

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 14 January 2022 at REMOTE & INFORMAL MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 3 March 2022.

Elected Members:

- * Nick Darby
- * Robert Evans
- Chris Farr
- * Angela Goodwin (Vice-Chairman)
- * Trefor Hogg
- * Rebecca Jennings-Evans
- * Frank Kelly
- * Riasat Khan (Vice-Chairman)
- * David Lewis
- Ernest Mallett MBE
- * Carla Morson
- * Bernie Muir (Chairman)
- Buddhi Weerasinghe

(*=present at the meeting)

Co-opted Members:

- * Borough Councillor Neil Houston, Elmbridge Borough Council
- * Borough Councillor Vicki Macleod, Elmbridge Borough Council
- Borough Councillor Darryl Ratiram, Surrey Heath Borough Council

1/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Darryl Ratiram and Buddhi Weerasinghe.

2/22 MINUTES OF THE PREVIOUS MEETING: 16 DECEMBER 2021 [Item 2]

The minutes were reviewed. The minutes were to be agreed at the next public meeting on 3 March 2022.

3/22 DECLARATIONS OF INTEREST [Item 3]

Trefor Hogg declared a personal interest as a community representative for Frimley Clinical Commissioning Group.

Frank Kelly declared a non-prejudicial pecuniary interest as an employee of Surrey and Borders Partnership NHS Foundation Trust.

4/22 QUESTIONS AND PETITIONS [Item 4]

None received.

5/22 ADULT SOCIAL CARE TRANSFORMATION PROGRAMMES BI-ANNUAL REVIEW [Item 5]**Witnesses:**

- Sinead Mooney – Cabinet Member for Adults and Health
- Liz Uliasz – Deputy Director of Adult Social Care
- Kathryn Pyper – Senior Programme Manager, Adult Social Care
- Sue Murphy – CEO, Catalyst
- Immy Markwick – Mental Health Lead, Independent Mental Health Network

Key points raised during the discussion:

1. The Senior Programme Manager introduced the report and highlighted the scale of the Transformation Programmes, which covered seven areas of Adult Social Care (ASC). An overview of each of the Transformation Programmes was provided to the Select Committee Members. The Transformation Programmes were designed to deliver savings of £8.7 million in the 2021/22 financial year and it was expected that just over £5 million of those would be achieved. This was largely a consequence of the impacts of the COVID-19 pandemic on care packages. ASC had bid for £3.3 million of funding which would be used to invest in achieving financial benefits of £13.8 million. The progress of each Transformation Programme was robustly monitored by the ASC Leadership Team.
2. A Member asked whether other areas in ASC would receive reduced funding, in attempt to achieve the efficiencies which the Transformation Programmes were unlikely to fulfil. The Member also questioned whether the assumption of investment to produce financial benefits had been factored into the plans from the start. The Deputy Director of ASC explained that the focus was on remodelling delivery of services, rather than delivering financial cuts. The most appropriate outcomes for service users were the priority. The Cabinet Member for Adults and Health highlighted that the Transformation Programmes were about developing the Council's offer through improving the quality of care and developing options for service users.

3. A Member enquired about how realistic the expected benefits were, given the continuing impact of the pandemic and high level of inflation, and what mitigations were in place to respond to those pressures. The Deputy Director responded that the savings were about purchasing care in the most efficient way. Fee uplifts had been factored in to ensure that the Council's fees were sustainable. The ASC team worked closely with the NHS to support them and to plan for future impacts of the pandemic.
4. With reference to the table included on page eight of the report, a Member asked how the level of efficiencies would be achieved through the market management process. The Deputy Director emphasised that this was about the establishment of a different relationship with the provider market and having a dynamic purchasing framework. The Cabinet Member explained that the commissioning team had developed a consistent, and more digitally streamlined, approach. The commissioning team were to provide a more detailed written response to the Member in due course. The Deputy Director added that ASC now had a centralised brokerage team, which ensured that all care packages were sourced through one team.
5. A Member asked whether ASC was on track to deliver all 500 Supported Independent Living units by 2025. The Deputy Director reassured the Member that they were on track to deliver this target, whilst acknowledging the challenges caused by the pandemic and the work force. The Cabinet Member added that over 100 Supported Independent Living units had already been delivered and that she personally monitored the progress very closely.
6. A Member questioned how carers and users had been engaged so far and what the plans were for future engagement. The Deputy Director explained that ASC was committed to carer and user engagement and highlighted how crucial this feedback was in the process. Stakeholder engagement sessions would continue to be held, as well as stakeholder input in the Mental Health Group.
7. A Member enquired about the progress made with the motivational interview training and the timeline for this. The Member also asked about the purpose of the training and how it would benefit residents. The Deputy Director responded that good progress had been made and the training was being rolled

out to more teams. The Senior Programme Manager explained that the target was for training to be completed by the end of the 2021-22 financial year, but some training was likely to fall into the next year. Transformation funding had been allocated to ensure the training was provided to all front-line staff. The Deputy Director explained that the training was about staff using their strength-based practice to talk to residents in a different way. The Chairman asked whether the training was voluntary; whether attendance was recorded; and how agency staff access the training. The Deputy Director clarified that staff were expected to attend the training and attendance was recorded. Where relevant, agency staff would be included in the training.

8. With reference to supporting those with additional needs to access and maintain employment, the Chairman asked how the Service reached employers and what support was in place to help individuals maintain employment. The Chairman also sought clarification about whether this was paid or voluntary employment. The Deputy Director explained that it can be paid or voluntary employment, and ASC engaged with a variety of organisations to help support these individuals to access, and maintain, employment.
9. A Member asked about ASC's confidence in receiving the £500,000 which had been bid for to help support those with additional needs to access and maintain employment, and whether this funding was considered adequate. The Member also asked about any sustainable solutions ASC was planning to deliver. The Deputy Director clarified that the funding had been secured. The Senior Programme Manager added that this funding was from the Government's Contain Outbreak Management Fund. Through co-design and co-production, sustainability remained a key focus.
10. A Member sought assurance that residents with learning disabilities and autism (LD&A), who may experience technophobia, would still be able to access the Digital Front Door services. The Deputy Director assured the Member that those residents would still be able to access all of the services. Most of the digital strategy around LD&A was about harnessing technology to support those in their home and to maximise their independence. ASC would always seek to ensure contact with residents used the most suitable method for their needs and preferences.

11. A Member asked for more information on ‘maximising social value as a new funding stream’, as referenced on page 26 of the report. The Senior Programme Manager explained that ASC had been working with procurement colleagues to ensure maximisation of the social value of contracts with the Council. A number of ‘We Run Surrey’ events had been run with this aim in mind. Work was being undertaken with Unit Four where they had committed £500,000 for social value funding.
12. A Member sought assurance about how motivational interview training worked when interacting with residents with mental health issues. The Deputy Director explained that the staff who had undergone this training were mental health staff, therefore, they understood the conditions of the residents they were working with. The principle surrounded being person-centred. ASC was in the process of establishing a mental health reablement service and were to employ five occupational therapists for mental health for the first time, which was a positive step. The Chairman asked whether other partners and stakeholders had experienced a similar cultural change. The Deputy Director shared that ASC had newly recruited team managers whose job was about constantly embedding with staff the new ways of working. There was a lot of work being done around the Mental Health Improvement Plan which was system-wide and focussed on cultural change. The CEO of Catalyst added that this work was an ongoing programme around the cultural change of all organisations through actions such as simplifying the language used.
13. Responding to a question on motivational interview training, the Deputy Director explained that a Mental Health Reference Group existed which included service users and carers who helped to develop a lot of the training. It was noted that more could be done to disseminate information, and the Deputy Director said they would look into this.
14. A Member enquired about a reference in the report to staff leaving ASC and their roles not being replaced. The Deputy Director responded that it was about getting rid of posts that historically existed but were not funded, so that it was clearer for managers to understand what staff they had and the budget for those positions.

15. The Chairman asked about plans in place to help increase the number of people using the HandiCalendar app. The Deputy Director shared that there was a senior occupational therapist working with that team to increase the numbers of users.
16. A Member enquired about whether the dates for the Enabling You With Technology programme were on time and meeting the targets. The Deputy Director responded that they were as far as she was aware, but this would be checked with the Head of Resources (ASC). A Member asked about the rollout of the programme for specific Districts and Boroughs, and the Cabinet Member explained that the majority of Districts and Boroughs had their own tech offer. When this programme was launched, the Council linked up with some Districts and Boroughs to work collaboratively on the pilot programmes and intend to roll it out on a wider scale. The intention was for this to become a county-wide, universal (including self-funders) offer.
17. In response to a question on the evaluation of in-house services, the Deputy Director shared that ASC was updating the strategy in relation to services for older people and how different care choices could be provided for these residents. The consultation on in-house care homes had recently ended, and this formed part of the strategy.
18. A Member asked about families who had experience of LD&A who may be self-funders and living at home but could benefit from some of the services on offer. The Deputy Director explained that quite often the first ASC would hear of someone may be when their carer passes away. For a lot of young people, even if the parents could be self-funders, they would not be considered a self-funder in their own right. The Transition Team engaged regularly with families and schools regarding this.
19. Responding to a question on the feedback received thus far on the transformation of the day services model, the Deputy Director highlighted that Surrey Choices had commissioned the National Development Team for Inclusion to evaluate the progress and hear from the residents. There would be more information on this when available.
20. The Chairman asked about the 80% strength-based reviews target in LD&A. The Deputy Director shared that the Mental Health Team was well above the target. There had been

challenges with staff vacancies and absences with the LD&A Team, but they were continuing to work towards their target and significant improvement had already been made.

21. A Member queried the expectations laid on the market management insight tool which was yet to be developed but was required for delivery. The Deputy Director explained that there had been considerations about whether the tool could be developed internally and a workshop was taking place to consider the options. It was unlikely to be rolled out in quarter one, and possibly not quarter two either.
22. With reference to the changes to National Insurance (NI) rates and the Government's ASC reforms and the potential impacts, the Deputy Director shared that the NI changes would increase the cost for ASC's providers. There was Government workforce funding distributed to support providers with this. The consequential fee uplifts for ASC were to be considered in the budget negotiations. The potential impacts had been discussed at leadership meetings as well, including ideas around modelling and piloting. The Cabinet Member added there would be challenges around meeting the requirements that the Government had set out around self-funders. It was suggested by the Cabinet Member to bring this area to the Select Committee for scrutiny in the future, which was agreed by the Chairman.
23. The Chairman asked about the level of confidence surrounding the commitment with other partners involved in the Transformation Programmes. The Deputy Director responded that within the remit of mental health, this would come under the Mental Health Improvement Plan. One of the streams included in the Adults Mental Health Alliance focussed on workforce. The CEO of Catalyst added that the Alliance included a core group who mobilised the plans, and then a wider group of organisations who are part of the Alliance. The voluntary and third sector were leading on a lot of this work.
24. A Member enquired about the rollout of the mental health training referenced in the report. The Deputy Director responded that all the mental health staff had been through the motivational interview training and Mental Capacity Act training was being rolled out, which all staff were expected to attend. Section 117 training had also been commissioned and was to be rolled out.

Attendance of training was monitored through one-to-ones and by team managers and it would be known if staff members did not turn up to training. The CEO of Catalyst assured the Member that the training went further than the ASC teams.

25. Responding to a question on rising demand for Section 117 provision, the Deputy Director explained that there had been an agreement with health colleagues that the funding would be split evenly between the two. Each case was presented to a Joint Assurance Panel where the funding would be agreed and split. It was a statutory requirement to ensure Section 117 provision for those who required it and thus, those residents would always receive the care required.
26. The Mental Health Lead of the Independent Mental Health Network asked about whether the reablement service would be working with private mental health wards due to a closure of a hospital. The Deputy Director shared that the reablement service was due to go live in March 2022, which was a similar time to the closure. If a patient was a Surrey resident then ASC would work with them, regardless of what hospital they had been placed in.

Robert Evans left the meeting at 11.53am.

Actions/requests for further information:

- i. The Assistant Director of Commissioning (ASC) to provide a written response about market management efficiencies and how these would be achieved, including granular detail on the information included in the efficiencies table (page 20).
- ii. A motivational interview training taster session to be organised for Members of the Select Committee.
- iii. Further information on how Adult Social Care provided support to people with additional needs to access and maintain employment.
- iv. The Head of Resources (ASC) to provide an update on the timeframes for the Enabling You With Technology programme and if these were being met.
- v. An update on the Older People's Commissioning Strategy to be shared with the Select Committee.

- vi. Results and feedback of the Transformation of Day Services
Consultation to be shared once available.
- vii. Inclusion of Learning Disability and Autism targets regarding strength-based review to be included in the next report.
- viii. A report on the Government's National Insurance and Adult Social Care changes and the impact on the Council to come to the Select Committee at the appropriate time

6/22 JOINT HEALTH AND SOCIAL CARE DEMENTIA STRATEGY FOR SURREY (2022 - 2027) [Item 6]

Witnesses:

- Sinead Mooney – Cabinet Member for Adults and Health
- Jane Bremner – Head of Commissioning (Mental Health), Surrey County Council
- Marion Heron – Commissioning Manager for Dementia, Surrey Heartlands CCG
- Kate Scribbins – Chief Executive, Healthwatch Surrey

Key points raised in the discussion:

1. The Head of Commissioning (Mental Health) and Commissioning Manager for Dementia presented slides on the report (attached as Annex 1). The Head of Commissioning highlighted that the Strategy had been developed based on both the national and local context, as well as feedback from residents. The consultation period was due to finish later this month (January 2022) and the final Strategy should be launched in April 2022. The Commissioning Manager shared the preventing well ambitions which included work around enhancement of post-diagnosis health support, whereby Age UK Surrey would run courses on this. Primary Care Networks (PCNs) had been incentivised to look at their case handling of patients with potential health risks. With reference to the diagnosing well ambitions, it was shared that the Alzheimer's Society would now provide services based on demand, to avoid a 'postcode lottery'. Management of demand in the future would need to be revisited due to the consequences of an ageing population. Regarding the living well ambitions, the Alzheimer's Society had been looking at areas where there were a lack of dementia friendly communities and how they could be improved.

A pilot in East Surrey had been established to help expand crisis support available to all affected parties. There had also been discussions with the Police about identification of vulnerable people and the support required.

Neil Houston left the meeting at 12.12pm.

2. The Chief Executive of Healthwatch Surrey welcomed the draft Strategy and appreciated the input that Healthwatch's insight on the topic was able to have. Following Healthwatch's extensive research, three recommendations were made which included: building access to dementia navigators and spreading resources equitably across Surrey; the importance of informal support offered by local groups; and empowering primary care to signpost effectively to the support on offer. The Chief Executive shared that Healthwatch would like to see the draft Strategy go further in terms of the areas covered by their recommendations.
3. The Chairman asked about how it could be ensured that there was an equitable situation regarding PCNs. The Commissioning Manager explained that the work of the PCNs was being shaped by their population management work which would help with case handling. There was still work to be done in this area, but changes were starting to be made. Monitoring of the dementia registers and other relevant data would help to track the progress of this work.
4. With reference to a question on the links between areas of multiple deprivation and dementia sufferers, the Head of Commissioning shared that there was a lack of focus on prevention for dementia specifically within the Health and Wellbeing Strategy (HWS). A key driver for developing the Joint Dementia Strategy was about reducing inequality. Work had been undertaken with Public Health colleagues to incorporate a prevention project into the HWS. It was important to bring in the health and wellbeing of carers as well. The Member highlighted that there was a lack of detail on prevention included in the report which the Head of Commissioning took on board.
5. The Chairman asked about the strategy for monitoring engagement from residents and stakeholders beyond the consultation period and the communications programme which would run alongside this. The Head of Commissioning explained that the Dementia Board would be monitoring delivery of the

Strategy, as well as the Mental Health Delivery Board and Health and Wellbeing Board. The Chairman also asked whether there were plans to develop further local dementia partnership boards across Surrey. The Commissioning Manager responded that there were boards established in Guildford and Waverley which met every quarter. The work on dementia friendly communities was likely to identify the areas that may need to establish a board going forward.

6. Responding to a question on support for relatives of a dementia sufferer in the end-of-life phase, the Commissioning Manager explained that the admiral nurse roles work very closely with the families providing clinical support to manage the situation in the home setting. The Head of Commissioning added it would be useful to learn from colleagues regarding other health conditions to see if learning could be made.
7. A Member asked about the involvement of PCNs in the Strategy so far and the plans to work with them going forward. The Commissioning Manager said that the clinical lead in the team was instrumental in moving work forward with PCNs, such as challenging behaviours around dementia which exist. There was a push to diagnose as early as possible to ensure that plans were already in place to manage their care. The Member also asked about engagement with BAME residents. The Commissioning Manager shared that following workshops last year (2021), it was found that short videos about dementia needed to be made in different languages to ensure accessibility for different cultural groups.
8. A Member raised the issue of preparation with reference to lasting power of attorney and understanding what should be included. The Head of Commissioning highlighted that issues related to this had been picked up in the consultation period which would be addressed further in the revised Strategy. The Commissioning Manager explained that the anticipatory care model would help going forward to increase support for newly identified groups.
9. A Member asked about the involvement of Councillors to share messages about prevention of dementia. The Member shared information regarding the positive impacts of participating in moderate exercise regularly in terms of prevention and reducing demand on ASC services, as well as the importance of

communicating this information to residents. The Head of Commissioning explained that involvement with the Health and Wellbeing Communications Team was vital to the delivery of prevention information. The Member also asked about the work with local organisations for communication, such as dentists and pharmacies. The Head of Commissioning agreed that the participation of these organisations was crucial. The Member queried whether the Alzheimer's bus was going to any more towns across Surrey, and the Head of Commissioning said they would get back to the Member with this information in due course. The Chairman added that it should be ensured that those with sensory difficulties could be reached using the appropriate messaging. The Head of Commissioning highlighted the need for a clear and comprehensive communication plan for all aspects of the Strategy which would be accessible to all residents.

10. The Chairman asked about the governance structure of the Strategy, as well as where the authority would lie between partners and the monitoring process. The Head of Commissioning explained that as dementia was a cross-cutting issue, it was crucial to involve key partners, such as the Mental Health Delivery Board, to provide governance and oversight. The Health and Wellbeing Board would have ultimate authority and oversee the implementation as well. The Chairman also queried how messages around identifying early signs of dementia would enter the general public discourse. The Head of Commissioning responded that this would be a part of the larger communications programme for the Strategy. The Commissioning Manager added that during the pandemic, a tool called Forget Me Not was developed by secondary care and shared with GPs to help them triage cases.

11. In response to a question on the mechanisms surrounding feedback, the Head of Commissioning assured the Chairman that the feedback about LD&A would be incorporated as part of the formal consultation and analysis. There was commissioning representation from across the board involved in the draft Strategy. The Chairman sought further information on the relationship between other health issues, such as a urinary tract infection, with dementia. The Commissioning Manager explained that it was known that people with dementia would have a longer

length of stay in hospital and would have more frequent visits to the hospital. The issue surrounded the impact of acute infection on the brain and consequential, behavioural changes. This would need be incorporated into the prevention messaging.

12. A Member suggested that the wider rollout of a scheme similar to the blue badge for carers would be extremely helpful for them. The Head of Commissioning said that they were unaware of this currently but would look further into this. A Member added that there were carers' passes available in Guildford, but this was not well advertised. This went further than a blue badge as it could be used when the carer was parking without the person they cared for as well.

Actions/requests for further information:

- i. Information on the Alzheimer's bus and its potential future plans to travel to other locations in Surrey to be shared with the Select Committee.

Recommendations:

The Select Committee welcomes the priorities and intentions laid out in the Strategy and recommends:

1. That the final Strategy and action plan include:
 - An emphasis on prevention and details on what plans will be put in place for communicating with residents to ensure that they are educated at the earliest possible stage about ways to prevent dementia.
 - Further to this, details on what communication plans will be put in place across all five areas and how these will be appropriately resourced.
 - A commitment to the undertaking of regular performance monitoring and creation of appropriate KPIs to help monitor progress.
 - A commitment to the development of effective governance and oversight arrangements, and an assurance that these will be as streamlined as possible.
 - Plans to develop dementia- and carer-friendly communities, and details on how these will be developed.

- How feedback from residents will be regularly captured and learnt from so the Strategy can be appropriately updated over the next five years.
- 2. That the Council, Surrey Heartlands and the Surrey facing places of the Frimley Integrated Care System commit to appropriately accommodating all partners involved and ensure that they receive the support needed to help deliver the Strategy's aims
- 3. Furthermore, the Select Committee requests that a follow-up report on the Strategy is added to its forward work programme for the first quarter of 2023, and that this report provides an overview of the Strategy's implementation to date, details on performance monitoring and governance arrangements, and feedback from residents.

7/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]

Key points raised during the discussion:

None.

Recommendation:

The Select Committee noted the Recommendation Tracker and Forward Work Programme.

8/22 DATE OF THE NEXT MEETING [Item 8]

The next meeting of the Select Committee will be held on 3 March 2022.

Meeting ended at: 1.27 pm

Chairman

Joint health and social care dementia strategy for Surrey (2022-2027)

Briefing document

Jane Bremner, Head of Commissioning, Mental Health Adult Social Care

Marion Heron, Commissioning Manager Mental Health, Surrey
Heartlands CCG

...presenting on behalf of Dementia Strategy Action Board

Introduction

- The Dementia Strategy Action Board in Surrey agreed it was timely to refresh existing dementia strategies and make one Surrey wide direction of travel, with a clear focus on tackling inequality and making sure no-one is left behind
- We have listened to people in Surrey who have dementia and their families and carers, to help us understand how Surrey can be a better place to live and how we can deliver better quality services for people with dementia and their carers. We have also listened to the views of staff and organisations that care for them

Joint health and social care dementia strategy for Surrey (2022-2027)

- The strategy has been developed based on the national and local strategic context, qualitative data and feedback and performance of current services. It is framed around the [well pathway for dementia](#)
- Throughout the [consultation](#) period, from 7 December 2021 to 21 January 2022, we are seeking views on whether we have captured the right ambition, and the most important priority areas to be included in the Surrey five-year joint health and social care Dementia Strategy

Joint health and social care dementia strategy for Surrey (2022-2027)

- Achievements and ambitions established for each area of the strategy
- Wide promotion of the consultation
- Mental health delivery board and Health and Wellbeing Board will receive the revised strategy after consultation input has been analysed
- Launch final strategy in April 2022

Preventing Well ambitions

1. Develop consistent public health messages around how to prevent dementia
2. Prioritise a focus on reducing inequalities
3. Ensure we have accessible material for people e.g., Easy Read or a video to enable people to access the information they require.
4. Enhance post diagnosis health support for people diagnosed with a mild cognitive impairment
5. Increase early identification of carers of people living with dementia

Diagnosing well ambitions

1. Make sure dementia navigators are equally available to meet the needs of people across Surrey
2. Support the Dementia Connect service which has a keeping in touch contact service for people and their carers following diagnosis which provides access to the service 7 days a week via telephone and website
3. Increase access and uptake of baseline assessments for people with Down's Syndrome
4. Make sure people in East Surrey have access to a new dementia practitioner who will work with others to improve dementia diagnosis rates in the community
5. Ensure adequate immediate post-diagnostic support for individuals and their carers and families is available

Living well ambitions

1. Focus on establishing dementia friendly communities and dementia action groups across all areas of Surrey
2. Have more robust and consistent post-diagnostic support for individuals and their carers and families
3. Consider full roll out of the technology integrated health management system (TIHM) and related technologies across Surrey for all people and their families
4. Have dementia day support for those with young onset dementia
5. Have a young onset dementia accommodation with support offer

Supporting well ambitions

1. Include information on the Alzheimer's Society website regarding local resources to ensure people have access to the range of support groups that are available across Surrey
2. Expand crisis support available for people with dementia and their carers and families
3. Routinely identify carers and have regular monitoring of the caring situation so carers have access to carers assessments and reviews
4. Have care within in the home available to enable people with dementia to have personalised care and support, and give carers a break
5. Have small scale specialist dementia residential and nursing care available to meet a range of needs

Dying well ambitions

1. We will ensure that individuals have advocates to support them with health and welfare decisions to ensure the wishes of the individual living with dementia are included in care plans
2. We will ensure there is mental health representation in the multidisciplinary team for people in care homes supported by the Enhanced Health in Care homes Framework
3. We will align with planned national GP contract PCN (Primary care network) specifications which will be driving the delivery of anticipatory care and personalised care models for people not in care homes
4. We will improve integration of the system to support people with dementia and their carers with clear approaches to coordination of end-of-life care support for all those with dementia and their carers wherever they live across Surrey

How will we know we have achieved our ambitions?

- Once the consultation is closed, feedback analysed and revisions made, actions and action owners will be outlined, with clear timelines and measures of success identified
- We will continue to work with the dementia strategy action board and dementia voices throughout the implementation of the strategy delivery plan to ensure people with dementia, their carers and wider stakeholders continue to influence and shape our direction of travel

...for example

Area of work	Action	Indicator(s) of success	Lead owner	RAG status
Diagnosing well	By June 2022 we will make sure people in East Surrey have access to a new dementia practitioner who will work with others to improve dementia diagnosis rates in the community	Increase in estimated dementia diagnosis rate (aged 65 and over)	Surrey Heartlands CCG	TBD

The action plan will be underpinned by a project plan identifying timescales to start and complete each action, with key milestones and interdependencies

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