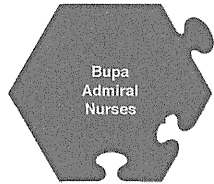


Admiral Nursing in the UK

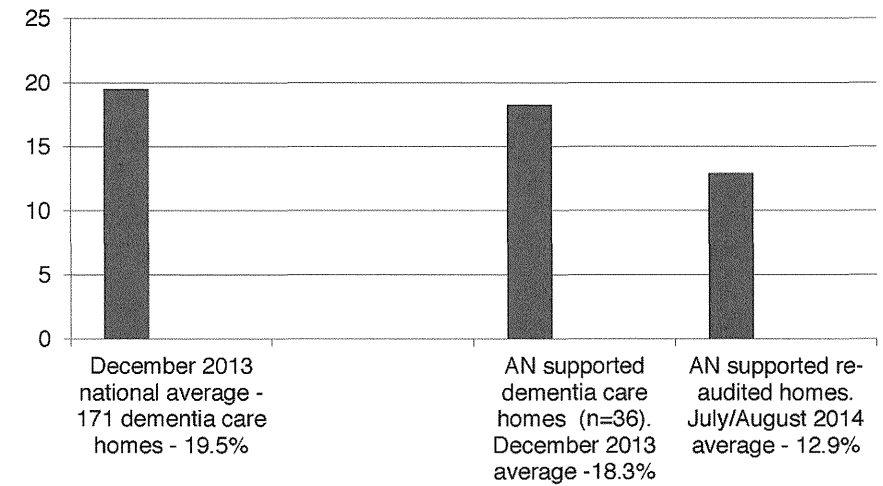
What is an admiral nurse: Dementia Care Specialist Nurses



Bupa Admiral Nurses

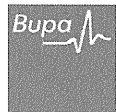
- Appointed in 2013
- 6 currently in post across in England
- 6 more to be appointed in 2015 in England and Scotland
- An external layer of extraordinary capability currently supporting 40 dementia care homes

Admiral Nurses are delivering great results in reduction of prescribed antipsychotics



14

A Proposed Teaching, Research and Innovation Care Environment

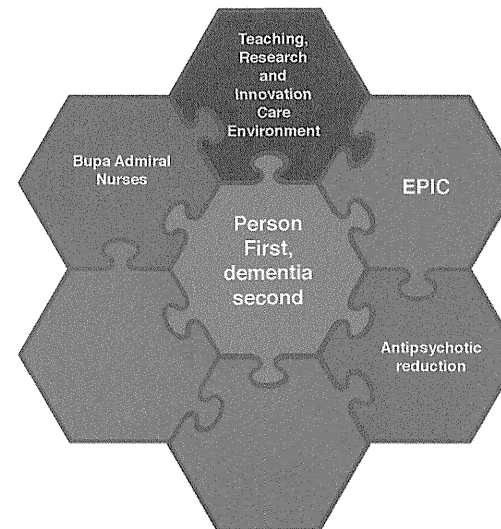


+



The environment will be a research-rich, scholarly environment testing design principles, clinical practice and care innovation. Hosted in the United Kingdom, led and delivered by outstanding dementia care practitioners, academics and researchers from the Bradford Dementia Group, it will be a global exemplar, using research-informed training and practice development.

There are still pieces of the puzzle missing...



Evaluating the effectiveness and cost effectiveness of Dementia Care Mapping (DCM) to Enable Person Centred Care Training (PCCT) for people with dementia and staff: A UK cluster randomised controlled trial in Care homes (DCM EPIC trial). Lead applicant, Dr Claire Surr (University of Bradford Dementia Group).

16

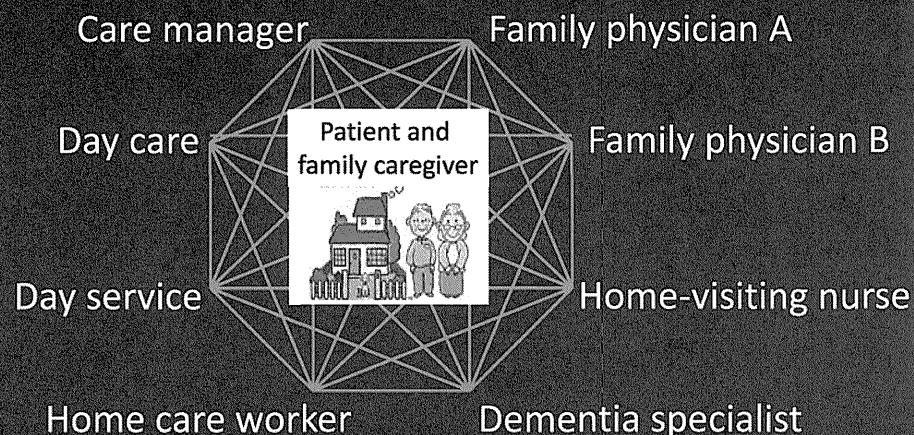
Effect of a regional cooperative system for dementia patients with a collaboration notebook

Hiroaki Kazui

Department of Psychiatry
Osaka University Graduate School of Medicine

Disclosure: Our activities were supported in part by research grants for Research on Dementia from the Ministry of Health, Labour and Welfare of Japan, the Sugiura Foundation for the Development of Community Care, and the Nippon Life Insurance Foundation for Aging Society.

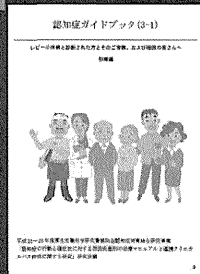
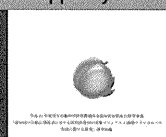
Need for collaboration among the many people caring for dementia patients living at home



Our system for dementia patients consists of:

- Collaboration notebook
- Disease- and severity-specific care guidebooks
- Collaborative meetings

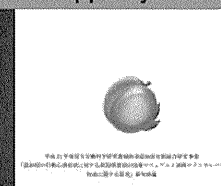
A collaboration notebook to support your life



The collaboration notebook to support patient life at home

- Provided for the patient when diagnosed with dementia
- Brought by a caregiver whenever a patient attends a healthcare provider
- Consists of two parts:
 - First part: patient's clinical information
 - Second part: information for sharing

A collaboration notebook to support your life



Yellow page for information sharing

Name and occupation (circle) of person writing the note

シート2)情報共有連絡票 この連絡票での連絡では担当者個人名を記載してはなりません

記入する人 ケアマナ 9/ 5(水) 氏名 ケアマナ 担当 ケアマネ担当いたしました。入浴援助については、それぞれのサービスの中で、いろいろ声かけをして、無難の無い差しをお願いしたいと思います。	答えてほしい人 花巻 9/ 11(火) 氏名 花巻 担当 入浴の件、いろいろ工夫をしたいと思います。花巻さんとの連携関係を一層にしたいと思います。
---	---

記入見本

確認者サイン

9/5 語介 9/7 ケアマナ 9/19
9/11

Yellow page for information sharing

Name and occupation (circle) of person writing the note

Questions or information to be shared

シート2)情報共有連絡票 この連絡票での連絡では担当者個人名を記載してはなりません

記入する人 ケアマナ 9/ 5(水) 氏名 ケアマナ 担当 ケアマネ担当いたしました。入浴援助については、それぞれのサービスの中で、いろいろ声かけをして、無難の無い差しをお願いしたいと思います。	答えてほしい人 花巻 9/ 11(火) 氏名 花巻 担当 入浴の件、いろいろ工夫をしたいと思います。花巻さんとの連携関係を一層にしたいと思います。
---	---

記入見本

確認者サイン

9/5 語介 9/7 ケアマナ 9/19
9/11

Yellow page for information sharing

Name and occupation (circle) of person writing the note

Name of person for whom information is intended or from whom a response is requested

Questions or information to be shared

シート2)情報共有連絡票 この連絡票での連絡では担当者個人名を記載してはなりません

記入する人 ケアマナ 9/ 5(水) 氏名 ケアマナ 担当 ケアマネ担当いたしました。入浴援助については、それぞれのサービスの中で、いろいろ声かけをして、無難の無い差しをお願いしたいと思います。	答えてほしい人 花巻 9/ 11(火) 氏名 花巻 担当 入浴の件、いろいろ工夫をしたいと思います。花巻さんとの連携関係を一層にしたいと思います。
---	---

記入見本

確認者サイン

9/5 語介 9/7 ケアマナ 9/19
9/11

Yellow page for information sharing

Name and occupation (circle) of person writing the note

Name of person for whom information is intended or from whom a response is requested

Questions or information to be shared

Response by specified persons:

シート2)情報共有連絡票 この連絡票での連絡では担当者個人名を記載してはなりません

記入する人 ケアマナ 9/ 5(水) 氏名 ケアマナ 担当 ケアマネ担当いたしました。入浴援助については、それぞれのサービスの中で、いろいろ声かけをして、無難の無い差しをお願いしたいと思います。	答えてほしい人 花巻 9/ 11(火) 氏名 花巻 担当 入浴の件、いろいろ工夫をしたいと思います。花巻さんとの連携関係を一層にしたいと思います。
---	---

記入見本

確認者サイン

9/5 語介 9/7 ケアマナ 9/19
9/11

Yellow page for information sharing

Name and occupation (circle) of person writing the note

Name of person for whom information is intended or from whom a response is requested

Questions or information to be shared

Response by specified persons:

Everybody should read the notes and sign and date after reading.

シート21 情報共有連絡票

この連絡票での目的では特定情報提供の形ではできません

本人ご家族
ケアマネジャー
かかりつけ医・(認知症専門医)
介護スタッフ・地域包括センターその他

本人ご家族
ケアマネジャー
かかりつけ医・(認知症専門医)
介護スタッフ・地域包括センターその他

氏名 氏名
氏名 氏名
氏名 氏名

所属 CPC所属
所属 所属
所属 所属

9/ 5(水) 9/ 11(火)

ケアマネ 伺いました。入浴難
害については、それぞれのサービス
中で、いろいろ声をかけをして、無
題のない話しをお聞かせしたいと思
います。

3日の川西大受診でアリエセが
増量されました。今のところ食欲不
振等は無いとのことです。この半月
夜の不眠が少しあるようです。早に
寝静まらなければなりません。早に
注意して行きたいと思っています。

記入見本

確認者サイン

9/5 9/7 9/10 9/11

Yellow page for information sharing

Name and occupation (circle) of person writing the note

Name of person for whom information is intended or from whom a response is requested

Questions or information to be shared

Response by specified persons:

Example: From a family physician: "I have prescribed medication for delusions. Please observe the patient for any dizziness or drowsiness."

Everybody should read the notes and sign and date after reading.

シート21 情報共有連絡票

この連絡票での目的では特定情報提供の形ではできません

本人ご家族
ケアマネジャー
かかりつけ医・(認知症専門医)
介護スタッフ・地域包括センターその他

本人ご家族
ケアマネジャー
かかりつけ医・(認知症専門医)
介護スタッフ・地域包括センターその他

氏名 氏名
氏名 氏名
氏名 氏名

所属 CPC所属
所属 所属
所属 所属

9/ 5(水) 9/ 11(火)

ケアマネ 伺いました。入浴難
害については、それぞれのサービス
中で、いろいろ声をかけをして、無
題のない話しをお聞かせしたいと思
います。

3日の川西大受診でアリエセが
増量されました。今のところ食欲不
振等は無いとのことです。この半月
夜の不眠が少しあるようです。早に
寝静まらなければなりません。早に
注意して行きたいと思っています。

記入見本

確認者サイン

9/5 9/7 9/10 9/11

Yellow page for information sharing

Name and occupation (circle) of person writing the note

Name of person for whom information is intended or from whom a response is requested

Questions or information to be shared

Response by specified persons:

Example: From a family physician: "I have prescribed medication for delusions. Please observe the patient for any dizziness or drowsiness."

Everybody should read the notes and sign and date after reading.

シート21 情報共有連絡票

この連絡票での目的では特定情報提供の形ではできません

本人ご家族
ケアマネジャー
かかりつけ医・(認知症専門医)
介護スタッフ・地域包括センターその他

本人ご家族
ケアマネジャー
かかりつけ医・(認知症専門医)
介護スタッフ・地域包括センターその他

氏名 氏名
氏名 氏名
氏名 氏名

所属 CPC所属
所属 所属
所属 所属

9/ 5(水) 9/ 11(火)

ケアマネ 伺いました。入浴難
害については、それぞれのサービス
中で、いろいろ声をかけをして、無
題のない話しをお聞かせしたいと思
います。

3日の川西大受診でアリエセが
増量されました。今のところ食欲不
振等は無いとのことです。この半月
夜の不眠が少しあるようです。早に
寝静まらなければなりません。早に
注意して行きたいと思っています。

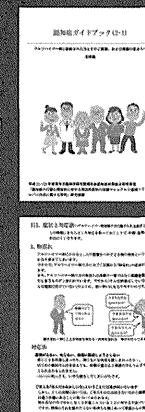
記入見本

確認者サイン

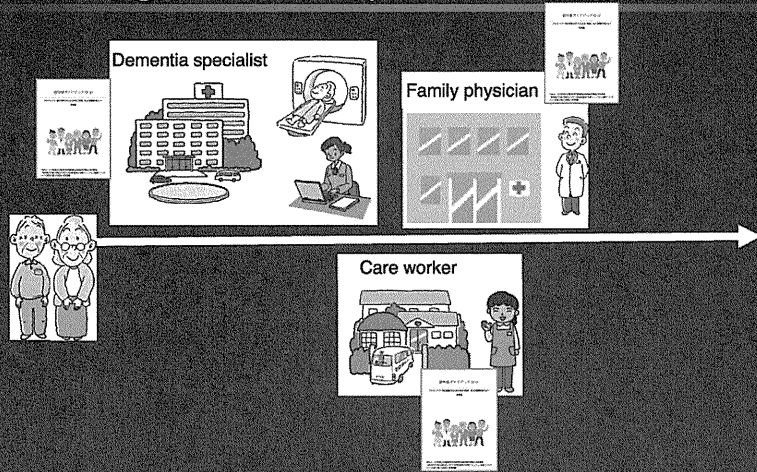
9/5 9/7 9/10 9/11

Disease- and severity-specific care guidebooks

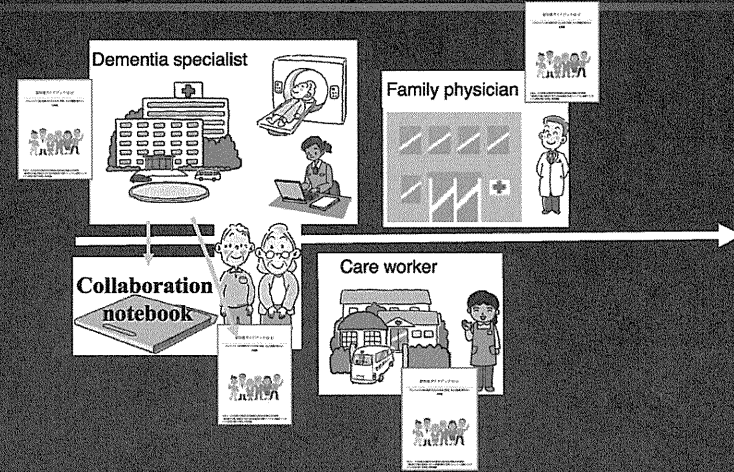
- 10 kinds:
 - Overview
 - Alzheimer's disease: early · middle · late stage
 - Dementia with Lewy bodies: early · middle · late stage
 - Frontotemporal lobar degeneration: early/middle · late stage
 - Vascular dementia
- contains a small number of pages and focuses on
 - the common types of Behavioral and Psychological symptoms of Dementia (BPSD)
 - how to cope with the BPSD in a specific stage of a particular disease.
- Prompt and appropriate measures to be taken by a nearby people if patient has mild BPSD in order to prevent worsening of BPSD.



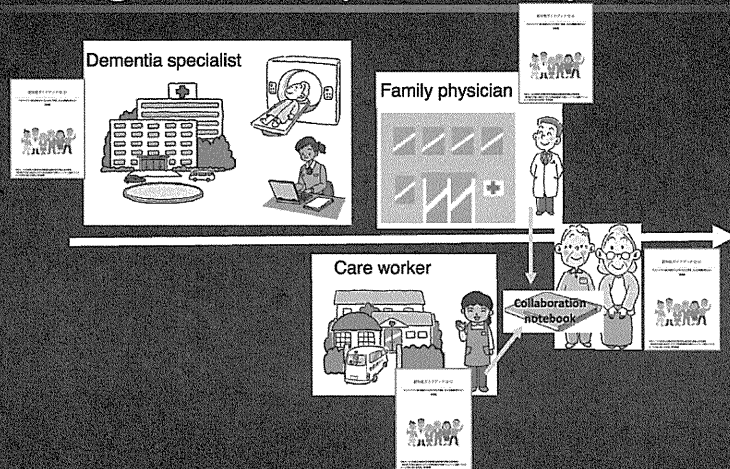
Trial implementation of regional cooperative system



Trial implementation of regional cooperative system



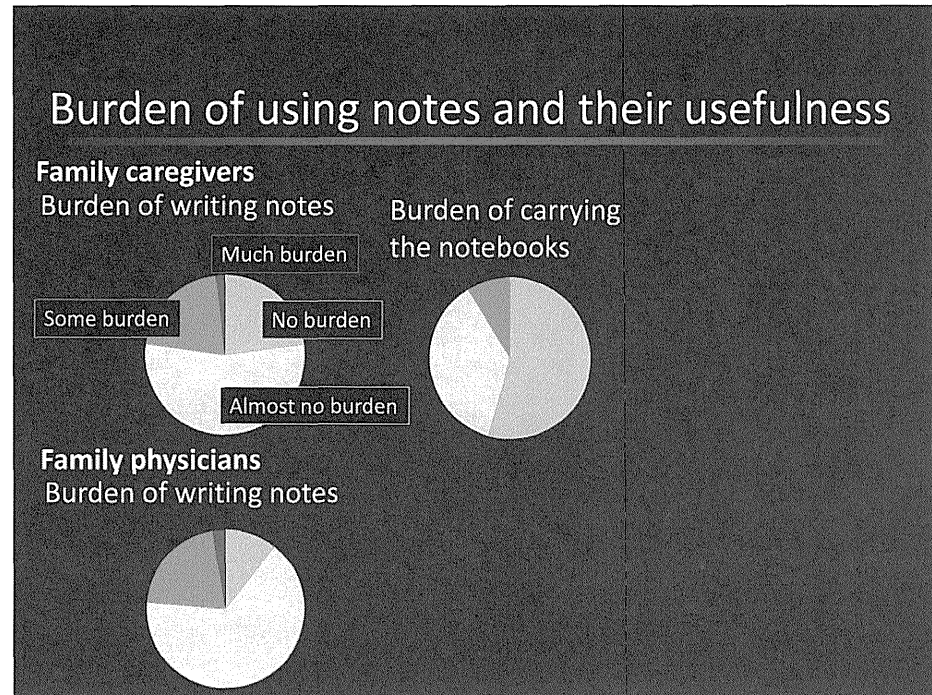
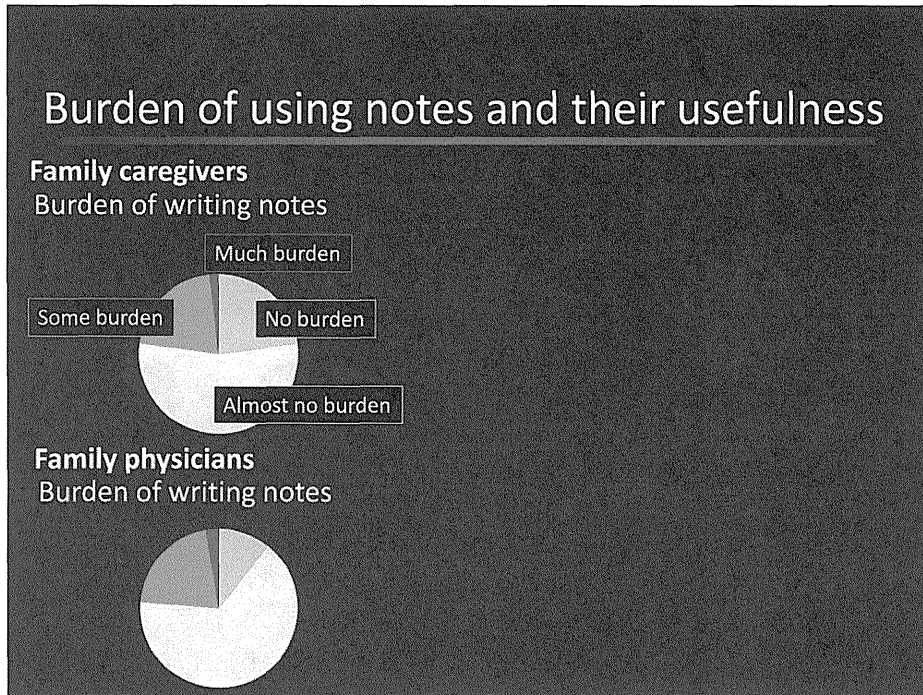
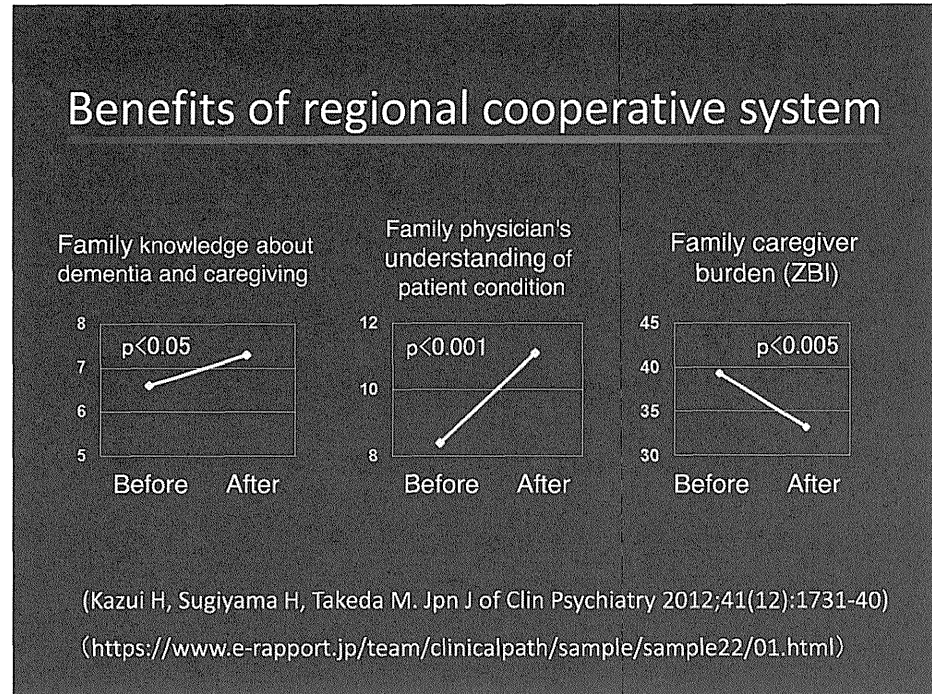
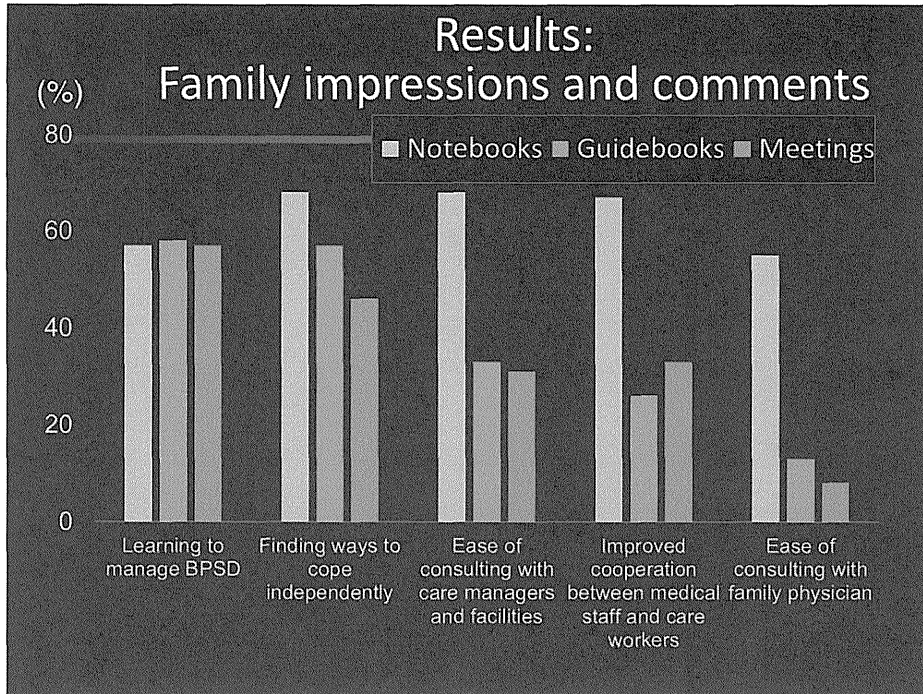
Trial implementation of regional cooperative system



Trial implementation of regional cooperative system

Feb 2011 - Jul 2011

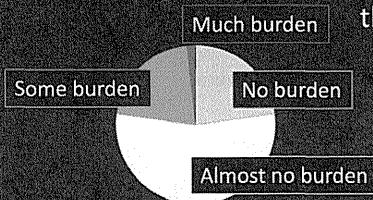
- 59 Dementia patients (& caregivers)
- 75 Family physicians
- 48 Care managers
- 84 Care facilities



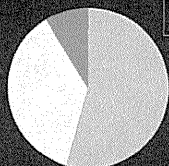
Burden of using notes and their usefulness

Family caregivers

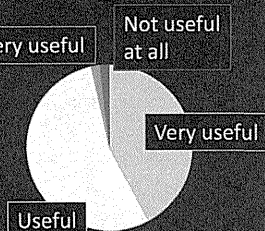
Burden of writing notes



Burden of carrying the notebooks

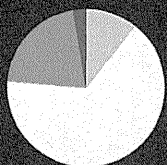


Usefulness

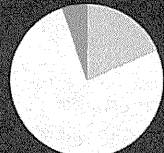


Family physicians

Burden of writing notes



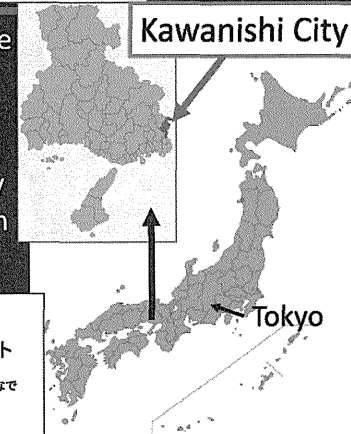
Usefulness



Kawanishi City collaboration notebook (tsunagari note) system

Hyogo Pref.

- Introduction of our regional cooperative system
 - Starting in 2013
 - Kawanishi City, Hyogo Prefecture
 - Population: 160,000; 25% elderly
- Creation of Kawanishi City collaboration notebooks (tsunagari note)



Kawanishi City collaboration notebook (tsunagari note) program

Criteria for candidate selection:

- Residents of Kawanishi City
- Support Required level of severity 2 or more in the Japanese Long-term Care Insurance system

3073 persons extracted from city government database

Kawanishi City collaboration notebook (tsunagari note) program

Criteria for candidate selection:

- Residents of Kawanishi City
- Support Required level of severity 2 or more in the Japanese Long-term Care Insurance system

3073 persons extracted from city government database

Feb 1, 2013: Use of notes begins

- April 18, 2013: 463 users

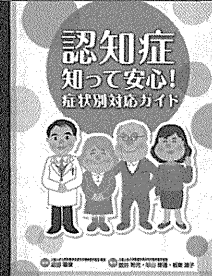
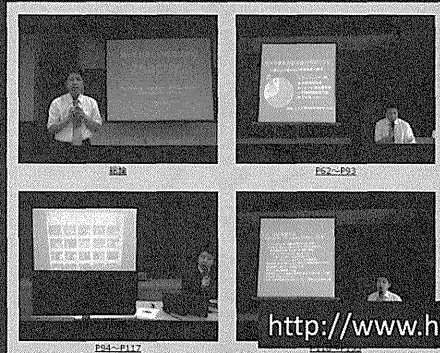
Collaborative meetings: Held 4 times a month at start of project

- Mini-lectures by dementia specialists
- Discussion by all participants on how to use notes more effectively.

Promotion of continuous educational activities

- a series of lectures with a dementia care guidebook
- e-learning program

dementia care guidebook



<http://www.handaichiikirenkei.com/movie/>

- continually searching for ways and means to more effectively use the notes and to support dementia patients living at home

セッション-3
認知症の人が地域で暮らす
(15:30~17:30)

オーデイトリアム

認知症の人々は、診断を受けた後も継続して自らの生活を営めることが重要であり、このための新たな取組みが進められている。
これらの取組みについての現在の知見を共有し、今後の施策への活用の可能性や、今後の方向についての示唆を得る

【座長】神崎 恒一(杏林大学)

【座長】Beth Kallmyer (アルツハイマー協会, 米)

Jean Georges (アルツハイマーヨーロッパ)

栗田 主一(地方独立行政法人東京都健康長寿医療センター)

Annette Pauly (連邦家庭・高齢者・女性・青少年省, 独)

Jeremy Hughes (アルツハイマーソサエティ, 英)

高見 国生(認知症の人と家族の会)

Ki Woong Kim (国立認知症研究所, 韓国)

内海 久美子(砂川市立病院)

大谷 るみ子(大牟田市認知症ライフサポート研究会)

Dementia-friendly communities: Linking up with WHO and EIP AHA initiatives

Tokyo, Japan
5 November 2014

Outline

1. Some European initiatives on dementia-friendly communities
2. WHO and EU initiatives on age-friendly environments
3. Linking up age- and dementia-friendly environments

2

Key objectives

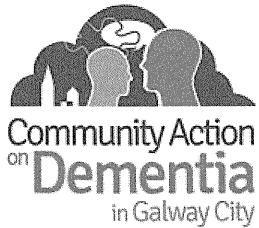
- Identify the key partners, services, activities and businesses within any given community to develop a local map of the people and the place
- Engage with the key stakeholders by increasing their knowledge and understanding of dementia to ensure that it becomes part of the local agenda
- Challenge the stigma, myths and misconceptions around dementia by opening the channels of communication and removing the barriers to change
- Work with local services and businesses to make the community a dynamic and friendly place for people with dementia, their carers, families and friends to live and work in
- Work together to increase the opportunity for people with dementia and their carers to remain engaged in their chosen activities of life for as long as they wish to

Stakeholders

- People with dementia are central to creating Dementia Friendly Communities
- Neighbours, friends, supporters and families
- Local businesses that exist in every community such as banks, post office, coffee shop owners
- Local statutory service providers that would be likely to have interactions with people with dementia and their families: emergency services, police, local authority personnel, councillors, town planners,
- Local mainstream community service - youth clubs, church groups, older people's groups, community projects, arts based and theatre groups,
- Specialist support service providers such as The Alzheimer Society of Ireland

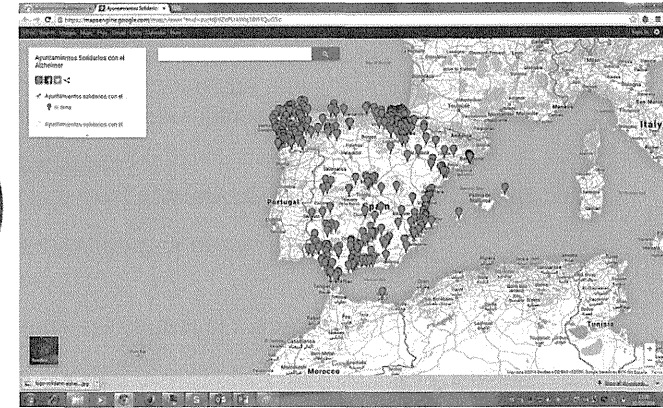
4

Ireland



5

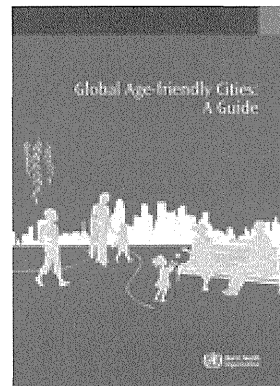
Spain



6

WHO – Age-friendly cities

“An age-friendly city is an inclusive and accessible urban environment that promotes active ageing”



WHO Global Network of Age-friendly Cities©

7

Domains influencing health and quality of life of older people

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civil participation and employment
- Communication and information
- Community support and health services

8

European Innovation Partnership on Active and Healthy Ageing

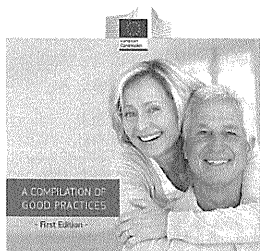
- Triple win:
 - Improving health status and quality of life of older people
 - Improving efficiency and sustainability of health systems
 - Fostering the competitiveness of EU industry working in innovative age and health related products and services
- D4 Specific Action on “Innovation for age-friendly buildings, cities and environment”
- 800 partners, 27 Member States, 30 European cities and 360 regions and municipalities

9

Action Group Innovation for age-friendly buildings, cities and environments 2012-2015

- Adapting Environments to the challenge of ageing populations
- Understanding how ICT and Service innovations can help shape supportive environments ;
- Running pilots to analyse integrated approaches to urban design, housing, health and social services, age-friendly workplaces, ICT and smart environments;
- Setting up mechanisms to engage the older person and ensure their participation in society;
- Exploring new ways to promote active and healthy ageing with age friendly environments.

Good Practices Age friendly-environments 2013



EUROPEAN INNOVATION PARTNERSHIP ACTIVE AND HEALTHY AGEING

Innovation for Age-Friendly Buildings
Cities and Environments

Action Group D4

62 good practices- 32 regions, 12 Member States

Cluster Living environments - 31 good practices:
Ambient Assisted Living, Housing and Urban Environment.

Cluster Active Ageing in the community - 16 good practices:
Age-friendly businesses, Voice of Older People, Transportation

Cluster Active & Healthy Lifestyles - 10 good practices,
physical activity and tourism

Cluster Dementia Supportive Environments -5 good practices
community support and solutions

Link:
<https://webgate.ec.europa.eu/eipaha/library/index/show/filter/actiongroups/id/729>

AFE-INNOVNET (Aims)

- Support the European Innovation Partnership on Active and Healthy ageing through setting up a large EU wide community of local and regional authorities and other relevant stakeholders who want to work together to find smart and innovative evidence based solutions to support active and healthy ageing and develop age-friendly environments.

AFE-INNOVNET (Network)

- **29 stakeholders**
 - 16 Member States (BE, DK, EE, ES, FR, IE, IT, LU, LV, NL, PL, PT, SE, SF, SI, UK)
 - 13 cities (Brussels, Celje, Fredericia, Groningen, Krakow, Kuldiga, Ljubljana, Manchester, Porto, Stockholm, Tallinn, Tampere, Warsaw)
 - 6 regions (Flanders, Franche-Comte, Friuli-Venezia-Giulia, Louth County, Puglia, Wales)
 - 5 EU networks (AGE, Alzheimer Europe, CEMR, ESN, Eurohealthnet)
 - 4 research centers/consultancy (DKIT/Netwell Centre, Inova+, TNO, UVEG)
 - 1 Communication Agency (PAU)
 - WHO Europe and EUROFOUND, in advisory capacity
- **Open to additional partners: www.afeinnovnet.eu**



This project is funded under the ICT Policy Support Programme (ICT PSP), grant agreement n° 620978

13

Conclusions

- **Develop dementia-friendly communities in collaboration with age-friendly environments rather than in isolation**
- **Ensure age-friendly initiatives pay specific attention to needs of and involve people with dementia**
- **Develop/link up repositories/databases to allow exchange of good and best practices**
- **Develop evidence-based tool kits for the creation and implementation of age/dementia-friendly communities**

14

Thanks

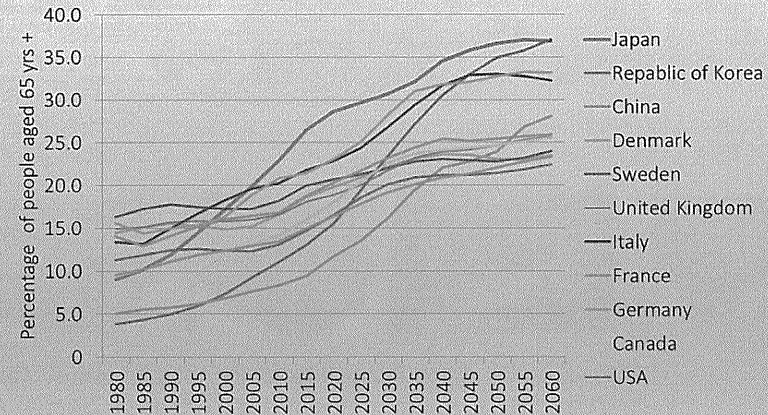
- **Eibhilin Manning, European Commission**
- **Julia Wadoux, Ophélie Durand, AGE Platform Europe**
 - www.alzheimer-europe.org
 - www.afeinnovnet.eu
 - http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=home

15

Towards Creating a Society Where People Can Live Well with Dementia with Hope and Dignity

Tokyo Metropolitan Institute of Gerontology
Shuichi Awata, M.D., Ph.D.

Changes in Percentage of People aged 65+ by Country (1980 – 2060)



UN World Population Prospects: The 2012 Revision

History of National Dementia Policy

- 1984 Dementia Care Training Program
- 1989 Dementia Center for the Elderly (DCE)
- 1992 Day-Service Center for Dementia
- 1997 Group Home for Dementia
- 2000 Long-term Care Insurance Act (LTCI act)
- 2004 Changes of the Japanese terminology for “Dementia”
- 2005 Training Program for Dementia Support Doctors
- 2005 Nationwide Program to Train One Million Dementia Supporters
- 2006 Training Program for PCDs to upskill Dementia Practice
- 2006 Community General Support Center (CGSC)
- 2008 Medical Center for Dementia (MCD, Revision of DCE)
- 2012 Five-Year Plan for promotion of Dementia Measures (“Orange Plan”)

“Five-Year Plan for Promotion of Dementia Measures” *Orange Plan 2013-2017* (published by MHLW in 2012)

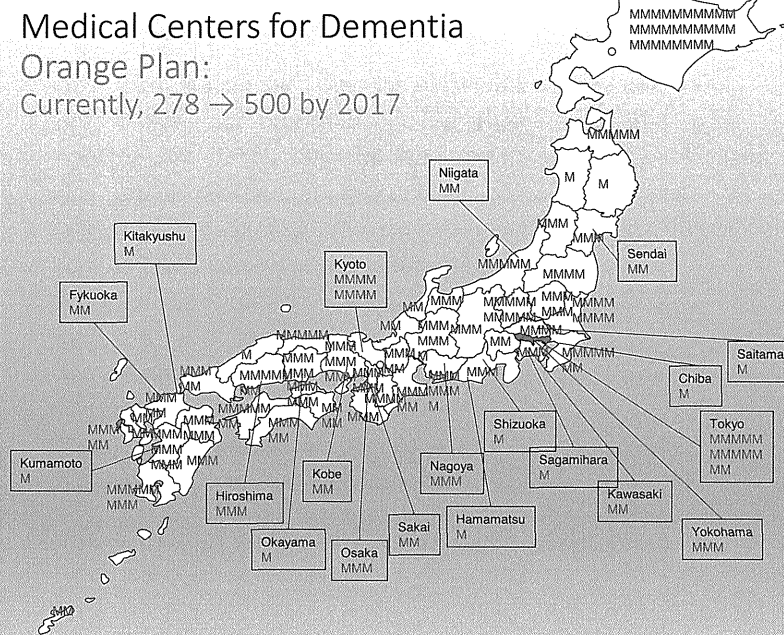
Basic Objective:

To realize a society where one’s will shall be respected, and one can live in pleasant and familiar surroundings as long as possible and practicable, even after they suffer dementia

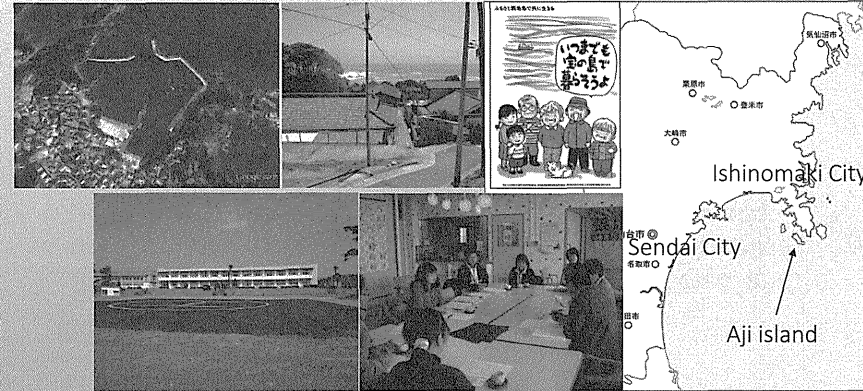
Seven Fundamental Policy Directions:

1. Development of Standard Dementia Care Pathway
2. Earlier Diagnosis and Intervention
3. Improved Health Care Services to Support Living in Community
4. Improved LTC Services to Support Living in Community
5. Better Support for Daily Living and Family Caregivers
6. Reinforcement of Measures of Younger Onset Dementia
7. Acceleration of Human Resources Development

Medical Centers for Dementia Orange Plan: Currently, 278 → 500 by 2017



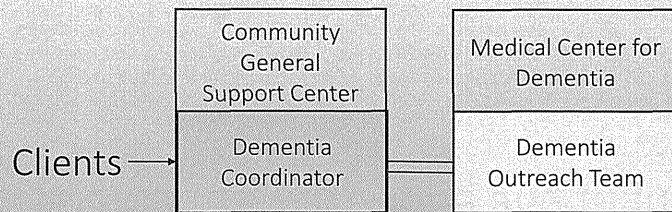
A Dementia Support Team Meeting in a small island since the Great East Japan Earthquake in 2011



A Dementia Support Team Meeting is held at a clinic (a closed elementary school) in Aji island to coordinate access to diagnosis and post-diagnostic supports. A pamphlet with the slogan of "Let's live in our Treasure Island as long as you wish" is distributed to all residents. The population of the island is 400 and the rate of people aged 65+ is 72%.

Initial-phase Intensive Support Team for Dementia (Tokyo version)

to coordinate access to diagnosis and post-diagnostic integrated care



Dementia Coordinator and Dementia Outreach Team promote "access to diagnosis" and "post-diagnostic integrated care"

- Access to Diagnosis
- Medical Service
- LTCI Service
- Family Caregiver Support
- Financial Support
- Housing Support
- Daily Living Support

Housing Support and Daily Living Support for needy persons with dementia living alone in Tokyo



An NPO group rents vacant old houses, repair the buildings to allow persons with dementia to live comfortably, and provide them living there with daily living supports.

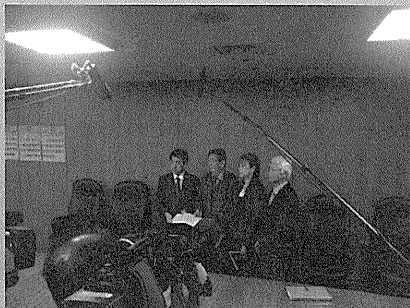


Orange Ring

Then, the group opens the Community Cafe and holds the Training Program for Dementia Supporters for community residents to create a dementia friendly town.

The Founding of Japan Dementia Working Group (October 11th, 2014)

The aim is - to create a society where people with dementia continue to live well with dementia, keeping hope and dignity



The co-chairs met Mr. Shiozaki, the Minister of Health, Labour and Welfare.

For the creation of dementia friendly towns, hopes and wishes of people with dementia, community-initiated-efforts, and government-initiated policies must be harmonized.

Thank you

Joining Forces for People with Dementia

Global Action against Dementia
Legacy Event Japan - New Care & Prevention Models
Tokyo , 5th and 6th of November 2014

Annette Pauly

Federal Ministry for Family Affairs,
Senior Citizens, Women and Youth



Local Alliances for persons with Dementia in Germany

I **Background:**

People suffering from dementia in Germany
2014 up to 1,5 million => 2050 up to 3 million

I **Framework:**

Alliance for People with Dementia on national level
as part of the Demographic Strategy in Germany

I **Programme:**

Local Alliances for Persons with Dementia



Conceptual Approach:

- I contest for pilot projects in multi-generational centres (23)
- I call for proposals to a wide range of organisations
- I 10.000 Euro over a period of two years
- I selecting participants in close cooperation with the federal Laender:
=> 292 alliances as of today => up to 500 alliances by 2016
- I associated scientific evaluation



Objectives in general:

- I spreading & expanding knowledge of the disease
- I improving care of affected persons
- I making society & individuals aware of the needs of
persons with dementia
- I furnishing support for affected persons and
also their families
- I inclusion



Specific objectives:

- | fostering self-determination and participation
- | cultivating and stabilizing contacts & personal networks
- | tapping resources without asking too much
- | helping to stay in the familiar living environment
- | getting society to better appreciate the value of care giving relatives



Experiences so far:

- | very strong demand to participate
- | multitude of different thematic approaches
- | regional differences

Next steps:

- | concentrating on selected focus areas
in order to align activities, e.g. municipal networking,
intergenerational approaches, migrants and dementia
- | convening local alliances with similar focus areas
once a year in conferences on federal level
- | launching a website & developing e-learning modules
in order to achieve sustainable networking
- | joint campaigning and shared PR



Good practice: 2 out of 292

(1) County of Herford, North Rhine-Westfalia, Germany

- | joining forces and building networks around the Alzheimer information centre Enger :
- | involving all municipalities within the county (so far 4/9)
- | cooperating with social services, municipalities, Alzheimer society Minden, Protestant and Catholic Church parishes and many others
- | activities, e.g. concerts, sports,
3rd International Conference on Intercommunal networking:
How to build a humane community



Good Practice: 2 out of 292

(2) City of Emden (Lower Saxony, Germany)

- | Cooperation of Alzheimer Society Emden and Kunsthalle Emden (Museum of Modern Arts Emden)
- | “Studio für People with Dementia”
- | Participation via creative work – guided by an art therapist

<http://www.lokale-allianzen.de/>

The contribution of corporations to enabling people with dementia to live well in the community.

Jeremy Hughes
Chief Executive

alzheimers.org.uk

National Dementia Declaration

- I have personal choice and control or influence over decision about me
- I know that services are designed around me and my needs
- I have support that helps me live my life
- I have knowledge and know-how to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of my family, community and civic life
- I know there is research going on which delivers a better life for me now and hope for future

Small changes help make a dementia friendly community

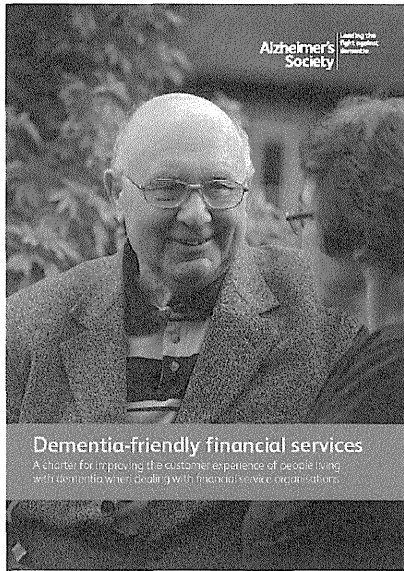


alzheimers.org.uk

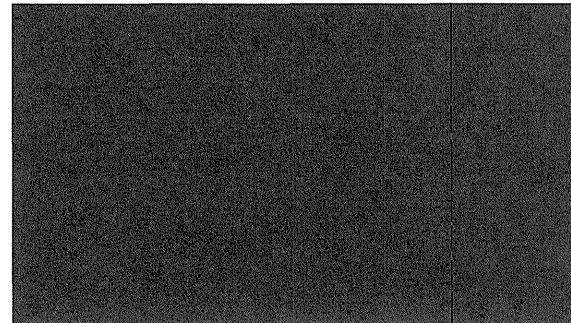
Creating a dementia friendly society 1.

- National companies

alzheimers.org.uk



Lloyds Bank training video



Creating a dementia friendly society 2.

- Local communities

Example: Dementia Friendly Crawley



- 1 in 5 people in the town will have a form of dementia during their lifetime
- Diagnosis rates have gone up 16% since 2011
- There are now over 100 members of the Crawley Dementia Action Alliance

