



**DERBY CITY EMERGING
DEMENTIA STRATEGY
Executive Summary**

2010-2015

Executive Summary

1. Introduction

This emerging strategy has been compiled following stakeholder events that have taken place from February 2009 up to March 2010. This process has been led by NHS Derby City and Derby City Council with support NHS East Midlands

The purpose of this strategy is to:

- Identify and communicate the local commissioning priorities up to 2015
- Describe a model of dementia care and how services will be delivered in the future
- Communicate how the National Dementia Strategy will be put into practice locally
- Identify who will be responsible for which aspects of delivery

2. Strategy in context

The National Dementia Strategy was released in February 2009 and forms the basis of the structure of this local strategy. Other local and national strategies that have an impact on this strategy or are related to it are referenced within each section and within the appendix.

3. Population and Prevalence

Population analysis has identified that Derby's 'registered population' (meaning people who are registered with a GP in Derby) is 291,143 of which 43,000 are individuals over 65 years of age. The older adult population is due to increase by 19% by 2020.

Older adults in Derby are more likely to reside in the electoral wards of Allestree, Mickleover, Blagreaves, Boulton, and Spondon

By applying the national prevalence rate for dementia, we can identify that Derby could expect 3243 people in 2009 to have some form of dementia. This will increase by 27% to 4122 by 2015. Currently 1055 people are identified as having dementia (through GP data) - this is 30% of the number of people we would expect to be coming forward for support. This tells us there is considerable unmet need in Derby.

Derby has a large Asian population made up of Indian and Pakistani residents. There is also a significant African Caribbean population. These citizens are more likely to reside in the political wards of Arboretum and Normanton. People from within African Caribbean and South Asian communities are known to have an increased risk of developing dementia therefore local services will need to take this into account.

There are also a small but significant number of people with a learning disability and dementia, and a further group of people who will develop dementia who are below the age of 65. The local response will need to take into account all of these needs.

4. Market Analysis.

We know that at the moment the vast majority of our resources are spent on more intensive, acute or residential services. This investment needs to shift in line with what local people are saying they would like to see delivered, specifically a greater focus on community and preventive services.

5. Stakeholder Views

Throughout 2009 and up to March 2010 Stakeholder events have been held the most recent events being supported by NHS East Midlands.

In February 2010 the local stakeholder events identified the top five priorities as:

- Workforce learning and development of staff
- Integrated dementia team /care coordination
- Respite within the home and in residential care settings
- Memory assessment and support/intervention service
- Joint 5th were continence services; out of hours home care; and seamless community networking.

These priorities and others will be the foundation of service developments taken forward by the local partnership, and are reflected in the implementation plan at the end of this document.

6. Conclusion

The information gathered from local stakeholders and service data tells us that the key priorities in developing responses to local needs are to:

- **Target resources for older adults and carers on the electoral wards of:**
 - Allestree
 - Mickleover
 - Blagreaves
 - Boulton
 - Spondon
- **Address the specific needs of the Asian and African-Caribbean population, plus people who experience dementia under the age of 65.**
- **Continue partnership working to address the priority issues identified in the implementation plan.**