

Recommendation	Response Summary/Actions	Progress
<p>1. Develop strong messages around the 'healthy heart, healthy brain' concept to make residents aware of the links associated with vascular dementia - Preventing Well</p>	<ul style="list-style-type: none"> • Ensure key partnerships working on healthy lifestyle work program, alcohol, tobacco, cardiovascular diseases develop strong messages. • 'Barnsley Alcohol Alliance' to deliver a campaign during Dementia Awareness Week 2022. • Review pathways between the Memory Assessment and Support Service, and the local alcohol support and treatment services. • Barnsley Heart Health Alliance to develop key messages on 'what is good for the heart is good for the head' 	<ul style="list-style-type: none"> • Discussed with Public Health: Health Improvement Team and agreed to work collaboratively on the recommendation. Started to identify key partnership meetings to plan agenda items. Attendance at the Barnsley Alcohol Alliance along with a Nurse Consultant from the Memory Assessment Service(MAS) to discuss links between alcohol use and dementia has been completed. Links have also been made in relation to NHS Annual Health Checks (CVD). • Article on alcohol shared on social media as part of the Dementia Awareness Week 2022. The LGA review considered alcohol. The recommendations from this review have yet to be shared. Connections have been made between MAS and local alcohol support services. • Contact has been made with the Tobacco Alliance, but due to capacity, dementia has not been scheduled for the agenda. 2023 No Smoking Day theme was links between smoking and dementia. The campaign was promoted locally and discussed at Tobacco Alliance. • Information on vascular dementia has been shared with a Public Health Practitioner who is considering how we strengthen our current risk reduction messages given during an annual health check. The NHS Health Check service is currently out for procurement and includes a requirement for the provider to discuss the risk of dementia and the symptoms of dementia.
<p>2. Increase early identification and diagnosis rates - Preventing Well</p>	<ul style="list-style-type: none"> • Improve intelligence by reviewing primary care dementia diagnosis rates and comparing to estimated prevalence of dementia diagnosis. • Use data to identify General Practices that have lower dementia rates than the estimated, plan some focused awareness raising sessions to increase early identification. 	<ul style="list-style-type: none"> • A request has been submitted for data. Data is available and has been presented to Barnsley Dementia and Me, Care Closer to Home, EHA and SCP between Sept-Nov 2022 by the Public Health Principal. • Initial discussions have started with the Integrated Care Board. GP PDA for 2022-23 included a request for GPs to have Dementia registers, identify carers, and have a

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	<p>Re-establish General Practice Memory Assessment Service clinics to offer patients direct access and support regarding memory issues.</p> <ul style="list-style-type: none"> • Deliver training for General Practitioners doctors on early identification, diagnosis of dementia, and referral into Memory Assessment Service. • Ensure that referrals to Memory Assessment Service from hospital are reviewed and criteria for referrals agreed. • Ensure that all assessments to be offered in a timely manner closer to home. • Ensure that all assessments will be discussed in the Multi Practitioner Disciplinary Forums with the view to establish a diagnosis. More complex cases will be seen by a relevant consultant or deputy. • Following diagnosis each client will be offered a care plan which is agreed with the person and their carer, meeting their needs at that time. • Each community-based client will be allocated a Memory Support Worker who will make regular contact throughout their journey with dementia. 	<p>GP practice dementia champion. 2023-24 PDA support ongoing work with dementia patients and their carers. Barnsley ECHO Project are currently delivering five Dementia training sessions, and these have been promoted to GP practice staff.</p> <ul style="list-style-type: none"> • Need to revisit with MAS and identify challenges to delivery. MAS setting up screening forums with neighbourhoods, currently on going. This has also been identified as part of the dementia and frailty work within the Barnsley Community Health and Care Provider Alliance. A general communication was sent to all GP practices seeking their opinion and views of the screening clinics. To date no positive confirmations have been received from any practice. One practice gave verbal confirmation that such a clinic would not be of value to them. • MAS have already started to review referrals from the hospital over the period 2021-22. All referrals irrespective of origin are screen on a daily basis within the working week. • Progress is ongoing. • Process is already in place and progressing. • Process is already in place and progressing. • This is already in place, everyone that receives a diagnosis via our team automatically is allocated a MSW, those diagnosed by other team i.e out of area are allocated someone when they are referred into the team

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	<ul style="list-style-type: none"> All care plans will be reviewed in a timely manner and prior to discharge from active caseload within locally agreed pathways. 	<ul style="list-style-type: none"> This is an ongoing process, a review of all pathways and working processes are reviewed and updated according to local and national trends on at least a two-yearly basis or as the need arises.
<p>3. Develop a plan to raise awareness through different groups to help support people who may be living alone with dementia – Living Well</p>	<ul style="list-style-type: none"> Recruit a six-month post to review the Dementia Pathway in Barnsley. This will include reviewing data and modelling future need. Explore the role of ‘Multi-Disciplinary Teams’ and ‘Care Coordinators’ in primary care, as well as other services who ‘know’ the individual and how they support people living alone with dementia as part of the Dementia pathway review. Each community-based client will be allocated a ‘Memory Support Worker’ who will make regular contact throughout their journey with dementia. Discuss referral and engagement opportunities with the third sector and statutory organisations to assist in the increase of referrals. 	<ul style="list-style-type: none"> Funding identified and recruitment paperwork completed. Post advertised but unable to appoint. Options being considered. Work will commence on this in May. Current work does include capturing the carer and person living with dementia’s experience of the pathway. Attendance at Care Homes Working Group to establish how GP practices are supporting care homes with MDTs and the role of the Care Coordinators. Further work is required to understand how Care Coordinators are supporting people living alone with dementia. new dementia PDA starts 1st April. This is already in place, everyone that receives a diagnosis via our team automatically is allocated a MSW, those diagnosed by other team i.e out of area are allocated someone when they are referred into the team. Progress is ongoing.
<p>4. Continue to support and develop the Dementia Alliance beyond the lifetime of the existing contract and use the voice of the person living with dementia and their carers to shape support services – Living Well</p>	<ul style="list-style-type: none"> Continue to support the Alliance governance structure. Co-ordinate its collaborative actions working across the sector. Deliver specific activities such as raising awareness events and communications as part of Age Friendly Barnsley programme. Establish dedicated Voice & Participation post in Adult Social Care. 	<ul style="list-style-type: none"> Healthier Communities continue to support the Alliance. Autonomy of the Alliance is progressing and strengthening across the sector. BTSDA partners meet on a regular basis, to ensure collaborative working and approaches. Awareness raising events in Dementia Action Week and Age Friendly Barnsley festival. Also, other events in Area Teams, eg: Penistone - Age UK Barnsley project launch. In the process of being done (as Apr 23). Funding and approval has been given to recruit.

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	<ul style="list-style-type: none"> Review the dementia pathway and include service user voice to inform future model of support. 	<ul style="list-style-type: none"> Review not done, unable to appoint.
<p>5. Adapt existing policy for assessing carers of people living with dementia to ensure that those who require support receive it – Living Well</p>	<ul style="list-style-type: none"> Review the policy / approach for assessing carers needs assessment process. Implement recommendation across the system. Give consideration to joint assessments and individual carer-assessments. 	<ul style="list-style-type: none"> Carers Strategy launched and a supporting action plan, to incorporate the three bullet pointed Recommendations/Actions. Progress ongoing.
<p>6. Consider developing a rapid response team attached to the Memory Assessment & Support Team to support carers and people living with dementia in a crisis – Supporting Well</p>	<ul style="list-style-type: none"> Review the current service model and models of best practice from across the country, including gap analysis from which further decisions can be made in collaboration with the NHS. Memory Assessment Service to support the CCG to ascertain the required need in wider clinical areas. 	<ul style="list-style-type: none"> Funding identified and recruitment paperwork completed. Post advertised but unable to appoint. Options being considered. MASS would be happy to support the CCG (now the Integrated Care Board) with any further discussions to ascertain the clinical need. However, experience from within MASS and externally, would indicate that there is little demand for an extended crisis' support service.
<p>7. Review how families are supported to tell their stories when issues first arise and increase day service capacity to support carers – Supporting Well</p>	<ul style="list-style-type: none"> Develop an engagement process to ensure we hear the 'Dementia Voice' in all the work done in Barnsley. Consult with people living with dementia accessing day services and those who are not. Review of Day Services capacity to support people living with dementia and their carers. 	<ul style="list-style-type: none"> Existing groups of people living with dementia and carers have been identified. Currently reviewing the models of engagement and consulting with the groups on the approach. Existing day centre service users have already been consulted. Further work is required to enable consultation with those not accessing day centres. Dementia Complex needs day care is continuing to be offered. Review planning has commenced.
<p>8. Use information from deep-dives to ensure that all individuals using the Memory Assessment Team have access to a</p>	<ul style="list-style-type: none"> Identify a sample of patients to conduct a deep dive study. 	<ul style="list-style-type: none"> This is on-going, due to increased workload, staff vacancies etc we have not been able to complete at present but will be actioned as soon as possible.

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<p>named nurse to ensure continuity of care – Supporting Well</p>	<ul style="list-style-type: none"> • Each community-based client will be allocated a Memory Support Worker who will make regular contact throughout their journey with dementia. • Regularly review locally agreed pathways i.e., post diagnostic pathway. 	<ul style="list-style-type: none"> • This is already in place, everyone that receives a diagnosis via our team automatically is allocated a MSW, those diagnosed by other team i.e out of area are allocated someone when they are referred into the team. • This is an ongoing process, a review of all pathways and working processes are reviewed and updated according to local and national trends on at least a two-yearly basis or as the need arises.
<p>9. Ensure that a consistent approach is taken when individuals attending hospital for unrelated reasons is assessed and referred to the Memory Assessment & Support Team as appropriate – Supporting Well</p>	<ul style="list-style-type: none"> • Barnsley Hospital Dementia Strategy acknowledges the recommendation and addresses the need in their action plan. 	<ul style="list-style-type: none"> • Hospital Strategy addresses the requirements of the recommendation. Work has already commenced on the Barnsley Health Passport and is currently being circulated for professional consultation with a view to pilot it. The Butterfly Scheme is embedded within the hospital practice. Training for staff planned for 2022. MAS have already started to review referrals from the hospital over the period 2021-22.
<p>10. Use existing mechanisms to raise awareness of dementia and the support available to those living with dementia – Living Well</p>	<ul style="list-style-type: none"> • ‘Barnsley Third Sector Dementia Alliance,’ will utilise the wide range of existing mechanisms to raise awareness of the support that is available, including: <ul style="list-style-type: none"> ○ Raise awareness with elected members through an ‘All Member Information Briefing Session’ event annually. ○ Ensure there is sector wide contribution into the Dementia Action Week 2022 and future years. ○ Utilise the social media opportunities and the Dementia Friendly Barnsley 7 webpage to publicise all events being offered by the Alliance. ○ Support the Barnsley Dementia and Me Logo to promote and raise awareness of dementia services and resources available in Barnsley. ○ Complete dementia guide for Barnsley and distribute widely via GPs, Memory Team, Social Services. 	<p>Lots of awareness raising, for example as each Recommendation Action:</p> <ul style="list-style-type: none"> • AMIB presented. After which, two hard copy information packs and digital copies delivered to each elected member. • 24 events delivered during 2022 Dementia Action Week and joint initiatives with Age Friendly Barnsley. • As 01/11/22 there have been 22,381 hits to the Dementia Friendly Barnsley webpage, indicating utilisation. Further enhancements and promotion within the sector to be undertaken in Q2 of 2023. • Now included in BTSDA promotions. • Guide was launched 27/07/22 at Age UK Penistone Ageing Well Together event.

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	<ul style="list-style-type: none"> ○ Produce annual report for the first year of the Alliance and distribute widely. ○ Work on a publicity/promotional plan for the Alliance and implement. 	<ul style="list-style-type: none"> ● Ongoing - Consultation completed by JuST Works. This to inform future actions. BTSDA awaiting outcome of the Pathway Review before finalising Action Plan for next 12 months. ● Age Friendly Barnsley Award to BTSDA. Age Friendly Barnsley Festival included promo events for BTSDA. Also, major recognition at BBC Award for Crossroads for DISC training sessions. This is ongoing and integrated with wider publicity.
<p>11. Develop modelling to predict the short-term and long-term care and support requirements of the borough – Supporting Well</p>	<ul style="list-style-type: none"> ● Funding has been provided by Barnsley CCG to recruit a six-month post to review the Dementia Pathway in Barnsley. This will include reviewing data and modelling future need. 	<ul style="list-style-type: none"> ● No appointment made.
<p>12. Share the Dementia Alliance information packs with all elected members so that they can help to support residents within their wards – Supporting Well</p>	<ul style="list-style-type: none"> ● Barnsley Third sector Dementia Alliance information packs have been circulated for the period 2022-23. This action will be carried out again in 2023- 24, to ensure updated information is accessible to elected members. ● A further meeting has taken place with Dearne Area Council Members to share information on the Dementia Alliance work, offers and to explore outreach possibilities in the area as part of this recommendation. 	<ul style="list-style-type: none"> ● Updated/refreshed info packs for 23-24 ongoing. Will be circulated to each Cllr, as before. ● BIADS now attend outreach at the Snap Tin café in Goldthorpe - plugging the gap in service that was raised in the original Overview and Scrutiny Committee process.