

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 November 2016

Subject: Dementia Strategy

Report of: Strategic Director, Adults Health and Wellbeing

Summary

This report provides Members of the Committee with an update on the recent Consultation to produce a refresh of the Dementia Strategy and associated developments.

Recommendations

Members of the Committee are requested to note both the report and the Dementia Strategy 2016

Wards affected: All

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Background documents (available for public inspection): None

1. Introduction

- 1.1 Dementia is a key long-term condition affecting, in the main, older people. For people experiencing memory loss or symptoms indicative of Dementia or Alzheimer's disease, access to formal clinical diagnosis is extremely important. Following diagnosis, this ensures that the patient/citizen receives appropriate information and advice and appropriate services – be it either health or social care provision.
- 1.2 As part of the government's historic devolution agreement, new decision making and spending powers are being given to Greater Manchester from April 2016. One of the early health and social care priorities for this work is dementia.
- 1.3 Sir David Dalton, Chief Executive of Salford Royal Foundation Trust and his team are leading a dementia transformation programme, 'Dementia United'.
- 1.4 Over the next five years, through working with partners across Greater Manchester this work aims to improve the lived experiences of people with dementia, and reduce pressure on the health and social care system. In short, Dementia United is aiming to make Greater Manchester the best place in the world to live for people with dementia.
- 1.5 More information on Dementia United can be found at <http://dementiaunited.net/>
- 1.6 In light of the work at scale across GM, it was considered necessary to refresh Manchester's Dementia Strategy.

2. Consultation Approaches

- 2.1 Approximately one year ago, the Lead Commissioners from health and care established a Task and Finish Editorial Group to draft a new Dementia Strategy. It included membership from:
 - Alzheimer's Society
 - University of Manchester's Dementia Research Unit
 - Strategic Lead for Age-friendly Manchester
 - Dignity Lead, Adult Social Care
 - Two ladies diagnosed with Dementia
- 2.2 As a result of the production of a Draft Dementia Strategy, it was necessary to arrange a short consultation exercise. The consultation, intended for professionals (who could, in turn, consult with their various citizen and carer groups) from 15 August to 16 October. This approach was preferred rather than the traditional public consultation process, in order to engage more with professionals, across both the public and voluntary sector partners who have a stake in Dementia care.

2.3 The ‘reach’ of the consultation was extensive and proved successful. Below is a list of key individuals and groups who participated in the consultation and provides vital feedback on the draft strategy:

- Professor Alistair Burns, National Clinical Lead of Dementia
- Dr Bamrah, Medical Director, Manchester Mental Health and Social Care Trust (MMHSCT)
- Dr Martin Whiting, North CCG Chair
- Sue Ashcroft Simpson, MMHSCT
- Graham Mellors, MMHSCT
- Judith Jones, Lay Member, South CCG
- Patient-Public Advisory Group (PPAG) Members
- Patricia Grierson, Head of Independent Living, Johnnie Johnson Housing Trust
- Sally Ferris, Together Dementia Support, CIC
- Carers at the Together Dementia Drop-in Group
- Andrew White, Head of Supported Services, Irwell Valley Housing Association Limited
- Healthwatch Manchester
- Catriona Sudlow, Dementia Friendly Swimming
- Manchester Care and Repair

2.4 The above respondents provided feedback on the strategy, action plan or raised questions. Accordingly, the Strategy has been substantially amended to incorporate the suggestions made by respondents. Commissioners are grateful to all the respondents to take time and contribute to this important work.

3. Short online survey

3.1 Towards the end of the three month consultation period on the Strategy, a short online survey was made available and circulated to key partners. It should be stressed that this was a supplementary consultation process to provide an alternative method to feedback on the Strategy. The following questions and results were obtained:

Question	Results
How important or unimportant is it for Manchester to have a dementia strategy?	All respondents stated it was either important or very important
Do you like the title of the strategy “Living Well with Dementia”?	There was a mixed view, the majority liked the title, but a small minority neither liked nor disliked it
Do you like the “I Statements”: <ul style="list-style-type: none"> • I have personal choice and control or influence over decisions about me • I know that services are designed around me and my needs • I have support that helps me live my life • I have the knowledge and know how to 	All respondents strongly agreed with the ‘I statements’

<p>get what I need</p> <ul style="list-style-type: none"> • I live in an enabling and supportive environment where I feel valued and understood • I have a sense of belonging and of being a valued part of family, community and civic life • I know there is research going on which delivers a better life for me now and hope for the future 	
<p>For the first time in a dementia strategy, we have developed strong links with the University of Manchester so that we bring dementia research more closely to health and social care provision. Do you think this is a good idea?</p>	<p>All respondents stated this was a good idea</p>
<p>The strategy sets out our partnership work with the Alzheimer's Society, particularly around the growth of Dementia Friends and the creation of more Dementia-friendly communities. Do you think this is a good idea?</p>	<p>All respondents stated this was a good idea</p>
<p>The strategy places high importance on the role of carers. How important or unimportant are the role of carers to the work on dementia in Manchester?</p>	<p>All respondents stated this was either a good or very good idea</p>
<p>The strategy contains an action plan for key partners, including Manchester City Council and the CCGs, to progress in the next 12 months. Do you think the action plan is:</p> <ul style="list-style-type: none"> • About right • About right but there are some gaps • Not right 	<p>The majority of respondents felt the action plan was about right but there are some gaps</p>
<p>Do you think the strategy can be improved at all?</p>	<p>Comments received were about:</p> <ul style="list-style-type: none"> • Dementia Research • Doing simple things right • The dementia premium we pay to care home providers – a suggestion that this needs to be revisited as the amount has never changed (increased)

3.2 Comments received to the online consultation

3.2.1 A high number of comments were received, as follows:

- We all need to get it right and be singing from the same sheet
- Manchester council should seek to support groups working to offer people living with dementia and their carers.
- It is a very positive title, which helps people understand that positive steps can be taken.
- People living with dementia have the right to be treated as full members of the community.
- It is essential that individuals diagnosed with a disease they cannot control, have a sense that they can nevertheless have control over early decisions that impact on their personal dementia journey as it progresses and how others will make decisions and support them in the future when they are perhaps unable to do so.
- I strongly agree with the above as it will improve recognition of the importance of funding Dementia Care and Support rather than doing it on the cheap or best endeavour basis.
- Very important but needs to fit with other important strategies around mental health and well being.
- It's a positive title.
- Any research is a good thing if done well.
- Again, excellent partnership approach and knowledge sharing.
- Social isolation for carers and those with dementia needs to be reversed, signposting to and using community based assets would form part of this.
- The council should support financially groups seeking to give support to carers.
- Many carers are suffering in silence to care for their loved ones for many reasons including pride. These barriers need to be broken down and gaining better understanding/insight from carers will help to create solutions.
- This is vital; carers have first hand knowledge of impacts and can really help inform strategies.
- I don't have any experience with dementia but am interested in what is being done to help people who have or who are caring for someone with dementia.
- The DoH NIHR Alzheimer's Society Join Dementia Research service needs to be discussed.
- Focus on practical and simple approaches and sharing them.
- Carers are the prime resource.
- Needs to focus on practical and simple approaches and then share them.
- They [carers] anchor strategy in real life

4. The Dementia Strategy

- 4.1 Attached to this report is the Dementia Strategy. It can be seen that this has been achieved through a full co-production approach which, through the consultation, has been substantially amended through stakeholder input.
- 4.2 The vital component of the new strategy is the action plan for Manchester; this contains the essential responsibilities which the Dementia Strategy Steering Group will oversee. This Group will be led by a new Chair; Professor Alistair Burns, who will bring the necessary skills, insight and gravitas to this important work.
- 4.3 Commissioners will continue to be involved in the work at GM level via Dementia United and progress could be reported to a future Health Scrutiny meeting.

5. In-Year Funding from NHS England

- 5.1 As part of the visit to Manchester by Dementia United, commissioners were made aware of in-year funding availability via NHS England. Following a successful bid, additional funds have been secured. Further details of the scope of the bid are as follows:

A novel approach to peri diagnostic support for people with dementia and their families

Supporting people with dementia is a national priority and is a key component of the NHS England dementia wellbeing pathway (“supporting well”). There are a number of models which have been developed and variously use elements of Admiral Nurse time, voluntary sector contribution and dementia advisor roles. The proposed service will be different in three crucial ways:

- *It will be based in primary care – where increasingly people with dementia are managed and where there are opportunities to embed services with existing provision rather than being perceived as belonging to another service and being on loan;*
- *It will upskill staff already in post – by spreading expertise about dementia and dementia support services rather than having new positions;*
- *It will concentrate on the peri diagnostic period - allowing people to benefit from the service who have not yet had a formal diagnosis (but are likely to have one in the foreseeable future) but who have genuine worries and concerns.*

Aim: To ensure that local peri and post diagnostic services work alongside and support people with a new or impending diagnosis of dementia to build a holistic person centred support plan that will outline the practical based and emotional support that will be available to the individual and their family/carer. The service will help individuals’ understanding of the needs of the person with dementia and develop their own resilience and help them stay connected with their local community and networks. It is anticipated that by ensuring that expertise is further developed in primary care and all people involved with the client’s care are aware of and can

access a wide and diverse range of services there will be a reduction in the need for urgent admission to inpatient care services and improve the quality of life of the clients and their family/carer.

The service will:

- Be for anyone with diagnosed or suspected dementia or who care for them, both professionally or personally and will be embedded in primary care. Referrals will be from across health, social care and community groups;
- Use the resources and reach of the GM Devo dementia workstream (Dementia United), the service will ensure that it has a complete understanding of the Greater Manchester wide offer of services and systems of support;
- Ensure that immediate support is available that will include a range of information in a range of formats that will reference the implications of the diagnosis and outline what is available locally. The purpose of this will be to ensure that the individual and their family/carer are given time to understand and adjust to the diagnosis but also enabling them to navigate through services and plan for future care. This planning will include advice on a range of issues, e.g. social care support, Power of Attorney arrangements, benefits advice. The support will include access to a dementia support advisor who will be located in the Later Life Community Mental Health Team but will be a virtual member of the post diagnostic support network;
- Three practice nurses will appointed to lead the project and work across identified areas in Greater Manchester. Their role will include:
 - In their local area, to upskill identified primary care staff (for example district nurses, specialist care nurses or pharmacists) in working with patients and their families in the peri and post diagnostic stages and this will be undertaken by developing a dementia nurse collaborative in primary care. The role will also ensure that all local GP practices are aware of the range of services and activities that are available to their patients and their families /carers and a network of practice nurses who have a more developed understanding of dementia and have increased confidence in delivering appropriate and timely care and support will be at the centre of delivering dementia care and support in the future. Initially the focus will be on those practices with the highest rates of dementia diagnosis;
 - Develop relationships and linkages with secondary care dementia services to ensure that an understanding of the range of services available is known and develop further pathways of care that are understood and easily navigated and ensure that for the client and their family/carer it is seamless care;
 - Ensure all low level dementia-friendly services are included on Manchester City Council's online directory of services;
 - Raise awareness of dementia with all key stakeholders and promote new opportunities for people with dementia;
 - Develop particular links with Extra Care Housing Providers where there are increasing numbers of residents with Dementia and ensure an inclusive approach;
 - Facilitate and where clinically appropriate offer all people with a diagnosis of mild to moderate dementia access to Cognitive Stimulation Therapy (CST) following current best practice guidelines;
 - Deliver START (STrAtegies for RelaTives) that will offer eight sessions of

psychological therapy over two to four months, which will include education about dementia, ways to find emotional support and techniques for managing difficult behaviour;

- Ensure that those CCG areas that do not have access to the service are kept informed of its development and evaluation. This will be done through Dementia United and the three practice nurses acting as the link to three CCG areas not directly involved in the pilot.

The service will be piloted in three areas and will be linked into GP practices to ensure that once people are diagnosed they are referred rapidly to the support service.

5. Recommendations

- 5.1 Members are requested to note the report, the new Dementia Strategy for Manchester and the recent NHS England additional monies for peri and post diagnostic support for 2016/17.



North, Central and South Manchester
Clinical Commissioning Groups



MANCHESTER
CITY COUNCIL

Status: Draft

Living Well with Dementia in Manchester - A Strategic Statement 2016 - 2018



Foreword

I'm delighted to launch this new strategy for Dementia. This is an important issue for Manchester and we need to provide high quality care and support for people with Dementia and their carers, who carry out an important role.



Our current performance on Dementia diagnosis rates is very strong, having improved dramatically over recent years and, whilst a timely diagnosis is a gateway to services, we need to ensure that post-diagnosis aftercare is appropriate and high quality.

This strategy recognises the importance of partnership working across health, social care, housing and the voluntary and community sector. Working with the Alzheimer's Society, we have embraced many of their initiatives and would encourage everyone to get involved. You can play your part by becoming a Dementia Friend and showing your support to make Manchester a great place which recognises the need to be a Dementia-Friendly city.

You will also see references to the **Our Manchester** Strategy; this is a bold and ambitious plan for our city which sets out the following principles:

- We don't make assumptions about people
- What are people's strengths? What can they do, rather than not do?
- Deeper conversations and engagement with local communities
- Different relationships with staff, people and places
- Different role for services – greater focus on enabling and empowering communities and staff to think differently and be creative
- Significant changes to the way we work
- Taken forward in partnership

This Dementia Strategy builds on an Our Manchester approach by listening and talking to people affected by Dementia and their carers. If we can encourage all residents in the city to become a Dementia Friend, we feel this would be a good starting point to remove barriers and for all organisations to play their part in this collaborative approach.

The new Dementia Strategy Steering Group, with active membership from clinicians, CCG chairs, Commissioners and key voluntary sector organisations, such as Alzheimer's Society, will oversee the delivery of the action plan contained in this report.

Thank you for taking the time to read about this important work.
Councillor Paul Andrews
Executive Member for Adults, Health and Wellbeing

“It’s a very positive title, which helps people understand that positive steps can be taken”

Introduction - Dementia in Manchester

The number of people being diagnosed with Dementia in Manchester is increasing due to people in the city generally living longer, and improved diagnosis rates. There are also many people with Dementia who do not have a diagnosis and may be unknown to health and social care services.

As Dementia is becoming a common part of most people’s lives, whether they have the condition themselves or know someone with Dementia, the importance of increasing awareness and making sure organisations, communities and services are able to support people with Dementia and their carers, is also growing.

The majority of support for people with Dementia is provided from mainstream older people’s services such as: home care, day care (at least 40% of day care clients in Manchester have either a Dementia diagnosis or suspected Dementia) and care homes (a recent Alzheimer’s Society report estimates 80% of all care home residents have some form of Dementia). For information on demographics please see Appendix 1. **It is also recognised that unpaid carers play a key role in supporting people living with Dementia.**

However, there are many specialist services supporting people with Dementia and these are outlined in Appendix 3. In addition to these specialist services there are also Local Wellbeing/Good Neighbours Groups. These groups run across the city with volunteers providing practical support on a ‘good neighbour’ basis.

Throughout this strategy statement you will see a number of quote boxes, these quotes have come directly from the wide variety of people who have contributed to the strategy plan development. This strategy statement sets out our intention to improve information and support for people with Dementia, their families and the people who care for them.

Our vision is for people with Dementia and their family and carers to be able to live in a community that is supportive and inclusive where individual needs can be met through good access to information, timely and effective diagnosis, and services that maximise and prolong independence.

Strategic Context

The impact of Dementia and the importance of better awareness and support for those with Dementia and their families and carers has gained greater visibility in the media as well as in health and social care strategic planning and policy.

The former Prime Minister’s Challenge on Dementia 2020 was published in early 2015 with the vision to create a society by 2020 where every person with Dementia, and their carers and families, from all backgrounds, walks of life and in all parts of the country – receive high quality, compassionate care from diagnosis through to end of life care; this will continue to be the overall aim of this strategy.

The Care Act 2014 will help make care and support more consistent across the country. The new national changes are designed to help people plan for the future and put people more in control of the care they receive. Any decisions about people’s care and support will consider their wellbeing and what is important to them and their family, so that they can stay healthy and remain independent for longer.

Across Greater Manchester, NHS England, 12 NHS Clinical Commissioning Groups, 15 NHS providers and 10 local authorities have agreed a framework for health and social care - with plans for joint decision-making on integrated care to support physical, mental and social wellbeing.

The Manchester Locality Plan sets out the five year vision for improving health and social care outcomes across Manchester. It covers the ambition for a clinically and financially sustainable future and how the transformation will be achieved. Dementia has been identified as one of the areas of transformation.

The Locality Plan will become part of the Greater Manchester Strategic Plan for health and social care. The strategic plan 'Taking Charge of Health and Social Care in Greater Manchester' is in preparation for the North West region taking full responsibility for its devolved £6bn health and social care budget from April 2016. It has been built on the content being developed out of ten locality plans submitted jointly by councils and the NHS in each of the Greater Manchester boroughs.

For more information on Strategic Context please see **Appendix 2**.

Alignment of this strategy to Our Manchester approach

The Manchester Strategy sets out a long-term vision for Manchester's future and describes how we will achieve it. It provides a framework for actions by our partners working across Manchester – public sector organisations, businesses, the voluntary sector and our communities. It is not a strategy for Manchester City Council, but for Manchester. We all have a role to play in making our city the best it can be.



Supporting all residents to be active, resilient and independent is a core part of the public service offer in the city. We intend to radically change health outcomes over the next decade using new devolved powers over health and social care. We will bring together health providers, the Council, voluntary sector and communities in new ways that will target the specific problems we have in Manchester. Integration of health and social care has the potential to transform the experience and outcomes of people who need help by putting them at the heart of the joined-up service. There will be a focus on public health and preventing illness, as well as transforming care for older people so that they can stay independent for longer.

For people living with Dementia, we want the Our Manchester strategy to be a catalyst for change.

Personally Speaking

We have worked with a wide range of individuals in developing this strategy statement, these include people living with Dementia, their carers, family members, clinicians & health professionals, social care staff and the wider public to develop this strategy, hearing about their good and bad experiences, their frustrations and their aspirations. Also, for their opinions on how things are now and how they think things should change in the future.

Through consultation on development of this strategy statement, people living with Dementia, their carers and supporters have said they can face many barriers and challenges. They described life as a 'battle' or a 'fight' sometimes and many found the constant need to repeat themselves 'exhausting' and 'frustrating'. Many also found themselves isolated. Some of the comments clearly showed that while service providers think they have good policies, procedures and services in place, the effects are not always experienced in the way those service providers expected.

Overwhelmingly, people living with Dementia and their carers told us that they want to have good information, live independently, have friends and to be able to have a good social life just like any other person. They identified a number of barriers which they feel prevent them having the kind of life they want which are included below:

- Having the right diagnosis at the right time
- Respite Support (now referred to as Short Breaks)
- Carer Support
- A decent place to live, where health and wellbeing is promoted
- Attitudes in health and social care
- Easily accessible and up-to-date information on where to get help

Outcomes for people with Dementia

In 2010, Alzheimer's Society worked with partner organisations to launch a National Dementia Declaration for England (DAA, 2010). This was developed by the Dementia Action Alliance (DAA), which brings together different organisations in England committed to delivering change. In the Declaration, people with Dementia and carers described seven outcomes that are most important to their quality of life, many of which echo common themes from other research. These seven outcomes cover the key aspects that are important for quality of life for people with Dementia and form the seven 'I' statements:

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.

"People living with Dementia have the right to be treated as full members of the community"

An underpinning factor needed to help achieve these outcomes is to improve the understanding of Dementia, its symptoms, the lived experience of Dementia and the lived experiences of family and carers. People with Dementia and their carers cannot live well unless they themselves have the knowledge to understand what is happening. Whilst there are practitioners and services that work to improve this understanding, much more needs to be done on the individual and family level as well as the public level.

How we get there (and what is already happening)

In order to achieve the vision and outcomes outlined above we have identified the following priorities:

- We will support the development of Dementia-friendly communities working in partnership with a range of organisations
- We will improve diagnosis rates and post-diagnostic support
- We will work with all communities within Manchester to better understand what they need to help us to support them
- We will improve the availability of information so that people can get the right advice and know which services are available

- We will support carers, ensuring their needs are assessed and reviewed regularly.
- We will work with providers to ensure quality Dementia services are being delivered and staff are appropriately trained and supported
- We will support providers to consider end of life care planning as an integral part of their service offer in order to improve choice at the end of life for people with Dementia.

“This is very important but needs to fit with other important strategies around mental health and wellbeing”

The vision for Dementia in Manchester is ambitious and will involve the focusing of resources and funding to deliver it, as well as continued profile and political support. However, there are already a number of projects, campaigns and service reviews that are making progress towards our vision.

Devolution and Dementia United

Through devolution integrated care in Greater Manchester will focus more on preventative work in the community – putting strategies in place to keep people well and as independent as possible. For example, people with long-term conditions like asthma or heart conditions will be treated by specialists in the community as much as possible – only going to hospital when necessary.

In Manchester this work is being progressed through the One Team health and social care integration project that is part of the Living Longer Living Better programme. For more detail please see Appendix 2.

Dementia United is the programme name for the Greater Manchester devolution programme for Dementia that aims to build on existing strengths in the area to put a strong focus on improving early diagnosis and post diagnosis support, to improving hospital care and creating Dementia-friendly communities. It will also aim to reduce any variation in care across the region, as well as looking at how new technologies could be used to support people with Dementia and their treatment.

It proposes that each locality in Greater Manchester adopts 5 domains of Dementia care:

- **Preventing Well** – reducing the risk of Dementia in the local population, particularly vascular Dementia.
- **Diagnosing Well** – developing a robust seek and treat system that offers early, comprehensive, evidence based assessment for all.
- **Living Well** – establishing Dementia-friendly communities, networks and support AND ensuring EVERY person has access to tailored post diagnostic advice/ support.
- **Supporting Well** – regular access to the health and social care system as required which reduces the number and duration of emergency admissions, re-admissions and care home placements. Ensuring care continuity, irrespective of the location of the individual.
- **Dying Well** – Focusing on understanding where people with Dementia are dying and continuously striving to ensure that place of death is aligned with the person and family preference.

For more information visit: <http://Dementiaunited.net/>

Dementia@Manchester – University of Manchester

Across the University of Manchester there is tremendous breadth of Dementia research, from basic and human science research, through clinical services to social science research - from “cell to society”. Highlights of their strengths in Dementia research include:

- The only partner in the MRC Dementias Platform UK focusing on molecular imaging, stem cells and informatics.
- World-leading neuropsychology and one of only two centres in the UK with the capability for sophisticated brain imaging.
- Established track record in clinical phenotyping and genetics, particularly in FrontoTemporal Dementia and Primary Progressive Aphasia.
- Leading on Dementia-friendly communities research through the ESRC/NIHR 'Neighbourhoods and Dementia' study.
- Informing national and international policy through the Personal Social Services Research Unit and its membership of the NIHR School for Social Care Research.

"Any research is a good thing if done well"

The university has established *Dementia@Manchester* - a multi-disciplinary network to deliver its Dementia research strategy. *Dementia@Manchester* encompasses and draws on the full Dementia research capabilities of the University and Manchester Academic Health Science Centre - linking into NHS trusts, Local Authorities and social care providers, and other local, regional and national Dementia organisations.

The aims of *Dementia@Manchester* are to:

- contribute significantly to understanding neurodegenerative mechanisms;
- identify potential treatments for, and evidence for prevention of, Dementia;
- discover and inform on how to live well with Dementia at an individual, family and society level.

<http://www.Dementia.manchester.ac.uk/>

Alzheimer's Society Dementia 2015 report

The Alzheimer's Society has published its 4th annual report that looks at the quality of life of people with Dementia. The report offers a snapshot into people's experiences of living with Dementia, what support they receive and what could work better. The report sets out practical recommendations to support the government to improve the quality of life for people with Dementia and their carers. These are to:

1. Produce a national, funded action plan to deliver the Prime Minister's challenge on Dementia 2020.
2. Take action on risk management.
3. Improve diagnosis and transform support after diagnosis.
4. Support carers.
5. Deliver Dementia-friendly health and care settings.
6. Tackle issues in Dementia education, training and workforce.
7. Drive forward Dementia-friendly communities.
8. Make the UK a leader in transformational Dementia research.

For the full report visit: https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2700

Manchester Dementia Action Alliance, Dementia Friends and Dementia-Friendly Communities

The Dementia Action Alliance is a movement with one simple aim: to bring about a society-wide response to Dementia. It encourages and supports communities and organisations across England to take practical actions to enable people to live well with Dementia and reduce the risk of

costly crisis intervention. For more information about the Manchester Dementia Action Alliance visit:

http://www.Dementiaaction.org.uk/local_alliances/2654_manchester_Dementia_action_alliance

Dementia touches the lives of millions of people across the UK. Alzheimer's Society's Dementia Friends programme is their biggest ever initiative to change people's perceptions of Dementia. It was launched to tackle the stigma and lack of understanding that means many people with the condition experience loneliness and social exclusion. We need to create more communities and businesses that are Dementia-friendly so that people affected by Dementia feel understood and included. For more information about Dementia Friends visit: <https://www.Dementiafriends.org.uk/>

The Dementia-Friendly Communities programme focuses on improving inclusion and quality of life for people living with Dementia. In these communities: people will be aware of and understand more about Dementia; people with Dementia and their carers will be encouraged to seek help and support; and people with Dementia will feel included in their community, be more independent and have more choice and control over their lives. The former Prime Minister's challenge on Dementia also includes an ambition to create communities that are working to help people live well with Dementia.

<https://www.alzheimers.org.uk/Dementiafriendlycommunities>



Image taken from 'Building Dementia-Friendly Communities: A Priority for Everyone', The Alzheimer's Society

Adult Social Care

In line with the priorities of the **Our Manchester** Strategy, Adult Social Care is focused on helping people who have to rely more than most on targeted and specialist services to make the changes in their lives which will see them become more independent. There is a need to ensure that every person has the best possible chances in life and that everyone in the city has the same opportunities and potential to lead safe, healthy happy and fulfilled lives.

The key vision for Adult Social Care has been set out in the Greater Manchester (GM) vision for transforming Adult Social Care. This forms an integral part of realising the vision set out in 'Taking Charge' to achieve a radical upgrade in population health through investment in community based services, standardising acute health care and streamlining support services. The Health and Wellbeing Strategy sets the agenda across Health and Social care and is key driver for transformation across the system.

The focus for Adult Social Care in Manchester is to have an integrated approach to assessment through neighbourhood care teams with health partners. The aim is that there will be virtually no waiting times for an assessment as there will be a Trusted Assessor model of delivery – meaning that any relevant competent health or social care professional will be able to undertake a social care assessment and be well trained to do so. The need for face to face assessments will be reduced by offering more technological solutions to self-help where online questionnaires will help people navigate to solutions.

Through integrated health and social care, the Council and its partners will achieve a 20% shift of resources from hospital to community services so that more people can be supported in their own homes, rather than hospital. There will be more locally-based rapid response and high impact services that can intervene earlier to help people who are poorly from deteriorating further and therefore requiring acute or residential care. There will be more community assets and communities will be more Age-Friendly and Dementia-Friendly. The city will have at least three more large Extra Care Housing schemes to cater for older people who seek retirement housing with the option for on-site care. There will be a reduction in people dying in hospital and more people dying in their preferred place of choice, preferably at home.

The Care Act 2014

The Care Act was introduced in April 2015 in order to ensure that care and support is more fair and consistent across the country. The new national changes are designed to help people plan for the future and put people more in control of the care they receive. Any decisions about people's care and support will consider their wellbeing and what is important to them and their family, so that they can stay healthy and remain independent for longer.

The Act aims to makes care and support clearer and fairer, for example, it:

- outlines a single national eligibility threshold for care and support
- requires local authorities to provide all local people with information and advice, related to care and support, to help them understand their rights and responsibilities, and plan for their future needs
- includes protections so that people do not go without care if their provider fails, regardless of who pays for their care
- sets out new local responsibilities for people in prison who have needs for care and support so that they can access the care they need.
- allows for care and support plans to be 'portable' so people can take their plan with them when moving to another local authority area.

The Act attempts to rebalance the focus of social care on postponing the need for care rather than only intervening at crisis point.

Suitable housing is a vital part of wellbeing, as defined by the Care Act. It offers positive solutions for those with care needs who want to continue living in and potentially owning their own property, remaining as independent as they can for as long as possible in an environment suited to their changing needs.

The Care Act 2014 has highlighted the role of Housing in supporting social care. A fundamental component of the Care Act is the “suitability of accommodation” in meeting the at-home care and support needs of older and vulnerable people. The Act and its accompanying regulations and guidance outline how housing can support a more integrated approach. Key points from the Care Act are:

- A general duty to promote wellbeing which makes reference to suitable accommodation
- Housing is not just the “bricks and mortar” – it also includes housing-related support or services
- Housing must be considered as part of an assessment process that may prevent, reduce or delay any adult social care need
- Information and advice should reflect housing options, as part of a universal service offer
- Care and support should be delivered in an integrated way with co-operation with partner bodies, including Housing

The development of age-appropriate, care-ready housing, and the nature and quality of the city’s new and existing homes will make a significant contribution to achieving the objectives of these interlinked strategic approaches. The delivery of integrated care and health is underpinned by the availability of the right accommodation with the right facilities to support continued independence.

The Care Act 2014 also outlines carers’ legal rights to assessments and support. The Act gives local authorities the responsibility to assess a carer’s needs for support, where the carer *appears* to have such needs. This replaces the existing law, which says that the carer must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment.

The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially. If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

If the carer meets the eligibility criteria to receive support, the local authority and the carer will agree a support plan, which sets out how the carer’s needs will be met. Carers should receive a personal budget, which is a statement showing the cost of meeting their needs, as part of their support plan.

Personalisation

People with Dementia and their carers have fed back via the consultation process that they want to see services that are flexible, will give them greater choice and control on how their care and support is provided and be supported by a familiar face. Adult Social Care and Health are committed to the concept of ‘Personalisation’ to ensure that people living with Dementia can be at the heart of any decision-making process about their care. Personalisation means making the support you receive personal to you, with services built around your needs and wants. If people choose, they can have a Personal Budget that will enable them to buy their own care and support

and to be able to buy services that fit their own specific needs and choices. These changes will give Mancunians who are living with Dementia greater control, choice and flexibility in their life.

"We all need to get it right and be singing from the same sheet"

Dementia-Friendly Design

The physical environment also plays an important part in Dementia-friendly communities. In Manchester, all new building developments are designed with Dementia-friendly elements in mind. These include appropriate use of signage, flooring and fixtures and fittings to avoid confusion and distress along with clever use of colour and landscaping to enable people with Dementia to be better orientated and recognise their surroundings.

The principles of a Dementia-friendly community are closely linked to those of an Age-Friendly one – a safe, supportive environment with appropriate facilities and services to enable people to live independently. Through their work with older people the Age-Friendly Manchester team has supported and promoted Manchester's classification as the first Age-Friendly city in the UK by the World Health Organisation. The Age-Friendly Manchester team recently carried out a research project in partnership with Southway Housing that focused on Old Moat and its potential role as an Age-Friendly community and have used this research to expand the principles of Age-Friendly communities to other parts of the city with a toolkit being designed to identify and support the changes required.

The Dementia-Friendly Homes project has been funded by the Manchester Clinical Commissioning Groups and was the result of our involvement in a Best Practice piece of work for the Social Care Institute for Excellence (SCIE) and is managed by Manchester Care & Repair. This work involved taking the principles of the Dementia-friendly environment in care homes and testing them in the homes of people living with Dementia. For more information on this go to:

<http://www.scie.org.uk/socialcaretv/video-player.asp?v=Dementiaenvironmentathome>
https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1408

Workforce Development

Developing Dementia-friendly services should be the aim and objective of all organisations which requires a whole system approach. Staff from both health and social care are usually the first point of contact for someone who may have Dementia. This means that they play a crucial role in being the first point of contact, that's why it is essential they have an understanding of Dementia and the impact this can have on the individual and their family. Having a workforce that is appropriately trained and has a good standard of awareness is vital; this can be done by ensuring that Dementia awareness is incorporated into other mandatory training such as the Mental Capacity Act, for example. Organisations should consider the role of people living with Dementia and their carers in raising awareness as experts by experience.

Clinical, Diagnostic and Assessment Pathway

The importance of good access to formal clinical diagnosis cannot be under-estimated. We know that, whilst our Manchester diagnostic rates have significantly improved over recent years, it is now timely to evaluate the impact of receiving a formal clinical diagnosis of Dementia – whether that is the impact on the person concerned or their carers and immediate family. For many, the diagnosis is welcomed but we need to ensure that the pathway supports people as they become more aware of what a diagnosis means to them and their family.

We have listened to people with Dementia in the production of this strategy. They have told us that:

- Dementia can affect people in different ways and can often mean changes in the way people with Dementia and their family, friends and carers live their lives
- A diagnosis of Dementia can be very upsetting and overwhelming, however it can also be a relief to some people; those who have known something wasn't quite right for a while and now know why.
- It is important that the way the diagnosis is communicated is sensitive and carefully explained.

The way that people are told they have Dementia needs to be considered carefully. These discussions will enable the person and their family or carers to come to an understanding of their Dementia and give them the tools to start to design their own approach to living well. Dementia is very individual so what helps one person may not help another. Health professionals should approach the diagnosis in a way that is informative but not heavy on clinical language.

Opportunities to provide innovation in Dementia treatments should be explored at every opportunity. This includes advanced diagnostic tests such as the PET Amyloid scans, newer anti-dementia drugs (subject to funding approvals), genetic testing etc. It is clear from work that already takes place around the diagnostic stage of the pathway that the role of the Dementia Support Advisor is invaluable.

Post-Diagnosis Support

Time should be made for the patient, their family and carers to ask questions, process the information given to them and to voice any concerns or fears. Contact details should be given so that people can take the information away and come back at a later date when they have had a chance to absorb it.

People with Dementia and their family and carers need to know that they are not alone and that there is support available to help them manage their condition. Information should be easy to understand and include a range of options for support. Housing plays a critical role as the living environment can have a critical impact on an individual's life. The importance of high quality accommodation goes beyond traditional housing and should include the ongoing development of extra care and how the availability of specialist Dementia nursing home placements can be increased.

The Dementia Strategy Steering Group will continue to evaluate the current approach with a view to improve where possible with the aim of making the whole process person-centred.

"It is essential that individuals diagnosed with a disease they cannot control, have a sense that they can nevertheless have control over early decisions that impact on their personal Dementia journey as it progresses and how others will make decisions and support them in the future when they are perhaps unable to do so"

Living Well with Dementia

There are many services and groups in Manchester that support people with Dementia and their carers including Arts and Culture services, Leisure services which help people living with Dementia maintain their independence, general health and wellbeing and form strong

support/social networks, but it can often be difficult to find out what is happening when and where. Improvements should be made to the way information is shared. Some work has already been done to improve the Council's services directory

(<http://www.manchester.gov.uk/helpandsupportmanchester>)

and the Alzheimer's Society have also produced a directory of services called Dementia Connect (<https://www.alzheimers.org.uk/local-information/Dementia-connect#!/search>)

There are number of BME communities in Manchester and it is important to ensure that people with Dementia within these communities are identified so that they can receive support and information too. Consideration needs to be given on how to reach hard to access groups and the presentation of information and potential language barriers. The importance of cultural influences and beliefs must not be underestimated.

Health and Social Care staff should practice Dementia awareness in everything they do. Assessments and care plans should be produced with the person with Dementia and their carers so that support is tailored to their individual needs and outcomes are agreed that make a difference to the person as an individual. Assessments and care plans should be holistic and consider the people surrounding the person with Dementia as well as the individual.

There are a number of techniques and strategies that can be explored to help a person with Dementia and their carers manage how the condition affects them. These can include technologies that can prompt and remind, sensors that can alert when appliances or taps have been left on or GPS devices to provide piece of mind when going out amongst others. What works for one person may not be suitable / desirable for another so it is important that people with Dementia and their carers are supported to explore what works best for them.

"Focus on practical and simple approaches and sharing them"

Housing should play an important role in helping people with Dementia to maintain their independence and good health. Dementia-friendly design and improved signage can help people to orientate themselves more easily and can reduce confusion. Housing options like extra care housing can provide flexible care to people with Dementia and piece of mind to them and their carers if they need additional support.

It is very possible for people to live well with Dementia for a number of years. Appropriate health and social care services should be available to support people with Dementia and their carers as their Dementia progresses. Specialist services are available for people with advanced Dementia who may have complex needs and challenging behaviour although it is recognised that demand for these services is greater than supply. It is important that the quality of these services is at an appropriate level. While there are some good examples of service provision for people with Dementia and their carers there are also improvements that can be made, for example ensuring care workers have enough time to deliver care and support and providing key workers or regular carers rather than different workers every day.

The use of 'gadgets' in a modern adult social care service has a role to play in certain situations. Commonly referred to under a suite of 'Assistive Technology', there are a range of gadgets that support individuals, and provide reassurance for carers, that help prevent 'wandering' and falls, as well as safety alerts e.g. gas detectors that help people remain at home safely. Use of such technology is determined through a careful assessment that focuses on risk within the home and the overall benefits of usage.

Support for Carers

Living with Dementia can be difficult for the people surrounding the person with the diagnosis as well as themselves. Carers and family members of people with Dementia often have to manage difficult behaviour and personality changes in their loved ones. Some people become aggressive or lose the ability to recognise their family and friends. Although caring for someone can be very rewarding it can often leave carers feeling isolated, unsupported and can affect their own health and financial wellbeing.

“Many carers are suffering in silence to care for their loved ones for many reasons including pride, these barriers need to be broken down and gaining better understanding/insight from carers will help to create solutions”

In order to support carers to continue their caring role for people with Dementia it is important that post diagnosis support and services for Dementia also consider the needs of carers. In addition to this, it is important to ensure that support is available for those carers who are concerned for someone who has not yet had a diagnosis of Dementia.

Information about Dementia and what support is available should be accessible for both the person with Dementia and their carers. It is important that professionals should offer time to the carer to answer any questions they may have and to facilitate channels of support and assessment of their needs where appropriate.

“This is vital; carers have first hand knowledge of impacts and can really help inform strategies”

Short Breaks (previously known as Respite Care) can be a valuable tool in helping carers to continue their caring role while maintaining their own physical and mental health. There is currently a lack of pre-bookable respite care in Manchester and the process for accessing respite care can be inflexible and confusing which can lead carers to feel anxiety and worry. It is recommended that the level of provision, quality of service and referral mechanisms for Short Breaks is reviewed.

Employment

In the past Dementia has been considered to be an “older person’s disease” and “a natural part of ageing”; picture an elderly person in care, unable to live well – and certainly unable to work. But in reality 850,000 people in the UK live with Dementia, and 45,000 are under the age of 65. With the statutory retirement age in the UK rising – and the number of people with Dementia expected to increase to one million by 2021 – many more people will be developing Dementia while still in employment.

Many people with Dementia are more than capable of continuing to work, particularly in the early stages, and would choose to do so. Additionally, many people, and especially those with early onset Dementia under the age of 65, have financial commitments such as mortgages or dependent children and so will need to stay in paid employment for as long as they are able.

Dementia is a hidden issue in the workplace mostly due to a lack of awareness of the condition, and a lack of understanding of how it affects people. There is also a lot of fear about Dementia which often prevents people from talking openly about it and it is not uncommon for those experiencing the symptoms of Dementia to try to conceal any difficulties at work from their colleagues or managers for fear of losing their job.

To tackle stigma and improve awareness of Dementia, employers should run awareness-raising activities in the workplace; create an environment where staff can talk about Dementia and encourage an open dialogue; include Dementia-related information on staff notice boards, in newsletters and in reading areas and make sure staff know who to turn to for advice and support inside their organisation.

People from Different Groups Living with Dementia

Young Onset of Dementia & Long Term Conditions: People living with Dementia do come from a variety of different groups/backgrounds. Dementia does not only affect older people; the reality is there are a number of younger people who have been diagnosed with the condition in Manchester. The condition can affect younger people in different ways, for example they may have a young family, be working and have high financial commitments.

Sensory Impairment: It is essential that people who have a sensory impairment are able to access services and are offered the right kind of support to enable them to access services and be able to feel informed and understand what is happening to them.

Through the recent strategy consultation it is clear that information is not always accessible to people who have a sensory impairment. Clearly, this can make it even harder to understand the symptoms of Dementia and in some cases mask the symptoms. Research shows that people with a visual impairment can also experience disorientation, loss of independence, accepting of multiple losses, risk of isolation, hallucinations, and difficulties in accessing services. Hearing impairment is likely to expose or exacerbate the symptoms of Dementia, thereby promoting its diagnosis or resulting in so-called excess disability.

Black & Minority Ethnic Communities: Manchester is a truly multi-cultural city which attracts people from all over the world who choose to live, work and study in the city. The city has long embraced the breadth and diversity of its population and welcomes the values that bring people of different backgrounds together.

Nationally it is predicted that the number of people from Black and Minority Ethnic (BME) groups with Dementia will rise as the population ages. Also a higher percentage of people amongst BME groups (6, 1%), compared to the general UK population (2, 2%), are predicted to have young onset Dementia.

It is essential that there is agreement on a clear definition of Dementia in other languages and cultures. Working in partnership with the BME communities we need to develop a programme of awareness-raising training and development of appropriate and accessible services and support for BME groups and their carers. In addition it might be useful to review our services on cultural sensitiveness and develop a general toolkit for staff to better equip them in their work for people from BME communities.

“Excellent partnership approach and knowledge sharing”

Learning Disabilities and Dementia

People with learning disabilities are at increased risk of developing Dementia as they age, compared with people without a learning disability, although the figures vary according to how the diagnosis is made. About 1 in 5 people with a learning disability who are over the age of 65 will develop Dementia. People with learning disabilities who develop Dementia generally do so at a younger age. This is particularly the case for people with Down's syndrome: a third of people with Down's syndrome develop Dementia in their 50s.

Dementia in people with learning disabilities is becoming more common. This is because:

1. Dementia becomes more common as people get older and people with learning disabilities are living longer
2. People with a learning disability are five times more likely to develop Dementia as they get older compared to the general population
3. People with Down's syndrome have a specific additional risk of developing Dementia

Manchester City Council currently commissions very few specific services for people with learning disabilities who have Dementia meaning that these people are often placed in services that usually cater for older people with Dementia. If a person with a learning disability develops Dementia it is important that they are supported to understand the consequences of the diagnosis. Work has begun to address this gap in service provision.

A register of people with learning disabilities and Dementia is in place and a psychology support service has been commissioned. There is also support for family carers for people with learning disabilities who receive a Dementia diagnosis.

End of life care

While living well with Dementia is important having appropriate services and support in place for end of life care for those with Dementia is essential. People with Dementia should have the opportunity to express their wishes for end of life care. Any care plans or health and social care interventions should be carried out with the individual's needs in mind and not just under the broad heading of 'Dementia'. A number of different planning tools are used across the city and there is currently no widely agreed mechanism for information to be shared amongst health professionals. It would be beneficial if the type of planning tool was standardised across Manchester and that information sharing systems and protocols could be developed.

Carers should be supported through this difficult and upsetting phase when it happens and should also be involved in any care planning and decisions. Bereavement support for family and carers should be considered alongside any end of life care planning.

The remainder of this Strategy focuses on the following areas:

- A refreshed Action Plan to highlight what further work needs to be done and by whom
- A series of Appendices which provide more information on demographics (the population and prevalence of Dementia in Manchester, the Strategic Context in more detail, current Dementia services in Manchester and, finally, information about the Review of Later Life Services in Manchester.

Acknowledgements

The Citywide Commissioning Team and Manchester City Council's Commissioners would like to express their gratitude to everyone who has contributed to the formulation of this strategy, especially to people living with Dementia who told us their story – it is appreciated, thank you.

Dementia Strategy Action Plan Statement

This action plan will be owned by the Dementia Strategy Steering Group and may be subject to further change

Item	Action/Target	Lead	Further details
1	Preventing unnecessary admission to hospital	CCG, Hospital and City Council	There will be a reduction in the number of people being admitted to hospital
2	All organisations continue to show their commitment to participate in Dementia United	All organisations	<p>The strategic aims and actions are aligned to Greater Manchester plans.</p> <p>Health & Social Care will have active membership of Dementia United and this will be reflected by the level of participation.</p> <p>All organisations meet all the Dementia United metric requirements</p>
3	Improved rates of Dementia diagnosis	CCGs	<p>The number of people on the Dementia register will increase year on year.</p> <p>Full review of Memory Clinics with recommendations for future use.</p> <p>Continuous improvement of diagnostic rates across all three CCGs</p>
4	Ensure secondary services are fit for purpose	CCG & Hospital Leads	<p>When a person is in a crisis situation, secondary care service will offer high quality advice, guidance or interventions that are fully accessible and responsive.</p> <p>Clear guidance is in place when considering the use of anti-psychotics and other psychoactive drugs which may affect a person's liberty. This guidance should state that the person living with Dementia, their Carer, family or supporters should be part of that process.</p> <p>At all stages of diagnosis all services are working in a person centred way and not process driven.</p>
5	Greater awareness of Dementia amongst staff	All organisations	<p>All organisations will hold Dementia Friends sessions on a regular basis to encourage their staff to become a Dementia friend</p> <p>All organisations will have Dementia awareness sessions in place so staff will have a basic understanding of Dementia.</p> <p>A programme of the work with Schools & Faith Groups will be implemented to raise Dementia awareness.</p> <p>Information & sign posting will be available in a variety of universal settings across the city including libraries</p>
6	MCC and CCGs to join Manchester Dementia Action Alliance	MCC and CCGs	MCC & CCGs are active members of the Dementia Action Alliance.
7	Improved support and training to care providers and VCS organisations regarding Dementia	All organisations MCC	<p>Programme of awareness training is in place which includes how to support someone who has challenging behaviour.</p> <p>All current providers with the Dementia Premium criteria have been reviewed; this will form part of an overall review of specialist accommodation for people living with Dementia.</p> <p>There is sufficient specialist accommodation available to those people who wish/need to access it.</p>
8	Review of day care provision	CCG/MCC	A review of current provision of daytime provision for people living with Dementia has taken place.

Item	Action/Target	Lead	Further details
			Data from the review is used to inform future planning in relation to daytime provision Adequate provision is available for those who wish to access it.
9	Review rates of admission to and length of stays on psychiatric wards	CCG & Hospital Leads	Data is available on the rates of admission and analysis will enable services to understand why people have been admitted.
10	Review community residential care	All organisations	A full review of community residential care will have been completed which will: <ul style="list-style-type: none"> inform wider strategic housing planning re Dementia Specialist accommodation examine performance and outcomes in this area. inform future development of all types of specialist Dementia accommodation.
11	Improved support for carers of people with Dementia	All organisations	Carers feel they are supported to continue to support the person they are caring for. The Carers' Network is an equal partner and contributes to the ongoing development of the Dementia work in the city. MCC staff that care for a person living with Dementia and managers can access Dementia Awareness sessions in the workplace. A full review of the short breaks service and referral process will have been completed. The review will provide recommendations on improving the service and processes. To explore the benefits of a partnership agreement between the Carers groups, MCC & the CCGs. People living with Dementia will be able to access high quality support that have a good awareness of Dementia whether it is via Homecare or Personal Assistants via their personal budget. Care providers will sign up to the Dementia Action Alliance and become Dementia champions. Carers can access high quality information/ advice/ signposting. Peer support networks are available and their role is recognised, valued and supported. Support and guidance is available for Carers who are supporting a person living with Dementia who has personality changes and other complex behaviour. There will be an agreed approach to end of life which is inclusive and person-centred and puts the individual, their Carer and family members at the heart of the decision making process.
12	Improved engagement with other Groups – including BME, People with a Learning Disability, LGBT and people living with a long term other long term condition.	All organisations	Programmes of awareness-raising have been developed with people who are living with Dementia from different groups such as BME , LGBT, People with a Learning Disability and people living with other conditions such as Parkinson Disease and Diabetes. There is an increase in the number of people from other groups who are registered on the Dementia register.
13	Clear pathways are identified for post	CCG/ All organisations	A pathway is in place that is agreed by all organisations and supports people through the different stages of diagnosis.

Item	Action/Target	Lead	Further details
	diagnostic support		
14	Improved planning and coordination at end of life	CCG/MCC	<p>A standardised tool has been agreed and implemented by all organisations.</p> <p>End of life plan can offer a range of options and is person-centred.</p> <p>The number of Care Homes who are signed up to the Gold Standard Framework increases year on year.</p> <p>Bereavement Counselling is accessible and available to all who wish to access it.</p>
15	Specialist Training for health and care staff around deprivation of liberty and Independent Advocacy	All organisations	<p>Deprivation of Liberty Safeguards awareness training has been improved and is being delivered across all organisations</p> <p>Improved take-up of independent advocacy</p>
16	Strengthened duties around assessment and care planning for people with Dementia (Care Act)	MCC	<p>There is an understanding of the strength based approach linked to Our Manchester.</p> <p>Care Plans will be Person Centred and reflect the strength based approach.</p> <p>Data will show the number of people with Dementia accessing an Advocate.</p>
17	Employment	All employers	Organisations participate in the Dementia Friends training and sign up to the Dementia Action Alliance
18	Review the current capacity of specialist accommodation for people with Dementia	MCC & Health	<p>A review has taken place across all specialist accommodation.</p> <p>Supported accommodation schemes which have residents with Dementia have access to appropriate professional advice and support</p>

Appendices

Appendix 1 - Demographics

Joint Strategic Needs Assessment - for more information please see:
<http://www.manchester.gov.uk/jsna>

There are around 800,000 people in the UK with a form of Dementia. It is estimated that by 2021 there will be one million people with Dementia in the UK. This number is expected to rise to over 1.7 million people by 2051¹.

Dementia in people under the age of 65 is comparatively rare but there are still over 17,000 younger people with Dementia in the UK.

Manchester has a lower proportion of its population aged 65 and over than most cities in the UK. However, the latest projections predict a steady growth in overall numbers over the next 20 years, with the total population of over 65s increasing from 50,000 in 2012 to 63,000 by 2030.

Manchester's older population experiences high levels of deprivation. Older people are financially poorer, in poorer health, and more likely to live in social isolation than their counterparts in the rest of the country. They are therefore more likely to experience Dementia, other illnesses and long term conditions and are likely to need care and support to help them (and their carers) to manage as independently as possible.

The Dementia Prevalence Calculator, published and maintained by Dementia Partnerships², enables health and care communities to gain a better understanding of estimated numbers of people with Dementia across the country and within local communities which helps to inform the setting of targets to improve the diagnosis rate.

The Dementia Prevalence Calculator estimates that there are 4,079 people with Dementia in Manchester. However only 2,089 people are identified by the Dementia Registers in GP practices. This indicates that only 51% of people with Dementia have been diagnosed which is still about the national average of 45%.

¹ Alzheimer's Society statistics: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341

² <http://Dementiapartnerships.com/diagnosis/Dementia-prevalence-calculator/>

Appendix 2 - Strategic Context in detail

The impact of Dementia and the importance of better awareness and support for those with Dementia and their families and carers has gained greater visibility in the media as well as in health and social care strategic planning and policy.

The former Prime Minister's Challenge on Dementia 2020 was published in early 2015 with the vision to create a society by 2020 where every person with Dementia, and their carers and families, from all backgrounds, walks of life and in all parts of the country – receive high quality, compassionate care from diagnosis through to end of life care.

The Government's key aspirations are that by 2020 there will be:

- Improved public awareness and understanding of the factors which increase the risk of developing Dementia and how people can reduce their risk by living more healthily. This should include a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.
- In every part of the country people with Dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be six weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of Dementia.
- GPs playing a leading role in ensuring coordination and continuity of care for people with Dementia, as part Charters and working with business leaders to make individual commitments (especially but not exclusively FTSE 500 companies). All employers with formal induction programmes invited to include Dementia awareness training within these programmes.
- National and local government taking a leadership role with all government departments and public sector organisations becoming Dementia-friendly and all tiers of local government being part of a local Dementia Action Alliance.
- Dementia research as a career opportunity of choice with the UK being the best place for Dementia Research through a partnership between patients, researchers, funders and society.
- Funding for Dementia research on track to be doubled by 2025.
- An international Dementia institute established in England.
- Increased investment in Dementia research from the pharmaceutical, biotech devices and diagnostics sectors, including from small and medium enterprises (SMEs), supported by new partnerships between universities, research charities, the NHS and the private sector. This would bring world class facilities, infrastructure, drive capacity building and speed up discovery and implementation.
- Cures or disease modifying therapies on track to exist by 2025, their development accelerated by an international framework for Dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.
- More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.
- Open access to all public funded research publications, with other research funders being encouraged to do the same.
- Increased numbers of people with Dementia participating in research, with 25 per cent of people diagnosed with Dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.

Living Longer Living Better

The Living Longer Living Better programme has identified Frail Older Adults and Adults with Dementia as one of the High priority population groups in the City. In the main, older people in Manchester are financially poorer, in poorer health and more likely to live in social isolation than their counterparts in the rest of the Country. In terms of current performance, Manchester has the highest hospital admission rates for older people, in the North West of England, and the longest length of stay for unscheduled care and the CCGs and MCC are now looking at how they can address the needs of people with Dementia in the general hospitals. It's good to prevent unnecessary admissions but if a person is admitted we know that Dementia-friendly wards and good MH liaison services can achieve better outcomes for this group including increased chance of returning home.

The new delivery models being developed are targeting reductions in hospital attendances (unplanned), hospital admissions, care home admissions, and reduction in lengths of stay in all forms of institutional care. We want better outcomes for our older people in Manchester so they can live as independently as possible, staying well and feeling in control of their lives. We want to support Carers more effectively, both in terms of their caring role and also addressing their own care and support needs

The approach will include the following:

- Early identification of frailty in this population group using a simple frailty assessment tool.
- Increased access to community based education, support and care for citizens and their carers, so they can live healthy lives, safe and well at home.
- Multi-disciplinary neighbourhood teams, including Specialist resources, co-ordinating health and wellbeing support for those with more complex health and care needs, including those with Dementia.
- An integrated care delivery team (mixed skills) based in the community, providing rapid access to more intensive support services, when needed, as an alternative to hospital admission or to expedite discharge from hospital
- Shared assessment and shared care planning, developing IM&T solutions to support access to shared care records

Locality Plan

The Manchester Locality Plan sets out the five year vision for improving health and social outcomes across Manchester. It covers the ambition for a clinically and financially sustainable future and how the transformation will be achieved. The Locality Plan will become part of the Greater Manchester Strategic Plan for health and social care. Dementia has been identified as one of the areas of transformation. Please see below for an excerpt of the draft locality plan:

Transformation 6: Dementia:

Dementia care in Manchester continues to be a high priority. Manchester is proud to be the 1st Age-Friendly city in the UK. The Devolution Agreement provides a unique opportunity to significantly transform the health and care landscape around the GM pilot priorities including:

- *More people with Dementia helped to remain living well at home*
- *Unnecessary delay and poor treatment avoided and stress reduced for the people living with Dementia and their carers*
- *Preventable admission to hospital reduced and safe, sustainable and quick discharge to care and home increased*
- *Create England's best evidence base for Dementia care, by bringing together data on the financial benefits to the acute sector of better and more integrated services for people with Dementia in the community*
- *New innovative relationships with the digital, media and assistive technology industries*

Building on this opportunity, a city wide transformational programme on Dementia is being developed and will be implemented over the next 5 years. This will incorporate the range of existing programmes, such as on LLLB, the provision of Age-Friendly housing and the work that is ongoing with MHSCT about the redevelopment of all of their later life services. The ambition is to standardise care and keep people living at home as independently as possible.

Appendix 3 - Current Dementia Services

Many of the services detailed below are currently carried out by Manchester Mental Health and Social Care Trust (MMHSCT). This will be moving to Greater Manchester West from 1 January 2017

<p>Memory Assessment Service</p>	<p>A full assessment is completed on all those referred with a possible Dementia. Those diagnosed with Dementia may be offered a number of interventions dependent on their assessed needs and the benefits to them. This may include being prescribed medication or non-pharmacological interventions such as post diagnostic support, memory skills groups etc.</p> <p>There are currently 3 Memory Assessment Services across the city, in the North, Central and South of Manchester. The Memory Assessment Service in the North is accredited by the Royal College of Psychiatrists. MMHSCT is moving towards a single citywide Memory Assessment Service, which will streamline the assessment pathway across the city and will provide a 'Stepped Care' approach to people referred to the service, linking closely with the Community Mental Health Teams, primary care and other agencies.</p>
<p>Community Mental Health Teams (CMHTs)</p>	<p>There are three large CMHT's (1 in North, Central and South Manchester), each CMHT covers two sectors.</p> <p>These services will not be moving towards providing a single city-wide assessment service but rather the same standards in each area, developing a single service that will address the needs of people with mild memory problems or early symptoms of disease that will lead to Dementia.</p>
<p>Inpatient Services</p>	<p>These are provided for people with Dementia requiring hospital admission. There are currently two wards in Manchester which have a mix of people with Dementia and functional mental health conditions. In North Manchester, Maple ward is for female patients and Cavendish ward in South Manchester out-patients services is for mixed gender patients.</p>
<p>Admiral Nurses</p>	<p>Admiral Nurses are Dementia specialist nurses. Their main aim is to support family carers to care for someone with Dementia; they may also support people with Dementia through their work. Individualised support for family carers can include a comprehensive assessment of their needs and provision of a range of therapeutic approaches designed to promote emotional wellbeing and equip family carers with skills and information. The nurses also provide education to organisations and the public around Dementia.</p> <p>Admiral nurses run Dementia cafés and there is a nurse based with each Community Mental Health Team (CMHT)</p> <p>Provided by Manchester Mental Health and Social Care Trust</p>
<p>Supporting Health Dementia Programme</p>	<p>This is a programme of support focusing on improving the physical health of people with Dementia and their carers. Currently this programme is restricted to the Cheetham and Crumpsall wards in North Manchester but with a view to expanding this provision. This programme links in with the Age-Friendly initiative and creating 'Dementia-friendly communities'.</p> <p>Provided by Manchester Mental Health and Social Care Trust</p>
<p>Victoria Park Day Hospital</p>	<p>Victoria Park offers therapeutic intervention and assessment for older people with all types of mental illness from people with anxiety and depression to people with Dementia. Therapeutic activity is also provided for people with young onset Dementia. The service offers support on discharge from hospital and aims to prevent admission where possible.</p> <p>Provided by Manchester Mental Health and Social Care Trust.</p>

Monet Lodge Independent Hospital	This is a citywide independent hospital for people with Dementia and associated challenging behaviour. The person either needs to be detained under the Mental Health Act, be on a Section 117 or meet Continuing Health Care (CHC) criteria.
Counselling service for older people	This citywide service delivers psychological therapies to older people and their carers who may be suffering from anxiety, depression, and mild agoraphobia. This also includes people who have Dementia or have Dementia-related symptoms. When necessary this service is offered in people's own homes. Offering a predominantly 'person-centred approach', the service can provide Cognitive Behavioural Therapy (CBT) interventions by counsellors with recognised qualifications. The service works closely with hospital discharge services and GPs across the city.
Specialised Day Care Services	Specialist day care is provided by Age UK Manchester.
Respite beds (Short Breaks)	These are available for people with Dementia at two care homes in the city and offer respite for carers.
Shore Green Extra Care Housing	This specialist housing provision (provided by Irwell Valley and Creative Support) is a citywide service which is specifically for people with Dementia and provides varying levels of care and support. People who live at Shore Green have their own self-contained homes; their own front doors and a legal right to occupy the property. Other extra care housing schemes across the city provide limited places for people living with Dementia, although this is expected to increase.
Alzheimer's Society Services	'The Alzheimer's Society provides a Befriending service which provides personalised companionship for people with Dementia through a network of volunteers. Its aim is to help people with Dementia to continue with participation in leisure and social activities when they may no longer be able to do so unsupported, to avoid social isolation. In addition Dementia Support Workers offer support across the City and provide a one to one service to people with a diagnosis of Dementia, their carers and family based on a casework model. They work with people with Dementia and/or their carers, to improve understanding of Dementia, provide information and emotional support and refer/signpost to other services as required. Dementia Support Workers also facilitate activity Groups and Singing for the Brain groups and work closely with partners to raise awareness of the issues facing people with Dementia. The Alzheimer's Society supports these services with a National Helpline to offer out of hour's advice to people affected by Dementia.'
People First Dementia Support Service	This citywide service is available for people over 55 exhibiting early signs of Dementia such as confusion and memory problems. The service provides housing-related support including: prompting upkeep and management of the home (including anti-social behaviour issues), monitoring medication, claiming benefits, debt management, access to care and other local services, diet and nutrition and assistance with medical appointments.
Manchester Carers' Forum Peer Support	This is a citywide service which matches a volunteer to a carer of someone with Dementia. These volunteers have experience of Dementia and have been trained and are supervised by staff members at Manchester Carers Forum. Support is available in the form of telephone support, one to one support and Home visits and one to one support. It is not essential for the cared for person to be in receipt of a Dementia diagnosis.
Dementia Cafes	There are several Dementia cafes throughout the city providing both specialist and peer support for carers and people with Dementia supported by Manchester Carers Forum.

Appendix 4 - MMHSCT Review of Later Life Services

Manchester Mental Health and Social Care Trust has recently completed a review of its Later Life Services including:

- Memory Assessment and Dementia Intervention services,
- Young Onset Dementia Service.
- Admiral Nursing Service

Proposals reflect the benefits to people with Dementia of providing a service which meets their medical and nursing needs in community settings as much as possible by working in conjunction with other partners.

Proposed changes to Memory Assessment and Dementia Intervention

- Memory assessment and intervention services will be delivered more in line with the Trust's stepped care model with initial screening carried out in primary care by GPs with support from Trust services.
- Further assessment will be undertaken by CMHT staff including nurses trained specifically in memory assessment, supported by expertise from Psychiatrists and Clinical Psychologists.
- For service users who have particularly complex needs requiring specialist assessment this will be delivered by a 'virtual' specialist citywide team who are aligned to the CMHTs.
- Time from referral to diagnosis will be standardised and improved across the city which will be in line with the Prime Minister's challenge to shorten times to diagnosis.
- Support will be provided to General Practitioners in a way which is consistent across the City.
- Dementia Support Advisor roles will provide service users and carers with support following a diagnosis of Dementia. The information needs of the person and their carer will be identified and tailor-made information will be provided. The Dementia support advisors will work to promote understanding and acceptance of Dementia within organisations and the community.
- An evaluation project in partnership with the City Council and University of Manchester in 2013/14 demonstrated the benefits of having these roles in place.

Proposed changes to Young Onset Dementia Service

- The memory assessments function will be incorporated into the CMHTs.
- The service changes will enable the CMHTs to assess and diagnose a larger number of younger people with Dementia and to offer a wider range of services via the CMHT, including Dementia support advisors (see
- Memory Assessment and Dementia Intervention description).
- There will be retention of the YODS staff's expertise as an important and invaluable service component.

- A higher number of younger people with Dementia will be able to attend sessions provided by the therapy service at the Victoria Centre and will benefit by being able to access a wider range of evidenced based therapies than is currently the case.
- There will continue to be access for service users to the healing garden environment with potential for this access to increase.
- These positive changes will introduce service management efficiencies.

Proposed changes to Admiral Nursing Service

- Admiral Nurses are Dementia specialists and this service will be integrated into the CMHTs with retention of the staff's expertise as an important and invaluable service component.
- This will enable the services provided by the three Admiral Nurses to carers of people with Dementia to be more closely aligned to other Dementia services provided by the CMHTs for people with Dementia themselves thus resulting in a more coordinated support to both service users and carers.
- It will also enable close working between the Admiral Nurses and Dementia Support Advisors. It will also enable alignment with the three locality Place based model.
- Carers of people with Dementia will continue to receive post-diagnostic support and there will be greater use of Cognitive Behavioural Therapy and other evidence based interventions for carers.
- These changes will enable financial efficiencies to be delivered via service management changes.