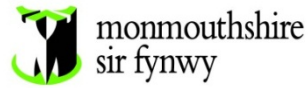


Public Document Pack



**Please note the time of the meeting
All Members are invited**

County Hall
Rhadyr
Usk
NP15 1GA

Wednesday, 11 July 2018

Notice of meeting

Special Meeting - Adults Select Committee

Thursday, 19th July, 2018 at 3.00 pm,
The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA

Please note that a pre meeting will be held at 2.15pm prior to the start of the meeting for ALL members

AGENDA

Item No	Item	Pages
1.	Apologies for absence.	
2.	Declarations of interest.	
3.	Public Open Forum.	
4.	Older Adults Mental Health Services ~ Scrutiny of the proposed way forward for Chepstow and the Community Hospital.	
4.1.	Developing an Integrated Model of Support for Older People with a Mental Health Need - Monmouthshire Integrated Services Partnership Board Update.	1 - 8
4.2.	Aneurin Bevan University Health Board Mental Health and Learning Disabilities Division Re-design of Older Adult Mental Health Services.	9 - 14
5.	Care Closer to Home ~ Presentation on progress on South Monmouthshire Care Closer to Home work and it's alignment to Monmouthshire Integrated Services.	

Paul Matthews

Chief Executive

MONMOUTHSHIRE COUNTY COUNCIL
CYNGOR SIR FYNWY

THE CONSTITUTION OF THE COMMITTEE IS AS FOLLOWS:

County Councillors:

D. Blakebrough
L. Brown
L. Dymock
M. Groucutt
P. Pavia
J. Pratt
R. Harris
R. Edwards
S. Woodhouse

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Welsh Language

The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.

Aims and Values of Monmouthshire County Council

Our purpose

Building Sustainable and Resilient Communities

Objectives we are working towards

- Giving people the best possible start in life
- A thriving and connected county
- Maximise the Potential of the natural and built environment
- Lifelong well-being
- A future focused council

Our Values

Openness. We are open and honest. People have the chance to get involved in decisions that affect them, tell us what matters and do things for themselves/their communities. If we cannot do something to help, we'll say so; if it will take a while to get the answer we'll explain why; if we can't answer immediately we'll try to connect you to the people who can help – building trust and engagement is a key foundation.

Fairness. We provide fair chances, to help people and communities thrive. If something does not seem fair, we will listen and help explain why. We will always try to treat everyone fairly and consistently. We cannot always make everyone happy, but will commit to listening and explaining why we did what we did.

Flexibility. We will continue to change and be flexible to enable delivery of the most effective and efficient services. This means a genuine commitment to working with everyone to embrace new ways of working.

Teamwork. We will work with you and our partners to support and inspire everyone to get involved so we can achieve great things together. We don't see ourselves as the 'fixers' or problem-solvers, but we will make the best of the ideas, assets and resources available to make sure we do the things that most positively impact our people and places.

Monmouthshire Scrutiny Committee Guide

Role of the Pre-meeting

1. Why is the Committee scrutinising this? (background, key issues)
2. What is the Committee's role and what outcome do Members want to achieve?
3. Is there sufficient information to achieve this? If not, who could provide this?
 - Agree the order of questioning and which Members will lead
 - Agree questions for officers and questions for the Cabinet Member

Questions for the Meeting

Scrutinising Performance

1. How does performance compare with previous years? Is it better/worse? Why?
2. How does performance compare with other councils/other service providers? Is it better/worse? Why?
3. How does performance compare with set targets? Is it better/worse? Why?
4. How were performance targets set? Are they challenging enough/realistic?
5. How do service users/the public/partners view the performance of the service?
6. Have there been any recent audit and inspections? What were the findings?
7. How does the service contribute to the achievement of corporate objectives?
8. Is improvement/decline in performance linked to an increase/reduction in resource? What capacity is there to improve?

Scrutinising Policy

1. Who does the policy affect ~ directly and indirectly? Who will benefit most/least?
2. What is the view of service users/stakeholders? Do they believe it will achieve the desired outcome?
3. What is the view of the community as a whole - the 'taxpayer' perspective?
4. What methods were used to consult with stakeholders? Did the process enable all those with a stake to have their say?
5. What practice and options have been considered in developing/reviewing this policy? What evidence is there to inform what works?
6. Does this policy align to our corporate objectives, as defined in our corporate plan?
7. Have all relevant sustainable development, equalities and safeguarding implications been taken into consideration? For example, what are *the procedures that need to be in place to protect children*?
8. How much will this cost to implement and what funding source has been identified?
9. How will performance of the policy be measured and the impact evaluated.

Questions for the Committee to conclude...

Do we have the necessary information to form conclusions/make recommendations to the executive, council, other partners? If not, do we need to:

- (i) Investigate the issue in more detail?
- (ii) Obtain further information from other witnesses – Executive Member, independent expert, members of the local community, service users, regulatory bodies...
- (iii) Agree further actions to be undertaken within a timescale/future monitoring report...

General Questions....

Empowering Communities

- How are we involving local communities and empowering them to design and deliver services to suit local need?
- Do we have regular discussions with communities about service priorities and what level of service the council can afford to provide in the future?

Service Demands

- How will policy and legislative change affect how the council operates?
- Have we considered the demographics of our council and how this will impact on service delivery and funding in the future?

Financial Planning

- Do we have robust medium and long-term financial plans in place?
- Are we linking budgets to plans and outcomes and reporting effectively on these?

Making savings and generating income

- Do we have the right structures in place to ensure that our efficiency, improvement and transformational approaches are working together to maximise savings?
- How are we maximising income? Have we compared other council's policies to maximise income and fully considered the implications on service users?
- Do we have a workforce plan that takes into account capacity, costs, and skills of the actual versus desired workforce?

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SUBJECT: DEVELOPING AN INTEGRATED MODEL OF SUPPORT FOR OLDER PEOPLE WITH A MENTAL HEALTH NEED – MONMOUTHSHIRE INTEGRATED SERVICES PARTNERSHIP BOARD UPDATE

MEETING: 19th July 2018

1. PURPOSE:

The purpose of this report is to outline the process undertaken and an update on progress to date by the Monmouthshire Integrated Services Partnership Board regarding the expenditure of the £200k investment from Aneurin Bevan University Health Board to further develop an integrated model of support for older people with a mental health need.

The investment was made following a decision at the Health Board meeting in March 2018, specifically for the Older Adult Mental Health Service to work in partnership with Monmouthshire County Council and other stakeholders in Monmouthshire to further develop an integrated model of support for older people with a mental health need.

The investment was one constituent part of a wider investment plan to further enhance specialist community services for older adults with mental health problems, to consolidate the number of specialist inpatient units for older adults with mental health needs, and was set in the context of the broader future of the development of Chepstow Community Hospital as an Integrated Health and Social care Hub for the South Monmouthshire population, which is to be reported back to the Health Board and the Council in September 2018.

2. RECOMMENDATIONS:

Members are asked to endorse the proposed schemes to support older adults with mental health needs and their carers agreed by the Integrated Services Partnership Board (ISPB) that follow.

3. KEY ISSUES:

Policy and Partnership Context

The Dementia Action Plan for Wales (2018) envisages a 'dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities'. The Action Plan sets out the Welsh Government's commitment to promoting the rights, dignity and autonomy of people living with dementia and the people who care for them.

The Gwent Dementia Board, reporting to the Greater Gwent Health, Social Care and Well-being Partnership has developed a Strategic Action Plan for the period 2018-2022 which supports the delivery at local level of the necessary measures to improve support to address the key issues:

- A widespread lack of knowledge and understanding of dementia amongst professionals and the wider public
- A lack of flexibility to effectively meet the needs of people living with dementia and their carers.
- A lack of co-operation between services creates unnecessary barriers for people living with dementia and their carers.

The Action plans have been developed as a result of extensive work carried out nationally , including 'Dementia: More Than Just Memory Loss' - The experiences of people living with dementia and those who care for them (2016) and 'Rethinking Respite for People Affected by Dementia'(2018) – Older Peoples Commissioner for Wales.

The Integrated Services Partnership Board (ISPB) is the Monmouthshire local partnership of the Greater Gwent Health, Social Care and Well-being Partnership, and is jointly chaired by the Director of Social Services and the Director of the Primary and Community care Division of the Health Board. The Head of Adult Services, and Service Manager, All Age Disability and Mental Health, and the Director of Mental Health and Learning Disabilities for the Health Board are also members.

The ISPB set up an officer group to consider the priorities for the expenditure of the £200k, specifically allocated to further develop an integrated model of support for older people with a mental health need which was consistent with the respite and support recommendations within the strategic and advisory documents. The remit was extended to include local residents with a functional mental illness as well as those with a dementia diagnosis as many services provided in the community are able to meet the needs of both groups. The officer group decided to utilise the pre-existing framework for the Integrated Care Fund to support the bidding, decision making and evaluation requirements, albeit that the decision on expenditure would be made by the ISPB. The ICF process was chosen because it is a robust, tried and tested framework.

Key Local Challenges

There are a higher than average proportion of older people in the county and these are forecast to rise further. As evidenced in the Needs Assessment for the Monmouthshire Public Service Board Wellbeing Plan, Daffodil Cymric projects an 87% increase in Monmouthshire's population aged 65 and over with dementia by 2035. This is above the increase projected across Wales of 72% and the second highest increase in Wales after Flintshire. The Needs Assessment also highlighted specific local issues related to the transport infrastructure and lack of accessibility of services at local level.

The closure of St Pierre ward will result in 50-60 relatives and carers of patients per year from throughout Monmouthshire, who will in future receive their care in another hospital, having to travel to visit them. A proportion of those relatives and carers will live nearer to Chepstow Community hospital than to the other hospital, and may not have transport or find travelling difficult.

The rurality of Monmouthshire impedes the access of people outside the main towns to the community based support which is already available, and will present barriers to accessing newly developed services.

There are gaps in the current community support for people with dementia or functional mental health issues, particularly for those with more advanced conditions and those who have received a diagnosis but are not receiving active secondary care clinical intervention ('watch and wait') because their condition is not advanced enough to warrant that, although they may have difficulties in daily life, resulting in distress for them, and increasing stress on their carers.

Respite services are limited, and insufficiently flexible to meet the individual circumstances of patients and their carers. Respite can take many forms, including a stay in a residential or nursing facility to enable a carer break, facilitating a break for the service user and their carer together, and support in the community for someone to access a service or activity, and support in the home.

4. OPTIONS APPRAISAL

Before the ISPB decided to take the approach of considering managed bids which met the criteria set out by the guidance from within the Strategic and Local Action Plans, a process of open bidding with a broad criteria of 'respite options' was considered. This was rejected because of the very specific needs that were evident. There is a small residual fund itemised under Section 7 below, and criteria are now being developed to enable third sector bids for innovative schemes which meet further identified gaps in service provision. There is also the opportunity for third sector providers to bid for specific elements of the services around respite elements, and for others where there was only one potential solution, direct work has been done with that agency.

The funding stream is permanent, however it was agreed that all schemes would initially be funded for a duration of 12 months from commencement of each scheme, with an exit strategy and staff employed on fixed term contracts if required, after which all projects are to be evaluated and if appropriate developed, or replaced with an alternative scheme in order to develop a long term, sustainable plan.

The following schemes were put forward by the officer group, and approved by the ISPB, with some of them subject to further revision to meet the criteria:

Community Transport Scheme (Bridges)

- Extension of the successful volunteer car scheme pilot operated by Bridges, users pay 45p/mile and 50p booking fee to use the service. This will enable people with dementia and their carers who do not have transport to access community activities near to their homes or elsewhere in Monmouthshire
- Transport for those carers who do not have access to a car to enable them to visit their loved ones who would previously have been patients on St Pierre Ward., it was also noted that users are likely to access the service frequently over a long period of time, and that the costs of transport would need to be 'capped' so that they were paying no more than would have been the case from their home to Chepstow. Given that some relatives will wish to spend a lot of time with their loved one on the ward, some money would be reserved for taxis in the event that a volunteer or the volunteer co-ordinator is unavailable
- Further work is being done to establish eligibility criteria (e.g. visiting patients, attending hospital appointment) and a clear mechanism to identify the number of service users.

Respite Provision (MCC Social Services)

Option 1

- Block booking of 1 bed in a dual registered Care Home in North Monmouthshire for advanced/ complex Dementia patients.
- Approved in principle on condition that the bed is guaranteed for nursing patients only. Clear indicators and benchmarks are required for reporting e.g. effective admissions, or a reduction over a 12 month period.

Option 2

- Support Worker to assist patients with more complex dementia who would be unable to access services alone or with a family carer to access community groups, or to provide bespoke alternatives. This service is provided in South Monmouthshire through a Service Level Agreement between MCC and with Crossroads,
- Agreed in principle for North Monmouthshire to work in a bespoke way, pending amendment of the application to reflect costs for 2 Support Workers (decision based on the recent increase in Alzheimer's Society Support Workers).

Option 3

- Day care provision for functional or advanced Dementia patients.
- The panel acknowledged the gap in provision, however agreed that the application requires further work in relation to the needs of the Carer and individual.

Creative Lives, Active Lives (MCC Museum Service)

- 10 week arts and crafts pilot in North Monmouthshire, which can be delivered from any location.
- The pilot would also establish Carer needs, e.g. participation/ normalising activity, respite or volunteering after Carer role has ended.
- Potential noted to extend the pilot until the Big Lottery bid which is already in process is submitted (and approved).
- The panel required clarity regarding outcomes is required prior to the pilot commencing.

Living with Dementia Programme (National Exercise Referral Scheme -NERs)

- A similar scheme has been piloted and is running successfully in North Wales
- Exercise and well-being programme to support approximately 80 patients and their carers per year in South Monmouthshire, running from the leisure centres at both Chepstow and Caldicot, with a view to extending throughout the borough.
- The aim of the scheme is to deliver an exercise programme to assist people with Vascular Dementia to live better, balanced with a selection of activities provided through education/ lifestyle advice.
- It was noted that the scheme could involve carers, and that there was potential for the carers to meet others and support each other if they did not wish to directly participate in the exercise sessions .
- The panel requested costings for roll out of the programme across the borough, in the event that the pilot is successful.

5. EVALUATION CRITERIA

The Integrated Care Fund Evaluation Process will be used for the schemes, with quarterly reporting against a prescribed reporting framework, and a full review one year after

commencement for each scheme. Funding for future continuation or alternative schemes would be managed by the ISPB utilising the same process to ensure the £200k is used effectively.

6. REASONS:

In order to meet the needs of people in Monmouthshire with respite and community support needs from early onset, and diagnosis to high level support, a range of options were considered necessary to minimise gaps in existing statutory and third sector service provision. The chosen options reflect the intent to meet in the local communities the needs of older people with mental health needs and their carers by enhancing community support and providing appropriate respite in those areas where the most benefit has been evidenced through the local needs assessments, specific work down by the office of the Older Persons Commissioner for Wales, and strategic guidance.

7. RESOURCE IMPLICATIONS:

The £200k allocation is to be split as follows for Year 1:

Community Transport Scheme	£40,000
Respite Provision – nursing home bed	£33,000
Day service community provision	£40,000
Support work	£50,000 (2 wte)
Creative Lives Active Lives Museums pilot	£7,000
NERs Combined Exercise and Education Programme pilot	£7500 for South Monmouthshire

TOTAL ALLOCATED TO DATE: £177,500.

Criteria are being developed for third sector bids for the unallocated £22,500.

8. WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING):

The work undertaken and the recommendations made take into account the requirements of the Wellbeing of Future Generations Act, the Social Services and Wellbeing Act and fulfils the requirements and recommendations arising from both those Acts, as well as the other Welsh Government and Older Persons Commissioner Guidance.

9. CONSULTEES:

The Monmouthshire Integrated Services Partnership Board membership, itemised in Section 3 above. The officer sub group of the ISPB included further members:

- Mike Fisher, Directorate Manager for Older Adult Mental Health Services ABUHB
- Nicola Needle Active Lives lead for MCC
- Gemma Burrows Senior Practitioner for Public Health
- Lorraine Edmunds Lead Nurse for Dementia, supporting the Regional Dementia Action Plan

10. BACKGROUND PAPERS:

None – to be read in conjunction with the other report for consideration today regarding statutory service provision

11. AUTHOR: Bronwen John, Integration Project Manager for Monmouthshire

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Aneurin Bevan University Health Board
Mental Health and Learning Disabilities Division
Re-design of Older Adult Mental Health Services

1. Purpose of Report

In October 2017 the Health Board considered a report on Older Adult Mental Health Services and approved a proposal to publicly consult on the Redesign of Older Adult Mental Health Services across the Aneurin Bevan University Health Board region. The twelve week consultation period finished at the end of January 2018 and a report presenting feedback from the public consultation and recommendations on taking forward the redesign of services was received and approved by the Health Board on 21 March 2018.

The recommendations accepted by the Health Board were:

- To approve an investment plan to further enhance specialist community services for older adults with mental health problems.
- To consolidate the number of specialist inpatient units for older adults with mental health needs to four across the Health Board region developing the remaining units into centres of excellences with strong multi-disciplinary teams. This recommendation included the closure of St Pierre Ward within Chepstow Community Hospital.
- To further consider what actions could be taken to address concerns over transport and car-parking that were highlighted as key themes within the consultation process.
- To note the ongoing work being undertaken jointly with Monmouthshire County Council and other partners to develop an Integrated Health and Social Care Hub for the South Monmouthshire population and that there would be a further report regarding this wider work to the Board in September.

In addition to approving the above recommendations the Board approved an additional investment for the Older Adult Mental Health services to work with Monmouthshire County Council and other stakeholders in Monmouthshire to further develop an integrated model of support for older people with a mental health need.

The current report provides a brief update on how the recommendations have been taken forward over the first quarter of the year.

2. Progress in Implementing Recommendations

2.1 Enhancement of Specialist Community Services

There has been good progress in taking forward the development of specialist community services in line with proposals agreed at the Board meeting in March 2018.

- ***Delivery of Evidence Based Cognitive Stimulation Therapy (CST)***

Since April 2018 CST has now been made available across Monmouthshire and is being delivered through community bases in Chepstow, Mardy Park and Monnow Vale. In line with the project plan we are now looking at how the model can be further enhanced to deliver 'maintenance' CST across the Health Board region. Previously this was only available in North Monmouthshire.

- ***Increased Support to Care Homes***

An additional In-Reach nurse has been recruited to effectively double the support of registered nurses provided through the In-Reach service to Care Homes in Monmouthshire, providing advice and support and undertaking regular reviews of medication.

In addition a Specialist Behavioural Support Team commenced in Monmouthshire from 1 June 2018. This service provides an expert resource to care homes to advise care home staff on strategies and provide support for individuals with some of the most complex behaviours that challenge. This has been achieved via the recruitment of 1wte Band 5 Assistant Psychologist and 1wte Band 3 Healthcare Support worker.

- ***Increased Access to Psychological Therapies***

In order to ensure more timely access to Psychological Therapies for older people with a mental health need in Monmouthshire a full time Clinical Psychologist has been funded and an appointment into the post in Monmouthshire was made at the end of June 2018. Further funding for improving access to psychological therapies has been made available by Welsh Government in 2018/19 and a Health Board wide bid is being submitted in July to further improve access across the Health Board.

- ***Better Support For Individuals With Dementia and their Carers at time of Diagnosis***

Funding has been made available to put in an additional part time Dementia Support Worker post in Monmouthshire to provide more timely support and signposting for individuals and their carers through the Memory Assessment Service. The post is being advertised and is expected to be in post in September 2018.

- ***Crisis Response Home Treatment Team***

As part of the multi-agency Crisis Support Programme the Division has recently submitted a bid through the Welsh Government Mental Health Transformation and Innovation Fund to expand Crisis Response/Home Treatment Team provision for individuals with functional mental health needs across the ABUHB area. Part of the bid includes extending the service offer to support Older Adults with mental health difficulties. The proposed funding will enable an extended all age inclusive Home Treatment resource to enable more support to be provided in patients home or in the community.

2.2 Re-design of Inpatient Services

As part of the service redesign, the decision taken by the Health Board reduced the total number of specialist inpatient beds for older adults with a mental health need from 72 to 67 across the ABUHB area. In-patient care is now provided through 3 dementia wards and one functional ward and St Pierre Ward in Chepstow community Hospital has now closed.

The last patient was discharged from St Pierre ward on 9th April 2018 and the new bed configuration was completed following the transfer of remaining functional beds to Hafan Deg, County Hospital on 30th April 2018. This has enabled the separation of dementia inpatient care and functional illness inpatient care across the whole Health Board.

A key driver for the reduction in the number of inpatient units was the shortage of registered staff to sustain the delivery of safe and high quality inpatient services across five sites. Following the changes made to reconfigure inpatient service the number of registered nursing vacancies has reduced from 18 to three. The three vacancies are all new Band 6 posts that have been created as part of the commitment to develop high quality centres of excellence by improving leadership capacity on each inpatient unit to support the improvement agenda. The recruitment process for these posts is currently ongoing. These posts are also key to supporting an improved career structure in the service as part of a sustainable workforce strategy.

As part of the service redesign there was a commitment to re-invest resources into inpatient services in order to improve the quality of care through the enhancement of the wider multi-disciplinary team. Preliminary discussions have been held with the Clinical Director of Therapies and the Families and Therapies Division to discuss possible models of service that can support improvement and improve access to therapies. A workshop is currently being arranged with stakeholders to agree on a service model to support the proposed investment.

Improvements have also been made to the ECT service through the additional investment in nursing support to enable a safer and more sustainable service to be provided at Maindiff Court Hospital.

2.3 Access and Travel

Ward occupancy levels have been relatively low with the current occupancy level across all wards at 67% in June (around 22 beds empty). There have been no concerns raised regarding Monmouthshire residents accessing beds since the reconfiguration.

Overall bed use by Monmouthshire residents remains relatively low. Currently there are five Monmouthshire patients on Sycamore Ward (St Woolos) and 3 patients on Cedar Park, (Ysbyty'r Tri Chwm). There have been no reported issues from carers regarding access or travel to date. The admission destination is individually discussed with each family/carers prior to admission and the ward staff

will continue to be sensitive to this issue and will seek individualised solutions to support families and carers if travel is identified as a difficulty in future admissions.

The Health Board has identified £200,000 to invest in additional community support in Monmouthshire and bids are being prioritised through the Integrated Services Partnership Board. One of these proposals includes a bid to enhance Community Transport provision in Monmouthshire. Furthermore the Older Adult Mental Health Directorate has been fully engaged in the partnership discussions in Monmouthshire regarding the further development of place based working and access to support closer to home wherever possible via the further development of local community hubs.

2.4 Car Parking

It is acknowledged that car parking on the St Woolos site continues to be challenging. A review has been undertaken by the Facilities Division of parking arrangements on the St Woolos site and plans have been developed to ease the situation, including providing 15 additional spaces on site and leasing an additional 120 staff car parking spaces for staff at Park Square car park. Demolition work to create the additional spaces on site has been undertaken and funding for capital to complete this work is being pursued.

All the Older Adult Mental Health Inpatient wards operate an open door policy for visiting ("John's Campaign") and this enables visitors to attend at non peak times of the day.

3. Conclusion

Significant progress has been made in implementing the recommendations approved by the Health Board at the end of March 2018. There has been prioritised investment in enhancing community services in Monmouthshire in delivering the approved plan. The reconfiguration of inpatient services has resulted in a much more sustainable nursing and medical workforce and this provides the platform for further quality improvements within the service. The service is currently undertaking further work to embed value based ICHOM person centred outcome measurements for those with dementia across the ABUHB region and develop our quality metrics to demonstrate the impact of the changes on the lives of older adults within mental health need and their carers and families.

In addition work is ongoing through the Integrated Services Partnership Board to agree priorities for investment of new funding for Monmouthshire older adult mental health community services. A separate paper on this process and priorities is being prepared. Work is also continuing on proposals for the future development of Chepstow Community Hospital as an Integrated Health and Social Care hub.

Further opportunities to transform dementia care and deliver integrated community support for the population across the ABUHB region will be available

through the implementation of the Dementia Action Plan. This work is being coordinated through the multi-agency Dementia Board.

Reported prepared by: Ian Thomas, General Manager and Dr Chris O'Connor, Divisional Director, Mental Health and Learning Disability Division

Date: 11th July 2018

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