



Strategy for People with Dementia and their Carers

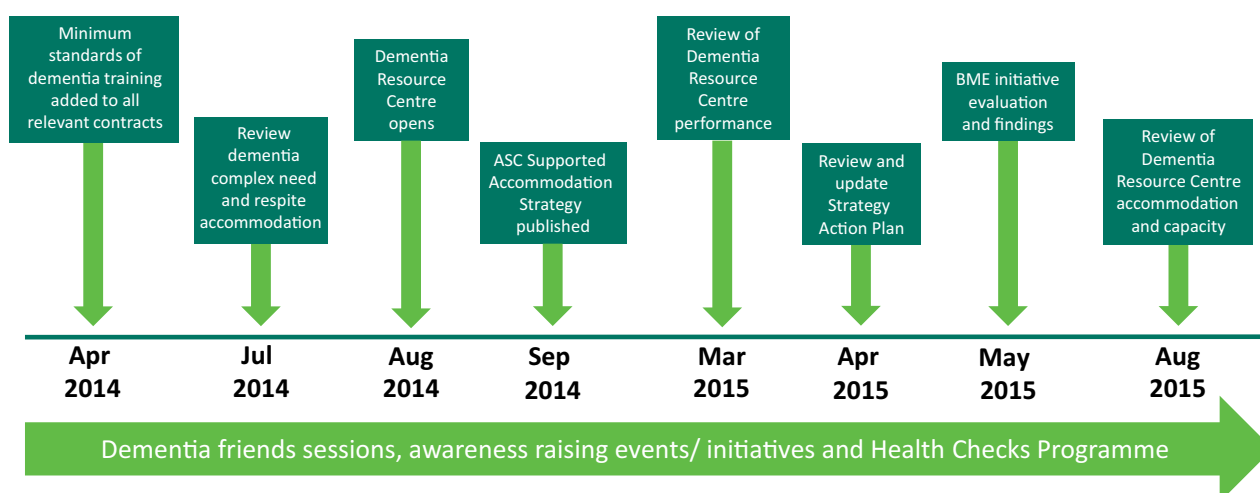
2014 - 2019



Contents

Foreword	3
Executive Summary	4
The Vision	5
1. Introduction and background	5
1.1 Introduction	5
1.2 Some facts about dementia.....	6
1.3 What is included in the strategy?	6
1.4 What has informed this strategy?	7
1.5 The Model of Care	7
1.6 What is the level of need locally?	9
1.7 How much do we currently spend on dementia care and support?	10
1.8 Who will make the strategy happen?	10
2. How will we achieve what we want?	11
3. Action Plan	12
Outcome 1	12
Outcome 2	13
Outcome 3	14
Outcome 4	15
Outcome 5	16
Outcome 6	17
Outcome 7	18

Action Plan Timeline



Foreword

by Councillor Wayne Fitzgerald

Welcome to Peterborough City Council's 'Strategy for people with dementia and their carers 2014 - 2019'. In this document we set out our vision and ambition for Peterborough to become a dementia friendly city and demonstrate how we intend to achieve that aim.

Our intention is both to ensure that people with dementia and their carers receive all the information, advice, practical and emotional support and care that they need to have a good quality of life, and also to deliver on promise at a time of continuing severe budgetary constraints.

A key message from experience is that if people receive an early diagnosis and are helped to make the necessary adjustments to their lives from the outset, then their quality of life can be enhanced at a lower cost to both social care services and to the NHS.

Much has been achieved in this country and across the world in the past twenty years to develop treatments and person-centred services for people with dementia. As we all face a future of an increasingly ageing population - with an estimate that the numbers of people in Peterborough with dementia will increase by 25 per cent over the next ten years - this strategy will build on that work in order to put Peterborough at the forefront of dementia friendly communities.

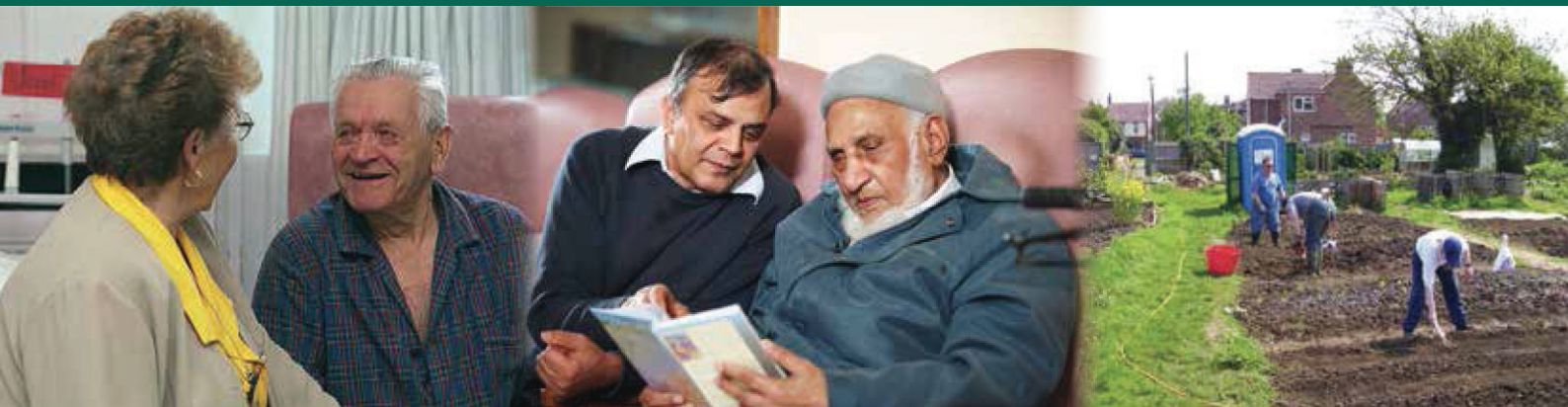
The Care Bill, currently being legislated in Parliament, will give councils a duty to ensure the 'wellbeing' of all their citizens. We intend to put wellbeing for people with dementia and their carers at the heart of our response to that duty.

We have seven key objectives to accomplish during the five years from 2014 - 2019 and I am pleased to announce that an extra £250,000 a year will be added to the overall council dementia budget in order to help us achieve our goals.

It is important to acknowledge that while this is a strategy with a focus on Adult Social Care and Health, success is dependent on our collaborative working and our links to key partners such as Housing, Planning, Leisure & Culture and Public Health, on multi-agency bodies such as the Safer Peterborough Partnership, as well as on our partnerships with the voluntary sector and with local communities including the business community.

This strategy has been written with the input of people with dementia and their carers telling us what they need. We will continue to rely on them to tell us how well we are doing, and to provide us with more ideas and suggestions for future developments.

Cllr Wayne Fitzgerald,
Cabinet Member for Adult Social Care.



Executive Summary

This strategy sets out Peterborough's vision for improving care and support for people with dementia and their carers in response to what Prime Minister David Cameron described in the Prime Minister's Challenge on Dementia 2012 as *"one of the biggest challenges we face today – and it is one that we as a society simply cannot afford to ignore any longer"*¹.

As with other areas of the country, Peterborough is expecting a 20 per cent increase² in residents living with dementia by 2021, rising from the estimated 1675³ individuals to over 2000. Responding to this growing challenge will require a coordinated effort across Social Care and Health. This strategy describes how the council and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will work together over the next five years to improve the quality of life of those living with dementia and their carers.

This strategy should be considered a call to action for everyone who can make a difference to the lives of people with dementia and their carers. It has been developed in consultation with:

- Service users and carers
- Local voluntary sector providers
- Council colleagues from Adult Social Care
- Health colleagues from the CCG
- Peterborough and Stamford Hospitals Foundation Trust (PSHFT)
- NHS Cambridgeshire and Peterborough Foundation Trust.

It responds to the national guidance, set out in "Living well with Dementia: A National Dementia Strategy 2009" and updated National Institute for Clinical Excellence (NICE) guidance, while also providing a local picture on current and future needs using the Joint Strategic Needs Assessment and information gathered from consulting stakeholders including service users and carers.

It is inclusive of all citizens living within Peterborough who may experience dementia regardless of age and includes anyone who is a carer of someone with dementia. This includes adults who may have a learning disability or other long term health condition.

This strategy has been developed with a focus on the health and social care needs of those living with dementia ensuring it provides a "whole system" view of the current and future shape of dementia care and support in Peterborough. It is aligned with Peterborough City Council Carer's Strategy, Preventative Strategy and the NHS Cambridgeshire and Peterborough Clinical Commissioning Group Mental Health Strategy. Following research and consultation, seven key outcomes have been identified for the next five years to make Peterborough a dementia friendly city - a city where it is truly possible to live well with dementia.



¹ <http://Dementiachallenge.dh.gov.uk/about-the-challenge/>

² Alzheimer's Society Statistics – Estimated increase in UK from 800,000 to over 1 million by 2021

³ NHS Dementia Prevalence calculator 2013

The Vision

Below are the seven outcomes we want this strategy to achieve:-

- 1. Dementia care and support is easy to understand and navigate. People can access help, including a timely diagnosis, when they need it**
- 2. Health and Social Care staff provide good support to people with dementia**
- 3. Carers have access to a range of support to improve their quality of life**
- 4. People with complex needs get the help they need including local supported accommodation**
- 5. People from black and minority ethnic communities can access the support they need**
- 6. People with dementia have good support in place when discharged from hospital or acute care**
- 7. Peterborough is becoming a dementia friendly city**

1.1 Introduction and background

Since the National Dementia Strategy was published in 2009 there has been an increasing level of attention around dementia care and support in the UK. The statistics provide a sobering insight into the scale and impact dementia has on the people with it and those around them and has led to an awakening amongst leaders, with the Prime Minister David Cameron describing it as “a National Crisis”.

This strategy sets out the Peterborough City Council, NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) joint response to dementia, working together with partners and communities to support people to live well with dementia and to develop Peterborough into a dementia friendly city.



1.2 Some facts about dementia⁴

- Dementia is an umbrella term describing symptoms that occur when the brain is affected by certain diseases or conditions
- 62 per cent of people with dementia have Alzheimer's Disease
- 17 per cent have vascular dementia
- 10 per cent have a combination of both Alzheimer's and vascular dementia
- Different types of dementia progress differently and have different options for medical/drug interventions
- There are currently estimated to be 800,000 people with dementia in the UK
- Two thirds of people with dementia are women
- There will be over a million people with dementia by 2021
- There are over 17,000 younger people (under 65) with dementia in the UK
- There are nearly 25,000 people with dementia from black and minority ethnic groups in the UK
- 1 in 25 of 70-79 year olds have dementia
- 1 in 6 over 80 year olds have dementia
- The number of people with dementia is expected to double by 2051
- On average 48 per cent of people with dementia in England receive a diagnosis
- The financial cost of dementia to the UK is over £23 billion
- The estimated cost of care in England will rise to £34.8 billion by 2026⁵
- There are 670,000 carers of people with dementia in the UK
- Family carers of people with dementia save the UK over £8 billion a year
- 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 dementia⁶.

1.3 What is included in this strategy?

- 1.3.1 This strategy is about commissioning care and support for people with dementia and their carers. It sets out how commissioners from the council and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will work together to provide an integrated response to dementia. It includes care and support for all the different types of dementia including young onset dementia (dementia in people below the age of 65) and includes commissioning plans for care and support for carers of people with dementia.
- 1.3.2 It provides a "whole systems" view from early interventions like advice and information through to diagnosis and medical interventions, community based day opportunities through to supported accommodation options, inpatient /hospital care and end of life care.
- 1.3.3 It sets out how much it is estimated the council and CCG spends on dementia care and support in Peterborough currently and describes the challenges of rising demand for services and reducing budgets and the intention to shape and commission services collaboratively, providing joined up support to residents that delivers on quality as well as value for money.

⁴ Alzheimer's Society website- <http://www.alzheimers.org.uk/infographic>

⁵ King's Fund (2008), Paying the Price: The cost of mental health in England to 2026, London King's Fund

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

1.3.4 The strategy responds to national and local policy, highlighting the need to focus resource on prevention and promotion of physical and mental health and wellbeing. The council and CCG's intention is to develop a model of care that focuses on early interventions and intensive case management in the community with the aim of preventing or delaying the need for more intensive and expensive interventions like nursing and hospital care.

1.4 What has informed this strategy?

This strategy is based on the views and ideas of a range of stakeholders and has been influenced by local and national strategic developments including:-

- **Service users and carers** - scoping workshops in December 2012 and January 2013 and consultation with carers at the Annual Carers Conference in April 2013
- **Peterborough Dementia Steering Group**
- **Peterborough Joint Strategic Needs Assessment 2011**
- **Cambridgeshire CCG Mental Health Strategy 2013**
- **Adult Social Care Strategic Vision for delivering social care**
- **Peterborough City Council Strategic Goals**
- **Peterborough City Council Carers Strategy 2013**
- **Peterborough City Council Adult Social Care**
- **NICE Quality Standards for supporting people to live well with Dementia⁷**
- **National Dementia Strategy 2009 'Living Well with Dementia'⁸**
- **Dementia Action Alliance – National Dementia Declaration**
- **Think Local, Act Personal Partnership⁹.**

1.5 The Model of Care

1.5.1 Health and social care in Peterborough is going through a period of change. The unprecedented economic situation coupled with rising demand for care and support means that both the council and CCG need to refocus on how the budget is spent. By redefining the "Customer Care pathway" the council hopes to work in collaboration with the CCG to deliver personalised, outcome led care that focuses resources on prevention and early intervention.

1.5.2 Peterborough City Council is adopting and promoting a social model for dementia. Although it recognises the importance of receiving a diagnosis of dementia, the Council's priority is to ensure people with cognitive impairment, memory problems or a diagnosed dementia receive the support they need to live well and independently for as long as they want to. The new pathway into adult social care has three "phases":-

- 1. Universal Front Door** information, advice, advocacy, support - available to everyone
- 2. Enablement** - a period of up to 6 weeks intensive support to regain independence
- 3. Longer term, complex care** - for people with ongoing high support needs.

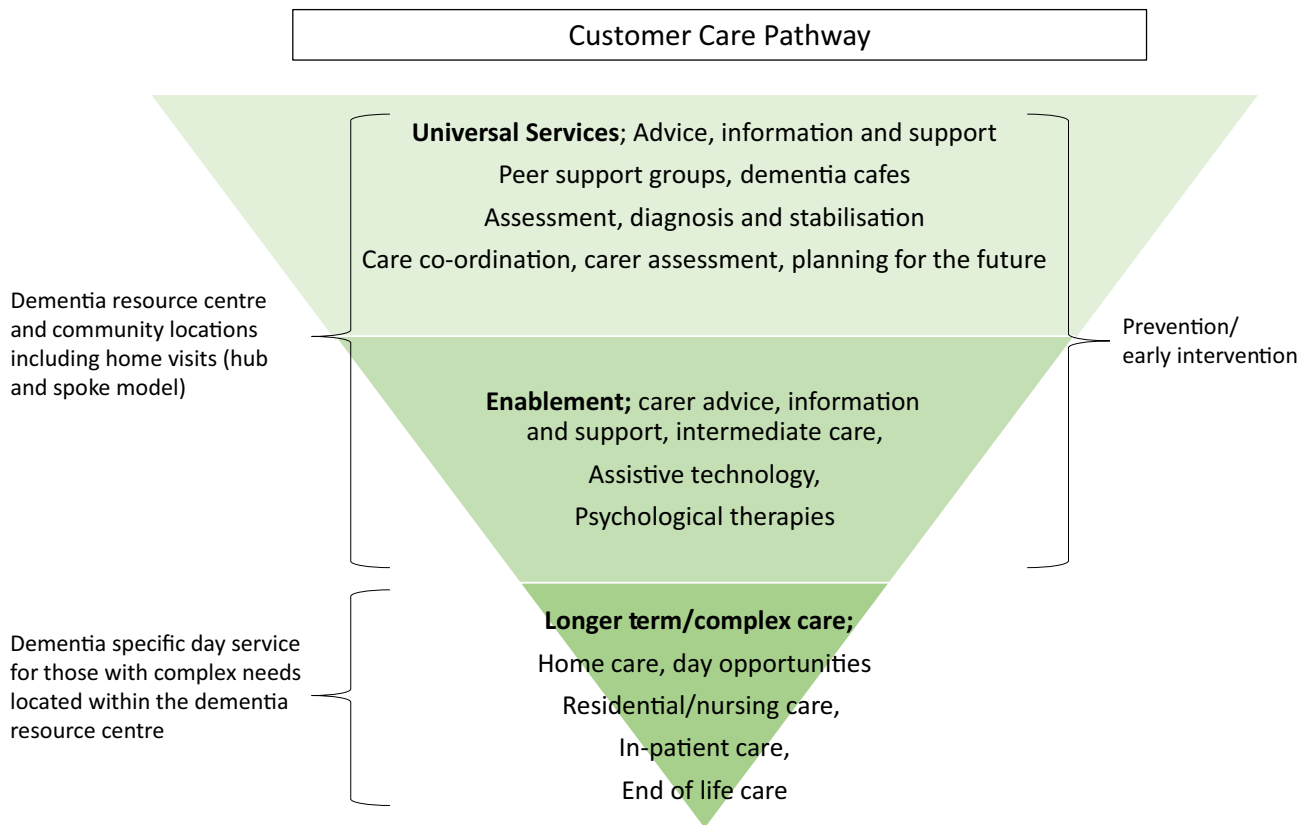
⁷ NICE QS30- Quality standard for supporting people to live well with Dementia April 2013

⁸ Department of Health: Living Well with Dementia: A National Dementia Strategy, 2009

⁹ <http://www.thinklocalactpersonal.org.uk/>

1.5.3 As dementia is a degenerative disease many people will progress through each of the three phases as their needs change. Figure 1 below illustrates the customer care pathway describing the types of support at each phase.

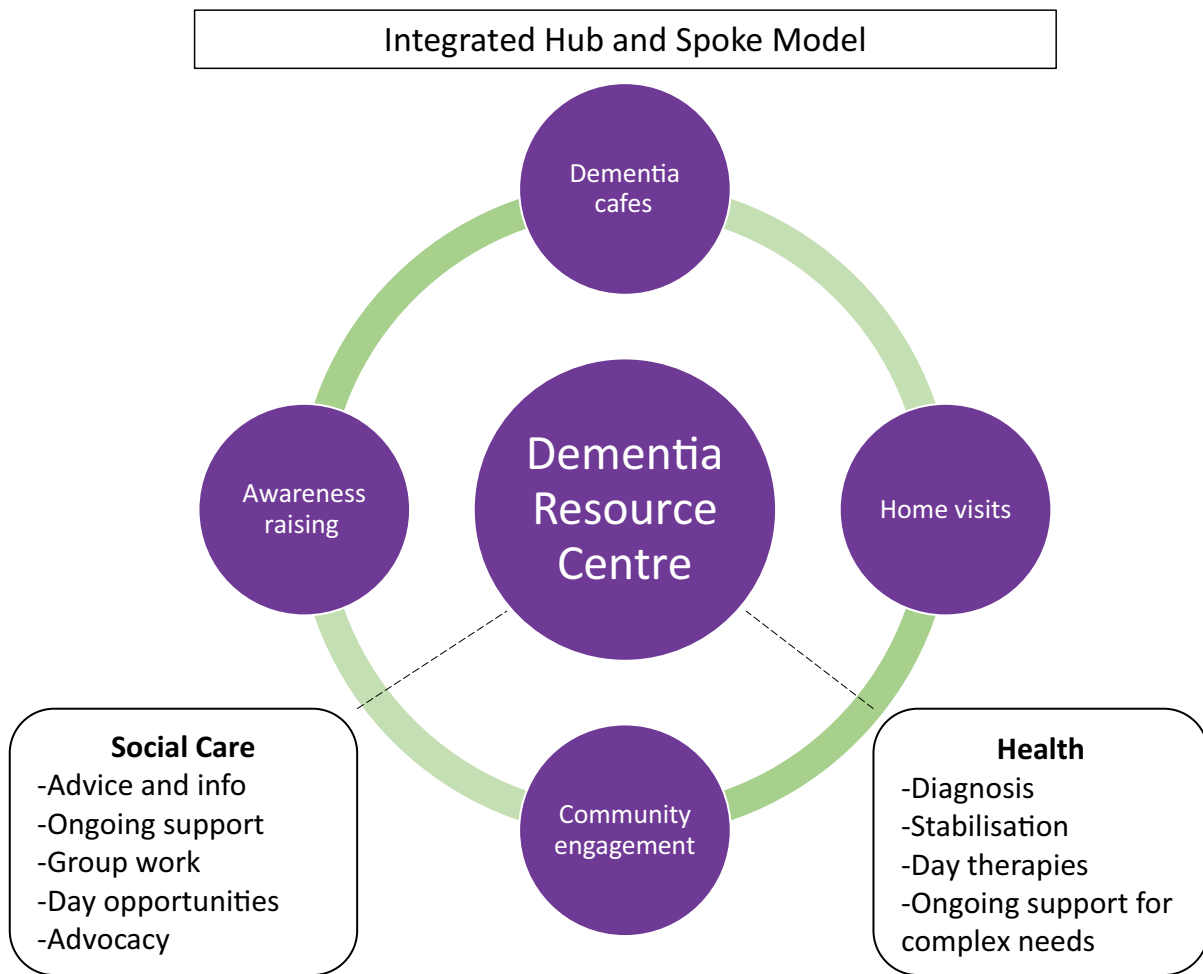
Figure 1



1.5.4 The customer care pathway will centre on an integrated “hub and spoke” model (see Figure 2 opposite). The dementia resource centre will be the hub offering advice, information and support, diagnosis and stabilisation services from the NHS memory clinic and a structured 7 day a week day service for those with high support needs. The spokes will be support and activities such as dementia cafes delivered from convenient community locations.

1.5.5 Research has identified that providing people with support early on in their dementia and offering coordinated community based support to the person with dementia and their carer can avoid or delay the need for more intensive and expensive care like hospital admission or moving into residential/nursing care. As a result over the life of this strategy the council and CCG hope to achieve a significant reduction in the need for longer term/complex care (phase 3) and for the money saved to be invested in early/preventative interventions (phase 1 and 2). The commissioning of a dementia resource centre is the first major step towards achieving this goal.

Figure 2



1.6 What is the level of need locally?

- Approximately 25,000 people over the age of 65
- This number expected to rise to 30,000 by 2020
- Estimated 1675 people living with dementia in Peterborough
- 45 per cent registered with GP as having dementia (758)
- 66 per cent estimated to live at home (1117)
- 33 per cent estimated to live in residential care (558)
- Approximately 40 people under 65 are living with dementia (referred to as young onset dementia).

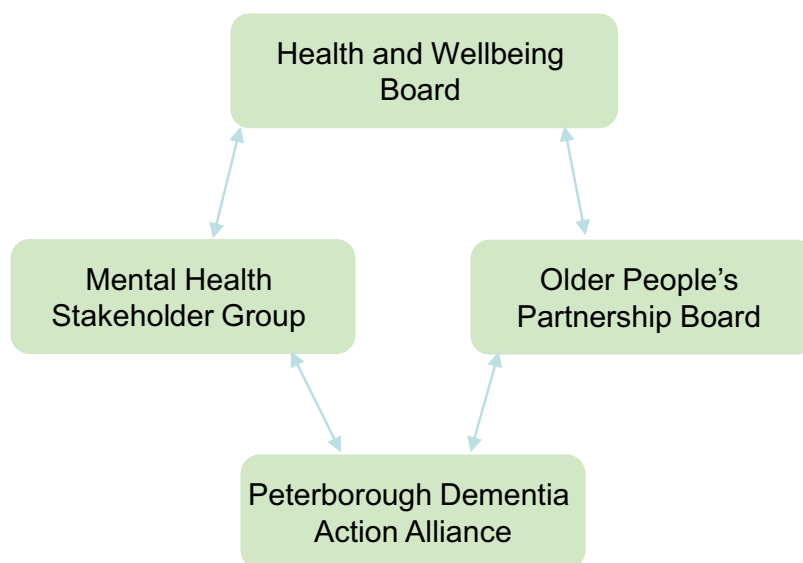
1.7 How much do we spend currently on dementia care and support?

- 1.7.1 Putting a true cost of dementia on the health and social care economy in Peterborough is a complex task as many people with dementia are accessing support for a variety of reasons, not just their dementia. Listed below are some high level estimates to give an idea of the scale of the challenge.
- 1.7.2 in 2012/13 the council spent an estimated £5.6 million on social care support for people with dementia and their carers. This does not include the £250,000 additional investment identified from 2013/14 for the dementia resource centre, taking the total estimated spend to over £5.8 million for 2014/15.
- 1.7.3 The CCG spent approximately £2.8 million on older people's mental health services in Peterborough in 2012/13 (this includes the NHS memory clinic and the inpatient unit at the Cavell Centre). This cost does not include hospital costs which are significant (it is estimated an unplanned long stay hospital admission costs £2,461.00¹⁰). There are approximately 500 people per month admitted to Peterborough hospital for a variety of reasons who also have dementia. An estimated 33 per cent of these are Peterborough residents. This equates to £4.8 million and a total estimated CCG spend on dementia of over £7.6 million per year.
- 1.7.4 Peterborough commissioners are confident that co-locating services within the resource centre will improve outcomes for people with dementia, reducing waiting times for diagnosis and increasing the level of advice, information and support available. Progress has already been made by the NHS memory clinic to reduce waiting times for diagnosis and the development of an integrated dementia resource centre will build on this success.
- 1.7.5 Commissioners will evaluate whether the dementia resource centre's focus on intensive case management in the community reduces hospital admissions and delays or avoids the need for residential and nursing care for people with dementia. This will provide the evidence base for future financial planning and budget allocation.

1.8 Who will make the strategy happen?

- 1.8.1 Commissioners from Peterborough City Council and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will deliver the strategy with the monthly Dementia Steering Group (includes members from voluntary and statutory partners, service users and carers) providing direction, expertise and insight. This group will update relevant forums and groups including the Peterborough Dementia Action Alliance. (see figure 2).

Figure 2: Governance Structure for Strategy Delivery



¹⁰ PPRSU Service costs 2012 p.109

2.0 How will we achieve what we want?

We have described the outcomes we want from this strategy. Now we need to detail how we intend to make them happen.

We will be guided by the Peterborough Adult Social Care principles of:

- Staying safe
- Minimising dependency on services
- Acknowledging strengths and abilities
- Maximising choice and control
- Remaining independent
- Being supported in the community.

And the National Dementia Action Alliance Declaration:

1. I have personal choice and control or influence over decisions about me
2. I know that services are designed around me and my needs
3. I have support that helps me live my life
4. I have the knowledge and know-how to get what I need
5. I live in an enabling and supportive environment where I feel valued and understood
6. I have a sense of belonging and of being a valued part of family, community and civic life
7. I know there is research going on which delivers a better life for me now and hope for the future.

And the ambitions set out in Dementia Action Alliance 'Carers' Call to Action':

Carers of people with dementia:

1. Have recognition of their unique experience - 'given the character of the illness, people with dementia deserve and need special consideration... that meets their and their caregivers' needs' (World Alzheimer's Report 2013 Journey of Caring)
2. Are recognised as essential partners in care - valuing their knowledge and the support they provide to enable the person with dementia to live well
3. Have access to expertise in dementia care for personalised information, advice, support and coordination of care for the person with dementia
4. Have assessments and support to identify the on-going and changing needs to maintain their own health and wellbeing
5. Have confidence that they are able to access good quality care, support and respite services that are flexible, culturally appropriate, timely and provided by skilled staff for both the carer and the person they care for.

3.0 Action Plan

Below is a summary of the actions we will take to achieve each of the seven outcomes identified in the strategy:

Outcome One: Dementia care and support is easy to understand and navigate. People can access help, including a timely diagnosis, when they need it
Rationale/Evidence:
<ul style="list-style-type: none"> - Consultation identified that people were waiting a long time for an assessment with the memory clinic with a lack of support available in the community before and after diagnosis - People reported feeling confused about what support is available and how to access it - Early diagnosis is important as medical treatment can slow down the progression of some dementias¹¹ - Supporting people with dementia through talking therapies and behavioural interventions has been found to save money in health care costs¹² - With intensive case management and strong care coordination between health and social care it is possible to avoid unnecessary hospital admissions and remain living at home.¹³
How? Key/Tasks:
<ol style="list-style-type: none"> 1. Open a dementia resource centre – A “one stop shop” for advice, information and support including CCG commissioned diagnosis and stabilisation services and 7 day a week day opportunities for those with high support needs 2. Ensure residents have access to information, advice and support both before and after diagnosis 3. Develop a model of care that offers a named care coordinator for every person with dementia and their carer 4. Work collaboratively to support people with dementia to plan for end of life and to die well at home wherever possible.
Costs:
<ul style="list-style-type: none"> - Dementia resource centre - £335,000 per annum - Memory clinic for diagnosis and stabilisation paid for from the £2.8 million allocated for older people’s mental health - Approximately £500,000 capital cost to develop building.
Timescales:
<p>Dementia Resource Centre refurbishment work complete - July 2014</p> <p>Review of Dementia Resource Centre performance against outcomes - April 2015</p> <p>Review of Resource Centre accommodation and capacity - August 2015</p>

¹¹ Rowntree et al. Effectiveness of anti-dementia drugs in delaying Alzheimer’s disease progression 2013

¹² Institute for Innovation and Improvement: An economic evaluation of alternatives to antipsychotic drugs for individuals with dementia 2011

¹³ The Kings Fund: Oxleas Advanced Dementia Service, Supporting carers and building resilience 2013

Outcome Two: Health and Social Care staff provide good support to people with dementia

Rationale/Evidence:

- Stakeholders have raised concerns locally that the standard of care is inconsistent
- Good support is reliant on staff receiving sufficient training in dementia
- There is a wealth of research to show the standard of care provided to people with dementia is below par^{14,15}
- Good support involves only prescribing antipsychotic medication when appropriate and necessary
- Progress has been made with hospitals nationally¹⁷ and Peterborough City Hospital has a programme of training and a team of dementia champions, but there is still a long way to go
- The council will continue to monitor the standard of dementia care delivered including home care providers and residential care
- Dementia training will be included as a contractual requirement for social care providers, enabling commissioners to apply pressure on providers to upskill staff.

How? Key/Tasks:

1. Implement minimum standards of dementia knowledge/skill for organisations providing care to people with dementia
2. Deliver and coordinate training to providers including care homes, GPs and hospitals that is linked to the minimum standards
3. Monitor the use of anti-psychotics through CCG audits and respond quickly to inappropriate/unnecessary use
4. Identify poor performing care homes and develop action plans to raise standards (DOLS, safeguarding, hospital admissions).

Costs:

- Peterborough City Council dementia training - £10,000 per annum
- CCG commissioned CAMTED dementia training - £135,000 per annum
- Antipsychotic medication monitoring - cost neutral (CCG medicines management team)
- Minimum standards of dementia training introduced to all new relevant council care contracts - cost neutral
- Performance improvement measures for poor performing care homes - cost neutral (PCC Adult Social Care Contract Management).

Timescales:

Minimum standards implemented as contractual requirement for relevant council contracts – From April 2014 onwards.

¹⁴ Alzheimer's Society. Home from Home 2007

¹⁵ Alzheimer's Society. Counting the cost 2009

¹⁷ Royal College of Psychiatrists: National Audit of dementia care in general hospitals 2012

Outcome Three: Carers have access to a range of support to improve their quality of life

Rationale/Evidence:

- Carers wanted somewhere safe and secure to leave the people they care for so they could go shopping and know support was available outside of normal office hours. Stakeholders have identified the need for somewhere for the person with dementia to be supported for a short period while their cared for runs an errand like the weekly shop
- It also identified the need for support outside of normal office hours so carers in full time employment could access it
- The Council's Carer Strategy 2013-16 includes a centre for carer advice, information and support
- Stakeholders highlighted a lack of clarity on how to access short break/respite accommodation
- Work to develop the Carer Strategy identified a lack of awareness from both support staff and carers about assistive technology
- Assistive technology can help make life easier for people with dementia and their carers¹⁸
- Investing in carer support improves carers' health and wellbeing enabling them to sustain their caring responsibilities; this in turn can delay or avoid the need for more intensive and expensive support like nursing care¹⁹
- Peer support groups and dementia cafes are a proven cost-effective way to make a positive impact on the health and wellbeing of carers.²⁰

How? Key/Tasks:

1. Dementia Resource Centre to deliver support to carers over extended hours to help them sustain their caring responsibilities
2. Develop structured peer support groups/networks across the city, including the creation of dementia cafes
3. Commission training for carers to develop skills and coping mechanisms
4. Develop a social care policy for access to respite care clarifying process/criteria
5. Introduce assistive technology as part of a carer assessment and support plan
6. Showcase assistive technology equipment from the resource centre.

Costs:

- Dementia specific carer support included within £335,000 per annum resource centre contract
- Improved access to short breaks/ respite care – £TBD.

Timescales:

Increase in dementia carer support via Dementia Resource Centre – April 2014
Respite policy – July 2014
Formal review of respite provision – Summer 2014
Re-tender of generic carer support services – Summer 2014.

¹⁸ Alzheimer's Society factsheet: Devices to help with everyday living

¹⁹ Gaugler et al. Predictors of nursing home admissions for persons with dementia 2009

²⁰ DH: Report on Dementia Advisors and Peer support groups. 2013

Outcome Four: **People with complex needs can get the help they need including appropriate local supported accommodation**

Rationale/Evidence:

- Stakeholders reported a significant gap in supported accommodation for people with complex needs, for example, those with young onset dementia
- There appears to be gaps in competency levels of the local care home workforce in managing challenging behaviour
- People displaying challenging behaviour are often moved into specialist residential care outside of Peterborough
- There are an estimated 40 people with young onset dementia in Peterborough
- There is no age appropriate supported accommodation for people with young onset dementia
- Evidence indicates people with learning disability develop dementia at a younger age²¹
- As people with learning disability are living longer, consideration will need to be given as to whether specialist support including accommodation will be required in the future.

How? Key/Tasks:

1. Understand the demand for specialist accommodation for people with challenging behaviour now and in the future
2. Review the criteria for transferring people with challenging behaviour from local providers to specialist out of area placements
3. Undertake a review of residential nursing providers and develop an action plan for improving competency and capacity for managing residents with complex needs
4. Commission locally based supported accommodation to meet the needs of people with young onset dementia
5. Monitor the level of need for specialist dementia support amongst those with learning disability.

Costs:

- Review of competency and capacity for managing complex needs in residential setting - £5,000
- Build capacity for age appropriate supported accommodation for people with Young onset - £TBD
- Develop competency within residential home market for supporting people with challenging behaviour - £TBD.

Timescales:

Develop local residential home capacity and competency for managing challenging behaviour - April 2015

Age appropriate supported accommodation available within Peterborough for those with young onset dementia - April 2015.

²¹ Blackman and Brooks. Dementia and people with learning disability. 2008

Outcome Five: **People with dementia from black and minority ethnic (BME) communities get the support they need**

Rationale/Evidence:

- Peterborough has a diverse and growing older age population
- 3 per cent of over 60s are Asian and 3.7 per cent white other²²
- Research suggests people from Asian and Black Caribbean communities are less likely to access dementia support unless it meets their cultural and religious needs²³
- As a result families and carers are often placed under increasing pressure and strain
- There is an opportunity for voluntary sector providers offering culturally appropriate support to older people to be skilled up to provide dementia support.

How? Key/Tasks:

1. Work collaboratively to raise awareness about dementia amongst BME communities
2. Develop performance indicators to monitor and encourage people from BME communities to access support
3. Train organisations providing targeted advice, information and support to BME groups in dementia awareness and to be able to deliver brief interventions
4. Develop joint working arrangements with specialist BME support providers and the dementia resource centre
5. Encourage members of the BME community to become dementia champions/friends, pledging to volunteer to help raise awareness and understanding amongst carers.

Costs:

- Awareness raising/training sessions – cost neutral through Public Health funded health checks programme and volunteer led Dementia Friends initiative.
- Recruitment of BME volunteers – funded through Alzheimer's Society 12 month pilot project around engaging South Asian communities.

Timescales:

Public Health, Health Checks Programme - ongoing

Targeted engagement work with BME communities – April 2014 to April 2015

Evaluation of Alzheimers 12 month pilot - May 2015.

²² Peterborough Joint Strategic Needs Assessment 2011

²³ All party parliamentary group on dementia and black and minority ethnic communities 2013

Outcome Six: **People with dementia have good support in place when discharged from hospital or acute care**

Rationale/Evidence:

- Stakeholders are in agreement that more can be done to prevent avoidable admissions to hospital and acute wards
- Patients with dementia have longer lengths of stay, greater mortality and increased risk of being institutionalised²⁴
- There are often marked deficits in the knowledge and skill of general hospital staff who care for people with dementia²⁵
- Most people with dementia would prefer to die at home, though most die in hospital²⁶
- Recent case studies indicate that intensive case management in the community can avoid unnecessary admissions, stabilise challenging situations and facilitate discharge from acute settings²⁷
- The CCG's Older People's Procurement programme and its investment in a psychiatric liaison service based at Peterborough City Hospital provides a good opportunity to further integrate health and social care support for people with dementia.

How? Key/Tasks:

1. Develop strong links between the Dementia Resource Centre, Peterborough and Stamford Hospital Foundation Trust, the inpatient dementia unit (Cavell Centre) and psychiatric liaison service
2. Work collaboratively to reduce avoidable admissions to hospital and inpatient units, developing models of care focused on intensive case management in the community
3. Explore the benefits to be a specialist reablement team for people with dementia
4. Actively promote assistive technology within the Dementia Resource Centre and throughout the dementia care pathway as a means of avoiding or delaying the need for acute/longer term care.
5. Review impact of Dementia Resource Centre on hospital/inpatient admissions and demand for longer term care such as residential and nursing care

Costs:

- Potential increase in investment for specialist reablement team - £TBD
- Improved coordination between Dementia Resource Centre and acute settings - cost neutral
- Increase in assistive technology budget to cover increase in demand for people with dementia and their carers - £TBD.

Timescales:

- Feasibility study on specialist reablement team - September 2014
- Partnership work to reduce avoidable admissions - April 2014/ongoing
- Showcase assistive technology within the Dementia Resource Centre - July 2014
- Firmly embed assistive technology within the Adult Social Care model of care - Sept 2014 onwards
- Review impact of Dementia Resource Centre on acute admissions and residential/nursing care - April 2015

²⁴ Dept Health: National Dementia Strategy 2009

²⁵ Dept Health: National Dementia Strategy 2009

²⁶ Alzheimer's Society, My life until the end 2012

²⁷ Foley: Bridging the gap: the financial case for a reasonable rebalancing of health and care resources 2013

Outcome Seven: Peterborough is becoming a dementia friendly city

Rationale/Evidence:

- Raising awareness about dementia will help people receive a diagnosis earlier and begin accessing treatment
- Isolation and loneliness is a key challenge for people with dementia and their carers
- Communities that are “dementia aware” are better placed to support people with dementia to remain active within their communities
- Case studies across the UK demonstrate the positive impact initiatives such as dementia cafes have on the health and wellbeing of people with dementia and their carers²⁸
- The Dementia Action Alliance²⁹ and local alliances provide an opportunity for people with dementia and their carers to be heard and a platform for communities to come together and share ideas and experiences on how to become dementia friendly
- Work to establish a Peterborough dementia action alliance has already begun with a range of local businesses and groups committing to a pledge as to how they will contribute to improving the quality of life for people with dementia in Peterborough
- Evidence from elsewhere in the UK and the enthusiasm and motivation shown to date indicates that the local alliance will go from strength to strength.

How? Key/Tasks:

1. Improve public awareness and understanding of dementia through awareness raising events, dementia friends sessions and Public Health health checks programme
2. Develop a local dementia action alliance to collectively lead the campaign for people with dementia to be treated with dignity and respect
3. Introduce a dementia friendly recognition scheme for local businesses and facilities
4. Develop and coordinate the dementia friends movement using the Peterborough Dementia Action Alliance as the vehicle to do this.

Costs:

- Marketing of dementia friendly initiative - circa £10,000
- Development of local action alliance - circa £10,000.

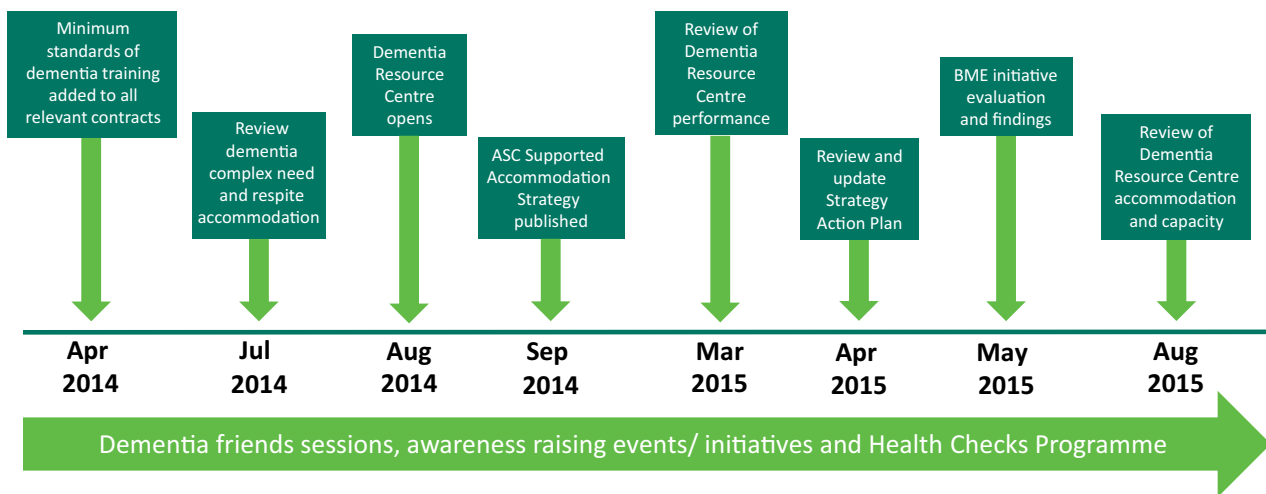
Timescales:

Awareness raising events – ongoing

Peterborough Dementia Action Alliance was set up and launched in 2013. The intention is for the Alliance to meet on a quarterly basis and to develop a formal constitution.

²⁸ Alzheimer's Society: Dementia friendly communities: a priority for everyone 2013

²⁹ www.dementiaaction.org.uk



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