Meeting: Cabinet Meeting **Date:** 14 May 2023

Wards affected: All Wards

Report Title: Report of the Adult Social Care and Health Overview and Scrutiny Sub-Board – Dementia Support in Torbay Spotlight Review

1. Introduction

1.1 The Adult Social Care and Health Overview and Scrutiny Sub-Board undertook a spotlight review of Dementia Support in Torbay which had been highlighted as a topic of particular importance for investigation by Overview and Scrutiny Members.

1.2 The scope and Agenda were very focussed with a view to identifying practical and achievable recommendations. The key aims and objectives of the Scope were to achieve an overview of the support and services available to people living with dementia and people caring for those living with dementia in Torbay, together with the challenges currently faced and how support and services could be improved.

1.3 The Sub-Board welcomed guest speakers from the Torbay Community Mental Health Team for Older People, Devon Partnership Trust, the Mental Health Provider Collaborative and Torbay and South Devon NHS Foundation Trust. Aspects covered by speakers included:

- an outline of the Adult Social Care Commissioning Strategy;
- how social care was working to provide support and the public health perspective;
- what type of needs currently presented to mental health services in relation to the older population and how those needs were being met;
- an overview of the impact on the community from a voluntary sector perspective, including details of people’s experiences; and
- how the need was identified for the Rowcroft Dementia Unit together with an update on progress and areas of concern.

2. Adult Social Care Commissioning Strategy and Public Health: Infrastructure and Support

2.1 Members of the Sub-Board received a presentation outlining an integrated perspective across Torbay Council, including Public Health, and the NHS in respect of commissioning and delivering dementia services in Torbay.

2.2 The Consultant in Public Health, Torbay Council explained that there were 1,612 people aged over 65 on Torbay General Practitioner (GP) registers with diagnosed dementia in 2022/23. However, the estimate was that around 2,714 people aged over 65 in Torbay were actually living with dementia in 2023. The main potential risk factors for developing dementia were age, lifestyle factors, mental and social activity and sex (more women were living with dementia than men).

2.3 In terms of regional and national comparisons, as at August 2023, the percentage of GP patients with a dementia diagnosis, aged over 65 was 4.08% in Torbay and 4.12% for England with 3.92% for the South West. The mortality rate for Torbay was similar to that for England but there was a real differential in terms of sex and deprivation which demonstrated that the figure was higher in respect of females and that deprivation factors in Torbay were higher than average. Early intervention was key and the Lancet Commission research had concluded that twelve areas of focus, including maintaining frequent exercise, stopping smoking and treating hearing impairment, for example, not only contributed to healthy lifestyles but helped to reduce neuropathological damage and to increase and maintain cognitive reserve, thereby preventing up to 40% of dementias.

2.4 Moving forwards into the future, the predicted population change from 2021 to 2041 for Torbay was for a substantial continued increase in the numbers of older people and a reduction in those of younger and working age. Both Devon and Torbay were projected to have approximately one third of the population aged over 65 by 2043. The Chief Officer's Annual Report 2023 focussed on Health in an Ageing Society and concluded that as a whole nationally, the population was ageing significantly going forward with rural and coastal areas ageing at a faster rate. Inequality factors also influenced ageing rate and therefore there was a focus on prevention, with thought as to quality of life as well as how long people live. In terms of prevention work in Torbay, there was a Healthy Ageing Programme, "Live Longer Better Torbay" which was working across communities to transform awareness of the benefits of staying active.

2.5 The Director of the Mental Health Provider Collaborative provided an Integrated Care System perspective and informed Members that work was underway across the system to move towards a more integrated way of working and in terms of dementia care there was a genuine opportunity to achieve that. In January 2024 a Dementia Summit was held which was attended by 60 providers. Pre-summit engagement asked people to prioritise areas for those living with dementia. The following responses were given:

- timely diagnosis;
- timely support and practical advice, based on need not technical eligibility;
- respite for Carers;
- "no wrong door" and proper connection between community organisations, primary care, secondary care and mental health expertise;
- available crisis support;
- specialist support and training to care homes;
- better coordination within and between health and social care;
- understanding of dementia as a long term condition, with a clear pathway; and
- having the right end of life care remains really important.

2.6 Current difficulties identified were extremely constrained financial circumstances, with financial planning still in process for 2024/25 and the recent withdrawal of the previous contract for Alzheimer's Society post-diagnostic support – not all Local Authorities had been able to prioritise this.

2.7 The Summit recognised that there was not a Dementia Strategy for Torbay and there was a real need for one. The Summit highlighted lots of examples of good care, committed professionals and dedicated community responses but this was fragmented, with no overall direction or certainty of resource. Consideration was given to the overall "Dementia Well" pathway:

- preventing well;
- diagnosing well;
- supporting well;
- living well; and
- dying well.

2.8 It was explained that the key focus of the Summit was to prioritise diagnosis, post diagnostic support and co-ordination to support people living well with dementia. Key work streams were implied in the discussion which would be tested with participants and the strategy developed. Likely work streams included post diagnostic support, support to Carers, support to care homes, complex dementia provision and market provision and development of the Voluntary, Community and Social Enterprises Sector (VCSE).

2.9 In summary, it was vital to have a Dementia Strategy in place which brought together the key themes ranging from prevention to dying well.

2.10 The Strategic Partnership Manager, Adult Social Care Commissioning, Torbay Council provided Members with a Local Authority Commissioning perspective and explained that prevalence data estimates for Torbay showed that over the next 10 years the number of people living with dementia would increase by over 30% to 3,300 people. 27% of Torbay's population were aged 65 or over, compared to just 18% of the population across England and by 2040 was expected to rise to one in three (34%) of Torbay's population. Therefore, demographic changes suggested levels of demand were likely to increase and so the challenge would be to do more and better with the budget available.

2.11 It was acknowledged that there was some brilliant work being carried out by Carers, the voluntary sector, nursing providers and experts in community teams. However, there were challenges in that the market in Torbay, particularly the residential and domiciliary care provider market, was currently not equipped to deal with the increase in complexity of need. Torbay's health and social care market was wholly externalised and almost all of the provision accessed consisted of independent businesses. If there was to be change within the market, it would have to be carried out in a commercial way, for example, changing contracts and expectations from care providers. This was not a change that could be forced and NHS and Local Authority commissioners had not yet defined what modern services should look like nor the cost.

2.12 Another challenge related to the fact that there was no purpose built dementia provision and a heavy reliance on adapted 19th Century residential buildings not designed for the needs of people with complex and challenging dementia. It was acknowledged that new services would be extremely expensive and slow to reach the market with little innovation in design. There was also a lack of end-to-end rehabilitative or reablement model for dementia in place yet and this limited meaningful daytime activity, replacement care or support for the voluntary sector, user-led care and support options. It was accepted that the model in terms of engaging with the voluntary sector outside commissioned care was

not as good as it could be and although commissioners bought domiciliary care very well, there was a lack of sophistication at present, in the way in which other parts of the market could be bought. There were extremely limited alternatives to residential care and a delay in delivering new extra care housing. However, a lot of good design work had been carried out for Torre Marine in conjunction with Stirling University's Dementia Services Development Centre and it was felt that good delivery of the project meant that a really good housing model case of care could be delivered with better outcomes and a lower cost.

2.13 The main concerns were that, at present, there was no Dementia Strategy in place to unite all stakeholders into a joined-up Torbay framework based on the national "Dementia Well" pathway. Adult Social Care Commissioning would lead the work in that respect and the ideal was to have a co-produced strategy in place, which would be a Torbay version of the national strategy with input from everyone who had a stake in dementia services. The aspiration was to do more with available resources to keep people independent for as long as possible and then at the point of escalation, to manage the pathway smoothly at the right time for those individuals. It was important to help people "age in place" and remain part of their community within their natural circles of support. In order to achieve this, it was vital to have more domiciliary and personal assistant services in the community, who also specialised in complex support that people could buy directly, including with a personal budget or direct payment.

2.14 There needed to be a stronger focus on resilience, re-ablement and access to aids and assistive technology together with better partnerships with both commissioned and non-commissioned voluntary sector and community providers of all sizes enabling people and carers to access the right advice and signposting them to the help and support they were eligible for. There needed to be greater availability for supported housing, including extra-care housing and sheltered schemes with modern residential and nursing provision that met current best practice for dementia-friendly design and improved life outcomes, together with co-production of services and care and support pathways with people living with dementia and family carers. Innovators in the market were paramount as existing provision was not suitable going forward into the future.

2.15 It was highlighted to Members that one of the most important aspects to think about was that whatever was done, it was essential to co-produce the Dementia Strategy with people who had lived experience of dementia. Conversations with those people would enable that experience to be built into the wider response.

2.16 The Associate Director of Operations, Adult Social Care, Torbay and South Devon NHS Trust provided the NHS providers' perspective and informed Members that there was absolute alignment with partners in working together to develop the Dementia Strategy whilst looking carefully at the market and transformation. It was accepted that a more cohesive approach was required together with design for better provision. Homes were the main provider of dementia care in Torbay, but there was not a care home provider that specialised in dementia care. Many of the care homes supported individuals with low to mid dementia needs and the NHS was aware of the increasing need for placements that could accommodate individuals with challenging behaviours and complex needs. There was a care home education service which worked alongside care homes and provided excellent support in developing knowledge with training at various levels which was also offered out to South Devon College as part of the work around prevention. Knowledge sharing and gauging the level of provision for each care home ensured that appropriate placements were being made.

2.17 The Devon standard definition was yet to be developed for what was meant regarding 'complex' dementia, however to define this was a goal of an NHS Devon Enhanced Health in Care Homes. There had been significant improvements in markets although specifications had not been developed yet for the future. However, work was underway with individual providers to create a tiered system of one to one specialist dementia support where care was regularly reviewed as the care home understood client's needs and could keep them safe. This presented an excellent opportunity around provision to understand any innovations providers may have in mind so there was confident collaboration moving into the future which would set the tone as to how to manage the market moving forward. There was a need for contract management and quality assurance to be heightened due to providers' clients presenting with more complex behaviours. At present the market was completely externalised. Therefore, working in collaboration was key and actively seeking ideas to look at pathways more broadly from the acute setting and primary care all the way through would provide more of a circular picture and provide an understanding of areas that when transformed, would be really cognisant about how people move through the journey in the systems.

2.18 From a transformation perspective there was a lot of work to do but also good building blocks were already in place and the existing relationships with Torbay Council and the Devon Partnership Trust would continue to allow that development and good transformation going forward. From an operational perspective, the NHS was very much aligned with partners. It was imperative to have a Dementia Strategy in place in order to help address the expected bulge in numbers of people living with dementia in the future.

2.19 The Deputy Clinical Director for Older People's Services and Consultant Psychiatrist for Torbay Community Mental Health Team for Older People provided an overview of Devon Partnership Trust Dementia Services.

2.20 Members were informed that the Devon Partnership Trust (DPT) older people's services had seen a 45% increase in referrals for assessment and support over the past 5 years with an expected 35% increase in people over the age of 65 in Devon between 2023 and 2040 alongside a 51% increase in dementia prevalence. The Devon dementia diagnostic rate remained a national outlier at 55%. DPT Dementia Services consisted of Torbay Community Mental Health Team (CMHT), Torbay Care Home Education and Support Service (CHESS) and Devon Memory Service (Torbay memory clinic).

2.21 It was explained that the Alzheimer's Society contract with ICB to provide post diagnostic support for dementia patients in Devon was terminated last year. DPT repurposed £340,000, which it used previously to run a post diagnostic support pilot in North Devon, to provide a Devon wide post diagnostic service.

2.22 In terms of post diagnostic service development, a DPT offer would be in development from April 2024 and £340,000 would be repurposed to invest in building the foundations of an effective and sustainable post diagnostic service across the DPT footprint. The purpose of this would be to provide dedicated support for patients post diagnosis regardless of where the diagnosis was made; to provide supervision and support to local partners (for example, local authorities, voluntary sector and primary care) and so that patients and carers would be able to self refer and access post diagnostic service advice, signposting and if required, assessment and intervention. Currently work was underway with dementia experts and research colleges to ensure that the service would be clinically effective and evidence

based and recruitment for the service was being undertaken. This was coupled with ongoing work with Integrated Care Board (ICB) colleagues to support the development of a Dementia Strategy which needed to focus on prevention through to diagnosis and support.

2.23 Transformation was needed but impacted by post-pandemic system recovery, financial challenges (in a national context), resource implications (workforce, skills and infrastructure) across each part of the sector, multiple priorities and wider transformative work, legal literacy (for example, the Health and Care Act 2022), organisational changes and wider market conditions to support capacity and innovation.

2.24 In terms of the next steps towards a Dementia Strategy it would be necessary to address the impact of demographics, prevalence and societal changes. Partnerships in Torbay were committed to ensuring joined up services and working with people with lived experience as well as Carers and the voluntary sector so that there was a shared understanding and co-production. Partners collectively recognised that there were things that needed to be done differently, that were multifaceted and required a whole pathway approach. People needed to be put at the centre with work to build a community that was resilient and based on wellbeing. The whole pathway needed to be seen as a system and careful consideration given to stepping in only when needed and in a way that helped navigate people through their life with dementia.

2.25 The Sub-Board raised a number of questions and were informed that:

- medications for dementia are not disease modifying drugs but have a role in prolonging the quality of life for patients;
- it was important to push the boundaries when developing new services and there were some good examples of work happening nationally and internationally around what a good built environment looked like in terms of urban and residential design. There was a desire to work with Stirling University who had a dementia design unit and it would be of benefit to link architects with them so that the university could challenge proposed building designs to ensure they were as effective as possible, for example, containing spaces where people could wander with purpose and designing living accommodation taking into account needs as physical abilities deteriorated. Elements such as sound proofing and colourways were also important factors;
- three of the four medications available were suited to newly diagnosed patients with the remaining medication more appropriate for those individuals in the more advanced stages of dementia. There was evidence to suggest that giving medication for mild cognitive impairment actually worsened that condition. There were side effects to the medication which were usually mild and it usually took a period of time for the body to adjust to the medication. The more serious side effects of the medication could include convulsions. It was important to realise that each patient was individual and there may be other medical issues to consider in combination, for example, some patients may also have cardiovascular conditions;
- prior to Covid-19, the community mental health team was not holding a waiting list and patients were usually assessed within 4 to 6 weeks. Post Covid-19, this had extended to up to 16 to 18 weeks. For memory clinics, waiting had increased from 12 weeks up to 18 weeks due to Covid-19 and other reasons;
- it was important to acknowledge that people were assessed in the community as well;
- for a diagnosis to be made, a GP would need to refer the patient to the central system rather than directly to the memory clinic;
- in terms of dementia diagnosis generally, there was quite a lot of work in relation to screening at a primary care level. The GP would usually use one of three

questionnaires, involving the patient and carers and would also take a blood test. It was difficult to diagnose dementia when there were a lot of other things going on medically with the patient and so GP's tended to exercise a degree of caution in diagnosing dementia;

- some GP patients did not want to be diagnosed with dementia as they felt there was a stigma around it and they may also not want to lose their driving licence. Therefore, it was really important as a society to support people coming forward for diagnosis, highlighting the benefits in terms of safety, as well as access to treatment and access to post diagnostic support;
- prior to Covid-19 a series of visits to care homes were undertaken and it became apparent that they were very anxious about the increase in complexities and were struggling to deal with that. Advice was given around acoustic management as noise could act as a trigger for a lot of behaviours that could be challenging. Stable furniture which allowed two people to sit together helped enable human contact particularly with family visits and work was carried out around cutlery so that people could maintain dignity in feeding themselves, so colour, design and tilt of plates was considered as well as putting domestic scale kitchens in for use by residents so that it gave people a safe space to cook. There was also a lot of work done around reminiscent pods, for example, rooms that were designed to look like a living room from a certain period of time and acoustic monitoring systems so that staff could monitor patients moving around at night without noise from alarms.

2.26 It was acknowledged that the challenge around dementia was global.

3. Impact on the Community – A Voluntary Sector Perspective

3.1 The Chief Executive, Healthwatch and the Chief Officer of Torbay Age UK provided an overview of the voluntary sector perspective and service user perspective.

3.2 Members were informed that statistics provided by Torbay Age UK for the period March to December 2023 showed that the average age of someone seeking support from Torbay Age UK was 79. There was a lack of local targeted support for befriending people and out of 113 referrals, 25% presented as lonely and isolated, 64% were female and 36% male. The average number of referrals was 12 per month and the most popular route for referrals was via direct contact from families or through the Community Helpline.

3.3 As of March 2024 Torbay Age UK stopped taking referrals for the dementia wellbeing service as funding had ended for the one full time Wellbeing Co-ordinator post. There were limited opportunities for onwards referral with only one drop in café locally available. Dementia diagnosis seemed to be taking a considerable time with people waiting months for an appointment.

3.4 Carers, particularly those who living with a partner with dementia were at increasing risk of Carer breakdown because of the pressures they faced. The voluntary sector had been working with those with dementia and their Carers to provide support where they were able.

3.5 It was apparent that the Covid-19 pandemic had severely impacted people with dementia and their families, in particular a lack of face-to-face support and involvement in support groups.

3.6 It was highlighted that more training around dementia was needed, not just for professionals and the voluntary sector, but for carers, such as those caring for a partner with dementia, so that they could learn what to expect and how to deal with challenging behaviours.

3.7 It was explained that support for the voluntary sector was also required as people were presenting with more complexities. The voluntary sector wished to work with partners to provide a better level of support. Healthwatch Torbay were currently undertaking work around unpaid Carers and out of 224 Carers that participated, around a third were caring for someone with dementia. Volunteers were often becoming upset by what was being shared with them and people felt overwhelmed and either did not know who to contact for support or did not receive call backs. It was frustrating for people who did not know where to go or what to do. It was compounded by the difficulty in making GP appointments and this all added to the layers of complexity that wrapped around services. The main point was that Carers wanted to know there was someone they could call for help to avoid a crisis – many Carers did not know how to work with aggressive behaviour.

3.8 Both Healthwatch Torbay and Torbay Age UK were fully supportive that a Dementia Strategy was needed now. The Care Quality Commission (CQC) were currently engaging with a range of key stakeholders including care professionals, people with lived experience, voluntary and community sector organisations and local Healthwatch to help them develop a national Strategy for Dementia which would help address inequalities in the quality of treatment and care provided to people affected by dementia.

3.9 It was suggested that the type of information people should be able to access and receive early should consist of:

- information regarding their type of dementia and how it would affect them;
- any further tests, treatment, activities or therapies that might be available and of help;
- who would provide care and how to contact them including the professionals that would co-ordinate an individual's care;
- support groups and charities that could help;
- how dementia could affect driving and what to do about that;
- how an employer should provide support if the individual was at work; and
- any research studies that were available for participation.

3.10 Carers' experiences relayed showed that most felt anxious, overwhelmed, unable to get any respite and that they hardly slept. They were anxious about not knowing what they were dealing with and it was love of their partner that kept them going.

3.11 Early information and advice given in the initial stages of dementia was also highlighted as essential, such as a list of entitlements and guidebooks as it was a strain and a worry not knowing what help was available. Many Carers were resorting to Google to find out more about their partner's condition and that was how information was discovered about possibly not being legal to drive and that the DVLA needed to be informed. Carers were often left feeling confused by the process. All of these factors led to a conclusion that there was the need for timely access to support as when it was in place people felt much more able to cope. The benefits of peer support to help Carers and people with dementia in feeling less

isolated was also highlighted as well as everybody's experiences of dementia being different. A person centred approach was key to supporting people in managing their situations.

3.12 There was concern that based on people's first hand experiences, dementia support was becoming more and more difficult to access as services appeared to be reducing and no information was available as to what would happen in relation to future support if and when existing services decline further.

3.13 The Sub-Board raised a number of questions and were informed that:

- the funding for the Wellbeing Co-ordinator lasted for four years and was received from Public Health, but that funding had now come to an end;
- the wellbeing service had not been promoted because there was only one Wellbeing Co-ordinator who had a case load of 150 and did not have the capacity to take on any more cases; and
- apart from one memory café in Torbay, there was nothing else available from a voluntary sector perspective so this led to social isolation issues. There was some national support in the form of telephone befrienders but the voluntary sector was struggling as to what to do with people that had come to them for help. If people presented with a housing issue, the voluntary sector could deal with that and assist, but if people presented with dementia and needed support, there was nothing specific and little that the voluntary sector could do to assist.

4. Rowcroft Dementia Unit

4.1 The Chief Executive of Rowcroft Hospice provided Members with an overview of the proposed Rowcroft Dementia Unit in Torbay.

4.2 Members were informed that the plans encompassed 23 acres of ground and that planning approval had been granted with a two year consultation having taken place and the project was ready to be delivered. The current hospice would be rebuilt moving from a ward based model to individual rooms with en-suite facilities and rooms for families to stay overnight. Emphasis was put on linking in with nature and every bed had access to gardens and sky-garden.

4.3 The Orchard would provide a 40 bed assisted living accommodation village for those 65 plus, with domiciliary care and luxury apartments. Generating income for the hospice long term also had to be a consideration, but overall it was a great facility for the community.

4.4 Lavender Square would present a 60 bed world class specialist dementia and complex nursing home with six households of 10 residents. The plans were based on world best practice for dementia care and focussed around normalisation. There were also plans for a nursery with 37 young people on site engaging with residents on a daily basis as the impact of intergenerational care with the elderly was crucial. A quality of life approach was adopted which also embraced horticulture at its core. The emphasis was around creating a vibrant, nurturing and caring community, embracing the latest Artificial Intelligence (AI) technology to enhance care. The objective was to create freedom of choice and have a

street along which every resident could walk safely with access to a shop, hairdresser, music room, art room, cinema, events office, gym, library, restaurant, bistro and café bar. There would also be a village hall for residents and community use, together with allotments and a daily bus to local facilities.

4.5 It was explained that the need for a dementia nursing home in Devon was evidenced through Torbay's Market Position Statement (2021 – 2024) which illustrated the growth and demand with dementia care. Part of the research carried out was around the need for specialist dementia beds. The document "Identifying the Need for Specialist Housing in Torbay (September 2016)) estimated figures for nursing care and by 2035 indicated a need for an additional 1,224 nursing care beds which clearly showed that something had to be done. Torbay Council's Strategy for Housing in Later Life (2020 – 2025) was also considered along with the increase in ageing population. Torbay's summary estimate of need for older people's housing and accommodation to 2035 indicated that a further 370 beds in nursing care would be required.

4.6 Additional research was undertaken in the form of the Carterwood Report which provided a comprehensive market analysis for the care home for Rowcroft Hospice. Indicative balance of provision as at 2021 provided a snapshot that the estimated shortfall in beds would be 535. Research was also undertaken to pinpoint what was missing in the community to support elderly care provision with the community and the response was that 85% of respondents felt that there was not enough care provision and options for the elderly within the local area. 62% felt that greater access to GP's and specialist dementia care needed improving for the elderly within Torbay and 50% felt that more accessible local transport, improved end of life care, accessible recreational activity venues and options for multi-generational companionship also scored highly and were deemed missing.

4.7 In terms of progress, the process had to be managed so that the nursing home would be developed first followed by the hospice and then the assisted living accommodation. A care model and workforce model had already been developed together a digital decision making model. The value engineering process had been completed to save construction costs and an Amazon Web Services Imagine grant had been secured for exploring the use of Artificial Intelligence (AI) in a nursing home (Rowcroft being only one of three organisations awarded this in the UK). This meant that AI tools could be explored for development, for example, to measure hydration levels and relay that information to carers and to ensure that residents could wander around the grounds safely but if they were to go near a road, for example, AI would alert carers. Rowcroft had also been working with the ICB and local councils for 12 months to agree a commissioning agreement but this work was still ongoing.

4.8 Overall there was a real need and strong desire in the community for the planned development.

4.9 The Sub-Board raised a number of questions and were informed that:

- residents within the development would be able to have pets;
- the development would be operationally carbon neutral with universal access across the site;
- there was a challenge around funding and commissioning and there were complexities around introducing something like this into the system. It would force commissioners to change things and to do things differently;
- the reality was that the development had to be built at a scale that was viable long term;

- 60 beds in a small system like Torbay was a challenge because in the market there was no private market at the level of need Torbay has. It was either high end social care funding or NHS funding and because of that schemes can only be made to work if 100% of the beds were taken and that could be achieved by working with the ICS. If commissioned by the ICS this would be a Torbay and South Devon resource, so the catchment would be wider and numbers would need to be managed by design, so for example, a local connection could be required;
- the effect on primary healthcare, social care capability and community care capability must be considered, if people with complex needs were placed in Torbay as that cost potentially transfers to the Torbay system with no extra monies available. That was a challenge to put back to the ICS and ICB;
- Lavender Square was a separate development with assisted living but was within the overall grounds;
- the nursing home would be built as a first priority; and
- the on site nursery would be open to both staff and community children. There were three local nurseries keen to partner already and the children would be of pre-school age.

5. Current Challenges

5.1 The Director of Adult and Community Services, Torbay Council explained that social care was facing fundamental structural challenges particularly in a post pandemic system. Those people who were most vulnerable, with the most complex needs were impacted the most and so that would include those living with dementia and their Carers.

5.2 There was currently a workforce challenge nationally in social care and a need to put more money into training at a local level. There needed to be consistent ways of employing and paying people in a way that meant they could have a good life themselves, for example, paying the living wage. This was a real issue in social care.

5.3 Going forward Torbay Council was committed to bringing partnerships together in Torbay, providing joined up services and a Torbay Dementia Strategy with aspirations for a systems strategy which would be required across the Devon system, particularly now the ICS and ICB were spending high levels of money on addressing complex issues.

5.4 It was recognised that Carers find themselves in a lonely and challenging place looking after their loved one living with dementia. It was important to work together to help the market and the community within the current funding available.

5.5 The Sub-Board raised a number of questions following the conclusion of presentations from speakers and were informed that:

- there were good examples of urban design in the context of looking at design and thinking about how to make developments/buildings integrated in respect of social health and care. Torbay Council work with developers and organisations to ensure this. For example, work had started around the Crossways development which would provide around 90 extra care and sheltered housing units. It was also about ensuring that age, knowledge and experience remain within the community;
- there were a significant number of care homes that have ongoing capital works or were doing some kind of refurbishment to improve the environment. Torbay Council carry out

pre-planning visits and the clinical quality team also attend to advise so support was given to providers to innovate but they were hindered by the environments they have to work with as most buildings were built in the 19th Century;

- as part of the Torbay Dementia Strategy it would be necessary to look at accessibility and social isolation and how difficulties in relation to those aspects could be overcome;
- cardiovascular disease was linked to areas of age and deprivation not necessarily coastal areas;
- there were currently no care homes in Torbay that have dedicated dementia care;
- the Living Well with Dementia in Devon booklet was not given out at the memory clinics but individuals were provided with some information and signposting; and
- Carers were supported at the memory clinic at the four week stage.

5.6 The Chairman of the Sub-Board invited guest speakers to contribute in terms of what they would like to see and they responded as follows:

- from a strategic perspective it would be helpful to understand how to influence wider decisions to be made about next steps and for the Chair of the Integrated Care System for Devon to provide an update as to progress;
- there were a lot of people who were living a reasonably good quality life with dementia in the community and it was about how they were supported to live longer and live better and ensuring that services, support and the environment were dementia friendly. People living with dementia and their Carers wish for someone to be available to fix a problem or provide assistance rather than having a person who visits them, only to signpost them to someone else;
- there needs to be a catalyst within the market to create and drive forward change;
- current systems were too complex and therefore could create barriers. Systems need to be simplified;
- a preventative approach was key and a new philosophy needs to be embedded for living well with long term conditions. We could all optimise how well we live in many ways; and
- further investment was required to deal with the projected rise in the need for dementia care going forward which would also help alleviate pressures on Accident and Emergency Departments and social care admissions.

6. Recommendations / Proposed Decision

That the Cabinet be recommended:

1. to support the co-production of the wider Dementia Strategy with specific interest in ensuring that Torbay residents can easily access information, advice and support through a joint organisational approach;

2. to request the Cabinet Member for Adult and Community Services, Public Health and Inequalities to write to the Secretary of State for Health and Social Care and the Chair of the Integrated Care System for Devon to highlight the need for advanced dementia care which is innovative and which can provide efficient services for Torbay, being a coastal resort with an ageing population facing an increase in significant bed shortages particularly for those living with dementia;

3. to request that the Director of Adult and Community Services scope what access to training exists across the Voluntary Sector, Carers and domiciliary care agencies and explores with Torbay and South Devon NHS Trust provision of wider access to online portal training for dementia awareness and support; and

4. to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer’s Society on the Council’s webpage.