HM Government of Gibraltar

GIBRALTAR’S NATIONAL DEMENTIA STRATEGY
(2018 – 2021)
Foreword by the Minister for Health and Care

The National Vision and Strategy for Gibraltar 2015 was the first national initiative launched by Government to address the increasing challenges of dementia.

Over the last 3 years, dementia services have been transformed; however, there are still many challenges ahead.

We share the Gibraltar Alzheimer's and Dementia Society’s (GADS) vision in achieving a dementia friendly community, through the Dementia Friends Programme.

The Government acknowledges the invaluable support GADS offers to the community and is looking forward to continue to work together, to face the dementia challenges ahead.

The first strategy saw the integration of health and social care and the expansion of services and resources.

The second strategy, will build on the improvement of the quality of our dementia services, allowing for more timely diagnoses and improved care and treatment. The strategy will also focus on the improvement of post-diagnostic support and strengthen a person centred care approach.

Over the last 3 years, we have learned that dementia care is continuously evolving, and requires a holistic and dynamic approach. This involves not only care related services, but also the community as a whole. Our objective is to continue working on the strategy, to ensure that future challenges are addressed proactively.
Introduction

The worldwide increased prevalence of dementia causes significant challenges for the future. Dementia is an umbrella term used for a range of conditions, which affects memory, speech, reasoning and other cognitive functions impacting on daily activities of living. It will change the lives of those diagnosed and their families. There are numerous types of dementia, each requiring individualised management. Dementia is a neurological disease of the brain, of which Alzheimer's is the most common. Other common types are:

Vascular dementia, Lewy Body dementia, Fronto-temporal dementia and Mixed dementia which usually encompasses the first two.

There are many other rarer /associated types of dementia. The use of the term ‘dementia’ in the following text will refer to all the different types.

There have been significant achievements since the National Dementia Vision and Strategy for Gibraltar 2015 document was implemented by the Government, however, there are still challenges ahead to continue to improve the services.

The Government has worked intensively to produce the Gibraltar National Dementia Strategy 2018 in order to continue supporting those in the community living with dementia.

The newly introduced Lasting Powers of Attorney and Capacity Act 2018 came into operation on 23 April, making provision for lasting powers of attorneys, advance decisions, as well as safeguards once mental capacity has been lost. This allows individuals a greater level of decision making power at an early stage of the disease when it comes to their mental capacity and planning.

The Strategy has long-term objectives, with an immediate focus on action over the next three years. The GNDS 2018 is an ongoing document with goals and objectives that will need to be reviewed periodically.

The rising number of people living with dementia in Gibraltar is a continuing trend, in common with the rest of the world. (See Appendix 1 – Gibraltar dementia statistics)

By integrating health and social care services, the Government has improved communication between departments. This allows for a holistic process, so that the person living with dementia and their support network receive optimum care individualised to their needs.

The Government recognises that dementia is a public health and social priority for the Gibraltar community.

Health and Social Services providers, which includes the Elderly Residential Services, the Gibraltar Health Authority and the Care Agency, are working in partnership with the Gibraltar Alzheimer’s and Dementia Society (GADS). By doing this, it is hoped to increase public awareness, and remove the stigma that some associate with the disease and make Gibraltar a more dementia friendly community.

The GNDS 2018 is an improved framework, which will promote further aims and
objectives. This framework will include inter-departmental collaboration, for the development of efficient, cost effective, policies to meet the needs of our community.
Progress and Achievements

The Government recognises that dementia care is a top priority for Gibraltar. The initial National Dementia Vision and Strategy for Gibraltar was published in 2015. The Gibraltar National Dementia Strategy (GNDS) 2018 builds on the implementation of the 2015 document. This second strategy highlights the achievements made so far and sets out new goals and objectives for the future.

The GNDS 2018 document will identify key objectives such as improving care pathways with special emphasis on early diagnosis and raising public awareness of the condition, thus, making Gibraltar a dementia friendly community.

The Government of Gibraltar have worked intensively since 2015. An executive decision was taken to provide support for those in the community living with dementia, by prioritising and accelerating some of the goals of the first strategy.

The Government of Gibraltar have already been able to achieve the following:

1. The opening of the Bella Vista Day Centre.
2. The relocation of the Joint Memory Clinic to Bella Vista Day Centre provides a more focused outpatient service with pathways for an earlier diagnosis and management of dementia.
3. The opening of the Hillsides Residential Care Home with additional respite beds for the community.
4. The inauguration of the John Mackintosh Home in 2015 has been followed by an increase in its capacity. A further refurbishment to the building in 2018 has allowed for an additional 18 beds, in a dementia friendly environment.
5. The integration of health, elderly and social care. These are now under one Ministry.
6. The introduction of hospital based social workers to assist with discharge planning.
7. The introduction of legislation to support the community such as the Lasting Powers of Attorney and Capacity Act and the Mental Health Act 2016.
8. Additional focus on dementia training to all staff involved in the Dementia Journey.
9. Initiatives have been taken in raising public awareness.
10. Enhanced palliative and end of life care for those living with dementia with the support of liaison palliative and hospice nurses.
11. 3 GP’s allocated to Elderly Residential Services (ERS).
12. Introduction of an Occupational Therapist and additional Activities Coordinators to ERS.

Major improvements to the services have been achieved since the first strategy, however, further support to people living with dementia and their families/main
carers is still required.

The GNDS 2018 will continue to address the challenges dementia brings. It is crucial that we approach this agenda strategically, so that we can continue to improve the model of dementia care for the future.

**Key Objectives**

This strategy will ensure that the remaining action points from the first strategy and additional goals and objectives are met, prioritising the individual rather than their condition.

The integrated services will continue to work together to ensure that people living with dementia are supported in the community, to be able to live in their own home, maximising their independence, for as long possible.

- **A National Dementia Committee (NDC)** – The NDC, comprising of key persons from relevant Government departments will drive the strategy forward by implementing, maintaining and improving the standards for dementia care. Service users and their representatives will work closely with this committee to ensure a seamless dementia journey. (See Appendix 2)

- **Support for families/main carer** – The Government recognises the importance of supporting families/main carers, in their vital role. By providing a support network for them, they can assist individuals living with dementia to remain at home, for as long as possible. This network will provide continuity of care in the community. This would consist of coordinated, cost effective timely domiciliary, social and health care.

- **Housing** - The Government has already provided new housing estates for the elderly such as Charles Bruzon House and Albert Risso House. The Government recognises that there is still further work to be done to ensure that people living with dementia will continue to live in their own home environment wherever possible. The Government will continue to provide a suitable environment by adapting Government flats to meet any developing needs for those living with dementia.

- **Health Checks** – The UK Government have recently introduced a 5 yearly Health Check for persons aged 40-74 without any pre-existing conditions, which is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. The Government of Gibraltar plans to adapt this initiative to meet the needs of our community, resulting in an earlier diagnosis and improved management of dementia.

- **Public health education** – The Government supported GADS in the launch of the Dementia Friends initiative, which was introduced in Gibraltar on 3rd March 2017. The aim of Dementia Friends is to encourage a better understanding and greater
understanding of the disease in the community. The Government, together with GADS, will continue to raise awareness and help individuals identify risk factors of dementia.

**Underpinning factors for key objectives**

1. The National Dementia Committee and its sub-groups will have the responsibility to develop and execute strategic goals and objectives through delegation to relevant departments. (See Appendix 3)

2. It is imperative that the public are aware of the health risk factors that can contribute to the development of dementia.

   There is no known cure for dementia, however, with an early diagnosis, access to the right information and support the progression of the disease can be delayed in some cases and people living with dementia can be assisted to live well.

3. People living with dementia must be included in their own care needs and action plans in order to take an active role in managing their condition.

4. Appropriate awareness and support for people living with dementia and their families/main carers will enable them to have a greater understanding of dementia helping them during the natural progression of the illness.

5. Individualised person centred care will be provided in partnership with all coordinated services ensuring a smoother Dementia Journey.

6. Staff in Government departments who have direct contact with the public will be required to attend a dementia awareness course in order to improve understanding of the disease and apply it to their daily work.

**Outcomes**

1. Earlier diagnosis of dementia prompting effective treatment and care.

2. A smoother, seamless journey for those living with dementia, their families and health carers.

3. Provide information for people living with dementia and their families/main carers.

4. To continue training staff and supporting families/main carers to be able to champion suitable changes and innovation of services, in accordance with evidence based practice (as per NICE Guidelines June 2018, UK).

5. To improve on the person centred care framework for all aspects of their medical and nursing treatment. This framework includes the participation of individuals and carers towards their plan of care.

6. To allow those living with dementia the opportunity to continue living at home for as
long as possible.

7. To continue networking closely together with people living with dementia, families/main carers, GADS and any other voluntary organisations.

8. To raise public awareness on dementia and eliminate any associated stigma.

**Commitments for a seamless Dementia Journey**

The integration of health and social care has seen a major improvement in both the quality and efficiency of services, taking into account the individuals' needs. The introduction of a Dementia Liaison Manager will further enhance this service.

All Government departments must take responsibility to try to understand people living with dementia and their families/main carers. It is only by hearing their voice and finding out their needs, that we can ensure a care system, which is easy to navigate in order to deliver a high quality care service (World Health Organisation, 2008).

The main emphasis of these reforms will be:

1. **A National Dementia Committee (NDC)** – This will be composed of representatives from all relevant Government departments, under the offices of the Ministry for the Health and Care. The committee will coordinate the development of the strategy through the National Dementia Coordinator and provide a framework with which to champion dementia issues.

2. **National Dementia Coordinator and Dementia Liaison Manager** - The National Dementia Coordinator will become a focal point with which to interact with Government departments, charities, voluntary organisations and the community. The Dementia Liaison Manager will make a significant difference in guiding people living with dementia and their families/main carers through the Dementia Journey. By coordinating services through the Dementia Liaison Manager, people living with dementia will be able to enjoy a better quality of life in their homes, as part of the community, for as long as possible.

3. **Developing a person centred care framework** - This will require Government departments to make the necessary adjustments to their services, making them dementia friendly. Each Government department will nominate a link person to undergo the Dementia Skilled Practice course and will be the point of reference for their department.

4. **Domiciliary Care** - Trained dementia carers will allow for the development of therapeutic relationships. This means that the person living with dementia and their families/main carers will be able to develop a rapport with their care team.

5. **Simplifying the referral process through a Dementia Liaison Manager** - Access
to the available services for people living with dementia will have a clear pathway guided by the Dementia Liaison Manager. This will reduce the timeframe to access any service and also reduce the frustration associated in accessing services.

6. **Housing** – Following a diagnosis of Dementia and if required, an individualised housing assessment can be arranged via the Dementia Liaison Manager. This advice will enable the person living with dementia and their families/main carers to make the necessary adaptations to transform their home into a dementia friendly environment.

7. **Achieving a dementia friendly community** - Our community has the capacity to support people to live well with dementia, taking into account language, cultural needs and preferences. It requires a community in which people living with dementia and those who care for them, are treated with the dignity and respect they deserve and provided with the help and support they need. Our long-term goal is to create a “Dementia Friendly Community”.

**Achieving the outcomes (See Appendix 4)**

1. **Earlier diagnosis of dementia prompting effective treatment and care.**
   - Five yearly health checks for persons aged 40-74 without any pre-existing conditions.
   - Promoting awareness of, and early management of the symptoms of dementia.
   - Mandatory dementia training for all health care professionals.

2. **A smoother, seamless journey for those living with dementia, their families and health carers.**
   - Formation of the National Dementia Committee. (See Appendix 5 and 6)
   - Implementation of the National Dementia Coordinator and Dementia Liaison Manager roles.
   - Coordinating post diagnostic support for people living with dementia and their families/main carers.
   - Listening to and involving people living with dementia and their families/main carers, as equal partners throughout the Dementia Journey.
   - Continued respect and promotion of rights in all settings, in accordance with current legislation.

3. **Information for people living with dementia and their families/main carers.**
   - Dementia awareness information leaflets will be available for anyone in the community to access.
   - A dementia Information booklet will be issued by the Joint Memory Clinic to all
those who have been diagnosed with dementia providing useful information and contact numbers of relevant services.

4. To continue training staff and supporting families/main carers to be able to champion suitable changes and innovation of services in accordance with evidence based practice (as per NICE Guidelines 2018, UK).
   - Education and training in dementia care for public sector frontline staff.
   - Mandatory dementia training for all clinicians.
   - Dementia awareness sessions for families/main carers.

5. To improve on the person centred care framework for all aspects of their medical and nursing treatment. This framework includes the participation of individuals and carers towards their plan of care.
   - Creating through the Dementia Liaison Manager a multi-disciplinary approach to dementia care.
   - Expanding and improving the alert feature on the electronic patient record system, within the healthcare departments for people living with dementia.
   - Continue to promote non-pharmacological interventions and holistic therapies.
   - Consider the individual needs of people living with dementia, whilst in an unfamiliar environment i.e. hospital admission, primary care centre etc.
   - Prevent failed hospital discharges by providing prompt and efficient discharge planning.
   - Continue to provide effective and efficient packages of care for people living with dementia in the community.
   - Include the person living with dementia and their families/main carers in all decisions about their care.

6. To allow those with dementia the opportunity to continue living at home for as long as possible.
   - Explore and where feasible invest in the use of assistive technology for people living with dementia.
   - Ensuring that people living with dementia are included in community activities, and that they and their family carers are supported by the community.
   - Facilitate access to the dementia day care centres.
   - Facilitate access to AHPs services, such as Speech and Language therapy, physiotherapy services and occupational therapy, to assist with the rehabilitation of the individual.
   - Continue to provide specialist respite care.

7. To continue networking closely together with people living with dementia,
families/main carers, GADS and any other voluntary organisations.

- Working in partnership with the Gibraltar Alzheimer’s and Dementia Society (GADS) and any other voluntary groups.
- To continue to support GADS with the Dementia Friends initiative.

8. To raise public awareness on dementia and eliminate any associated stigma.

- Inform the community about dementia and how to recognise it.
- Creating dementia friendly environments.
- Include the contribution of people living with dementia in our community activities.
- Working with the Gibraltar Alzheimer’s and Dementia Society and other groups to raise the profile of dementia.
- Encouraging individuals, organisations and businesses to be “Dementia Friendly”.
- Engaging with young people in schools, clubs and youth organisations to increase their awareness and understanding at the earliest possible age.
- Expanding on the ‘Dementia Friends’ initiative.
- Make use of social media to continue to raise awareness.

9. To have a centralised Dementia database

- The Dementia Coordinator will keep a centralised register of people diagnosed with dementia.
- All services will contribute to a centralised database, providing data of services delivered to people living with dementia.

Evaluation

This strategy will be evaluated continually assessing the impact of our goals and objectives via the National Dementia Committee:

a) Re-evaluating and initiating any changes necessary in a timely manner.

b) Having a commitment to take forward transformational changes and report progress.

c) Keeping up to date with UK research on different aspects of dementia care.

d) Evaluating the impact of the strategy using surveys and questionnaires.

e) Measuring the standards of care against Gibraltar’s Dementia Minimum Care Standards and NICE guidelines UK, June 2018.
This Strategy has been reviewed, streamlined and updated by the Ministry of Health and Care.

Appendix 1

The prevalence of people living with dementia in Gibraltar (September 2018).

Number of persons living with dementia

Location of persons living with dementia
Appendix 2: The National Dementia Committee and Sub-groups Structure
Appendix 3 - The National Dementia Committee (NDC) and Sub-groups structure

The National Dementia Committee will coordinate the efforts of the relevant Government departments, to deliver services to people living with dementia. The function of this committee is to ensure the appropriate momentum is achieved by working together towards meeting the goals and objectives set out in the Strategy. This committee will work closely with service users and their representatives.

This will include the creation of two multi-agency NDC sub-groups; the Policy and Practice sub-group and the Training sub-group.

The NDC will volunteer one member from the committee to chair the sub-group committees.

The NDC will focus on:

1. Ratifying policies.
2. Feedback on public needs.
4. Preparation of the next strategic plan.

The steps for the implementation of this committee would be as follows:

1. Discussion and approval of the terms of reference of this committee, including its membership.
2. Official appointment to the group.
3. Outlining of the working processes/communication strategies.

The challenge of the NDC is transforming this strategy into meaningful operational goals.

Policy and Practice sub-group and Training sub-group

The Policy and Practice sub-group will agree a schedule whereby the various multi agency policies are reviewed and commented on. The policies will then be referred to the National Dementia Committee for ratification and implementation.

The Training sub-group would then consider any training needs regarding the implementation of these policies to ensure they are embedded.

Responsibilities of the sub-groups

Policy and Practice sub-group

This sub-group takes responsibility for procedures, policies and guidelines for all departments who interact with people living with dementia by:

- Providing up to date guidelines, procedures and practice guidance.
- Ensuring that actions identified are embedded into policy and practice.
- Providing a Dementia Policy for all departments that interact with people living with dementia.
- Ensuring that each Government department has a dementia link person.
Training sub-group

This sub-group takes responsibility for the provision of a high quality, effective training programme to raise dementia awareness, in order to meet local needs.

The Training sub-group will ensure that:

- There is a programme of dementia awareness training within Government departments and the community.
- That staff are encouraged and recognised for developing initiatives.
- Training attendance records are kept and updated.
- Training is evaluated and feedback is relayed to the National Dementia Committee.
### Appendix 4 – Strategic Goals and Objectives

<table>
<thead>
<tr>
<th>Key objective</th>
<th>Goal</th>
<th>Who is going to implement?</th>
<th>What is needed to implement? (I.e. resources, funding etc.)</th>
<th>Target date</th>
<th>Evaluation of the objective and its implementation</th>
<th>Outcome. Any changes that need to be implemented</th>
<th>Re-evaluation if required</th>
<th>Review of objective</th>
<th>Final outcome</th>
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<tr>
<td>Earlier diagnosis of dementia prompting effective treatment and care.</td>
<td>Five yearly health checks for persons aged 40-74 without any pre-existing conditions.</td>
<td>GHA – Primary Care Manager.</td>
<td>Incorporate into current medical and admin practices.</td>
<td>2020</td>
<td>Yearly audits.</td>
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<td></td>
<td>Mandatory dementia training for all health care professionals.</td>
<td>GHA – Medical Director, School of Health Studies and ERS/GHA Practice Development Team.</td>
<td>Include dementia training as mandatory. Funding for specialised training.</td>
<td>2021</td>
<td>Auditing of training records.</td>
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<td></td>
<td>Formation of the National Dementia Committee</td>
<td>Ministry of Health and Care.</td>
<td>To formalise the committee.</td>
<td>2018</td>
<td>Achievements of goals and objectives.</td>
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<td>Implementation of the National Dementia Coordinator and Dementia Liaison Manager roles.</td>
<td>Ministry of Health and Care.</td>
<td>Identify key persons. May require additional funding.</td>
<td>2018</td>
<td>Achievements of goals and objectives.</td>
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<td></td>
<td>Coordinating post diagnostic support for people living with dementia and their families/main carers.</td>
<td>Dementia Liaison Manager.</td>
<td>Working in partnership with government agencies such as ERS, CA, GHA and Housing.</td>
<td>2021</td>
<td>Audit of achievements via the NDC.</td>
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A smoother, seamless journey for those living with dementia, their families and health carers.
| Listening to and involving people living with dementia and their families/main carers, as equal partners throughout the Dementia Journey. | Dementia Liaison Manager. | Working in partnership with GADS and any other voluntary organisations. | 2020 | Two yearly survey. |

| Continued respect and promotion of rights in all settings, in accordance with current legislation. | NDC. | Working in partnership with government agencies such as ERS, CA, GHA and Housing. | Ongoing | Achievements of goals and objectives. |

| Dementia awareness information leaflets will be available for anyone in the community to access. | National Dementia Coordinator. | Funding required for leaflets and access to social media. | 2019/2020 | Two yearly survey. |

| To continue training staff and supporting families/main carers to be able to champion suitable changes and innovation of services in accordance with evidence based practice (as per NICE Guidelines 2018, UK). |
| Education and training in dementia care for public sector frontline staff. |
| Practice Development Team. |
| Funding for training materials and part time admin support. |
| 2021 |
| Auditing of training records. |
| GHA – Medical Director, School of Health Studies and Practice Development Team. |
| Mandatory dementia training for all clinicians. |
| Funding for training materials. |
| 2021 |
| Auditing of training records. |
| Practice Development Team. |
| Dementia awareness sessions for families/main carers. |
| Funding for training materials and part time admin support. |
| 2021 |
| Auditing of training records. |
| GHA – Medical Director, School of Health Studies and Practice Development Team. |
| Creating through the Dementia Liaison Manager a multi-disciplinary approach to dementia care. |
| NDC and Dementia Liaison Manager. |
| Working in partnership with government agencies such as ERS, CA, GHA and Housing. |
| 2019/2020 |
| Achievements of goals and objectives. |
| GHA. |
| Expanding and improving the alert feature on the electronic patient record system, within the healthcare departments for people living with dementia. |
| Incorporate into current medical and admin practices. |
| 2019 |
| Yearly audits. |
| NDC. |
| Continue to promote non-pharmacological interventions and holistic therapies. |
| Incorporate into current medical and admin practices. |
| Ongoing |
| Two yearly survey. |
| NDC. |
| Consider the individual needs of people living |
| Introduction of new policies throughout |
| 2021 |
| Yearly review of the policies through the NDC. |
with dementia, whilst in an unfamiliar environment i.e. hospital admission, primary care centre etc.

Prevent failed hospital discharges by providing prompt and efficient discharge planning.

Continue to provide effective and efficient packages of care for people living with dementia in the community.

Include the person living with dementia and their families/main carers in all decisions about their care.

Explore and where feasible invest in the use of assistive technology for people living with dementia.

Ensuring that people living with dementia are included in community activities, and that they and

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<td>National Dementia Coordinator and Dementia Liaison Manager.</td>
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<td>Funding to attend yearly conferences for research and development.</td>
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Appendix 5 Terms of reference National Dementia Committee

National Dementia Committee

Steering Committee Terms of Reference

Document Version: 2

Authors

This document was revised and amended by:

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<th>Name</th>
<th>GHA &amp; ERS Management</th>
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Version History

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<td>Adam Wink</td>
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1. **Background**

The Gibraltar Government is committed towards improving lives and outcomes of people with Dementia and their families. This document follows on from the National Dementia Vision and Strategy for Gibraltar 2015.

The 2015 Vision recognised the need for a National Dementia Committee to further coordinate Government Departments. Individual departments will work in partnership with the National Dementia Committee to implement strategic goals and objectives as a matter of priority. This, in-turn, will facilitate a more dementia friendly community.

The National Dementia Committee will support the sub-groups to implement the strategic goals and objectives throughout Government departments.

2. **Role of the Gibraltar National Dementia Committee (NDC)**

The role of the Gibraltar National Dementia Committee is as follows:

- To action the Strategy and achieve its goals and objectives.
- To ratify and implement policies as created by the sub groups in line with the Strategy.
- To monitor the progress of the Strategy and its implementation via the sub-groups.
- To resolve any strategic level issues.
- To audit feedback of goals and objectives and advise of any changes required.
- To facilitate the participation of people living with dementia in any new strategic goals and objectives.
- To act as a focal point through which policy makers can interact with charities, volunteer organisations and the public.
- To ensure Gibraltar is a dementia friendly community by 2021.

3. **Responsibilities of the NDC Chairperson**

The NDC Chairperson will be appointed by the Minister for Health and Care in the first meeting.

The responsibilities of the NDC Chairperson are as follows:

- Sets the agenda for each meeting.
- Ensures that meetings are kept within a set timeframe.
- Ensures full participation from all Committee members.
- Ensures action points are delegated accordingly and timeframes are specified.
- Ensures all meetings are recorded.
4. **Responsibilities of the NDC Members**

NDC members have the following responsibilities:

- To be aware of the strategic goals and objectives.
- To maintain momentum of the Strategy within their department.
- To become a Dementia Friend.
- To ensure that any dementia policy is adhered to.
- To actively participate in meetings through attendance, discussion, and review of minutes and any other documents.
- Support open discussion and debate.

5. **General**

5.1 **Membership**

The table below lists the National Dementia Committee.

<table>
<thead>
<tr>
<th>Principal Secretary to the Minister for Health and Care</th>
</tr>
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<tbody>
<tr>
<td>National Dementia Co-ordinator</td>
</tr>
<tr>
<td>ERS Manager</td>
</tr>
<tr>
<td>Care Agency CEO</td>
</tr>
<tr>
<td>GHA Medical Director</td>
</tr>
<tr>
<td>Housing Manager</td>
</tr>
<tr>
<td>GHA Primary Care Manager</td>
</tr>
<tr>
<td>GHA Consultant</td>
</tr>
<tr>
<td>GHA Director of Nursing Services</td>
</tr>
<tr>
<td>GHA Clinical Manager</td>
</tr>
<tr>
<td>GHA Consultant</td>
</tr>
<tr>
<td>GADS</td>
</tr>
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</table>
Heads of Department required to attend on an invitational basis.

<table>
<thead>
<tr>
<th>Title</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Police Commissioner</td>
<td>RGP</td>
</tr>
<tr>
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<td>Tourism</td>
</tr>
<tr>
<td>Director</td>
<td>Environment</td>
</tr>
<tr>
<td>Director</td>
<td>Transport</td>
</tr>
<tr>
<td>Director</td>
<td>Aviation</td>
</tr>
<tr>
<td>CEO</td>
<td>Port</td>
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<tr>
<td>Director</td>
<td>Culture</td>
</tr>
<tr>
<td>CEO</td>
<td>GCS</td>
</tr>
<tr>
<td>CEO</td>
<td>Sports &amp; Leisure</td>
</tr>
<tr>
<td>Director for Education</td>
<td>Education</td>
</tr>
<tr>
<td>Small Businesses</td>
<td>Director</td>
</tr>
</tbody>
</table>

5.2 **Quorum and Decision-making**

All NDC members should attend all meetings or send a representative in their place.

5.2.1 **Decision-making Process**

The Committee’s role is to support the chairperson in the revision of policies recommended by the sub-groups. The responsibility for establishing and directing the policy will lie with the chairperson, after consultation with the Ministry for Health and Care.

5.3 **Frequency of Meetings**

To set up the Committee, it is essential that Committee members are available to meet monthly, initially. Once the Committee is established, the Board will meet every quarter at the Charles Hunt Room, John Mackintosh Hall.

The meeting will be held in two sections:

- **Part 1** - during the first part of the meeting members of the public will be able to attend and contribute towards the meeting;
- **Part 2** – Due to the potentially sensitive nature of some of the discussions, this part of the meeting will be held in camera.
5.4 Agenda, Minutes, and Documents

The committee will be supported by a NDC Secretary to prepare agendas; record minutes and prepare documentation packs for the meetings.

5.5 Deliverables

The committee will ensure that the goals and objectives are met. In the event that the target has not been achieved, the committee will revise, review and reschedule the objective.
Appendix 6

Policy and Practice Sub-Group and Training Sub-Group

Terms of Reference

Document Version: 2

AUTHORS

This document was revised and amended by:

<table>
<thead>
<tr>
<th>Name</th>
<th>GHA and ERS Management</th>
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VERSION HISTORY

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<th>Document Version</th>
<th>Document Revision History</th>
<th>Document Author/Reviser</th>
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<tr>
<td>1</td>
<td>Draft</td>
<td></td>
<td>Adam Wink</td>
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<tr>
<td>2</td>
<td>Revised and amended</td>
<td></td>
<td>Dementia Team</td>
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5.5 Deliverables ........................................... 6
1. **Background**

Further to the implementation of the Gibraltar National Dementia Strategy (GNDS) 2018 and the creation of the National Dementia Committee (NDC), there will also be two secondary sub-group committees.

These sub-groups will comprise of a Policy and Practice sub-group and a Training sub-group. These sub-groups will be formed by managers of relevant Government departments and each of the Sub-Groups will be chaired by a member of the NDC.

2. **Role of the Sub-Groups**

The role of the Sub-Groups is, to work together to ensure that the strategic plan materialises into an achievable, operational and implementable plan. To do this it will need:

**Policy and Practice Sub-Group**

- To create a Dementia policy for Government departments.
- To implement policy to ensure that the goals and objectives set by the NDC, to create a dementia friendly service across the board are followed and achieved as per the GNDS 2018.
- To request assistance from the NDC for any operational issues encountered which may prevent the implementation of the strategy.
- To be accountable for their respective department to implement the relevant policies and any required changes to their service in accordance with the direction set by the NDC, in a timely and cost-effective manner.
- To ensure data and feedback is provided to the NDC.
- To identify and evaluate any improvements required in the implementation of the GNDS 2018 by presenting alternative solutions.
- To nominate a link person in each department to liaise with the Dementia Liaison Manager in order to achieve the delivery of services in a seamless manner and to provide the appropriate support as per the GNDS 2018.
- To adhere to the goals and objectives deadlines.
- To work towards making Gibraltar a dementia friendly community by 2021.

**Training Sub-Group**

- To implement policy to ensure that the goals and objectives set by the NDC, to create a dementia friendly service across the board are followed and achieved as per the GNDS 2018.
- To request assistance from the NDC for any operational issues encountered which may prevent the implementation of the strategy.
- To create a programme of dementia awareness training within Government departments.
- To be accountable that agreed training programmes are adhered to.
To identify and evaluate any training requirements arising from the implementation of the GNDS 2018 by presenting alternative solutions.

To liaise with GADS for implementation of dementia awareness programs in the community.

To log and maintain training records.

To ensure data and feedback is provided to the NDC.

To ensure training is evidence based in line with current research.

To adhere to the goals and objectives deadlines.

To work towards making Gibraltar a dementia friendly community by 2021.

3. Responsibilities of the Sub-Group Chairperson

The Chairperson of this group will be nominated by the NDC.

The responsibilities are as follows:

- Sets the agenda for each meeting.
- Ensures that meetings are kept within a set timeframe.
- Ensures full participation from all Committee members.
- Ensures action points are delegated accordingly and timeframes are specified.
- Ensures all meetings are recorded.

4. Responsibilities of Sub-Group Members

Members have the following responsibilities:

- To be aware of the strategic goals and objectives.
- To maintain momentum of the Strategy within their department.
- To become a Dementia Friend.
- To ensure that any Dementia policy is adhered to.
- To actively participate in meetings through attendance, discussion, and review of minutes and any other documents.
- Support open discussion and debate.

5. General

5.1 Membership

The table below lists the initial membership of the Policy and Practice Sub-Group Committee.
The table below lists the initial membership of the Training Sub-Group Committee.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Dementia Coordinator</td>
<td>MH&amp;C</td>
</tr>
</tbody>
</table>

5.2 Quorum and Decision-making

The NDC will need to establish guidelines for the sub-groups to adhere to.

5.2.1 Decision-making Process

The Committee will attempt to reach decisions on operational matters, with the final say being taken were possible by the Chairperson. Any matters not agreed upon will be referred to the NDC for a decision. All proposals agreed by this group will not be referred to as policy, until approved by the NDC.

5.3 Frequency of Meetings

The sub-groups shall meet on a monthly basis.
5.4 Agenda, Minutes, and Documents

The sub-groups will be supported by a secretary to prepare agendas, record minutes and prepare documentation packs for the meetings. The admin support will be the responsibility of the chairperson.

5.5 Deliverables

The sub-groups will ensure that the goals and objectives are met. In the event that the target has not been achieved, the will revise, review and make representations to the NDC.
Dementia
“Forget me not”