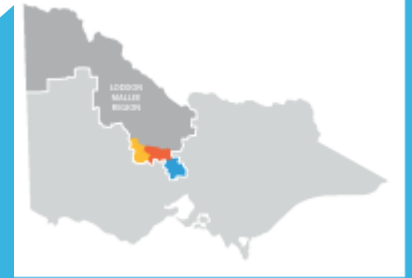




**CENTRAL VICTORIAN**  
Primary Care Partnership



# **Dementia: a Central Victorian Primary Care Partnership cross-catchment 2013 -2017 Strategic Priority**

CVPCP Board Presentation  
14 May 2015  
Presented by Catherine Fuller

# WHY IS DEMENTIA A PRIORITY?

Dementia can affect anyone in any community. However the incidence is more common after age 65.

CVPCP has a higher than average proportion of adults aged 65 years and over.

CVPCP has a comparatively high dementia prevalence

DEMENTIA PREVALENCE PROJECTIONS			
LGA	2015 (% pop)	2026 (% pop)	2031 (%pop)
Central Goldfields	312 (2.5%)	472 (3.4%)	490 (3.5%)
Macedon Ranges	531 (1.3%)	1121 (2.0%)	1415 (2.4%)
Mount Alexander	362 (2.1%)	607 (2.9%)	699 (3.2%)
<b>CVPCP</b>	<b>1205 (1.7%)</b>	<b>2200 (2.5%)</b>	<b>2844 (3.0%)</b>
<b>Victoria</b>	<b>78190 (1.5%)</b>	<b>125744 (1.8%)</b>	<b>139205 (1.9%)</b>

# WHY IS DEMENTIA A PRIORITY?

The impacts of dementia are multi-faceted, complex and cross agencies, program areas, local government boundaries and all domains.

The impacts are at individual, organisational and community levels.

Our rural overlay exacerbates or adds complexity, e.g.

- reduced service access
- Reduced service capacity for effective responses and quality interventions.

Health promotion measures can be taken to reduce the risk and rate of progression of dementia.

# WHAT IS OUR VISION?

Local communities in the CVPCP catchment are united in their support of individuals, groups and organisations to create safe, enabling and welcoming environments that help people with dementia and their carers to keep connected.

# WHAT OUTCOMES DO WE WANT?

## Outcome 1. Individual level

Optimal **health, wellbeing and quality of life** for those in our community with dementia, and their carers.

- People with dementia, and their carers, are connected to their community
- Individuals are diagnosed early and supported by appropriate timely services

## Outcome 2. Organisational level

Organisations deliver **evidence-based best practice** care

- Are active in their leadership and commitment to support people with dementia
- Organisations achieve the *Dementia Friendly Organisation* **symbol**
- Organisations have integrated systems and processes and common standards
- Transition points are seamless

## Outcome 3. Community level

A whole-of-community **joined-up approach** that is, **inclusive, enabling, empowering and welcoming** of people with dementia.

- The 3 LGAs have a shared vision of, and advocate for, a *Dementia Friendly Community* culture
- Communities provide opportunities for quality social connections

# WHAT: STEPS TO NOW

WHAT	WHEN
CVPCP Board endorsed Dementia as a priority (CVPCP strategic plan)	Sept 2014
Loddon Mallee Region Dementia Pathway launched	Sept 2014
Mount Alexander Dementia Awareness week	Sept 2014
The Mount Alexander Dementia Network disbanded so as to explore CVPCP catchment-wide options	Dec 2015
Catchment-wide facilitated dementia workshop	Feb 2015
CV Dementia Partnership Working Group formed	Mar 2015
CVPCP website redeveloped: Dementia webpage	Mar 2015
CV Dementia Action Plan: draft action areas agreed	Mar 2015
Agreed that the Action Plan will integrate the principles of: <ul style="list-style-type: none"> <li>• Alzheimer's Australia Dementia Friendly Communities</li> <li>• Loddon Mallee Region Rural Social Inclusion</li> </ul>	April 2015

# WHO: CVPCP DEMENTIA WORKSHOP

Organisation	Staff	#
Alzheimer's Australia Vic	Carolyn Taplin; Jo Middleton	2
BH, Aged Persons Mental Health Service	Donna Saunders	1
BH, Aged Care Assessment Service	Beth Collier; Carol Magee; Sue Benham	3
Bendigo Health, Carer Support Services	John Heizer	1
Dementia Behaviour Management Advisory Service	Libby Wade	1
Castlemaine Health and Maldon Hospital	Moira Turnour	1
Cobaw Community Health	Caroline Sarah; Kimberly Manallack	2
Central Victorian Primary Care Partnership	Catherine Fuller; John Baker	2
Department of Health and Human Services	Pamela Oakley; Virginia Harkin	2
Kyneton District Health	Alison Lowe; Chris Drewitt	2
Macedon Ranges Shire Council	Elaine Young	1
Maryborough DHS, Community Services	Donna Mortlock	1
Mount Alexander Shire Council	Julie Flynn; Peta Woollard; Philippa Calwell	3
<b>Total Participants</b>		<b>22</b>

# WHO: DEMENTIA PARTNERSHIP GROUP

Organisation	Staff (confirmed)	#
Alzheimer's Australia Vic	Simone Hoffman	1
Bendigo Health (BH), Aged Persons Mental Health Service	Donna Saunders	1
Bendigo Health (BH), Carer Support Services	Damian Hendrickson	1
BH, Dementia Behaviour Management Advisory Service	Libby Wade	1
Castlemaine Health	Liz Denniston; Kerry James	2
Castlemaine District Community Health		0
Central Goldfields Shire		0
Cobaw Community Health	Caroline Sarah	1
Central Victorian Primary Care Partnership	Catherine Fuller; John Baker	2
Department of Health and Human Services	Virginia Harkin	1
Kyneton District Health	Alison Lowe	1
Macedon Ranges Health	Yvonne Campbell	0
Macedon Ranges Shire Council		
Maldon Hospital	Moira Turnour	1
Maryborough DHS, Community Services	Anne Watson	1
Mount Alexander Shire Council	Julie Flynn	1
Wintringham	Mellissa Conn	1
<b>Total Confirmed Working Group Participants</b>		<b>16</b>



# HOW: CVPCP DEMENTIA ACTION PLAN

## Four action areas:

### 1. Increase Awareness and Understanding - Build capacity

- Community level, e.g. Dementia Awareness Month Sept 2015
- Organisational level, e.g. embed dementia friendly practice e.g. tick , logo
- Workforce development, e.g. Dementia Community of Practice Network
- Resource development, e.g. Online pathway, local service sheets

### Integrate the Dementia Framework & Plan

- Principles of: partnership; rural social inclusion; empowerment;
- Health promotion activities;
- Culture, values and standards of *Dementia Friendly Communities*

### Implement effective and sustainable strategies

- Develop a dementia friendly culture and values
- Use an iterative approach to embed CQI: e.g. PDSA; Action research

### Embed a shared approach to evaluation

- Use a collective impact evaluation approach

# HOW: MONITORING – INDICATORS

## 1. Commitment of (member) organisations

- Number of Dementia Friendly organisations – achieved symbol of *DFC* status
- Number of organisations with Dementia as a business / organisational priority
- Formal inter-agency agreement and protocols for dementia care

## 2. Improved Access

- Increase in referrals to Dementia Assessment services
- Consumers / Carers report timely access to relevant services

## 3. Best Practice achieved

- Environments support people with dementia (environmental audits)
- Common dementia care standards mapped and embedded in CQI
- Increased completed and current shared care plans (inter-agency)
- Dementia Education linked to / embedded within CQI activities

## 4. Increased Awareness

- Number of community education sessions in all 3 LGAs e.g. Dementia Awareness Month
- Attendance of CVPCP Dementia Communities of Practice Network monthly sessions

# MAKING CHANGE HAPPEN

## Kotter's 8-step change model

### Create a climate for change

Step 1: Create a sense of urgency

Step 2: Form a powerful coalition

Step 3: Create a vision for change



### Engaging and enabling the whole community

Step 4: Communicate the vision

Step 5: Remove obstacles and empower action

Step 6: Create short-term wins

### Implementing and sustaining change

Step 7: Build on the change

Step 8: Anchor the changes in community culture

# RESOURCES

[A guide to becoming a dementia-friendly community AA-NSW 2014](#)

[Alzheimer's Australia - Dementia-friendly communities in action](#)

[Alzheimer's Australia – Dementia-friendly communities Toolkits](#)

[Central Victorian Primary Care Partnership – Dementia](#)

[Loddon Mallee Dementia Pathway 2014](#)

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