HM Government of Gibraltar

NATIONAL DEMENTIA VISION AND STRATEGY FOR GIBRALTAR

2015

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Introduction

Gibraltar is rightly proud of the community we have built, just as we are proud of our citizen-based approach to delivering public services. HM Government of Gibraltar recognises that most of the people who experience dementia wish to live near their family and carers, to remain within their community for as long as possible and in the home of their choice. It is within this context that the Government has committed to further developing a Dementia Strategy in partnership with people suffering from dementia and with their carers, along with professional and voluntary bodies.

The Government has taken the initiative making major investments in developing services for this sector, which include:

- The 54-bedded John Mackintosh Wing, which opened in early 2015, which can be utilised for dementia service users.
- The Dementia Residence at the former Royal Hospital Campus which will be completed in late 2015; and will be composed of 54 beds, including eight respite beds.
- A Day Care Centre for people living with Dementia, to be completed in 2015 and open in early 2016.

The Government is focused on improving existing services, especially within the community and wishes to integrate all services for optimum care.

Dementia is a Public Health and Social priority for people living with dementia and their carers, and will be recognised as such.

Health and Social Service providers, which include the Department of Social Services, the Gibraltar Health Authority, the Care Agency and Elderly Residential Services, have worked, and will continue to work, in partnership with the Gibraltar Alzheimer's and Dementia Society (GADS), to increase public dementia awareness, and to remove the stigma that some associate with the disease. The Government is keen to continue working with the society to further facilitate public awareness.

The *Dementia Vision and Strategy* is the framework with which to promote the aims and objectives needed in the development of policies governing the services which are to be provided. By integrating services, working together and in collaboration, we can develop these, to enable them to be efficient, cost effective, but most importantly to meet the needs of our community.

The rising numbers of people with Dementia in Gibraltar is a trend which is common across the world. There are some challenges that are specific to Gibraltar, including the need to understand our environment and our culture.

Dementia

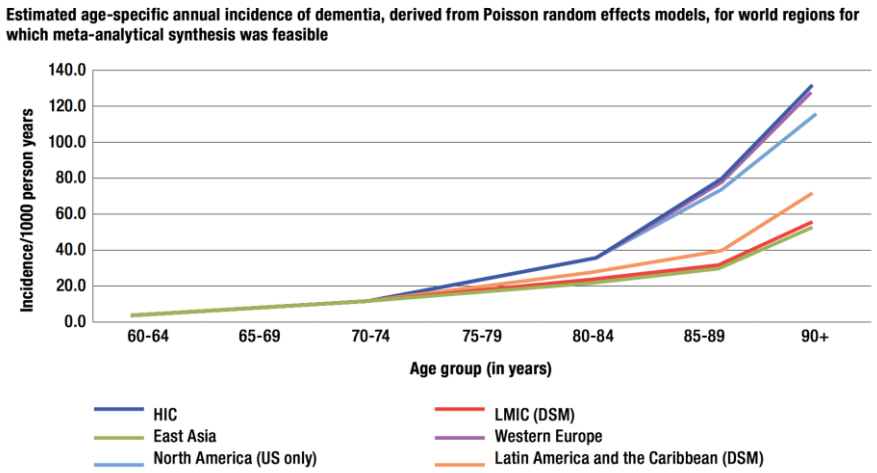
Dementia is a decline in mental intellect characterised by loss of memory, speech and reasoning along with other cognitive functions. Dementia is an umbrella term for several illnesses, the most common of which is Alzheimer's disease. There are numerous types of dementia, including Lewy Body Dementia, Vascular Dementia and Front Temporal Dementia, which are among the most common. Age is a prominent risk factor for the development of dementia.

The Prevalence of Dementia

In 2013, the Alzheimer's Disease Society reported that:

- **Older people:** dementia is more common as people age. 1 in 14 people over the age of 65, 1 in 6 people over the age of 80, and 1 in 3 people over the age of 95 have a form of dementia.
- **Younger onset dementia:** The cause of early onset dementia under 65 years of age includes Alzheimer's disease, dementias relating to alcohol abuse and conditions such as Parkinson's Disease
- **Learning Disabilities**: Studies have reported increased rates of dementia in people with Downs Syndrome

The World Alzheimer Report 2015 gave the updated age distribution by region as shown below:



In 2015 Alzheimer's Research UK reported that 1 in 3 people born in 2015 will develop dementia and:

- 32% of people born in the UK 2015, or one in three, will develop dementia during their lifetime
- 27% of males born in 2015 will develop the condition
- 37% of females born in 2015 will develop the condition

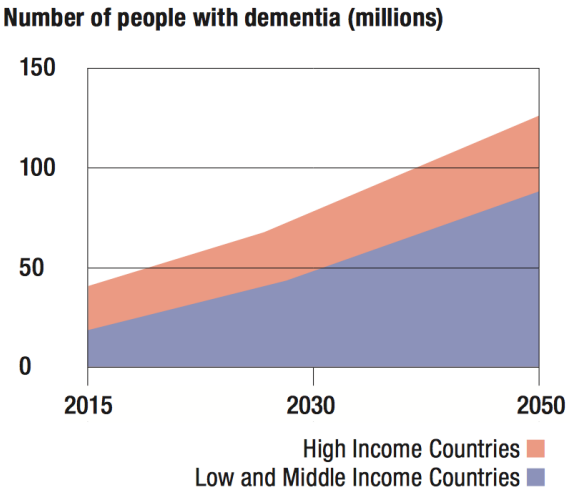
The onset of dementia is devastating for the individuals and their families, profoundly affecting their quality of life and taking a severe economic toll. Treating and caring for Dementia costs over $600 billion per year worldwide (World Health Organisation Dementia: a public health priority, 2012). This estimate includes the cost of providing health and social care as well as loss of income of the people with dementia and their care givers.

Alzheimer's Disease International urges countries to focus on improving early diagnosis, raising public awareness about the disease, reducing stigma and providing better quality of care to people who live with dementia and their carers.

Dementia Worldwide

According to the World Health Organisation (WHO) in November 2012 there were over 35 million people living with Dementia across the globe. They estimate that this is expected to more than triple to reach 150 million by 2050. This is fuelled by declines in fertility and increases in life expectancy. The share of the world's population aged 65 years and over is on track to jump from 8% today to nearly 17% by 2050. (US Census Bureau, Estimates of Population Growth,2010 Census).

The World Alzheimer Report 2015 updates the figures as per the figure below (http://www.alz.co.uk)



By 2050 the population of every world region except Africa will resemble Europe today, with elderly population (aged 65 years or over) outnumbering children under 15. Therefore this will shift towards an older population bringing with it changes in disease patterns. The share of

death from infectious diseases of childhood is decreasing while the share from non-communicable diseases of adulthood, including dementia, is on the rise. (US Census Bureau, 2010)

In the UK there is currently estimated to be over 850 000 people with dementia, and this is projected to rise to over 1 million by 2025.

It is important to note that the effect on the individual is different in each case. People who have dementia are not alone and they and their carers can still have a good quality of life with our support. It is evident that Dementia is not only affecting Gibraltar, it is a worldwide situation.

Dementia in Gibraltar

There are currently just over 370 people living with dementia in Gibraltar (as of May 2015). This at the current trend is increasing on an average of 2 new patients identified each week.

The Challenge of Dementia

In UK, the current annual financial cost of dementia to the economy is estimated to be over £20 billion. However, there is considerable evidence (in particular from people with dementia and their families) that when patients receive early diagnosis and are helped to access information, support and care, they are often able to adapt to living well with their condition. (Alzheimer's Society 2014, Dementia UK: Second Edition)

The symptoms of dementia can be managed and improved if it is identified as early as possible. Those with dementia and their families can also be helped by having access to appropriate information and a responsive service. It is also very important that we make our society, and in turn our community, aware and supportive by working to remove any stigma associated with this condition. Anyone in society can be affected by dementia, irrespective of gender, ethnicity or other status. It can affect adults of working age as well as older adults, and people with learning disabilities are a group particularly at risk. It must also be noted that many people with dementia will also have other underlying health needs and conditions.

Our Dementia Vision for Gibraltar

Vision

The Government of Gibraltar is committed to the continuous development of a strategy to meet the challenge of meeting the needs of the growing number of people living with dementia in our community. Our Vision is to enable individuals to continue living in a supportive community for as long as possible. When this is no longer possible or practical it is then our intention to provide Dementia units where the care given will be in accordance to the special and individual requirements of dementia sufferers. Our vision calls for multiple agencies working in tandem, at all stages of the condition, in the manner of a seamless service providing, in relation to dementia, the right care at the right place at the right time.

The Gibraltar Dementia Strategy

This strategy, aimed initially as a rolling three-year plan, will set the path for the development of dementia services. This will involve the creation of new services in some aspects, but will more importantly involve the greater cooperation and integration of services into one seamless service. Key and fundamental to this policy are the requirements for

- A **National Dementia Committee**- To coordinate the efforts of the relevant governmental agencies which should be involved in delivering services in the manner of a seamless package to persons whose lives are affected by dementia. It is envisaged that this committee will work closely with service users and their representatives. This will be enshrined within the terms of reference of this group.
- **Greater Integration of health and Elderly care** (now under same ministry).
- **Reshaping of services of the elderly** - This involves services and institutions having clear and specific entry and discharge points according to the needs of the patient and their stage of the condition. The right care being provided at the right time with suitably competent staff.
- **Support for carers**- Carers must be supported and their vital role in maintaining dementia sufferers at home for as long as possible must be recognised and invested in. Equally the needs for professional carers to be able to establish a rapport with their charges, and to be suitably competent, must be instilled in the dementia pathway.
- **Housing**- suitable housing units which create the adequate environment for dementia sufferers and which support the provision of cost effective domiciliary health care must be part of the strategy. These units (achieved by refurbishing their existent residence and /or the incorporation of new units in new estates), must be allocated early enough on diagnosis to allow for the dementia sufferer to maximise the learning of their new environment.
- **Greater efforts via public health education-** aimed at helping individuals identify risk factors which may make them prone to developing the condition. Another aim of this is raising public awareness of the condition thereby making Gibraltar a more dementia friendly society.

<u>Essential Outcomes for this Strategy will be</u>

1. **More patients receiving an accurate diagnosis earlier**
2. **More patients receiving more effective care.**
3. **Improvements in patient and staff experiences as the service users navigate through a seamless process.**
4. **Carers and staff feeling valued, trained and supported to be able to champion suitable changes and innovation of services in accordance with latest best practise.**
5. **To create the framework for the inclusion of patients and their carers in all aspects of their treatment.**
6. **To allow those with dementia the best possible opportunity to continue living at home or in the community within their family unit for as long as possible.**

7. **To create through training and education, the right conditions whereby dementia sufferers are still considered and treated as individuals with all the rights and considerations they deserve.**
8. **Greater cooperation with voluntary organisations and service users.**

Critical Success factors for this strategy

To prevent is better than to cure. It is imperative that people have awareness of those health risk factors which may make them prone to developing the condition. It is essential to prepare the service user and their carers with suitable skills, training and equipment to allow them to anticipate, plan for and keep ahead of eventualities in tandem with the natural progression of the illness. Achieving this implies close coordination between professionals, relatives, carers and most importantly the *person with dementia.*

The care must be provided at the right time and place and with the right intensity, in accordance with the patient's chosen lifestyle and choices. Care will be provided in the manner of a continuous process, with all services coordinated by a link person in the initial stages of the condition and a dementia coordinator in the latter. This will reduce the need for people with dementia or relatives of needing to encounter multiple waiting lists or an excess of beaucracy as they are referred to support services on an individual basis.

Service providers will be provided training at a suitable level of competency in accordance and consistent with their professional role. This will ensure that the service users are always treated appropriately and with dignity. All interactions with the clients will be on a therapeutic basis, aimed at soliciting the maximum participative value for the service user as possible, with the aim of extending their functional abilities as long as possible.

Most importantly, the strategy depends on diagnosing dementia cases as early as possible. This will involve greater levels of dementia awareness and training at all levels, which includes primary care. Only by doing so will it be possible to have the time to work with families and those experiencing dementia to make a significant difference to present outcomes.

Achieving a seamless service

Management structures of service providers to the elderly generally, and dementia clients specifically, will be simplified to allow for a quicker and more efficient decision process. The main emphasis of these reforms will be:

1. **Greater integration and cooperation between health and social services with simplified referral processes-** Both organisations will coordinate their services allowing for the identification of needs in present services and planning to meet these. Referral pathways and service provision will be clearly drawn out and understood by all professional groups. This will create the conditions in which the dementia coordinator and the link person can make a significant difference in guiding families and service users through the dementia care process. This will also in turn make the difference in

keeping family units together, in the community, enjoying a better quality of life for as long as possible.

2. **Developing care for older people-** will require all participative organisations to make the necessary adjustments to their services to make them senior friendly generally and dementia friendly specifically. This will mean amongst other things incorporating environmental features into institutions to increase the functional independence of clients; investing in services to reduce and if possible arrest the degeneration of abilities experienced by the elderly with dementia when hospitalised; and also having their GP needs met in an environment more in accordance with their needs as they arise due to their condition. In terms of domiciliary care it means allowing the service user to develop a rapport with dementia skilled carers, by keeping the same carers working with the same clients.

Housing- is an essential component in the equation, often overlooked in the past. Dementia sufferers if diagnosed early can be rehoused into more suitable dementia friendly accommodation. By moving them quickly, it will allow the client to form a bond with the new accommodation whilst they still retain capacity to do so. Accommodation designed for dementia users will allow the client to be as functionally independent as possible with safety in mind and allow service providers to cater for groups of families within a close geographical location.

A **National (Gibraltar) Dementia Committee** composed of representatives from all relevant governmental agencies, under the offices of the Ministry for the Health and the Elderly, will be set up to coordinate the development of the strategy, provide a structure with which to champion dementia issues and provide a focal point with which to interact with charities, volunteer organisations and the public as a whole.

Gibraltar - A Dementia Supportive Community

Our community has the capacity to support people affected by dementia so they can enjoy the best possible quality of life.

We must do all we can to ensure that people who need treatment receive it at the right time and in the right place. We need to plan services to take into account the needs of people who live in our close community, and ensure that language, cultural needs and preferences are catered for.

It is a priority therefore that we develop more closely integrated services; more comprehensive programmes of care; and a greater awareness and understanding of the needs of people with dementia and those close to them, such as their families, friends and carers.

Gibraltar's response will also be firmly rooted and grown from its communities. Our long term Vision is to create a "Dementia Supportive Community". To do this requires a change in attitudes and behaviours towards dementia at all levels of society, which reflect the challenge of demographic change and the impact of dementia.

It needs to involve the wider community, indviduals, groups, estates and tenants' associations, non-governmental organisations, trade unions and business. It requires a society in which

people with dementia, and those who care for them, are treated with the dignity and respect they deserve, along with the help and support they need.

Summary of Strategy in action points

Our *Strategy* is…to reform the lines of accountability for services for the elderly into one unified and simplified structure, with all services working in tandem in one common dementia care process.

Our *Strategy* calls…for the improvement of service user outcomes by the earlier diagnosis of dementia cases and by investing in necessary community support.

Our *Strategy* is… to improve services by:

- Improving the quality of care received by people with dementia in hospitals:
    1. Creating dementia friendly environments.
    2. Promoting opportunities of meaningful occupation to reduce the effects of institutionalisation.
    3. Creating the right service structure to facilitate early supported discharge into the community, once there the necessary resources and structure should be in place.
    4. Training of healthcare professionals in dementia care.
    5. Involving Allied Health Care Services (including Occupational Therapy , Physiotherapy and District Nurses) in the care of people with dementia and their families.
- Reducing inappropriate prescribing of psychoactive medications'
- Building on the opening the 54 bed John Mackintosh Home, designed as a dementia ward, offering respite care and a safer and more suitable environment for dementia patients in preference to a hospital ward, by:
- Opening the new Dementia Residence, designed as a dementia nursing home making a further 54 beds available with 8 respite beds, which will support carers.
- Opening a Day Care Centre to care for people with dementia, and provide support for their carers. This will house a dementia assessment unit, the memory clinic and serve as the referral and coordination point of dementia community services, including GP practice.
- Better respect and promotion of rights in all settings, together with improved compliance with legal requirements in respect of treatment.
- Explore and where feasible invest in the use of assistive technology with dementia.

Our *Strategy* is…to raise awareness by:

- Informing the community about dementia and how to recognise it.
- Including the contribution of people with dementia in our community activities.
- Working with the Gibraltar Alzheimer's and Dementia Society and other groups to raise the profile of dementia.

- Encouraging individuals, organisations and businesses to be "Dementia Friendly".
- Engaging with young people in schools, clubs and youth organisations to increase their awareness and understanding at the earliest possible age.
- Ensuring that the community is consulted and listened to.
- Introducing a 'Dementia Friend' initiative.

Our *Strategy* is…to reduce anxiety for sufferers and their families by:

- Listening to the voice of the people affected by dementia and their families/ representatives.
- Ensuring more people with dementia and their families are involved as equal partners in care throughout the journey of the illness.
- Ensuring that people with dementia are included in community activities, and that they, and their carers are supported by the community.
- Creating dementia enabled and dementia friendly communities that create greater awareness of dementia and reduce stigma.
- Being attentive of carers needs
- Working as equal partners with family, friends and carers of people with dementia.
- Minimising and responding appropriately to stress and distress by creating appropriate support mechanisms and simplifying the process via which people with dementia and families can request and receive this care.
- Evidencing the impact of change against patient experience and outcomes.

Our *Strategy* is…..to prevent or prolong the development of dementia by raising awareness to its risk factors and promoting a healthier lifestyle by:

- Stimulation of the mind through activity in all stages of life.
- Reducing alcohol intake and the prevention of falls.
- Adopting a healthy diet to prevent diseases such as diabetes and heart conditions that can lead to vascular dementia.

Our *Strategy* is…to support people who have been newly diagnosed with dementia by:

- Providing a One Year post Diagnostic Support Package
- Providing better post-diagnostic support for people with dementia and their families.
- Working in partnership with voluntary groups, including the Gibraltar Alzheimer's and Dementia Society (GADS).
- Promoting awareness of, and early management of the symptoms of Early Onset Dementia.

Our *Strategy* is…to monitor progress of Our Vision for a Dementia Supportive Community by:

- Continually evaluating the impact of our interventions
    a. Initiating any changes necessary in a timely manner.
    b. Having a commitment to take forward transformational changes and report progress.
    c. Carrying out research on different aspects of dementia care.

References

World Health Organisation, Dementia: a public health priority 2012

US Census Bureau, Estimates of Population Growth, 2010 Census

Alzheimer's Society (www.alzheimers.org.uk)

Alzheimer's Society 2014, Dementia UK: Second Edition

World Alzheimer Report, Alzheimer's Disease International, 2009

Appendix 1

Initial Identified and Potential Gaps in the system -

a. Education/TRAINING for all staff on dementia;
    - All staff working in health and social care, whether in an institution or in the client's own home must have an awareness of dementia generally. The greater the professionals role in dementia the greater the depth of understanding (competencies) in dementia which the professional should possess. Using the Scottish definition for ease of description the different levels could be as described in table 1. The table describes the manner in which the developing Gibraltar Dementia Strategy will provide differing training packages in accordance to job roles, however the exact standards and the number of levels which may be provided will differ.

Level	**Staff which should be covered**
Dementia aware level	Should cover all staff in health and social care , including domiciliary services
Dementia skilled practice level	Would be the basic level for all staff who have substantial and direct contact with people with dementia
Enhanced Dementia practice level	Would be the level of training required by health and social services staff who have intense contact with people with dementia and are required to manage services/ deliver specific interventions
Expert in Dementia	Professionals who by virtue of their position paly an expert specialist role in the delivery of care to persons with Dementia.

b. Greater role of primary care in dementia services
    - Primary care services require being more Dementia friendly. Services are required to be more accessible .General Practitioners (GPs) must play a leading role in the coordination of services and the provision of continuity of care for persons with dementia. To achieve this each person with dementia should have a named GP who especially immediately post diagnosis would have a complete oversight of the full care being provided for the person. The GP together with the link person for dementia (based in the day centre) will provide the consistency of contact with the carers and the service user with dementia which would be further supported by Allied Health Professionals (AHPs) and other professionals as and when required.
    -

c. Dementia Champions
    - Especially in institutions there is a need to appoint dementia champions. These would be members of staff trained to at least dementia skilled level. Their role would be to assist in developing dementia friendly facilities in their area of work. They would also , if a person with dementia is admitted into their area *i.e.* an orthopaedic ward as a result of a fall, help ensure that all measures which can be taken to ensure the best possible care for the patient are provided.

d. referral to support systems/ groups for carers;

- **Dementia is a disease which affects the whole family unit.** Under the present system not enough is being done to support carers in the community either with either physical or emotional support. The new strategy calls for greater respite services, simplification of the processes via which help can be obtained and for psychological help among other possible supportive mechanisms

e. Appropriate domestic help to keep patients at home for longer

- **Domiciliary help is a vital tool with which to assist families struggling to cope with a loved one with dementia. However potential failings in these services are:**

- Carers who do not have experience or an understanding of dementia.
- Families could have different carers sent or rotated periodically. It is a desired standard for the same carer to be dedicated to a family / person so that the person gets used to the carer and the carer forms an understanding of the client, enabling them to deliver care in a daily routine, hence providing effective care.
- Care as a means to facilitate hospital discharge can be slow in being provided. In cases of dementia especially it is desirable for many reasons to discharge the person home as soon as possible.

f. Appropriate housing for patients with dementia

- **It is essential to design new dementia housing units and refurbish pre-existing units in the community.** The aim is to create mutually supportive communities for whom it would be easier to provide domiciliary care for than present arrangements with care being provided across a wider geographical area. This would allow couples, one member of which could have dementia to stay together in the community for as long as possible. Housing is a vital component in the care of Dementia.

Appendix 2

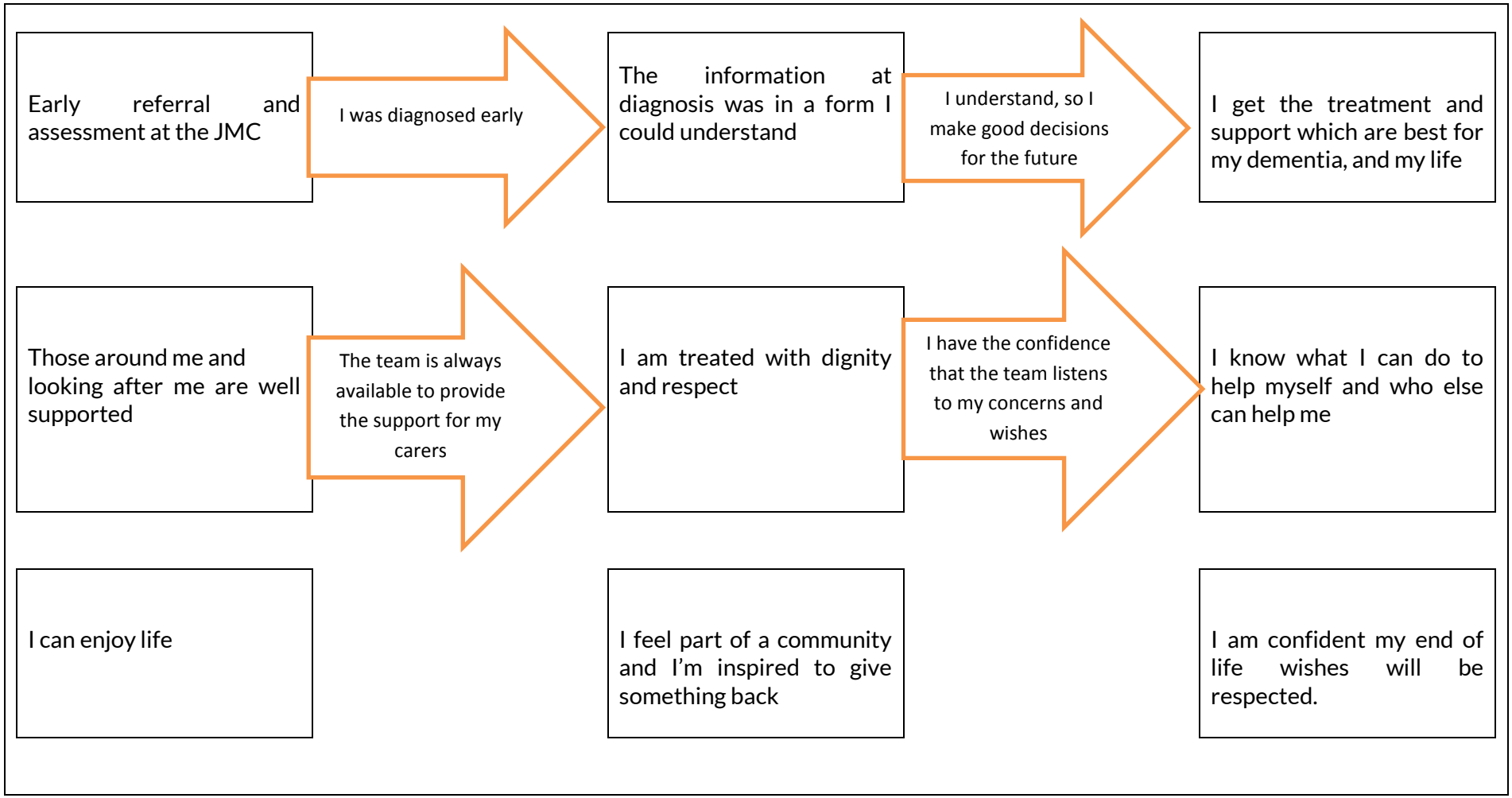
Table 2. The prevalence of patients with dementia in Gibraltar (December 2014 & 2015)

	Number of patients	Number of patients
Dementia patient location	**December 2014**	**December 2015**
Community	171	
Jewish Home	5	
KGV/ Ocean Views	13	
Mt Alvernia Floor 1	22	
Mt Alvernia Floor 2	30	
Mt Alvernia Floor 3	19	
Mt Alvernia Floor 4	12	
John Cochrane Ward	19	
Calpe Ward	11	
Captain Murchison Ward	15	
Victoria Ward	8	
John Ward	2	
Dr Giraldi	1	
Total*	328	

*These are patients diagnosed and known to community

Appendix 3 – service user expectations

All people living with Dementia in Gibraltar should say



Appendix 4 – Strategic Objectives

Objective		Actions by year			Desired Outcomes
	Key objectives	Yr 2015	Yr 2016 Jan-Jun	Yr 2016 Jul-Dec	
Creation of a National Dementia coordination Body	To set up a formalised body committed towards the development and maintenance of dementia services	Appointment of group development of terms of reference and implementation of working processes	Ongoing Setting up of a dementia section within elderly ministry		**Ensure that services in dementia develop in a coordinated manner across all agencies and that the cooperation is sustained**
Adoption of principles of dementia Strategy in Health, care, social services, elderly care, housing and volunteer groups as main partners	Each Department to develop services consistent with Dementia needs	Services to interpret dementia development of own services in accordance with national dementia strategy	National Dementia Body to assume control of development of services and coordinate across all participating services		
Adoption of service standards for Health/care providers with inspection body(Clinical Commissioning Group) Improvement in Health and social care.	Ensure that once standards in all aspects of dementia care are set that these are maintained	----------	----------	National Dementia Body to begin work with departments with regards maintenance of standards	

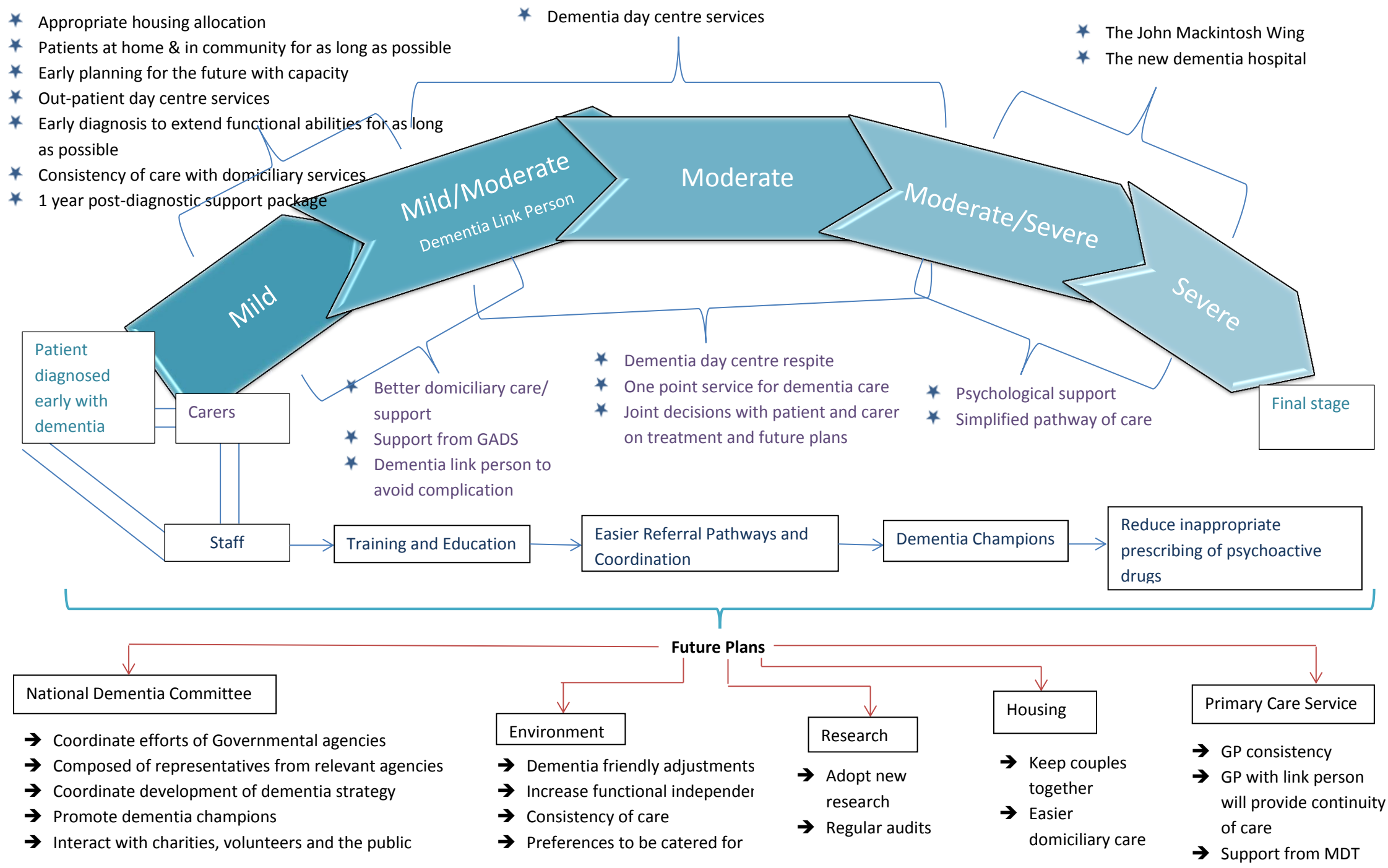
Health promotion	Public health Campaign to aimed at the reduction of risk factors leading to dementia	Identify those factors increasing risk of developing dementia relevant to local population	Initiation of specific locally relevant campaigns	Review and plan longer term strategy	**Our Aim is to allow people to understand how they can lower their risk of developing Dementia**
		Create database and supporting mechanisms to harness data from local service providers	Collation of Data Further	Review and analyse to steer longer term Strategy	**We need to understand Dementias in our locality by Consolidating the data of all service providers. This will allow for a more locally specific public Health campaigns and better care provision.**
Earlier diagnosis	To diagnose dementia as early as possible	Increase competency of staff in recognising dementia symptoms	Develop dementia KSF framework in accordance to level of awareness required	Ongoing	**Have early diagnosis to allow dementia sufferers to make decisions for their continuing care and for staff to develop memory strategies whilst the person still has capacity**
		Comparison of local diagnosis rates (numbers and stages of illness)	Review of Data and plan improvements		
	Have the appropriate support mechanisms for the affected person and carers	Introduce Dementia link person as part of dementia day care centre	Introduction of support roles in response to identified need as part of improved data collection	Full adaptation of locally based 5 pillar model	**Ensure right interventions happen in the right place at the right time in the right intensity.** **Increase the early support and understanding also for carers.**
			Develop role of primary care in support of dementia in the community	Dementia service users to have a named GP. Greater dementia awareness in community teams	**Dementia sufferers having meaningful and individualised care by providers who are known to them.**

Support for carers	Avoidance were possible of premature institutionalisation of people with dementia due to carer "burnout"	Provision of support through education, early domiciliary support as required and respite opportunities, day occupation. (DAY CENTRE) Training of link person in dementia centre/adoption of Dementia day centre staffing plan.	Consolidation of pathways to facilitate access for users to required services Direct carer access to support through counselling Study into impact of intruding carer friendly hours/ flexible work opportunities for people caring for persons with dementia	Ongoing Ongoing Introduction of identified model with appropriate controls and limitations	**The aim is to develop a service where the day centre can serve as a one stop shop for carers of as well as service users.** **Carers to be well supported to prevent burn out. By developing trust in professionals to provide support carers may feel less desperate and be less willing to give up.** **By having reduced stress in meeting work and care obligations nominated carers may feel happier to cope.**
Creation of dementia friendly institutions	Create a range of facilities catering for the various different stages of dementia Staff/ professional development	Completion of new dementia day centre. First stage of opening of Day centre Completion of new dementia residential home Commissioning of community services work stream Review of Mount Alvernia refurbishment needs for the care of end stage dementia Initiation of training programme for carers staff of new facilities	Continuation of planned opening of facility to full opening Residential home fully operational Initiation of ward refurbishment programme in older institutions Submission of costed community services report Continuation of training programme	Review of dementia residential home facilities v service user needs Continuation of refurbishment program Restructure of community services in relation to dementia initiated Mount Alvernia dementia facilities refurbishment completed Setting up of KSF framework for dementia staff	**Ensure Institutional wards / spaces do not accelerate the cognitive degeneration in the elderly and inhibit function.** **All hospitals and care homes to meet criteria to becoming dementia friendly** **Aim to ensure staff have the correct competency level consistent with job role** **Aim to constantly review and develop services / facilities for dementia users/ provide staff support and advice**

		Planning of mandatory dementia awareness training programs for hospital/ elderly care staff	Appointment of Hospital dementia special interest group	Development of services as identified by group	
Housing options	Plan for dementia friendly housing options and communities	Develop a template of dementia friendly flatlets to be built amongst new developments	Initiation of building/ refurbishment programme	Allocation of first few units	**Allow dementia sufferers to stay in the community for as long as possible by having a facility which will over daily therapeutic activities.** **Make domiciliary care more cost effective by having people with dementia and couples living within mutually supported communities**
Dementia awareness programmes	Plan training for the local population, businesses and public services not directly linked to dementia		Use the opportunity created by the setting up of new services to create interest in dementia	National dementia body to lead in the Development of a public education strategy	**For families and the local population to have greater awareness of the needs of the elderly and issues affecting dementia. This will create a more supportive environment and allow people to realise there is still life even with dementia.**
Developing of dementia friendly community services	Together with the measures Identified above, develop community services	Develop Community Team leaders skills in dementia Initiate community Work stream	Deliver community services reform plan.	Implementation of new service structure	**The aim is to have a responsive community service which will work in conjunction with the dementia day care centre and other services, their purpose is to have more people with dementia living in the community for longer.**

Dementia Education , training and workforce development	Provide a range of training packages in accordance to the different job roles/ exposure to dementia of professionals	Initiate training packages for the carers / professionals due to work in new dementia facilities	Initiate further training packages for dementia skilled level	Develop further training to dementia expert level as required Training at all levels to be on-going	To develop the workforce primarily in health and social care, but also raise the awareness of all service providers in all relevant government agencies.

Appendix 5 – Dementia Strategy Map



This is a Vision and Strategy jointly developed by the Gibraltar Health Authority, Department of Social Services, the Care Agency and Elderly Residential Services in consultation with the Gibraltar Alzheimer's and Dementia Society.