

Dementia Action Alliance



Board Meeting Note – 19th February 2014

This is a report prepared for the Dementia Action Alliance Board as a record of the 19th February Board meeting. It provides an update on progress made against the DAA Strategy since November 2013 and outlines some of the decisions to be made by the Board.

It includes monies committed to the Alliance for 2013/14 from the members and projected costs.

Creating a Board to guide the work of the Alliance

What was said in the Strategy

A Board will be formed to guide the work of the Alliance. It will include two permanent members, six elected members and four invited individuals to provide clinical expertise and experience of living with dementia and caring for someone with dementia.

February 2014 update

The DAA Board met for the fourth time on 19th February 2014. It now has a full complement of members though three of the co-chairs (Sharon Blackburn, Jeremy Hughes and Graham Stokes) have come to the end of their terms in the New Year.

A nomination and online election took place with almost a hundred valid votes cast. Jeremy Hughes of Alzheimer's Society and Graham Stokes of Bupa were re-elected as not-for-profit and private sector co-chairs respectively.

Sharon Blackburn has therefore sadly stepped down as the not-for-profit co-chair. The DAA Secretariat would like to extend a personal thank you to Sharon for the support and wisdom she brought to the DAA as co-chair over the last two years.

Not for profit sector Co-Chair representative	Votes	%
Sharon Blackburn (National Care Forum)	36	39%
Reinhard Guss (FPOP British Psychological Society)	18	19%
<u>Jeremy Hughes (Alzheimer's Society)</u>	<u>38</u>	<u>41%</u>
None of the above, why?	1	1%
	93	100%

Comments:

'Happy with all of them'

Private sector Co-Chair representative	Votes	%
<u>Graham Stokes (Bupa Care Services)</u>	<u>68</u>	<u>73%</u>
Janet Jadavji (Yecco)	22	24%
None of the above, why?	3	3%
	93	100%

Comments:

'Require wider selection'

'Not eligible'

'Not the right candidates'

Building the network

What was said in the Strategy

The Alliance will continue to grow. Membership is expected to reach 680 members by 2015: comprising approximately 180 national members and 500 local members.

February 2014 update

There are approximately 987 members of the Dementia Action Alliance. Of these, 149 are national members and 838 are local members. The DAA expects to sign up its 1000 member over the next quarter. We hope to conduct some press work to celebrate this milestone.

Enhancing member work

What was said in the Strategy

Alliance staff will continue to enhance the impact of member actions through encouraging information sharing, providing an active 'dating service', promoting collaboration, and suggesting actions.

February 2014 update

The DAA Secretariat is currently analysing national member action plans to identify those that are delivering their actions plans and those that aren't. The ambition is to produce a 'member league' table with a composite score of member updates, attendance, financial / non-financial contributions and involvement in joint work. The paper will be circulated to the Board after the meeting for comments. Member Action Plans are due to expire during 2014 and the paper will inform recommendations for the refresh process.

Work on the mentor section on the website is yet to start and will be fed into the refresh of the website that will start in March.

Delivering joint work

What was said in the Strategy

Between 2012 and 2015 the Alliance will conduct ongoing programmes of joint work that will be funded externally. This will include the Right Care, post diagnosis care pathway Action Group and the Carers Call to Action.

February 2014 update

Right Care

The DAA Right Care Webinar Programme has now ended and planning for the next phase has begun. The Secretariat has tested and circulated an online-survey of Right Care sign-ups and conducted an analysis of hospital trust Action Plans to assess their progress to date. 93 completed responses were received.

The results from the survey will be presented to a roundtable of senior statutory sector decision-makers chaired by Prof Alistair Burns in the middle of March 2014 at the Royal College of Nursing. The survey includes questions on potential financial contributions from trusts and maps out existing dementia improvement programmes.

Local Dementia Action Alliance Programme

The DAA has supported Alzheimer's Society in developing Local Dementia Action Alliances across England. This includes producing toolkits, guidance notes and creating a central hub for Local Alliances and their members on the DAA website. There are now 71 Local Dementia Action Alliances each with its own dedicated website page on the DAA website.

Since November 2013 the focus of Secretariat support has been on:

- Producing a one page paper for the Board on the history and structure of LDAA development (see Annex 2)
- Working with DAA Coordinators and Alzheimer's Society to draft a terms of reference between local and national Dementia Action Alliance (see Annex 3)
- The one-stop shop 'Join the Alliance' page was launched in early February. It includes a fully automated sign-up form with recommended actions broken down by organisation type
- The DAA Annual Event included active participation of over 80 local members and local alliances
- Continuing to work with Alzheimer's Society Dementia-Friendly Communities Programme Manager to integrate local Alliances with the Dementia-Friendly Communities recognition process

- Sourcing monies (and approval from DoH) for national DAA Secretariat for Local Dementia Action Alliances. This includes: £9,000 for the Annual Event (increasing local member delegates to 150); £2,000 for the Annual Report to include an overview of LDAA activity and £19,100 to provide support and develop guidance notes
- The Alzheimer’s Society is commissioning British Standards Institute (BSI) to develop an enhanced Dementia-friendly Communities Recognition Process. The National DAA Secretariat has been asked to sit on the Steering Group for the project and co-brand the output from the initiative. The National DAA Secretariat has specified that the initiative must take a collegiate approach that gives an opportunity for all members to contribute. The National DAA Secretariat will canvass the views of the Board on an on-going basis.

Issues to resolve

- Signing off the National and Local Member agreement (see Annex 3)
- DAA Board requirements for the BSI Dementia-friendly communities Recognition Process.

Decision at this Board meeting:

Board response 19/02/2014
Decision – The DAA Board welcomed the papers and specified minor amends to the Local and National Dementia Action Alliance Agreement. These included:
<ul style="list-style-type: none"> • Greater encouragement of LDAAs to get involved in national calls to action • Removing references to the DAA as a franchise • Greater explanation of what ‘dementia friendly communities’ are • Taking account of the Alzheimer’s Society’s role as the accountable body for Dementia-Friendly Communities • Improving the readability of the Agreement through using flow charts and website
Action: The DAA Secretariat has updated the Local and National Dementia Action Alliance Agreement and circulate to Board for approval (see amends in red below). DAA Secretariat to explore options for displaying text in a user friendly manner on the website.

Other joint work updates:

Communication Discussion Paper

In November 2013, Communication contractor Steve Crabb drafted a Communication Discussion Paper (described as Strategy) that was submitted to the Board following the Annual Event. The Paper was based on a consultation with a number of DAA members and was formally presented to the Board on the 19th February. It sets out how the DAA will deliver communications going forward.

Issues to resolve

- Signing off / amending the Communication Discussion paper (to be circulated ahead of meeting)

Decision at this Board meeting:

Board response 19/02/2014
Decision – The Dementia Action Alliance Board requested that amends and further clarification were added to the paper before formal approval. These included: <ul style="list-style-type: none">• DAA Communication work supports rather than compete with the media work of existing members• DAA Communication work focus on key set pieces of joint work such as a Calls to Action rather than reactive work
Reason: The purpose of the DAA Communication work is to support members in achieving their actions. Having common DAA positions would be challenging given the different range of member organisations involved.
Action: Communication consultant Steve Crabb agreed to review the paper in light of the comments.

Public Affairs around local and general elections

The public affairs role of the Dementia Action Alliance was announced at the September quarterly meeting including the Board's proposal that the Alliance should focus on post-diagnostic support and the postcode lottery. Feedback from the September Quarterly Meeting was that members were supportive but would like active involvement in the prioritisation process.

It is proposed that the DAA's work focuses on convening stakeholders and census building. The Alzheimer's Society are campaigning for a renewal of the NDS and developing a dementia manifesto. The DAA Secretariat has been in negotiations with the Alzheimer's Society public affairs team about potential collaboration in these areas.

The DAA is already committed to running 'manifesto' roundtables with the three major parties between the 2nd and 3rd Quarterly Meetings. DAA Secretariat also proposes supporting the Manifesto work, National Dementia Strategy successor calls and action plan renewals with a single member survey to:

- Ask whether the Declaration has been achieved
- Suggested amends to the Declaration
- Canvass support for a new NDS including list of members supporting it
- Test Alzheimer's Society generated manifesto and NDS asks

- Suggestions for new manifesto / NDS priorities
- Examples / case studies to boost case for reducing the postcode lottery and improving post-diagnosis support
- Census building with Alzheimer’s Society and other members
- Combined asks circulated amongst DAA members ahead of general election lobbying.

Issues to resolve

- The Board to discuss and approve the principals of this approach

Decision at this Board meeting:

Board response 19/02/2014
Decision – The Dementia Action Alliance Board agreed to conduct a survey of members to test the impact of the National Dementia Strategy and validity of the priorities, given developments since the NDS was first launched. There would be three survey audiences: <ul style="list-style-type: none"> • National members • Local members • People with dementia and carers The DAA to run roundtable events with member organisations and manifesto drafting teams.
Reason: The National Dementia Strategy is coming to an end.
Action: The DAA Secretariat is to work with Prof Dawn Brooker to develop an online survey to circulate to members. The aim is to circulate to members ahead of the DAA roundtables in June / July.

Post diagnosis care pathway

The DAA continues to be represented on the Department of Health post-diagnostic support steering group by the Age Trust. A member representing the DAA on an external steering group is proving a useful model in maximising synergies, building ownership and expanding capacity. Research by the Carers Call to Action will feed into this group to help inform the Department of Health’s ‘dementia offer’.

Carers Call to Action

The Carers Call to Action (CC2A) was launched at the Annual Event on 20th November. The ‘ask’ is for Health and Wellbeing Boards (HWB) to sign-up to the shared vision of the call by the end of March 2014. All HWBs have been approached through Twitter and inclusion in the Local Government Association newsletter.

A booklet is currently being produced by the CC2A, bringing together and building on existing member content to highlight to family carers their human rights and how to ask for better services.

The £20k from Nutricia for 2013/14 and previous CC2A underspend has been supplemented by an additional £4k from the Department of Health for this financial year and an additional £10k from Nutricia for the next financial year. The monies will be used to continue the CC2A Coordinator's contract and employ additional contractors to directly engage carers in the call.

Dementia Care and Support Compact

The DAA continues to host the Dementia Care and Support Compact on its website. A combined Compact and DAA Guidance note has been created to facilitate joint sign up. 172 organisations have signed up to the Compact, covering a total of 2,772 units and services.

Culturally competent services

Following the success of the presentations on culturally competent services at the September quarterly event, the Secretariat is yet to establish a webinar programme but will be reconnecting with presenters after the February Quarterly Meeting.

February 2014 update

A short paper has been produced by Prof Dawn Brooker (Annex 7), which will be used as a stimulus for discussion at the Board meeting.

Issues to resolve

- Signing off / amending the paper by the DAA Board

Decision at this Board meeting:

Board response 19/02/2013
Decision – To amend the paper to specify what aspects of the bids the DAA did and didn't endorse.
Reason: The DAA can endorse the principals of research (i.e. output could contribute to the achievement of the Declaration) but it can't endorse the quality of the research or the motivation of the organisation.
Action: Research representative Prof Dawn Brooker to amend the one-page paper and circulate it to the Board for approval.

Outcome indicators

What was said in the Strategy

The Alliance will work closely with the Alzheimer's Society to continue to develop their Dementia Report, which collects statistics against the outcomes of the Declaration, and use it to monitor the progress of the Alliance.

February 2014 update

The ICF GHK have been liaising with the DAA National Secretariat to ensure that the Dementia Atlas indicators are incorporated into DAA progress indicators. These indicators will be updated again in October with new outcomes from the Frail Older Person Strategy and Public Health England.

Alliance Events

What was said in the Strategy

Quarterly meetings will remain primarily for national members and the Annual Event will be formalised as the place where local and national members meet.

February 2014 update

Since November the DAA Secretariat organised the DAA Annual Event, attended by 240 delegates at Westminster Hall. The day included a focused debate and interactive section on member personal budgets.

The next Quarterly Meeting will be on 12th February 2014 and will cover co-morbidities. The day will include input from MacMillan Cancer Support, Diabetes UK, Parkinson's UK and Thomas Pocklington Trust.

The day is over-subscribed. The DAA Secretariat will be asking all the speakers to run webinars in the months following the meeting to allow members who are unable to attend to also hear about their work.

Staffing

What was said in the Strategy

In line with the DAA Strategy, the Alliance core staff team was to be increased by one full time equivalent in 2012/13 and by an additional part time equivalent in 2013/14. The principal reason for these changes was to boost the Alliance team's capacity and bring in external communications and social media expertise.

February 2014 update

Staff and contractor numbers remain stable though DAA Communication contractor Steve Crabb has taken on a temporary communication role with the Rural Payment Agency. Steve is continuing to provide ad hoc media support on a pro bono basis. The situation is regularly reviewed and when more substantial work is required another contractor will be brought in.

The DAA has received additional resources for the CC2A and LDAA support that will require new staff/contractor resource to deliver. Over the next three months the DAA Secretariat will be working with the DAA Board and host Alzheimer's Society, to match up resources to commitments.

Income and expenditure

What was said in the Strategy

Alliance income is expected to rise from **£124,625** in 2011/12 to **£174,550** in 2014/15 through modest growth of national membership (DAA financial years run from July to June).

Alliance expenditure is expected to rise from **£126,686.72** in **2011/12** to **£181,706** in **2014/15** to fund an increased core staff team, larger annual event and dedicated website budget.

February 2014 update

The Dementia Action Alliance has so far raised commitments for the 2013/14 financial year of **£163,025¹** for core costs and an additional **£31,439** for the Carers Call to Action (see Annex 4) and **£8,000** for LDAA support. DAA core costs for 2013/14 are expected to come in at **£149,185**. This leaves the DAA with a project surplus of **£13,840** for core costs.

The DAA Secretariat and DAA Treasurer are currently conducting a comprehensive review of the DAA financial situation and processes. The results of the review will be used to provide an end of year accounts for the next Board meeting, which will be used by the Board to plan resources for 2014/15.

Decision at this Board meeting:

Board response 19/02/2014
Decision – The DAA Secretariat to prepare interim end of year accounts for the DAA before Board meeting in April and final end of year amounts for June 2014.
Reason: The DAA needs to begin resource planning for the next financial year
Action: DAA Secretariat to convene the Treasurer and Alzheimer’s Society (as host organisation) to confirm budget and propose resource options before the April Board meeting.

¹ This includes £10,000 carry over from an NHS Institute contract

Annex 1: Dementia Action Alliance Strategy Summary

Goal - 2015 and beyond

The Dementia Action Alliance becomes the hub of the health and social care element of the dementia sector. When the current phase of the Prime Minister's Challenge on Dementia ends in March 2015, members will co-produce priorities for this element of the sector and initiate joint programmes of work to fulfil them.

Route to achieving this:

Creating a Board to guide the work of the Alliance

It will include two resident members, six elected members and four invited individuals to provide clinical expertise and experience of living with dementia and caring for someone with dementia.

Building the network

The Alliance will continue to grow. Membership is expected to reach 680 members by 2015: comprising approximately 180 national members and 500 local members.

Enhancing member work

Alliance staff will continue to enhance the impact of member actions through encouraging information sharing, providing an active 'dating service', promoting collaboration, and suggesting actions.

Delivering joint work

Between 2012 and 2015 the Alliance will conduct an on-going programme of joint work that will be funded externally. This will include the Right Care, Early diagnosis and post diagnosis care pathway Action Group and the Carers Call to Action.

Outcome indicators

The Alliance will work closely with the Alzheimer's Society to continue to develop their Dementia Report, which collects statistics against the outcomes of the Declaration and use it to monitor the progress of the Alliance.

Alliance Events

Quarterly meetings will remain primarily for national members and the Annual Event will be formalised as the place where local and national members meet.

Staffing

The Alliance core staff team is to be increased by one full time equivalent post, bringing in external communication expertise to promote member work and freeing up capacity to initiate further areas of joint work (business case included below).

The Alzheimer's Society has agreed to continue hosting the Alliance core staff team for the next four years.

Income and expenditure

Alliance expenditure is expected to rise from **£126,687** in **2011/12** to **£171,705** in **2014/15** to fund an increased core staff team, larger annual event and dedicated website budget.

Alliance income is expected to rise from **£124,625** in **2011/12** to **£174,550** in **2014/15**.

Annex 2: Local Dementia Action Alliance briefing

This paper has been produced for the Dementia Action Alliance Board to provide an update on the development of the Local Dementia Action Alliances (LDAAs) and how they relate to the national Dementia Action Alliance (National DAA) and dementia friendly communities programme (DFC).

What is a Local Dementia Action Alliance? A Local DAA brings together stakeholders within a specific community to take action on dementia. They follow the same format as the national Alliance with local members submitting action plans and meeting regularly to share good practice and plan joint work. There are currently 71 Local DAAs in operation across England.

Following the energy – Local DAAs operate at a number of, often overlapping, levels. They have been established through a variety of different funding streams and approaches. Until the trademarking of the term, the national DAA had no leverage with these groups beyond goodwill and incentives such as the website. It is not a centrally driven programme but a grass roots movement that is being channelled rather than directed.

Diffused management and staffing - there are approximately 30 Alzheimer's Society staff working on LDAAs and at least three in partner organisations, using the national DAA model as a template. Within the Alzheimer's Society five coordinators have taken on a regional leadership role though formal line management lies with a range of operational managers.

The National Secretariat has supported these staff through chairing an informal DAA Secretariat network, organising an Annual Event, drafting action plan guidance notes, extensive coaching, acting as a focal point for good practice dissemination and link point between Local DAA with national initiatives such as Dementia Friendly Communities, Right Care and Dementia Care and Support Compact.

What are Dementia Friendly Communities? A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. A key element of the programme is the development of a Dementia Friendly Communities Recognition process. Forming a Local DAA (or something similar) is the key criteria for getting foundation stage recognition. Enhanced criteria will eventually be developed that gives step by step guidance on actions that Local DAAs can take. The Recognition sets the destination and LDAAs provide the vehicle.

The Alzheimer's Society are in the process of commissioning BSI to develop the next phase of the recognition process. The National DAA Secretariat has been asked to sit on the Steering Group for the project and co-brand the outputs from the initiative.

Joint DAA and DFC Prime Minister's Challenge guidance notes are also in production.

Different types of Alliances:

They operate at a number of, often overlapping, levels:

- Regional (Yorkshire and Humber DAA and Pan-London DAA)
- Local Authority (Plymouth DAA and Leicestershire DAA)
- Sub-Local Authority (South Lincolnshire DAA)
- Towns (Falmouth DAA and Camelford DAA).

They have been established through a number of funding streams and approaches:

- Alzheimer's Society staff funded through Department of Health monies (Nottinghamshire DAA and Wakefield DAA)
- Alzheimer's Society staff funded through Dementia Challenge Fund for CCGs (Dartmouth DAA and Dorchester DAA)
- Non-Alzheimer's Society staff funded through Dementia Challenge Fund for CCGs (Patchway DAA)
- Alzheimer's Society staff funded by Local Authorities (Redbridge DAA)
- Non-Alzheimer's Society staff funded by Local Authorities (Leeds DAA)
- Set up by local activists / stakeholders and affiliated to the Dementia Action Alliance (Falmouth DAA and Norfolk & Suffolk Dementia Alliance).

Overview of roles and relationships

Level	What	Organised by	Focus of activity	Organisation type	Current funder	Proposed funder post 2015	Membership requirement
National	National Dementia Action Alliance	Independent National Secretariat, Hosted by Alzheimer's Society	National Member actions, initiatives and coordination	National bodies	National members contributions, Annual Event Sponsorship, grant funding for initiatives and in kind support	The same	Contribute £250 - £5,000 or in kind Full Action Plan Quarterly updates / events Annual Event
Regional	Steering Group or Regional Alliance e.g. Yorkshire and Humber DAA	Regional Project Managers Delivered by Alzheimer's Society	Right Care and Compact Recognition sign up Regional coordination	Regional businesses, transportation, utilities, care providers etc	Department of Health TSIP monies	Regional members contributions, Annual Event Sponsorship, grant funding for initiatives and in kind support	Not asked to contribute but may in future Full Action Plan Local Quarterly updates / events National Annual

							Event
Higher tier local authorities	Local Dementia Action Alliance e.g. Leicestershire DAA	DAA Coordinators Delivered by Alzheimer's Society, local authority etc	Integration of health and social care Businesses engagement Dementia Friendly Communities	HWB, CCG's, LAs, care homes, Acute Trusts, emergency services etc	CCGs and LAs	CCGs and LAs	Not asked to contribute but may in future Full Action Plan Local Quarterly updates / events National Annual Event
Lower tier local authorities, neighbourhood	Community Dementia Action Alliances e.g. Falmouth DAA	Delivered by community activists and Alzheimer's Society coordinators	Local awareness raising Coaching businesses	Local businesses, Local Authorities etc	N/A	N/A	Not asked to contribute and won't in future Slimmed down action plan Six monthly updates Coordinators invited to Annual Event

Annex 3: Local and National Dementia Action Alliance Agreement

Being part of the nationwide Dementia Action Alliance movement

The Dementia Action Alliance is a national movement to transform the lives of people with dementia. Over the last three years it has grown rapidly from 41 to over 987 members. Local action is facilitated locally by Local Dementia Action Alliances (Local DAAs) with the national Dementia Action Alliance (National DAA) providing support and coordination. Being part of a national movement brings benefits to both the national and local bodies taking action.

The section below outlines the agreement between the National DAA and Local DAAs and defines the relationship between them. It is expected that it will be enhanced further by the Dementia-friendly communities Recognition Process to be developed by BSI with the DAA and Alzheimer's Society in 2014.

For any questions please contact the National Secretariat on dementiaactionalliance@alzheimers.org.uk

Title	Description	National DAA offer	Expectation on Local DAA
Membership	The Dementia Action Alliance is split into national and local members. Secretariat is the term given to staff or volunteers that support them to take action. They are sometime described as the 'host' or 'umbrella organisation'.	National Secretariat owns the relationship with national members and recruits organisations with a nationwide remit. It forwards local membership enquiries onto the relevant Local DAAs. National Secretariat can approach local members directly for quarterly polls.	Local Secretariats own the relationship with local members and are responsible for recruiting them; this includes local branches of national members. Where appropriate they can support the national Secretariat in engaging with national organisations, especially if the organisation is headquartered in their patch.
Regional Secretariats	Between the national and local Secretariats are regional Dementia Action Alliance leads. These Regional Secretariats are currently delivered by the Alzheimer’s Society and are funded through the Department of Health’s Local Dementia Action Alliance programme.	Regional Secretariats are the first port of call for local members who are seeking to establish an Alliance in their region. They are members of the DAA Secretariat Network and are the main intermediaries between the National DAA and Local DAAs and members in their region. They also liaise, on behalf of the national Secretariat, with national members based in their regions.	
National ownership of the concept	Dementia Action Alliance is a trademarked logo and operates under a common set of values.	Overall ownership of the concept sits with the National DAA Board. This is to provide consistency across the country and ensure that areas work within the values listed below: <ul style="list-style-type: none"> • Action, not talking • Adhering to the best available practice and information • Mutual support, trust and transparency • A neutral space for action • Voluntarism and local autonomy • A safe space, not a platform for criticism • Being part of the national movement i.e. use of website and action plans • Involving people with dementia and 	Local DAAs set their own work programme and there is a presumption that local alliance work is permitted so long as it adheres to the values To call themselves a Dementia Action Alliance, local DAAs must work within the values listed alongside. If Local members would like to raise an issue to the Board they should do so through their Local Board representative or the Secretariat Network.

		<p>their carers</p> <p>The interests of Local DAAs are represented on the Board by a Local Representative who was nominated by local members. This position is currently filled by Heather Gilling, Chair of South Lincolnshire Dementia Action Alliance.</p> <p>The national Board reserves the right to withdraw the logo from Local DAAs that are deemed to undermine the concept of the movement.</p>	
Good practice exchange	Local Secretariats are required to join the DAA Secretariat network. This network provides peer to peer support and good practice exchange between areas. It also provides the forum through which national Secretariats either co-design or brief local Secretariats on nationwide Alliance initiatives. Local Secretariat also feedback to the national Secretariat on local activity and impact and raise asks of the national Board.	The National Secretariat works with Local Secretariats to produce resources that can be used across the movement. This includes guidance notes that collate existing member actions by organisation types and webinar programmes such as the Right Care. Local Secretariats often take the lead on producing these nationwide resources with final sign-off coming from the National Secretariat.	Local Secretariats work to priorities set by their local steering groups / Boards. They are though required to join the DAA Secretariat Network. In areas where one organisation hosts multiple Local Secretariats a matrix management system can also be put in place.
Dementia Action Alliance Website	The National DAA website provides an online home for the Dementia Action Alliance movement. Using the website is one of the key routes through which members fulfil the value of being part of the national movement.	The website is hosted by the National Secretariat but members can update it themselves. It includes dedicated webpages for local alliances and space for them to upload action plans, stories and achievements.	Local members feed into the development of local specific sections of the website through the DAA Secretariat Network. The strength of the Alliance is taking action and sharing information. Local members and Alliance must therefore keep their Action Plans and Alliance sections up to date so they can be held to account for their public commitments and inspire others to action.

<p>Call to Actions and other national programmes</p>	<p>The National DAA will periodically issue call to actions to galvanise action around a specific issue. This includes the Right Prescription that reduced the use of antipsychotics, and the Right Care that targeted hospital care overall.</p>	<p>The National Secretariat works with national members to develop and roll out the National DAA. This includes the Alzheimer’s Society’s Dementia Friendly Communities programmes and the Right Care initiative.</p>	<p>Most of the action of the Dementia Action Alliance movement is self-facilitated and bottom up. Involvement in nationwide initiatives such as Calls to Actions is voluntary. Local Dementia Action Alliances are expected to support and include national calls to action on their agenda of their meetings if requested.</p>
<p>The Annual Event</p>	<p>The National DAA Annual Event is held in late autumn. It is organised by the National Secretariat for the whole Dementia Action Alliance movement. Local members are entitled to attend free of charge.</p>	<p>The National Secretariat leads on organising the event and pays for the venue and other direct costs.</p>	<p>Local Secretariats support the organisation of the event by disseminating invitations and leading Local Alliance specific sections of the day.</p>
<p>Funding</p>	<p>National and Local Secretariats require resources to undertake their roles. These are provided by members on a voluntary basis.</p>	<p>The National DAA is funded by its national members. The National DAA provides no direct funding to Local Secretariats.</p>	<p>Members of Local DAAs are asked to support their own local Secretariats. They are not asked to make a financial contribution to the national Alliance.</p>

Annex 4: Income for 2013/14

Organisation	Committed finance 2013/14 (July to June)
Age UK	£5,000
Alzheimer's Research UK	£2,000
Alzheimer's Society	£30,000
Anchor	£5,000
Association for Dementia Studies, University of Worcester	£500
Barchester Healthcare	£1,800
British Association for Counselling and Psychotherapy	£500
British Psychological Society	£3,000
Bupa	£20,600
Carers Trust	£1,500
Citrus Training Solutions	£500
College of Occupational Therapists	£1,000
Dementia Adventure CIC	£250
Dementia Advocacy Network	£125
Dementia Web hosted by Guideposts Trust	£2,000
Department of Health	£50,000
Excelcare	£5,000
Faculty of Old Age Psychiatry, Royal College of Psychiatrists	£250
Guinness Care and Support	£1,000
Hallmark Care Homes	£4,500
Hft	£250
Jewish Care	£1,500
Joseph Rowntree Foundation	£8,900
Ladder to the Moon	£250

Lilly UK	£5,000
Lost Chord	£250
MHA Care Group	£250
My Life Software	£1,000
MyAmego Healthcare Ltd	£250
National Care Forum	£250
Norfolk & Suffolk Dementia Alliance	£500
Prestige Nursing + Care	£3,000
Royal Pharmaceutical Society	£500
Social Care Institute for Excellence	£2,500
Southern Healthcare	£250
The Alzheimer's Show organised by Draw Events	£250
The Direct Marketing Association	£500
The Life Story Network CIC	£250
Thomas Pocklington Trust	£2,300
Track Your Ltd	£300
trueCall	£250
Total unrestricted	£163,025

Restricted income	2013/14
Local Dementia Action Alliance Monies (April 2014 - March 2015)	£8,000
Carers Call to Action (Nutricia / DoH / Donation carry over)	£31,439
Total	£39,439

Reserve
£59,468.00

Annex 5: Expenditure

Dementia Action Alliance: Table 2 Expenditure

Table 2: Dementia Action Alliance expenditure		
Item	Strategy Spend 2013/ 14	Predicted Spend 2013/ 14
Secretariat staffing	£121,010	£119,475.82
Venue hire and subsistence for Alliance meetings	£2,060.00	£2,060.00
Accommodation and travel costs for people with dementia and carers	£5,150.00	£5,150.00
An Annual Report	£3,182.70	£2,970.00
An Annual Event	£25,000.00	£11,229.08
Website development	£10,300	£8,300.00
Total Budget	£166,703.00	£149,184.90

Annex 6: Carers Call to Action Finance

Carers Call to Action Finance

Carers Call to Action - Income	2012/13	2013/14	2014/15
Nutricia	£6,000	£20,000	£10,000
Department of Health		£4,000	
Alzheimer's Society	£4,000		
Private donations		£300	
Carry over from previous year		£7,139	£14,317
Total	£10,000	£31,439	£24,317

Carers Call to Action - Spend	2012/13	2013/14	2014/15
Development work	£2,760		
Project Manager		£10,400	£10,400
Communication		£2,000	
Carer Coordinator		£3,333	£4,666
Printing for Annual Event		£742.04	
Carer Expenses	£100.90	£147.49	
Expenses contingency		£500.00	£500
Total	£2,861	£17,123	£15,566
Remaining monies			£8,751

Annex 7: The DAA and Research

The DAA is committed to ensuring that it uses its influence to promote good quality research for people living with dementia, their families, their friends and their communities. This covers research into finding a cure, into working out how we can prevent or ameliorate complications as well as what helps people cope with the challenges dementia brings.

The DAA is not in a position to undertake research. However, many of our member organisations undertake research. Also there are a large number of member organisations who would want to assist with research or learn about the results of research. The DAA can facilitate this process in a number of ways:

- If you are undertaking research and are either seeking partners or information we can circulate the membership with the request
- If you have an idea or an opportunity to develop research innovation we can circulate the membership to see if anyone has the skills and expertise to take this to the next level
- If you have some new research findings that you think will be of interest to a large number of the membership organisations we can either circulate it or include it in the DAA newsletter.

Circulation will be undertaken under the discretion of the DAA board member with responsibility for research. This does not indicate an endorsement of the request but ensures that the request comes from a reputable source and is in line with the aims and objectives of the DAA.

There may be an occasion when a member organisation or a group of member organisations want the DAA to endorse a grant request for research. This can be undertaken by a DAA co-chair, the research board representative and a third Board member. If there is not time to take this to a full board meeting. Research grants that fall within the aims of the DAA would usually be endorsed.

Prof Dawn Brooker

DAA board member with responsibility for representing research.

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