HOUSING LIN POLICY BRIEFING

Living well with dementia: a national dementia strategy
A briefing from a housing perspective

"This strategy is the start of a process, not an end in itself. Even if all the recommendations are fully implemented, there will still be very much more to do. Clearly there are costs to the system in making these changes, but the cost of not making the changes will be immeasurably higher, both in financial and human terms." [1]

INTRODUCTION

Living Well with Dementia[1] sets out the government's strategy for helping people with dementia and their carers over the next five years. Its aim is to ensure that significant improvements are made to dementia services across three key areas: awareness and understanding; earlier diagnosis and intervention; and quality of care. "The Department's goal is for people with dementia and their family carers to be helped to live well with dementia, no matter what the stage of their illness or where they are in the health and social care system." [1] It is backed by £150 million over the first two years.

While the emphasis within the strategy is on care services, it recognises that a range of staff and services from non-care sectors, including housing (see Objective 10 on housing and telecare), have an important part to play. This briefing summarises the key points of the strategy, covering in greater depth elements which are relevant to the housing sector.

Plain text and the text in blue boxes (single border) are extracts from, and précis of, the strategy. *Italicised* text in the salmon boxes (double border) are the writer's interpretation of the relevance to the housing sector, with case examples using Times New Roman font.

OVERVIEW

The Strategy comprises 17 objectives. Each has a headline, a description, bullet points on delivery, and an analysis of the case for change. The headline objectives are as follows. Those with an asterisk will be covered in greater depth later in this briefing.

Raising Awareness and Understanding (Ch 3)

Objective 1: Improving public and professional awareness of dementia*

Early Diagnosis and Support (Ch 4)

Objective 2: Good-quality early diagnosis and intervention for all*

Objective 3: Good-quality information for those with diagnosed dementia and their carers*

Objective 4: Enabling easy access to care, support and advice following diagnosis*

Objective 5: Development of structured peer support and learning networks*

Living Well with Dementia (Ch 5)

Objective 6: Improved community personal support services*

Objective 7: Implementing the Carers' Strategy for people with dementia*

Objective 8: Improved quality of care for people with dementia in general hospitals

Objective 9: Improved intermediate care for people with dementia

Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia*

Objective 11: Living well with dementia in care homes

Objective 12: Improved end of life care for people with dementia*

Delivering the National Dementia Strategy (Ch 6)

Objective 13: An informed and effective workforce for people with dementia*

Objective 14: A joint commissioning strategy for dementia*

Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers*

Objective 16: A clear picture of research evidence and needs*

Objective 17: Effective national and regional support for implementation of the Strategy*

CONTEXT

This Strategy is part of a wider policy context, including for example, *Putting People First, Our NHS, Our Future,* and the carers' strategy.

"The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which cause problems in themselves, which complicate care and which can occur at any stage of the illness" [1]

The strategy is set in the context of widespread ignorance of dementia, stigma, and misconceptions; for example it is popularly believed that dementia is a normal part of ageing and that nothing can be done to prevent it or help people with dementia.

The number of people with dementia, and the costs associated with it are set to rise significantly as our population ages.

- In 30 years, the number of people with dementia is expected to double to 1.4 million
- In the same 30 years, the annual cost will treble to over £50 billion
- Although predominantly a disorder of later life, at least 15,000 people under the age of 65 have the condition
- Currently 15,000 people from minority ethnic groups have it but this is set to rise sharply
- Around two-thirds of people with dementia live in private households in the community

Dementia is a terminal disorder, but people may live with it for 7 – 12 years after diagnosis. Its impact on them and their families is profound.

RAISING AWARENESS AND UNDERSTANDING

Objective 1: Improving public and professional awareness and understanding of dementia.

Awareness and understanding of dementia to be improved and stigma addressed. Individuals should be informed of the benefits of timely diagnosis and care. Prevention should be promoted and social exclusion and discrimination reduced. It should encourage behaviour change in terms of appropriate help-seeking and help provision.

Delivery is proposed through:

- Developing and delivering a general public information campaign
- Inclusion of a strong prevention message that ‘what’s good for your heart is good for your head’
- Specific complementary local campaigns
- Targeted campaigns for other specific groups (e.g. utilities, public-facing service employees, schools, and cultural and religious organisations)

EMERGING KEY MESSAGES

- Dementia is a disease
- Dementia is common
- Dementia is not an inevitable consequence of ageing
- The social environment is important, and quality of life is as related to the richness of interactions and relationships as it is to the extent of brain damage
- Dementia is not an immediate death sentence; there is life to be lived with dementia and it can be of good quality

- There is an immense number of positive things that we can do – as family members, friends and professionals – to improve the quality of life of people with dementia
- People with dementia make, and can continue to make, a positive contribution to their communities
- Most of us will experience some form of dementia either ourselves or through someone we care about
- We can all play a part in protecting and supporting people with dementia and their carers
- Our risk of dementia may be reduced if we protect our general health, e.g. by eating a healthy diet, stopping smoking, exercising regularly, drinking less alcohol and generally protecting the brain from injury

Relevance of improved professional and public awareness to the housing sector?

Many people working within the housing sector may be well placed to convey these messages to the people they work with, for example, sheltered and extra care scheme managers to residents living in their schemes. Also, there are many people within the housing sector who may not come into contact with people who have dementia on a regular basis, but certainly fall into the category of public-facing employees, for example general needs housing managers.

Example: Effective Partnership Working in Cambridgeshire Improves Understanding Amongst Tenants and Housing Staff [2]

Partnership working over a number of years between Sanctuary Housing and the local Alzheimer's Society at sheltered housing schemes has provided significant benefits. Advice to scheme managers progressed to awareness-raising sessions amongst residents, and drop-in-clubs at schemes. The result has been the re-integration of people with dementia who had become isolated, people with suspected dementia and their families seeking help and advice earlier, other residents being more supportive, and improved support from scheme managers.

EARLY DIAGNOSIS AND SUPPORT

Objective 2: Good-quality early diagnosis and intervention for all.

Everyone with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis sensitively communicated; and treatment, care and support provided as needed following diagnosis.

Delivery is proposed through:

- The commissioning of a good-quality service, available locally, for early diagnosis and intervention in dementia, which has the capacity to assess all new cases occurring in that area. There is a strong case that this should be a specialist service, with primary care identifying those who may have dementia, and ruling out other possible causes of symptoms.

Evidence suggests that investing in such a service can both increase the quality of care and deliver significant savings, and that early provision of support at home can decrease institutionalisation by 22%.

> ***Relevance of early diagnosis and support to the housing sector?***
>
> *Housing professionals can encourage and support service users with possible dementia symptoms to seek a diagnosis, suggesting an appointment with the GP or other access to the local care pathway.*

Objective 3: Good quality information for those with diagnosed dementia and their carers.

Providing people with dementia and their carers with good-quality information on the illness and on the services available both at diagnosis and throughout the course of their care.

Delivery is proposed through:

- A review of existing relevant information sets
- The development and distribution of good-quality information on the illness and on services available, of relevance at diagnosis and throughout the course of care
- Local tailoring of the service information to make clear local service provision

The proposal is for information to be collected centrally in the first instance, and then distributed for local tailoring.

> ***Relevance of good quality information to the housing sector?***
>
> *If housing and related services are to play their part in helping people with dementia to live well, it is essential that the information on services goes beyond the health and social care sector and includes housing-related options. Providers will need to be proactive in ensuring their services are included once local structures and processes for tailoring the information have been clarified.*

Objective 4: Enabling easy access to care, support and advice following diagnosis

A dementia care adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.

Delivery is proposed through:

- The creation of a new role. Prior to implementation, models of service delivery will be piloted and evaluated.
- Following this, the commissioning of a local dementia adviser service to provide a point of contact for all those with dementia and their carers, who can provide information and advice about dementia, and on an ongoing basis help signpost them to additional help and support
- Contact with a dementia adviser to be made following diagnosis

It is envisaged that the adviser will work with a high number of people diagnosed with dementia in each area, and that s/he will not provide hands-on case management or care.

Relevance of the dementia care adviser to the housing sector?

On the face of it, there is no relevance other than that housing staff need to know of the existence of these advisers. However, if the model switches from a newly created, dedicated post to one fulfilled by a range of professionals who have the knowledge, interest, and proximity to people with dementia and their carers, some housing professionals could potentially fulfil this function.

Objective 5: Development of structured peer support and learning networks

The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

Delivery is proposed through:

- Demonstrator sites and evaluation to determine current activity and models of good practice
- Development of local peer support and learning networks for people with dementia and their carers that provide practical and emotional support, reduce isolation and promote self-care, while also providing a source of information about local needs to inform commissioning decisions
- Support to third sector services commissioned by health and social care

Existing examples include carers' support groups and dementia cafés.

Relevance of peer support networks to the housing sector?

Providers of sheltered and extra care housing are in a particularly good position to support this objective, both within their own resident group and through opening their facilities to people with dementia and their carers from the wider community.

Example: Memory Cafés in Extra Care

Brunelcare, a housing with care provider in Bristol, runs memory cafés in two of its extra care schemes. Jointly funded by the local council and PCT, these cafés provide information, counselling, peer support and fun to people with dementia and their carers. Sessions take place monthly and last three hours.

Example: Healthy Ageing Café in Sheltered Housing [2]

In Southwark, using a sheltered scheme lounge, a warm, person-centred environment is provided for people with dementia to relax, obtain advice on local services and gain support. Funded by a charity, the service is provided by a partnership between health and third sector organisations.

LIVING WELL WITH DEMENTIA

Objective 6: Improved community personal support services

Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

Delivery is proposed through:

- Implementing *Putting People First* personalisation changes for people with dementia utilising the Transforming Social Care Grant
- Establishing an evidence base for effective specialist services to support people with dementia at home
- Commissioners implementing best practice models thereafter

"Some people will just want to access services that should be available to everyone locally such as transport, leisure, housing and information. Some will need a little more help, for example maintaining their homes and gardens, their physical health, and peer support networks"

Services need to provide for diverse groups of people who may be affected by dementia, including those with learning disabilities, people from minority ethnic groups and younger adults with dementia.

Managers and staff in all settings need to be aware of the risk of abuse and safeguarding issues, as well as the principles and provisions of the Mental Capacity Act.

A COMPREHENSIVE COMMUNITY PERSONAL SUPPORT SERVICE WOULD PROVIDE:

- home care that is reliable, with staff who have basic training in dementia care
- flexibility to respond to changing need, not determined by rigid time slots that prevent staff from working alongside people rather than doing things for them *e.g. in extra care*
- access to personalised social activity, short breaks and day services *e.g. in sheltered and extra care schemes*
- access to peer support networks e.g. *in sheltered and extra care schemes*
- access to expert patient and carer programmes
- responsiveness to crisis services e.g. *community alarm call responders*
- access to supported housing that is inclusive of people with dementia *e.g. extra care*
- respite care/breaks that provide valued and enjoyable experiences for people with dementia as well as their family carers *e.g. extra care guest rooms*
- independent advocacy services
- assistive technologies such as telecare

(Examples in italics have been added by the writer of this briefing)

Relevance of community personal support services to the housing sector?

This objective will be dealt with together with objective 10 which relates specifically to housing and telecare, as these two objectives overlap.

Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers

The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

Further information on Objective 10 is provided in the World Class Commissioning Annex of the Strategy as follows:

NDS Objective 10: People with dementia and their carers receive the right housing support, housing-related services and telecare at the right time

People with dementia are included in housing options and assessment for assistive technology and telecare solutions. People with dementia and their carers have access from an early stage to a wide range of low-level support services to help prolong independent living and delay reliance on more intensive services.

Delivery is proposed through:

- Monitoring the development of models of housing, including extra care housing, to meet the needs of people with dementia and their carers
- Staff working within housing and housing-related services to develop skills needed to provide the best quality care and support for people with dementia in the roles and settings where they work
- A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven

“The Case for Change” section says that on the whole, the limited number of studies undertaken demonstrate that people with dementia can benefit from the support offered in sheltered and extra care housing. There are references to the Housing Corporation/Housing 21 study “Opening Doors to Independence” [3] which concludes that the needs of people with dementia can be met where a whole system strategy is adopted. It says that the evidence base of design principles is sparse, but that there is consensus on key principles. It refers to an evaluation of assistive technology by Woolham [4] which demonstrated improved quality of life and cost-effectiveness, and mentions the large-scale DH field trials.

“This is an evolving field, but one that is of potentially high and central importance in enabling people with dementia to live well with their condition” *(It is not clear whether “this” refers only to assistive technology or to housing-related services as a whole.)* The lack of evidence of effectiveness of “more recent innovations” within the field is highlighted as an issue, and prevents specific recommendations from being made within the strategy. “Instead, central, regional and local teams should keep in touch with initiatives in the areas of housing and telecare and make appropriate commissioning decisions as data becomes available, for example from the Department’s large-scale field trials of telecare and assistive technology.” [1]

Relevance of objectives 6 & 10 to the housing sector?

Taking objectives 6 & 10 together, the housing sector already provides some of the personal support services listed, and there is the potential to deliver more in partnership with others.

Housing-related services

Sheltered housing has the potential to be used as the base for a whole host of services for people with dementia and their families, as well as helping to prolong the time that residents with dementia can remain living there independently with support. Scheme managers can as advocates for residents.

Extra Care housing and variations thereof may offer some people with dementia an alternative to residential care, enabling couples who might otherwise be separated to remain together, and offering the combination of flexible, responsive home care and support, maximum independence, improved safety and security, and managed risk.

There are various approaches within extra care to meeting the needs of people with dementia, ranging from schemes dedicated to people with dementia, through those with separate units for dementia, to an integrated approach. They vary in size, eligibility, staff levels and training, risk policies and procedures, and physical layout. No two developments are the same, making generalisations difficult. Which approaches are the most effective, and the extent to which extra care can replace residential care for people with dementia remain unknown quantities at present.

Example: Duddon Mews [5]

Duddon Mews is a 14 unit extra care scheme in Millom, Nottinghamshire. Targeted primarily at people with dementia who have a mix of need levels, the scheme appears to have prolonged independent living for its residents, providing flexible and responsive services, and helped to reduce unnecessary hospital admissions.

Example: Independent Living Houses [5]

The Dementia Care Partnership in Newcastle provides shared living houses in ordinary streets for people with dementia wishing to remain independent. Underpinned by strong core values, round-the-clock care and support is person-centred, even down to daily living expenses being individually calculated, based on individual preferences.

For further information on these examples and extra care housing and dementia generally, see the Housing LIN factsheet No: 14 on "Supporting people with dementia in Extra Care Housing" and other material on the dementia pages of the Housing LIN website[5].

Assistive Technology –Assistive technology for people with dementia is aimed at increasing autonomy and reducing risk, as well as supporting carers and providing peace of mind. Devices may assist with sensors alerting to problems such as gas left on or flooding, lifestyle monitoring to enable more tailored care and support planning, use of telecare to prompt and monitor well-being, or alerts for when an individual goes beyond a defined perimeter. There is also a range of standalone devices such as calendar clocks and locator devices.

Community alarm services, often delivered by the housing sector play a key role in responding to an alarm call from someone with dementia, and have the potential to expand their role to a more proactive one (e.g. providing a prompting and reminder service).

The AT Dementia [6] website aims to provide user-friendly information about assistive technology for people with dementia and their carers

Example: Telecare in Barnet [7]

In Barnet, a local evaluation has demonstrated that telecare is resulting in support and independence through risk alerts for people with dementia at risk of getting lost outside their home. There is an example of a telecare smoke alarm saving the life of someone with dementia.

Example: Aztec Project [7]

This project in Croydon supported a number of people with moderate to severe dementia using a range of assistive technology devices. Together with support from multi-disciplinary teams, it enabled people to continue living at home who might otherwise have needed residential care.

Floating support services commissioned by Supporting People are replacing accommodation-based "wardens" in some areas and supplementing them in others. These services have the potential to assist a person with dementia to maintain their home and gain access to other services as necessary.

Example: Floating Support Services for People with Dementia [2]

In the south-west, four Supporting People authorities have jointly commissioned a floating support service for people with dementia. Delivered by Rethink, a membership charity, support workers provide assistance to people with memory problems to maintain their tenancies with benefits advice, help with finances, ensuring the safety of their home, maintaining social networks and helping them to access other services if needed.

Home Improvement Agencies may fulfil a similar function for owner-occupiers, starting from the perspective of repairs or home adaptations, but with the potential to broaden their focus, including handyperson services and/or the installation and maintenance of aids, adaptations and equipment.

Example: Crisis Support Service [2,8]

This Crisis Support service is run by Orbit Care and Repair Coventry Home Improvement Agency. The service is for those with moderate learning disabilities and 'additional' complex needs which may include dementia or physical disability. It provides intensive advocacy through a crisis support worker. The work undertaken is housing related but covers a number of tasks including dealing with disrepair, hoarding and debt. Potential crisis points are avoided through a sustainable ongoing approach.

Design and the built environment. It is generally acknowledged that the physical environment can have a significant impact on an individual's health and well-being, both positive or negative. Of particular relevance to people with dementia is assistance with way-finding and cues to interpret the purpose and meaning of spaces.

Example: Design Principles for Short Term Memory Loss include: [9]

- A pleasant familiar domestic environment
- Domesticity in scale and character
- Space to be surrounded by personal possessions
- A simple, easily comprehensible layout
- Visual accessibility, key vistas, open plan, etc
- Visual cues; personalising entrances, use of colour, artwork etc
- Small scale living – cluster arrangement
- A plan to facilitate wandering
- Elimination of 'dead-end' corridors
- Security
- Appropriate garden / amenity provision
- Integration with the community

Housing LIN Factsheet No: 6 [9] on Design Principles for Extra Care contains guidance on designing for dementia, as does a range of other material on the dementia pages [5] of the Housing LIN website.

The strategy highlights two very important keys to fulfilling the potential of housing-related services to help people and their carers to live well with dementia:

Evidence

Robust evidence is needed of the cost-effectiveness of these different housing-related services.

Example: The Housing and Dementia Research Consortium [5]

This consortium of providers, commissioners and other interested parties, is committed to promoting research into housing with care for meeting the needs of people with dementia. It is currently undertaking a literature review into published and in-house research with funding from JRF.

Skilling staff

In order to be able to fulfil any of the functions outlined above, housing professionals in these positions need specific knowledge and skills. They need a good understanding of: dementia and its different manifestations; that it affects a diverse group of people including younger adults, people with learning disabilities and people from ethnic

minorities; what may trigger different behaviours and strategies for responding; how to communicate with people who have dementia; how to support and advise their carers; the legislative and regulatory framework – specifically the principles and tools of the Mental Capacity Act and Disability Discrimination Act; safeguarding issues (see forthcoming Housing LIN factsheet); and the local care pathway and range of services available.

At present dementia training within the sector is variable and often inadequate for maximising staff effectiveness, with the consequence that people who may have been able to "age in place" have moved to institutional forms of care.

Example: Enriched Opportunities Programme [5]

This research and practice development programme led by Professor Dawn Brooker across 10 Extra Care Charitable Trust extra care developments (5 active research and 5 control) brings together what is known as best practice in a structured, systematic way. Key facets include staff training, support and leadership. Improved practice has resulted in a number of very positive outcomes: residents were half as likely to have to move to a care home, they rated their quality of life more positively, had decreased symptoms of depression, and feelings of social support and inclusion were greater.

Conclusion

Action taken by the housing sector alone could move these agendas forward, but to fully realise the potential of these services, cross-sector working is needed at all levels. Almost all the examples included in this briefing involve cross-sector and partnership working.

Objective 12: Improved end of life care for people with dementia

People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.

Delivery is proposed through:

- Demonstration projects, piloting and evaluation of service models
- Developing better end of life care and pathways across care settings which reflects individual preferences and makes full use of Mental Capacity Act planning tools
- Ensuring that palliative care networks spread best practice on end of life care in dementia
- Developing better pain relief and nursing support for people with dementia at the end of life

"The particular issues of capacity and the impacts of dementia mean that dementia-specific approaches need to be developed if the needs of people with dementia and their families are to be addressed."

Relevance of improved end of life care to the housing sector?

Staff in accommodation-based services often get to know the residents in their schemes very well and will be in a position to record advance decisions, expressed wishes and preferences, and Lasting Powers of Attorney. They can also advocate on someone's behalf to enable them to have the care and support needed to die at home if that is their wish.

At time of writing, the Housing LIN is refreshing its factsheet on End of Life Care and is working with the NHS programme on a new Resource Pack for commissioners and providers of housing and housing with care (due Summer 2009)

Example: End-of-life Dementia Care Nurse [2]

With charitable funding, and working in partnership with health and social care in Westminster, Housing 21 is piloting the employment of a nurse with expertise in dementia and end-of-life care. She provides advice and support to staff and families caring for people with dementia in the terminal stages of their illness, thereby supporting them to die at home. She also undertakes specialist assessment, service sourcing and co-ordination.

DELIVERING THE NATIONAL DEMENTIA STRATEGY

Objective 13: An informed and effective workforce for people with dementia

All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.

Delivery is proposed through, amongst others:

- The Department of Health working with representatives of all bodies involved in professional and vocational training and continuing professional development, to reach agreement on the core competencies required in dementia care.
- These bodies to consider how to adapt their curricula to include these in pre-and post-qualification and occupational training
- Such changes to inform any review of national health and social care standards
- Commissioners to specify necessary dementia training for service providers
- Improving continuing staff education in dementia

"The need for improved training is a priority that runs across all the themes in the Strategy. It is dealt with separately here to emphasise its central importance."

"People with dementia access all services and so need informed understanding and support from all the services they come into contact with, not only from specialist dementia services. Awareness and skills are therefore needed in all sections of the workforce and society (e.g. housing, emergency services.....) not just those involved with dementia care."

"There is currently a range of training and education providers in dementia care but no nationally recognised system of quality assurance. Some form of kite-marking of good practice would assist commissioners and care providers in selecting effective training"

"The best arrangements will be where health and social care systems work together to develop their workforce"

Relevance of an informed and effective workforce to the housing sector?

Training a competent workforce has been explored in the discussion of the housing-specific objective on page 10. Objective 13 includes health and social care staff only, and the specific mechanisms for delivery are limited to these groups. It uses almost identical wording for "staff working within housing and housing-related services", and the second paragraph above after the bullet points specifically mentions the housing sector.

This would suggest that a parallel list of delivery actions is applicable to housing-related services, and that some of the core competences in the care sector will be as relevant to some staff in the housing sector, pointing to the value of collaboration in this area.

Objective 14: A joint commissioning strategy for dementia

Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These should be informed by the World Class Commissioning guidance developed to support the Strategy and set out at Annex 1.

Joint commissioning strategies will need:

- to be based on the Joint Strategic Needs Assessment (JSNA), specify the outcomes required and be developed in consultation with people with dementia and their carers
- to take account of needs for both mainstream and specific services
- a community focus, linking in to Local Area Agreements and the development of sustainable communities
- an individual focus, drawing on the use of personal budgets and the commissioning of self-directed support

Relevance of a joint commissioning strategy to the housing sector?

If housing-related services are to fulfil their potential in enabling people with dementia and their carers to live well, the JSNA needs to take into account housing-related needs, and the joint commissioning strategy needs to include housing-related service options.

"Commissioning Housing Support for Health and Wellbeing"[10] is written to assist commissioners wishing to include these services in their strategies and increase joint working to achieve better services.

Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers

Relevance of improved assessment and regulation to the housing sector?

This objective is largely irrelevant to housing-related services, excepting that the domiciliary care in extra care schemes falls within this objective. It could be argued that although this objective applies specifically to care services, a parallel system of inspection and monitoring of the effectiveness of housing-related services in meeting the needs of people with dementia should take place through relevant bodies such as Supporting People Administering Authorities, the Audit Commission and Tenant Services Authority.

Objective 16: A clear picture of research evidence and needs

The Medical Research Council with the Department of Health is to convene a summit of parties interested in dementia research.

Relevance of research evidence and needs to the housing sector?

The dementia strategy itself has highlighted the lack of evidence into the effectiveness of housing-related services and assistive technology in meeting the needs of people with dementia and their carers. It is not encouraging the commissioning of housing-related services until there is evidence of their effectiveness. Therefore, there is an opportunity for these services to be included in the list of research gaps, and relevant research undertaken, in order that the full potential of housing-related services to deliver cost-effective outcomes for people with dementia and their carers.

IMPLEMENTATION

Objective 17: Effective national and regional support for implementation of the Strategy

Appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good-quality information to be available to advise and assist local implementation of the Strategy.

This objective is supplemented by a World Class Commissioning framework in the appendices, and implementation plan available as a separate document on the strategy web-page.

Delivery is proposed through:

- Support from the Department of Health to all those involved in local implementation
- Help to get started in selected localities which currently have little in place
- Regional support teams to provide implementation support, including diagnostic advice and improvement support, to local health and social care economies
- Annual information gathering by the Department on current services for people with dementia and progress in implementation
- A national baseline measurement of services
- Specifically commissioned research, evaluations and data from demonstrator sites to support implementation

PRIORITIES FOR EARLY IMPLEMENTATION ARE LISTED AS:

- Early intervention and diagnosis for all
- Improved community personal services
- Implementing the New Deal for Carers
- Improved quality of life for people with dementia in general hospitals
- Living well with dementia in care homes
- An informed and effective workforce for people with dementia
- A Joint Commissioning Strategy for dementia

A National Programme Board for older people and dementia, which has cross government representation and involvement from people with dementia and their carers, will monitor progress, highlight best practice and work to remove barriers to successful implementation. It will link with regions through the Deputy Regional Directors for Social Care and Strategic Health Authorities, who in turn will link with local stakeholders.

A small national team within the Department will co-ordinate the programme and oversee the production of materials to support implementation, as well as run workshops and conferences at a national level. It will recruit an external steering group to design a national framework for the delivery of demonstration sites for particular themes in the strategy, such as peer support.

The Department of Health will work with a range of key stakeholders including, for example, the Audit Commission, LGA, workforce bodies and third sector organisations, as well as across government departments "to ensure that the needs of people with dementia are fully integrated into other policy initiatives, including the Ageing Strategy, the Housing Strategy for an Ageing Society, *Lifetime Homes, Lifetime Neighbourhoods*..." [11]

Partners in commissioning services for people with dementia and their carers will be determined locally, but "at a minimum should include...input from the wider partnership, e.g. people with dementia and their carers themselves, and local third and private sector partners, is crucial"

Relevance of the implementation process to the housing sector?

If the potential of the housing sector contribution to the objectives of the Dementia Strategy are to be realised, the promise of cross-sector and inter-departmental working needs to be implemented.

In addition, the housing sector and associated bodies such as regulators and training bodies need to take the initiative in delivering dementia strategy objectives.

The Housing LIN will work with others in a number of ways to assist in achieving the Strategy Objectives including:

- ***Using regional Housing LIN meetings and other forums to exchange information, ideas and examples***
- ***Developing the Housing and Dementia web-pages as an up-to-date gateway to information on housing-related services and dementia, and other relevant websites***

Editorial Note:

In some areas, the examples given in this briefing may be the tip of the iceberg, and are not necessarily the best examples that may exist. They serve to illustrate the potential offered by housing-related services. If you would like to contribute additional examples for future Housing LIN briefings or case-studies, please email info.housing@dh.gsi.gov.uk.

REFERENCES

1) Department of Health, (February 09).*Living well with dementia: A National Dementia Strategy.*
The full strategy, Accessible Summary, Implementation Plan, Impact Assessment and Equality Impact Assessment are available at the following link
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

2) Henry Stewart Publications. *The Journal of Care Services Management, Volume 3 Number 3.*
Due for publication in April, it can be purchased from
http://www.henrystewart.com/care_services_management/special.html

3) Vallelley, S, Evans S, Fear T, Means R. (2006), *Opening Doors to Independence : A Longitudinal Study Exploring the Contribution of Extra Care Housing to the care and Support of Older People.* London: Housing Corporation and Housing 21

4) Woolham J (2005). *The Effectiveness of Assistive Technology in Supporting the Independence of People with Dementia: the Safe at Home Project.* London: Hawker Publications

5) *Housing and dementia* web-pages on the Housing LIN website
http://www.dhcarenetworks.org.uk/HousingAndDementia

6) Easterbrook L (June 2008). *Living on the Edge: Enabling Older Occupiers with Moderate Learning disabilities to live independently.* Care and repair England
http://www.careandrepair-england.org.uk/pdf/livingontheedge.pdf

7) *AT Dementia* website
http://www.atdementia.org.uk/

8) Clark M (2008). *Telecare Outcomes and Mainstreaming: Telecare and Dementia: A summary of Performance Assessment Responses from 150 social care authorities in England.* Telecare LIN
http://www.atdementia.org.uk/newsStory.asp?page_id=228

9) PRP Architects (updated February 2008). *Design Principles for Extra Care.* Housing LIN Factsheet No:6.
http://dhcarenetworks.org.uk/_library/Resources/Housing/Housing_advice/Design_Principles_for_Extra_Care_July_2004.pdf

10) Edwards M (July 2008). *Commissioning Housing Support for Health and wellbeing.* Communities and Local Government, CSIP Integrated Care Network
http://dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/HousingSupport.pdf

11) CLG, DH, DWP (February 08) *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society*
http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods
Lifetime Homes, Lifetime Neighbourhoods: A User's Guide – HOP Dev and Housing LIN
http://www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/index.cfm?cid=5002

OTHER USEFUL MATERIAL

CSIP National Older People's Mental Health Programme (2007). *Strengthening the Involvement of People with Dementia Toolkit*
http://www.olderpeoplesmentalhealth.csip.org.uk/everybodys-business/download-documents.html

Knapp M, Prince M, Albanese E et al (2007). *Dementia UK, The Full Report*, Alzheimer's Society
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2

NICE / SCIE (2006)clinical guidance: *Supporting People with Dementia and their Carers in Health and Social Care*
http://www.nice.org.uk/guidance/cg42