

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 8 November 2023

Subject: Update on Dementia Developments

Report of: Director of Public Health and Executive Director of Adult Social Services

Summary

This report details the progress made in the last six months around key developments of the Dementia Action Plan, with specific focus on the early commission of the Manchester Dementia Alliance, led by Alzheimer's Society, with Manchester Carers Forum and Together Dementia Support. Through this Alliance, there is a strong engagement approach from the outset to ensure that coproduction and listening to what is working well/not so well is embedded. From the views of people living with Dementia and their Carers, there is much work to be done to and that can be addressed through having a new overarching Dementia Strategy (planned for 2024) and a fit-for-purpose post-diagnostic support pathway. The paper also covers the findings from the recent All Party Parliamentary Group (APPG) report into Dementia and also includes a forward look to the next six months activities that will be progressed through the Manchester Dementia Steering Group.

Finally, to highlight local good practice, there is an update on a new Extra Care Scheme for people living with Dementia planned for North Manchester and a section of the report on Delirium. Dr Scott Mather, Consultant Geriatrician at Manchester University NHS Foundation Trust (MFT), will attend the Committee to speak to the Delirium section of the report.

Recommendations

The Committee is recommended to note and comment on the recent developments in Dementia.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Providing care closer to people's homes, in their communities of choice, supports the zero-carbon agenda for the city. In addition, the provision of high-quality, accessible information through digital platforms promotes a self-serve ethos to supporting carers of people affected by Dementia.
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Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

People affected by Dementia and their carers disproportionately impact on Black, Asian and Minority Ethnic Communities as well other protected characteristics including age. The Dementia Strategy in development, based on strong coproduction values and principles will ensure that there is a strong equality, diversity and inclusion theme embedded within this work, to reduce health inequalities and promote an inclusive strategy that works for all communities.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Carers of people living with Dementia are often disadvantaged in employment opportunities, with many carers ending employment opportunities when their caring responsibilities increase. By supporting Carers to maintain or gain employment through care and support interventions, this is positive for the city's economy and positive for Carers.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Living Well with Dementia is a key aspiration of the emerging Dementia Strategy, ensuring that all people affected by Dementia and their carers feel they are being listened to, and their views are taken into account.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

There are no financial consequences for the revenue budget.

Financial Consequences – Capital

There are no financial consequences for the capital budget.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Dementia Developments – Report to Health Scrutiny 8 March 2023:

[Governance Report \(manchester.gov.uk\)](https://www.manchester.gov.uk/governance-reports)

1.0 Introduction

1.1 At the Health Scrutiny meeting on 8 March 2023, the first progress report on the developments across the Dementia pathway were highlighted to Elected Members. At this meeting:

- A definition of Dementia was included: Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline in brain functioning.
- Information of Dementia diagnostic rate set out the current position for the city.
- Work that has taken place with South Asian Communities.
- The refreshed membership of the Dementia Steering Group set out how people and carers with lived experience were now included to ensure that the transformation of the post-diagnostic pathway led to high quality, timely, equitable and effective services.
- The Steering Group's Action Plan was included for oversight how organisations and sector leads were accountable for progress and delivery.
- Further details on the proposed VCSE Dementia Alliance, which was to be shortly commissioned, led by Adult Social Care, for those organisations with specialist knowledge and expertise around Dementia support and support to Unpaid Carers of people living with Dementia.

1.2 As a result of the Committee's interest in this important topic, it was agreed that a further report would be presented to Scrutiny within 6 months, rather than receive an annual update.

2.0 Reporting back on progress since last Health Scrutiny

2.1 The main areas to report progress on are:

- The developments of the Manchester Dementia Alliance and early work/achievements.
- An update on Delirium.
- A forward plan on the next 6 months priorities, aligned to the Action Plan.
- A brief reference to a new Extra Care Scheme in the development pipeline specifically focused on Dementia Care with our partners, Irwell Valley Homes.

3.0 The Manchester Dementia Alliance

3.1 The Manchester Dementia Alliance (MDA) is a partnership between Alzheimer's Society (lead), Together Dementia Support and Manchester Carers Forum, commissioned by Manchester City Council for 12 months, commencing from June 2023. The overarching aim of the MDA is to coproduce a template of what "Living Well with Dementia" in Manchester will look like, shaped by the voices of people both living with Dementia and those caring for people with the condition. The template will then be presented to

commissioners and system partners to help shape and influence future Dementia support services within the city, particularly the post-diagnostic support pathway.

- 3.2 This will be achieved through coproduction, whereby a reference group of people with lived experience will discuss the current Dementia pathway and service offerings, highlight the gaps, and propose the solution(s). Additionally, the MDA will aim to link in with Dementia professionals and services, both in the statutory and voluntary sector, to map out the current Dementia service offer. The MDA will also take learning and practices from other localities with the aim of building a robust, service user friendly, fit-for-purpose Dementia pathway.

Dementia Changemakers

- 3.3 The MDA has run two consultation meetings so far – with people affected by Dementia - family carers and people living with the condition: our reference group. At the first meeting it was asked how well the participants thought they were living with Dementia; the scores averaged 4/10 (10 being really well and 0 being very badly). We then asked, **‘what prevents you from living well?’** A very long list of different specific issues was presented that are not working well. Here is a sample:

- “Not sure who you can ask for what
- GPs don’t understand the system
- Affordability of companion care
- Not enough respite for me
- Need one website where all information is kept
- Mum needs more support and activity sessions
- Need regular contact with Social Worker who doesn’t call back
- Hospital staff not knowing Mum had Dementia
- Homecare is just ensuring the person with Dementia is kept alive
- After diagnosed, just left to get on with it for over 9 months
- The wider NHS is useless at supporting people with Dementia. Same mistakes time after time”

- 3.4 On a positive note, people know what the problems are and know what they need. They have all appreciated being able to share their opinions and solutions with each other. One carer told us forcibly that we must recognise the considerable strengths of carers – that they are doing an amazing job, with skill and resilience. She wanted stakeholders and influencers to adopt a rights-based approach and was concerned that there might be a lack ambition in this work.

- 3.5 At the second meeting the MDA focussed the discussion on **how people receive a diagnosis and what support they get immediately after**. A strong theme from the people living with Dementia was that they want rehabilitation and help to tackle their difficulties to enable them to stay as active as possible after a diagnosis. They still feel that they are ‘thrown on the scrap heap’ with encouragement only to sort out their wills and LPA.

- 3.6 Two carers said that they received the diagnosis from a letter, a copy of the letter that was sent to their GP. It told the GP that their relative had Dementia, but the letter didn't address the person or his family at all. And one of those people has had no contact from health services since that day.
- 3.7 All participants said that they needed information and support, face to face, at the right time – not just a lot of leaflets at one point in time. And, again, the people with Dementia wanted opportunities to socialise and live a full life to the best of their abilities.
- 3.8 The MDA has 4 more Dementia Changemakers meetings planned, and we will discuss the issues that develop as the Dementia progresses at these meetings, together with the evolving 'Living Well' template that we will gradually shape. Importantly, there will be an opportunity for sharing the specific issues and ideas of the people with lived experience with the professionals and commissioners so that their voice is heard loud and clear, and their issues are addressed in all that we do and say.

Professionals Workshop

- 3.9 It was noted from the first Dementia Changemakers meeting that there was a large professional interest in the MDA work, with health professionals and Dementia specialists from Greater Manchester Mental Health Trust attending the first consultation. The MDA acknowledged the need for professional involvement in this work but also recognised the importance of providing a safe space for people affected by Dementia to share their personal experiences. Therefore, we are facilitating a workshop for professionals only, taking place on 19 October. This will ensure that there is an opportunity to collect the views from both service providers and service users whilst observing the right for people affected by/living with Dementia to have their own forum, for confidentiality.
- 3.10 The aim of the workshop is to collate feedback of current Dementia services within Manchester, from the professionals' point of view; to map out current service offers; and to see if the service offers align with the views/needs of service users. This will help us to highlight the gaps in current services and to provide the solution. Two carers of people living with Dementia have agreed to attend the professionals' workshop. They have agreed to observe the mapping out of the current Dementia system available in Manchester and provide feedback as to if they were aware of the current services, how the services have worked for them, and what would have made their experience of caring for someone living with Dementia better. This is an opportunity to share some of the challenges with current service providers of the current pathway and use this time to identify resolutions together to co-produce a better service offer around the city going forward.

Challenges

- 3.11 Whilst there is positive progress with the Alliance, the work with people living with Dementia and their carers is highlighting further gaps in provision around

Dementia support and having an equitable pathway to support across the city. Further work will be considered by both health and social care commissioners as part of the forward plan, informed by future funding arrangements.

- 3.12 It is evident that, whilst there are a good number of peer support and activity groups for people living with or affected by Dementia, there is a real lack of 1-2-1 support services for people to access information, emotional and practical support, and signposting to other services. It has also been fed into the MDA by a health professional that an additional 3 referrals were received by him, again with no appropriate services in place to refer them on to.
- 3.13 Again, this work highlights the importance of developing the post-diagnostic support pathway, using a coproduction approach on what citizens and their carers want to see developed to improve people’s lived experience.
- 3.14 Commissioners have requested the MDA produce an action plan as follows:

Objective	Benefit	Expected Outcome	Completion Date	Lead/s
Create reference group of lived experience	To collate lived experiences of people affected by or living with Dementia, to ensure co-production is the core to all MDA work	To have a diverse range of rich and qualitative feedback from the lived experience group which will be fed into the Dementia Strategy group, and into city-wide Dementia services to influence change and shape future Dementia services	Next meeting dates for Dementia Changemakers: <ul style="list-style-type: none"> • 11th January 2024 • 13th March 2024 • 16th May 2024 	MDA – all 3 partners
Facilitate Professional Workshop	To map out the current Dementia service offer in Manchester and collect feedback from Dementia health care professionals regarding their view on the effectiveness of current provision	To use the range of feedback to measure against how well we think current services work compared to how well people accessing services think they work. To gather insight into current capacity, resources etc., to highlight gaps and build on the current service offer	Professionals workshop date: 19 th October 2023	MDA – all 3 partners

Objective	Benefit	Expected Outcome	Completion Date	Lead/s
Produce MDA Newsletter	To keep commissioners, key external partners, service users and the wider public up to date with the progress of the MDA work	To provide quarterly newsletters to ensure that the work of the MDA is both promoted and shared across the city to both people affected by Dementia, health professionals in Dementia care, as well as wider public. This will hold us accountable to ensure feedback given is collated and disseminated in a timely manner	<ul style="list-style-type: none"> • 1st newsletter – currently in progress for release by end of October 2023 • 2nd newsletter Jan 2024 • 3rd newsletter March 2024 • 4th newsletter June 2024 	Alzheimer's Society
To regularly feed into Manchester Dementia Steering group	To support the ongoing work of the steering group and contribute towards the development of the Manchester Dementia Strategy	To feed valuable lived experience from the reference group into the steering group so that it can be used to ensure co-production for the development of the Manchester Strategy, to support further work e.g., Dementia United projects, and to gain support from steering group to help the MDA grow, build strong working relationships, and instigate further ideas for work development in the MDA	Ongoing – MDA partners to attend and contribute to future steering group meetings	MDA – all 3 partners
Create Living Well with	To showcase what a good Dementia	To co-produce a template to show what living well	June 2024	MDA – all 3 partners

Objective	Benefit	Expected Outcome	Completion Date	Lead/s
Dementia in Manchester template	pathway would look like, according to lived experience and service user needs	with Dementia in Manchester should look like, which will be presented to commissioners, to influence change to the current pathway, and shape the future of Dementia services within Manchester. This will enable people living with or affected by Dementia to live well when diagnosed, to know where to access support, to have a streamlined pathway where all professionals know they can link the service user into the appropriate services to meet the real needs of service users, empower and enable service users to navigate the system, and reducing risk of carer breakdown, crisis point, hospital admission and safeguarding incidents		

- 3.15 The Alliance was formally launched at a VIP Civic Reception on 5 September 2023 with the Lord Mayor Councillor Yasmine Dar and the Executive Member for Healthy Manchester and Adult Social Care, Councillor Thomas Robinson.



4.0 A new Extra Care scheme specifically for Dementia Care in the pipeline

- 4.1 Members will be aware, through separate reports, on the successful growth of Extra Care Housing in the city. As the development of Extra Care progresses in terms of numbers of schemes, more bespoke schemes are being commissioned that meet the needs of a particular community in the city. With the increasing prevalence of Dementia in Manchester, and with a focus on living well with Dementia, the vision has been to ensure equitable access across the city through 3 Dementia specific Extra Care Schemes. Jurby Avenue, in north Manchester, will be the 3rd scheme built by Irwell Valley Homes and offer an alternative to residential and nursing care (or delay admission to).
- 4.2 Jurby Avenue Dementia Scheme is a specialised supported housing service for older people with Dementia and other forms of memory loss. It will provide accommodation, care and support to 16 households, made up of apartments for single people and couples, together with extensive communal space for residents to socialise and take part in activities that will help maintain their independence. Care will be available on a 24-hour basis, delivered by a service commissioned by Manchester City Council. Care staff will provide customers with personal and domiciliary care, helping with bathing, cleaning and meal preparation. Housing management and housing related support services will be provided by Irwell Valley Homes to ensure customers can maintain their tenancy for as long as they are able to safely and comfortably do so.
- 4.3 The building and self-contained secure gardens are specifically designed to meet the needs of older people with Dementia, featuring light and spacious apartments and communal areas. Corridors and pathways provide easy and safe circulation and technology will be designed in to discretely monitor customer health and wellbeing.

- 4.4 The site proposals are still at the design stage and subject to Planning approvals, however, the indicative design of the scheme can be illustrated below:



5.0 An update on Delirium work in Manchester

- 5.1 A definition of Delirium from the National Institute for Health and Care Excellence (NICE)

“Delirium (sometimes called ‘acute confusional state’) is a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course. It usually develops over 1-2 days. It is a serious condition that may be associated with poor outcomes. However, it can be prevented and treated if dealt with urgently. Delirium can be hypoactive or hyperactive but some people show signs of both (mixed). People with hyperactive delirium have heightened arousal and can be restless, agitated and aggressive. People with hypoactive delirium become withdrawn, quiet and sleepy. Hypoactive and mixed delirium can be more difficult to recognise. It can be difficult to distinguish between delirium and dementia and some people may have both conditions. If clinical uncertainty exists over the diagnosis, the person should be managed initially for delirium”

- 5.2 Delirium is more common in patients with Dementia and is persistently associated with nearly a three-fold increase in one-year mortality, that is independent of age, gender, morbidity and functional status. It is also linked with poor outcomes including:

- Increased length of hospital stay.
- Increased problems with function and activities of daily living including risk of admission to care home.
- Increased risk of malnutrition, falls and other complications.

- Increased risk of deteriorating cognition where someone has a Dementia diagnosis.
- Increased risk of recurrent delirium episodes.
- Increased risk of developing Dementia.
- Psychological distress for patients and their relatives/carers.

5.3 As part of the Greater Manchester Dementia United work, delirium has been a particular focus and Manchester University NHS Foundation Trust (MFT) has been at the forefront of this work, led by Dr Scott Mather, Consultant Geriatrician. Appendix 1 outlines the number of hospital admissions for delirium that we see across Greater Manchester with a focus on MFT sites.

5.4 The process that all MFT hospital sites now have in place is:

- All patients aged over 65 admitted to MFT hospitals are screened for delirium.
- All patient aged over 65 are screening for delirium daily allowing real time monitoring of delirium incidence in hospital.
- A positive screening test for delirium will lead to the completion of a delirium intervention bundle by nursing and medical staff improving care for these patients and their relatives.
- This enables MFT to monitor who has delirium in real time.
- Studies indicate that 30 – 80% of delirium cases are preventable and if develops, can be treated proactively to reduce the risk of complications, care home admission and death.

5.5 Delirium education for all MFT staff members remains crucial to improve the utilisation of the electronic delirium bundle and adoption of proven prevention methods for patients at risk. Education is integrated into the MFT frailty e-learning packages, Dementia, frailty or older people study days and it was recently a core focus of the very well attended MFT Frailty Focus week. In addition, the first MFT wide delirium guideline (following the NICE guideline update this year) has recently been ratified.

5.6 For Manchester the next step is to have this comprehensive approach in all settings and there have been initial discussions with Manchester Local Care Organisation (MLCO) and clinical leads at the GM Integrated Care Board about rolling it out to care homes.

5.7 Dr Mather and colleagues at MFT are now linked into the Manchester Dementia Steering group and this will ensure this important work is supported in a coordinated way.

6.0 Key findings from the All-Party Parliamentary Group (APPG) on Dementia

Background

6.1 In February 2023, the APPG on Dementia launched its latest enquiry into regional variation in Dementia diagnosis rates in England. Diagnosis rates

very between local authorities in England from Stoke on Trent at 88.9% to Swindon at 49.3% - a difference of 39.6%. A diagnosis of dementia is essential in accessing post-diagnosis care and support, and also helps to facilitate future care planning. While the national diagnosis target set by the UK Government for England is 66.7%, the diagnosis rate declined to 61% during the COVID-19 pandemic and has only recovered to 64.1% as of August 2023. In order to address the central issues covered by the inquiry, the APPG gathered evidence via:

- A written Call for Evidence for professionals and academics working on dementia.
- A survey of more than 2,000 people living with dementia.

The collective evidence was then used to inform the report, which will be launched at a Parliamentary reception on Tuesday 24th October 2023.

Key report findings and recommendations

- 6.2 **The Group concluded that variation in dementia diagnosis rates is unwarranted.** Although rurality and deprivation can affect dementia diagnosis rates, the vast majority of variation is not explained by either factor. **At the Integrated Care System (ICS) level, variation was inconsistent.** Each ICS has good and bad aspects of its diagnosis pathway, and the Group are keen to emphasise that every part of the country has something to be proud of. **The Group strongly believes that the ingredients to achieve quality dementia diagnosis are present in pockets around England and recommends that ICSs make targeted local plans to scale up best practice and bring it closer to people who need to access diagnostic services.**
- 6.3 **The report provides a total of 8 recommendations across the core themes of dementia diagnosis, data, public health messaging and workforce.** Collectively, the recommendations outline how dementia pathways can be strengthened to enable access to quality diagnosis services across all settings, communities, and regions in England. A summary of each recommendation is included below:

Enabling Dementia Diagnoses

1. **Each ICS must develop a comprehensive dementia strategy to enable and support the implementation of the Group's recommendations,** commissioning services based on local need and reaching underserved communities.
2. **All dementia diagnoses must include an accurate subtype.** People deserve to know what is wrong with them, and accurate subtyping will allow better tailoring of care and treatments.

Data

- 6.4 **NHS England must continue to develop its methods for calculating dementia prevalence and dementia diagnosis rate** to enhance accountability and improve the quality of care for patients.

A national Dementia Observatory should be created to collate and publish existing data collected across the diagnostic system (i.e., nationally, at ICS and sub-ICS level). This should include the development of additional indicators to improve quality of, and access to, a dementia diagnosis.

Public health and messaging

- 6.5 **Ensure that data from the Office for Health Improvement and Disparities (OHID) regarding the scale and spread of associations between deprivation, rurality and estimated dementia diagnosis rates is translated into action.** Specifically, this should include targeted public health messaging in regions and localities most in need of improving dementia diagnosis rates.
- 6.6 **A broader range of regional and local channels for communication must be utilised to reach those who may be lost to the system.** Making dementia more of a strategic priority for national and local systems will help to raise awareness of dementia and tackle the stigma of a diagnosis as part of a system-wide approach to increasing national diagnosis rates.

Workforce

- 6.7 **Government should ensure the primary care workforce is adequately planned and resourced** to enable capacity, including to engage in continuing professional development on the assessment and benefits of dementia diagnosis.
- 6.8 **Post-diagnostic dementia support services must be available more equitably across England and supported by a named professional to coordinate each individual's dementia journey.** This requires a workforce plan from the Government which is inclusive of allied health professionals and a broader range of non-clinical roles such as social prescribers and dementia advisors.
- 6.9 Further information provided by the Alzheimer's Society who provided administrative support and expert advice to the group can be found here: [All-Party Parliamentary Group on Dementia | Alzheimer's Society \(alzheimers.org.uk\)](https://www.all-party-parliamentary-group-on-dementia.org.uk)
- 7.0 **A forward plan on the next six months priorities**
- 7.1 The Manchester Dementia Steering Group will consider the APPG report at its next meeting and revise the action plan in line with the recommendations. As has been outlined above by the Dementia Alliance, work has begun on certain

parts of the plan. For example, a workshop has happened about the diagnosis process and how it could be improved.

- 7.2 The Steering Group has also worked on other projects during the past 6 months, including co-ordinating training for practitioners on working with people diagnosed with Dementia who are from the LGBTQ community. This has been an exemplar piece of work and MCC Adults Social Care and Public Health have provided a small amount of additional funding to ensure work can be completed.
- 7.3 The Steering Group has also reflected on areas of the plan that need to be focused on over the next few months, including the review of the post-diagnostic support offer. It is anticipated that this work will commence before Christmas and will involve reviewing what is currently available across the city, what people with lived experience and their carers outline as the key features of the offer should be and how it could be delivered. This will include a review of a commissioned offer as happens in other localities. It will also be important to involve Age Friendly Manchester in this work as a focus should be ensuring that people can continue to live in their local community and engage in activities that they enjoy doing and we do not create Dementia-only services unless it is appropriate.
- 7.4 Another key area is the delivery of Dementia care co-ordinators for all people living with a diagnosis. We are yet to fully scope out this work and which existing roles could deliver this offer. We will prioritise the engagement of the 14 Primary Care Networks (PCNs) in Manchester through the Associate Medical Director (NHS GM Manchester Locality). The Associate Medical Director will revisit the opportunity to identify a pilot PCN for the digitalised well-being plan with the aim of all appropriate agencies being able to view the plan to gain a better understanding of the individual and what is already in place. If this opportunity cannot be realised, we will still be able to learn from the pilot sites in Bury and Tameside. It is also important to note that NHS Greater Manchester will be considering the APPG report.
- 7.5 In discussions with providers, people with lived experience and carers we are aware of the significant pressures across the health and care system and the limited funding that will be available to invest in services. As we further develop our priorities, such as the pathways for diagnosis and post-diagnostic support and the Dementia care co-ordinator role, we will identify gaps in services. However, part of the role of the Steering Group is to ensure that the resources that are available work together as an efficient and effective system and that we are aware what we already have across the city and in some instances across Greater Manchester (e.g., training, support for people with early onset Dementia).
- 7.6 The Dementia Steering Group has been revitalised and refocused over the past 9 months and we also have the Dementia Alliance in place to ensure that we can co-produce all developments with people with lived experience and their carers. This will enable us to begin to develop the city's Dementia strategy and produce it in a format that is accessible.

7.7 Research was undertaken by the University of Lancaster to outline the key areas of everyday life for people living with Dementia and these were:

- Continuing good relationships with people who are important to you.
- Being able to communicate with others.
- Feeling safe and secure at home.
- Feeling valued and respected by others.
- Feeling able to have a laugh with other people.
- Being able to do things that you enjoy and want to keep doing.
- Keeping interested in things you like.
- Being aware of your surroundings indoors and outdoors.
- Being able to find your way around a familiar place.
- Being as clean and comfortable as you would like.
- Not falling at home or when out and about.
- Being able to see, hear and understand.
- Feeling able to keep your identity.

7.8 As we continue to develop this work, we need to be always aware of what people living with Dementia want from their life and that this informs everything we do. These key recommendations will inform the emerging Dementia Strategy planned for early 2024.

8.0 Recommendations

8.1 To note and comment on the recent developments in Dementia.

9.0 Appendices

9.1 Appendix 1 outlines the number of hospital admissions for delirium that we see across Greater Manchester with a focus on MFT sites.