**Worcestershire Dementia Strategy**

**An Easy Read Summary**

**Introduction**

This is a plan about how we will support people with dementia, their families and carers in Worcestershire. This is called the Worcestershire Dementia Strategy.

There are things that make introducing this Strategy difficult. These include things like finance and changes in the population.

We feel we can meet these challenges and improve care and health outcomes for people with dementia.

This strategy is in line with the new Government's policy of localism and Big Society. It is about personalised care and support, care closer to home, and ‘no decision about me, without me’.

We will make sure that there are services to support people to 'live well with dementia' within the community. It is important that people get an early diagnosis and have information, advice and emotional or practical support.

We are extremely pleased to release this strategy. It will help make sure that there is improved care and quality of life for people with dementia, their families and carers.
What is Dementia?

Dementia is a terminal brain disease. This means that it is a disease that people die from.

People with dementia have a gradual loss of mental awareness, loss of memory and have changes to their personality. They lose the ability to do things that they have been able to do in the past.

In most cases we do not know why someone gets dementia. However there are some things that cause dementia or put you more at risk of developing it. These include:

- diseases and infections that affect the brain e.g. Alzheimer’s disease or meningitis
- pressure on the brain e.g. brain tumor
- lack of blood and oxygen supply to the brain e.g. stroke and head injuries
- problems with heart and blood vessels

Dementia is most common in people over the age of 65. But, it can also affect some younger people.

It can be more common in people with learning disabilities.

The symptoms of dementia can vary. But the difficulties in having dementia can lead to aggression. This can make caring for people with dementia very challenging.
The symptoms of dementia happen quite slowly. This means it can take quite a while for doctors to know (diagnose) the disease. This can be a problem.

The earlier doctors know that someone has dementia the better they can treat them. This is also better for the patient and their family. It helps them plan better for the future and the decisions they will need to make.

There is no evidence that dementia can be prevented. However, risks can be reduced by improved lifestyles such as weight loss, drinking less alcohol, health checks and heart checks (MOTs). It is said what is "good for the heart is good for the brain".

**How many people have dementia?**

We think there are 750,000 people with dementia in the UK. There will be over 1 million with dementia by 2025.

It is thought that the cost of people living with dementia in the UK is over £20 billion a year. This costs more money than treating and caring for all the people that have cancer, stroke and heart disease combined.

In Worcestershire we have a lot of people with dementia. These numbers are expected to go up even more in the next 15 years.
Local Services

In 2008 and 2009 we looked at what support services there were to support people with dementia in Worcestershire.

From this work we have decided that we need to concentrate on these 3 areas:

- Making sure all our staff have the understanding and skills to deliver person centred care.
- Involving people with dementia, their family and carers as partners in the care provided.
- Checking that this strategy will produce the results we want.

Aims of this Strategy

Our vision is that:

By 2016, everyone with, or thought to have, dementia will receive a high quality service that meets their needs. It will also meet the needs of the people that care for them.

In order to do this we will:
• Raise public awareness and understanding of dementia.

• Make sure as many people as possible get early diagnosis.

• Develop key dementia support services.

• Make sure our staff have the right skills to support with people living with dementia.

The Department of Health’s have written a plan 2010/11 for ‘Living Well with Dementia.” It lists 10 things that people can expect:
Living Well with Dementia

1. I was diagnosed early.

2. I understand, so I make good decisions and provide for future decision making.

3. I get the treatment and support which are best for my dementia, and my life.

4. Those around me and looking after me are well supported.

5. I am treated with dignity and respect.

6. I know what I can do to help myself and who else can help me.

7. I can enjoy life.

8. I feel part of a community and I’m inspired to give something back.

9. I am confident my end of life wishes will be respected.

10. I can expect a good death.
Important things we will do:

1. Public and Professional Awareness

At the moment people with dementia wait too long before reporting symptoms to their doctor.

In order to make sure people go to see their doctor sooner, we will:

- Improve services that work with people who we know may be at risk of developing dementia
- Run a publicity campaign about the signs and symptoms of dementia.
- Make information available about dementia and what support is available.
- Improve training for health and social care staff.
- Run a campaign to challenge stereotypes and improve understanding.
- Make sure people with dementia and their families have a say in the development of future services.

2. Information and Signposting

At the moment it is difficult to get good quality information and advice about dementia.

Therefore, we will:
• Tell people about what you can do to help prevent developing dementia.

• Tell people about services that are there to help people when they are first told they have dementia.

• Provide accessible information about dementia and the support available.

• Make sure that health and social care staff are able to give the right advice.

• Check to see how the Dementia Advisor Service has been working.

3. Peer Support and Learning Networks

This is about people with dementia, their families and carers getting support from others who are in the same circumstance as they are.

Therefore we will:

• Look to see if we can develop these support systems across the county.

4. Workforce Development

At the moment many health care and social care staff, have a poor understanding of dementia.

Therefore we will:
• In the next 3 years we will make sure staff are properly trained about dementia.

• Develop a training DVD and handbook.

• We will check that this training leads to better care and support.

• Make sure staff realise that 'feelings matter most' and people are treated as individuals.

5. Supporting Families and Carers
Families and carers provide most of the support for people with dementia in the community. They need support too.

Therefore we will:

• Make sure staff involve families and carers.

• Find ways to improve the information, advice and support services for families and carers.

6. Early Diagnosis and Intervention
We think that we have only identified about one-third of the people with dementia in the county. This is a problem because the later someone is diagnosed the harder it to support them and their carers.

Therefore we will:

• Make sure people are properly assessed. This will be done by the new Early Intervention and Diagnoses Service.
• Look at trying to provide Dementia Advisers to the whole county.

7. Social Care and Support at Home

We think it is really important that people with dementia are supported in their own home.

Therefore we will:

• Train staff working in people’s homes about dementia

• Develop care and support packages for people at home. This should help stop patients needing to go into hospitals and care homes.

• Put more money into providing community based services.

• Make sure that intermediate care services help people with dementia cope with their daily life better.

• Improve joint working between services

8. Support in the Community

There is little support for people with dementia, their families, and carers in the community.

Therefore, we will:
• Work with the Alzheimer’s Society to support existing services and develop peer support groups.
• Help the voluntary and community sector work with people with dementia.
• Improve the skills of staff in key organisations such as Age Concern.
• Develop opportunities for meaningful day activities.

9. Supported Housing and Care Homes
It is important that supported housing schemes can meet the needs of people with dementia. Therefore, we will:

• Make sure that plans for supported housing include the needs of people with dementia.
• Make sure staff working in supported housing schemes and care homes are trained to deliver person centred care.
• Help care homes to use less anti-psychotic drugs.
• Carry on our work in checking how care homes are working in 2011/12 and 2012/13.
10. **Crisis and Respite Care**
We want to make sure less people are admitted as an emergency to hospital or respite care.

Therefore **we will:**

- Make sure that care and support plans for people with dementia say what to do if a crisis happens.

11. **Specialist and Mental Health Services**
Worcestershire Mental Health Partnership Trust is bringing its older adult mental health services up to date. As part of this, the Trust will be improving its specialist dementia care.

Therefore, **we will:**

- make sure that specialist services work well with other services.

12. **Medicines Management**
There is national guidance to limit the use of drugs when dealing with people with 'challenging' behaviour.

However in Worcestershire we have been using more of these drugs.

Therefore, **we will:**

- Find out how many drugs we are prescribing.
- Make sure people with dementia are getting the right anti-dementia drugs and other medicines.
• Make sure all dementia care staff are properly trained in managing medicines correctly.

• Make sure that individual care plans deal with managing medicines correctly.

• Check the use of anti psychotropic medication for people with dementia.

• Develop guidance on what to do if a family member has to be given antipsychotic drugs.

13. Hospital Care
Most of the people with dementia on acute medical wards in hospital have not actually been diagnosed with dementia.

This is a problem because people with dementia find it very difficult to cope being in hospital. They are then likely to have challenging behaviour. This makes things difficult for the patient and staff.

As a result people with dementia often to spend longer in hospital than other patients.

Therefore we will:

• Write a care pathway. This will explain how people with dementia will be treated from going into (admission) hospital to leaving (discharge).
Train key hospital staff to make sure they can support people with dementia properly.

Include staff from the Promoting Independence Service, Intermediate Care Teams and Community Hospital staff in this training.

14. **End of Life**

Dementia is an illness where eventually people lose their mental capacity. This means they are unable to think for themselves. This means they can’t make plans about the end of their life.

Therefore, we will:

- Train care home and home care staff in end of life care
- Look at how to train care staff.

15. **Young Onset Dementia**

Dementia is usually thought of as part of the aging process. But there are many people under 65 with the disease. In Worcestershire we think there are 160 people with young onset dementia.

There are not enough services for younger people with dementia.

Therefore, we will:
• Make sure that dementia services have to work with people with young onset dementia.

• Spend more on young onset dementia support services.

• Include the needs of younger people with dementia into the training programme for key health and social care staff.

16. Dementia and People with Learning Disabilities

Nationally, about 1 in 5 people with a learning disability have Down's Syndrome. Developing dementia is a particular risk for people with Down's syndrome.

Other people with learning disabilities also have a higher risk of developing dementia than the general population.

Therefore, we will:

• Make sure dementia services work with people with learning disabilities.

• Includes the needs of people with learning disabilities in the training of staff.

17. Dementia in Prison

Locally we have found out that there are more people in prison with dementia than we would have expected.
There are also a lot of people with young onset dementia.

Therefore, we will:

- Work with Prison Healthcare commissioners to raise the standard of dementia care in prisons.

18. Cultural Diversity

We know there are more young people with dementia from the Black and Minority Ethnic (BME) communities than the general population.

Therefore, we will:

- Make sure that dementia services understand and meet the needs of people different ethnic communities.
- Make sure people from BME communities have access to dementia services.

19. Safeguarding

People with dementia are known to be an ‘at risk’ from abuse. They are at risk of having their money taken. They are also at risk of neglect. This is because they have to rely on others.

Therefore we will:

- Make sure staff really think about keeping people safe. There will be training and information about reporting concerns.
Summary

Transforming the quality of dementia care in Worcestershire is a huge challenge for the health and social care system.

Everyone will have a part to play in this.

As more of the population get dementia it is vital we can support them properly.

To make this strategy successful, services must work together.

Consultation – Telling us what you think

We are asking for comments about the strategy between 8th November 2010 and 31st January 2011. Send your comments by:

Email: acsengagement@worcestershire.gov.uk

Post: FREEPOST RSGG-HSZK-HSGL,
Customer Engagement Team,
Worcestershire County Council,
County Hall,
Spetchley Road,
Worcester,
WR5 2NP

(If you need more information, it is available from: acsengagement@worcestershire.gov.uk or phone Sue Pinfold –Brown on 01905 733800.)

You can use the following questions for your feedback.
Questions

Please tick the box you agree with

1. Do you support the main aims of the strategy (see page 4)?
   - Yes
   - Some of them
   - No

Comments

________________________________________________________________________

________________________________________________________________________

2. Do you agree that NHS Worcestershire and Worcestershire County Council should ensure that Dementia services are joined up?
   - Yes
   - No

Comment

________________________________________________________________________

________________________________________________________________________
3. Where is the best place to be given a diagnosis about dementia?

- At home
- GP surgery
- Hospital setting
- Some where else – please say where
- At any of these places

4. Where would you go to get information on dementia?

- GP surgery,
- Library,
- Worcestershire Hub,
- Worcestershire County Council
• Community and voluntary organisation tell us which one:

________________________________________________________

• Web

• Support group

• Family/friends

• Somewhere else?

________________________________________________________

5. We would like to make sure that all people with suspected dementia are professionally assessed and diagnosed. Would this make you feel more confident in visiting your GP or Community specialist with memory problems?

• Yes

• Maybe

• No
6. Do you have any other comments on this strategy?

____________________________________________________

____________________________________________________

7. Please tell us about yourself.: (please tick all that apply)

- As service user of Dementia Services
- As an unpaid carer/friend/family member of someone with dementia?
- As a member of the public?
- As a health or social care professional?
- On behalf of an organisation?
- Other?

8. Please tell us your name or name of the organisation you represent:

____________________________________________________
9. What is your gender?
   - Male
   - Female
   - Prefer not to say

10. What is your age in years?

11. Which District do you live in?
   - Bromsgrove
   - Malvern
   - Redditch
   - Worcester
   - Wychavon
   - Wyre Forest

12. Are your day to day activities affected by health problems or disability, which has lasted (or is expected to last) for at least 12 months?
• Yes
  
• Yes, but only a little

• No

• Prefer not to say

13. What is your ethnic group?

• White British

• White Irish

• White Other

• Mixed – White and Black

• Mixed – White and Black African

• Mixed – White and Asian

• Mixed – Other

• Asian and Asian British – Indian

• Asian and Asian British - Pakistani

• Asian and Asian British – Bangladeshi

• Any other Asian Background
• Black or Black British – Caribbean
• Black or Black British – African
• Any other Black background

• Chinese

• Any other background – please state

• Prefer not to say

The deadline for the replying to this consultation is 31st January 2011.

Thank you for responding.

We will use the things people have told us in the final strategy.

This will be available in Spring 2011