Gloucestershire BME Network Group for Dementia
TERMS OF REFERENCE

Background
²gether NHS Foundation Trust worked alongside other agencies in the county to develop and deliver a plan to improve access to memory assessment & community dementia services to people from BME Communities. Training sessions were held to improve staff awareness of the needs of people from BME communities who may need to access our services and this was completed in August 2013. Other elements of the plan were to

1) Develop a directory of services held & updated by MM²gether service & supported by a volunteer role.
2) Develop a plan to promote vascular health within BME communities
3) Design a working across cultures guide of local services for ²gether staff.
4) Develop a practitioner’s network to evidence & support good practice.

On Thursday 20th March 2014 ²gether staff were joined by representatives from statutory and voluntary agencies to share progress and to look at next steps. It was felt that one of the most important elements of the work was to continue to develop and establish good communication networks within the county to promote good practice and improve the experience of services for people from BME Communities.

A workshop focused on item 4 of the plan ‘Develop a practitioner's network to evidence & support good practice. These terms of reference have been developed using the feedback from the workshop. (Appendix 1)

Rationale for a working across cultures network in Gloucestershire

There are significant benefits for all our services if we have a better understanding of each other’s roles & responsibilities, this will improve communication, networking and partnership working across Gloucestershire. Through sharing our knowledge of good practice, we can commit to improving access & post diagnostic support within the services we deliver to BME communities.
Aims & Key Objectives

- To bring together people working in BME Communities to share good practice in working with people with dementia and their carers.
- To work collaboratively to ensure information about services to support people from BME communities are shared and kept up to date through the network.
- To promote access to and the meaningful engagement of people from BME Communities to memory assessment & community dementia services.
- To improve access for BME individuals & carers to post diagnostic information & support.
- To share knowledge of effective methods and best practice when working with BME Communities within the group and to the wider community.
- To raise awareness of memory problems and dementia in BME communities.
- To identify gaps in services and influence commissioning.

Long Term Outcomes

- An increase in referrals and diagnosis of dementia in BME communities.
- Better access to mainstream support services for people with dementia and their carers.
- Improved partnership working and communication between services including better access to support for individuals in outreach roles.
- Joined up approaches to awareness raising that avoids duplication of effort and promotes clear communication to people living and working in BME communities.
- Improved awareness of all local services offering support to BME communities.
- Clearer indication of how services may need to adapt to meet the needs of people from BME communities.
- Case studies that demonstrate best practice leading to enhanced pathways of care.

Short Term Priorities are to develop a work plan to

- Deliver a more coordinated approach to awareness raising of memory problems and dementia to BME communities.
- Agree an effective method of keeping information resources up to date.
- Improve the engagement of GP’s in work with BME Communities.
- Improve range of information for people from BME Communities in different languages.
- Scope existing take up of services for people from BME Communities.
- Develop a Communication Plan for the network.
- Explore how effectively people from BME communities are supported by
Translation services
Information and Advocacy services
Day and home care services

Structure and Frequency of Meetings
- Meetings will be held every six weeks for the first six months of the network
- The meetings will be chaired by Managing Memory ²gether
- Administration for meetings will be managed by Managing Memory ²gether

Structure and Frequency of Meetings WILL BE REVIEWED IN JANUARY 2015

Membership
- GCC Community Development Support Team
- GCC Carer Pathway & Commissioning
- GRCC Village/Community Agent/s
- Community Dementia Link Workers
- Alzheimer's Society
- Carers Gloucestershire
- ²gether Social Inclusion
- Managing Memory ²gether
- Dementia Education Nurses
- Frontline workers in housing and specific dementia/older people’s services in the county as appropriate
- Organisations (other than those listed above) in Gloucestershire delivering specific services to people from BME Communities
- Gloucestershire Older Person’s Assembly (GOPA)

Commissioners and GP’s should be made aware of the network and invited to attend as appropriate. (see reporting arrangements)

Network Member’s rights and responsibilities
- All partners are treated as equal and their contributions are respected and valued
- All partners are able to voice the views and opinions of their organisation /sector at meetings and are responsible for feeding back from the group to the organisation they are representing
- All partners are able to contribute to the formal decisions and recommendations of the Network
- Where members have participated in the priority setting process and feel the programme is of limited relevance to them, they may opt to receive information only. This may be reversed at any time
Reporting Arrangements

All members will be responsible for reporting to their own organisations. In addition to this, with agreement of the network membership, copies of meeting notes and action plans will be sent to

- NHS Gloucestershire Clinical Commissioning Group Frail Older Person’s Board
- 2gether Organic Expert Reference Group
- Glos Locality Board 2gether
- Dementia Education & Training Strategy Group
- Other representative boards as agreed by the membership

Review date: January 2015