Stockport Dementia Strategy
- working together to improve the lives of people affected by dementia -

Strategy 2017-2020 &
high level action plan for 2017/18
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Foreword

EDUCATE is a Stockport based group of people living with Dementia, who raise awareness about dementia. Having lived through the shock of diagnosis ourselves, we want to share our experience of managing the difficulties dementia can cause.
We know that a timely diagnosis, and good post diagnostic support can help people make the adjustments they need to be able to get on with their lives.

*Our aim is to inspire others to live as well as possible, and to involve people with dementia in the life of their communities.*

There is still stigma attached to dementia, and too many people become isolated after their diagnosis. That’s why, alongside our partners, we have helped to set up local dementia drop ins, so people with dementia and their carers can get support and advice close to their doorstep.

We use our lived experience of dementia to help both staff and family carers understand more about the condition, and to feel more confident about the support they give.

We are pleased Stockport’s dementia strategy recognises the contribution people with dementia themselves can make. We recognise the efforts being made to provide support to people throughout the dementia journey. We believe important steps have been taken towards a more dementia friendly Stockport, and that the partnership working to implement this strategy will lead to more improvements in the lives of people with dementia and their carers.

“If you have dementia there is no better place to live than in Stockport.” (Alice)
Introduction

The purpose of this Stockport Dementia Strategy is to:

- Summarise findings from Stockport's JSNA about needs and priorities for people with dementia and their carers.
- Celebrate the achievements made so far in dementia care in Stockport.
- Set out the vision for 2020 and key achievements by which the overall success of the strategy will be measured.
- Provide a whole system approach across health, adult social care, public health, third sector, private sector and beyond to meet the identified needs of people with dementia and their family and friends from diagnosis till end of life.
- Implement a dementia friendly Stockport.
- Identify key actions for the next year which will be undertaken to prevent dementia and to further improve the support for people diagnosed with dementia, their family and friends and equip staff involved in dementia care with the right knowledge and skills.

The implementation of this strategy is underpinned by the development of a Stockport Dementia Action Alliance to work towards a dementia friendly Stockport. The strategy is also aligned with the Stockport Together programme and the development of a new multi-speciality community provider (MCP).

Background

The Department of Health launched the first national Dementia Strategy in 2009.

In 2010 Stockport published its first Joint Dementia Strategy, living well and healthily with dementia in Stockport.

This 2017–2020 dementia strategy builds on the implementation of our first local strategy (2010) and on the 5 themes of ‘The Well Pathway for Dementia’ (NHS England, 2016) including reference to relevant NICE guidance.

This strategy also contributes to the implementation of the 5 pledges of Dementia United, a health and social care initiative to improve dementia care in Greater Manchester:

Dementia United

1. Improve the lived experience of people with dementia and their carers.
2. Reduce variation in Greater Manchester through a common commissioning framework.
3. Introduce a post-diagnostic support model for people with dementia.
4. Co-produce and re-design health and care systems with patients and their carers.
5. Adoption of technology.

For more details: see: http://dementiaunited.net/
Strategy Summary

- A new element in the current strategy is the focus on ‘preventing well’, a topic that didn’t feature in the first national and local dementia strategies. Evidence has shown that adopting a healthy lifestyle can also have a positive impact on the brain and reduce the risk of developing some types of dementia. Opportunities will be created to raise public awareness of the link between vascular health and dementia risk, and support people to improve their vascular health.

- Another new topic in this strategy is the development of dementia friendly communities. By both, continuing to work on improving dementia care from diagnosis to end of life, while at the same time developing more dementia aware and supportive communities, we aim to improve the lives of people with dementia and their carers.

- This strategy also focusses on identified gaps in our current local dementia care delivery model. In particular there is a focus on improving dementia care in care homes, improving care provided in people’s own homes and improving care for people with more advanced dementia living at home.

- Following the recommendations from a Council health scrutiny review during 2016, this strategy also includes actions to improve the support offered to family and friends (informal carers) of people with dementia, to assist them in their caring role and support their own health and wellbeing.

- Over the last five years the delivery of dementia care has evolved into a multi-agency approach. This strategy is therefore not, like the first dementia strategy, a NHS-SMBC joint commissioning strategy but rather a dementia care partnership strategy developed and delivered by a wide range of local stakeholders key in supporting people with dementia, their family and friends and the neighbourhoods they are living in. A passionate multi-agency group of dementia champions will support the delivery of this strategy.
Summary

Training & education

Prevention

Person with memory concerns presenting at GP practice

GP assessment -> referral Memory Service

Advanced care planning & end of life care

Integrated care planning & delivery management of co-morbidities

Dementia friendly communities

Peer support

Regular dementia review for person with dementia and carer in primary care

Post-diagnostic support for person with dementia and their carers: information, advice, training, peer support, lifestyle advice, signposting

Prevention

Healthy lifestyle promotion
Dementia message in Health Checks
Improving vascular health

Primary Care

Dementia friendly pharmacies, opticians, dentists
Pro-active condition management by GP practices

Community Care

Dementia friendly nursing services, social care, home care & care home provision
Focus on keeping people at home

Acute & Emergency

Dementia friendly hospital care, outpatients ambulance and A&E care

Specialist Dementia Care

Memory Service
Specialist Liaison Services
Delirium care
Saffron ward
Dementia end of life care
Training & education

Neighbourhoods

Awareness raising
Peer support
Dementia friendly communities
Dementia friendly services & activities
Suitable housing

Stockport Dementia Strategy 2017-2020
Successes so far - 1

Since the launch of our first Stockport Joint Commissioning Dementia Strategy many improvements have been realised. A brief summary of our achievements over the last 5 years are:

Diagnosis
Due to increased awareness and opportunistic screening more people are being diagnosed and being diagnosed early. Stockport currently has a diagnosis rate of 74% (Feb, 2017) and has the highest total number of people diagnosed across Greater Manchester due to Stockport’s high prevalence. A shared care pathway for diagnosis and disease management has been established between primary care and secondary care, and specialist dementia link nurses are working together with GP practices to support patients and their carers. Also more emphasis is now placed on diagnosis by specific dementia type to ensure condition specific as well as person-centred post-diagnostic support is available.

Supporting well
Across Stockport key providers in dementia care in primary, secondary and mental health care and third sector organisations have demonstrated the benefits of partnership working in developing seamless dementia care.

Staff across most health and social care and third sector organisations have and continue to be offered, training appropriate to their level of service delivery.

Support for people with dementia and their carers has improved through the implementation of a mental health liaison service which comprises hospital discharge support, support on the wards, support for care homes and dementia end of life liaison.

Further support for people with dementia and their carers while in hospital has been possible through the endorsement of John’s Campaign, the introduction of a carers’ passport, environmental improvements on the wards and an enhanced reminiscence and social activities offer for people with dementia and their carers.

Additional investment in primary care means it is now possible for GPs to offer people with dementia a dementia review twice a year in their GP practice.

A bespoke and unique community ward (Saffron) has been developed to provide personalised treatment for people with dementia and/or delirium in combination with other physical health problems.

Various services like intermediate care, extra care housing, learning disability services and a majority of care homes have made environmental and treatment improvements to support people with dementia and their carers better.

Many family members and friends of people diagnosed with dementia (informal carers) have attended dementia care training to support them in their role of caring for someone with dementia.

Increased diagnosis rate, specific dementia type post-diagnostic support, improved shared care pathway, dementia review twice a year in GP practice, up to date dementia register.

High number of staff trained, dementia friendly services, partnership working across stakeholders, quality improvement in service delivery, increased usage of telecare, innovative services.
Successes so far - 2

Living with dementia
Stockport already has a growing network of dementia peer support groups, including volunteer, third sector and user-led groups, offering support and opportunities to socialise to people with dementia and their carers. Over the life-time of this strategy, the intention is to further strengthen this network of drop-ins through the offer of additional support, greater collaboration and links with the wider community, leading to more dementia aware and supportive communities. Various initiatives to eradicate stigma and to raise dementia awareness have been successfully led by EDUCATE in partnership with the Stockport Branch of the Alzheimer’s Society, Signpost Stockport for Carers and Age UK Stockport. EDUCATE held two successful ‘doing dementia differently’ events at the Plaza Theatre in Stockport celebrating the talents and achievements of people living with dementia. Several initiatives to create dementia-friendly communities have started including work with local schools, work with local pharmacies and other local businesses and services.

Dementia end of life support
Improved partnership working between specialist dementia care and palliative care services and the recruitment of a dementia end of life specialist, are increasingly enabling people with dementia to receive good end of life care in their place of residence.

Examples of good practice:
- Marple user-led drop-in
- Dementia friends training at local schools and colleges and intergenerational projects at drop-ins
- Rarer types of dementia specialist intervention team & young onset dementia enjoying life (YODEL) drop-in
- Churches United hosted a dementia awareness event
- Dementia friends training for local taxi drivers and Stockport Car Scheme drivers
- All adults with learning disabilities are screened regularly
- Dementia care advice service for carers run by Signpost Stockport for Carers
- Intermediate care services received a Daisy Award for delivering excellent dignity in care
- Carers passport, dementia café in the hospital, John’s campaign, dementia trolley in A&E
- Stockport Dementia Care Training
- EDUCATE co-facilitating training and ‘in2minds’ post-diagnostic group
- Vascular dementia pathway
- Dementia End of Life Specialist
- Dementia specialist link nurses working together with primary care

User-led support, dementia friendly community facilities, partnership working with other public sector services.
Greater recognition of palliative care needs and improved dementia end of life care in the community.
Areas for improvement & Gaps

Despite the many improvements to date, recent consultation (i.e. health scrutiny report), engagement events and new dementia care evidence is highlighting the need for further improvements as outlined below:

- Greater emphasis on primary prevention of dementia
- Increased capacity of home care and care home provision, and to ensure the quality of care provided matches that of the best performing providers
- Further dementia awareness raising across all parts of society including schools, local shops and businesses, faith groups and other sectors of the community
- Standardised level of service delivery by the GP practices irrespective of whether the person lives in their own home or a care home
- Improved pro-active support for people living alone, couples who both have dementia or when a person with dementia is the main carer for someone else with a long-term condition, including improved support to plan ahead and contingency planning
- Increased support for people in the advanced stage of dementia and their carers regardless of their place of residence and preventing avoidable hospital admissions
- Increased emotional support for families and friends when the person with dementia they have been caring for has gone into long-term care or has passed away
- Creating more peer support opportunities for carers to exchange their experience and practical knowledge of caring for someone with dementia
- Improved co-ordination of treatment for people who have (vascular or mixed) dementia in addition to other co-morbidities such as diabetes, stroke, and heart conditions
- More joined up approach to support and develop local dementia drop-ins and dementia friendly communities underpinned by a Stockport wide Dementia Action Alliance
- Further development of dementia friendly health and social care services
- Greater choice of housing options suitable for people with dementia
- Increased use of technological solutions to support people with dementia and their carers.

These identified areas for improvement will be addressed in this second strategy for Stockport. The development of Stockport Together will create many opportunities to address these areas as part of the wider system reform.
Dementia Health Needs & Priorities

Stockport’s JSNA identifies the health, care and wellbeing needs and priorities for Stockport in relation to dementia care. The full JSNA report can be found here.

Key findings:

**PREVENTION**
- The lifestyles of Stockport’s population are improving overall, with recent decreases in the rate of smoking, and alcohol consumption; however the majority of people are not physically active enough.
- There are significant health inequalities for people in deprived areas and certain vulnerable groups which impact on people’s risk of developing dementia.

**PREVALENCE**
- 2,850 people in Stockport have a diagnosis of dementia, an increase of more than 900 over the last five years partly as a result of the focus on improved detection.
- Dementia prevalence rates in Stockport are higher than the national average.
- In Stockport around 75% of the people estimated to have dementia have been diagnosed, meaning there are around 1,000 people living with dementia who have not yet been diagnosed.
- By 2030 the expected prevalence of dementia is estimated to be 50% higher than currently.
- There is a significant deprivation profile for dementia in Stockport. Rates in the most deprived areas are more than double those in the least deprived areas. Due to the different age profiles and population sizes there are however more people living with dementia in the least deprived areas.
- Dementia prevalence by age by deprivation shows that the onset of dementia appears to start in the late 60s early 70s for people living in the most deprived quintile. For those living in the least deprived quintile the onset appears to be delayed by up to 10 years to the late 70s.
Stockport Dementia Health Needs and Priorities

DIAGNOSING, LIVING & STAYING WELL

- 85% of patients with dementia known to GPs have had a care plan review in the last year, higher than the national average.
- 86% of patients newly diagnosed with dementia have completed the full range of appropriate diagnostic tests.
- Trends in prescribing volumes show that there has been a 72% increase over the last four years, compared to a 34% increase in prevalence; despite this costs are going down. However there is variation in the average cost of prescribing by GP practices.
- Currently 8.4% of adult social care clients have needs relating to dementia, around 700-800 people. This is approximately 20% of those diagnosed. An audit suggests costs are in the region of £40m per year.
- Referrals to the Memory Service have been increasing, with the service now receiving around 60 referrals a month; with an average active caseload of 425 at any one time.
- Only a small proportion of carers of people with dementia either attend carers information groups or are known to local support groups.
- Emergency admissions to hospital for dementia as a primary diagnosis have more than doubled in Stockport residents in the last eight years. There are now over 2,200 emergency admissions for dementia a year. As deprivation increases so does the emergency admission rate, the rate in the most deprived areas is almost double the Stockport average. Patients were most likely to be in hospital between 2 and 6 days.
- Where dementia is part of the diagnosis code the most common primary diagnosis are for diseases of the urinary system which account for almost 10%, influenza and pneumonia (9%), injuries to the head (7%) and injuries to the hip and thigh (4%).

DYING WELL

- There are now approximately 350 deaths in Stockport each year with an underlying cause of dementia, which is a major cause of death in older people.

COSTS: National evidence from Dementia UK 2014 suggests costs for Stockport based on the expected prevalence are around £135million and for diagnosed prevalence are around £99million. Approximately 16% of costs are born by the NHS, 39% by social care and 44% by unpaid carers. By 2030 these costs could increase locally to £197million.
Dementia prevention:
Reducing the risk of developing dementia and promoting good health for people with dementia and their carers

‘What is good for your heart is also good for your brain’.

Introduction
This is a new section within the dementia strategy. Since the launch of Stockport’s previous dementia strategy there is emerging evidence to suggest that the risk of developing dementia in the population can be reduced by taking action to reduce the modifiable risk factors (smoking, lack of physical activity, alcohol consumption, poor diet, being overweight), and improve suggested protective factors (like higher educational attainment).

Evidence that it is possible to reduce the risk of dementia has come from observational studies. The incidence of dementia increases with age, consequently, as the proportion of older people in the population increases, we would expect to see more people with dementia. However while the number of people in the UK with dementia has been rising, the prevalence of dementia for 2011 was lower than predicated from 1990s data. This reduction is thought to be due to a reduction in risk factors like smoking and improvements in protective factors such as better education (Matthews et al. 2013).

There are over 100 different types of dementia with different prevalence rates and prospects for risk reduction. The most common type of dementia is Alzheimer’s disease, which is thought to account for around 60% of dementias. The next most common type of dementia is vascular dementia accounting for around 20% of people with dementia. While not a lot is known about risk reduction for Alzheimer’s disease, vascular dementia is caused by impairment of the blood supply to the brain and has the same risk factors as cardiovascular disease and stroke. It is now also thought that many people diagnosed with Alzheimer’s disease have a mixture of Alzheimer’s disease and vascular dementia. It is therefore appropriate for Stockport’s primary prevention programme to focus on reducing the risk factors associated with poor vascular health, and share the health message that ‘What is good for your heart is also good for your brain’.

The risk factors for dementia overlap with risk factors for other major diseases and conditions like stroke, type 2 diabetes, cancer, heart disease, and physical frailty and offer an opportunity to align primary prevention campaigns and public health messages for dementia with these other conditions.

It is thought other factors like loneliness, social isolation and depression may also have an effect on the onset and progression of dementia by reducing resilience. While higher educational attainment might have a protective effect, however more evidence is needed.
Dementia prevention:

NICE Guidance 2016 focuses on prevention during midlife (40 – 64 years). However the guideline recommends lifestyle messages to prevent dementia should be delivered earlier to people from deprived communities.

The Prime Minister’s Challenge 2020 sets out the national ambitions for tackling dementia, which include improved public awareness of the risk factors and better understanding of what people can do to reduce their risk.

The idea that you might be able to prevent dementia is an important message for professionals and the public alike in helping to dispel some dementia myths. It gives a clear signal that dementia isn’t a natural part of ageing and there are things that can be done to help reduce the risk.

Equally, it is important that people who have dementia aren’t stigmatised or made to feel guilty, and understand that there are some risks which can’t be reduced like age and genetic propensity, however people should still be encouraged to adopt a healthier lifestyle as it can help increase the number of years spent living in good health.

The 2015 British Social Attitudes survey found that the public has a poor understanding of the risk factors for dementia, and over a quarter of those surveyed thought there was nothing you can do to prevent it.

In addition to the personal cost of developing dementia, the rising number of people expected to develop dementia world-wide (around 135 million by 2050) makes a compelling economic argument for implementing evidence based primary prevention approaches.

In addition to these primary prevention approaches, people with dementia should also have the opportunity to improve and maintain their own physical and emotional health and well-being through provision of health and lifestyle information and advice, and access to mainstream and dementia friendly activities in the community, such as: walking groups, seated exercise, social and peer support groups, singing for the brain.

Dementia prevention:

An uptake of NHS health checks comparable to the top 20% performing CCGs nationally including dementia screening and prevention advice (Dementia United objective)

Stockport residents will have a clear understanding of factors that increase their dementia risk and will know where they can get support to improve their health (help to stop smoking, becoming more physically active, reduced alcohol consumption, a healthy diet, maintain a healthy weight) and to reduce the incidence of other diseases that can contribute to developing dementia like cardio-vascular disease and type 2 diabetes.

Front line professionals will have a clear understanding of how to reduce dementia risk and are able to advise, encourage and signpost people they are in contact with.

People living with dementia in the community and their carers will know how they can improve their overall health and wellbeing, and will have the opportunity to participate in dementia friendly activities to maintain and improve their health and well-being.

Staff supporting people in care homes and sheltered accommodation will better understand how to help residents improve their health and well-being.
### Preventing Well: What we will do to make this happen

#### Staff training and awareness
In collaboration with public health colleagues, we will ensure information about the risk factors for dementia, based on NICE’s midlife approaches to reduce dementia risk, is available to key front line practitioners working in Stockport including: public health colleagues, health and wellbeing officers, lifestyle services, community capacity workers, GP practice staff delivering NHS Health Checks, Healthy Living Pharmacies and dementia link nurses.

#### Public awareness
We want to ensure that professionals and the public know that lifestyle messages to improve cardio-vascular health can also reduce the risk of dementia – ‘What is good for the heart is good for the brain’. With public health colleagues, we will ensure messages telling Stockport residents how they can reduce their dementia risk are included in relevant health awareness initiatives, and accessible to a wide audience including people from different cultural, socioeconomic and ethnic backgrounds. Colleagues from Greater Manchester Fire & Rescue Service are looking at how they can incorporate the prevention message into the delivery of Safe and Well Checks. Public Health colleagues are amending the information provided as part of the NHS Health Checks to highlight that adopting a healthy lifestyle may also reduce the risk of developing dementia.

#### Provision of Lifestyle Services
Stockport Council Public Health will continue to commission and promote uptake of Lifestyle Services which support people to change their behaviour and adopt healthier lifestyles which reduce their risk of developing dementia. This includes support around stopping smoking, healthy eating, being a healthy weight, being more active, drinking less alcohol and reducing/stopping drug use. Staff who deliver these services should ensure the service delivery is dementia inclusive.

#### NHS Health Checks
In Stockport NHS health checks are delivered by primary care. Invitations to attend an NHS health check are sent out every 5 years to people between the ages of 40 – 74 who don’t have previously recognised vascular disease or a condition which is already managed through an existing care pathway. For people between the ages of 65 - 74 attending an NHS health check, the checks are used to raise awareness of the signs of dementia and signpost people to appropriate services. In addition, people receiving a Health Check should be made aware of the link between cardiovascular disease and dementia, and advised that adopting a healthy lifestyle can reduce the risk of cardiovascular disease and dementia. Stockport has specialist dementia link nurses attached to specific GP practices to offer training and support with regard to the management of people with dementia. Through these link nurses and public health colleagues, we will encourage GP practices to continue to use NHS Health Checks to raise awareness and identify people with early signs of dementia, and understand that adopting a healthy lifestyle can reduce the risk of dementia.

It is also noted that NHS health checks in Stockport are going to be the gateway to a new 12 week education and behaviour change programme to help prevent people in the pre-diabetic stage from going on to develop type 2 diabetes, which can also positively contribute to a decreased risk of developing dementia.
### Preventing Well: What we will do to make this happen

| **Signing up to the Healthy Living Pharmacy Scheme** | The Greater Manchester Pharmacy Local Professional Network has developed a framework for pharmacy teams to work through to become a Dementia Friendly Pharmacy. Part of the framework includes whether the pharmacy provides information and advice about lifestyle issues which can reduce the risk of dementia. Pharmacists in Stockport will be encouraged to sign up to this scheme as part of the Stockport Healthy Living Pharmacy programme. |
| **Stockport Together's Healthy Communities programme** | Where relevant we will ensure that work undertaken as part of Stockport Together’s Healthy Communities programme includes work to **reduce the risk of developing dementia** through improved awareness and by supporting behaviour change. |
| **Addressing inequalities** | We want to ensure **health and lifestyle messages** and support to reduce the risk of dementia are **equally available** to people living in Stockport. This may require approaches targeted to certain sectors of the population including people from disadvantaged backgrounds and ethnic minority groups. |
| **Access to dementia friendly healthy lifestyle and wellbeing activities** | Through the development of dementia friendly communities across Stockport, and the work of dementia peer support groups, we want to ensure that people with dementia and their carers have **increasing opportunities to participate in a range of activities** which suit their needs and help them to maintain good health and wellbeing. Such activities might include: social support, walk and talk groups, singing for the brain sessions etc. and it is therefore crucial that these services and activities are accessible for people with dementia. |
Diagnosing Well

Introduction
Receiving a dementia diagnosis can be devastating, but in some cases it can also be a relief to finally have an explanation for changes in memory or behaviour and to be able to access appropriate support to help manage the condition.

Getting a timely diagnosis is crucial to: enable people diagnosed with dementia and their carers to access information, advice, support and training, to assist people to plan ahead and make necessary adjustments, to access appropriate medical support and reviews, to find out about access to other services for example driving assessments, Safe and Well Checks from the Fire Service and equipment.

A diagnosis might also give people with dementia and carers access to certain benefits and allowances and people should receive information about their rights and entitlements at point of diagnosis.

To help ensure people receive a timely diagnosis and get all the help they need, GPs are encouraged to undertake case-finding among high risk groups, maintain an up-to-date dementia register, and ensure all their patients including care home residents with dementia under their care, are listed on these registers. To help provide appropriate care and support, GPs are also asked to record the specific dementia type people are diagnosed with.

The evidence
There is strong evidence that an early diagnosis helps people with dementia to continue to live independently in their own home for longer, by enhancing the quality of life for people with dementia and their carers, and helping to avoid early or unnecessary admission to hospital or a care home, which in turn may result in reduced long-term care costs. There is also evidence that drug and non-drug treatments are more effective the earlier someone is diagnosed. (SCIE, 2016)
**Diagnosing Well:**

<table>
<thead>
<tr>
<th>What we will do to make this happen</th>
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<tbody>
<tr>
<td><strong>Encourage people to go to their GP if they are worried about their memory</strong></td>
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<tr>
<td>We will <strong>raise dementia awareness</strong> at every appropriate opportunity, including during national dementia awareness week and national Alzheimer’s day and through the use of information displays and sessions. We will continue to support and promote uptake of the Dementia Friends initiative. We will work with EDUCATE and other people with dementia to raise dementia awareness and to encourage people to seek help early. <strong>We will work with key public facing colleagues, like staff from The Prevention Alliance, community pharmacies and fire service to help publicise the message that it is important to go to your GP if you are worried about your memory.</strong> We will continue working with staff in hospital, mental health and primary care to deliver timely memory assessments and quality post-diagnostic support.</td>
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<tr>
<td><strong>Find &amp; Treat</strong></td>
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<td>The current diagnosis gap for Stockport is 26% - this is the percentage difference between the number of people in Stockport with a dementia diagnosis and the predicted number of people with dementia. Recording a dementia diagnosis (including specific dementia diagnosis type) is important to ensure people are offered regular monitoring reviews, have access to care and support and that carers’ needs are considered. We will be working with GP practices to <strong>identify patients</strong> and ensure that the practices’ dementia registers are up to date. <strong>Service integration and more joined up working</strong> will lead to greater opportunities to ensure people are identified and referred to appropriate services and that the dementia diagnosis is included in Stockport’s Health and Care record to facilitate an integrated approach to disease management.</td>
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<td><strong>Building on current shared care pathway</strong></td>
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<td>We will <strong>further improve the shared care pathway</strong> between primary and secondary care, building on current partnership working between specialised dementia link nurses and GP practices, and align the dementia pathway with Stockport Together’s neighbourhood pro-active care model. GPs receive additional local payment to offer people with dementia a <strong>monitoring review twice a year</strong>. Through increased multi-disciplinary working and increased dementia awareness training for staff working in the neighbourhoods, people showing signs of memory problems will be signposted earlier and as a result assessed earlier. The Memory Service (Pennine Care) will continue to offer bespoke <strong>dementia training</strong> to staff in GP practices, continue to meet the performance indicator of <strong>diagnosing people referred to the Memory Services within six weeks</strong> of referral, and continue to develop <strong>condition specific post-diagnostic dementia support</strong>. The vast majority of patients will continue to be monitored by their GP practice with a <strong>fast track option</strong> back into the Memory Service if needed. The Memory Service will work closely together with key stakeholders in the delivery of dementia care and provide training and supervision to these partners.</td>
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<td><strong>Care homes</strong></td>
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<td>We will work with GP practices and care homes to make it easier for care home residents to get a <strong>diagnosis</strong> of dementia as required, with a view to <strong>improving support</strong> for the residents and staff concerned. The <strong>liaison service</strong> for care homes will increase its capacity.</td>
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<tr>
<td><strong>Mild Cognitive Impairment (MCI)</strong></td>
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<td>One third of people currently assessed by the Memory Service are diagnosed with mild cognitive impairment (MCI). One third of these people develop dementia within three years. We will introduce <strong>better monitoring</strong> for people diagnosed with MCI over a period of three years to ensure a timely diagnosis is made where appropriate, and people feel supported at this difficult time.</td>
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Supporting Well:

Introduction

We believe the essential components in supporting people with dementia well, start with quality education and training. People with dementia, their carers and the staff involved in the delivery of their care all need a good understanding of dementia commensurate to their role and the requirements placed on them. Stockport Council and Pennine Care NHS Foundation Trust fund a full-time dedicated Dementia Development Manager to deliver an ongoing rolling programme of dementia training for people with dementia, their carers and staff. All relevant health and social care services are expected to have received awareness training and to understand the specific needs, which people with dementia and the people who care for them might have. People are supported well where they receive the appropriate ongoing management and support from the right professionals at each stage of their condition i.e. when they are in the mild, moderate or severe stage of dementia.

In Stockport, dementia care is delivered and co-ordinated through a system of shared care from specialist nurses, therapists and other professionals from the Memory Assessment Service at Pennine Care NHS Foundation Trust and a patient’s own GP. To ensure continuity of care, people diagnosed with dementia should receive two reviews per year from their GP practice to help monitor their condition, and identify any help required including medication management. For this system to work well there has to be effective partnership working between GP practices and the Memory Service, which is achieved through the current model of having dementia link nurses from the Memory Assessment service assigned and working with specific GP practices with a fast-track referral pathway.

As required, people also need to be able to access good quality social care, and to receive a thorough assessment of their needs. Where indicated an agreed care plan should be put in place to meet the needs of the person with dementia aimed at promoting independence and wellbeing. Family carers can also request a social care assessment in their own right. People may also require care home or home care support or may need access to hospital care or end of life support, which all need to deliver quality care meeting the needs of people with dementia and their carers.

NICE guidance points to the need for co-ordinated delivery of health and social care services for people with dementia and combined care plans. The integration of health and social care services through the Stockport Together programme will help to achieve this, supported by liaison services, which are able to offer specialist advice to staff supporting people in hospital, social care and the community.

The evidence
- Support for carers delays / prevents a need for long-term care placement for the person with dementia
- Social isolation has a negative impact on health and cognitive functioning
- Peer support improves quality of life for both the person with dementia and their carer
- Planning ahead and responsive services prevents crisis situations
- Non-pharmalogical approaches including dementia friendly care environments, life-story work and person-centred care improve quality of life and reduces the need for anti-psychotics / sedating medication.
Supporting Well:

Updated shared care pathway between primary and secondary care to guarantee a timely assessment and diagnosis process followed by continuous post-diagnostic support meeting the needs of the person with dementia and their carers.

Staff involved in the delivery of care to people with dementia are trained in dementia care and focus on promoting independence and maintaining function.

There is continuity of care from General Practice, with support from the Memory Service, including regular monitoring reviews, to oversee continuous quality support for the person with dementia and their carers from diagnosis to end of life.

There is collaborative working between staff in primary care, secondary care, mental health care, social care and staff working in third and private sector to offer seamless multi-disciplinary support.

People with dementia are able to stay at home for as long as possible. Home is the preferred place of care delivery, avoiding unnecessary hospital admissions and delaying long-term placements where possible. An appropriate care and support package and regular reviews are in place to ensure the arrangement is sustainable.

Practical and emotional support is available for family carers to support their health and wellbeing, including contingency planning and increased opportunities for peer support and respite care.

Greater opportunity is offered for the use of technology enabled care support (TECS).
### Actions

#### Supporting Well:

**What we will do to make this happen**

| **Dementia friendly health and social care services** | - Providers of commissioned services are requested to undertake **dementia training** appropriate to the level of service they provide and they should specify how they ensure that their service is **dementia friendly**.  
- A range of training is available to equip staff to work with and support people with dementia and their carers and to enable their staff to signpost people to other available services as necessary.  
- **Environmental audits** will be undertaken by people with dementia to improve access to care buildings.  
- There will be continued implementation of **Stockport NHS Foundation Trust’s dementia strategy** to ensure the needs of people with dementia are met during their intervention and carers feel supported. This includes provision of carer’s support / carers passport, dementia friendly wards, dementia friendly activities, staff training, memory assessment and medication reviews, outreach work with community drop-ins, development of a care pathway between the hospital and the Memory Service. |
| **Dementia friendly GP-practices & pharmacy scheme** | - Implementation of a new Stockport CCG **dementia friendly GP practice award** for practices meeting the CCG’s standards to be developed with user involvement from EDUCATE.  
- Continue working with local **healthy living pharmacists to be dementia friendly**. |
| **Dementia type specific post-diagnostic support** | - Further development of **dementia type specific post-diagnostic information groups**, building on existing good practice and accommodating specific needs related to dementia type (Lewy Body dementia support group, vascular dementia information sessions, YODEL - a group for people with young onset dementia, support group for people with fronto-temporal dementia). |
| **Integrated care related to dementia relevant co-morbidities** | - Memory Service to develop **care pathways** with community diabetes service, heart failure service, stroke service, continence service and learning disability team to support integrated condition management. |
| **Promote use of technology enabled care services including telecare** | - Adult Social Care will continue to offer a range of **telecare equipment** to support people with eligible needs including people with dementia and work with colleagues to test out new equipment to expand the range of telecare available.  
- Adult Social Care is working with partners to consider how technology enable care services (TECS) can be embedded in the new integrated model of care. |
| **Pro-active care in neighbourhoods** | - Implementation of a **case-management approach** for people in the advanced stage of dementia, which includes a regular multi-disciplinary team meeting to monitor the care delivered is meeting the person’s needs, and to prevent avoidable crisis situations.  
- Health & wellbeing plans and care plans to include a ‘healthy communities’ offer to ensure people stay **socially connected**.  
- Dementia care professionals will be available to provide **clinical advice** and expertise to people with dementia, their carers and volunteers attending community dementia drop-ins. |
Supporting Well: What we will do to make this happen:

**Quality and person-centred dementia care delivered by care homes and home care organisations**
- Through the Stockport Together initiative we will develop and implement a **borough wide dementia care delivery plan** aimed at improving quality of care and incorporating: staff training, dementia friendly environments, integrated and pro-active care planning, links to the wider community, person-centred care based on life story work and dignity in care principles, increased use of assistive technologies and working with family and friends as partners in care.
- Offering **increased support to care homes** through links with mental health liaison services, medication management support and regular GP ward rounds.
- Introducing **new models of care** delivery and monitoring quality of dementia care delivered by care homes, home care agencies, housing providers and extra care schemes.

**Increased support for carers**
- Creating a **support network for carers and ex-carers** through Carers Connect, a new Signpost Stockport for Carers initiative creating a platform for carers to exchange information, skills and experiences in caring for someone with dementia.
- Ongoing **peer support** available through a network of community dementia drop-ins. These drop-ins will also provide information and advice and opportunities to improve health and wellbeing.
- An Improved **carers training** package relevant to the progression of the condition supported by a monthly carers-drop in to prevent carers isolation.

**Housing fit for purpose**
- Ensuring current **housing supply** (sheltered accommodation and extra care housing) is dementia friendly and able to meet the needs of people with dementia.
- Influencing **future planning initiatives** to develop supportive housing options for people with dementia and their family.
- Council and care homes working together to further develop dementia friendly **care homes**.
Living with dementia

Helping people with dementia to live informed and socially connected lives in safe and accepting communities

Introduction
Since the launch of Stockport’s first dementia strategy and the former Prime Minister, David Cameron’s, ‘Challenges on Dementia’ there have been significant improvements in terms of raising awareness about dementia and creating tangible opportunities to improve the lives of people with dementia. For example during 2014/15 Stockport Council backed a high profile public awareness campaign which saw a significant number of people become dementia friends. To date there are nearly 5000 dementia friends in Stockport. Stockport continues to benefit from the work of EDUCATE, a group of people from Stockport with dementia, who raise awareness and promote understanding of dementia locally, nationally and internationally. In 2013 a couple of EDUCATE members took part in a project to pilot dementia friendly communities in Marple. In March 2014 this led to the establishment of a community drop-in or support group for people with dementia, set up and run by an EDUCATE member. Nearly three years on, the drop-in continues to support an increasing number of people with dementia and their carers, and offers potential to facilitate the development of dementia friendly communities. A growing number of volunteers are also making a significant contribution. One ex-carer has set up a very successful group in Heaton Moor which is helping to support a large number of carers and people with dementia. The Rotarians and the local Alzheimer’s Society are also very supportive in providing peer support opportunities. We recognise the importance of these and other groups, which can be a lifeline for people with dementia and carers, and are keen to support the valuable work done by the people who run them.

Evidence
- Social isolation - The Alzheimer’s Society 2013 report ‘The Hidden Voice of Loneliness’ reported a third of people lost friends as a result of their dementia and over a third felt lonely.
- Stigmatising attitudes - The British Social Attitudes survey 2015 found while half of the people they surveyed thought people with dementia can enjoy ‘a full life’, around a quarter still hold negative or stigmatising views believing they would find it difficult to talk to someone with dementia.
- Benefits of peer support groups - The Health Innovation Network 2015 found peer support groups for people with dementia create: an increased sense of wellbeing, reduce loneliness and social isolation, help people feel part of a community, and can deliver a social return on investment ranging from £1.17 to £5.18 for every pound invested.
- Supporting the creation of dementia friendly communities - The British Social Attitudes survey 2015 found over 80% of people surveyed think shops and businesses should train their staff to help people with dementia, and the majority of people surveyed said they would help a neighbour or a stranger with dementia.
Living with dementia

People with dementia and their carers value peer support. Some quotes from people attending Marple’s user-led drop-in are:

“I find the company very friendly and informative”.
“I look forward to Friday and have a good laugh”.
“I just wish the drop-in had been here 7 years ago when we got this diagnosis.”
“I have made lots of new friends ... It is important that we all meet together and have a friendly talk and a laugh together”.
“It is nice to have somewhere in Marple to attend and meet people locally instead of having to travel everywhere”.

Living well with dementia:

To enable people with dementia and their carers to live informed and socially connected lives in safe and accepting communities, Stockport will

1) have a well-established network of dementia drop-ins where people with dementia can meet to socialise and support each other without fear or stigma. Crucially these drop-ins will help to improve people’s health and sense of wellbeing by providing opportunities to socialise and make new friends, access information and advice about other services and support, benefit from the support of their peers, and enjoy leisure and other activities.

The drop-ins will also provide volunteering opportunities for ex-carers and other members of the community.

2) be a dementia friendly borough where people with dementia and their carers feel confident and supported to carry on using their local shops and services, as these service providers become increasingly dementia aware and supportive. Ideally the drop-ins will have an out-reach role in helping to make Stockport communities dementia friendly.
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<tr>
<th>Actions Living Well:</th>
<th>What we will do to make this happen</th>
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| Provide up to date information about peer support and other dementia support | - Develop a Stockport Dementia Roadmap giving online access to information about local support available in Stockport for people with dementia, their carers and staff involved in dementia care.  
- People with dementia and their carers will be signpost ed by professionals involved in their care to peer support groups in their communities appropriate to their needs.  
- Develop a local information sheet with tips & ideas from EDUCATE about what helps them to live well with dementia. |
| Create a well-established network of dementia drop-ins | - Bid for additional funding and resources to support & develop existing drop-ins including providing support for the volunteers running these drop-ins.  
- Work with EDUCATE members to act as specialist advisors in the running and development of dementia drop-ins.  
- Work with colleagues from Signpost for Carers, the Alzheimer’s Society, Age UK Stockport and The Prevention Alliance as well as specialist practitioners from the Meadows to provide both generic and specialist information and advice at these drop-ins.  
- Develop a support network / forum for the volunteers who run these drop-ins where members can: exchange best practice, raise concerns, have access to training and resources including advice from EDUCATE and dementia specialists, find out about options for good governance, contribute to evaluating the drop-in approach and learn how to use the drop-ins to make their local area dementia friendly.  
- Work with community capacity workers and colleagues delivering Stockport Together’s Healthy Communities programme to support the work of the drop-ins. |
| Working towards the creation of dementia friendly Stockport | - Continue to promote greater awareness and understanding of dementia through implementation of the Dementia Friends training, the work of EDUCATE, Stockport’s Dementia Champion’s network and an annual ‘Doing Dementia Differently’ event hosted by EDUCATE.  
- Create dementia friendly neighbourhoods by inviting local service providers and businesses (e.g. the fire service, supermarket staff, police community support officers), and other members of the local community into the drop-ins. In this way we will build understanding through people with dementia sharing their experience of living with dementia, thus helping the local community become more supportive and dementia friendly.  
- Work with community development workers from the Prevention Alliance, Health and Wellbeing Team, Public Health, Stockport’s Healthy Communities initiative to create dementia friendly communities together with people living with dementia.  
- Encourage local business and organisations to sign up to a Stockport Dementia Action Alliance committing to 3 actions.  
- Continue work started with schools, leisure centres, theatres, art, music & culture groups to contribute to Stockport becoming a dementia friendly community and to stimulate intergenerational working. |
Dying well

Introduction
Dementia is not always acknowledged as a life limiting disease, and therefore opportunities to plan ahead and be prepared may be missed and as a result palliative care plans are not always being put in place. Access to the dementia end of life specialist, the community specialist and enhanced palliative care services have changed this for many people with dementia, who experienced a good death over the last five years. However, this is still not the experience for every person with dementia at the end of their life.

A local audit showed that improvements need to be made to recognise the end of life stage in dementia sooner, to avoid unnecessary admissions to hospital and unnecessary assessments and interventions. It also highlighted the need for further training in relation to: pain management, nutritional support and improved skills for specific nursing interventions including managing complications and changes in behaviour.

To support people well, advanced care planning is an important part of best practice in dementia care. By recognising the prognostic indicators of people with dementia at the end stage of life, people can be included on the end-of-life-register, which increases the likelihood of receiving anticipatory care planning, and being offered access to end of life services including: expert prescribing, pain control, and specialist dementia end-of-life advice.

Carers have told us they struggled after their loved one passed away or moved into long-term care. Referral and signposting families and friends to bereavement services and supporting them to ‘move on’ is an important aspect of ‘dying well’ too.

Dying Well:

We are aiming for conversations about death and dying to be as important as conversations about living well with dementia. Dying well is a crucial aspect of good dementia care.

All people with a diagnosis of dementia will have a preferred place of care in the last days of life recorded in their care record (Dementia United objective).

As a result of staff training, awareness raising, liaison support and partnership working, effective and timely planned dementia palliative care will be available for care home residents and people in the community.

Staff have the skills to open up discussions about people’s wishes regarding death and dying, and encourage people to complete living wills and lasting powers of attorney.

Effective communication underpinned by appropriate documentation between health and social care professionals in the community and hospital will help people with dementia and their families have a good end of life experience.

Access to bereavement support for family and friends.

Further development of a mental health liaison service to support care home residents in the advanced stages of dementia.
### Actions

**Dying Well:** What we will do to make this happen

| Quality palliative and end of life care in care homes | Provide dementia end of life **training** for care home staff.  
Develop a **clinical support network** for care homes that includes end of life dementia care education. |
|---|---|
| **Continuous training offer** | Staff and informal carers have access to **training** on prognostic indicators to help recognise the palliative stage in dementia, to understand fluctuations and the unpredictability of the dying phase in dementia, to support the person with dementia and their network in anticipatory care planning and to be able to provide quality palliative care – **training offer provided through Stockport Dementia Care Training and Stockport’s Dementia end of life specialist.**  
Current staff involved in providing palliative care in the community will receive training to include people with dementia in their service offer. |
| **Improved primary care management of care home residents with advanced dementia** | Develop a **template in the GP practices’ electronic patient system** (EMIS-web) with items to include when undertaking a monitoring review for care home residents with dementia which includes dementia palliative care categories.  
**Education** about a range of topics on recognising and supporting people in the advanced stages of dementia will be included in future GP masterclasses and GP training sessions. |
| **Integrated dementia end of life care** | **Multi-disciplinary professionals** in the neighbourhood teams, alongside the dementia end of life specialist and care home liaison workers, will **work together** to identify, register and support people in the community and in care homes who need palliative care, using EPaCCS (the Electronic Palliative Care Coordination System). |
## ACTION PLAN 2017/2018

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<th>Preventing well</th>
<th>Diagnosing well</th>
<th>Supporting well</th>
<th>Living well</th>
<th>Dying well</th>
<th>High level actions for 17/18</th>
<th>Outcomes 31 March 2018</th>
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| X              | X               | X              |            |           | Include dementia prevention messages in NHS Health Checks and public health messages | - Increased primary prevention opportunities offered to people at risk of developing dementia  
- Raised dementia awareness leading to timely diagnosis |
|                |                 |                |            |           | Lead: public health          |                         |
| X              | X               | X              |            |           | Improve the referral pathway and partnership working between Memory Service and healthy lifestyle services (‘START’ and LifeLeisure) to expand secondary prevention opportunities offered to people diagnosed with dementia | - Increased uptake of lifestyle services by people with dementia (especially vascular dementia and mixed dementia) and people diagnosed with mild cognitive impairment  
- Staff from ‘START’ attend post-diagnostic dementia support groups |
| X              |                 |                |            |           | Lead: public health and Memory Service |                         |
| X              | X               |                |            |           | Find and treat: further reduce the diagnosis gap, by ensuring care home residents with dementia are included on dementia registers, and by working with professionals looking after patients with vascular health related conditions to identify memory problems early | - Stockport dementia diagnosis rate is in the top 20% of the best performing CCGs in England  
- Referral pathway between Memory Service and diabetes service, heart failure service and stroke service is developed and agreed  
- EMIS GP template for care home residents with dementia is developed |
|                |                 |                |            |           | Lead: Stockport Together & SCCG |                         |
| X              |                 | X              |            |           | GP practices are supported to become a SCCG recognised dementia friendly practice. | - Dementia Friendly GP practice scheme, including support package and a visit from an EDUCATE member, developed and rolled out  
- 30% of practices have signed up to the scheme  
- 15% of practices have achieved dementia friendly status |
<p>|                |                 |                |            |           | Lead: SCCG and EDUCATE |                         |</p>
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<td>Improved and increased training and opportunities for skills development for health and social care staff and others providing dementia care</td>
<td>- Training opportunities are available aligned to the different stages of dementia progression</td>
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<td>Lead: Stockport Dementia Care Training</td>
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<td>Increased training and support for informal carers to support them in their carer’s role and to facilitate improved health &amp; wellbeing for carers</td>
<td>- Carers Connect developed offering specific support for people caring for someone with dementia</td>
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<td>Lead: Signpost for Carers and Stockport Dementia Care training</td>
<td>- Training package is updated to offer training sessions to informal carers linked to every stage of dementia</td>
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<td>Further development of dementia drop-ins across Stockport run by volunteers with input from clinical staff and developed in partnership with people with dementia</td>
<td>- Quality peer support offered across six locations in Stockport that is local, meets the requirements of people with dementia and their carers, and where volunteers feel supported in undertaking their role.</td>
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<td>Lead: EDUCATE and SMBC</td>
<td>- Implementation of a facilitators network to exchange good practice and share challenges.</td>
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<td>Further development of dementia friendly neighbourhoods through the contribution of community capacity working and partnership working with TPA , the WIN and Healthy Communities Programme of Stockport Together</td>
<td>- There is greater awareness and involvement by the local community with local dementia drop-ins.</td>
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<td>Lead: SMBC</td>
<td>- Schools in Stockport are participating in dementia friends training, and intergenerational activities to promote dementia awareness and understanding</td>
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<td>- Sign up to dementia action alliance by at least 20 relevant community partners and local businesses</td>
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<td>Roll out of the dementia friendly pharmacists initiative</td>
<td>- Creation of a network of dementia friendly pharmacists supporting people with dementia in the community and linking in with local drop-ins</td>
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<td>Lead: public health</td>
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<td>Dementia friendly hospital</td>
<td>- All FT staff have attended an appropriate level of dementia training</td>
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<td>Lead: SFT</td>
<td>- Further implementation of the FTs dementia strategy including provision of carers’ passports, person-centred care through use of ‘this is me’, FAIRI assessments, dementia friendly activities, dementia friendly care environment, dementia champions on the wards, out-reach support for community drop-ins</td>
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<td>Developing a pro-active dementia support model with the neighbourhood teams, Memory Service and liaison services</td>
<td>- Neighbourhood teams have received training to become dementia friendly, and have access to tools and approaches to be pro-active in providing dementia care to people with dementia and their carer</td>
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<td>Lead: Stockport Together</td>
<td>- Increased use of contingency planning in care plans</td>
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<td>- EMIS GP templates are in use to monitor care and support for people with dementia and their carers in the community and in care homes</td>
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<td>- Increased uptake and use of assistive technology</td>
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<td>- Updated shared care pathway</td>
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| x | x | x | x | Developing and maintaining a Stockport Dementia Roadmap to ensure everybody affected by dementia has access to information, advice and is signposted to local support groups. Information & advice is available for people attending peer support groups. Developing post-diagnostic information packs for people who are newly diagnosed and carers packs for their family / friends.  
Lead: SCCG, Memory Service and hospital | - First populated version of the local roadmap to become available by April 2017 and is available through EMIS-web template, social media and SMBC and SCCG’s websites  
- Memory Service and hospital to give out a standardised information pack  
- Standardised welcome pack for everyone attending peer support drop ins |
| x | x | x | - Clinical network developed comprising: skills training, staff rotation opportunities, liaison and helpline support |
| x | x |  |  | Stockport to become a dementia friendly borough with local supportive communities | - Sign up of many organisations, businesses, Council departments and community groups to the local action alliance working together to make Stockport dementia friendly |

To monitor achievements, an annual dementia dashboard and report on achievements will be produced including an updated action plan for the next financial year.  
Lead: SCCG dementia commissioner
Appendices

1  Dementia Well pathway
2  Other relevant websites
3  Key stakeholders
4  References
Other relevant websites

Stockport Joint Strategic Needs Assessment (JSNA) – dementia 2017

Dementia Road Map – Stockport
(online directory with national and local resources, support and post-diagnostic information including drop-ins and activities for people with dementia and their carers):
https://dementiaroadmap.info/stockport/

Stockport Dementia Action Alliance
http://www.dementiaaction.org.uk/local_alliances/19955_stockport_dementia_action_alliance
We invite organisations, businesses and community groups to sign up to become a dementia action alliance member and support us in making Stockport a dementia friendly borough.
Organisations and dementia champions that contributed to the development of this strategy

Stockport Metropolitan Borough Council: intermediate tier, learning disabilities service, public health, adult social care, libraries, community capacity workers, social work teams
Stockport Clinical Commissioning Group: primary care, medicine management, commissioners
Pennine Care NHS Foundation Trust: memory service, CMHT, HIT team, Saffron, RAID / Liaison team
Stockport NHS Foundation Trust: dementia matron, Parkinson’s nurse, community services, palliative care, dementia lead consultant, district nursing service

EDUCATE
HealthWatch Stockport
Health Scrutiny Committee
Alzheimer’s Society
Age UK Stockport
Signpost Stockport for Carers
Targeted Prevention Alliance
Home Instead
Quality Care of Cheadle
Stockport Dementia Care Training
Stockport Homes
Plane Tree Care home
Miller Care
Barchester
Stockport Homes
Bridge Care
LifeLeisure
Greater Manchester Fire & Rescue Service
Borough Care
Care UK

Other partner that contributed to this strategy:
Haylo - North West theatre company: http://haylotheatre.com/
References

Attitudes to Dementia – Findings from the 2015 British Social Attitudes Survey. Nat. Cen. Social Research PHE

Dementia 2013: ‘The Hidden Voice of Loneliness’ The Alzheimer’s Society

Dementia, disability and frailty in later life - mid-life approaches to delay or prevent onset. Nice Guideline (NG16) published October 2015.

From evidence into action: opportunities to protect and improve the nation’s health. Public Health England October 2014


Meeting report - Promoting brain health: Developing a prevention agenda linking dementia and non-communicable diseases. 30th January 2014 St Brides Foundation, Blackfriars, London

My life until the end, dying well with dementia. Alzheimer’s Society.


Peer Support for People with Dementia - A Social Return on Investment (SROI) Study. The Health Innovation Network, 2015

Prime Minister’s Challenge on Dementia. Feb 2016. Department of Health


Seven Steps to becoming a Dementia Friendly Pharmacy Practice. NHS Greater Manchester Combined Authority Oct 2016.


http://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/