Dementia Awareness Week is 15-21 May and as part of RiPfA’s work in this area we have themed our May RPU on working with people who are living with dementia. The research articles cover topics including mindfulness, person-centred care for people living with dementia and engagement with nature and the outdoors.

This resource is open access and free to download.

Relevant RiPfA resources:

- [Strategic-briefing: maximising independence for people with dementia 2014](#)
- [Leaders briefing: Maximising independence for people with dementia councillors briefing 2015](#)
- [Key Issue: Enablement in dementia 2015](#)
- [Practice tool: Involving and engaging people with dementia practice tool 2015](#)
- [Practice tool: Enablement in dementia 2016](#)

Articles and Summaries


Keywords: Dementia, carers, social evidence, social prescribing, diversity, public engagement, health care commissioning, social care commissioning, service integration, personalisation, health and wellbeing, outdoors for all, health, elderly, green care

Introduction

This publication reports on the outcomes of consultation with people living with dementia and family carers concerning their activity and engagement with nature and the outdoors.
The research builds on a previous report *Greening Dementia* which provided a summary of the evidence into the benefits and barriers to engagement with the natural environment for those living with dementia. The research covers the following areas:

- Levels of awareness about the role of the outdoors in helping people with dementia to live well
- Establishing current levels of post diagnosis outdoor activity
- Identifying specific reasons for engaging or not engaging with outdoor activity and nature
- What would make local nature spaces more dementia-friendly for people living with dementia
- Identifying specific barriers and challenges for people living with dementia around getting outdoors.

**Methods**

A combination of focus groups, face-to-face consultations, online carer surveys and interviews were used to obtain information from 50-60 people living with dementia and 100-125 family carers. People with dementia were consulted via Dementia Engagement & Empowerment Project network (DEEP) ‘involvement’ groups. It is believed this is the largest sample group of people with dementia consulted with on the topic of engagement and the outdoors.

**Results**

Where people with dementia want to go and what they want to do there is heavily influenced by whether they live in the city or countryside and what their understanding of ‘nature’ means. The majority of people with dementia who participated in the project lived in urban areas - mentioning public parks and gardens as popular places to visit. The countryside was mentioned much less.

Only 20% of the people living with dementia cited their dementia as a barrier to using outdoor spaces, whereas 83% of carers believed that dementia limited the person’s ability to use outdoor spaces.

Over half of the carers (55%) said that the person living with dementia had other health conditions or a physical disability that limited their use of outdoors spaces and nature – this correlates with evidence from elsewhere about co-illnesses and dementia.
Informal walking was the most commonly mentioned activity by people living with dementia and carers. Several carers mentioned the calming effect that walking had on the person they cared for. This was vitally important to some as an escape from the pressures of being indoors, and could be as important to the carer as to the person with dementia.

25% of people said they take part in wildlife watching, especially bird watching several times a week or every day.

Places associated with water (inland, coast, natural, artificial) were the most popular places to visit for people with dementia.

City parks or public gardens were also places that were very popular to visit among people with dementia. Several people with dementia talked passionately about the role their local park played in providing them with somewhere to go, and as somewhere to enjoy watching other people taking part in activities.

Transport and mobility were found to be most significant barriers for both people with dementia and their carers to access outdoor spaces.

**Implications for practice**

The recommendations from the findings include:

- Local directories of dementia-friendly open spaces and facilities should be developed by local dementia action alliances.
- Managers of natural environments and organisations providing activities in outdoor spaces should be encouraged to develop the principles of dementia-friendly communities by training staff. This would include training on how to sensitively and effectively support people living with dementia and improve the understanding of what facilities and activities people with dementia need in order access green spaces.
- Organisations providing activities for people with dementia need to take account of what activities would engage people with dementia, including the importance of social activities as a key factor in stimulating engagement.
- Collaborative working within the wider community to help create transport links and remove some of the barriers to accessing outdoor space.
- Enabling Carers to have a role to play in being more ambitious with their expectations of people living with dementia and what they can do.

Keywords: Prevention, mindfulness, meditation, dementia, cognitive decline, spirituality

Introduction

This paper systematically reviews the evidence of mindfulness meditation in supporting people to live well with dementia. The author provides a context to the review by defining the key terms: ‘spirituality’, ‘mindfulness’ and ‘meditation’.

Spirituality is defined as a process of personal transformation which in many cases can involve a blend of humanistic psychology and esoteric traditions. Meditation, even in a secular context can be said to fit within this definition of spirituality.

At the heart of meditation is the practice of initiating and sustaining a focus on a mental or sensory activity with deliberate effort. The most common meditation practice is usually referred to as ‘mindfulness’.

Mindfulness meditation is a mind-body based approach that helps people change the way they think and feel about their experiences, especially stressful experiences. There are two types of mindfulness approaches which this study focuses on: mindfulness-based stress reduction (MBSR) and Mindfulness-based Cognitive Therapy (MBCT).

Methods

The research reviews literature in a structured way, focussing on the evidence around effectiveness of mindfulness and its role in supporting people with dementia to live well.

Limitations

Many of the trials included in the review are small scale and some needed more rigour. The evidence is therefore not yet conclusive; however there is enough to recommend further investigation into this area.
Results

Evidence is outlined on the following topics:

*Mindfulness meditation*: Evidence of health benefits for people experiencing a wide range of chronic illnesses (including fibromyalgia). These included reducing pain, emotional reactions to pain, lower back pain and addressing depression.

*Dementia, cognitive decline and attention*: Dementia involves deterioration in cognition, including attention. Studies around meditation demonstrate enhanced forms of the types of cognition known to decline with age, such as working memory, many forms of attention and fluid intelligence.

*Mindfulness and attention*: Research shows that long-term meditation should result in improvement in three aspects of attention (sustained attention, distraction inhibition and task switching).

*Emotional regulation and intelligence*: Some studies demonstrated how meditation enhances emotional regulation. For example; reductions in anxiety and depression, improvements in self-esteem, and decreased negative emotional experience.

*Mindfulness and cognitive decline*: Evidence of regular practice of meditation may reduce cognitive decline associated with normal ageing.

*Grey matter change*: The grey matter includes regions of the brain involved in muscle control, and sensory perception (such as seeing, hearing, memory, emotions, speech, decision making, and self-control). Although there are some research limitations, there is evidence of improvements in this part of the brain as a result of meditation.

*Prevention*: There is evidence to suggest that meditation may prevent Alzheimer’s disease, cognition and dementia. It may also help to slow down the progression of Alzheimer’s disease.

*Mindfulness and dementia*: The paper highlights the limited amount of research on mindfulness meditation for people with dementia. However, results of one study showed reductions in perceived stress, improvements in sleep, mood and memory in adults with cognitive impairment and their caregivers.

*Mindfulness and quality of life for people with dementia*: One study concluded that mindfulness training can be beneficial for people and their caregivers, it can be delivered at low cost to combined groups, and it is worthy of further investigation.
Discussions & implications for practice

Mindfulness meditation appears to have a lot of potential in supporting people to live well with dementia. The studies have shown that mindfulness can give people more control of their emotional thought processes, reduce pain and contribute to prevention of certain illnesses. The prospect of meditation playing a role in preventing or delaying dementia is of interest and worth consideration.

Although current studies are not yet fully conclusive, the findings from the review suggest it is worth exploring how mindfulness can be used in practice to empower people living with dementia and their care givers.


**Keywords:** Best practice, care homes, dementia care, older people, PEARL programme, person-centred care

**Introduction**

This article describes the most significant interventions and processes that have been adopted by Four Seasons Health Care (FSHC), an independent provider of residential care homes - as a result of the PEARL (Positively Enriching And enhancing Residents Lives) training programme. The PEARL programme is an accredited training course which aims to help practitioners to improve care provision for people living with dementia in care home settings. The interventions have been found to reduce antipsychotic medication use, depression scores and pain, and improve patient wellbeing.

The care homes receive guidance, support and bespoke training throughout the project to help them achieve successful PEARL accreditation – which is awarded following an unannounced validation visit. Following validation, care homes are supported to continue to develop their services so they can achieve successful revalidation – occurring one or two years after.

**Methods**

The findings are based on the main interventions drawn from a total of 75 FSHC care homes awarded with a PEARL status. The findings focus on interventions that have
helped practitioners to improve care provision for people living with dementia in the care home setting.

Results

Summarised below are some of the main interventions in the PEARL programme that have helped practitioners to improve care provision for people living with dementia in the care home setting:

Person-centred care: This is a key element of the PEARL programme. There is evidence to suggest adopting this approach can have a significant effect on the disease (and feelings of being needed and valued). The article also suggests; fewer staff are needed (compared to institutionalised or reactive care) it can enable practitioners to carry out care with compassion and that people are more likely to participate in a negotiated care intervention.

Training and culture change: One aspect of the training which appears to have the most significant effect on staff an activity which enables staff to experience what it might feel like to live in a care home with a degree of dependence. This approach helps staff to become self-reflective in their practice. Dementia Care Mapping (DCM) has also shown to be effective as it can show how certain aspects of care could be approached differently.

Life story work: If it can be known what makes the resident happy or unhappy, practitioners can become more proactive in the care they provide and use positive memories to increase wellbeing.

Activity and engagement: The need for engagement is essential; however for some residents, they can gain just as much enjoyment from watching people take part as from taking part. Establishing what they enjoy taking part in is important. The research emphasised that offering group activities, everyday care home jobs, accessible independent activities and also 'empathy dolls' all proved to be successful - depending on the individual.

Making the most of mealtimes: Finding out peoples individual food preferences can help practitioners to understand reasons for reduced appetites. People's food preferences can change, even on a daily basis. Offering a variety of food options can therefore help.

Medication and distress: The findings show evidence of reduced medication as a result of the PEARL programme. For example, medication maybe prescribed for a ‘transition’ period to help reduce distress but the prescription continues without review. Prior to the
PEARL programme care home staff may not have questioned GP prescriptions once the resident had settled.

**Discussions**

With the number of people living with dementia predicted to rise and a high proportion of people living in care homes with a diagnosis of dementia, the demand for good quality person-centred dementia training is evident. The research shows that although there is still more learning to be done, there is evidence of good outcomes from these interventions for care home residents with dementia.

**Implications for practice**

- Use these findings to consider how care home staff observe / listen to residents living with dementia
- Consider how these person-centred interventions can be integrated into care home practice
- Consider how this learning could be applied in other areas of dementia care outside of the care home.


**Keywords:** Anxiety, dementia, interdisciplinary collaboration, music intervention, protocol development, sleep disturbance

**Introduction**

This study begins by examining the effect of music-with-movement (MWM) on reducing anxiety, sleep disturbances and improving the wellbeing of people with dementia. The MWM intervention is an approach that involves the movement of muscles with preferred music. The intervention is also suitable for people with limited fine muscle coordination and/or verbal ability.

This is followed by the lessons learnt about interdisciplinary collaboration in developing a MWM intervention protocol. The protocol was initially developed based on theoretical principles of music therapy and dementia and then ‘fine-tuned’ by drawing on professional perspectives of health and social care professionals. The aim of the final
version was to be appropriate for teaching family caregivers - who could then use with their family member living with dementia.

Methods

The main part of the study used randomised controlled trials and qualitative interviews with participants (i.e. staff of non-governmental organisations [NGO’s] and family caregivers). The initial protocol was designed by the research group based on evidence of what works. This was then tested with staff, project coordinators and members of the research team to determine the uses / effects of the intervention. The observations and comments from the participants were then discussed in weekly meeting so that adjustments could be made to the protocol. The study took place in two community centres in Hong Kong and delivered by a registered music therapist.

Results

The results are summarised under three subjects; the evidence for MWM for people with dementia, refining the protocol and lessons learned from interdisciplinary collaboration.

Evidence for music-with-movement

People with early dementia often suffer with depression and anxiety. Treating anxiety in dementia is essential as it can often lead to behaviour that could have a negative effect and may lead to potentially unnecessary medication. Sleep disturbances and insomnia are also more common in people living with dementia. Promoting sleep has been shown to be have a beneficial impact on cognitive decline and in some cases slowsthe progression of dementia.

Research suggests that stress and anxiety can be reduced by using music therapy, as it can promote relaxation and reduces levels of various stress hormones. Music therapy has also shown significant reductions in night-time sleep disturbances. MWM has shown physical benefits such as; improved balance, mobility, psychosocial wellbeing and social interactions. MWM has been recommended as suitable for people living with dementia, however further research suggests there are parts of the intervention which participants do not enjoy.

Refining the protocol

The key areas identified for improvement included more:

- Flexibility in the structure to suit individual needs / preferences
- Song choices
• Choice of music to fit movements
• Ways to motivate staff to enjoy interventions so this translates when training caregivers
• Easy to understand instructions (i.e. choice of alternative activities and guidelines suitable for varying caregiver skill levels, such as cue cards).

**Lessons learned - interdisciplinary collaboration**

Interdisciplinary collaboration is defined as:

*‘An integrated team approach to health care, involving the design, implementation, and evaluation of a treatment plan and options involving all members of the team, in consultation with patients and their families’*

Research suggests that interdisciplinary collaboration can increase professional satisfaction and mutual respect within a team.

Each discipline had different expectations about the content; therefore numerous meetings took place to come to a general consensus. The collaborative approach was very complex and required commitment, openness and persistence to achieve a successful intervention. It was also believed the main reason a consensus was made on the content and delivery of the protocol was because all the professionals who participated were client-centred.

**Discussions & implications for practice**

The literature review suggests that music therapy can help manage anxiety, improve sleep and in some cases reduce the need for medication. This evidence could be considered in practice as a non-pharmacological intervention for people living with dementia.

The development of the protocol was revised to the satisfaction of the interdisciplinary team. As a result, more emphasis was made on the flexibility and choices to suit the individuals’ needs / preferences. Although cue cards were developed to support low level skills, the study suggests more work could be done to provide video or audio versions of the protocol.

The research presents the evidence that collaborative interdisciplinary approaches can reveal specific points of view that only people from a particular discipline may be aware of. The lessons learned from this client-centred collaborative approach can be used in practice to help develop client-based services.
Parliamentary Business

Local Government Association: Councils respond to 2015 death figures

Keywords: winter pressures, excess winter mortality

The Local Government Association (LGA) has responded to Office of National Statistics (ONS) figures on the numbers of deaths in 2015 (accessible at http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/201415provisionaland201314final/pdf) by acknowledging the number of winter deaths are still a cause for concern and stressing the importance of “winter readiness”.

Further info

Local Government Association: Councils respond to report on loneliness and isolation

Keywords: Loneliness, older people, health and wellbeing

The LGA has responded to a report highlighted by the British Medical Journal linking loneliness and isolation to heightened risk of heart disease/stroke (Full article available at http://heart.bmj.com/content/early/2016/03/15/heartjnl-2015-308790.full). The response highlights the increasing importance of loneliness as a public health concern needing urgent attention of councils and their partners. The scale of the issue and the evidence of the impact of loneliness on physical and mental health are highlighted as key.

Further info

Government: 132,740 disabled people supported through specialist employment scheme

Keywords: access to work, employment support

The government has released figures indicating that 132,740 disabled people have received grants from via their Access to Work programme since 2007. Around a quarter of this number (32,150) have benefited since the end of 2015. The press release states that whilst most grants have been awarded to people with sensory impairments or dyslexia the number of people with mental health conditions accessing the grant is increasing – in the last quarter 5% awards were made to people with mental health conditions.

Government: Data collection for health and social care – burden reduction plan

Keywords: informatics, management information, performance

The plan sets out the action the Department of Health intends to take to minimise and, where possible, reduce the burden of collection of data on health and social care. These include working closely with the Health and Social Care Information Centre (HSCIC) to streamline existing collections to ensure proportionality, remove duplication, explore automated collection and review policies for inadvertent burden.
**Government: The NHS Choice Framework**

**Keywords:** NHS, health care, choice, control

The framework sets out some of the choices available to users of the NHS. It covers:
- choices about health care including GP, outpatient and inpatient care
- having a personal health budget
- where to get more information to inform choice
- how to complain if not offered a choice

**Consultations, Reports and Reviews**

**Government: Public Health England Strategic Plan**

**Keywords:** Public health, prevention

Public Health England (PHE) have released their plan setting out their intentions for the next 4 years. Key aims which are particularly relevant to social care include promoting:
- improved health and wellbeing by reducing health inequalities
- early intervention and prevention
- the application of evidence into practice

Actions PHE will take over the next year to achieve these aims include supporting:
- the identification of new approaches to dementia awareness
- place based leadership via health and wellbeing boards
- the delivery of improved health and wellbeing outcomes via devolution deals and integrated services


**Keywords:** National Living Wage, minimum wage

This consultation is relevant to organisations and individuals that are affected by the National Living Wage and the National Minimum Wage rates, for example:
- employees on low wages
- employers of low-paid workers, particularly those in low-paying sectors such as retail, hospitality, social care, cleaning and hairdressing
- young people and apprentices
- representative bodies of the above groups
other organisations such as charities and voluntary organisations with an interest in the National Minimum Wage training providers

The deadline for responses to the consultation is 29 July 2016.

Further info

**NICE: Transition Between Inpatient Hospital Settings And Community Or Care Home Settings For Adults With Social Care Needs**

**Keywords:** discharge planning, hospital discharge, transfers

NICE are seeking views on their draft quality standard aiming to improve the quality of patient transitions between hospital, community and care home settings. The quality standard aims “to contribute towards improvements in delayed transfers of care; reducing patient readmission; and improving patient experience and quality of life”. The closing date for responses is 17th May 2016.

Further info


**Keywords:** public health, prevention, workforce, health and wellbeing

This report reviews progress against the 2013 public health workforce strategy and provides details about actions taken in the following:

- reviewing the Public Health Skills and Knowledge Framework and developing an online tool to support career development
- transferring the public health career support website to Health Careers
- producing a minimum dataset for the public health workforce to support workforce planning across the system
- improving support for the public health non-medical scientific workforce, knowledge and intelligence staff, and academic staff
- establishing Health Education England’s public health advisory group and developing a prevention and public health action plan
- reviewing the Faculty of Public Health’s national specialists training curriculum
- introducing a new range of public health leadership development and talent management programmes

Further info

**Local Government Association: Charting progress on the health devolution journey: Early lessons from Greater Manchester**

**Keywords:** health devolution, transformation, prevention, lessons learned

This report looks at the lessons to be learned so far from Greater Manchester's (GM) health devolution deal. Governance of the GM deal involves, among others, 12 Clinical
Commissioning Groups (CCGs), 10 Local Authorities (Las) and 15 NHS Trusts. Taking a place based approach, looking to community asset building, is seen as a key positive of the arrangement. Developing a “clear understanding of the associations between prevention initiatives in early years, employment support, lifestyle change, community development and resilience and the impact on the health, wellbeing and productivity of the local population” is seen as central to success. Challenges highlighted within the report include:

- Subsidiarity and operation at the right spatial level
- Making the financial case for prevention
- Exciting the public and workforce about devolution
- Shifting the provider landscape

**Further info**

**IPC Brookes: What Are The Opportunities And Threats For Further Savings In Adult Social Care?**

The Institute of Public Care at Oxford Brookes University (IPC Brookes) has released a report authored by John Bolton looking at the range of ways in which local authorities have made savings in adult social care over the last five years. The paper contains six case studies and highlights the main areas where savings have been realised. These being through bringing down provider prices / costs; personal budgets; staffing reductions; integration and managing demand for social care.

**Further info**

**Age UK / IPSO MORI: Dementia Advisers Survey – Survey Of Provision Of Dementia Adviser Services**

**Keywords:** dementia, support provision, wellbeing

This report looks at the findings of a study looking at the provision of services and support to older people, in particular focusing on dementia advisor services in England. It looks at the commissioning and provision of dementia advisor services, their prevalence through England and the types of support that is happening in practice.

**Further info**

**Structures, initiatives and guidance**

**Government: Care Act 2014 Part 1: factsheets**

**Keywords:** Care Act, guidance, wellbeing, statutory

Updates to the Care Act 2014 Part 1 factsheets have now been completed to reflect the updates to the Care Act Statutory Guidance. The factsheets are designed to provide an overview of the Act and the duties and powers of Local Authorities under it.

**Further info**
**Government: Making Every Contact Count (MECC) Consensus Statement**

**Keywords:** Pubic Health, prevention, health and wellbeing

This consensus statement describes the commitment of the partner organisations to work together to support for population behaviour change and so help individuals and communities significantly reduce their risk of disease. The eleven partner organisations include the LGA, PHE, National Institute for Health and Care Excellence (NICE) Association of Directors of Public Health and the Care Quality Commission (CQC). It is anticipated the statement will underpin the adoption of the MECC approach within the NHS, local authorities, the allied and wider health and care workforce, and other relevant agencies; guiding their actions and making an essential contribution to the prevention agenda as part of the commitment to work collaboratively to improve the health and wellbeing of the population.

[Further info](#)

**Official Statistics: Quality Outcomes Framework (QOF) recorded dementia diagnoses: Mar 2016**

**Keywords:** dementia, diagnosis, statistics

The Health and Social Care Information Centre (HSCIC) releases data monthly on the recoded prevalence of dementia diagnosis in within GP practices – this information is for March 2016 and provides snapshot figures. The executive summary reports that for March 2016 the prevalence is 1 person in every 132 (0.758 percent) which is an increase on the prevalence from the same month in 2015. Annual data for 2015/16 will be published in October 2016.

[Further info](#)

**Local Government Association: The role of health and wellbeing boards (HWBs) in Sustainability and transformation plan (STPs)**

STPs are part of a new planning framework for NHS services. They are based on a footprint of a 'place' and are required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision. LGA has concerns that the process can create difficulties for existing arrangements where there is overlap or cross cutting issues. As a result, they recommend that that LAs consider the extent to which they are involved in STPs and how STPs impact with existing local arrangements. More information can be found at [http://www.local.gov.uk/health/-/journal_content/56/10180/7729305/ARTICLE](http://www.local.gov.uk/health/-/journal_content/56/10180/7729305/ARTICLE)
**Government: Administration of medicines in care homes**

This guidance sets out good practice measures for the safe management and handling of medicines in care homes (with nursing) for older people by care assistants. The guidance includes:

- the legal framework for the administration of prescribed medicines for a named individual by care assistants
- safety and quality assurance requirements

[Further info](#)

**Local Government Association: Local digital roadmaps and digital maturity self-assessment**

**Keywords:** digital roadmap, information technology, health and care informatics

Local areas have been asked to develop local digital roadmaps by the end of June 2016. These will outline information and technology plans and will be a mechanism for future technology funding. The initiatives in each area are being led by Clinical Commissioning Groups (CCGs) with local authorities (LAs) key as partners. The LGA’s care and health informatics team have been working with the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Childrens Services (ADCS) and the Society of Information Technology Managers (SOCITM) and have developed a ‘digital maturity self-assessment tool’ for social care. This tool was launched on 4th April to allow LAs to submit their self-assessment, the closing date for returns is 13th May.

[Further info](#)

**Social Care Institute for Excellence (SCIE) Article: Dementia Through the Eyes of Women**

**Keywords:** dementia, women, carers, commissioning

SCIE have featured an article in their monthly newsletter specifically looking at women and dementia. Reporting that two thirds of those living with dementia are women and the majority of their family and paid carers are women too, the article calls for better consideration of the implications of this for care and support. The article contains links to a number of dementia-related resources.

[Further info](#)
**Social Care Institute for Excellence (SCIE) Resource: Mental Capacity Act e-learning**

**Keywords:** e-learning, mental capacity, MCA

SCIE have updated and relaunched their online MCA e-learning package. The resource is free and accessible by registering on the SCIE website. It’s mobile friendly and comprises of seven separate modules each taking around 30-45 minutes to complete.

[Further info](#)

**Royal College of General Practitioners Resource: Mental Health Toolkit**

**Keywords:** Mental health, mental illness, diagnosis, treatment, guidance

Whilst designed, primarily, for use in general practice this toolkit has sections aimed at a wider audience including people with mental health problems themselves, their families, those caring for them and other professionals supporting them. The resources include diagnostic tools, trigger questions, information on treatment and current guidance on supporting people with mental health conditions. The content covers all age groups from, child to older adult, and has sections on prevention and wellbeing, suicide and crisis care as well as palliative care.

[Further info](#)