

**Dementia Strategy**

**2013- 2016**

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**Executive summary**

TO BE COMPLETED ONCE STRATEGY FINALISED

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# 1. Introduction and background

## 1.1 The purpose for this strategy

Dementia has been identified as one of the key challenges in relation to the expected growth of older population in the UK. In 2009 the government published 'Living Well with Dementia'<sup>1</sup>, the national dementia strategy, one of the key drivers for the creation of a local, adult social care specific strategy for Peterborough. Current draft quality standard in social care for dementia<sup>2</sup> will further develop the vision for improvements in the area of dementia care.

Locally, the work on the implementation of the National Dementia Strategy (NDS) commenced immediately after the publication of the Strategy in February 2009. Local Implementation group gathered representatives of organisations across health, social care, independent and voluntary sectors. Key areas requiring improvement in Peterborough were identified as:

- information and advice
- timely diagnosis
- training of staff
- care in care homes

Following the transfer of adult social care back to Peterborough City Council in March 2012, the focus of the strategy for Peterborough City Council is the adult social care provision for people with dementia and their carers. However, the Council maintains its position in valuing and positively contributing to the collaboration with partners in health, independent and voluntary sector, in order to offer seamless, efficient and service-user centred integrated pathways of care. To this end the Council will be aligning this strategy with Clinical Commissioning Group mental health strategies to support the delivery of integrated support and care for people with dementia and their carers.

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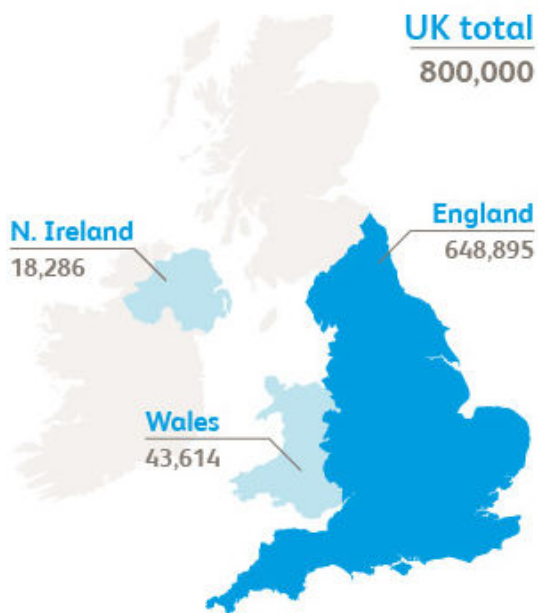
<sup>1</sup> Department of Health: Living Well with Dementia: A National Dementia Strategy, 2009

<sup>2</sup> NICE Draft Quality standard: Dementia – supporting people to live well with dementia, 2012

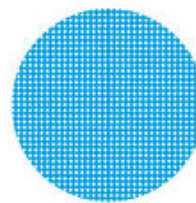
## 1.2 The need for this strategy

### The size of the challenge

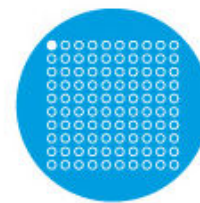
The breakdown of the population with dementia across the UK.



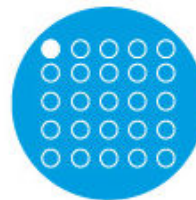
Dementia is most common in older people but younger people (under 65) can get it too.



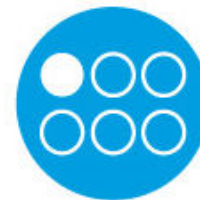
40–64 years  
1 in 1,400



65–69 years  
1 in 100



70–79 years  
1 in 25



80+ years  
1 in 6



Two thirds of people with dementia are women



One in three people over 65 will develop dementia

Source: Alzheimer's Society, 2012  
[alzheimers.org.uk](http://alzheimers.org.uk)

Leading the fight  
against dementia  
**Alzheimer's  
Society**

Key data for the UK shows that:

- there are approximately 750'000 people with dementia in the UK<sup>3</sup>
- The number of people with dementia is expected to double within 30 years
- By 2051 more than 1.7 million people in the UK will be living with dementia
- The estimated cost of care in England will rise from £14.8 billion in 2007 to £34.8 billion by 2026, a rise of 135%<sup>4</sup>

<sup>3</sup> Dementia UK (2007), Dementia UK: A Report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society

<sup>4</sup> King's Fund (2008), Paying the Price: The cost of mental health in England to 2026, London King's Fund

- The Dementia UK report found that, on average, the annual cost of caring for a person with late onset dementia was around £25'472.<sup>5</sup> The total annual cost per person with dementia in different care settings were estimated as follows:
  - People in the community with mild dementia - £16'689
  - People in the community with moderate dementia - £25'877
  - People in the community with severe dementia - £37'473
  - People in care homes - £31'296
- Two-thirds of people with dementia live in the community and one-third live in care homes
- Two-thirds of people living in care homes have dementia<sup>6</sup>
- Between 1998 and 2031 the number of hours of home care needed for older people with cognitive impairment will need to rise by 67% to keep pace with demographic pressures, and the need for the number of places for such people in institutions will need to rise by 63%, from 224'000 in 1998 to 365'000 in 2031.<sup>7</sup>

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<sup>5</sup> ONS (2010), 2010 Annual Survey of Hours and Earnings, Newport: ONS

<sup>6</sup> Alzheimer's Society (2007), Home from Home: A report highlighting opportunities for improving standards of dementia care in care homes, London: Alzheimer's Society

<sup>7</sup> Comas-Herrera A et al;., Cognitive impairment in older people: future demand for long-term care services and associated costs. International Journal of Geriatric Psychiatry, 2007; 22(10): 1037-1045

### 1.3 The scope of this strategy

This strategy identifies needs and responses to those needs of adults with dementia aged 18 and over. It therefore includes young onset dementia (i.e. dementia in people below the age of 65). It covers both specialist mental health social care provision and general social care for people suffering from dementia in Peterborough, and aims to help create a seamless pathway of care.

Although it is recognised that people with dementia often have underlying functional mental health co-morbidities, such as anxiety and depression, which are intrinsically linked to their organic condition, the scope of this strategy does not deal with functional mental health conditions.

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## 2. Key themes and Priorities

Caring for people with dementia is a challenge for a range of organisations, and poses inter-dependencies that need to be considered and negotiated on the whole-system level.

Some of the key areas for consideration by social care providers are:

- raising awareness and providing information and advice
- carer support; carer's assessment
- peer support;
- personalisation
- active aging programme
- home care
- housing and housing adaptations
- assistive technology
- day services
- respite care and short breaks
- workforce planning and development
- sitting service
- equipment services
- crisis response
- post discharge support
- intermediate care
- re-ablement
- care management
- use of antipsychotic medication in line with NICE guidance
- residential care
- services for people with early-onset dementia
- end of life care



### 3. National and Local Context

#### 3.1 'Living Well with Dementia' - The National Dementia Strategy

Published in November 2009, the national Strategy document highlights 17 areas for development across health and social care sectors:

1. Raise awareness of dementia and encourage people to seek help
2. Good quality early diagnosis, support and treatment for people with dementia and their carers, explained in a sensitive way.
3. Good-quality information for people with dementia and their carers
4. Easy access to care, support and advice after diagnosis
5. Develop structured peer support and learning networks
6. Improve community personal support services for people living at home
7. Implement the New Deal for Carers
8. Improve the quality of care for people with dementia in general hospitals
9. Improve intermediate care for people with dementia
10. Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers
11. Improve the quality of care for people with dementia in care homes
12. Improve end of life care for people with dementia
13. An informed and effective workforce for people with dementia
14. A joint commissioning strategy for dementia
15. Improve assessment and regulation of health and care services and of how systems are working
16. Provide a clear picture of research about the causes and possible future treatments of dementia
17. Effective national and regional support for local services to help them develop and carry out the Strategy

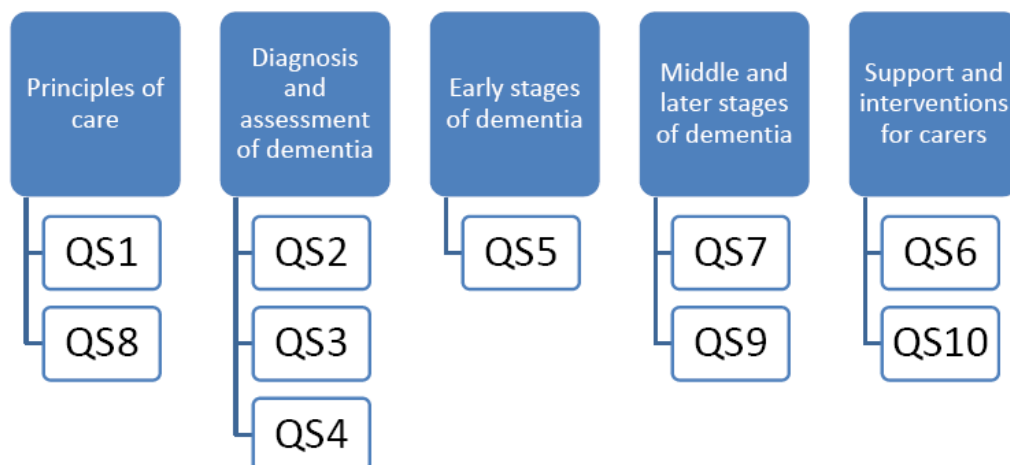
Subsequently, following the commissioning of an independent report into the use of antipsychotics in the treatment and care of people with dementia<sup>8</sup>, the last objective was added to bring about reduction in inappropriate prescribing of antipsychotic medication and promotion of other responses to behaviour that challenges, including non-pharmacological solutions.

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<sup>8</sup> Sube Banerjee, 'The use of antipsychotic medication for people with dementia: Time for Action', 2009

### 3.2 NICE quality standards for dementia

#### 10 NICE Quality Standards mapped against the Stages of Dementia



#### Quality Statements

Number	Quality statements
1	People with dementia receive care from staff appropriately trained in dementia care.
2	People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
3	People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4	People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
5	People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of : <ul style="list-style-type: none"> <li>• advance statements</li> <li>• advance decisions to refuse treatment</li> <li>• Lasting Power of Attorney</li> <li>• Preferred Priorities of Care.</li> </ul>
6	Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7	People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
8	People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
9	People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
10	Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

### 3.3. NICE quality standard – social care (draft)

In 2011, the National Institute for Health and Clinical Excellence (NICE) was asked by the Department of Health to pilot the development of two quality standards for social care. The work that has been completed until August 2012, when the draft was circulated for stakeholder consultation (closed on 16.10.12), is based on the wider social care agenda of improving the overall experience of care or services in the following ways:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.<sup>9</sup>

#### **List of quality statements**

##### **No    Draft quality statements**

- 1    People who are concerned that they or someone they know may have dementia are listened to and have opportunities to discuss such concerns.
  - 2    People who might have dementia are informed of the benefits of attending a memory assessment service and encouraged to do so.
  - 3    People living with dementia and their carers are in contact with a local adviser who provides information about dementia and how to access additional support.
  - 4    People living with dementia and their carers have choice and control in decisions affecting their care and support.
  - 5    People living with dementia have a care and support plan based on individual needs.
  - 6    People living with dementia and their carers take part in a review of their care and support needs when their circumstances change and at least once a year.
  - 7    People in the early stages of dementia and their carers have opportunities to be involved in planning their palliative and end-of-life care.
  - 8    People living with dementia are supported to participate in activities based on individual interest and choice.
  - 9    People living with dementia are supported to maintain relationships and have opportunities to contribute to the wider community.
  - 10    People living with dementia are supported to access services that help maintain their physical and mental wellbeing.
  - 11    People living with dementia have their accommodation designed or adapted to meet their specific needs.
  - 12    People living with dementia and their carers have opportunities to be involved in planning and evaluating services.
  - 13    People living with dementia and their carers are supported to access independent advocacy services.
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<sup>9</sup> The Adult Social Care Outcomes Framework 2011-12

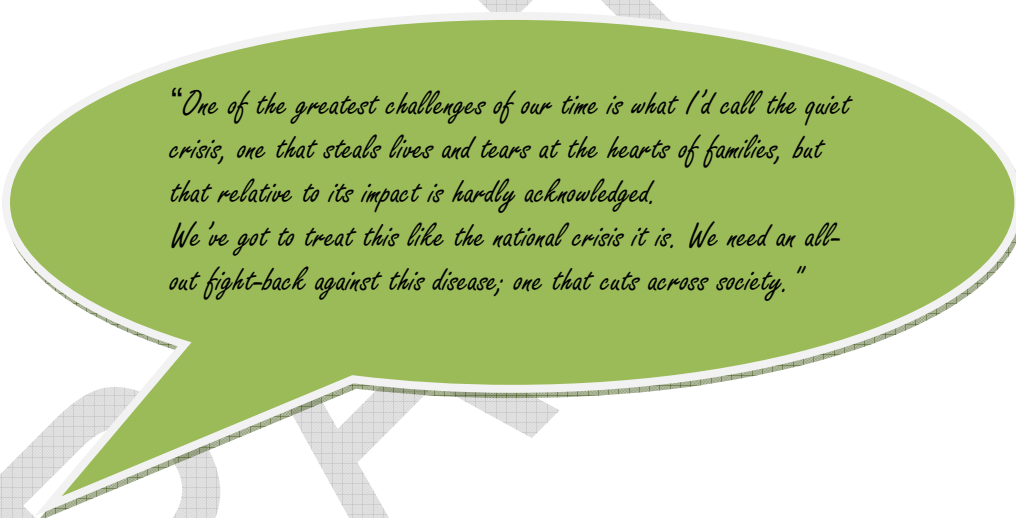
### 3.4 National Dementia Declaration – National Dementia Alliance

Dementia Action Alliance is made up of over 100 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.

Members of Dementia Action Alliance have signed up to a [National Dementia Declaration](#). Created in partnership with people with dementia and their carers, the Declaration explains the huge challenges presented to our society by dementia and some of the outcomes we are seeking to achieve for people with dementia and their carers. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life

### **3.5. Prime Minister's Dementia Challenge<sup>10</sup>**

In order to maintain the momentum gained by the National Dementia Strategy, and invigorate actions to improve outcomes for people with dementia, Prime Minister David Cameron, launched the Dementia Challenge in March 2012.



*"One of the greatest challenges of our time is what I'd call the quiet crisis, one that steals lives and tears at the hearts of families, but that relative to its impact is hardly acknowledged. We've got to treat this like the national crisis it is. We need an all-out fight-back against this disease; one that cuts across society."*

Prime Minister David Cameron, speaking at the Alzheimer's Society Conference, March 2012

Three main areas of action identified by the Dementia challenge are:

- Driving improvements in health and care
- Dementia friendly communities
- Dementia research

Current programme of recruitment of dementia friends and champions across the country by the Alzheimer's Society forms part of this renewed ambition to go further and faster with the dementia challenge.

### 3.6 Local context

The proposed dementia strategy for Peterborough is aligned with the overall priorities of the Adult Social care department, stated as:

- promote and support people to maintain their independence
- delivering a personalised approach to care
- empowering people to engage with their communities and have fulfilled lives

<sup>10</sup> <http://dementiachallenge.dh.gov.uk/about-the-challenge/>

Furthermore, Peterborough Health and Wellbeing Strategy (January 2013) highlights as one of its priorities the needs of older people, including those suffering from dementia. The Health and Wellbeing Strategy 2012-15 includes five targeted areas, which are a priority to improve the health and wellbeing of everyone in Peterborough.

This strategy has been produced on behalf of the new Shadow Health and Wellbeing Board and is underpinned by the findings and recommendations from the refreshed Joint Strategic Needs Assessment for Peterborough. Priorities are to:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs

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## 4. The Future needs for Dementia Services in Peterborough

### 4.1. Joint Strategic Needs Assessment – Peterborough

#### 4.1.1 Population Profile and Growth

The older age adult population of Peterborough will grow significantly over the next 5 to 10 years, increasing from 23,944 currently to 27,283 in 2015 and 30,002 in 2020 (an increase of 25% over the full ten year period). There will be a significant rise in the number of younger elderly, aged 65-74, over the next ten years. The number of people aged 65-69 living in Peterborough is projected to increase from 6,807 in 2010 to 8,603 in 2015 – an increase of 26.4%. This will be followed by an increase in the size of the age 70-74 population rising from 6,255 in 2015 to 7,942 in 2020 – an increase of 37.5%. This increase in younger elderly will result in a significant increase in the number of older people with common (functional) mental health problems in Peterborough. (This data was obtained from the Office for National Statistics (ONS) population estimates).

There will also be a significant increase in the number of people aged 85+ living in Peterborough, projected to rise from 2,938 in 2010 to 3,452 in 2015 and 4,073 in 2020 (an increase of 37.5%). This will in turn increase the number of people with dementia that we can expect to see living in Peterborough over the next 5 to 10 years.

Table 1 **Population Growth-Older Adults 65+ (2010-2020)**

Age Band	2010	2015	2020	% Change 2010 -2015	% Change 2010 - 2020
65 - 69	6,807	8,603	8,082	26.4%	18.7%
70 - 74	5,778	6,255	7,942	8.3%	37.5%
75 - 79	4,795	5,124	5,632	6.9%	17.5%
80 - 84	3,626	3,849	4,273	6.2%	17.8%
85+	2,938	3,452	4,073	17.5%	38.6%
<b>Grand Total</b>	<b>23,944</b>	<b>27,283</b>	<b>30,002</b>	<b>13.9%</b>	<b>25.3%</b>

Figure 1 **Population Growth-Older Adults (65+) (2010-2020)**

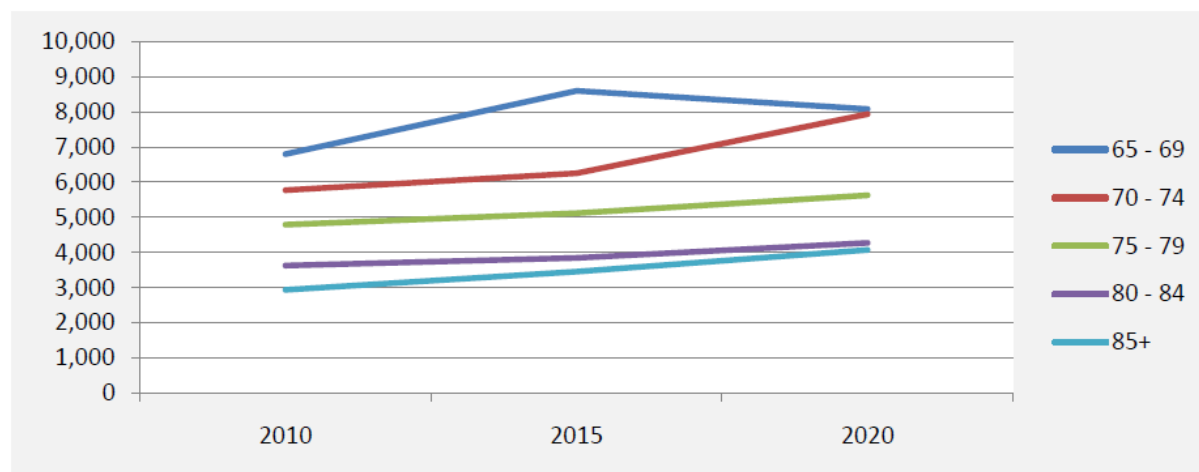
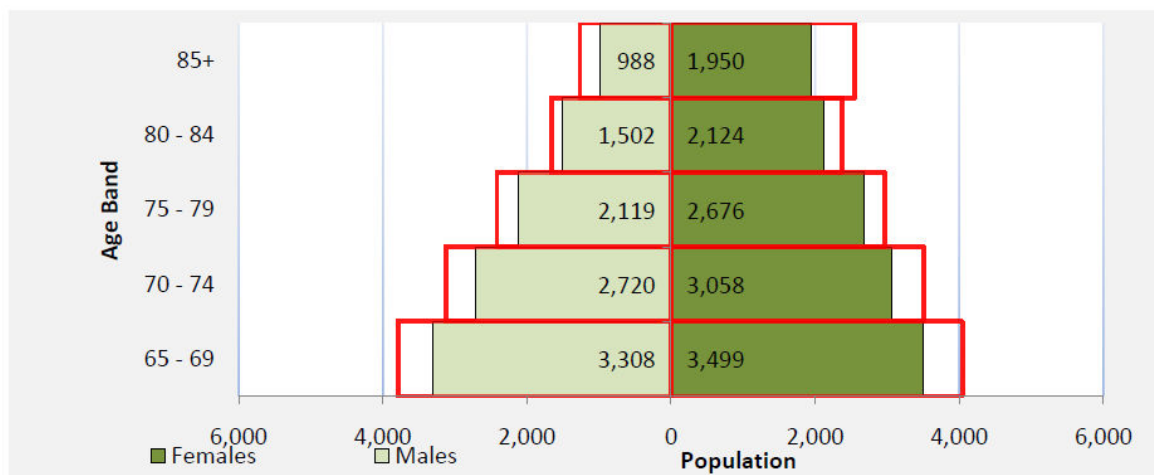


Figure 2 Peterborough Older Adult Population Profile (65+)



■ Red line indicates England Average population profile.

#### 4.1.2 Ethnicity

Peterborough has a diverse ethnic population, and is ranked the 40th most diverse of 152 PCTs nationally for ethnic diversity, Peterborough is the second most diverse of the fourteen PCTs in the Eastern region, behind only Luton. 10% of the older age adult population (age 60+) in Peterborough is reported to be Non-White British, compared with 6.5% in the Eastern region and 8.2% in England nationally. The largest black and minority ethnic groups amongst older age adults in Peterborough are 'White Other' (3.7%) and 'Asian' (3%).

It is well established that people from black and minority ethnic groups are more likely to experience mental health problems but are often less likely to engage in services – particularly older aged adults. It is vital that we work to ensure engagement with all 'hard to reach' groups – particularly in the earliest stages of illness.

#### 4.1.3 Prevalence and Incidence of Mental Health Problems in Older Age Adults (age 65+)

**Organic Mental Illness - Dementia :-** The prevalence, the number of people with dementia (including early onset) living in Peterborough, will increase from 1,686 in 2010 to 1,882 in 2015 and 2,142 in 2020 – an increase of 27% over the next ten years. The largest increase is expected to be seen in females, increasing from 1,074 females currently (2010) to 1,309 in 2020 (Dementia UK Report, Alzheimer's Society, 2007).

Recent UK research on survival rates for people with dementia (Xie et al, 2008) suggests that the median survival time from early onset until death may be shorter than had previously been thought: 4.1 years for men and 4.6 years for women. Age of onset appears to make less difference to survival rates than had previously been thought – although the impact of those life expectancies will of course be greater at a younger age. This further emphasises the importance of early diagnosis and support. Early diagnosis and prompt access to support has also been shown to greatly improve the quality of life of both individuals living with dementia and their carers.

The incidence, the number of new cases of dementia occurring each year in Peterborough is also projected to rise. There is a range to estimates but based on a 'mid-range' estimate we can expect to see the number of new cases per year rise from 462 cases in 2010, rising to 522 new cases per year in 2015, and increasing further to 594 cases in 2020 (Cognitive Functioning and Ageing Study, Medical Research Council, 2005).

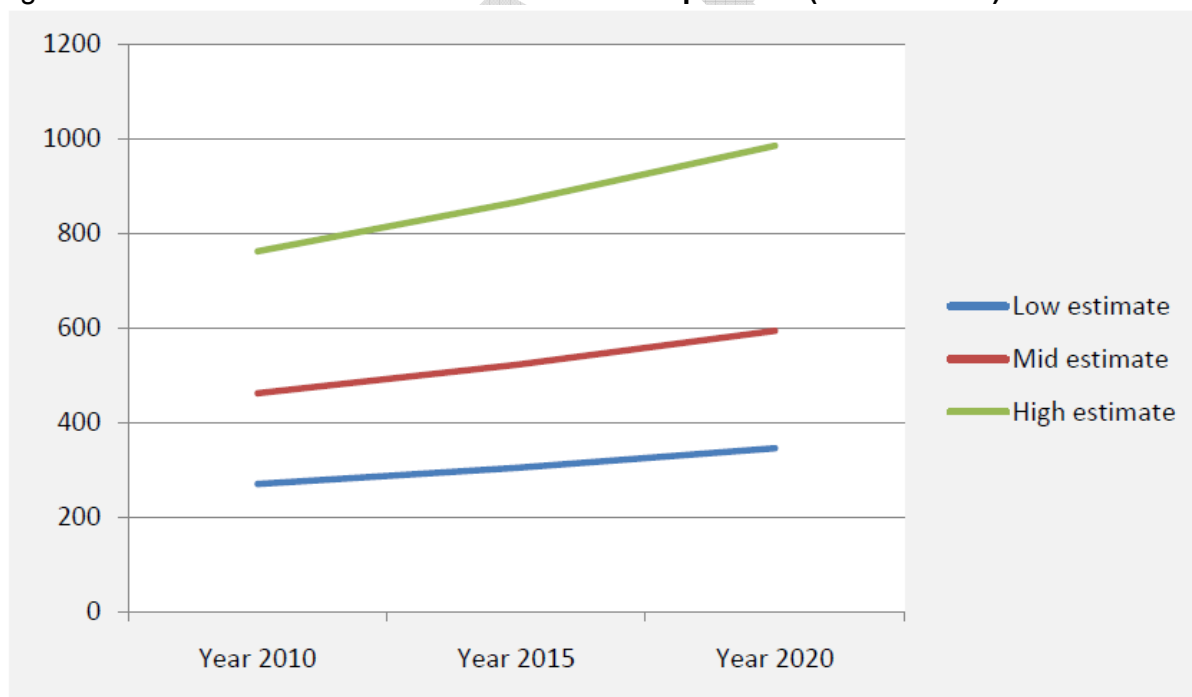
Table 2 and Figure 3 below detail the incidence of dementia in Peterborough. This is the number of new cases that we can expect to see each year. The data was obtained from the Cognitive Functioning and Ageing Study undertaken (Medical Research Council, 2005). There is a range to estimates. Based on a 'mid-range' estimate the number of new cases per year is projected to rise from 462 currently to 522 in 2015 and 594 in 2020.

**Table 2 Number of New Cases of Dementia per Year (2010 to 2020)**

Estimate	2010	2015	2020
Low estimate	270	304	345
Mid estimate	462	522	594
High estimate	762	866	985

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**Figure 3 Number of New Cases of Dementia per Year (2010 to 2020)**



Based on data from 2009 (the most recent available) the Quality and Outcomes Framework (QOF) shows that only 588 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is only just over a third (36.1%) of the 1,629 people estimated to be living with dementia in Peterborough in 2009. This picture is also true nationally. In 2009 only 375,164 (37.9%) of the 604,303 people estimated to have dementia in England had a confirmed diagnosis (based on GP practice registers).

Table 3 below provides details Quality and Outcomes Framework (QOF) data showing that in 2009 (the most recent data available) only 588 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is only just over a third (36.1%)



of the 1,629 people estimated to be living with dementia in Peterborough in 2009, indicating a high level of unmet need.

**Table 3 Number of People Estimated to have Dementia**

Area	Number of people predicted to have dementia			
	By prevalence estimates	According to QOF register	Difference	Percentage on register
Peterborough PCT	1,629	588	1,041	36.1%
East of England SHA	71,041	25,315	45,726	35.6%
England	604,303	229,139	375,164	37.9%

Tables 4-5 and Figure 4 below detail the number of people that we estimate have dementia in Peterborough both now (2010), and projected into the future (2015 and 2020). Prevalence estimates were obtained from the Dementia UK Report (Alzheimer’s Society, 2007) and applied to the official ONS population estimates. The prevalence, the number of people with dementia (including early onset) living in Peterborough, will increase from 1,686 in 2010 to 1,882 in 2015 and 2,142 in 2020 – an increase of 27% over the next ten years.

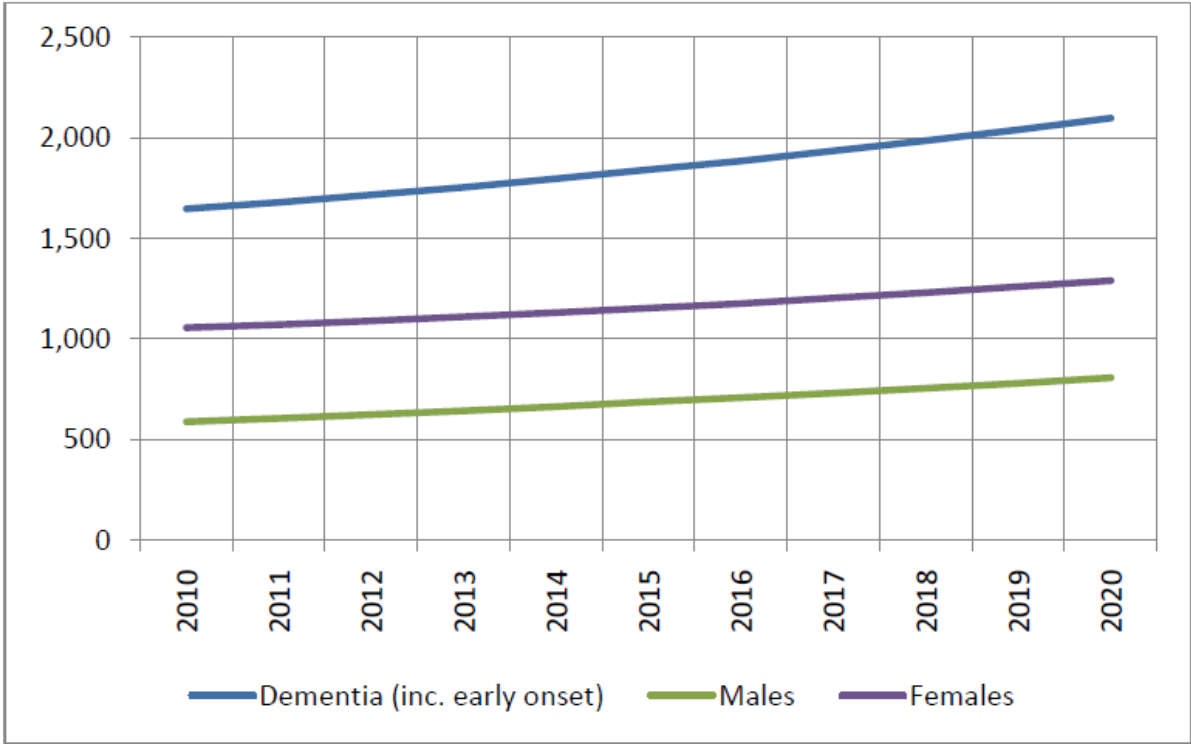
**Table 4 Number of People with Dementia-By Age Band (2010 to 2020)**

Age Band	2010	2015	2020
Under 55	13	14	14
55-64	27	27	29
65-74	242	278	317
75-84	718	762	840
85+	686	800	940
<b>All ages</b>	<b>1,686</b>	<b>1,882</b>	<b>2,142</b>

**Table 5 Number of People with Dementia-By Gender (2010 to 2020)**

Gender	2010	2015	2020
Males	613	712	833
Females	1,073	1,170	1,309
<b>All people</b>	<b>1,686</b>	<b>1,882</b>	<b>2,142</b>

Figure 5 Number of People with Dementia By Gender (2010 to 2020)



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## 5. Current Investment and Service Provision in Peterborough

### 5.1. Current Local Authority Provision

#### NURSING AND RESIDENTIAL CARE

All care home beds are commissioned on when and as needed basis from providers who have agreed to operate within the Terms & Conditions of the Pre-placement agreement framework in place in Peterborough.

Table 6: Care homes in Peterborough

Care Home:	Nursing	Res	Res or Dem	Dem	Dem/ Nursing	U65s	Total
Avery House	0	59	0	27	0	0	86
Broadleigh	28	0	8	0	0	0	36
Clair Francis	0	0	28	0	0	0	28
Field House	0	0	33	0	0	0	33
Florence House	0	21	0	0	0	0	21
Garden Lodge	0	10	0	0	0	0	10
Lavender House	0	0	31	0	0	0	31
Longueville Court	51	0	0	22	0	28	101
Maxey House	0	0	31	0	0	0	31
Park House (CHC only)	52	0	0	0	0	0	52
Park Vista	17	17	0	15	0	0	49
Philia Lodge	0	0	19	0	0	0	19
St Margaret's Residential	0	0	16	0	0	0	16
The Star	0	0	27	0	0	0	27
The Tudors	0	0	44	0	0	0	44
Wentworth Croft	41	42	0	41	32	0	156
Werrington Lodge	45	0	0	0	37	0	82
<b>TOTALS:</b>	<b>234</b>	<b>149</b>	<b>237</b>	<b>105</b>	<b>69</b>	<b>28</b>	<b>822</b>

#### RESPIRE CARE

Peterborough City Council currently commissions 6 rolling respite beds across 6 care homes locally. All of them can be used for dementia, and the standard provision for respite care is 1 week in 6 or 2 in 8 weeks. Additionally, emergency respite can be provided in the service user's home.

## INTERMEDIATE CARE AND INTERIM BEDS

Specialist mental health team by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provide Intermediate care through the Intermediate Care Team. Its two principal functions are:

- Crisis response and intervention to prevent hospital admission
- Liaison with general hospitals and A&E.

Transfer of care team based at Peterborough City Hospital manage interim beds, which are commissioned for the average length of stay of 30 days (up to a maximum of 90 days). There are currently 14 interim beds available in Peterborough in 8 locations. Only one of those is not suitable for dementia. The first four weeks of care are provided free of charge to the service user.

## RE-ABLEMENT

Reablement is the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long-term independence by enabling them to remain or return to live in their own homes within the community. The approach focuses on reabling people within their homes so that they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care.

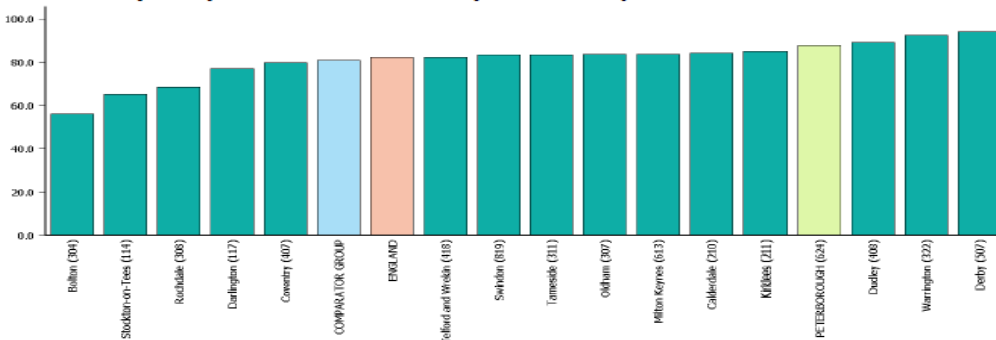
We believe that further development of reablement approaches is a critical element in developing and delivering effective preventive health and social care interventions.<sup>6</sup> Key strategic outcomes that we want to deliver through reablement are:

- People will be supported to maximise their independence, health and wellbeing and to live within their own homes for as long as possible; and
- There will be a reduction in commissioned domiciliary care hours as more effective early intervention reduces the need for longer-term services.

Figure 6:

### **NI125 (VSC04) – Percentage of older people achieving independence through rehabilitation/intermediate care, 2009-10**

**This Authority Compared to its CIPFA Comparator Group**



Source : ASC-CAR

## SUPPORTED AND OTHER ACCOMMODATION

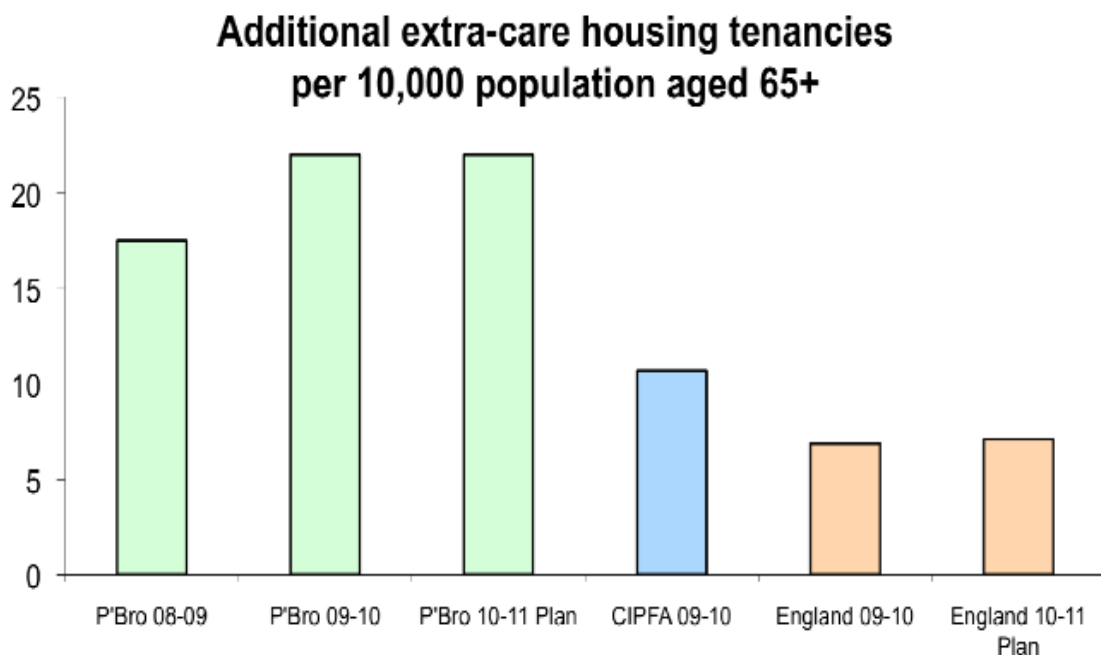
There are several extra care schemes in Peterborough catering for people with dementia:

- St Edmund's Court
- Friary Court
- Pavillions
- The Spinney
- Bishopsfield,

There are a total of 231 individual flats available within these schemes.

The rate at which we create additional extra-care housing tenancies for older people in Peterborough has increased in recent years. The following chart shows that in 2009/10 the rate was more than twice that of the average of Peterborough's CIPFA comparator group of councils and the all-England average. Plans indicate that this trend will continue. It is reasonable to conclude that older people who might otherwise have had to be placed in residential care in Peterborough are now moving into their own extra-care tenancies, and will continue to do so in the future.

Figure 7: Extra care per 10'000 population aged 65+



**Source: Care Quality Commission, Self Assessment**

**Definition: Additional extra-care housing places within the year. (Extra-care housing, or very sheltered housing, and a range of other terms are used interchangeably to describe a type of housing with care and support.)  
per 10,000 population aged 65+**

## HOME CARE

Peterborough City Council operates a framework of providers of home care services city-wide, to ensure high quality and effective delivery of social care support in people's homes. The framework supports choice and control for people using services.

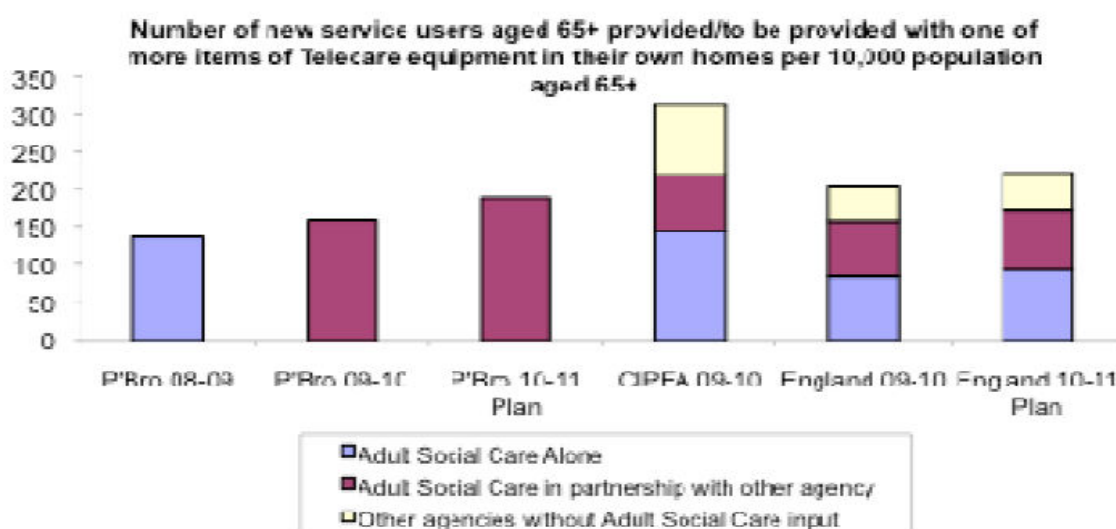
## DAY CARE AND DAY SERVICES

Specialist day therapy services are offered within CPFT run Cavell Centre. Day services are run across several locations in the city, one of the main ones for the people with dementia run at the Greenwood care home.

## EQUIPMENTS AND ADAPTATIONS

One of the key pre-requisites for enabling independence at home is the use of telecare equipment and assistive technology. These are provided in Peterborough through an external organisation, but are assessed through trusted assessors and, in case of adaptations, requests are signed off by the Occupational Therapist Service.

Figure 8: Telecare equipment per 10'000 population



Source: Care Quality Commission Self Assessment:

Definition: Number of new service users aged 65+ provided/to be provided with one or more items of Telecare equipment in their own homes per 10 000 population aged 65+

## DIRECT PAYMENTS

Self-directed support is available to eligible service users over 65 years of age, including those with dementia. In 2012/13 the commitment for expenditure relating to direct payments for people with dementia is £50'556.82<sup>11</sup>. The uptake is relatively low, and efforts are being made in making this provision more widely utilised.

## MEALS

Hot and frozen meals are available to adults social care eligible service users at subsidized cost.

<sup>11</sup> Based on the mid year activity

## 5.2 PROVISION BY VOLUNTARY SECTOR ORGANISATIONS

Peterborough City Council works with a number of voluntary sector organisations in the city (itemised below) to provide services for older people. The provision is for either care managed services (services provided as part of the care plan by ASC) or non care managed services (services available to all population). The breakdown of the Council's investment is presented in Figure 9 below.

Figure 9: Peterborough City Council investment in Voluntary sector provision for older people

Care Managed Services	£'k	£ / head of population	Average
2011/12	£30.0	£0.2	£2.5
2012/13 Estimate	£30.0	£0.2	£2.6
Change	£0.0	£0.0	£0.1

Non-Care Managed Services	£'k	£ / head of population	Average
2011/12	£196.0	£1.4	£2.1
2012/13 Estimate	£196.0	£1.4	£2.1
Change	£0.0	£0.0	£0.0

### AGE UK

#### Befriending

A visiting service which provides visits to older people to help combat loneliness and social isolation. Home visits are made once a week for an average of one hour.

#### Day Care

Day care centre based at Steve Woolley Court it is vibrant and welcoming and is very popular with clients. The centre is open Monday, Wednesday and Friday (10am to 3pm), a hot lunch is provided

#### Friendship Clubs

Across Peterborough there are 9 friendship clubs who meet once a week for a two course hot home cooked lunch. Run by an excellent team of volunteers across the 9 locations who also supply friendship, companionship and entertainment for those who attend.

#### Gardening

Age UK offer a seasonal service March to November for grass cutting and garden maintenance from trusted and reliable gardening teams.

#### Home Checks

Working with Adult Social Services we will assess your home for aids and adaptations that will make life easier and safer for you in your home.

### Information & Advice

Provides a range of information and advice on many subjects including a private and confidential full benefit check service if required for people. Our office is based in Westgate and the rear of the Age UK Westgate shop, or we can visit people at home, if they have limited mobility.

### Sunday Lunch Club

Sunday Lunch Club members meet every Sunday for a two course delicious home cooked Sunday lunch with pudding. A chance to meet up with friends, and make new ones in a cosy, warm and friendly environment.

### Support Planning

Do you need help and assistance with the support planning process? If so, we can help you, please call us to make an appointment so we can meet you and help you through this process.

### Volunteering

As a charity we are supported by a terrific band of willing and committed volunteers, many of whom stay with us for many years. If you would like to volunteer and can spare some time we are very keen to meet with you. Our volunteers help support our befriending service, gardening and our Tins Appeal and Big Knit campaigns, they also support us with various administration duties.

## ALZHEIMER'S SOCIETY

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### City Peer Support Group

Runs on alternate Thursday's from 1.45 -3.30 at Centre 68, behind Westgate Church Hall, Westgate, Peterborough PE1 1RE. Open to people with dementia and their carers following assessment. This is a structured group where carers and people living with dementia can participate in a forum setting to develop coping strategies for living well with dementia and moving forward in a positive way. There is a nominal charge for attendance. For further information please contact the Peterborough office

### Dementia Information Point, Westgate

Your opportunity to call in to ask questions, receive information and/or support. Held alternate Thursdays between 1.45 and 3.30 at Westgate Church Hall, 70 Westgate, Peterborough PE1 1RG. For further information contact the office.

### Dementia Information Points

Dementia Information Points will be held in various locations in and around Peterborough. This is your opportunity to call in and ask questions, receive information and/or support. For further information contact the office

### Dementia Support, Complex Needs

Our Dementia Support Worker will work with people with dementia and their carers that require extra support due to the complexity of a situation/concern or issue. The service will provide individualised information and improve understanding of dementia. We will support people in exploring coping strategies and can be the link between other organisations and professionals. Please contact the office for further information

### Information & Support

Primarily first contact for many people, to receive support and information with regards to various dementia related enquiries. For further information please contact the office

### Outreach Service

Dementia Support Workers work together with person with dementia and their carers' and



families to help understand dementia by providing on going support, information, guidance and coping strategies. We can also refer to our groups or signpost to other organisations

#### Pathways for Men

Gender specific support group. Runs on a weekly basis over 8 weeks, by invitation only. This service is for people with mild dementia and is designed to stimulate recall. Run on Monday and Tuesdays from 10.30-12.00. Held at The Pines, Gloucester Centre, Orton Longueville, Peterborough PE2 7JU. There is a nominal charge for attendance. Please contact the office for further information.

#### Pathways for Women

Gender specific support group. Runs on a weekly basis over 8 weeks, by invitation only. This service is for people with mild dementia and is designed to stimulate recall. Run on Monday and Tuesdays from 2.00-3.15. Held at The Pines, Gloucester Centre, Orton Longueville, Peterborough PE2 7JU. There is a nominal charge for attendance. Please contact the Peterborough office for further information.

#### Peer Support Group, Orton Wistow

Weekly group run on Wednesday's from 10.30am - 12.30pm at Napier Place, Orton Wistow, Peterborough PE2 6XN. Open to people with dementia following assessment. This is a structured group where people living with dementia can participate in a forum setting to develop coping strategies for living well with dementia and moving forward in a positive way. It is a closed group taking place over 8 weekly blocked sessions, there is a nominal charge for attendance. For further information please contact the office

## SALVATION ARMY

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#### Befriending scheme

The Good Neighbours Scheme is managed by the Salvation Army and responds to the needs of the most vulnerable by meeting people at their point of need. Our approach is holistic, engaging with people's physical, emotional and spiritual needs.

**Visiting Befriending.** This service is for people who have difficulty going out into the community and would welcome home visits to chat, share news.

**Telephone Befriending 'Caring Calls'.** This service is for those who would welcome a friendly chat on the telephone.

**'Young at Heart' Day Opportunities.** This runs twice a week from 9.30am to 3pm. We offer a friendly and safe place to make friends and enjoy a full and varied programme of activities.

**Luncheon Club.** Offers a three course nutritious meal.

**Community Support Team.** We offer one to one support that is led by your needs. This may include: general advice for independent living, services and activities where you live. General advice on housing and benefits issues.

**Gardening Maintenance.** We offer low level gardening maintenance for older people who can no longer manage their gardens and have no other support to do it themselves

## **CROSSROADS CARE**

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Crossroads care provides specialist replacement care services, including sitting service for up to 3 hours per session. The referrals are made through Adult Social care, however, Crossroads care accept referrals from self-funders directly.

## **PCVS CARERS CENTRE**

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Providing support for carers of all ages across Peterborough.

### **Advice includes:**

- Carers Assessment
- Emergency Respite
- Benefits
- 1-1 help
- Home Visits
- Blue Badge

### **Social Activities:**

- Cheese and Wine evenings
- Pampering Days
- Carers Training

### **Partnership work:**

- Bi annual event
- Carers Rights Day
- Consultation Work
- Carer's partnership board

## **OTHER CARER'S SERVICES**

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Peterborough City Council commissions services for carer from Crossroads Care, Alzheimer's Society , Rethink and PCVS Carers centre. These services all offer support, advice and information and for more detail please see the relevant voluntary sector entry.

Adult Social Care Delivery Services support carers to register on the carers register, and by doing this they automatically receive :

- Carers assessment;
- An application to register for the Emergency Support Service for carers. Once registered they are sent an emergency support card to carry in case of the need for emergency care.
- Bi--annual newsletter that informs carers of events that they can attend free of charge and any new developments of services that they can access

Carers are at the forefront of the Carers Partnership Board which is made up of carers, voluntary and statutory providers. The carers planning and Advisory Group reports to the Board on issues that affects carers and advising on campaigns and events for carers, as well as setting the agenda for the Carers Partnership Board. A Strategic Commissioning Advisory Group meets every two months to discuss ways of supporting carers and jointly working together to improve services for carers

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**Table 7: Proportion of expenditure per service type – comparative table**

	Percentage (%)													
	Peterborough	Swindon	Calderdale	Coventry	Bolton	Rochdale	Kirklees	Oldham	Stockton	Telford and Wrekin	Medway Towns	Cambridgeshire	Comparator Group Summary	England
Assessment and care management	19.9%	17.6%	6.9%	8.4%	11.2%	11.9%	17.2%	7.7%	7.0%	11.7%	8.8%	16.1%	11.2%	11.4%
Nursing care placements	11.1%	18.0%	19.6%	11.1%	10.4%	12.3%	14.3%	14.6%	16.0%	28.9%	19.0%	15.8%	15.4%	17.3%
Residential care placements	34.4%	33.0%	33.9%	32.2%	35.7%	44.3%	35.0%	44.9%	51.6%	26.9%	31.8%	26.9%	36.7%	36.9%
Supported and other accommodation	0.0%	0.2%	0.2%	0.8%	0.1%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.2%	0.6%
Direct payments	1.1%	0.8%	2.1%	2.9%	1.4%	1.1%	0.4%	0.3%	1.4%	1.4%	0.8%	1.6%	1.3%	1.4%
Home care	21.1%	20.4%	24.0%	28.8%	27.7%	21.0%	21.9%	19.1%	17.8%	23.3%	26.7%	32.6%	23.5%	22.1%
Day care	3.4%	3.2%	7.7%	4.8%	5.3%	3.2%	4.0%	5.8%	3.6%	2.8%	5.2%	2.4%	4.6%	4.2%
Equipment and adaptations	1.6%	2.2%	3.0%	0.0%	0.0%	0.1%	4.6%	1.7%	1.9%	0.7%	0.0%	2.3%	1.6%	1.6%
Meals	1.2%	1.0%	0.5%	1.4%	2.6%	0.9%	0.1%	0.0%	0.0%	0.9%	0.4%	0.2%	0.8%	1.0%
Other services to older people	6.1%	3.6%	2.1%	9.6%	5.7%	4.5%	2.5%	5.9%	0.7%	3.4%	7.3%	1.0%	4.8%	3.4%
<b>TOTAL OLDER PEOPLE</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

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Table 8 Investment in Older Peoples Mental Health Services by Peterborough City Council<sup>12</sup>

	Investment (£)	Notes
<b>Social care services</b>		
CPFT	335'000	staffing and travel
ASC	433.900	10% of the overall Older people's staffing and overhead costs
<b>Spot purchased services</b>		
Nursing and residential care	505.906	placed by CPFT, commitment for 2012/13
Extra care	367'100	Pavillions, St Edmonds, Friory Court, Bishopsfield, The Spinney
Home care	135.000	Commitment for 2012/13
Direct payments	50.556	Commitment for 2012/13
<b>Other ad-hoc expenditure</b>		
Deferred payment	38'100	
Safeguarding	11.950	5% of everall SAB budget, representing percentage of people with dementia of the overall figure
MCA / DOLS	27'000	training, DOLS assessments
Carer's breaks	60'000	spot-purchase
Carers' support payments	30'000	ASC managed
<b>Block contracts</b>		
Welland day care	136,800	
Greenwood day care	18'400	
The Cresset - day care	328'700	
Alzheimer's Society	85'205	
IMCA	10'000	contract with VoiceAbility
Salvation Army - Befriending Service	5.500	Good neighbours scheme
Age UK	150'000	Includes Day Care
Crossroads care	78'000	respite and sitting services
<b>TOTAL</b>	<b>2'807'117</b>	

<sup>12</sup> Based on prevalence estimates by the Alzheimer's Society (2012) applied to overall number of service users over 65 supported by Peterborough ASC

## 6. Gaps in service provision and priority setting

One of the key issues in social care service provision identified by stakeholders over the past three years has been the lack of seamless pathway for dementia across various services provided in the city.

Other gaps have been highlighted as follows<sup>13</sup>:

- accurate, up-to-date and comprehensive information on services available in the city
- appropriate and timely advice on the progression of dementia
- appropriate and timely advice on self-help and help for carers for people with dementia
- ongoing support via a designated support worker
- carers breaks
- respite services for people with dementia
- crisis response and emergency services
- peer support
- shortage in day care opportunities (including 7 day a week provision)
- lack of appropriate signposting
- training of staff, including domiciliary care staff
- appropriate application and monitoring of best practice in dementia care
- awareness raising and challenging stigma
- co-ordination between health and social care

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<sup>13</sup> Peterborough Dementia Stakeholder Group ; Scoping work December 2012 to January 2013.

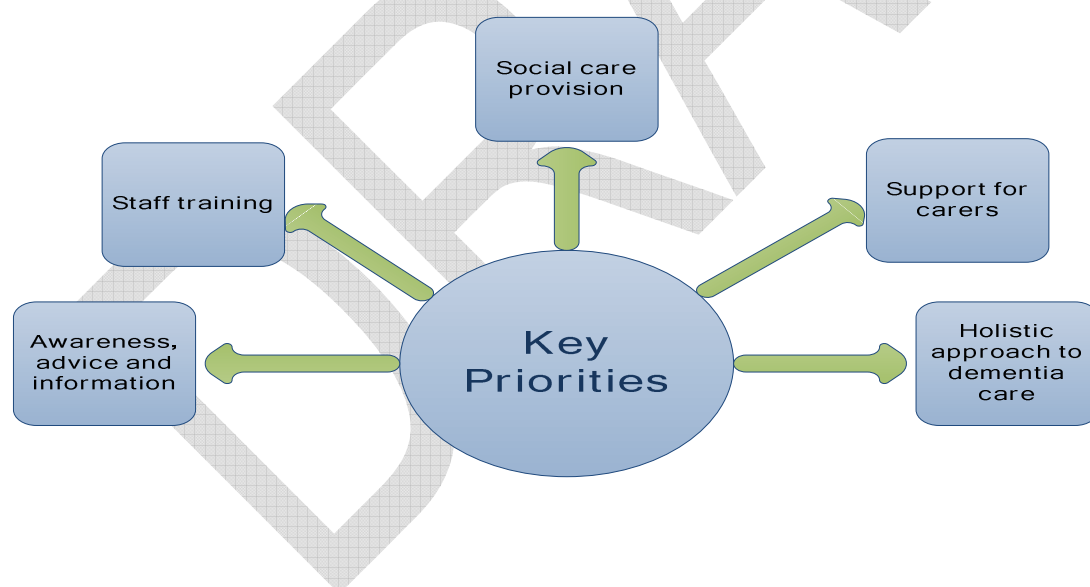
## 7. Vision for dementia services – commissioning priorities

The vision for dementia services in Peterborough is the result of stakeholder engagement and comprehensive understanding of the needs of Peterborough population. It is informed by the commissioning principles outlined below:

- Outcome-based approach to commissioning
- Utilising the VIPS model of person-centred approach to care<sup>1415</sup>
- Seamless and holistic pathway of care for people with dementia and their carers across health and social care economy, with strong links to voluntary sector;
- Enabling independence and choice as long and as much as possible
- Promote prevention, early intervention and support, utilising proactive and assets-based commissioning model
- Value added services

This strategy identifies the following as its key priorities:

Figure 6: **Priority setting for social care provision of dementia services in Peterborough**



<sup>14</sup> Brooker D (2007), Person-centred dementia care: Making services better, London, Jessica Kingsley Publications

<sup>15</sup> V – a value base that asserts the absolute value of all human lives

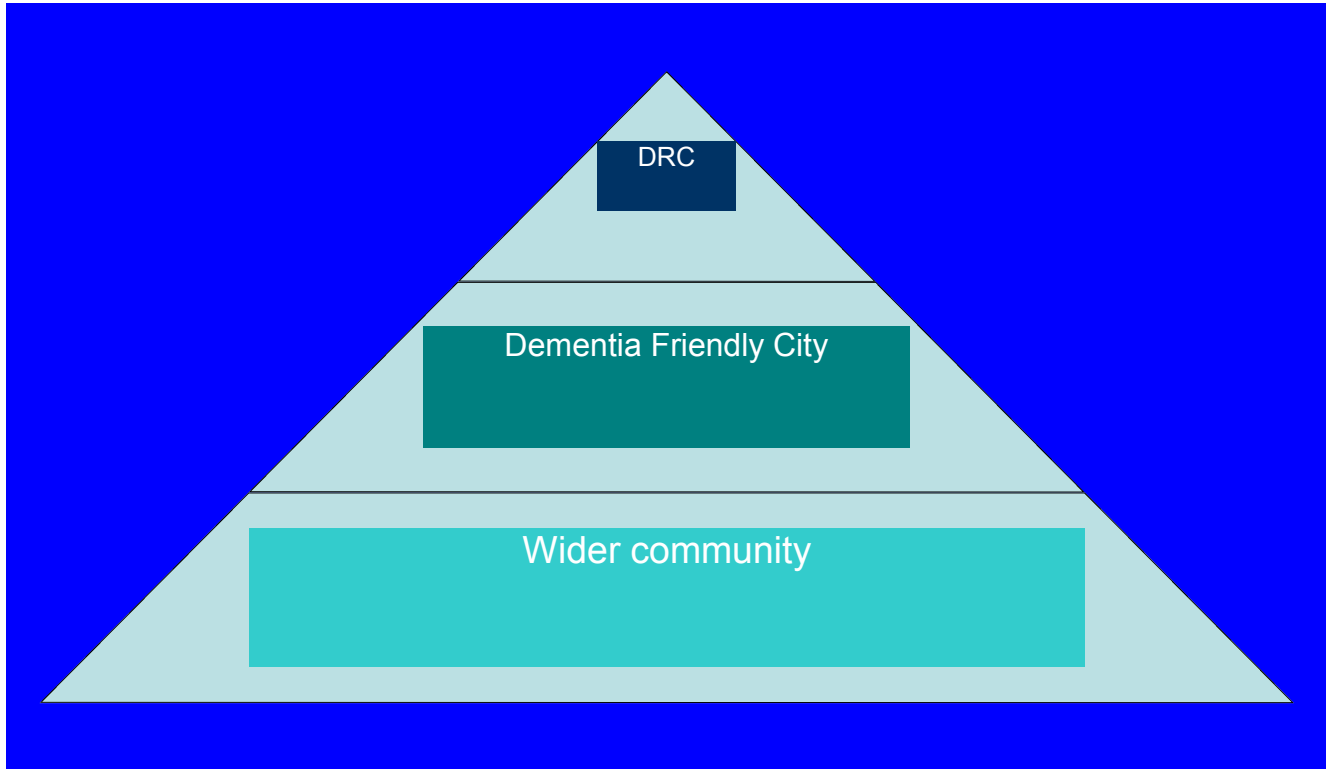
I – an individualised approach, recognising uniqueness

P – understanding the world from the perspective of service user

S – promotion of positive social psychology in which the person living with dementia can experience relative well-being

## 8. Action Plan

### The Setting for the Action Plan



Some of the key outcomes of the dementia strategy necessitate the creation of a **dementia friendly environment** – general public, as well as professionals, having a higher level of awareness and understanding of the condition and how it affects sufferers at different stages; providing dementia-friendly services across service, leisure, transport and other relevant sectors; and fostering the principles of asset-based communities.

This will serve as a backdrop to a successful **Dementia Resource centre**, operating as a hub for dementia-specific initiatives and bringing together a plethora of activities benefiting dementia sufferers and their carers.

One of the intended outcomes of increased, co-ordinated and improved provision of services for people with dementia and their carers will be **wider communities** being better equipped to strengthen their ability to better incorporate their members with dementia, thus maximising opportunities for independent living for as long as possible.



## Action one: Raising awareness and Providing Information and Advice

### Evidence

- key objective in the National Dementia Strategy
- improved public awareness is linked to earlier diagnosis and treatment, enhancing the quality of life and reducing social exclusion
- increased public awareness reduces stigma associated with dementia
- Providing timely and comprehensive information and advice at different points in the progression of the condition enhances possibility for better self- management and care; provides service users with choice and stimulates the provider market.

Key tasks	Desired Outcomes	Timescales
<ol style="list-style-type: none"> <li>1. create a cross-agency approach to raising awareness</li> <li>2. Develop a dementia information /advice resource (including a web-based directory with dementia related information)</li> <li>3. co-ordination of activities relating to information and advice across the pathway</li> <li>4. Peer-support services (dementia cafes)</li> </ol>	<ol style="list-style-type: none"> <li>1.1. reducing stigma and barriers to approaching professionals for diagnosis and help at an early stage</li> <li>1.2. co-ordinated effort to maximise output and impact</li> <li>2.1. specialist information and advice available to all people diagnosed with dementia</li> <li>2.2. consistency in quality and content of advice and information given</li> <li>2.3. improved range of accessible information points</li> <li>2.4. better ability to update information consistently</li> <li>3.1. improved timeliness, quality and scope of information / advice</li> <li>5.1 non-institutionalised approach to dissemination of knowledge and self-management</li> </ol>	<p>See 'Implementation plan'</p>

### Costs:

### Links to other fora

Public Health, Health and Wellbeing Board Peterborough, National campaigns and initiatives

## Action Two: Staff training /workforce development

### Evidence

- key objective in the National Dementia Strategy
- evidenced gaps in staff's ability to care for people with dementia effectively
- poor outcomes for people with dementia, including incidence of safeguarding alerts

### Key tasks

1. create a 'skills and competencies framework' for variety of staff involved in the care of people with dementia, incl but not limited to home care staff, care home staff, social care staff, etc
2. Incorporate as appropriate into corporate contracts with providers
3. produce and deliver a comprehensive training plan and programme City-wide, which includes regular auditing and review

### Desired Outcomes

- 1.1 agreed high standards of care, appropriate to different staff groups
- 2.1. viable method of measuring and rectifying – contracts and agreements as levers
- 3.1. easier access to training
- 3.2. standardised quality of training

### Timescales

See 'Implementation Plan'

### Costs:

### Links to other fora

Workforce development, Skills for Care, Contracting and Procurement

## Action Three: Delivering positive social care outcomes

### Evidence

- enhancing provision of choice through personalisation and targeted market stimulation
- lack of dementia appropriate day care opportunities 7 days a week
- evidenced increase in independence and service user satisfaction levels in relation to dementia-friendly provision of domiciliary care
- 

Key tasks	Desired Outcomes	Timescales
<p>1. Ensure service users and their carers are integral to support planning, offering them choice and control</p> <p>2. ensure high quality and appropriate quantity of day care opportunities for people with dementia is aligned to current and emerging need</p> <p>3. ensure availability of dementia care beds and extra care housing</p> <p>4. ensure domiciliary care providers provide person-centred dementia-aware care</p>	<p>1.1. social care support is accessible, personalised and maximises independence</p> <p>2.1 day care opportunities cater for different demographics within the city (i.e. early onset dementia, young onset dementia, gender-specific provision,...)</p> <p>2.2 the provision to address the need for extended hours of opening</p> <p>2.3 day care opportunities are therapeutic in nature and contribute to independence for as long as possible</p> <p>2.4 institutionalised care is delayed as long beneficial to the service user</p> <p>2.5 independent but supported living is available</p> <p>3.1 domiciliary care providers take into account the progression of the disease and actively participate in the management of each stage</p> <p>4.1 Skilled workforce providing appropriate interventions to service users with dementia</p>	<p>See 'Implementation Plan'</p>

### Costs:

### Links to other fora

Housing, Contracting and Procurement, Workforce Development

## Action Four: Services for carers

### Evidence

- key objective of the strategy
- support to carers directly correlates to improvements in the quality of life, delayed admission into institutionalised care and supports the ASC objective of enabling independence and choice.

Key tasks	Desired Outcomes	Timescales
<p>1. Better capture of data relating to carers of people with dementia</p> <p>2. commission a variety of services providing breaks for carers</p> <p>3. commission provision of advice, information on progression of disease and signposting for carers</p>	<p>1.1 comprehensive and accurate database of carers for people with dementia will enable better engagement and planning of services,</p> <p>2.1. carers receive breaks needed to continue with their caring duties</p> <p>3.1. see Action One</p>	<p>See 'Implementation Plan'</p>

### Costs:

### Links to other fora

CCG Carer's Lead, PCC Carer's Lead

## Action Five: Holistic approach to delivering dementia care

### Evidence

- Department of Health – Commissioning Framework for Dementia highlights integrated cross-sector working as key to achieving desired outcomes
- Interdependencies between health and social care in particular

Key tasks	Desired Outcomes	Timescales
<ol style="list-style-type: none"> <li>1. Ensure collaboration and alignment of key strategic priorities between health and social care</li> <li>2. Multi-agency, multi-disciplinary approach to personalised care planning and delivery</li> </ol>	<ol style="list-style-type: none"> <li>1.1. seamless pathway for service users / patients and their carers, with appropriate referral and signposting protocols and practice</li> <li>2.1. Leaner pathway</li> <li>2.2. navigator role through the pathway to provide consistency and continuity, as well as a single point of contact</li> <li>2.3. service user's choice and control over care</li> </ol>	<p>See 'Implementation Plan'</p>

### Costs:

### Links to other fora

CCG Cambridgeshire and Peterborough, Older People's Partnership Board

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