



Somerset Clinical  
Commissioning Group

## **SOMERSET DEMENTIA STRATEGY PRIORITIES FOR 2013 – 2016**

**October 2013**

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## Somerset Dementia Strategy Priorities for 2013 - 2016

### Our Vision

People with dementia and their family carers can be helped to live well and improve the quality of their life, no matter what the stage of their illness or where they are in the health and social care system

### How the Vision will be achieved

People with dementia and their carers have access to appropriate care and support:

- everyone is well informed about dementia and the fear and stigma associated with the illness has been dispelled by changing attitudes, understanding and behaviour
- families affected by dementia will know where to go for help and what services are available and where the quality of care is exceptional
- make timely diagnosis and treatment the rule rather than the exception
- enable people with dementia and their carers to live well by the provision of good quality care for all from diagnosis to the end of life, in the community, in hospitals and in care homes

Implement and roll out the Dementia Friendly Community Project across Somerset

Programme	Key Priorities
Raising Awareness and Understanding	Continue to promote Dementia Awareness Week and Dementia Champions within the work place Develop and maintain screen shots for plasma screens in public locations to raise awareness of dementia Communicate the Somerset Dementia Website <a href="http://www.dementiasomerset.org.uk">www.dementiasomerset.org.uk</a> across the county Focus awareness raising interventions in other areas such as schools, businesses, employers, housing, pharmacies etc Involve people with dementia and their carers in service developments for dementia services across Somerset
Timely Diagnosis and Support	Ensure the Somerset Dementia Diagnostic Pathway is being utilised effectively across Primary Care Share the learning across Somerset GP practices regarding dementia diagnosis rates Encourage all organisations to use the 'This is Me' document for everyone diagnosed with dementia Understand the impact on our current services if more people are diagnosed with dementia Work with care homes to ensure that people with dementia have a confirmed diagnosis recorded on the GP system
Living Well with Dementia	Promote use of Telecare for people with dementia and the support available for carers including courses for carers Continue to reduce antipsychotic prescribing involving regular reviews of patients Promote use of Memory Cafes and Singing for the Brain sessions in Somerset Work with clinical colleagues to ensure that patients with dementia have advanced care plans Work with existing housing providers and ensure links are made with planning departments for future housing Develop a model for sitting services, domiciliary care, respite breaks, short breaks, night sitting and step up facilities
Training and Workforce	Continue training to all Health and Social Care staff, including GPs, Pharmacy staff and up skilling care home staff Encourage staff to become Dementia Friends or Dementia Champions Influence educational establishments and the Deanery regarding training for staff on dementia

**Outcome:** The priorities identified will be implemented to ensure that people with dementia and their carers receive a positive experience of living with dementia and the workforce is appropriately trained

# **SOMERSET DEMENTIA STRATEGY**

## **PRIORITIES FOR 2013 – 2016**

### **1 INTRODUCTION**

- 1.1 The Somerset Dementia Strategy was produced in July 2010 following a public consultation with stakeholders, service users and carers and members of the public. Their views were reflected in the strategy. Priorities were identified to implement the strategy within Somerset and a great deal of progress has been made.
- 1.2 The Somerset Dementia Strategy was produced in response to the National Dementia Strategy which was published in February 2009 as a key step towards achieving the goal of building health and social services for dementia that are fit for the 21st century.

#### **Background**

- 1.3 The term 'dementia' describes a set of symptoms which include loss of memory, mood changes and problems with communication and reasoning. These symptoms occur when the brain is damaged by certain diseases, including Alzheimer's disease and damage caused by a series of small strokes. It is progressive, which means the symptoms will gradually get worse<sup>1</sup>.

#### **Purpose of the Strategy**

- 1.4 The purpose of this strategy is to ensure continued progress is made for 2013 – 2016 and priorities have been identified. Dementia remains a high priority for all stakeholders within Somerset. This strategy will build on the framework already in place for local services to deliver quality improvements within dementia services and will review the 2010 strategy and comment on the progress made.
- 1.5 The aim of the strategy is to ensure that people with dementia and their carers will have an improved experience of dementia services in Somerset, resulting in improved health outcomes and quality of life.

#### **The Somerset Vision**

- 1.6 The vision in Somerset is as follows: 'People with dementia and their family carers can be helped to live well and improve the quality of their life, no matter what the stage of their illness or where they are in the health and social care

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<sup>1</sup> Alzheimer's Society (2012). Dementia 2012: A National Challenge. Alzheimer's Society, London.

system. They will have access to the appropriate care and support that is required and:

- the public and professionals are well informed about dementia and the fear and stigma associated with the illness has been dispelled by changing public and professional attitudes, understanding and behaviour
- families affected by dementia will know where to go for help and what services are available and where the quality of care is exceptional
- timely diagnosis and treatment is the rule rather than the exception
- people with dementia and their carers are enabled to live well with their condition by the provision of good quality care for all from diagnosis to the end of life, in the community, in hospitals and in care homes'

## **2 NATIONAL AND LOCAL CONTEXT**

### **National Context**

- 2.1 According to the Alzheimer's Society report: Dementia 2012: A National Challenge, it is estimated that there are now 800,000 people with dementia in the United Kingdom. Over 17,000 younger people (65 years of age or below) have dementia and an estimated 11,000 people from black and minority ethnic groups have the condition.
- 2.2 The size of the population is growing and people are living longer, by 2021 there will be over 1 million people living with dementia in the UK. This currently costs the NHS, local authorities and families £23 billion a year and this will grow to £27 billion by 2018<sup>2</sup>.
- 2.3 Two-thirds of people with dementia live in the community. There are estimated to be 670,000 people in the UK acting as primary carers for people with dementia, which saves the state £8 billion per year. It is important to recognise that one-third of all people with dementia in the UK live alone in their own homes.
- 2.4 As the symptoms of dementia progress, people need increasing amounts of support. Once the symptoms of dementia become severe it is often appropriate for an individual to live in a care home. One-third of people with dementia live in a care home and at least two-thirds of care home residents in the UK have dementia.
- 2.5 People with the condition are also core users of NHS care – a quarter of hospital beds are occupied by people with dementia over the age of 65 at any one time<sup>3</sup>.

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<sup>2</sup> King's Fund (2008). Paying the price: The cost of mental health care in England to 2026. The King's Fund, London.

<sup>3</sup> Alzheimer's Society (2012). Dementia 2012: A National Challenge. Alzheimer's Society, London.

## Local Context

- 2.6 In Somerset there are approximately 8,720 people with dementia, and 150 people are aged under the age of 65 (source of information is the Doncaster model). This is expected to increase to almost 11,400 by 2021 as Table 1 below demonstrates. A full breakdown by district is available at Appendix A.

Table 1

Gender	Year	30-64	65-74	75+	Total	% of population aged 65+ who have dementia
Males	2012	90	650	2,410	3,150	5.8
	2017	90	795	2,920	3,805	6.0
	2021	95	830	3,485	4,410	6.4
Females	2012	60	505	5,005	5,575	8.5
	2017	65	620	5,580	6,265	8.5
	2021	65	650	6,260	6,975	8.8
Persons	2012	150	1,155	7,415	8,720	7.3
	2017	155	1,415	8,500	10,070	7.4
	2021	160	1,480	9,745	11,390	7.7

*Table 1 Source of data: Doncaster model (as used on POPPI and by NEPHO) plus model used on PANSI*

- 2.7 Somerset has made steady progress in increasing dementia diagnosis rates over the last few years. The number of people recorded on GP practice registers with dementia at the end of March 2013 was 47%. This has increased from 43% at the end of March 2012. In total there has been a 15% increase in dementia diagnosis rates from the end of March 2010 when 32% of people received a diagnosis.
- 2.8 The planned trajectory was to have a 3% increase year on year to achieve 55% by March 2016 or earlier. The Prime Minister's Challenge on Dementia, delivering major improvements in dementia care and research by 2015: Annual Report of Progress<sup>4</sup> set out the ambition to improve diagnosis rates so that by 2015, two-thirds of people should have a diagnosis, with appropriate post diagnosis support. Somerset is aiming to meet this challenge.
- 2.9 Dementia remains a priority in a number of key stakeholder strategic documents across the county. The purpose of this is to ensure that all the

<sup>4</sup> Department of Health (2013), The Prime Minister's Challenge on Dementia, delivering major improvements in dementia care and research by 2015: Annual Report of Progress. Department of Health, London

appropriate links are made and that services can be joined up as much as possible around the needs of people with dementia and their carers. Other significant strategies and documents include:

- Somerset Health and Wellbeing Strategy
- Joint Somerset Mental Health Strategy
- Housing, Health, Care and Support Strategy for Older People in Somerset
- Somerset Strategic Housing Framework
- Long Term Care and Support Board at Somerset County Council
- Alzheimer’s Society Dementia Friends

### **3 KEY PROGRESS ACHIEVED FROM THE SOMERSET DEMENTIA STRATEGY**

3.1 The Somerset Dementia Strategy set out the vision for dementia services for Somerset. The Strategy described in detail four key areas of focus to improve services for people with dementia and their carers:

- Raising awareness and understanding
- Timely diagnosis and support
- Living well with dementia
- Workforce and Training

3.2 Action plans were developed for each of the four areas and these were monitored through the Somerset Dementia Strategy Group.

3.3 The Operating Framework for the NHS in England 2012/13 required the Clinical Commissioning Group (CCG) to publish a Dementia Action Plan and this is available on the Somerset Clinical Commissioning Group’s website. The comprehensive action plan contains a number of areas that were key priorities within The Operating Framework.

3.2 Table 2 below outlines where key progress has been made with the key priority areas described in the Somerset Dementia Strategy and identifies further actions required.

Table 2

#### **Key progress achieved from the Somerset Dementia Strategy**

##### **1. Priority Area: Raising Awareness and Understanding**

No.	Progress achieved	Further actions identified
1.1	Dementia Awareness week is held regularly in Somerset. Events include travelling around the county raising awareness of dementia and signposting people to relevant	Events to continue to be supported on an annual basis to reduce the stigma of

No.	Progress achieved	Further actions identified
	information. These events take place in a variety of different locations.	dementia.
1.2	Somerset Dementia Website <a href="http://www.dementiasomerset.org.uk">www.dementiasomerset.org.uk</a> developed in partnership with the Alzheimer's Society and Somerset County Council. All the information needed on dementia services in Somerset is contained on the website and relevant contact details.	The website should be further promoted to anyone who can benefit from it.
1.3	Early Case Finding Service developed with the Alzheimer's Society to promote greater knowledge of dementia to the public through developing new methods of reaching people, increasing information provision and awareness of available services and increasing the opportunity of appropriate early assessment, intervention, advice and support. This service has now been integrated with the wider Somerset Dementia Adviser Service.	
1.4	NHS Somerset and Somerset County Council with other partners have developed a leaflet 'Are you concerned about memory loss?' The leaflet contains local information, advice and contact details. Also continuation of the 'If Only I'd Known That' leaflet.	To continue promotion of leaflets.
1.5	In Somerset there are over 120 Active Living groups which are led by voluntary and community groups. Volunteer organisers in Active Living groups work closely with the Alzheimer's dementia advisers to ensure that information and advice is provided in groups for those with memory loss.	To continue to raise awareness within these forums through the Dementia Adviser Service and monitor progress through the Dementia Adviser Steering Group.
1.6	Both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust have raised awareness of dementia within their organisations and Dementia Champions have been trained across the hospitals. Both Trusts have implemented 'An Hour to Remember' dementia awareness initiatives to all staff. Somerset Partnership NHS Foundation Trust has also undertaken this within Community Hospitals.	Progress reported and monitored on an ongoing basis through the Dementia Strategy Group.

## 2. **Priority Area: Timely Diagnosis and Support**

No.	Progress achieved	Further actions identified
2.1	A letter has been sent out to all GP practices giving them information on improving case recognition, the benefits of timely diagnosis and a graph showing the proportion of 'true' dementia cases on GP registers. The letter also detailed a number of developments that are taking place over the next few months which may help practices diagnose and manage people with dementia and help support people caring for dementia.	Consider ongoing information letters to GP practices with updated graphs indicating progress achieved in number of people diagnosed.
2.2	The Somerset Dementia Diagnostic Pathway has now been sent out to all GP practices and includes guidance on diagnostic criteria, referral guidance and management post diagnosis. The pathway was developed by the Somerset Dementia Strategy Group with a wide range of stakeholder involvement. The pathway is also available on the GP navigator app.	Encourage GP practices to use the dementia pathway as part of their Quality and Productivity indicators. Further work also required on improving outcomes for patients after they have been diagnosed and how the patient and carer experience can be improved.
2.3	Recommended Read codes for dementia have also been circulated to all GP practices to improve the accuracy of practice dementia registers. The Read codes were developed by the GP Dementia Leads from NHS South West and South West Dementia Partnership for consistent use across GP practices in the South West. The memory service has been asked to include the codes on their letters to primary care.	MIQUEST query to be sent out to GP practices to get a baseline position regarding dementia so that future requests will be able to monitor whether the use of codes has increased.
2.4	<p>Individual GP practice training has been delivered across the county by Somerset Partnership NHS Foundation Trust which focused on:</p> <ul style="list-style-type: none"> <li>• Awareness of dementia</li> <li>• Tools to use to diagnose dementia in primary care</li> <li>• Referring to Memory Assessment Services – pathways for patients and working with specialist older peoples</li> </ul>	Consider ongoing training requirements for GP practices.

No.	Progress achieved	Further actions identified
	<p>Community Mental Health Teams</p> <ul style="list-style-type: none"> <li>• The role of the Somerset Dementia Adviser Service</li> <li>• What ongoing support is required for people who have been diagnosed and their carers</li> </ul> <p>As a result of this training, Somerset Partnership has developed Dementia Toolkits and a Delirium Toolkit and led on training for other staff, including staff in other Trusts.</p>	
2.5	<p>Two GP education events were held through the Somerset GP Education Trust (SGPET) in the county. Speakers included staff from Somerset Partnership NHS Foundation Trust including Consultant in dementia care and the Memory Assessment Service. The Somerset Dementia Adviser Service was also present. The aim was to improve recognition and management of dementia in the community.</p>	
2.6	<p>The Somerset Dementia Adviser Service has been established and provides information and other support services which aim to put people with dementia in control of their lives. Each Adviser is a trusted first point of contact for people with dementia and provides them with information to support them to be able to access the right service, in the right place and at the right time. The service has been enhanced with Dementia Support Workers which supports a more holistic approach to dementia care. Support Workers run the Memory Cafes, Singing for the Brain sessions and help people to get to these support groups. The service also caters for younger people with dementia and can run specific sessions for them when required.</p>	<p>Further promote the role of the Somerset Dementia Adviser Service encouraging referrals to the service.</p>
2.7	<p>The Somerset Partnership Directorate of Mental Health has continued to improve its Memory Assessment Service, and has been reviewed by the Royal College of Psychiatrists National Accreditation Programme. The Memory Assessment Service was also reviewed as part of the combined South West Peer Review process. The diagnosis rates and numbers of patients</p>	<p>Modelling work is required to fully understand the impact of predicted demand on the current service. Development of commissioning plans to address any gaps identified.</p>

No.	Progress achieved	Further actions identified
	supported through the Memory Assessment Service has increased by 100% during the 12 month period, with over 4,500 people with identified cognitive problems being assisted.	

### **3. Priority Area: *Living Well with Dementia***

No.	Progress achieved	Further actions identified
3.1	<p>The 'Caring for People with Dementia' Information and Guidance booklet for people in Somerset continues to be used across the county and has been updated. This remains a valuable resource tool for carers. It contains a whole range of information on topics such as:</p> <ul style="list-style-type: none"> <li>• Diagnosis and understanding dementia</li> <li>• Carer support</li> <li>• Carer rights and assessments</li> <li>• Financial and legal implications</li> <li>• Benefits</li> <li>• Understanding domiciliary care</li> <li>• Understanding residential care</li> <li>• Useful telephone numbers and websites</li> </ul>	Ensure any future publications are circulated to as many organisations as possible.
3.2	<p>Memory Cafes and Singing for the Brain sessions take place regularly in Somerset. This creates a welcoming place for both people with dementia and their carers to relax and talk to others in a safe environment. There are also regular activities that take place for younger people with dementia.</p>	Identify funding sources and volunteering opportunities to ensure sustainability and consistency across the county.
3.3	<p>The acute hospitals have done a great deal of work in implementing hospital dementia champions across the hospitals and improving their environments for people with dementia:</p> <p>Taunton and Somerset participated in the King's Fund Enhancing the Health Environment Programme and redesigned Sedgemoor Ward. The Trust has also completed the Safer Patient Networks Innovation Programme with the Institute for</p>	Continue to monitor progress and outcomes through the Dementia Strategy Group.

No.	Progress achieved	Further actions identified
	<p>Healthcare Improvement in dementia. Yeovil District Hospital is working more closely with other bodies such as GPs and care homes to have assessments done at home where possible and are encouraging greater use of the 'This is Me' document. They have a wide range of initiatives regarding carer involvement and are also developing a 'contented dementia' toolkit. Befrienders have also been recruited who will work across all ward settings for people with dementia. Yeovil Hospital has also been awarded funding from the Department of Health to transform a ward into a dementia-friendly environment for patients coming into hospital.</p>	
3.4	<p>The End of Life Care Strategy is in place which includes people with dementia. The Gold Standards Framework in Care Homes Project has provided training for staff in care homes for people with dementia. End of Life Care and Advance Care Planning training has been provided to domiciliary care providers and Older People's Mental Health Services. People with dementia are also added to the End of Life register.</p>	<p>Continue to encourage all clinicians to place people with dementia on the End of Life register when appropriate.</p>
3.5	<p>Somerset Clinical Commissioning Group in partnership with Somerset County Council supports the Specialised Residential Care (SRC) Project provided by Somerset Partnership NHS Foundation Trust. This project includes the provision of specialist mental health nurses linking with residential care providers specifically to improve quality of care standards for people with dementia in partnership with local providers. Somerset Partnership NHS Foundation Trust provides specialist mental health nurses linked to residential care providers specifically to improve the quality of care in long term care homes.</p>	<p>Continue to monitor progress and outcomes through the Somerset Partnership NHS Foundation Trust contract, working jointly with Somerset County Council commissioners.</p>
3.6	<p>Some GP practices have undertaken antipsychotic audits during the year and medication reviews for their patients who have dementia. Somerset Partnership NHS Foundation Trust also undertook</p>	<p>Providers should carry out regular audits and this should be positively encouraged.</p>

No.	Progress achieved	Further actions identified
	antipsychotic audits and medication reviews during the year.	
3.7	A range of carers services are commissioned by Somerset Clinical Commissioning Group and Somerset County Council including support for carers for people with dementia.	

#### **4. Priority Area: Training and Workforce**

No.	Progress achieved	Further actions identified
4.1	'Ten Top Tips in supporting someone who is confused or may have Dementia' have been developed by the Somerset Dementia Strategy Group. These have been circulated widely to de-stigmatise dementia.	Encourage organisations to ensure all staff read the 'Ten Top Tips' as a minimum.
4.2	Public Services and Private Sector Learning and Development directories have been compiled. These outline courses and resources that are available and how to access them. The information has been presented with four levels of training.	
4.3	Somerset Partnership and the Acute Trusts in Somerset participated in the SSIF (Strategic Service Improvement Fund) dementia project which involved a training programme on 'dementia the lived experience' and ward based projects in 7 community hospitals.	
4.4	The acute and community hospitals have implemented a range of training for their staff, some of which includes: <ul style="list-style-type: none"> <li>• Networks of link practitioners/Dementia Champions at Taunton and Yeovil</li> <li>• Rolling education programmes at Taunton and Yeovil</li> <li>• 'Hour to Remember' training for all staff at Taunton and Yeovil</li> <li>• 'Nourish and Flourish' nutritional training at Yeovil</li> <li>• Dementia Champions and dementia awareness included in induction training for community hospitals</li> </ul>	To support continued education and training programmes across acute and community services and monitor progress through the Dementia Strategy Group.
4.5	Care homes across Somerset have had access to a wide range of learning and	To support continued education and training

No.	Progress achieved	Further actions identified
	training opportunities, some of which has been funded. This has ranged from e-learning at an introductory level through to the more specialised services, accessing nationally recognised higher level qualifications and approaches e.g. Bradford University – Dementia Care Mapping.	programmes across acute and community services and monitor progress through the Dementia Strategy Group.
4.6	A scoping exercise has been conducted to identify what Dementia Care learning and support programmes for Carers are currently provided within Somerset. A multi-disciplinary consultation meeting was held with Carers UK, NHS Somerset's Public Health Department, Somerset County Council Adult Social Care and Somerset Partnership NHS Foundation Trust to identify learning needs gaps and have initial discussions around delivery opportunities.	Future aims are to widen access of the various carers' programmes across the county and to promote the learning and support programmes available through Carer Forums, Carer Champions within GP surgeries, and the new Compass Carers service.
4.7	Training has been delivered across a wide range of organisations within the county including health and social care, housing associations, voluntary sector etc.	To identify further opportunities for training.
4.8	Dementia Fellow appointed with Severn Deanery and delivering training within GP practices. Also delivered training to Village Agents and involvement with Complex Care GPs.	
4.9	Somerset Local Pharmaceutical Committee in conjunction with the Centre for Pharmacy Postgraduate Education (CPPE0 and the CCG has developed and run Dementia Friends/Clinical sessions for registered Pharmacists/technicians.	

#### 4 FRAMEWORK FOR DELIVERING THE STRATEGY

4.1 Somerset is renowned for excellent partnership working and commissioners, providers and the voluntary sector organisations have worked together for a number of years to improve dementia services. The Somerset Dementia Strategy Group comprises of the following organisations:

- Somerset Clinical Commissioning Group
- Somerset County Council

- Somerset Partnership NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust
- Care Focus
- Alzheimer's Society
- Local Pharmaceutical Committee
- Public Health
- Somerset Strategic Housing Officers Group

4.2 The Somerset Dementia Strategy Group is chaired by the Somerset Clinical Commissioning Group GP lead for dementia and reports progress to the countywide Adult Services Partnership Board which is a joint health and adult social care commissioning group, which feeds into the Somerset Health and Wellbeing Board.

4.3 The Somerset Clinical Commissioning Group has identified improving the diagnosis of dementia and support for patients and carers as a key area of work for 2013 – 2014. A workshop for stakeholders was held in October 2012 and included a presentation from a GP who has dementia, giving a patient's perspective on what it is like to live with dementia. The workshop also took the opportunity to review the dementia pathway and a roundtable discussion took place on considering what excellent services would look like. The feedback from the workshop has helped inform the key priorities for this strategy.

4.4 A detailed action plan will be developed to support delivery against the key priorities outlined in Section 5. Each priority will have a clear description of what will be achieved, by when and who is responsible for the action. The action plan will be monitored by the Somerset Dementia Strategy Group on a quarterly basis.

## 5 KEY PRIORITIES FOR 2013 - 2016

5.1 Somerset will continue the Dementia Friendly Community Project which commenced in November 2012. This project was a result of securing funding of £415,000 through a bidding process from the NHS South of England Dementia Challenge 2012. The project is focusing on ensuring that people with dementia and their carers live in an environment that is dementia friendly. The project is taking place within the Chard, Crewkerne and Ilminster GP Federation area.

5.2 The aim of the project is to support the Federation to become dementia friendly by encouraging the community to take into account people's needs and how they can be supported to access local services and facilities. This is particularly important as Somerset is a rural county and access to services can be difficult for a range of people including people with dementia. The project is:

- developing **local networks** to improve awareness of dementia

- implementing a **befriending** scheme that offers a vital lifeline and opportunities for people to continue to engage in local activities with trusted support
- building on existing **training** programmes so people receive personalised care enabling them to make positive choices
- improving the **hospital experience** for people with dementia and their carers

5.3 In March 2013, the project was also successful in securing funding of £56,000 from NHS Somerset to implement 'Archie's Story' which is an exciting, intergenerational dementia awareness tool that is designed to help make communities' dementia friendly. It will be used as part of the developing local networks to improve awareness of dementia to link the local schools, Care Homes, local businesses and services and the community together.

5.4 In addition to the Somerset Dementia Friendly Community Project, the key priorities outlined below have been identified by the Somerset Dementia Strategy Group through two workshops that took place in October 2012 and June 2013. People with dementia and their carers have been asked via the Alzheimer's Society, what they think the priorities should include and these have also been incorporated.

5.5 The feedback received from people with dementia and their carers focuses on:

- transport/travel issues
- receiving more respite
- having more befriending opportunities given to them
- easier access to information and a named person to coordinate services
- simpler access to adaptations in the home
- identifying that a person has a diagnosis of dementia when being admitted
- encouraging the use of the 'This is Me' document
- encouraging the use of the 'forget me not' flower for people with dementia
- exploring alternatives to admissions into hospital
- alternative A&E environment for people with dementia.

5.6 The priorities have been grouped within a timeline across a 3 year period. Further detailed action plans will be developed.

Key Priority	2013/ 2014	2014/ 2015	2015/ 2016
<b>Raising Awareness and Understanding</b>			
Continue organising activities for Dementia Awareness Week on an annual basis.	√	√	√
Continue to promote Dementia Champions within the work place.	√	√	√
Develop and maintain screen shots for plasma	√	√	√

<b>Key Priority</b>	<b>2013/ 2014</b>	<b>2014/ 2015</b>	<b>2015/ 2016</b>
screens in GP surgeries, local council offices, post offices and a range of other organisations etc to raise awareness of dementia.			
Ensure information on dementia leaflets and booklets within Somerset is kept up to date and relevant.	√	√	√
Ensure there are regular slots within commissioning and provider organisations newsletters on dementia.	√	√	√
Communicate the Somerset Dementia website <a href="http://www.dementiasomerset.org.uk">www.dementiasomerset.org.uk</a> extensively across the county and include web link from the CCG's website to signpost people with dementia and their carers to transport information.	√	√	
Implement the Archie Scarecrow Project in the Chard, Crewkerne and Ilminster GP Federation which aims to increase awareness of dementia within schools and links to care homes.	√	√	
Establish and implement a clear plan on how people with dementia and their carers will be involved with developing dementia services in Somerset.		√	√
Develop and implement a Dementia Communications strategy/plan for the county.		√	√
Focus awareness raising interventions in other areas such as district councils, schools, businesses, employers, housing, police, pharmacies etc and encourage employers to become dementia friendly.		√	√
Ensure links are made between dementia awareness raising and other initiatives within the county for example Stay Safe.		√	√
Encourage use of the 'forget me not' flower symbol for dementia patients and if this can be used for other organisations such as the ambulance service.		√	√
Evaluate and roll out the learning from the raising awareness part of the Somerset Dementia Friendly Community Project to other GP Federations.		√	√
<b>Timely Diagnosis and Support</b>			
Encourage use of and update accordingly the Somerset Dementia Diagnostic Pathway and empower GPs to diagnose people with dementia effectively.	√	√	√

<b>Key Priority</b>	<b>2013/ 2014</b>	<b>2014/ 2015</b>	<b>2015/ 2016</b>
Investigate GP practice diagnosis rates in the county and find out from GP practices that have high diagnosis rates what they are doing to identify patients and then share the learning with GP practices that have low diagnosis rates on an annual basis.	√	√	√
All organisations to encourage the use of the 'This is Me' document for everyone diagnosed with dementia.	√	√	√
Ensure the Somerset Dementia Adviser Service responds to the needs identified by people with dementia and their carers, and clinicians.	√	√	√
Primary Care/Community Pharmacists to identify during any clinical activity or Medicines Use Reviews where a possible medication cause to a person's cognitive impairment has been identified and signpost to GPs.	√	√	√
Primary Care/Community Pharmacists to actively target patients on dementia drugs for a Medicines Use Review and identify any dose optimisation, compliance issues or inappropriate prescribing of antipsychotics/anti depressants.	√	√	√
Undertake demand and capacity modelling for future support services, to understand the impact on services and ensure there is the capacity within the current system to meet the predicted demand.	√		
Ensure links are made between the Somerset Dementia Adviser Service and Carers Champions in GP practices so that effective signposting and information can be given to carers.	√		
Investigate how Primary Care/Community Pharmacists can actively support and feed in to the Dementia Diagnostic Pathway through abbreviated mental tests to improve diagnosis rates.		√	
Join up acute care screening with primary care by reviewing the mechanisms of capturing the data effectively within secondary care and how this is recorded on GP systems.		√	
Work with care homes to ensure that patients with dementia are recorded on GP practices. Investigate whether this can be formalised through the Complex Care Local Enhanced Service.		√	
<b>Living Well with Dementia</b>			
Encourage promotion of courses for carers and	√	√	√

<b>Key Priority</b>	<b>2013/ 2014</b>	<b>2014/ 2015</b>	<b>2015/ 2016</b>
ensure clinicians are aware of the support services available for carers.			
Continue to promote the use of Telecare for people with dementia.	√	√	√
Continue the acute and community hospital peer review process within Somerset and responding to the carers views received, consider the A&E environment for those with dementia.	√	√	√
Continue to reduce antipsychotic prescribing which will involve regular reviews.	√	√	√
Conduct regular reviews of patients with dementia to ensure that there is appropriate use of medication.	√	√	√
Encourage use of Memory Cafes and Singing for the Brain sessions in Somerset to ensure that each is utilised effectively and help to identify funding sources if applicable.	√	√	√
Work with clinical colleagues to ensure that patients with dementia have advanced care plans so they are able to die in the place of their choice.	√	√	√
Continue to support Specialised Residential Care in Somerset.	√	√	√
Maintain the links to the Active Living Network in Somerset with the Somerset Dementia Adviser Service.	√	√	√
Raise awareness of the Somerset County Council's Rethink Programme across the county which supports people with dementia.	√	√	√
Shared Lives will be extended to provide support to people with memory loss. The Shared Lives team will work with the Alzheimer's Society to ensure the Shared Lives carer forms a relationship with the person at an early stage of their memory loss.	√	√	√
Ensure links are made with planning departments for future provision of care homes and homes fit for purpose for people with dementia.		√	√
Develop a model and action plan for: <ul style="list-style-type: none"> <li>• Sitting services</li> <li>• Domiciliary care</li> <li>• Respite breaks</li> <li>• Short breaks</li> <li>• Night sitting</li> <li>• Step up facilities</li> </ul>		√	√
Work with existing housing providers and consider implications of housing policies for people with		√	√

<b>Key Priority</b>	<b>2013/ 2014</b>	<b>2014/ 2015</b>	<b>2015/ 2016</b>
dementia.			
Evaluate and roll out the learning from the befriending part of the Somerset Dementia Friendly Community Project to other GP Federations.		√	√
<b>Training and Workforce</b>			
Continue training to all staff in acute and community hospitals and the wider Health and Social Care Community, including ongoing implementation of Toolkits.	√	√	√
Continue to support training for GPs.	√	√	√
Continue to increase skills of care home staff.	√	√	√
Support dementia training for pharmacy staff.	√	√	√
Encourage staff when undertaking training to become a Dementia Friend or Dementia Champion.	√	√	√
Investigate the benefits of delivering the Focused Intervention Training and Support (FITS) programme for care home staff and implement if applicable.	√	√	
Influence educational establishments and the Deanery regarding training for staff on dementia.		√	√
Evaluate and roll out the learning from the training part of the Somerset Dementia Friendly Community Project to other GP Federations.		√	√

## 6 CONCLUSION

- 6.1 Dementia is a key priority for all of the organisations in Somerset and there is a real commitment to continue to work together. The priorities identified above will continue to ensure that people with dementia and their carers receive a positive experience and the workforce is appropriately trained.
- 6.2 A great deal of progress has been achieved to improve dementia services and this refreshed strategy sets out further improvements to help realise the Somerset vision.

## Appendix A

District	Gender	Year	30-64	65-74	75+	Total	% of population aged 65+ who have dementia
MENDIP	Males	2012	20	125	465	610	5.8
		2017	20	155	595	765	6.2
		2021	20	165	725	905	6.6
	Females	2012	15	95	945	1,055	8.4
		2017	15	120	1,055	1,190	8.3
		2021	15	130	1,190	1,330	8.6
	Persons	2012	30	220	1,410	1,665	7.2
		2017	30	275	1,650	1,955	7.3
		2021	35	290	1,910	2,235	7.7
SEDGEMOOR	Males	2012	20	140	485	650	5.6
		2017	20	170	575	765	5.7
		2021	20	180	675	875	6.0
	Females	2012	15	110	990	1,115	8.2
		2017	15	130	1,090	1,235	8.1
		2021	15	135	1,220	1,370	8.4
	Persons	2012	35	250	1,480	1,760	7.0
		2017	35	300	1,665	2,000	7.0
		2021	35	315	1,895	2,245	7.3
SOUTH SOMERSET	Males	2012	25	205	750	985	5.8
		2017	25	250	890	1,170	5.9
		2021	30	265	1,060	1,355	6.3
	Females	2012	20	160	1,540	1,720	8.4
		2017	20	195	1,725	1,940	8.4
		2021	20	205	1,940	2,165	8.7
	Persons	2012	45	365	2,295	2,705	7.2
		2017	45	450	2,615	3,110	7.2
		2021	50	470	3,000	3,520	7.6
TAUNTON DEANE	Males	2012	15	120	495	630	6.0
		2017	20	150	590	755	6.2
		2021	20	160	695	870	6.5
	Females	2012	15	95	1,065	1,175	9.0
		2017	15	120	1,185	1,315	9.0
		2021	15	125	1,320	1,460	9.3

	Persons	2012	30	215	1,560	1,805	7.7
		2017	30	270	1,775	2,075	7.7
		2021	30	280	2,015	2,330	8.0
WEST SOMERSET	Males	2012	5	60	210	275	5.7
		2017	5	70	270	345	6.2
		2021	5	70	330	410	6.8
	Females	2012	5	45	460	510	8.7
		2017	5	55	525	585	9.0
		2021	5	55	590	650	9.4
	Persons	2012	10	105	675	785	7.4
		2017	10	125	800	930	7.7
		2021	10	125	920	1,055	8.2

SOMERSET COUNTY	Males	2012	90	650	2,410	3,150	5.8
		2017	90	795	2,920	3,805	6.0
		2021	95	830	3,485	4,410	6.4
	Females	2012	60	505	5,005	5,575	8.5
		2017	65	620	5,580	6,265	8.5
		2021	65	650	6,260	6,975	8.8
	Persons	2012	150	1,155	7,415	8,720	7.3
		2017	155	1,415	8,500	10,070	7.4
		2021	160	1,480	9,745	11,390	7.7