

**South Ayrshire Council**

**Report by Director of Health and Social Care Partnership  
to Cabinet  
of 23 September 2025.**

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**Subject: Age Well: Dementia Strategy 2024-2034**

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**1. Purpose**

1.1 The purpose of this report is to present the renewed South Ayrshire Age Well: Dementia Strategy 2024-34.

**2. Recommendation**

**2.1 It is recommended that the Cabinet endorses the contents of the refreshed Age Well Dementia Strategy 2024-34 which was approved by the IJB in December 2024.**

**3. Background**

3.1 In 2023 the Scottish Government published a new strategy, Dementia in Scotland – Everyone’s Story. This was a timely publication given SA HSCP’s intention to refresh the local strategy in line with the national strategic direction.

3.2 The delivery plan for the Dementia Strategy; Dementia in Scotland – Everyone’s Story was published on 19 February 2024. This national strategy document prompted a local review of our approach to the support of people with dementia and their families. Significant engagement with key stakeholders was undertaken as part of the development of a South Ayrshire strategy.

3.3 The resultant Age Well Dementia Strategy was approved by the IJB on 11 December 2024.

3.4 An Equality Impact Assessment has been undertaken as part of the strategy development process. This has been revisited at regular intervals during the strategy development process to ensure a fully inclusive approach.

3.5 The report below outlines our engagement approach taken to inform the South Ayrshire Age Well: Dementia Strategy, summarises the content and outlines some proposed next steps. The appendices to the report are listed below.

- Appendix 1 – South Ayrshire Age Well: Dementia Strategy 2024-34
- Appendix 2 – South Ayrshire Age Well: Dementia Strategy 2024-34 Engagement Report
- Appendix 3 – Glossary
- Appendix 4 – Equality Impact Assessment

### 3.6 The Strategy details:

- Strategic themes set in line with the national picture,
- The policy context in which the Strategy is set,
- The tiered approach we have taken to developing the plan collaboratively,
- The pathway for diagnosis in South Ayrshire,
- The vision for Dementia services,
- Where we are now and looking forward, and
- The Delivery Plan.

### ***Engagement and Development of the Strategy***

3.7 To develop the Strategy an oversight group was established and met regularly. The oversight group included a range of stakeholders to ensure the Strategy was robust and included all relevant views.

3.8 In preparing the Strategy a vast engagement exercise was carried out. Various methods of engagement were used such as focus groups, an online survey and information sessions. Staff engagement took place for a period of round 7 weeks – from 21 March to 7 May 2024. Wider community engagement took place over a period of 6 weeks - from the 29th of August until the 11th of October. Over the engagement period we have engaged with over 300 people from ages 5 to 103 across all 6 localities in South Ayrshire.

3.9 The key themes that emerged from the engagement exercise were:

- Communication;
- Diagnosis and post diagnostic support;
- Support for carers; and
- Reducing stigma.

3.10 The findings from the engagement exercise informed the Delivery Group in developing the Delivery Plan. A wide range of stakeholders were invited to the Delivery Group to promote inclusivity and partnership working across services and sectors.

## **4. Proposals**

4.1 The Cabinet is invited to endorse the Age Well: Dementia strategy 2024-34 Refresh.

## **5. Legal and Procurement Implications**

5.1 There are no procurement implications arising from this report.

## **6. Financial Implications**

6.1 There are no financial implications to agreeing this report.

**7. Human Resources Implications**

7.1 There are no HR implications to agreeing this report.

**8. Risk**

**8.1 *Risk Implications of Adopting the Recommendations***

8.1.1 There are no risks associated with adopting the recommendations.

**8.2 *Risk Implications of Rejecting the Recommendations***

8.2.1 There are no risks associated with rejecting the recommendations.

**9. Integrated Impact Assessment (incorporating Equalities)**

9.1 The proposals in this report have been assessed through the Integrated Impact Assessment Scoping process.

**10. Sustainable Development Implications**

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not require a Strategic Environmental Assessment.

**11. Options Appraisal**

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

**12. Link to Council Plan**

12.1 The matters referred to in this report contribute to the South Ayrshire Local Outcomes Improvement Plan 2024-29.

**13. Link to Shaping Our Future Council** Yes  No

13.1 Not applicable.

**14. Results of Consultation**

14.1 A full consultation exercise has been carried out consulting with staff, service users, carers, elected members and the wider public and its contents reflect what we heard from this feedback.

14.2 Consultation has taken place with Councillor Hugh Hunter, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.

14.3 Consultation has taken place with the IJB, and the contents of this report reflect any feedback provided.

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**15. Next Steps for Decision Tracking Purposes**

15.1 If the recommendations above are approved by Members, the Director of Health and Social Care Partnership will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

<b>Implementation</b>	<b>Due date</b>	<b>Managed by</b>
Following agreement the new Age Well: Dementia strategy 2024-2034 will be published	23 September 2025	Director of Health and Social Care Partnership

**Background Papers**    **None**

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**Date:**    **11 September 2025**



south ayrshire  
health & social care  
partnership

Age Well

# Dementia Strategy

2024-34



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## Foreword

I am pleased to introduce the new Dementia Strategy for South Ayrshire. We recognise the importance of having a comprehensive and compassionate approach to supporting people living with dementia and their carers.

The South Ayrshire Dementia Strategy 2024-34 has been developed in collaboration with people living with dementia, their carers, staff, partners, and other stakeholders to allow us to shape a local response to the new national dementia strategy [Dementia in Scotland: Everyone's Story](#) which was published in May 2023. This strategy reflects a shared vision, co-produced with our stakeholders to enhance the quality of life for people with dementia and their carers at every stage as we support our communities to start well, live well and age well.

There is a lot of positive work already underway in South Ayrshire to support those living with dementia and their carers and so this provides us with a solid foundation on which to improve going forward.


There are clear ambitions set out within the Strategy. We know that creating positive outcomes for people living with dementia is inter-dependent with the work of many services within health and social care.

A key ambition for the new local strategy is to further embed multi-disciplinary working to support the delivery of integrated services for people living with dementia. We also value the vital role that unpaid carers play for people with dementia and we will ensure that this strategy as well as our new Carers Strategy (to be launched in 2025) addresses these needs.

As we launch the South Ayrshire Dementia Strategy, we are committed to making meaningful progress across key areas over the coming years. We acknowledge that the work ahead will require sustained effort, collaboration, and innovation.

Finally, I would like to thank each and every person who has been involved in developing this strategy. I look forward to working with you all to realise the ambitions we have set out.

**Tim Eltringham**



**Director of Health and Social Care**

**November 2024**



## Purpose

South Ayrshire's Health and Social Care Partnership (HSCP) is committed to ensuring people living with dementia and their carers receive the support they need to live well and age well. This strategy is a body of work that has been designed collaboratively with our staff, partners and communities to celebrate the excellent work already happening in South Ayrshire as well as identifying areas for improvement and how to best address these.

Through the vast range of engagement activities that have taken place we have heard that strategic documents are often perceived to be lengthy and inaccessible. We have listened to what you have told us and so this Dementia Strategy is intended to be a resource for anyone who wants to understand the commitment from the HSCP to improve dementia support in South Ayrshire.

The strategic themes identified in this document have been developed in line with the national picture. The national strategy, Dementia in Scotland: Everyone's Story, which was published in May 2023 set out a vision that is owned by all of us working together to deliver a better experience for people living with dementia, their families and carers. It builds on several years of globally recognised public policy on dementia in Scotland and commits to ongoing reflection and learning, greater inclusion and delivery from the start.

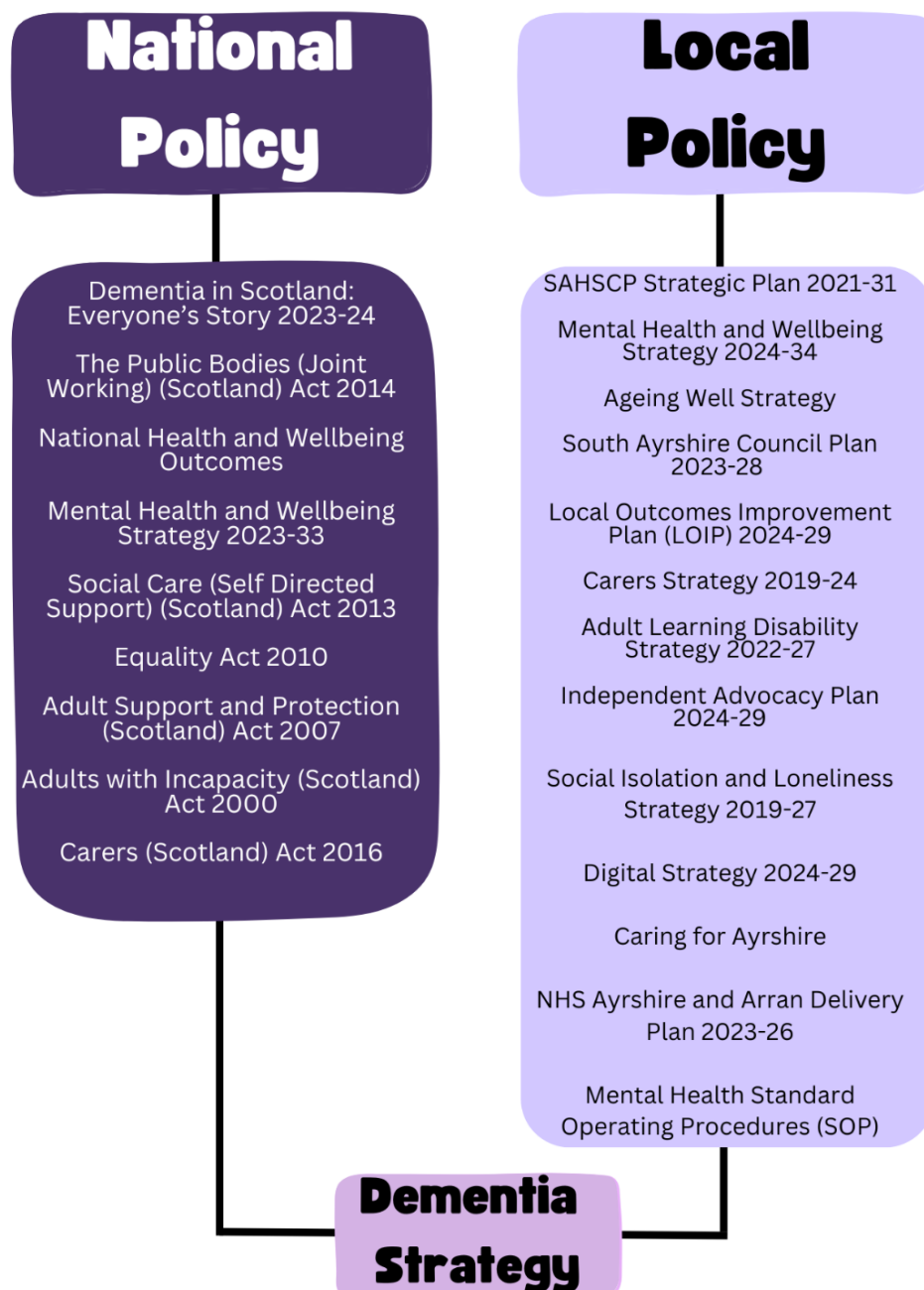
In the national strategy the Scottish Government have highlighted eight priority areas to focus on over the coming 10 years. Whilst engaging with our stakeholders we asked people to vote for the three priorities that mattered most to them. Through this exercise we were able to see which were the most important priority areas for people in South Ayrshire are:



This strategy will follow the Scottish Government strategy timeline with a lifespan of 10 years from 2024-2034. Throughout these 10 years we will develop 2-year delivery plans which go alongside our 10-year goals to drive improvement. This allows the HSCP to embed the national picture into local practice.

## Policy Context

We know that there is a wide policy landscape at both national and local level which will influence this new dementia strategy for South Ayrshire. The national and local policy context which has been considered in the development of this strategy are set out below:



## Dementia – A Tiered Approach

The term ‘dementia’ describes a set of symptoms, caused by damage in the brain, that may include memory loss and difficulties with thinking, problem-solving, vision (although eyes might still be healthy), and language. These changes are often small to start with, but for someone with dementia they become severe enough to affect daily life, for example people may start to find it difficult to carry out everyday tasks such as paying bills, finding their way around and remembering appointments. A person with dementia may also experience changes in their mood or behaviour. More information around Dementia can be found on the [NHS Inform website](#).

Dementia is not a normal part of ageing and not everyone will develop dementia in their lifetime, it can also sometimes affect younger adults. Previously, presentation of dementia below the age of 65 was considered to be ‘early onset’ dementia, but a focus on person-centred care has made this age distinction less relevant.



We recognise that people need different services as their dementia journey progresses. To make accessing the right services at the right time easier for everyone we have developed a tiered approach to services. These tiers are:

**Tier 1** – This tier consists of self-help and self-care community services and supports.

**Tier 2/3** – This tier is made up of primary and secondary care services, for example: your GP, Mental Health Practitioners, Community Link Practitioners, Social Work, Older Adults Community Mental Health Team, Older Adult Liaison Team, Allied Health Professionals and Psychological Services.

**Tier 4** – In this tier supports provide specialised care through inpatient stays within hospital and residential care and nursing homes.

At a national and local level, we adopt a whole system approach to supporting people living with dementia and their carers. What this means is that we will ensure the overall system is working and that all the parts that make up this system are able to plan, communicate, and work together to enable better outcomes. The tiered approach to dementia services is a vital enabler to achieving this whole system approach.

It is important when we are delivering any type of service that we take a trauma informed approach. South Ayrshire’s HSCP is proud to be a trauma informed organisation. We have already developed a trauma informed training programme to support our services to be a trauma responsive, however, we will continue to develop our practice and approaches within the services we deliver. The delivery plan will reflect a trauma informed approach as this forms part of the whole system approach to getting our dementia services right.



## Dementia Pathway

### Diagnosis - What is the process?

Individual, family member and/or Health Professional recognises that there is a problem, with initial symptoms of memory loss / changes in behaviour patterns or other mental health issues, such as depression. The individual is then referred to their GP or a Mental Health Practitioner (MHP) for initial assessment. Following the assessment the GP or MHP can:

- Make a differential diagnosis (Dementia, Depression, Delirium, Mild Cognitive Impairment).
- Put a referral in to the Community Mental Health Team Elderly (CMHTE).
- Put a referral in for a CT scan.



**1**



**2**

A referral is received by the CMHTE and is screened, allocated and prioritised as appropriate:

**Urgent Referrals:** are acted upon within 7 days. If there are significant concerns re risk to self/others and this is discussed with the CMHTE prior to receipt of referral, same/next day contact will be made.

**Routine Referrals:** Any referrals allocated to a named professional will aim to be seen within 4 weeks. Any referrals allocated to the Consultant Led Clinic will be seen within 18 weeks.

Named professional process :

- An initial assessment interview is undertaken with the individual and family member as appropriate and 'The Ayrshire Risk Assessment' is completed. A memory clinic assessment is commenced within 72 hours of the initial interview and completed within 2 working days.
- If the clinical picture is indicative of dementia a referral is made to Consultant led clinic for further assessment.

Consultant Psychiatrist/Medical Staff process:

- A clinical assessment is undertaken with the individual and family member.
- A referral for a CT scan (or other) is made as appropriate.
- A further clinic consultation is arranged on receipt of the CT scan results.
- If diagnostic uncertainty, referral to psychological services for neuropsychological assessment can be made



**3**



**4**

If dementia is diagnosed this diagnosis is confirmed by a Consultant Psychiatrist or Medical Staff. The Consultant Psychiatrist, Medical Staff or Named Professional then discuss the diagnosis with the individual and family member as appropriate.

The GP is then informed of the assessment outcome. A Medical Practitioner will also advise at this stage if the individual needs to notify the DVLA if appropriate.

Post Diagnostic Support (PDS) is offered to those diagnosed. Within the PDS pack information will be provided around carers assessments and support.

If PDS is accepted then PDS is provided in line with the local PDS operating procedures. The individual's care pathway will move to step 6.

If PDS is declined and the individual does not require ongoing monitoring by the CMHTE then the individual is discharged to the GP.

If PDS is declined but the individual requires ongoing monitoring by the CMHTE then the individual's care pathway will move to step 6.



**5**



**6**

Within 4 weeks:

A care plan is put in place for the individual and a family member will be offered a copy of this. Medication will be monitored as appropriate. The individual will be made aware of their right to an Advanced Statement/Named Person.

Within 4 months:

The care plan will be reviewed by the key worker, patient and family/carers. The GP will receive an update of the agreed plan.

Thereafter 12 monthly:

The care plan is reviewed. If the individual is stable in their care needs then they are discharged from the Consultant but will be reviewed annually by the Community Psychiatric Nurse.

The GP will receive an update of the agreed plan.

## Developing the Strategy

In developing this strategy, we met with people living and working in South Ayrshire to gather their views on dementia services and supports. This collaborative approach has allowed us to design this strategy and its accompanying delivery plan together in order to fit the needs of those it directly impacts.

Staff engagement took place between 21 March and 07 May 2024. These early engagement sessions were held in a tiered format to allow us to focus conversation on each area.

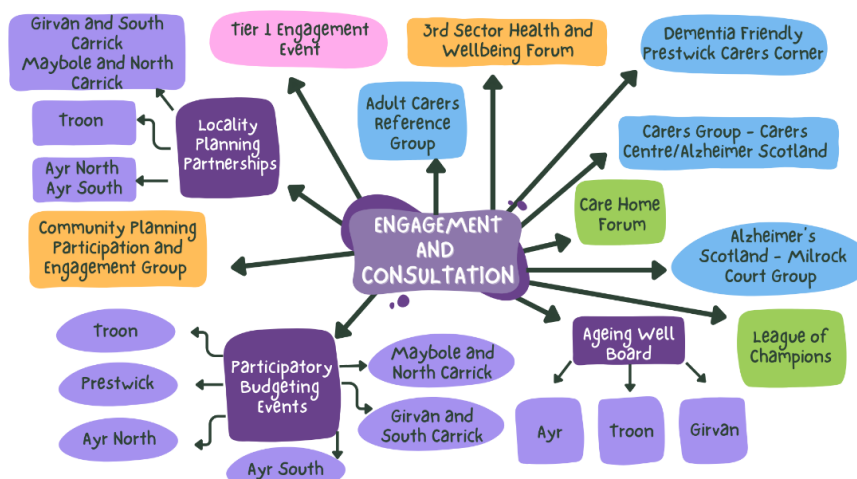


Between the period of 29 August – 14 October 2024 we carried out a range of formal engagement with our stakeholders, people who access our services and the wider public to gather the views of the community on what matters to them, to help shape this strategy. We have engaged with over 300 people from ages 5 to 103 across the whole of South Ayrshire throughout this process.

Through the engagement activity you told us that you want:

- Better communication between services and with you.
- A joined-up approach to services.
- Training and education on dementia for all, particularly for carers.
- A central point of information/contact.
- More support for adult and young carers.
- To reduce stigma through education.
- Timely diagnosis and post diagnostic support.

What our engagement activity highlights is the number of community groups, supports and information that is available across South Ayrshire that people are not aware of. We want to support the joining up and advertisement of these supports as these will play a key role in developing resilient communities that we support. You can find out the full details of the engagement carried out in our Engagement Report.

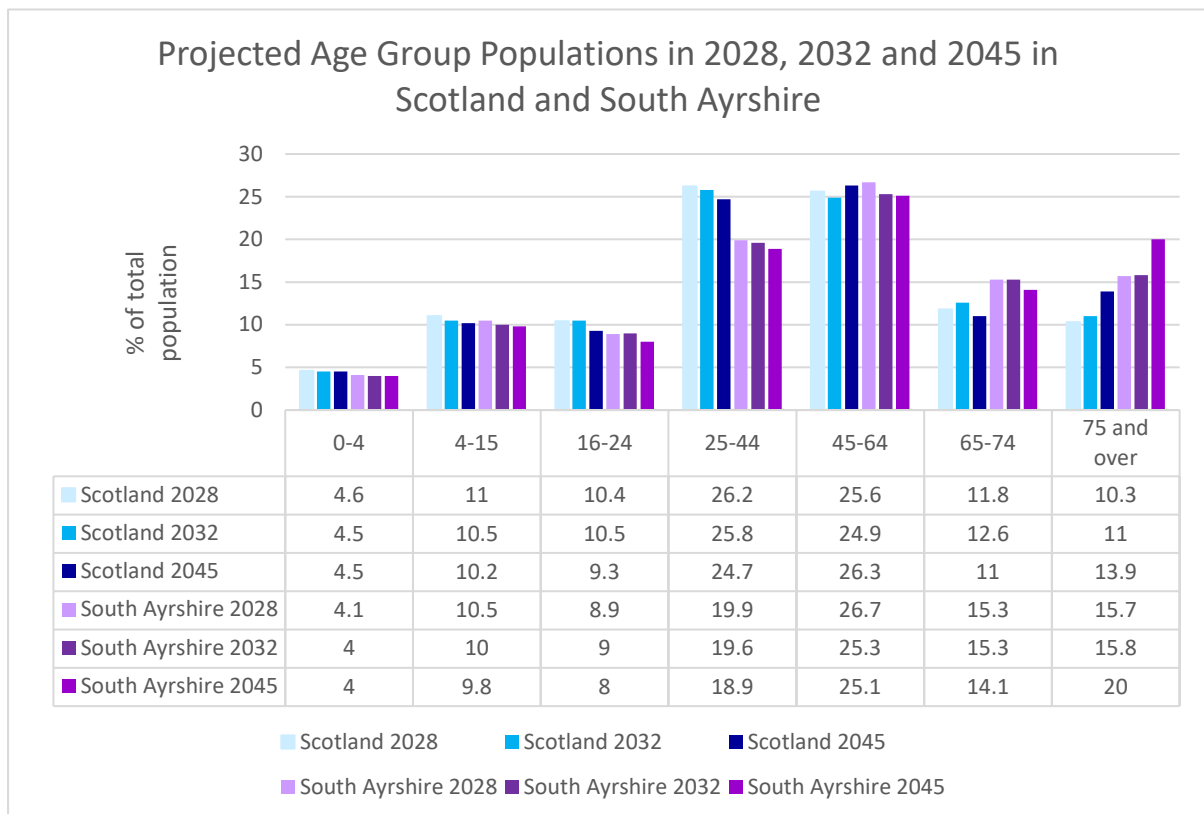


## Our Vision

Through this Dementia Strategy we are building a picture that is much wider than just service led support. We value all stakeholders and aim to work collaboratively to ensure we are:

***Empowering our communities to start well, live well and age well.***

We know that South Ayrshire’s ageing population poses a unique challenge to service provision. As the population continues to increase so too does the number of people living with health conditions. This is why this strategy, alongside our other linked strategic documents is crucial to ensuring we are supporting people in the right place at the right time.



In South Ayrshire 254 people were diagnosed with Dementia between April 2023 and March 2024. This is approximately one diagnosis every working day. South Ayrshire also account for 45% of young onset Dementia in Ayrshire and Arran (diagnosed 64 years and under). From this number 81% of people diagnosed take up post diagnostic support.

We continue to build on the relationship between the Partnership and the community to empower people in South Ayrshire. We will embed our Wellbeing Pledge into our dementia strategy. This Pledge is an agreement between the Partnership and Community to work together to create a resilient South Ayrshire.



## Where We Are Now

### CARE HOME LIASON TEAM (CHLT)

The CHLT is crucial to the support model in South Ayrshire. The team provides education, guidance and assistance relating to clinical care of individuals in care homes. There are also staff in the team who provide review, treatment and intensive support for residents and staff. This support is tailored to individuals needs. Psychological approaches to stress and distress training is provided by this team

### COGNATIVE STIMULATION THERAPY (CST) GROUPS

These groups are an option in the PDS offer. They offer 14 weeks of intervention then 28 weeks maintenance. These are held in Ayr/Prestwick, Troon and Girvan with plans to commence a group in Maybole. There has also been facilitation of CST in two care homes, providing staff with training to continue these groups independently.

### GIRVAN MEMORY CAFE

We have a well established memory cafe in partnership with Alzheimer Scotland. This provides additional support to those living with Dementia as well as being a hub for carers peer support.

### ADVANCED NURSE PRACTITIONER

This role is embedded in the Community Mental Health Team Elderly to provide clinical support to services.

### STAFF RETENTION

We now have high staff retention indicating a positive working environment, high job satisfaction and providing the people of South Ayrshire continuity of care.

## Looking Forward

We will:

- Establish a Dementia Strategy Delivery Group to manage the Delivery Plan.
- Identify baseline data to measure improvement.
- Identify risks to achieving the Delivery Plan and propose mitigation measures.
- Put in place robust monitoring and reporting arrangements.
- Report on a six monthly basis against the agreed actions in the Delivery Plan.
- Review the Delivery Plan bi-annually.



## How We Will Know We Have Made a Difference

We will measure our performance and delivery of the Delivery Plan both quantitatively and qualitatively. We will report progress 6 monthly into the Partnership's Performance and Audit Committee. This information will be publicly available to all stakeholders through the [South Ayrshire Health and Social Care Partnership website](#).

We would like to give a special thank you to everyone who engaged with us during the development of this strategy. It is thanks to you that we have been able to develop the below Delivery Plan that sets out meaningful actions based on the information you told us.

Our Delivery Plan is set out below and this details our ambitions for the coming 10 years. It is set within six strategic themes to reflect what you told us throughout the engagement and consultation phase. Every two years we will review and refresh the Delivery Plan to ensure we are delivering each action point in a timely manner and that they continue to reflect the needs of people in South Ayrshire.



## Delivery Plan

1. Diagnosis and Post-Diagnostic Support			
No	Action	Lead(s)	Timescale
1.1	We will work collaboratively to review the Diagnosis Pathway and explore possibilities of expanding the role of Mental Health Practitioners to develop a gold standard diagnosis pathway.	Mental Health Services	December 2026
1.2	We will develop a post-diagnostic support model/pathway to better meet the needs of people living with dementia and their carers.	Mental Health Services	December 2026
1.3	We will ensure pathways are in the public domain and easily accessible as we continue to be a transparent Partnership.	Mental Health Services	June 2027
1.4	We will develop a variety of formats for the post-diagnostic support packs. Eg – audio files, video formats to promote inclusivity and embrace diversity in South Ayrshire.	Digital Services	June 2027
1.5	We will develop a post-diagnostic support app which contains information specific to South Ayrshire as well as real life situations/stories carers can relate to, this will better support people living with Dementia and their carers.	Digital Services	December 2026
1.6	We will design a post-diagnosis checklist/information pack for adult and young carers to equip carers with the information they need to work with us in collaboration.	Mental Health Services	December 2026
1.7	We will review day hospital outreach to explore possibilities of expanding support in South Ayrshire.	Mental Health Services	December 2028
1.8	We will review our Community Mental Health Team and the inclusion Social Work within this team.	Mental Health Services	December 2027

2. Communication			
No	Action	Lead(s)	Timescale
2.1	We will promote a no wrong door approach to ensure you get the right care in the right place at the right time.	HSCP	December 2025
2.2	We will establish weekly drop ins with a Community Links Practitioner in the new Connect South Ayrshire Hub to ensure face to face information sharing is in place.	Mental Health Services	December 2025

2.3	We will implement a feedback loop for individuals when they engage with services as we are a transparent Partnership and listen to you.	HSCP	December 2026
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### 3. Education

No	Action	Lead(s)	Timescale
3.1	We will promote dementia excellence framework training to all stakeholders and wider community to promote being an ambitious and effective Partnership.	HSCP	June 2025
3.2	We will implement mandatory dementia training for all Partnership staff to ensure staff are equipped to provide the right care in the right place.	Mental Health Services	December 2026
3.3	We will link with schools to implement early education around brain health and dementia through the Stars Programme to help build communities where people are safe.	HSCP	December 2029
3.4	We will develop a Carers training programme/pack to ensure carers are prepared to be the best carer they can be.	Mental Health Services	December 2027
3.5	We will promote the work carried out by the Carers Centre by implementing outreach work to improve collaboration between services.	HSCP	December 2025

### 4. Public Awareness

No	Action	Lead(s)	Timescale
4.1	We will create a public campaign to promote Power of Attorney to build knowledgeable communities.	Digital Services	June 2025
4.2	We will establish a media campaign promoting Dementia supports in South Ayrshire to build resilient communities.	Digital Services	December 2025
4.3	We will link in with Connect South Ayrshire to ensure information is available on the Connect website and in the Hub.	Mental Health Services	June 2025

### 5. Cross Cutting Actions

No	Action	Lead(s)	Timescale
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5.1	We will ensure strategic links are in place across the Partnership to ensure we are working together to deliver services.	Planning and Performance	December 2025
5.2	We will link in with the Carers Strategy development to ensure the voices of Adult and Young Carers are heard.	Planning and Performance	December 2025
5.3	We will develop measures to monitor progress of the strategy.	Planning and Performance	June 2025
5.4	We will establish base line data to measure success and implementation progress.	Mental Health Services	June 2025

## 6. 10-year ambitions

No	Action	Lead(s)	Timescale
6.1	Take a multi-disciplinary approach to review the respite model for carers.	HSCP	2034
6.2	Provide a single point of contact for people living with dementia and their carers.	Mental Health Services	2034
6.3	Gold standard pathway for diagnosis.	Mental Health Services	2034
6.4	Gold standard pathway for post-diagnostic support.	Mental Health Services	2034
6.5	Complete roll out of carers training.	HSCP	2034
6.6	Increase Multi-Disciplinary working across services.	HSCP	2034

This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages. Contact details are provided below.

درخواست کرنے پر یہ معلومات نابینا افراد کے لئے اُبھرے حروف، بڑے حروف یا آڈیو میں مہیا کی جاسکتی ہے اور اسکا مختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات نیچے فراہم کی گئی ہیں۔

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Niniejsze informacje mogą zostać udostępnione na życzenie, w alfabecie Braille'a, w druku powiększonym lub w formie audio oraz mogą zostać przetłumaczone na wiele języków obcych. Dane kontaktowe znajdują się poniżej.

Faodar am fiosrachadh seo fhaighinn, le iarrtas, ann am braille, clò mòr no clàr fuaim agus tha e comasach eadar-theangachadh gu grunn chànanan. Tha fiosrachadh gu h-ìosal mu bhith a' cur fios a-steach.

## **South Ayrshire Health and Social Care Partnership**

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# Age Well: South Ayrshire HSCP Dementia Strategy 2024-34 Engagement Report



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## Summary

This report outlines the engagement activity that has taken place throughout the development of the new Dementia Strategy for South Ayrshire. A number of methods of engagement were used such as focus groups, an online survey and information sessions. Staff engagement took place for a period of around seven weeks – from the 21<sup>st</sup> of March to the 7<sup>th</sup> of May 2024. A wider programme of community engagement took place over a period of six weeks - from the 29<sup>th</sup> of August until the 11<sup>th</sup> of October. Throughout the engagement period we have engaged with over 300 people from ages 5 to 103 across all six localities in South Ayrshire.

## Tiered Development Sessions

Early engagement sessions were carried out between February and June 2024 following an agreement to consider services in a tiered approach based on the level of services and support provided.

The tiered approach to services are set out below:

**Tier 1** – Self-help, self-care and community supports' (third sector supports).

**Tier 2 and 3** – Primary Care and Secondary care support, i.e., GP's, Community Link Practitioners, Older Adults Community Mental Health Team, Social Work, Older Adult Liaison Team, Allied Health Professionals, Older Adult Psychology Specialty.

**Tier 4** – Specialised care, i.e., inpatients stay, care and nursing homes.

An initial engagement event was held for tier 2/3 and 4 services on 6<sup>th</sup> February 2024 which highlighted the need for focus groups sessions at each tier level to better understand the current position of services.

These sessions were held in person and over Microsoft Teams with nine focus groups taking place in total.

### Tier 1

A range of services were invited to attend the Tier 1 development sessions. It was agreed that due to the wide range of services on offer that a larger engagement event would be held to get representatives together to share their priorities to inform the Strategy.

Before the engagement event was arranged two sessions had taken place for Tier one services on the 28<sup>th</sup> of March and the 19<sup>th</sup> of April. The key themes highlighted from these discussions were:

- A need to focus on the quality and quantity of post-diagnostic supports;

- A focus on fighting stigma by building dementia friendly communities and educating young people at an early age;
- Drive a training agenda to ensure all staff are trained to be dementia friendly; and
- Linking the Dementia Strategy to other strategic work happening in South Ayrshire such as the Ageing Well Strategy.

### Tier 2 and 3

Tier 2/3 met on four occasions to discuss the Strategy development.. This group was well attended with a number of staff representing all across all areas. This group focused on a few key areas of improvement:

- Assessments for diagnosis, both the assessment itself and who can carry it out;
- Barriers around CT scans; and
- Importance of power of attorney (POA).

There was consensus amongst the group that steps could be taken to decrease wait times for diagnosis. Some suggestions were having a lower bar for cognitive testing, training Mental Health Practitioners (MHPs) to do memory screens and asking patients small key questions rather than a full assessment to reduce the number of appointments and journeys for a patient. It was suggested that we adopt a six question assessment where questions are flexible and can be dropped into any conversation rather than one single assessment model.

There was an agreement amongst the group that work needs to be done to develop the CT scan pathways. To start this work, it was suggested a mapping exercise should take place to allow us to understand the approach to CT scans across Scotland. The group told us that Community Psychiatric Nurses (CPN) and Physiotherapists could request CT scans in addition to what is already done to link into early intervention and prevention.

The last key area of focus was around POA. The group recognised a need to promote POA through channels such as Community Link Practitioners, promotional items and including information in letters which have a wide distribution list such as council tax letters issued by the Council. This was highlighted several times due to the hospital delays that can occur due to not having a POA in place.

### Tier 4

Tier 4 met on 3 occasions to discuss the Strategy development. This group was attended by various staff representing different areas of the tier. This group focused on a few key areas of improvement:

- Communication between staff and teams;

- Training for staff, particularly in care homes; and
- Transitions of care.

Shared language and information was identified to be crucial and an area for real improvement across this Tier. They agreed links could be better and a willingness to share information is somewhat missing at the moment. This would also improve transitions of care particularly between the hospital and care home setting.

Staff in this tier highlighted training as a real area for improvement. Suggestions were made to standardise training across the board with a training calendar in place that can link in staff who may have missed training as well as new staff due to high staff turnovers. A particular training need that has been identified is for psychological approaches to stress and distress in dementia with training packages available but some barriers to initial and sustained engagement identified.

## 3 People 3 Questions

Over the course of the consultation period, front line staff working with those living with dementia identified two or three people they were working with and asked them three questions to allow us to better understand what is working well within services and how they could be improved. Throughout this exercise we were provided with feedback.

1. Have you had a positive experience in relation to care and treatment? What was that like?

All respondents told us that the care they received from NHS staff had been excellent. They agree that staff are polite and friendly and explain the process to them well. Some participants highlighted continuity of staff being fantastic as they feel they have a genuine relationship with staff and trust them in a time of vulnerability. However, areas for improvement were highlighted within social care due to lengthy waiting times and what feels like poor communication at times.

*'All the staff I have dealt with in the team from nurses to doctors have been excellent.'*

*'Anytime I phone, nurses get back to me quickly.'*

*'Good NHS input, terrible waiting times for social care.'*

*'Yes a positive experience. I expected the diagnosis which was explained well.'*

2. What matters most to you? What would you like to see in a South Ayrshire Dementia Strategy?

Almost everyone who took part agreed access to social care is the most important thing for them. People told us social care can take some time to be put in place. Support for unpaid carers was also highlighted. One person requested the action of

emailing or phoning family members after every social care visit to be taken into account to help with the existing poor communication.

*'Help for my wife who looks after me.'*

*'Care plans to be put in sooner from a social care point of view.'*

*'More carers as been waiting on a carer from social work.'*

*'It's my family who take the strain'*

3. Is there anything we can improve to make services in South Ayrshire better?

The overarching feedback for this was a request for more staff and resources. Respondents told us there needs to be more social care staff to fix waiting times and having more staff would also give staff more time to communicate properly fixing two issues at one time.

*'More carers.'*

*'Access services timeously.'*

*'While resourcing is a major issue, from the shortage of suitable hospital space for dementia patients to the shortage of Social Care workers, it could be alleviated by Social Care wasting less time and resource on ineffective form-filling with families and spending that time on visits which will lead to a useful action..... Perhaps it would help to coordinate visits to monitor the family with both teams present, and a combined action plan emailed to the family, so everyone knows what to expect and who's doing what.'*

## Community Planning Participation and Engagement Group

On the 26<sup>th</sup> of August the Dementia Strategy Engagement Plan was taken to the Community Planning, Participation and Engagement Group. This group is held by VASA and is a multi agency group with membership spanning across the public and third sector. This was an opportunity to share the plan for engagement and link in with various services across South Ayrshire. We presented our plans to seven group members who then shared the survey information to their networks.

## Tier 1 Engagement Event

The Tier 1 Engagement event was held at University of the West of Scotland in Ayr on the 29<sup>th</sup> of August to launch the formal consultation period. The event provided a space for the development of the South Ayrshire Dementia Strategy, South Ayrshire Mental Health and Wellbeing Strategy and the Pan-Ayrshire Suicide Prevention Plan. 48 people attended the event with presentations from 14 services across South Ayrshire.



The morning session supplied a platform for tier 1 services to deliver a short micro presentation detailing the supports they offer and how to access their services. This was followed by a networking session to encourage services to connect and learn more about the current landscape in South Ayrshire.

This was followed by workshops in the afternoon where breakout rooms were available for each area to further engage. The Dementia Workshop was attended by 11 people who were split into two smaller groups to allow each person to share their views on the following questions:

### 1. What does dementia mean to you?

The focus of this conversation was reinforcing that life doesn't stop when you have a dementia diagnosis. The group highlighted that there is still life left to live and we need to remember to see people as who they are, not their diagnosis. The group acknowledged that people's dementia can progress differently therefore treatment will be different for everyone. However, they agreed there should be a golden thread to ensure that diagnosis is just the key opening the door to support. They told us looking at dementia this way would also help tackle stigma.

### 2. What supports do you provide that work well?

The group agreed that Tier 1 services are lifeline supports for some people and that supports set in the community are the ones that are most effective. Community groups told us they are good at signposting when people can't be supported by their groups and having the knowledge to signpost is crucial as people need the right information at the right time.

### 3. Taking out financial aid, what challenges need to be addressed?

The group agreed that respite is a huge challenge that should be addressed. They told us that there is not enough spaces in day care and where day care is available transport can be an issue for people. They also highlighted that residential respite is

difficult to access. This can put stress on carers and make them feel undervalued. They told us respite would be the best way to support unpaid carers as well as education for people to recognise they are an unpaid carer.

They also told us that challenging stigma should be a focus as people fear a dementia diagnosis. We need to reinforce that people are not suffering from but living with dementia.

4. How would addressing these challenges improve the support you provide?

The group told us that addressing these challenges would give Tier 1 groups a specific place to signpost to instead of signposting to each other. It would also free up time to give the support which carers require.

5. 5. Are there any other areas of good practice you are aware of? How can we build on this/bring it to South Ayrshire?

The group highlighted various places that have good work such as Dementia Friendly Communities in Japan and the Dutch Meeting Centre model. They told us some work is being done to bring this to South Ayrshire but the resource isn't there to expand.

6. What would the Strategy need to include to improve the services you deliver?

It was agreed that the resources need to be in the right place to improve the services they deliver. They also told us they need to know where to signpost people and what the appropriate route to support should be. It is thought the introduction of the Connect South Ayrshire model in late 2024 will look to help this issue.

## Participatory Budgeting Events

To engage with as many people as possible we linked in with the annual Participatory Budgeting (PB) events held across South Ayrshire to engage with attendees. These events were held across all six localities and provided the opportunity to engage with almost 100 people.

We asked people at the events to take part in two activities. The first being the ‘Dementia Priorities’ task. People were presented with the National Dementia Priorities for the next 10 years. We asked them to choose what was most important to them/important that we focus on in South Ayrshire. To do this we gave each person three stickers. It was up to each individual where they placed their stickers, they could be spread across different priorities or all on one if that was most important to them.

The next task was the ‘wishes task’. Here we provided people with a star and asked them to tell us what their wish was for the Strategy. This could be a drilled down action, a localised idea or a theme they would like us to focus on throughout the development of the delivery plan.



## Tron and Villages

The Participatory Budgeting event in Tron took place on the 3<sup>rd</sup> of September and here we engaged with 24 people. Tron and Villages selected the following as the most important priorities to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Brain Health.

In Tron a total of 22 wishes were received. Of these wishes over half were in relation to improved support for carers with respite and training/education being key. The remainder of the wishes highlighted the importance of early intervention and prevention with getting support in the right place at the right time.

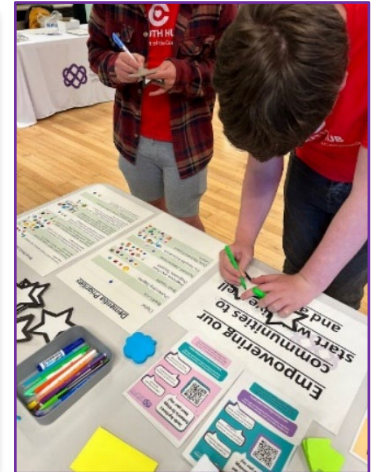
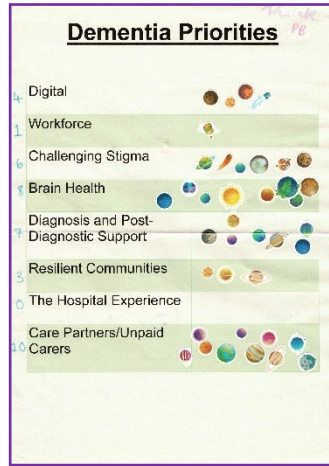


## Prestwick and Villages

The Participatory Budgeting event in Prestwick took place on the 3<sup>rd</sup> of September and here we engaged with 13 people.

Prestwick and Villages selected the following as the most important priorities to them:

- Care Partners/Unpaid Carers;
- Brain Health; and
- Diagnosis and Post-Diagnostic



Support.

In Prestwick nine wishes were received from participants. Prestwick PB highlighted the importance of keeping your brain active alongside education around links with dementia and brain health.



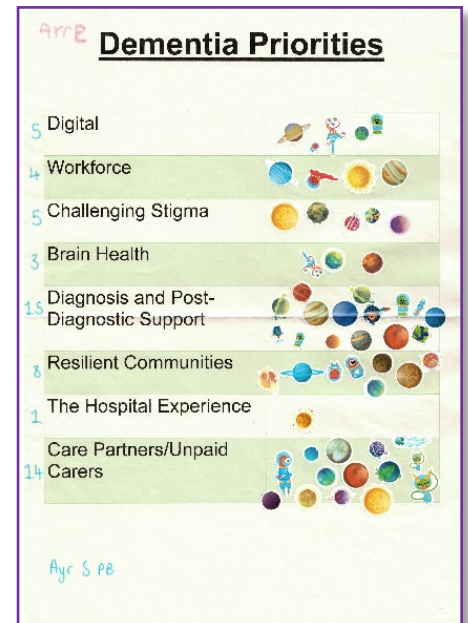
### Ayr South and Villages

The Participatory Budgeting event in Ayr took place on the 9<sup>th</sup> of September and here we engaged with 18 people.

Ayr South and Villages selected the following as the most important priorities to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Resilient Communities.

In Ayr South a total of 14 wishes were received. Of these wishes half were in relation to improved support for carers with easier access to services. Five of the wishes highlighted the importance of challenging stigma and raising awareness and understanding of dementia.

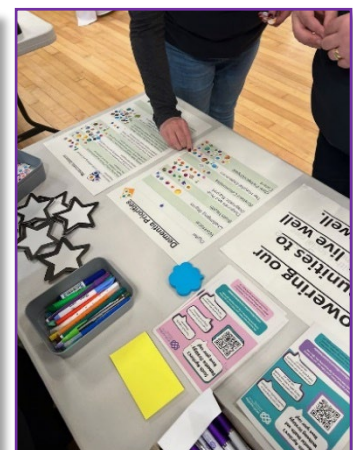


### Maybole and North Carrick

The Participatory Budgeting event in Maybole took place on the 12<sup>th</sup> of September and here we engaged with 20 people.

Maybole and North Carrick selected the following as the most important priorities to them:

- Care Partners/Unpaid Carers;
- Diagnosis and Post-Diagnostic support; and
- The Hospital Experience.



In Maybole a total of 18 wishes were received. Of these wishes half were in relation to improved post diagnostic support. Five of the wishes highlighted the importance of unpaid carers and how we must ensure they receive the right supports.



### Girvan and South Carrick

The Participatory Budgeting event in Girvan took place on the 26<sup>th</sup> of September and here we engaged with 10 people.

Girvan and South Carrick selected the following as the most important priorities to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Brain Health.



In Girvan a total of eight wishes were received. Of these wishes over half were in relation to improved post-diagnostic support. The remaining three wishes highlighted the importance of respite and support for carers.

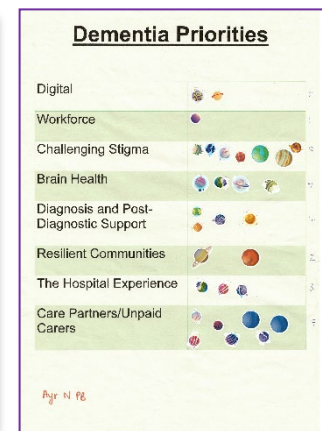


## Ayr North

The Participatory Budgeting event in Ayr took place on the 1<sup>st</sup> of October and here we engaged with 10 people.

Ayr North selected the following as the most important priorities to them:

- Challenging Stigma;
- Care Partners/Unpaid Carers;
- Brain Health; and
- Diagnosis and Post-Diagnostic Support.



In Ayr a total of eight wishes were received. The two areas highlighted in Ayr were improved post-diagnostic support and challenging the stigma, with both topics receiving three stars each.



## Locality Planning Partnerships

Over the engagement period we attended nearly all Locality Planning Partnership meetings (LPPs). As Troon and Villages are currently re-establishing their group, we were unable to speak to them as an LPP however members were invited to come along to the Prestwick LPP to share their views. In total we engaged with 79 people over five meetings.

Similarly to the PB events we asked attendees to take part in both the 'Dementia Priorities' task and the 'wishes task'. We also opened the floor for further discussion asking people why they chose the priorities they did and how can we improve dementia services in South Ayrshire.

## Girvan and South Carrick

The Girvan and South Carrick LPP meeting took place on the 11<sup>th</sup> of September and here we engaged with 18 people. Girvan and South Carrick LPP selected the following as the most important priorities to them:

- Care Partners/Unpaid Carers;
- Diagnosis and Post-Diagnostic Support; and
- The Hospital Experience.

In Girvan a total of nine wishes were received. Of these wishes five were in relation to improved information sharing and signposting. Three wishes highlighted the importance of supporting and educating carers.



South Carrick presents geographical challenges due to the rurality of some areas in the locality. This creates barriers to accessing services and this was a key discussion within the LPP meeting. Experiences were shared over lack of formal and community supports for those caring for people living with dementia, particularly in the very rural parts of South Carrick.

*'forgotten about down here'*

There was good discussion around building community networks to build knowledge and share information. It was highlighted that the advertisement of services is an issue and there were some suggestions to advertise in hairdressers as well as continue to use methods already in use. Due to rurality, there was also suggestions to employ a hub and an approach to services to ensure we can care for people in the right place at the right time.

In terms of diagnosis and post-diagnostic support there was a feeling that diagnosis can often take too long, and a more streamlined approach is needed. It was also agreed amongst the group that support needs to be in place for the carers as well as the person living with dementia, in particular the discussion was focussed on respite provision.

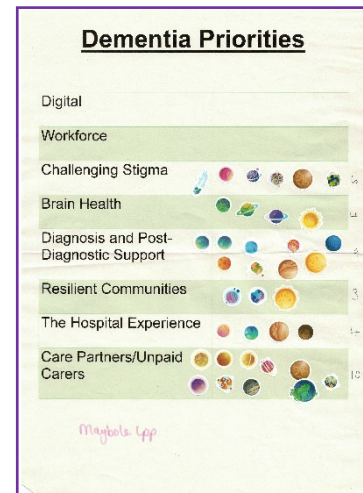
## Maybole and North Carrick

The Maybole and North Carrick LPP meeting took place on the 19<sup>th</sup> of September and here we engaged with 12 people.

Maybole and North Carrick LPP selected the following as the most important priorities to them:

- Care Partners/Unpaid Carers;
- Diagnosis and Post-Diagnostic Support; and
- Challenging Stigma.

The Maybole and North Carrick LPP supplied a total of 11 wishes. Of these wishes the clear theme was improving support for carers. This included education for carers, specialised support and more respite.



The Maybole and North Carrick LPP reflected that early diagnosis is key to ensure post-diagnostic supports can be in place at the right time. The group suggested dementia training for all front facing staff could help identify early signs of dementia to get people diagnosed at the earliest possible stage.

*'It's about early intervention rather than locking up the consequences in a home.'*

The LPP told us training for carers is equally as important as they need tools to be the best carer they can be. They told us that carers need to know what to expect as the dementia progresses. The group appreciated there is a post-diagnostic support pack in place but a follow up phone call four weeks later would be beneficial to ensure the carer has digested the information properly.

*'It's equally important carers get support.'*  
*'The pack can be really overwhelming.'*

## Ayr South and Villages

The Ayr South and Villages LPP meeting took place on the 24<sup>th</sup> of September and here we engaged with 13 people.

Ayr South and Villages LPP selected the following as the most important priorities to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Brain Health.

The Ayr South and Villages LPP supplied 13 wishes. Of these wishes six were in relation to communication. Participants asked for information to be accessible and in various formats four wishes highlighted the importance of supporting and educating carers.



Ayr South LPP highlighted the disparate community they have and the challenges that brings. They told us that working with communities to build supports tailored to each area would be beneficial as transport can be a barrier to those living in Ayr South and accessing services.

The group highlighted training and communication as an area for improvement. They suggested better use of the Community Link Practitioners to ensure staff and citizens know what support is available and how to access it. The LPP told us it is important to ensure staff are equipped to signpost to the right place to reinforce a 'no wrong door' approach.

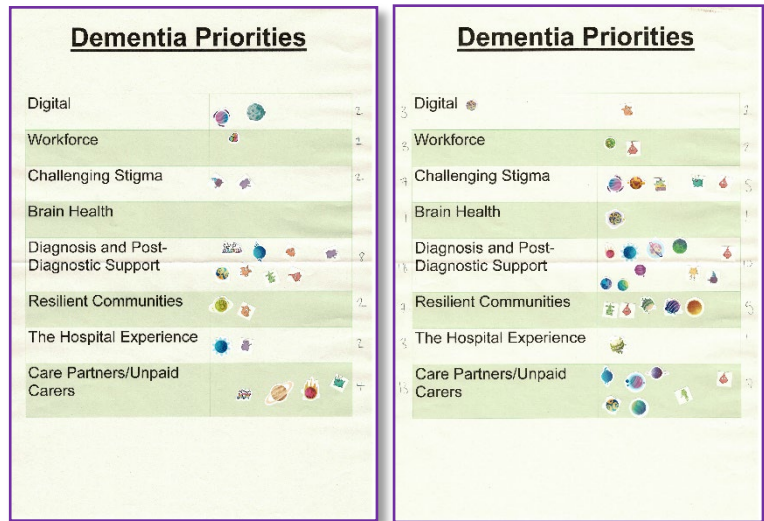
To improve post-diagnostic support the LPP told us we need to make information available in more formats as not everyone wants to read the post-diagnostic support pack. Some suggestions were a blog, an app, a podcast or audio file to go through the support pack as well as real life scenarios and stories to help those living with dementia and their carers.

## Ayr North

The Ayr North LPP meeting took place on the 26<sup>th</sup> of September and here we engaged with 24 people.

Ayr North LPP selected the following as the most important priorities to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers;
- Challenging Stigma; and
- Resilient Communities.



The Ayr North LPP supplied 15 wishes. Of these wishes six were in relation to diagnosis and post-diagnostic support, requesting a structure to post diagnostic support and support for families at this stage. Five wishes highlighted communication between services as an area that could be improved.



Ayr North LPP agreed community resilience was essential. They agreed that ensuring community groups work together could provide essential support as often all people need is someone to talk to that can relate to their situation. They also told us working together is essential to get support at the right time and a multi-disciplinary approach should be taken.





## Prestwick and Villages

The Prestwick and Villages LPP meeting took place on the 30<sup>th</sup> of September and here we engaged with 12 people.

Prestwick and Villages LPP selected the following as the most important priorities to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Challenging Stigma.

The Prestwick and Villages LPP provided 11 wishes. Of these wishes over half were in relation to training and information sharing for staff, carers and people living with dementia. Other wishes highlighted the importance of community resilience.

<u>Dementia Priorities</u>	
Digital	
Workforce	
Challenging Stigma	
Brain Health	
Diagnosis and Post-Diagnostic Support	
Resilient Communities	
The Hospital Experience	
Care Partners/Unpaid Carers	

Prestwick LPP



The group at the Prestwick LPP, like other groups, highlighted respite for carers as an essential. They agreed that support for the person living with dementia is there but the carer can feel missed. Respite alongside training for people caring for those with dementia was discussed at length, the LPP told us that training for people could lead to dementia champions to share knowledge and fight stigma.

*'Social interaction is everything for people with dementia.'*

The LPP reflected social interaction being crucial to post-diagnostic support. They suggested more groups should be in place to allow people living with dementia and their carers to socialise and share experiences. Ideally, they would like to see this support localised to ensure equal access across South Ayrshire and Prestwick.

## Ageing Well Champions Board

Throughout the engagement period we attended each Ageing Well Champions Board.

As with other engagement activity we asked attendees to take part in the 'Dementia Priorities' task. We also opened the floor for further discussion asking people why they chose the priorities they did and how can we improve dementia services in South Ayrshire.

### Ayr

The Ayr Ageing Well Champions Board took place on the 16<sup>th</sup> of September and was attended by 14 people.

The Ayr Ageing Well Board chose the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- Challenging Stigma; and
- Resilient Communities.

The Ayr Board discussed respite extensively, highlighting how important it is for both the person living with dementia and their carers. They told us a change of scenery can be all a person needs to feel refreshed and ready to be the best carer they can be. They thought respite should be enriching and an activity that the person will like before a crisis point is reached. They suggested residential respite could be through linking with local 'bed and breakfasts' to benefit both the people requiring respite and the local economy.

*'they're imprisoned in the house, respite needs to be enriching'*

Communication was another focal point of the discussion with the Board. They felt if communication was improved the care people receive would improve. The Board suggested a shared online recording system should be considered as this could solve the majority of the communication issues between services.

The final key theme discussed was education. The Board said there should be a push to promote Brain Health in schools to try link in to prevent and early intervention work.



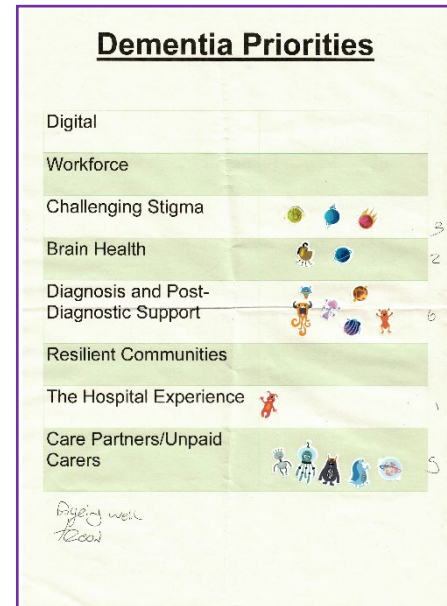
## Troon

The Troon Ageing Well Champions Board took place on the 18<sup>th</sup> of September and was attended by eight people.

The Troon Ageing Well Board chose the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Challenging Stigma.

The discussion in Troon was focused on challenging the stigma that surrounds dementia. The group felt we need to think about wording and messaging to help challenge stigma and break down barriers for people living with dementia. Suggestions were made to emphasise public health campaigns and have education/awareness sessions to build knowledge of dementia.



*'unless we banish stigma we can't do anything'*

Another key area of discussion was communication both between services and people living with dementia and their carers. People were fed up telling the same story to various staff members and organisations and suggested a communication passport would be beneficial to save people retelling their story. They also told us a 'no wrong door' approach should be taken and it is crucial that staff are trained to be aware of services available and where to direct people in need.

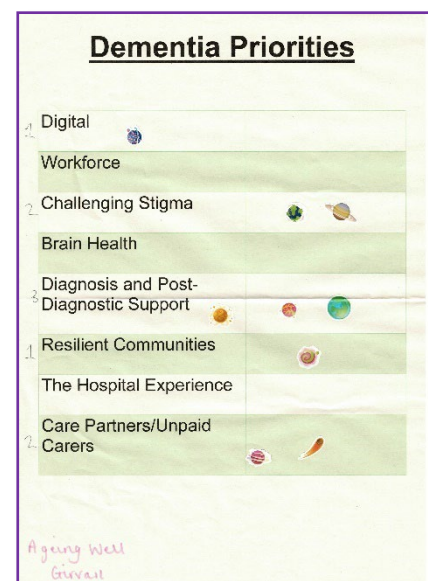
## Girvan

The Girvan Ageing Well Champions Board took place on the 19<sup>th</sup> of September and was attended by three people.

The Girvan Ageing Well Board chose the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- Challenging Stigma; and
- Care Partners/Unpaid Carers.

The discussion in Girvan was primarily focused on support for families and carers. The group suggested there should be some form of training for carers to understand how people with dementia can deteriorate as it progresses. They also suggested coping strategies for



carers to help regulate their emotions and how they can cope emotionally whilst caring for someone living with dementia.

The Girvan Board told us communication was important as many groups and services exist but people don't know they are out there. They told us advertisement of services through various communication channels such as radio, Facebook, notice boards, magazines, and posters in places such as libraries, hairdressers, community centres and shops could spread the word of the good work already happening in South Ayrshire. The group highlighted the importance of always speaking to the carers as well as the person living with dementia.

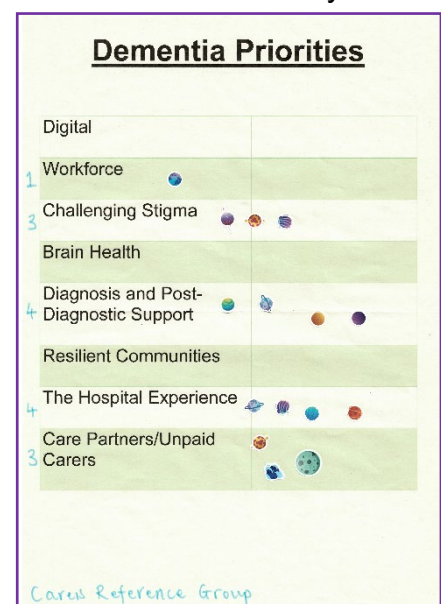
## Adult Carers Reference Group

On the 12<sup>th</sup> of September we attended the Adult Carers Reference Group in the Carers Centre in Ayr. The Reference Group is a space for carers and ex carers to gather to chat to like-minded people and link in with strategic partners to influence work in South Ayrshire.

As with other engagement activity we asked the attendees to take part in the 'Dementia Priorities' task. We also opened the floor for further discussion asking people why they chose the priorities they did and how can we improve dementia services in South Ayrshire.

The Adult Carers Reference Group chose the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- The Hospital Experience;
- Challenging Stigma; and
- Care Partners/Unpaid Carers.



The Reference Group reflected community resilience and community supports are they key to supporting people living with dementia and their carers. The need for face-to-face support was important to them.

*'you can have all the leaflets in the world... but if you could just get into a group'*

*'They decided I would be the carer for me without knowing if I could.'*

Communication was the focal point of the discussion with the Reference Group. They felt if communication was improved the general feeling towards professionals would improve. They felt they were often left to get on with things with no real direction or information. It was suggested that communication between professionals and the person living with dementia and their carers needs to be clear, concise and consistent. They thought carers should be educated on what to expect through the dementia journey and how to cope emotionally because if we don't look after the carer they will no longer be able to care to the best of their ability.



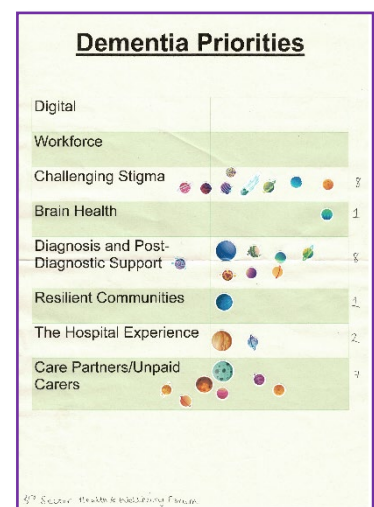
## Third Sector Health and Wellbeing Forum

On the 17<sup>th</sup> of September we attended the Third Sector Health and Wellbeing Forum. The Forum is a group that is run by VASA and meets every two months to ensure the Third Sector's voice is heard by strategic partners.

Similar to other engagement activity we asked the 10 attendees to take part in the 'Dementia Priorities' task. We also opened the floor for further discussion, asking people why they chose the priorities they did and how we can improve dementia services in South Ayrshire.

The Third Sector Health and Wellbeing Forum chose the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- Challenging Stigma; and
- Care Partners/Unpaid Carers.



The Third Sector Health and Wellbeing Forum reflected that challenging stigma of dementia is a huge topic that should be focused on. They told us we should continue to make normal environments dementia friendly and encourage people to focus on what they can do rather than what they can no longer do. Dementia friendly cafes have been successful, and the group would like to see more of them in South Ayrshire. Education around dementia was also important to the group as this can further fight the stigma. They suggested adding dementia and stigma to school curriculums to educate young people as early as possible. For the workforce they would like to see stigma workshops on a regular basis to ensure staff are educated to a golden standard.

*‘Don’t forget the person! We need to reinforce that people are not suffering with but they are living with dementia just like you live with any other illness.’*

Communication was highlighted as an area for improvement. The group felt like expectations were often not met due to poor communication between services and carers. Ensuring carers know what services to expect could make them feel more at ease and less anxious and reliant on third sector/tier 1 supports. They also highlighted that support staff can often change with no notice and although the group understand staff turnover happens, it would be nice to know when this is happening to prepare for change. They told us in an ideal world there would be a team wrapped around the person living with dementia and their carers with unchanging staff members.

*‘It all goes back to communication.’*

The group then agreed that respite for carers could be improved on as they live their lives around the person living with dementia often with no breaks. This can cause them stress and many carers get to a breaking point before getting the help they need.

## Alzheimer Scotland Troon Millrock Group

On the 24<sup>th</sup> of September we attended the Alzheimer Scotland Millrock and North Shore Stroll Group where we engaged with 18 people. The group meets weekly and provides time to catch up with the option of a stroll along the North Shore. People with dementia as well as their carers are welcome.

As with other engagement activity we asked the group members to take part in the ‘Dementia Priorities’ task. We also spent time with each table to chat about why they chose the priorities they did and how we improve dementia services in South Ayrshire.

The Millrock Group selected the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- Workforce.



The group at Millrock had mixed experiences of support. Some people told us support from health services had been excellent and the CPN was a real lifeline but diagnosis can take a

long time and that can be taxing on the carer. The group also told us the work that Alzheimer Scotland do is amazing. However, they also shared that they find services to be disjointed with a lack of co-ordination between too many agencies. The group also told us they feel that communication between services and carers could be improved as they feel like they are constantly chasing up information.

*'It is constant chasing services, this will always be a fight for me.'*

*'Only when you make a scene you get help but then it's too late.'*

*'I'm scared to kick up a fuss in case I don't get any help.'*

The group told us education is needed to help carers understand the dementia journey. They told us it can be stressful not knowing what to expect and if they were better equipped to deal with upcoming challenges their mental health would improve. They felt like this education would also prevent people being passed between services.

*'It's a mind field, a real learning curve.'*

The most salient issue amongst the members was access to social work. People told us it's a social work lottery as some take different approaches. Some members expressed frustration as they feel everything is on the social workers time and they have experienced many social work meetings being cancelled without reason. Other group members told us the wait for a social worker was the most stressful period of their life and wishes the process was slicker.

*'Social work is abysmal, I am fed up telling the same story.'*

## Alzheimer Scotland Drop In at the Carers Centre

On the 26<sup>th</sup> of September we attended the Alzheimer Scotland monthly drop in at Ayr Carers Centre. Carers had intended to drop in however were unable to due to last minute changes that can occur in the caring role. However, one person did provide feedback through text message. They highlighted the importance of respite for carers as it can often be overwhelming and lonely when caring for a loved one with Dementia.

## Dementia Friendly Prestwick - Carers Corner

On the 2<sup>nd</sup> of October we attended Dementia Friendly Prestwick's Carers Corner. Dementia Friendly Prestwick provides practical, emotional and social support for people who have a diagnosis of early to moderate dementia and also those who have no official diagnosis as well as for their carers or family members.

Similar to other engagement activity we asked the seven attendees to take part in the 'Dementia Priorities' task. We also opened the floor for further discussion asking people why they chose the priorities they did and how can we improve dementia services in South Ayrshire.

The Carers Corner chose the following as the most important priority areas to them:

- Care Partners/Unpaid Carers
- Diagnosis and Post-Diagnostic Support;
- Brain Health; and
- The Hospital Experience.

At Dementia Friendly Prestwick the group reflected on support for carers and what we can do to improve the provision on support across South Ayrshire.



The group shared the pressures of being a carer and that respite is desperately needed. They told us services assume everything is fine for someone with dementia if they have a carer and that is a huge responsibility to carry. Some carers told us they have changed their whole lives to be a carer but really need a break to be the best carers they can be.

*'I thought I would get all this support, but I get nothing.'*

*'The days I have no help are traumatising.'*

They also shared their experiences of services. They told us it can be difficult to communicate with services as there is no feedback or information loop. The carers told us they feel like they are constantly chasing up information and sharing the same story over and over. Some shared they have got to the point they no longer have trust in services.

*'I couldn't tell you how many times I've went through the same story, it's so stressful.'*

*'I'm fed up telling the same story, there's no continuity and it's murder.'*

The group shared that support groups should be put in place for carers to give them some respite. They told us they feel like they have given up their life as they know it to support loved ones but nobody is supporting them.

*'My life is gone as I knew it.'*

*'My mum has a better social life than me.'*

Lastly the group highlighted the importance of socialisation for people with dementia and that this could be intergenerational to stimulate the brain. They told us without the Tier 1/third sector supports like Dementia Friendly Prestwick they would be on their knees and hope to see more groups like Dementia Friendly Prestwick across South Ayrshire.

## Care Home Forum

On the 8<sup>th</sup> of October we attended The Care Home Forum. This forum provides a space for Care Home representatives to link in with other services and understand the service landscape in South Ayrshire.

At the Forum we held a discussion with the 13 attendees to understand what is working well right now and what challenges are faced in terms of care for those with dementia. Care Home managers present fed back that they have good relationships with services and find the Community Mental Health Team Elderly to be excellent. However, they identified systems as an issue as it can be difficult to communicate information to various services. They told us they find multi-disciplinary working crucial and the best supports can be provided through co-location.

Training was an area identified for improvement. Although there has been bursts of training over the years they feel it is not consistent. They suggested a rolling training calendar to account for staff turnover. They suggested refreshing existing training sessions to include reflective work and hoped this would be standardised across South Ayrshire.

## League of Champions

On the 11<sup>th</sup> of October we attended the League of Champions. The League of Champions is a space for adults with learning disabilities to come together to support each other and champion the rights of people living with learning disabilities.

Similar to other engagement activity we asked the 14 attendees to take part in the 'Dementia Priorities' task. Whilst each priority was explained we talked about why each one is so important with the group highlighting the importance of getting the right support at the right time.

The League of Champions chose the following as the most important priority areas to them:

- Diagnosis and Post-Diagnostic Support;
- Care Partners/Unpaid Carers; and
- The Hospital Experience.



# Service Engagement

Whilst initial engagement was carried out via focus groups for services during the formal consultation period, the national outcomes were posted in a number of office bases to allow staff within Mental Health Services to tell us what national outcomes were most important to them.

The results of this engagement showed that there are similarities between what services and the wider public choose as their top outcome areas.

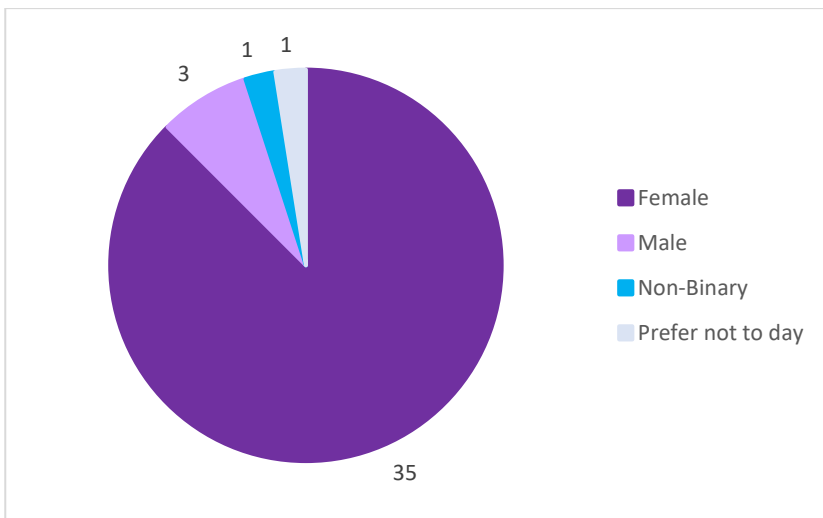


# Online Survey

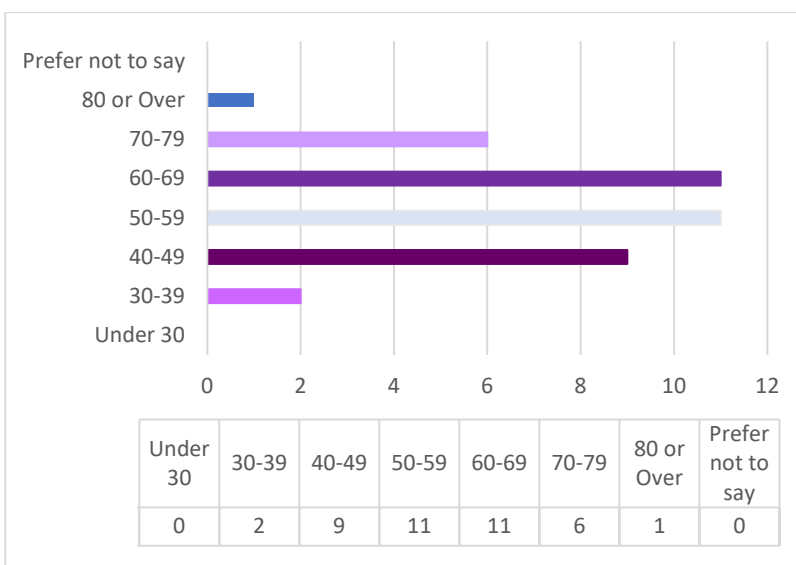
A survey targeted at people living with dementia, carers, staff and people with an interest in dementia was developed to inform the plan. The survey aimed to gain an understanding of how people are finding accessing services, their experiences of these services and how we can improve the provision for those living with dementia in South Ayrshire.

The survey went live on the 29<sup>th</sup> of August and was available for just over 6 weeks with a closing date of the 11<sup>th</sup> of October. A total of 40 people responded to the survey.

## 1. Which of the following best describes your gender identity?

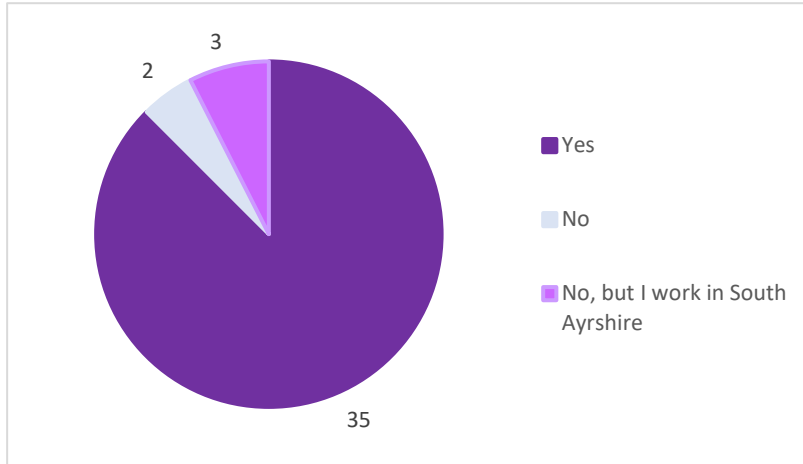


## 2. Which age group are you in?



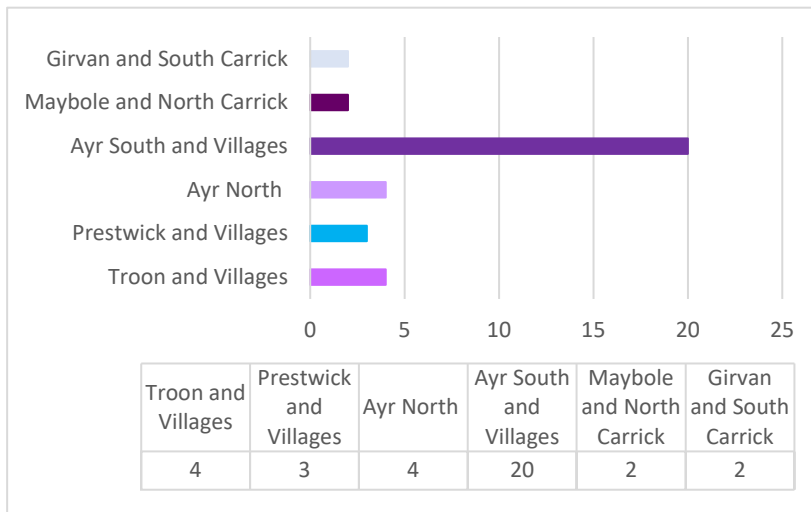
Over 50% of respondents were aged 50-69. Just 5% of respondents were under 40.

### 3. Do you Live in South Ayrshire?



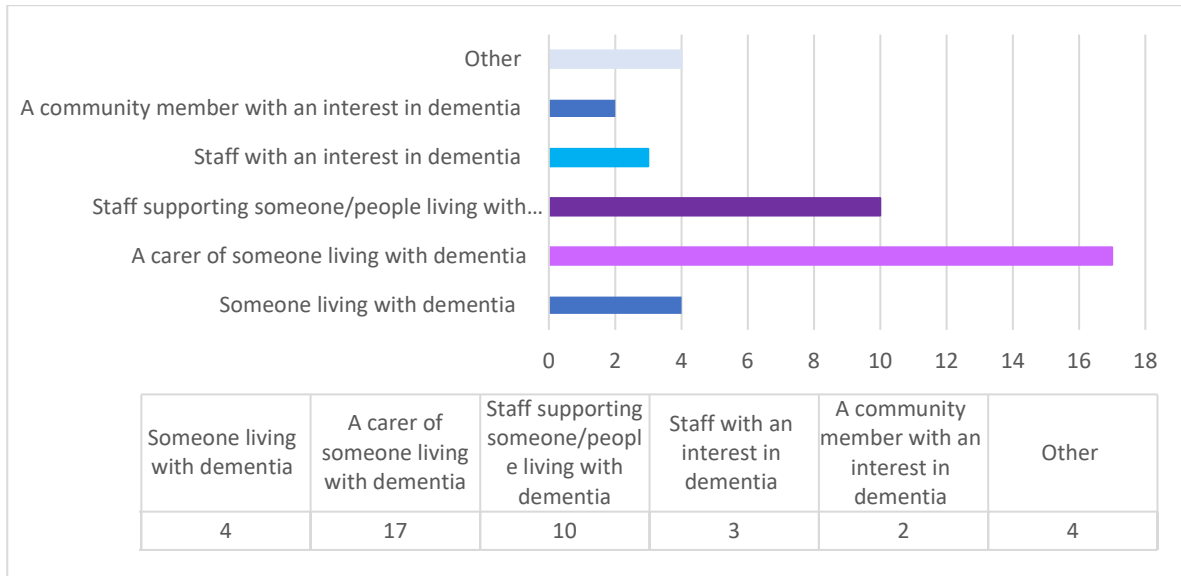
95% of respondents either live or work in South Ayrshire.

### 4. Which area of South Ayrshire do you or the person you care for live in?



Half of respondents live in Ayr South and Villages.

5. What is your experience of dementia?



Almost half of respondents are carers for someone living with dementia. 3 of the 4 'Other responses' told us they are a relation to someone living with dementia.

6. We want to support people living with dementia to access services and supports in the right place at the right time. Can you tell us about your experiences of accessing services?



Respondents had mixed experiences of accessing services and supports in South Ayrshire. Some people told us that social work staff, CPNs, the Elderly Community Mental Health Team and Tier 1 services were excellent, but others struggled to get access to services and when they did they felt let down by them. People also told us that post-diagnostic support was excellent to begin with but after one year this seems to have disappeared.

*'We were immediately given a social worker and a CPN which was amazing and both were wonderful.....And finally, our NHS & council Occupational Therapists and our NHS physio were amazing and all communicated well with each other as well as with us. We felt known & understood by all.'*

*'I was lucky and knew who to contact.'*

*'So far I have found the services and support relatively easy.'*

*'Difficult and takes time.'*

*'No support, coping at home at the moment.'*

*'Very poor, very little services available, lots of pressure put on myself and my family to provide the support to my mum. Social work input very little had a real can't be bothered attitude. Felt like we were left to deal with things on our own.'*

7. Can you tell us about your experiences of dementia services in South Ayrshire? What works well?



Respondents told us staff are excellent, pleasant, friendly and helpful. People told us staff have helped them get the supports they need and some people found this a quick and easy process. However, this is not the case for everyone as other respondents told us support is difficult to access.

*'Our social worker and CPN were absolutely superb, and the community OTs and physios. Ditto the Alzheimer Scotland team. South Ayrshire Carers and Alzheimer Scotland each also gave me a grant for respite activities which had a hugely beneficial impact - but again I found out by chance about these..'*

*'Short waiting times to access assessment in comparison to other mental health services. Good provision of group support options.'*

*'Really good early intervention work going on, with Post diagnostic support, Carers centre and VASA are great resources.'*

*'No one guides you along the way. A path to follow with single depts to deal with that problem you are encountering. We found too many people passing you on to someone else rather than one person guiding you to different dept for your loved ones current needs. We eventually called Alzheimer Scotland who helped with a path to follow. But they had a huge under staffing issue so the lady was overwhelmed with families but was very good at guiding us to the different depts or aids which might help.'*

*'Nothing seems to work well.'*

8. How could we improve dementia services in South Ayrshire?



People told us they would like information to be easily accessed in one central space. Respondents also told us they would like to see more support for carers, particularly improved respite services both day and residential. People told us services could be improved through co production and engaging with those with experience of being a carer.

*'Make sure everything is brought together in one place so that everyone has access to all the information and resources, and revisit it with them at reviews to make sure they are aware of the full range of options and organisations. Don't assume that everyone knows what's out there.'*

*'More interaction with family carers who invariably have more experience of their particular situation.'*

*'more easily to find information.'*

*'More coordination - one person to be the contact'*

*'Listen and get folk with lived experience to tell you what is required.'*

*'Give more respite support to unpaid carers.'*

9. What would you like to see in South Ayrshire's Dementia Strategy?



Some people told us they wouldn't change anything however, most respondents told us they would like to see quicker access to services, clearer information and more availability of respite and other supports for carers. They also told us they would like more follow up appointments to ensure the care required is received.

*'More support for carers. More access to day care services. A quicker response from Social Work. Easier access to Community Mental Health Team.'*

*'Nothing should be left to chance and no one should feel they are coping alone - information for carers and for those with dementia should be gathered together in one place and made easily accessible. Also, unpaid carers need way more support than they currently get - if they go under, the system will fall apart. Maybe at least an annual check-in with their GP to make sure their own health is ok could also be considered. I would also like to see more joined up support for those with Parkinson's who also have dementia. Currently you have to go to separate clinics and can't talk about the other condition whilst there, yet they are intrinsically connected. Crazy!'*

*'Follow up after diagnosis. Regular house visits. An appointment with a geriatric physician at least once a year.'*

*'It's running well I would say.'*

*'A form giving a clear path to services when patient diagnosed.'*

10. Last year the Scottish Government launched their Dementia Strategy 'Dementia in Scotland: Everyone's Story'. This was followed by an initial two-year delivery plan that was published earlier this year. Within the delivery plan the following thematic priorities were identified as key deliverables. We would be interested to know how important these outcomes are to you. Please rank the priorities from most important to least important.



11. Is there anything else you would like to tell us?

slow end accessible service people who will be able  
 ready day people access line Dementia training  
 support end unpaid carers cared people on hand  
 half day information shop undignified end Knowledgeable people

*'We need a one stop information shop to let carers know what's available in the area and update on additions and changes. I'd like easy access to half day and full day care to relieve unpaid carers ..... much less reliance on unpaid carers.'*

*'Carers going to events with their loved one is no respite. The hurdles are endless. Convincing them it's a good place, getting them ready, getting yourself ready, driving and finding the venue, getting/ enticing them out the car, then the unpredictable aspect of how they will react. Carers need time to themselves. Someone to sit with their loved one to let them walk, shop, swim, go for coffee. That's the only thing I needed.'*

*'Dementia training for care home staff that is not academic but more practical on how to deal with situations.'*

## Key Themes

The key themes following a review of our consultation results are detailed below. This will be used to inform the priorities within the delivery plan which will accompany the strategy.



### Communication

People have told us they want information from services to be communicated better both between services and to families and carers. People would like information to be available in a variety of ways so that no group is missed. This includes online, leaflets, radio, social media, email and phone calls.

### Support For Carers



People have told us that they often feel the carer is overlooked and needs information and access to support services such as community groups and respite. This gives the carer a platform to share experiences and support each other.

## Reducing Stigma



People told us that there needs to be education and awareness sessions to the wider public to help tackle stigma. Many people felt that this should start at school age and be available to all staff across the public, private and third sectors.

## Diagnosis and Post-Diagnostic Support



People told us post-diagnostic support needs to be at the right time for the person. The time of diagnosis was a salient issue with early diagnosis being important for all groups we spoke to.

## Equality Impact Assessment Scoping

### 1. Proposal details

<b>Proposal Title</b>	<b>Lead Officer</b>
Age Well: Dementia Strategy 2024 – 2034.	Kevin Milton – Senior Manager Mental Health  Hanna Dearie – Planning and Performance Officer

### 2. Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this proposal? Please indicate whether these would be positive or negative impacts.

Community, Groups of People or Themes	Negative Impacts	Positive impacts
The whole community of South Ayrshire		X
People from different racial groups, ethnic or national origin.		X
Women and/or men (boys and girls)		X
People with disabilities		X
People from particular age groups for example Older people, children and young people		X
Lesbian, gay, bisexual and heterosexual people		X
People who are proposing to undergo, are undergoing or have undergone a process to change sex		X
Pregnant women and new mothers		X
People who are married or in a civil partnership		X
People who share a particular religion or belief		X
Thematic Groups: Health, Human Rights, Rurality and Deprivation.		X

**3. Do you have evidence or reason to believe that the proposal will support the HSCP to:**

General Duty and other Equality Themes	Level of Negative and/or Positive Impact (high, medium or low)
Eliminate discrimination and harassment faced by particular communities or groups	Positive - High
Promote equality of opportunity between particular communities or groups	Positive - High
Foster good relations between particular communities or groups	Positive - Medium
Promote positive attitudes towards different communities or groups	Positive - High
Increase participation of particular communities or groups in public life	Positive - High
Improve the health and wellbeing of particular communities or groups	Positive - High
Promote the human rights of particular communities or groups	Positive - High
Tackle deprivation faced by particular communities or groups	Positive – Medium

**4. Summary Assessment**

<b>Is a full Equality Impact Assessment required?</b> (A full EIA must be carried out on all high and medium impact proposals)	<b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Rationale for decision:</b> The Dementia Strategy .....	
Signed :	
Date:	Copy to <a href="mailto:SAHSCP.Planning@south-ayrshire.gov.uk">SAHSCP.Planning@south-ayrshire.gov.uk</a>

## Equality Impact Assessment including Fairer Scotland Duty

### Section One: Proposal Details

Name of Proposal	South Ayrshire Dementia Strategy 2024 -
Lead Officer (Name/Position)	Kevin Milton – Senior Manager Mental Health Hanna Dearie – Planning and Performance Officer (Policy)
Proposal Development Team (Names/Positions) including Critical friend(s)	Brian Christie – Service Manager Mental Health Rebecca Hunter – Planning and Performance Officer (Policy)

What are the main <b>aims</b> of the proposal?	The main aim of the proposal is to provide a strategic framework that outlines support for adults with dementia and their carers. This support will be provided by organisations from across the sectors.
What are the intended <b>outcomes</b> of the proposal?	The activities of the partnership will be designed and delivered in ways that ensure people living with dementia and their carers receive the support to live well and age well. We aim to work together to provide the required support to reflect the priorities of South Ayrshire.

### Section Two: What are the Likely Impacts of the Proposal?

Will the proposal impact upon the whole population of South Ayrshire or groups within the population?	The proposal is aimed primarily at adults in South Ayrshire with dementia. However, aspects of it are designed to combat stigma and to promote equality and to have a positive impact on family members and carers. It will also influence third sector organisations and partnership staff members.
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**Considering the following Protected Characteristics and themes, what likely impacts, or issues does the proposal have for the group or community?**

(List any likely positive and/or negative impacts)

Protected Characteristics	Positive and/or Negative Impacts
<b>Race:</b> Issues relating to people of any racial group, ethnic or national origin, including gypsy travellers and migrant workers	This strategy document will apply equally to people of all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request.

<p><b>Sex:</b> Issues specific to women or men</p>	<p>This strategy document will lead to the provision of more efficient and effective services for both men, women and non-binary people through an improved utilisation of resources prioritised in line with the published strategic themes.</p>
<p><b>Disability:</b> Issues relating to disabled people</p>	<p>People with disabilities or long-term conditions will be supported to live, as far as is reasonably practical, independently and at home or in a homely setting in their community.</p>
<p><b>Age:</b> Issues relating to a particular age group e.g., older people or children and young people</p>	<p>This strategy will focus planning and service delivery activities that are typically aimed for older people, but it will also address the needs of the wider population. There will be a positive impact on people who care for those with dementia through improved planning and delivery of services.</p>
<p><b>Religion or Belief:</b> issues relating to a person's religion or belief (including non-belief)</p>	<p>This strategy will be fully inclusive to all: e.g. religions and beliefs (including non-belief). The Dementia Strategy has a right-based approach and fosters support and respect.</p>
<p><b>Sexual Orientation:</b> Issues relating to a person's sexual orientation i.e., lesbian, gay, bi-sexual, heterosexual</p>	<p>This strategy document will be fully inclusive to all irrespective of a person's sexual orientation.</p>
<p><b>Marriage and Civil Partnership:</b> Issues relating to people who are married or are in a civil partnership.</p>	<p>This strategy will be fully inclusive to all irrespective of people's marital status.</p>
<p><b>Gender Reassignment:</b> Issues relating to people who have proposed, started, or completed a process to change his or her sex.</p>	<p>This strategy document will be fully inclusive to all irrespective of a person's gender.</p>
<p><b>Pregnancy and Maternity:</b> Issues relating to the condition of being pregnant or expecting a baby and the period after the birth.</p>	<p>This Strategy is applicable to individual circumstances related to pregnancy and/or maternity leave.</p>
<p><b>Multiple / Cross Cutting Equality Issues</b> Issues relating to multiple protected characteristics.</p>	<p>This strategy document will have no negative issues in terms of all of the above protected characteristics and in terms of a number of them is anticipated to have a positive impact leading to positive outcomes.</p>

<b>Equality and Diversity Themes Particularly Relevant to the Health and Social Care Partnership</b>	
<p><b>Health</b> Issues and impacts affecting people's health.</p>	<p>This Strategy document will have a positive impact on the overall health and wellbeing of people with dementia.</p>
<p><b>Human Rights:</b> Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections.</p>	<p>The right to be treated with dignity is a principle incorporated in the 2014 Public Bodies (Joint Working) (Scotland) Act. The Strategy focuses on a rights-based approach to being supported with dementia.</p>
<b>Socio-Economic Disadvantage</b>	
<p><b>Low Income/Income Poverty:</b> Issues: cannot afford to maintain regular payments such as bills, food and clothing.</p>	<p>The Strategy aims to deliver Dementia services to all levels of income. Dementia services are provided regardless of income level.</p>
<p><b>Low and/or no wealth:</b> Issues: enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.</p>	<p>The Strategy aims to deliver Dementia services to all levels of income. Dementia services are provided regardless of income level.</p>
<p><b>Material Deprivation:</b> Issues: being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies.</p>	<p>The Strategy aims to deliver Dementia services to all levels of income. Dementia services are provided regardless of income level.</p>
<p><b>Area Deprivation</b> Issues: where you live (rural areas), where you work (accessibility of transport).</p>	<p>This Strategy is designed to support and provide service across all 6 localities in South Ayrshire.</p>
<p><b>Deprivation</b> Issues relating to poverty and social exclusion, and the disadvantage that results from it.</p>	<p>The Strategy aims to deliver Dementia services to all levels of income. Dementia services are provided regardless of income level.</p>

### **Section Three: Evidence Used in Developing the Proposal**

<p><b>Involvement and Consultation</b> In assessing the impact(s) set out above what evidence has been collected from involvement, engagement or consultation? <b>Who</b> did you involve, <b>when</b> and <b>how</b>?</p>	<p>The feedback from consultation was used to inform the Strategy and the accompanying Delivery Plan. A full report detailing the consultation and engagement work has been produced in line with the Strategy.</p>
<p><b>Data and Research</b> In assessing the impact set out above what evidence has been collected from research or other data. Please specify <i>what</i> research was carried out or data collected, <i>when</i> and <i>how</i> this was done.</p>	<p>Information on demographic projections was sought from a number of sources including South Ayrshire Council; NHS Ayrshire and Arran and the Scottish Government's Information Services Division.</p>
<p><b>Partners data and research</b> In assessing the impact set out above what evidence has been provided by partners. Please specify partners</p>	<p>In developing the Strategy a local needs assessment was carried out to identify and analyse the prevalence of Dementia in South Ayrshire and the need for services. Research into strategic considerations and the local and national policy context has also been carried out.</p>
<p><b>Gaps and Uncertainties</b> Have you identified any gaps or uncertainties in your understanding of the issues or impacts that need to be explored further?</p>	<p>None.</p>

**Section Four: Detailed Action Plan to address identified gaps in:**

- a) evidence and
- b) to mitigate negative impacts

No	Action	Lead Officer(s)	Timescale
1			
2			

**Note: Please add more rows as required.**

**Section Five: Performance monitoring and reporting**

Considering the proposal as a whole, including its equality and diversity implications:

<b>When is the proposal intended to come into effect?</b>	Following approval by the Integration Joint Board in Winter 2024.
<b>When will the proposal be reviewed?</b>	The plan will be monitored and reported into the performance and audit committee on a six-monthly basis. It will also be formally reviewed at its mid-point.
<b>Which governance group will have oversight of the proposal?</b>	Progress reports will be provided to the HSCP Performance and Audit committee every six months.

**Section Six - South Ayrshire Health and Social Care Partnership**

**Summary Equality Impact Assessment Implications & Mitigating Actions**

**Name of Proposal:**

This proposal will assist or inhibit the Partnership's ability to eliminate discrimination; advance equality of opportunity; and foster good relations as follows:

**Eliminate discrimination**

The Health and Social Care Partnership through its Dementia Strategy will support the elimination of discrimination as it applies equally to people across all protected characteristics and is flexible in its approach.

**Advance equality of opportunity**

The Dementia Strategy will actively promote equality of opportunity as it offers choice and control for people with dementia and carers and will also ensure that frontline staff and appropriate services have Dementia Awareness Training.

**Foster good relations**

The Dementia Strategy will foster good relations across all protected characteristics by working with its stakeholders and partners on an on-going basis to achieve its Strategic Themes.

**Summary of Action Plan to Mitigate Negative Impacts**

Actions	Timescale
None	

**Signed:**  
**Kevin Milton**

**Date: 25/11/2024**

**Revision Dates:**

- 06/03/2024 – Initial EQIA completed – Hanna Dearie/Kevin Milton
- 17/07/2024 – review pre-engagement – Hanna Dearie
- 04/10/2024 – review following engagement – Hanna Dearie
- 07/11/2024 – Review – Hanna Dearie
- 25/11/2024 – Final Review – Kevin Milton

# Age Well: Dementia Strategy 2024-2034: Glossary



# Dementia glossary

**ADHD** – Attention Deficit Hyperactive Disorder.

**ADP** – Alcohol and Drug Partnership.

**Advanced Statements** - An Advanced Statement is a written statement that outlines how you wish to be cared for and what treatment you would prefer to receive should you ever become mentally unwell.

**ANP** – Advanced Nurse Practitioners.

**Anxiety**- A range of mental and physical states, mainly arising from being consciously worried about the future, or afraid of an actual situation. It's a normal human response to lots of situations, but if it's persistent or out of proportion to the situation, it can be a symptom of poor mental health.

**ARBD** – Alcohol related brain damage.

**Assistive technology** – A wide range of objects or software that can assist in making day to day tasks easier or safer.

**AWI** – Adults with Incapacity. The Adults with Incapacity Act (Scotland) 2000 is the legal framework for safeguarding the welfare, finances and property of an adult who lacks capacity.

**Care Home / Residential Care** – A care home, sometimes referred to as residential care is accommodation that provides 24-hour care to individuals who require around the clock care to support their daily needs. The people who live within residential care require a high level of support that can't be met at home, however do not require 24 hour nursing care.

**Carer** – A carer is a person who supports someone who may need help. This can be a young or adult unpaid carer (family or friend) or a paid carer (employee). They may provide practical support such as cooking or transport, emotional support or personal care supports.

**CBT** – Cognitive behavioural therapy, A type of talking therapy that can help to change negative patterns in how you think, feel, and behave.

**CHLT** – Care Home Liaison Team.

**CHMT/E** – Community Mental Health Team / Elderly.

**CLP** – Community link practitioner.

**Collaborating** – Working jointly with people.

**Communities** – a group of people who live in the same place/region, or a group of people with shared views, or a social group with shared characteristics.

**Consultation** – engaging in work to give and receive advice from people.

**CPA** – Care Programming Approach.

**CPN** – Community psychiatric Nurse.

**CPP** – Community Planning Partnership.

**CST** – Cognitive Stimulation Therapy.

**CTO** – Compulsory Treatment Order.

**Dementia** – Dementia is a group of conditions that may be caused by a range of diseases which affect the brain. The most common types of dementia is Alzheimer’s Disease and other common types are vascular dementia, frontotemporal dementia or dementia associated with Parkinson’s disease.

**Depression** - A condition where you have a continuous low mood and/or a loss of interest and enjoyment in your life.

**Detention** - When someone needs to be detained and treated without their agreement under the Mental Health (care and Treatment) (Scotland) Act 2003, for mental health reasons. Usually happens in emergency situations. This use to be referred to as being sectioned.

**Diagnosis** When a doctor identifies a condition based on signs, symptoms and test results.

**EDC** – Emergency Detention Certificate.

**Episode** - A period during which someone is experiencing poor mental health. Many mental health conditions involve episodes rather than being constant.

**GIRFAN** – Getting It Right for Ayr North.

**GIRFE** – Getting it right for Everyone.

**Interface** – a person or system that interacts with.

**LPP** – Locality Planning Partnerships.

**MAT 7** - medication assisted treatment.

**MDT** – Multidisciplinary Teams.

**Mental Capacity** – Mental capacity, or capacity is the legal definition and test of someone’s ability to make informed decisions. Someone who has been deemed to lack capacity will have some form of impairment that impacts their ability to make informed decisions and provide consent.

**MHO** – Mental Health Officer.

**MHP** – Mental Health Practitioner.

**Mindfulness** A ‘mind-body’ practice that helps people manage their thoughts and feelings. It focuses on paying attention to the present moment. Mindfulness forms the basis of some mental health treatments.

**NearMe** – A secure and convenient way to attend appointments anywhere with a device such as a phone and internet connection.

**Nursing Home** – A nursing home is facility like a care home that has qualified nurses present 24/7 to provide on going care to people who require 24 hour care.

**PB** – Participatory Budget, process in which citizens decide which local groups/projects should receive funds to support their initiative.

**PDS** – Post Diagnosis Support.

**PLT** – Psychiatric liaison team.

**POA** – Power of Attorney.

**Primary Care** – Many times this is the first point of contact for patient's seeking healthcare service, i.e GP's & MHP's.

**Psychiatrist** A medical doctor who specialises in the diagnosis, treatment and prevention of mental health conditions.

**Qualitative** – Collecting and analysing nonnumeric data such as language.

**Quantitative** – Collecting and analysing numeric data.

**Resilience** – The ability to cope with and recover from setbacks.

**Respite** – Respite means taking a break from caring while the person who is cared for is looked after by someone else. This can be offered in a range of different ways such as the person who is cared for attending day care, sitting services in the house to allow the carer for go out for a few hours or short breaks in a care home.

**RMO** – Responsible Medical Officer.

**SAHSCP/HSCP** – South Ayrshire Health and Social Care Partnership.

**SDM** – Supportive decision making.

**Secondary Care** – services that are accessed by referrals from Primary Care Services.

**Self-help** - This can be a 'light-touch' self-guided treatment prescribed by your doctor. Or it can refer to a more general self-guided approach to looking after your mental wellbeing day-to-day.

**SSRI** - Selective serotonin reuptake inhibitors (Anti-depressants).

**Stakeholders** - people/businesses that support is needed to provide mental health services.

**START** - South Ayrshire Treatment and Recovery Team.

**STDC** – Short Term Detention Certificate.

**Stress** - How you feel and respond when life puts you under a lot of pressure.

**Trauma** - An extremely upsetting, stressful or threatening situation.

**Treatment** - Something that aims to reduce or remove the symptoms of a mental health condition.

**VASA** – Voluntary Action South Ayrshire.