# Report of the Cabinet Member for Care Services

## Adult Services Scrutiny Performance Panel – 12 December 2023

## Dementia Report

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| **Purpose** | To provide a briefing on Dementia care in Swansea. |
| **Content** | This report includes a briefing on regional priorities for Dementia care, social work support and examples of commissioned and internal dementia services, along with case studies. |
| **Councillors are being asked to** | • Give their views.<br>• Make recommendations to Cabinet Member for Care Services. |
| **Lead Councillor(s)** | Cabinet Member for Care Services – Cllr Louise Gibbard<br>Cabinet Member for Community and Councillor Champion for Dementia – Cllr Hayley Gwilliam |
| **Lead Officer(s)** | Amy Hawkins – Head of Adult Services & Tackling Poverty |
| **Report Author** | Amy Hawkins – Head of Adult Services & Tackling Poverty<br>Helen St. John – Head of Integrated Services |
| **Legal Officer** | Carolyn Isaac |
| **Finance Officer** | Chris Davies |
| **Access to Services Officer** | Rhian Millar |

1. This report provides an overview of population needs analysis, regional Dementia care priorities, commissioned services, the work of the Older Person's Mental Health Team, the Community Memory Support Team and dementia support provided by internal services.

   Social Services work in partnership with the health service and the voluntary sector to provide information, services and support for people living with dementia and their carers.

## 2. Population

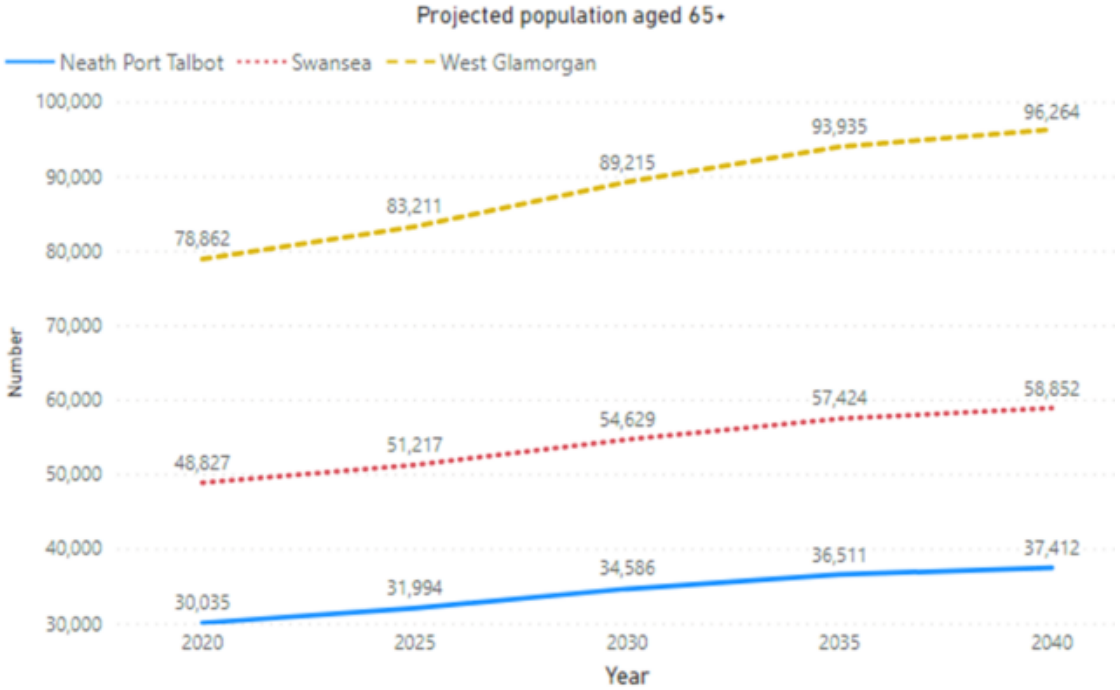
### 2.1 Population Needs Assessment 2022-2027

According to Social Care Wales, the over 65 population for the West Glamorgan region in 2020 was 79,212.

Number of people 65+ years

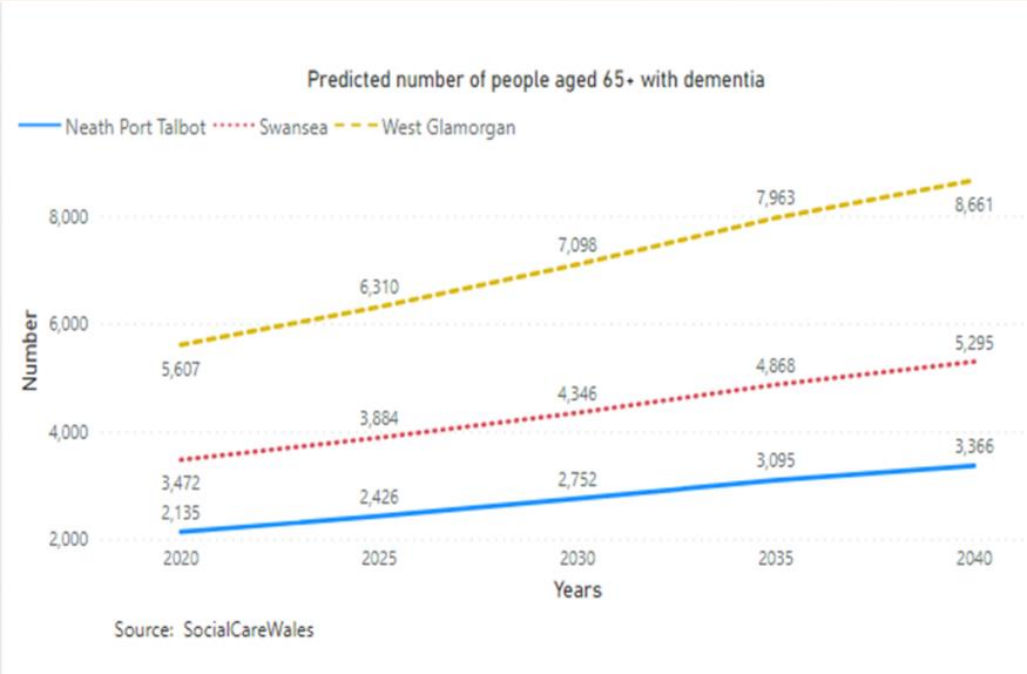
| Year | Neath Port Talbot | Swansea | West Glamorgan |
|---|---|---|---|
| 2017 | 29,159 | 47,549 | 76,708 |
| 2018 | 29,530 | 48,049 | 77,579 |
| 2019 | 29,981 | 48,720 | 78,701 |
| 2020 | 30,254 | 48,958 | 79,212 |

The table shows a steady increase in the over 65 population between 2017 and 2020 and predictions from Stats Wales in the below graph show this will increase by more than 20% by 2040.




In addition, the Office for National Statistics predict the over 75 population will increase from 9.3% of the population in 2018 to 13.7% in 2038.

The total number of individuals with dementia in the West Glamorgan region in 2020 was 5,607. Social Care Wales projections for West Glamorgan indicate a 65% increase by 2040 (see below).




For older people with mental health conditions, particularly dementia, the sudden loss of routine and familiar surroundings increase the risk of their condition worsening and can also increase their risk of falling, resulting in longer stays in hospital and then needing more care when they are discharged than might otherwise be required. Evidence shows that where people can be treated at home, outcomes are better.

**2.2 Regional Dementia Programme**

The West Glamorgan Regional Partnership is committed to improving the quality of life for people living with dementia and their carers, through more effective and targeted service provision.

There is a Dementia Steering Group which sits under the Emotional and Wellbeing Population Programme Board, which reports through to the Steering and Advisory Board Two, through to West Glamorgan Regional Partnership Board.

The region is in the process of coproducing a Regional Dementia Strategy and is currently working with colleagues in Welsh Government to implement the National Dementia Programme. This includes working with statutory and non-statutory health and social care service providers to develop new models of care and projects aimed at supporting people living with dementia, their families and carers. Dementia Workstreams have been established to deliver this.

Work is underway to improve information sharing and effective collaborative working, with an emphasis on prevention.

The total dementia and memory assessment is £1,556,000. 18 organisations were provided with RIF Dementia and Memory Assessment Funding in 2023-24. There are 4 statutory schemes and 13 third sector schemes. There are 13 regional schemes and 5 local schemes (3 in Neath Port Talbot and 2 in Swansea). Further information can be found in the story of change template: End of Quarter 2 (2023-24) - West Glamorgan Regional Partnership

## 2.3 Regional Dementia Priorities

| Objective | Method of Delivery | Current Progress |
|---|---|---|
| **Community Engagement**<br>1. People's health & wellbeing is improved via access to timely information and community-based support<br>2. Prevention & early intervention to avoid escalation and crisis interventions and promote living well with dementia<br>3. Community engagement via the Listening Campaign and other community events & hubs | Information, Advice and Assistance (IAA)<br>Preventative / Early intervention<br>Signposting<br>Training<br>Communications<br>Engagement<br>Consultation | **IAA –** The Dementia Hwb is an excellent resource providing information, sign posting and offers immediate support to anyone who visits the Dementia Hwb in need of help & assistance. 5 mobile Dementia Hwbs across the region are due to open imminently. West Glamorgan Dementia Partnership offer information & sign posting via website and phone contact. In addition, the Carers Centre is huge source of information and support for unpaid carers and those they care for.<br>**Prevention / Early Intervention / Living Well with Dementia –** Projects supporting people to live well with dementia, intervene early to prevent escalation include Sporting Memories; Me Myself & I; 2 Dementia Choirs; SCVS Dementia Cafes; NPT Sunflower Dementia cafes; Forget Me Not Clubs. These projects take place in many areas of the region to support people face to face to improve their physical, emotional, and mental wellbeing. All the above projects also offer IAA & sign posting.<br>**Listening Campaign –** Phase 1 of the Listening Campaign has begun. Two areas have been selected: Baglan, Neath Port Talbot Council and Gorseinon, Swansea Council. Materials supporting the Campaign have been developed. A survey is being drawn up. Focus groups will commence soon to undertake the listening and recording of dementia stories.<br>**Consultation/Engagement –** West Glamorgan Dementia Project Manager and Transformation Manager are working with West Glamorgan Communications Team to undertake a series of consultations with dementia groups, people living with experience and their carers to assist in coproducing the Dementia Strategic Document which will determine the direction of Dementia Care in West Glamorgan. |
| **Assessment & Diagnosis**<br>1. Implement Dementia Read Codes<br><br>2. Increase | Direct support<br>Face to face | **Dementia Read Codes –** All GP clusters in NPT & Swansea have adopted the Dementia Read Codes. LD are planning to adopt the Dementia Read Codes.<br>**Mapping –** of statutory services for citizens to work in partnership to ensure reasonable adjustments are made at the point of contact. |

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| Diagnostic Rates for those living with Dementia<br><br>3. Diagnosis Support including those Pre-Diagnosis waiting for a Memory Assessment | appointments<br>Multi-agency partnership working<br>Mapping<br>Development of new streamlined pathways | LD – Learning Disability representatives are working with Improvement Cymru to map the regions LD population.<br>**Pathways –** A review of all dementia and MCI pathways is underway and to streamline with LD pathways.<br>**Health & Social Care –** To work together to commence providing outcomes of the agreed set of completed assessments & interventions; to develop a list of interventions to support people post-diagnosis.<br>**Supporting People Through Diagnosis –** One of a range of initiatives is the establishment of Advanced Nurse Practitioners to provide leadership roles to improve diagnostic capacity within Memory Assessment Service. The Dementia Connect project run by the Alzheimer's Society support people through the diagnosis process. The Speech & Language Therapy project are part of the Memory Assessment Service ensuring early and timely interventions.<br>**Pre-Diagnosis Support -** The Pre-Memory Assessment Support Project supports people living in NPT to develop care support plans whilst waiting for a diagnosis. |
| **Community Care & Support**<br>1. People receive preventative & early intervention support in their communities or as close to as possible<br>2. People are involved in deciding where they live while receiving care & support<br>3. Complex Care and Support Packages are better at meeting the needs of people and delivered at home or as close to home<br>4. Dementia Connector Role | Direct Support<br>Face to Face<br>Multi Agency / Partnership Working<br>Preventative / Early Intervention | **Community Preventative & Early Intervention Projects –** In addition to the projects listed under Community Engagement that supply preventative & early intervention services; there are several additional projects that provide Dementia Connector type roles supplying wrap around services for those living with dementia and their carers. Alzheimer's Society guide people through an established pathway of dementia support for those pre-diagnosis and their carers. Age Connects and Age Cymru support people living with dementia and their carers post diagnosis. The West Glamorgan Dementia Partnership provide wrap around services for pre and post diagnosis.<br>**Complex Care – Meeting People's Needs in the Home –** In addition to the organisations mentioned above, who significantly contribute to allowing people to live as well as possible in their own homes; the Marie Curie respite project provides a vital service to prevent hospital admissions and allow people to remain at home for as long as they wish.<br>**Dementia Connector Role –** Workstream 3 Dementia Connector, held their first meeting on 24th August 2023. Since then, the members have moved the Dementia Connector Role agenda forward with pace. A mapping exercise |

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| | | took place where all job roles/specifications for Dementia Connector type roles across the region were gathered and analysed. A multi-agency Task & Finish group has been set up and members have created a job description and specification for a Dementia Connector. An advert for two Dementia Connector roles is currently out to advert to pilot the job description. The Dementia Hwb are funding the two posts. |
| **Hospital Focused Work**<br>1. People have a better understanding of the discharge process and are more involved in pre and post discharge planning<br>2. Dementia Friendly Hospital Wards | IAA<br>Early intervention<br>Signposting<br>Communications and engagement / Consultation Direct support Face to face Multi-agency | **People have a better understanding of the discharge process and are more involved in pre and post discharge planning –** Advocacy Support Cymru has employed a non-statutory advocate to complement the statutory service, to ensure timely discharge in a person centred way for effective transition between hospital and home. This is a niche role that allows the same advocate to be involved once the person is at home until all services and support has been put in place and seen to be working well.<br>**Dementia Friendly Hospital Wards –** All Wales Dementia Friendly Hospital Charter. Care fit for VIPS (Values of People, Individual Needs, Perspective of service user, Supportive Social Psychology) has been piloted in the following hospital and wards: Morriston Hospital, wards A & G; Singlton ward 2; Gorseinon Hospital, West ward; Cefn Coed Hospital, ward Derwen; Neath Port Talbot Hospital, Minor Injuries Unit; Tonna Hospital, suite 2. The next step is the roll out of VIPS to all wards in all West Glamorgan Hospitals once the regional Workstream 4 steering group has been set up. |
| **Workforce Development & Measurement**<br>1. Health, social care and third sector to develop training in line with 'Good work framework standards'<br>2. Develop national measurements and gather the data items regionally | Multi-agency Workforce Development & Measurement are crosscutting themes for the whole Dementia Programme and membership therefore is taken from all Workstreams to ensure the work is developed with all partners | **Health, social care & third sector to develop training in-line with the 'Good Work Framework of Standards' -** Workstream 5a was set up with the first meeting taking place 3rd October. The workstream members include SBUHB, Swansea & NPT LA, 3rd Sector and people living with experience who will work together to map current training provision to ensure the 'Good work framework standards' are being met.<br>**Develop national measurements and gather the data items regionally –** Workstream 5a meet with Workstream 5b in one meeting, due to the fact many members sit on both 5a & 5b workstreams. The lead for workstream 5 attends the national meetings where development of national measures is taking place. Currently only one meeting has taken |

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| | | place in October 2023. A mapping exercise to gather all regional data will take place. |

**Case Study: The Dementia Support Service**
The Dementia Support Service is a partnership of five organisations across Swansea and Neath Port Talbot, supported by the Regional Partnership Board, to help people to live well with dementia, with person-centred support and information.
A partnership between Citizen's Advice, Age Cymru West Glamorgan, Care and Repair, Swansea Carers Centre and NPT Carers and At Home Respite for Carers by Age Cymru West Glam, provides services to fully support people in adapting and living with dementia. The partnership supports people with dementia and their families, friends, and carers. Further information about the dementia support service can be found here: www.dementiasupportservice.org.uk

## 2.4 Commissioned Services

Swansea Adult Services commission a number of services supporting people with Dementia.

Care Homes

Swansea commissions services from 36 care homes for older people. 5 of these are specialist dementia nursing homes. 14 are residential homes offering personal care only and 17 are nursing homes offering both personal and nursing care.

Of the 14 residential care homes there are 2 which have dedicated specialist units for providing dementia related care. One unit is for 32 beds and the other is for 9.

Combined, the five nursing homes which provide specialist dementia care offer 168 beds of specialist dementia care. The largest of these providers offers 51 beds, most of which are higher cost placements funded via Continuing Health Care arrangements.

All other residential and nursing homes can provide some level of dementia care. All care home operators will describe their capacity to provide dementia services within their statement of purpose.

Adult Services recognises the value in developing the capacity of the sector to provide dementia services and is considering introducing an enhanced fee rate to cover the additional costs of providing more specialist residential dementia care. This will link to a set of criteria for determining eligibility based on the needs of the individual and the capacity of the care home to provide more specialist care. This work will be developed further during 24/25.

In relation to the 7 care homes currently offering specialist dementia beds, all 7 have been inspected by the regulator (CIW) in the last 24 months. 6 of these 7 services were meeting standards required. 1 service received action notices to achieve improvements relating to training, supervision of staff and aspects of the physical environment which we have worked with the Provider to address.

Domiciliary Care

All 18 commissioned domiciliary care providers are contractually required to provide services to people with dementia. This includes respite services. All domiciliary care workers are required to receive training on providing care to people with dementia, and to understand the impact that dementia may have on unpaid carers and other family members. The training required should also address ancillary areas such as communication, end of life care and advance care planning.

All domiciliary care services are contractually required to implement 'Good Work, a Dementia Learning and Development Framework' (https://socialcare.wales/cms-assets/documents/Good-Work-Dementia-Learning-And-Development-Framework.pdf ).

This framework sets out the requirements of Welsh policy, legislation and guidance for enabling effective care, support and empowerment of people with dementia, carers and the health and social care workforce. It provides guidance in relation to areas such as ethics, ensuring an outcomes approach, working with and supporting families, as examples.

There is currently no data available to confirm the number of domiciliary care service recipients with a diagnosis of dementia.

There are currently no contract compliance issues with aspects of dementia care for people who receive domiciliary care services.

Direct Payments

Direct Payments (DP) are currently being provided to 38 people with a diagnosis of dementia.

Mostly, these are used for sitting and respite services which can provide social opportunities to the person with dementia, whilst enabling carers to have a break from their caring role.

Currently of the 26 people with dementia who are using a DP to purchase Personal Assistant (PA) services, 11 are using a DP to purchase services from a care agency, and 1 person is using a DP to purchase day services.

These arrangements provide invaluable support to assist carers to continue in their caring role, and in maintaining the wellbeing and independence of people with dementia.

**Case study: Direct Payments**

A is an 85-year-old woman with a diagnosis of mild dementia who lives alone and receives support from her daughter who lives close by. She also receives help with personal care from a commissioned domiciliary care service.
A is very reluctant to receive care and support from people she does not know.

Sadly, a year prior to the Direct Payment starting, her husband, who was her main support, passed away. Following her husband's death, A's wellbeing declined. As well as mild dementia A began to suffer depression and anxiety and began to self-neglect, refusing to eat, isolating at home and refusing to attend medical appointments.

By providing a Direct Payment of 10 hours per week, she was able to employ her granddaughter as a Personal Assistant. This additional support has significantly improved A's health and wellbeing. Regular support from her granddaughter has opened up new social opportunities, reduced A's depression and anxiety, restored her appetite and eating habits, and enabled her to receive regular medical care. A's granddaughter has reduced her hours at her regular job so that her caring responsibilities can be given more priority and are more sustainable. A principle which is compatible with the department's prevention ethos.

### 2.5 Swansea Older Peoples Mental Health Team (OPMH) role and function

The OPMH team focus their work on people with a diagnosed mental health disorder and predominantly a cognitive impairment. The OPMH Social Work Team is part of a Multi-Disciplinary Team co-located in geography and purpose with the health service.

Main function within the OPMHT is providing a service to in-patients within Ysbryd Y Coed Hospital assisting and facilitating discharge to all service users. This 60-bed unit has three wards providing care for older people with dementia in purpose-built, modern surroundings to provide effective care.

Ysbryd y Coed provides extended assessment, treatment and a range of therapeutic intervention for patients who for one reason or another cannot be supported in any other setting at that time in their illness.

The OPMHT also follow service users'/patients into General Hospitals. These offer Social Workers the opportunity to discuss any concerns with the consultants, meet with families, discuss issues with service users and begin the discharge process.

Discharges from Hospital take place on a weekly basis with MDT's, Multi-disciplinary team meetings.

### 2.6 The Community Memory Support Team (CMST)

The CMST is a team consisting of a Mental Health Link Practitioner and Memory Support Workers.

The team's aim is to provide early intervention and support to those living in Swansea who are experiencing changes to their memory and/or cognitive function. The team are a holistic, empathetic service, identifying and supporting individual needs and recognising what is most important to the person and their family/ carers.

The CMST assess people in their own homes and use a variety of cognitive assessments depending on the individual's needs. The initial assessment can help to establish a baseline of memory and functional ability and can determine if there is a need for further in-depth investigation or support services. If a memory/cognitive impairment is identified, the Memory Support team will then liaise with Primary Care GP's. The GP will order further screening tests and referral to Older People's Mental Health Services if appropriate.

The team also have close links with the Dementia Hwb in the Quadrant and run a clinic there weekly assessing patients with concerns who have visited the Hwb for information and support.

**Case Study: Community Memory Support Team**

A gentleman called into the Dementia Hwb on two or three occasions saying his wife was acting very strange and out of character and he was struggling to cope. He was extremely stressed and said he was at his wits end. He didn't have local family support. He was provided with the number of Adult Service Common Access Point and suggested he request a social work assessment. At his second visit to the Hwb the team suggested a visit to the property to see his wife. Joint visits took place with the Social Worker and the team spoke with him about his stress and ways in which they could help. His wife was very pleasant but had no awareness of her cognitive decline and out of character behaviour. The team were unable to undertake any memory assessment with her due to her lack of awareness but could clearly see she had significant cognitive problems. A CT head scan appointment was arranged, and the wife agreed to go for the scan.

The gentleman was also signposted to a six-week Dementia Awareness course being run by the Carers Centre which would give him a better understanding of the changes going on with his wife. He agreed to start the course and found the content very informative and helped raise his awareness. A sitting support has also been arranged and accepted.

**2.7 Internal Service Provision**

We have a range of services tailored to people living with dementia which include long term residential care and support, respite, assessment, and day opportunities for people living with dementia with complex support needs. Our dedicated dementia services are The Hollies and Ty Waunarlwydd residential homes and St Johns day service.

Our service ethos is about connecting on a human level with our service users, getting to know the real person, and what matters to them. We take a journey through their lives, celebrating each unique person and the route their life has taken, and planning for the next chapter.

People's past experiences can have a real impact on trust, only by understanding who they are, and their life experiences can we build relationships and help them to let down their guard and feel safe to be themselves.

Underpinning our work is creating an environment of warmth and security where people feel a sense of belonging and self-worth. Building strong relationships is key, having opportunities to undertake meaningful roles within the household, taking part in the normal and ordinary, can enable people to feel valued for the contribution that they make and feel an important part of the family household. Creating a place where people can feel I will be ok here, this is home I feel safe here.

We work closely with the Wales School of Social Care and Research and participate in many research projects such as developing the Dementia Risk Taking Cards, Magic Moments, Community of Practice workshops and Developing Evidence Enriched Practice.

Our services embrace a relationship/ human centred model of care, moving away from traditional 'hotel' models of care where people are 'cared for' to an enabling environment where people who live with dementia can live enriched lives and are recognised and hold socially valued roles. Supporting compassionate practice, the 'Good Work' dementia learning and development framework for Wales suggests 5 key ethical considerations which fit seamlessly with our service values.

- Everyone matters.
- Everyone has something to contribute.
- Everyone is different.
- Everyone matters and the 'normal' and 'ordinary' are important.
- Every word matters – we must use positive and strengths- based terminology in supporting people with dementia.

**Storytelling**
We have created a culture of learning by embracing a storytelling approach, encouraging staff to share those magic moments in time and learn from one another. Working in a Developing Evidence Enriched Practice programme (DEEP) approach we have published our own Swansea Council Magic Moments book. This approach has enabled us to make a real impact on seeing the person and realise some of the important little moments that create happiness and a sense of belonging.

**Case Study – What Matters 1**
A lady who had had a very unhappy marriage, in her later years had met a very kind man who had treated her very well. Even though they had never married, her wish was to be known by this man's surname. Only by having this 'what matters' story did we find out this important information that had such a positive impact on' the lady's happiness and well-being.

**Dementia champions and Dementia Friends Ambassadors**

We have a team of dementia champions across our services. The dementia champions receive regular support, knowledge of the latest developments, coaching and modelling to support them in their role as a Dementia Champion and develop confidence to be a role model in dementia care. This enables them to coach and mentor staff in their service area. The Champion team has recently been expanded to help support those individuals with a learning disability, particularly those with Down Syndrome. The Dementia Friends awareness sessions has been delivered to older adults Dementia Champion team, staff teams across services and more recently to the Learning Disability teams.

We have three Dementia Friends Ambassadors across our service area. The Ambassadors deliver Dementia Friends information sessions and are a point of contact for anyone requiring more information or support about the work of the Alzheimer's Society.

**Case Study – What Matters 2**
A gentleman with Down Syndrome and a Learning Disability, he has been using the Day service and respite services for several years. During his time in day service, staff noticed a decline in his short-term memory and understanding. The gentleman was later diagnosed with Dementia. Subtle changes were made in the service to support him and his mum, unfortunately the situation at home broke down and it was decided that it was best for them both if he came in for an emergency residential assessment at Maesglas. While there he was assessed for his strengths and needs; it was deemed a long-term placement was needed. A placement was identified, the team at Maesglas and the Social Worker worked with the gentleman and his mum to replicate his home routine and what matters to him. Our Dementia Ambassador worked with the service and the future home to ensure they had a good awareness of how to support this gentleman and what matters to him, who he is, his strengths and what his future outcomes are and to ensure a smooth transition to his new home.

Our champions have a very important role in enabling other staff to understand the signs of dementia. Also, the process to get the individual support for early intervention and a diagnosis, and to recognise some of the other potential reasons that the person may be experiencing memory loss i.e., physical reasons such as any form of infection and to rule this out. By receiving Dementia Friends awareness, the team had a better understanding and were able to recognise the early signs of dementia and support the gentleman to get an early diagnosis and therefore the support that he needed.

The whole Champion team support staff to apply the true meaning of 'being human centred' for them to change and develop both culture and practice across all our in-house services. Alongside our established Dementia Champions, we have End of Life and Welsh Champions.

**Dementia Training**
The Virtual Dementia Tour (VDT) gives staff an experience of what dementia might be like by using specialist equipment and creating a simulated environment. Staff carry out simple tasks during the tour and can then empathise better with the challenges that people living with dementia may experience.

The Virtual Dementia Tour is a scientifically and medically proven method of giving a person with a healthy brain the experience of what dementia might be like. When a person with dementia is diagnosed, we really need to support them by giving people around them a true understanding of the disease. We have very positive feedback from the staff every time the team facilitate this training, they feel it gives them an opportunity to experience what the individuals they support cope with every day. It gives them a window into their world and makes them feel more confident to support the person and so provide them with a better quality of care.

**Personal outcomes, a strength-based approach.**
Traditionally people living in a residential home remain there for the rest of their lives, but in one of our dementia care homes, people living with dementia are increasingly having the opportunity to return to their own homes.

**Case Study: Dot**
Dot was admitted into the care home as an emergency as she had been found out on the road in the night unable to find her way home. It was deemed she needed a place of safety.

*"My name is Dot and I live in Swansea, I run my own business, a B&B in Oystermouth Road in Swansea. I do most of the work myself but had a little help with the cleaning and ironing from my friend. I have worked hard all my life.*
*When I wake up in the morning at the Hollies, I always ask "have the day staff started work?", I then come down to make the breakfast and tell the kitchen what I need. I dish out the breakfast, make the toast and pour the tea and coffee for the other people. I have my work apron in my shopping bag, and I put that on when I start work. After serving the meals, I then clear up the dishes and load the dishwasher. I also make sure the cats' dishes are washed up after his meals. I am always in the kitchen working and I like to care for the other people here, I am always a helper! They tell me to have a break, but I like to keep going, it's how I have always been. So, my plan is to go back home, but if I ever need to go anywhere it will be here, I know everybody and I recommend it to anybody. I have always worked. I have always had my own money."*

Dot expressed her wish to go home. Following a period of assessment we were able to support her wish and look at the level of support she required to achieve her personal outcomes. Dot returned home and lived independently for a period of 4 months.
We saw an immense improvement in Dot's well-being, when we listened and took a positive risk approach, we were able to support Dot to achieve her personal outcomes.

**Positive Risk taking**
Positive risk taking underpins our work, People living with dementia are still able to make a valuable contribution. They may still be able to work, cook, clean, iron and garden. For each person this is different. And how much they can do and how long they can do it for will vary. However, these normal and ordinary activities of life can help a person feel a sense of worth. It is important that people are enabled to do as much as they can, using a positive risk approach people can engage in this normal activity of life.

**Connecting with the individual in their reality.**
When the person's most recent memories have fallen away, we endeavour to meet them in their reality and help them to undertake activities of life that enables them to carry on doing what matters. During our training and development sessions we encourage our staff to bring along some very personal and important items and to tell us their story and why these things matter. We explore ways to connect and get to the heart of what matters, this is a powerful exercise and one that never fails to help staff see through the eyes of the person living with dementia.

**Expressive behaviours are a form of complaint or communication.**
People can often be labelled as having expressive behaviours, but we have found that if a person is expressive, it might be the only way they can let us know that something is wrong. People living with dementia are doing the best they can, we have learned to adapt to try to find out why the person is feeling unhappy or are expressing behaviours that others may find challenging.

**Case Study**
A gentleman living with dementia came into the service as an emergency, he was in his late 80's living with his family who loved him dearly. The gentleman was looking to leave the house, and the doors were locked to keep him safe. He lived in a different reality and as far as he was concerned, he had to get out to work, the doors were locked, and his only option was to jump from the upper floor window of his home. He was brought into the care home as an emergency. He told us he would have got away with it because he was in the army and he knew how to roll, but the neighbours saw him.

Miraculously he was not injured but deemed too risky for him to stay at home. Over the next few weeks and months, we got to know the gentleman, what matters to him and his life story. Initially he would leave the home every day and we would monitor from a discreet distance. Work was very important to this gentleman; therefore, our goal was to replicate the feelings that his work gave him, i.e., a sense of self-worth, contributing to the household, a sense of continuity and belonging. The gentleman's name was added to the staff rota, he would check the rota to see if he was on duty, he would dress in his work clothes and undertake busy roles within the household usually outdoors such as painting the fences. He would put in his timesheet at the

end of each week. Gradually he didn't look to leave anymore, and he found his place in the household.

**Creating an enriched environment**
Our Dementia champion team have been upgrading the environments in our dementia services. This includes an individual front door on each person's private room in residential services, the colours were chosen by the individuals and are therefore recognisable to them. These are already making a real impact. One gentleman commented, "*I have just been to my new house".* A second lady who was finding it difficult to settle, chose her new home and decided to stay.

Murals have been added to help people with wayfinding and to make sense of their surroundings. In the Hollies, we have recreated the local village landmarks, named after the shops in the local village. The team have also recreated the local park and at the heart of the home is a small office where people living in the home can often be seen, therefore this has been recreated into a post office a vibrant familiar space just like the local community post office.

**Use of digital technology**
People living with dementia are reliving memories in our services by taking a Virtual Reality trip to their favourite places.

**Case Study: VR**
One person living with dementia took a virtual tour of a small market town in Thailand that he was stationed at when he was a paratrooper in the war. He was supported by a staff member who followed his journey on the iPad and engaged in conversation as he moved around the town, pointing out the floating markets, and how everything looked just as it did when he was last there. The gentleman watched paratroopers and even took his own virtual parachute jump.

**Magic table 360-degree projector**
For those who are unable to use the VR headsets we have a 360-degree projector that can project interactive images on any surface, floor, ceiling, bed, walls, or tables. This has been particularly positive for people who are reaching end of life, or who spend long periods in bed. People can watch the sun rise, and sun set, they can experience falling autumn leaves in their line of sight, watch hot air balloons passing, or can dip their toes in the rolling waves. The projection is interactive and so moves with the person's touch.

**Case Study: Magic Table**
A lady living with dementia who was reaching the end of her life, watching her favourite family images projected on her ceiling. This was accompanied by gentle music. The lady quietly lay watching the family images slowly move across the ceiling in her line of sight. This was such a relaxing and personal magic moment.

This projector has completely changed the experience of people at end of life, or who spend long periods in bed. By adding the persons favourite music, smells and if appropriate, taste, we can create a fully immersive digital experience.

**Intergenerational Project**

One of our most recent intergenerational projects involves The Hollies care home, Whitethorns Intensive Day Support, Pontarddulais Comprehensive, People Speak up, Our Place and colleagues from Helsingborg, Sweden to develop a Dementia Friendly Community Garden.

This exciting project will mirror the Dementia Garden in Helsingborg, with a few of our own ideas to create an informative community garden which follows the stages of dementia. The initial designs include a busy work area and poly tunnel, a 'What matters' memory corner incorporating items from the past. A sensory corner with nature sounds. Instruments such as bongo drums and natural rain sticks, a storytelling section, and rose garden. The garden will include art and dementia information on the different stages of dementia as you move throughout the garden, we hope to create a central dance floor area for spontaneous dance. A community garden that is used by the people who live in the home, the local schools and community members.

**Assessment services**

We have an assessment house within Ty Waunarlwydd, which enables individuals living with dementia to step down from hospital or step up from the community for recovery, and resettlement back home with or without a package of care or in some instances to their preferred choice for long term residential care if this is needed. We have a skilled and experienced dementia support staff team and a dedicated Occupational Therapy Assistant (OTA) experienced in working with people living with dementia. The OTA carries out activities of daily living assessments to see how the person will manage at home. This assessment model of care empowers people living with dementia to have the opportunity to be supported to return to their own homes, wherever possible. Our work means that people living with dementia are being recognised for their strengths and adaptations are made to make the possibility of a return home into a reality, for many people.

**Case Study**

When N initially came to us, he was very disorientated and had very poor mobility which put him at risk of falls. He also struggled with communication and spent a lot of time in his room, not wanting to join in or socialise. Even though N had come to us for a step-down bed for assessment we were very unsure as to whether he would be able to return home with a package of care due to him needing a lot of support. It was N's wish to return home which he consistently stated as his outcome and this was clearly important to him. N slowly showed signs of improvement in relation to his cognition and levels of functioning. We also noticed that he was starting to engage more with staff and was building friendships with the other people staying with us. As part of the assessment process, N returned home on an assessment visit. N understood that he should not use the stairs and knew how to operate his kitchen appliances, this is a good example of why it's so important to see people in their own environments. However, on securing the property when we were leaving N almost fell but thankfully managed to save himself.

During his stay N developed a friendship with another gentleman, who is living in Ty W on a permanent basis. Both gentlemen had similar interests and are both academics. They both had a love of cycling, and the outdoors. The gentlemen would spend time walking around the garden together, which was assessed as a positive risk for the gentleman.

N had an interest in local history and enjoyed the “story telling” sessions we had via People Speak Up. It was so pleasing to see N engaged in deep conversation with the storyteller, about subjects such as the Rebecca Riots. This was so far removed from the gentleman that initially came to us, who was disorientated to time, place, and person, who struggled to communicate his basic needs, didn’t want to socialise, and chose to isolate himself in his room.

On the day of his discharge his daughter came to pick him up to take him home and her parting words to us were “*Thank you for giving us back our dad”.* He is still at home and doing well.

Westfield Unit, Ty Waunarlwydd, has been funded via the Regional Investment Fund funding to provide 8 step-down beds from acute hospital settings within Swansea and Neath Port Talbot, for people that are medically fit for discharge, live with complex dementia related needs, and require a settlement & assessment period to establish their future move on plans. This pilot initiative is focused on achieving better outcomes for people through a short-term specialist residential placement to establish future care plans in a non-hospital setting. The service has been operational since June and to date has supported nineteen people, including current residents. Five have returned home with a package of care, six to residential care with no individual moving into nursing care.

Having the opportunity to resettle in Westfield Unit has enabled people to become well, mobilise better, to complete tasks and fulfil assessments evidencing their ability, with the opportunity for their future care and support needs to be right for them and their families. People have been involved in meetings and encouraged to make decisions and take control on their day-to-day life with even the smallest of choices being promoted.

One person, whilst in hospital, was deemed to be end of life, requiring long term care but was given the opportunity to stay in Westfield and has had time to regain her strength, and skills, expressing a wish to return home. She has since returned home with a package of care. Some people have recognised that they now need long term care going forward, having had the support to understand their own care and support needs. For some people where they are unable to retain information in relation to next steps, then the relevant person i.e., carer or relative, advocate, social workers have been involved and supportive of discharge planning in the best interest of the individual.

## 4. Legal implications

4.1 There are no legal implications associated with this report.

## 5. Finance Implications

5.1 Whilst this report is for information and not for action, the issues raised in the report may lead to the Council taking decisions in the future that will have implications for Council finances. Any such decisions will

need to be taken with consideration to the financial circumstances of that Council at the time and the latest medium term financial plan.

## 6. Integrated Assessment Implications

6.1 The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, and must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.
- Deliver better outcomes for those people who experience socio-economic disadvantage.
- Consider opportunities for people to use the Welsh language.
- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

6.2 The Well-being of Future Generations (Wales) Act 2005 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.

6.3 Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also considers other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.

6.4 The report highlights the person centred, strength-based approaches being delivered to support with dementia and their carers. There are no direct impacts identified, mitigation needed or risks identified as a result of this briefing report IIA screening.

**Appendices:**
Appendix A – Integrated Impact Assessment