

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject: Dementia - Needs and Resources
FROM: Jim Dickie Director of Social Work	
DATE OF COMMITTEE: 6th June, 2000.	
REPORT AUTHOR: Jim Nisbet, Principal Officer, Community Care	
REF: JD/JN/HS	

1. PURPOSE OF REPORT

- 1.1 This report advises Committee of issues in relation to dementia. The report defines the condition, advises of its manifestation within those with the illness and the impact on their lives and those of their carers.
- 1.2 This report also informs committee of the scale of need for clients and carers of those with dementia, indicating too the resources presently available to meet their needs.

2. DEFINITION OF DEMENTIA

- 2.1 Dementia is an illness, more common in older people, where brain cells die faster than they do in the normal ageing process. As a result the person affected by the condition begins to suffer failing memory. They begin to lose their ability to do quite straight forward everyday tasks and become confused about time, people and places. As the affected person's memory fails, it is invariably their recent memory which fails first. At the present time there is no cure for the condition and no treatment which can halt or reverse the progressive memory loss.
- 2.2 There are two main types of dementia. The most common is Alzheimer's syndrome where nerve cells deteriorate gradually and cause a slow, steady decline in mental ability. The second main type of dementia is called multi infarct dementia (arteriosclerosis) which arises from a series of small strokes (infarcts) each causing damage to the brain and more erratic deterioration in the dementing process.
- 2.3 A smaller, but significant number of people have a dementia condition known as Korsakoffs Psychosis. This alcohol-related condition can affect people of any age and in many severe cases requires nursing home care.
- 2.3 Less common forms of dementia include dementia associated with Huntingtons Chorea, Creutzfeldt Jakob Syndrome and dementia related to Downs Syndrome and Acquired Immune Deficiency Syndrome (AIDS).

3. FEATURES OF DEMENTIA

- 3.1 Dementia affects peoples capabilities and behaviour in a wide variety of ways as the progress of the condition varies from one person to the other. There are, however, a number of common features, including repetitive speech and questioning, agitated behaviour, apparently aimless wandering, inability to recognise familiar people, places and objects, inappropriate toileting, uninhibited sexual behaviour and auditory or visual hallucinations.
- 3.2 All of the aforementioned characteristics of dementia will be distressing to carers but the feeling of loss of a loved one, of living with a stranger, is a very strong message given by family carers of the person with dementia. Given the features of dementia, the caring role is obviously significant and carers should expect high levels of support from statutory services.
- 3.3 Most of the support and care given to people with dementia, particularly in the challenging early stages of the condition, is provided by family, friends and others close to the sufferer. Care support, in the form of information, advice and alternative care services such as respite and day care, is vital to ensure that carers are properly assisted. A departmental carers strategy is presently being developed, and specific attention requires to be paid to carers of those with dementia.

4. INCIDENCE OF DEMENTIA IN NORTH LANARKSHIRE

- 4.1 Given the progressive nature of the condition, early diagnosis of dementia is both difficult to achieve and to measure. This means that the incidence of dementia has to be measured by using prevalence rates within the elderly population.
- 4.2 A commonly accepted study of dementia prevalence (Jorn & Korten) is used to measure the incidence of the condition within a given population. This suggests that 1.2% of the population aged 60 - 65 years will have a degree of dementia, the percentage approximately doubling in each five year age band thereafter, indicating that around 40% of the 85+ age group will have the condition. This suggest that, in terms of numbers of sufferers, dementia is the single biggest mental health difficulty faced by society.
- 4.3 Prevalence rates suggest that there are almost 3,000 people with some degree of dementia in North Lanarkshire.
- 4.4 Given the numbers of people with dementia and the significant role of informal carers, it is inevitable that many council employees will have a dual role as employee and carer. Consideration should be given to welfare aspects of the council's personnel function in supporting employees who are also carers.

5. NEEDS AND RESOURCES

- 5.1 Around 500 older people with dementia were referred to social work in North Lanarkshire in 1997/98.

- 5.2 The majority of people with dementia and their carers are appropriately assisted by mainstream social work services, such as home care, day care, respite care, residential and nursing home care.
- 5.3 Where mainstream services support people with dementia, specialist training is desirable for staff and mainstream social work services for older people engage such specialist training.
- 5.4 Some useful resources such as Community Alarms may not be suitable for people with dementia but recent advances in technology, suggest that this situation may change in future.
- 5.5 Given the loss of mental capacity associated with the condition, advocacy services for some people with dementia are essential. Independent advocacy services are being developed in partnership with the voluntary sector (Alzheimer's Scotland)
- 5.6 A small number of specialist day care resources for people with dementia are available within North Lanarkshire.
- 5.7 Day care for people with dementia is available at -
- East Stewart Gardens, Coatdyke (15 places)
 - Burngreen lodge, Kilsyth (8 places)
 - Monklands House, Airdrie (7 places)
 - Sir John Mann House, Bellshill (10 places)
 - Vickers Street, Motherwell (10 places).

6. FUTURE PLANS

- 6.1 A post to develop specialist dementia services has been created within the department, based at Merrystone House, Coatbridge.
- 6.2 A joint initiative with health colleagues is considering methods of jointly assessing the needs of people with dementia and their carers.
- 6.3 Another initiative with health is researching models of care and the balance of care provision needed by people with dementia and their carers.
- 6.4 Training in working with people with dementia is a core feature of the department's training development plan.
- 6.5 The provision of good public information for carers of those with dementia is being addressed within the department's public information strategy and in joint working groups with health colleagues.
- 6.6 The aforementioned plans represent a promising start in relation to the further development of services for people with dementia and their carers. However, the scale and intensity of need for this very complex client group, both now but also in view of the significantly increasing elderly population, suggests that greater effort and resources need to be targeted towards this most vulnerable section of the community. The committee may wish to consider the

establishment of a member/officer group to pursue the development of initiatives for service users and carers and to raise awareness and understanding of this most challenging condition.

7. RECOMMENDATION

7.1 Committee is invited to -

- note the contents of this report
- comment on how best to take forward the resourcing of appropriate services for people with dementia and their carers, including the Council's own employees
- note that proposals for the formation of a member/officer group will be brought forward in due course



**JIM DICKIE,
DIRECTOR OF SOCIAL WORK.
MAY, 2000.**

(For further information contact Jim Nisbet, Principal Officer, Community Care - Telephone 01698 332031).