BARNSLEY METROPOLITAN BOROUGH COUNCIL (BMBC)

REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES

TITLE: SCRUTINY TASK AND FINISH GROUP (TFG) REPORT ON DEMENTIA

REPORT TO:	**CABINET**
Date of Meeting	**6th April 2022**
Cabinet Member Portfolio	**N/A**
Key Decision	**No**
Public or Private	**Public**

Purpose of Report

To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigation undertaken on its behalf by the Dementia Task & Finish Group (TFG).

Council Plan Priority

- Healthy Barnsley
- Enabling Barnsley

Recommendations

1. **Develop strong messages around the 'healthy heart, healthy brain' concept to make residents aware of the links associated with vascular dementia.**

2. **Increase early identification and diagnosis rates.**

3. **Develop a plan to raise awareness through different groups to help support people who may be living alone with dementia.**

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.**

5. **Adapt existing policy for assessing carers of people living with dementia to ensure that those who require support receive it.**

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.**

7. **Review how families are supported to tell their stories when issues first arise and increase day service capacity to support carers.**

8. Use information from deep-dives to ensure that all individuals using the Memory Assessment Team have access to a named nurse to ensure continuity of care.

9. Ensure that a consistent approach is taken when individuals attending hospital for unrelated reasons are assessed and referred to the Memory Assessment & Support Team as appropriate.

10. Use existing mechanisms to raise awareness of dementia and the support available to those living with dementia.

11. Develop modelling to predict the short-term and long-term care and support requirements of the borough.

12. Share the Dementia Alliance information packs with all elected members so that they can help to support residents within their wards (action complete).

1. INTRODUCTION

1.1 Dementia is a general term for a decline in mental ability that affects a person's everyday functioning. Common symptoms include: memory loss; difficulty thinking; difficulty communicating; difficulty with coordination and motor functions; general confusion and disorientation.

1.2 During the Covid pandemic, members received anecdotal evidence that people living with Dementia were being adversely affected by the lockdowns. Survey results published by Alzheimer's UK in July 2020 shows the impact that Covid restrictions have had on people living with dementia (PLWD), with many experiencing an increase in symptoms; not understanding lockdown; experiencing a loss of mobility and feelings of loneliness; and seeing a general decline in their health. It also shows that the pandemic has had a strong negative emotional impact on carers and left them struggling to care for their loved ones. To look at the issues faced by people living with dementia and their carers, the Overview and Scrutiny Committee agreed to establish a task and finish group to carry out an in-depth investigation.

1.3 Over the course of the investigation, the group met with BMBC officers from Adults & Communities; the Cabinet Member for Adults & Communities; the Memory Assessment & Support Team provided by the South-West Yorkshire Partnership NHS Foundation Trust (SWYPFT); representatives from the Dementia Alliance; and spoke to people living with dementia and their carers during a visit to Barnsley Independent Alzheimer's and Dementia Support (BIADS).

1.4 As a result of their investigations, the group have highlighted a number of recommendations in support of further improvement.

1.5 The members of the TFG who undertook this investigation are as follows:-

Councillors Paul Hand-Davis (TFG Lead Member), Janine Bowler, Roy Bowser, Karen Dyson, Jeff Ennis, Annette Gollick, May Noble

2 SCOPE OF THE INVESTIGATION & SUBSEQUENT FINDINGS

What the Task & Finish Group Looked At

2.1 Initially, the TFG met to consider the scope of the investigation. Members of the group were keen to understand what support is available to people living with dementia and their carers.

2.2 Members also wanted to know whether dementia can be prevented, what can be done to reduce the risk, and consider what recommendations could be made for service improvements.

2.3 The TFG undertook a number of 'check and challenge' sessions with officers and partners regarding the work being carried out, future plans and key challenges. This involved asking questions of them regarding their work, their involvement and the impact of this on the borough and its residents. This included meeting with:-

- BMBC's Executive Director Adults & Communities; the Cabinet Spokesperson for Adults & Communities & a Commissioning Officer from BMBC Communities, who provided an overview of the key pieces of work carried out by the council over the last 18 months to make it easier for those living with dementia, their families and carers to access support
- representatives from Barnsley Dementia Alliance (Age UK Barnsley; Alzheimer's Society Barnsley; BIADS; Butterflies; Crossroads; Making Space), along with a Commissioning Officer from BMBC Communities, to hear about how the third sector is working collaboratively to support those living with dementia
- an officer from BMBC's Public Health to look at the five-year strategy of the Dementia & Me steering group who are reviewing the dementia pathway in Barnsley based on five themes – Preventing Well; Diagnosing Well; Supporting Well; Living Well and Dying Well
- a nurse consultant and nurse practitioner from the Memory Assessment & Support Service (SWYPFT) to understand what the team does and how assessments are carried out

2.4 Members also attended a drop-in session at BIADs to talk to carers and those living with dementia about their experiences and what improvements they think could be made; and conducted their own research including the BMBC Market Position Statement produced to demonstrate how the council will deliver on is commitment to developing, stimulating and supporting the care market to provide safe, effective, high quality and value for money care and support to the people of Barnsley.

What the Task & Finish Group Found

2.5 At the first session, members heard that the stress experienced by individuals when a problem is first identified can be quite enormous so connecting families with support is incredibly important. The council supports individuals and the family network through two key areas – early identification and treatment/support. Work has been done over the last 18 months to improve easy access to services and to help families understand what is available locally, whether that is provided by the third sector, the NHS or the local authority and strong partnership working across these agencies will lead to improved pathways for residents. Steps are also being taken, again through partnership working, to make Barnsley an age friendly town – a concept developed by the World Health Organisation (WHO) - so that everyone can enjoy healthy and active ageing. Members were also told that the care market in Barnsley is under review to ensure that it is fit for purpose, and an assessment (the Market Position Statement) has been carried out to determine what needs to be done

to develop the adult social care offer and ensure the council commissions services that are good quality, financially sustainable and deliver effective pathways for service users.

2.6 The Commissioning Officer informed members of the work done to develop the Dementia Alliance - a group of six Barnsley-based organisations that have come together to provide early help to those living with dementia and their carers to help them live at home for as long as they can. Members heard that, to raise awareness of the alliance, packs have been produced to provide people with the information they need to help them understand dementia care in Barnsley and prevent them reaching crisis point. The organisations signpost to each other so that there is a breadth of support across Barnsley and a single point phone number is available to residents, which has also been shared with primary care services. This phone number links to Age UK Barnsley who triage the call and direct it to the most appropriate support service. Members recommended that information packs should be sent to all elected members so that they can share the information with residents in their wards. Members were also told that a Dementia Friendly Barnsley website has been established to provide information on all the services offered across the six organisations and is maintained by partners of the alliance. The group raised concerns about early diagnosis and the impact upon family members; the quality of care provision for dementia patients; and the challenges faced by people who do not have a support network and may not be known to services. They discovered that although family members may be aware that an individual is experiencing changes in the mental abilities, the individual may not be aware, or may not be willing to admit it, and there has to be a balance between the two perspectives, particularly if the individual has the capacity to make their own decisions. In response to the need for appropriate care provision in Barnsley, work has been done to determine the actions needed to provide the right beds in the right place at the right price and this is captured within the Market Position Statement. Members were also told that workers from agencies such as Berneslai Homes, waste management, and volunteers can all refer individuals into the single point of contact if they feel it is appropriate.

2.7 At the next session members met with representatives from the Dementia Alliance. This project is unique to Barnsley and early signs are encouraging. Members learned that within the alliance, organisation dependent, there are dementia specific activities (only open to those with dementia and their carers) as well as a generic dementia friendly focus where activities are open to everyone, including those affected by dementia. Funding will be provided by the council over three years, which has already enabled the organisations to provide additional advice, guidance and support and members were pleased to hear that the alliance has worked with over 900 people over a period of six months. They were also impressed that the Age Friendly Partnership in Barnsley has received national recognition, without any funding, and it has outperformed areas that have received National Lottery funding. The model has proved to be very efficient and is value for money and has been expanded throughout many Barnsley businesses and organisations. Members expressed concerns that there may be an inequity between the organisations within the alliance, particularly given that some are part of national organisations. However, they were reassured to hear that a board has been established to strengthen partnership working and a Memorandum of Understanding (MOU) has been drawn up to ensure that the alliance is fair and equitable. They were also pleased to hear that by working together as an alliance, it will be easier to attract grant funding in the future and that work had been done to remove duplication of services to ensure value for money.

2.8 Members went on to hear about specific support that the alliance offers. They were concerned to hear that some work had been negatively impacted by Covid, and that day services had been suspended during the pandemic. They were similarly concerned that Covid had impacted upon the income generating abilities for the individual organisations.

Officers expressed the importance of home-based respite, which is usually offered when in a crisis. However, this can often distress a person living with dementia so relationships need to be developed in advance to reduce anxiety linked to strangers entering the home. Members asked how referrals are made into the alliance and although the Alzheimer's Society receive a lot of self-referrals, the alliance can only support those who have a dementia diagnosis. If someone contacts them for help, and they do not have a diagnosis, they would be referred back to their GP. Members were also informed that in addition to access to a local service in Barnsley, the Alzheimer's Society offer a National Dementia Connect Support Line, which is accessible to anyone needing support, information guidance and is also available out of hours.

2.9 At the third session, members heard from a Public Health Principal who is the Chair of the Dementia & Me Steering group. The group is made up of a wide-range of stakeholders including Barnsley Clinical Commissioning Group; BMBC; Yorkshire Ambulance Service; SWYPFT Memory Services and Neighbourhood Nursing Team; Barnsley Hospital NHS Foundation Trust (BHNFT); Barnsley Hospice; and the third sector. The next steps for their work is to look at the experience of those living with dementia and their carers, and review the whole dementia pathway, particularly to see where people fall through the gaps. They use best practice from other areas to improve pathways for local residents and have developed a 'plan on a page' so that they can operate as a system to address the identified five priority areas with the purpose of delivering person centred care:-

Preventing Well

2.10 Preventing well is about reducing the risk of developing dementia and members were told that what is good for the heart is good for the head. Members were surprised to hear that the same principles that relate to the prevention of heart disease are also linked to reducing the risk of suffering from vascular dementia. Although not a major causation, alcohol is a contributing factor for those who consistently drink beyond government guidelines. Being mentally and physically active; having a healthy diet; getting enough vitamin D; and stopping smoking can also help to reduce the risk of developing some forms of dementia. More work needs to be done on preventing well and services need to make sure that 'every contact counts', ensuring that an individual's health and wellbeing can be improved at every opportunity.

Diagnosing Well

2.11 The ambition has been to deliver a good quality memory assessment service in Barnsley, and it has been nationally recognised for its work. Members discovered that there are several challenges relating to diagnosing well. There are barriers faced by family members/friends concerned that someone may be suffering from the onset of dementia and more needs to be done to support them to 'tell their story'. Dementia Advisors from the Memory Service are based within GP practices where possible and need to be promoted more and each GP surgery should have a named Dementia Champion within their surgery. They were also told that GPs and nurses in primary care need to be trained to identify the potential signs, gather information and discuss a referral for a Memory Assessment Team diagnosis. There are occasions when an individual may not receive a dementia diagnosis but may have been identified as having a build-up of certain proteins within the brain – these individuals need to be monitored and supported to reduce the risk of developing dementia.

Supporting Well

2.12 Of those diagnosed with dementia in Barnsley, approximately two-thirds are living within the community with the remaining third living in care homes. Members heard again about the work of the Dementia Alliance and the work being done at Barnsley hospital to provide support to people living with dementia, including the development of a Dementia Plan; a dementia ward; and the butterflies scheme – using butterflies at the side of the bed to identify dementia patients. They were also told that Yorkshire Ambulance Service have introduced measures to support those living with dementia, including developing dementia friendly ambulances, using specific colour schemes to avoid triggers; introducing fidget toys to reduce stress; and training staff to support patients with dementia. Members expressed concerns that, in their experience, there appears to be occasions when patients admitted to hospital slip through the net and are not picked up for a referral to the memory assessment team.

Living Well

2.13 Members heard about the varied work being done across the borough to support people living with dementia and their carers to live well. Local businesses are being supported to help them become dementia friendly; training is available to all health and social care staff; social isolation projects have been introduced; the All-Age Mental Health Strategy has been refreshed and includes dementia; and carers assessments have been introduced which can lead to grants and respite care. There is also an overlap with age-friendly schemes such as falls prevention, and some care homes have made changes to their internal and external environment to make them more dementia friendly. Members were pleased to hear that the system commissions low-level emotional health and wellbeing support for carers, including 1-2-1 support, group support and Increasing Access to Psychological Therapies (IAPT). The All-Age Mental Health Strategy has already been identified by the Overview & Scrutiny Committee as a topic for scrutiny in their work programme for the 2022/23 municipal year, and this will give members the opportunity to investigate further the provision for people living with dementia.

Dying Well

2.14 This is an area that is in the early stages of development, but members were pleased to hear that the Hospice are now part of the steering group and the group are in the advanced stages of ensuring that everyone is offered an advanced care plan at the earliest opportunity. There are end of life champions in care homes and it is important that conversations start early to understand what the person living with dementia prefers, covering a broad range of topics ranging from their basic day-to-day likes and dislikes, to where they would prefer to die.

2.15 Following this session, members submitted an enquiry to the CCG to find out whether all GP surgeries have a Dementia Champion within their practice. They were informed that when their list was refreshed in April 2021, only two did not provide a named contact, however, this does not necessarily mean that they do not have a Dementia Champion actively supporting the practice.

2.16 At the final session members hear from a Nurse Consultant and the Senior Advanced Team Manager/Nurse Practitioner from the Memory Assessment and Support Service provided by SWYPFT. The team provide a memory assessment and diagnostic service, both in clinic and in care homes, and aim to provide the right care at the right time. They have also worked closely with the end-of-life team so that they can be involved in the support for carers

and clients at the end of their life but unfortunately this work has been disrupted by Covid. Promotion work has been done with Barnsley F.C., the Alhambra Centre and Tesco but again, this work has been disrupted by Covid. Members expressed concerns about the potential links between higher rates of dementia in more deprived areas of the community and were interested to find out whether referrals were made by Berneslai Homes, housing associations and private landlords, particularly for those who live alone. The Memory Assessment Team have been looking to promote their services within areas of deprivation to raise awareness because they do receive more referrals from more affluent areas. Although they can only accept referrals from GPs as part of the national dementia pathway, Berneslai Homes can refer to social prescribers within GP surgeries who can then refer to GPs. Similarly, pharmacists or GP receptionists are likely to pick up any issues and can make a referral into GPs who would then refer into the Memory Assessment Team. Members were also interested to understand the demographics of those known to the Memory Assessment Team and found that although the age of someone presenting to the service is usually around the seventies and eighties, there are some that are significantly younger. Data held by the Team is more accurate than the information provided by NHS England who only capture those known to GP surgeries over the age of 65 and so they believe that the number of people living locally with a dementia diagnosis is higher than reported nationally.

2.17 Members went on to question the assessment and diagnosis process. Assessment of a client consists of a visit at home to capture a full thorough history, carry out investigations and with the consent of the individual provide some level of cognitive testing to help with diagnosis. The information gathered is then discussed by a multi-diagnostic forum to assess which pathway is most suitable. The assessment process has become more sophisticated over the years and the team use an internationally recognised memory tool of around 100 questions based on five different domains of brain function. This, along with the history; information provided by the family; blood tests; and a potential CT head-scan, provides a holistic assessment of the individual. One of the benefits of the team is that everything is in-house, providing continuity of care and they build up knowledge of their clients over time so that they only have to tell their story once. The service in Barnsley is seen as an area of best practice – it has been recognised by the Royal College of Psychiatrists as the model to aspire to; they are peer assessed every two years as part of the Memory Services National Accreditation Programme; and they have been shortlisted in the Dementia Care category of the Patient Safety and Care awards which celebrates staff who have created or contributed to excellent healthcare initiatives that have made care safer and better quality for patients and service users.

2.18 Following the sessions with officers and service providers, members were keen to speak to people living with dementia and their carers to see how their experiences compared to what they were being told and the challenges they face. It would appear that the biggest barrier faced by individuals is communication from first being diagnosed. Once the diagnosis has been received, carers don't know who to turn to and messaging is inconsistent across the separate organisations. Some carers have requested a social services assessment but have been refused because they didn't make contact at the right time. However, it was not made clear to them in the beginning that this was an option and puts undue pressure on self-funding carers. There appears to be little support for those experiencing a crisis. A neighbouring council offers a rapid response team that is deployed either via phone or in person and this was cited as best practice. Some carers have reported not having a named nurse within the Memory Team and this causes distress and confusion and most of the carers the group spoke to say that they struggled to find accurate and up-to-date information. Legislation also provides one of the greatest barriers for carers – they know that their loved

one is experiencing difficulties but will not accept or be aware of the fact. Without this acknowledgement, they cannot get a diagnosis and are therefore unable to access support.

2.19 The TFG would like to take this opportunity to thank all those who provided information, attended meetings and assisted with the TFG's investigation; it is much appreciated. Particular thanks are given to those people that members met who are living with dementia and their carers, their input has been invaluable.

3. IMPLICATIONS

3.1 Financial & Risk

There are no specific financial implications or risks associated with the report, although in responding to the recommendations in the report, the financial and risk implications of these would need to be fully assessed by the appropriate services responding.

3.2 Legal

There are no specific legal implications, although in responding to the recommendations in the report, the legal implications of these would need to be fully assessed by the appropriate services responding.

3.3 Equality

The TFG is keen to ensure that all Council services and activities impact equally on all its communities. Throughout the TFG's involvement in this work it has become apparent that there are links between the prevalence of dementia and areas of high deprivation and the work being carried out across the borough will go some way to reducing health inequalities in these areas.

3.4 Sustainability

As this report does not require a decision, the sustainability decision-making wheel has not been included.

3.5 Employee

There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding.

3.6 Communications

It is evident that there is work to be done around communicating messages relating to the prevention of dementia and support available for living with the syndrome. It is therefore important that opportunities to share this information clearly and in accessible formats, is maximised. Recommendations included in the report are in support of increasing awareness to help people to get a diagnosis; ensuring that they know what services are available to them; and ensuring continuity of care to help them live well. Work needs to be done to ensure that the voice of those living with dementia and their family/friends is used to shape the pathways for support.

4. CONSULTATION

4.1 Consultations have taken place with: the Dementia TFG members; OSC members; the council's Cabinet members; council officers from the Public Health and Adults & Communities directorates and the council's Senior Management Team.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 No alternative options have been considered in the writing of this report.

6. REASONS FOR RECOMMENDATIONS

6.1 The TFG were reassured by the amount of work being done to support people who have received a diagnosis and are living with dementia, and their families, and found many areas of good practice. Members were particularly impressed with the Dementia Alliance model and the work of the Memory Assessment & Support Team.

6.2 The investigation undertaken by the TFG as well as the recommendations made are in support of improving health outcomes for people in Barnsley. Whilst recognising that there is lots of evidence of good practice, the TFG have made the recommendations in order to support the continual improvement of services.

6.3 **Recommendation 1 - Develop strong messages around the 'healthy heart, healthy brain' concept to make residents aware of the links associated with vascular dementia.** Members were surprised to hear that there are links between vascular dementia and heart disease and are keen for this to be more widely promoted so that people are informed to make lifestyle changes and reduce their risk of suffering from vascular dementia in the future. They are also keen for the message to be promoted to younger people so that healthy lifestyles are adopted earlier in life, therefore reducing the risk even further. The message should be linked through all public health strategies including food, alcohol, tobacco etc.

6.4 **Recommendation 2 - Increase early identification and diagnosis rates.** It is clear from the investigations that early identification and diagnosis is key so that people can access services to help them live well for longer, however, it is evident from information provided that there are many people living in the community with the onset of dementia who have not received a diagnosis. Work should be done, particularly in areas of high deprivation, to raise awareness of the process and support services available. Work should also be done to investigate how GPs can be supported to gather information in order to provide robust evidence for a referral to the Memory Assessment Team. Services should consider closer monitoring and support for those people who have not had a diagnosis but have been identified as having protein build-up in the brain.

6.5 **Recommendation 3 - Develop a plan to raise awareness through different groups to help support people who may be living alone with dementia.** For those who live alone, and may not have a support mechanism in place, work should be done to raise awareness amongst those who come into contact with them on a regular basis, eg. waste collection service, postal service, and to review the processes available to them, so that individuals get the support they need for either a diagnosis or access to services to help them live well.

6.6 **Recommendation 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.** Members were impressed with

what the Dementia Alliance are trying to achieve and although there is still work to be done, they would like the alliance to continue beyond the lifetime of the existing contract so that they can continue to work together to provide effective support for people living with dementia and their carers. The Alliance should continue to integrate further to operate in a fair and equitable manner to deliver effective support. Carers and people living with dementia provided invaluable information during the course of this investigation, and work should be done to reflect their voice when designing services.

6.7 **Recommendation 5 - Adapt existing policy for assessing carers of people living with dementia to ensure that those who require support receive it.** After speaking to carers and support services, members discovered that some carers had been refused a social services assessment because they hadn't approached the service at the right time. Members would like the existing policy to be amended so that carers receive the funding and support they need to carry out their caring duties effectively without any unnecessary burden.

6.8 **Recommendation 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.** Although the work of the Dementia Alliance is, in part, to reduce the number of people reaching crisis point, it will not eradicate it altogether and there does not appear to be any support, or any that carers are aware of, that would help them in a crisis. Therefore, members would like consideration to be given to the development of a rapid response team.

6.9 **Recommendation 7 - Review how families are supported to tell their stories when issues first arise and increase day service capacity to support carers.** Members fully understand the need to protect an individual's ability to make their own decisions, but family members/friends face great challenges when they have identified that their loved one may be experiencing the onset of dementia. Therefore, work needs to be done to identify ways in which they can tell their story. Day services were suspended during Covid and then reintroduced with reduced capacity. Members would like to see these services returning to full capacity as soon as it is deemed safe to do so.

6.10 **Recommendation 8 - Use information from deep-dives to ensure that all individuals using the Memory Assessment Team have access to a named nurse to ensure continuity of care.** Members are aware that deep-dives were being scheduled so that it can be determined to what extent this is an issue and the reasons why it happens so that it can be rectified. Carers told members that this is one of the areas that causes them great concern and anxiety and although the team try to ensure that everyone has a named contact, carers say it does not always happen.

6.11 **Recommendation 9 - Ensure that a consistent approach is taken when individuals attending hospital for unrelated reasons are assessed and referred to the Memory Assessment & Support Team as appropriate.** Although this is supposed to happen already, members have received anecdotal evidence that this is not always the case. Therefore, members would like services to ensure that the appropriate processes are in place and are being adhered to, so that no-one slips through the net. Particular attention should be given to those who are in and out of hospital frequently and may not see a GP to get a referral to the Memory Assessment Team.

6.12 **Recommendation 10 - Use existing mechanisms to raise awareness of dementia and the support available to those living with dementia.** Members are keen for the Dementia Alliance and the Memory Assessment & Support Team to promote their services to the

community using Area Council's, Ward Alliances and possibly delivering an All-Member Information briefing. They would also like to see promotion of support services, and awareness raising for dementia in general through the council's usual communication methods such as social media; coloured fountains; flags etc. GP surgeries should actively promote their Dementia Champions; all literature and information should be checked to ensure that it is offering current and accurate information; and more needs to be done to ensure that once a diagnosis is received, individuals should be made aware of the support available to help them to live well for longer.

6.13 **Recommendation 11 - Develop modelling to predict the short-term and long-term care and support requirements of the borough.** Although prevention work will reduce the chances of people suffering from dementia in the future, members would like to see work done to try and predict the short-term and long-term care and support requirements of the borough, particularly in light of the Covid pandemic, and see what lessons can be learned for the future.

6.14 **Recommendation 12 - Share the Dementia Alliance information packs with all elected members so that they can help to support residents within their wards (action complete).** This action was completed during the course of the investigation and members will use the information provided to support residents within their wards who may be living with, or supporting someone with, dementia.

7. GLOSSARY

BHNFT	Barnsley Hospital NHS Foundation Trust
BIADS	Barnsley Independent Alzheimer's & Dementia Service
CCG	Clinical Commissioning Group
IAPT	Increasing Access to Psychological Therapies
OSC	Overview & Scrutiny Committee
MOU	Memorandum of Understanding
PLWD	People Living with Dementia
SWYPFT	South-West Yorkshire Partnership Foundation Trust
TFG	Task & Finish Group
WHO	World Health Organisation

8. LIST OF APPENDICES

There are no appendices for this report.

9. BACKGROUND PAPERS

Alzheimer's Society Report
https://www.alzheimers.org.uk/sites/default/files/2020-08/The_Impact_of_COVID-19_on_People_Affected_By_Dementia.pdf

BMBC Market Position Statement:-
https://www.barnsley.gov.uk/services/adult-health-and-social-care/adult-social-care-market-position-statement/

The Mental Capacity Act 2005:-
https://www.legislation.gov.uk/ukpga/2005/9/contents

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