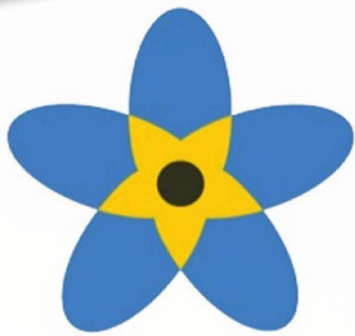


Overview & Scrutiny Committee



**Dementia
Friends**

SCRUTINY PANEL –
DEMENTIA FRIENDLY TOWN

March 2018



NORTHAMPTON
BOROUGH COUNCIL

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Foreword

The objective of this Scrutiny Panel was to investigate how Northampton can become a more Dementia Friendly Town.

Key Lines of Enquiry

- To gain an understanding of what Dementia is, and its symptoms
- To gain an understanding of the Dementia Friendly Communities Programme, Dementia Friendly Communities Recognition Process, the BSI Code of Practice for Dementia Friendly Communities (and the foundation criteria),
- To gain an understanding of the Dementia Friends Programme and Dementia Friends Champion
- To gain an understanding of the effect on the health, wellbeing and the safety of people with dementia and their carers/families
- To gain an understanding of current and potential partnership working
- To gain an understanding of the causes and barriers to supporting people with Dementia
- Identify any specific groups that are not accessing services

The Scrutiny Panel was made up from members of the Overview and Scrutiny Committee: myself, Councillor Sally Beardsworth (Deputy Chair); Councillors Mohammed Aziz, Rufia Ashraf, Janice Duffy and Dennis Meredith. We co opted Gwyn Roberts from Northamptonshire Carers to our Review and his knowledge and expertise was most valued by the Scrutiny Panel.

The Review took place between June 2017 and April 2018.

This was a very interesting and informative Review; with clear evidence received. I thank all those who gave up their time to attend a meeting of the Scrutiny Panel to provide this information and all those who provided comprehensive written evidence. I would particularly like to convey my thanks to the Lutterworth Care and Share Group that made the Scrutiny Panel feel so welcome when we visited in the autumn.

The Scrutiny Panel held interviews with Cabinet Members, Senior Staff at Northampton Borough Council and a number of external expert witnesses. Desktop research was carried out by Tracy Tiff, Scrutiny Officer.

After each meeting the Scrutiny Panel would watch a short film, such as a TED film on research into dementia, assistance provided to those living with dementia and their carers and films around dementia friendly towns. The value of these short films were very useful in providing useful information to the Panel.

The Scrutiny Panel was offered Dementia Friends training, which I can only commend.

The result is a piece of work which recommends to Cabinet a number of key recommendations around Northampton becoming a dementia friendly town.

I would like to thank everyone who participated and contributed to this very important piece of work.



Councillor Cathrine Russell
Chair, Scrutiny Panel 3 – Dementia Friendly Town

Acknowledgements to all those who took part in the Review: -

- Councillor Sally Beardsworth (Deputy Chair); Councillors Mohammed Aziz, Rufia Ashraf, Janice Duffy and Dennis Meredith who sat with me on this Review.
- Gwynn Roberts, co optee, for bringing his expertise and knowledge to this Review
- Councillor Anna King, Cabinet Member for Community Engagement and Safety, Councillor Stephen Hibbert, Cabinet Member for Housing and Wellbeing, Phil Harris, Head of Housing and Wellbeing, Vicki Rockall, Partnerships and Communities Manager, Dr Tom Howman, Jackie Parkes, Professor for Applied Mental Health (Dementia Specialist) local GP, Rich Tompkins, Head of Protecting Vulnerable People, Northants Police, Dawn Rosen, Dementia Team, NHS Foundation Trust, Jason Ball, Transport Manager, UNO buses, Lloyd Butcher and Helen Crawford, Alzhiemers Society – Northamptonshire and Rob Purdie, Executive Director, Northampton Town Centre BID and Tracy Keats, Head of Safeguarding and Dementia, Northampton General Hospital.
- Louise Musson, Call Care Manager, for providing expert information regarding dementia
- A Market Trader for provided a response to the core questions of the Scrutiny Panel
- Lutterworth Care and Share Group for making the Scrutiny Panel feel so welcome when it visited in the autumn 2017.
- Gwyn Roberts, co optee for giving the Scrutiny Panel training on Dementia Friends
- Antony Montague, individual, for taking the time to address the Scrutiny Panel at one of its meetings

EXECUTIVE SUMMARY

The purpose of the Scrutiny Panel was to investigate the town of Northampton can become a Dementia Friendly Town.

Key Lines of Enquiry

- To gain an understanding of what Dementia is, and its symptoms
- To gain an understanding of the Dementia Friendly Communities Programme, Dementia Friendly Communities Recognition Process, the BSI Code of Practice for Dementia Friendly Communities (and the foundation criteria),
- To gain an understanding of the Dementia Friends Programme and Dementia Friends Champion
- To gain an understanding of the effect on the health, wellbeing and the safety of people with dementia and their carers/families
- To gain an understanding of current and potential partnership working
- To gain an understanding of the causes and barriers to supporting people with Dementia
- Identify any specific groups that are not accessing services

- 1.2 The required outcome being to make recommendations for Northampton becoming a Dementia Friendly Town.
- 1.3 Following approval of its work programme for 2017/2018, the Overview and Scrutiny Committee, at its meeting in April 2017 commissioned Scrutiny Panel 3 to undertake the review – Dementia Friendly Town. An in-depth review commenced in June 2017 and concluded in April 2018.
- 1.4 A Scrutiny Panel was established comprising Councillor Cathrine Russell (Chair); Councillor Sally Beardsworth (Deputy Chair); Councillors Mohammed Aziz, Rufia Ashraf, Janice Duffy, Dennis Meredith and Brian Sargeant. Gwyn Roberts, CEO, Northamptonshire Carers was co-opted to the review.

CONCLUSIONS AND KEY FINDINGS

A significant amount of evidence was heard, details of which are contained in the report. After gathering evidence the Scrutiny Panel established that: -

- 6.1.1 The Scrutiny Panel recognised the value of towns that have become dementia friendly and felt that it is very important for Northampton to become a dementia friendly town. The Scrutiny Panel acknowledged that a dementia friendly town is one in which people with dementia are empowered to have high aspirations and feel

confidence knowing they can contribute and participate in activities that are meaningful to them.

- 6.1.2 Should Northampton become dementia friendly, the need for a “Dementia Friendly Town logo” was highlighted. Hospitals often use butterflies logos so that non clinical staff are aware of people with dementia . The Scrutiny Panel considered it would be beneficial for bus passes to contain useful information, on the back, such as “*my usual stop is x*” “*please don’t start moving until I am seated*”, for example. .
- 6.1.3 Evidence gathered highlighted that there is a real need for better understanding and awareness of people living with dementia and the Scrutiny Panel acknowledged that becoming a Dementia Friendly Town will help to raise awareness to family and carers and the public in general in recognising the signs of dementia.
- 6.1.4 The Scrutiny Panel deemed that it would be beneficial for the transport Manager of UNO to liaise with the Head of Vulnerable Persons, Northants Police, regarding training around raising awareness of those living with dementia. It was acknowledged that Dementia Champions could deliver training to all bus drivers. Carers would be assured to know that bus drivers had received the awareness raising training.
- 6.1.5 The value of “Keep Safe Cards” were acknowledged. The cards are being rolled out to all those who are categorised as being vulnerable. It was felt that it would be useful for carers to carry an ID card when travelling with someone living with dementia.
- 6.1.6 The Scrutiny Panel, in receiving Dementia Friends Training, recognised the value and importance of this training and felt it would be useful for all relevant staff at Northampton Borough Council to received Dementia Friends Champion training. It was evident that more dementia champions are required from all levels of staff to ensure maximum effectiveness of the awareness campaign.
- 6.1.7 A Councillor dementia friends champion would be useful and could encourage other Councillors to engage with the work of the Alzheimer’s Society and to be an ambassador for the Council.
- 6.1.8 It was recognised that often referrals are received after Christmas or Easter, for example, where the family havent perhaps had regular or recent contact with the family member for some months and notice changes that concern them.
- 6.1.9 Support Groups and Respite Care for carers are very important. The value of Care and Share Groups, such as that offered at Lutterworth was recognised. The Scrutiny Panel was delighted that St Peter’s Church, Northampton had set up a well-used Dementia Café. Northampton Interfaith Forum (NIFF) is also managing an action alliance. To ensure information is available to all, the Scrutiny Panel

felt that NIFF should be involved in the creation of an action plan for Northampton town to become a Dementia Friendly town.

6.1.10 Evidence gathered demonstrated that there does appear to be a lack of support for young people living with dementia. A Dementia Forum would be useful, with activities such as dog walkers and dog walks being offered.

6.1.11 The Scrutiny Panel acknowledged that communities with a mix of young and older people work very well.

RECOMMENDATIONS

The above overall findings have formed the basis for the following recommendations: -

The purpose of this Scrutiny Panel was to investigate the town of Northampton can become a Dementia Friendly Town.

Scrutiny Panel 3 recommends to Cabinet :

7.1.1 Northampton Borough Council works towards “Dementia Friendly Status for Northampton” being achieved. A Dementia Friends Champion is nominated to lead on this work.

7.1.2 A Dementia Forum is established. Northampton Interfaith Forum (NIFF) is invited to join the Forum.

7.1.3 Northampton Borough Council registers with the Alzheimer’s Society as part of the Dementia Friendly Recognition Scheme.

7.1.4 Dementia Friends information and training is included in both Councillor and staff inductions.

7.1.5 A Councillor Champion for older people, focussing on dementia is appointed.

7.1.6 The Dementia Friends Champion liaises with the local churches in Northampton to ascertain what Groups are currently available and whether further Groups such as Care and Share could be introduced.

7.1.7 The Dementia Friends Champion has dialogue with the Transport Manager of UNO and the Head of Vulnerable Persons, Northants Police, regarding training for drivers of UNO around raising awareness of those living with dementia.

7.1.8 The Dementia Friends Champion works with the Assistant Chief Executive, Northamptonshire Carers, regarding the introduction of ID cards for carers when travelling with someone living with dementia.

Overview and Scrutiny Committee

7.1.9 The Overview and Scrutiny Committee, as part of its monitoring regime, reviews the impact of this report in six months' time.

NORTHAMPTON BOROUGH COUNCIL

Overview and Scrutiny

Report of Scrutiny Panel 3 – Dementia Friendly Town

1 Purposes

- 1.1 The purpose of the Scrutiny Panel was to investigate the town of Northampton can become a Dementia Friendly Town.

Key Lines of Enquiry

- To gain an understanding of what Dementia is, and its symptoms
 - To gain an understanding of the Dementia Friendly Communities Programme, Dementia Friendly Communities Recognition Process, the BSI Code of Practice for Dementia Friendly Communities (and the foundation criteria),
 - To gain an understanding of the Dementia Friends Programme and Dementia Friends Champion
 - To gain an understanding of the effect on the health, wellbeing and the safety of people with dementia and their carers/families
 - To gain an understanding of current and potential partnership working
 - To gain an understanding of the causes and barriers to supporting people with Dementia
 - Identify any specific groups that are not accessing services
- 1.2 A copy of the scope of the Review is attached at Appendix A.

2 Context and Background

- 2.1 Following approval of its work programme for 2017/2018, the Overview and Scrutiny Committee, at its meeting in April 2017 commissioned Scrutiny Panel 3 to undertake the review – Dementia Friendly Town. An in-depth review commenced in June 2017 and concluded in April 2018.
- 2.2 A Scrutiny Panel was established comprising Councillor Cathrine Russell (Chair); Councillor Sally Beardsworth (Deputy Chair); Councillors Mohammed Aziz, Rufia Ashraf, Janice Duffy, Dennis Meredith and Brian Sargeant. Gwyn Roberts, CEO, Northamptonshire Carers was co-opted to the review.
- 2.3 This review links to the Council's corporate priorities, particularly corporate priority 2- Safer Communities (Making you feel safe and secure.)

2.4 The Scrutiny Panel established that the following needed to be investigated and linked to the realisation of the Council's corporate priorities:

3 Evidence Collection

3.1 Evidence was collected from a variety of sources:

Background data, including:

- Presentation to set the scene: Being Dementia Friendly, Dementia Friends Programme, Dementia Friends Champion, BSI Code of Practice for Dementia Friendly Communities, Foundation Criteria
- Relevant national and local background research papers
- Definitions – Dementia
- Relevant Legislation including:

The Care Act 2014

Mental Capacity Act 2005

Human Rights Act 1998

Mental Health Act 1983

Deprivation of Liberty Safeguards (2009)

- Statistics: including:

Number of people with Dementia in the UK and projected statistics

Deaths per year attributable to Dementia

Financial cost of Dementia to the UK

Diagnosis Statistics

Financial cost to health/cost of support

- Relevant published papers, including
Alzheimer's Society Dementia Report 2014

Alzheimer Society: Building Dementia Friendly Communities – A priority for everyone

Alzheimer's Research UK – Dementia in the Family; The impact on Carers

- Best practice external to Northampton
- Internal expert advisors:
 - Cabinet Member for Community Engagement and Safety, NBC
 - Cabinet Member for Housing and Wellbeing, NBC
 - Head of Housing and Wellbeing, NBC

- External expert advisors:
 - Head of Protecting Vulnerable Persons, Northamptonshire Police and the Community Safety Partnership
 - Dementia Support Group
 - Alzheimer's Society – Northamptonshire
 - Alzheimer's Society – Northamptonshire Care Services
 - Age UK
 - Director of Public Health, Northamptonshire County Council
 - Professor in Applied Mental Health (Dementia Specialist), University of Northampton
 - Cabinet Member, (Adult, Social Care), NCC
 - Director, Adult, Social Care, NCC
 - Carers' Associations
 - Cabinet Member for Education, NCC
 - Director, HealthWatch
 - Transport providers, bus companies, taxis and access to train station
 - Director, Olympus Care
 - Representatives from Private Care Homes
 - Director, Highways, NCC
 - Managing Director, Business Improvement District (BID)
 - Faith Forum, Bangladeshi Society, Sikh Group etc.
 - Northampton Health Trust
 - Dementia Team, Northampton General Hospital
 - Case Studies from Ward Councillors

- Site visit - Best practice – Dementia Friendly Towns

3.2 Background reports and information

[Presentation to set the scene](#) - Being Dementia Friendly, Dementia Friends Programme, Dementia Friends Champion, BSI Code of Practice for Dementia Friendly Communities, Foundation Criteria

The recognition process enables communities to be publicly recognised for their work towards becoming dementia-friendly. The process asks communities to commit to delivering change and is structured around 2 key documents:

- The BSI Code of Practice for dementia friendly communities and;
- The foundation criteria for dementia-friendly communities

The Code of practice providing guidance and structure for communities around what 'dementia-friendly' looks like and what the key areas for action are in working to achieve a dementia-friendly community, including:

- arts, culture, leisure, and recreation
- businesses and shops;
- children, young people and students;
- community, voluntary, faith groups
- organisations;
- emergency services;
- health and social care;
- housing;
- transport

There is seven foundation criteria that are used to help a community or town to become dementia friendly:

- 1 Make sure you have the right local structure in place to maintain a sustainable dementia friendly community e.g. such as a DAA

2. Identify a person or people to take responsibility for driving forward the work to support your community to become dementia friendly and ensure that individuals, organisations and businesses are meeting their stated commitments
3. Have a plan to raise awareness about dementia in key organisations and businesses within the community that support people with dementia
4. Develop a strong voice for people with dementia living in your communities. This will give your plan credibility and will make sure it focuses on areas people with dementia feel are most important.
5. Raise the profile of your work to increase reach and awareness to different groups in the community.
6. Focus your plans on a number of key areas that have been identified locally
7. Have in place a plan or system to update the progress of your community after 6 months and one year

Dementia Friend

A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action - anyone of any age or background can be a Dementia Friend. Training can be either a face-to-face Dementia Friends Information Session or by an online video. Dementia Friends is about learning more about dementia and the small ways you can help, this could be as simple as telling friends about being a Dementia Friend or visiting someone you know living with dementia, every action counts in making people living with dementia lives a little easier.

3.3 What is Dementia?

'Dementia' is an umbrella term and refers to a set of symptoms that occur when the brain is damaged by a disease like Alzheimer's or by small strokes.

Symptoms may include:

- difficulties with memory and thinking
- difficulties with completing or initiating everyday tasks, such as going the bank or making lunch

- problems with communication and language
- difficulties with perception, looking at reflections

Conditions which cause dementia are usually progressive, and symptoms worsen over time. Every experience of dementia is different including rates of progression and symptoms. There is currently no cure for dementia, but with help and support, people with dementia can live well and carry on with their lives. The Equality Act 2010 recognises dementia as a disability

3.4 Relevant Legislation

3.4.1 The Care Act 2014

The Social Care Institute for Excellence has produced an easy read summary of the Care Act 2014, which highlights the key aspects of the Act:

“The Care Act is a new law that means councils must have an independent advocacy service for people who find it difficult to have a say in their care and services and do not have someone to help them with this. Independent means the service is not controlled by the council and only thinks about what people they are helping want.

Independent advocacy is about giving people as much control as possible in their lives. It helps people understand information, say what they want and what they need and get the services they need.

Advocates work with people as partners and are always on their side.

Advocacy helps people in general and helps everyone to live together. It helps people to be part of things, be equal with other people and get their rights.

The new law means more people are likely to use advocacy and councils will need to plan for this. This might be hard because there will be times when there are more people using advocacy services and times when there are not so many.

Councils already have to have some advocacy services. These services are called Independent Mental Capacity Advocacy, Independent Mental Health Advocacy and NHS Complaints Advocacy. Some councils also have other advocacy services as they think they would be useful for people. Complaint means saying that something is wrong with a service and asking for it to be sorted out. When councils are thinking about what the Care Act says advocacy services they should use what is already there and work with organisations who already do advocacy.

The councils should make sure the organisations they pay to run advocacy services under the Care Act can be flexible and can give help to all the people that need it. A lot more people are likely to use advocacy services when the Care Act takes effect in April 2015.

Councils should get as much information as possible about advocacy services so they can plan for the future.

They should use this information to help them work out who should run advocacy services, how they work out who needs advocacy, how advocacy services should work and working out where new services are needed.

Training is important for everyone who is working on advocacy services including the people in the council who choose the organisations to run the services. They need to know about everything the law says the council has to do including how people first get advocacy, how advocacy works and how people get the service

It is best for councils to do all these things using co-production with local people who use services and carers. It is also important to work with organisations that run advocacy services or might run them in the future. Co-production means working together with people who use services and carers as equal partners.”

Source: <http://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/easy-read/>

The Act is [available](#).

3.3.2 **Mental Capacity Act (MCA) 2005**

The Social Care Institute for Excellence has produced an easy read summary of the Mental Capacity Act 2005, which highlights the key aspects of the Act:

“Key Messages

- *The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.*
- *The MCA is designed to protect and restore power to those vulnerable people who lack capacity.*
- *The MCA also supports those who have capacity and choose to plan for their future – this is everyone in the general population who is over the age of 18.*
- *All professionals have a duty to comply with the Code of Practice. It also provides support and guidance for less formal carers.*
- *The Act’s five statutory principles are the benchmark and must underpin all acts carried out and decisions taken in relation to the Act.*
- *Anyone caring for or supporting a person who may lack capacity could be involved in assessing capacity – follow the two-stage test.*
- *The MCA is designed to empower those in health and social care to assess capacity themselves, rather than rely on expert testing – good professional training is key*
- *If capacity is lacking, follow the checklist described in the Code to work out the best interests of the individual concerned*
- *Understanding and using the MCA supports practice – for example, application of the Deprivation of Liberty Safeguards*

Introduction

This Act a glance summary presents an overview of the Mental Capacity Act (MCA) 2005, which is important to health and social care practice.

The MCA has been in force since 2007 and applies to England and Wales. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:

- *by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process*
- *by allowing people to plan ahead for a time in the future when they might lack the capacity, for any number*
- *Reach*

About two million people in England and Wales are thought to lack capacity to make decisions for themselves. They are cared for by around six million people, including a broad range of health and social care staff, plus unpaid carers. Those working in health and social care include: doctors, nurses, dentists, psychologists, occupational, speech and language therapists, social workers, residential and care home managers, care staff (including domiciliary care workers), and support workers (including people who work in supported housing).

- *A lack of mental capacity could be due to:*
 - *a stroke or brain injury*
 - *a mental health problem*
 - *dementia*
 - *a learning disability*
 - *confusion, drowsiness or unconsciousness because of an illness or the treatment for it*
 - *substance misuse.*

Five key principles

The Act is underpinned by five key principles (Section 1, MCA). It is useful to consider the principles chronologically: principles 1 to 3 will support the process before or at the point of determining whether someone lacks capacity. Once you've decided that capacity is lacking, use principles 4 and 5 to support the decision-making process.

Principle 1: A presumption of capacity

Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

Principle 2: Individuals being supported to make their own decisions

A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

Principle 3: Unwise decisions

People have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best interests

Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

Principle 5: Less restrictive option

Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

Assessment of capacity and best interests decision-making (Sections 2–4, MCA)

What is mental capacity and when might you need to assess capacity?

Having mental capacity means that a person is able to make their own decisions. You should always start from the assumption that the person has the capacity to make the decision in question (principle 1). You should also be able to show that you have made every effort to encourage and support the person to make the decision themselves (principle 2). You must also remember that if a person makes a decision which you consider eccentric or unwise, this does not necessarily mean that the person lacks the capacity to make the decision (principle 3). Under the MCA, you are required to make an assessment of capacity before carrying out any care or treatment – the more serious the decision, the more formal the assessment of capacity needs to be.

When should capacity be assessed?

You might need to assess capacity where a person is unable to make a particular decision at a particular time because their mind or brain is affected by illness or disability. Lack of capacity may not be a permanent condition. Assessments of capacity should be time- and decision-specific. You cannot decide that someone lacks capacity based upon age, appearance, condition or behaviour alone.

The test to assess capacity

Two-stage functional test of capacity

In order to decide whether an individual has the capacity to make a particular decision you must answer two questions:

Stage 1. *Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,*

Stage 2. *Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?*

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- *understand information given to them*
- *retain that information long enough to be able to make the decision*
- *weigh up the information available to make the decision*
- *communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.*

Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Also, you will need to involve family, friends, carers or other professionals.

The assessment must be made on the balance of probabilities – is it more likely than not that the person lacks capacity? You should be able to show in your records why you have come to your conclusion that capacity is lacking for the particular decision.

Best interests decision-making

If a person has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests (principle 4). The person who has to make the decision is known as the 'decision-maker' and normally will be the carer responsible for the day-to-day care, or a professional such as a doctor, nurse or social worker where decisions about treatment, care arrangements or accommodation need to be made.

What is 'best interests'?

The Act provides a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person determining capacity must consider. In addition, people involved in caring for the person lacking capacity have to be consulted concerning a person's best interests."

Source: <http://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>

3.3.3 Human Rights Act 1998

The Human Rights Act, came into full force on 2 October 2000.

The intention of introducing the Act is –

"To help create a society in which people's rights and responsibilities are properly balanced and where an awareness of the Convention rights permeates our government and legal systems at all levels."

The Human Rights Act places a duty on all courts and tribunals in the UK to interpret legislation so far as possible in a way compatible with the rights laid down in the European Convention on Human Rights (section 3(1)). Where this is not possible, the court may issue a "declaration of incompatibility". The declaration does not invalidate the legislation, but permits the amendment of the legislation by a special fast-track procedure under section 10 of the Act.

The Human Rights Act applies to all public bodies within the United Kingdom, including central government, local authorities, and bodies exercising public functions. However, it does not include Parliament when it is acting in its legislative capacities.

Key aspects of the Act:

Absolute rights are those that cannot be infringed.

Limited Rights are those that can, under explicit circumstances identified in the Convention, be limited.

Qualified Rights are rights that can be interfered with if what is done:

- has a legal basis
- is necessary in a democratic society i.e. it fulfils a pressing social need, pursues a legitimate aim and is proportionate to the aims being pursued
- is related to the aim set out in the relevant article e.g. the prevention of crime, the protection of public order, health or morals

Qualified rights are:

- the right to respect for private and family life
- rights relating to religion

- the right to freedom of expression
- the right to freedom of assembly and association
- the right to the peaceful enjoyment of property
- the right to education

The Convention allows rights to be interfered with to support a democratic society.

3.3.4 Mental Health Act 1983 (amended in 1987)

The Mental Health Act is the Act which sets out when you can be admitted, detained and treated in hospital against your wishes. It is also known as being 'sectioned'.

You have certain rights under the Mental Health Act, including the right to appeal and the right to get help from an advocate.

The Mental Health Act has a number of sections that contain information on:

- Your rights when you are detained in hospital against your wishes (see our legal pages on sectioning).
- Your family's rights when you are detained (see our legal pages on nearest relative).
- Your rights when you are detained in hospital and also part of the criminal justice system (see our legal pages on mental health and the courts, mental health and the police and sectioning).
- Your rights around consent to treatment when you are detained (see our legal pages on consent to medical treatment).
- Your rights when you are being treated in the community

The Act is [available](#)

3.3.5 Deprivation of Liberty Safeguards (2009)

The Deprivation of Liberty Safeguards were introduced in 2009. They are part of the Mental Capacity Act 2005 (MCA). They are used to protect the rights of people who lack the ability (mental capacity) to make certain decisions for themselves. The safeguards cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.

Key Information

Key information regarding Deprivation of Liberty Safeguards as reported by the Social Care Institute for Excellence:

- *“The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.*
- *The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.*
- *Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.*
- *The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.*
- *Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.*
- *There are six assessments which have to take place before a standard authorisation can be given.*
- *If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person's representative and will usually be a family member or friend.*
- *Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).”*

Source: <http://www.scie.org.uk/publications/ataglance/ataglance43.asp>

3.5 Equipment Demonstration

The Call Centre Manager gave the he Scrutiny Panel a short demonstration on the equipment available to people living with dementia that are customers of the Council's call care system.

3.5 Case Studies

Detailed at Appendix B are details of case studies of people living with dementia.

3.6 Power of Attorney

Detailed at Appendix C is information regarding Power of Attorney.

3.7 Core Questions

3.7.1 The Scrutiny Panel devised a series of core questions that it put to its key witnesses over a cycle of meetings (Copy at Appendix D).

3.7.2 Key witnesses provided a response to these core questions at the meetings of the Scrutiny Panel held on 21 September 2017, 27 November, 25 January 2018 and 26 March.

3.7.3 Salient points of evidence:

Cabinet Member for Community Engagement and Safety and Cabinet Member for Housing and Wellbeing

- Dementia is when part of the brain is damaged, it can be through disease (such as Alzheimer's) or strokes, brain damage or other factors. ¹The most common cause of dementia is Alzheimer's disease. Common symptoms of Alzheimer's disease and other forms of dementia include:
 - memory loss – especially problems with memory for recent events, such as forgetting messages, remembering routes or names, and asking questions repetitively
 - increasing difficulties with tasks and activities that require organisation and planning
 - becoming confused in unfamiliar environments and problems with perception
 - difficulty finding the right words
 - difficulty with numbers and/or handling money in shops
 - changes in personality and mood
 - depression

²Effects of dementia

Impact on individual

Cognitive effects	<ul style="list-style-type: none"> • Difficulty in recognising people and places • Remembering pin & phone numbers • Remembering where they live and difficulty in finding their way home • Poor short term memory • Easily confused and muddled • Poor concentration, attention and easily distracted • Unable to think clearly or problem solve • Difficulty in learning new things
Functional effects	<ul style="list-style-type: none"> • Difficulty in completing the everyday tasks and activities of independent living • Difficulty in handling and managing money • Difficulty in keeping safe with appliances e.g. gas and electric cooking, ironing, boiling kettles etc. • Difficulty in knowing what to do next especially if out of routine • Problems following social cues • Word finding difficulty or loss of verbal skills • Slower reactions
Behavioural effects	<ul style="list-style-type: none"> • Loss of social skills • Over active response to changes or stimuli in the environment • Repetitive behaviour patterns • Physical or verbal aggression • Inappropriate responses or behaviours
Psychological effects	<ul style="list-style-type: none"> • Irritability • Mood swings • Frustration and anger with self and others • Changes in personality • Anxiety • Loss of motivation

	<ul style="list-style-type: none"> • Depression
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- Partnerships and Communities Team have supported by becoming 'dementia friends', we have all received the training. Nisha Mejer, Partnerships and Communities Support Officer is trained as a Dementia Champion and has provided training for the women's forum also.
- As part of the Northamptonshire and Northampton DAA, NBC work with health, education, care and voluntary organisations to gain a better understanding of the issues surrounding people living with dementia and their carer's.
- There is potential to work with local business and organisations to promote awareness and to work with others to ensure NBC is Dementia Friendly
- In 2013 Alzheimer's report identified that there may be some cultural barriers for BME groups at accessing Dementia Support. One of which was lack of awareness and the support available.
- Business owners, bank owners, and faith communities might interact more positively with dementia residents, rather than react with avoidance or embarrassment.
- Community leaders could help connect community members with dementia resources.
- Community safety would increase through better protection of elders, and those with cognitive impairment, from harm and abuse.
- More family members would seek diagnosis earlier, resulting in better treatment/care management, earlier connection to support resources, and improved decision making.
- Dementia friendly communities provide more opportunities for people with dementia to experience feelings of normalcy and personal value. People with dementia would be able to contribute to the community and have intergenerational interaction – which is both health-enhancing and energizing. Dementia friendly communities would result in better quality of life for both the family caregiver and their loved one. (Alzheimer's and Dementia blog, 14th October 2015).
- There are currently 16 Dementia Friendly Communities in the East Midlands and many more around the Country.
- The Memory Day held in the Grosvenor Centre on 21 September 2017 had been very well received and supported.
- Research has concluded that keeping the brain active is key to possibly preventing the onset of dementia. The Scrutiny Panel heard that funding had been provided for an education centre to run three times a week in Northampton library; the purpose of which is to stimulate and support people that have dementia. Similar projects are run in Holland and have been highly successful.

- Diagnosis can often be difficult and referred to a case of a six year old child who had been diagnosed with dementia. Dementia in under 65 year olds is rare and for people below this age, tests for dementia are often the final test and diagnosis. It is an emotional journey. Medical science is now very advanced and people are diagnosed earlier and living longer
- Housing and Wellbeing staff will raise awareness regarding recognising dementia, will identify the suitability of existing homes and of temporary housing for homeless people. Priority transfers to more suitable housing/more suitable locations are looked at also. NPH manages 12,000 properties.
- Housing and Wellbeing has Officers who have undertaken the training and are now Dementia Friendly Champions.

Local GP

- The Dementia Friendly Northamptonshire guide has been published and was launched at the UoN Future Directions in Dementia care Conference on the 14th November 2017. Over 15,000 copies have been printed.
- The Northamptonshire DAA was the first local alliance to be set up in the East Midlands.
- Northampton has a strong commitment from public, private and voluntary sectors to support, promote and work towards a greater awareness of dementia.
- Opening in the Central Library on Abington Street in Northampton in February 2018, the UnityDEM Centre will provide social support and informative activities for people who have been recently diagnosed with dementia and their carers. A team of professionals and volunteers will provide an enjoyable, flexible and adaptive programme from 10.00am until 4.00pm on Mondays, Wednesdays, and Fridays
- The focus of the GP is around the Strategy. The rag rating system is used against the objectives; the work programme is then set. There are several national programmes and projects such as the Dementia Challenge 2020.
- Across Northamptonshire there are 5,500 people diagnosed as living with dementia; 30% equates to Northampton, around 1,800.
- All of the services commissioned by the CCG are to be dementia friendly.
- The generic understanding of, and awareness of dementia has increased across the piste
- There is a need to ensure that those people living with dementia, and their carers, receive the support they need.
- The CCG aims to ensure that the correct medicine and support is provided.

- It is important that the Strategy and the care packages available are looked at.
- 2/3 of people living with dementia remain in their own homes.
- Education is key
- All professionals have a duty of care regarding safeguarding
- Organisations around Northamptonshire are encouraged to acquire the accreditation in respect of Dementia Friendly town.

Professor for Applied Mental Health (Dementia Specialist)

- In January 2017, the Professor for Applied Mental Health was invited by the membership of the Northamptonshire Dementia Action Alliance (NDAA) to be its Chair. As a member, she has been the University of Northampton's representative on the NDAA since 2012. In her role at the University, she the Professor of Applied Mental Health, Director of the Northamptonshire Dementia Research and Innovation Centre, Chair of the Dementia-friendly Community of Practice, and lead for Public and Patient Involvement.
- The Professor is also the Deputy Chair of Research at National Young Dementia Network and a member of the pan European Group InterDEM being an experienced mental health nurse and has established three community-based social groups for people with dementia: the Forget-Me-Nots Social YOD Group; Qualified by Experience (QBE) for former carers in Northamptonshire; and the Lutterworth Share & Care Group for people with dementia and their carers in South Leicestershire. The Professor has worked extensively with local organisations to evaluate their provision of health and social care services, including community-based interventions for people living with dementia.
- As the Chair of the NDAA, she will be leading a number of exciting initiatives which have emerged from within its membership. These include:
 1. Leading on the development of this Dementia Friendly Northamptonshire guide.
 2. reviewing the current Northamptonshire Dementia strategy and contributing to the development of a County-wide dementia care pathway;

3. supporting Northampton to become a dementia friendly town & Northamptonshire to become a dementia friendly county;
 4. establishing a Northamptonshire Public Patient Forum for people who are living with dementia and their carers.
- Dementia Friendly Northamptonshire guide - This Guide is published and was launched at the UoN Future Directions in Dementia care Conference on the 14th November 2017. Our hope in developing this guide is that those who read it will find practical information about dementia and the sources of support that are available in the county.
 - The Northamptonshire Dementia strategy has been refreshed. This work builds on work undertaken earlier this year in April/May by the CCG and members of the NDAA to review the current Dementia Care Pathway, which is now complete and which has been published in the Dementia Friendly Northamptonshire Brochure.
 - The Northamptonshire DAA was the first local alliance to be set up in the East Midlands. The local alliance held their first meeting in February 2013 which was followed by an official launch in the May during dementia awareness week. Our aims for 2017-18 are to increase local involvement, develop a Northamptonshire-wide Forum for People living with dementia and carers; and make Northamptonshire a more Dementia Friendly place to live and work in. This is being actioned by establishing a Northampton DAA.
 - Northampton has a strong commitment from public, private and voluntary sectors to support, promote and work towards a greater awareness of dementia.
 - Northamptonshire Dementia Action Alliance is strong and has recently created a local Northampton Dementia Action Alliance (DAA) which will feed into the Northamptonshire group. The aim for the Northampton DAA is to raise awareness about dementia and improve the lives of people living with dementia and their carers around Northampton. Our ultimate aim is for Northampton to become a Dementia Friendly Community, demonstrating our commitment to people living with dementia. Northampton DAA is in its early stages

- The UoN Dementia Friendly Community of Practice facilitates a number of projects, but its main successes for Northampton Town are its Memory days, the Forget-me-Nots Social Group, the UnityDEM Centre, and the UoN Dementia Research & Innovation Centre (NDRIC)
- In 2014, the University of Northampton set up a 'Dementia Friendly Community of Practice' (CoP) for Northamptonshire, with the aim of bringing together like-minded individuals from across research, education, and practice to enhance the quality of care for people living with dementia and their family and carers. The CoP were looking for ways to raise the profile and awareness of dementia and memory loss in Northamptonshire. During one of their regular meetings, a colleague from Denmark was visiting and spoke to the group about remembrance days, which are run in Aalborg municipality, in Northern Denmark. These events are run in community venues with the aim of showcasing the work of local organisations who provide services for people with dementia and their families. The CoP decided to run a similar day where it could take awareness and information to the community about dementia and memory loss. This led to running a Northampton Memory Day in
 - 2016 and 2017. The event aimed to engage with the general public and businesses to highlight the work of local organisations who provide services for people with dementia, their families and carers. The Memory Day sought to:
 - Provide an opportunity to meet local services and find out about memory problems and dementia;
 - Access peer support for families living with dementia;
 - Share knowledge about local care and services;
 - Learn how to become a dementia friendly organisation and share information on supporting dementia friendly initiatives;
 - Attend a dementia friends training and other related sessions.
- The Forget-me-not group is a social group is run by and for people with dementia, their partners, carers and family. It meets on the last Tuesday of every month, usually from 5.00pm to 7.00pm.
- Opening in the Central Library on Abington Street in Northampton in February 2018, the UnityDEM Centre will provide social support and informative activities for people who have been recently diagnosed with dementia and their carers. A team of professionals and volunteers will

provide an enjoyable, flexible and adaptive programme from 10.00am until 4.00pm on Mondays, Wednesdays, and Fridays. What will make our programme of activities unique is the emphasis on helping the person with dementia and their carer to feel:

- less isolated and more supported
 - able to adapt and cope with the diagnosis
 - valued for their existing knowledge, skills and abilities
 - they have improved self-confidence and mental wellbeing
- The UnityDEM Centre Project will initially run as a 12-month pilot, during which it will be evaluated. Launching the Northamptonshire Dementia Research & Innovation Centre (NDRIC) - working in partnership with people living with dementia, carers, health and social care providers, voluntary organisations and students.
 - In conjunction with UoN Dementia Friendly Community of Practice (CoP) membership, the team looks at the social and care related experiences, and hopes and expectations of people living with dementia and their carers. This knowledge can then be used to improve the quality of life and social and health care outcomes for people living with dementia and those caring for them. With this in mind, five key priority research areas have been identified. They include:
 1. Designing, developing, implementing, and evaluating community-based services which are specifically designed to promote social interaction.
 2. Investigating the challenges faced by health and social care professionals in detecting the early signs and symptoms associated with dementia.
 3. Exploring the impact of initial diagnosis on quality of life and life choices from the perspective of people living with dementia and their carers.
 4. Identifying the sources of community healthcare and social support networks for people living with dementia and their carers.
 5. Promoting the integration of policy into practice, for example in relation to dementia friendly initiatives.
 - NDRIC is committed to ensuring that people living with dementia and their carers are actively engaged in all aspects of training, education, and research undertaken by the centre. Their views are at the heart of

all we offer, in the hope that together we can shape service delivery across Northamptonshire and beyond.

- The Northamptonshire Public Patient Forum for people who are living with dementia and their carers is currently in the process of being established by the Northamptonshire Dementia Action Alliance.

Head of Adult Safeguarding, Northants Police

- Dementia is a result of damage to brain caused by stroke or disease. The severity and symptoms of this vary depending on the area of the brain affected.
- Symptoms can include memory loss and difficulties with thinking, problem-solving or language. Mood changes and behaviour can also be affected.
- Dementia can be difficult for an individual to come to terms with and will be hugely frustrating as there is a gradual decline in their ability to retain independence. Denial and lack of engagement with services can increase this impact. Their ability to look after themselves and keep themselves safe will be impaired.
- The combination of this and potential mood swings and aggressive behaviour will obviously be difficult for family and carers to deal with.
- The Team's current involvement is through the Adult at Risk referral process whereby concerns are highlighted to appropriate professionals when identified by officers attending any incidents or missing episodes where dementia is a key factor.
- 108 incidents were reported over the past week that attributed to mental health. This equated to 165 hours of officer time to deal with. This is typical. About 3% of all Police incidents are believed to have a mental health element.
- New Police Officers and control room staff are trained on mental health issues including dementia awareness.
- Flags are put on addresses of vulnerable persons at risk of missing episodes relating to mental health.
- The Herbert Protocol is commended. The public is encouraged to put together an information pack in case a relative of theirs, who lives with dementia, goes missing. The pack would contain details of previous addresses, where they like to visit etc. The information is retained by the carer and only supplied to the Police in the event that someone goes missing, helping to support Data Protection issues.
- Police Cadets have been encouraged to go into nursing and care homes to liaise with the residents.

- Significant amendments to Mental Health Act (MHA) 1983 were brought into law on 11th December 2018. This includes that Police custody can never be used as place of safety for children under 18 and can only be used for adults in exceptional circumstances. In the last six months only two individuals have been held in Police custody under S136 Act, despite 25 persons a month being detained under the act. (Note Northants Police has decided that custody will no longer be used to hold persons under the MHA as our health provision in custody isn't 24/7). Persons detained under the MHA will be taken to Berrywood hospital, Northampton or St Mary's hospital, Kettering.
- The Police have a Health care professional who can assess custody detainees every 30 minutes but this only operates between 07 and 2300hrs.
- The Police has good links with CCTV and will alert operators where for example a person goes missing.
- Officers are taught to treat each case on its own merits.
- Police and Mental health services in Northants jointly conduct Operation Alloy. This is mental health triage car that operates between 1800 and 2300hrs each night staffed by a Clinical Psychiatric Nurse and a Police officer. CPN Health practitioners are also based in the Police Force control room from 0900 to 1800hrs. The two schemes ensure that a Police / Health can share information from 09 x 2300hrs each day. Outside of this an out of hours phone number at Berrywood hospital that links to the Mental health team is used to seek patient information and advice
- Northants Police is looking to replicate the Intensive Users Pilot Scheme that Hampshire Police introduced. This will be called the High Intensive Network Northampton. A police officer will be based within mental health services to work alongside CPN's to reduce the demand created by the most frequent users of services (for example persons who are persistently in crisis and / or ring emergency services)
- The mental health team works with the crisis team regarding frequent callers to ascertain their needs.
- The criminal justice system should be used only when proportionate and necessary – the Police would prefer to divert persons and enable them to obtain support then prosecute.
- The Police has access to interpreters 24/7.
- Northamptonshire Police has a Safeguarding Adults Team (5 staff) and a Mental Health Team (4 staff) who work within Public Protection.
- Private home owners living in the community and not engaged with any services can be more isolated as any changes in health or deterioration are not so easily identified. It can often be a significant event that takes place before this pathway is opened for them.

- Some of the most vulnerable adults within our communities will be appropriately supported regardless of their personal circumstances.
- Earlier intervention and support will reduce the burden to services of more significant incidents and ultimately provide a cost saving across the services.
- Vulnerable persons and addresses can be flagged on the Police Force Control Room command system. This offers support to persons subject to dementia by highlighting their potential vulnerability to officers and staff who may come into contact with them.

Dementia Team, Northamptonshire Healthcare Foundation Trust

- Dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem solving or language; it can also affect an individual's mood and behaviour. Many different types of dementia exist but the most common forms are Alzheimer's and Vascular. It is caused by damage to the brain. There are currently around 850,000 people in the UK with it and it mainly affects people over the age of 65 and the likelihood of developing dementia increases significantly with age. It can affect younger people too with 42,000 people in the UK under 65 with dementia
- Effects:
 - Day to day memory
 - Concentration, planning and organising
 - Language difficulties – difficult to follow conversations, find the right words, express self
 - Visuospatial skills – problems judging distances (stairs, steps and floor surfaces)
 - Orientation – to time date and place
 - Mood – frustrated, irritable, anxious, low, withdrawn
 - Behaviours – agitated, restless, pacing, asking questions over and over
 - Physical health – weight loss, changes in diet and sleep
 - Difficulty under taking daily activities of living – shopping, cleaning, personal care
 - Difficulties assessing safety – driving
- Current and potential partnership working:

- Northamptonshire Carer's – Dementia Care Advice Service (DCAS)
 - Alzheimer's Society
 - NHFT – Memory assessment service, Memory clinics
 - Age UK
 - CCG's
 - Northamptonshire County Council
 - University of Northampton
 - Tollers
 - First for Wellbeing
 - Nursing/residential care providers
 - Pharmacy's
- Benefits of a Dementia Friendly Town:
 - Promote wellness and not illness (better physical and mental health)
 - Sense of community support and inclusion
 - Raise the awareness of dementia
 - Reduce stigma
 - “Flagship” county opportunities, improve recruitment of dementia experts in a wide variety of providers to come to Northampton
 - There is a Team that assists younger persons that have been diagnosed as living with dementia. They often need support and assistance around:
 - Maintaining employment
 - Having had to stop driving
 - Financial problems
 - There are a lack of services for younger people living with dementia.
 - Support Groups and Respite Care for carers is very important.
 - The Carers' Trust East Midlands provides emergency respite care for people in their own homes. It can be booked 72 hours prior to when it is needed. It is a free service.

Transport Manager, UNO Buses, Northampton

- As an operator of bus services UNO aware of the principles of this condition and its possible effects of life changing symptoms. This is principally experienced by UNO's drivers when interacting with their

customers whom are unfortunate to live with dementia. None of UNOs current employees are experts in understanding dementia.

- UNO has been involved in a Dementia Awareness alliance meeting party of NCC, NBC and Northants Police plus Alzheimer's group forum.
- Having all operational staff to be aware of the possible effects, symptoms and training in how to handle awkward situations where customers may be lost/confused and how to obtain assistance would be useful.
- All drivers of UNO receive training and the organisation is keen to ensure the drivers are trained to a level of understanding and awareness of those living with dementia.

Alzheimer's Society – Northamptonshire

- The Alzheimer's Society produces a wide range of information for a variety of audiences on dementia and a range of a range of literature to support People with a diagnosis, their families, cares and the general public. The Society also offers services to support those affected, as well as awareness raising, research and campaigning.
- The Alzheimer's Society locally works closely with Northamptonshire Carers to deliver Statutory Carer's Assessments on behalf of NCC (a sub-contracting arrangement). The AS is a member of the Carer's Partnership board chaired by the CEO of Northants Carers.
- As part of its work assessing need and providing support to individuals it works closely with a wide range of organisations in the statutory and voluntary sector.
- The current AS Strategy to be implemented over the next 4 years aims to greatly increase the number of individuals receiving an offer of support. To achieve this it will be restructuring its offer to enable far broader reach. The organisation will be working with local funders in the social care sector to identify how these aims can fit into local provision.
- Current provision often fails to reach people early enough, and people often only become aware of support services at times of crisis. Earlier intervention aimed at preventing such crises is a key priority.
- While this relates to people with a diagnosis as a whole, there are some groups whose needs could require specific focus, such as people with early onset dementia (under 65), and people with learning difficulties, who are often at increased risk of developing

dementia. The needs of such groups can differ to those of the wider population and may need addressing separately.

- The benefits of Northampton becoming Dementia Friendly are vast, it allows businesses and organisations in the town to be united against dementia, giving their staff extra knowledge about dementia and allowing them to become more diverse. Also as shopping parks such as Rushden Lakes open which are incredibly busy, this allows a gap in the market for Northampton to promote that people with dementia would be welcome in the town to shop, travel and use the services of the town.
- One of the services provided at the Alzheimer's Society is looking at dementia friendly communities. Some of its key work in the East Midlands has been taking place in Derbyshire, with real successes of creating DFC in Amber Valley and Alfreton. It would be fantastic to replicate this vision in Northampton.

Dementia Café, Local Church – St Peter's

- In January 2017, as a church it decided to set up a Memory Cafe in the church hall. Two volunteers who had worked with one other at the Dementia Cafes were prepared to assist and the Group also had six more people volunteer from the congregation who had cared for their own family members with dementia. The Diocese of Peterborough has run two courses on Dementia-Friendly Churches, which representatives of the team have attended.
- What the Cafe provides: They meet monthly on the third Thursday of each month from 2 – 4 pm (apart from December when they meet on the 2nd Thursday). They set out the tables and chairs in the hall and they provide tea or coffee as the people arrive. Later at about 3 pm they refresh their drinks and bring round cakes and biscuits. They are given name stickers so the Group can soon learn their names and they theirs. The cakes are provided mainly by the congregation and volunteers on a rota system, which works well. There is no charge to those attending although they welcome occasional donations. The Group invite speakers from a variety of helping organisations to come along for a brief talk (about 15 min) and displays the whole range of information provided by them and by the Alzheimer's Society to be available. They put table games on each of the tables and have some floor games for those interested. (These were donated by the Alzheimer's Society

who also notified all the previous attendees of their Cafe of this new cafe opening)

- Attendances and Activities: The first meeting in May 2017 had 15 people come and the attendance has risen to 24 (so far) and last month they had six new people (3 with dementia & 3 carers) This is a mixture of people with dementia and their carers and occasionally by some who suspect they have a memory problem. The main activity is of fellowship and informal support in a relaxed atmosphere and the support they get from one another is immense. The volunteers all mingle and encourage friendly chatter and pick up any particular distress, so there is always the opportunity for them to speak to someone quietly about their particular concerns. The Dementia Support Worker from the Alzheimer's Society calls in each session so can initiate further help to anyone needing it. Many of the people attend the Society's Singing for the Brain activity weekly too so they particularly enjoyed the carol singing at the Christmas meeting when one of our choir members came to play the keyboard. During the summer the Group went on a canal trip, which was donated by one of the volunteers and they were taken to the canal in an old Red Northampton bus, driven by an enthusiast who was also a carer.
- The St Peter's Memory Cafe is an open one so anyone who has concerns about dementia can come along. The Group can provide encouragement to access the Memory Assessment Team regarding a diagnosis if not already obtained, so they then can benefit from the services provided to assist them and their families. Several of our members are now attending the new Memory Matters group which is being run by the Alzheimer's Society, but funded by Northamptonshire Carers, which enables the carers to go into a support group whilst their relatives with dementia are encouraged to do activities which will stimulate their brains and lead to feelings of well-being. The Group received some training from an Occupational Therapist on the types of activities which are used by the Memory Assessment Team in their Cognitive Stimulation Therapy groups, which can be offered to those newly diagnosed. The Group leader is involved in the Northampton Memory Matters group with another of the volunteers of the Cafe and the response so far, after two monthly meetings, has been encouraging.

- At the recent Dementia-Friendly churches training session the Group Leader learnt that the Diocese hopes to establish a network of at least two or three people who are knowledgeable in dementia to each of the deaneries. The Group also learned of ways to communicate with dementia sufferers at the various stages of the disease, which I believe would be useful to share with the carers. The Group is considering holding some Dementia Friends training which it will be discussing with the Management committee. The Group Leader has already delivered a session for Lay Pastoral Ministers at their training course.

Market Traders, Northampton Market

- Dementia is a condition that affects the memory and co-ordination functionality of the brain, becoming increasingly common in the UK in adults 50 years plus. There is short and long term memory loss but not necessarily both simultaneously. It affects co-ordination of movement in terms of memory of how to perform tasks.
- It can be very frightening for the person living with dementia when home seems unfamiliar as well as for spouses, children appearing as strangers. Sudden changes are also hard to deal with, for example daily living patterns, having to suddenly leave the house for appointments. People living with dementia can wander and get lost, which is very stressful for family and carers.
- African and Caribbean community members need to be more informed of how to access services.
- The town being dementia friendly would greatly improve the quality of lives for those living with dementia and their families. For example having respite days for carers so they can have a break, therapies for those living with dementia to aid maintaining memory and the ability to self-care.

Northampton Museums and Art Gallery

- Northampton Museums and Art Gallery is continuing to pilot various activities for people living with dementia.
- Bi-monthly Memory Café and activities session at Abington Park Museum take place, which include reminiscence with objects

and access to museum galleries. These sessions are free, but must be booked in advance due to limited spaces.

- It is being investigated how the physical museum environment can be dementia friendly.
- Northampton Museum and Art Gallery is currently going through a major redevelopment, including a new extension. The extension will contain new galleries and link space, including a terrace and café. Finishes for the building such as the café space and signage/wayfinding for the building are being worked on. The Museum and Art Gallery is keen that this space is as dementia friendly as possible.
- The Museum and Art Gallery will be setting up a Dementia Advisory Group to gather expertise and advice to inform the fixtures and fittings of the building, along with wayfinding and signage.

Executive Director, Northampton BID

- The BID is a member of the Dementia Alliance Group.
- The BID can use communication channels to let people know what is going on and help the town to become dementia friendly. The BID uses social media which is a good communication tool.
- The BID undertook a survey that was carried out in the Grosvenor Centre recently and from the results it was apparent that there is a need for a new Strategy regarding social issues, including the town becoming dementia friendly and street drinkers and beggars – looking at a different approach of the problem. The aim being to make the town more caring and friendly.
- Regarding assisting those living with dementia visiting the town, better signposting, such as staff working, Monday to Friday, as hosts. Shop staff will receive awareness raising too.
- There is a need for a cohesive approach, including MIND and the Hope Centre – this should be steered by Northampton Dementia Alliance.

Head of Safeguarding and Dementia, Northampton General Hospital (NGH)

Head of Safeguarding and Dementia, Northampton General Hospital (NGH)

- Northampton General Hospital (NGH) takes dementia very seriously
- Northampton has an aging population
- NGH has the provision of a Dementia Liaison Nurse that provides advice to carers and nursing staff and the Multi Agency Team on how to manage the symptoms of dementia
- Every person, over the age of 75, who is admitted to hospital is screened with the aim to identify the early stages of dementia
- A Patient Profile has been introduced and is led by the Dementia Liaison Nurse. This profile is completed on the ward with the aim to make care as personal as possible
- The “butterfly” is placed on clinical records on individuals living with dementia and has information about the person which will help interaction with staff about their life with the aim of reducing anxiety
- All training at NGH has been reviewed and it is aimed that Dementia training will become mandatory across the organisation. Security staff are receiving dedicated dementia training next month to ensure that they have a good understanding of the illness
- NGH has a dementia garden that opened in September 2017
- John’s campaign has been introduced at NGH, for example there are now flexible visiting times and carers are encouraged to be part of their loved one’s care.
- 25 feedback forms from carers are analysed each month for areas of good practice and areas for general improvement
- Wards have activity boxes, which include ‘twiddle muffs.’
- Ryde, in the Isle of Wight, has introduced a number of initiatives to support people living with dementia such as a Dementia Friendly Easter Church Service, Safe Havens, assistance on buses.

3.8 Desktop research - Best Practice

3.8.1 Examples of best practice informed the evidence base of the Review from a variety of sources:

- Government Guidance – Dementia Friendly Communities
- The BSI Code of Practice for Dementia Friendly Communities
- AGE UK, Coventry and Coventry City Council
- The Dementia Engagement and Empowerment Project (DEEP)

- Protection from Doorstep Crime – North Yorkshire County Council Trading Standards
- Hampshire Dementia Friendly High Street
- Connect Housing
- Creating a Dementia Friendly York
- Creative Spaces

3.8.2 Full details at Appendix E.

3.9 Site Visits

3.9.1 A site visit took place to Lutterworth Care and Share Group on 10 November 2017.

3.9.2 Key findings:

- Groups such as Care and Share, help carers overcome their loss. Carers often feel lost and lonely when the person living with dementia has passed away.
- From discussions with attendees, the value of therapy dogs was recognised.
- Church rooms, such as the Methodist Church in Lutterworth, are ideal locations to host Share and Care Group meetings.
- Churches often have a good network of people who are carers and have a good body of volunteers too.
- The Methodist Church at Lutterworth sponsors a full time officer to bring carers and those living with dementia together into Church groups. The salary of this Officer is paid for by the Church.
- Lutterworth has the benefit of being a small town where many people know each other and those living with dementia receive help often because they are known and helped home when needed. Morrisons, the local supermarket, plays a big part in identifying and helping people living with dementia when the occasion arises.

3.9.3 Appendix F provides comprehensive findings from the site visits.

4. Conferences

4.1.1 As part of its evidence gathering process for this review, representatives of the Scrutiny Panel attended conferences to inform the evidence base:

Dementia 2017: Managing Demand, Improving Care

The Chair and Deputy Chair attended this conference in Birmingham on 5 December 2017. Key points:

- Dementia currently costs £26 billion a year to the UK. An annual cost of £32,250 per person with dementia.
- The cost of care for a person living with dementia - the conference provided attendees with the opportunity to discuss the current practice and future directions in dementia,
- Progress on the Dementia Intelligence Network was provided as well as the importance of prevention and early intervention with an increasing population of individuals willing to take care of themselves.
- This conference consisted of interactive sessions and case studies to support carers, healthcare professionals and the wider public sector to deliver advances in care along the whole dementia pathway. Interactive conversations with people living with dementia and their carers aimed to give attendees a better understanding of their needs and their experiences with the health care system.
- Group discussions were held with the different care service providers that aimed to show attendees how working in partnership could improve care and develop actions to keep people healthier and active into their old age.
- There was a breakout session with clinical care professionals that discussed how to ensure high standards of care and support for those with dementia and their families along the different stages of the patient journey.

Future Directions in Dementia Care and Exhibition

Two representatives from the Scrutiny Panel attended the conference in Northampton on 14 November 2017. Key points:

- The Dementia Action Alliance was launched 10 years ago between Northampton and Norfolk. Their key words are: “knowledge, education and practice”.
- Other key words used in development studies are: well prevented, well diagnosed, well supported, well living and well dying.
- The Dementia Research Institute has a budget of £250 million for research and has the aim of having over 400 researchers by 2022.
- County wide training is being developed, which is community based. Work is undergoing with Universities in Denmark and the Universities of Bradford, Surrey. There is key work going on in Lutterworth
- The intention for care of people living with dementia is for them to remain at home and training for professionals and groups is based on the Danish model.
- The Department of Pathology, University of Malta, is looking at dementia across Europe, the challenges to dementia around Europe and why it is challenging.
- The difference in the brain with someone living with dementia are clear.
- The world’s population is around 900 billion, the number of older people is increasing, for example 18% of the population is over 65, i.e. 10 million in England
- NICE and licensing impacts have helped for proper medicine and treatment for those living with dementia and a consequence of this is that more people living with dementia have been able to remain at home, with a 99.7% success rate.
- There are over 900 million new cases of people living with dementia world-wide each year.
- The global cost of research, caring for and treating people living with dementia is increasing.
- France was the first country to look at dementia in a positive way.
- Italy undertakes the most research into dementia. Central Government wants there to be more research into dementia in the UK
- In Europe, more people living with dementia are able to stay in their own homes
- 54% in people living in America know someone who lives with dementia.

- There is a need for more awareness raising around dementia
- Worldwide, dementia is significantly un-diagnosed
- It is anticipated that by 2050 people living with dementia will double.
- There is a need for more support for Groups and organisations that assist people living with dementia.
- There is a need for more support and training for carers of people living with dementia.
- The weekly cost of care home care was highlighted, and it can around £1,300 per week

5 Equality Impact Assessment

- 5.1 Overview and Scrutiny ensures that it adheres to the Council’s statutory duty to provide the public with access to Scrutiny reports, briefing notes, agendas, minutes and other such documentation. Meetings of the Overview and Scrutiny Committee and its Scrutiny Panels are widely publicised, i.e. on the Council’s website, copies issued to the local media and paper copies are made available in the Council’s One Stop Shop and local libraries.
- 5.2 The Scrutiny Panel was mindful of the eight protected characteristics when undertaking this scrutiny activity so that any recommendations that it made could identify potential positive and negative impacts on any particular sector of the community. This was borne in mind as the Scrutiny Panel progressed with the review and evidence gathered.
- 5.3 So that the Scrutiny Panel obtains a wide range of views, a number of key witnesses provided evidence as detailed in section 3 of this report.
- 5.4 Details of the Equality Impact Assessment undertaken can be located on the Overview and Scrutiny [webpage](#).

6 Conclusions and Key Findings

- 6.1 After all of the evidence was collated the following conclusions were drawn:

- 6.1.1 The Scrutiny Panel recognised the value of towns that have become dementia friendly and felt that it is very important for Northampton to become a dementia friendly town. The Scrutiny Panel acknowledged that a dementia friendly town is one in which people with dementia are empowered to have high aspirations and feel confidence knowing they can contribute and participate in activities that are meaningful to them.
- 6.1.2 Should Northampton become dementia friendly, the need for a “Dementia Friendly Town logo” was highlighted. Hospitals often use butterflies logos so that non clinical staff are aware of people with dementia . The Scrutiny Panel considered it would be beneficial for bus passes to contain useful information, on the back, such as “*my usual stop is x*” “*please don’t start moving until I am seated*”, for example. .
- 6.1.3 Evidence gathered highlighted that there is a real need for better understanding and awareness of people living with dementia and the Scrutiny Panel acknowledged that becoming a Dementia Friendly Town will help to raise awareness to family and carers and the public in general in recognising the signs of dementia.
- 6.1.4 The Scrutiny Panel deemed that it would be beneficial for the Transport Manager of UNO to liaise with the Head of Vulnerable Persons, Northants Police, regarding training around raising awareness of those living with dementia. It was acknowledged that Dementia Champions could deliver training to all bus drivers. Carers would be assured to know that bus drivers had received the awareness raising training.
- 6.1.5 The value of “Keep Safe Cards” were acknowledged. The cards are being rolled out to all those who are categorised as being vulnerable. It was felt that it would be useful for carers to carry an ID card when travelling with someone living with dementia.
- 6.1.6 The Scrutiny Panel, in receiving Dementia Friends Training, recognised the value and importance of this training and felt it would be useful for all relevant staff at Northampton Borough Council to received Dementia Friends Champion training. It was evident that more dementia champions are required from all levels of staff to ensure maximum effectiveness of the awareness campaign.
- 6.1.7 A Councillor dementia friends champion would be useful and could encourage other Councillors to engage with the work of the Alzheimer’s Society and to be an ambassador for the Council.
- 6.1.8 It was recognised that often referrals are received after Christmas or Easter, for example, where the family havent perhaps had regular or recent contact with the family member for some months and notice changes that concern them.

- 6.1.9 Support Groups and Respite Care for carers are very important. The value of Care and Share Groups, such as that offered at Lutterworth was recognised. The Scrutiny Panel was delighted that St Peter's Church, Northampton had set up a well-used Dementia Café. Northampton Interfaith Forum (NIFF) is also managing an action alliance. To ensure information is available to all, the Scrutiny Panel felt that NIFF should be involved in the creation of an action plan for Northampton town to become a Dementia Friendly town.
- 6.1.10 Evidence gathered demonstrated that there does appear to be a lack of support for young people living with dementia. A Dementia Forum would be useful, with activities such as dog walkers and dog walks being offered.
- 6.1.11 The Scrutiny Panel acknowledged that communities with a mix of young and older people work very well.

7 Recommendations

- 7.1 The purpose of the Scrutiny Panel was to investigate the town of Northampton can become a Dementia Friendly Town.

Key Lines of Enquiry

- To gain an understanding of what Dementia is, and its symptoms
- To gain an understanding of the Dementia Friendly Communities Programme, Dementia Friendly Communities Recognition Process, the BSI Code of Practice for Dementia Friendly Communities (and the foundation criteria),
- To gain an understanding of the Dementia Friends Programme and Dementia Friends Champion
- To gain an understanding of the effect on the health, wellbeing and the safety of people with dementia and their carers/families
- To gain an understanding of current and potential partnership working
- To gain an understanding of the causes and barriers to supporting people with Dementia
- Identify any specific groups that are not accessing services

Scrutiny Panel 3 therefore recommends to Cabinet that:

- 7.1.1 Northampton Borough Council works towards “Dementia Friendly Status for Northampton” being achieved. A Dementia Friends Champion is nominated to lead on this work.
- 7.1.2 A Dementia Forum is established. Northampton Interfaith Forum (NIFF) is invited to join the Forum.
- 7.1.3 Northampton Borough Council registers with the Alzheimer’s Society as part of the Dementia Friendly Recognition Scheme.
- 7.1.4 Dementia Friends information and training is included in both Councillor and staff inductions.
- 7.1.5 A Councillor Champion for older people, focussing on dementia is appointed.
- 7.1.6 The Dementia Friends Champion liaises with the local churches in Northampton to ascertain what Groups are currently available and whether further Groups such as Care and Share could be introduced.
- 7.1.7 The Dementia Friends Champion has dialogue with the Transport Manager of UNO and the Head of Vulnerable Persons, Northants Police, regarding training for drivers of UNO around raising awareness of those living with dementia.
- 7.1.8 The Dementia Friends Champion works with the Assistant Chief Executive, Northamptonshire Carers, regarding the introduction of ID cards for carers when travelling with someone living with dementia.

Overview and Scrutiny Committee

- 7.1.9 The Overview and Scrutiny Committee, as part of its monitoring regime, reviews the impact of this report in six months’ time.

Appendices



Appendix A

OVERVIEW AND SCRUTINY

SCRUTINY PANEL 3 - DEMENTIA FRIENDLY TOWN

1. Purpose/Objectives of the Review

- To investigate the town of Northampton can become a Dementia Friendly Town.

Key Lines of Enquiry

- To gain an understanding of what Dementia is, and its symptoms
- To gain an understanding of the Dementia Friendly Communities Programme, Dementia Friendly Communities Recognition Process, the BSI Code of Practice for Dementia Friendly Communities (and the foundation criteria),
- To gain an understanding of the Dementia Friends Programme and Dementia Friends Champion
- To gain an understanding of the effect on the health, wellbeing and the safety of people with dementia and their carers/families
- To gain an understanding of current and potential partnership working
- To gain an understanding of the causes and barriers to supporting people with Dementia
- Identify any specific groups that are not accessing services

2. Outcomes Required

- To make recommendations for Northampton becoming a Dementia Friendly Town

3. Information Required

- Background data
- Background reports
- Best practice data
- Desktop research
- Evidence from expert internal witnesses

- Evidence from expert external witnesses
- Site visits (if applicable)

4. Format of Information

- Background data, including:
 - Presentation to set the scene: Being Dementia Friendly, Dementia Friends Programme, Dementia Friends Champion, BSI Code of Practice for Dementia Friendly Communities, Foundation Criteria
 - Relevant national and local background research papers
 - Definitions – Dementia
 - Relevant Legislation including:
 - The Care Act 2014
 - Mental Capacity Act 2005
 - Human Rights Act 1998
 - Mental Health Act 1983
 - Deprivation of Liberty Safeguards (2009)
 - Statistics: including:
 - Number of people with Dementia in the UK and projected statistics
 - Deaths per year attributable to Dementia
 - Financial cost of Dementia to the UK
 - Diagnosis Statistics
 - Financial cost to health/cost of support
 - Relevant published papers, including
 - Alzheimer’s Society Dementia Report 2014
 - Alzheimer Society: Building Dementia Friendly Communities – A priority for everyone
 - Alzheimer’s Research UK – Dementia in the Family; The impact on Carers
- Best practice external to Northampton
- Internal expert advisors:
 - Cabinet Member for Community Engagement and Safety, NBC
 - Cabinet Member for Housing and Wellbeing, NBC
 - Head of Housing and Wellbeing, NBC
- External expert advisors:

- Head of Protecting Vulnerable Persons, Northamptonshire Police and the Community Safety Partnership
 - Dementia Support Group
 - Alzheimer's Society – Northamptonshire
 - Alzheimer's Society – Northamptonshire Care Services
 - Age UK
 - Director of Public Health, Northamptonshire County Council
 - Professor in Applied Mental Health (Dementia Specialist), University of Northampton
 - Cabinet Member, (Adult, Social Care), NCC
 - Director, Adult, Social Care, NCC
 - Carers' Associations
 - Cabinet Member for Education, NCC
 - Director, HealthWatch
 - Transport providers, bus companies, taxis and access to train station
 - Director, Olympus Care
 - Representatives from Private Care Homes
 - Director, Highways, NCC
 - Managing Director, Business Improvement District (BID)
 - Faith Forum, Bangladeshi Society, Sikh Group etc.
 - Northampton Health Trust
 - Dementia Team, Northampton General Hospital
 - Case Studies from Ward Councillors
- Site visit - Best practice – Dementia Friendly Towns

5. Methods Used to Gather Information

- Minutes of meetings
- Desktop research
- Site visits
- Officer reports
- Presentations
- Examples of best practice
- Witness Evidence:-

- Key witnesses as detailed in section 4 of this scope

6. Co-Options to the Review

- A representative from the Carers' Association is approached to be a co opted member of this Scrutiny review
- A representative from Community Mental Health is approached to be a co opted member of this Scrutiny review

7. Community Impact Screening Assessment

- A Community Impact Screening Assessment to be undertaken on the scope of the Review

8. Evidence gathering Timetable

June 2017 – March 2018

- 14 June 2016 - Scoping meeting
- 20 July - Evidence gathering
- 21 September - Evidence gathering
- 27 November - Evidence gathering
- 25 January 2018 - Evidence gathering
- 26 March - Approval final report

Various site visits will be programmed during this period, if required.

Meetings to commence at 6.00 pm

9. Responsible Officers

Lead Officer Marion Goodman, Head of Customer and Cultural Services

Co-ordinator Tracy Tiff, Scrutiny Officer

10. Resources and Budgets

Marion, Head of Customer and Cultural Services, to provide internal advice.

11. Final report presented by:

Completed by March 2018. Presented by the Chair of the Scrutiny Panel to the Overview and Scrutiny Committee and then to Cabinet.

12. Monitoring procedure:

Review the impact of the report after six months (approximately November/December 2018)

Our Client

Steve is an 88 year old retired pilot who has vascular dementia. Steve lives with his wife Anne, who is his primary care giver.

Some time ago, Steve was highly anxious and easily agitated. He was insecure and attached to Anne, who could barely be left alone even to visit the toilet. As soon as Anne was out of sight Steve would become paranoid and aggressive – convinced she was leaving him. Anne was becoming burned out by the demands of 24/7 care. Soon Anne was at breaking point. Steve was prescribed anti-psychotic medication which failed to reduce his episodes of challenging behaviour whilst adversely affecting his cognitive and physical abilities.

Our Service

Using the ground-breaking SPECAL method, we explored Steve's past and found that he could still access many positive memories of his time as a pilot. When we referenced aeroplanes or flying, Steve would swing his arm in a wide arc and say with pride, 'I flew around the world, you know.' Using verbal cues, we found we could quickly and easily take Steve back to the good old flying days, and when he was held in this good place he was no longer an elderly frightened and frightening man with dementia, but became a thirty something dashing pilot, king of his world.

However, Steve would still become very upset and angry if he felt that Anne had gone somewhere without him, and this posed a great challenge to the care team – Anne needed a decent break and we had to facilitate this without upsetting Steve. Using information from the distant past, we found that Anne had once owned her own floristry business. Although Steve had always been incredibly proud of his wife's achievements,

his own position as MD of a large international company had ensured that he was never particularly concerned about Anne's comparatively 'small' enterprise.

The next time Steve asked where Anne was, the carer explained that Anne was sorting out a problem at the shop. Steve smiled fondly and rolled his eyes as if to say 'thank goodness I've not been dragged along'. Once the twin themes of Steve's flying and Anne's need to solve problems at the shop had been shown to be entirely acceptable to Steve, Anne was able to take a two week holiday in France with her daughter whilst our carers held the fort with Steve.

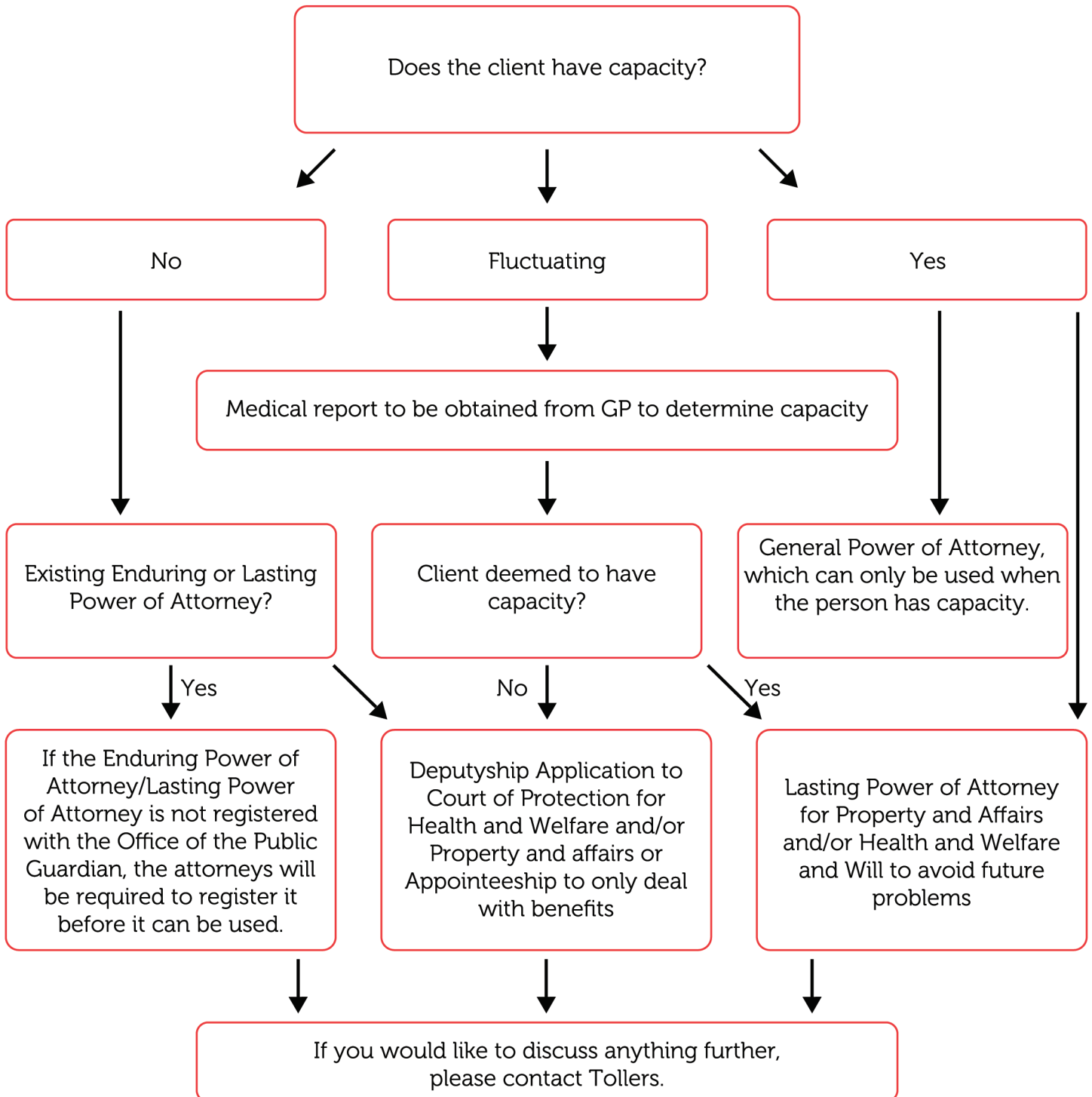
The SPECAL method is designed to work positively with dementia, rather than trying to defeat or ignore it, and has been shown to enable people to stay at home for longer, experience increased levels of wellbeing and take less medication.

Our Success

Steve continues to live in the comfort and familiarity of his own home. He no longer takes anti-psychotic medication, and his former outbursts of agitation rarely occur. Anne is no longer a worn out caregiver; she takes a regular day out with her daughter, and enjoys an occasional holiday abroad, which enables her to recharge her batteries and sustain her role as Steve's loving wife.

"The Good Care Group has enabled me to make time for myself, meaning that when I spend time with Steve I can give him the love, care and attention that he deserves. The approach that they have taken through SPECAL has really worked for Steve" – Steve's wife, Anne

Decision Making Surrounding Capacity





Deputyship

Q. What is a Deputyship Application?

A. An application which is made to the 'Court of Protection' to request that someone be appointed as a deputy to make decisions on behalf of a person who has lost mental capacity.

Q. Will I have to go to Court?

A. Whilst a court hearing is possible, this is rare and most unlikely in simple applications such as property and financial affairs matters that are not contentious.

Q. Can I get a Deputy Order for Health and Welfare?

A. Yes. It is possible to apply for a Health and Welfare order but the supporting evidence must be strong. These orders are extremely rare and are usually made where there are many health care decisions to be made in a limited period of time, or there is conflict within the family or with medical experts. It can also cover a one-off decision regarding a medical procedure, visitation or where a person resides.

Q. What are the benefits?

A. A deputy order allows the individual named to make decision(s) on the person's behalf, such as dealing with their financial affairs or making a specific health care decision. Depending on the order this can assist in paying bills, signing cheques and could include renting or selling the person's property.

Q. What does the process involve?

A. A medical assessment is required by a Doctor or Social Worker which will provide evidence of a lack of capacity to make decision(s).

Depending on the type of application other documents will need to be completed, for instance for financial applications, the Court will require information such as bank details, benefits, valuations of land and investments.

Once the application has been submitted, the Court will issue directions for more information or request the notification of parties. Once any directions have been complied with the case will be passed to a Judge for consideration.

Q. What is the Security Bond?

A. This is a type of insurance bond to protect the person's assets. The cost of the bond may be a one-off premium or an annual fee. The value is set by the Judge and is largely dependent upon the value of assets held by the person.

Q. Can more than one Deputy be appointed?

A. Yes, you can apply for more than one deputy to be appointed jointly or on a jointly and several basis.

Q. How long will it take?

A. From initial instructions to receiving the final order the process can take between 5-9 months. This varies depending on how quickly the forms can be completed and how quickly the medical assessment can be undertaken.

Q. What happens after the Order is obtained?

A. You will need to lodge the order with the relevant organisations that are involved in the matter to show that you have authority to make decisions on behalf of the person.

Q. How much will it cost?

A. There is a court fee to lodge the application in the sum of £400. This can be recovered from the funds of the person to whom the application relates, together with any legal costs.

In addition, the medical professional may charge a fee for the assessment of capacity and the level of the Security Bond premium will be set by the Judge.

With regard to the Office of the Public Guardian there will be a set up fee and an annual supervision fee set by them.

Q. What is the Office of the Public Guardian?

A. The Office of the Public Guardian (OPG) is run by the Ministry of Justice and has a statutory obligation to supervise Court appointed deputies.

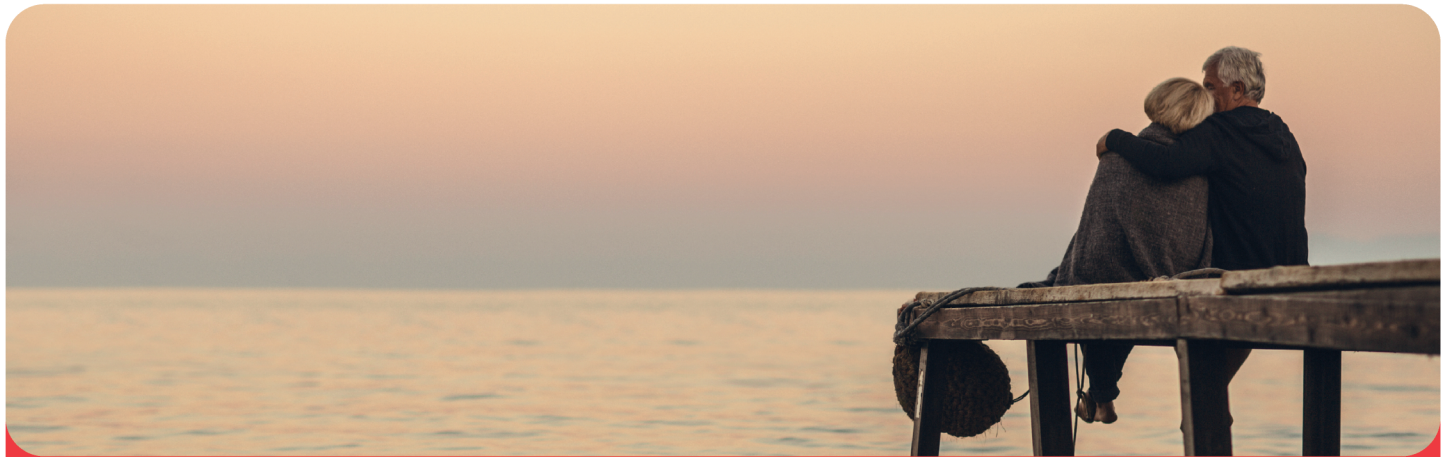
For financial affairs matters the OPG will make contact with you in the first few weeks of your appointment and will offer assistance as to the understanding of the role.

The OPG will ask the deputy to complete annual reports regarding financial transactions and decisions made on behalf of the person to whom the application relates throughout the year. Receipts, statements and records should therefore be kept to make this reporting process easier.



If you have any other query not covered in the fact sheet or would like more detailed advice or assistance in making an application, please contact one of our specialist in the Elderly and Vulnerable team.

Tollers also have legal experts specialising in: Corporate & Commercial – Dispute Resolution – Elder Abuse claims – Personal Injury – Family & Divorce – Insolvency – Real Estate – Contesting a Will



Lasting Power Of Attorney (LPA's)

Q. What is a Lasting Power of Attorney?

A. An LPA is a legal document you make using a special form. It allows you to choose someone who you trust to make decisions for you about your Property & Financial Affairs and/or Health & Welfare.

Q. What are the benefits?

A. An LPA allows the people you choose to make decisions when you are unable or unwilling to do so. This could involve paying bills while you are in hospital, signing cheques and even renting out your property if you go into care to raise income to pay for that care.

Q. How and when can an LPA be used?

A. Only after it has been registered with the Office of the Public Guardian and we advise that it is registered as soon as possible. The OPG is a government body and one of their roles is to protect vulnerable and elderly people from financial abuse. The OPG are not intrusive and are there to help. If they suspect abuse they can and will intervene.

Property & Affairs

Q. Can I appoint my children to be my Attorneys?

A. Yes - You can appoint anyone just so long as you believe them to be trustworthy and that they will act in your best interests.

Q. What if I decide that I no longer want the LPA?

A. The LPA can be revoked at any time, so long as you understand the consequences.

Q. I have an Enduring Power of Attorney (EPA), is this no longer valid?

A. Enduring Powers of Attorney are valid and can still be used but are subject to different rules of registration.

Q. Can I still have control of my money and finances even after the Attorneys have been dealing with these matters?

A. Whilst you have mental capability you can deal with your own affairs at any time.

Q. If I have neither EPA nor LPA and I lose capacity, what would happen?

A. An application would then need to be made to the Court of Protection for a Deputy to be appointed. A Deputy is in essence the same as an Attorney. However this appointment needs to be approved by the Court and can be a lengthy and expensive procedure. This is why it is advisable to make an LPA whilst you have the ability so you can choose your Attorney.

Health & Welfare

Q. Do I have to do both types of LPA?

A. No, but we would recommend both types to ensure all possible situations are covered.

Q. Can I have the same Attorneys as in my Property & Affairs LPA?

A. Yes, but you could also choose to appoint someone different.

Q. Don't my next of kin have to be consulted for these types of decisions anyway?

A. Yes, in normal circumstances your family will be consulted in any decisions regarding your welfare, as a way of assessing what is in your best interests. However, if your family were to disagree with the decision of a doctor or the local authority, the LPA means that they can enforce your wishes.

Q. What are the main benefits of having a Health & Welfare LPA?

A. This type of LPA means if you are unable to make decisions for yourself, your Attorneys can, for example, have a say in the type of care you receive, where you receive that care or which care home you go to. They can also discuss your medical records and requirements with doctors and other health professionals in order to express any specific wishes you may have. Within the LPA you can also decide whether or not to give your Attorneys authority over life sustaining treatment; you may prefer someone who knows you to be responsible for making this decision instead of a doctor.

Q. Can the LPA be used straightaway?

A. No. The Health & Welfare LPA has to be registered in the same way as the Property & Affairs. Furthermore, this type of LPA only has effect once you are unable to make a decision for yourself. This is on a strict decision-by decision basis, as you may be in hospital and unable to make a decision one week, but have recovered and be back home in a month's time.

Q. Can I notify the same people as I chose for my Property & Affairs LPA?

A. Yes, or you can choose someone different.

Q. What happens if I do not have a Health & Welfare LPA and become unable to make my own decisions?

A. It is possible to apply for a deputy order to cover Health & Welfare, in a similar way to Property & Affairs. However, the Court does not like granting a "blanket power" for Health & Welfare. This can mean that your relatives may have to make repeat applications to the Court over a number of different decisions if they are not in agreement with the local authority/medical professionals. This results in unnecessary long delays and high costs, all of which can be avoided by putting an LPA in place.

If you have any other query not covered in the fact sheet or would like more detailed advice or assistance, please contact one of our specialists.

Q. If I have an EPA to cover my finances can I have the Health & Welfare LPA?

A. Yes.



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Lasting Powers Of Attorney

Two Types

Health and Welfare

Property and Financial
Affairs

Allows somebody to make decisions in respect of your day to day care, to include living arrangements and can also include medical treatment

Allows somebody to make decisions in respect of your land, finances, taxes, benefits, pensions and any other financial decisions

Both Lasting Powers of Attorney (LPA) require a certificate provider. This is the person who signs the document to confirm that you understand what you are entering into and that you are doing so at your own direction

It is essential to appoint somebody you trust, that has the skills and will always act in your best interests.

LPAs need to be registered with the Office of the Public Guardian before they can be used.

Part of the registration process can be that you notify someone that the registration is taking place.

They then have 3 weeks to object to the registration.

Once the 3 weeks have passed, with no objection, the LPA will be returned validated.

Tollers Solicitors can assist you with the preparation and registration of a LPA.

Contact us on telephone numbers below to arrange an appointment.

NORTHAMPTON BOROUGH COUNCIL
OVERVIEW AND SCRUTINY



Appendix D

SCRUTINY PANEL 3 – DEMENTIA FRIENDLY TOWN

CORE QUESTIONS – EXPERT ADVISORS

The Scrutiny Panel is currently undertaking a review: Dementia Friendly Town that is investigating the town of Northampton can become a Dementia Friendly Town. The projected outcome is to make recommendations for Northampton becoming a Dementia Friendly Town

CORE QUESTIONS:

A series of key questions have been put together to inform the evidence base of the Scrutiny Panel:

1. Are you aware of what Dementia is, and its symptoms, please provide details?
2. Are you aware of the effect on the health, wellbeing and the safety of people with dementia and their carers/families, if so, please provide details?
3. Please can you supply details of the current and potential partnership working regarding supporting people with dementia.
4. Are you aware of any specific groups that are not accessing services, please provide details.
5. In your opinion please provide information of the benefits of Northampton becoming a Dementia Friendly Town.
6. Do you have any other information you are able to provide in relation to a Dementia Friendly Town?



NORTHAMPTON BOROUGH COUNCIL
SCRUTINY PANEL 3 – DEMENTIA FRIENDLY TOWN

Appendix E

BRIEFING NOTE: BEST PRACTICE

1 INTRODUCTION

1.1 At its inaugural scoping meeting, Scrutiny Panel 3 (Dementia Friendly Town) agreed that it would receive details of best practice to inform its evidence base.

2 BEST PRACTICE

2.1 GOVERNMENT GUIDANCE – DEMENTIA FRIENDLY COMMUNITIES

2.1.1 The Ageing Well Programme working in two localities – Hampshire and Sheffield regarding Innovations in Dementia. This initiative supported the Ageing Well Programme in its work to create dementia friendly communities.

2.1.2 The Guidance was first published in 2012 by the Local Government Association. The Guidance was used throughout the UK, and other countries that included America, New Zealand and Australia.

2.1.3 In 2015 the Guidance was updated and it included details of best practice plus new guidelines and ideas.

2.1.4 The Guide outlines the role of councils in supporting people with dementia by creating local dementia friendly communities and demonstrates how councils are making this happen through case study examples. It is reported that shortly before publication of the Guide, Dementia Friendly Communities was boosted by the launch of the Prime Minister's Challenge on Dementia. At the time of publication of the Guide, following the launch of the challenge:

- more than 70 communities have committed to become dementia friendly
- leading businesses across retail, finance, leisure and transport sectors are developing ways to respond to the needs of people with dementia

- More than a million people have signed up to become Dementia Friends – and committed to take action to make their communities a better place for people with dementia.
- A rise of 17% in diagnosis rates
- Increase in visibility of dementia in the public arena

2.1.5 It is reported that part of the Prime Minister’s Challenge was the creation of the Dementia Friendly Communities Champion Group, which provides guidance on the creation and implementation of dementia friendly communities. The group was formed to respond to the need for national action on dementia friendly communities, and to deliver against the objectives set out in the Prime Minister’s Challenge. The group includes members from major public, private and voluntary sector organisations.

2.1.6 The recognition scheme helps communities to be publicly recognised for their work towards becoming dementia-friendly. The process asks communities to commit to delivering change and is structured around two key documents:

- The BSI Code of Practice for dementia friendly communities
- The foundation criteria for dementia-friendly communities

The BSI Code of Practice for Dementia Friendly Communities

2.1.7 Code of practice providing guidance and structure for communities around what ‘dementia-friendly’ looks like and what the key areas for action are in working to achieve a dementia-friendly community, including:

- arts, culture, leisure, and recreation
- businesses and shops;
- children, young people and students;
- community, voluntary, faith groups and
- organisations;
- emergency services;
- health and social care; • housing; and
- transport

The Foundation Criteria

2.1.8 The seven foundation criteria help a community to understand the way that their dementia friendly community should be structured and outlines the need for leadership, infrastructure (in the form of the Local Dementia Action Alliance model, LDAA) and involvement of people affected by dementia:

1. Make sure you have the right local structure in place to maintain a sustainable dementia friendly community e.g. such as a DAA
2. Identify a person or people to take responsibility for driving forward the work to support your community to become dementia friendly and ensure that individuals, organisations and businesses are meeting their stated commitments
3. Have a plan to raise awareness about dementia in key organisations and businesses within the community that support people with dementia
4. Develop a strong voice for people with dementia living in your communities. This will give your plan credibility and will make sure it focuses on areas people with dementia feel are most important.
5. Raise the profile of your work to increase reach and awareness to different groups in the community.
6. Focus your plans on a number of key areas that have been identified locally
7. Have in place a plan or system to update the progress of your community after 6 months and one year

2.1.9 Key components to helping achieve Dementia Friendly Communities are creating Local Dementia Action Alliances, Dementia Friends and Dementia Friend Champions.

2.1.10 The Group has prepared practical guidance for different sectors including employers, arts venues, and customer-facing staff as well as charters for dementia friendly technology and financial services:

- *Accessing and Sharing Information: acting on behalf of a person with dementia*
- *Creating a dementia-friendly workplace: A practical guide for employers*
- *Becoming a dementia-friendly arts venue: A practical guide*
- *Dementia-Friendly Technology Charter*
- *Dementia-Friendly Financial Services Charter*
- *How to help people with dementia: A guide for customer-facing staff*

2.1.11 A copy of the Guidance can be [accessed](#).

2.1.12 The Guide reports a number of case studies as detailed below:

2.2 AGE UK, COVENTRY AND COVENTRY CITY COUNCIL

2.2.1 The Guide reports “*Coventry City Council commissioned AGE UK Coventry to work with people with dementia on environmental audits of five day centres and residential care settings across the city. A small team of staff and volunteers visited each of the venues to engage with people with dementia*”

using or living in these settings, to gather their views and ideas about their environment. “For the people with dementia involved, there was a real sense that they saw the process as important and valuable and with each person it was clear that their contributions were considered. In one case, a day centre member telephoned the worker from Age UK Coventry on the day following their visit as he had thought of something else he wished to raise and didn’t want it to be missed, a clear indication of the significance of the process for the individuals involved”

2.3 THE DEMENTIA ENGAGEMENT AND EMPOWERMENT PROJECT (DEEP)

2.3.1 The Guide reports “*DEEP brings together groups of people with dementia from across the UK and supports them to try to change services and policies that affect the lives of people with dementia. ‘I often say I spend a third of my time on dementia activities, a third of my time doing ‘fun things’, and a third of my time recovering from the other two! Towards the latter days of my career, occasionally I would consider the question, ‘What will I do when I retire?’ Never for one moment could I have anticipated how the last three years have unfurled. Looking back over this time, the biggest rewards have been to see a growing awareness within all sectors of dementia care that the person with a diagnosis can play a significant part in the services which we are to receive. It has been great to see a number of people who previously felt that there was no contribution they could make and nothing they could do to help themselves or others, grow to speaking in front of large and small audiences with passion and conviction, and a real desire to help to make things better for all. Some might say, “Once a teacher, always a teacher.”*

2.4 PROTECTION FROM DOORSTEP CRIME – NORTH YORKSHIRE COUNTY COUNCIL TRADING STANDARDS

2.4.1 The Guide reports “*Doorstep crime gangs increasingly target people with dementia,*” warns Ruth Andrews. “*It’s big business and well organised.*” *Gangs specialise in, say, roofing or gardening but share information, grooming victims carefully. The stakes are high; offenders can take tens, even hundreds, of thousands of pounds from victims. “Trading Standards wants to help people stay in their own home safely and confidently. That’s not just about the crime, it’s about seeing the whole person,” explains Ruth. That’s why her 13-strong team has changed their emphasis from prosecution to safeguarding and protection. They’ve put victims in touch with befriending services, arranged family reconciliations, helped get locks changed and had surveyors safety-check homes. “It’s very labour intensive. But it’s hugely rewarding,” says Ruth. One challenge has been gathering evidence differently. Ruth’s team thinks constantly about imaginative ways to build a picture. People with dementia can’t always give written statements so the team captures what they can tell the court on video. This also helps the judge and jury understand the personal impact.”* Source – **Dementia Friendly Yorkshire JFR 2014**

2.5 HAMPSHIRE DEMENTIA FRIENDLY HIGH STREET

2.5.1 The Guide reports *“Dementia Friendly High Streets - we are working with local, regional and national shops, organisations and businesses to establish High Streets in which people with dementia will feel understood and accepted. Businesses participating in a Dementia Friendly High Street are entitled to display our Dementia Friendly Hampshire window sticker, which shows people with dementia and their carers that the business is working towards being dementia friendly. Our first Dementia Friendly High Street was launched in Fareham on 27 November 2013. Since then we have launched 5 more Dementia Friendly High Streets - supported local Dementia Action Groups to launch a further 2 - Lymington and Lyndhurst; Fleet; Romsey; Alton; Winchester - and have s Eastleigh. Planned launches for 2015 include Milford-on-Sea, Basingstoke and Andover. “Source – Dementia Action Alliance*

2.6 CONNECT HOUSING

2.6.1 The Guide reports *“Involvement with the Dementia Action Alliance has enabled Connect Housing to develop an internal Dementia Strategy detailing how it will be supporting current and future generations of tenants with dementia to live independently and well as part of their communities. Connect is a charitable housing and support provider operating in Leeds, Kirklees and parts of Calderdale and Wakefield, providing quality housing to people in over 700 properties specifically for older people. The organisation is already investing in a wide range of physical improvements to property and has supported about 70 staff to undergo dementia awareness sessions and other training.”*

2.7 CREATING A DEMENTIA-FRIENDLY YORK

2.7.1 It is reported that the York Dementia Without Walls project looked into was needed to make York a good place to live for people with dementia and their carers.

2.7.2 The report goes on to state that dementia-friendly communities can better support people in the early stages of their illness, maintaining confidence and boosting their ability to manage everyday life. The research team investigated how local resources can be harnessed, provided there is enough awareness.

2.7.3 The Joseph Rowntree Trust (JRT) was involved in this Project and part of its involvement in this project it supported people with dementia to create an accessible report for this project. JRT highlights that it was important that there should be a report that was written for people with dementia, by people with dementia. An Officer of the JRT worked with four people with dementia who had been involved in the project in York. She and the publishing manager at the JRT, met people with dementia in small groups or individually. They talked about:

- what the most important findings were for people with dementia themselves
- how the information should be displayed

- the language that is used in the report.

2.7.4 JRT stresses that it was important that the report was relevant and understandable to people with dementia who had not been involved in the project. The draft report was therefore taken to members of the EDUCATE group in Stockport for comments and suggestions which were included in the final report.

2.7.5 It is reported that the Project found that:

- It's about the whole community – we can all contribute and we can all gain.
- We all need to understand better what it means to live with dementia. Training, information should be easy to access and well promoted.
- It's not just about new things - York already has so much to offer.
- People with dementia should be central to planning for the future, and we also need to exploit the potential of technology to improve lives.

2.7.6 The reported conclusions of the Project are:

“These proposals distil many ideas generated by the people who were involved in York Dementia Without Walls.

Recognise that what is good for people with dementia is good for everybody by:

- *Planning for their needs in the development of housing, transport and local facilities.*
- *Expecting good customer service, patience and kindness as the way we treat people in York. The Joseph Rowntree Foundation with the Joseph Rowntree Housing Trust has made its own commitment to becoming a dementia friendly organisation, by looking not only at its services but also at its role as an employer.*

Increase awareness of dementia by:

- *Talking about it more.*
- *Producing more and better information that can be used by a range of people, e.g. carers, GPs, local shopkeepers, teachers in schools.*

Change our attitude towards dementia by:

- *Challenging stereotypes and prejudices directly and by using positive images of older people and people with dementia.*
- *Focusing on what people with dementia can do rather than what they can't.*
- *Assuming that people with dementia will be included rather than excluded.*
- *Provide training for people at all levels and in all sectors by:*
- *Developing ladders of training so that people can acquire the right detail of knowledge for their needs.*
- *Using online training resources that are currently available to make access easy and affordable. Encourage people with dementia to use York's wealth of leisure, cultural and spiritual resources by:*
- *Promoting them as dementia-friendly and exploring how they could be rated as such by people with dementia.*

- *Adapting them or relaxing the ‘rules’ – this could apply as much to religious practice as to sports.*

Grasp current opportunities to prepare for the future needs of people with dementia by:

- *Responding to the Joint Strategic Needs Assessment and making sure that reform and reorganisation of health and social care has dementia at its core.*
- *Involving people with dementia in planning for their futures.*
- *Exploiting the potential of technology to improve the lives of people with dementia.”*

2.7.7 The summary to the report can be [accessed](#).

2.8 CREATIVE SPACES

2.8.1 It is reported that the Creative Spaces project is run by the Sensory Trust in Cornwall and was launched in 2014. This initiative provides opportunities for people with dementia to take part in outdoor activity, such as fishing and woodland skills. The Sensory Trust use these nature-based activities as creative methods to enable people with dementia greater access to social opportunities and to improve other people’s knowledge of dementia so that they are better able to support those affected by it. The project targets the isolated and disadvantaged communities in the area, focusing on people aged 65 and over living with dementia at home, carers of older people with dementia, community members including service providers, and children and young people aged 7 - 18.

2.8.2 Further details of the Project can be [accessed](#).

Brief Author: Tracy Tiff, Overview and Scrutiny Officer

Date: 15 August 2017



NORTHAMPTON BOROUGH COUNCIL

SCRUTINY PANEL 3 DEMENTIA FRIENDLY TOWN

Appendix F

BRIEFING NOTE: SITE VISIT: LUTTERWORTH

1 INTRODUCTION

- 1.1 At its inaugural scoping meeting, Scrutiny Panel 3 (Dementia Friendly Town) agreed that it would undertake a site visit to a town that was either already dementia friendly or was in the process of achieving dementia friendly.

2 SITE VISIT

- 2.1 On Friday, 10 November 2017, Councillor Russell (Chair); Councillor Beardsworth (Deputy Chair); Councillors Ashraf, Duffy and Meredith, together with Gwyn Roberts (Co Optee) and Tracy Tiff, Scrutiny Officer, visited Lutterworth in Leicestershire.
- 2.2 The site visit spent time with the Share and Care Group that was meeting in the Methodist Church at Lutterworth. The Share and Care Group is for people living with dementia and their carers and also for carers of someone who has lived with dementia but has passed away.
- 2.3 The session on 10 November was dedicated to coffee and a chat and hand massage. Touch is very important. All those present took part in the hand massage.
- 2.4 The Scrutiny Panel spoke with some of the attendees:

One woman confided that she attended the Group as a previous carer of her husband who had lived with dementia. He had passed away earlier this year. Her husband had not attended Care and Share as he did not know any of the attendees but had continued to enjoy going to church, which was familiar to him. The woman explained it had been difficult at times caring for her husband; he did enjoy visitors to their home and was much happier in familiar environments. The woman got comfort from the Share and Care Group herself and stressed the importance of support for carers after the person they had cared for had passed away. She

emphasised that the Share and Care Group gave attendees a sense of belonging. She advised of another similar Group that is held in Oadby, Leicestershire, that splits into two sessions – first session is dedicated to craft work and the second session games, such as balls into the net and musical bingo. Musical bingo was very popular. The organiser of the Care and Share Group at Lutterworth undertook to introduce games such as Musical bingo at Lutterworth.

Another attendee at the Group advised that a person living with dementia can live with dementia for fifteen years. It can affect the carer in a number of ways, such as isolation and loneliness. It is important that carers are listened to. The attendee gave an example of when she took her husband to see the GP, he would speak to her husband who was living with dementia, rather than speaking with his wife (as his carer.) She stressed the importance of carer's involvement.

Another attendee expressed the importance of singing for those living with dementia. The Share and Care Group at Lutterworth puts on sessions dedicated to specific decades, 1940s, 1950s, 1960s etc; the sessions look at fashion, music and singing around that decade.

Another previous carer of someone who had lived with dementia provided details of when her father had been admitted to a care home. The care provided had been excellent but there were "little things" such as ensuring he could reach the call bell that were very important.

A local Reverend provided information. The local churches had been liaising with the Alzheimer's Society who had advised what should be implemented. It was important that changes are brought in gradually. For example yellow and black signs. All churches in the town have been meeting regarding how to work together as becoming dementia friendly. It is anticipated that quarterly church services will be dementia friendly. The Reverend offered to invite the Scrutiny Panel to one of these services. It was noted that St Marys and the Methodist Church, Lutterworth, were already working closely together.

One of the attendees, a woman in her 50s, was in the early stages of living with dementia, having been diagnosed three years previously. She described how usually she feels confident to go about her daily routines and travelling around Lutterworth which she knows extremely well and where she is recognised by most people. She said there are times when she becomes confused and feels lost and this is a terrifying experience for her. On one occasion she found herself in a pub where she approached a couple and asked if they would mind calling her husband (she has a card in her wallet explaining her condition and giving her husband's contact details). They kindly offered to buy her lunch and after speaking to her husband, cared for her until such time he could meet her and take her home. Another attendee described the traumatic moment

when her 48 year old daughter was diagnosed with dementia during the same year her sister, 40 years older than her daughter was also diagnosed. Sadly her sister passed away recently and her daughter, now living in a care home, is displaying symptoms which indicate a gradual deterioration.

CONCLUSION

- 2.5 Groups such as Care and Share, help carers overcome their loss. Carers often feel lost and lonely when the person living with dementia has passed away.
- 2.6 From discussions with attendees, the value of therapy dogs was recognised.
- 2.7 Church rooms, such as the Methodist Church in Lutterworth, are ideal locations to host Share and Care Group meetings.
- 2.8 Churches often have a good network of people who are carers and have a good body of volunteers too.
- 2.9 The Methodist Church at Lutterworth sponsors a full time officer to bring carers and those living with dementia together into Church groups. The salary of this Officer is paid for by the Church.
- 2.10 A potential recommendation of the final report was suggested that Officers liaise with the local churches in Northampton to ascertain what Groups are currently available and whether Groups such as Care and Share could be introduced.
- 2.11 Details of a sample of the sessions offered by the Share and Care Group can be located: <http://www.lutterworthshareandcare.org/program.htm>
- 2.12 There are plans for Northamptonshire Carers and the Alzheimers Society to establish similar groups along side Professor Parke's model. The Co-Optee will give an update at the meeting.
- 2.13 Lutterworth has the benefit of being a small town where many people know each other and those living with dementia receive help often because they are known and helped home when needed. Morrisons, the local supermarket, plays a big part in identifying and helping people living with dementia when the occasion arises.
- 2.14 Training and signs on shop fronts, such as a sticker or badge alerting people living with dementia that help was available was thought to be essential and recommended.