

Dementia And Covid-19 - National Action Plan To Continue To Support Recovery For People With Dementia And Their Carers

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Scottish Government
Riaghaltas na h-Alba
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DEMENTIA AND COVID-19 – NATIONAL ACTION PLAN TO CONTINUE TO SUPPORT RECOVERY FOR PEOPLE WITH DEMENTIA AND THEIR CARERS

MINISTERIAL FOREWORD

This recovery plan builds on, continues and expands on the national action we have been taking since March to support people with dementia and their carers during the pandemic and to strengthen the resilience of our communities across Scotland to recover through the complementary action of the NHS, local authorities and the third sector.

I would like to take this opportunity first of all to express a sincere thank you everyone we have worked with this year on these challenging issues and for the commitment and dedication of staff across health, social care and the third sector in responding to the demands of the pandemic. I also want to thank those many organisations and individuals - including, crucially, many people with dementia and carers - who have contributed their valuable time and commitment to the final content of this plan.

This year, in unprecedented times people with dementia and their carers have experienced particular challenges associated with the necessary suspension of many of the normal services and supports they need and with the restrictions on visiting loved ones in care homes. During engagement on the development of this recovery plan, we have listened to individual experiences including those of declining physical and mental health, social isolation and the impact of delayed referrals into post-diagnostic services during the course of the pandemic. This plan sets out how we will continue to address those issues and more through 2021.

As the vaccination programme is rolled out – with most people with dementia and their carers benefitting from priority by age and/or care setting – we carry optimism for the beginning of the end of the direct impact of the pandemic but also commitment to support those bereaved and impacted during its course. I am aware that while the direct impact of the pandemic will hopefully recede next year, many individuals and families may continue to experience additional issues associated with its impact and legacy, and this plan sets out our coordinated response to those issues, as we recover, as individuals and as a community.

Our planned consultation on a fourth National Dementia Strategy was of necessity put on hold just as COVID-19 and our government response began. Nonetheless, we have also continued this year to implement the 2017-2020 Strategy, including developing our new and innovative approach to Brain Health across the population and in services – and this will be an important part of our overall approach to public health going forward. In addition we remain committed to the long-term modernisation of specialist in-patient dementia services as part of the overall care system.

I look forward to working with all of our stakeholders on implementing this recovery plan as we move into 2021.

CLARE HAUGHEY
Minister for Mental Health

COSLA FOREWORD

COSLA's Health and Social Care Board endorsed this Plan at our Board Meeting in December 2020. Our Members recognise the impact on individuals and family members of the pandemic which has led to greater isolation and impacted on existing support networks. I want to thank family members and carers for everything they have done and all the support they have provided. I also want to take this opportunity to thank the staff in care homes and those providing social care in our communities for the vital work they have carried out, and which they continue to carry out during these difficult times.

The Plan is a bridging Plan and sits alongside the existing third National Dementia Strategy and we welcome the Scottish Government's commitment to continue to support training for staff and to support the third sector. We welcome the commitment to support more Dementia Champions and want to make our communities Dementia Friendly Communities with a greater awareness of how to make places and activities accessible.

During the pandemic the way a number Local Authority, Independent and third sector services work has had to change, such as moving to telephone and digital provision, some of these services may continue to provide support moving forwards but we also want to see the return of place based and face to face support services and the opportunity for people to use their community facilities.

We recognise the concerns raised by Alzheimer Scotland about uptake of the one year post diagnostic support guarantee and the Plan highlights that we are committed to working with them, Scottish Government and Integration Joint Board Chief Officers to identify any gaps and barriers to provision and consider how we overcome these.

We are committed to working in partnership to get things right for people with dementia, their families and carers.

Thank you.

COUNCILLOR STUART CURRIE
Health and Social Care Spokesperson
Convention of Scottish Local Authorities (COSLA)

PURPOSE

This plan is a partnership document with COSLA and a range of stakeholders and explains how the Scottish Government is working, and plans to work, with others to strengthen community resilience, support people with dementia and their families to continue to get the right care, treatment and support at the right time as we live with, and come through and recover from, the COVID-19 pandemic.

The plan:

- recognises the huge impact of the pandemic on people with dementia, their families and carers and the wider community;
- recognises that people living with dementia and their carers often feel alone, vulnerable and anxious about COVID-19;
- recognises the particular worries families have about what the future holds for their loved ones with dementia;
- uses what we have learned from the experiences people with dementia and their families have told us and others about how to respond to their needs during the pandemic;
- sets out how we plan to help people with dementia and those that love and care for them to live well with dementia across the whole journey of the illness – and how we plan to reduce the risk of dementia;
- sets out the actions we have done so far and actions we continue to do to respond to the pandemic and the things we will keep on doing;
- reinforces our shared human-rights based and person-centred approach to supporting people with dementia and their families and carers.

Our commitments will work in tandem with those detailed in the Scottish Government's health and adult social care winter plans. The Cabinet Secretary for Health and Sport set out our £112 million Adult Social Care Winter Preparedness Plan on 3 November 2020. The winter plan has been rooted in the recommendations and evidence, including the independent Public Health Scotland report into discharges from hospitals to care homes and the recent Care Inspectorate inquiry into 'care at home'. This plan is also a companion to the 2017-2020 National Dementia Strategy.

In addition, The Independent Review of Adult Social Care, established by the Scottish Government and chaired by Derek Feeley, is tasked with taking a human-rights based approach and will comprehensively review all aspects of adult social care, including how it is organised, commissioned, regulated and funded. It will report in January 2021 and we will fully consider its recommendations to ensure the best service possible for those who use and work in adult social care service.

HOW WE ENGAGED ON THE PLAN AND WHAT PEOPLE TOLD US

Over 14 virtual events that engaged directly with 100 plus organisations or individuals -including people who live with or support people living with dementia - we sought views, experiences and responses to the draft plan. In addition, an online questionnaire was completed by 99 organisations or individuals. As part of this process, we ran engagement sessions with the National Dementia Strategy Implementation and Monitoring Group and the National Dementia in Care Homes Group. The plan has also been considered by COSLA's Health and Social Care Board. The full range of respondees is at ANNEX B. Quotes which run through this plan are drawn from this engagement process.

From people with a diagnosis, their family carers to social care and health professionals as well as those working in a variety of community settings, all welcomed the opportunity to share their experiences of the pandemic and contribute to the plan which they believe is an important tool in re-mobilising services and supports and re-building quality of life and wellbeing for people.

The consistent priorities identified for this plan were:

- Support for carers in their own right including respite.
- Addressing care home visiting and broader concerns about people's rights being compromised in care homes caused by what has understandably been a risk avoidance rather than risk enablement approach.
- Accessing day services and other community supports to reduce loneliness and isolation and reconnect people to friends, peers, and wider community.
- Expansion of access to post diagnostic support in recognition of its value following a timely diagnosis.
- The nature and impact of digital exclusion.

We also heard about the effects of growing and exacerbated social isolation, delayed trauma from loss and isolation and undiagnosed depression, anxiety and other mental health issues. A full list of commitments in this plan is at ANNEX A.

COMMITMENT 1: The Scottish Government will continue to engage with participants from the engagement process, to help monitor and review the implementation and impact of this plan at 6 and 12 months. A national governance group including COSLA and representatives from health and social care partnerships will be established to oversee governance and reporting on the plan.

RESPONDING TO THE PANDEMIC

What we have done since March 2020

The Scottish Government, in partnership with our stakeholders, has since March 2020 taken a range of actions to support people with dementia and their families and carers, including:

- Initial support for shielded and vulnerable groups;
- Guidance for families on safe hospital visiting;
- Supporting the retention and re-design of services and supports;
- Support and guidance on the safe reopening of day services;
- Dementia-proofing the national clinical guidance for care homes.

There are some additional specific things that we are doing to build our understanding of and response to the pandemic and which are reflected in specific on-going commitments in this plan:

- Work as part of the COVID-19 Excess Deaths study to understand the relationship between the virus and dementia.
- A study in partnership with the Care Inspectorate to examine the use and review of psychoactive medication in care homes during the pandemic.
- Support for the implementation of the Dementia COVID-19 Anticipatory Care Guidance.

- Developing and implementing an equality impact assessment of the impact of COVID-19 on people with dementia and their families across equalities categories with the addition of areas such as digital exclusion.

What we already knew about the impact of COVID-19 on people with dementia and their families

- Most of the 90,000 people in Scotland with dementia ([Alzheimer Europe paper](#)) live at home with around a third living in care homes. We know from hearing about and listening to their experiences that COVID-19 and the necessary restrictions on all our freedoms have had a disproportionate impact on people with dementia and on the stress, trauma and anxiety of those who care for them. Many people living in the community with dementia have experienced that their condition and overall wellbeing has deteriorated more quickly than would normally be expected.
- Partners like Alzheimer Scotland, Age Scotland, The Life Changes Trust and service user and carer groups – as well as individuals who have shared their experiences around areas such as care home visiting and overall wellbeing - have highlighted their real concerns and evidence of impact. This impact is reflected for example in The Life Changes Trust report on the [Learnings from Covid](#), and the Age Scotland report, [Locked Down But Not Forgotten](#).

HUMAN RIGHTS AND EQUALITIES

“We’re all in the same storm, but not all in the same boat”

“There is inequality...irrespective of COVID”

“It is good to see the proposal for an equality impact assessment. I hope this will be a commitment so that any areas of avoidable discrimination can be addressed”

- In Scotland we are rightly proud of our shared human rights approach to dementia - one that is person-centred and supports people to live with choice and dignity as an important part of their community, wherever they are in their illness and that listens and responds to what matters to individuals and families in their lives. This matters now more than ever as we recover from the pandemic.
- As we move into the vaccination phase, the need to balance the infection risk, and risk to the NHS, with upholding human rights was raised by people with dementia, their families and professionals alike. People with a diagnosis expressed the view that they often felt disempowered by an assumption that they are unable to make their own judgements about personal risk. Service providers working to reopening community services sometimes expressed frustration that rigorous risk assessments have not resulted in reopening and family carers felt that all the risk associated with supporting someone to remain living at home now sits with them.
- Everyone acknowledged the pressure of decision making at pace during the pandemic but that, post pandemic, a rethink of how we approach risk, be considered.

- We are also taking forward a national engagement process on equality impact assessing this plan and that will report early in 2021 and will be a companion to this document.

COMMITMENT 2: We will undertake work with partners to evaluate the impact of the pandemic on the rights of people with dementia and their carers – including the rights to make informed individual choices about risk as far as possible - across all care settings and produce a report that will inform recovery and enhance and strengthen our shared human rights approach to dementia which has underpinned our action over the last 10 years.

COMMITMENT 3: The Scottish Government will conduct a full equality impact assessment on this plan. In undertaking this impact assessment we are appraising what the potential impact the actions outlined in the plan are likely to be in relation to protected characteristics under the Equality Act and several further equality considerations, including socioeconomic inequality, rural/ remote locations and digital exclusion. This work is ongoing and involves external engagement with equality groups, people with dementia and their carers.

SUPPORT FOR A TIMELY DIAGNOSIS AND POST-DIAGNOSTIC SUPPORT

“The pandemic has exacerbated existing challenges with accessing appropriate post diagnostic support. We believe that this may be an opportunity to reimagine how PDS is delivered”

“COVID has intensified everything including inequalities and gaps in service provision. We can see this as an opportunity to improve aspects such as PDS”

“A dementia diagnosis is already an incredibly stressful time for both the person living with dementia and their unpaid carers. When this was then doubled up with the COVID crisis it was an incredibly difficult time for them”

- Getting a timely diagnosis of dementia is hugely important because it helps people with symptoms and their families to understand and make sense of the changes that are happening to them and, critically, entitles them to access support after diagnosis. Getting a diagnosis early on in the illness is important as it gives people time to come to terms with and plan for the future they want, whether they are alone or with family.
- Since 2013, Scotland has led the way in our national approach to supporting people after their diagnosis to access what they need to live well in their communities and with family and friends. The internationally recognised national post-diagnostic service offer is primarily a non-medical model which provides the person with dementia and their family with dedicated, skilled support from a named link worker over a minimum of a year, to help the person with dementia and their family carers understand and adjust to the diagnosis, connect with community resources and build a comprehensive, person-centred plan. The service is designed to retain, maximise and enhance individuals and families’ ‘natural’ resources and assets and help retain connections to friends, clubs, churches and the wider community.
- The service is provided by Integration Joint Boards and is delivered by either the third sector, mental health teams or social care staff. For individuals with existing intensive social care packages, the service will be adjusted and integrated into the overall care package. We have recognised that too few people get access to this support. (Reference

performance data). This plan sets out how we will work to systematically assess current provision and also how it has been impacted by the pandemic.

- As a result of restrictions, the pandemic has reduced people's likelihood of getting a timely diagnosis (with variation across Scotland because of the pandemic in the delivery of diagnostic scans in particular) and their opportunity to participate in our person centred post diagnostic support, particularly where peer support in groups was what they preferred. However, there is strong evidence that during the pandemic some 'virtual' post-diagnostic support using a range of on-line tools has worked well and we will take more action on what will have to be a more mixed type of service for the foreseeable future.
- In the engagement process, awareness of the post-diagnostic support (PDS) service and the one year entitlement was often low except amongst professional participants and families who had experienced the support of a PDS Link Worker. Amongst those who knew about PDS there was a recognition that before the pandemic post diagnostic support referrals have not been offered to enough eligible individuals and that we need to understand how referral rates have been impacted in 2020. There is concern that the one year guarantee is not long enough just now as diagnosis has been limited and so people will be getting diagnosed later and more likely to need a different form of PDS - one that looks more like care co-ordination.

COMMITMENT 4: We will continue to support our national commitment on post-diagnostic support, to increase access to this service and to the community support individuals need to continue living well as part of the wider community. As part of this, in partnership with COSLA, local partnerships, Alzheimer Scotland and other stakeholders we will take forward work in the first four months of 2021 to review and assess the provision and design of post-diagnostic services and identify both best practice and barriers to further expansion of the service. We will also establish a process to engage regularly with local delivery partners to assess progress and identify and help address local issues.

COMMITMENT 5: We will support an increase in dementia diagnosis rates to mitigate the impact of the restrictions to services including further engagement with primary care as the gateway to specialist diagnostic services. We will continue and expand, work with health and social care partnerships and others on supporting an increase in the number of people who get a referral into dementia post-diagnostic services through service innovation, service redesign and workforce support to improve the consistency and quality of PDS services.

LIVING WELL AT HOME

"People need targeted support & access to a range of services to enable them to live well at home, like physiotherapist support"

"Technology has proved essential during these unprecedented times. Technology has a huge part to play in living well with dementia."

"I think you learn about a person when you talk to them face to face; I want to meet people and enjoy their company"

"I've lost confidence. I want to go out independently but I can't. I want to do the right thing but I don't know what the right thing is, so I'd rather do nothing than get it wrong."

“I didn’t realise how much I depended on day services until they stopped, I am sure I would have been able to keep my husband at home longer with regular periods of respite for me and support for him”

- Feeling safe and secure in our own homes is important for everyone – and is especially so for people living with dementia who may experience a sense of loss and of vulnerability as their dementia progresses.
- During the pandemic the importance of feeling safe at home, feeling connected and visible and knowing and relying on family, carers neighbours and close community has been highlighted. Having a home that is well designed and adapted to suit changing needs is part of what enables people to stay connected to friends, neighbours and community. It is also essential that people with dementia get good quality integrated home care following eligibility assessment.
- Whilst we want to continue to help as many people with dementia as possible to live a good quality of life in their own home for as long as possible we are also aware of the risks of social isolation and loneliness for people with dementia who live alone without any immediate family nearby. Because of restrictions to protect the public from the virus, they have been unable to benefit from the kind of community supports, day supports and simple daily connections with community life that they would normally have.
- From registered day services to community choirs, being connected with others and being supported to live well were consistent themes from the engagement events. Whilst therapeutic interventions and support to manage the illness were identified as being vital, the connections with others and the opportunities to share experiences of dementia and beyond were what people craved most. Many people with a diagnosis expressed a lack of purpose and lack of motivation – with impact on mobility and other parts of physical health and wellbeing. Self-Directed Support (SDS) was identified as an important resource to both reactivate community services and to enable people to have increased choice and personalised support.
- Some service providers have struggled to re-mobilise services despite COVID-specific risk assessments being prepared and communicated with Public Health Protection teams. This has exacerbated carer stress as well as increased isolation for people living with dementia.
- We also know that families of loved ones with dementia have been profoundly affected by loss and grief during the pandemic. The Scottish Government’s Mental Health COVID-19 plan sets out how we will work with colleagues across Scottish Government and current providers of bereavement support, to explore the need for additional screening, outreach, and support for the mental health of those who have lost loved ones during the COVID-19 pandemic and we will support this commitment for dementia.

Respite and day care support

- Respite and day care support are important to enable unpaid carers to have a break from caring; and to provide opportunities for enjoyable and meaningful activities for people with support need – and are important and valued parts of overall individual, family and community resilience.

- We know that access to respite and day care has been a challenge for many supported people and their unpaid carers throughout the pandemic. While a growing number of services are open, the need for physical distancing in buildings-based services has reduced capacity.
- Day services guidance is in place and services can reopen subject to local approval to reopen. The Scottish Government continues to encourage local dialogue around reopening and approvals and to emphasise the importance of day services for people's wellbeing
- Because reopened services are operating at reduced capacity to enable distancing, our guidance emphasises the importance of dialogue with supported people and carers about alternative day support alongside traditional day centres. We are also emphasising people's right to use self-directed support options to access alternatives.
- Feedback from the sector is that an increasing number of day services have reopened – with reduced capacity to enable distancing. The significant proportion of day services that remain closed report a variety of reasons. The majority are running alternative day services in place of or alongside day centres. Demand remains high and reopened services are still running at reduced capacity.
- We have been working with partners to ensure carers have access to short breaks that are suitable for those who are self-isolating and physical distancing through the £3 million voluntary sector Short Breaks Fund. We have expanded the fund this year with an extra £255,000 for the Time to Live Fund micro-grants scheme.
- Over the coming months, we hope to see more day centres reopening as regular COVID testing is expanded among staff and vaccinations are rolled out to staff and people using services.

The nature and impact of digital exclusion

- During the engagement process, we heard that whilst value was placed on Near Me for clinical consultations and Zoom and other platforms for social connections described as a lifeline during the pandemic, there was a universal message that digital technology is a tool, an enhancer and is not a replacement for human connection. Broadband connectivity and speed were also issues for some.
- There was also a strong message that digital is not for everyone: people with dementia living alone had often not been seen by friends or fellow group members simply because they could not work the technology and broadband quality in some parts of Scotland remains a challenge, especially when using cameras to connect with and see friends.
- For family carers navigating service through digital, the disconnect of organisational systems had proved time consuming and frustrating, with people having to relate the same information several times to different services/agencies.
- The Scottish Government has been consulting on a plan for a refreshed digital strategy. It will be a catalyst for bringing together the digital transformation ambitions throughout all sectors in Scotland.

The Scottish Government has been taking further action this year to support older and vulnerable people at home:

Housing

- The Scottish Government champions independent living for older and disabled people within their community. Living in the right home with the right support can be the key to enabling people to live safely and independently at home.
- During the COVID-19 pandemic we are continuing to engage with stakeholders to ensure older and disabled people have access to help and advice needed to enable them to continue to live independently. We have also worked across government to ensure Registered Social Landlords and housing support providers have access to suitable Personal Protective Equipment (PPE) to enable them to safely deliver services to vulnerable tenants.
- Scottish Government has published [guidance for care at home, housing support and sheltered housing](#). This supports measures to prevent and prepare for infection in people receiving care at home or housing support.
- The Scottish Federation of Housing Associations (SFHA) produced a guide to support social landlords with restarting sheltered housing services which were paused during the lockdown phase of the pandemic. The Social Housing Resilience Group produced a guide which covers the re-opening of housing offices and the resumption of services delivered to tenants in their homes. This was updated on 23 November 2020 in line with the latest SG guidance on the current level 4 restrictions: COVID-19 Briefings (sfha.co.uk)

Fuel Poverty

- We recognise the positive health implications of being able to stay warm at home. The Scottish Government has therefore put in place a range of support for those struggling with their energy costs at this time.
- This includes continued support for Home Energy Scotland, as well as support for a range of projects via the Immediate Priorities, Wellbeing and Supporting Communities Funds. Our energy efficiency schemes also continue to provide targeted support to make homes warmer and cheaper to heat.

COMMITMENT 6: We will work with health and social care partnerships to enhance integrated and co-ordinated support for people with dementia to live well and safely in their own home, connected to their local community, for as long as possible and to minimise hospital admissions – and do more to support those with dementia who live alone. As part of this we will spread learning from the local whole-system dementia care approach being tested in Inverclyde.

COMMITMENT 7: We will implement the commitment in the Mental Health Recovery and Transition Plan to support and improve older people’s mental health and wellbeing for people with dementia and their carers, with particular attention to COVID-related issues such as trauma (and delayed trauma), bereavement and depression.

COMMITMENT 8: We will work with health and social care partnerships to support the physical rehabilitation for people with dementia and their carers through implementation of the Framework for Supporting People through Recovery and Rehabilitation and we will integrate that response

with the national dementia Allied Health Professionals' Framework Connecting People, Connecting Support.

COMMITMENT 9: We will continue to support and monitor the re-opening of Adult Day services for the benefit of people with dementia and their carers. We will also continue to expand and monitor the uptake of access to Self-Directed Support by people with dementia.

COMMITMENT 10: We will continue to maximise the impact of telecare and address digital exclusion for people with dementia and their carers.

BEING PART OF THE COMMUNITY

“The safe remobilisation of services and supports, support comes in all shapes and sizes, community supports will be equally important”

“A whole-community, intergenerational approach is the best way forward.”

“please I would beg for one thing that has been ignored for some time... the importance of community for keeping us all going”

“when communities wanted to be resilient they didn't have a problem doing that... it may not have been written down and filed.. that's the value of the community side, it can respond, it's adaptable and flexible... they know the needs of Betty at number 22 without needing to go through a formal process”

- During the pandemic, communities have come together, supported vulnerable people and helped reduce isolation. 75% of the Scottish population have wanted to volunteer in their community. The impact of the pandemic has reminded us just how social contact and involvement in community life means to people with dementia and that it can be as important as medical support in keeping people well for longer and living an independent life at home for as long as possible.
- We want to build on this and engage with communities on how they can contribute to keeping people with dementia connected to community life and living safely and independently in their community for as long as possible.
- Respondents told us how important feeling connected to others in their local community was and how detrimental it had been to overall wellbeing to have had no or reduced access to those community supports.
- We will learn from and engage with partners to develop solutions to everyday challenges and create change led by lived experience, There are numerous positive examples of how local partnerships, charities and communities have and will continue to work to complement the impact of post-diagnostic support, the work of the NHS, and enhance and strengthen the resilience of our local communities.
- The [Dementia Friendly Fife](#) project is a partnership between Fife Council, Fife Health and Social Care Partnership, Alzheimer Scotland and the University of St Andrews and has been positively evaluated in 2020 for its social model of disability, assets-based and multi-

generational approach and its importance as part of local community resilience in the context of COVID-19. In 2020 the Global Coalition on Aging, Alzheimer's Disease International and the Lien [Dementia Innovation Readiness Index 2020-30 Global Cities](#) named Glasgow City Council's dementia strategy, published in 2016, as second best globally for innovation. The report says that Glasgow 'offers a template for cities looking to improve early detection and diagnosis'. The strategy was also recognised for its priority focus on local community engagement and reducing stigma around dementia.

- In addition, [Alzheimer Scotland](#) has a well-established and extensive network of community supports across Scotland, including Dementia Advisors, high street resource centres, community activities and reminiscence groups – and a national Dementia Friends programme. [The Life Changes Trust](#) has funded a wide range of dementia community groups which have been evaluated positively – and has funded [Age Scotland's About Dementia](#) project which engages with people with dementia and carers to help inform policy in areas such as transport, housing and human rights.
- We will continue to integrate our national action on post-diagnostic support, integrated home care and other areas with these and other programmes. We will learn further from these and other projects and charities and engage with and strengthen communities and partners to sustain appropriate citizen-led ways to support people live safely, with dignity and as independent citizens, such as befriending and buddying.
- In doing so we will strengthen national and local linkages on the Scottish Government's Social Isolation and Loneliness Strategy and our work on third sector engagement.

Isolation and Loneliness

- We know COVID-19 has caused real issues of isolation and loneliness, but in truth for many people in Scotland it has only exacerbated their situation. The Scottish Government believes that social isolation and loneliness is a public health matter with the ability to lead to serious health complications and that tackling these issues is a critical part of sustaining resilient communities. For older people living with dementia who rely on friends and family, the restrictions that have been imposed have totally changed and sometimes stopped, visiting. We know that this has hurt those living with dementia, as well as their friends and family.
- Our initial response to the pandemic provided support for at risk communities through our £350 million Communities funding package, but on 30 November 2020 the First Minister announced a further £100 million package of funding for a Winter Plan for Social Protection. £5.91 million will promote equality and tackle social isolation and loneliness support on the ground. Included within that, £4.3 million will tackle social isolation and loneliness through digital inclusion.
- This funding will enhance support offered through key helplines, including for older people and victims of domestic abuse, ensuring that vulnerable people are able to access the support they need including those experiencing isolation.
- Third sector organisations that are tackling social isolation and loneliness across communities will be supported by £967,000. And our National Helpline, connected to all Local Authorities, remains in place to support people and provide advice when they need it. Across Scotland, formal and informal volunteering will play a vital role this winter in

supporting people and communities and this funding will go to support some of that collective effort.

COMMITMENT 11: Working with local health and social care partnerships and the third sector, community groups and businesses we will support and enhance local dementia-enabled communities and reduce social isolation and loneliness, as part of our shared action to strengthen and recover resilience in our communities.

SUPPORT FOR CARERS

“Being house-bound with a person I love but who can no longer speak to me”

“Even an hour to relax in a bath... I honestly don't think that's too big an ask”

“It's easy to say but hard to do... locally staff on the ground must support carers to feel like equal partners”

“If I hadn't had the Alzheimer Scotland Helpline, and specialist help, I wouldn't have managed.”

- Family carers play a crucial role in caring for and supporting loved ones with dementia. However, the nature of their caring role can often leave carers feeling isolated from friends and their community and finding it challenging to balance their own health and wellbeing alongside that of the person they care for. Family carers are worried about the people they love and their ability to cope on a daily basis with fewer other supports to draw on – and the continued uncertainty over getting support.
- Some Carers have struggled to maintain their caring role alongside their own health and wellbeing, particularly as some services have been withdrawn and are not yet remobilised. Respite was consistently identified during the engagement process as one of the most important resources that could make a real difference to carers. Where carers were connected to their local Carers' Centre they were more likely to feel supported, to have access to short breaks and other information and resources. More creative approaches to respite were also called for.
- Recent polling and research also indicates a large increase in unpaid carer numbers during the pandemic (from around 700,000 to 1.1 million), and provides evidence of individual carers doing more. Carers are dealing with pressures that are already great, and we understand that many are experiencing added pressure at this time. There may be significant impact on their physical and mental health and an economic impact.
- Throughout the course of the pandemic, we have been working alongside key organisations to ensure that carers have the up to date advice they need to help protect themselves and the person they care for, as well as information on carer support and how to access this.
- We have also been engaging with groups such as The Scottish Dementia Working Group (SDWG), National Dementia Carers Action Network (NDCAN), Together In Dementia Everyday (TIDE) and Dementia Engagement and Empowerment Project (DEEP) through national dementia groups and the *Clear Your Head* campaign. In addition, there has been engagement with the Care Homes Relatives Scotland group on the critical issue of care

home visiting and the development of family-facing visiting guidance and website resources.

- We have put in place a number of measures already to help ensure that we are responding to the impact of the pandemic on carers and the right support is available for those that need it. This has included:
 - a £500,000 fund to support local carer services move to supporting carers remotely;
 - the extension of access to PPE to unpaid carers;
 - extra funding for short breaks for carers;
 - publishing guidance on the safe reopening of adult day care services and standalone residential respite services;
 - a one-off Coronavirus Carer's Allowance Supplement payment in June for those in receipt of Carer's Allowance;
 - a dedicated page on the National Wellbeing Hub for carer support and access to the National Wellbeing Hub support;
 - the launch of a dedicated national marketing campaign to encourage carers to access the support available to them.
- Working with our partners in the Care Inspectorate and third sector, we have engaged with carers, mainly of people living in care homes, as a response to the added stress these carers have experienced, to shape family facing guidance that will support people to stay connected to their carers and reinforce our commitment to carers being recognised as equal partners in care.

We will also fund a counselling service provided by Alzheimer Scotland which will help to ensure that:

- Carers of people with dementia are aware and informed of their rights under the Carers (Scotland) Act 2016.
- Carers of people with dementia are supported emotionally with a focus on the impact of COVID-19 and its lasting effects on families.
- Families and carers of people with dementia are supported emotionally following the death of a loved one with dementia.
- Carers feel more resilient in their capacity to care.

COMMITMENT 12: We will engage with carer representatives to ensure carers of people with dementia are aware of and can access the support available to them, including their rights under the Carers (Scotland) Act 2016. We will also work with our dementia stakeholders to maximise awareness and uptake of the support carers have a right to access.

COMMITMENT 13: We will provide funding for counselling support through Alzheimer Scotland for carers of people with dementia in response to the pandemic which will complement mental health support accessed in the NHS.

LIVING SAFELY IN A CARE HOME

"Families and family carers need to be recognised as partners in care when someone goes into a care home. We don't switch of our caring role and help to recognise this."

"there is no substitute for in person contact with your family and the friends that matter to you."

“In care homes I have seen the reduced activity levels within care homes and how this is impacting on mobility”

“Not all relatives are fully involved in keeping an eye on guidance. They tend to watch the First Minister standing up at the daily briefings saying one thing but when they go to the care home this isn’t the case and it’s very distressing”

“I don’t see how I can be an equal partner if I can’t even see him (in the care home) or touch him”

“Elderly people in care homes who don’t have families – for them often the therapy visitors are their only visitor and that has completely stopped since the beginning of lockdown. That’s an important part of care home life that is missing, for some people with no family visitors that their only contact with the outside world.”

- Care homes should be homely, safe places for people with dementia to live when they are unable to continue to live independently or with care at home. People living in care homes are our most vulnerable to infection and we have introduced measures designed to keep people as safe as possible. The Clinical and Professional Advisory Group on Care Homes (CPAG) has been working intensively to support care homes on infection prevention and control, translating standards applied in acute settings to apply appropriately in a homely setting and creating ‘wrap around’ clinical care, standards and scrutiny designed to keep care homes COVID-19 free or to quickly recover from an outbreak. CPAG also recognised the impact of visiting restrictions on people living in care homes and their families and has prepared guidance designed to support families to stay connected.
- Through the Connecting Scotland programme care homes have been supported to use digital tools to keep families connected; 400 applications from care homes to receive complimentary ipads were received in the first week.
- Care home relatives have understandably been distressed at not seeing their loved ones in care homes and, despite guidance enabling indoor visiting, irrespective of the tier they live in, many families have not had access to their loved ones because the care home has not yet opened up indoor visiting. To help alleviate this distress, family carers were included in the 14 testing pilot sites, now being rolled out across Scotland.
- Respondents to this plan’s engagement process acknowledged and commended care home staff for their dedication to supporting and protecting residents and told us that care home visiting guidance was a useful tool in principle but often caused confusion and distress because of its inconsistent implementation.
- People told us that window visits, still the only option offered by some providers, caused particular distress with families referring to the confusion it caused the person with dementia who couldn’t understand why their family member was choosing not to come inside and spend time with them.
- We heard that not all families want the same thing though and some participants talked about wanting to reduce footfall in their loved one’s care home and, whilst finding it a difficult decision, opted not to visit.

- The withdrawal of therapeutic support, delivered by Allied Health Professionals (AHPs), from care homes, during the pandemic was raised frequently as a concern. The physical deterioration that also impacted on mental wellbeing of a loved one in a care home caused anger and distress. The principles of the [Connecting People, Connecting Support](#) AHP report were critical, with Occupational Therapists, Physiotherapists and Speech and Language therapists cited frequently as vital to upholding physical and mental health and wellbeing for care home residents. This concern extended to the lack of movement for people living in care homes, particularly where, during a COVID-19 outbreak, residents spent long hours sitting alone in their room. Concerns about possible breaches of human rights were expressed by some participants.

Current action on care homes

- Coronavirus testing for designated visitors of care home residents started in December 2020 with 14 early adopter care homes across five local authority areas. From Monday 14 December 2020, lateral flow test kits are being sent out to all homes across Scotland. For any care homes unable to make use of lateral flow tests before Christmas, PCR (polymerase chain reaction) testing of visitors will be available when necessary to facilitate visiting over the festive period.
- The Scottish Government issued guidance on Friday 3 December 2020 for care homes over the festive period covering key issues such as visiting. The Scottish Government's visiting guidance published on 12 October 2020 supports increased personal interaction, including hugs or hand holding, as long as strict PPE and infection prevention control measures are met.
- The first vaccinations against coronavirus (COVID-19) have been given in Scotland to those who will be carrying out the vaccination programme. Following clinical advice from the Joint Committee on Vaccination and Immunisation (JCVI) we will begin with those groups which have been prioritised to address 99 per cent of preventable deaths associated with COVID-19. These include elderly care home residents and staff, frontline health and social care workers and a number of other groups who are at risk of serious harm and death from this virus.

Excess Deaths Study

- There is a need to understand the relationship between both the COVID-19 virus and the impact of restrictions on the progress of the dementia illness, health outcomes and excess deaths rates across all care settings, especially during April-June 2020 which showed a 25% increase in excess deaths attributed to dementia (Reference [NRS](#) report).
- Evidence is required in order to inform clinical and other professional responses to people with dementia who contract COVID-19 in the vaccination and recovery phase. Evidence is also required to understand the potential impact of long COVID-19 on people with dementia and how to improve responses. We need to have a greater understanding for practitioners, policy makers and care providers of the potential impact on the dementia population and produce recommendations for clinical practice and overall care responses across all care settings.
- Key relevant risk factors may be: care setting; co-morbidities; age; impact of and response to restrictions; treatment efficacy; service access and workforce capacity.

- Potential impact of risk factors may include: significantly reduced mobility; inconsistent review of use of psycho active medication; risk of suppressed immunity resulting from side effects of psycho active medication; impact on respiratory functions as a result of medication.

COMMITMENT 14: Through the national Dementia in Care Homes working group we will continue to work with the care home sector to help ensure people with dementia have their rights and dignity upheld, and access to the rehabilitation they require in response to COVID-19.

COMMITMENT 15: As part of work on Excess Deaths during the pandemic, we will commission and publish a piece of research to help inform and enhance clinical and other professional responses to people with dementia who contract COVID-19 in the vaccination and recovery phase.

COMMITMENT 16: We will commission a study in partnership with the Care Inspectorate to examine the use and review of psychoactive medication in care homes during the pandemic.

IMPROVING THE HOSPITAL EXPERIENCE

“We have tried virtual calls and though I can see my mum she does not interact with me which I find very upsetting. When I visited I could hold her hand and she would squeeze it so I knew”

“Our dad, was admitted to hospital during the pandemic and the care was excellent. However, due to COVID he was generally encouraged to sit by his bed. The difficulty with this is that his mobility and overall physical integrity began to decline, making it less likely he would be able to maintain fitness and mobility at home”

- During the course of pandemic recovery, we must continue to ensure that when people with dementia require admission into acute care, they are cared for appropriately and discharged timeously back to their own home wherever possible and always to a safe and homely environment.
- Throughout the pandemic patients with dementia have always been permitted to have a visitor while in hospital, even when visiting is suspended. Visits to support people with dementia were deemed essential throughout, in recognition of the stress or distress it could cause to a person with dementia if they did not have a visit from a loved one. (Reference visiting guidance.)
- The Alzheimer Scotland Dementia Nurse Consultants, co-funded by the Scottish Government, Alzheimer Scotland and Health Boards, continue to respond to the needs of people with dementia during the pandemic. Over recent months they have provided expert advice on dementia care issues within acute, community and mental health hospital settings, as well as wider community locations, including care homes. They have led or been involved with the introduction of ‘virtual visiting’, ensuring people with dementia remained connected with loved ones through technology, where this is appropriate for the patient. They have also contributed to ethical decision-making groups, care home oversight groups, supported staff wellbeing, provided dementia education, provided family-carer support, and importantly worked with dementia champions and dementia

specialist improvement leads to ensure the delivery of person-centred care for people with dementia using healthcare services at this challenging time.

COMMITMENT 17: To support care for people with dementia in acute care during the pandemic, we will continue to co-fund to the National Dementia Nurse Consultant programme and we will fund a further cohort of the Dementia Champions programme which upskills and empowers frontline staff on dementia.

PALLIATIVE AND END OF LIFE CARE

- We want people who have dementia to get the care that is right for their individual circumstances. In order to achieve this, it is important for clinical teams to have sensitive, timely and focussed conversations with individuals living with dementia, their loved ones and those with Power of Attorney (where appropriate) about their care wishes, should there be a risk of them becoming seriously ill. It is only by having such sensitive and compassionate conversations with people living with dementia and their loved ones, that they will get the care that is right for them when time becomes short.
- To support healthcare teams in having such discussions, the Chief Medical Officer issued COVID-19 Anticipatory Care Planning (ACP) guidance for people with dementia in September 2020. Aimed mainly at Primary Care teams, it complements and enhances existing ACP guidance and was developed in collaboration with The Life Changes Trust, Alzheimer Scotland and Healthcare Improvement Scotland.
- It is important to recognise that in some cases of overwhelming illness, particularly in individuals with significant or multiple pre-existing conditions, some treatments such as Cardiopulmonary Resuscitation (CPR) may not be effective. This can often be a difficult subject to discuss, however it is important for healthcare teams to be open and realistic with people and their loved ones, about whether this treatment is likely to be successful given the specific medical circumstances of the individual. However, we want to build on our learning from earlier in the year and have developed a range of tools to support healthcare teams in taking a more person centred and sensitive approach when having these sensitive discussions.

COMMITMENT 18: We will continue to implement the COVID-19 Dementia Anticipatory Care Guide to help those living with dementia, and their families. Through national service improvement support from Healthcare Improvement Scotland and the two national dementia workforce programmes, health and social care staff are supported to use this guide to help those living with dementia, and their families, plan the care that is right for them.

SUPPORTING A SKILLED AND KNOWLEDGEABLE WORKFORCE AND SERVICE MODERNISATION

“The epidemic has really highlighted what a huge debt we owe to paid workers in the care sector”

“Care home staff deserve a medal after all this. I know I can trust them to look after my mum even though I can only see her outside”

- Behind all of this work is the primacy of valuing, supporting and enhancing the skills and knowledge of the dementia workforce across health and social services and in all care settings. This national work sits alongside the Scottish Government's ongoing commitment to service improvement, modernisation and innovation – in all areas including primary and community care, care homes and hospital and specialist dementia NHS in-patient care. We will support and enhance this work as we continue to respond to the challenges of the pandemic.

Trauma-informed workforce

- The Scottish Government's ambition, shared with COSLA and many other key partners, is for a trauma-informed workforce and services across Scotland.
- Our goal is to transform how we understand and respond to trauma and adversity in Scotland, where people experience empathy and respect rather than shame or stigma, and are empowered to access the services or support they need to help their own unique journey of recovery. We also know this pandemic has increased and exacerbated both the risk and the impact of trauma, with people with dementia and their carers an important group to be considered.
- Since 2018, the Scottish Government has invested over £1.5 million in a National Trauma Training Programme (NTTP), led by NHS Education for Scotland (NES) and informed by people with lived experience of trauma. Our Mental Health Transition and Recovery Plan (October 2020) committed to expand the NTTP for a further two years (to 2023) in recognition of the need for a long term, trauma informed response to recovery from COVID-19. This training programme provides a suite of high quality, evidence-based, freely available trauma training resources, developed by NES, to support all sectors of the workforce in taking a 'trauma-informed lens' to their policies and practice.

COMMITMENT 19: We will continue to fund and support our national dementia workforce development and service improvement programmes – [Promoting Excellence](#) and [Connecting People, Connecting Support](#) and Healthcare Improvement Scotland's [Focus on Dementia](#) programme - as they support staff and services to respond and adapt to COVID-19.

COMMITMENT 20 : In 2020/21 we will continue to prioritise trauma training support for the Health and Social Care workforce, including staff who support people with dementia and their carers.

PREVENTING DEMENTIA

When we think about dementia, one of the best ways we can support everyone in Scotland is to promote behaviours and strategies that will help prevent us developing dementia. Even though all of us are facing unprecedented times in public health, we also want to offer evidence and hope and show our ambition on preventing dementia.

- Brain Health Scotland, funded by the Scottish Government and hosted by Alzheimer Scotland, is working with the dementia community, including the research community, and will lead the way on brain health awareness and literacy – a public health programme leading to a first national brain health and dementia prevention strategy on 2021.

- This will be an important first step in crucial long term work to reduce the risk of people developing dementia. Brain Health Scotland is fully supported by the Scotland's research community as well as people with dementia and carers who are part of organised national networks through the Scottish Dementia Working Group and the National Dementia Carers Action Network.

COMMITMENT 21: The Scottish Government is supporting Brain Health Scotland to share and promote knowledge and facilitate and encourage behaviours that evidence tells us will help keep our brains healthy and reduce our risk of developing some forms of dementia.

ANNEX A – Summary of Commitments

COMMITMENT 1: The Scottish Government will continue to engage with participants from the engagement process, to help monitor and review the implementation and impact of this plan at 6 and 12 months. A national governance group including COSLA and representatives from health and social care partnerships will be established to oversee governance and reporting on the plan.

COMMITMENT 2: We will undertake work with partners to evaluate the impact of the pandemic on the rights of people with dementia and their carers – including the rights to make informed individual choices about risk as far as possible - across all care settings and produce a report that will inform recovery and enhance and strengthen our shared human rights approach to dementia which has underpinned our action over the last 10 years.

COMMITMENT 3: The Scottish Government will conduct a full equality impact assessment on this plan. In undertaking this impact assessment we are appraising what the potential impact the actions outlined in the plan are likely to be in relation to protected characteristics under the Equality Act and several further equality considerations, including socioeconomic inequality, rural/ remote locations and digital exclusion. This work is ongoing and involves external engagement with equality groups, people with dementia and their carers.

COMMITMENT 4: We will continue to support our national commitment on post-diagnostic support, to increase access to this service and to the community support individuals need to continue living well as part of the wider community. As part of this, in partnership with COSLA, local partnerships, Alzheimer Scotland and other stakeholders we will take forward work in the first four months of 2021 to review and assess the provision and design of post-diagnostic services and identify both best practice and barriers to further expansion of the service. We will also establish a process to engage regularly with local delivery partners to assess progress and identify and help address local issues.

COMMITMENT 5: We will support an increase in dementia diagnosis rates to mitigate the impact of the restrictions to services including further engagement with primary care as the gateway to specialist diagnostic services. We will continue, and expand, work with health and social care partnerships and others on supporting an increase in the number of people who get a referral into dementia post-diagnostic services through service innovation, service redesign and workforce support to improve the consistency and quality of PDS services.

COMMITMENT 6: We will work with health and social care partnerships to enhance integrated and co-ordinated support for people with dementia to live well and safely in their own home, connected to their local community, for as long as possible and to minimise hospital admissions – and do more to support those with dementia who live alone. As part of this we will spread learning from the local whole-system dementia care approach being tested in Inverclyde.

COMMITMENT 7: We will implement the commitment in the Mental Health Recovery and Transition Plan to support and improve older people’s mental health and wellbeing for people with dementia and their carers, with particular attention to COVID-related issues such as trauma (and delayed trauma), bereavement and depression.

COMMITMENT 8: We will work with health and social care partnerships to support the physical rehabilitation for people with dementia and their carers through implementation of the Framework for Supporting People through Recovery and Rehabilitation and we will integrate that response with the national dementia Allied Health Professionals' Framework Connecting People, Connecting Support.

COMMITMENT 9: We will continue to support and monitor the reopening of Adult Day Services for the benefit of people with dementia and their carers. We will also continue to expand and monitor the uptake of access to Self-Directed Support by people with dementia.

COMMITMENT 10: We will continue to maximise the impact of telecare and address digital exclusion for people with dementia and their carers.

COMMITMENT 11: Working with local health and social care partnerships and the third sector, community groups and businesses we will support and enhance local dementia-enabled communities and reduce social isolation and loneliness, as part of our shared action to strengthen and recovery resilience in our communities.

COMMITMENT 12: We will engage with carer representatives to ensure carers of people with dementia are aware of and can access the support available to them, including their rights under the Carers (Scotland) Act 2016. We will also work with our dementia stakeholders to maximise awareness and uptake of the support carers have a right to access.

COMMITMENT 13: We will provide funding for counselling support through Alzheimer Scotland for carers of people with dementia in response to the pandemic which will complement mental health support accessed in the NHS.

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COMMITMENT 21: The Scottish Government is supporting Brain Health Scotland to share and promote knowledge and facilitate and encourage behaviours that evidence tells us will help keep our brains healthy and reduce our risk of developing some forms of dementia.

ANNEX B

Events Participation Summary

- We held a total of 14 individual virtual engagement events.
- We spoke with over 100 attendees (organisations or individuals) in all.
- We also engaged with attendees at two key dementia meetings via breakout groups at National Dementia Strategy Implementation and Governance Group & National Dementia in Care Homes Group (further 50 participants with some crossover with the other events).
- An online questionnaire was widely circulated which received 99 responses.
- In addition some event participating organisations provided collated responses and individuals emailed their views to the Dementia Policy Mailbox, so an additional 20 people engaged this way.

Events Participating Organisations

- Aberdeen City Health & Social Care Partnership
- Aberdeenshire Health & Social Care Partnership
- Age Scotland
- Alliance Scotland
- Allied Health Professions Federation (AHPF)
- Alzheimer Centre Scotland for Policy and Practice
- Alzheimer Scotland
- Alzheimer Scotland Centre for Policy and Practice, School of Health and Life Sciences, University of the West of Scotland
- Association of East Lothian Day Centres
- Ayrshire Central Hospital, Irvine
- Blackwood social housing
- Brain Health Scotland
- Care Inspectorate
- Carer Voices Project
- Ceartas Advocacy Services, East Dunbartonshire
- Chartered Institute of Housing
- Chief Officers Network
- Clackmannanshire & Stirling HSCP
- Community Hospitals and Care Homes Assessment Team (CHAT)
- COSLA - Convention Of Scottish Local Authorities
- Councillor for Selkirkshire
- CrossReach
- Dementia Engagement and Empowerment Project - DEEP
- Dementia friendly community, Ayrshire
- Dementia friendly community, Fife
- Dementia Voices
- East Ayrshire Community Hospital
- East Lothian Council
- Edinburgh Behaviour Support Service
- Focus on Dementia
- Forget Me Notes Musical charity
- GGC NHS

- Glasgow City HSCP South & East Renfrewshire HSCP
- Golden Jubilee Foundation, Clydebank
- Healthcare Improvement Scotland
- Houldsworth Centre, WISHAW
- Independent Care Sector
- Inverclyde HSCP
- Leverndale hospital
- Lothian Older People's Psychology Service
- Manor Grange Care Home
- Mental Welfare Commission
- Mountainhall Treatment Centre, Dumfries
- National Dementia Carers Action Network - NDCAN
- Newmains Community Trust
- NHS Ayrshire & Arran
- NHS DUMFRIES AND GALLOWAY
- NHS Education for Scotland (NES)
- NHS FIFE
- NHS Fife
- NHS Forth Valley
- NHS Lothian
- NHS Orkney
- NHS STATE HOSPITALS BOARD FOR SCOTLAND
- NHS24
- Older Adult Community Mental Health Team NHS GGC
- Older People Mental Health, Royal Edinburgh Hospital, Edinburgh
- Owner of Care Home relatives petition
- Perth & Kinross Health & Social Care Partnership
- Perth Royal Infirmary
- Renfrewshire HSCP
- Royal College of Occupational Therapists
- Scottish Borders Council
- Scottish Care
- Scottish Dementia Working Group
- Scottish Social Services Council (SSSC)
- Space Scot
- Stornoway Council
- Support in the Right Direction (SiRD), North Lanarkshire Disability Forum
- The Good Care Group
- The Life Changes Trust
- The State Hospital, Carstairs
- Together In Dementia Everyday (TIDE)
- Town Break – Dementia Support Services
- University of the West of Scotland
- Victoria Hospital
- Younger On-set Dementia Group STAND - Striving Towards a New Day
- Your Voice

Events Participating Roles and Professions

- National Post-Diagnostic Advisor
- Inspector, Dementia Practice Development Group
- Allied Health Professions
- Care Home Staff
- Charge Nurse CPN
- Clinical Nurse Manager
- Clinical Nurse Specialist
- Community Connector
- Community Engagement Worker
- Councillor
- Consultant Clinical Psychologist
- Dementia Champion
- Dementia Nurse Consultant
- Dementia Support Worker
- Development Manager
- Dietitian
- Family Carers
- Housing Officers
- Occupational Therapists
- People with Dementia
- People with Younger On-set Dementia
- Podiatrist
- Policy and Practice Manager
- Practice Development Nurse
- Practice Development Nurse
- Practice Development Support Nurse
- Private Carer
- Professional Practice Lead
- Professor of Dementia
- Property Investment Manager
- Psychiatrist
- Relatives of People with Dementia
- Relatives of People with Dementia in Care Homes
- Scottish Dementia Working Group
- Senior Lecturer In Dementia
- Senior Principal Clinical Psychologist
- Service Manager Psychiatry of Old Age In-patients
- Social Care Staff
- Specialist Dietitian
- Specialist Physiotherapist
- Speech & Language Therapist
- Strategic Development Officer
- Student Nurse
- Unpaid Carers
- Member representatives



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