

Dementia & Cognitive Impairment Plan

2021-24

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1. Purpose

- 1.1. This document outlines Hanover's Dementia and Cognitive Impairment Plan. It sets out key strategic objectives and outcomes which we have identified to support those living with dementia and cognitive impairments.
- 1.2. This plan acknowledges the work being done across Scotland by the Scottish Government and others.
- 1.3. This plan is realistic in recognising both the opportunities and limitations that Hanover faces in addressing the challenges for those living with dementia. However recognises that there are opportunities to build upon the current activities and good practice we deliver through the various facets of the organisation, from tenant engagement, through care provision, to building design.
- 1.4. The Action Plan set out at **Appendix 1** outlines actions and improvements to continue our journey, achieve objectives and outcomes and strengthen our commitment as a learning organisation. Annual updates on progress with this plan will be reported to Hanover's Chief Officer Group.
- 1.5. This plan is being developed with key stakeholders. We will support an ongoing and dynamic process of consultation and modification to shape this 3 year plan.
- 1.6. Hanover recognises that the success of the plan will depend on all staff, members of the Association and other stakeholders being engaged and supported to increase understanding and improve practice.
- 1.7. Hanover's purpose is 'to help older people feel safe and secure at home and to live fulfilling and independent lives'. Hanover's values are:
 - 1.7.1. Putting the customer first
 - 1.7.2. Above and beyond
 - 1.7.3. Simple Solutions for Life, and
 - 1.7.4. Health, happiness and independence
- 1.8. The key overarching outcomes of this plan build on these with respect to Dementia and Cognitive Impairment. They are:
 - 1.8.1. Creating a world class dementia friendly/aware culture in all spheres of operation in Hanover
 - 1.8.2. Having a fully dementia trained workforce, including volunteers
 - 1.8.3. All customers and stakeholders have clarity about and confidence in what Hanover provides
 - 1.8.4. Provide a flexible, person-centred approach to our customer's individual needs
 - 1.8.5. Full cost recovery for the services provided

- 1.9. These will support the following customer outcomes which are significant issues for those living with dementia:
 - 1.9.1. Improving the opportunities for community connections open to our customers to eliminate loneliness and isolation
 - 1.9.2. Creating an environment in which our customers enjoy comfort and security and improved quality of life
 - 1.9.3. Extending the ability of our customers to remain at home

2. Context

- 2.1. Dementia is an illness that causes physical changes to the brain, often making it harder to remember things or think as clearly as before. Dementia can affect every area of human thinking, feeling and behaviour, and the ability to do everyday tasks such as self-care, shopping, managing money or finding our way around. Each person living with dementia is different - how the illness affects someone depends on which area of their brain is damaged. Dementia encompasses lots of different types of conditions, the most common of which is Alzheimer's disease. This causes a slow global deterioration in the brain over time, often with problems associated with short-term memory. The next common type is vascular dementia. This is caused by mini strokes damaging the brain cells and can cause more sudden 'step like' changes.
- 2.2. Having Dementia does not necessarily mean the person lacks capacity to make their own decisions or that the person living with dementia is incapable.
- 2.3. A diagnosis of dementia can lead to significant changes in the way a person is viewed. It can be stigmatising and individuals can, understandably, be unwilling to discuss the issues surrounding it.

[Hanover will work hard to counter stigma and prejudice and encourage acceptance and support from all quarters. Hanover will treat any discussion about this with sensitivity, understanding and confidentially.](#)

- 2.4. Cognitive impairment is a broad term that encompasses a multitude of diseases, both genetic and acquired, and brain damage caused via accidents. It is defined as difficulty processing thoughts that lead to memory loss, decision-making difficulties, inability to concentrate, and learning difficulties. This impairment is not confined to people of a certain age, gender or any other demographic.
- 2.5. This plan recognises that there are a range of other short and longer term conditions such as mental health conditions, head injury, or confused states brought on by poor diet or UTI. These can affect a person's capacity to function and make decisions. Care needs to be taken so that a condition of dementia is not attached to a person when it may in fact be a short term condition.

- 2.6. According to Scottish Government commissioned estimated and projected diagnosis rates, currently 90,000 people are living with dementia in Scotland and approximately 50% of people over 90 years of age live with dementia.
- 2.7. Hanover's tenant age distribution for 2009 and 2019 are illustrated in this [interactive graph](#)¹, which can be split by gender. The average age of a Hanover tenant is currently 77.5 years old.
- 2.8. One of [Alzheimer's Society's Dementia UK report](#)'s key findings was that the total age-standardised 65+ population prevalence of dementia is 7.1% (based on 2013 population data); this is equal to one in every 14 of the population aged 65 years and over. In Hanover properties, that would equate to almost 400 people with dementia.
- 2.9. Scotland's older population is projected to dramatically increase, with the ageing of people born in the post-war 'baby boom' alongside increases in life expectancy. By 2035 there will be more than 1.7 million people aged 60 and over - a 31% increase on 2015 and by 2035 there will be almost 740,000 people aged 75 and over - a 68% increase on 2015 (NHS Health Scotland, 2019) The number of people living with dementia, or a cognitive impairment will in turn increase with this, which will have a significant impact upon Hanover's current and future customer base.
- 2.10. The number of older people living alone is also forecast to rise, with single person households aged 75 and over projected to increase by 82% between 2008 and 2033 (Scottish Government, 2011).
- 2.11. Alzheimer Scotland's 5 and 8 Pillar Models of Community Support, see below, set out a comprehensive and evidence-based approach to the integrated support of people with dementia living at home or a homely setting during the moderate to severe stages of the illness. Supporting quality of life and independence and building resilience for the whole family requires the combination of all pillars. This plan starts with the 5 Pillar model and will utilise Post Diagnostic Support, a commitment from the Scottish Government, for those identified as living with Dementia.

¹ Please note that the interactive graph is located on Hanover's network and that this link will only work within the network



2.12. CIH Scotland states that “Housing workers should understand the boundaries of their role in meeting the needs of people affected by dementia and build positive working relationships with partners to support people affected by dementia. To do this, housing organisations should offer training, develop policies, and promote dementia awareness.”

Hanover recognises the central role that housing has in everyone’s life. We acknowledge the critical role that housing has in the support of those living with dementia.

[Hanover will sign up to and use the Housing and Dementia Framework published in autumn 2019 by CIH and iHub. Appendix 3 outlines the objectives for the Framework \(G1\).](#)

2.13. Hanover is facing many demands from customers, families and external agencies regarding the level of service and care that we are expected to provide. There is an increased, and increasing, expectation from customers and stakeholders that Hanover fills the gaps in support provision and care for our customers. For example, within Hanover’s Telecare Service there has been a sharp increase in frequent callers and an expectation that Telecare/Hanover step into the situation and fill in the gaps of care. 10% of telecare service users account for 66% of incoming calls into the Customer service centre.

2.14. Hanover values our customers’ wellbeing and want to go above and beyond. This must be balanced against what our capacity is, what we are commissioned and contracted to do, the responsibilities of families, next of kin, carers and duty of care of public bodies towards our customers. This can be a sensitive and challenging discussion. Hanover is committed to having these conversations.

2.15. Decommissioning of Housing Support has been perceived, among some of our customers, as a reduction in staffing presence even when the staff presence on site has remained unchanged. These perceptions can lead to an increase in anxiety about staff ability to manage challenging behaviours and can add to a feeling of isolation. It is necessary to have clear, frequent and bespoke communication at the heart of this plan.

2.16. The plan recognises the increasing pressure on public finances. Hanover needs to ensure that we provide cost effective services that evidence value for money, return on investment and avoid situations in which significant additional workloads are adopted (sometimes incrementally) without Hanover having been commissioned to undertake that work. Such situations can lead to frontline resources being inadvertently overstretched and thereby exposed to significant additional risk.

2.17. Hanover will only be able to provide services where the cost of provision is fully recoverable, and the service is sustainable. This plan sets a challenge to test the limits from funding by examining new ways of working, using option

appraisals to explore new ideas/services, being SMARTer in the way we work and creating LEAN workflows. It is recognised that this plan will require additional resources to be identified.

[Hanover will ensure that all new initiatives are fully costed and approved on a full cost recovery basis from service commissioners, which may be the customer or a funding authority \(M\).](#)

2.18. Hanover is an important part of the community and has a significant role in our customers' lives.

Hanover recognises our role as a good neighbour and critical friend and embrace our responsibility to promote prevention and positive lifestyles choices to delay the onset of dementia, slow down the progression of the disease and enable people with dementia to live well.

3. Current Activity

3.1 Hanover already provides a number of services which support people living with dementia or a cognitive impairment. This plan looks to acknowledge and build on the current good practice and learning across Hanover.

3.2 Hanover currently provides a range of housing types. The number of units under management is in excess of 5500. These are:

- General needs housing
- Amenity housing which includes community alarm capacity.
- Enhanced housing which includes community alarm, communal facilities for tenants and a limited staffing presence.
- Very Sheltered Housing which includes community alarm, communal facilities for tenants, meals provision and 24/7 staffing presence
- Housing with Care which includes community alarm, communal facilities (which may include meals), 24/7 staffing presence able to deliver care at home services to individuals

3.3 Hanover also provides a Telecare Service with over 20,000 connections. Telecare is a 24/7, 365 day a year service.

3.4 Varis Court is an excellent example of Hanover's commitment to supporting customers living with dementia through innovative housing and services. Varis, which opened in 2016, is a purpose-built development with Dementia friendly and Extra Care facilities. The service is flexible in its approach, with onsite staff available 24 hours a day and the use of various technologies to support independent living. The dementia friendly properties include bespoke communal

facilities including dining area and access to prepared meals, activity and relaxation areas.

3.5 Hanover's Design Guide includes a section on Dementia-friendly housing design principles, focusing on provision of a living environment that is appropriate, familiar and safe for a person living with dementia.

[The Design Guide will continue to be regularly reviewed and updated \(H\).](#)

3.6 Hanover is proactive in training its staff to work mindfully with people living with dementia and cognitive impairment. This includes Dementia eLearning, a half day course on Cognitive Impairments provided by Age Scotland, a [Virtual Dementia Bus](#) and a Best Practice in Dementia course provided by Stirling University.

3.7 Through our Volunteering Coordinator post, brought in in 2016, we can provide more support for customer events and activities across the country. This has included Reminiscence events in association with Glasgow Life Museum and befriending.

3.8 Hanover's Customer Service Centre supports customers living with dementia and cognitive impairments around the clock via telecare devices, providing a layer of assistance and reassurance which promotes independent living and remaining at home. Hanover are proactive in providing telecare reporting which can help identify care needs and detect deterioration of health, and in developing and implementing new and positive initiatives.

Community Connections

- 3.1. According to Age Scotland, 100,000 older people in Scotland feel lonely all or most of the time. 200,000 will go half a week without a visit or call from anyone.
- 3.2. Age Scotland cites that loneliness is as dangerous to a person's health as smoking 15 cigarettes a day. It increases the risk of stress, anxiety and depression and **doubles** the risk of dementia. Loneliness can occur at different ages and stages; however many of the triggers tend to congregate in later life due to life changes such as bereavement, retirement, moving to a new area, illness or children moving away from home.
- 3.3. Projected increases in numbers of people living alone has the potential to magnify feelings of loneliness and social isolation. A contributing factor to this will be the increase in people living with dementia and the impact that this has on their ability to maintain relationships. Many people living with dementia may fear the stigma associated with it.
- 3.4. Hanover recognises that there are ways in which, as a housing and care provider, we will improve our customers' connections within their community

and reduce feelings of loneliness and isolation, through building location and design, internet connectivity, technology, signposting, tenant engagement activities, volunteering and Hub and Spoke initiatives.

- 3.5. Improving our customers' connectedness and reducing loneliness will help to reduce the chances of dementia developing, as well as improve outcomes for customers living with dementia and cognitive impairments.
- 3.6. In 2019, Hanover conducted a Community Connections action research project to understand how our organisation, staff and residents can work together and with local communities to help people live the lives they want. This project generated rich learning about what matters to people living in our developments and the factors that influence well-being, connectedness and participation. This piece of work dovetails well with this plan.

[Hanover will embed Community Connection initiatives in all areas of the organisation \(A5\)](#)

4. Home and affordability

- 4.1. Housing is important to everyone, but particularly to older people with cognitive impairments which reduce their mobility and confidence, resulting in them spending more time at home than people of working age.
- 4.2. The Scottish Government acknowledges that housing and housing-related support have a key role to play in supporting a 'shift in the balance of care', reducing the use of institutional care settings, and enabling people to live independently, comfortably and securely in their own home.
- 4.3. What older people are looking for in their homes will clearly vary from person to person, but generally, the following areas are seen as important:
 - 4.3.1. adaptability;
 - 4.3.2. space for storage and visitors/carers;
 - 4.3.3. low maintenance;
 - 4.3.4. safety;
 - 4.3.5. downstairs bathroom, with level access shower;
 - 4.3.6. affordable to heat;
 - 4.3.7. manageable garden;

- 4.3.8. access to transport and amenities;
- 4.3.9. safe and secure communities;
- 4.3.10. repairs and adaptations services; and
- 4.3.11. involvement in planning (Scottish Government, 2011).

4.4. Older people, in particular, are concerned about overall affordability, taking account of the costs of maintaining a home, including rent costs; fuel costs; Council Tax; and transport costs (Scottish Government, 2011). Ways in which Hanover can improve feelings of financial security include affordable rent setting, rent consultation, building fuel efficient homes, an efficient and affordable repairs service, procuring competitive contracts and providing access to a Welfare Rights Officer.

[Hanover will commit to providing an opportunity for each customer to have a financial assessment to maximise their income \(A6\).](#)

4.5. Housing that helps to reduce accidents, e.g. with appropriate adaptations, visual navigational cues and prompts and assistive technology can improve comfort and reassurance in the home for customers with dementia or a cognitive impairment.

[Hanover will incorporate dementia friendly building design and good practice, adaptations and assistive technology in its properties to support customers in this regard \(F&H\)](#)

4.6. Hanover can further support feelings of comfort, security and reassurance by having:-

- well-trained, knowledgeable and engaged staff;
- building and maintaining high quality stock;
- providing accessibility;
- employing an effective repairs and maintenance service;
- providing clear and effective communications; and
- developing robust and effective policies and procedures which consider the needs of people living with dementia or cognitive impairment.

5. Extending the ability to remain at home

5.1. Prevention and wellbeing will be supported by staff, Hanover communication materials and our Website, along with other services such as our catering services through well balanced nutritional meals

[Hanover will take steps to increase the quality of customer's lives in later years by the promotion of positive lifestyle and wellbeing strategies \(C1\).](#)

- 5.2. There is an increasing need to assist people to live with dementia for as long as possible in their Hanover property. All the evidence suggests that staying at home helps people living with dementia achieve the best outcomes for themselves in familiar surroundings and where they can maintain connections with community life. Currently, the majority of people living with dementia stay at home - estimates put this at around 65%, with the remainder either in hospital or in care homes. (Housing & Dementia Framework).
- 5.3. A key outcome in [Scotland's National Dementia strategy](#) is that more people living with dementia are enabled to live well and safely at home or in a homely setting for as long as they and their family wish. For people living with dementia, a familiar home environment is particularly important, especially as their symptoms develop.
- 5.4. Early assessment of the suitability of someone's home and identifying appropriate changes to enable the person to remain at home or be returned home from hospital quickly is key to ensuring the person is able to live in their own home safely, comfortably and securely for as long as possible.
- [Hanover will equip staff with skills, knowledge and awareness to assist in the early referral for support and early diagnosis for people living with dementia \(C1\).](#)
- 5.5. Hanover has a role in helping to reduce hospital admissions and hospital stays, working with Health and Social Care Partnerships on hospital to home pathways and helping to ensure that a person's home is suitable and adapted for their needs.
- [Hanover will identify the Post Diagnostic Lead \(dementia\) for every area it operates within. They will be invited to work with Hanover to support those living with dementia within its customer base \(B1\).](#)
<http://www.knowledge.scot.nhs.uk/supportingpeopledementia.aspx>
- 5.6. Hanover will not be able to eliminate risk from the lives of our customers. There will be times when Hanover will have to work with our customers and those acting on their behalf to create a safer pathway for those living with dementia or cognitive impairment. Hanover will act in the interests of these customers living with those living around them to promote and support capacity for these customers to live in their homes for as long as possible.
- [Hanover will use SMART technology such as Technology Enabled Care and other means of reducing risk to customers living with dementia \(G\)](#)
- 5.7. Encouraging social activities and other meaningful interactions with staff, befrienders and the community will also play a big part in improving and extending the quality of life of our customers with dementia or cognitive impairment.

6. Understanding Customers with Dementia

- 6.1. Hanover recognises that the most important stakeholders in this plan are our customers affected by dementia or cognitive impairment
- 6.2. Engaging with this customer group and actively seeking feedback and input into our housing and services provision is key to ensuring we can adequately support them now and in the future.

Hanover will review Tenancies, Care Plans and Telecare agreements to ensure they are clear as to what Hanover provides and what we can do to provide appropriate support to those with Dementia and cognitive impairments (C2)

- 6.3. Although we can make an educated guess at the numbers of people living with dementia and cognitive impairments within our customer base, we do not currently hold enough information on our customers to have a comprehensive understanding. Other RSLs such as Queens Cross Housing Association, have undertaken detailed profiling of their customer base.

Hanover will undertake a detailed profiling of our customer base in order for us to better understand our customer and therefore how best we can support customers living with dementia or a cognitive impairment, both now and in the future (B1).

- 6.4. Hanover recognises that each of our customers living with dementia or cognitive impairment are individuals with specific needs and aspirations.

Hanover will use a person-centred approach to our housing and services, ensuring that engages the individual at all stages of the customer journey (B).

Providing our customers with choice is an important aspect of this.

- 6.5. **Hanover will actively engage with the families and carers of those living with dementia (B2)**

- 6.6. This plan recognises the sensitive nature of dementia or cognitive impairment.

Hanover will ensure that staff are clear about who speaks for a customer and that the staff themselves are easily identified and understood (B4).

- 6.7. **DEEP – The UK Network of Dementia Voices** provides excellent guides for good practice and learning in working with people with dementia. Its resources include: 'Involving people with dementia at conferences and events'; 'Collecting the view of people with Dementia'; and 'Creating websites for people with dementia'.

7. Learning and Support

- 7.1. Hanover recognises that staff training, learning and support is key to providing the best support to our customers. The Promoting Excellence Framework will inform training and development for Hanover staff.
- 7.2. A central aim of this plan is to equip Hanover's staff with the tools to make informed decisions, support individuals and manage and escalate situations where appropriate. Hanover will create culture in which staff are able to inform customers and stakeholders of what Hanover can and cannot do. This needs to be an open and transparent process which is clearly outlined at the earliest opportunity.

[Hanover will ensure that staff at all levels have appropriate training in order to confidently and ably work with and support customers affected by dementia and cognitive impairments. This may involve signposting to other, more appropriate, services or housing \(see 9.1\) \(C3 & C4\).](#)

- 7.3. Staff's ability to identify dementia-related behaviours can help lead to an early diagnosis and the early assessment of that person's needs.
- 7.4. Staff knowledge of and engagement with relevant partners and agencies in the community will enable them to signpost customers to get the right support and advice.

[Hanover will develop local information and housing advice to support people living with dementia, drawing on the guidance available \(DEEP Guides\) \(D\)](#)

- 7.5. Empowered and properly skilled staff are happier and more engaged in their work; this will in turn improve the customer's experience of our services.

[Hanover will review its policies and procedures with input from an external auditor with expertise in dementia and cognitive impairment \(I1\).](#)

8. Working with Partners

- 8.1. Hanover needs to define the limitations of our services and link in with other partners who can fill the gaps, including but not limited to: Health and Social Care Partnerships; Occupational Therapy teams; Care organisations; Deaf and Blind Societies; Local and National Charities; and other Third sector organisations.

[Hanover will work with partners to provide services to support people living with dementia to stay at home or return home quickly \(J\).](#)

and

Hanover will undertake a mapping exercise outlining responsibilities for each stakeholder and identify what protocols/service level agreements need to be put in place to set out responsibilities and bridge gaps (J2).

- 8.2. The families and carers of people with dementia and cognitive impairments are key stakeholders and we will engage with this group to understand their concerns, wishes and aspirations for the person living with dementia or cognitive impairment.
- 8.3. Hanover has a role in assembling and sharing good practice in meeting the needs of people affected by dementia across the housing sector and dementia partners.

Hanover will be an active member in national working groups, such as Age Scotland's 'About Dementia Housing and Home' sub-group (B3).

- 8.4. As a landlord we have responsibilities to carry out repairs and planned maintenance in our stock. We also provide a range of other services such as catering and care. As such we work closely with a range of contractors.

Hanover will encourage contractors to consider customers living with dementia and cognitive impairments. This will be addressed in the tendering and contract monitoring process (C6, C7 & D3).

- 8.5. Promoting dementia and cognitive impairment awareness amongst our wider customer group will help to educate and build dementia-friendly communities.
- 8.6. **Hanover will** invite the HEART panel to engage both proactively and critically in the development and monitoring of this plan.

The plan will also be open to scrutiny and discussion at Tenant's and Owners conferences.

9. Action Plan

- 9.1. The action plan at **Appendix 1** is also a self-assessment tool which will set 12 month to 3 year targets.
- 9.2. The action plan will be periodically reviewed and updated by a Dementia Champions Group drawn from across Hanover.
- 9.3. The Dementia Champions Group will be assigned a budget to support the delivery of actions within this plan.

Hanover will ensure that every department and every service within each SBU has an appointed Dementia Champion (A2).

The Dementia Champion's job will be to promote good practice in relation to dementia awareness and service delivery. They will also highlight gaps and areas for development within their respective SBU/ department.

- 9.4. The Director of Customer Services will act as the Project Sponsor and the Care Manager will act as Project Manager for the implementation of the Action Plan.
- 9.5. A Board 'Portfolio Lead' will be identified to act as a critical friend/mentor.
- 9.6. Regular updates on progress with the action plan will be reported to the Chief Officer Group.

Appendix 1 –

Dementia and Cognitive Impairment

Action Plan

Key to Lead Officers:

Abbreviation	Job title
BDM	Business Development Manager
BSM	Building Services Manager
CaM	Care Manager
CEM	Community Engagement Manager
CM(RV)	Contracts Manager (Repairs & Voids)
CoM	Communications Manager
CSCM	Customer Service Centre Manager
DPWG	Dementia Plan Working Group
HoAM	Head of Asset Management
ICTM	ICT Manager
PM(D)	Project Manager (Development)
PeM	Performance Manager
PrM	Procurement Manager
PMM	Planned Maintenance Manager
RAM	Risk & Assurance Manager
SFM	Strategic Finance Manager
WDM	Workforce Development Manager

Part One: Right Advice

Commitment	Action no.	We will	Target date	Lead Officer
A. To signpost people, who may need support, to relevant advice agencies and support networks	A1	Support the establishment of the Dementia Plan Working Group (DPWG). The DPWG will be made up of Lead Officers and chaired by the Care Manager	Within 3 months	Directors
	A2	Identify Dementia Champions in each department to assist in the roll out of this plan	Within 12 months	DPWG
	A3	Hanover will identify the Post Diagnostic Lead (dementia) for every area it operates within. They will be invited to work with Hanover to support those living with dementia within its customer base	Within 12 months	CaM
	A4	Support all staff to be able to engage with customers to enable referral to appropriate resources and, where necessary, positive escalation to support those living with Dementia or who have developed dementia. We will support and encourage early diagnosis/assessment and staff will be equipped to outline the reasonable limitations of what Hanover can provide	Within 2 years	All managers
	A5	Embed Community Connection initiatives in all areas of Hanover	Within 3 Years	CEM

Commitment	Action no.	We will	Target date	Lead Officer
	A6	Promote internal services such as the Welfare Rights Officer and for staff to carry out a financial assessment for tenants, on request, to support income maximisation	Within 12 months	All managers
B. To understand people living with dementia and their families and carers	B1	We will undertake a Hanover profiling exercise, so we understand more about our customer base	Within 2 years	PeM
	B2	Hanover will actively engage with the families and carers of those living with dementia, ask them how they are and how we are delivering on the commitments given. Engagement will be promoted through the Champions Group, the customer portal, which will include family access and other appropriate methods	Within 3 years	PeM & Directors
	B3	Hanover will actively participate in appropriate groups such as, Age Scotland's 'About Dementia, Housing and Home subgroup'	Within 12 months	CM, PeM & BDM
	B4	Hanover will review the arrangements in place to ensure that we engage fully, transparently and effectively with those acting on behalf of our customers as Power of Attorney (POA) or as the agreed next of kin	Within 12 months	PeM
C. To raise awareness and provide training to staff and communities	C1	Hanover will produce material for use on the website, Social media and in print that promotes Hanover Dementia Friendly practice within local communities	Within 2 years	CoM

Commitment	Action no.	We will	Target date	Lead Officer
	C2	Review Tenancies, Care Plan and Telecare agreements to ensure they are clear as to what Hanover provides and what we can do to provide appropriate support to those with Dementia and cognitive impairments	Within 3 years	PeM
	C3	All staff will have completed eLearning on dementia awareness to meet the 'Dementia Informed Practice Level' which provides the baseline knowledge and skills required by all staff	Within 3 years	WDM
	C4	Staff that are working in services designated to support those with Dementia will have completed training that meets the 'Dementia Skilled Practice Level'.	Within 3 years	WDM
	C5	Dementia Champions will be supported with training to meet the 'Enhanced Dementia Practice Level' for staff that have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services	Within 2 Years	WDM
	C6	Clarify the level of understanding and training required by Hanover's contractors to provide effective services to customers living with dementia	Within 1 year	WDM & HoAM

Commitment	Action no.	We will	Target date	Lead Officer
	C7	All contractors will be encouraged to offer dementia awareness training to their staff. The provision of this should come to form part of Hanover's tendering process for goods and services	Within 2 years	CM(RV), PMM, BSM & PrM
D. To develop local information and housing advice to support people living with dementia, drawing on the guidance available (DEEP Guides)	D1	Hanover will develop bespoke local information and make available to customers and staff	Within 2 years	CoM
	D2	Specific housing advice will be developed for people living with dementia. This and other communication with customers will adhere to DEEP guidelines http://dementivoices.org.uk/wp-content/uploads/2015/03/DEEP-Guide-Language.pdf	Within 2 years	CoM
	D3	Create and distribute a Dementia Briefing for contractors	Within 12 months	HoAM, CM(RV), PMM, BSM & CoM

Part Two: Right Housing

Commitment	Action no.	We will	Target date	Lead Officer
E. To develop a housing health check which could become part of the post diagnostic support package	E1	Undertake a housing health check for each new tenant and offer this as part of the allocations process which is regularly reviewed.	Within 2 years	CaM & PM
	E2	Clarify the appropriate level of information which can be shared with contractors to assist them when providing an effective service to Hanover's customer who are living with dementia	Within 2 years	CaM & HoAM
	E3	Sign up to the Housing & Dementia Framework	Within 12 months	PeM
F. To be able to provide and access a range of adaptations which support people living with dementia to stay at home	F1	Develop a leaflet which details the range of adaptations and equipment available for customers	Within 2 years	CM(RV)

Commitment	Action no.	We will	Target date	Lead Officer
G. To support access to technology and technology enabled care (TEC)	G1	Promote awareness of TEC to support people living with dementia.	Within 3 years	SSE
	G2	Complete roll out of Wi-Fi for all staffed developments.	Within 3 years	ICTM
	G3	All new developments to include IT infrastructure to support new and emerging TEC	Within 3 years	ICTM & PM(D)
H. To incorporate dementia friendly design principles into improvement, maintenance and new build specifications	H1	Clarify how the vision for dementia friendly communities will be applied at Hanover	Within 12 months	PM(D)
	H2	Arrange for a review of Hanover's updated Design Standards to be undertaken by a recognised expert in dementia design.	Within 3 years	PM(D)
	H3	Hanover will also carry out periodic reviews and audits of existing stock to support improvements and dementia friendly design	Within 3 years	PM(D)
	H4	Hanover will undertake a person centred house health check for when there is a diagnosis of Dementia	Within 2 years	All managers

Part Three: Right Support

Commitment	Action no.	We will	Target date	Lead Officer
I. To ensure that policies and processes are dementia friendly	I1	All relevant Policies and procedures to be reviewed regularly against good practice principles and new guidelines. This will include input from Customers, through the HEART Panel, and by a 'critical friend' (eg Alzheimer Scotland) with expertise in Dementia.	Within 3 years	PeM
	I2	The commitments within this and future actions plans will be audited	Within 3 years	RAM
J. To work with partners to provide services to support people living with dementia to stay at home or return home quickly	J1	Ensure that we are proactive in promoting joint working protocols with partners so that services we provide are not undermined by the lack of an appropriate support or care package. For example, supporting arrangements to assist hospital to home for our customers	Within 2 years	BDM
	J2	Hanover will undertake a mapping exercise outlining responsibilities for each partner and identify what protocols/service level agreements/agreements need to be put in place to bridge gaps and set out responsibilities	Within 3 years	CaM & BDM
	J3	Increase the number of volunteers/befrienders (including tenant volunteers) involved with our customer base to support meaningful engagement and social activities	Within 3 years	VC
	J4	To explore the options for improving access for Hanover customers to responder services	Within 2 years	BDM

Commitment	Action no.	We will	Target date	Lead Officer
K. To contribute to creating dementia friendly communities	K1	Clarify how the vision for dementia friendly communities will be applied at Hanover	Within 3 years	CaM

Part Four: Right Resources & Contracts

Commitment	Action no.	We will	Target date	Lead Officer
L. Properly fund this plan	L1	Identify a budget for the implementation of this Plan including any increase to existing budgets	Within 12 months	SFM
M. Only enter into robust and clear contracts with commissioners	M1	Develop template contracts for use with commissioners that clearly explain the scope of Hanover's work and avoid inadvertent 'role' creep	Within 12 months	BDM
	M2	Ensure that any contracts are fully costed to avoid deficit funding, and properly resourced to manage the enhanced workloads associated with caring for clients suffering from Dementia and Cognitive Impairment	Within 12 months	SFM
	M3	Robustly manage contracts once operational to ensure that Hanover does not over-extend its activities beyond the limits of the contractual agreement	Within 12 months	BDM