

ning Group and



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(5th draft)

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· Health and Social Care
1 Council

Introduction

Dementia is a long-term condition which has a high impact on a person's health, social circumstances and family life. It is estimated that approximately 2000 people in Swindon are diagnosed at any one time with a dementing illness. It encompasses a spectrum of symptoms from an inability to recall recent events to severely limiting a person's physical, cognitive and social abilities. The implications can also be devastating for family members and friends.

Nationally there is an increased focus on dementia as a key public health issue with the publication of the National Dementia Strategy in 2009, David Cameron's Dementia Challenge in 2012 and the Dementia Friends Initiative to engage one million people to create dementia friendly communities. The focus is on living well with dementia and recognising that whilst the diagnosis can be a huge shock, people can still retain independence in the early stages, and make the most of their lives with support and adjustments.

In Swindon dementia is recognised as a key priority across different organisations. Although it is a medical diagnosis, the role of social care and the voluntary and community sector is central to the quality of life of people with dementia and their carers. Maintaining a healthy lifestyle can also reduce the risk of dementia and a good diet, regular physical activity and stopping smoking is good for both healthy hearts and brains. Organisations recognise that care and support needs to start with the individual and that people have dementia but are not defined by it.

As well as developing a strategy and plan for action, Swindon has set up a Dementia Steering Group and the Clinical Commissioning Group has led workshops on looking at what works well currently and how things can be improved, and also on understanding innovative practice from elsewhere. There has also been a comprehensive needs assessment as part of the Joint Strategic Needs Assessment¹, and all these have shaped

What is dementia?

Dementia causes damage to the brain resulting in a gradual decline in skills such as memory, reasoning, communication and the ability to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness and individual. The most common types are Alzheimer's Disease and Vascular Dementia

¹ <http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Dementia-Needs-Assessment.aspx>

NOT FOR WIDER CIRCULATION

the direction and priorities.

DRAFT

The Strategy

The purpose of a dementia strategy for Swindon is to:

- Set out the vision for what we want to achieve
- Provide co-ordination for all the excellent work that is already in place
- Identify key priorities for what needs to improve
- Maximise opportunities for identifying synergy and potential for cross-agency working
- Engaging local people in discussion on what works best for people in Swindon
- Ensuring that there is a constant reminder that people are central to everything we do for dementia.

Our Vision

For people with dementia and their carers to live a healthy, safe and fulfilling life

The strategy cannot be delivered without lots of different organisations and groups coming together. The journey for someone with dementia encompasses all aspects of life:

- Diagnosis – support from primary care and GPs at initial contact, understanding what's wrong and getting referred for a diagnosis
- Support during and after the diagnosis to understand the implications both for the person with dementia and their family and friends
- Understanding that small adjustments in day to day life can make a difference and maintain independence
- Developing supportive communities where people can maintain an active social life for as long as possible and a role as a valued member of the community
- Get appropriate information and advice on the likely path ahead, recognising that it may be different for each person
- Accessing care as a planned approach based on need not on crisis
- Ensuring carers are supported whenever they feel it is needed
- Understanding that people with dementia might get other illnesses too and dementia should not get in the way of accessing good care for general health
- Minimising the likelihood of hospital admission but ensuring if people do go into hospital their needs and anxieties are understood
- Providing excellence in professional care both in the home and in residential homes if needed
- Delivering end of life care that is sensitive, appropriate and supports the whole family.

This means that truly delivering our vision for Swindon involves every member of the community. Our aims for dementia are:

- To increase Swindon's dementia awareness both publically and clinically across all organisations
- To build dementia friendly communications and facilities into the environment as standard
- To provide good, appropriate information at the right time for the public, carers and patients
- To deliver timely diagnosis but not requiring a diagnosis to access support
- To increase community clinical support for patients experiencing dementia
- To treat everyone with dignity and respect
- To see staff training and understanding about dementia as central to good customer service

Principles

- Dementia is a very individual disease – experience depends on the type, severity and support available
- A diagnosis is the start of a different life experience not the end
- Understanding and respect are central to any contact
- People do not want to be defined by dementia but acknowledged as a valuable and respected members of the community
- People with dementia want to do normal things in an age friendly environment and have fun
- Carers have a crucial role and need support too

Priorities

The following pages set out the priorities for Swindon which reflect those in '*Living Well with Dementia – The National Strategy*' (2011). Each section provides a local context, the outcomes we are aiming to achieve and some of the activity that will work towards achieving this. An action plan has been developed to support the delivery of this strategy and a dementia steering group has been established made up of different organisations that will monitor progress against the strategy on a quarterly basis. This will evaluate how effective we are in achieving our vision for Swindon. The plan provides more detail of how the strategy will be delivered.

Each priority links to both the national dementia strategy objectives and NICE Dementia Quality Standards (2013).

An additional performance measure will relate to the development of metrics and indicators across providers to look at the whole system effects of implementing the strategy and action plan.

Underpinning all these priorities is ensuring that services meet the needs of vulnerable and hard to reach groups, for example those from black and ethnic minority communities or people with alcohol problems.

Priority 1: Improve public and professional awareness of dementia and reduce stigma

Why?

Raising awareness is important on a number of different levels: to enable people to take steps to reduce the risk of dementia, to encourage people with symptoms to access support, to enable communities to support people with dementia and recognise symptoms in friends and family, and to promote professional understanding. Raising awareness can be via campaigns, training and through a range of different media.

Increasing risk of dementia

- having a particular gene
- having another neurological
- history of strokes
- high blood pressure, diabetes and / or high cholesterol
- lifestyle factors such as smoking, excess alcohol and / or obesity
- being socially isolated

Locally

- There are estimated to be over 2000 people with dementia in Swindon, nearly half of whom are over 85.
- Numbers of people with dementia are estimated to increase by about 700 by 2020 due to the increase in population of those over 65.
- Having diabetes, hypertension (raised blood pressure) or being obese in mid-life can double the risk of dementia in later life. In Swindon there are over 29000 people of all ages registered as having hypertension and 9500 registered as having diabetes, with variation by GP practice.

Outcomes

People engage with services earlier get more support and a longer period of independence

Better cerebrovascular health may contribute to preventing or reducing the risk of vascular dementia

Indicators

- Develop a central point of contact for advice / information
- Training for all frontline staff on dementia
- Awareness raising within major employers around dementia initially focusing on public sector e.g. Swindon Borough Council
- Developing a plan for Swindon as a dementia friendly community
- Develop *Dementia Champions* in Swindon
- Develop a communications strategy and plan for raising awareness of dementia amongst the public and the benefits of a healthy lifestyle

Priority 2: Improve timely diagnosis and treatment of dementia

Why?

National research suggests people wait an average of three years after their first symptoms before contacting their GP. Evidence suggests that a timely diagnosis promotes choice and allows people to plan for the life changes they will experience, thinking about support needed to maintain independence and stay at home as long as possible.

Locally

- Memory assessment is currently provided in by Avon and Wiltshire Mental Health Partnership at the Victoria Centre following a referral by a GP.
- There have been long waiting lists over the last few years: in December 2013 the wait for a diagnosis after referral was 5 months.
- In 2013 Alzheimer's Society estimated that 46% of people with dementia in Swindon had a formal diagnosis.
- There has been a decrease in the number of dementia drugs prescribed and the amount spent on drugs over the last 3 years in Swindon which is in contrast to comparison areas. Drug treatment currently assists with management of symptoms rather than cure.

Outcomes

Families and carers have access to dementia support services as soon as they need them.

People receive a diagnosis promptly and sensitively.

Diagnosis and support are available in the community.

Dementia is not seen as a psychiatric disorder to be dealt with only by secondary care.

A clear protocol on who should be referred to the memory clinic

Improved liaison between secondary and primary care via a consultant link to primary care offering advice and guidance

Indicators

- Number of Carers Agreements completed as part of an integrated care package
- Review of service pathway for assessment and diagnosis
- Pilot primary care assessment and treatment services with a small number of GPs
- Develop a Local Enhanced Specification for GPs around dementia
- Increasing number of carer assessments
- Waiting list from referral to assessment is a maximum of 4 weeks

Priority 3: Increase access to a range of flexible day, home based and residential respite options

Why?

Having access to a range of different provision can improve the quality of life for people with dementia and their carers. Dementia is a very individual disease and so people will require different support at different times.

Locally

- The Alzheimer's Society estimated the formal and informal cost (i.e. unpaid carers) of dementia based on 2005/06 costs. Applying these figures to the estimated number of mild, moderate and severe cases in Swindon and assuming a quarter of moderate and half of severe cases are in a care home would suggest a total cost of £46million of which over £16million is informal care.
- National estimates suggest over 700 people with dementia in Swindon could be living in a care home.
- Swindon Borough Council commissions a range of social care support including residential care, home care and day services. Social services data identifies 330 people age 65+ with mental health problems living in residential or nursing care homes who are funded by Swindon Borough Council.
- Over the last two years the proportion of mental health community clients over 65 who had dementia has increased from 33% to 56%.

Outcomes

Good-quality, flexible home care services available to help dementia patients maintain independence and reduce social isolation.

Respite services available when needed to support carers in their caring role

Assistive technology embedded into the care pathways across health and social care for people with dementia

Increased use of telecare / telemedicine

An integrated intermediate care model across health and social care for people with dementia

Indicators

- Services available for use with personal budgets
- Number of people with personal social care budgets who have a diagnosis of dementia

Priority 4: Develop services that support people to maximise their independence

Why?

A consistent message from people with dementia is that they want to maintain independence as long as possible and that being at home is the ideal. This includes developing dementia friendly communities and ensuring that new developments are dementia friendly where possible and best design practice is incorporated.

Locally

- In Swindon it is estimated about 1150 have mild dementia, 650 have moderate dementia and 270 have severe dementia. Levels of care and support vary depending on the severity and type of dementia.
- In 2011/12 19 Swindon Borough Council clients with dementia needed crisis support
- Currently in Swindon on-going support is available through Alzheimer's Society services (Singing for the Brain and the monthly Memory Café – both of which are well attended and valued) and support offered by the Carers Centre which includes peer support.
- Relief care and a sitting service are available to carers.
- LIFT Psychology which works in Primary Care are piloting support groups for people with dementia and their carers

Outcomes

Additional capacity in the voluntary sector to develop services which support people with dementia and their carers

New developments include 'homes for life' so people can remain at home for as long as possible

Availability of a 24/7 crisis resolution ability

Recognition of Swindon as a dementia friendly community

Increased numbers of psychology based services to support people with dementia and carers

Increased use of assistive technology where appropriate

Indicators

- Involvement in Wichelstowe development to consider dementia friendly best practice
- Identification of funding opportunities to develop services around assistive technology and enhanced psychological support

Designing for dementia - Outside

- mixed-use, compact local neighbourhoods
- short, gently winding streets with wide pavements and good visual access
- varied urban form and architectural features
- quiet, pedestrianised streets and welcoming open spaces
- places, spaces and buildings whose functions and entrances are obvious
- simple, explicit signs with large, dark, unambiguous graphics on a light background
- historic, civic or distinctive landmarks and practical or aesthetic environmental features
- smooth, plain, non-slip, non-reflective paving
- easy to use street furniture in styles familiar to older people.

<http://www.housinglin.org.uk/library/Resources/Housing/Support materials/Other reports and guidance/Neighbourhoods for Life Findings Leaflet.pdf>

Designing for dementia - Inside

1. Double the usual levels of lighting in the home.
2. Pay attention to acoustics and reduce noise pollution.
3. Ensure there is good signage mounted low enough for older people.
4. Use contrast of tone (rather than colour) to differentiate between walls, skirting boards and floors. Ensure that the tone of flooring/paving is consistent throughout the house and also in outside areas.
5. Use contrast of colour or tone to make switches and objects easily visible.
6. Use objects or pictures rather than colours to differentiate between rooms and different parts of the building.
7. Ensure that kitchens and bathrooms are easy to understand. Avoid modern fixtures and fittings such as taps or kettles.
8. Ensure that people can see important rooms such as the toilet, as easily as possible, and that furniture and fittings clearly indicate the purpose of each room. Use unambiguous signage on the doors of rooms.
9. Place illuminated clocks in each room indicating whether it is am or pm
10. All doors should ideally be visible on entering the dwelling. Cupboards should be glass-fronted or open.

<http://www.housinglin.org.uk/library/Resources/Housing/OtherOrganisation/DSDC dementia design.pdf>

Priority 5: To increase community clinical support for patients experiencing dementia

Why?

For people with dementia to receive the person centred care they need, people working with them need the right skills and training and understanding both the illness of dementia and the person centred approach that can make the difference between a good quality of life for someone and increasing the feelings of isolation and risk of challenging behaviour. Research from the Alzheimer's Society in 2013 found that the main factor the public would look for in choosing a care home is training of staff. Training social care staff should also include the principles of the Mental Capacity Act 2005.

Models of care within dementia have changed significantly from predominantly hospital care to more community based treatment.

The evidence base is for treatment and resources within community for support with dementia empowered by the other initiatives outlined within this strategy that will have significant qualitative benefit:

Examples include:

- Increased support to maintain higher levels of function through dementia increasing levels of function and independence
- Shorter lengths of stay within hospital admissions
- Increased treatment alternatives for patients
- Increased support for patients, carers and families in the community

Locally

- Patients with dementia stay significantly longer in acute hospitals than other patient groups
- Admission rates for dementia and delirium are relatively high
- There is a need to develop specialist community treatment services for dementia moving away from relatively high levels of inpatient beds
- Waiting lists for memory clinic services are high

Outcomes

- Reduced waiting lists for memory services
- Earlier diagnosis for dementia patients in Swindon increasing the overall percentage of diagnosis in relation to demographic prevalence
- Reduced admission rates of dementia locally
- More patients successfully treated within the community
- Increased independence and function in part due to specialist community support for patients
- Increased support for carers and families

Services should deliver to the capability of people:

A proactive and facilitation approach to care i.e. staff do the activities WITH people to maximise the function and the ability of the person rather than doing things for people as this creates disability and dependence.

An abilities-focused approach – assessments, treatment and interventions focus on peoples' remaining abilities rather than what they have lost.

Person centred care – integration of someone's life story into their daily care, which increases their attention span, well-being and long term memory by staff/carers engaging people in familiar activities and supplies

Indicators

- Number of admissions solely due to dementia and delirium
- Number of patients treated successfully in the community
- Patient and carers satisfaction
- Increased percentage of dementia diagnosis relative to estimated local prevalence

Priority 6: Improve the skills and competencies of the workforce

Why?

For people with dementia to receive the person centred care they need, people working with them need the right skills and training and understanding both the illness of dementia and the person centred approach that can make the difference between a good quality of life for someone and increasing the feelings of isolation and risk of challenging behaviour. Research from the Alzheimer's Society in 2013 found that the main factor the public would look for in choosing a care home is training of staff. Training social care staff should also include the principles of the Mental Capacity Act 2005.

Part of maintaining independence for people with dementia is being part of a supportive and understanding community. This means that training should extend to all those who are public-facing so staff in all aspects of day to day life (e.g. GP reception staff, housing officers, bus drivers etc.) are dementia aware.

Locally

- Dementia friends champion training is available in Swindon run by the Alzheimer's Society.
- SEQOL offers dementia training to all staff
- The Social Care Institute for Excellence offers e-learning about dementia via its Open Dementia Programme. More locally e-learning is available including for carers and service users via the Kwango e-learning system hosted by Wiltshire Council.
- Swindon Borough Council is looking at both training requirements and developing staff attitudes via its change programmes which includes dementia awareness.
- The Alzheimer's Society provided input into induction training for Arriva who are the providers for the non-emergency patient transports service in Swindon.
- The innovative workshop held in November 2013 showcased initiatives to support staff's knowledge and understanding including the Eden Alternative which focused on the ethos of 'purpose and stimulation
- Wider public awareness includes awareness from employers and local businesses providing services for people with dementia

Outcomes

Improved understanding of dementia in the workforce

Care home staff who feel confident and capable to support people with dementia in a person centred enabling way.

Indicators

- Number of people trained at Level 1 dementia awareness
- Number of people signed up as Dementia Friends

- Number of care home staff trained in Dementia Capable Care
- A workforce audit undertaken with all dementia care providers
- A dementia network established to share good practice

Services should deliver to the capability of people:

A proactive and facilitation approach to care i.e. staff do the activities WITH people to maximise the function and the ability of the person rather than doing things for people as this creates disability and dependence.

An abilities-focused approach – assessments, treatment and interventions focus on peoples' remaining abilities rather than what they have lost.

Person centred care – integration of someone's life story into their daily care, which increases their attention span, well-being and long term memory by staff/carers engaging people in familiar activities and supplies

Priority 7: Improve access to support and advice following diagnosis for people with dementia and their carers

Why?

Post diagnosis people often feel lost and in denial; although for some having a label for their behavioural symptoms is a relief. Following diagnosis, clear and accessible information and advice is crucial.

Locally

- Think Again offers a 10 week course for people who are newly diagnosed with dementia but this currently only runs three times a year.
- Although we do not have comprehensive information about this area, it appears unlikely that appropriate psycho-social interventions are routinely offered for people with dementia who also have depression or anxiety (NICE recommend interventions such as reminiscence therapy, multisensory stimulation, animal assisted therapy and exercise are available).
- Dementia is currently diagnosed following referral to specialist psychiatric services. Investigating a model which centres on primary care diagnosis and support would ensure that a more holistic view of a patient can be taken and access to community based services is easier and more local.
- The Localities team at Swindon Borough Council are investigating a Circles of Support model which may include support for people with dementia or their carers.
- Swindon Borough Council are developing an information and advice hub at Sanford House which will include information on dementia. This will be complemented by an enhanced website with links and sources of support.

Outcomes

Improved access to support and advice will improve the quality of health and wellbeing for the user and carer by ensuring person centred care

Improved post diagnosis support for people who are newly diagnosed with dementia

Increased access to relevant and appropriate advice and information

Indicators

- A business case produced for 2 dementia advisor posts available in Swindon
- An increase in the number / frequency of memory cafes
- Number of people accessing information on dementia at the new information and advice hub
- Piloting a Circles of Support project in one area of Swindon

Priority 8: To reduce avoidable hospital and care home admissions and decrease hospital length of stay

Why?

National research by the Care Quality Commission found that people with dementia

- Are more likely to go into hospital with a UTI type problems
- Are more likely to stay in hospital longer
- Are more likely to be readmitted
- Have a greater likelihood of discharge to a care home rather than their own home than people without dementia.

Research estimates 64% of people with dementia have 3 or more other conditions. Although there is no local data, estimates suggest people with dementia often have high levels of depression and the likelihood of a fall is 3-8 times higher than for those without dementia of a similar age.

Locally

- Over 2200 hospital admissions to Great Western Hospital between 2009 and 2012 had a primary or secondary diagnosis of dementia accounting for over 32000 bed days.
- 38% of people had more than one admission during this time and 4% had 5 or more. The most common cause of admission was for urinary tract infection.
- Avon & Wiltshire Mental Health Partnership offer a psychiatric liaison service with the Great Western Hospital.
- In Swindon there is currently no Dementia Rapid Response and Home Treatment service available to provide in-reach care and support to residential and nursing homes.

Outcomes

Dementia patients remain at home/care home rather than being admitted to hospital.

Involvement of the Police, Fire and Ambulance services on the Dementia Steering Group

GP services linked into residential and nursing homes

Indicators

- Reduction in the number of inappropriate inpatient admission from care homes
- Completed review of the Psychiatric liaison /RAID in GWH which differentiates between functional and organic support
- A business case produced for a rapid response/home treatment service for dementia patients

Priority 9: To ensure that the needs of younger people with dementia are addressed

Why?

People are more likely to develop a type of dementia as they get older although it can affect people under 65, which is known as early onset. For these people who may still be at work, with a mortgage or have dependent children, a different type of support may be needed initially. Alzheimer's is less common and fronto-temporal dementia is more common than amongst older people.

People with Down's syndrome and other learning disabilities can also develop dementia at an early age. 10% of dementias in younger people are alcohol related, known as Korsakoff's Syndrome.

Locally

- Estimates suggest there may be about 50 people with early onset dementia in Swindon although it may be less recognised than in older people. Alzheimer's Society estimates it may be as much as 3 times higher.
- The Forget-Me-Not Centre in Swindon has been nationally recognised for its work in supporting people with early onset dementia. This is run by the Avon and Wiltshire Mental Health Partnership and provides somewhere where people can chat, cook, organise trips, go for walks, sing and have fun.
- There are no alcohol specific dementia services in Swindon.

Outcomes

Providing services that are age and condition specific.

Diagnosis and post diagnosis support that addresses the specific needs of people with early onset dementia

Improved availability of services for people with early onset dementia

A clear pathway of care for people with alcohol related dementia

Indicators

- Number of people accessing Forget-Me-Not
- Number of people with early onset who are supported to stay at work if appropriate

Priority 10: To improve the quality of dementia care in care homes and hospitals

Why?

Dignity and respect are fundamental to care for people including people with dementia.

The national strategy recommends:

- the identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia care in the hospital;
- the development of an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician; and
- commissioning specialist liaison older people's mental health teams to work in general hospitals.

Examples from the Innovation Workshop in November 2013 included:

- **The Eden Alternative** which has a vision of eliminating loneliness, boredom and isolation in residential and community care
- **Life Story Work** which is about capturing memories and stories to help people who support those with dementia understand them better
- **Care Home Liaison** which provide support and advice for care homes who have large numbers of people with dementia

Locally

- Great Western Hospital has developed a dementia strategy and was commended in a recent peer review for its work at both a ward and strategic level. It is also introducing screening for everyone for memory problems who is over age 75 admitted to hospital.
- Dementia nurses have just been appointed at Great Western Hospital to provide a liaison service for care homes.
- There is a lack of nursing homes in Swindon for people with significant behavioural problems

Outcomes

Hospitals which meet the needs of dementia patients by focusing on the person rather than the illness.

Care homes where staff feel confident and supported in caring for people with dementia and provide an understanding, simulating and loving environment for people

A Consultant link post developed for Care Homes

Alignment of the GWH Dementia Strategy with the Swindon wide *One Swindon; One Vision* (updated 2014).

Indicators

- Reduced admissions to acute hospital through common admission mechanisms for people with dementia for example through UTI, hypoglycaemia, chest infection, dehydration
- Better management of people with dementia within care homes through increased knowledge of the condition and the individuals through training and frameworks such as "*Getting to Know Me*" (2013)
- Greater specialist support developed for care homes for people with dementia

National Standards for dementia care in hospital:

- Respect, dignity and appropriate care
- Agreed assessment, admission, discharge processes and needs specific care plans
- Access to a specialist mental health liaison service
- Dementia-friendly environment, minimising moves
- Nutrition and hydration needs are well met
- Promote the contribution of volunteers
- Quality of care at the end of life volunteers
- Appropriate training and workforce development

Alzheimer's Society Principles for formal care:

- Provided by staff trained in providing good dementia care who have access to specialist support.
- Focused on meeting needs and aspirations
- Promoting of dignity and respect and maintaining human rights.
- Closely coordinated between different professionals and services across health, social care and housing.

Priority 11: To improve end of life care for people with dementia

Why?

End of life discussions are difficult for everyone, but particularly for people who may also be coping with a diagnosis of dementia. It is estimated that one in three older people will die with dementia and therefore increasingly hospices, care homes and hospitals will need to support people with dementia with end of life care. The National Dementia Strategy promotes early discussion while people still have mental capacity so their needs and wishes are fully taken into account. Good end of life care includes appropriate pain control, and support for carers and the wider family.

"We know that too many people with dementia are not supported to have early discussions and make plans for their end of life care. This means that difficult, emotional decisions are often made in crisis and the person with dementia's wishes, including for example where they want to die, cannot be taken into account."

The Prime Minister's Challenge on Dementia:
A report on progress, Department of Health,
November 2012

Locally

- There is an increasing proportion of deaths in Swindon recorded as having some sort of dementia as an underlying or contributing factor (13.5% of those over 50 in 2011) although this may reflect recording practice.
- People with dementia are more likely to die in a care home and less likely to die in a hospice.
- Prospect Hospice in Swindon provide care and support to dementia patients. Care home clinical nurses provide a link for patients/carers and education at Prospect Hospice i.e. My Plan, living wills, etc.

Outcomes

People with dementia receive end of life care that is comparable to that received by those who do not have dementia and recognises the needs of people with dementia and their carers.

Residential and Nursing Homes operate the Gold Standard Framework for End of Life Care

Improved advance care planning

Residential and care homes have an opportunity to learn from the expertise in hospices for supporting people at the end of life

Indicators

- An increase in the proportion of people with dementia who are able to end their life at home (personal or residential) rather than in hospital

Summary of intent:

The local dementia strategy in Swindon is intended to focus on local needs whilst incorporating best practice and national guidance and imperatives.

This includes increasing awareness of dementia, developing more community-centric treatment models in order to increase quality of life and independence of those with dementia.

This includes and will ensure that treatment of dementia and support for patients and families increase through the implementation.

These measures will make services and models effective and efficient, improving outcomes and experience of all those involved in dementia care within Swindon.

A project plan with key miles stones will be set out, including necessary business cases for consideration and further evidence, with the above immediately after approval of this Strategy to be delivered by July 1st 2014.

Annex A: Key statistics from the Dementia JSNA Bulletin

The Swindon JSNA on Dementia outlines local need in detail. The key findings were:

- It is estimated that there are about 2035 people aged 65+ with dementia in Swindon based on the Dementia UK 2007 Consensus Report, nearly half of whom are over 85. This equates to about 7% of the total population over 65. Estimates suggest there are about 50 people with early onset dementia, making a total of 2085.
- Highest prevalence, from applying Consensus estimates to ward populations, is estimated to be in Old Town and Lawn, and Wroughton and Chiseldon wards, reflecting the number of older people in those wards.
- Different types of dementia affect different parts of the brain and produce variation in symptoms and behaviour. Estimates suggest 62% of people have Alzheimer's Disease (1293 people in Swindon), 17% have vascular dementia (355 in Swindon) and 21% other types of dementia.
- Estimates from the Consensus report suggest about:
 - 55% of people (1147 in Swindon) have mild dementia. Mild dementia often means people have some memory problems, but can cope with day to day living;
 - 32% (668 in Swindon) have moderate dementia where people may have reduced reasoning and confusion and often need some support with personal care due to memory loss;
 - 13% (271 in Swindon) of people have severe dementia. Estimates of the proportion of people with dementia who are severe vary from 6% of those aged 65-74 to 23% of those aged 95 or above.
- National estimates suggest over 700 people with dementia in Swindon could be living in a care home. Social services data identifies 330 people age 65+ with mental health problems living in residential or nursing care homes who are funded by Swindon Borough Council.
- National estimates suggest an expected 500 new cases a year in Swindon, although with under diagnosis of around 50% this suggests about 250 people accessing services, some of whom are likely to fund services themselves given higher levels of income in the wards listed with the higher rates of older people. In 2011 there were over 500 referrals to the memory clinic. Research suggested people wait an average of 3 years after first symptoms before contacting their GP.
- There is an increasing proportion of deaths in Swindon recorded as having some sort of dementia as an underlying or contributing factor (13.5% of those over 50 in 2011) although this may reflect recording practice. People with dementia are more likely to die in a care home and less likely to die in a hospice.

Annex B: Recommended Service Map from Map of Medicine



