



Delegated Decisions by Cabinet Member for Adults

Tuesday, 17 June 2025 at 9.00 am

Room 3 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings, please click on this [Live Stream Link](#).
However, that will not allow you to participate in the meeting.

Items for Decision

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Decisions taken will become effective at the end of the working day on 20 June 2025 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

These proceedings are open to the public

A handwritten signature in blue ink that reads "Reeves".

Martin Reeves
Chief Executive

June 2025

Committee Officer: **Email:**
committeedemocraticservices@oxfordshire.gov.uk

Note: *Date of next meeting: 15 July 2025*

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

Items for Decision

1. Declarations of Interest

See guidance below.

2. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet Member's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

3. Petitions and Public Address

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to committeesdemocraticservices@oxfordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

4. Minutes of the Previous Meeting (Pages 1 - 2)

The Cabinet Member is asked to approve the minutes of the meeting of 29 April 2025 as an accurate record of proceedings.

5. Dementia Support Service (Pages 3 - 28)

Cabinet Member: Adults

Forward Plan Ref: 2025/070

Contact: Lorraine Donnachie, Joint Senior Commissioning Officer

Lorraine.donnachie@oxfordshire.gov.uk

Report by Director of Adult Social Care

This paper provides details on the proposal to commission a dementia support service with contributory funding from Buckinghamshire Oxford and Berkshire West Integrated Care Board (BOB ICB) to meet future needs.

The Cabinet Member is RECOMMENDED to

- a) Approve the proposal for Adult Social Care to commission a dementia support service through a procurement exercise and transition to a new ten-year contract on a five-year plus five-year basis from 1 January 2026 (pooled budget £913,623 per year as set out in paragraph 7 below).**
- b) Delegate to the Director for Adult Social Care authority to manage the service design and approve the award of contract in consultation with the Head of Legal and Governance and the Director of Finance.**

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships

- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.
- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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DELEGATED DECISIONS BY CABINET MEMBER FOR ADULT SOCIAL CARE

MINUTES of the meeting held on Tuesday, 29 April 2025 commencing at 9.00 am and finishing at 9.05 am.

Present:

Voting Members: Councillor Tim Bearder – in the Chair

Officers: Jack Nicholson, Democratic Services
Colm O’Caomhanaigh, Democratic Services
Will Gardner, Team Manager, Oxfordshire Employment

The Cabinet Member considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, and decided as set out below. Except as insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

43/25 DECLARATIONS OF INTEREST

(Agenda No. 1)

There were no declarations of interest.

44/25 QUESTIONS FROM COUNTY COUNCILLORS

(Agenda No. 2)

There were no questions from County Councillors.

45/25 PETITIONS AND PUBLIC ADDRESS

(Agenda No. 3)

There were no petitions. There was no public address.

46/25 MINUTES OF THE PREVIOUS MEETING

(Agenda No. 4)

The minutes of the meeting held on 25 February 2025 were approved as an accurate record of proceedings.

47/25 CONNECT TO WORK: SELECTION OF KEY DELIVERY PARTNER

(Agenda No. 5)

The Cabinet Member approved the recommendations.

RESOLVED to:

- a) review the options considered against the criteria identified taking into account the requirements of the Connect to Work Guidance of Department of Work and Pensions, Oxfordshire's labour market and social value;**
- b) approve the recommendation of Option 2 – Enterprise Oxfordshire as the provider of the Independent Placement Support pathway for Oxfordshire's Connect to Work programme; and**
- c) delegate the pathway design and award of contracts decision to the Director of Adult Social Care, the latter in consultation with the Section 151 Officer and Head of Legal and Governance.**

..... in the Chair

Date of signing

Divisions Affected - All

Delegated Decision by Cabinet Member for Adults

17 June 2025

Budget approval for provision of a Dementia Support Service funded between Adult Social Care and Integrated Care Board

Report by Director for Adult Social Care

RECOMMENDATION

1. **The Cabinet Member is RECOMMENDED to**
 - a) Approve the proposal for Adult Social Care to commission a dementia support service through a procurement exercise and transition to a new ten-year contract on a five-year plus five-year basis from 1 January 2026 (pooled budget £913,623 per year as set out in paragraph 7 below).
 - b) Delegate to the Director for Adult Social Care authority to manage the service design and approve the award of contract in consultation with the Head of Legal and Governance and the Director of Finance.

Executive Summary

2. This paper provides details on the proposal to commission a dementia support service with contributory funding from Buckinghamshire Oxford and Berkshire West Integrated Care Board (BOB ICB) to meet future needs. It emphasises the importance of providing tailored support to individuals living with dementia and their unpaid carers, highlighting the increasing demand for such services as the population ages. It also sets the stage for a new service model that aims to enhance the quality of life for those affected by dementia, ensuring they remain supported within their communities.
3. Our conclusion advocates for a strategic approach to service delivery that is responsive to the increasing needs of the community, ensuring that individuals can live well with dementia while receiving the necessary support. The proposed changes and funding adjustments aim to enhance the effectiveness and reach of dementia support services in Oxfordshire.
4. It is recommended that the new dementia support service is commissioned by the Council with contributory funding from BOB ICB at the increased funding level. It is proposed the new service will go out to tender and will be

commissioned for five years plus a possible further five years (with 6 months' break clause included), with a proposed start date of 1 January 2026.

Decision table

Board	Date	Decision
Adult Social Care Directorate Leadership Team	22 April 2025	Agreed
Joint Commissioning Executive	8 May 2025	Agreed
ICB Turnaround Board	9 June 2025	
Key decision at Cabinet	17 June 2025	

Proposed commissioning

Introduction

5. Our population is ageing, and the prevalence of dementia roughly doubles with every five-year increase in older age. According to the Dementia Diagnosis Rate report for September 2024, Oxfordshire has 6,093 people diagnosed with dementia aged over 65 with an estimated 9,662 that might have dementia. The need to improve and develop services for people with dementia has received an increasing level of national and government attention. We estimate the demand in Oxfordshire will increase in line with this trend.

Background

6. Under the Care Act 2014, the Council and NHS are responsible for ensuring that sustainable, high-quality care and support services are available for adults and their unpaid carers who are in need of meaningful care and support.
7. There are currently two contracts with Age UK Oxfordshire which support people living with dementia, their unpaid carers and also people with Mild Cognitive Impairment or memory difficulties. These two contracts expire on 31 December 2025. These services are funded from the Age Well pooled budget by the Council and the BOB ICB and total £820,123pa.
8. The Dementia Support Services have a big impact on both the people living with dementia or Mild Cognitive Impairment / memory issues and their unpaid carers. See **Annex 1** for Dementia Oxfordshire Impact Report 2024. The services have seen consistent growth in the number of people being supported in the region of 10% year-on-year and the data tells us that we should expect the demand to continue to rise.
9. There is an NHS national target to deliver dementia diagnosis to a minimum of 66.7% of the assumed prevalent population. This target is adopted within the Oxfordshire Health & Wellbeing Strategy. Currently, Oxfordshire's performance is 63.1%. Dementia support services are part of the delivery of this target: the

existence of post-diagnostic support is a key element in encouraging people to seek an early diagnosis.

10. The table below shows how the numbers of people being supported have risen since the first year of the contract in 2021.

	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Change (from 2021 to 2024)
Number of new referrals accepted	964	1,109	1,178	1,153	+19%
Service case-load	2,109	2,337	2,609	2,745	+30%
Number of 6-month reviews completed*	3,718	4,597	4,519	4,557	+23%

*Does not include initial reviews

The proposed new service

11. We explored national and local models and we have looked at the performance and the impact the current services are having on people living with dementia and their unpaid carers. We have asked people living with dementia, their families and professionals working with people living with dementia about what is working and what isn't. With all this information and feedback, the Council and BOB ICB have co-produced a **new model of service**.
12. The overall aim of the new model of dementia support service we require is to empower and support people concerned about their memory, diagnosed with Mild Cognitive Impairment or dementia, their unpaid carers, and wider family, to live their lives as independently, successfully and safely as possible for as long as possible within their communities. The service will be extended in the new model to include Admiral Nurse support. This increases the capacity and capability of the service and the opportunities to improve the interface with the clinicians providing healthcare to the users of the service.
13. The intention is to go out to tender and the new service will start on 1 January 2026. The contract will be for five years plus an option to extend for a further five years to allow more sustainability and stability in the sector. The length of the contract will maximise the opportunity for innovation and costs savings and partnership working. Included in the contract will be a break clause giving the Council the right to terminate the contract at any time by giving not less than 6 months' notice. This time frame also aligns to the Oxford Health NHS FT mental health contract. Dementia Support services work alongside memory clinics provided by the Trust, and there is scope to improve pathways and response to better support our population and deliver efficiencies.

Options analysis

14. **Option 1:** Do nothing and allow the dementia contracts to end on 31 December 2025.

This would leave the Council at risk of challenge in not meeting statutory obligations under the Care Act 2014.

15. **Option 2: Retender.** The Council commissions a co-produced (with BOB ICB) dementia support service through a procurement exercise and transition to a new ten-year contract (on a five-by-five-year basis) with a proposed commencement date from 1 January 2026 (including funding for an Admiral Nurse), in line with the new Mental Health Contract which incorporates older adult community and in-patient mental health care. (The OA CMHT provide the memory assessment services that drive referrals into the dementia service.)

Preferred option

16. The preferred option is **Option 2: Retender.** The Council commissions a co-produced (with BOB ICB) dementia support service through a procurement exercise and transition to a new ten-year (on a five year by five year basis) contract from 1 January 2026 (including funding for an Admiral Nurse), in line with the new Mental Health Contract which incorporates older adult community and in-patient mental health care. (The OA CMHT provide the memory assessment services that drive referrals into the dementia service.).
17. This option would allow the Council to complete a fair exercise to commission a service which will deliver value for money and meet the specification.

Contract value

18. The current budget for 2025-26 from the Age Well pooled budget is £820,123. We have considered inflationary pressures experienced by providers and propose to increase the budget by £33,500 which equates to 4.1%. We recommend that the new contract has a price review clause where inflation uplift is considered on an annual basis. We have also considered the impact the Admiral Nurse has had on the current dementia services and propose to increase the budget further by £60,000 for one Admiral Nurse as part of the new service.

Current service	Cost per year	Activity
Current annual ASC budget	£637,660	New referrals over 1,200pa Service caseload over 2,700, 6 monthly reviews over 4,500 Supporting 71% of people in community
Current annual BOB ICB budget	£182,463	
Total	£820,123	
New service	Cost per year	Activity
Increase ASC budget as per 2025-26 inflation rate at 4.1%	£26,000	Funding identified in the Council Prevention budget. Funding identified in the BOB ICB budget.
Increase ICB budget as per 2025-26 inflation rate at 4.1%	£7,500	

		Cost uplift applied pro-rata to the current allocation of costs within the contract
Total	£853,623	Council increase to be met from SBE534
PLUS:		
A: One Admiral Nurse £60,000		Proposal to split 50:50 with BOB ICB
Increase ASC budget	£30,000	Funding identified in the Council Prevention budget.
Increase ICB budget	£30,000	Funding identified in the BOB ICB budget.
Total	£913,623	
B: Two Admiral Nurses £120,000		<i>To be varied to contract post-award if indicated</i>
Increase ASC budget	£60,000	
Increase ICB budget	£60,000	
Total	£973,623	<i>Indicative if variation takes place</i>

19. The total cost for a contract up to ten years would be £9,136,230 which includes one Admiral Nurse at £60,000pa. The total cost to the Council for this would be £6,936,600. This is an increase of £56,000pa for the Council.
20. The ICB confirmed the commitment of funding to support this procurement at its Executive Expenditure review group on 9 June.

Impact

21. The Service will be part of the Memory Assessment and Diagnostic Pathway (See **Annex 2**) and deliver the following outcomes:
 - Provide individuals with local information by maintaining an up-to-date website and social media platforms for the Dementia Support Service and other forms of communication including attendance at events to enhance knowledge and help to avoid duplication. The service both extends and aligns to the *Oxfordshire Way*.
 - Engage with individuals that don't usually access support with memory concerns or dementia to reduce stigma and improve awareness.
 - Increase awareness and reduce stigma and health inequalities.
 - Increase understanding of memory concerns and dementia through training and group opportunities.
 - Increase awareness of the benefits of an early diagnosis.
 - Promote support available across Oxfordshire for those with memory concerns or dementia and their unpaid carers.
 - Prolong the time that those with dementia can stay at home.
 - A clear referral pathway for people with Mild Cognitive Impairment, memory difficulties or waiting for a dementia diagnosis.
 - Well established links between Dementia and Memory Advisers and GP practices and Primary Care Networks.
 - GPs more aware of pre- and post-diagnostic support services.

- Supporting GP practices and Primary Care Networks to promote awareness and information to provide a coordinated pathway of care.
- Reduce the use of statutory services such as primary and secondary healthcare, hospitals and Adult Social Care.

22. The specification of the contract will include a requirement for the Service Provider to work with commissioners to design evaluation tools and track actual impact on spend in other parts of the system e.g. reduction of care home days as a result of the specific service interventions. Until this work is completed, it is not possible to be specific about actual savings over the lifetime of the contract. Areas in the system where we would expect savings are the following.

Costs attributable to:

- Delayed use of care home and complex nursing beds by people living with dementia
- reduced ambulance call-out and fewer conveyances to the Emergency Department
- when people are admitted to hospital, increased ability to deploy Home First D2A reducing bed day consumption and higher cost care packages
- Fewer carer breakdowns
- community support (including unpaid carers) versus institutional support
- prevention support (delaying onset and impact of dementia through healthy lifestyle support)

23. The Key Performance Indicators in the new model will include the following:

KPI	Detail	Impact
Increase in capacity	Increase number of people living with dementia supported to live in their own homes	Provides support to people in the community who may not be receiving any.
Reduction in hospital admissions	Help manage dementia symptoms more effectively at home, reducing the frequency of hospital admissions	Reduction in hospital admissions leading to significant cost savings for the healthcare system.
Shorter hospital stays	When hospital admissions do occur, the involvement of the Admiral Nurse can shorten the length of stay by providing specialised support	Less distress for person living with dementia. Cost savings for healthcare system.
Delayed admission to care home Reduction in care home admissions	By supporting unpaid carers and providing expert support advice, the need for residential care can be delayed.	Long-term savings for Adult Social Care.

Support for unpaid carers	By reducing carer stress and breakdown, the Service can help maintain the health and wellbeing of unpaid carers and family members.	Prevention of additional healthcare costs related to unpaid carer health issues.
Addressing health inequalities	Targeted interventions and developing initiatives with communities that experience health inequalities	Promotion of dementia risk reduction

Corporate Policies and Priorities

24. The recommissioning of the Dementia Support Service for a further ten years aligns with the council's **Strategic Plan 2023-2025**:
 - a) Commitment to tackle inequalities in Oxfordshire
 - b) Prioritise the health and wellbeing of residents
 - c) Support carers and the social care system.
25. The delivery of stronger, more resilient communities will address a portion of the demand on health and social care services as identified in the Council's strategic Plan 2023-2025 priority of supporting carers and the social care system. The proposed interventions make a significant contribution to prevention work which seeks to strengthen health outcomes and build on individuals' strengths.
26. The Dementia Support Service also aligns with the **Oxfordshire Health and Wellbeing Strategy 2024-2030**, through supporting people to stay well and independent, enjoying better health and wellbeing for longer – and interventions delivered as early as possible when needed.

Financial Implications

27. The funding required for the ten-year contract from 1 January 2026 has been identified by Oxfordshire County Council. Funding has been approved by the BOB Integrated Care Board on 9 June 2025.

Comments checked by:

Stephen Rowles, Finance Business Partner (Adults & Public Health),
Stephen.Rowles@oxfordshire.gov.uk

Legal Implications

28. Under the Care Act 2014, the Council and NHS are responsible for ensuring that every person diagnosed with dementia receives meaningful care, and requires us to develop sustainable, high-quality care and support services.
29. The budget for this procurement is funded from the s75 NHS 2006 commissioning agreement between the Council and ICB dated 1/4/2023.
30. The procurement will be carried out as a Competitive Flexible Procedure under the Procurement Act 2023 and is a light touch contract as defined within the Act.

Comments checked by:

Jayne Pringle, Head of Law, and Legal Business Partner (Contracts and Conveyancing), Jayne.Pringle@oxfordshire.gov.uk

Staff Implications

31. TUPE information has been requested from the existing provider and will be reviewed for any Council pensions or other financial risks. The information will be provided to bidders. Bidders will be required to separate out TUPE costs as part of their bids should these costs not materialise.

Equality & Inclusion Implications

32. With equality and diversity issues at the forefront, the service model has been designed and co-produced with people living with dementia and their unpaid carers. Feedback has been sought about what is working and what isn't and this has helped shape the design of the new service model. The impact of the future service will be monitored and evaluated to ensure that it is making a positive difference to people living with dementia and their unpaid carers and helping them to continue living in the community.

Risk Management

33. **Critical success factors summary table**

Critical success criteria	Option 1	Option 2 [preferred]
Savings achieved	3	1
Least reputational risk	1	3
Least user risk	1	3
Strategic aims achieved	1	3
Feasibility of implementing within acceptable timescales (i.e. no break in service)	1	3
Opportunity to maintain stability and support the existing dementia provision	1	3
Total	8	15

NAME: Karen Fuller, Corporate Director of Adult Social care

ANNEXES: Annex 1 for Dementia Oxfordshire Impact Report 2024
Annex 2 Memory Assessment and Diagnostic Pathway

Background papers: None

Contact Officer: John Pearce, Commissioning Manager
John.pearce@oxfordshire.gov.uk
07775 824765
Lorraine Donnachie, Joint Senior Commissioning Officer
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June 2025

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Impact Report 2024



**Dementia
Oxfordshire**

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A service provided by

 **Oxfordshire
ageUK**

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“We are less isolated, we have made good friends who are sharing this journey with us. Without this service we both would have fallen into depression and despair.”



83%
of survey respondents
**would recommend
Dementia
Oxfordshire**

Background

“Dementia should be seen as one of the major societal as well as medical challenges for our generation to address.”

Chris Whitty, Chief Medical Officer (2023)

Approximately
1 million people in
the UK are currently
living with
dementia

By 2040, it is
estimated that
around 1.4 million
people will have the
disease in the UK

6150 people in
Oxfordshire are
living with
dementia
(up from 5600 in 2020)

Dementia Oxfordshire is a service provided by Age UK Oxfordshire, commissioned by Oxfordshire County Council, and jointly funded by Oxfordshire County Council and the NHS.

Dementia Oxfordshire supports people with dementia to live as well as possible for as long as possible in the community, working to ensure people have a sense of meaning and purpose in their lives. We strive to provide a service that is evidence based and person centred.



Summary

We know that dementia can be a long and lonely journey, not just for the person living with dementia, but also for their friends and family.

Dementia Oxfordshire aims to provide practical and emotional support to make that journey easier. The 2024 Impact Report examines the ways in which we do that, and reveals the difference we make to the lives of those affected.

Building on the work of our previous impact report, this report aims to show that by supporting families through providing a dedicated Dementia Adviser, free information sessions, a Support Line and community activities, we continue to achieve three crucial outcomes:

- Reducing carer stress through tailored practical and emotional support
- Preventing people living with dementia and their carers experiencing isolation and loneliness
- Increasing confidence of people in their caring role and improving the carer-cared-for relationship, through education (and information)

In particular, our analysis of 75 spontaneous emails received during 2024 reveals just how important the support of a Dementia Adviser is. Three recurring themes emerged, with clients expressing:

- They felt well supported, both practically and emotionally
- An appreciation of the timely and appropriate advice and information that enabled families/carer to make better decisions
- Their gratitude for being provided with emotional comfort during difficult times

“I feel really buoyed knowing you're a part of our support team for Mum and Dad at this increasingly difficult time.”

Summary



The Dementia Oxfordshire Team

We have also explored the significant benefits of our recent two-year pilot to embed an Admiral Nurse (specialist dementia nurse) in the service, bringing clinical expertise to the team. Her role includes strengthening relationships with Oxfordshire health and social care teams, as well as providing specialist advice and training for professionals who are working with people with a dementia diagnosis. This means that we have been able to dramatically scale up the improvement in services for those living with dementia and their families across the county, as well as providing clinical expertise to our Dementia Advisers when supporting complex cases.

With almost a decade of experience in supporting people living with dementia and their families, Dementia Oxfordshire continues to grow and adapt. In the past twelve months alone, we have taken over full management of the Young Onset Dementia Team (previously overseen by Dementia UK), we have rolled out our Memory Support Service for those living with memory worries but without a diagnosis, and have introduced a dedicated Benefits Adviser, specifically focussed on providing financial information and advice for families affected by dementia.

For a more in-depth review of our latest impact research, including our methodology and copies of our surveys, see the full report on our website www.dementiaoxfordshire.org.uk.

Core service: The challenge

“...caring for a loved one with dementia is often an emotionally and physically demanding experience which has a significant impact on the carer’s quality of life and wellbeing. The effects of being a family caregiver can bring about a complexity of emotions, and though sometimes positive, undoubtedly provide major challenges. Often the caregiving experience can be described as a time filled with anxiety, heartache, uncertainty and fear.”

Gilsenan, J., Gorman, C., & Shevlin, M. (2022)*

Core service: What we do



At the heart of the Dementia Oxfordshire service is a team of 22 Dementia Advisers and 3 Young Onset Dementia Advisers who support people with dementia, their families and unpaid carers throughout their journey.

During 2024, our Dementia Advisers supported

2845
people living
with dementia
(up 20% from 2022)

3585
unpaid/family
carers
(up 31% from 2022)

Core service: The difference we make



87%

of carers and people with dementia who were in regular contact with their Dementia Adviser agreed with the statement:

“My Dementia Adviser has provided me with practical advice and information which has been helpful.”

“Thank you so much. You have no idea how much of a difference you have made already just by listening and helping to get things moving.”

“You are a true star - really really appreciate your time, enormous care and hugely helpful advice.”

“Whilst the onset of dementia is clearly not reversible, we have seen a marked decrease in the rate of decline of mum’s mental state since your original visit, so we are extremely grateful for your help and intervention.”

Dementia Oxfordshire has an up-to-date website and runs a Support Line, allowing anyone in Oxfordshire to find information or call a Dementia Adviser when they need advice or support.

81%

of survey respondents agreed with the statement:

“It is reassuring to know that the Support Line is available to me.”

789

calls taken by the Support Line in 2024. Up 8% on 2022.

Admiral Nurse: The challenge

“People with dementia and carers can face many barriers, or inequalities, in accessing a diagnosis or care. These barriers are unjust and can be addressed by the right interventions, to ensure that everyone receives equitable access to diagnosis and care. A lack of knowledge about dementia in the health and social care workforce is a recognised barrier.”

Giebel C, Marshall H, Cannon J, et al. (2024).*

Admiral Nurse: What we do

In July 2023 we started a 2½ year pilot to embed a dementia specialist Admiral Nurse within the Dementia Oxfordshire service, funded by Dementia UK. Fran Mada (pictured right) has over 20 years’ experience in the dementia sector. Her role within Dementia Oxfordshire is threefold:



To provide training

for professionals working with an ageing population, focussing on how best to support people living with dementia and to highlight the need for Advanced Care Planning.

To raise awareness

of the services offered by Dementia Oxfordshire and integrate the service into the wider health and social care landscape, leading to better outcomes for individual clients.

To support our Dementia Advisers

with complex cases, working with individual families and liaising with external agencies where necessary. She also leads our team of Young Onset Dementia Advisers.

Admiral Nurse: The difference we make

“I had discussions with my colleague yesterday about the amazing work you do and how we are linking in together Dementia Oxfordshire/ Oxford Health with bitesize training, care planning and specifically pain training for staff [working] with those who have dementia.”

Community Matron

Our Admiral Nurse has worked with over

20

health and social care teams since joining Dementia Oxfordshire, including: Adult Social Care, District Nurses, Community Hospitals, palliative care teams and GPs.

96%

of professional survey respondents who had worked with our Admiral Nurse agreed with the statement:

“Having the services of an Admiral Nurse in Oxfordshire is vital for increasing recognition of the health and social care needs of people who are living with dementia.”

Young Onset Dementia

In 2024, Dementia Oxfordshire supported over 120 clients with young onset dementia (diagnosed before the age of 65). Three dedicated Young Onset Dementia Advisers, led by our Admiral Nurse, provide support and a wide range of activities to cater for the needs for those living with young onset dementia



Education sessions: The challenge

“Persons with dementia found it important to know what the dementia diagnosis entailed and how it develops over time. Informal caregivers viewed information as a requirement to care for someone with dementia.”

Persons with dementia and informal caregivers prioritizing care: A mixed-methods study (2021)*

Education sessions: What we do



Our Information Sessions are a key part of the way in which we support people living with dementia, their families and the wider community. We run three options in various venues around the county, as well as more sessions online. Our Dementia Advisers also host a more informal Care2Share online group, where carers can access peer support.

Experts by Experience

All our information sessions are designed with the help of our Experts By Experience groups, made up of people living with dementia and their informal carers.

“I’ve found that talking to people about dementia who are diagnosed, who know about dementia, makes my dementia easier to manage, because I can see that it’s not just me.”

Glenn, pictured right, was diagnosed 5 years ago and continues to co-design and present our post-diagnostic sessions.



Education sessions: The difference we make

Understanding dementia
for informal carers

15 sessions
117 participants

Post-diagnostic sessions
for newly diagnosed

12 sessions
95 participants

Awareness sessions
for wider community

23 sessions
318 participants

86%

of respondents to the post diagnostic session survey
agreed or strongly agreed with the statement:

**“I feel I can make a positive
difference to the person I support.”**

“...today helped me tremendously in gaining knowledge for my future as a carer for the health and safety of my 93-year-old mother-in-law.”

“The whole session was very useful as I had very little understanding of dementia before this.”



New memory support for those without a diagnosis

Following a successful pilot in 2023, Dementia Oxfordshire launched the Memory Support Service in April 2024.

Anyone worried about memory loss can be referred to the service by a health or social care professional. They will receive a one-off support session from a trained Dementia Adviser.

Additional support

In addition to support from our Dementia Advisers and our regular Information Sessions, we provide a range of other services to ensure that those living with dementia and their carers are supported and informed.



Groups

13

regular groups run by Dementia Oxfordshire.

36

further groups supported by Dementia Oxfordshire.

79%

of those who attend Dementia Oxfordshire groups agreed with the statement:

“Dementia support groups have a positive effect on my wellbeing.”

Clinics

Dementia clinics are held across the county in health centres, libraries and other easily-accessible venues, offering appointments with our Dementia Advisers for anyone with concerns or questions.

16

clinics were held across Oxfordshire in 2024.

Digital

Information and advice about dementia, as well as news and events, can be found on the Dementia Oxfordshire website and Facebook page.

Events

Dementia Oxfordshire hosts three information events each year.



Dementia Oxfordshire in the wider healthcare community

Dementia Oxfordshire works closely with a number of other health and social care professionals across the county, including GPs, Memory Clinic staff, Community Nurses, Occupational Therapists and Social Prescribers. Our 2024 survey showed the service is widely respected and valued.

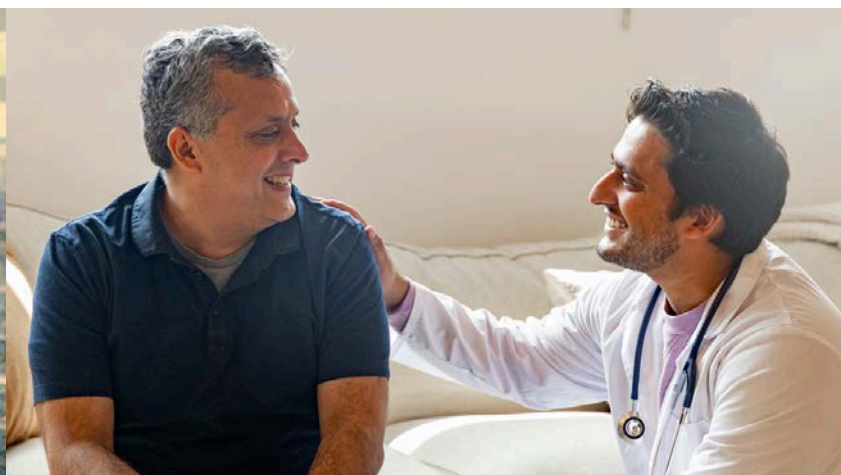
100%

of respondents to our professional survey agreed with the statement:

“Dementia Oxfordshire makes a positive difference to the lives of people with dementia and their families.”

“I just wanted to say what a great Dementia Adviser service you and your colleagues provide. It is very reassuring when I share the diagnosis of dementia to know that there is such good post-diagnostic support out there.”

Alistair Burns, part-time Consultant at Oxfordshire Memory Clinic and National Clinical Director for Dementia and Older People’s Mental Health at NHS England and NHS Improvement



“I rely on Dementia Oxfordshire as a partner organisation with the NHS in supporting people with dementia and their families. Sharing information and knowledge across teams has been a benefit to us all.”

Nurse, Warneford Hospital

With thanks to our Funders and Partners



Many thanks to everyone who has supported Dementia Oxfordshire through donations, fundraising or volunteering.

As the number of people diagnosed with dementia continues to increase, the work of Dementia Oxfordshire has never been more important. As part of the Age UK Oxfordshire family of services for older people, Dementia Oxfordshire perfectly reflects our local and person-centred approach, making significant differences for people with a dementia diagnosis and their families.



The impact of the service goes beyond those individuals. This report reveals that Dementia Oxfordshire has become a respected and integrated part of the wider dementia support network in the county. It is now able to effectively raise awareness of the needs of people living with dementia and their families, thus raising the standard of care across the wider community. I am enormously proud of all that it achieves.

Paul Ringer, CEO Age UK Oxfordshire

*Please see our full report for details of references, available on our website.

01865 410 210

www.dementiaoxfordshire.org.uk

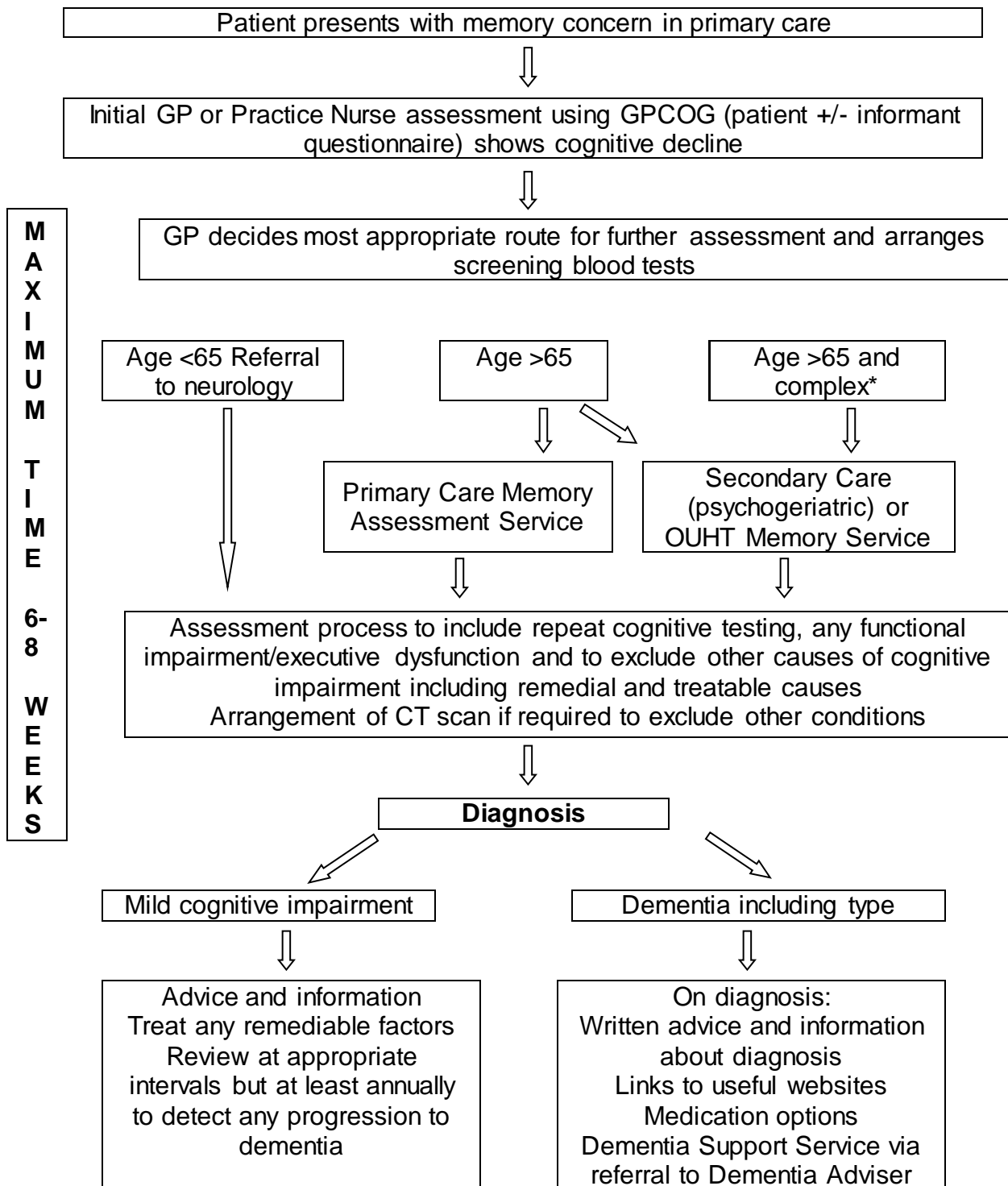
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Dementia Oxfordshire is a service provided by Age UK Oxfordshire. Age UK Oxfordshire is an independent local charity. Registered charity No.1091529 and company limited by guarantee, registered in England and Wales No.4328143.

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Annex 2 - Memory Assessment and Diagnostic Pathway



* complex = significant behavioural disturbance, significant psychiatric conditions, learning disability.

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