

Background

During the General Consultation with your House of Parliament on 22 May 2013 (Parliamentary Papers 2012-2013, 25 424, no. 217), the Minister and I agreed to provide more information on various aspects of the Delta Plan for Dementia. The enclosed document fulfils that pledge.

The Delta Plan for Dementia

Governance structure of the Delta Plan

The Delta Plan for Dementia has been legally placed within a (networked) cooperative: the Coöperatie Deltaplan Dementie U.A., established on 11 February 2014. The cooperative has members and a board and is supported by a small-scale operational organisation. Dr P.L. Meurs, professor of Healthcare Administration at the iBMG Institute of Healthcare Policy and Management at Erasmus University Rotterdam, is the chairman of the board. The cooperative does not have commercial objectives; rather, it is viewed as a multi-stakeholder platform with the aim of effectuating the Delta Plan for Dementia. The members are expected to contribute and make an effort. The Delta Plan for Dementia cooperative is a not-for-profit organisation that does not pay out dividends from any profits. The website is www.deltaplاندementie.nl

Members

By joining, the members endorse the urgency and goals of the Delta Plan for Dementia and express their willingness to provide active support for the plan and to develop dementia-friendly policies on their own initiative by focusing systematic attention on the theme of dementia within their own organisation. The members pay an annual contribution. Depending on the nature and size of the member organisation, the contribution paid in 2015 was € 1,500, € 5,000 or € 10,000. On 1 June 2015, 24 partners were affiliated with the cooperative; this number is expected to grow to 50 members by the end of the year.

Public interest and independence

The core areas of the Delta Plan for Dementia will be implemented by third parties. The formal relationship between the board and the implementing parties will be defined on a case-by-case basis, depending on the specific circumstances and taking into account due consideration of careful and independent operating practices. In the core area of Research, this was expressed by assigning implementation of the Memorabel research and innovation programme to the Netherlands Organisation for Health Research and Development (ZonMw). The other core areas – care innovation and social innovation – are fully in the development phase. The implementation of the Dementia Care Standard is an integral part of that. The Coordinating Body for the Dementia Care Standard has assigned its tasks in this area to the Delta Plan for Dementia.

Independence from scientific research

During consultation with your House of Parliament, topics discussed included the quality and independence of scientific research within the Memorabel research programme. ZonMw uses a 'ZonMw Code of Conduct for Conflicts of Interest' to ensure an objective decision-making process. In principle, this code of conduct covers the advisory and decision-making process regarding all research funding provided under the auspices of ZonMw. ZonMw dictates a number of codes of conduct for projects that receive subsidies, to the extent that they are not in conflict with laws and regulations. These codes are part of the terms and conditions used to determine whether projects will receive funding.

Core area 1. Memorabel research programme

ZonMw defines the Memorabel programme and the criteria for awarding funding to research proposals. The development of this programme results in a call for research proposals. This call includes the criteria that your House of Parliament requested. All the proposals will be assessed to gauge their relevance and quality, and one of the conditions is that the results of the projects will be disseminated amongst all the stakeholder groups. In addition, projects must be feasible for implementation; they must be aligned with developments already taking place; data must be supplied to the national dementia register; results should be available in the public domain; and potential project submission initiators are not permitted to be on the programme committee. The

first round of subsidies was launched in 2013 and comprised €16 million (of which approx. €1 million went to Alzheimer's Netherlands and the Netherlands Brain Foundation), followed by two small rounds in 2014 of €1.5 million each. Participation by private parties was encouraged in the framework of 'Top Sector' policy. This resulted in approx. €4 million in private contributions. Through Memorabel, the Netherlands also participates in the Joint Programme for Neurodegenerative Disease Research (JPND). Over €8 million is contributed to this European research programme from Memorabel.

22 studies have been launched in the framework of Memorabel to date. They are evenly distributed across the four research themes: origins and mechanism of the diseases, diagnostics, prevention and treatment, and effective care and support. 13 dementia studies have also been launched in the framework of JPND 13. For an overview, please see the ZonMw website: <http://www.zonmw.nl/nl/programmas/programma-detail/memorabel/projecten/>

Core area 2. Improving dementia care practices

There are over 260,000 people with dementia living in the Netherlands. These people are entitled to proper care appropriate to their specific circumstances, preferences, needs and phase of their disease. Care is based on the principle of allowing patients to live at home for as long as possible in a safe, pleasant environment. Once that is no longer possible in an effective way that respects their dignity, care will be transferred to a nursing home or sheltered residential facility.

The dementia care standard was developed in 2012. It describes the parameters for effective support and assistance from the perspective of the dementia patient. 29 professional groups signed the care standard, which has also been authorised by the ZINL Quality Institute.

Care is a field in transition, and dementia care is no exception. In dementia care, crucial aspects that need to be embedded in the new structures include case management, support for carers, day activity centres, and integrated care.

To ensure care for people with dementia in the current transition and to improve their care, the Delta Plan for Dementia has developed three plans:

- 1) a practical improvement programme to implement the care standard in order to continue optimising quality of care in the context of a changing system;
- 2) an action plan for a national dementia register to assess and improve quality of care;
- 3) a plan to improve information provided to both patients and carers (care portal) and to professional care providers (knowledge platform) and to promote innovations in living situations and e-health.

This requires coordination. A single coherent approach for all those involved is needed. Core area 2 of the Delta Plan for Dementia provides for such an approach. Only by working together can we improve the quality of dementia care.

The costs of the plans are estimated at 8 to 10 million euros and are covered by the government, healthcare insurers, municipalities and care providers. Within the Delta Plan, a process has been launched to provide a coherent approach involving the aforementioned parties.

Core area 3. Social innovation aimed at a more dementia-friendly society.

It is vitally important for the taboo on discussing dementia in society to give way to comprehension and empathy. The Delta Plan for Dementia aims to develop new concepts, services and products that allow people with dementia to be active participants in society for as long as possible. As long as they are willing and able, people with dementia should continue fulfilling their role in their family, neighbourhood, work or club activities. In cooperation with the partners, the Delta Plan for Dementia is drawing up a social agenda, working with people with dementia and their carers to develop e.g. better services and products and better public and social spaces. In that context, the Delta Plan appeals to every single organisation in the public and private sector: Do not implement dementia-friendly policies solely within the scope of your own network! Contribute actively to building and defining a dementia-friendly society.

In order to achieve a more dementia-friendly society, the Dementia Friends programme is being developed, consisting of an online forum, a service desk, a campaign and lesson modules.

Moreover, the 'members charter' asks and encourages current and future members of the Delta Plan Dementia cooperative to implement dementia-friendly policies and to supply dementia-friendly products and services.

Funding

The Minister and I made €32.5 million available for implementation of the Memorabel research programme for the 2013-2016 period. Alzheimer's Netherlands intends to provide €12.5 million for the total duration of the 2013-2020 research programme. The core areas regarding improving dementia care practices and social innovation will be developed in more tangible terms in the course of 2015. At that point, there will be more clarity about funding from other parties. Various parties are already making contributions in kind in developing the various proposals by making employees available.