

Dementia Active conference, 5 June 2006

Introduction

Thank you, Noni, for that introduction, and thanks to Alzheimer Scotland for inviting me to open your conference today. It is good to be able to get Dementia Awareness Week off to such a positive start!

Dementia Awareness

As a Health Minister in Scotland's devolved government, I very much share your concern for raising public awareness about dementia. This week's activities will help to do that. They are also consistent with the wider Health Improvement messages from Scottish Ministers, about the importance of mental wellbeing, and also of physical activity and healthy eating, social support and social inclusion.

And what has struck me most about dementia, since I took responsibility for this area of policy last year, is the sheer common sense of the things that can be done to keep the mind active and healthy. If physical activity is good for the body, mental activity is good for the mind, and you don't have to be a particular age to appreciate the benefits of that message.

Launch of Leaflet “Good for You, Good for Your Brain”

That is why I warmly welcome Alzheimer Scotland’s publication today of 3 new leaflets to raise awareness further about dementia. I am pleased to say that my department has provided direct financial support to one of these, *Good for you, good for your brain*, aimed at helping people reduce their own risk of developing dementia.

This document is useful in itself, and makes a valuable contribution to the wider programme of raising awareness in the area of mental wellbeing. I am sure it will be widely welcomed and used, and I hope that as well as using the leaflet you will also find time today to experience the interactive exhibition on the same theme of *Good for you, good for your brain*.

Publications like these build on, for example, the guidance produced jointly by the Health Department and Alzheimer Scotland a couple of years ago, which set out clearly what good dementia care should be. That guidance (*The Planning, Organisation and Delivery of Joined Up Services for those with Dementia and their Carers*) focussed on the who, what, where and why of intervention, care and support. We have also had NHS Health Scotland’s *Needs Assessment Report*, and the recently published SIGN guideline on the *Management of People with Dementia*.

Delivering for Health and Mental Health Delivery Plan

All of these have, I hope, made a real difference to service users' experience. But it is important to understand how these dementia-specific initiatives fit within a wider framework of our vision and strategy for the future delivery of healthcare, set out in the Kerr Report and our response given in the Scottish Parliament in October last year, *Delivering for Health*.

Delivering for Health makes clear that the NHS in future will have to address quite different challenges from the past. More people living longer; an ageing population; more people living with long-term conditions. It sets out how the delivery of health services must change to meet those challenges, and it includes 9 specific commitments on mental health.

Most of those 9 commitments will have an impact on the care of people with dementia. In particular, there is an undertaking to work with NHS Quality Improvement Scotland to develop National Standards for Integrated Care Pathways for dementia by the end of next year.

By the end of this year, we will publish a National Mental Health Delivery Plan, which will build on the solid foundation of good work carried out day in and day out across Scotland.

It looks to provide the basis for 21st century services which respond better to individual needs, which have prevention and health promotion at their core and which rely on sensitive responses to sensitive needs.

I want the Plan to say what needs to be done, where and by whom in order to achieve better integrated services, better health promotion, better recovery and better outcomes for all.

The Plan will rely on us all working together to deliver its objectives. Joint working is nothing new in mental health care: it is what users and carers are entitled to expect.

That is why we are supporting agencies in Tayside in their work toward a managed care network for dementia care. Lessons learned there will inform change across Scotland.

The Kerr report also emphasised the need for preventive, anticipatory care, rather than reactive management, and for services to be delivered as locally as possible.

To do this, we have set out a programme of action for the NHS, as we seek to shift the balance of care and aim to improve the health of the people of Scotland. Rather than wait for health crises to develop, the NHS must get better at identifying those who are at risk of illness and provide appropriate support in the community to prevent their condition from deteriorating.

This shift away from an acute model of hospital-based care, towards care based in the community, will not be easy. At the least it will mean changes in use for many long-standing facilities: but we are certain that this is the right way to go.

We want to respond to the wishes of the people of Scotland to have more local health care, a more responsive NHS, and a greater say in the way our NHS is run. As we do so, we must address the unacceptable inequalities in healthy life expectancy across Scotland.

We know that many older people suffer from not just one but several long term conditions. We need a new approach to the management of these illnesses.

We want to promote independence, so that people can be looked after in their own homes as much as possible. Patients and their carers should also be helped to manage the patient's condition, as equal partners with the professionals providing the services.

All that is part of the *Delivering for Health* agenda. At the same time, we recognise that people living longer does inevitably mean people living longer in need of personal and nursing care, and that is why we decided to provide those free to all over 65 some four years ago.

Free personal care

Free personal and nursing care have played a key part in helping people to stay at home for longer. We have provided funding of £162m this year, which will increase to £169m next year. This has allowed some 41,000 people living at home to receive their personal care services for free. A further 9,000 people living in care homes receive personal and nursing care payments.

A recent report from the Joseph Rowntree Foundation highlighted the benefits this has brought to people's lives. It found that the people who had seen the most significant benefits were those with dementia and people with modest means.

We continue to look at how we can improve the delivery of free personal care. A major evaluation is now underway. We are examining how the policy operates and looking at its impact. We will be talking to the people who receive the services and the people who provide the services as well as carers. This evaluation will help shape the way we build on, and develop, free personal care in the future.

Scottish Long Term Conditions Alliance

The Scottish Long Term Conditions Alliance, which we recently established, will bring together all the voluntary sector bodies that represent the interests of those with a long-term condition. Everyone with a long-term condition wants the same kind of services: local, personal to their needs, joined-up, and systematic.

The Alliance will support patients and their carers in managing their own health care needs. It will also help to explain to people the importance of strengthening community-based services, so that their conditions can be managed as locally as possible, often without having to go into hospital.

If we can manage care effectively for the most vulnerable patients, who have complex conditions and are at highest risk, we should be able to reduce emergency hospitalisation.

Community Health Partnerships and Primary Care have an important co-ordinating role to play in providing this anticipatory care. We are developing a Self-Assessment toolkit, which will set out measurable criteria relating to management of long term conditions in primary care.

Mental Health Nursing

Another crucial aspect of supporting people with dementia is the role played by Mental Health Nurses. As you may know, I recently launched the report of the first national review of mental health nursing ever undertaken in Scotland: *Rights, Relationships and Recovery*.

The report sets out a 5-year vision for refocusing and re-emphasising the contribution of nurses to the care of people with mental health problems, including those with dementia.

Nurses are the largest professional group in mental health services. They have an enormously important role in helping to shape and develop the culture of services. Service users value nurses' contribution very highly, and with good reason.

The review of mental health nursing found many examples of positive and innovative practice already happening, and being led by mental health nurses. The review will help us to build on that excellent work, to strengthen and develop models of practice that are centred on relationships between mental health nurse and users, and help us to maximise nurses' contact time with service users and their families and carers. That will make a real difference to many people.

Quality of Life

Feeling included makes a real difference to many people too, and for people experiencing dementia, and for their families, it helps to promote improved quality of life.

Additional funding of £50m per year for this financial year and the next was awarded to local authorities in Scotland under the Quality of Life fund. A number of local authorities are using their Quality of Life allocation to address community health issues that matter for older people.

Edinburgh City Council, for example, is providing £200,000 this year and next to extend Garden Aid to all applicants aged 80 and over, regardless of means. Western Isles Council intends to spend £155,000 extending evening care and providing meals for elderly and disabled people living at home. Aberdeenshire will spend £100,000 to provide advice and promote healthy living among older people.

I very much welcome these types of initiative which help to support and improve both quality of life and the social inclusion of older people in our communities.

Conclusion

So there's a lot going on: in the NHS, in local councils, in joint working between health and social services, in alliances of patients' organisations, in partnerships among and within public, private and voluntary sectors.

Further progress for those with dementia depends on such partnerships flourishing. It also depends on future success in raising public awareness, in giving people confidence to protect their own mental health, and in ensuring that service users, families, carers and service providers have all the information they need to secure the best care when and where it can make the most difference.

That is an agenda on which I hope we can do more good work together in the future. In the meantime, thank you for listening, and have a productive and enjoyable day.

Thank you.

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