



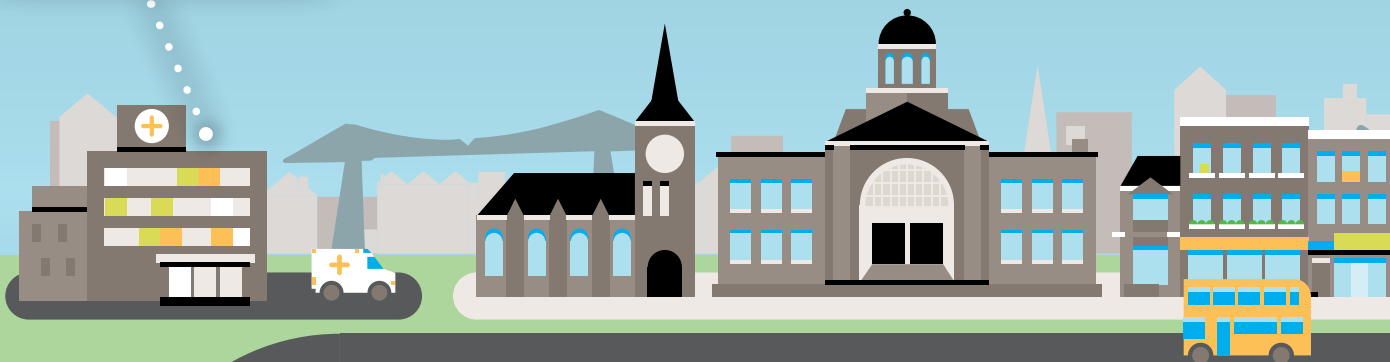
# DEMENTIA FRIENDLY MIDDLESBROUGH

DIRECTOR OF PUBLIC HEALTH  
ANNUAL REPORT 2015/16

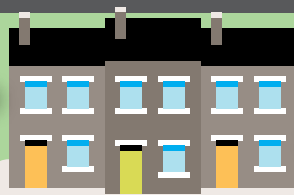


**EMPOWERING PEOPLE WITH DEMENTIA AND RECOGNISING THEIR CONTRIBUTION**

**ENSURING EARLY DIAGNOSIS, PERSONALISED AND INTEGRATED CARE IS THE NORM**



**MAINTAINING INDEPENDENCE BY DELIVERING COMMUNITY-BASED SOLUTIONS**

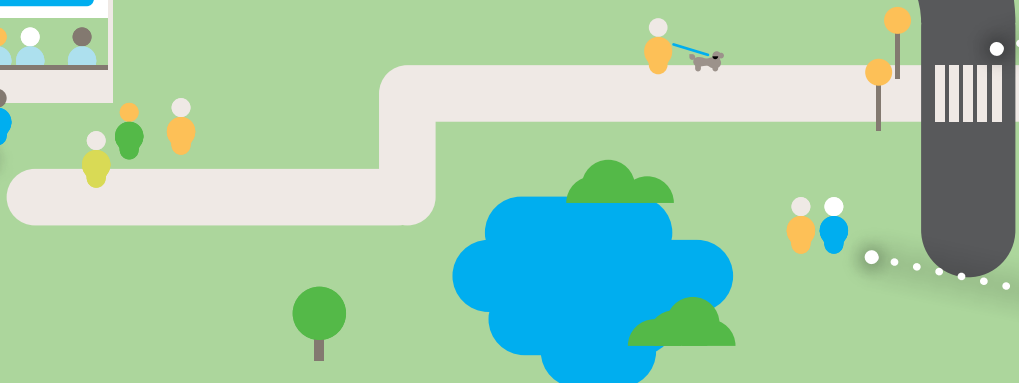


**SHAPING COMMUNITIES AROUND THE VIEWS OF PEOPLE WITH DEMENTIA AND THEIR CARERS**

**APPROPRIATE TRANSPORT**



**CHALLENGING STIGMA AND BUILDING AWARENESS**



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**BUSINESSES AND SERVICES THAT RESPOND TO CUSTOMERS WITH DEMENTIA**



**ENSURING THAT ACTIVITIES INCLUDE PEOPLE WITH DEMENTIA**



**EASY TO NAVIGATE PHYSICAL ENVIRONMENTS**



**BEFRIENDERS HELPING PEOPLE WITH DEMENTIA ENGAGE IN COMMUNITY LIFE**



# FOREWORD

Welcome to the 2015/16 Director of Public Health annual report. This year's report is focused on Dementia - an issue that is of significant importance at an international, national and local level.

Despite dementia being a very complex and life changing condition, it is possible to live well with dementia.

Dementia is challenging for people with the condition, their families and for those that provide care for them. Dementia is a priority for Middlesbrough and we aim to enable all local people with dementia, their carers and families to live well with the condition. On the 11 March 2016, Middlesbrough achieved a key milestone by becoming a dementia friendly town. A celebratory event led by the Mayor of Middlesbrough, Dave Budd, was held to acknowledge the tremendous work done to date by a number of agencies, organisations, communities, and people with dementia, their families and carers to make improvements across the town. Whilst a lot has been done and achieved so far, a lot more work needs to be done in order to improve the lives of people with dementia.

The true test of whether we are a dementia friendly town will be improved experiences and outcomes for people with dementia, their carers and families. A national engagement exercise found that:

- 58% of people living with dementia say they are living well and less than half feel part of their community
- There are 670 000 primary carers for people with dementia
- 40% of people with dementia feel lonely and almost 10% only leave the house once per month
- 72% are living with another medical condition or disability as well as dementia

We want people with Dementia in Middlesbrough to be able to say:

- 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 have my life,
- I have knowledge and know how to get what I need,
- I live in an enabling environment where I feel valued and understood,
- I know there is research going on which delivers a better life for me now and a hope for the future.

Improving outcomes for people with dementia requires joined up action across the public sector, voluntary sector, private sector, local communities and the people of Middlesbrough.

To achieve this we need to understand the scale of the problem locally, reduce the burden of disease from preventable causes of dementia, promote early diagnosis and effective support and management of the condition, create dementia friendly environments and support people with dementia to achieve a good death.

This report summarises the key local issues from the local dementia statistics through to creating dementia friendly communities. It makes a number of recommendations for improvement in a number of areas. I hope that this report generates discussion, interest and more importantly action to improve outcomes for people with dementia, their carers and families.

I look forward to working with you all to make Middlesbrough a Dementia Friendly town!

Edward Kunonga  
Director of Public Health  
Middlesbrough Council



# PROGRESS AGAINST 2014/15 DPH ANNUAL REPORT - MENTAL HEALTH AND EMOTIONAL WELLBEING IN MIDDLESBROUGH

	WE SAID	WE DID
<b>ACCOUNTABILITY</b>	<p>1 Health and Well Being Boards to monitor the implementation of the following action plans:</p> <ul style="list-style-type: none"> <li>• South Tees CCG mental health strategy and action plan</li> <li>• Mental health crisis concordat action plan</li> <li>• Emotional wellbeing and mental health for children and young people</li> <li>• Implementing the recommendations from the Marmot Review, Due North report and Parity of Esteem to tackle the social cause of poor emotional wellbeing and mental health</li> </ul>	Action plans have been developed and are being implemented and monitored by the CCG governing body and the Health and Well Being Board
<b>ADOPTING NEW WAYS OF WORKING</b>	<p>2 The WHO public mental health framework should be used to strengthen the local approach to improving public mental health</p>	The Middlesbrough Mental Health Partnership have revised their work programme and action plan to take this on board
	<p>3 The Headstart programme should be a catalyst for system change to improve emotional wellbeing and mental health for children and young people across the town</p>	A final proposal has been developed and submitted to the Big Lottery for their consideration
	<p>4 Improve maternal and parental emotional wellbeing and mental health maximising opportunities arising from the transfer of 0-5 Healthy Child Programme commissioning responsibility into the local authority as of October 2015</p>	Harrogate and District Foundation Trust are the new service provider for the Healthy Child Programme and a transformation programme is being developed to maximise the opportunities for improving outcomes for children and young people in Middlesbrough
	<p>5 Approaches to improve parenting should focus on the important role of fathers and empowering them to play and active role in supporting children especially in the early years</p>	A Parenting Strategy for Middlesbrough is in the final stages of development to ensure a consistent and effective approach to supporting parents and families
	<p>6 The Big Lottery Funded Ageing Better programme, the development of social prescribing and health and wellbeing hubs provide an opportunity to address social isolation and loneliness, poor mental and physical health and this should be adopted and embedded as new ways of working</p>	The Ageing Better programme is now underway adopting a test and learn approach to trial new ways of working to achieve the best results
<b>INVESTMENT / RESOURCES</b>	<p>7 Investment in mental health should increase to reflect the burden of disease locally with a shift in investment towards prevention and early intervention across the system</p>	Mapping of investment into mental health to inform resource shift into preventative programmes will form a key part of the Mental Health Partnership and the Headstart/CAMHS transformation programme
<b>STRENGTHENING COLLABORATIVE WORKING</b>	<p>8 Building resilience for adults, older people and communities should be coordinated across the town by developing a programme that embeds asset based approaches and the five ways to wellbeing</p>	A plan for embedding asset based community development and capacity building is being considered to ensure it becomes part of working practice going forward
	<p>9 Addressing parental emotional wellbeing and mental health through family centred approaches for adults with specific needs and vulnerabilities</p>	This is one of the key areas within the parenting strategy
	<p>10 Develop a multi-agency plan for prevention and early intervention for self-harm in children and young people across the town</p>	A task and finish group has been established to understand the scale of the problem and tackle self-harm at the local level

# CHAPTER 1: WHAT IS DEMENTIA?

The term 'dementia' describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning.

These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer's disease, a series of small strokes or other neurological conditions such as Parkinson's disease.

Dementia is a progressive condition, which means that the symptoms become more severe over time. People with dementia and their families have to cope with changing abilities such as the capacity to make decisions about major life events as well as day-to-day situations.

The reality for many people with dementia is that they will have complex needs compounded by a range of co-morbidities. A recent survey by Alzheimer's Society found that 72% of respondents were living with another medical condition or disability as well as dementia. The range of conditions varied considerably, but the most common were arthritis, hearing problems and long term conditions such as heart disease or a physical disability.

Currently, dementia is not curable. However, medicines and other interventions can lessen symptoms for a period of time and people may live with their dementia for many years after diagnosis. There is also evidence that more can be done to delay the onset of dementia by reducing risk factors and living a healthier lifestyle.

If diagnosed in a timely way, people with dementia and their carers can receive the treatment, care and support (social, emotional and psychological, as well as pharmacological) to enable them to better manage the condition and its impact. For example, there is much that can be done to help prevent and improve symptoms such as agitation, confusion and depression<sup>1</sup>. There are a number of medications and other interventions that can lessen symptoms for a period of time. There is also evidence that more can be done to delay the onset of dementia by reducing risk factors and living a healthier lifestyle.



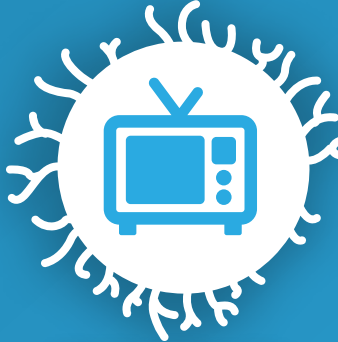
# DEMENTIA SIGNS AND SYMPTOMS

Dementia affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. The impairment in cognitive function is commonly accompanied by deterioration in emotional control, social behaviour, or motivation.

Dementia affects everyone in different ways, but people should seek help from their GP if they notice the following signs and symptoms.<sup>2</sup>



Struggling to remember recent events but easily recalling things from the past



Finding it hard to follow conversations or programmes on TV



Forgetting the names of friends or everyday objects



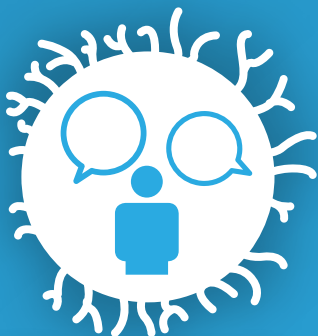
Repeating yourself or losing the thread of what you are saying



Problems with thinking and reasoning



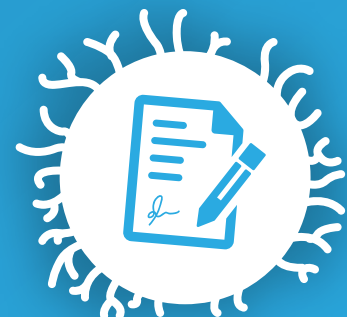
Feeling anxious, depressed or angry about forgetfulness



Other people starting to comment on your forgetfulness



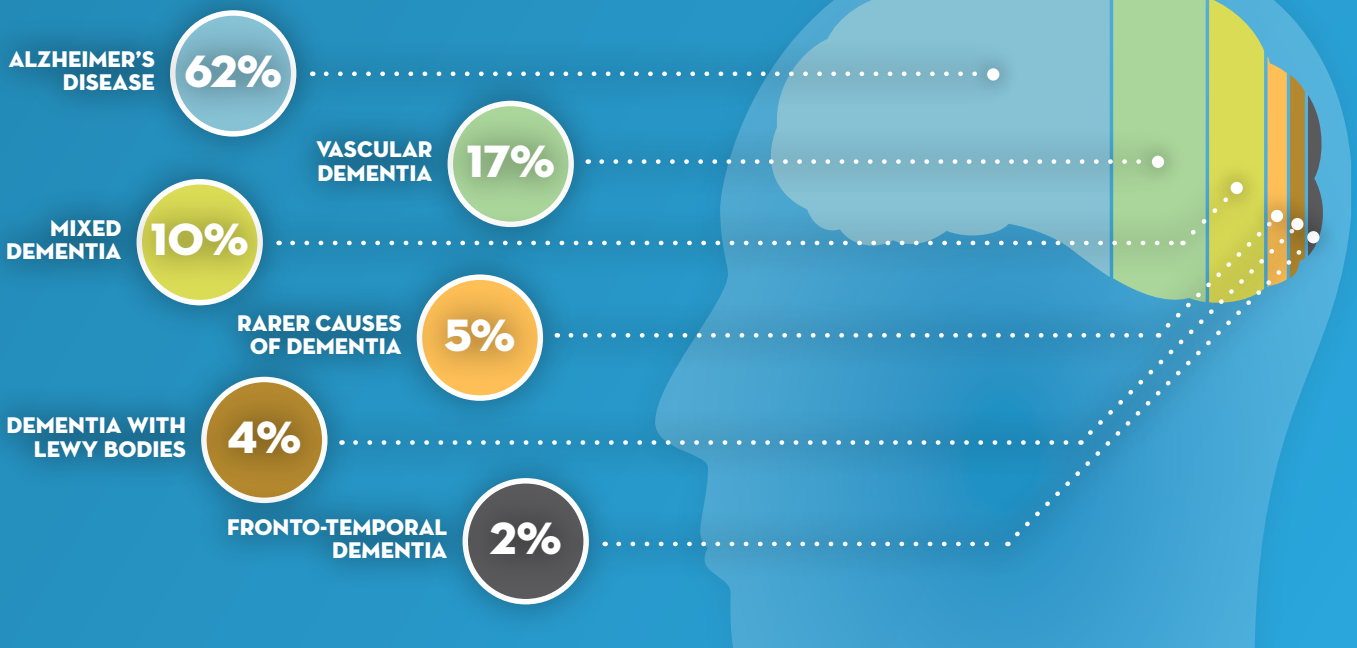
Confused even when in a familiar environment



A decline in the ability to talk, read or write

Source: Alzheimer's Society, 2013

# TYPES OF DEMENTIA



Source: Alzheimer's Society, 2014 & Dementia UK

**Dementia is an umbrella term that describes the symptoms that occur when the brain is affected by certain diseases or conditions. There are over 100 different types of dementia although some are more common than others. Approximately 7 out of 10 people are living with another medical condition or disability as well as dementia.**

## ALZHEIMER'S DISEASE

The most common cause of dementia is Alzheimer's disease with 62% of cases. It is a physical disease that affects the brain. There are more than 520,000 people in the UK with Alzheimer's disease.

It is a progressive disease which means that gradually, over time, more parts of the brain are damaged, leading to more symptoms.

**520,000**  
people in UK  
with Alzheimers  
disease

**150,000**  
people in UK  
with vascular  
dementia

## VASCULAR DEMENTIA

The second most common form is vascular dementia accounting for almost 20% of the cases. It affects around 150,000 people in the UK. This type of dementia is associated with damage to the vascular system that supplies the brain which leads to the death of brain cells. The damage can be as a result of blocked blood vessels (due to buildup of fat/cholesterol deposits within blood vessels) or leaking blood vessels (due to damage to the vessel walls due to high blood pressure). This death of brain cells can cause problems with memory, thinking or reasoning. The symptoms of vascular dementia can occur either suddenly, following a stroke, or over time, through a series of small strokes.

Other forms include dementia with Lewy bodies and fronto-temporal dementia. There are a number of less common causes of dementia and some people have more than one form at the same time. This is called 'mixed dementia.'

Regardless of the type of dementia, the manifestation of its symptoms varies from person to person. Whatever the type of dementia a person has, everyone will experience the condition in their own way. How it affects a person over time is also unique to the individual, their own attitude, relationship with others and surroundings will all have an impact. This is why it is important for the care of people with dementia, their carers and families to be based on understanding their issues and challenges.

# WHO GETS DEMENTIA?

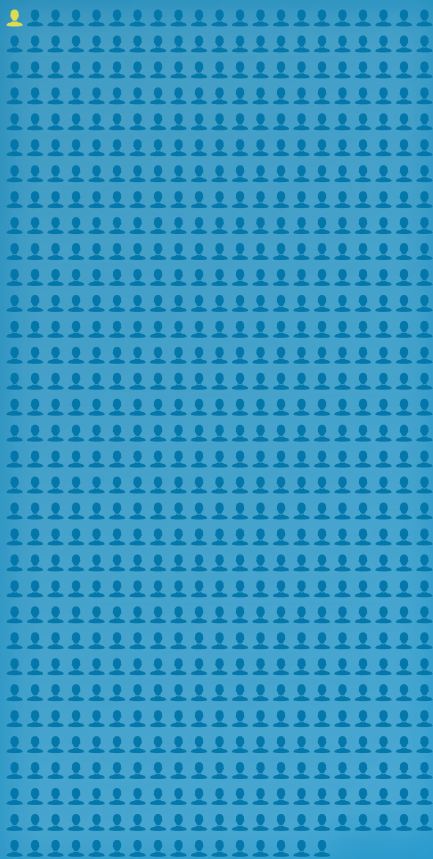
Dementia is most common in older people but can be diagnosed in people under the age of 65. Dementia that starts before the age of 65 is known as 'Early Onset Dementia.'

Over 40,000 people below the age of 65 have dementia in the UK.

The infographic below shows the scale of the issue at a national and local level.

## THE RISK OF DEMENTIA INCREASES WITH AGE

**1 in 688 people**  
under 65 have dementia



Locally this equates to  
**171 people**

**1 in 14 people**  
over 65 have dementia



Locally this equates to  
**1,478 people**

**1 in 6 people**  
over 80 have dementia



Locally this equates to  
**930 people**

Source: Alzheimer's Society, 2014 & Dementia UK



The world's population is ageing. Improvements in health care in the past century have contributed to people living longer and healthier lives.

It is estimated that the number of people with dementia nationally will increase significantly with an extra 900,000 people with dementia by 2051.

## FUTURE PROJECTIONS

The number of people in the UK with dementia will double in the next 40 years.



**800,000**  
people with dementia in  
**2012**



**1,000,000**  
people with dementia in  
**2021**



**1,700,000**  
people with dementia in  
**2051**

 = 10,000 people

Source: Alzheimer's Society, 2013

# THE IMPACT OF DEMENTIA

## INDIVIDUAL

Dementia has a significant impact on individuals, their carers, families and friends. A recent survey of people with dementia revealed a number of issues:<sup>3</sup>

- 61% felt depressed or anxious
- 52% felt they do not get enough support from the government
- 40% felt lonely
- 34% do not feel part of their community
- 28% are not able to make decisions about how they spend their time
- 18% are not living well with dementia

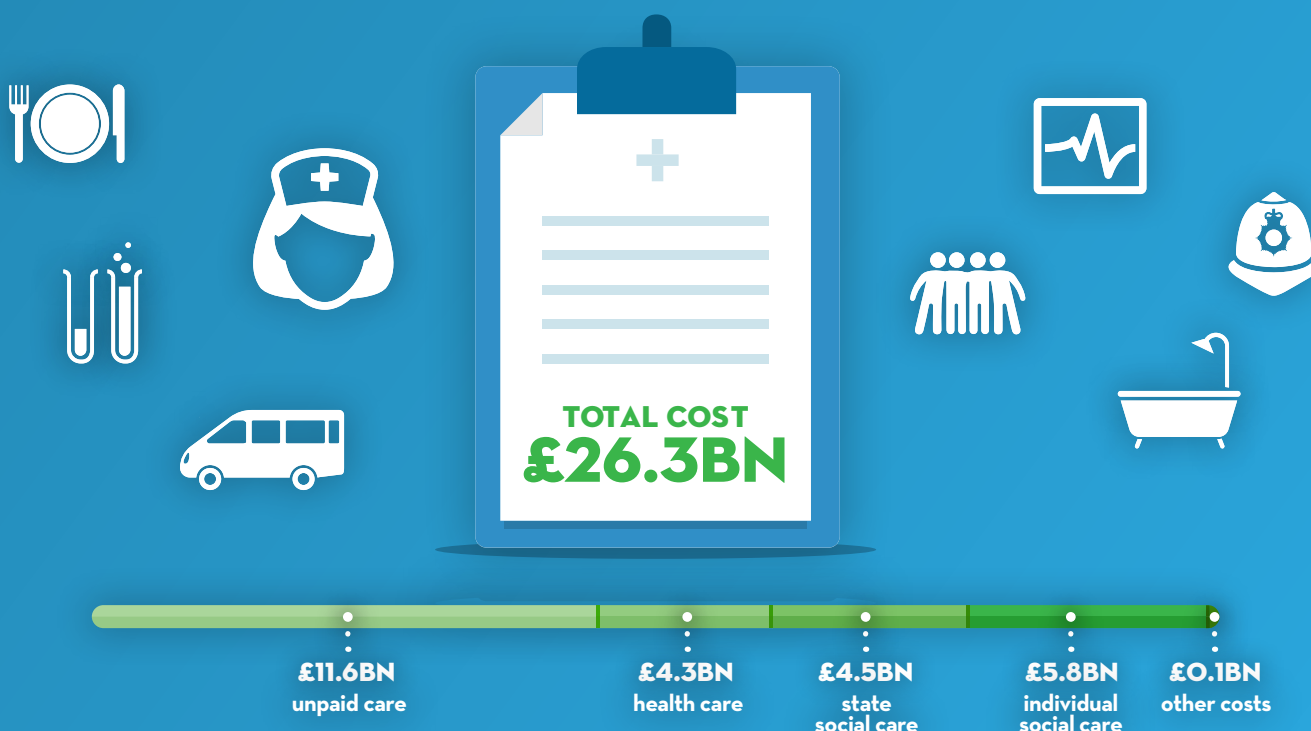
## FAMILIES AND CARERS

When a person with dementia finds that their mental abilities are declining, they often feel vulnerable and in need of reassurance and support from the people closest to them. This includes carers, friends and family, who need to do everything they can to help the person to retain their sense of identity and feelings of self-worth.

Caring for someone with dementia can be both rewarding and challenging particularly when the person is a close relative or friend. Due to the broad range and complex nature of the symptoms for dementia, carers often find less time to look after their own health and wellbeing. Meeting the needs of the person with dementia can become the priority and this often leaves carers struggling to manage. It is important that carers are supported to maintain good health and wellbeing as they play a very important role in the care of people living with dementia.

## DEMENTIA COSTS THE UK £26.3 BILLION A YEAR

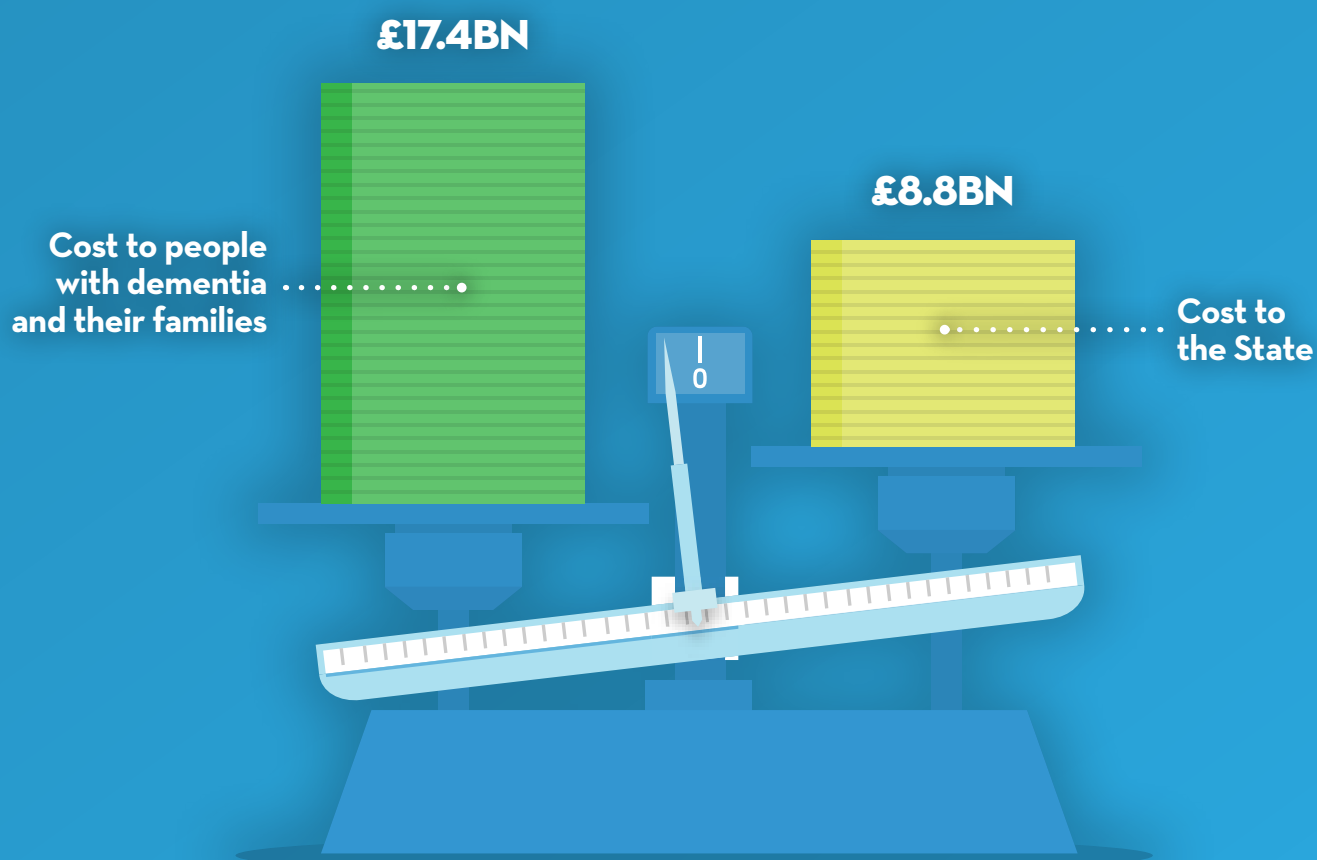
That's enough to pay the annual energy bill of every household in the country.



Source: Alzheimer's Society, 2014 & Dementia UK

# THE FINANCIAL IMPACT OF DEMENTIA

- Dementia costs the UK approximately £26.3 billion a year
- Dementia accounts for 40% of acute medical admissions in people over the age of 70 years and 25% of hospital use
- A significant proportion of costs are hidden by the work of family carers supporting people at home
- Nearly 60% of the burden of dementia is concentrated in low and middle-income families and this is likely to increase in coming years
- The need for long-term care for people with dementia contributes to the increasing demand on health and social care services
- The cost of care drives millions of households below the poverty line
- The growing number of people whose lives are altered by dementia, combined with the staggering economic burden on families makes dementia a real public health priority



Source: Alzheimer's Society, 2014 & Dementia UK



# WHAT IS BEING DONE ABOUT DEMENTIA?

## NATIONAL POLICIES ON DEMENTIA AND GUIDANCE



### Living Well with Dementia; National Dementia Strategy (2009)

This was a five-year strategy to enable improved care and support for people with dementia and carers.

2014 marked the end of the formal implementation period of the National Dementia Strategy, however many of the strategy objectives still need to be implemented.



### Prime Ministers Challenge on Dementia 2020 'Implementation Plan'

Sets out more than 50 specific commitments that aim to make England the world-leader in dementia care, research and awareness by 2020.

Building on the vital progress that resulted from the first Challenge issued in 2012, the implementation plan sets out how these commitments will be met. It sets out priority actions and the organisations responsible, across 4 themes:

- risk reduction
- health and care
- awareness and social action
- research

This plan was developed in partnership with a range of stakeholders, including people with dementia and carers.



### Dementia Friendly Communities (2012) Local Government Association (LGA) Innovations in Dementia, a Guide for Local Councils

The purpose of the guide is to help councils play their part in developing communities where people can live well with dementia. It is about enabling people with dementia, their families, friends and carers to feel at home, supported, understood and that they matter. It is about what Local Government can do to help make this a reality.



### Dementia 2014; 'Opportunity for Change'

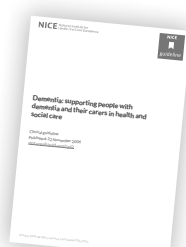
Alzheimer's Society's third annual report looking at the quality of life for people with dementia in England, Wales and Northern Ireland.

As with previous reports from the Alzheimer's Society, it provides a current snapshot of how well people are living with their dementia, what support they are receiving, and what barriers they face to living well.



### Health Matters: midlife approaches to reduce dementia risk. Public Health England Guidance, 4th edition (2016)

This latest edition of Health Matters makes the case for action in mid-life to promote healthy lifestyles that can reduce the risk of dementia. It is relevant to NHS services, health and wellbeing boards, local authorities, public health policymakers and the voluntary sector.



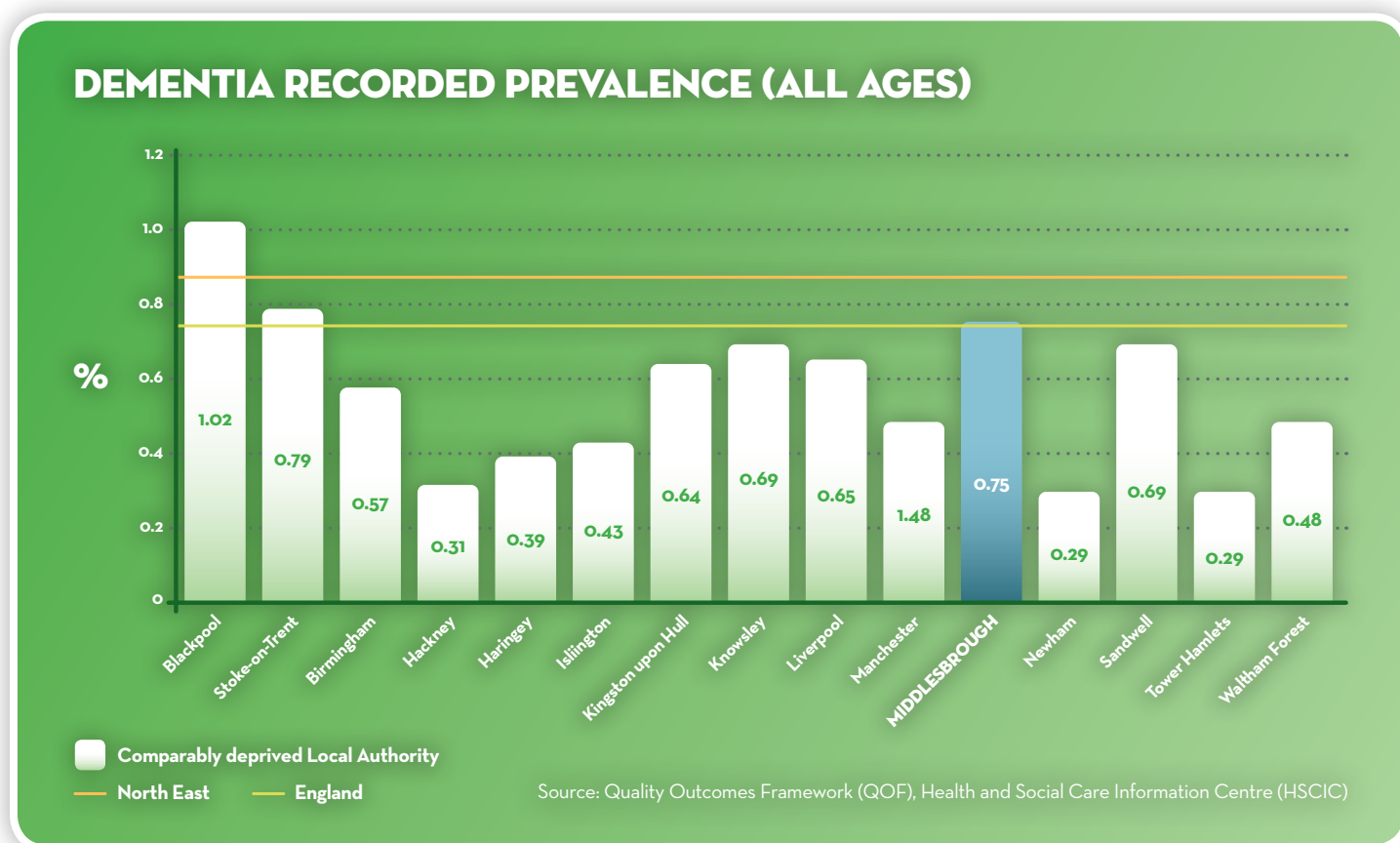
### NICE Guidelines (National Institute for Health and Care Excellence) [CG42]: 2016 Dementia: supporting people with dementia and their carers in health and social care

These guidelines cover preventing, diagnosing, assessing and managing dementia in health and social care, and includes recommendations on Alzheimer's disease. It aims to improve care for people with dementia by promoting accurate diagnosis and the most effective interventions, and improving the organisation of services.

# CHAPTER 2: DEMENTIA IN MIDDLESBROUGH - SCALE OF THE CHALLENGE

With the growth in the number of older people, dementia is becoming one of the world's biggest health problems and it is vital that we act now and plan for the future. It is essential for a local understanding of the current and future burden of disease to inform service planning and delivery to ensure people with dementia and their families are provided with support to live well with the condition.

This section outlines what is known about dementia in Middlesbrough and draws from national forecasting to describe the scale of the problem locally.



## LOCAL NEED

In 2014/15 there were 1,168 people recorded as having dementia on general practitioner (GP) practice registers in Middlesbrough. This accounts for 0.75% of the registered GP practice population. This is very similar to the England rate (0.74%) but lower than the North East rate (0.87%). The diagnosis rate for Middlesbrough compares very well with other local authorities with similar demography and deprivation, however there still remain people with dementia that are not known to the health service. This is shown in the above graph.

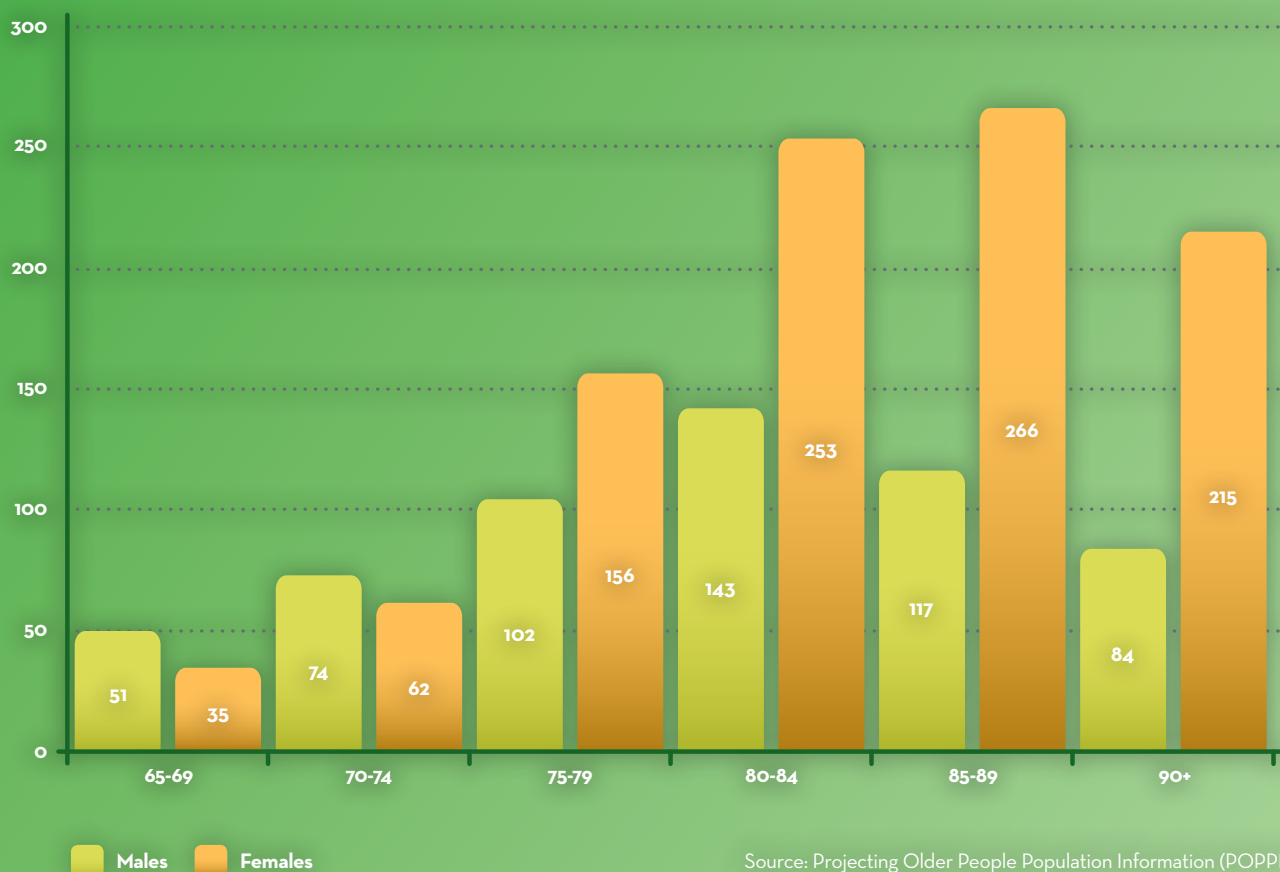
The dementia prevalence calculator estimates that in Middlesbrough and Redcar and Cleveland there are 3,491 people with dementia.<sup>4</sup> Of these it is estimated that 2,181 (61%) are in the community and 1,415 (39%) are in care homes. The data from the GP practice dementia registers for both Middlesbrough and Redcar shows that there are 2,392 people with dementia known to the health service - a diagnosis rate of 69%.

This means that there are approximately 1,100 people across Middlesbrough and Redcar with dementia who have not received a diagnosis and therefore not receiving appropriate care. This translates to approximately 600 people in Middlesbrough with dementia but not known to the health services.

<sup>4</sup> Dementia Prevalence Calculator South Tees CCG

## AGE BREAKDOWN OF DEMENTIA CASES

### PEOPLE (65+) PREDICTED TO HAVE DEMENTIA MIDDLESBROUGH 2015



Dementia rises sharply with age and is at least 10 times higher for people aged over 65 than for the whole population.

The Projecting Older People Population Information (POPPI) allows age profiles to be developed for the estimated number of people with dementia. Based on this the profiling tool it is estimated that there is:

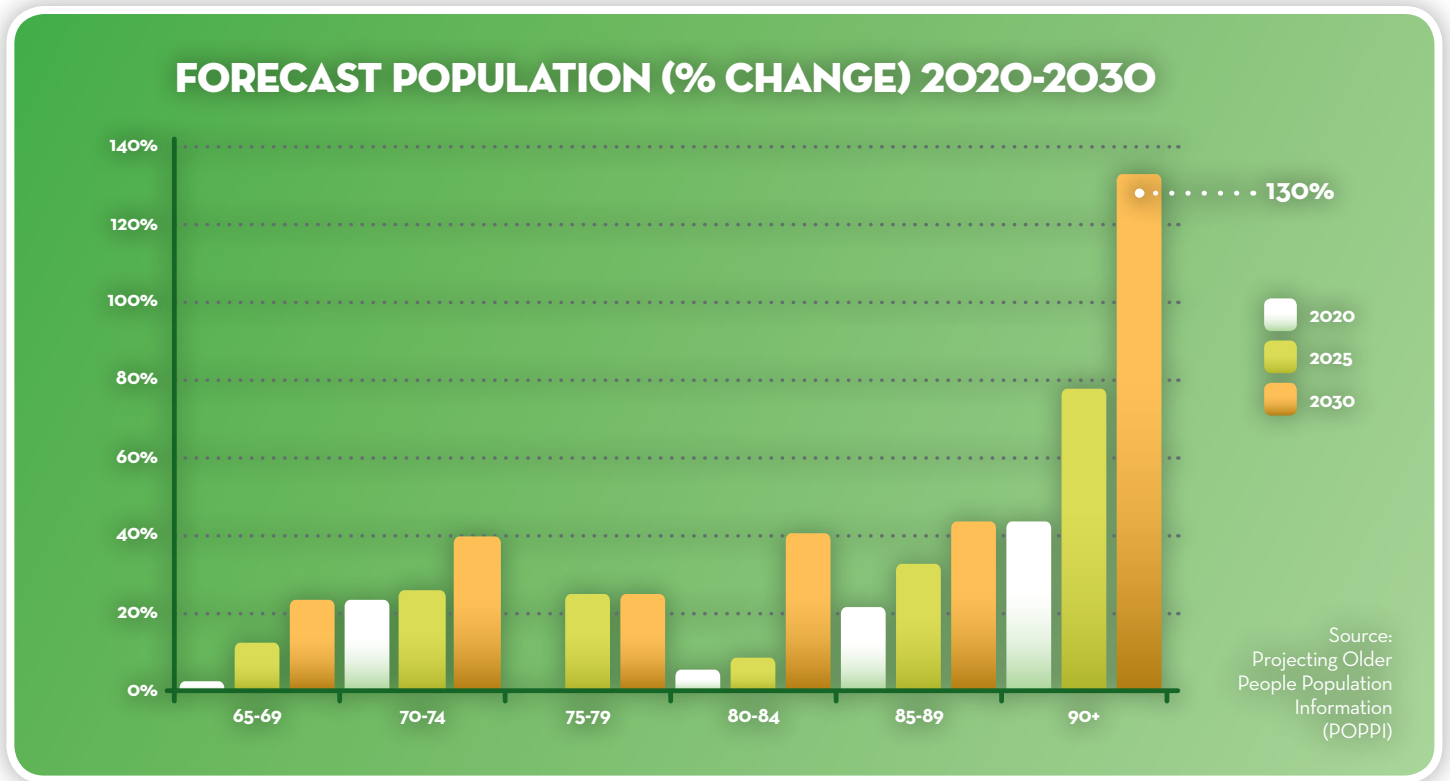
- a higher number of males with dementia between the ages 65 and 74
- an increase in females beyond 75 rising to almost three times for females than males in over 90 year olds

In the UK, 62% of people with dementia are female and 38% are male. This is likely to be a consequence of the fact that women live longer than men and age is the biggest known risk factor for the condition.

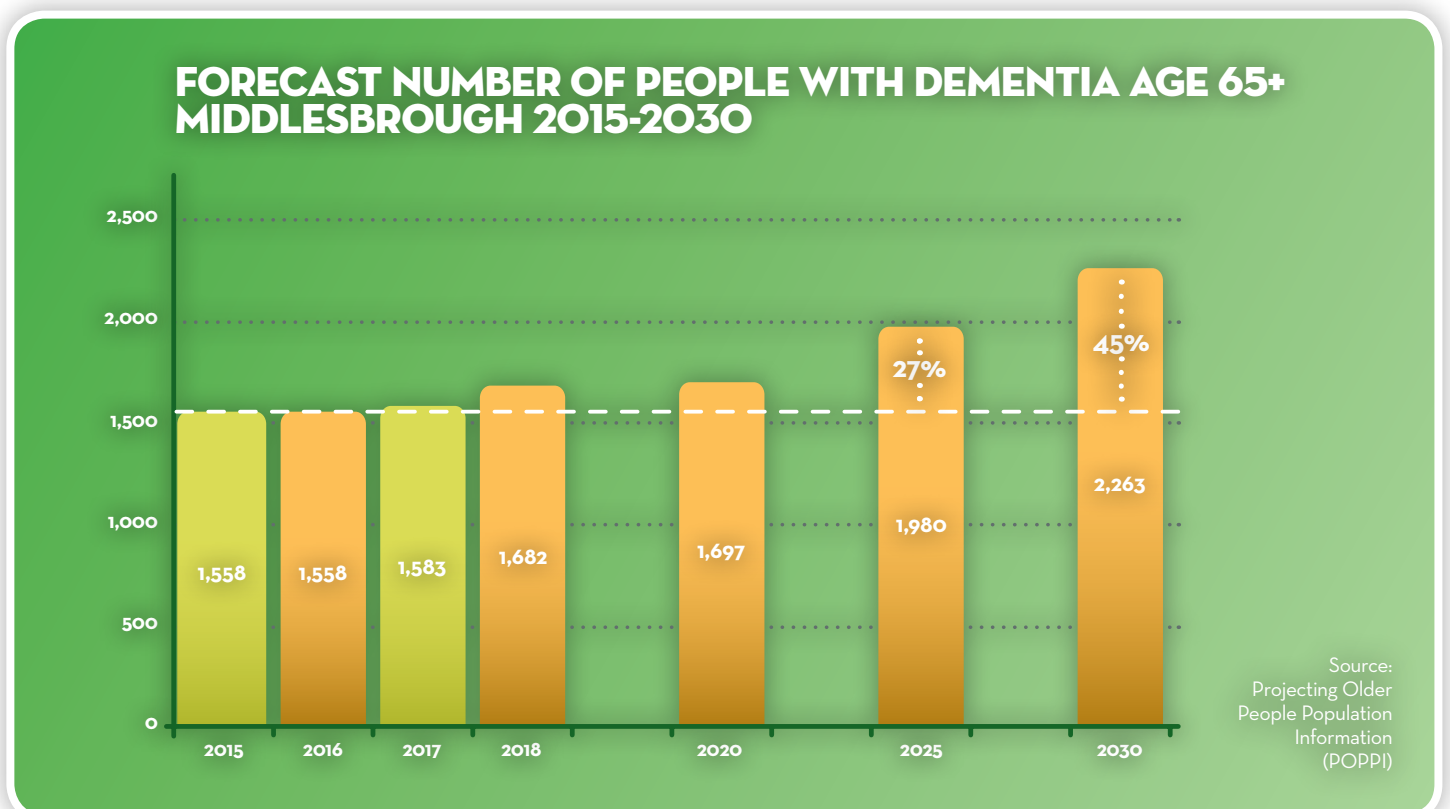
# CHARTING RISING TIDES

The population projections for Middlesbrough are for an increase in the number of people over the age of 65 from 22,400 in 2015 to 30,000 in 2030.

The proportional (%) forecast changes are generally larger as age increases. The largest change will be in those aged 90+ where it is estimated that this will increase by 130%.



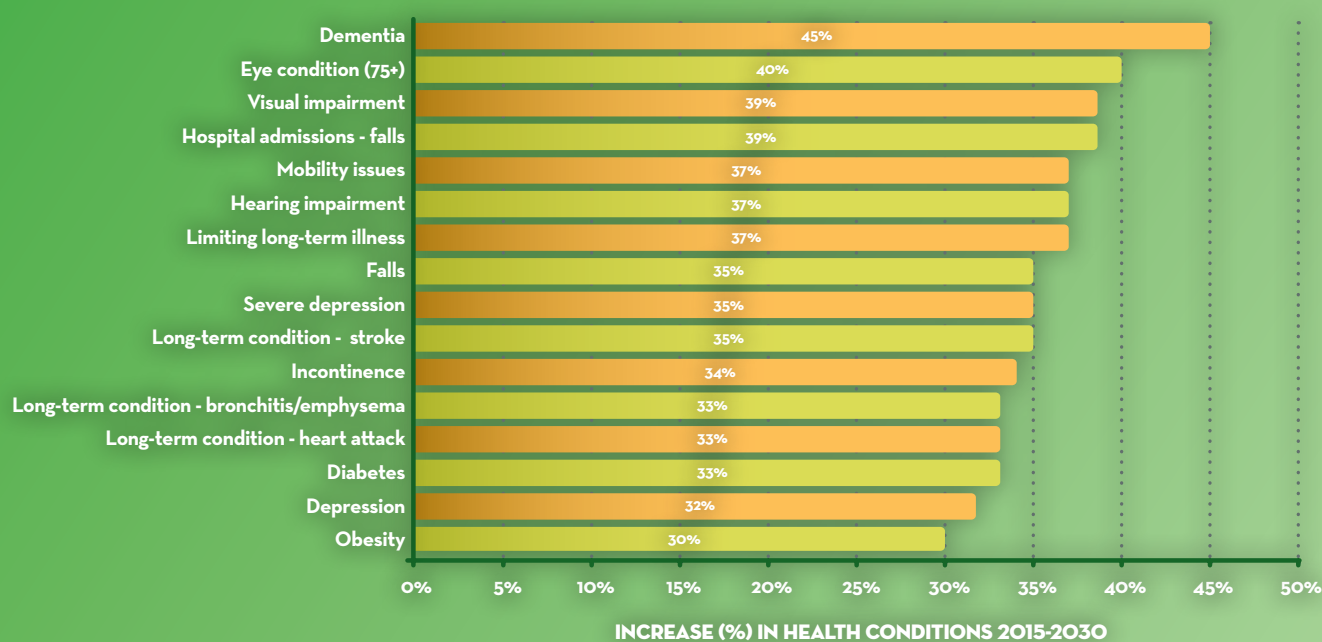
The implications of the aging population on dementia prevalence in Middlesbrough are estimated to be a 27% and 45% increase by 2025 and 2030 respectively.



The aging population will have other health and well-being needs and it is predicted that the prevalence of these conditions will also increase in the next 15 years. The estimated increases vary from 30% for obesity to 45% increases for dementia.

There are a number of health conditions affecting care needs that will also increase between 2015 and 2030. These are depression (32%), diabetes (33%), heart attack (33%), bronchitis/emphysema, incontinence, stroke, falls, visual and sensory impairment, eye conditions. These conditions will not exist in isolation and a significant proportion of the over 65 population will have more than one condition, further adding to the public health impact.

## FORECASTED INCREASE OF HEALTH CONDITIONS AFFECTING CARE NEEDS OF PEOPLE AGED 65+ (2015-2030)



Source: Projecting Older People Population Information (POPPI)

## CHAPTER 2: RECOMMENDATIONS

1. Carry out a detailed Dementia Health Needs Assessment to inform the development of a dementia strategy and action plan. The needs assessment will need to:
  - Ensure the needs of vulnerable groups are understood e.g. BME populations
  - Consider future service planning to take into account the population projections and the impact dementia will have on demand for health, social care and other related services
  - Ensure the patient and carer voice is at the heart of service design, commissioning, improvement and transformation to ensure people with dementia maintain their quality of life
2. Ensure better knowledge and awareness of dementia to help tackle stigma and improve understanding amongst communities and professionals.
3. Strengthen working arrangements for the Dementia Collaborative to ensure it is a strategic forum for multi-agency working and co-production between agencies, patients and carers across the dementia pathway from prevention to end of life care.



# CHAPTER 3: TACKLING PREVENTABLE CAUSES OF DEMENTIA - PREVENTING WELL

The risk of developing dementia can be reduced but cannot be eliminated. It is important that accurate and reliable information is available to dispel myths, reduce stigma and raise awareness on the role prevention plays in reducing the risk of developing dementia. Awareness campaigns should be carefully framed to avoid the impression that individuals who develop dementia are to blame through insufficient adherence to perceived preventive behaviours.<sup>5</sup>

Although age is the biggest risk factor dementia is not an inevitable part of ageing. The risk factors for dementia can be summarised as age, genetics/family history, lifestyle risk factors

and past medical history. The first two factors, age and family history are non-modifiable, whilst lifestyle and medical history can be changed. Age is a high risk for dementia due to age related factors such as; high blood pressure within midlife, increased incidence of other diseases, changes to nerve cells, DNA and cell structure, the weakening of the body's natural repair system and changes to the body's immune system.

However dementia is not always associated with ageing, early onset of dementia, affects people in their 30s, 40s, 50s and early 60s. In the UK it is estimated that around 40,000 people under the age of 65 are affected by this indelible disease.

**Alzheimer's disease is the most common cause of dementia with more than 520,000 people in the UK with this condition.**

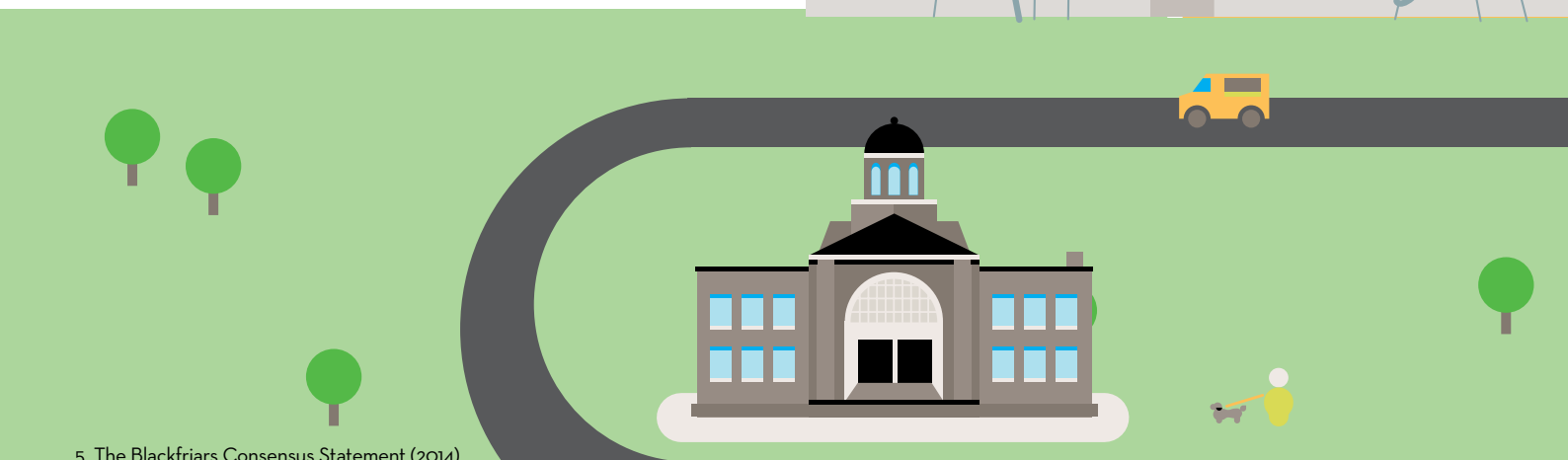
**The second most common type of dementia is vascular affecting just over 150,000 people in the UK.**

**There is emerging evidence that individual cases of dementia often have a combination of Alzheimer's disease and vascular dementia.**

**Vascular dementia has the same risk factors as cardiovascular disease, stroke, and so the same preventative measures are likely to reduce the risk.**

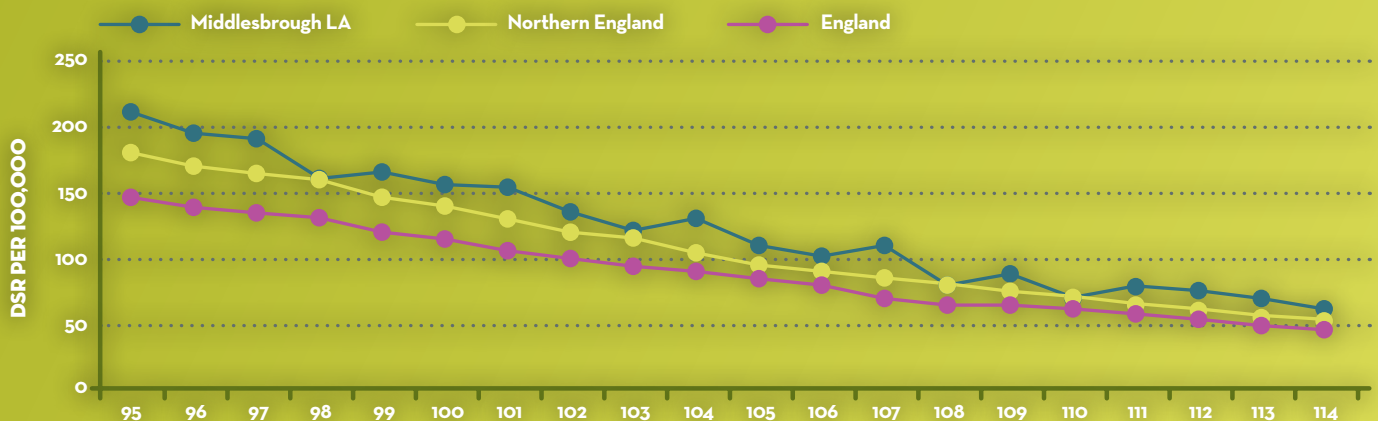
**Reducing the risk for cardiovascular disease also reduces the risk for dementia and this has been captured in the saying, 'What is good for the heart is also good for the head.'**

It is important that preventable risk factors for dementia are addressed as part of a risk reduction approach. Delivered effectively this approach can yield significant population level benefits in reducing cardiovascular disease, diabetes and cancer as there are common risk factors for these conditions. Reducing vascular risk factors has contributed to the significant reductions in deaths from cardiovascular disease in Middlesbrough and nationally. This may also have played a role in reducing associated dementia.



<sup>5</sup> The Blackfriars Consensus Statement (2014)

## ALL CVD MORTALITY RATES IN PERSONS UNDER 75 YEARS: 1995-2011 (PREDICTED TO 2014)



Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

## LIFESTYLE RISK FACTORS

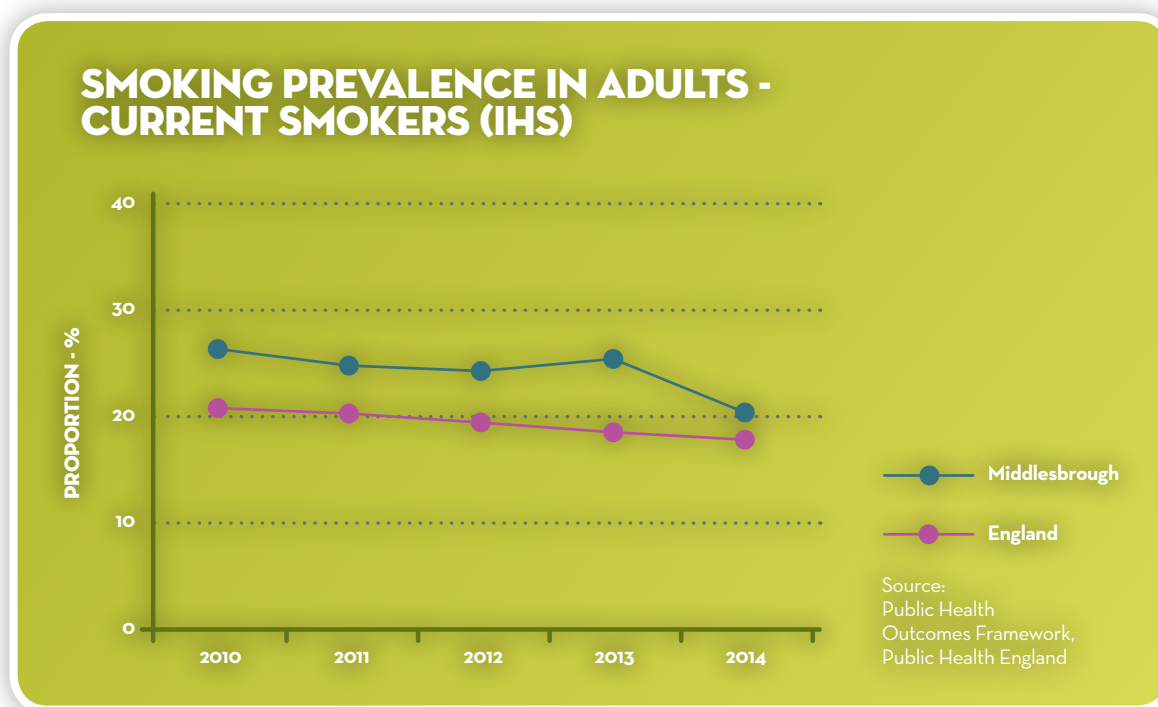
There are a number of modifiable lifestyle risk factors that increase the risk of vascular diseases and vascular dementia. These risk factors are also associated with other long term conditions. These include smoking, lack of exercise, obesity, unhealthy diet, excessive alcohol consumption, high blood pressure, diabetes and high cholesterol levels.

There is evidence that some factors - particularly around cardiovascular risk - can impact on the risk of developing dementia especially vascular dementia. To have their greatest impact on reducing dementia risk these factors should be controlled throughout the life course but mainly during mid-life (between 45 and 64 years of age).



# SMOKING RATES IN MIDDLESBROUGH

Smoking prevalence in Middlesbrough has been reducing and the latest estimates show this to be close to the north east average at 20.2%. Whilst this is significant progress, smoking rates remain high in some population sub-groups such as routine and manual workers, people with mental health conditions and in deprived wards.



The profile for smoking related morbidity and mortality shows Middlesbrough's position relative to other local authorities and England average rates. Smoking attributable admissions and premature mortality is significantly higher than the England average.

## SMOKING PROFILE FOR MIDDLESBROUGH

INDICATOR	PERIOD	M'BRO		REGION	ENGLAND	ENGLAND		
		COUNT	VALUE	VALUE	VALUE	WORST	RANGE	BEST
Smoking prevalence in adults - current smokers (IHS)	2014	-	20.2%	19.9%	18.0%	26.9%		9.8%
Smoking prevalence in adults in routine and manual occupations - current smokers (IHS)	2014	-	31.2%	28.2%	28.0%	41.1%		14.0%
Successful quitters at 4 weeks	2014/15	454	1,610	2,750	2,829	957		5.741%
Smoking status at time of delivery	2014/15	440	23.0%	18.0%	11.4%	27.2%		2.1%
Smoking attributable mortality	2012-14	841	410.8	3591	274.8	458.1		184.9%
Smoking attributable hospital admissions	2014/15	1,774	2,508	2,446	1,671	2,835		1.030%
Deprivation score (IMD 2010)	201	-	37.6	-	21.7%	5.4%		43.4%

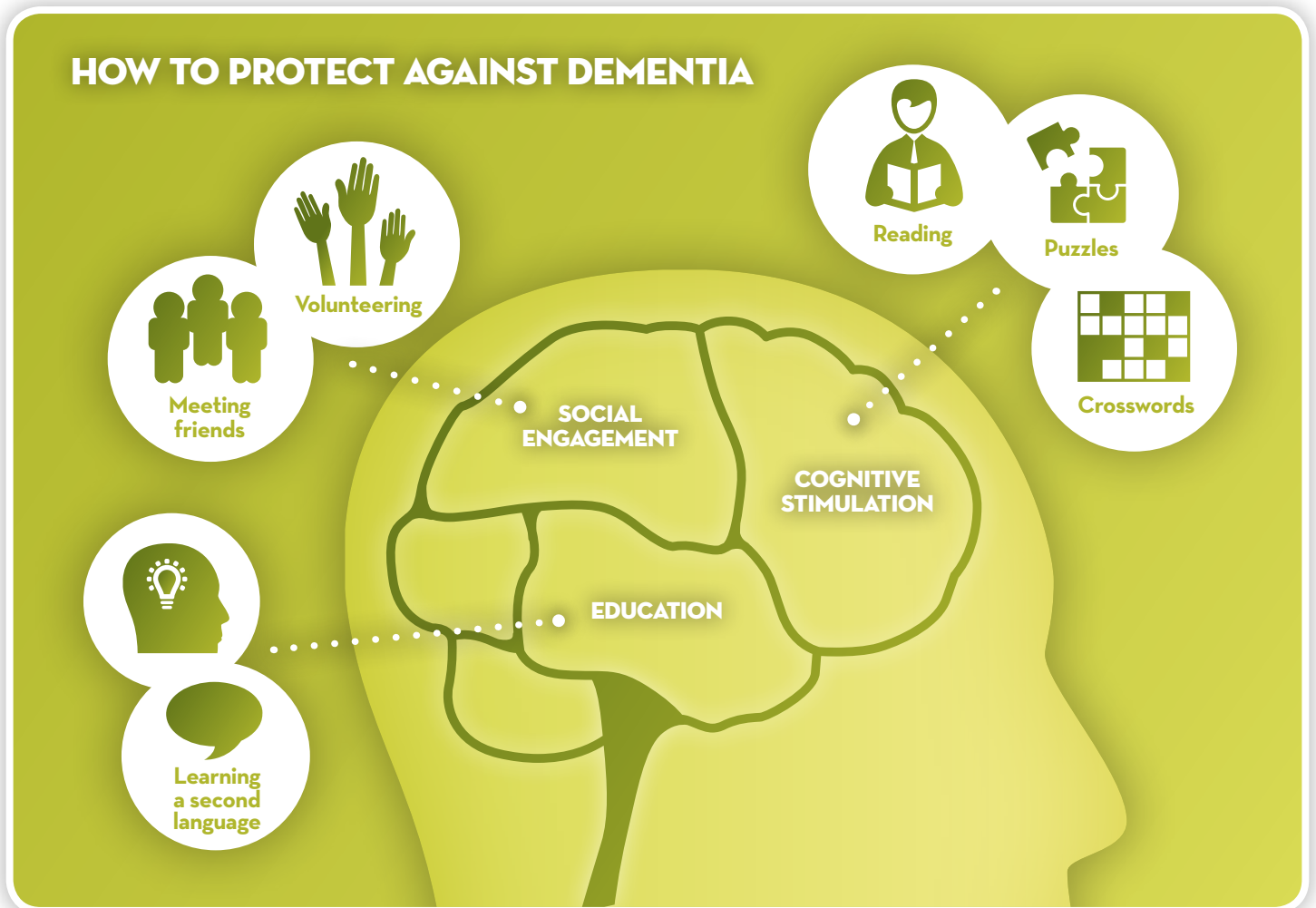
Source: Fingertips, Public Health England

There is evidence that smoking increases the risk of dementia making stopping one of the key components of the risk reduction approach. Stopping smoking is also associated with a range of other health benefits such as reduced cardiovascular disease and cancer prevalence and mortality. The Council and the NHS commission and deliver a number of stop smoking services and these can be accessed through community venues, community pharmacies, general practices and hospitals.



# PROTECTIVE FACTORS

Keeping the brain active and challenged throughout life may help reduce dementia risk.



Research shows that a lower risk of developing dementia is associated with:

- higher levels of education
- more mentally demanding occupations
- cognitive stimulation, such as doing puzzles or learning a second language

A review of brain reserve and cognitive decline, combining the data from 22 studies and over 29,000 participants, found a 46% lower risk of dementia in those with high levels of mental activity than those with low mental activity.<sup>6</sup>

Being socially active can help to reduce dementia risk by:

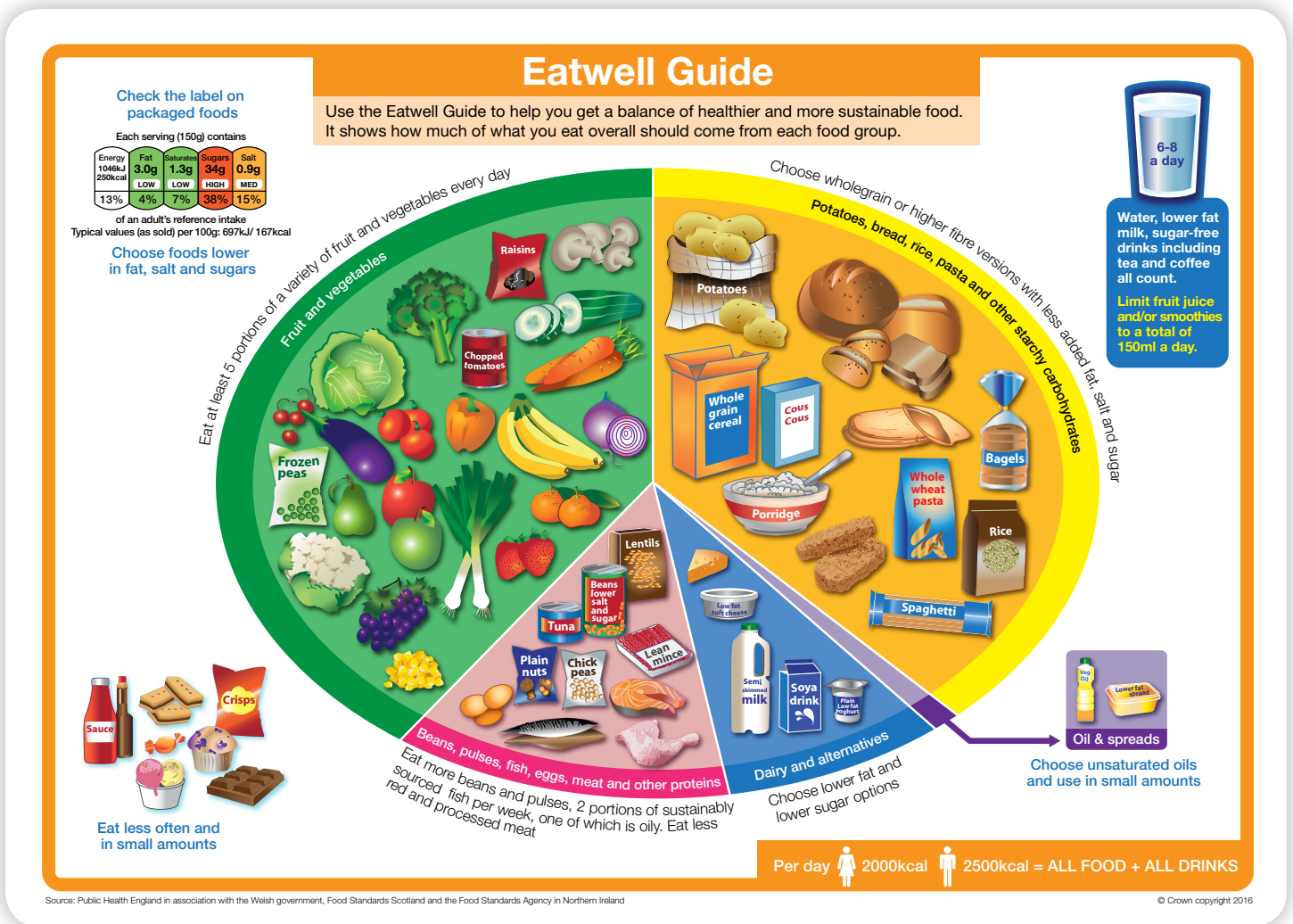
- improving mood
- relieving stress
- reducing the risk of depression
- reducing loneliness

<sup>6</sup> Health matters: midlife approaches to reduce dementia risk - .gov.uk

# FOR GOOD HEART AND BRAIN HEALTH

What is good for the heart is also good for the head! Most people are now aware of the key messages regarding good heart health, however the knowledge of their impact on brain health is not widely understood. Lifestyles and behaviours that can yield a significant benefit to both are heart and brain health are:

- no smoking
- keeping active and exercising regularly
- maintaining a healthy weight
- eating a healthy balanced diet
- only drinking alcohol within NHS guidelines
- keeping cholesterol and blood pressure at a healthy level



# OBESITY, PHYSICAL ACTIVITY AND UNHEALTHY DIETS IN MIDDLESBROUGH

Obesity and physical inactivity are linked with the risk for dementia given their cardiovascular impact. The proportion of adults in Middlesbrough with excess weight i.e. overweight or obese is almost 70% of the adult population. This is higher than the regional and national averages. Obesity has a significant impact on a number of long term conditions and has a resultant impact on demand for health, social care and other support services. The levels of physical activity whilst higher than the national average, require significant improvements to see more people being physically active. There are a number of physical activity programmes in place across the town ranging from structured to unstructured sessions and more work is required to increase the levels of sustained participation in physical activity.

## LIFESTYLE RISK FACTORS - MIDDLESBROUGH

LIFESTYLE RISK FACTORS	LOCAL AUTHORITY RANK FOR RISK FACTOR	LOCAL AUTHORITY	ONS SIMILAR LOCAL AUTHORITIES	NORTH EAST REGION	ENGLAND (AS YEAR)
Excess weight in adults (2012-14)	286 out of 326	69.7	68.2	68.6	64.6
Physical inactivity (2014)	245 out of 326	30.4	32.3	32.2	27.7
Increasing and high risk drinking (2007-08)	316 out of 326	28.5	26.0	30.1	20.1

Source: Active People Survey, Sport England 2012-14, APHO 2007-08

## ALCOHOL CONSUMPTION IN MIDDLESBROUGH

Whilst the studies on the links between dementia and alcohol have different results, they all agree on the relationship between excessive alcohol intake and alcohol related dementia or Wernicke-Korsakoff syndrome. The estimated prevalence of binge drinking in Middlesbrough is higher than the national average. Alcohol related health harm indicators are higher than the national averages for alcohol specific and related mortality and hospital admissions, as shown in the chart below.

## ALCOHOL PROFILE - MIDDLESBROUGH

INDICATOR	PERIOD	M'BRO		REGION	ENGLAND	ENGLAND		
		COUNT	VALUE	VALUE	VALUE	WORST	RANGE	BEST
2.01 - Alcohol-specific mortality	2012-14	69	18.1	16.3	11.6	26.6		5.0
4.01 - Alcohol-related mortality	2014	104	85.4	58.6	45.5	85.4		29.1
10.01 - Admission episodes for alcohol-related conditions (narrow)	2014/15	1,193	930	830	641	1,223		379
9.01 - Admission episodes for alcohol-related conditions (broad)	2014/15	4,212	3,417	2,666	2,139	3,571		1,270
6.01 - Persons admitted to hospital for alcohol-specific conditions	2014/15	880	678	471	364	1,086		158
5.01 - Persons under 18 admitted to hospital for alcohol-specific conditions	2012/13 - 14/15	61	64.1	60.4	36.6	92.9		10.9

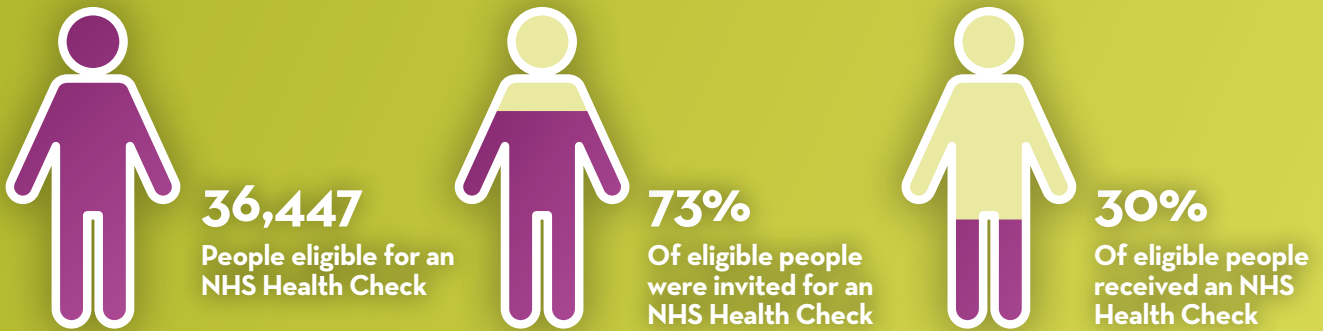
Source: Local Alcohol Profiles for England (LAPE) Public Health England

# HEALTHY HEART CHECK UPTAKE IN MIDDLESBROUGH

The NHS Health Check programme - locally branded as the Healthy Heart Check - is a national risk assessment programme for cardiovascular disease (CVD). It aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early detection, lifestyle advice and referral for further management of risk factors and conditions which can lead to the development of CVD. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited once every five years to assess their risk of developing CVD.

**More work needs to be carried out to improve the conversion rates between the invitations sent and the number of people attending for assessments.<sup>7</sup>**

## UPTAKE OF NHS HEALTH CHECKS IN MIDDLESBROUGH Q1 2013/14 - Q3 2015/16



Source: PHE Healthier Lives



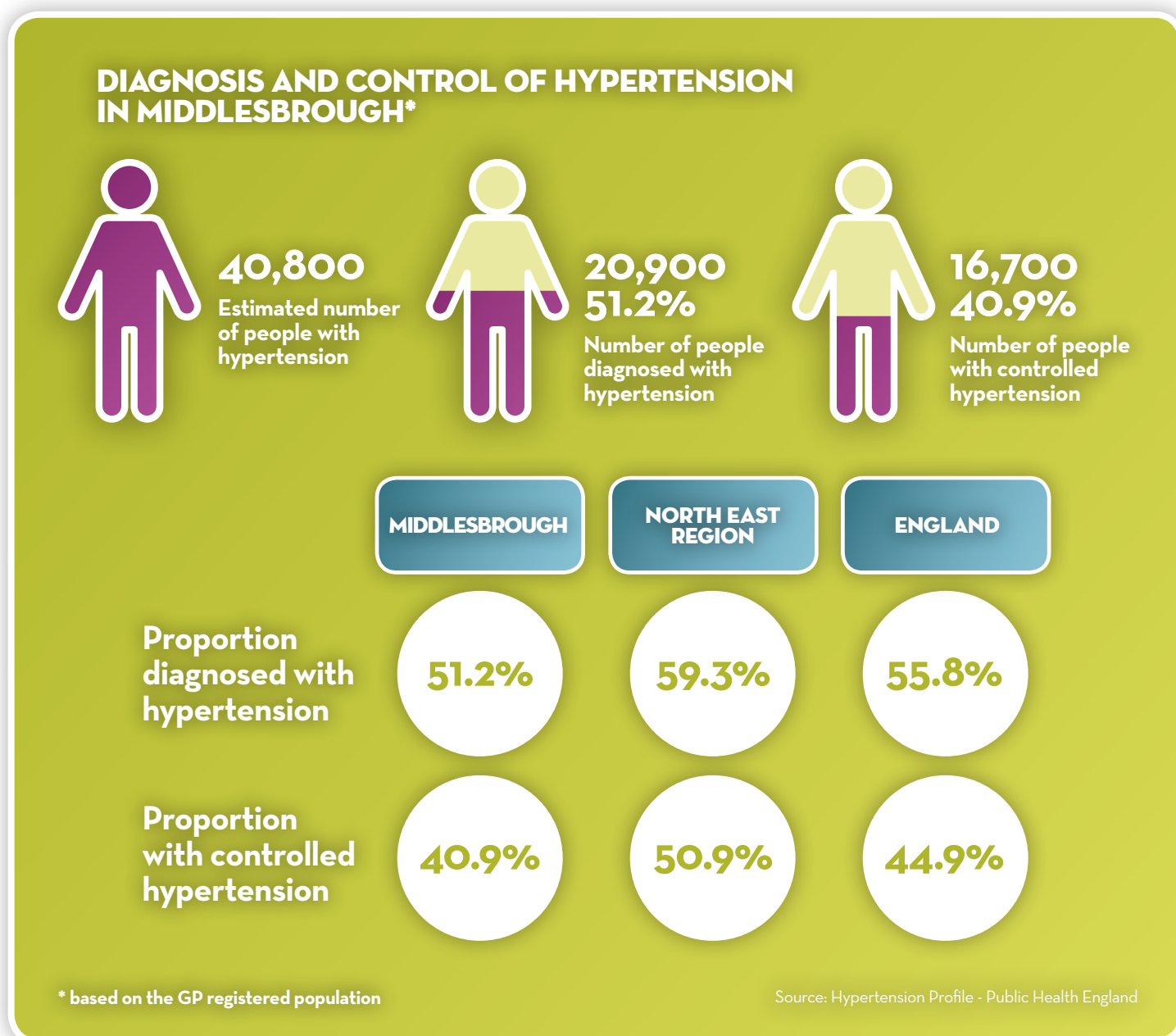
<sup>7</sup> Longer and healthier lives (2013) Public Health England - .gov.uk

# HYPERTENSION - EXPECTED AND ACTUAL PREVALENCE IN MIDDLESBROUGH

High blood pressure (hypertension) is one of the leading factors for dementia, stroke, heart attacks, heart failure and chronic kidney disease. In Middlesbrough 20,800 (13.3%) people registered with a GP have a diagnosis of hypertension.

However, the estimated prevalence is 26.1% (40,800 people), implying there is an estimated 20,000 people with undiagnosed hypertension in Middlesbrough.

Of those with a diagnosis, 16,700 (40.9%) have controlled hypertension, and this is below the regional, national and ONS cluster averages.



More work needs to be carried out to find the missing thousands of people with undiagnosed hypertension as well as ensuring those that have the diagnosis receive and comply with the management of their condition. There is variation in the number of people achieving desired blood pressure control by GP practice across Middlesbrough and more work needs to be carried out to tackle this variation.



# PRE-EXISTING MEDICAL CONDITIONS

A number of other medical conditions such as Parkinson's disease, stroke, diabetes and head injuries especially in young people are linked with dementia. It is important that robust and effective prevention, early diagnosis and effective management of these conditions is in place to reduce the impact on dementia as well as reducing the burden of co-morbidities in people with dementia.

# DEMENTIA AND THE WIDER DETERMINANTS OF HEALTH

The evidence also suggests that the prevalence of dementia and/or its effects may be affected by social factors, economic and environmental factors. The case for the impact of social deprivation on cardiovascular disease is well documented and these factors will also have an impact on some types of dementia. These factors include poverty, unemployment, poor educational attainment; poor workplace health in mid-life, social isolation, low social capital and social interactions and stimulation especially in later life. Many of these factors need considering as part of addressing the root causes of health inequalities and poor health outcomes to avoid the perception that dementia and long term conditions are due to individual behaviour and life choices.

## CHAPTER 3: RECOMMENDATIONS

4. Given that some types of dementia and a number of long term conditions share common risk and protective factors, prevention programmes need to be framed and delivered with a holistic approach to improving health and wellbeing that supports the promotion of good brain and heart health throughout life.
5. Local public awareness campaigns developed to raise levels of understanding on:
  - *Preventable causes of dementia and promoting behaviour change*
  - *Improve uptake of prevention and early intervention public health programmes, early identification and effective management of cardiovascular diseases*



# CHAPTER 4: EARLY DIAGNOSIS AND EFFECTIVE MANAGEMENT OF DEMENTIA - DIAGNOSING WELL

Dementia is a life-changing condition and early diagnosis provides the individual, their carers and families' time for planning care, financial and legal issues and putting arrangements in place to deal with the progression of symptoms.

Early diagnosis enables access to support at the earliest opportunity as well as ensuring the patient receives holistic and coordinated care. In a recent national survey, dementia came up as one of people's biggest fear for later life, ahead of cancer and any other illnesses.<sup>8</sup>

The concerns that individuals will have on the impact of a dementia diagnosis on their ability to get on with work, social life and driving can sometimes lead to people not seeking help early despite early symptoms.

## CASE STUDY: SANCTUARY SUPPORTED LIVING - DEMENTIA ADVISER SERVICE

The Dementia Adviser Service provides advice and information within the community following a diagnosis. This specialist support is tailored to meet individual needs. This includes emotional support, advice, referrals and signposting to specialist agencies, life stories, emergency and future planning, maximising incomes and the development of peer support groups. Information regarding self-help training and maintaining/ improving quality of life and wellbeing is also provided.

This person centred approach promotes individuality, empowerment and maximising independence. Supporting clients to plan for the future, support with legal documents and support our clients to write their Life Story.

Support is for anyone who lives in the Middlesbrough area, is over 18 years of age and either; has a diagnosis of dementia, cares for someone who has a diagnosis/is seeking a diagnosis of dementia, or supports a person who has/is seeking a diagnosis of dementia. Adults with cognitive impairments, memory problems.



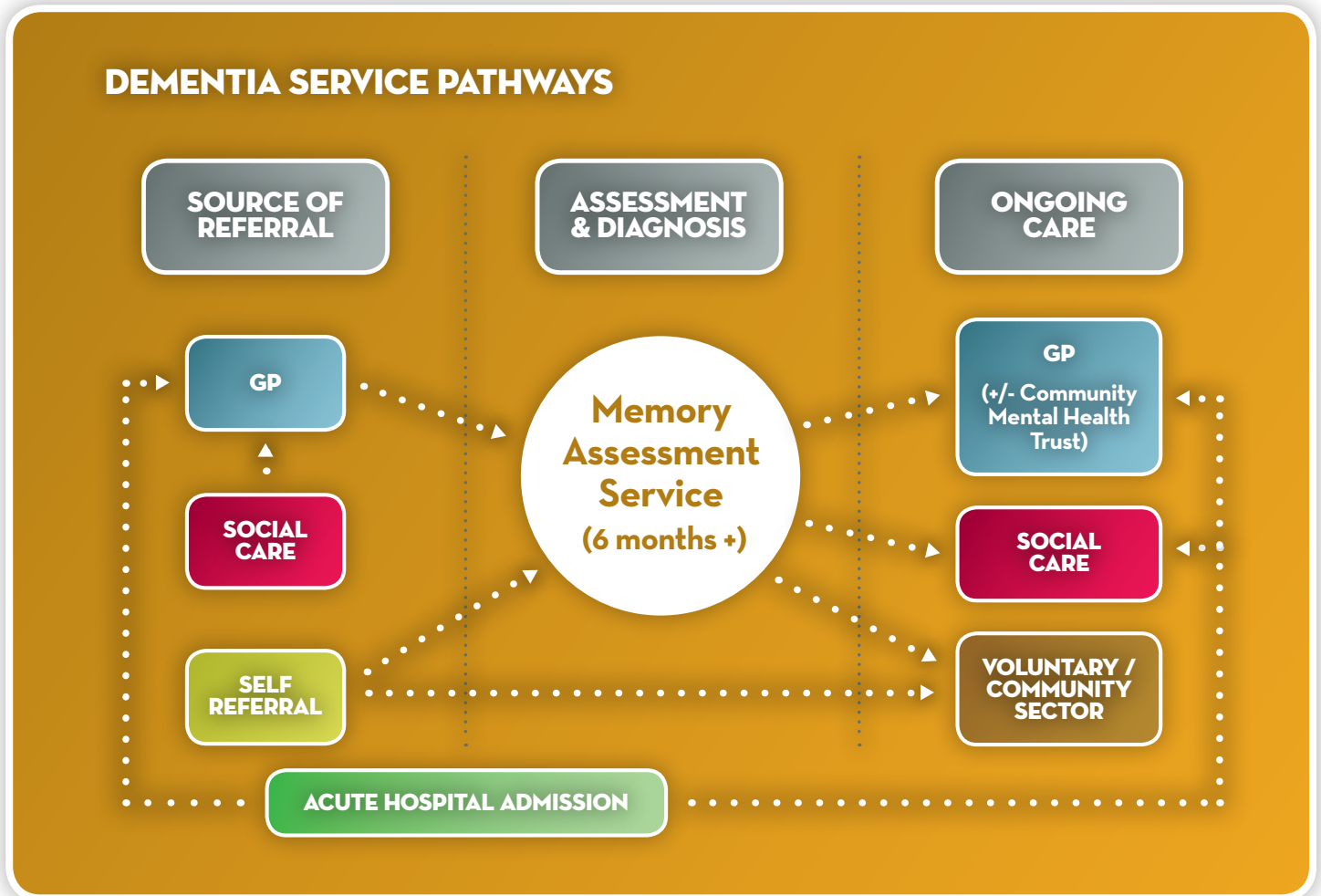
### CLIENT EXPERIENCE

Client 1 self-referred into service at crisis point. Client 1 explained that they felt that after the diagnosis of dementia was given they were not offered any support and were not made aware of support agencies. Client 1 was provided with long term emotional support and referred to external agencies. Client reported that after receiving support they felt a better sense of emotional wellbeing, felt they were better off financially, felt supported and more secure in their home environment

8 Alzheimer's Research UK (2011)

There can be different reactions to a dementia diagnosis. These range from anger, sadness and dismay to relief as the diagnosis provides an explanation to changes in behaviour, memory or cognitive functions. It is therefore important to ensure adequate support is in place for the individual, carers and family at the time when the diagnosis is made.

The support arrangements can range from practical help, information, advice and guidance delivered by a range of different organisations. There is evidence that early diagnosis is associated with improved outcomes in terms of maintaining independence for longer, reducing admissions to hospital or care homes and reduced costs to the individual, NHS and social care services.



## THE CARE PATHWAY FOR DEMENTIA EARLY DIAGNOSIS

There are clinical guidelines for the diagnosis, management and support of people with dementia. The NICE guidelines cover preventing, diagnosing, assessing and managing dementia in health and social care, and includes recommendations on Alzheimer's disease. It aims to improve care for people with dementia by promoting accurate diagnosis and the most effective interventions, and improving the organisation of services.

In most cases the first point of contact for anyone who is worried that they may have symptoms of dementia should be their GP.

The GP can make a referral for the patient to be seen by a consultant in a memory clinic. The consultant will examine the person to check for physical illness and depression, carry out memory tests to assess the ability to perform cognitive tasks and talk with the person and those close to them to discuss the most appropriate treatment and care programme. The sooner people seek help the better. If it is the start of dementia it is a good idea to get diagnosed early in order to access memory enhancing drugs and support as well as planning for the future.



## **PERSON WITH SUSPECTED DEMENTIA**

### **INVESTIGATION OF SUSPECTED DEMENTIA**

- Involves conducting a basic dementia screening at the time of presentation, usually in primary care
- Performing a midstream urine test if delirium is a possibility
- Conduction investigations such as chest X-ray or electrocardiogram (ECG) as determined by clinical presentation

### **SPECIALIST ASSESSMENT SERVICES**

Memory assessment services (provided by a memory assessment clinic or community mental health teams) should be the single point of referral for people with possible dementia

### **DIAGNOSIS & ASSESSMENT**

Making a diagnosis of dementia only after a comprehensive assessment, including: History taking, cognitive and mental state examination, physical examination and review of medication to identify any drugs that may impair cognitive functioning

### **DIAGNOSIS OF SUBTYPE**

Diagnosis of subtype of dementia should be made by healthcare professionals with expertise in differential diagnosis using international standardised criteria

### **NEEDS ARISING FROM DIAGNOSIS**

Making time available to discuss the diagnosis with the person with dementia and, if the person consents, with their family. Both may need ongoing support

### **DEMENTIA INTERVENTIONS**

Interventions for cognitive symptoms and maintenance of function, non-cognitive symptoms and behaviour that challenges and emotional disorders. This includes pharmacological, non-pharmacological and psychosocial interventions

# CLINICAL PATHWAYS

Every person suspected of having dementia or who has had a diagnosis of dementia and their carers will receive care and treatment according to an approved dementia care pathway.

Services for people suspected of having dementia or who have a diagnosis of dementia need to be inclusive, needs-led and person centred in accordance with their protected characteristics (age, ethnicity, religion or belief, disability, sexual orientation, gender including trans people and marriage and civil partnership status).

## CASE STUDY: TEES ESK AND WEAR VALLEY (TEWV) COMMUNITY MENTAL HEALTH TEAM

The Middlesbrough Community Mental Health Team includes: Co-located Older Peoples Mental Health Team and Social Care Team in Middlesbrough, including memory clinic, supporting early diagnosis and identification of social care needs. Individuals who are referred to the memory clinic service receive an assessment within 4 weeks of referral and diagnosis within 10 weeks of referral.

The service delivers care in line with a TEWV dementia care pathway delivering against NICE guidance which incorporates relevant follow up support including post diagnosis support.

The service promotes the recovery model with its patients and offers some sessional group work, if appropriate, to support this. This promotes independence, building on strengths and assets of the individual within their preferred setting.

Group sessions for memory rehabilitation may be offered. For example, the cognitive stimulation therapy group (CST) which is a series of sessions that assist in the maintenance of cognitive functioning for patients who have a diagnosis of dementia.

The service also offers individual therapies with the patient, and support and assistance for relatives and carers.

Examples of the treatments and therapies that may be offered include:

- Cognitive stimulation therapy groups
- A step to recovery group
- Occupational therapy assessments
- Social care assessments, which may result in the introduction of personal budgets to provide care for the patient to best meet their needs
- Medical assessment and medication in co-operation with the GP

Professionals recognise everyone needs different help and support and can:

- Coordinate services and act as a main point of contact
- Talk with the client about their diagnosis
- Give practical advice on coping with dementia
- Assist the client with finding the right type of help/support and services needed
- Put clients in touch with others who can offer support, such as the Alzheimer's society, who offer a range of services
- Give clients the opportunity to meet others with young onset dementia

# POST DEMENTIA DIAGNOSIS SUPPORT ARRANGEMENTS

Once a person with dementia has received a diagnosis it is essential that they get appropriate post-diagnostic care throughout the course of their life, with the period immediately following diagnosis being a critical time for this to occur. This is needed to ensure that people living with dementia, their families and carers have the right information and support so they can live as fulfilling lives as possible, prepare for the future and communicate their preferences for end of life.

Post diagnostic support for people living with dementia and their families and carers should be personalised, flexible, and

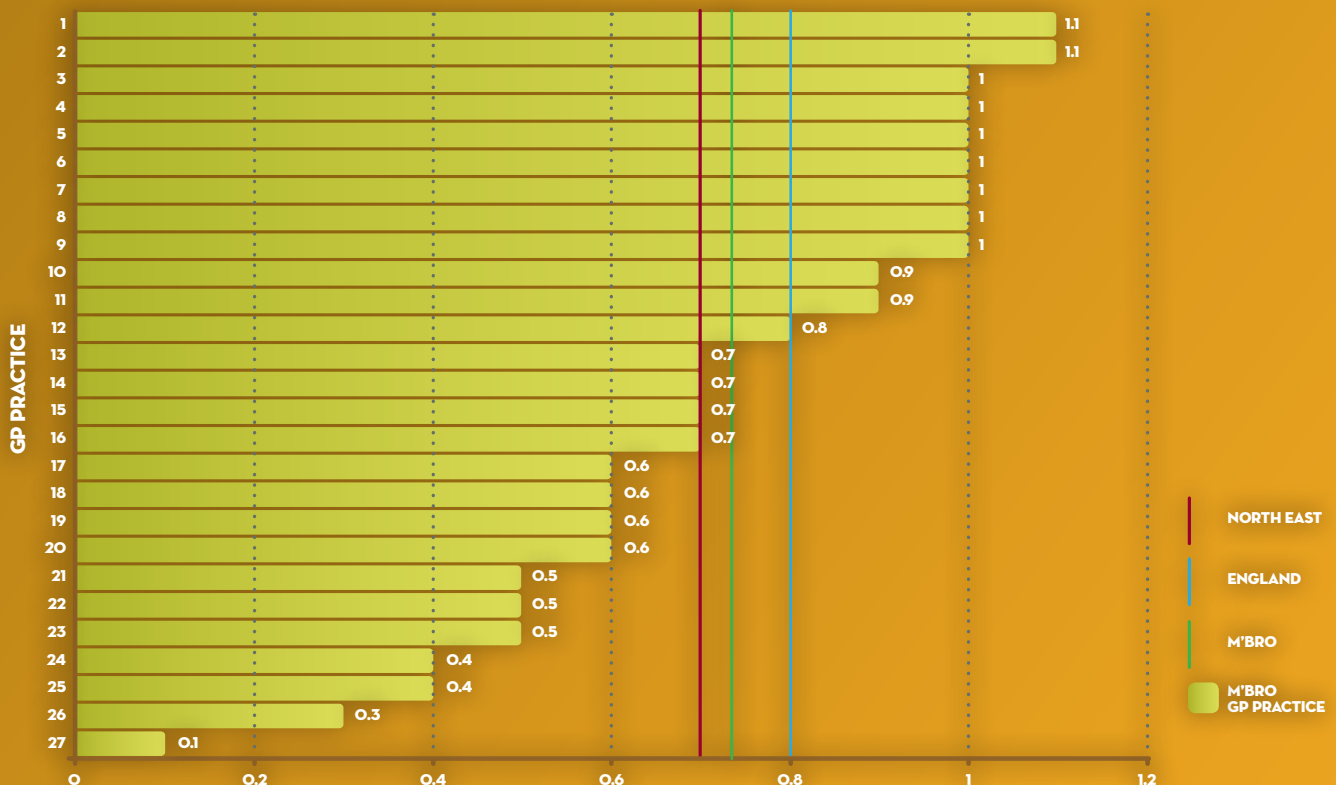
culturally relevant and have proper regard to equality. There is no one size that fits all, with different needs existing according to personal wishes and circumstances, the nature of the dementia and the course of the condition. The whole person's needs to be considered, taking into account any co-morbidity, allowing them the opportunity to have choice and control to manage their condition as far as possible and to live as well as possible with the condition. The person with dementia and their close family and carers need to have access to support from the relevant services and professionals.

# DEMENTIA PREVALENCE IN MIDDLESBROUGH - GP PRACTICES

There is variation in the dementia prevalence recorded on GP practice lists across the Middlesbrough practices. The prevalence ranges from 0.01% to 1.1% of the practice population. There are a number of factors that can impact on the dementia prevalence at a GP practice level and more work is required to understand the variation and plans put in place to address service and patient

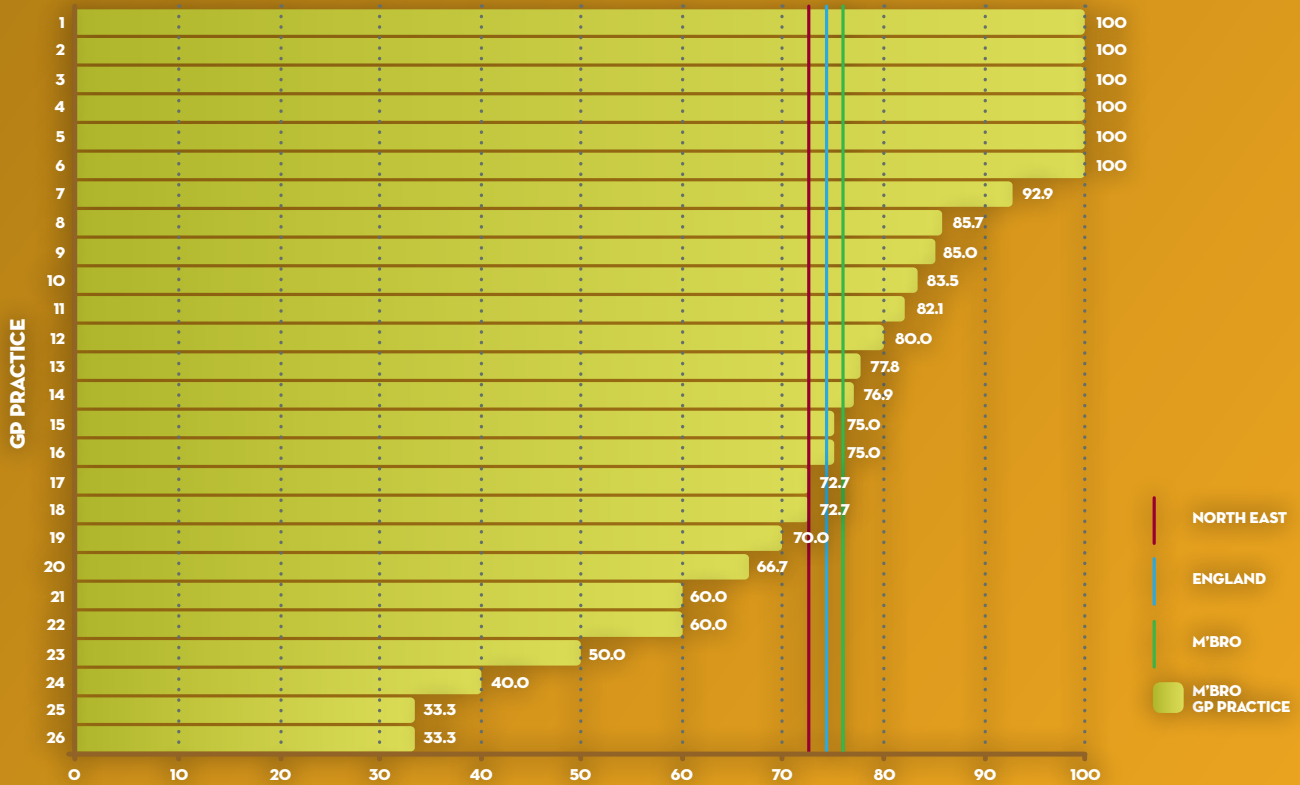
factors. Efforts to increase awareness and promoting early diagnosis of dementia should be matched by ensuring there is sufficient capacity for the memory clinics and the post diagnosis support to achieve the benefits of early diagnosis for patients, their families and carers.

**MIDDLESBROUGH DEMENTIA PREVALENCE BY GP PRACTICE  
% OF PRACTICE POPULATION - 2014/15**



Source: National GP Profiles, Public Health England

## BLOOD TESTS RECORDED AT DIAGNOSIS MIDDLESBROUGH GP PRACTICES - 2014/15



Source: National GP Profiles, Public Health England

The South Tees figure for blood tests recorded at diagnosis is 73.1% which is lower than the national average of 74.7%.

There are significant variations in GP practices in Middlesbrough with some achieving 100% and some with less than a third of patients tested.

## CHAPTER 4: RECOMMENDATIONS

6. Increasing dementia diagnosis needs to remain as a priority so that individuals are provided with the support they need through:

- *Tackling variation in diagnosis rates between GP practices*
- *Increasing awareness of early diagnosis services*
- *Improve diagnostic tests for people at risk of dementia such as stroke patients*
- *Ensure diagnostic capacity and effective support is in place for patients, families and carers following dementia diagnosis*

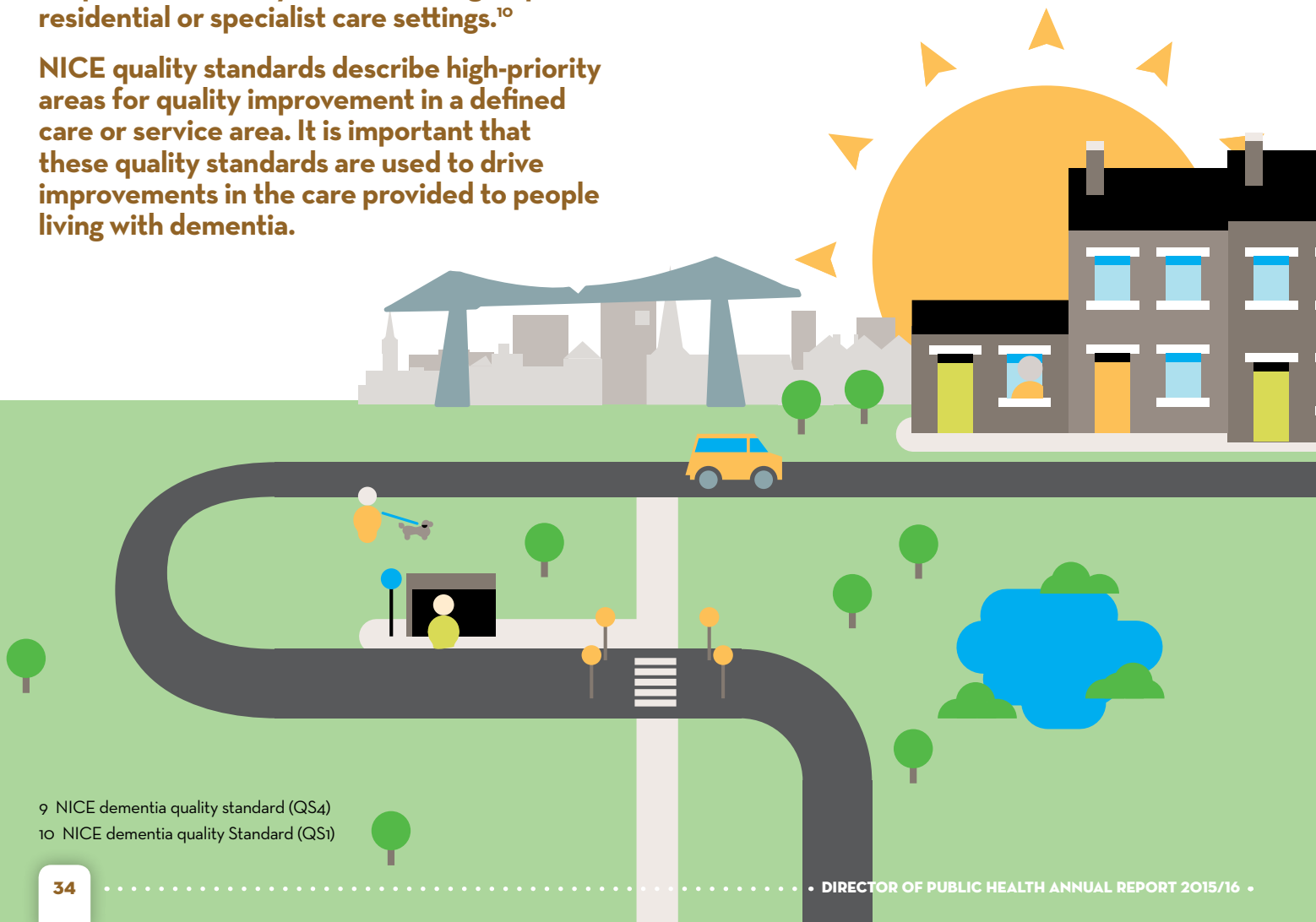


# CHAPTER 5: LIVING WELL WITH DEMENTIA

People with dementia, their carers and families should be supported to live well with the condition. Living well with dementia means holistic management of dementia in primary, secondary and community care; effective management of co-morbidities and preventing unnecessary hospital admissions, having access to all services to achieve good health and well-being, appropriate housing to ensure independent living for longer, effective management in care homes and that the health and well-being needs of their carers are addressed in a holistic and integrated way.

The National Institute of Health and Social Care has developed quality standards<sup>9</sup> for supporting people to live well with dementia. The quality standards apply to all social care settings and services working with and caring for people with dementia. It also covers care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.<sup>10</sup>

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. It is important that these quality standards are used to drive improvements in the care provided to people living with dementia.



<sup>9</sup> NICE dementia quality standard (QS4)

<sup>10</sup> NICE dementia quality Standard (QS1)



# DEMENTIA CARE REVIEWS IN PRIMARY CARE

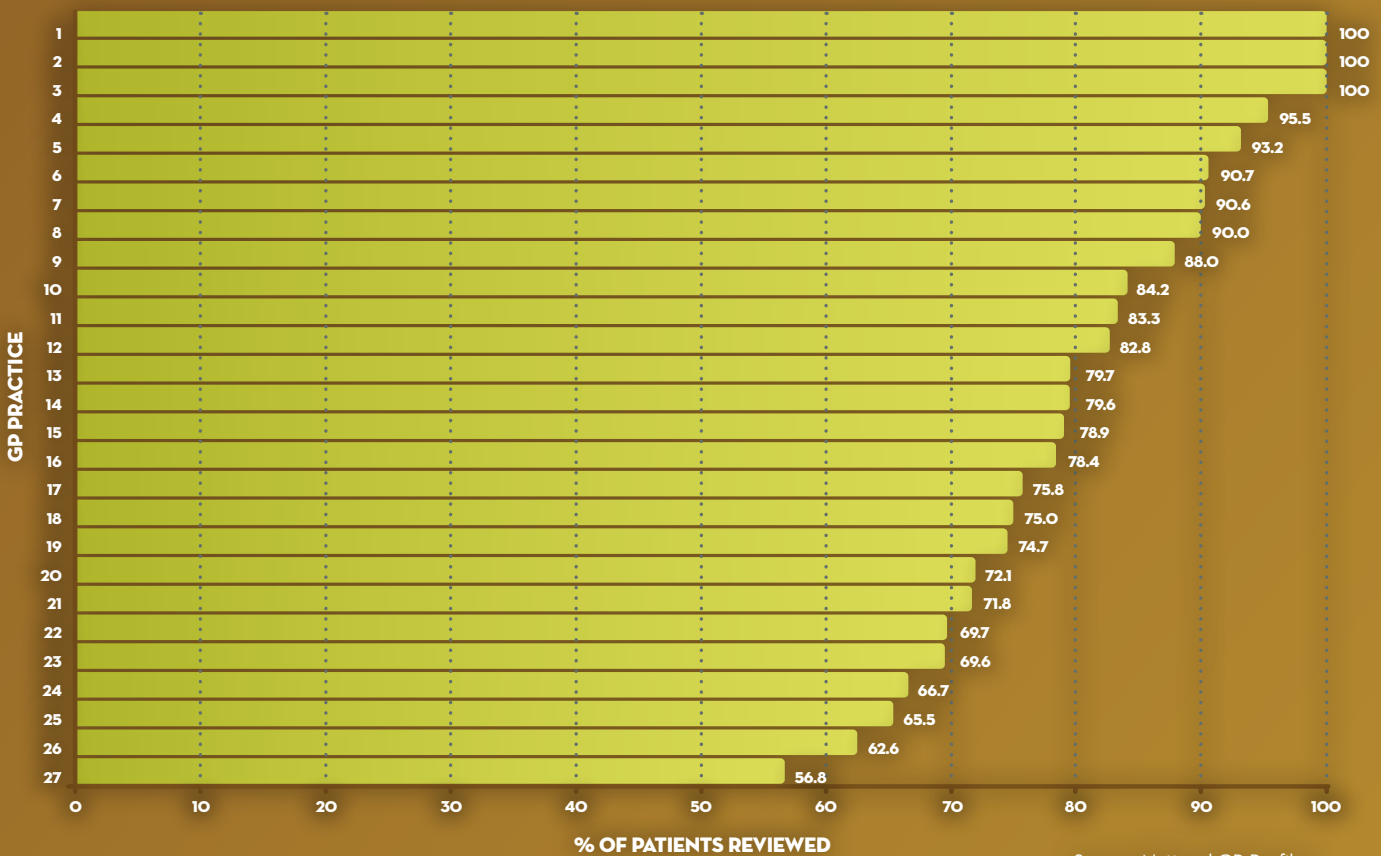
All patients diagnosed with dementia should have a review of their care every 12 months. The face-to-face review should focus on support needs of the patient and their carer. In particular the review should address four key issues:

- An appropriate physical and mental health review for the patient
- If applicable, the carer's needs for information appropriate to the stage of the illness and theirs and the patient's health and social care needs
- If applicable, the impact of caring on the care-giver
- Communication and co-ordination arrangements with secondary care (if applicable)

In the South Tees area, 75.4% of dementia patients had their care reviewed in the last 12 months compared to the national average of 77%. There is variation in the percentage of people with their care reviewed in the previous 12 months between GP practices in Middlesbrough ranging from 56.8% to 100%.

More work needs to be carried out to understand and tackle the variations in dementia care reviews to ensure equitable access and effective care and support for people with dementia, their carers and their families so that no-one is disadvantaged.

## DEMENTIA CARE REVIEWED IN LAST 12 MONTHS MIDDLESBROUGH GENERAL PRACTICES - 2014/15



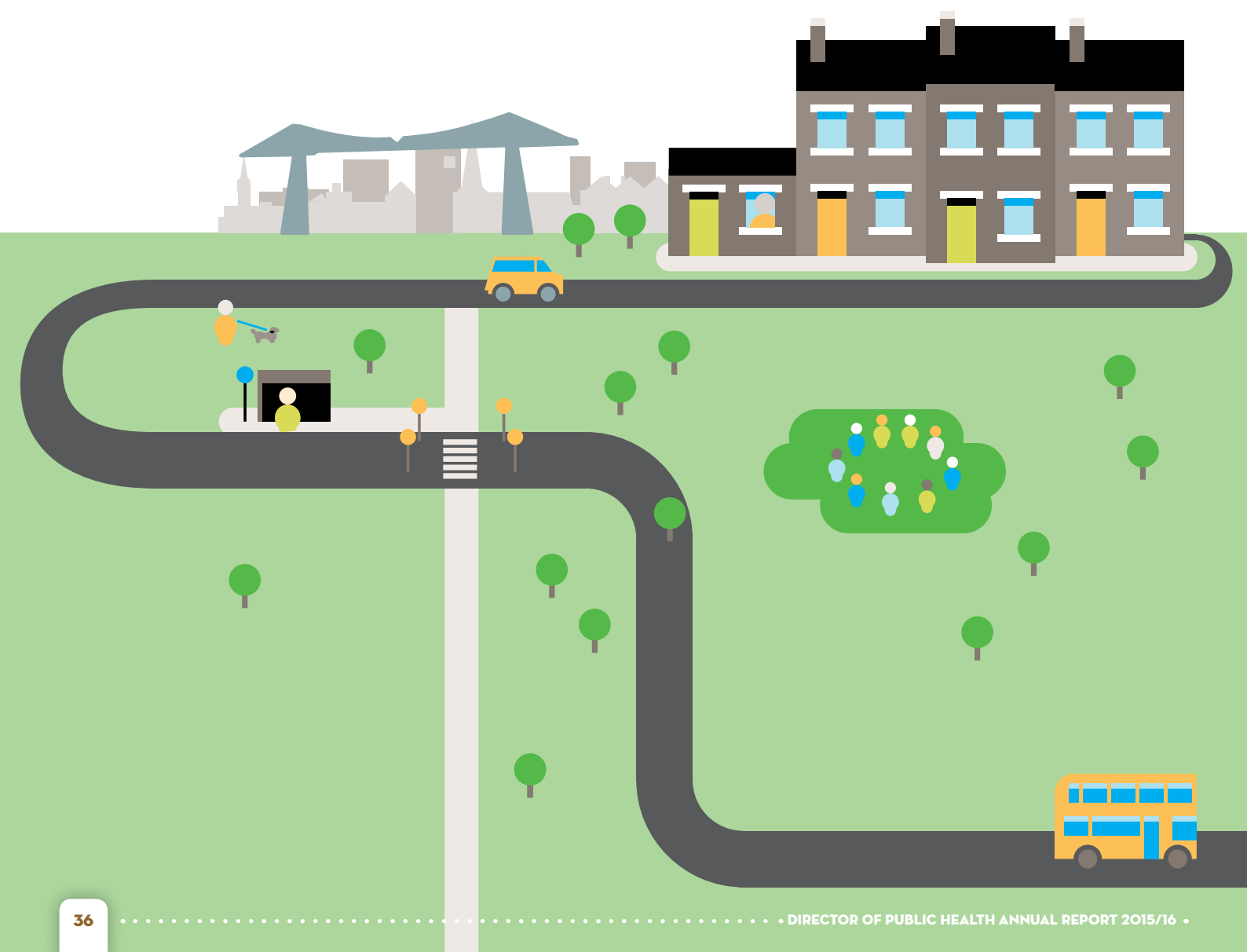
Source: National GP Profiles, Public Health England

# DEMENTIA CARE IN PRIMARY CARE AND COMMUNITY SERVICES

Primary care services and community services such as GP practices, community pharmacies, optometry services, dental practices, podiatry, and community nursing and out of hours services play a key role in ensuring people with dementia and their carers have good health and well-being.

It is important that these services are dementia friendly and deliver care in a way that engages and supports people with dementia. There is need to ensure the following is in place:

- **Each service has a nominated dementia champion**
- **All staff are fully trained and aware of the needs of people with dementia and how to support them**
- **Partnership working with other care providers (NHS, Council, voluntary and community sector), and community to ensure joined up delivery of care**
- **Comprehensive assessments of need are carried out for the client, carer and family**
- **Coordinated care planning with the involvement of people with dementia, their carers and families**
- **Dementia friendly environments to ensure people with dementia can move around safely**





# HOSPITAL ADMISSIONS FOR PEOPLE WITH DEMENTIA IN MIDDLESBROUGH

The rate of emergency admissions for people with dementia in Middlesbrough is significantly higher than the England rate and is the third highest in the country.

Of these emergency admissions 30% are short stays (one night or less) and this rate is higher than the national average.

## DEMENTIA (AGED 65+) ADMISSION RATES IN MIDDLESBROUGH COMPARED TO ENGLAND 2013/14

INDICATOR	M'BRO		ENGLAND			
	COUNT	VALUE	VALUE	LOWEST	RANGE	HIGHEST
Emergency Admissions (rate)	1,118	5,230	3,046	1,579		5,631
Short Stay Emergency Admissions (%)	340	30%	25	11%		37%
Inpatient Admissions for Alzheimer's Disease (rate)	224	1,055	575	246		1,437
Inpatient Admissions for Vascular Dementia (rate)	175	799	505	236		1,151
Inpatient Admissions for Unspecified Dementia (rate)	452	2,131	1,327	704		2,312

Source: Fingertips, Public Health England

**In 2014/15 there were 2,141 people with dementia admitted to hospital in South Tees in 2015 with a diagnosis of dementia.**

**Of these admissions 84% were non elective with the greatest proportion being admitted through accidents and emergency department.**

**The main primary diagnoses for admission were urinary tract infections (11%), pneumonia (10%), fracture femur (6%) and 16% were elective.**

Nationally it is estimated that 70% of acute beds are occupied by older people with almost a quarter of this bed usage being people with dementia.<sup>11</sup> The majority of these admissions are for other physical health conditions with dementia being noted as a secondary diagnosis.

As the burden of long term conditions continues to rise, there will be an increase in the number of patients admitted to hospital with comorbid dementia. It is therefore important for hospitals to be Dementia Friendly environments. South Tees Acute NHS Foundation Trust and Tees Esk and Wear Valley NHS Mental Health Foundation Trust both have dementia strategies in place.



<sup>11</sup> Royal College of Psychiatrists 2013

# CASE STUDY: SOUTH TEES NHS TRUST DEMENTIA STRATEGY

In November 2013, the Trust launched a five year dementia strategy. The strategy was developed in response to the Prime Minister's Challenge for Dementia, the Counting Cost report (2009), and the Dementia Action Alliance (DAA) 'Call to Action (2012).'

The strategy aims to improve care and experience for people with dementia across the entire organisation. It requires changes to attitudes and behaviours, the development of new skills, adjustments to the physical environment and development of new ways of working.

The strategy is based on five key aims:

- 1. Modernise our approaches to communicating, seeking and acting on feedback from people with dementia and their carers**
- 2. Become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia**
- 3. Deliver person centred care that supports the patient with dementia and their carer**
- 4. Develop partnership to improve care and outcomes**
- 5. Develop a skilled and effective workforce able and unafraid to champion compassionate person centred care**

Some of the Key Highlights from the Strategy are:

## TRAINING

The trust has committed to train 20% of the workforce each year. The Trust is on track to achieve the target in 2015/16 by offering basic awareness (tier 1), and dementia champions training (tier 2). In addition we offer training to local students, volunteers and local nursing homes. The focus in all our dementia educational programmes is psychological focused interventions to help the patient with dementia. Effectiveness of training is monitored through participant evaluation and carers and patient feedback.

## CARERS SURVEY

Each month, patients with diagnosed dementia over 75 years are identified. From this list, a sample of 20% of their carers are contacted via telephone and asked to complete a carers' survey. The survey contains 20 questions. The results are shared with clinical teams. A corporate action plan has been developed and clinical centres lead on actions specific to them. These are monitored by the dementia assurance board.

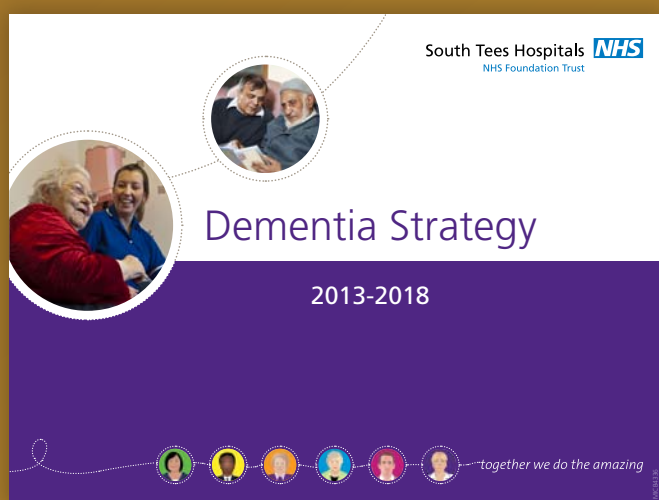
When asked to rate care "Overall how would you rate the care your relative / friend received during their acute or community hospital stay?" The combined result for above average and excellent has risen from 52% in 2013/14 to 76% at the end of Q4 2015/16. Only 3% rated our dementia care as poor.

## ENVIRONMENTAL IMPROVEMENTS

It is well recognised that poor or unsuitable environmental design, excessive noise levels and poor signage can contribute to patient falls, incontinence and increased anxiety for older people, particularly those with a dementia diagnosis. All of these have the potential to increase length of stay and cause a deterioration of dementia symptoms.

A core aim of the trust's dementia strategy is to become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia. The intention and commitment within the strategy is to audit each clinical area, and where possible advise and support staff to make simple environmental changes including to the process and flow within a service.

Over the past three years a number of simple environmental improvements to signage, placement of orientation clocks, contrasting colours between toilet seats and hand rails have been made to many wards' environments across the Trust.



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## THE ROLE OF CARE HOMES

Almost half of all the local non-elective admissions to hospital (830 out of 1,758) in 2014/15 were from care homes. According to an audit by the Royal College of psychiatrists carried out in 2013, admissions from care homes are likely to be for preventable and avoidable conditions such as pressure ulcers, urinary tract infections, dehydration and falls.

There is need to ensure care homes in Middlesbrough are delivering high quality, holistic and consistent care for people with dementia. This should include ensuring the following is in place;

- **Effective leadership, staff management and workforce development programmes**
- **Delivery of person centred care**
- **Dementia friendly environments that allow dementia patients to move around safely**
- **Purposeful activities that relate to the individual's preferences as this is a major determinant of quality of life affecting morbidity, mortality, depression, physical and mental health.**
- **Active involvement of carers and family members in the planning and delivery of care**
- **Strong links with the rest of the system**
- **Coordinated actions to address physical and mental health needs of people with dementia**
- **Review of the inappropriate use of anti-psychotic medications**

## THE IMPORTANT ROLE OF CARERS

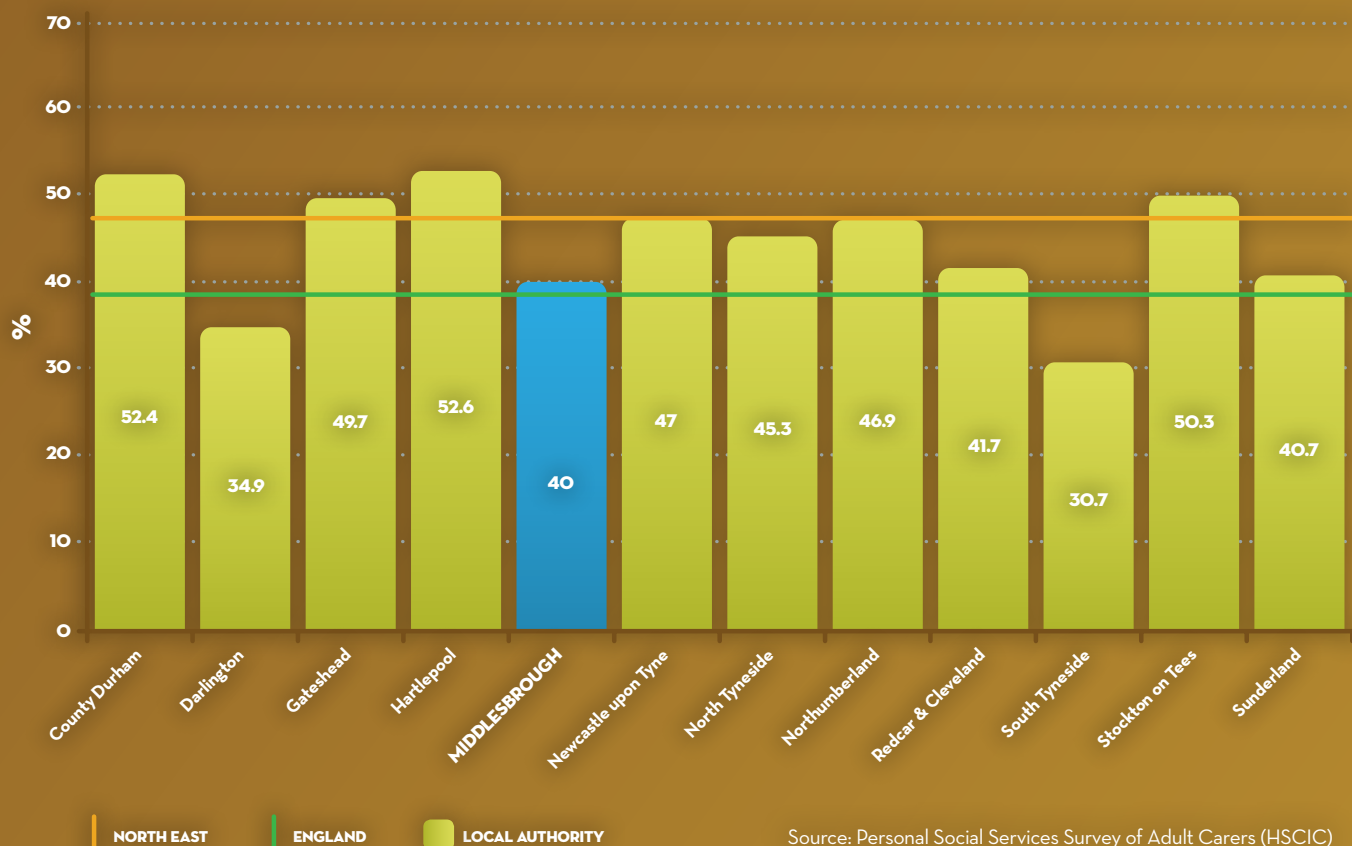
People with dementia rely heavily on their families and carers from the time of diagnosis through to the end of life. It is estimated that two thirds of people with dementia live in their own homes in the community at different stages of the condition.

For these people carers and family are the biggest resource that they depend upon for care and support. It is important that the health and well-being needs of carers are addressed to ensure they can be there to provide care and support. The health and well-being of carers is a priority in Middlesbrough and a carers strategy has recently been developed and an implementation plan being finalised.

**A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.**

**In Middlesbrough 40% of adult carers said that they have as much social contact as they would like. This is lower than the regional average but similar to England.**

## ADULT CARERS WHO HAVE AS MUCH SOCIAL CONTACT AS THEY WOULD LIKE - 2014/15



Source: Personal Social Services Survey of Adult Carers (HSCIC)

Carers and families of people with dementia require access to timely, accurate and good quality information on dementia and local services throughout the course of the disease. There are a number of services that can provide support for people with diagnosis and often it is difficult for carers and family members to navigate their way through the information on offer and match their needs with the available services. The information needs to be accessible and available in different formats to cater for the different population groups such as black and minority ethnic groups, people with learning disabilities and people with early onset dementia.

Every person diagnosed with dementia and their carers and family should have access to quality, relevant and local information to enable them to direct their own care. This information could range from access to universal services (transport, housing, leisure) to more specialist dementia specific services (extra care housing and supported living schemes).

People with dementia, carers and families also need access to peer support and learning networks throughout the course of the condition. There is significant benefit in having access to other people living with the same condition, their carers and families to discuss practical advice, offer emotional support and tackling social isolation. In order to support their effort to support people with dementia to live independently within their homes, carers and families also rely on the community personal support/

homecare services. The National Dementia Strategy states that second to carers, home care services are the single most important service for supporting people with dementia in their own homes.

The strategy states that comprehensive personal care services should provide the following:

- **Home care that is reliable with adequately trained staff**
- **Flexible delivery enabling people with dementia and their carers to participate rather than being passive recipients of care**
- **Access to support networks**
- **Access to supported living options and assistive technology**
- **Ability to work with a diverse range of client groups i.e. people from BME groups, people with learning disabilities, people with early onset dementia**



## CASE STUDY: MIDDLESBROUGH STAYING PUT AGENCY

Mr L, aged 84, lives alone in a 3 bedroom semi which he owns. He had recently been diagnosed with dementia. He was widowed several years ago and has no local family or close friends.

Mr L had recently had a couple of trips to hospital for minor falls and one of the hospital advocates had raised the issue with the Staying Put Agency caseworker. It had come to light that Mr L was having issues with his boiler not working, leaving him cold and without any hot water to bathe in. It was also affecting his COPD.

Mr L was also paying to get his boiler serviced but had been struggling to get through to them. Out of frustration he had cancelled the direct debit and shredded all his paperwork to help him forget about it. This had left him even more frustrated as he felt nobody cared or wanted to listen to him.

The agency caseworker visited Mr L at his property to assess all the problems and look to find quick solutions. The boiler was temporarily restarted so that Mr L could have some warmth and hot water. 2 electrical heaters were also issued in case the boiler failed again that night.

The caseworker went through Mr L's finances to find out if he still had insurance covering his boiler and if he was entitled to it. After a few calls it was discovered that the company had ceased to trade and Mr L had done right in cancelling it. Mr L still would benefit for some insurance though.

The following day the caseworker made an application for a small works heating grant to get the boiler serviced. After liaising with a local company, they attended, serviced and replaced the part that was causing the break down.



It had also come to light that Mr L had little idea on what finances he had coming in or going out. He was very aggressive at first when this was mentioned, but after a lengthy conversation and discussion on how the caseworker could help him, he let them raise a case with Social Services to have an advisor come and sort his finances out and make sure he was getting his full entitlement.

The discussion also highlighted some small issues that were causing Mr L some stress because he knew how to fix them but, due to his age, he was struggling to do. So the agency caseworker with Mr L's agreement got the agency's handyman service to come and resolve the small issues and a case was referred for an Occupational Therapist to assess Mr L in the future for his daily living needs.

Mr L is now living at home feeling a lot more independent. His house is now a lot safer to live in. His health and wellbeing has improved, preventing a possible admission to hospital.

## CASE STUDY: AAPNA SERVICES

A 73 year old gentleman has been accessing a dementia group at Aapna Services since March 2015.

He lived in Scotland for a long time, and owned an Indian Restaurant. After retirement he decided to move back to Middlesbrough where he has family.

Unfortunately not long after retirement he became ill, and was diagnosed with epilepsy and a brain condition. He then had brain surgery to see if his epilepsy could be controlled. Post-surgery he noticed that he started to have memory loss. Further tests confirmed that he was at an early stage of dementia. He now suffers with memory loss alongside high blood pressure, has intolerance to spicy and high protein foods, and as a result now eats special low protein diet foods and enjoys a very strong cup of tea.

His Social Worker advised that he should get out of the house so he can have a physical and mental stimulation to help him recover from his surgery and dementia. He now attends the day centre twice a week for four hours each day. He is very knowledgeable and enjoys good conversations with other men in the group. He joins in the chair based exercises that are delivered by a professional trainer, and participates with art sessions that are organised by the art gallery mima.



He feels very relaxed when he attends the day centre, and values the time he spends with the men who attend the group's sessions. Most of them have become his friends, and sometime they socialise together outside of the day centre timing.

He feels that when he is here he can be himself and other people listen to him, respect him for who he is, and he is not isolated or looked upon as irrelevant.

## SUPPORT FOR YOUNGER PEOPLE WITH DEMENTIA

It is important that support for living well with dementia is not limited to people who get dementia over the age of 65. There are cases of early onset dementia in people below the age of 65 and their support needs will be very different from older people. This is because younger people with dementia are more likely to:

- be in work at the time of diagnosis
- have a partner who still works
- have dependent children
- have ageing parents who they need to care for
- be more physically fit and active
- have heavy financial commitments, such as a mortgage
- have a rarer form of dementia
- have an inherited form of dementia

The care and support arrangements for early onset dementia need to ensure the individual, their family and carers are supported to achieve good quality of life in the key areas that apply to their situation.



# THE ROLE OF ASSISTIVE TECHNOLOGY AND HOUSING IN HELPING PEOPLE WITH DEMENTIA LIVE INDEPENDENTLY

The use of technology is growing in all population areas and becoming more accepted within groups who previously would have felt distanced from technology such as older people.

The pace of change is significant with peoples own devices increasingly being used to monitor activity and support lifestyles, for example smart phones, “fitbits” etc, whilst sensor technology is leading to the development of smaller less intrusive connected devices to manage safety.

As the use of technology increases it is important that coordinated planning and implementation is in place across agencies in Middlesbrough to support people living with dementia, their families and carers. The Council’s Assistive Technology and Telecare Strategy sets out the vision for the next three years which is that people in Middlesbrough will:-

- **Be able to easily access the up-to-date information, advice and support they need on assistive technology and telecare options to empower them to manage their own health and care and remain independent for as long as possible**
- **Where required, be able to access a wide range of telecare and assistive technology equipment, tailored to their needs to support them to stay independent<sup>12</sup>**

The housing sector has a key role to play in helping people with dementia to remain independent and in their own homes for longer. The housing support for achieving dementia friendly homes can be divided into: physical environment, services and interventions and people and networks.

## PHYSICAL ENVIRONMENT

The housing environment for people with dementia can enable or have negative impact on their health and wellbeing. Housing can be designed or adapted in a way that helps people with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. There is emerging evidence on the role of supported living and extra care housing on improving outcomes for people with dementia and reducing costs for statutory agencies.

The housing sector plays a part in designing and building new homes, whether for specialist or general needs, refurbishing, remodelling or improving the conditions in existing housing, and for facilitating adaptations.

## SERVICES AND INTERVENTIONS

There are a range of services delivered by housing organisations enable people to live in their own home for longer. There are examples of joint services delivered between the NHS, social care and housing associations such as extra care housing, intensive housing management, housing-related support, or home-from-hospital services. Some forms of housing such as sheltered housing or extra care schemes offer communal space which can be used to provide a wide range of services to the wider community in partnership with others, for example dementia cafés, peer support groups, dementia awareness raising and exercise classes.

## PEOPLE AND NETWORKS

The housing sector employs a significant workforce that comes into regular contact with the community on a daily basis. The diverse workforce which ranges from scheme managers, support staff, repairs and maintenance staff, advisers, activity co-ordinators or care call response staff are more. It is important that this workforce has the awareness and understanding of dementia and are empowered to provide support to people with dementia, their families and carers. Joint planning and delivery of services between the NHS, Council and the housing association is critical in making this happen.

<sup>12</sup> Middlesbrough Council Assistive Technology and Telecare Strategy (2015)

## CASE STUDY: ASSISTIVE TECHNOLOGY STRATEGY

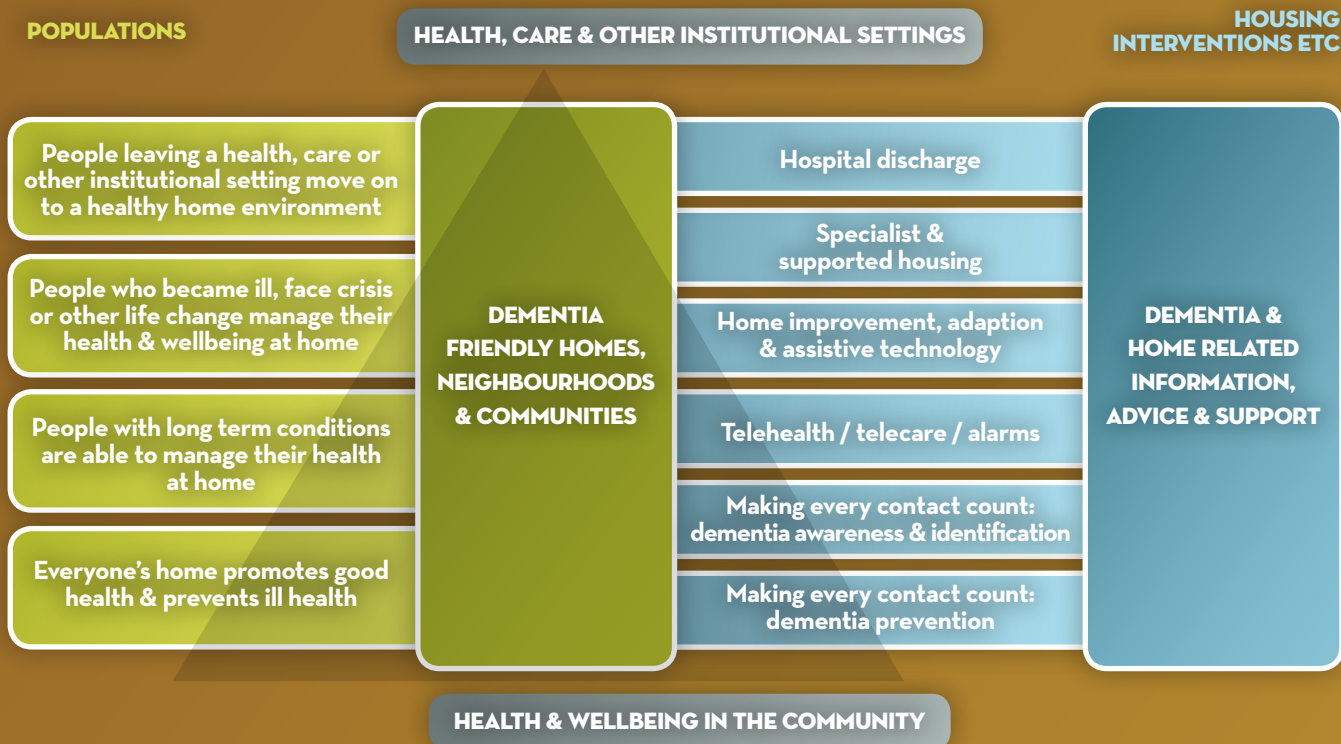
One Telecare user said:

*“The biggest problem that my dad had was that he couldn’t find the toilet. Due to his blindness and dementia he can’t remember the route. To solve this I bought talking motion sensors on which I recorded personalised messages to guide*

*dad to the toilet, his armchair or the front door. It gives him awareness of where he is in the house and when he moves across the beam it will call to him. As with all technology there were many products that do the same job. I went through four different kinds of motion sensor until I found the one that worked well which was pretty cheap from Amazon.”*

The following diagram illustrates how the home and housing-related interventions can contribute to good health and wellbeing of people with dementia, their families and carers.

### HOME AND HEALTH IN ALL POLICIES



Source - Housing and Dementia: Public Health Sector-led Improvement Tool

## CHAPTER 5: RECOMMENDATIONS

### 7. Ensure people with dementia feel safe and accepted members of the community in Middlesbrough by:

- *Addressing the health and well-being needs (physical and mental health) of people with dementia, their families and carers*
- *Improving access to services and peer support groups, and community groups*
- *Increasing the role of the housing sector in promoting independent living through increasing joint planning and service delivery for availability of appropriate housing, equipment and adaptations*
- *Embracing telecare and assistive technology to support independent living*



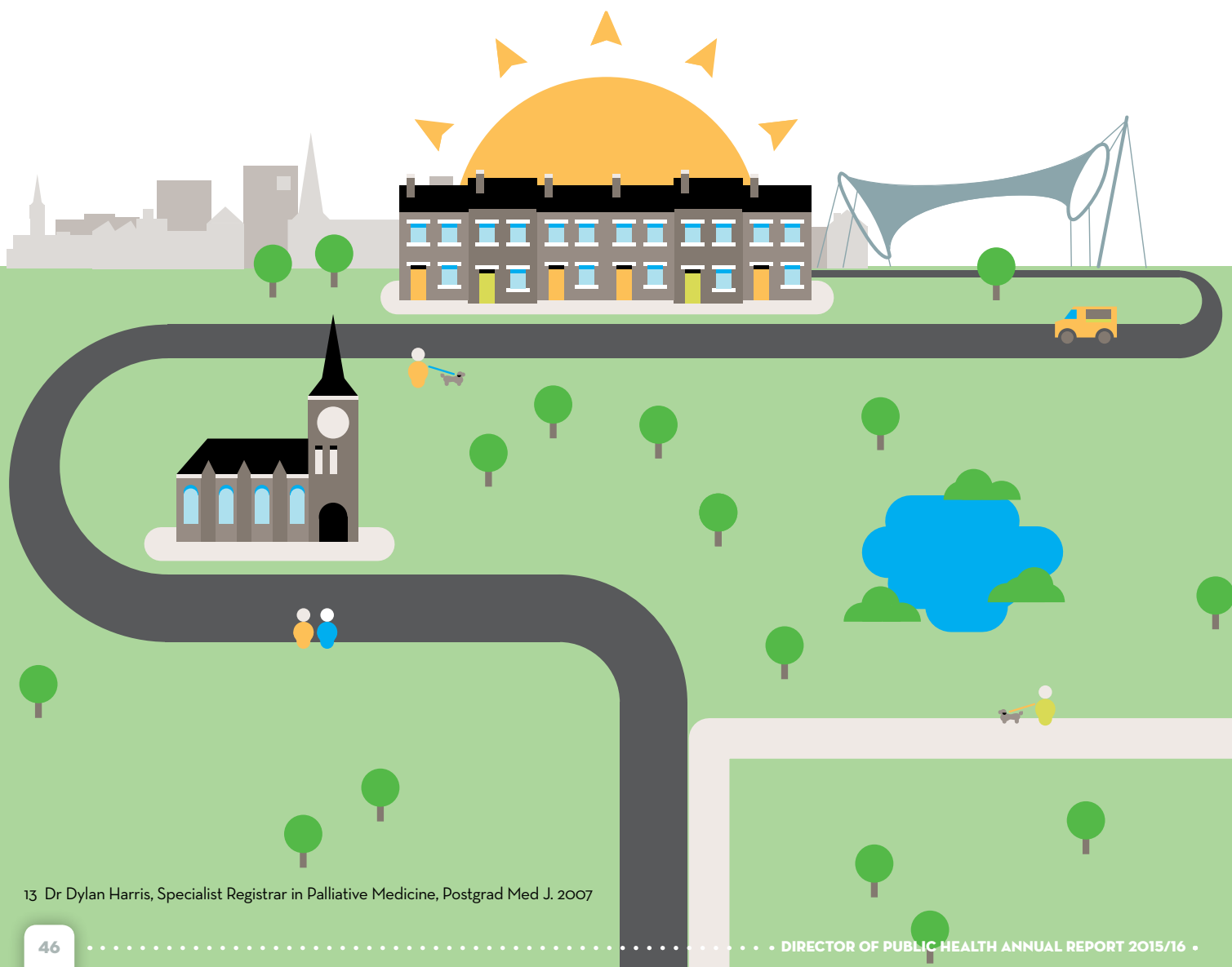
# CHAPTER 6: DYING WELL

**Achieving a good death has been described as being treated as an individual, with dignity and respect, without pain and other symptoms, in familiar surroundings and in the company of close family and friends. Sadly, this is not the reality for all patients with dementia with a high percentage reported to be receiving undignified care and avoidable pain in the end of life stages.**

The subject of death and dying is still approached with secrecy, not discussed openly and still surrounded with lots of taboos, myths and stigma. This means that end of life care is not discussed between families, carers and health and social care professionals, early enough to incorporate the individual's preferences and put a plan in place. For people with dementia it is important for end of life plans to be put in place taking into account the individual's needs and respecting their wishes to ensure they are treated with dignity in the end of life phase of the condition. End of life care needs to be addressed in order for improvements for people with dementia and supporting them and their families to achieve a good death.

Dementia is a progressive disease and once diagnosed one will have the condition until it either ends their life or it is a significant factor in death from other causes. Because the condition leads to deterioration in brain function, it is important for the plans for end of life to be put in place at an early stage of the disease to take into account the individual's preferences. Significant, coordinated and holistic support is needed to ensure that all people with dementia are treated with dignity, kept free from pain and die in the place of their choosing.<sup>13</sup>

Diminishing capacity means that it is important for the person with dementia to plan for the end of their life at an early stage. As the disease progresses problems with capacity and communication can also contribute to poor treatment of physical and mental health, poor health outcomes, avoidable pain and suffering and undignified end of life care.



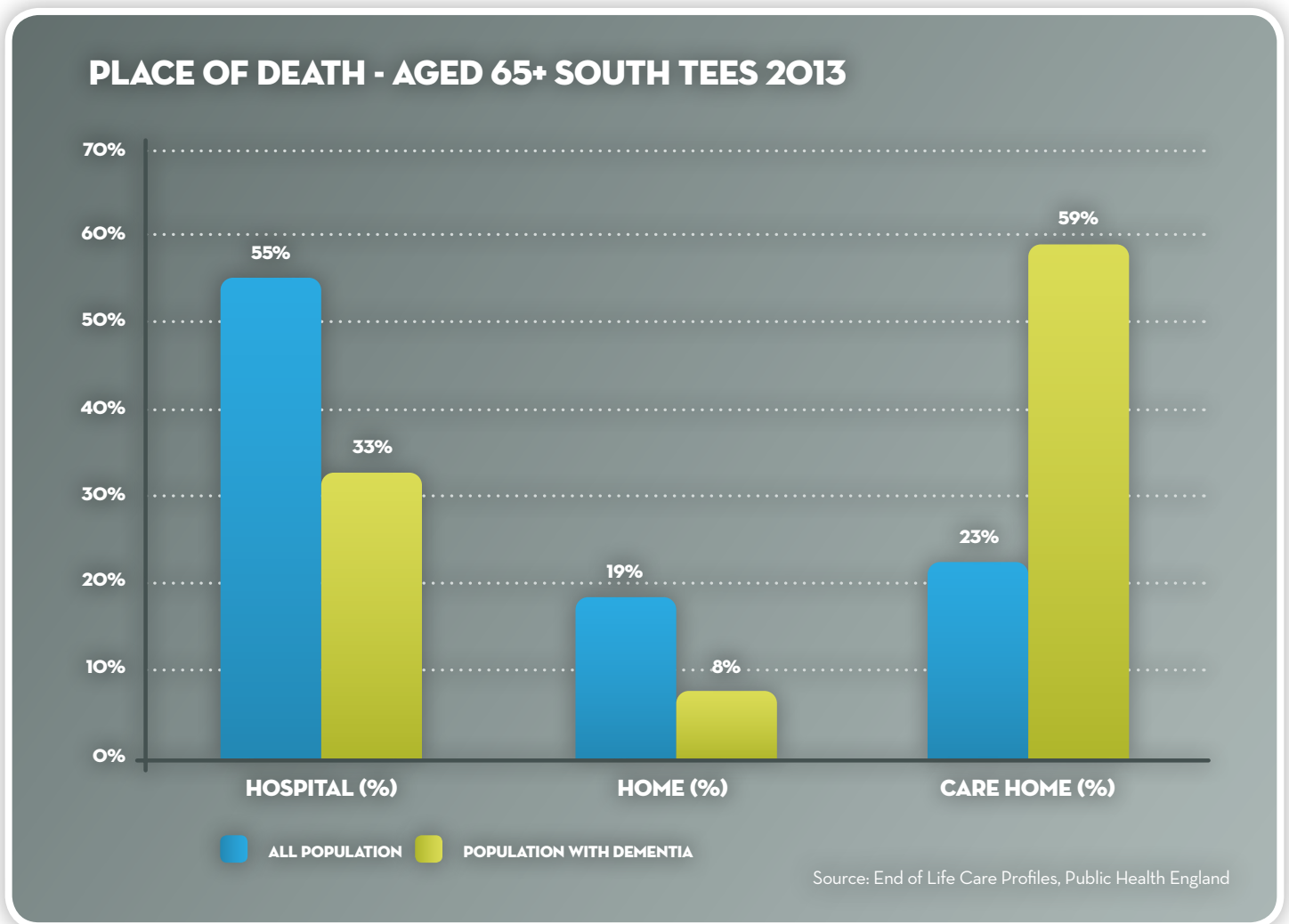
<sup>13</sup> Dr Dylan Harris, Specialist Registrar in Palliative Medicine, Postgrad Med J. 2007

# IMPROVED PLANNING AND CO-ORDINATION OF CARE

It is important that people are supported to die in a place of their choosing. It is estimated nationally that only half of people who express a preference to die at home, actually die there.<sup>14</sup>

For the majority of cases the end stage of life are characterised by urgent care referrals, emergency admissions and poor quality of care and less dignified death. This can be very distressing for the individual and their families. It also places pressure on the NHS, leading to unplanned hospital admissions. However in order to achieve a good death it is important for the end of life care needs to be identified and for the appropriate palliative and supportive care plan arrangements to be in place, communicated and agreed between health and social care professionals, the patient, carers and families.

The local figures which are only available at a South Tees level show that a significantly higher number of people with dementia are dying in care homes compared to similar aged people who do not have dementia. This might be due to the fact that many people who are in the final stages of dementia live in a care home, however an increasing number live at home with support from health and social services. There still is a high percentage of people with dementia (33%) dying in hospital and more work is required to understand whether this was their preferred place of death.

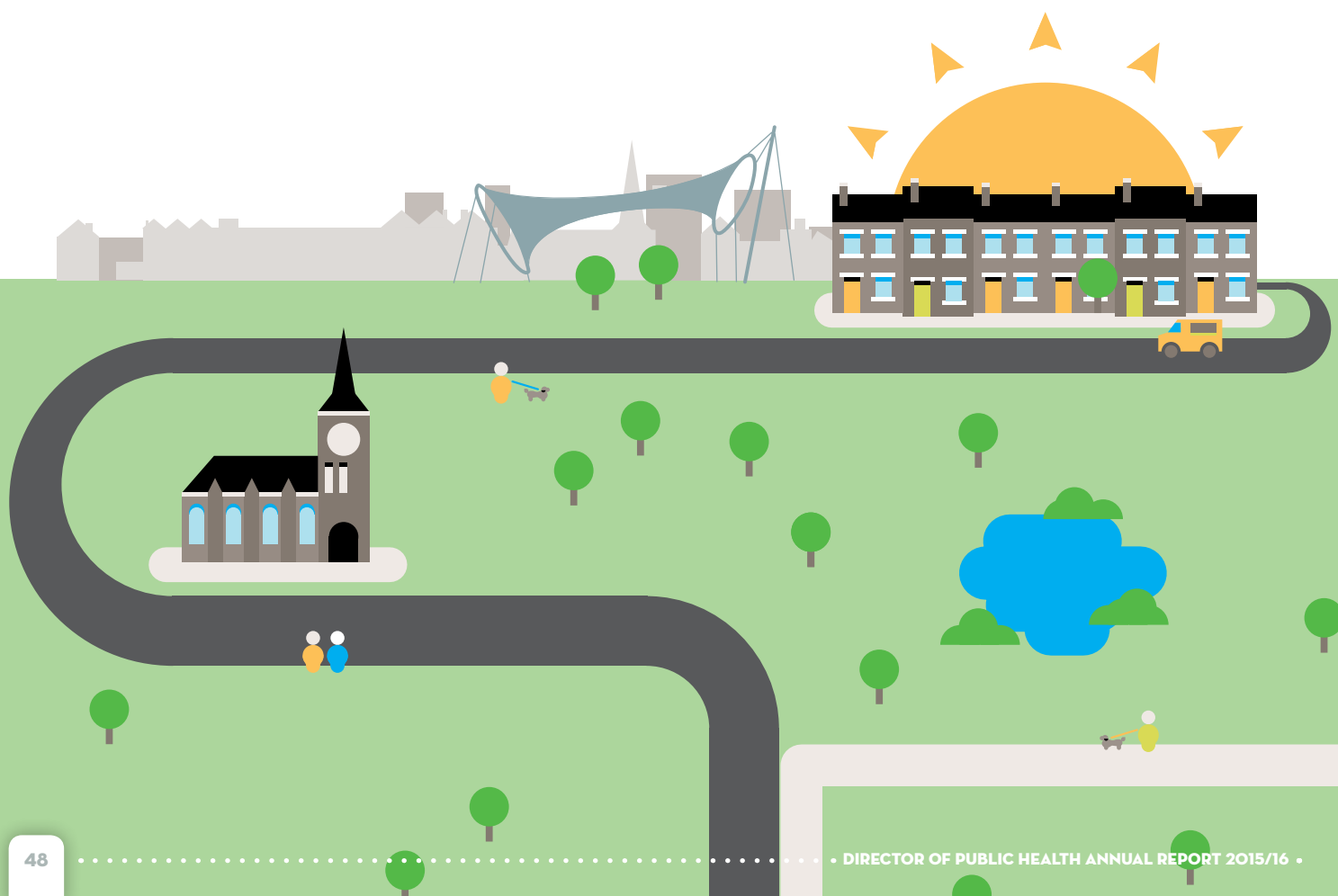


The new guidance and recommendations of the Leadership Alliance for the Care of Dying People replaced the Liverpool Care Pathway and make it explicit that in the final weeks and days of life, the dying person should be the focus of care.

<sup>14</sup> ONS, 2014

The Alzheimer's Society has identified the key areas where action is required to improve end of life care for people with dementia. These are as follows:

- a) **Ensuring a good death for people with dementia - people with dementia receive undignified treatment, suffer avoidable pain and do not always receive specialist palliative care and support.**
- b) **Advance planning for end of life care - people with dementia should be involved in decisions about end of life care in advance of deterioration in brain function and loss in capacity.**
- c) **Improved training for health and social care professionals - health and social care professionals should be trained to provide high-quality, person-centred care to improve dignity and quality of life delivered sensitively to the person with dementia and communicated to their families and carers, following best practice set out by the Social Care Institute for Excellence**
- d) **Focus on quality of life, rather than length of life, in the final stages of dementia - this includes the ethically complex issues such as withholding or withdrawing for a person with dementia and how this is managed between the patient, health and social care professionals, family and carers. It is important that there is an honest and open discussion between medical professionals and family, friends and carers about any decisions to withhold or withdraw treatment with support from specialist palliative care.**
- e) **Improved emotional and spiritual support - because of deterioration in brain functions especially towards the end of life, it is important to ensure emotional, mental health and spiritual needs of people with dementia are not neglected. People with dementia must receive holistic care that recognises and responds to individual wishes and needs.**





## EXAMPLES OF GOOD PRACTICE

Work in South Tees has involved piloting a new tool, “My Future Wellbeing Tool,” which is a prompt for staff to engage in conversations with patients and families post dementia diagnosis, about planning for a good death and to ensure residents end of life preferences are carried out i.e. to die in the care home rather than hospital.

This is a user friendly aid to discussing dying and death with patients and families.

Tees Esk and Wear Valley Mental Health Trust (TEWV) also produced a plan for delivering end of life care on the wards. This work has been shared with South Tees GPs, memory clinic staff in Middlesbrough and Redcar and Cleveland.

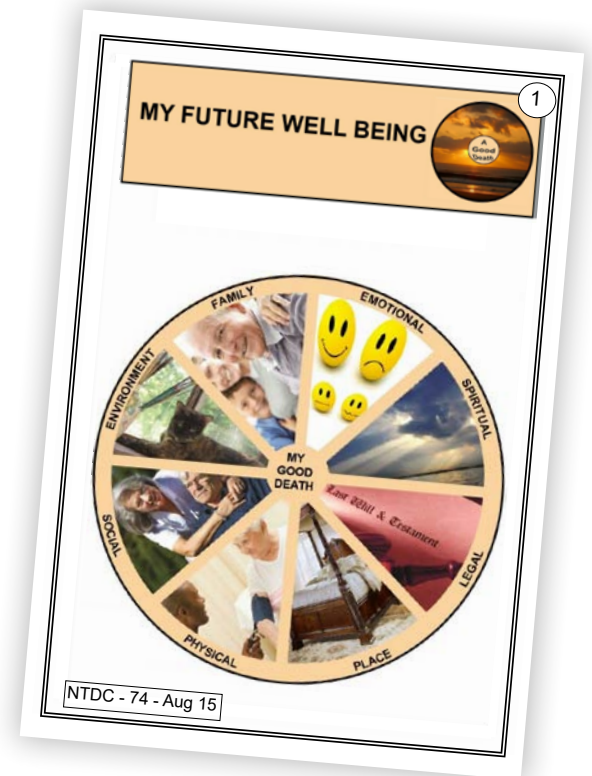
TEWV are promoting memory services to BME communities within Stockton and Middlesbrough. This has consisted of the development of awareness raising days which have been held in local international centres, with AApna services. Links are also made with local BME group via NUR Fitness.

This group works with the younger Asian community and a training package has been developed to educate about dementia to promote that help can be sought for this condition. This work is ongoing and is supported by the TEWV diversity and equality lead.

Promotion for these services is done by word of mouth and focus groups and also through social media to break down barriers. A high number of attendees have engaged in the focus groups and the aim is to have dementia services included on radio Ramadan as another way to reach out to this minority group.

The Middlesbrough Community Mental Health Team has also completed improvement work around access to services for patients being released from prison. A project is being led to streamline this and to have a single point of access within the Middlesbrough team, enabling patients to access services quickly and in a timely manner on release from prison services.

As part of the workshop, it was noted that often the discussion has never taken place as staff often feel uncomfortable doing this. Subsequently a small working party carried on post improvement event, to develop the tool further for use in any setting.



## CHAPTER 6: RECOMMENDATIONS

8. Improve the early identification of patients across all diagnoses with end of life care needs, allowing timely access to advanced palliative and end of life care planning
9. Work collaboratively with health and social care, to ensure that people living with dementia die with dignity and in the place of their choice

# CHAPTER 7: CREATING DEMENTIA FRIENDLY ENVIRONMENTS

Dementia is a condition that is increasingly common; it can have a profound impact on an individual and their family and friends. Traditionally, the focus for dementia care has been NHS treatments and care services delivered by local authorities.

Recently there has been a shift to a focus on how we can enable people who have been diagnosed with dementia to live as full a life as possible and encourage communities to work together to help people to stay healthier for longer. Local authorities have a key role in developing inclusive dementia friendly communities.

Many councils are already working in partnership with their local communities to develop innovative ways to enable people with dementia to take part in everyday activities and retain their independence for as long as they are able. Examples include developing dementia friendly streets, where as a result of simple adaptations and awareness raising among staff working in shops, shopping becomes easier for people with dementia.

Simple changes to existing services, and awareness raising for those who come into day-to-day contact with people with dementia such as staff working in libraries or in leisure centres, also help people with dementia feel more confident and welcome in using council services.<sup>15</sup>

The Prime Minister's challenge on dementia promotes the development of dementia friendly communities and sets out an ambition that by 2015 up to 20 cities, towns or villages will have signed up to be dementia friendly.



*Acklam couple Marge and Jimmy Harvey who attended the celebration at Jury's Inn to mark Middlesbrough being officially recognised as a Dementia Friendly Town.*



<sup>15</sup> Innovations in Dementia, dementia friendly communities (2012) a guide for Local Councils. Local Government Association (LGA)

# MIDDLESBROUGH IS OFFICIALLY A DEMENTIA FRIENDLY TOWN



**A celebration was held to mark Middlesbrough officially becoming a Dementia Friendly Town. Residents of the town living with dementia, carers and businesses which have undergone training to become dementia awareness all came together for the occasion.**

The Dementia Friendly Middlesbrough Project has been developed by Cleveland Alzheimer's Residential Centre Limited (Cleavearc) in partnership with South Tees Clinical Commissioning Group.

The project was launched in November last year when people affected by dementia and their carers discussed how best to develop Middlesbrough as a dementia friendly community.

The aim was to ensure people across the town were able to help those with the condition lead active and fulfilling lives and confirmation has now been given by the Government and Alzheimer's Society that Middlesbrough is a recognised Dementia Friendly Town.

At the celebration event, 25 businesses from across the town were recognised as being Dementia Friendly and presented with certificates by Middlesbrough Mayor Dave Budd.

He said: "I am delighted to say we can officially say Middlesbrough is a Dementia Friendly Town. It is something which every one of us has had an ambition for, for quite some time.

"It is an area of life which touches all of us in some way at some point and we will genuinely try to help in as many ways as we can - when we have that mind-set we can really change this place for many, many people."

Among those present were Acklam couple Peter Elliot, 80, and wife Teresa, 78, who was diagnosed with dementia in 2006.

Peter said: "At the beginning there was hardly any support at all before we started getting a lot of help from the Memory Clinic. Now though more people are coming round to it.

"It's marvellous when you have people who understand and make you feel welcome and know all the little things that make it easier."

Also at the celebration were fellow Acklam couple Marge Harvey, 76, and husband Jimmy, 80, who was diagnosed eight years ago. Marge said: "It's not something that is going to go away, it's going to snowball so the more people that get involved the better it is for everyone all round. There are a lot of places now where you know you are going to be helped."

One of the businesses that had taken part is Foodies, on Albert Road in the town centre. Its owner Chris Kelly said: "Lots of people have family members who are living with dementia. I do and I wanted to get a better awareness - mainly the training gives you a change of perception. I want everyone who comes in to feel welcome and want to come back."

*Picture shows the business recipients of awards to mark their taking part in dementia awareness training. The presentations were made at Jury's Inn by Middlesbrough Mayor Dave Budd as it was announced Middlesbrough was officially recognised as a Dementia Friendly Town.*





## CASE STUDY: MARKS & SPENCER

One of the businesses recognised as being Dementia Friendly was Marks & Spencer. The business has made small changes to make their stores more open and accessible to people living with dementia.

Marks & Spencer in Hill Street Shopping Centre invited carers to walk around the store with senior staff, including the Store Manager to work together to identify problems and solutions to the environment.

A number of good practices were identified by the carers - seating in a safe area, wide aisles so people could pass without bumping shelves or other customers.

Marks & Spencer also highlighted things that were available to people with dementia and their carers, such as changing room service by using the disabled changing room for additional space and pull cord for personalised assistance.

Also table service in the café area is available so the carer does not have to leave the person with dementia unattended.



## CASE STUDY: MEMORY LANE DEMENTIA CAFÉS

After someone receives a diagnosis of dementia, both they and their carers can end up feeling isolated and alone. They may have questions and concerns about the future, as well as facing practical difficulties in relation to their condition.

It was identified that people with dementia and carers would benefit from access to a peer support group which allowed them to share their experiences and concerns with others in a supportive and informal environment.

Alzheimer's Society runs 'Memory Lane' Dementia Cafés in Middlesbrough's libraries; Middlesbrough Central Library, Acklam Library and North Ormesby. Each Dementia Café takes place monthly.

People with dementia and their carers are encouraged to come along and meet other people from Middlesbrough who are facing similar issues to themselves, and to talk these through over a cup of coffee. The Café also invites guest speakers to attend and present information on issues of interest to the Café attendees.

The Cafés are facilitated by Alzheimer's Society's Dementia Support Worker and local volunteers.

Though Dementia Cafés are informal and operate on a drop-in basis, many people with dementia and carers who attend regularly form strong friendships with each other, creating informal peer support networks. These groups support each other both emotionally and practically, sharing information with each other which may help overcome practical challenges, and empathising with each other.

When we asked how people felt they had benefited from the Dementia Café:

*"Meeting people with the same problems."*

*"To meet new people in a similar situation to ours. To reminisce and chat in a friendly atmosphere."*

*"It's a complete change for us both."*

# DEMENTIA AWARENESS WEEK

A packed programme of activities was organised during Dementia Awareness Week 15th - 21st May.

Dementia Awareness Week aims to raise awareness of the condition and encourage people to think and talk about dementia. The programmes of activities took place in Middlesbrough and Redcar and Cleveland during the week. This was a coordinated effort among all agencies to increase awareness and improve care for our patients with dementia.

This was widely advertised to staff, patients, carers and family members. Printed leaflets were sent out to community hubs and posted out to GP surgeries as well leaflets drops and advertising on local websites and social media.

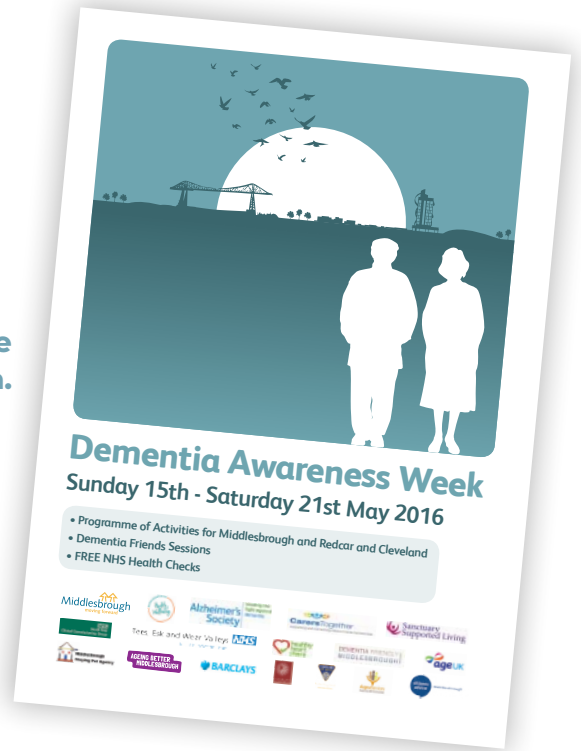
A cinema trip, outing to Beamish and a tea dance get together took place during Dementia Awareness Week 2016.

A week of activities were on offer for people living with dementia, their carers and those living on Teesside and wanting to learn more about the condition.

Additionally, Middlesbrough Libraries announced that they are launching a new Memory Support Card initiative which means anyone living with dementia or caring for a loved one with dementia will no longer be subject to fines for the late return of books.

The scheme was launched on Monday, May 16 to coincide with DAW and people were encouraged to sign up at their local Middlesbrough community hub library.

Councillor Julia Rostron, Middlesbrough Council's Executive Member for Adult Health and Social Care, said:



“With an ageing population we are seeing the number of people living with dementia rise, so while we are already doing many things along with our partner agencies, we can't rest on our laurels.

“The introduction of memory support library cards is a small gesture towards easing the stresses faced by those with the condition and their carers. Dementia Awareness Week also allows us to raise the issue with the public and we have a wide programme of events to do just that.”

# DEMENTIA FRIENDS - STATUS UPDATE END APRIL 2016

Nationally there were 1,457,768 Dementia Friends Champions and Dementia Friends of which 9,878 are Friends who have converted to a Champion as of 29th February 2016.

Middlesbrough currently has 49 Dementia Friends Champions.

There are 2,084 Dementia Friends from 176 face to face sessions held in Middlesbrough to date.



# EXAMPLES OF LOCAL SUPPORT ARRANGEMENTS AVAILABLE FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CARERS\*



## AAPNA

Is a community outreach services providing a variety of services to support people with learning disabilities, physical disabilities, autistic spectrum disorder, mental health care needs, onset dementia and sensory impairments. Moreover, Aapna runs day care services for older people who will have opportunities to meet and socialise with their friends and participate in activities that encourage a more independent lifestyle.



## AGE UK TEESSIDE

A charity which supports older people across the four boroughs of Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland. Staff and volunteers are dedicated to promoting wellbeing and independence for over-50s, ensuring later life is a fulfilling and enjoyable experience. Helping to claim rightful entitlements to a range of benefits, so promoting financial security and stability. Campaigning and lobbying on a range of issues of interest to older people. Providing the opportunity to broaden social networks, meet new people and try something different and promoting healthy living.



## CARERS TOGETHER

For people living with memory loss and for their families and carers, finding out about the help available can be difficult. CT provide information and support, face-to-face and by phone or email, to people who have concerns about their memory, have a diagnosis of dementia or are caring for someone with memory problems.



## CLEVEARC

An independent local charity providing Residential & Nursing care along with Day Care for people with Alzheimers disease and other related dementias. To relieve, treat and promote the relief and treatment of those affected by Alzheimers disease and other related dementias. To provide support both for such persons and their family and friends. To promote, support and carry out research and to disseminate the results of such research for the public benefit into the cause and possible cures whether partial or complete, and the possible prevention of Alzheimers disease and other related dementias.



## D-CAFE

A social "get together" for people with memory problems and their carers and families. D-Cafe activities include music therapy, creative arts, cooking, gardening, pub lunches and days out.



## DEMENTIA ADVISOR SERVICE

Provided by Sanctuary Supported Living, the dementia adviser service is for people with dementia, as well as their supporters and carers. It provides them with a named contact throughout their journey with dementia. Referrals to the service come from GPs, Community Mental Health Teams or other health and social care professionals, or self-referral. The service links with and operates from various venues, including memory clinics, GP surgeries and other community services. Contact with the dementia adviser is available through whichever medium the individual prefers - telephone, email, post or face-to-face through booked appointments. The service involves developing a personal and tailored information plan, with each person referred.





## RESIDENTIAL CARE

There are also around 17 care homes in and around Middlesbrough that provide accommodation for people with dementia, as well as sheltered accommodation. There is also telecare to support people in the community.

## TRAINING

There are local initiatives that enable the wider public health workforce to support people with dementia to achieve better care and outcomes e.g. through education and training or access to information. For example:-



### ALZHEIMER'S SOCIETY'S DEMENTIA FRIENDS PROGRAMME

The biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.



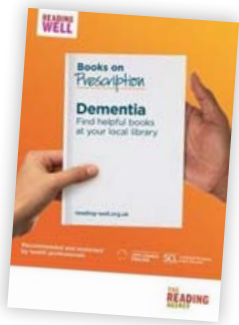
### MIDDLESBROUGH MATTERS PORTAL

This is an online portal for residents that provides information and access to local health and social care services.



### ROYAL SOCIETY FOR PUBLIC HEALTH TRAINING

Provides learners with the knowledge and confidence to offer opportunistic brief advice to, or engage in brief interventions with, individuals about behaviour change which could improve their health and well being.



### THE READING WELL BOOKS ON PRESCRIPTION SCHEME FOR DEMENTIA

Recommends books for people living with dementia or for Carers of people living with dementia who would like to find out more about the condition. The books provide information and advice, support for living well, advice for relatives and carers, and personal stories. They are endorsed by health professionals and can be accessed at Middlesbrough Hub Library.

**\* Please note this is not a comprehensive list.  
For more information visit the Middlesbrough Matters Portal  
[middlesbroughmatters.co.uk](http://middlesbroughmatters.co.uk)**

## CHAPTER 7: RECOMMENDATIONS

10. It is important for Middlesbrough to continue with the work to create dementia friendly communities and environments so that people with dementia, their families and carers feel safe and accepted members of the community. This will be achieved by:

- *Increasing the number of organisations and community settings that are dementia friendly*
- *Increasing the number of Dementia Friends and Dementia Champions across a range of organisations and communities*
- *Making services accessible to people living with dementia and carers*
- *Improved access to services and peer support groups and enable community groups to welcome people with dementia and their carers*



# SUMMARY OF RECOMMENDATIONS

## DEMENTIA IN MIDDLESBROUGH - SCALE OF THE CHALLENGE

1. Carry out a detailed Dementia Health Needs Assessment to inform the development of a dementia strategy and action plan. The needs assessment will need to:
  - Ensure the needs of vulnerable groups are understood e.g. BME populations
  - Consider future service planning to take into account the population projections and the impact dementia will have on demand for health, social care and other related services
  - Ensure the patient and carer voice is at the heart of service design, commissioning, improvement and transformation to ensure people with dementia maintain their quality of life
2. Ensure better knowledge and awareness of dementia to help tackle stigma and improve understanding amongst communities and professionals.
3. Strengthen working arrangements for the Dementia Collaborative to ensure it is a strategic forum for multi-agency working and co-production between agencies, patients and carers across the dementia pathway from prevention to end of life care.

## TACKLING PREVENTABLE CAUSES OF DEMENTIA - PREVENTING WELL

4. Given that some types of dementia and a number of long term conditions share common risk and protective factors, prevention programmes need to be framed and delivered with a holistic approach to improving health and wellbeing that supports the promotion of good brain and heart health throughout life.
5. Local public awareness campaigns developed to raise levels of understanding on:
  - Preventable causes of dementia and promoting behavior change
  - Improve uptake of prevention and early intervention public health programmes, early identification and effective management of cardiovascular diseases

## EARLY DIAGNOSIS AND EFFECTIVE MANAGEMENT OF DEMENTIA - DIAGNOSING WELL

6. Increasing dementia diagnosis needs to remain as a priority so that individuals are provided with the support they need through:
  - Tackling variation in diagnosis rates between GP practices
  - Increasing awareness of early diagnosis services
  - Improve diagnostic tests for people at risk of dementia such as stroke patients
  - Ensure diagnostic capacity and effective support is in place for patients, families and carers following dementia diagnosis

## LIVING WELL WITH DEMENTIA

7. Ensure people with dementia feel safe and accepted members of the community in Middlesbrough by:
  - Addressing the health and well-being needs (physical and mental health) of people with dementia, their families and carers
  - Improving access to services and peer support groups, and community groups
  - Increasing the role of the housing sector in promoting independent living through increasing joint planning and service delivery for availability of appropriate housing, equipment and adaptations
  - Embracing telecare and assistive technology to support independent living

## DYING WELL

8. Improve the early identification of patients across all diagnoses with end of life care needs, allowing timely access to advanced palliative and end of life care planning
9. Work collaboratively with health and social care, to ensure that people living with dementia die with dignity and in the place of their choice

## CREATING DEMENTIA FRIENDLY ENVIRONMENTS

10. It is important for Middlesbrough to continue with the work to create dementia friendly communities and environments so that people with dementia, their families and carers feel safe and accepted members of the community. This will be achieved by:
  - Increasing the number of organisations and community settings that are dementia friendly
  - Increasing the number of Dementia Friends and Dementia Champions across a range of organisations and communities
  - Making services accessible to people living with dementia and carers
  - Improved access to services and peer support groups and enable community groups to welcome people with dementia and their carers

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