

Bristol's Local Action Plan - Dementia 2012-2013

Vision

It is our vision that all people in Bristol with dementia receive a timely diagnosis, in a place appropriate to their needs, with a range of ongoing support available to them. We expect people with dementia to receive excellent care from diagnosis to end of life, by staff expertly trained in dementia, whether the person is at home, in a care home or in hospital. We expect all carers to be properly supported and to have access to a break from the stresses of being a carer. We expect our services to be joined up and enable people to live well with dementia. Our overarching aim is for Bristol to be a dementia friendly City.

Who is involved in our action plan:

- Alzheimer's Society
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Bristol City Council, Health and Social Care
- Bristol Clinical Commissioning Group
- Bristol Community Health
- Carers of people with dementia
- North Bristol NHS Trust
- People with dementia
- Public Health
- University Hospitals Bristol NHS Foundation Trust

How the plan is being delivered and overseen:

The implementation of the National Dementia Strategy in Bristol is being led by Bristol Clinical Commissioning Group (CCG). There are two groups that are overseeing this implementation:

- The Joint Bristol and South Gloucestershire Dementia Board – This has representation from senior management of all key stakeholders, to drive forward the strategy across the organisations. This board meets quarterly.
- The Joint Bristol and South Gloucestershire Dementia Stakeholder Group – This brings together all interested stakeholders to share information, good practice and to support individual pieces of work. This group meets quarterly.

In addition to this, the acute hospital trusts have a joint dementia strategy group, which meets bi-monthly and is driving forward changes for people with dementia and their carers who are in hospital.

Context

This Local Action Plan should be read alongside the 2011-2012 Local Action Plan, to give a full understanding of all the improvements that have been made in Bristol.

Key People

Bristol Clinical Commissioning Group

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North Bristol Trust (Southmead and Frenchay Hospitals)

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What we are doing?

The tables below outline the work in Bristol to bring about improvement for people with dementia and their carers from 2011-2012, and the actions that we will be taking forward in 2012-2013.

Government's key priorities.
<p>Improving Hospital Care</p> <p>What we have done and achieved so far:</p> <p>Both trusts (North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust):</p> <ul style="list-style-type: none"> ▪ Have senior leads committed to improving standards of care for people with dementia and their carers in acute hospitals. ▪ Are working together and have a joint strategy board to oversee their action plans for implementing the South West Hospital Standards for Dementia. Each Trust also has a working group to implement the action plans. ▪ Have committed to being a committed part of the Dementia Health Integration Team (HIT) which focuses on redesigning services around patient pathways, whole system partnership working for dementia and development of a centre of excellence for specialist and tertiary services. The proposed redesign of local dementia patient pathways accords well with current Trust initiatives to increase dementia diagnosis rates and the early identification of patients with dementia. The advantage of the HIT is coordination across partnerships organisations allowing the optimal care to be given to all patients wherever they first make contact with health care organisations. The main thrust of the HIT is based upon good diagnosis and management of the needs of people with dementia in primary and secondary care services. ▪ Undertook a self assessment against the South West Dementia Hospital Standards and focused on three key standards in year one. There were: Standard 2: Agreed assessment, admission and discharge processes are in place, with care plans specific to meet the individual needs of people with a dementia and their carer Standard 4: The hospital and ward environment is dementia-friendly, minimising the number of ward and unit moves within the hospital and between hospitals, Standard 8: Appropriate training and workforce development are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families. ▪ Signed up for dementia CQUINs (Care Quality and Innovation) a performance measure within the trust contracts.

- Implemented a new policy for ward moves. This ensures that people with dementia are not moved between 8pm and 8am (unless due to a medical emergency).
- Delivered a training matrix plan to ensure that dementia training is mandatory for every person within the trust – from cleaners to consultants.
- Improved the coding and reporting of the number of people with dementia in hospital.
- Took part in the national clinical audits of anti-psychotic medication.
- Took part in the peer review of the hospitals, to understand how well the trusts were meeting the hospital standards.
- Have access to the older people's psychiatric liaison service, provided by Avon and Wiltshire Mental Health Partnership NHS Trust.
- Have developed a dementia champions programme and over 150 members of staff are now dementia champions. Across both Trusts, twice yearly joint days held. An E-Champion platform is now in place to enable champions from both Trusts to communicate and share ideas.
- Embedded Alzheimer's Society booklet "This is Me" into practice.
- Implemented a Carers Charter.

North Bristol Trust

- Have appointed a trainer for dementia in the Trust.
- Launched "Ward Feedback" Cards, to be completed by patients and their carers re the experience they have received. This will help populate the Trust "Dash Board" for Patient and Carer experience.
- Has made significant improvements in adult safeguarding, training on induction and during mandatory training leaves, that ensures staff are aware of their responsibilities to ensure care is safe and appropriate. An experienced vulnerable adult lead has also been recruited and is due to take up post in October 2012. This role will strengthen the team and the organisation's response to safeguarding.
- Following the successful bid to the WRVS, 50 profile beds and pressure relieving equipment have been purchased to support the care provided to people with Dementia. To improve the environment of care, 21 communicators have been purchased as well as signage, toilet seats and ward clocks for the older person's wards at Frenchay and Southmead Hospitals.
- Developed a Ward Nutrition working group, specifically to support the

Nutrition and Hydration of Vulnerable Patients within the Ward Areas. To support the nutritional care of people with Dementia, red cards have been delivered to every ward in the Trust, so if patients are identified as needing support, staff can use these to highlight people who need assistance with eating and drinking.

- Developed its Dementia Intranet site, with a specific portal for Dementia Champions.
- Are actively involving carers in the planning of services for people with Dementia and are using 'John's story' a DVD for self teaching & reflection. This is based on one families experience of care in the Trust, and how improvements could be made
- Are redesigning the patient journey for people with Dementia in line with the New Hospital development.

University Hospitals Bristol NHS Foundation Trust

- Developed a questionnaire for carers of people with dementia, to capture their experience of current services and to influence future policy and practice.
- Held a number of awareness days throughout the year within University Hospitals Bristol on the South West Hospital Dementia Standards and dementia issues.
- Recruited a Dementia Education lead in August 2012 to roll out Dementia training Trust wide, utilising key trainers.
- Approval for dementia to be included as essential training has been agreed, following a Trust wide review of training. Awareness training continues, with target audiences for levels 1, 2 and 3 now established.
- Recruited a lead for a befriending project within the trust which will commence mid October 2012.
- Developed the trusts Dementia intranet site.
- Clocks with calendars are now in place in all clinical areas.
- Have appointed a trainer for dementia in the Trust and have recruited a lead for the Volunteer service.
- A dementia volunteer project proposal has been drafted and approved by the implementation group. This will enable us to deliver standard 6 of the Dementia Standards, a focus for the Trust in 2012/13.

- A forget-me-not symbol to identify patients with a dementia is being launched in October. This symbol is already used in North Bristol Trust and ensures a consistent approach across both organisations.

What we plan to achieve in the next twelve months:

Both Trusts

- Are committed to delivering the new national dementia CQUIN. This means that everyone over 75 who is admitted in an emergency is asked a question about their memory, will complete a short assessment (if required) and is referred for a fuller assessment (if appropriate).
- Will continue to deliver dementia champions days.
- Will continue to implement the South West Dementia Standards, with specific focus on: Standard 5: The nutrition and hydration needs of people with a dementia are well met and Standard 6: The hospital and wards promote the contributions of volunteers to the well-being of people with dementia www.dementiapartnerships.org.uk/hospital/hospital-standards/the-standards/
- Are working with commissioners to re-specify the service provided by the hospital mental health hospital liaison team.
- Will repeat the local and national audit on dementia.
- Are involved in work to develop the older people's pathway and considering new ways of working.
- Will each focus on a specific ward to enhance the healing environment and make adaptations that will lead to improved outcomes for people with dementia.

North Bristol Trust:

- Will appoint a manager for Voluntary Services. One of their roles will be to further develop the specific role of the mealtime assistance and roll this initiative out across the Trust. These will not only support people with dementia, but any patients who need support with their nutrition and Hydration needs.
- Will implement a befriending project for people with dementia.
- Will be setting up a Memory café with Alzheimer's Society once a week, on both the hospital sites - Frenchay and Southmead.

University Hospitals Bristol NHS Foundation Trust:

- Will improve the information available for carers.
- Will focus on improvements that can support people with dementia with their eating and drinking when they are in hospital, this includes red trays/red plates and red jug lids.
- Will implement a “Think Dementia/Delirium” cards to support training and awareness.
- Will implement a befriending project for people with dementia.
- Will start to develop a clinical alert service with local GP practices.

Improving earlier diagnosis

What we have done and achieved so far:

In Bristol we have made significant progress towards reaching the 60% target of number of people diagnosed with dementia, against expected prevalence. We are now at over 51%. We are aiming to reach at least 60% by 2015. The below outlines what we did in 2011-12.

- We moved from a 46% diagnosis rate to over 51% diagnosis rate for dementia (number of people with a diagnosis of dementia against expected prevalence in Bristol).
- We regularly shared with primary care, the improvements practices had made in their diagnosis rates.
- We introduced a small incentive scheme for GP practices, to raise awareness of dementia and the importance of making an appropriate early diagnosis and coding this correctly within the patient record.
- We have devised a new dementia care pathway, from pre-symptom stage through to end of life and identified gaps/changes.
- We reviewed the dementia advisor pilot and used the lessons learned to inform the commissioning of services and to fill identified gaps in the care pathway.

What we plan to achieve in the next twelve months:

- Both Trusts have signed up to the national dementia CQUIN to ask everyone over 75 admitted as an emergency if they have had problems with their memory in the past year and carry out assessments and referral as appropriate. The CQUIN is specifically about:

Finding people with dementia – This relates to all patients over 75 and a question which reads “Has the person been more forgetful in the last 12 months to the extent that it has significantly affected their lives”

Assessing people with dementia– People who answer yes to the above question will be assessed and diagnosed using an appropriate assessment tool.

Referring people with dementia – if they are positive on the assessment they will be referred to a specialist service

- Bristol Community Health will start to proactively ask people over 75 whether they have had a significant problem with their memory in the past year and carry out assessments and referral as appropriate.
- We will pilot our new dementia care pathway within 13 GP practices in Bristol.
- We will move towards more people receiving a diagnosis of dementia within primary care (with appropriate specialist support) and have more complex people managed within secondary care.
- We will move to offer and provide post diagnostic therapeutic support (in groups or individual sessions) to those being diagnosed in Primary care as well as those being diagnosed in secondary care.
- We will equip GPs with the skills necessary to effectively diagnose and manage patients with uncomplicated dementia.
- We will further develop our specialist Care Home Liaison service in order to ensure all those living in residential accommodation are diagnosed appropriately and are added to the GP dementia registers.
- We will commission an evaluation of our new dementia care pathway to understand what works, what doesn't and what needs to be put in place before we roll it out across Bristol.
- We will commission Alzheimer's Society to work with us for two years to help us develop the care pathway. They will work with us to ensure that all parts of the pathway join up and will pick up specific projects to ensure that gaps are met.
- We will look at different options for a GP Local Enhanced Service, to ensure GPs have enough time to carry out diagnostic tests and provide the outcomes.
- We will develop a business case for the additional resources within the community nursing team to ensure there is enough capacity within mainstream services to effectively support people with dementia.

- We will work with the Deanery and our new Dementia Fellow to ensure there is robust dementia training in place that is accessible to support GPs.
- We will ensure that these developments reflect the needs of people with learning difficulties.

Improving care in care homes

What we have done and achieved so far:

Improving pain assessment and management in dementia patients in nursing homes in Bristol

- The medicines management team ran and repeated audits on pain assessment and pain management and observed an increase in the frequency of pain assessment and a reduction in the prescribing of strong opioid analgesia, benzodiazepines and anti-psychotic medication (where appropriate). Guideline for the whole of Bristol, North Somerset and South Gloucestershire on pain prescribing have been developed to support the appropriate treatment of pain. Bristol CCG has developed concise guidance for GPs on treating pain in people with dementia.
- The medicines management team has developed and launched a pain assessment tool for nursing homes, and provided training to embed its use.
- The medicines management team have organised and delivered training for nursing homes on the management of dementia using both pharmacological and non-pharmacological therapies.

Dementia quality mark

- Bristol successfully piloted the use of the Dementia Quality Mark (DQM) in care homes in 2011/12. Work is now under way to embed the DQM within the day-to-day work of Health and Social Care's Quality Assurance team, to ensure that the highest standards in dementia care are promoted in Bristol care homes. The scheme benefits from involvement from voluntary sector partner RSVP which contributes volunteer visitors to focus on the 'quality of life' in homes. The DQM is being promoted to care home providers in order to increase interest in improving standards of dementia care.

Other

- The local authority contract for care homes is currently being revised in conjunction with Bristol CCG and it is likely that the current contracting arrangements with care homes will be reviewed during 2012-13, with the aim of ensuring high quality, especially for people with dementia, as well as value for money.
- We commissioned a team to work with all our care and nursing homes in Bristol to run ad hoc and planned training. This training is targeted at specific

areas including dementia and will aim to ensure that more people live well with dementia, that there a reduced number of emergency hospital admissions and a reduced number of incidents in homes.

- We commissioned a specific care home and nursing home safeguarding and support team who provide the clinical quality assurance to compliment the work that is already carried out by Bristol City Council's quality assurance team.
- We piloted the use of dementia care mapping within residential care environments used by people with learning difficulties and dementia and identified potential ways this tool can be used locally.

What we plan to achieve in the next twelve months:

- The medicines management team will be working with the University for the West of England to develop Champions in Care for Medication in Bristol nursing homes.
- The medicines management team will be working with the Care Home Network to advise on appropriate topics for training.
- The medicines management team will be monitoring hospital admissions and Nursing Home Local Enhanced Service on the quarterly monitoring forms, to review training needs and inform the production of local guidance and policies.
- The new care home contract will be issued to all providers in 2013.
- We hope that a significant number of care homes will be successful in gaining the award of the Dementia Quality Mark
- We will continue to run training and support care homes with nursing.
- We will run a specific course for care homes on dementia.

Reducing the use of anti-psychotic medication

What we have done and achieved so far:

- The goal is that all people with dementia who are receiving anti-psychotic medication will undergo a clinical review to ensure that their care is: compliant with current best practice and guidelines, that alternatives to their prescription have been considered and a shared decision has been agreed regarding their future care by 31st March 2012 – both hospital trusts have made very good progress in this area.
- Audits have been undertaken to review the use of anti-psychotic medication

before and after multidisciplinary training.

- Prescribers and nursing homes have been sent reminders in newsletters over the year to maintain the high profile of this issue.
- Both hospital trusts undertook audits on their wards of the number of people on anti-psychotic medication.
- A dementia training event was run for community pharmacists on the pharmacological management of people with dementia and the appropriate use of anti-psychotic medication and acetylcholinesterase inhibitors.
- The results of the national audit in anti-psychotic medication showed very positive improvements for people in Bristol
http://www.ic.nhs.uk/webfiles/Services/NCASP/Dementia%20and%20Antipsychotic%20Prescribing%20Audit/Dementia_PCT_Report_5QJ_BRISTOL.pdf

What we plan to achieve in the next twelve months:

- Through the roll out of the Level (1) training across the hospital Trusts and the developing role of the Dementia Champion, the following guidelines have been developed (In line with those suggested by Alzheimer's Society), which can reduce the instance of behavioural and psychological symptoms, and the subsequent prescription of Anti Psychotic medication.

These are based on the principles of person-centred care (care tailored to the specific person's needs) and include:

- treating the person with dignity and respect.
- understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests through the implementation of "This is Me".
- looking at situations from the point of view of the person with dementia and continuing the work to ensure the environments of care are conducive to people with dementia .
- providing opportunities for the person to have conversations and relationships with other people through the progressing the role of the Dementia Champion and ward specific volunteer.
- ensuring the person has the chance to try new things or take part in activities they enjoy.

Before any treatment decisions are made there will also be a full medical assessment undertaken to ascertain if there are any physical or other health problems that may be causing the changes in behaviour. The key points of person centred care should also be checked and discussions with the carer to see identify there is anything in the person's living environment that might have triggered their change in symptoms.

- University Hospitals Bristol will be repeating a Trust wide audit in November

<p>2012, to review the care and management of all patients with a known dementia / memory problems / delirium. This includes progress against the CQUIN's and the use and review of anti-psychotic medications</p> <ul style="list-style-type: none"> ▪ The medicines management team has incorporated a review of anti-psychotic medication in Quarter 2 of the Nursing Home Local Enhanced Service. It is expected that this will further enhance the appropriate prescribing of anti-psychotic medication. ▪ The medicines management team will continue to monitor the prescribing of anti-psychotic medication and develop strategies to reduce inappropriate use ▪ Bristol Community Health Learning Difficulties service will continue to develop appropriate mechanisms of supporting clients and carers in managing non cognitive symptoms of dementia, without the use of anti-psychotic medication.
<p style="text-align: center;">Other areas of work.</p>
<p>Raising awareness</p> <p>What we have done and achieved so far:</p> <ul style="list-style-type: none"> ▪ Dementia champions continued to be identified across all areas of health care, social care and the voluntary sector. ▪ Stalls with information were in place around the City during Dementia Awareness Week. ▪ We continued work with our partners to raise awareness of dementia at any appropriate event. <p>What we plan to achieve in the next twelve months:</p> <ul style="list-style-type: none"> ▪ We will run a public health campaign within our pharmacies to promote awareness and understanding of dementia, and signpost people with dementia and their carers to available support services. ▪ We will promote public awareness and understanding of dementia through the development of a Dementia Action Alliance in Bristol. ▪ We will promote widespread public awareness and understanding of dementia through work with Bristol's Neighbourhood Partnerships.
<p>Providing support in the community</p> <p>What we have done and achieved so far:</p> <ul style="list-style-type: none"> ▪ We have commissioned 5 Memory Cafes across Bristol from Alzheimer's Society (each open monthly).

- We have developed a new care pathway for dementia in Bristol. We have identified the gaps in service provision and are developing a plan to meet these.
- Bristol City Council has redesigned its Home Care Service (Continuing to Care) and has developed a new specialist Dementia Reablement Service due to begin operating in Autumn 2012.
- We have commissioned a volunteer service from the British Red Cross to support people being discharged from hospital and to avoid people going in to hospital from Accident and Emergency unnecessarily. These volunteer led services work with people with dementia.

What we plan to achieve in the next twelve months:

- We will start the new Dementia Reablement Service and roll it out in stages across Bristol.
- We will commission new services to meet the gaps in the care pathway, for example looking at alternative provision to pharmacological interventions and how we can effectively work with volunteers.
- We will submit bids to the Dementia Challenge Fund to increase the support available in the community.
- We will aim to develop 'Dementia-Friendly Communities' in Bristol which will promote greater involvement and support of people with dementia in their local neighbourhoods and communities.
- We will be commissioning a number of new community-located day activities for people with dementia (emerging from Health & Social Care's recent day opportunities review).
- We will work to develop the availability of a range of community based services that support the involvement of people with dementia in mainstream activities.

Supporting carers

What we have done and achieved so far:

In Bristol we already have a Joint Carers Strategy, which applies to the NHS and Bristol City Council (both Health and Social Care and the Children and Young People's Service). This strategy and the associated action plans have been developed in partnership with carers. We have intentionally written the strategy to apply to all carers so that it does not differentiate by the condition of the person cared for and aims to ensure all that carers are well supported and enabled to carry on their caring role.

Work has been ongoing in a number of different areas:

- We have invested £1million to deliver breaks for carers. Some of our work is specifically focussed on carers of people with dementia, although most of it is for any carer no matter what the condition of the cared for is. This work is delivered in partnership with Bristol City Council. To be assessed for a break please contact:

The Integrated Carers Team

Telephone: 0117 352 1668

Email: integratedcarersteam@bristol.gov.uk

- We continued to commission a team from the Carers Support Centre, to support GP practices and both acute hospital trusts, to improve understanding of the needs of carers. The team works to implement protocols and good practice to ensure that the needs of carers are understood and that changes became embedded in ongoing practice.
- Carer awareness training was delivered in a variety of settings to ensure that health and social care staff were able to access it.
- All carers are offered an individual carers assessment of their health and social care needs within four weeks of receipt of referral to Care Direct.
- There is a variety of information available to carers – this includes Carersline, provided by Carers Support Centre, 0117 965 2200 and Care Direct at Bristol City Council 0117 922 2700.
- The Carers Emergency Card can be accessed by all carers of adults. It can be activated, should there be a crisis for the carer, which will allow emergency services to come and support the cared for person. Further details can be found at: <http://bristol.gov.uk/page/carers>
- Alongside the Self Directed Support process offered to individuals, carers are offered their own assessment and a personal budget, if eligible. Practitioners are encouraged to offer direct payments to all eligible carers. Carers who are not eligible will be signposted to access alternative support via voluntary organisations.
- The Bristol Carers signed by both acute trusts, has been launched as has the North Bristol Trust Carers Strategy and Action Plan 2012. Both will ensure the role of the Carer is valued by all staff and that carer views are respected, listened to and understood.

What we plan to achieve in the next twelve months:

- Bristol Community Health will actively identify carers and ensure that they are referred to the carer's breaks team for a short assessment.
- Bristol Community Health will work with the Integrated Carers Team to develop a communication strategy and literature that will help to promote the service.

- We will continue to reach out to as many carers as possible, to ensure that all carers identify themselves and are able to access a break.
- We will commission the Carers Support Centre to work with us to provide support workers for carers in both the hospitals and in the 3 GP localities in Bristol. These workers will be able to carry out short assessments for carers breaks, support discharge and provide direct support to carers

Training our workforce

What we have done and achieved so far:

- We have delivered training sessions to GPs across Bristol.
- North Bristol Trust and University Hospitals Bristol NHS Foundation Trust have both implemented mandatory dementia training for all staff.
- Bristol Community Health have developed a training matrix to ensure that all staff have the right level of training to support their roles.
- We have trained our pharmacists on dementia awareness and medication.
- We delivered training on the prescribing of anti-psychotic medication to staff in nursing homes.
- We have trained the new dementia reablement service staff in dementia and in Dementia Care Mapping

What we plan to achieve in the next twelve months:

- We will write a workforce development strategy for Bristol and South Gloucestershire.
- Dementia awareness training will become mandatory for all staff both clinical and non clinical within Bristol Community Health. Face to face training sessions will be developed with the Memory Service and will include the new pathway and services. Training will be available to palliative care home support to increase the skills of staff to care for patients with dementia at end of life.
- We will deliver training to GPs within their individual practice.
- A programme of training that includes a focus on dementia will be run for nursing home staff during 2012-13.
- Avon and Wiltshire Mental Health Partnership NHS Trust memory nurses will work directly with GP practice staff to improve their understanding of dementia.
- Learning Difficulties specific dementia awareness training will be delivered to

all front line staff within the Bristol Community Health learning difficulties service.

Other objectives in our local plan.

End of Life Care

What we have done and achieved so far:

The Bristol CCG End of Life care work plan sets out the vision and objectives for the medium term. Five work streams have been identified to help patients, regardless of their condition, to receive an excellent end of life care experience. Below are the five key work streams and achievements so far:

Implementing advance care planning:

- A set of documentation is now routinely used across Bristol and South Gloucestershire, enabling patients to plan their end of life wishes.
- An electronic end of life care register has seen further development locally led by the North and West Locality. Changes have been made to ensure that the system is more user friendly for clinicians and to encourage use of it so as to improve the co-ordination of care for patients registered on the system.
- St Peter's Hospice continue to provide advance care planning training to health care professionals, this year with a focus on specific long term conditions specialties staff. The learning needs identified by each staff group revealed core themes; Identifying Dying, Advance Care Planning, End of Life Decision Making and Communication Skills, specifically end of life conversations, awareness raising about available services and coordination of services.
- A unified Do Not Attempt Resuscitation form has been developed and launched locally to ensure that there is a consistent approach for patients across all providers in Bristol, North Somerset and South Gloucestershire, to ensure that their end of life wishes are met.

Capturing the patient experience:

- Over the past year, local providers have been collecting and collating patient experience. Future commissioning will therefore have strong local information upon which to base decisions on.

All of these initiatives are directly supporting people with dementia.

What we plan to achieve in the next twelve months:

- The next twelve months will see Bristol CCG working hard to accomplish

the aims within the End of Life care work plan. This will have an emphasis on ensuring that the good work and initiatives already begun in Bristol are implemented as widely as possible to ensure that Bristol patients, regardless of their diagnosis, are supported to achieve their end of life care preferences and that they and their carers and family receive an excellent end of life care experience.

- Bristol Community Health are also planning a training programme in verification of expected death, to improve care and communication at end of life.
- Bristol Community Health Learning Difficulties service will continue to promote timely end of life care planning to enable service users to engage in the process and fully express their views.

Developing a Dementia Friendly City

What we have done and achieved so far:

This is a new concept for dementia that has recently gained some promotion through the Prime Minister's Challenge on Dementia - www.dh.gov.uk/health/2012/03/pm-dementia-challenge

We are working towards shifting some of the emphasis away from specialist (health or social care) services, towards neighbourhoods and communities in recognition of people's citizenship and maintenance/re-engagement with the interests, roles and relationships that they have valued. We hope to improve social inclusion in Bristol for people with dementia through promoting and developing 'dementia-friendly communities' and we aim to encourage Bristol to become a dementia-friendly city.

What we plan to achieve in the next twelve months:

- We will bid for funding (from the Dementia Challenge Fund) to develop ideas that have been tried and tested in other service areas. This includes developing intergenerational links between care homes and schools and also encouraging people with early stage dementia to continue to be part of the community and to take part in voluntary work with appropriate support.
- We will work to support the establishment of a series of Dementia Action Alliances in Bristol. By their nature, these are autonomous local groups that set and follow their own agenda, but the commissioning role will be to support and guide to ensure some consistency.
- We will work with Bristol's Neighbourhood Partnerships to promote greater inclusion of people with dementia in their local neighbourhoods and communities
- We will work with Public Health to promote greater population-wide understanding about and awareness of dementia.

- We will promote the use of 'community support services' as part of packages of care for people with dementia. We will work with new and existing social care providers in order to develop imaginative and innovative ways of supporting people with dementia into 'mainstream' activities, rather than merely attendance of buildings-based services.
- We will work with community groups and voluntary organisations which have specific connections with particular Black Minority and Ethnic groups in order to develop better, more culturally sensitive ways of supporting people with dementia, from those groups.

Research/Evaluation and Dementia

What we have done and achieved so far:

- We are part of the Bristol Dementia Research Collaborative, which brings together dementia researchers from across the city. The aim of this collaborative is to bring more NHS relevant research to Bristol, answer important questions and give patients greater access to taking part in studies. Avon and Wiltshire Mental Health Partnership NHS Trust has identified a lead for older peoples research (Dr Sarah Cullum).
- We have commissioned an evaluation of the Carers Breaks project to understand the impact of breaks on carers health and wellbeing, quality of life and also the wider health economic impact.

What we plan to achieve in the next twelve months:

- We will commission an evaluation of the new dementia care pathway to inform the roll out across Bristol.
- We are collaborating with all the trusts, universities, City Council, and voluntary agencies with the aim of forming a dementia Health Integration Team (HIT) under the umbrella of Bristol Health Partners. The aim of this HIT is to bring together partners across the area to improve service delivery, research output and education. The dementia HIT bid is being lead North Bristol Trust.