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Action on Dementia

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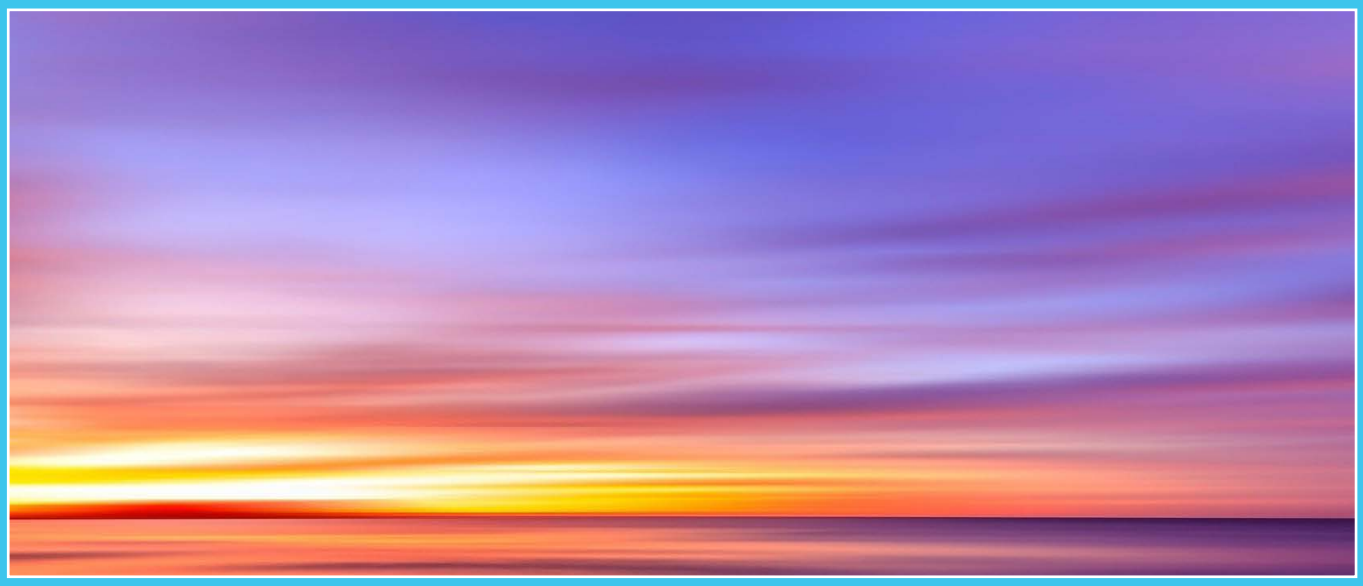
Connecting People, Connecting Support in Action

An impact report on transforming the allied health professions' contribution to supporting people living with dementia in Scotland



Elaine Hunter, Alzheimer Scotland
National Allied Health Professional Consultant

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Contents

Acknowledgements

The development of this report was led by Elaine Hunter, Alzheimer Scotland National Allied Health Professional Consultant.

Connecting People, Connecting Support (CPCS) (2017) was developed collaboratively and informed by the views, ideas and aspirations of many key stakeholders. The integration of CPCS into local practice has also therefore been developed collaboratively. Alzheimer Scotland would like to thank everyone who supports CPCS, in particular:

- the Scottish Dementia Working Group and the National Dementia Carer Action Network, who give up their time generously to guide our work and support the AHP workforce to be skilled and enhanced in dementia care
- people with dementia and those who support them, who continue to share their stories and narratives, reminding us that they are the real experts in their own experiences, needs and aspirations
- Alzheimer Scotland AHP Dementia Forum members, who are CPCS agents of change and collaborate wholeheartedly in making the ambitions of CPCS a reality locally
- all allied health professionals (AHPs), who are testing, piloting and spreading new creative AHP interventions for the benefit of people living with dementia, then sharing their work on film, blogs, WebEx and so much more.

Thanks are also due to the AHPs who provided the stories for the vignettes that appear in the report.

Design and graphics by Hannah Johnston, Alzheimer Scotland.

Text editing by Alex Mathieson.

Foreword by the Cabinet Secretary for Health and Sport

Allied health professionals (AHPs) have a major role in providing support and making a positive difference to the lives of people with dementia, enabling them to live well and live confidently in their own homes for as long as possible. Connecting People, Connecting Support (CPCS) was the first strategic workforce framework designed to maximise the impact of AHPs in response to the complex care needs of people with the illness.

Published in 2017, it set out how AHP services in Scotland would be re-modelled to meet the needs of people living with dementia. I am very pleased to see the range of activity captured in this impact report that has supported implementation of this framework to date.

This government has a sustained commitment to improving dementia care at all stages of the illness and across all care settings and I am proud to see how individuals and services on the ground – including AHPs – are taking action every day to care for, enable and support people living with dementia.

As part of the 2017–2020 National Dementia Strategy, we continue our national support and funding for the two national dementia workforce frameworks – CPCS and Promoting Excellence. Both frameworks are there to help local services deliver the Standards of Care for Dementia in Scotland and to help ensure that services and supports are underpinned by the human rights principles that people with dementia and those who support them should be central to decisions about their own care.

In addition, last year we reaffirmed our commitment to partnership funding with Alzheimer Scotland and NHS boards for the Alzheimer Scotland dementia nurse consultants, who have been hugely important in driving strategic local change in acute dementia care.

The integration of health and social care is providing an opportunity to create a structured, coordinated and strategic approach to community support for people living with dementia, and we are working with partners to increase the pace and effectiveness of integration. In addition, we are taking forward the major adult social care support programme that was launched in 2019. This includes a shared agreement on the purpose of adult social care support, with a focus on human rights and valuing staff and unpaid carers.

As set out in the Scottish Government's Programme for Government, we are also establishing Scotland's first national Brain Health Centre to lead on national action for the first time to promote positive brain health as a way of reducing the risk of developing some dementias.

Also trailed in Programme for Government, later this year we will begin a formal consultation and run a series of engagement events to inform Scotland's fourth National Dementia Strategy. This consultation process will maximise stakeholder involvement of people with dementia and those who support them and of the dementia workforce. I hope as many staff as possible across AHP disciplines participate in that process to help make the fourth Dementia Strategy as meaningful as possible.

Let's continue to build on the activity and progress in this report and work together to maximise the valuable role of allied health professionals in dementia care.

Jeane Freeman MSP

Cabinet Secretary for Health and Sport

Scottish Government

Foreword by the Chief Executive of Alzheimer Scotland

We have built on the connectivity between people with dementia and those who support them and our allied health professional (AHP) community over the last two years. Our work has continued to be funded and supported by the Scottish Government, led by our National Alzheimer Scotland AHP Consultant, Elaine Hunter.

When we set out on this work, our aim was to help people with dementia and those who support them to learn about the skills, strengths and expertise that exist within the AHP community in Scotland. We wanted to help people understand the value and potential support an AHP could offer to each person at all stages of living with dementia. We also wanted to help the broad AHP community embrace the issues facing people with dementia and those who support them and demonstrate to them how many of their skills and values could and should be used to support people from the point of diagnosis through to the advanced stages of the illness. I believe we have made great progress towards this aim, and the value of individually tailored, person-centred AHP practice in improving the experience and lives of people living with dementia and those who support them is unquestionable.

The reach of Connecting People, Connecting Support (CPCS) and the engagement of people with dementia and those who support them with AHPs is a great success story. We have a committed and growing group of AHPs who want to make a difference in how they and their colleagues work now and in the future, building on AHP approaches at universal, targeted and specialist levels within integrated health and social care services. CPCS is promoting and developing collaborative and integrated ways of working. On reading this impact report, you can see the many examples of innovative projects, initiatives and developments that showcase the breadth of impact of CPCS.

CPCS has raised awareness of the AHP role for people with dementia and those who support them, informing them about who AHPs are and how they can help. The leadership of the National AHP Consultant, Elaine Hunter, has been central to the delivery of the ambitions of CPCS. I would like to thank Elaine and the AHP community, particularly the Alzheimer Scotland AHP Dementia Forum, for their engagement and collaboration, working with Alzheimer Scotland to integrate the aspirations of CPCS into local practice and throughout health and social care partnerships.

CPCS uses the important platform we have developed through our 5 Pillar, 8 Pillar and Advanced Dementia Practice Models and our recent Transforming Specialist Dementia Hospital Care report as entry points for AHPs. These not only provide clear opportunities for AHPs to be part of the team, but also represent a strong conceptual framework and focus to which AHPs can relate and to which they can weld their practice.

Alzheimer Scotland recognises that we have some way to go to ensure that the right level of access, to the right AHP support, at the right time is available to every person with dementia and those who support them, but we firmly believe AHPs make a valuable contribution to prevention, early intervention and delivery of post-diagnostic support in Scotland's integration joint boards. As a group of professionals, they have the skills set to lead service transformation in acute and hospital settings and be dementia care co-ordinators for integrated intensive dementia home care. Our National AHP Consultant will work with the AHP community and in partnership with our National Alzheimer Scotland Nurse Consultant to enhance the critical role of AHPs in the transition of people from specialist dementia hospital care to services in the community. This is indeed an exemplary piece of collaborative improvement work on which we can build.

The next dementia strategy in Scotland creates an opportunity for us to implement the lessons learned over the last two years (highlighted in this report) and to ensure that AHPs are strategically aligned to the transformation of Scotland's dementia services. To make this happen, AHPs require continued and strengthened clinical leadership from the National Alzheimer Scotland AHP Consultant, Scottish Government, the Alzheimer Scotland AHP Dementia Forum, the Chief Allied Health Professions Officer (Scotland), the AHP Directors (Scotland) and the Allied Health Professions Federation (Scotland).

This report, which looks at the situation 24 months after the launch of CPCS, offers valuable learning through sharing 40 practice examples and 10 vignettes of change on what is working well and how CPCS is being integrated into local practice to make things better for people with dementia and those who support them in Scotland.

Henry Simmons

Chief Executive

Alzheimer Scotland

Introduction by the Scottish Government AHP Professional Adviser for Primary Care

Connecting People, Connecting Support (CPCS) is providing health and social care partnerships with a framework for restructuring and integrating the contribution of allied health professionals (AHPs) to dementia care so that these professionals are working to greatest effect. CPCS sets out how AHP services in Scotland are being re-modelled and refocused to meet the needs of people with dementia and those who support them as they define them, and using the best evidence from formal research to highlight how we can help the people we support to achieve what it is they are telling us is most important to them. In addition, CPCS informs people with dementia and those who support them who AHPs in Scotland are, what they do and what a good evidence-based AHP service should look like.

The focus of CPCS is on increasing awareness of the contribution of AHPs to the care and treatment of people with dementia through local and national engagement events and leading or being involved in innovative practice as part of improvement projects.

The implementation of CPCS is receiving interest locally, nationally and internationally from a broad range of health professionals. On reading this new 24-month impact report, it is inspiring to see the determination of AHPs in the Alzheimer Scotland AHP Dementia Forum to work with the health and social care and third sector to make a real difference to the lives of people with dementia and those who support them.

Dementia continues to be a priority for AHPs across the Scottish Government and the Chief Allied Health Professions Officer (Scotland). We will continue to work with our partners and key stakeholders to integrate the AHP contribution and the needs of people with dementia and those who support them into the Programme for Government, including developing unscheduled care provision, promoting falls prevention, progressing primary care reform and supporting enhanced access for early intervention for prevention. This report shows that CPCS has successfully developed visible leadership that is delivering its aspirations and is using and building the evidence base supporting AHP interventions. People with dementia and those who support them now have a better understanding of AHP roles and better awareness of who AHPs are and how they can help.

The job is not complete, and there is still much to do to fully deliver the four ambitions of CPCS. This review, set just beyond the mid-point of CPCS' duration, provides valuable learning on what is working well and what can now be done to integrate CPCS even more strongly into local practice, thereby making AHP services for people with dementia and those who support them in Scotland even better.

AHPs in Scotland are embracing the ambitions of CPCS creatively and innovatively, although the key message that 'dementia is every AHP's business' still has a long way to go. For all the 11,851.5 whole-time equivalent AHPs in NHS Scotland[1] and the 500 in social care services,[2] our call to action from the first CPCS report remains the same:

> '*AHPs can no longer think dementia is a specialist topic, and that the rehabilitation and enablement needs of people with dementia are the sole provision of our AHP dementia specialists.*'

Dementia is, indeed, every AHP's business.

Jan Beattie

AHP Professional Adviser for Primary Care

Scottish Government

[1] Source: NHS National Services Scotland (2019). NHSScotland Workforce. Quarter ending 30 June 2019. A National Statistics publication for Scotland. Edinburgh: NHS National Services Scotland (https://www.isdscotland.org/Health-Topics/Workforce/Publications/2019-09-03/2019-09-03-Workforce-Summary.pdf).

[2] Source: Information and Statistics Division (2017). Allied Health Professionals Workforce [website]. Edinburgh: NHS National Services Scotland (www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp).

Connecting People, Connecting Support at a glance[3]

Dementia is every AHP's business

Designed an evidence-based biopsychosocial AHP approach in dementia that is now informing and guiding AHP practice when working with people with dementia and those who support them by all AHPs, regardless of practice setting

Enhanced access *to AHP-led information and interventions*

Transforming access to AHPs ensuring specialists knowledge is available every day by:

- sharing 2,520 hints and tips aligned to the AHP approach at @AHPDementia and posted 320 blogs reaching over 140 countries
- sharing an incredible 13,000 AHP postcards and 8,000 AHP leaflets, all available on one platform
- enabling over 500 people to benefit from the delivery of occupational therapy home-based memory rehabilitation
- testing an occupational therapy self-management peer group intervention, *Journey through Dementia*, in seven sites in Scotland

Partnership and integration, *contributing to integrated models of care*

Developing creative and innovative partnerships to support better outcomes for people with dementia and those who support them by:

- working in partnership with Focus on Dementia to integrate the AHP contribution to post-diagnostic support, integrated, intensive dementia home care and the dementia in hospitals collaborative
- working with 11 occupational therapy internships in partnership with the Scottish Dementia Working Group
- working in partnership to support over 250 learning opportunities for AHP students at Alzheimer Scotland, including educational visits and AHP practice placements
- developing nine local AHP dementia forums and four AHP profession-specific forums to spread learning and implementation locally

[3] Numbers accurate up to 31 January 2020.

AHP workforce skilled in dementia care *with a commitment to clinical leadership*

Delivering education and local visible clinical leadership by:

- supporting over 500 AHP students and AHP staff as Dementia Friends, over 100 AHP dementia champions and agreeing with Scotland's academic heads for Scotland's AHP students to be informed and skilled in dementia on graduation
- supporting an enhanced workforce in dementia care through 51 AHPs successfully completing an AHP MSc module on rights-based practice
- developing the Alzheimer Scotland AHP Dementia Forum with 42 AHPs, a national group of AHP clinical leaders
- sharing 88 spotlight reports with over 200 local actions and more than 30 AHP case studies, collected locally and shared nationally

Innovation, improvement and research *is integrated within everyday AHP practice*

Adopting a strategic and co-ordinated improvement approach to delivering evidence-based AHP rehabilitation interventions by:

- co-designing and co-producing a national logic model with 14 agreed national projects to deliver the four ambitions, with measurements informed by the international ICHOM standard set for dementia
- developing seven evidence-based AHP self-management resources to be shared nationally and online at the Who are Allied Health Professionals and how can they help me? website
- engaging over 500 health and social care practitioners from all health boards in Scotland in six national AHP WebEx sessions
- testing 12 virtual occupational therapy clinics using NHS Attend Anywhere that people with dementia and those who support them can access from their own home

The allied health professions in Scotland

Arts therapist · **Orthotist** · **Occupational therapist** · **Physiotherapist**

Diagnostic radiographer · **Dietitian** · **Orthoptist** · **Paramedic** · **Podiatrist**

Prosthetist · **Speech and language therapist** · **Therapeutic radiographer**

Executive summary

Published in September 2017, Connecting People, Connecting Support (CPCS) signposts how AHPs in Scotland can improve their support for people with dementia and those who support them to enable them to have positive, fulfilling and independent lives for as long as possible. Its aim is to ensure the rehabilitation and reablement skills and expertise of the AHP workforce across health and social care and in the third sector have an even greater positive impact on the lives, experiences and outcomes of people with dementia and those who support them than is currently the case. Its aspiration is that people with dementia and those who support them have better access to the range of AHPs regardless of age or place of residence, early in their diagnosis and throughout their illness.

This impact report charts progress in implementing the vision, principles, ambitions and actions of CPCS in Scotland during the first 24 months following its launch. The National Alzheimer Scotland AHP Consultant has been receiving regular local spotlight reports from AHP teams across Scotland throughout that period, and these reports provide much of the detail of the change that has been achieved. Progress has also been monitored through national meetings of the Alzheimer Scotland AHP Dementia Forum, and brief case studies of implementation of national and local initiatives across the four ambitions of CPCS have also been collected; summaries of these case studies appear throughout the report.

This evidence has provided important insights into how local AHPs are transforming their roles and services while also developing connections with colleagues locally, regionally, nationally and internationally, with the ultimate aim of embedding the ambitions of CPCS in local structures for the benefit of local populations.

This impact report shares what has been achieved over the last 24 months, describes some of the processes for, and outputs of, integrating the CPCS principles and ambitions within local AHP practice in Scotland, and presents some of the benefits of implementation for people with dementia and those who support them in Scotland.

Like the original CPCS report, this review will be of interest not only to people with dementia and those who support them and practising AHPs, but also integration joint boards, health boards, health and social care managers and practitioners, AHP leaders, social services, the third and independent sector, and higher education institutions.

Section 1. Introduction and context

Introduction

This impact report for Connecting People, Connecting Support (CPCS) charts progress in implementing the vision, principles, ambitions and actions of CPCS in Scotland during the first 24 months following its launch in September 2017. The National Alzheimer Scotland AHP Consultant has been receiving regular local spotlight reports from AHP teams across Scotland throughout that period, and these reports provide much of the detail of the change that has been achieved. Progress has also been monitored through national meetings of the Alzheimer Scotland AHP Dementia Forum, and brief case studies of implementation of national and local initiatives across the four ambitions of CPCS have also been collected; summaries of these case studies appear throughout the report.

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Background

Dementia continues to impact on the lives of an estimated (and increasing) 90,000 people in Scotland, approximately 3,200 of whom are under the age of 65. It affects the quality of life not only of people with the disease, but also that of their families and other carers (referred to collectively throughout this report as 'people with dementia and those who support them').

People with dementia experience declining cognitive function that, over time, affects their ability to live independently. Those providing most of the care, usually spouses or adult children, often experience heavy demands on their time and energy, which can have a long-lasting impact on their own health, employment prospects and wellbeing.

Allied health professionals (AHPs) work across sectors and specialties to apply their specific expertise to improve health, prevent illness, and diagnose, treat and rehabilitate people of all ages and conditions. They often work as first-point-of-contact practitioners and, together with a range of technical and support staff, deliver direct care, emergency and anticipatory care, rehabilitation and public health interventions and enabling services across social care and housing services.

All AHPs will meet someone living with dementia at some point in their professional or personal lives, but for some, such as occupational therapists, physiotherapists, dietitians, and speech and language therapists, working with people with dementia and those who support them will be the prime focus of their role. Whatever their function, it is recognised that dementia is every AHP's business. It was on this basis that CPCS was developed.

Published in September 2017, CPCS signposts how AHPs in Scotland can improve their support for people with dementia and those who support them to enable people to have positive, fulfilling and independent lives for as long as possible. Its aim is to ensure the rehabilitation and reablement skills and expertise of the AHP workforce across health and social care and in the third sector have an even greater positive impact on the lives, experiences and outcomes of people with dementia and those who support them than is currently the case. Its aspiration is that people with dementia and those who support them have better access to the range of AHPs regardless of age or place of residence, early in their diagnosis and throughout their illness.

CPCS informs people with dementia and those who support them about the AHP-led support available, offering them information from which they can make informed choices on potential beneficial interventions. It promotes an integrated and co-ordinated AHP approach of multifactorial interventions through improved understanding of AHP roles across all professional groups and making AHP-led interventions more accessible to the public.

In addition to defining AHPs' contribution to their role in dementia care, CPCS also delivers a key commitment from Scotland's National Dementia Strategy (Scottish Government, 2017a) and other ongoing dementia-focused policy initiatives in Scotland. The human rights-based approach that informs all aspects of the National Dementia Strategy is reflected in the Standards of Care for Dementia in Scotland (Scottish Government, 2011a) and has provided a strong foundation for CPCS.

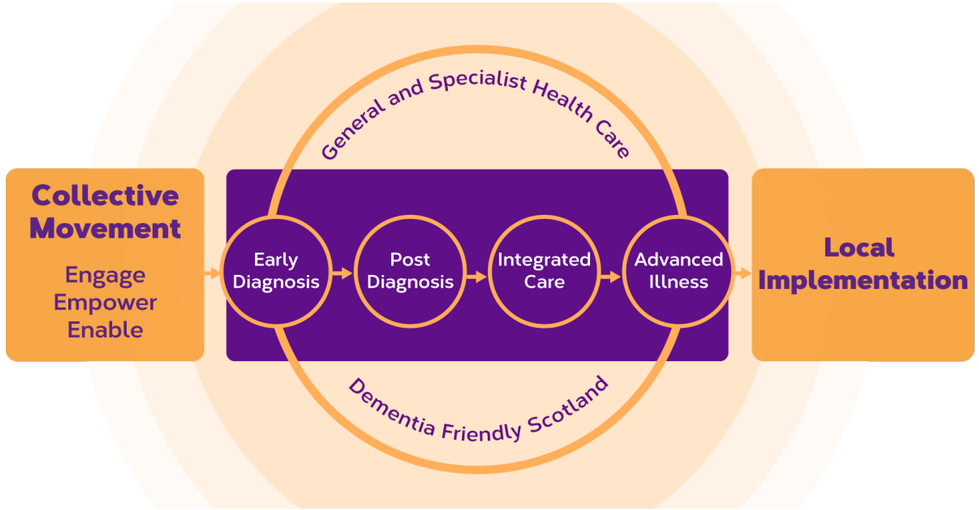
National direction of travel

It was understood that any practical approach developed through CPCS to enable AHPs to more appropriately and effectively meet the needs of people with dementia and those who support them could not occur in isolation. CPCS therefore continues to complement and support implementation of the wider policy context and takes account of wider transformational change occurring in health and social care in Scotland that influences and affects the lives of people living with dementia, including the National Performance Framework (Scottish Government, 2020a), National Health and Wellbeing Outcomes (Scottish Government, 2020b) and Realistic Medicine (Scottish Government, 2017b)

Dementia policy in Scotland sits within a broad context of dementia-specific and other related public policy. Policy frameworks share the common themes of delivering personal outcomes, more preventative and integrated support and greater emphasis on supporting people within their community.

Alzheimer Scotland's vision for transforming the lives of people with dementia is built on years of working alongside people with dementia in Scotland. It continues to have a clear vision for change, prioritising six key areas of focus if people with dementia and those who support them are to be properly supported and their human rights respected, from diagnosis to end of life and in every setting (Figure 1). It has produced a series of detailed policy reports that set out the evidence base and the case for change.

Figure 1. Alzheimer Scotland vision for change



CPCS ambitions still deliver on the wider policy agenda in Scotland, ensuring the AHP contribution to nationally identified priorities is fully realised, is aligned and integrated with other relevant national and local programmes, and actions to address AHP-specific issues are identified.

> The AHP Directors (Scotland) Group is fully committed to supporting the delivery of the ambitions of the Connecting People, Connecting Support programme locally across the professions. We can see that AHP leadership is driving improvement for people with dementia and those who support them across the country. There is more to be done, and we will continue to work to ensure that every AHP sees dementia as their business.

Joan Pollard, Vice-Chair of the AHP Directors (Scotland) Group

Dementia increasingly is becoming part of the core remit for AHPs in acute settings, as people with dementia who are aged over 65 occupy about one quarter of hospital beds at any one time (Alzheimer Society, 2009). In one health board in Scotland, there has been a significant increase in people who are discharged from the speech and language therapy service with dementia as the primary aetiology.

An estimated two thirds of people with dementia live in the community, and one third in care-home settings (Alzheimer Society, 2013). People with dementia also have a high prevalence of co-morbid medical conditions, and there is evidence that people with dementia benefit from rehabilitation (Poulos et al., 2019). AHPs in community settings will therefore be working with people with dementia in their day-to-day practice.

For the benefits of AHP-led contributions to be realised for all people living with dementia, people need person-centred services from a skilled AHP workforce who see treating the symptoms of dementia as very much 'their business'.

Evidence for action

When CPCS was written in 2017, the report was informed by an evidence base. Over two years of extensive consultation and information-gathering, three sources of evidence – **conversations** with people living with dementia and those who support them, **collaboration** with health and social care practitioners, and **evidence** from research and practice, literature reviews and scoping evaluations – were collected and shared, all of which can still be viewed on the Alzheimer Scotland website.

Emerging evidence base

New research and evidence that has emerged since CPCS was published continues to support the original evidence base and provide a rich foundation from which to build and enhance AHP interventions. This includes the continued need to support early intervention in communities (Kelso et al., 2020), at home (Bennett et al., 2019; Cations et al., 2019; Clare et al., 2019; Coe at al., 2019) and at work (Andrew et al., 2019; Egdell et al., 2019; Royal College of Occupational Therapists, 2020) and a continued focus on the needs of family carers (Lauritzen et al., 2019) and for person-centred rehabilitation (Ravn et al., 2019), with emerging research to guide dementia-specific physiotherapy interventions following a hip fracture (Hall et al., 2017; Hall et al., 2019).

A new handbook for AHPs and other health-care practitioners (Poulos et al., 2019), supported by a technical guide (O'Connor et al., 2019), outlines eight evidence-informed reablement programmes that could delay the onset of functional decline or improve function and quality of life in people with dementia, including interventions delivered by occupational therapy, physiotherapy and speech and language therapy. This new work further supports the evidence and work integrated in the delivery of CPCS. There has also been the development of the Act on Dementia as an EU Joint Action, with the inclusion of occupational therapy in work package 5 on care co-ordination. Occupational therapy home-based memory rehabilitation is also supported in recent guidance on non-pharmacological interventions (McGowan et al., 2019).

People with lived experience of dementia increasingly are informing our understanding of the impact of dementia on their everyday lives and what support is needed (Houston and Christie, 2018; Mitchell, 2018; Alzheimer Scotland, 2019a; Talbot et al., 2019) Stigma and lack of knowledge around dementia remain major barriers to people seeking information, advice, support and a diagnosis, and even rehabilitation following diagnosis (World Health Organization, 2019).

While currently there is no cure for dementia, evidence on the proactive management of modifiable risk factors that can delay or slow onset or progression of the disease is emerging, suggesting that some cases of dementia may be preventable through risk-factor modification. Making lifestyle changes in behaviours related to smoking, physical activity, diet, alcohol consumption, obesity and loneliness can reduce the risk of developing dementia (International Longevity Centre – UK, 2014; Livingston, 2017; National Institute for Health and Care Excellence, 2019; World Health Organization, 2019) and are also important for people with dementia in delaying progression and enhancing quality of life.

The AHP approach in dementia

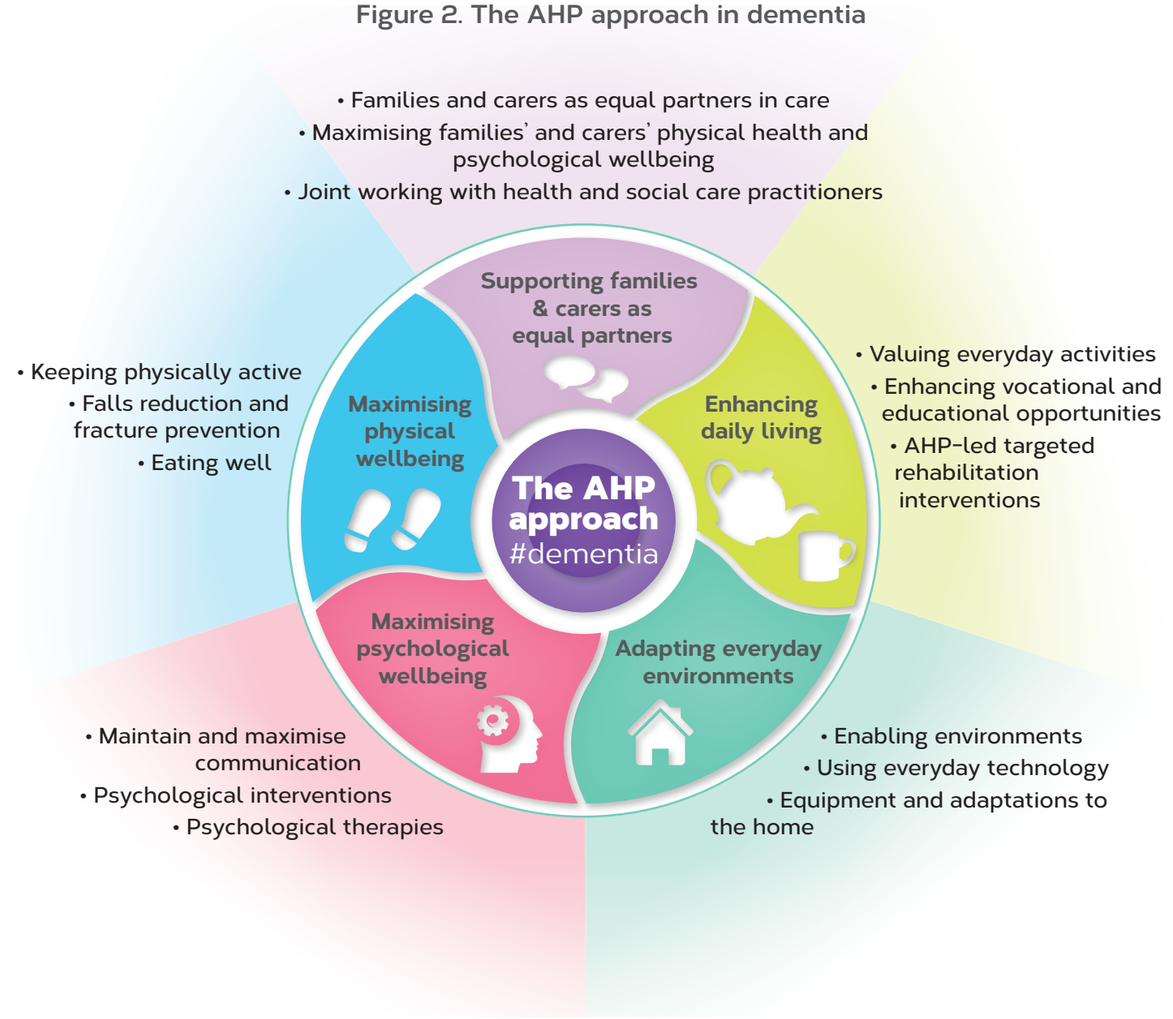
The evidence-based AHP approach in dementia that is described in CPCS (Figure 2) is based on over two years of extensive consultation and information-gathering and aims to maximise the AHP contribution to high-quality, cost-effective dementia services that are tailored to the needs of individuals, reflect the best available evidence and are delivered by a skilled AHP workforce.

The fundamental understanding driving the approach is that people living with dementia **can** benefit from AHP-led interventions. Early intervention and support to maintain independence are critical: they can help minimise the impact of the symptoms of dementia and improve quality of life. The aim is to build on the strengths of the AHP professions collectively not by doing more, but by supporting them to work in integrated and innovative new ways.

The AHP approach is now being integrated into local practice, providing a foundational underpinning from which all AHPs can use their skills, experience and understanding of the person to provide a service truly tailored to individual needs.

The graphic depiction of the AHP approach that was presented in the original CPCS report is reproduced below as Figure 2. We know people with dementia and those who support them benefit greatly from a biopsychosocial approach to care that acknowledges the interactions of the neurological, psychological, physical, environmental, social and emotional elements, so the AHP approach delivers the biopsychosocial approach.

Figure 2. The AHP approach in dementia



The key elements of the approach are presented separately, but they must be considered collectively within overall universal, targeted and specialist AHP-led rehabilitation and reablement and support for individuals.

Details on each element of the AHP approach in dementia can be found in the original CPCS report. A brief summary is shown below (Figure 3).

Figure 3. Elements of the AHP approach in dementia

Supporting families and carers as equal partners

This is about families and carers being fully involved in the AHP approach. They are equal partners in areas such as education and skills training as potential co-therapists, and are potential recipients of AHP-led interventions to meet their own health and wellbeing needs (developing coping strategies and accessing support to maintain their own hobbies and interests, for example).

Enhancing daily living

The ability to wash and dress, prepare food, use transport, engage in everyday life, do things around the house, have fun, work, study, and take part in family and leisure activities is important for overall health and wellbeing. People with dementia can be supported to continue to engage in the life of their community, whether that be a city, town, village, neighbourhood or care home, extracting value from their everyday participation in activities and enhancing their wellbeing. A range of evidence-informed, home-based AHP rehabilitation interventions exists to support people in their activities of daily living, with emerging evidence on the role of vocational rehabilitation for those of working age.

Adapting everyday environments

Adapting everyday environments relates to where the person is staying, whether in their own home, a care home or in hospital, as well as community settings and outside spaces. Changes can be small, such as improving lighting in a room or enhancing environments by using everyday technology, or making things easier for people through installing equipment or other adaptations.

Maximising psychological wellbeing

The central importance of finding ways to communicate (verbal and non-verbal) that work for each individual and which make meaningful connections that may have wide-ranging benefits in relation to overall wellbeing and quality of life. Psychological interventions of different intensities are reflected to promote emotional health and psychological wellbeing, with the provision of psychological interventions for depression, anxiety, and expressions of stress and distress. This element builds on established AHP psychological interventions and therapies.

Maximising physical wellbeing

This is about encouraging people to be more active, with the aim of preventing the potential negative outcomes of dementia. The primary focus is mobility, physical activity and fitness, falls reduction, foot care, identification of previously undetected pain or discomfort, management of pain, diet, nutrition, hydration, and swallowing, and inclusion in physical rehabilitation approaches delivered by AHPs.

To support the integration of the AHP approach in practice, four underpinning principles were outlined as the minimum foundation for practice for all AHPs; these remain important today.

Four underpinning principles

1. **A human rights-based approach** (see Box 1 (Alzheimer Scotland, 2019b) will be at the heart of person-centred AHP services and will be integrated into everyday AHP practice. Human rights will be at the forefront of each and every interaction, with an emphasis on participation and empowerment, and recognition of personhood, identity and value.
2. AHPs will deliver services to people with dementia and those who support them using the **biopsychosocial approach to rehabilitation**, as outlined in the AHP approach, which is informed by best available evidence. They will integrate the five key elements of the approach, best clinical practice and what people say is important to them.
3. **Dementia is every AHP's business**, offering services in dementia-aware environments with people with dementia and those who support them being active contributors to the AHP rehabilitation and reablement process through a personal-outcomes approach.
4. AHPs will **adapt and tailor their rehabilitation interventions**, taking into account the individual and developing needs of people living with dementia, ensuring maximum participation while supporting individual ambition and enacting a risk-enablement approach to maximise outcomes in independence.

Box 1. The PANEL approach to human rights

The PANEL principles provide a strong framework for ensuring that a human rights-based approach is adopted in practice. The approach promotes:

- Participation – everyone has the right to participate in decisions that affect them; participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and language that can be understood
- Accountability – requires effective monitoring of human rights standards as well as effective remedies for human rights breaches
- Non-discrimination and equality – a human rights-based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated
- Empowerment – individuals and communities should understand their rights and should be fully supported to participate in the development of policy and practices that affect their lives
- Legality – a human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law.

These principles underpin the Standards of Care for Dementia in Scotland (Scottish Government, 2011a) and the Promoting Excellence framework (Scottish Government, 2011b).

Section 3. Realising the ambitions to transform AHP practice

This section describes what has happened in the 24 months since the launch of CPCS. It does so by following the four ambitions of CPCS and providing examples of how AHPs are working with people with dementia and those who care for them and others to deliver the impacts CPCS aspired to achieve.

CPCS defined four ambitions to support transformational change in the way AHPs in local services work with people living with dementia and those who support them. The actions for change described how the ambitions would be integrated and implemented, with the expectation that actions would evolve over time, depending on the context of local delivery plans and service redesign and mapped to the nine national health and wellbeing outcomes (Scottish Government, 2020b).

The four ambitions are:

1. **enhanced access** to AHP-led information, supported self-management, and targeted and specialist interventions to tackle the symptoms of dementia
2. **partnership and integration**, contributing to a personal-outcomes approach, multiagency pathways and integrated models of care
3. **skilled AHP workforce in dementia care,** with a commitment to clinical leadership for transforming AHP practice
4. **innovation, improvement and research**, utilising and generating research and integrating improvement science within everyday AHP practice.

How the ambitions have been integrated nationally and locally over the last 24 months is summarised in this section. Although reported separately, all ambitions impact on each other. Some examples of national activity and 40 examples of local activity from the over 200 examples collected are provided. To provide more detail, 10 vignettes of AHP practice around the country are shared to illustrate how AHPs are moving forward with CPCS.

More detail of the progress of the actions for change can be found on the Alzheimer Scotland website and by linking locally with the AHPs in the Alzheimer Scotland AHP Dementia Forum (Appendix 1).

1. Enhanced access

What people with dementia and those who support them can expect by 2020 as a result of action in this area:

- *I am supported to look after my own health and wellbeing.*
- *I feel I get the support I need to keep on with my caring role for as long as I want to do that.*

Ambition for change

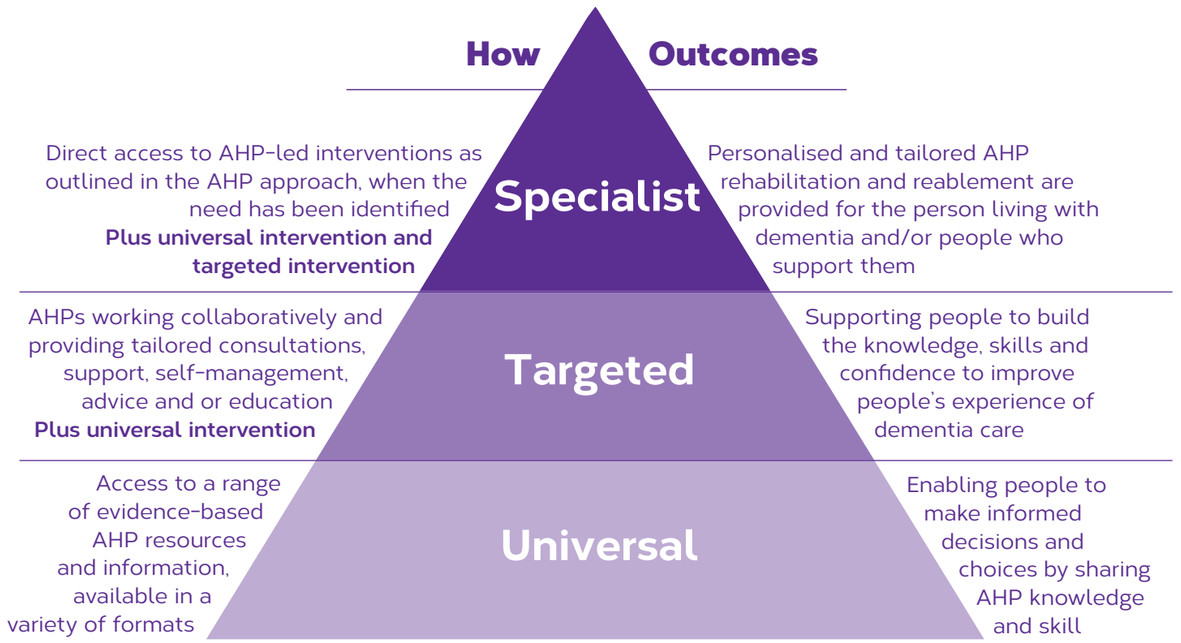
People with dementia and those who support them will experience visible and easy access to AHP expertise and services at the earliest time to derive maximum benefit to address the symptoms of the illness, now and in the future. This will include the availability of, and access to, AHP-led self-management information and supported self-management advice. It will also feature evidence-informed AHP-led targeted interventions from integrated and co-ordinated AHP services that integrate the five key elements of the AHP approach.

Where we are now

At a time of wide transformational changes in health and social care in Scotland, it was important to be clear what was meant by 'enhanced access'. Much time in the first 24 months after publication of CPCS was spent in engaging with a range of stakeholders to further understand what people with dementia and those who support them are looking for from local AHP services while also widening understanding of local communities and services. The AHP dementia work is successfully being integrated into Dementia Awareness Week, national AHP Day and local awareness events, using these as springboards to share work and expertise.

CPCS is evidence-based, shaped by listening to the voices of people with dementia and those who support them who asked AHPs to share their expertise, give them hints and tips through written, face-to-face, social media and video communication, and direct them on how to access an AHP; 'Why are we not told about AHPs?', some asked. We have built on the request-for-assistance model (Scottish Government, 2017c) and the Pyramid of Support (Scottish Government, 2019a) to start a national conversation on what enhanced access to AHPs means for people living with dementia. A tiered approach to accessing AHP skills and expertise is being co-designed and developed, with the ultimate goal of ensuring AHP expertise and knowledge is available every day and when people with dementia and those who support them need it. A working draft is shared in Figure 4.

Figure 4. Tiered approach to access the skills and expertise of AHPs when living with dementia



Developing universal and targeted interventions has included the successful integration of social media on a number of platforms as an everyday measure to enhance the expertise of the AHP professions to be more visible and accessible. We have worked in partnership with the AHP professional bodies to co-design profession-specific postcards with a positive message for each (for instance, '*With physiotherapy, you CAN* ...'). We are supporting the development of AHP dementia clinics in local community settings and are doing a test of change of a virtual occupational therapy clinic using NHS Attend Anywhere, a web-based platform that helps health-care providers offer video-call access to their services as part of their business-as-usual, day-to-day operations, and are sharing the learning and investigating the potential for use at local levels. We have developed and shared five short films developed to show how AHPs can work with people with dementia and those who support them.

Early intervention through collaboration at universal and targeted levels is key. We are taking a strategic and co-ordinated approach to developing accessible self-management resources, producing information that ultimately aims to enhance the wellbeing of people with dementia and those who support them before they need AHP specialist interventions. Alzheimer Scotland has supported five AHP projects to develop self-management information. These have been developed locally by AHPs but will will be available on a single platform on the Alzheimer Scotland website.

Developing specialist interventions has included successfully engaging with all NHS boards to implement and integrate post-diagnostic occupational therapy home-based memory rehabilitation (Coutts and Robinson, 2016; McKean, 2019a, b; McGowan et al., 2019), which will be delivered to over 500 people with dementia in Scotland in 2020 working with more than 100 occupational therapists. We are also working with NHS Education for Scotland (NES) through a career fellowship to support two demonstrator sites for self-management groups, called Journey through Dementia (Craig, 2017). This work will be further developed in 2020 with project funding support from The Alliance self-management fund with the inclusion of five further test sites, bringing the total to seven. NES also provided a career fellowship to support 24 occupational therapists from nine board areas to deliver the

Tailored Activity Programme (Gitlin et al., 2009), which aims to support carers in their caring role for as long as they wish.

All of this work has been developed in partnership, so therefore also supports Ambition 2.

The examples outlined below show that we are beginning to deliver on what people asked for, raising people's understanding and expectation of what an AHP can do and supporting the integration of specialist AHP knowledge into everyday practice, with the overall aim of increasing visibility and promoting early intervention for AHP-led interventions

> We are delighted to see AHPs' forward-looking vision for families and carers as equal partners in care. It is a vision that goes beyond appreciating our understanding of the cared-for person to a recognition of the potential value of collaboration, support for education and skills development and carers' potential as co-therapists and recipients of AHP interventions.

National Dementia Carers Action Network, Alzheimer Scotland 2017

Examples of activities to achieve this ambition locally

- Accessible appointment letters and an easy-read version for podiatry and speech and language therapy letters that are then adapted for electronic appointment systems have been developed in Western Isles.
- AHP staff in Dumfries developed five short film clips and worked with their local media team to share these on their NHS Facebook and Twitter accounts, successfully using alternative media to reach people across the region.
- Occupational therapy home-based memory rehabilitation has been integrated within the post-diagnostic support service in Shetland with self-referral to occupational therapists.
- AHPs in the East Lothian Memory Rehabilitation Group are using the Alzheimer Scotland and Royal College of Speech and Language Therapy postcards for all attendees.
- AHP colleagues in Lanarkshire have developed a Practical Tips memory booklet for use with people with mild cognitive impairment and/or dementia which has been shared widely with AHPs in Lanarkshire.
- Open arts therapies groups have been developed in each dementia unit in Edinburgh.
- Radiographers in Highland are working with Alzheimer Scotland and people with dementia to help re-draft the standard information sent out with computerized tomography (CT) appointment letters, making the information more accessible and appropriate for people living with dementia.
- Accessible prompt cards for clinic treatments in podiatry clinics in Western Isles have been developed, ensuring the clinic experience is easier for people with dementia.
- Occupational therapists in Forth Valley are involved in post-diagnostic groups with carers' centres and Alzheimer Scotland link workers.
- In Lanarkshire, a palliative care pathway was developed by dietitians to support nursing staff when providing nutritional care in advanced and end-of-life dementia care.

Home-based Memory Rehabilitation (HBMR) is a one-to-one programme carried out over four to six sessions. Its aim, says **Gill Gowran, advanced practitioner occupational therapist in NHS Lanarkshire**, is to enable people in the early stages of dementia to learn strategies that will help them to maintain their independence for as long as is practical while their condition progresses.

"If they've already set themselves up to have good habits and routines in the initial stages and are disciplined in carrying these out, they should continue to do them even though their dementia is progressing," Gill explains. Such habits might include a place to keep keys, using a whiteboard to leave messages on, keeping a daily activity book or diary to remind individuals what they have done each day or sticky notes to remind them to do something. "It's important that the individual only tries to adopt one new habit at a time to allow them to make it part of their routine," Gill says. "It's also important that things are visual to encourage their use."

HBMR originally was developed by an occupational therapist in Belfast to enable people with memory difficulties that were affecting their everyday lives. A version of the programme used in NHS Dumfries and Galloway has been rolled out across Scotland, supported by Alzheimer Scotland. Lanarkshire had been doing similar work, but Gill says the new national occupational therapy resource has given the programme a much more professional look and feel. "It's also good to have a resource that is familiar to all occupational therapists in Scotland."

Interesting variations have arisen. "You realise when you do things nationally what a diverse country Scotland is," she says. "What works in the countryside isn't necessarily going to work in the city." Prompts that use pictures of houses, for example, may not be appropriate in areas where most people live in flats.

Tailoring professional input to the needs of the individual is critical in dementia care, but there's no need to reinvent the wheel, Gill says. She and her colleagues involved in the occupational therapy HBMR improvement project draw on a "virtual bank" of resources that have been proven to work – a checklist for someone to complete before leaving the house to ensure they have all they need, for example, or a prompt sign to remind someone to check they have turned off the cooker. "If someone's already done it, you might as well use what's there and adapt it if required."

And small things can make a big difference to enable someone to remain independent – medication boxes, brightly coloured keyrings with spiral cords that can be fixed to a belt-loop or the inside of a bag, and nightlights to help someone find their way in the dark.

"Enabling people to continue to function in their everyday occupations, whether they have a mental health or physical issue – that's basically what we as occupational therapists do," Gill says. "We're promoting independence for as long as is practical and safe."

Dementia often brings communication challenges, which in turn can cause frustration, distress and isolation for the individual. But is there a role for speech and language therapy in overcoming such problems?

Jenny Keir is a specialist speech and language therapist with NHS Tayside who, several years ago, began building a small caseload of people with dementia whose primary symptom related to communication.

Jenny works with people and families on a one-to-one basis. She brought them together in a weekly group called Confident Conversations, where strategies were introduced to keep conversations moving and to build members' confidence in their ability to communicate.

"It was initially an exploratory group, really, just to see what would happen," says Jenny. "We already ran a lot of communication groups for people with different conditions following a stroke, so we were skilled at running groups. But we had never run one for people with dementia."

Initially there were just four men in the group, but numbers have grown over time.

Talking Mats and Emotional Touchpoints, communication tools, are used to help the men share aspects of their experiences that are important to them.

"When we asked them about conversations before the group, using Emotional Touchpoints, they selected words such as 'insecure', 'frustrated', 'held back', 'unsure'," Jenny says. Asked to choose words to describe how they felt during the group, the men opted for 'encouraged', 'supported', 'respected', 'hopeful' and 'confident' – the last of which gave rise to the group's name.

Jenny describes how some of the men have used Confident Conversations as a stepping-stone to becoming involved in other groups, such as a dementia café. "And one chap who came along is now an active member, with his wife, of the local dementia choir."

Jenny sees this work as falling naturally within the scope of speech and language therapy. "Communication doesn't happen within a vacuum and our skills are in enhancing someone's communication in any way we can.

"Successful interaction doesn't need to be about using the right speech or the right language," she adds. "It might be that someone has communicated something by describing the word they can't remember or by giving a gesture when they get stuck – having a go to show us what they mean. And we would class that as a successful outcome."

2. Partnership and integration

What people with dementia and those who support them can expect by 2020 as a result of action in this area:

- *I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together.*

Ambition for change

People with dementia and those who support them are the experts on the impact of the disease on their daily lives and will experience AHP services delivered in a partnership approach across teams, voluntary agencies, community resources, and the third and independent sectors (including housing associations), providing the right support for individuals in the right place and at the right time.

Where we are now

Partnerships and integrated working involving AHPs, people with dementia and those who support them, services, partner organisations, health and social care practitioners, and local planning structures remain key to the success of the integration of the CPCS ambitions into local practice and services. We have worked with many partners and key stakeholders since the launch of CPCS.

The Scottish Dementia Working Group and the National Dementia Carers Action Network have been key supporters and influencers of CPCS nationally. Their participation is supporting this ambition and also Ambition 3, ensuring the voice of lived experience is at the forefront of our work and delivering on the principle that 'dementia is every AHP's business'.

We are actively engaging with the team of national AHP leaders, ensuring synergies between AHP programmes and shared learning, including the children's and young people's programme (Scottish Government, 2018a), Ready for Work and transforming AHP roles, and will continue to build on this national approach.

We have developed strong partnership-working with AHP professional bodies that have a shared interest in getting it right for people living with dementia, and Alzheimer Scotland is working closely with partners to develop the universal resources outlined in Ambition 1. National network events have included two workshops with over 200 occupational therapists that focused on enabling everyday environments, developed in partnership by the Royal College of Occupational Therapists and Alzheimer Scotland. Work is underway with the Scottish Ambulance Service to develop a dementia policy for the service that is informed by CPCS, and a new programme of work is being developed with the College of Podiatry. The Royal College of Speech and Language Therapists is exploring how information and referral pathways vary across Scotland to find out about different models and what works best. We now have a number of national profession-specific dementia networks (Barrow, 2018; Fraser, 2019), supporting the development of professional universal-specific resources, offering clarity on what only their AHP profession can deliver and supporting delivery of Ambition 1.

Alzheimer Scotland has been involved in, or has supported, a number of local engagement events held in NHS board areas such as Ayrshire and Arran, Greater Glasgow and Clyde, Highland, Orkney, Shetland, Forth Valley, Dumfries and Galloway, Grampian, Fife and Lanarkshire, with plans for events in the Borders and the Western Isles early in 2020. These have ranged from large workshops to local conversations, but with the common aim of developing local integration plans for CPCS ambitions linked to local populations' needs.

> On behalf of the Alzheimer Scotland Dementia Nurse Consultant Group, I would like to applaud the contribution of AHPs in working towards the ambitions outlined in Connecting People, Connecting Support. Their work in meeting the needs of people living with dementia is making a real difference. The Alzheimer Scotland Dementia Nurse Consultants work closely supporting Dementia Champions from the allied health professions. We value this partnership-working which drives improvement and results in better outcomes for people living with dementia. We look forward to continued collaboration in making the care of people with dementia a priority across Scotland.

Helen Skinner, Chair of the Alzheimer Scotland Dementia Nurse Consultant Group

Examples of activities to achieve this ambition locally

- In Fife, occupational therapists from stroke care, mental health and social care are involved in the provision of standardised cognitive assessments to all community occupational therapy staff, promoting the sharing of knowledge and skills on cognition to help staff validate their clinical reasoning when making stairlift assessments with people with cognitive issues.
- AHP staff are linking with the Alzheimer Scotland local dementia cafes to promote their roles in Ayrshire and Arran.
- In Lothian, AHPs are working in partnership with audiology colleagues to share their experiences and explore how they can work together and with people with dementia.
- Occupational therapists have developed an ongoing partnership with Cordia managers in Glasgow to discuss how best to support and educate their care support workers in providing individual care to people with advanced dementia.
- Colleagues in post-diagnostic support in Western Isles are working to inform differential diagnosis and signpost people to early AHP support.
- Dietitians have been working with the Alzheimer Scotland resource centre in Kilmarnock to deliver a 'Cooking with confidence' programme for carers of people with dementia.
- AHPs in the Borders are working with nursing colleagues and offering dementia training sessions to a number of housing associations, with occupational therapists working in partnership with local tradesman to be risk-aware for falls and changes in how a person functions on a daily basis.
- The IDEAS (Interventions for Dementia, Education, Assessment and Support) specialist dementia team in Dumfries, which includes speech and language therapy, occupational therapy, nursing and psychology, has developed a partnership project with care home activity workers and the prison service to develop a gardening project hosted on site in the prison gardening facilities.
- AHPs are involved in 'Caring with confidence' sessions on dementia and sensory challenges in collaboration with the Falkirk and Clackmannanshire Carers' Centre.
- Speech and language therapists in Western Isles are using therapy outcome measures to measure and improve real-life outcomes for people living with dementia.

When the Scottish Diabetes Foot Action Group devised its 'CPR for Feet' programme – CPR stands for check, protect, refer – it was aimed at preventing pressure damage among hospital patients with diabetes. But the group soon realised that the tool would have much wider benefits if it was also used in community and care home settings.

Karen Mellon, Fife Health and Social Care Partnership's lead podiatrist for care homes, identified its potential to help residents in the homes she covers.

"We are seeing more patients being discharged from hospital who are physically frail than ever before," Karen says. "They are living longer and with many more co-morbidities, so they are at much greater risk of developing pressure ulcers, including on their feet. We thought this was a good tool we could use to try to reduce the number of pressure ulcers."

She and her colleagues developed a CPR for Feet training package for care home staff. "The training goes into what to check for, when somebody is at risk and devices you need to use. It also covers what to do if pressure ulcers develop and the importance of making sure all these measures are in place 24/7."

Results so far have been impressive. Karen, who is also an AHP Dementia Champion, cites the example of a care home where pressure ulcers were becoming a huge problem. Following management restructuring, the care home sought to make improvements and were open to building relationships with outside services to achieve this.

"I spoke to the manager about CPR for Feet and she was really keen to get the staff trained. She doesn't want to see anyone with a blemish in her care home."

In the year before the staff training, residents, all of whom had dementia, had a total of eight pressure ulcers on their feet alone, five of which were grade 3 and above. The year after the training, there were two pressure ulcers, at grades 1 and 2 – which was a huge improvement. In 2019, no resident has had pressure ulcers on their feet.

The 90-minute training is offered to care homes at no charge. "The only cost to them is releasing staff to come along," Karen says. And, as she points out, as well as reduced pain and suffering for residents, fewer pressure ulcers and easier bathing and showering all help to preserve staff time for taking part in other more socially oriented activities with people with dementia.

Risk enablement is about more than just an approach to working with people living with dementia. It is also a core principle, a belief in people's strengths and potential, that drives and supports AHPs in their work.

But it's a principle that can sometimes seem a difficult proposition for families concerned about their loved ones, particularly after admission to an acute hospital. **AHP dementia consultant for NHS Greater Glasgow and Clyde, Christine Steel,** explains.

"It can be very confusing for families, especially when going through the emotional turmoil of having their loved one being admitted to hospital, to find that the staff seem to want to put their relative in what they see as risky situations," she says. "They might be sceptical when, for instance, we ask them to bring their relative's shoes in so they can walk more safely – surely, they seem to think, they would be safer in bed?"

The key change in thinking around people with dementia and those who support them who are admitted to acute units, Christine believes, is to think about the person rather than the unit.

"When somebody comes into hospital for an elective procedure, the starting point of assumptions for staff and families is that they will be going home after treatment," Christine explains. "But if somebody comes in through an emergency department in a crisis, the target of home might not seem so clear. I think the reality is that it's very difficult when you've got someone who's very unwell, appears very frail, to remember that possibly as little as a week ago, they were living in the community."

Christine has been working in partnership with colleagues in NHS Grampian to develop a toolkit around risk enablement to help staff move in these directions.

"We're still in the testing stages, but what is coming out is a tiered approach to risk enablement, with guided conversations at the first tier, a more formalised risk enablement framework, including an advanced clinical reasoning tool, as the second, and an even more robust third tier that helps take people through the process," Christine explains.

Central to the potential success of the toolkit is the need for partnership across all professions and with people living with dementia.

"When we actually come to roll the toolkit out, we'll be targeting multidisciplinary teams," Christine says. "I think that's the way it will have the biggest benefits."

Christine is optimistic that the partnership approach across the areas will create benefits for people with dementia and those who support them in NHS Grampian and NHS Greater Glasgow and Clyde, and perhaps ultimately nationally.

"I think the toolkit will have a positive impact," she says. "But it's like anything – when you start doing improvement, it just gets bigger and bigger and bigger in your head. We need to start small just to make sure that what we're doing is right and we're moving in the right direction."

Up to 80% of care home residents have dementia. And of those, 70% will develop a swallowing difficulty, 70% will be at risk of dehydration and 50% of malnutrition, says **Evelyn Newman, NHS Highland nutrition and dietetics adviser for care homes**.

Evelyn is helping to address the challenge of ensuring adequate food and drink for residents by developing tools that can be shared across Highland care homes.

She says home managers and staff are the ones who translate any advice or suggestions into practice and her role is simply to facilitate and share good practice. "I can heighten people's awareness of what could be a problem and of any tools and strategies for how the problem can be overcome."

Evelyn has worked with the Care Inspectorate to develop an evidence-based food and fluid section on The Hub, the Inspectorate's online repository of improvement resources. And she has teamed up with a company to develop products such as the Dysphagia Game that care homes can use for in-house training. "The games are very practical, fun and interactive," she says.

She shares news of her work through a quarterly newsletter for social care staff, also uploaded to The Hub, which offers suggestions and evidence-based interventions to encourage good practice – for example, ways of stimulating care home residents' interest in food through activity-based engagement.

"There's a real danger that people can get quite bored with food and get menu fatigue if the menus are not regularly updated," she says. "It's important to reflect the tastes, likes and dislikes of people but also to try out new choices they might never have come across.

"We encourage staff to try a buffet night and give residents choices of different meals in small portions so they get a taste for them. Often, they try something new and like it."

Nutrition, Evelyn says, is the business of all care home staff. "It isn't just down to the cook, although cooks more and more are being seen as integral to care planning. If they don't understand the care that needs to be delivered, you end up with residents being given food that either isn't appropriate or isn't given to them in a safe way."

3. AHP workforce skilled in dementia care

What AHPs can expect by 2020 as a result of action in this area:

- *I feel I get the support and resources I need to do my job well.*

Ambition for change

People with dementia and those who support them will experience services that are led by AHPs who are skilled in dementia care (as defined by the Promoting Excellence framework (Scottish Government, 2011b)) and committed to a leadership and quality-improvement approach that drives innovation, shares best practice, and delivers high-quality, personal outcome-focused and AHP-led therapies.

Where we are now

Nationally, we are working with the higher education institutions (HEIs) in Scotland to support a range of AHP learning opportunities, including AHP practice placements, the occupational therapy internship programme in partnership with Queen Margaret University (QMU) and the Scottish Dementia Working Group (Maclean et al., 2019), and an AHP MSc-level rights-based practice module at QMU supporting an advanced AHP workforce in dementia.

Alzheimer Scotland has introduced the Dementia Friends Scotland programme to a range of AHP students; while this does not fulfil training needs as defined by Promoting Excellence, it is an important first step in supporting our ambition of dementia being every AHP's business and has reached over 500 AHP students and AHP staff. AHP staff are fully engaged with the NHS NES Dementia Champions programme; with support and leadership from our Alzheimer Scotland nurse consultants (Alzheimer Scotland, 2019c), we now have over 100 AHP dementia champions. We also have support from the AHP children's and young people's leads who are recommending that all their staff are informed in dementia care.

The most significant strategic achievement of this ambition in relation to a skilled AHP dementia workforce has been the opportunity strategically to embed dementia skills in pre-registration AHP programmes. The academic heads group agreed to support Scotland's AHP students to be informed and skilled in dementia care on graduation by integrating the Promoting Excellence framework into current curriculum design and interprofessional education opportunities across all AHP programmes. The impact of this achievement may not be realised in services for a few years, but is a fabulous and sustainable outcome to build on.

We established an Alzheimer Scotland AHP Dementia Forum with nominated membership from AHP directors and the Allied Health Profession Federation (Scotland). This group, which has over 40 members (Appendix 1), plays a pivotal role in delivering local strategic leadership and a local infrastructure for clinical engagement, thereby developing a strong foundation for collaboration and building relationships locally. Many Alzheimer Scotland AHP Dementia Forum members have successfully organized local events to share the messages of CPCS, followed by the development of local implementation plans to integrate the CPCS ambitions with local services. The work of the group and all its papers can be found on the Alzheimer Scotland website, along with a link to methods of communication and spotlight reports sharing local approaches to deliver the four ambitions.

A two-year leadership development programme based on the principles of appreciative inquiry has been co-designed with funding from the Elizabeth Casson Trust leadership grant. The programme has been tailored to the individual needs of AHP Forum members, with the ultimate aim of helping to build a sustainable national group of AHP dementia clinical leaders. We created an online learning space that offers practical resources in appreciative inquiry and design-thinking, personal awareness, how to engage with the wider system and how to engage others, with facilities for people to post their own stories and ideas. The use of appreciative inquiry is integrated to the improvement model we share in Ambition 4.

Examples of activities to achieve this ambition locally

- The AHP dementia consultant in Greater Glasgow and Clyde has been working jointly with Strathclyde University and Alzheimer Scotland to deliver skilled-level training to undergraduate speech and language therapy students.
- Dietetics services in Dumfries are in conversation with Alzheimer Scotland around practice placement opportunities for the future.
- A podiatrist from Fife, an occupational therapist from Edinburgh and a physiotherapist from Glasgow have successfully completed the Dementia Service Improvement Lead (DSIL) course developed by NHS Education for Scotland (NES) and are leading on projects to support this work locally.
- All AHP team members in Western Isles have completed the "Dementia Skilled" resource, with facilitated learning sessions led by speech and language therapists locally.
- An occupational therapy assistant who works in acute admission wards in Forth Valley attended an eight-week NES course on stress and distress.
- A Scottish national survey is being planned by the British Dietetic Association to gather data on the current level of education aligned to Promoting Excellence, to be done once a Scotland-wide network is established.
- Data on the current level of training among podiatrists in Scotland aligned to Promoting Excellence is being gathered by the College of Podiatry.
- AHP managers in Dumfries and Galloway have pledged that all staff will be at the skilled level of Promoting Excellence, and AHP services are working towards this by the end of 2019.
- In Lanarkshire, a survey was completed across all the AHP groups to share good practice, determine any gaps in education and training, and formulate a work plan.
- The local Fife AHP CPCS forum is working in partnership with the Alzheimer Scotland nurse consultant to increase the number of AHP staff in health and social care who are skilled in dementia care.

When **Iona Parkinson , head occupational therapist in NHS Grampian**, found occupational therapists were feeling a bit overloaded and in need of a pick-up, she turned to an approach she had learned about in the CPCS leadership programme that might help to support the staff – appreciative inquiry.

"Appreciative inquiry aims to create organisational change, but does so by focusing on strengths and identifying what's working," she explains. "It's quite different from many evaluation approaches that tend to try to identify deficits and problems. We felt an appreciative inquiry approach would enable staff to present their views, let them feel involved and take a bit of control over what we were doing."

The starting point was to hold a session with the staff in November 2018 in which they were invited to speak about a time when they were able to make a real positive difference for a client.

"So many good examples of therapy work, of people working towards their own goals, came forward," Iona says. "People were talking about the benefits of working a bit longer with people and focusing on what was important to the individual, and just using the therapy to enable change."

Many of the examples highlighted relatively small interventions that had big impacts, but Iona and her team worked on bringing all of these small examples together to identify changes that could deliver sustainable benefits across services.

"The group began to explore how they could deliver positive impacts for everyone and define their vision of the future," she says. "We asked – what could we be doing in the future that we don't do now? How could we change things in key areas like balancing time between assessment and therapy and managing workloads? Then we looked at what were the easiest things we could do in each category to make it actually happen."

Since those early days, the appreciative inquiry approach has inspired a range of activities in areas such as referral criteria and the delivery of an occupational therapy assessment clinic in the Aberdeen city team.

"Our aim is to put the therapy back into occupational therapy, moving towards early interventions," Iona says. "And we're seeing the enthusiasm come back to the staff."

Wendy Chambers, practice education lead in NHS Dumfries and Galloway, possibly wasn't the most obvious 'fit' when Alzheimer Scotland AHP consultant Elaine Hunter was looking for a 'volunteer' to manage Scotland's first national AHP WebEx programme to share learning experiences among AHPs.

"The idea of doing something digitally was terrifying," Wendy says. "I'm not a tech person and wasn't really sure I would know what I was doing. But when Elaine Hunter, the Alzheimer Scotland National AHP Consultant asked me if I could get it running, I said yes, OK."

What Wendy does have is a passion for education and helping people to learn in innovative ways.

"I've worked with people living with dementia as an occupational therapist, so had a clinical interest in the area," she explains. "Now as practice education lead, I have a real interest in how people learn and expanding the platforms through which they can access education."

The WebEx programme involves a bi-monthly 50-minute online session that AHPs all across Scotland can join, primarily aimed at the skilled level of the Promoting Excellence framework. AHPs from different parts of the country develop presentations on areas of interest and share their practice. The presentation is delivered as a slideshow with audio. All the participants need is a computer with internet access and audio capability.

"We set up a meeting and then at 3.30 in the afternoon, people click on the link and log in," Wendy explains. "I act as the chair of the session."

Some sessions have had more than 100 participants, which is fantastic for sharing knowledge and experience, but not so great for encouraging audio participation. The WebEx does have a chatroom facility, however, so those who have logged in can ask questions or make comments.

"It becomes a bit like Gardeners' Question Time on Radio 4," Wendy says. "I write all the questions down then, at the end of the presentation, I will say 'So Linda in Orkney is asking about ...', and the presenters will respond. It sounds a bit clunky, but it works."

The slides from the presentation are available to participants after the WebEx closes, and are also posted on the AHP Community of Practice website and on the weekly blog.

As with most online start-ups, some technical problems were experienced over the first two sessions, but Wendy is optimistic that these will be ironed out.

"We had difficulties with the audio, but we're learning as we go," she says. "But what is fascinating about the process is some of the feedback from participants. They say – 'This is brilliant, I can do my clinical job and then at half past three, I down tools and spend the last hour of my day doing some personal development activity. And I don't have to go anywhere to do it – it basically happens at my desk'.

"In the initial 12 months, we've had great engagement from over 500 health and social care practitioners and have some great topics planned for 2020. We're now working towards being able to record the sessions in 2020 so people can connect in when they're available."

4. Innovation, improvement and research

What people with dementia and those who support them can expect by 2020 as a result of action in this area:

- *the right care for me is delivered at the right time.*

Ambitions for change

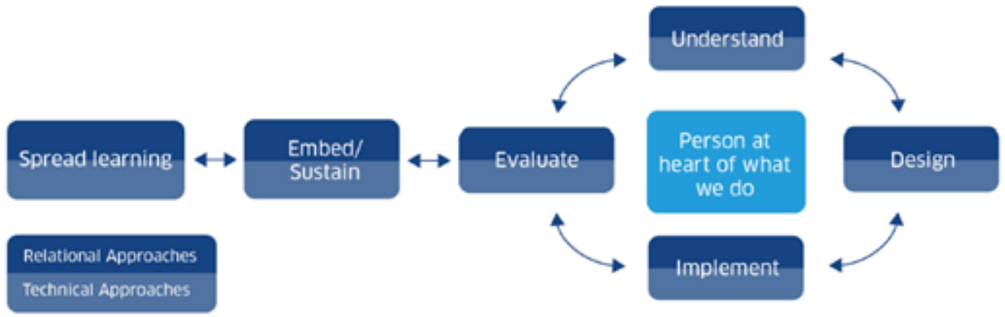
People with dementia and those who support them will experience AHP services delivered by therapists who are committed to an approach that drives improvement, innovation and research in the delivery of high-quality, responsive, rights-based and person-centred AHP rehabilitation.

Where we are now

Implementation and integration of CPCS within local practice has been underpinned through an improvement approach that aims to fully realise the impact of the ambitions across health, social care and partner organisations.

Early in the integration of CPCS, the Alzheimer Scotland AHP Dementia Forum prioritised the co-design and co-production of a national logic model. The group used appreciative inquiry to generate the ideas (relational approaches) for improvement and quality improvement tools (technical approaches) to translate ideas into action, thereby building a collective purpose and direction (Figure 5).

Figure 5. An improvement approach to deliver the ambitions in Scotland



Source: adapted from work originally developed by Healthcare Improvement Scotland.

Fourteen national projects were prioritised and translated into a logic model, with a supporting project implementation document supporting all four ambitions. This has guided our work for the past 24 months, with the following interventions being tested in a range of demonstrator sites in Scotland:

- access to universal self-management information for people with dementia and those who support them written by a range of AHPs, including podiatrists, dietitians, physiotherapists, occupational therapists, and speech and language therapists
- access to universal self-management information for AHPs to apply the AHP biopsychosocial dementia approach in practice
- home-based memory rehabilitation in 13 demonstrator sites, provided by over 40 occupational therapists
- Journey through Dementia in two demonstrator sites, with a scale plan for spring 2020
- tailored activity programmes implemented in nine demonstrator sites with 24 occupational therapists
- testing of the International Consortium for Health Outcome Measures in Dementia value-based global standard set in five test sites.

The ongoing work on implementing CPCS is attracting interest from local and international colleagues, including those in Norway and Japan, with strategic partnerships being developed with occupational therapy colleagues in south Wales and Connecticut, USA. Alzheimer Scotland also fully funded an AHP PhD studentship, is working in partnership with the University of the West of Scotland to evaluate occupational therapy home-based memory rehabilitation (which will be completed by the winter of 2021) and is a project partner of the Occupational Therapy Priority-setting Partnership with the James Lind Alliance.

Nationally, we continue to work in partnership with Focus on Dementia (part of Healthcare Improvement Scotland's ihub[4]), the national Post-diagnostic Support Leads Group and the Focus on Dementia Community Delivery Group. As part of this, we are integrating the ambitions of CPCS in the new two-year programme of work on implementing care co-ordination for people with dementia and their carers in Inverclyde Health and Social Care. AHPs' contribution has already been evident in the testing of post-diagnostic support in primary care (Scottish Government, 2019b) and the specialist dementia unit improvement programme (Wells et al., 2020). We will also be integrating the work of AHPs within newly commissioned two-year collaborative work in hospital settings.

Locally, the starting point for all local AHP dementia clinical leads in the Alzheimer Scotland AHP Dementia Forum was to take time to understand their local areas, develop insight into local services and connect with colleagues and people with dementia and those who support them locally. All clinical leads could complete a questionnaire designed to enable them to identify the focus for local action and discover initiatives already prepared and ready to start. The questionnaire was completed in 13 areas and informed local integration plans; seven board areas will have a baseline measure and all 14 will be encouraged to complete again as part of this 24-month review and a review and baseline for 2020/2021.

Examples of activities to achieve this ambition locally

- A post-diagnostic occupational therapy group intervention is being tested in Fife and Aberdeenshire, integrating improvement methods and evaluation. The initial results have demonstrated an improvement in the quality of life of people taking part.
- Dietitians and occupational therapists in Lanarkshire were successful in sourcing funding from Eat Well, Age Well to develop and pilot a project to support carers to maximise personal choice and provide nutritious meals.
- A scoping exercise in Forth Valley outlined a baseline of AHP services locally, enabling a development and drive to review how services for people with dementia and those who support them are being delivered in a multidisciplinary/multiagency way.
- An ongoing quality improvement project within radiotherapy services in Greater Glasgow and Clyde is aiming to enable a more efficient pathway for occupational therapy referrals from GPs for patients over the age of 65 attending for imaging who are at risk of falls.
- A seven-week multidisciplinary education course has been developed in Inverclyde for carers of people with advanced dementia and has had a demonstrated positive impact on carer wellbeing, confidence and understanding.
- Occupational therapists are piloting the Large Allen Cognitive Level Screen (LACLS), an evidence-based, standardised screening assessment of functional cognition developed within the framework of the cognitive disabilities model, in a hospital setting in Greater Glasgow and Clyde.
- Lothian was successful in applying for a NES AHP Careers Fellowship to support people in care homes with eating and drinking by developing a speech and language therapy guidance manual that will be rolled out across the whole of Lothian during the coming year.
- Podiatrists in Lothian have adapted their care plans to be dementia-friendly, to include communication needs and promote 'Getting to Know Me', a document completed by the person with dementia or their carers that offers brief information about the person.
- Podiatrists and occupational therapists in Fife will be working with the Mental Health Lead Nurse to co-design and develop a training package for carers, offering support and practical hints and tips.
- A dietitian in Aberdeen is leading a quality improvement project around risk enablement involving NHS Greater Glasgow and Clyde and NHS Grampian as part of the AHP Careers Fellowship.

[4] More information on these programmes can be found at: https://ihub.scot/improvement-programmes/focus-on-dementia/

An increase in referrals to speech and language therapy (SLT) teams triggered a new approach to helping care home staff support residents with eating and drinking difficulties.

Rebecca Kellett, NHS Lothian speech and language clinical lead for dementia, says referrals rose by 30% in six years and some SLT teams were finding it difficult to meet demand. She adds: "But when we went out to care homes, we often found that a lot of the difficulties people were having could really be managed without speech and language expertise if only care home staff had a little more knowledge."

Despite some early success, potential solutions – including staff training and telephone triage – proved unsustainable. It was time to try something else.

"We thought we'd approach it by doing a written guidance manual based on all the things we found people had difficulties with but which could be self-managed," Rebecca says. The aim was to also include a very clear pathway for times when people need to be referred. As a result, there was a lot to cover.

"We ended up with quite a big document", Rebecca says. "But we've tried to make it very clear and readable, and although when they first looked at it the managers said, 'This is huge!', they then said, 'No, hang on, it's really clear and easy to use'."

It became clear during a pilot phase that it was not sufficient simply to hand out the manual – engagement with care homes was essential so that senior staff knew how to use it, and their knowledge could then be streamed down and embedded without the need for additional training by already stretched SLT teams.

As part of her NES AHP Careers Fellowship, Rebecca is now rolling out the manual across Lothian and working with stakeholders, such as the Care Inspectorate, to ensure it complies with inspection guidance.

When **physiotherapy team leader Angela Watson** started working at a dementia assessment unit in **NHS Greater Glasgow and Clyde**, she found patients were falling more frequently than might be expected. More than 200 falls had been recorded in a single year, but the reasons behind the falls were not really analysed or understood.

"There were certain things we didn't have in place that I had used in my previous work and which I thought might help from a falls prevention perspective," she says.

Five years on, there has been a culture shift. Small changes have had a significant impact and staff are now much more aware of the association between issues such as medication changes and infection and the likelihood of a patient falling.

"We started by just highlighting risks and giving the nursing staff some key pointers, so when they're making up their falls care plans they think about all the components," says Angela. A "measles" chart – coloured dots stuck to a plan of the ward – helped show hotspots where falls occurred more frequently, indicating potential problems with the ward environment. Differences in the floor marking may be enough to create a hotspot, Angela explains, or seating that is too low or which provides insufficient colour-contrast with the floor.

But the risk for individuals was considered, too. Mobility assessments were undertaken and records examined to determine whether a patient tended to fall in particular locations or at certain times of day.

"The longer the project went on, the more everybody was looking at the reasons behind falls," Angela says. "The nursing staff would take more notice of certain pointers, so other therapy adjuncts, as opposed to medication, are being used to see how we can manage patients' stress and distress better."

Combined actions and interventions have led to a 38% reduction in falls, and although success has been driven by physiotherapists, all staff have played a part. "It's been a real team effort," says Angela.

Alison McKean, Alzheimer Scotland AHP post-diagnostic lead, has a good vantage point from which to view the progress being made by AHPs across Scotland in driving innovative and positive change for people living with dementia.

Alison completed the Scottish Quality and Safety Fellowship, a national programme managed by NES and delivered in partnership with Health Improvement Scotland and NHS Scotland. This, she feels, gives her a strong foundation from which to monitor and support progress.

"The Fellowship has enabled me to really make sure we incorporate improvement science and methods into all of the AHP projects in Scotland and work to deliver on CPCS," she says. "As well as examining different improvement science methods, the Fellowship also focused on leadership, particularly transformational leadership."

A national logic model has been developed to define how CPCS is being delivered, setting out how the whole programme works and how its effectiveness is being evaluated.

"The logic model looks at all the different projects and workstreams that are going on and maps them across to the core ambitions of CPCS," Alison explains. "It sets out in a rational and understandable way how it is being delivered and evaluated, looking at the different components, identifying what resources are needed and what the outputs are, and defining the short-, medium- and long-term outcomes we're working towards."

Alison believes the logic model does not just support delivery and evaluation of CPCS, but is actually a core part of it.

"It links really well with Ambition 4, which is about innovation, improvement and research," she says. "We speak in that ambition about integrating improvement science into everyday AHP practice. The logic model helps to formalise that – it helps us to keep track and make sure we're doing what we need to be doing."

Alison is driving one of the projects captured by the logic model – testing the use of occupational therapy online surgeries using NHS Attend Anywhere.

"The project is part of delivering on Ambition 1, around enhancing access to AHP expertise," she says. "I'm using improvement methodology and the plan, do, study, act (PDSA) cycle to look at different change ideas around the surgeries."

Another area of activity is focused on getting information out to people living with dementia through AHPs Tweeting everyday hints and tips at @AHPdementia that are linked to areas of the AHP approach. The project involves dietitians, occupational therapists, physiotherapists, podiatrists and speech and language therapists, who are collecting a range of data to show impacts.

Alison values the education that underlies the science in improvement approaches, but believes that without good communication, nothing works.

"Good relationships and good communication – that's the key to improvement."

Section 4. Summary and way forward

Dementia remains a priority for Scotland, with a commitment to consult on and develop a fourth dementia strategy in 2020 (Scottish Government, 2019b). It is anticipated that the current transformation of the AHP workforce will therefore continue to support national policy and strategy implementation.

CPCS is the national framework for transforming the contribution of AHPs to supporting people living with dementia and those who support them. Its aspiration is that people have better access to AHPs regardless of age or place of residence, from pre-diagnosis to diagnosis and throughout their illness.

We have demonstrated in this impact report that AHPs have been delivering new models of practice, developing AHP-led self-management information, supporting a skilled AHP workforce and taking a strategic and co-ordinated improvement approach to make change happen in local service transformation. The success story of CPCS is the AHPs themselves: they are winning awards, changing conversations about dementia, trying something new, and sharing their rights-based practice in many formats, including through social media and national conferences. CPCS has delivered visible leadership to share its messages on evidence of change and transformation and at the same time ensures the voice of lived experience has been the main driver for change in how AHPs in Scotland work. The Scottish Dementia Working Group and National Dementia Carers' Action Network are key supporters and influencers of CPCS, sharing their experiences and narratives.

CPCS nevertheless is only halfway through its delivery span and there is still much to do to close the gap between this national policy and lived experience. The four principles and ambitions for change in CPCS to support and drive the transformation of AHP services to meet the needs of people living with dementia and those who support them remain unchanged. The ask was never to do more, but to do differently to meet changing population needs.

At the heart of CPCS is partnership-working. To transform dementia care in Scotland, no service, profession or group of professions can do it alone. Any change is more effective when people work collaboratively and in tandem with people living with dementia and the people who support them. We will therefore ensure the ongoing commitment to collaborative working as AHPs as we go forward.

We will continue to transform the AHP contribution to enhancing access and support lifestyle changes, including diet, physical exercise and social engagement, that can potentially reduce the risk of developing dementia, delay progression of the illness and enhance quality of life.

We will work collaboratively to test a national approach to a tiered model of service delivery (see Figure 4) and be proactive in universal, targeted and integrated service delivery, promoting early intervention for prevention and direct access while also exploring technological and digital opportunities for innovations to transform service delivery. All of this will support the delivery of Scotland's post-diagnostic standard by integration joint boards.

We will strengthen the integration of the AHP approach in a range of practice settings, including the test site for integrated intensive dementia home care (Scottish Government, 2019c), the transformation of specialist dementia hospital care (Scottish Government, 2018b) and the dementia in hospitals collaborative.

We will continue to strategically implement the Promoting Excellence framework in local AHP practice in partnership with HEIs in Scotland and NHS board practice education leads, while also reviewing how Promoting Excellence links to the wider policy agenda of transforming AHP roles and integrated workforce planning (Scottish Government, 2019d).

The Alzheimer Scotland AHP Dementia Forum will continue to be the strategic group that leads the local delivery of CPCS ambitions, with ongoing strategic leadership from the National Alzheimer Scotland AHP Consultant. The need for evidence-based innovations in AHP practice remains a priority, with the ultimate goal of sharing and spreading the learning and supporting local implementation based on population needs and cost-effective AHP-led interventions.

The National Alzheimer Scotland AHP Consultant will continue to have strong partnership working with the Allied Health Professional Federation (Scotland), HEIs, NES, Alzheimer Scotland nurse consultants and Health Improvement Scotland, all important partners for the ambitions in CPCS to be realised and sustained. Strategic support from the Chief Allied Health Professions Officer (Scotland), AHP directors and other national AHP leads will continue, ensuring collaborative working and delivery of national and strategic objectives.

In transforming AHP practice, the need to measure if the change has led to improvement, as defined by the experience of people with dementia and those who support them, remains a priority. We will therefore expand our use of data, both qualitative and quantitative, to identify opportunities for improvement. We will review our current national and local logic models, developing clear key performance indicators and identifying priorities and implementation plans with local and national stakeholders. We will work with current Information Services Division dementia benchmarking processes and AHP minimal data sets to improve the integration of AHP dementia data where we can. And we will be working in partnership with the University of the West of Scotland to evaluate the evidence of the impact of occupational therapy home-based memory rehabilitation and will publish the findings.

CPCS has strengthened the important contribution of AHPs to achieving the vision of a Scotland in which people with dementia and those who care for them have access to timely, skilled and well co-ordinated support from diagnosis to end of life. This will help them to achieve the outcomes that matter to them, ultimately supporting people to live longer, healthier lives at home or in a homely setting, where we recognise people as experts in their own lives who have strengths, hopes and aspirations.

A further report on the delivery of CPCS will be developed and shared. The outcomes for this second review will be integral to the implementation of Scotland's fourth dementia strategy and will strengthen the important contribution of AHPs to achieving the vision of 'a Scotland where people with dementia and those who care for them have access to timely, skilled and well co-ordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them' (Scottish Government, 2017a).

> "How will we know Connecting People, Connecting Support is working? We'll know when we understand who AHPs are, what they can do, how we can get to them, and what they can do for us and with us. When it's working, our resolve to ensure we can access wider support to help us live as well and as independently as possible will be strengthened, realising our human right to get the services to which we are entitled."

Scottish Dementia Working Group, Alzheimer Scotland 2017

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Appendix 1. Meet the team: the Alzheimer Scotland AHP Dementia Forum membership

Meet the team: Alzheimer Scotland AHP Dementia Forum*

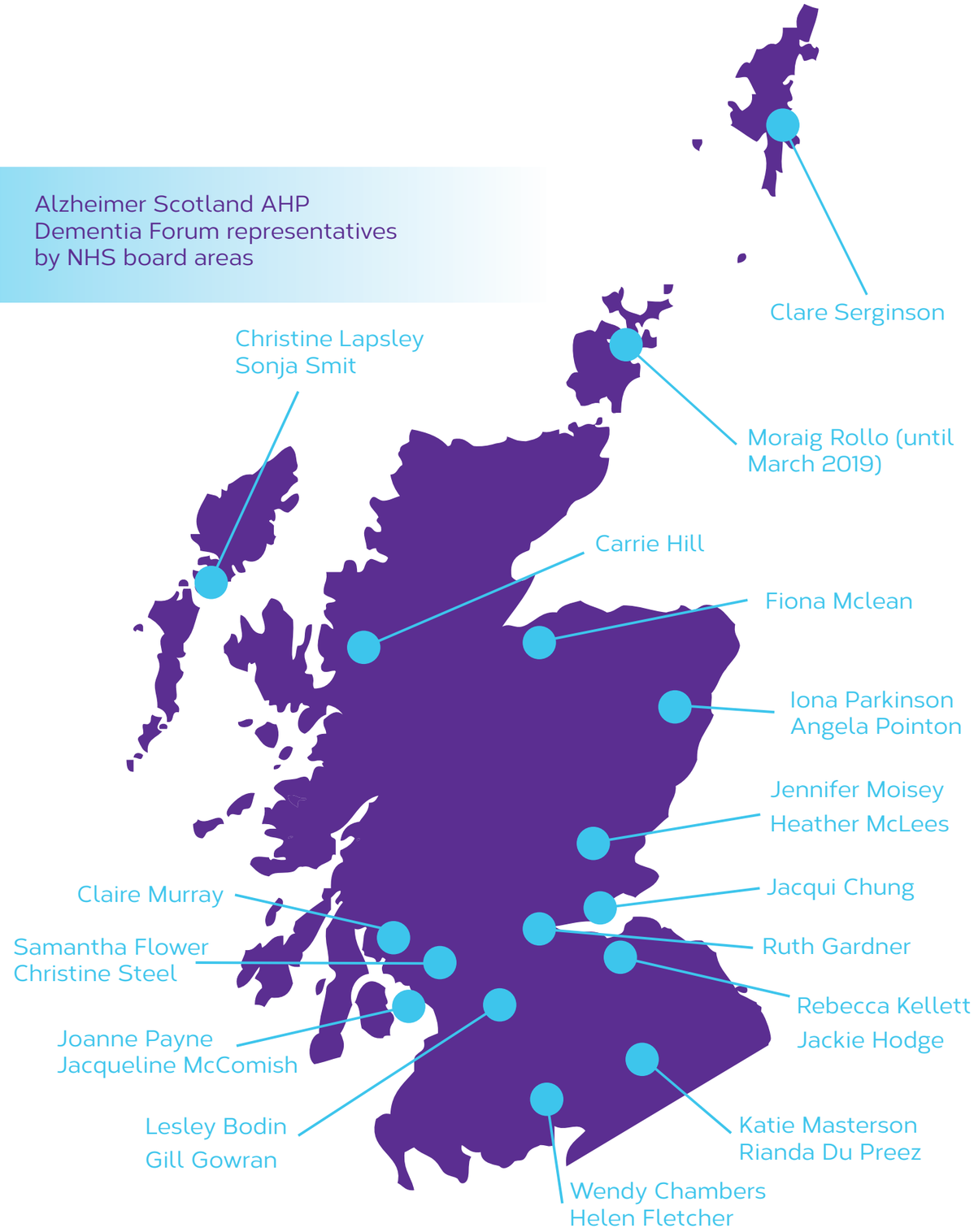
Professor Maggie Nicol, Chair
Elaine Hunter, Co-chair, National AHP Consultant, Alzheimer Scotland

Integral to the role and remit of the Alzheimer Scotland AHP Dementia Forum, we are supported by:

- Alison McKean, AHP post-diagnostic lead, Alzheimer Scotland
- Alison Wren, British Association of Art Therapists
- Rory Campbell and Emma Maclean, British Association for Music Therapy
- Gillian McMillan and Lynne Stevenson, British Dietetic Association
- Claire Craig and Madelaine Halkett, Chartered Society of Physiotherapy
- Joan Pollard, AHP Directors Group (Scotland)
- Lynn Flannigan, Healthcare Improvement Scotland
- Audrey Taylor, NHS Education for Scotland
- Lynn Dorman, Royal College of Occupational Therapists
- Rebecca Kellett and Jenny Keir, Royal College of Speech and Language Therapists
- Vicky Burnham, Scottish Ambulance Service
- Susie Fraser, British Association of Prosthetists and Orthotists
- Karen Mellon and Dorothy Hathaway, College of Podiatry

***Accurate December 2019**

Alzheimer Scotland AHP Dementia Forum representatives by NHS board areas



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Making sure nobody faces dementia alone.

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