completion:** Choose a date.
	Recommendation: Choose an item.
Lead Contact: Click here to enter text.	**Overall Rating:** Choose an item.

1. **What were the objectives and outcome measures of this initiative?** (Taken from the approved business case)

OBJECTIVES

Currently there is no one place to go for all providers of services in the East for dementia support. This partnership will provide a tailored offer to people living with dementia and their carers so that they can search for providers in their area. This partnership will also be a way to lobby and offer support in co-designing services by working with commissioners, finders and other agencies. The mapping will have already been done. This will hopefully hasten the set of and delivery of services in gap areas thereby reducing the post code lottery.
This partnership infrastructure group would be open to any Health and social care/VCSE/care home partner who is delivering services in East Devon for people living with dementia and their carers.

Its overarching aims would be to-

- Provide a collaborative space for services in this specialism
- Improve the journey for people living with dementia and their carers
- Bring the expertise and golden nuggets of offers all together in one space.
- Expedite the setup of services to improve the dementia offer across the East
- Reduce waiting times as more accurate referrals
- Reduce pressure on acute services
- Reduce pressure on PCN's
- Represent this specialism in localities
- Offer training, resources and expertise

OUTCOMES

Specific outcome measures:

- Complete the patchy mapping including all PCN pathways
- A complete picture of all services
- Highlight gaps
- Be a knowledge base for services across this specialism in the East.
- Lobby/influence/work with agencies
- Create a website of all providers across the East/One stop shop

Longer term outcomes:

- Ensure patient, carer practitioner feedback
- Work towards a standardised offer
- Collaboration of funding bids. Service delivery as well as the ability to maintain the website
- Offer expertise, resources, training and consultation and participation opportunities

2. What evidence has informed the PIR?

We know that

- Dementia is the largest cause of death in the UK with numbers increasing but diagnosis rates falling (Primary Care Dementia data January 2024)
- Diagnosis rates in Devon of people living with dementia are higher than the national average (devon.gov.uk)
- Estimated number of people living with dementia in Devon is also higher than national average (devon.gov.uk)
- Increased prevalence due to an older population in Devon
- 42% of unplanned hospital admissions were people living with dementia over 70 in 2022 (Alzheimers Society)
- 25% of acute hospital beds are occupied by people with dementia.
- 90% of people with dementia found admission to hospital frightening and confusing.
- There is a 5 month wait for a diagnosis of dementia or MCI in Exeter

This evidence alongside the fact that The Alzheimer's Society have lost the contract for Devon resulting in the loss of the Memory Matters course, Dementia Advisors and Dementia Connect telephone service, has resulted in gaps in provision for people waiting for a diagnosis and post diagnosis. However, dementia advisors who can advise and support people during and after diagnosis, are very cost effective – every £1 invested results in almost £4 of benefits (Left to Cope – the unmet support needs after diagnosis Alzheimer's Society 2022)

- At least a six week wait for assessment of care needs from Social Services, but reported as longer especially if you have savings and are not in 'crisis'
- No local authority provision for people living with dementia in Exeter
- A timely diagnosis of dementia is vital as it enables the person to access the advice, information, care and support that can help them and their carers to live well with the condition.
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2. To what extent have the objectives and outcome measures been achieved?

The mapping has been completed for the Eastern Region. The lead at AUKE worked with other VCSE providers to ensure gaps were identified during this process. A launch event was delivered in early March were 18 other providers attended. The work was discussed and further gaps identified with the mapping. We now have a resource that is being made dementia friendly that can be embedded in all providers of services across the Eastern region. This will provide that knowledge base to a point. This will also go on the OED website. In terms of lobbying, this was an effective piece of work as it brought a multi-agency approach to dementia in the Eastern region. Lobbying will need to be part of the future work of this partnership.

Sign-off for Post Implementation Review:

Signed: Click here to enter text.

Date: ***Click here to enter a date.***

Detailed information sheet

Please provide additional evidence in subsequent sheets, as required.

4. What were the original assumptions? (Taken from the approved business case and assessment templates)

The Healthy Ageing Partnership (HAP) have identified that dementia is one of their 3 priorities. As part of this it has become clear that there is no mechanism to know what is available across the East for people living with dementia and their carers. By creating an Eastern Devon Dementia Partnership (EDDP) this would provide an infrastructure mechanism where all appropriate partners across the East who are involved in the delivery of effective, impactful services for people living with dementia and their carers would either support this directly or be represented.

5. Did any of the risks identified materialise? If so, to what extent they were mitigated?

The risks were that not all partners engaged, and the golden nuggets of projects may not have been included. We knew this was a risk hence engagement early on with key stakeholders in this space and then the launch event to ask again. We mitigated this as far as we could.

6. Were there any unintended consequences?

Converting the mapping into dementia friendly language was not factored in. This is essential if partners are going to embed into their websites etc. Plus, the decision not to create a website as it would sit on the Devon wide dementia partnership one was then changed since they aren't having one. So, we then agreed to upload to the OED website which will be done once the language is appropriate. This then freed up some funds to create the mapping into dementia friendly language and deliver free Cognitive stimulation therapy to up to 40 VCSE partners in the Eastern region. This is being held on 24th April. This will then enable them to deliver it to any of their clients. This idea was socialised at the Healthy ageing partnership with full agreement.

7. How does the approach compare with the implementation of similar measures in other trusts and systems and how other trusts have implemented differently?

Somerset have a Dementia wellbeing one stop shop that supports carers too.

Coventry has the same. A one stop shop that supports people through a no wrong door approach.

Our approach is patchy and that is replicated in other areas such as Cornwall. We all should be working towards a joined up one stop shop for people living with dementia and their carers.

8. Has the evidence identified any opportunities for further reducing the burden on business and are there any lessons learnt for future projects?

Yes, we are working with Ottery St Mary on developing the work started by this initial tranche of funding. At the launch of the Eastern Devon Dementia partnership, it was agreed that we needed to continue to work in this space but locally. Either within PCN groups of through health and wellbeing alliances. We will be working together on a bid for a dementia ambassador or worker across the Eastern region that works with partners to maintain the mapping, continues to work with agencies on knowing what pathways there are for people living with dementia, represents a specialism in this area or brings appropriate agencies together, facilitates regular partnership meetings, represents the Eastern region at the County wide dementia group/partnership (when it is formed). Offers training or signposts to training providers such as Devon memory café. Looks for funding in the prevention space- greater and improved pathways, more work around maintenance for people living with dementia and lobbies for the hub approach.