Broxtowe Borough COUNCIL

Report of the People and Places Examination and Inquiry Group

Dementia Friendly Communities

Spring 2014

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Foreword

Making Broxtowe a Dementia Friendly community has been a most exciting and challenging review to take part in. We were challenged by a tight schedule while covering a wide remit and a host of people who wanted to give evidence. We began by learning about dementia: a condition of the brain that affects 800,000 people in the UK and which presents a significant public health challenge to local authorities. With an increasingly ageing population in the borough, more and more people are affected by this disease. Nearly all of us know someone who has dementia and we fear it even more than cancer. Many of those with dementia feel isolated and even stigmatised.

What then can we do to make Broxtowe Dementia-friendly? We co-opted Karen Morgan, from the Nottingham West Clinical Commissioning Group, as an expert witness. Many willing witnesses have given evidence to our committee: university teachers, council officers working with older people, housing managers, human resources and leisure services staff, representatives of the Alzheimer's Society, our Town Centre Manager and a manager of a private care service. The stories of those with dementia (including one from a home visit) have been most moving: we wept and laughed as we listened. We are extremely grateful to all those who have contributed to this report.

We have attempted to look positively at dementia, at the people rather than the disease. Our Mission Statement includes the following:

> *"This Council believes in enabling people to live well with dementia. Within our community we will create a positive environment that supports and includes those affected by dementia."*

We concentrated on what we can do within the borough. Broxtowe is already planning Dementia Friendly housing units in Eastwood to be ready by 2015. Our main focus will be on helping people understand dementia and challenging any negative attitudes. Should the recommendations contained within the report be accepted by Cabinet, we will sign up to the Dementia Action Alliance: this includes a commitment to action. Staff will be trained to understand dementia; some to be Dementia Friends and others Dementia Champions. Leisure Services will continue to provide activities for people with dementia and their carers. Outside the Council we will encourage businesses to display Dementia Friendly signs and work with local care homes caring for residents with dementia.

Dementia has become both a topical and worldwide issue. Recently a G8 dementia study estimated there are 44 million people with dementia and this will treble by 2050. In Nottinghamshire more than 9,000 people have dementia.

We wish to play our part in combating it by building a Dementia Friendly Community here in Broxtowe and encouraging other boroughs to do likewise. Please join us.

Janet Patrick

Councillor Janet Patrick, Chair of the People and Places EIG

Summary

1. Broxtowe Borough Council's Overview and Scrutiny Committee (OSC) established a scrutiny review of dementia friendly communities, to be carried out by the People and Places Examination and Inquiry Group (EIG), in April 2013. The review was requested by Councillors J Williams, in her role as Health Lead, and D K Watts in addition to the Chief Executive. Ruth Hyde said that with an increasingly ageing population there were more people affected by dementia in the borough. The Council, by becoming dementia friendly, would be able to provide support to those affected by dementia who were at risk of being marginalised in society. The Council should ensure that people affected by dementia are treated with dignity as fellow citizens.

2. The review concluded in January 2014 after collecting evidence from a range of witnesses.[1] Over the course of the review the group met three times, on 9 September to consider the Dementia Action Alliance, 16 October to take evidence from the Alzheimer's Society and moving stories from people affected by dementia and 20 November 2013 to discuss areas in which the Council could be involved, in addition to informal meetings with concerned individuals and groups.

3. Further evidence was collected and considered in order to develop an action plan in line with the Dementia Action Alliance.

4. The purpose of the review was to achieve the outcomes outlined in the scoping report.[2] The review sought to cover the following:

    - to identify how Council services impact on residents affected by dementia
    - to establish what the Council can do to alleviate the problems facing dementia sufferers, their carers and families
    - to generate a greater understanding of the subject amongst the general public
    - to understand what services are already provided for dementia to avoid duplication, and to signpost to these services

5. This report sets out the review process that was adopted, options considered and the conclusions and recommendations arising from this work.

[1] The list of witnesses is attached at appendix 1.
[2] The scoping report is attached at appendix 2.

Members of the Examination and Inquiry Group

1. The group was chaired by Councillor Janet Patrick, with Councillor Jacky Williams as the vice chair.

2. There were seven other members of the group:

   - Councillor Susan Bagshaw
   - Councillor Joan Briggs
   - Councillor Tim Brindley
   - Councillor Halimah Khaled
   - Karen Morgan – co-opted member
   - Councillor Andrea Oates
   - Councillor Stuart Rowland

3. The secretary to the group was Jeremy Ward, Scrutiny/Democratic Services Officer.

4. Karen Morgan, Strategy and Development Manager Nottingham West Clinical Commissioning Group, was co-opted onto the group as her expertise in the subject area would be beneficial for the review.

5. The group was assisted by Amanda Siddle, Neighbourhood Services Manager; Alex McLeish, Education and Enforcement Officer and Cheryl Jordan, Scrutiny/Democratic Services Assistant.

> **"I'm amazed at the scale of dementia and the impact on people's lives. Local authorities can make a difference."**
> **Member of the People and Places EIG**

Recommendations

It is recommended to Cabinet that:

1. The Council signs up to the Dementia Action Alliance and an Action Plan be developed from within each of the Council's relevant service areas. Performance of the Action Plan should be monitored by the Older Persons Sub Group.

2. The Council identifies Dementia Champions who are able to train new staff and members who wish to be Dementia Friends. In turn, frontline staff and members should undergo training to become Dementia Friends.

3. An e-learning package be devised and completed by all of the Council's staff.

4. Signage in Council buildings be sympathetic towards people with dementia when it is replaced or placed for the first time.

5. A member champion for older people, with a strong focus on dementia, be appointed.

6. The Council seeks to strengthen links with care homes and encourage and invite them to take part in next year's Older Persons' Week, with a strong focus on dementia.

7. Businesses in Broxtowe be encouraged to sign up to the Dementia Action Alliance.

8. Businesses and shops in Broxtowe be encouraged to display a dementia friendly logo and adopt dementia friendly approaches.

9. The following mission statement: 'This Council believes in enabling people to live well with dementia. Within our community we will create a positive environment that supports and includes those affected by dementia' be adopted by the Council.

10. A staff focus group be established to work toward a Broxtowe Dementia Standard based on the mission statement.

11. The Council allows Dementia Friends awareness training to take place twice per year in the Town Hall for members of the community. The training would be given by an outside provider that has been part of this review or a Council Officer.

Background

> **"It's made me look at older people and their actions differently."**
> **Member of the People and Places EIG**

1. 'Dementia' is a term used to describe a number of illnesses where there is a progressive decline in multiple areas of function including loss of memory, mood changes, communication problems and losing ability to reason. People with dementia may also experience depression, psychosis, aggression and wandering. Dementia can have a devastating effect on those with the disorder and their families who are often carers.

2. Dementia is not a natural part of ageing. It occurs when the brain is affected by a disease.[3]

3. There are many known causes of dementia – perhaps more than 100. The most common types are Alzheimer's disease and vascular dementia. Some people have a combination of these, known as mixed dementia.

4. There are around 800,000 people in the UK who have dementia. The chance of developing dementia increases significantly with age. One in 14 people over 65 years of age, and one in six people over 80, have dementia. It is more common among women than men. Over 17,000 younger people (under the age of 65) in the UK have dementia. This is called early-onset or young-onset dementia.

5. Research shows that 40% of carers of people with dementia have depression.

6. People with dementia face many challenges going about their daily lives. These include going shopping, using public transport, socialising and getting involved with their community. When they face difficulties, it adds to their stress and can lead to people reducing or giving up their community involvement and becoming isolated.

7. Unfortunately people's lack of understanding and impatience can make these problems worse.

Tackling Dementia

8. Dementia is one of the greatest challenges facing our ageing society. The financial cost of dementia in the UK is £20 billion a year and rising.[4]

9. There has been major progress in recent years in public and political commitment to respond more effectively to dementia. Leading nations have committed to developing a cure or treatment for dementia by 2025 at the G8 dementia summit.

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[3] Information taken from the Alzheimer's Society website – The Dementia Guide – About Dementia. http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2227

[4] Information taken from http://www.bbc.co.uk/news/health-25318194

10. Health ministers meeting in London said it was a "big ambition" and that they would significantly increase funding for research to meet that goal. The UK has already said it aims to double its annual research funding to £132m by 2025.

11. The global number of dementia sufferers is expected to treble to 135m by 2050. The G8 said it would "develop a co-ordinated international research action plan" to target the gaps in research and ways to address them.

12. In December 2013 The Prime Minister called on governments, industry and charities all to commit more funding. He said the G8 should make this the day "the global fight-back really started". He said the UK Government would boost annual research funding from £66m, the 2015 pledge, to £132m, which will be adjusted for inflation, by 2025.

Dementia in Nottinghamshire

13. In Nottinghamshire there were 9,700 Alzheimer's and other dementias sufferers as of 2010, which is expected to rise to 15,000 by 2020.[5]

14. In the Broxtowe postcodes 31% of dementia suffers have a diagnosis and an additional 10% show symptoms and behaviours. This is supported by statistics from 130 UK offices that report an average of 35%.

"We need to involve ourselves and not let people become isolated."
Member of the People and Places EIG

[5] Information collected by Home Instead Senior Care (HISC). Primo Sule from HISC is featured later in this report.

Evidence – Understanding Dementia

1. In order to gain a broader understanding of dementia a number of witnesses were invited to provide information to the group.

Nottingham West Clinical Commissioning Group

2. Karen Morgan – Strategy and Development Manager, Nottingham West Clinical Commissioning Group (CCG) gave a presentation to the EIG. The CCG's strategic objectives were listed as:

   - reduce health inequalities in the local population by targeting the health and wellbeing of people with the greatest health need
   - improve the quality of our local health services, particularly around health outcomes, patient safety, access and patient satisfaction
   - organise services around the needs of local service users wherever possible
   - maintain and optimise the health of people with long term or chronic illness living in our community
   - focus available resources where they will deliver the greatest benefit to the population

3. The CCG's work includes involvement in the following areas:

   - Mental Health Intermediate Care Team
   - Memory Assessment Clinic
   - GP training
   - Dementia Friends Champion
   - Retired Living Integration Pilot
   - Dementia Outreach Support Workers
   - World Mental Health Day

4. The CCG has signed up to the Dementia Action Alliance.[6] Its pledges include:

   - provide training and support to General Practice in line with NICE guidelines and current best practice
   - better integrate local health and social care services
   - develop awareness campaigns to support earlier diagnosis
   - reduce inappropriate use of antipsychotic drugs through reviews of existing prescribing and implementation of new guidelines on use of antipsychotics for people with dementia
   - improve staff skills and knowledge of dementia in local acute and community providers
   - improve GP support into, and relationships with, care homes improving quality of care and reducing inappropriate admissions to hospitals
   - engage with programmes to deliver telecare and telehealth

[6] Further information on the Dementia Action Alliance is included below.

- work closely with the Mental Health Intermediate Care service to ensure their case-mix is appropriate and that they use their skills efficiently with patients that are going to benefit from their interventions. Advertise their services amongst local GP practices.
- seek improvements in quality and detail of information regarding mental health services
- consider ways to encourage people to access support who traditionally are reluctant to seek it
- continue to encourage practices to make an early diagnosis and referral of patients with suspected dementia
- support the implementation of the new Memory Assessment Service through helping Nottingham West practices to engage with the service and its aims. Work with other CCGs to ensure that the local procurement of Any Qualified Providers of talking therapies delivers a service that meets the needs of patients and clinicians, whilst improving access to mental health services. Undertake work with primary care colleagues to promote patient choice within this service to ensure users are given the opportunity to select a provider that best suits their individual needs.

Home Instead Senior Care

5. Primo Sule of Home Instead Senior Care (HISC), which delivers care to clients across Nottinghamshire, gave a presentation to the group. The presentation included the following information on steps the Council could take:

   - discover how many staff look after relatives with dementia (or live with them
   - encourage staff to spot behaviours and provide effective and friendly support
   - facilitate awareness and education and then encourage local organisations and businesses to do the same
   - discover how many local organisations (including high street charity shops) would pass a dementia friendly test
   - facilitate awareness events with the help of existing organisations
   - hold a Beeston Square Tea Party or Reminiscence Day
   - find and make space available for Memory Plus type training and resource packages

Alzheimer's Society

6. Theresa Allen, Dementia Support Manager from the Alzheimer's Society, gave an overview of the Society's work, which is to make a difference to the lives of people living with dementia by breaking down barriers; its ethos being for sufferers to 'live well with dementia in their own communities'. Half of the over-65 age group are likely to develop dementia. In Nottinghamshire over 9,000 people had been diagnosed but some people are still not getting a diagnosis. Dementia friendly communities aimed to improve communities' understanding of dementia and assist sufferers by creating initiatives to help them remain independent and allow choices and control over their lives.

7. Funding is provided by the government and Department of Health to drive through a target, via the Alzheimer's Society, of having 1 million dementia 'friends' throughout the country by 2014. The aim is to turn understanding into action. Theresa advised of the following suggestions the EIG may wish to focus on:

   - to recruit more dementia friends (for example among front-line staff), raise awareness and wear the 'dementia friends' badge (makes those suffering from the condition and their carers feel more secure)
   - join in with the Dementia Action Alliance
   - spread the word by getting initiatives 'out there'
   - promote distribution of leaflets 'Worried about your memory' to link in with early diagnosis

8. Jenny Oates, Alzheimer's support worker, advised that dementia is an umbrella term for a progressive condition. Dementia presents new challenges for sufferers as the condition progresses and is more than just a 'memory' problem. Some people are able to live very well with dementia by making adjustments and the Alzheimer's Society supported them by helping with coping strategies. Some of the Society's other initiatives included:

   - running 1-2-1 sessions – people could be visited at home
   - running memory cafes – these were social groups designed to target social isolation for carers and people with dementia
   - running carers' groups offering information sessions and a social club
   - working with GPs

Dr Simon Burrow

9. Dr Burrow, University of Manchester Course Leader in Dementia Care, has a background in social work, nursing, the voluntary sector and training and education. Dr Burrow gave the following overview:

10. The Council's plans for training its employees to give support to people suffering from dementia (and their carers) could be usefully underpinned by adopting the 'dementia friends' approach. The 'dementia friends' initiative, which promotes awareness and understanding around dementia, is working well. To become a dementia friend involves attendance at a one hour session run by a dementia champion which encourages people to think positively about dementia to enable people to 'live well' by making a pledge to do something positive to support individuals with dementia and those affected by it. Dementia champions attend a one day course where they learn how to deliver the one hour sessions for dementia friends.

11. Empowerment – empowering people to think what they can do to be helpful, supportive and understanding of the needs of people with dementia. People with contact roles – make sure to challenge attitudes. Helping people understand what dementia is and working with families of sufferers and looking beyond dementia.

12. One of the main drivers in recent years had been to change perceptions by not viewing people with dementia as being passive recipients of care and enabling them to get value and purpose from their lives. People are being diagnosed earlier and there is need to enable people to continue to lead meaningful lives. There is need to consider how to sustain changes and how to achieve that in the long term.

13. The EIG may wish to consider including care homes in its review by working with care home managers in a positive way. People within the community could be encouraged to get involved in care home activities since staff do not always have the time to do so.

Professor Justine Schneider

14. Justine Schneider, Professor of Mental Health and Social Care at the University of Nottingham, drew attention to the resources for e-learning available at www.idea.nottingham.ac.uk. This website has been developed to meet the needs of a wide range of people who have a personal and/or professional interest in the topic. It has 600 registered users and is being kept up to date by staff at the University of Nottingham.

15. Professor Schneider stated that: “I hope that becoming a dementia-friendly community could involve consulting people with dementia and their carers about how the council's amenities could be adapted to their needs. Raising awareness and becoming a dementia friendly community go hand in hand.”

Conclusions

16. Members discussed their own understanding of dementia and their personal experiences. A common theme was the level of distress dementia caused within families.

17. The EIG resolved to include care homes in its review and discussed the Bridging the Gap initiative, which was an inter-generational project the Council had run very successfully in the past. Also, the Older Person’s Week in 2014 could be used to promote dialogue with care home staff and strengthen links.

“I’ve learnt to be more tolerant with people who, for example, may be fumbling for change at supermarket checkouts.”
Member of the People and Places EIG

The Council's Roles

1. Members stressed the importance of focussing on achievable outcomes from the review which centred on issues that were under the responsibility of the Council. Therefore the group considered areas that could affect residents of Broxtowe in and around their towns, residents visiting the Council, the staff who interacted with residents who may suffer from dementia and also Broxtowe employees who are carers or have had their lives impacted on by dementia.

Housing

2. Dementia friendly bungalows are being built at Linwood Crescent, Eastwood and are due for completion in March 2015. Officers had been requested to contribute to the specification of how the bungalows could be dementia friendly.

3. The Eastwood project is innovative and the EIG considered that similar types of development should be included in the Council's housing and new build plans.

4. Amanda Siddle, Neighbourhood Services Manager, presented information on research that had been undertaken and considered for the design of the bungalows as dementia friendly environments.[7] It was stated that future housing will need to provide a flexible, adaptable living environment to meet people's changing needs. The main principles would be:

   - generous internal space and flexible layouts
   - maximising natural light through windows and doors
   - building layouts that avoid internal corridors and provide large balconies, patios or terraces
   - adaptable homes in which new technologies can be easily installed (assistive living technology solutions)
   - multi-purpose space accommodating a range of activities with plenty of storage
   - designing homes to be part of the street, community and the natural environment
   - energy-efficient and well insulated.

Retirement Living

5. Janice Young, Retirement Living Team Leader, was trying to recruit attendees to join in with workshops:

   - Retirement Living Officers work with people in the retirement living schemes to ensure that people can access activities
   - a lot of work was undertaken on 1-2-1s and what tenants' needs were
   - welfare visits had been put in place

[7] Further information is available at appendices 4 & 5.

- an integration project is being piloted and the retirement living service would welcome more recruitment of dementia friends, which it considered could be taken forward quite quickly within its service area

6. The retirement living scheme is working on a communication project linking up with the local Clinical Commissioning Group which involves focussing on a month of ‘dementia care’. Three pilot projects are planned in the Stapleford area and Karen Morgan (a co-optee on this EIG) was providing training for tenants.

7. The EIG considered that a potential recommendation around a person-centred approach of ‘turning understanding into action’ could be achieved by life stories of dementia sufferers through ‘reminiscence’ work.

8. The Council’s Neighbourhood Services Manager reported on Broxtowe’s Older People’s week, which commenced on 28 September 2013 and which members of the EIG had attended.

Human Resouces

9. Jane Lunn, Head of Human Resources, stated that the Council had signed up for the Mindful Employer Charter and was running a training course with ACAS in May 2014. This demonstrated the Council’s commitment to supporting employees who may be experiencing mental health issues and also sent a strong message that the Council wanted to change attitudes and expectations.

10. The Human Resources team is developing dementia training for staff and considering the development of employee champions.

11. The establishment of a focus group to include employees affected (carers) or employees suffering from dementia was considered. From this an action plan identifying how to support employees could be developed.

12. Amongst its support mechanisms for staff, the Council provides occupational health support and an employee assistance programme. It is currently reviewing its stress management policy and is working with Unison concerning the way it records mental health issues and how it can reduce stress in the workforce.

Businesses and Town Centres

13. Matt Batterham, Town Centre Manager, stated that the town centre management team, partnered with Home Instead Senior Care, had undertaken dementia training which had been attended by eleven mostly small or independent businesses. The transport company that had attended (the only large company to do so) stated that it did not provide dementia training for its staff.

14. The town centre team considered there would be merit in extending the offer of free training to focus on cost-effective ways in which businesses become more dementia friendly.

15. Members asked the Town Centre Manager for his view on the EIG recommending that a ‘Broxtowe standard’ for dementia be adopted for businesses in the borough. It was noted that currently businesses could participate in a scheme for people with learning disabilities whereby they had a logo in their shop window indicating that it was a safe place to go which could inform the adoption of a dementia standard.

16. The Town Centre Manager suggested there may be merit in pursuing the development of a Broxtowe standard through partnership working with Home Instead to develop a training package. Statistics indicated that 23% of people being diagnosed with dementia stopped going shopping in town centres and anything which could be done to encourage more people with dementia to visit town centres would be a positive thing.

17. Signage in town centres was queried, including actions which could be taken to help people with dementia navigate town centres more easily. It was confirmed that the Council had taken advice on signage issues, for which there are general standards to be considered in addition to issues relating to dementia friendliness.

18. Members considered there may be the opportunity, when signage is due to be replaced, to introduce dementia friendly signage.

Leisure Services

19. The Council’s Exercise Referral Scheme is designed to help people to improve their health by becoming more active. Exercise Referral is available to people who suffer from or are at risk of certain diseases that would benefit from physical activity.

“This isn’t like a broken leg. People must not be judged by the way they look.”
Member of the People and Places EIG

20. The classes below are suitable for people with dementia although it is recommended that a carer also attends. If there is a charge for the activity there is a Council policy that the ‘carer goes free’.

1. Exercise referral: one-to-one support to access Broxtowe gyms as part of a 12 week programme. To access this service requires a GP referral.

2. Exercise referral classes: to access these classes there is a requirement to be on a exercise referral scheme:

Exercise Referral Classes		
Day	**Time**	**Leisure Centre**
Tuesday	1-2pm	Kimberley
Tuesday	2-3pm	Bramcote
Thursday	3.30-4.30pm	Chilwell Olympia
Friday	2-3pm	Bramcote

3. Movement to music classes – gentle seating exercise classes for the over 50s

Movement to Music		
Day	**Time**	**Leisure Centre**
Monday	10am-12noon	Brinsley Parish Hall
Tuesday	11am-12noon	Church Close, Trowell
Wednesday	2-3pm	The Pearson Centre, Beeston

4. Aqua Care: Low impact exercise class in the shallow end of the pool

Aqua Care Sessions		
Day	**Time**	**Leisure Centre**
Monday	10-10.45am	Bramcote
Monday	1-1.45pm	Kimberley
Tuesday	1-1.45pm	Kimberley
Wednesday	1-1.45pm	Kimberley
Thursday	1.15-1.45pm	Bramcote

5. Timid Time Swimming: a slower pace, relaxed swimming session

Timid Time Swimming		
Day	**Time**	**Leisure Centre**
Monday	11.30am-12noon	Bramcote
Tuesday	11.15am-12noon	Bramcote
Thursday	7-7.45pm	Bramcote

6. Walking football: football but only walking!

Walking Football		
Day	**Time**	**Leisure Centre**
Wednesday	2-3pm	Bramcote

Dementia Friends

21. Karen Morgan advised that the Nottingham West Clinical Commissioning Group could assist with training. Theresa Allen advised of a dementia friends champion training day being run in Leicester by the Alzheimer's Society and she would advise of dates for that since it would be useful to have more champions on the Council. It was suggested that a potential recommendation could be for the Council to have a number of dementia champions among staff and councillors.

Conclusions

22. The group noted the content of the notes on dementia friendly communities and housing, the Alzheimer's Society report from August 2013 and a diagram representing a dementia friendly home.[8] The latter document comprised information from a variety of sources which highlighted good practice guidelines. It was noted that the Council had already taken on board actions in many of the key areas and was adopting a holistic approach.

23. The EIG confirmed its support and encouragement of the work undertaken by the exercise referral team and considered that some programmes should, through their promotional wording, emphasise that the Council welcomes people with dementia. The inclusion of the wording 'carers go free' should be specifically included to adopt a more inclusive approach.

Recommendations

1. The Council identifies Dementia Champions who are able to train new staff and members who wish to be Dementia Friends. In turn, frontline staff and members should undergo training to become Dementia Friends.

2. An e-learning package be devised and completed by all of the Council's staff.

3. Signage in Council buildings be sympathetic towards people with dementia when it is replaced or placed for the first time.

4. A member champion for older people, with a strong focus on dementia, be appointed.

5. The Council seek to strengthen links with care homes and encourage and invite them to take part in next year's Older Persons' Week, with a strong focus on dementia.

6. Businesses in Broxtowe be encouraged to sign up to the Dementia Action Alliance.

7. Businesses and shops in Broxtowe be encouraged to display a dementia friendly logo and adopt dementia friendly approaches.

8. A staff focus group be established to work toward a Broxtowe Dementia Standard based on the mission statement.

[8] Further information is available at appendices 4 & 5.

Case Studies

1. Amanda Siddle, Neighbourhood Services Manager, introduced the Older Persons Manager (Supported Housing) and the Retirement Living Beeston Team Leader who both shared their experiences with the EIG of caring for close family members suffering from dementia. Other case studies were also noted considered.

Sue and Bill

2. As part of the above review, three councillors (Susan Bagshaw, Andrea Oates and Janet Patrick) visited Sue and her husband Bill.

3. Sue is aged 74 and is living with dementia. She was diagnosed around three years ago; although Bill says that with hindsight it was around four or five years ago that he began to realise that something was wrong. The problem was not initially picked up by the GP. It took a visit to a second GP surgery to find that she had significant memory loss. She has a form of aphasia associated with Alzheimer's disease (known as anomic aphasia) and has trouble thinking of the right word and remembering people's names. As the condition gets worse, people often have difficulty putting a sentence together and making themselves understood. People usually develop problems with memory and understanding at the same time, which can also make communication more difficult. There is also increasing loss of inhibition in public.

4. Sue cannot remember her daughter’s name for example. She has trouble remembering the right word and although she can make herself understood, Bill told us that it is no longer possible for them to have a conversation. “It is all one way,” he said, “she has difficulty understanding what I say”.

5. Sue can and does go out independently, cycling or walking to the shops in Beeston for example. However, she is not able to drive or travel further afield as she cannot remember directions, she cannot read signs, and she cannot read addresses on envelopes, for example.

6. Sue and Bill continue to have an active social life and they have three adult children and grandchildren. They are members of the local church, a steamboat association and a model engineers’ club. All these organisations continue to make Sue and Bill very welcome at the activities they organise. They continue to travel to visit their son and his family in Australia, their family in the UK, and are planning a railway trip in Europe although the lack of inhibition is becoming more of a problem.

7. We asked Bill what had helped the most and he said the speech therapist. Sue had also attended a Unit which specialises in Alzheimers, and a cognitive therapy clinic, but he felt that these had not been helpful for Sue. She also sees a psychiatrist, but had been told there was nothing to be done. Bill described the speech therapist as “a very scarce resource”.

8. We asked about what we could do as a local authority to help. Bill said that Sue was not keen on exercise (and never had been) and so didn't think leisure services would help. He said she could not understand signs, so even providing pictorial signs would not help.

9. He said the only thing that would help was a cure.

10. It was very useful to visit Sue and Bill. Their situation is very difficult because of Sue's memory loss and her communication problems. Bill told us that her condition has also changed her personality. However, they are not at all socially isolated and have a lot of support from family and friends. At present Sue is also visited by the speech therapist; although Bill expressed some fear that they may lose this service in the future.

11. The most significant issue for Susan is not being able to communicate effectively.

12. For Bill, the most significant issue is feeling embarrassed for Sue due to her behaviour in public. He is coming to terms with this and surprised at how understanding everyone seems.

Mr and Mrs G

13. Mrs G lives with her husband in a Retirement Living scheme with a communal lounge and active social activities. Mrs G has vascular dementia.

14. When Mr and Mrs G initially moved into the Retirement Living property, Mr G requested a weekly visit from the Retirement Living Officer. However, the Officer became concerned that this was too infrequent given Mrs G's vascular dementia and increasing support needs.

15. Mrs G was known to be a very calm, quiet spoken woman but, as her condition progressed, Mrs G became increasingly frustrated and shouted at Mr G with increased frequency.

16. Mr and Mrs G went to live in a Retirement Living scheme where they now have a daily visit from a Retirement Living Officer who made a referral to the Adult Care Team for assessment. This culminated in Mrs G having carers visit twice a day to provide personal care. This enables Mr G to have a break from caring and go out into the scheme to enjoy the activities.

17. The Retirement Living Officer has also introduced Mr and Mrs G to the other tenants and the social activities available within their scheme. This includes coffee mornings three times a week, afternoon clubs which are very well attended by tenants living at the scheme, tenants from other schemes and friends and family. Mr and Mrs G have also become involved in other activities such as the weekly board games, cards and bingo. This has provided them both with new friends and support as well, as they now access these and are socialising with other tenants who have become friends and provide them with further support.

18. The Retirement Living Officer continues to visit daily to provide support and advice, regularly checks to ensure that Mr and Mrs G are accessing the correct benefits, healthcare and receiving the support that is required for them both to remain at the scheme and live independently.

19. Mr G feels the move into the Retirement Living scheme has provided them with a much safer and happier environment, as their front door does not lead directly onto the road but into a warm, carpeted corridor leading to communal areas as well as forming many good friendships and an excellent service from the Retirement Living staff. He feels Mrs G will be less able to walk into danger should her vascular dementia worsen and that he is able to stay living with his wife but is not alone when it comes to caring and looking after her.

Mr H

20. Mr H is 85 and moved into a retirement living property four years ago. Two years ago he started to show signs of dementia and a GP assessment confirmed this. The GP suggested to Mr H's daughter that he might be better off in a residential home but Mr H wanted to remain living independently but was concerned that he was losing contact with friends. During discussions with a Retirement Living Officer about his past and future he said that he missed his life in the Army, which had provided routine, a social life and fitness regime.

21. Following a fall Mr H attended an eight-week hospital rehabilitation programme, which he enjoyed. To improve his fitness further he was encouraged by the Retirement Living Officer and hospital social worker to join a chair based exercise class which was undertaken in the scheme on a weekly basis. As Mr H's mobility improved he was motivated to improve his fitness further and was encouraged by his family and, through a GP referral, began attending sessions at a Broxtowe Borough Council gym. Mr H was keen on the gym but became increasingly concerned about the cost despite numerous reassurances from his daughter.

22. Mr H's dementia meant that he was having increasing difficulty with cleaning his flat and showering. Following a referral by the Retirement Living Officer to the Adult Care Team, a Social Worker assessed Henry's needs and he was provided with a personal budget in the form of a direct payment. From this he was able to pay for gym membership and for a care worker to help him at home and accompany him to the gym. Mr H stopped worrying about the cost of the gym as he was reassured that this was not from his “general bank account money” by his daughter. His health is much improved and his confidence and self-esteem have been boosted.

Mrs K

23. Mrs K is 62, lives alone in a general needs bungalow and has early onset dementia. She does not want to move into a Retirement Living property and her family support her decision, fearing her condition will deteriorate if she moves home.

24. Mrs K is very active and frequently goes out for walks. As she began to find it hard to distinguish between day and night there were concerns she was leaving the house at night and early in the morning when care workers would visit to help her with breakfast and taking medication.

25. Mrs K had a Lifeline with Broxtowe for a number of years following the death of her husband. During a visit to service the Lifeline, the Retirement Living Officer spoke with Mrs K and her family about their concerns.

26. The Retirement Living Officer suggested making a referral for Telecare to install motion sensors to her doors to give peace of mind to her family and stop Mrs K from worrying about her family.

27. The Telecare team installed motion sensors to track her activity. Mrs K's family provided noticeboards around the bungalow with notes telling her not to go out and daily updated information to provide reassurance to Mrs K.

28. The motion sensors, which are compact and silent, did not cause any anxiety and showed the pattern of Mrs K's activities. This information allowed care workers visits to be timed more effectively. It also reassured Mrs K's family as it showed that she was not leaving the house after 4pm. As a result Mrs K has been able to remain living independently, with assistance, in her own bungalow.

"The bottom line is about respecting other people."
Member of the People and Places EIG

Dementia Action Alliance

1. The Dementia Action Alliance is the coming together of over 700 organisations to deliver the National Dementia Declaration; a common set of seven outcomes informed by people with dementia and their family carers. The Declaration provides an ambitious and achievable vision of how people with dementia and their families can be supported by society to live well with the condition.

2. The National Dementia Declaration lists seven outcomes that all businesses, charities and public bodies can collectively work towards to improve the lives of people with dementia and their carers. These are:

   i. I have personal choice and control or influence over decisions about me
   ii. I know that services are designed around me and my needs
   iii. I have support that helps me live my life
   iv. I have the knowledge and know-how to get what I need
   v. I live in an enabling and supportive environment where I feel valued and understood
   vi. I have a sense of belonging and of being a valued part of family, community and civic life
   vii. I know there is research going on which delivers a better life for me now and hope for the future

3. Alliance members work towards delivering this vision through committing to actions within their organisation and undertaking joint programmes of work, for instance in care, housing and schools.

Action Plan

4. Local authorities have an important role to play in ensuring people living with dementia can continue to live their lives and be an active part of their communities for as long as possible.

5. In signing up to the National Dementia Declaration, by joining the Dementia Action Alliance and developing a short action plan, Broxtowe Borough Council can become part of the national movement to improve and transform the quality of life for the millions of people affected by dementia.

Where Could an Action Plan sit Within Broxtowe Borough Council?

6. A sub group of the Broxtowe Health Partnership was set up in June to focus on older persons' issues.

7. The Older Persons Sub Group could take responsibility for the implementation and performance monitoring of the Action Plan.

Conclusion

8. Members considered information from Dementia Action Alliance which provided details on how and why local authorities could improve the lives of people with

dementia. It was agreed that, by developing a Dementia Action Alliance Action Plan, the Council would show its commitment to dementia sufferers and also assist in achieving the expected outcomes for the review. It was agreed that joining the Dementia Action Alliance and the formulation of an action plan be included in the recommendations of the group's final report.

Recommendation

9. The Council signs up to the Dementia Action Alliance and an Action Plan be developed from within each of the Council's relevant service areas. Performance of the Action Plan should be monitored by the Older Persons Sub Group.

This is an enormous challenge. We can all do something to help people with dementia and their families to have a better life."

Member of the People and Places EIG

Mission Statement

1. Members considered formulating a mission statement in order to establish a clear, short and concise understanding of the Council's actions. This would define what the goals and desires are for the Council over a certain amount of time which is also important and can help with the writing of the business plan as well. It would also clarify employees' focus, assist with their efforts and suggest ideas that fit with what you're trying to do.

2. After discussion the EIG proposed the following as the mission statement:

   'This Council believes in enabling people to live well with dementia. Within our communities we will create a positive environment that supports and includes those affected by dementia.'

3. The Council's vision to encourage dementia friendly communities should include the following tenets:

   - Good employer
   - Encouraging businesses' commitment
   - Empowering people/giving them a voice
   - Listening to people with dementia

Recommendation

4. The following mission statement: 'This Council believes in living well with dementia. Within our community we will create a positive environment that supports, enables and includes those affected by dementia', be adopted by the Council.

Activities at other Nottinghamshire Councils

1. Councillor Oates had undertaken some research into other councils' approach on the topic of dementia friendly communities. The following matters were noted:

    - Nottinghamshire Dementia Action Alliance considered what other local authorities did, particularly lower tier authorities such as Broxtowe.
    - The only authorities similar to Broxtowe being listed as being involved with the Alliance were Bassetlaw and Newark and Sherwood District Councils. Bassetlaw was focusing on training staff and raising awareness of issues for sufferers/carers to assist front-line staff to interact.
    - Bassetlaw wanted to provide training to key and front-line staff to promote the importance of dementia friendly societies through their partnership and make carers aware of entitlements.
    - Newark and Sherwood District Council was supporting the PRISM integrated care programme which promoted joined up working with health and social care, increasing awareness in communities and promoting attendance at memory assessment clinics.
    - Newark and Sherwood District Council was also piloting a grants scheme to improve families' home environments and were undertaking a training needs analysis for staff.
    - Nottingham City Council had appointed a member as older persons' champion and work was progressing for the authority to become a dementia friendly council. The City had sought support from the University of Central Lancashire.
    - Collaborative work was being undertaken across the City of Nottingham to promote issues raised by the Prime Minister's challenge on dementia.
    - Nottinghamshire County Council was considering making information available using different communications methods.
    - Consideration of benefits and accommodation - it may be useful for the review to examine what Broxtowe is already doing in this regard.
    - Other local authorities' training of front-line staff.

Conclusions

1. In working to make Broxtowe a dementia friendly community this review could be a beacon for other local authorities. We would like this to permeate and be reflected in all of the Council's activities for the people of Broxtowe.

2. Members discussed their own understanding of dementia and their personal experiences. A common theme was the level of distress dementia caused within families.

3. The EIG resolved to include care homes in its review and discussed the Bridging the Gap initiative, which was an inter-generational project the Council had run very successfully in the past. Also, the Older Person's Week in 2014 could be used to promote dialogue with care home staff and strengthen links.

4. The group noted the content of the notes on dementia friendly communities and housing, the Alzheimer's Society report from August 2013 and a diagram representing a dementia friendly home.[9] The latter document comprised information from a variety of sources which highlighted good practice guidelines. It was noted that the Council had already taken on board actions in many of the key areas and was adopting a holistic approach.

5. The EIG confirmed its support and encouragement of the work undertaken by the exercise referral team and considered that some programmes should, through their promotional wording, emphasise that the Council welcomes people with dementia. The inclusion of the wording 'carers go free' should be specifically included to adopt a more inclusive approach.

6. Members considered information from Dementia Action Alliance which provided details on how and why local authorities could improve the lives of people with dementia. It was agreed that, by developing a Dementia Action Alliance Action Plan, the Council would show its commitment to dementia sufferers and also assist in achieving the expected outcomes for the review. It was agreed that joining the Dementia Action Alliance and the formulation of an action plan be included in the recommendations of the group's final report.

[9] Further information is available at appendices 4 & 5.

Appendices

1. List of witnesses
2. Scoping report
3. National Dementia Declaration Action Plan
4. Dementia Friendly Communities and Housing
5. Dementia Friendly Homes

APPENDIX 1

The following is a list of witnesses who gave evidence to the group:

Date	Witness
9 September 2013	Ruth Hyde – Chief Executive*
	Karen Morgan, Strategy and Development Manager – Nottingham West Clinical Commissioning Group*
	Alex McCleish – Education and Enforcement Officer*
	Amanda Siddle – Neighbourhood Services Manager*
	Primo Sule – Home Instead Senior Care
16 October 2013	Theresa Allen – Dementia Support Manager from the Alzheimer's Society
	Jenny Oates – Alzheimer's support worker
	Yvonne Weightmann – Older Persons Manager (Supported Housing)
	Janice Young – Retirement Living (Beeston) Team Leader
20 November 2013	Matt Batterham – Town Centre Manager
	Dr Simon Burrow – University of Manchester Course, Leader in Dementia Care
	Jane Lunn – Head of Human Resources

*Attended on more than one occasion

APPENDIX 2

Scoping Report

Title of review	Dementia Friendly Communities
Name of scrutiny group	People and Places Examination and Inquiry Group
Review suggested by	Chief Executive Councillor D K Watts Councillor J Williams
How does the review link to priorities?	Bringing People Together
Expected outcomes	• To identify how Council services impact residents affected by dementia • To establish what the Council can do to alleviate the problems facing dementia sufferers, their carers and families • To generate a greater understanding of the subject amongst the general public • To understand what services are already provided for dementia to avoid duplication, and to signpost to these services
Terms of reference/Key lines of enquiry	• Identify actions that the Council can take as employers • Ensure staff are trained • Sign up to the Dementia Action Alliance • Develop a mission statement • Establish figures and the demand on Council services
Possible sources of information	• University research • Case studies • Front line services • Employees •
Possible barriers	• Duplicating other work
How review could be publicised	• Press release
Specify site visits	• Older persons event
Possible witnesses	• Alzheimer's Society • Health representatives • Town Centre Manager

APPENDIX 3

National Dementia Declaration Action Plan

Name of your organisation

____

Template for organisations to set out what they are doing to support delivery of the National Dementia Declaration

This template is for organisations supporting the National Dementia Declaration to set out what they intend to do by 2014 to transform quality of life for people with dementia. This will be published online.

1. **The National Dementia Declaration lists a number of outcomes that we are seeking to achieve for people with dementia and their carers. How would you describe your organisation's role in delivering better outcomes for people with dementia and their carers?**

The intention of this question is to allow you to describe your role in delivering the outcomes described for people with dementia and their carers. Your response could include a national and local role. Consider the role you have in influencing and supporting the work of other organisations as well as the projects you deliver. (Word limit of 200 words).

Please write your answer to question 1 here.

2. **What are the challenges to delivering these outcomes from the perspective of your organisation?**

This question is to allow you to set out some of the key challenges to delivering for people with dementia from your organisation's perspective. For example, a Royal College might state the challenge on its members understanding about dementia. A training body might say that there is no agreement on what a core curricula should be. (Word limit of 150 words).

Please write your answer to question 2 here

3. **What are your plans as an organisation to respond to these challenges between now and 2014?**

This question seeks to understand what specifically your organisation will do to support delivery of the outcomes for people with dementia given the role that you have identified for your organisation and the challenges you have set out. You could describe activities that are already happening or those being planned. Additionally you might want to

consider whether there are other opportunities to incorporate dementia into your general work. For example, are there programmes of work you are currently progressing that could benefit people with dementia and their carers. Where could you commit to dementia being supported within that work?

The scope of activity you describe could be anything you are doing that relates to people with dementia along the dementia care pathway, from awareness of dementia, through diagnosis to the end of life. It could relate to outcomes for people in any setting - in the community, in hospitals, and in care homes. It could include description of national and local activities your organisation will be delivering.

For the purposes of formatting the eventual list of organisations' commitments to publish in October can we suggest that you put together a bulleted list which is no longer than an A4 page that contains no more than 10 bullet points. The more specific the list can be with milestones the more useful it will be.

We appreciate that for some organisations specifying work out as far as 2014 might not be possible.

Please write your answer to question 3 here

4. The next stage of the Dementia Declaration project will be a launch in 2011 which would seek to develop partnerships with a range of organisations that can help us to deliver the Declaration, such as civic organisations and employers. What networks or communication channels are available to your organisation that could help us to spread the word about the next stage of the Declaration? For example through newsletters, websites and new media

Please write your answer to question 4 here

Your contact details:

Name, address and email

Amanda Siddle, Neighbourhood Services Manager, provided the following information to the group after considering how Broxtowe's plan to provide housing to people with dementia could be achieved.

Dementia Friendly Communities and Housing

Future housing will need to provide a flexible, adaptable living environment to meet people's changing needs throughout their life giving people more housing choices and reduce the likelihood of having to face disruptive adaptations or unwanted moves when circumstances and needs change. This will also include addressing sensory and cognitive challenges.
The main principles would be:

- Generous internal space and flexible layouts
- Maximising natural light through windows and doors
- Building layouts that avoid internal corridors and provide large balconies, patios or terraces
- Adaptable homes in which new technologies can be easily installed (assistive living technology solutions)
- Multi-purpose space accommodating a range of activities with plenty of storage
- Designing homes to be part of the street, community and the natural environment
- Energy-efficient and well insulated

Designing dementia friendly environments -
The most useful design principles and recommendations currently available include:

1. Distinctive environments - spaces and features that help capture people's attention and concentration and enhance their living environment while helping them to find their way around.

- Large, realistic graphics/pictures in clear, colour contrast to the background along with signage e.g. such as toilet doors, kitchen; and contrasting colours, for example between different doors or corridors.

2. Familiar environments - which people with dementia recognise and understand:

- Non-institutional buildings, rooms and spaces that meet older people's expectations of what such rooms look like in terms of scale, layout, fittings, décor, furniture and furnishings
- Designs that are recognisable and familiar to people with dementia; features should be designed so their use is obvious and unambiguous – this is not a case of traditional versus modern or using a particular style or historical era but clarity for the person

3. Legible environments - A clear segregation of spaces including private, semi-private, semi-public and public spaces helps residents identify different spaces and helps protect their privacy and sense of belonging

- Plenty of views of the outside, natural light and ventilation. Being able to see outside helps a person to orientate themselves with a sense of connection and direction with the outside world
- A minimum of wide, short corridors, single banked to allow natural light and views of the outside, no dead ends or blind bends and with views along them for clear visual access, avoiding clutter and trip hazards.

4. Internal environments - familiar, personal, clear and uncluttered to create a feeling of belonging

- Memory boxes' of possessions can help a person with their orientation and Help people maintain their sense of identity and belonging
- Separate distinctive rooms e.g. living room, dining room and activity room rather than one large generic shared space
- Attractive and interesting cues to help distinguish where the person is within a building e.g. such as art work, potted plants, ornaments, placed at strategic spots
- □Features to give clues to the use of a room, e.g. a fireplace and comfortable chairs in the living room, a dining table and chairs in the dining room
- Visual access, e.g. a clear view of the en-suite toilet from the bed
- Plain, clear colour contrasts between walls and floors, handrails and walls, doors and walls, sanitation ware and walls and floors, toilet seats / flush handles and toilets, taps and basins, furniture and walls / floors

5. Accessible, Comfortable and safe environments - enable people to reach, enter, use and move around the places and spaces they need or wish to visit, regardless of any physical, sensory or cognitive impairment moving freely without fear of coming to harm with basic safety measures through risk assessments, calm surroundings, soft furnishings to deaden noise, discreet alarms, planting to buffer traffic noise, large windows with low sills and nearby external seating -

- **Location -** close to services, facilities, community activities and open space with access to the outdoors, especially natural environments to enhance health and wellbeing and reduce stress.
- **Light-** Sunlight is important for the production of serotonin, a mood-enhancing hormone and the absorption of vitamin D which reduces the risk of osteomalacia, osteoporosis and respiratory infections.

  Natural light and being able to see the cycle of day and night and the seasons can reduce 'sun downing' and sleep disorders. Indirect artificial light should be avoided where possible.
  High-intensity levels of natural light indoors can positively affect sleep, mood and behaviour: large windows, glazed doors, roof lights, atria, light tunnels
  Curtains, blinds and anti-glare, non-reflective glass to avoid glare, shadows and frightening reflections
- **Flooring/pathways**-No changes in level, but if unavoidable a choice of steps and ramp with max. Gradient.

  Flooring and pathways that are plain, non-reflective, wide, flat, smooth and non-slip, in clear colour and textural contrast to walls, doors etc

Handrails in clear colour contrast to walls
Outside enclosed spaces that are easy to navigate, overlooked and with flat, nonslip, plain paving, raised beds, seating and shelter, no trip hazards

- **Camouflaged doors -** Can prevent residents from entering unsafe areas

In *Streets for Life* (Burton & Mitchell, 2006), the authors identified 6 principles of dementia friendly environments, namely: familiarity, legibility, distinctiveness, accessibility, safety and comfort and made over 70 recommendations. The following outline the main recommendations:

1. Small blocks laid out on an irregular grid with minimal crossroads

2. A hierarchy of familiar types of streets, including high streets and residential side Streets and gently winding streets

3. Varied urban architecture that reflects local character

4. A mix of uses, including plenty of services, facilities and open space

5. Permeable buffer zones, such as trees and / or grass verges, between busy roads and footways

6. Buildings and facilities designed to reflect uses with obvious entrances to buildings

7. Landmarks and environmental cues with special / distinctive features at junctions, e.g. street furniture, trees, phone box

8. Wide, flat, smooth, plain, non-slip footways separate from cycle lanes

9. Frequent pedestrian crossings with audible and visual cues

10. Level changes only when unavoidable, clearly marked with handrails

11. Clear signs throughout

12. Frequent sturdy public seating in warm materials, with arm and back rests

13. Enclosed bus shelters, with seating and transparent walls or large, clear windows

14. Ground level public toilets

Housing Learning & Improvement Network – www.housinglin.org.uk Page 4
Where no new development is planned, the following improvements are likely to be helpful for people with dementia:

1. Add landmarks, distinctive structures, open spaces or places of activity

2. Add special features (e.g. post boxes, telephone boxes, trees, statues) at junctions, particularly complex ones

3. Add porches, canopies and clear signs to make entrances to public buildings obvious

4. Increase the widths of footways (e.g. by reducing the widths of roads)

5. On busy roads, create a green buffer zone between pedestrians and cars

6. Move cycle lanes from footways to roads

7. Increase the frequency of pedestrian crossings

8. Where there are steps, provide a slope or ramp (no more than 1 in 20) and add handrails to steps or ramps

9. Fix clear signs and symbols to publicly accessible buildings, road signs and directional signs, preferably perpendicular to walls and remove all unclear and unnecessary signs

10. Increase variety in the existing built form (e.g. by painting doors and windows different colours and adding details such as window boxes)

11. Add trees and street furniture where possible and make sure there are public seats, toilets and bus shelters that are suitable for older people

12. Make sure gates and doors only require up to 2kg of pressure to open

13. Improve audible cues at pedestrian crossings where necessary and increase crossing times

14. Replace cobbled, rough or patterned footways with smooth, plain ones

15. Reduce Street clutter (e.g. boards, adverts, signs) and increase the amount of street lighting where necessary

Conclusion

In conclusion, a dementia friendly community should provide a good choice of different types of housing with care and general housing with home-based health and social care services and ensure that the design of housing and neighbourhoods supports and enables people with dementia.

A dementia-friendly community- Alzheimer's Society Report Aug 2013

The Alzheimer's Society: "Building dementia-friendly communities. A Priority for everyone" Aug 2013 report has gathered information and evidence from the perspective of people affected by dementia and their carers and includes all the elements important to dementia friendly communities with the design and housing playing a key role. The report collates the new evidence, existing evidence and examples of work being undertaken to provide a definition of a dementia-friendly community. A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. Communities working to become dementia friendly should focus on the following 10 key areas:

1 Involvement of people with dementia
Shape communities around the needs and aspirations of people living with dementia alongside the views of their carers to include understanding varying demographics and the impact of the geography, e.g. rural versus urban.

2 Challenge stigma and build understanding
Work to break down the stigma of dementia, including all communities and increase awareness and understanding of dementia.

3 Accessible community activities
Offer organised activities that are specific and appropriate to the needs of people with dementia within existing leisure services and entertainment activities to be more inclusive of people with dementia.

4 Acknowledge potential
Ensure that people with dementia themselves acknowledge the positive contribution they can make to their communities.

5 Ensure an early diagnosis
Ensure access to early diagnosis and post-diagnostic support. Health and social care services to be integrated and delivering person-centred care for people with dementia in all settings.

6 Practical supports to enable engagement in community life
Deliver a befriending service that includes practical support to ensure people with dementia can engage in community life as well as offering emotional support.

7 Community-based solutions
Support people with dementia in whatever care setting they live, from maintaining independence in their own home to inclusive care homes. Community based solutions to housing can prevent people from unnecessarily accessing healthcare.

8 Consistent and reliable travel options
Ensure that people with dementia can be confident that transport will be consistent, reliable and responsive to their needs.

9 Easy-to-navigate environments
Ensure that the physical environment is accessible and easy to navigate for people with dementia.

10 Respectful and responsive businesses and services
Promote awareness of dementia in all shops, businesses and services so all staff demonstrate understanding and know how to recognise symptoms. Encourage organisations to establish strategies that help people with dementia, utilise their business.

DEMENTIA FRIENDLY HOME KITCHEN

1: Help with reminders

Make a to-do list, or use a reminder board, for the person's daily routine and appointments, and make sure the person reads it every morning.

Keep important things, such as keys, glasses, money, in the same place, so the person knows where to find them.

2: Familiar and accessible

Buy food that people will recognise in packets that are familiar. Use see through storage jars, and keep the most used items (tea, coffee, mugs, sugar) in visual sight on work surface. Keep surfaces clear except for the things the person uses a lot.

3: Shopping delivery

Consider getting an internet shop for the major items you need, and just go shopping for smaller day to day items. This gets you out of the house, and is less time consuming and stressful than trying to do a big shop.

4: Keep people involved

Keep people involved in cooking and preparing their own food, even if you have to help them to complete the task.

5: Kitchen safety

Investigate getting temperature limiters fitted to the tap, shut off valves, gas detectors fitted (assistive technology).

6: Helping to eat healthily

Mix the colours of your food to make a contrast (particularly avoiding all white or pale food), use plain plates, and if you have white crockery, use coloured table mats. Consider using a plastic table cloth. Have plenty of easily accessible but healthy food available such as fruit and nuts. Drink plenty of fluids.

7: Handy gadgets

Food preparation and eating meals. Try using the following gadgets, which might help when people are a bit unsteady: — clamps and holders to keep jars steady so they can be opened easily — kettle tipper that help someone pour hot water safely — non-tip cups — timer to remind the person when something that's cooking will be ready

8: Safety

Keep cleaning fluids, bleach, white spirit etc in cupboards where the person won't look. Even better if the cupboards are lockable.

9: Help with routine

Get a tablet dosette box, with divisions for the days of the week, and different times of day.

10: See contents

Change kitchen cupboard doors to glass, or remove them altogether. Both ways they'll be able to see what's inside.

11: Label the contents

Label drawers with cards or Post-it Notes, or find some colourful photographs or pictures eg. pots and pans for a kitchen drawer, bottles of milk for the fridge, a washing line for the washing machine.

LOUNGE

1: Help with information Have a clock that also tells you the day and the date.

2: Help with reminders

Put up a calendar with plenty of space for writing notes and appointments.

3: Help remember visitors

Have a visitor's book and ask visitors to write their name and contact details and a brief description of what they talked about when they visited.

4: Natural light

Keep the curtains open through the day

5: See outside

Keep the windows clean.

6: Safe and brighter lighting

Increase the wattage of light bulbs, making sure you don't exceed the safe limit for the lampshades or lamp fittings. Consider buying a standard lamp (and putting it where you can't fall over it) or having wall mounted uplighters fitted

7: List phone numbers

Keep a typed list of important phone numbers, and those of relatives and friends, by the telephone. If the person is on their own and needs to make a call, they won't have to search for numbers. You could add photographs to the numbers so they are easier to recognise.

8: Television

Put the TV remotes in easy, visible reach and always put them back in the same place. Consider restricting viewing if some types of programme are disturbing to some people. Look for box sets of favourite programmes from the past — and watch these together or with other family. Switch the TV or radio off if you are not listening to it. Try playing music, or invest in a set of over the ear headphones, or an iPod.

9: Chairs

Make sure chairs are comfortable, and high enough for people to get in and out of (chairs with piped cushions can be uncomfortable to older people).

10: Help with reading

If people are finding reading difficult, bigger sized text books, or talking books can be helpful. A number of people with dementia still enjoy looking at cartoons. Contact your local library for information on whats available, what you can order in and what might be helpful.

11: Safety

Remove items that are trip hazards and tape down or remove rugs etc, particularly those on a wooden or laminate floor. Replace low coffee tables with trolleys or tray tables. Make sure cables and wires don't trail across floors.

12: Prompt memories

Place familiar items around the room i.e. photographs, pictures or objects associated with the person (something they have made or drawn will recollect positive memories). Have a life story or memory box available to use as aids to prompt memory.

13: Patterns

Make sure the furnishings are not too patterned or have clashing colours, as this can be disturbing. Avoid wavy lines, contrast stripes on floors (these can be seen as steps) or changes of colour on floors between rooms.

Cover or remove any mirrors if this becomes a problem.

14: Keep familiar objects

Don't buy new furniture or materials unless you have to, as these can be disorientating to people.

15: Redecorate

If you can afford it, consider redecorating your rooms, and involving people in choosing colours and furniture at the early stages of dementia.

16: Colours

Replace white light sockets and light switches with coloured ones.

17: Avoid reflections

Draw the curtains at night to avoid reflections on the window panes.

18: Handy gadgets

You can also look at getting gadgets such as walking trollies (to help move things such as magazines and cups of tea, from room to room) and one–handled tray (for example, for someone who uses a walking stick) to help move things around the house.

BEDROOM

1: Bedside lamp

Put a lamp next to the person's bed — consider one with a motion sensor so it doesn't have to be switched on, or one where you can touch the base rather than use a switch.

2: Label sockets and switches

Replace traditional white sockets and switches with coloured ones. Place coloured sticky labels on the sockets and switches.

3: Label drawers

Label drawers with cards or Post–it Notes, or find some colourful photographs or pictures e.g. bright red socks for a bedroom drawer, pots and pans for a kitchen drawer, bottles of milk for the fridge, a washing line for the washing machine.

4: Door signage

Put colourful signs, or appropriate pictures, on doors. Make sure that they're at the right height for the person to see. Leave the doors to the most commonly used rooms open e.g. bathroom, toilet, sitting room.

5: Toilet safety

People with dementia can't always find the bathroom or toilet in the night: if it's possible, arrange their bed so the person can see the toilet. Obviously this is easier with en-suite bathrooms. Leave the corridor and/or bathroom light on or use low-level night lights to show the way.

6: Unnecessary mirrors

Some people with dementia don't always recognise themselves and think the person is a stranger, which can be frightening. Remove, or cover up, unnecessary mirrors.

7: Curtains

Draw the curtains at night to avoid reflections on the window panes. Drawing the curtains helps ensure that people know it's night time and cuts out any distractions outside the window. Equally, it's important that curtains are drawn during the day so that everyday routines are maintained.

8: Tidy up

Make sure slippers and other footwear are tidied away.

9: Cover contrast and bedding hygiene

Contrast bedding with the floor (don't have white bedding with cream carpets, for example) so that they can see the difference. Use waterproof bedding covers including for the duvet. Make sure you have enough to go around.

If bedding (or clothes) gets soiled, make sure you wash any bits off in the utility room or bathroom (not the kitchen) before you put in the washing machine, and use a pre-rinse programme. Wash at 60C or above. Keep soiled linen in sealed bags if not washing immediately, and handle as little as possible.

Make sure you wash your hands thoroughly and ensure that any cuts are covered — if needs be use gloves (and clean these with bleach afterwards), or use disposable gloves from your pharmacist. Consider using an oxygen releasing or bleaching agent in the wash. Wash duvets every three months. If someone has an infection, wash their clothes separately and not with yours.

10: Separate bedrooms?

If you are both having disturbed sleep, consider having separate bedrooms. This may be more relaxing and less distracting for both of you, but only if it feels right.

11: Motion sensors

Consider having sensors fitted to the bed or wall, so you know if someone has got out of bed in the night. The radio based ones are cheaper and often more effective as they detect people when getting out of bed if positioned correctly.

12: Clothing

Consider arranging the clothes for the next day in an easy to reach place (on a clothes hanger on the wardrobe, or on a chair), encouraging the person to choose their own clothes and talk them through getting dressed, encouraging them to do this themselves. If you take over and dress people, they will stop trying.

When people can't dress themselves any more, remember what was important to them in their dress/appearance, and try to keep this up. People still like having their hair done, and it will make them feel better. Don't make life too difficult for yourself - slip on shoes and clothing without lots of buttons is easier for people to wear.

If the person wants to put clothes on that they've just taken off, remove them straight away from sight.

13: Consider the bed

If you need a new bed, you might consider a height-adjustable bed and infection control mattress — many of these are reasonably priced and look like normal bedroom furniture. You might be able to sell the bed when you don't want it any more. Your Occupational Therapist or local carers centre may be able to recommend companies close to you.

BATHROOM

1: Lights

Use night lights to help the person find their way if they get up to go to the toilet in the night. Leave the bathroom or toilet light on during the night.

2: Locks

Remove any locks from bathroom or toilet doors.

3: Help to see objects

Put stickers in the basin if it's white.

4: Floors

Make sure hard–surface floors, such as in kitchens and bathrooms, aren't shiny. A person with dementia may think the floor is wet and get anxious or move unsteadily.

5: Have things within reach

Make sure the loo roll holder is at the side or in front of the loo, within easy reach, rather than tucked around the back, and change the loo paper from white to a coloured one.

6: Use colours to assist

Consider changing the colour of the toilet seat and lid to something bright and contrasting; red, for example. This makes it easier to see and for someone to position themselves before sitting down. You might want to consider a raised seat if your toilet is quite low.

7: Familiar items

Keep their flannel and towel visible next to the sink — and use ones that are always the same so people with dementia recognise this as theirs.

8: Taps and safety

Taps can be awkward to turn on, or, if it's a mixer tap, people may find it hard to control the temperature: old–fashioned, 'cross–top' taps, labelled Hot and Cold are easy to turn and identify. Ask a plumber to fit a limiter, so the hot water can't burn.

9: Safety in the shower and bath

Consider having a seat and grab rails fitted in the shower, or the latter in a bath. Use non–slip mats.

10: How to assist

If you need to assist people in the shower, do so with dignity and show respect to the person you are helping. Try to understand people's routines, what they like and don't like and stick to them. Make sure you have towels and clothes handy.

Ask people's permission to assist them and never force them to do something — if they get agitated, distract them by putting something else in their hands such as a book or sponge, talk to them or or play soothing music if they like this. Talk to people whilst you are helping to reassure them, and try to inject some humour into the situation. Don't overfill the bath — 6 inches will be enough and use bubble bath or perfume if people like the smell.

GARDEN

1: Safety light

Have an outside light fitted, but don't leave it on when the person is in the house, as they might be attracted by it and go to investigate.

2: Visible steps

Have a white line painted around the edge of any outside steps.

3: Tidy up

Make sure foliage in the garden isn't blocking light coming into the house.

Remove any rubbish, or other unwanted debris lying around. Make sure anything toxic or poisonous is locked away. Be wary of anything sharp (including lawn mowers).

4: Aid regular chores

Clear a route to the bins, so that people can still put their rubbish out. Label the bins with pictures, so people know which one is recycling and which one is not.

5: Security

Look at securing the garden through putting locks on the gates, or removing keys, so that people can still spend time in the garden without being supervised if they are prone to wandering. Use your judgement as to whether it is more restrictive to the person through doing this, or ensures that they are safe but still able to choose what they would like to do.

6: Make a memory garden

Look at planting some sensory plants, or traditional ones that trigger happy memories and involve people in choosing the plants. Encourage people to grow vegetables, fruits and flowers from seeds, plant and water them if this interests

them. Make sure what you plant is not poisonous or toxic — you'd be surprised at how many household name plants are.

Being outside is good for people, helping sow, plant and nurture plants keep skills and recognition alive, and picking and eating the produce is fun too. Avoid shady or dark areas, as these can be distressing for people, and try to level out uneven paths.

Put seating at regular intervals, preferably near a focal point such as a bird bath or feeding table. Don't worry about mess or mud, it can always be cleaned up. Have a look at the following articles for inspiration:

7: Trip hazards

Consider levelling out any steps into the house, so that people are less likely to trip.