Dementia Strategy Bavaria, Germany
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Preamble

The Western societies - particularly true also Germany - are facing a deep-reaching change, the current and future generations with new challenges. We are less and less, older and more colorful. During the last 100 years, we have 30 years of life gained it. Who today is retiring, has statistically a quarter of his life in front of him. The elderly are indeed active and healthier than 50 years ago. Increased life expectancy but also increases the number of people who develop dementia. Dementia is in most cases a typical disease of old age. In the 80- to 84-year-old about one in eight women and one in ten men is affected. In contrast, goes the number of young people who can ensure the supply and maintenance, to-back. Unfortunately, there is still no cause effective medical treatment. Although the disease in terms of skills and deficits is individually different, the basic shape is so that those affected increasingly on aid and support in everyday life and care are dependent. The average duration of the disease, depending on the age of onset is between three and ten years. The later the disease in living up occurs, the faster is their history.

Dementias are still a taboo topic in society. Sönlichkeitsveränderungen The person associated with the disease, are often misinterpreted, with the result that reduce social contacts. Exclusion and isolation of those affected and their families are not rare. A social phenomenon is reduced to a personal problem with which the carers are often left alone.

It requires a complex analysis of the topic of dementia in order to meet the challenges can. The Bavarian State Government is backing a interaction between all actors and different approaches. Everyone must act in its sphere of responsibility and take the necessary measures and implement. The networking of existing structures must be speeded up in order to assist the persons concerned and their families quickly and effectively. It requires counseling, education and support to address the dementia.

What is necessary is that a focus on the basic principles of dignity, normality, autonomy and resources is also and especially with regard to people with dementia for all actors action leading. Only when the company dementias as part...
of age (n) s understands the inclusion of people can be realized with dementia and thus a significant contribution to improved quality of life for those affected be achieved.

Everyone has the freedom to rule themselves and to decide about his life to, as long as he does not violate the law. With the entry of a dementing kung this possibility comes to self-determination, piece by piece lost and the sick person is more and more dependent on others' support, assistance and care. Too like the person concerned is also rashly denied for his own protection a right to self-determination. to recognize in all stages of the disease in those affected whose possibilities to exercise their self-determination to respect them and to promote them and to provide not only protection against possible natural hazard on all the more important. This requires an attentive, facing and respectful treatment of the sick. In order so to preserve the dignity of those affected and their families at this stage of their lives, they need advice, help and support.

The carers and the people themselves have to be supported and advised by appropriate professional and low-threshold services in order to remain active in the home environment can be as possible as long as possible and with such a high quality of life.

These are just some of the necessary measures for the future.

The Bavarian government wants with these interagency and concerted dementia strategy in the context of the available sites and resources, early meet the challenges ahead and to make in all areas of life with innovative approaches and solutions to the topic of dementia.

A. Situation

1. Demographic trends

Based on the 12th coordinated population projection of statistical of- fices (variant 1-W1) can be assumed that the population in Bavaria from currently 12.5 million inhabitants to around 2020 still slightly to 12.6 million inhabitants then increases, Subsequently, the population is decreasing, in 2060 with 10.7 million inhabitants, GE expects. The dependency ratio of the population (population 65 years and older to the population
20 to 65 years) will rise in Bavaria from the current 32% to 36.3% in 2020 and 67.7% in the year 2060. This calculation variant that still about 1.4 children are born per woman, life expectancy for men by 2060 by 8 years to 7 years increases the women and the migration situation will not change dramatically.

Since dementias are typical age-related diseases, increases with the growing number of elderly people, the number of dementia patients greatly.

**Definition**

Dementia is an umbrella term for a variety of diseases with similar clinical symptom tomen, where it finally comes to the loss of intellectual term performance and a progressive deterioration.

The ICD-10 code F00-F031 defines dementia as a syndrome as a result of mostly chronic or progressive disease of the brain disturbance of multiple higher kortikaler2 functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, Talk and judgment in terms of the ability to decide. The consciousness is not clouded. For the diagnosis of dementia, the symptoms must have passed by ICD at least six months.

Dementias are not yet curable, unless they act as cognitive Störung3 under another underlying disease, such as in heart failure, diseases of the endocrine system or vitamin B12 or folate deficiency.

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1 international statistical classification of diseases and related health problems
2 of the cerebral cortex (cortex) starting
3 disorder of perception, thinking, of knowing and remembering
forms of dementia Alzheimer's disease
The Alzheimer's disease is the most common form of dementia (2/3 of dementia). It relates to about 5% of the over 65s.
It begins slowly, insidiously and initially mostly with memory disorders. Initially, there is often flagging activity or social withdrawal. Subsequently, the memory disorders are increasing and are accompanied by other neuropsychological disorders (disorders of orientation, speech comprehension, word finding, reading, etc.). In advanced stages, can also neurological symptoms (for example paralysis, blurred vision) occur, as well as urinary or fecal incontinence. Also enter all Alzheimer patients behavioral disorders (oppositional behavior, depressed mood, increased anxiety, apathetic withdrawal, delusions and hallucinations symptoms, disorders of the sleep-wake cycle) at up to 70%. It comes to a demise of brain cells and thereby a deficiency of neurotransmitters (particularly acetylcholine).
One divides the Alzheimer's disease in senile dementia, which begins between the 40th and 65th year of life, and senile dementia, which occurs in appearance only after the age of 65, a.
Vascular dementia
Vascular dementia is the second most common group of dementias (15 - 20% of cases). It is caused by circulatory disorders or strokes.
Typical of vascular dementia vascular risk factors in the history (e.g., hypertension, smoking, high blood lipids, obesity or diabetes) or a prior history of stroke. Characteristic is usually sudden onset and usually a gradual deterioration in the course, so are accompanied neurological possible (for example, paralysis, blurred vision, etc.).
Mixed dementia
A mixed dementia is a combination of Alzheimer's disease and vascular dementia.
Rare forms of dementia

- Characteristic of the Lewy body dementia are in addition to the memory disorder due up rapid fluctuations of mental abilities during the day and sustained trend, mainly visual, but auditory hallucinations. Particularly frequently are also hypotonic circulatory disorders and behavioral disorders in REM sleep ("acting out" dreams). Some of the patients developed Parkinson's symptoms in the course.
- The Korsakoff syndrome occurs mainly in the context of alcoholism. Frontotemporal Demenz is slow progressively, the behavioral disorders and typically precede the personality changes Gedächtnisstörungen. Clinically evident either apathy to total drive unemployment or disinhibition with marked disruption of verdict.
- Dementia associated with neurological disorders are very rare (approximately 1:1 million). They have mostly been a fast course, accompanied by paralysis and seizures. Examples are:
  - Dementia in Parkinson's disease
  - Huntington's disease
  - Creutzfeldt-Jakob disease
  - Jakob disease

- In the age group of over 90-year-old currently has more than a third of dementia symptom on tome. 31.12.2011 lived in Bavaria nearly 95,000 people in this age group; in 20 years there will be about 230,000 (based on extrapolation of the level of population and 12th Coordinated Population Projection, variant 1-W1).

Currently must be assumed in Bavaria 160000-180000 dementias. Their number will increase in the next 20 years to almost 300,000, unless a therapeutic breakthroughs are achieved.

4 Frontotemporal dementia is a disease in which the degradation of nerve cells initially in the frontal and temporal area (fronto-temporal lobe) takes place in the brain.
B. headline targets
The key objectives of the Bavarian dementia strategy, to cause a shift in consciousness in society in dealing with the topic of dementia, to preserve the autonomy and dignity of the person concerned in all stages of the disease, to improve the living conditions and quality of life for those affected and their nationals of, to enhance the opportunities for participation in social life for family members and loading and troffene to ensure adequate, geared to the demands attention and care.
C. Fields of action, goals and solutions
Mrs. S. is 80 years old, a widow and lives alone in her apartment. They cope well and is regularly visited by her daughter Mrs T, who lives nearby and helps small things in the household. Mrs. T. falls on for some time that her mother always forgets appointments and things moved, which is very unusual for them. When she responds on reagent mother giert angry and says that it probably her age forget what times. You fall asleep currently very poor because of the heat and was just exhausted.
Nevertheless, Mrs. T. decides with her mother to make an appointment with the family doctor. Widerwil- lig she agrees. Dr. D. is a nice older gentleman who knows the mother of Mrs. T. for thirty years. He investigated and explained Mrs. T., she should not worry, and her mother was all are well, it must be ensured that this drink sufficient because by too little liquid could such failures take place. Otherwise it could happen at the age just that one is sometimes forgets what or restless at night and can not sleep.
Ms T.’s time soothes and lets the matter drop itself. Some weeks later, they will be notified in the evening by the police. Her mother was ground with the same roads driven for hours through the city. And when she refused when off duty, to leave the vehicle, the driver alerted the police. When Mrs. T. her mother picks up, this is distraught and reacted angrily to the demands of her daughter.
This is now really worried and begins on the Internet to research what could be wrong with the mother. She pushes on the homepage of the German Alzheimer Society dächtnissprechstunde on the total and is also a close where she inquires by phone. You can convince her mother to visit her a memory clinic. After incoming calls and tests the diagnosis is clear. Her mother has Alzheimer's disease at an early stage. Mrs. T. is shocked and also relieved, because now there is clarity. But as it is now further ter?

Scouting, Public Relations
Dementia and the natural attitudes towards the victims is often occupied in society with fears and taboos. These prejudices, fears and awkwardness in dealing with the disease are best met through education and information. As the elapsed showed tunity have people in public life who have gone with their illness in public, making an effective contribution to educating and informing Community. The media also take up the topic on more often. All this helps to bring this taboo subject in the public eye.

patients, their families, Helping, professionals
Patients and their families want to (first) signs of disorientation or confusion often not true, because they still fear a stigma. From fear or shame they are silent dead, displaced or downplayed.

The problem just Alzheimer's disease is the gradual onset, whereby neither the victims nor their relatives, but also professionals and Helping can not make an exact time of the occurrence of the changes. For this reason it is important to focus on warning signals, which makes an Alzheimer's disease described noticeably. The earlier the disease is detected, the better the Therapiemög- are possibilities. Even if it is humanly understandable hide just issues such as dementia or to push off indefinitely, experience shows that by a timely discuss issues relating to age, long-term care and dementia issues in the family, the friends and in public solved many problems and fears and reservations may be degraded.
The aim is to educate and inform patients and their families and to gain a slight access to this information.

In Bavaria there is the campaign "very young. very old. very ear. There are many ways that make bekanntzu-topic "Age" and "care" and therefore the issue of "dementia" in public. The Bavarian Ministry of Social Affairs has opted for an unusual form to: The focus of the campaign was the beginning of a CD with songs and texts by well-known artists and performers. With some very personal presentations, the world will be opened to the old people and especially the young people demonstrated a way there. The materials made available and the networking are the main target, the personal dialogue between generations, between young and old, healthy and in need of care. This is supported by campaign partners in the Protestant and Catholic churches, as well as by local authorities.

Twice a year in Bavaria on behalf of the Bavarian Ministry of Social Affairs regional conferences held, inter alia, the check the successful model projects and best pratie examples. The implementation of regularly scheduled, mostly regional info days will menz about De-facilitated by government incentives. As part of the publication of the Dementia Strategy, an information campaign is planned.

The Bavarian Ministry of Social Affairs has developed in coordination with the cash, a new concept for nursing courses, which provides factual information to home care and in particular includes dealing with dementia and self-care in the home care. Such care course counteracts the excessive demand of carers and is paid for by health insurance. The completely revised course manual was published in 2010 in the Ernst-Reinhard-Verlag and is so all teachers available. The training of instructors and teachers can be supported by the Bavarian Ministry of Social Affairs. As part of the health information of social workers and social workers in the public health service in Bavaria carried out an information of the population, of hearing of tenders and affected but also by professionals on dementing diseases.

company
Due to the rising number of people with dementia will more often be the case that situations arise when shopping or in everyday street scene, on which the individual is not initially prepared (e.g., those repeatedly switched buy the same items or withdraw large sums of money). Therefore it is important to society as the employees in the retail sector, to inform, educate and raise awareness and trained appropriately.

The aim must be to give people with dementia in everyday coexistence has no qualms to encounter, to accept them as part of society and to respond appropriately to unusual behavior. Since spring 2010, there is the new nationwide quality mark "Ches Generationenfreundli-shopping". Retailers throughout Germany can thus be distinguished. Arrival hand of specially developed for this process criteria check trained testers and testers especially offerings, access, equipment of the premises and the service behavior of retailers. Meanwhile, quality signs were awarded at several locations in Bavaria (as in Würzburg, Regensburg, Coburg, Nuremberg, Ansbach, pastures and Ingolstadt). The implementation of the quality label in Bavaria and the extraction of partners was and is ideally supported by the Bavarian Ministry of Social Affairs and promoted.

In April 2007, the pilot project "Competence Network Dementia" launched - Integration of the population group of people with dementia and their families in Augsburg. The fundamental objective of the model is the "networking of service structure and civic commitment to the development of a new urban life and behavior culture in dealing with dementia". The existing resources should especially be combined and linked with each other. New in this project is the very successful concept of "dementia godfather". Dementia godparents are honorary citizens, whose mission is, district-and subjects related to learn about dementia to share with people to create a common understanding and a new culture in dealing with dementia. The dementia godparents are trained for this purpose comprehensively. Result of the project is that it is possible to dementia godparents, chen in their respective areas of activity to occupy the daily life and the public life with the topic of dementia and out
urgently. "Degrade through information and contact fears and the topic of dementia to dispel taboos" Their philosophy both so that people with dementia in the Company remain Community integrated and on the other hand can be longer supplied by their relatives at home due to the increased sensitivity, has a promising future. This is not only (but also) the inventiveness and high commitment of dementia godparents. In particular, mention should be made the "smallness" of their activity in the quarter - in their application - which seems influenced by the fact that the volunteers "her Dementia" everyday private as ehrenamtli- chen is always present and they also "in passing" and "passing" result in this regard calls or socialize.

The continuation of the project in Augsburg is secured. As a further step, it is important the concept of dementia godparents to carry through information in the area. Given a start-up financing to contribute in the framework of the available budget.

Multiplication by information in general schools

More and more children and young people suffering from dementia experience people in everyday life, be it in the family by taking care of (great-) grandparents or for example by sickness reports of celebrities. In addition, today's generation of children and adolescents in 30 to 40 years as the handling is gen primary responsibility for an aging society bear. They are-existence decide in the private sector, but also as a creator of social co-young and old, to dementia ill persons can be designed.

An appreciative handling of people suffering from dementia requires early study of the situation of people with dementia and their families. Here develop children and young people understand and get through practical approaches, measures and events contact with them.

The aim is to show the teachers at general schools ways they can give students access to the topic of dementia.

The Bavarian Ministry of Education won the State Institute for School Quality and Human Development Munich instructed to work out a handout with developed teaching materials for teaching at general education schools for dealing with dementia ill people by the school year 2013/2014. For this purpose, was formed for the school year 2012/2013 a of corresponding working group, which will begin this year with the work.
The care of the elderly is one of the most personnel-intensive service industries in Germany. Particularly the supply with dementia by outpatient services or in stationary equipment requires specially trained nurses. Since 2007 the number of employees in outpatient and inpatient care facilities of around 810,000 risen to around 890,000 in the year of 2009. This represents an increase of about 10 percent within two years dar. Due to the demographic development and the increase in "very old" people in our society is the human need for skilled workers continue to rise. According to a recent model calculation of the Federal Statistical Office is an unmet need for approximately 152,000 employees in nursing is in Germany to 2025 give call made (hospitals and outpatient / inpatient care facilities). This represents approximately 112,000 full-time jobs. The healthcare industry is justly known as "a job engine of the future".

Already in 2010 the Bavarian Ministry of Social Affairs has charms together with the Leistungser-, payers and the Regional Directorate of Bavaria Federal Employment Agency an alliance for education and junior specialists in geriatric care closed. The heart of the alliance is the advertising concept HEART HANDYMAN, by the profession elderly care and career prospects should be approached with a clear and direct to the young people, but also teachers and parents. For HEART HANDYMAN-actions and initiatives, the Bavarian Ministry of Social Affairs has provided a total of 300,000 euros available for 2010-2011, 2011 were additionally supports a Bavaria-wide intermodal roadshow with 63,000 Euros: With a tour bus to make the Allies in 12 Bavarian cities and towns hold to there spot particularly for pupils to raise awareness of the nursing profession. That both the Alliance and the HERZWERKER- initiatives are the right way to show the increase of around 10% in the school year 2010/2011 pupil numbers in the elderly. The aim is to increase the prestige and appreciation for the nursing profession and so winning professionals.

Source: 5th Report on the development of long-term care and the state of nursing care supply in the Federal Republic of Germany; BT-Drs. 17/8332
Therefore, the Bavarian Ministry of Social Affairs leads the successful project HEART WERKER in 2013. Focus is this year, the conceptual development of promotional and informational materials to ground to win the audiences young men and people with a migration for the elder care profession.

To create training incentives for facilities for the elderly, the Bavarian Ministry of Social Affairs also promotes further additionally created training courses with 3,000 euros from the ESF.

Voluntary helpers are an essential building block for relief of family carers and to support people with dementia. They are indispensable for the Pflegemix from carers, carers and volunteer helpers. Only in cooperation the challenge of demographic change and the increase of dementia can be managed while maintaining the quality of life of those affected. In the recognized low-threshold care facilities in Bavaria 2,200 volunteer helpers are currently engaged. They make about 241 200 working hours per year. Since 2007 (1,000), this number of volunteer heroes has ferinnen and volunteers more than doubled.

The aim is to attract more volunteer helpers for the support and loading treuung of people with dementia and their families.

As of March 1, 2012, the Bavarian Ministry of Social Affairs has launched together with the care funds in Bavaria and the Association of Private Health Insurance e.V. an agency to develop and strengthen low-threshold care services to life, to initiate new deals especially in underserved regions. The tasks of the Agency, it also means potential carriers of low-threshold services in attracting ehrenamtli-chen helpers support. The agency advises not only meaningful advantages go, but also patterns of materials for public relations work. Erar-processed is a booklet that contains all the necessary information on this topic.

In addition, the Bavarian Ministry of Social Affairs promotes the training of honorary official helpers to these ten fully prepare them for their difficult task. The training of volunteers to prepare for their task includes 40 training units. Each training session is 40 euros from the Bavarian Ministry of Social Affairs
and the care funds subsidized. Essential contents are knowledgeable about the disease dementia, dealing with victims, reflection and exchange on their own role as volun- renamtlich moving. The volunteer helpers are given technical support during their bets and have the opportunity to retrain regularly.

II. Prevention and early
Your terrors have dementia and therefore not lost, because there has been no effective remedies or methods for the vast majority and the disease can not be stopped, but at best slows its course and influenced positively. Important therefore the prevention and especially the early to fully exploit the previously known therapeutic options (see also Field of Action III: education, education and training).

Health Promotion and Prevention
The possibilities of prevention of dementia are currently limited because evidence-based measures so far largely lacking in this area. However, there are increasingly indications that match by influencing risk factors that cofactors with the risk for cardiovascular diseases, the development of De- menzerkrankungen can be favorably influenced. A health-promoting lifestyle with healthy nutrition and physical activity in everyday life, excessive alcohol consumption and renunciation of tobacco can make a significant contribution to remain fit and healthy into old age and prevent particular vascular dementia. Also sup- dächtnistraining in combination with psycho-motor training, after scientific studies affect dementia risk low. can be achieved with memory training and other suitable methods at least compensatory successes in the early phase of the occurrence of dementia, so that the progression of the symptoms are delayed the can.

The aim must be to reduce through prevention dementia risk.
The Bavarian health initiative Gesund.Leben.Bayern Ministry of Health pursues the goal of motivating citizens to a healthy lifestyle and promote model projects with a total of 3.3 million euros per year. Especially in the light of demographic develop-
development is the subject of "healthy aging", a focus of the initiative, which will also gain importance in the future.

A health-promoting lifestyle is also the subject of numerous projects of health promotion of social workers and social workers in the public health service in Bavaria. Chance are also concepts in part in the participation in senior political Gesamtkon-, preventive projects for elderly people, for example, initiated to promote physical activity or for fall prevention.

In the model project "FORM - Implementation of a movement promoting Interventionskoncept for the prevention of dementia in Bavaria" the transfer of a multimodal exercise program for the prevention of dementia in the practical work of prevention providers in Erlangen will be tested.

to Under cooperative planning group meetings the motion program to be planned, implemented and evaluated with the partners, and manage a build up of health promotion structures.

Participants with increased risk of dementia should learn period within the six-month intervention, autonomously and sustainably activate. Carrier is the Institute of Sport Science and Sport of the Friedrich-Alexander University Erlangen-Nuremberg.

A preventive approach also followed the dance project "Age in Motion - Age in motion". Dance has a positive influence not only on the sensorimotor, but also to other cognitive and emotional skills, in particular - by the common goal - also on social skills and bonds.

The aim of the project is to achieve improved physical performance, better postural6 control, an increase of activity and participation and thus increasing the quality of life in the participants into old age. scientifically monitored the project through the Department of Physical Medicine and Rehabilitation of the Ludwig-Maximilians-Universität München.

Similarly assessed positively are numerous Seniorentanz offers that counteract the isolation and contribute through the requirements in learning the step combinations for intellectual prop- and physical fitness.
To promote health through diet and exercise promotes the Bavarian Ministry of Agriculture three pilot projects "Generation55 plus - diet and exercise" at the offices of Food, Agriculture and Forestry in Augsburg, Ebersberg and Landshut. These will be elicited, as older can be guided in their living environment to a health promoting lifestyle through diet and exercise and motivated. The activation of social relations is included.

An important role in the detection and medical care of dementia in Germany playing the family doctor and the family doctor. Before the final diagnosis "dementia" can be found to treatable causes that can also lead to cognitive disorders, such as heart failure, are excluded. In addition, the Board should be a depression are contemplated. Because depression and incipient De- are menz often difficult to distinguish; also be present together both disorders. Often dementia are well in advance to observe mental disorders that often little from those of depression can be distinguished, such. As loss of interests and initiative, irritability, feeling of being overwhelmed. The onset of dementia is often insidious, so that the disease can awhile unnoticed. But the timely diagnosis and treatment are crucial to the quality of life of sufferers. It is therefore particularly important for early detection of the first signs of dementia.

Early symptoms include:
- forgetfulness,
- difficulty to incorporate new information and retain,
- difficulties, perform more complex actions,
- difficulties, reasonable and practical with everyday problem situations deal,
- disorientation,
- finding words,
- misidentifications (so-called. Tool disorders in which the person concerned is not as know more, how to dress).
The current standard of living is increasingly impaired. In the end, total helpless- can fluid and care arising therefrom. The progression of the disease is very different and can have variations. The aim is to improve the early detection of medical dementias. The demographic reasons growing number of people with dementia will require even more systematized training mainly of general practitioners and family doctors, but also of all other areas addressing the treatment of such patients Specialist Group. Among the planned measures in detail see item "education, training and further training of (household) doctors and (domestic) physicians" (p.25).

III. Education, training and education
The demographically induced increase in the number of elderly people with cognitive impairment can not remain with regard to education, training and education of both the nursing and the medical and other affected professional groups without consequences. There are still dementias, especially in the early stages, not recognized or no diagnostic sheet. The treatment, care and handling of and with people with a Demenzer- disease requires appropriate knowledge as well as appropriate behavior. Th New research to interventions in dementia and the findings from model projects must be put on a broad basis of the qualifications, training and education, z. B. by increased implementation of geriatric assessment and the involvement of the German Center for Neurodegenerative diseases (DZNE) education in medical training and continuing.

In addition to the required part reorientation of furnishing concepts provides a comprehensive, thorough training of nurses, which takes into account the particular aspects of dementia described, an essential pillar of support and care for dementia patients people is rule. For the different skill levels available at this related un- ferent occupations and courses available.
Nursing assistants and nursing assistants are nursing and elder care at vocational school of nursing help or geriatric care on the helper formed flat in the priority areas. Geriatric nurses and geriatric nurses and healthcare workers and nurses and health and nurses take care of the elderly to professional level. Permission to perform the relevant professional title sets et al. i. d. R. three years training with theoretical and fachpraktischem lessons and at least 2500 hours practical training and passing the subsequent state examination Vo-out. Under each Lernfelder next specific nursing contents and knowledge is given in the field of dementia. Due to the highly changing demands in the nursing practice the interface is quantity of different configurations, in particular professional level, very large. For this reason, several pilot projects for Generalistnursing education be carried out for some years in Bavaria. A federal-state working group for the "further development of the nursing profession," presented in 2012 vertices to prepare the draft of a new nursing professions Act on 1 March. These form the basis for the preparation of a draft law, the sammenführt training in health, Kinderkranken- and care for the elderly to-. The aim is to ensure sustainable vocational training for all nurses, which also includes the quality fication for the care of people with dementia. To increase the attractiveness and quality of nursing education a generalist exclusively directed training under the previous entry requirements is supported. The specific needs of older people must timorbidität with chronic diseases, multi- and take particular account of dementia. Modern supply structures require an overarching nursing qualifications, competences for the care of people of all ages involves. This includes the support and advice of relatives and terminal care. In addition to the continuation of the trial phase of "generalist nursing education with a vocational focus" in Bavaria for the school year 2012/2013 the training in the elderly part-time in Bavaria was installed. This offer is to increase the attractiveness of elderly care training and is no longer school people open under certain conditions.
In nursing is a service that is based on profound knowledge, a special nursing geverständnis and a clear-oriented individual attitude on the part of nurses, crucial. Under this objective and to professionalism to bundle, the land conservation committee in Bavaria agreed in 2000 on a binding framework and content for education and training in gerontopsychiatric care. Since then, numerous nurses' education and training GE rontopsychiatrische care "were in Bavaria after the committee recommended by Landespflegeaus- and revised in 2007, Concept qualified. This promoted by the Bavarian Ministry of Social Affairs training initiative led with great efforts of installation and training support tangible improvements especially in the gerontological and psychiatric inpatient care of sick people.

Which came into force 1 September 2011 the Regulations under the care and Living Quality Act (AVPflleWoqG) was continuing u. A. In the range Gerontopsychiat- rie regulated in Bavaria and developed again high. In addition, the participants making it a funding opportunity after Aufstiegsfortbildungsförderungsge- Act (AFBG) opened.

For quality assurance of training in the elderly, the Bavarian for Social Affairs has the advisory board used to in 2009 "training in the elderly". This may in particular on the content of training curricula on the basis of nursing and residential quality law by consensus, make recommendations. Furthermore promotes Bayerische Sozialministerium continuing education activities in the elderly for more than 10 years with approximately 800,000 Euro per year.

On the part of social workers and social workers in the public health service in Bavaria are separated teneinrichtungen also from the participation in the specialized agencies for care and disability - quality development and supervision - (FQA) out training for skilled workers available.

My goal is still the qualification of all medical, (social) therapeutic nursing and social professions for the supply of age-related diseases, particularly for dementia.
It is important for the field of state-approved training after AVPfleWoqG to empower the participants, geared to the needs of dementia patients elderly living, nursing and care concepts in the outpatient, teilsta- tionary and implement a hospital, including the tasks of the to be gerontopsychiatri- rule maintenance controlling, anleitend and advisory role and conduct gerontological and psychiatric ori oriented training programs for the employees. 

The Bavarian Ministry of Social Affairs will continue to develop with the participation of the Advisory Council "training in the elderly" that are governed by the AVPfleWoqG refinements as needed according to current medical and nursing knowledge. This includes new findings in the field of dementia. So training measures financed within the framework of this existing budgets in the future training and continuing. The Bavarian Ministry of Health has set up the expert group Psychiatry in November 2011thThere are three subgroups of the Working Group of Experts dementia circle psy- cogni- tive have drafted proposals for the contents of a general training for health professionals to acquire skills in dealing with people with dementia. These are still in the technical coordination. As a permanent advisory body of ex pertenkreis representatives of psychiatric, psychotherapeutic, psychosomatic and complementary care, research, and other associations and organizations of self-help integrates, representing the interests of people with dementia and their families.

Care courses

In implementation of the recommendation of the federal-state working group dual degree programs are offered in Bavaria already at the Catholic Foundation Fachhochschule Munich and the Universities of Munich, Regensburg and Nuremberg. This supplement has long been estab- profiled courses nursing management and nursing education. In addition to the financial statements on base chelorniveau more offers are planned at the Master level. By ausbildungsintegrie--generating and primärqualifzierenden courses a vocational degree in addition to a university degree awarded in a nursing profession; Higher education and vocational training at a vocational school are interlocked. Increase the measures the attractiveness of the nursing profession, especially for students with university entrance authorization. By imparted in the courses of study skills, the central role of professional nurses is strengthened in the care of people with dementia. Gradu- ates and graduates of the dual degree programs in the future a substantial tax recognition function in the care of people with dementia take. They are responsible for loading
coping highly complex care requirements formed and contribute to bringing innovative nursing interventions on the current state of research in nursing practice.

In the future, each highly skilled professionals are more than required in the nursing field to questions gestellungen in connection with the care and the highly complex care needs of people with dementia and multi-morbid elderly to solve. The academic training in addition to bearing the dedicated professionals and assistants in nursing major contribution to quality assurance of the professional actions and to improve health and to care for innovative supply.

The aim is to provide education in particular by integrating dual degree programs in the field of nursing attractive offers for young people, to increase the percentage of highly qualified personnel, in particular for the care of people with dementia or multi-morbid elderly.

As part of the discussion about a new Pflegeberufe law the Federal-State Working Group developed "advancement of nursing" vertices to prepare the draft of a new nursing professions Law, published on 1 March 2012 Design. These proposals set out, inter alia, a proposal for the structure and content orientation of academic nursing education.

Housekeeping structure Domestic services and determine the everyday life of people and described influence health and well-being, especially in patient care institutions. It is precisely for people with dementia can, for example, stationary housing communities constitute the everyday usual coming close, successful form of housing. In this living and working, handled is creating a resident-oriented day structure and activation in the foreground. After the German Society of Home Economics for people in social institutions, the utility et al the function to be capitalized, the nursing care and to obtain their independence. She has direct effect on satisfaction and well-being. These factors have significant importance for people with dementia.

Domestic care services, in addition to domestic help pension benefits in all domestic science professions gives focus. In the training the work is taken into account with older, also specifically affected with dementia people.
For the helper level, there is the training for service assistant and the services device helper and housekeeping assistant and housekeeping assistants (future: assistant and helpers for food and supply) for the professional level for the housekeeper and the housekeeper (in future: assistant and assistant for Food and supply) and for senior management to champion and to master, technician and engineer, factory manager and manager, Certified professional housekeeper and Audited professional home economists or business administration and business administration. A given by the Bavarian Ministry of Agriculture commissioned study to optimize performance and workflows in stationary housing communities confirmed starting from the practices examined in different institutions the advantages of domestic professional qualification in addition to the other professions. So done in the investigated institutions with more of domestic orientation in floor area, the supply of residents more promotional and resource-oriented. The study calls, depending on the conception of devices to use in the residential group or at least living across groups domestic economic experts.

The aim is that graduates of domestic Fachqualifikation- NEN addition to other professional groups are increasingly being used in all institutions of care for people with dementia.

At the federal level, the Bavarian Ministry of Agriculture for an amendment to the currently valid training regulation housekeeper and the housekeeper uses to allow for professional application areas even greater specification. The aim is to deepen the domestic support and activation with dementia persons during election qualifications in education.

The precondition for this is that in the facilities suitable apprenticeships available and graduates professional bodies are open. At present, the Bayerische Department of Agriculture is conducting a study on the need for domestic help work forces in the labor market by. If there are any other aspects of social facilities for the elderly and people with dementia here, this is the basis for further talks be GE.

For school year 2012/2013 the training has been modified at the vocational schools for home economics. The vocational school for food and supply leads beside the label "housekeeper and housekeeper" as supplementary designation "assistant and As-
assistant for food and supplies. " When learning content the elective subject was "basic supply and care of elderly, sick people" was added, in which the content of the directive according to § 87b para. 3 SGB XI ungskräften qualification and on the role of additional Betreu- for monitoring with dementia people are taught in nursing homes for the elderly. The emphasis towards supply and loading treuung dependent people with dementia-related incapacities within initial vocational training at expert level will allow future graduates and graduates, according to their qualifications in particular, the residents in residential facilities for the elderly as well as new forms of living better in to support IH ren everyday activities.

nutrition in the domestic environment and catering concepts for people with dementia in inpatient care

People with dementia usually lose with the disease progresses, the ability to take care of a proper diet. This starts shopping for food and drink and to cook. Often have to also hunger and thirst, the sense of taste changes. With continued loss of cognitive abilities in advanced dementia sufferers eventually can no longer deal with cutlery. Eating and drinking are possible only with the support; not seldom the hard dementia ill person denied phase or in whole the food and fluid intake. Difficulty chewing and swallowing usually appear in the final phase of the disease and require special food preparations. In extreme cases, they can make the oral food and fluid intake impossible. By then, there is the emotionally conflicted question of the need for tube feeding. Currently around one sixteenth residents is fed by gavage, reaching for home working, there is no reliable information.

The disease course adapted measures can delay effective comparison malnutrition. First Standing housekeeping and social care in the foreground, in the further course the direct personnel support is eating and drinking in the form of motivation, guidance and eventually enter the food and fluids necessary. Local insurance agents with high energy and protein content is to be preferred. Diets such as "finger food" or "Eat-by-walking" can facilitate a self-feeding. Even with existing chewing or swallowing disorders can be maintained in many cases an adequate oral nutrition. However, this requires not only the time-agile personal assistant when eating special food preparations individu- ally
appropriated consistency. Drinks can be thickened by additions. "Smooth Food" or "foam board" can be produced mainly in large kitchens and provide appetitanregen- de preparations of natural foods. Unfortunately, this is so far only in a few, in this regard very dedicated homes offered. high-calorie liquid diet also industrially produced can represent concept just in the home a block in the individual food.

Prerequisite for the success of these measures is an early start. This requires the part of the medical and nursing professional staff to recognize the need, if possible even before a weight loss occurs as a sign of malnutrition. Especially in hospitals the necessary qualifications and structures should be created to.

According to scientific studies, the tube feeding does not result in people with far of advanced dementia, contrary to previous assumptions, in most cases to an increase in life expectancy. On the contrary, effects with the tube feeding side-related and any necessary fixing action include a drastic reduction of the remaining quality of life and possibly also the survival time. In addition, a tube feeding against the expressly decreed will (living wills supply) or presumed intention of the person concerned prohibits. Oral nutritional contrast allows positive flavors and includes personal attention as part of human dignity.

The aim is to make adequately oral nutrition and hydration for people with dementia and avoid founded malnutrition. To realize this objective, information and support services for both victims and the relatives and nurses need to be created. But people living with dementia need assistance in purchasing and home economics. There should exist appropriate dining facilities for people with dementia in the immediate location nearby (quarters). An individual human care (personal assistant) while eating would be desirable. Given the extremely high time involved in the personal assistance in eating and drinking are here also in demand in stationary applications in view of the increasing shortage of nursing staff innovative solutions. On the use of "food Godfather" under the technical guidance / supervision of an Pflegkraft is thinking.
Through information to innovative diets can (finger food, Eat-by walking, foam costly) than daily part of Speiseplanes in home, hospital and catering kitchens (incl. The meals on wheels) establish.

And also in the training of doctors, hospitals and geriatric care of the special needs of people with dementia should be anchored in the diet with regard to specific requirements, special food preparations should be part of the training in housekeeping.

Information services for caregivers and caregivers about "Nutrition in dementia" are important. The Bavarian Ministry of Social Affairs in 2008 with the publication of the Guide "Artificial nutrition and hydration" way of differentiated Indikationsstele- development of enteral nutrition (tube feeding) with special regard to loading needs of people with dementia indicated. In a pilot project, the Bavarian Ministry of Social Affairs has experienced Fachleu-th-a "guide for proper nutrition in dementia" developed, which appeared already in the second edition of updated. This guide is aimed at both family caregivers as well as full-time nurses.

The Bavarian Ministry of Food currently collected as part of a pilot phase the needs of relatives of people with dementia and their need for assistance in nutrition and physical activity for the common everyday. The findings from the model phase to be rendered and used as a support for carers and relevant multipliers. The dementia sufferers and their families are a part of the target group of the "network" Generation 55plus - diet and exercise. " It's about people / institutions that outpatient care for people with dementia.

This pilot phase is running in the Augsburg, Ebersberg and Landshut (service areas of the respective offices of Food, Agriculture and Forestry) for older people aged 55 years and general public. As part of the target group needs and the needs of caregivers of people with dementia in 2013 at the local or community level are recognized. Here networks are developed and existing availed from institutions and associations and active individuals who deal with the subject "Older people". The specialist topics
are focusing on diet and exercise and how deals are to be prepared, so that the target group is reached. In the process of service development, the target group is involved with. qualif" in the field of patient care and cross-link the eight specialized centers nutrition / public catering professionals and managers, the supply Meals for seniors are responsible. The package of measures includes working groups, information sessions, workshops. The specialized centers offer regular events on the topic "Meals in dementia" to. Throughout Bavaria find annual conferences on public catering place, which take up the issue. 2012 the first Bavarian symposium Retirement Board held annually in the competition for excellent Retirement Board.

Training and continuing education of (household) doctors and (household) doctors The necessary skills to health care of people with dementia are in place in psychiatry, neurology and geriatrics. The vast majority of all people with dementia in Germany, however sup- plied by family doctors and general practitioners.

The aim must therefore be to systematize the education and training of family doctors and general practitioners and strengthen.

The Bavarian Hausärzeverband provides for years as part of his training, inter alia, the so-called. "House Medical Geriatric Assessment basis" to order the training to studies, the training and during the practical activity as a family doctor and general practitioner obtained up to date comprehensive medical knowledge and skills in this area.

As part of the family doctor-centered supply contracts (HzV contracts) proof of participation in this training is intermittent default Entrance requirements and thus a proof of additional quality requirements of HzV contracts. To dementia ill patients continue to strengthen the role of general practitioners and primary care physicians in the care and zuwerten up is the Bavarian Ministry of Health together with the Hausärzeverband and the body responsible for medical education and training in Bavaria Bavarian Landesärz- Medical Association to provide an additional training "Gerontopsychiatrische primary care" check. The training module could be based on the duration of training her to the already established additional training "addiction medicine basic care".
According to expert estimates, about 10 - 15% of hospital patients who are being treated for a physical illness in the general hospital, with dementia. The number of patients with dementia in hospitals will increase due to the demographic development. These patients need special care. But the altered everyday environment provides for them an enormous challenge. In order to avoid stressful situations for patients, their families and the hospital staff, a basic understanding of the disease is necessary. In addition, a sensitive approach to the patient is important. The aim must be, the hospital staff for the special needs of people with dementia to raise awareness.

A working group of the expert group Geriatrie in Bavaria promotes the care of patients with dementia in dedicated geriatric hospitals. She has 20 recommendations for hospital staff prepared to care for these patients, which were published in the year 2011. The recommendations include, among others, a graduated range of training and continuing education for all hospital staff (doctors, therapists, nurses and administrative staff). The recommendations were sent to all Bavarian hospitals.

The Bavarian Ministry of Health promotes the implementation of the recommendations in hospitals. For example, in 2011/2012, a project of the German Alzheimer Society Landesverband Bayern eV was promoted which has set itself the aim of informing the general hospitals on the topic of dementia and introducing concrete concepts in everyday clinical practice according to the 20 recommendations. An important component of the project is the training of the hospital staff. Based on the positive results of the participating hospitals, the project will be expanded to more hospitals in all seven regions, particularly in rural areas, in 2012.

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7 The expert group Geriatrics is a body that advises the Bavarian Ministry of Health in all issues of geriatric medicine. In it are the organizations and institutions that deal with the geriatric medicine in Bavaria, represented.
The issue of dementia seriously ill and dying is already part of the basic training the hospice nurses and hospice volunteer and training courses in palliative care. The training and further training in the care of the seriously ill and dying people is funded by the Bavarian Foundation Hospice. They funded among others the basic training of volunteer hospice nurses and hospice workers with 18 Euro per further training unit (2012).

The special needs of people with dementia disease in hospice care goods already ren 2010 Subject a two-day conference of the Bavarian Foundation Hospice in Castle Schney. She devoted herself of terminal care in complex situations. Participants and participants in the meeting were mostly volunteer hospice nurses and hospice volunteers who serve as multipliers in the hospice associations. Focus of specialist conferences were supply workshops with topics such as: "Altenheim pastoral care for terminally ill and people with dementia", "Validation with dementia", "Ethical issues in dementia", "Dying Demente different" and "rituals in dealing with dementia".

The focus of the training of volunteer hospice nurses and hospice helper is the question of methodology, to build a relationship with people with dementia and thus identify their own specific market needs and to respond to this. Necessary, for example, a changed communication behavior of hospice nurses and hospice workers and an adapted pain history and therapy. In this methodology, the focus of training of hospice nurses and hospice workers, so that they authentically, respectfully and to the people entrusted to you to fade away with the necessary empathy.

The aim is to improve the life care for people with dementia through appropriate education and training on.

The Bavarian Foundation Hospice supports hospice teams in accordance with their statutes comprehensively in the training and continuing education of the volunteer hospice helpers and HOS pizhelfer.
From the German hospice and palliative Association (DHPV) a special training concept for dealing with severely ill and dying dementia patients called "Carefully" was developed. The Bavarian Ministry of Health promotes as part of a training initiative further and advanced training courses in palliative care. For this purpose a uniform qualification profile that takes into account the issue of dementia develops. Specific training in the field of dementia, for example, also available in the hospice area of the hospice Academies.

Qualification measures in the police sector
In the Bavarian police various training programs with the aim of sensitization and training of police officers and police officers were carried out when dealing with people with dementia. The police headquarters Upper Bavaria North has a 2-hour training event on "Dealing with dementia" conducted in May 2011. This was informed about the clinical picture "dementia" and dealing with sufferers u. A. In police operations, z. B. in disappearances, shoplifting, emergency calls. The event was attended by civil servants from various departments of the region Ingolstadt. At police headquarters Schwaben employees under the so-called "Alzheimer campaign" were (from the police reform) in 2006 as part of the service instruction for all police services of the former police headquarters in Augsburg on this topic sensitized. Due to the positive response, riot police department Königsbrunn took over as part of the formation of this issue and lead since their trainee civil servants under the carrier "Competence Network Dementia" in the Augsburg theme days to Alzheimer's and dementia by. Understanding and awareness about the disease "dementia" is for polizeili-che task performance - even against the backdrop of an aging society - essential.
The goal is an information brochure or handout for all Bavarian police policewomen and to create police and demand-oriented offer accompanying training purpose. In the area of training for the second qualification level of Polizeivollzugsdienstes in Bavaria the theme "dementia" is part of the training plan. The budding Polizeibe- female civil servants and police officers receive this basic information on how to deal with people with dementia and are thus appropriately sensitized for the subject. It is also possible to deal with this group of people practical training based on scenarios role also. The existing training measures, within the framework of the training of Bayer. Police have been conducted or are planned, to continue to endure.

It is intended to commission a specialized body to create an information brochure or Handreichung and to define the contents of the training. The manual should be based on existing instructions z. B. for the medical field or the counselors of the police forces of other countries (Rhineland-Palatinate, Thuringia, North Rhine-Westphalia).

Care and support judges require to carry out their GE schäftsaufgabe next legal knowledge and special skills in dealing with the people affected and basic knowledge with regard to the relevant medical conditions and disabilities. For special requirements of the business object is regulated by law that sample judges and trial judges in the first year after their appointment business care judge or the judge's supervision may not perceive (§ 23c paragraph 2, sentence 2 GVG). Training opportunities that prepare them for the work of the service judge or the judge or care allows a deepening of specific knowledge union, are currently being held nationwide by the German Judicial Academy.

Practical experience has shown, however, that in addition to training in Deutsche Judicial Academy also a Bavarian training offer is desirable that specifically targets newly appointed judges care and support judges. Just refer- Board beginners are namely not always in a position to start her new job to dedicate the time for training in Trier or Wustrau.
The goal is therefore, a Bavarian training program for newly appointed judges care inside and offer care Richter.

The Bavarian Ministry of Justice will thus conduct 2013 introductory meetings for newly appointed judges and Bavarian care care judges from the beginning. The conference will be practical, the participants and prepare in compressed form to the requirements of the described treuungsrichterlichen Unit and act described in particular medical aspects.

Mrs. S. would like to stay at home even after diagnosis Alzheimer's disease. Since Mrs. T. is mornings only working and your children "out of the woods are" already, she wants to fulfill her mother's wish and will even take over the support.

First, this is not a problem. Mrs. T. visited her mother twice a day, supports them in small household activities and ensures the food. The neighbor agrees evening still be seen shortly after the mother.

Over time, the mother's condition deteriorated. Mrs. S. is doing increasingly difficult to cope with everyday life. Everyday things like cooking or cleaning up her falling increasingly difficult. But what is the most difficult, that Ms. S. afraid alone and always leaves the apartment and wanders calling. Mrs. T. decides at short notice to take her mother to be.

But his mother is distraught by the change of location and confusion. It is not found to-right and wanders at night and cries for her husband. The situation in the family of Mrs. T. is increasingly tense. You even feel the stress. Through little sleep and that she has to watch the changes in the mother

When her husband threatened to leave the common home, Mrs. T. decides to ask for help. She hears of the Federal Service for caregivers and can be given an appointment there. There it is discussed at length the possibilities that their supply are for outpatient supply available.

The advisor to the Unit Mrs. T. developed an individual approach to care for their mother. Together with the family Mrs T. chooses, prepare the attic of their house for the mother. The rooms are remodeled to meet the needs of Ms. S.; Mrs T. can be supported by the information center "Living for the Elderly". Promptings aligned with their own furniture and objects as in the previous apartment, Mrs S. feels there soon well and also comes back cope quite well. You can even Mrs. T. in Tätigkei-th in the same household support. Once a week visited Mrs S. a sawn treuungsgruppe in the neighborhood, what you clearly brings joy. And in a persons belonging
gene group can replace Mrs T. with people in the same situation. To the evening to be able to do something again, from coming and a volunteer at present, the woman p already knows well, and takes over the support. Since Ms S. as far back going quite well, even the grandchildren over a short time can look after grandma.

IV. Domestic supply - relief of caring relatives

The majority of people with dementia will be supported in the family environment. It corresponds to the desire of those affected as long as possible in the familiar environment to remain and there is also in the further course of the disease to some extent security to have familiar things around.

With dementia people who are cared for at home, need not only a comprehensive primary and specialty medical care "classic care services" as basic care and household assistance, and especially services of home care. Benefits provided by the home care, for example, include developing and maintaining a daily structure that aid in compliance with the day / night cycle, the implementation of needs-driven activities (eg support for hobbies, Biografiearbeit sawn accompaniment on walks) and to permit the visit of relatives and the Freun-. But even assistance in the control of financial and administrative matters are concerned.

Due to the high care and supervision is needed, the maintenance of people suffering from dementia is not only very time-consuming, but also physically and psychologically distressing. Many caregivers feel physically and mentally exhausted their forces, present any health risk and due to the time-intensive maintenance activities often socially isolated. In addition, the reconciliation of work and care provides caregivers before, considerable problems.

Caregivers contribute significantly to push the move to a home addition or even avoid. To strengthen the home care thus preserving the health and care of readiness of family carers is essential.

The whereabouts in the home environment can only be ensured if there is a well-functioning network of advice and assistance to the stakeholders and the (care) members can access at any time.
According to a patient's information of Statutory Health Insurance Physicians in Bavaria (KVB) on dementia over 90 percent of people with dementia by their family doctor or their doctor to be treated. Currently, Bavaria is well supplied in the primary care sector. In none of the 79 planning areas is threatened or undersupply. Nearly half of the planning areas is banned due to oversupply after the MRP policy of the Federal Joint Committee (G-BA) for other general practitioner offices. In specialist fields this applies to the majority of all planning areas.

The previous MRP is deprecated and takes into account the actual local needs partly inadequate. In addition, there is frequently an uneven distribution of doctors within a planning area. Another challenge is the age structure of family doctors and general practitioners. Approximately one quarter of the general practitioners and family doctors is 60 years or older. In the coming years, therefore, must be occupied by numerous surgeries. But this will become increasingly difficult, especially in rural regions.

In addition to the family doctor and the family doctor dementias are also Nervenärz- and treated psychiatrists, neurologists and neurologists and psychiatrists and psychiatrists. These physician groups are state-wide due to demand planning over-supply barely branch facilities. Mostly, however, reports of long travel and waiting time of affected patients.

The aim is to ensure a responsive and comprehensive primary and specialty medical supply of patients.

Bayern has already initiated a number of measures to more young doctors at an early stage with the profession of the established (house) doctor and the established (home) to make physician familiar. At the Technical University of Munich was established in October 2009, the first Bavarian Department of General Medicine. In Erlangen the appointment procedure for a new Department of General Practice has begun. The goal is to build more chairs of General Practice. In the training course, it is important that the further training assistant inside and find Trainees a structured and continuous further training. Training networks in general medical practice, which are also in Bavaria always numerous, are making a significant contribution. On 17.12.2010 the cooperation was ordinierungsstelle to promote training in general medical practice in the Bavarian
rule Landesärztekammer (BLÄK) formally launched. The aim is to initiate and promote the establishment of training consortia.

Also in the method for SHI care structure law (GKV-WTL) to Bayern has advocated that the general conditions for doctors in rural areas attractive to ver. So, for example, future physicians in underserved areas or in regions with additional local supply needs of measures to volume and thus excluding the fee limitation. Also can be agreed in such areas a fee surcharges. With a Structural Funds KVB can also targeted incentives to settle in certain places.

but Bayern also uses its own funds. Thus, the present high-quality and comprehensive medical care is also maintained in the future in all parts of the country, Bavaria has put funding for the preservation and improvement of medical care up. For this purpose are provided by 2014 funds amounting to more than 15 million euros. It favors innovative projects that deal with the structural changes in the healthcare model and which can be transferred to other regions. Furthermore, Bayern also supported in areas with special health care needs, the creation or takeover of GP practices with up premium in order to counteract shortages in medical care early.

Furthermore, there is a private scholarship program for medical students who undertake, after specialist training for a certain time as a doctor or physician in rural areas to be active.

In addition, the federal legislature of SHI WTL had instructed the Federal Joint Committee (G-BA), until 01 January 2013, the governing MRP Planungsbe- rich to new rules with the aim of a universal coverage of the population guarantee to GE. The G-BA had - taken this job as an opportunity never to revise the Bedarfsplanungsrichtli- comprising - among Consultation Bavaria as one of the country representatives in competent subcommittee. It is since January 01, 2013 in force and be undertaken in the countries established a new legal framework for the partners of the self-government (Kassenärztliche associa- tions and health insurance) contract medical MRP.

With the new directive, the self-government now gets recognized more leeway to take into account regional peculiarities future better. Thus, targeted branch possible ways forward in currently restricted areas are created when there due to regional peculiarities - more medical seats for Adequate supplies are required, for example due to the regional demography and morbidity.. The feed can
sections of the planning areas are changed so that a concentration of medical care is countered to the metropolitan areas. The goal is to get close to residential areas and full coverage to high quality standards and expand to waiting times for medical specialists and specialists in depressed areas reduced. With full implementation of the new directive law by the competent partners of self-government in Bavaria but is expected in 2013 before the end of June. especially the general practitioners and family physicians play an important role for close to residential areas nationwide provision. General practitioners and family doctors are a central pillar of the medical care. This is particularly true in rural areas where the established family doctor and the practicing physician often provides the only close to home medical care. To win especially young medical students for the profession of family doctor and the family doctor, the GP-centered care must be made more attractive. Good performance should be rewarded appropriately in the future.

Bavaria has therefore requested a Federal initiative, the federal government re-establishing the § 73b SGB V without legally prescribed fee ceiling. The partners of self-government should receive their full negotiation and discretion back in the interest of the quality of supply and security of supply. Together with the receivable for a cancellation of the fee upper limit, the federal government is also required in up to a further development of the minimum quality standards of GP contracts by a further specify and supplement the catalog of requirements in § 73b Para. 2 SGB V is to be implemented. Unfortunately, the application of Bavaria in the Federal Council has not received a majority. The Bavarian State Government is however pursue the initiative at an appropriate opportunity on.

- counseling
In dementia care or admission is to victims and persons belonging immense educational and counseling needs. This refers not only to the clinical picture of dementia or possible therapies, but also to care, Betreuungs- and support services in the area as well as services of social care insurance and state benefits (eg assistance for nursing care, integration assistance, social - Help). The degree of organization of care and to provide advice and assistance for the arrival
belonging is crucial to the question of whether and how long a person concerned may remain in his home environment.

In Bavaria, there are about 100 "specialized agencies for caregivers", which are sponsored by the Bavarian Ministry solar potential. The specialist agencies advise family caregivers, help with administrative matters, financial issues in nursing and operate public relations. By psychosocial counseling, accompanying support and relief of the care staff members to prevent the members fall ill by the often lengthy maintenance itself and require permanent nursing care the specialist agencies. Your job meet the specialized agencies, in particular through a continuous and open cooperation with all involved in the care network. They serve as focal points especially in matters relating to the issue of "dementia". To avoid that the help-seekers be expelled from a counseling center to the other, the offices and the existing care support centers are spatially connected.

In addition, there is a solid network of care consulting offers, which is wohnortsnah and neutral. The eight care centers in Coburg, Nuremberg, Rothenburg, Neuburg-Schrobenhausen, Schweinfurth, Haßberge, Rhön-grave field and Würzburg, some multi-generational housing, and the nursing geservice Bayern as cash overarching telephone first contact point offer counseling in semen chen care. This portfolio is complemented by the nursing advisory services of statutory and private nursing insurance and advice centers of the charities, outpatient care services, inpatient care facilities and municipal facilities.

In Bayern six gerontopsychiatric services are already set up. Gerontopsychiatrische services are contact and counseling centers for older people and their relatives. They described faithful mentally ill older people in their familiar living environment and take over in particular the care and counseling of people with dementia and their families. In addition to currently 49 social-psychiatric services in Bavaria about 60 gerontopsychiatric professionals are affiliated with social psychiatric services that are specially trained to deal with people with dementia. Also the part of social workers and social workers in the public health service in Bavaria patients and their relatives will be offered advice on materials and Unterstützungsmöglich- opportunities. One focus here is u. A. The outreach counseling standalone of affected.
The aim is to further expand the advisory services and existing Beratungsmög- opportunities to publicize.
Although currently some 100 specialized bodies be encouraged for carers, a comprehensive supply is not yet reached. The Bavarian Ministry of Social Affairs will continue to promote the development of specialist units for caregivers. Eligible is a specialist for every 100,000 inhabitants. Unless care support centers arise, the Bavarian Ministry of Social Affairs is to ensure that the existing technical offices will be connected for caregivers spatially to the care support centers.
According to the 5th care report only 60% of those affected were informed (in Germany) by the health and nursing care insurance or the MDK on the possibility of care advice. Here the health and care funds are required. The Bavarian Ministry of Social Affairs will also be used in future for better information for the care advice in its brochures, on its website or by maintenance service Bavaria.
Together with the districts that finance gerontopsychiatrischen services, the Bavarian Ministry of Health is consistently work towards a more demand-driven establishment and expansion of counseling services.

- **Outpatient nursing care**

Although in dementia care of the person concerned is at the center, the outpatient care services are the key partners of the families. They offer not only qualified care also household assistance, the right conservation help home care especially for dementia to stabilize and up. In many cases, including low-threshold care services to their range of services. In Bavaria, there are a full-coverage network of around 1,800 home care services. The private carriers take it steadily. The services are funded by health insurance, nursing insurance, self-pay and social assistance.
The aim is to develop a viable and sustainable care culture for people with dementia in the coexistence of different actors.
Only through a care and Betreuungsmix from professionals, family members and trained volunteers can civically familial care and support situations in supply
art permits and be strengthened. Outpatient care services plays a fundamental role at the intersection of a family, full-time and civic assistance. The Bavarian Ministry of Social Affairs is committed to equitable remuneration of outpatient care services and promotes targeted training and training of female employees and employees under the funding policy training of the Bavarian Sozialminis- Ministry (funding principles for the training of experts and assistants and volunteer in areas the old work / elderly care / family care). In regularly held trade days also new insights from practice and science be passed and made aware of the target group of people with dementia. In addition, the development of outpatient care services is welcomed, especially to develop people with dementia aligned deals continue to expand and further strengthen the integration of trained, civically active volunteers active members work.

support services

The patient benefits in kind in § 36 SGB XI was aligned before the date of the realignment care law on 30 October 2012 unilaterally to the needs of somatically ill patient. It included a rule "only" the provision of general care and household chores. Care services were only under the Community use of care services by several requiring nursing care (so-called. "Pooling" of services) are retrieved. In practice, however, showed that only a very limited extent from the possibility of pooling are exercised. People with dementia and their families were restricted to the additional care services pursuant to § 45b SGB XI by recognized low-threshold care facilities and home care services. However, the small amount of power in the amount of 100 to a maximum of 200 euros per month is to meet the needs of people suffering from dementia to Betreu- not ungsleistungen sufficient. The long-term goal is therefore, a new long-term care dürftigkeitsbegriff introduce and thus permanently to meet these needs.

Until then, the care realignment law provides under a transitional regime some improvements for people with dementia:

The patient benefits in kind in accordance with § 36 SGB IX was extended to services of residential installation support. The kind Amount pursuant to § 36 SGB IX is thus available for all three service areas (basic care, domestic care and home care) to
Available. This kind amount was also increased in the maintenance stages I to II for people with dementia in home care.

In nursing realignment law in § 125 SGB XI N.F. Pilot projects provided for testing services of home care provided by so-called. Nursing Services. These reports treuungsdienste should be focus on services of home care, particularly for essential demen- ill in need of care, but also, like the previous care services, to provide the services of domestic supply. The effect of an authorization of care services to nursing care to research scientifically achieved to obtain a sound basis for deciding on exhibit a regular introduction of care services.

The aim is that the benefits of home care under the nursing care insurance be permanently installed after the transitional exemption expired and tenders and providers of care services are wide-ranging.

Benefits for home care should in future services not only in ambulatory care, but also with recognized low-threshold care facilities, loading can be accessed treuungsdiensten. Currently this is only possible since the benefits in kind in accordance with §§ 124, 36 SGB XI is only for care facilities of outpatient care services, but not for the recognized under state law low-threshold care packages to § 45b para. 1 sentence 6 Nr. 4 SGB XI.

This will ensure that people with dementia can shop-fitting services and retain the recognized low-threshold care facilities for the care of people with dementia a high priority.

Bayern will make strong in the future to achieve these objectives and use river possibilities its inputs that even after implementation of the new care concept all people with dementia appropriate and flexible benefits in kind treuung on domestic sawn available. The Bavarian Ministry of Social Affairs will seek to ensure that even in Bavaria model projects according to § 125 SGB XI N.F. for testing of care services arise.

□ Low-threshold care facilities
The brunt in home care for people with dementia wear the relatives. The support develops from initial assistance in everyday life in the course of the disease to a 24-hour care, which can lead to physical and mental overload. This is where the long-term care. Especially §§ 45a-d SGB XI have the objective to improve patient care for people with dementia, mental illness and intellectual disabilities with considerable general care requirements and so allow a longer stay in their own family life. It provides for the financing of additional support services. Authorized to 1,200 or 2,400 euros per calendar year will get relief through recognized low-threshold care facilities as support by the hour with other stakeholders in a group (support groups) or hourly care at home by trained volunteer helpers; described special offers general guidance and supervision of home care services; Relief by day or night care or relief through respite care. The support group is to relieve caregivers hour and offer people care requiring contact opportunities in family-styled surroundings. be ungsgruppen Betreu- usually for a small fee per week or 14-day offered. See the supervision of qualified instead complemented by volunteer heroes ferinnen and helpers. Throughout Bavaria, there are currently 266 support groups (as at 1 May 2013). To ease the burden on relatives in need of care, who can not leave the house or want to take on trained volunteer helpers usually for a small allowance by the hour care of the patient in a residential installation. Throughout Bavaria, there are currently 113 volunteers circles (as at 1 May 2013). The caregivers themselves have to find a way to deal with the often any incriminating the situation. The regular meetings of the members of groups will be held under professional guidance. They are used to relieve the victims and offer the opportunity to exchange experiences and socialize. Currently, state-wide, there are 122 appropriateness of hearing groups (as at 1 May 2013). The Bavarian Ministry of Social Affairs promotes annually around 900,000 euros, the 500 recognized low-threshold care facilities and family groups; the amount will be doubled by the Central Federal Association of care funds. The private insur-
you who carry the private care insurance, participate in the amount of 10 percent of the funding by the care funds.
Since 1 July 2010 XI other care facilities in the region are honorary according to § 45d SGB renamt and promoted self-help in home care for dementia. These are, for example, Groups of volunteers, training, self-help organizations or Selbsthilfekontakt- filters.
The aim is to expand coverage, the supply of low-threshold care services.

To realize this goal, the Bavarian Ministry of Social Affairs established an "Agency for development and expansion of low-threshold care facilities" in March 2012 Design. The promotion of the Agency carried out by state funds in co-financing with the social and private insurance. In the first year the Agency will Shot t subsidized with 35,000 euros of state funds. The Agency's mission, targeted to initiate low-threshold care services in communities with no or only low supply and to support the construction. You should the regional actors to build low-threshold care services such as 'voluntary helpers circles and supported by volunteer work support groups for hours have relief of family carers, motivate and support them in the implementation. The agency works closely with the German Alzheimer Society - together Landesverband Bayern ribbon.

Foreign nurses and domestic helpers
Where family members, neighbors or friends of family or professional reasons can not or do not cover fully the high support effort for those affected, the use of foreign nursing and home help provides an alternative to ensure to remain in the home environment.
In the employment of foreign Carers in private households is from the perspective of SGB XI to "self-procured Carers" according to § 37 SGB XI, which poor (as in the family care) to ensure long-term care of their care themselves. As a power hereby for care allowance to the insured person (not to care assistance) done. To achieve the necessary quality of to provide home care safely, it is through biannual (Care Level I or II)
or quarterly advisory missions accredited Health Care checked. Other requirements for the
design of employment with locally procured Carers does not contain the SGB XI. Labor law are
made for private households the following alternatives:

- Employment of self
  A member of an EU Member State may settle without permission in Germany and offer their
  nursing services as self-employed. Is it predominantly only in a family active, there is a danger
  of the false self, because in fact a dependent employment relationship arises.

- send a nurse by a foreign service company
  The so-called freedom to provide services allows firms from other EU countries that offer care
  services to send their employees temporarily without Arbeitsgemeinschaft nehmigungsrechtliche
  restriction to Germany. These are exclusively bound by instructions from their company.
  Otherwise would before an illegal supply of temporary workers.

- appointing a caregiver
  Citizens of the European accession countries have unrestricted work beitsmarktzugang in
  Germany. If you want to enter into an employment relationship as a caregiver without being
  subject to a work permit to legal restrictions. As an employer, households have the general
  (protection) to respect the rights of labor and employment law and the rules of the social security
  and tax law as well as the labor and employment law.

With regard to the legal conditions and design options exist in families with dependent people
with dementia still large uncertainties. Since the services are provided in the home, there is no
resilient material numbers for order of legal or - often unknowingly - illegal Beschäftigungsver-
ratios in private households. The persons elderly with assistance and care in private forms of
housing is further observations to the background of demographic change anstei-. An appropriate
legal offer of affordable, low-threshold domestic services is therefore urgently needed.
The aim is to fully educate patients and their families about the opportunities and risks of the use of foreign nurses and domestic help and advice as well as to ensure the quality of care when such care aids.

The Bavarian Ministry of Social Affairs will force this through appropriate information for families and the existing advisory services, in particular counseling services for nursing givers who care advice of care funds and the medical service of the health insurance in Bavaria. Information and advice should primarily lead to legal certainty in the use of budgetary-related services. Only then the families can deal openly with the use of foreign force and ideas of the MDK and the advisory inserts for quality assurance of care for dementia ill patients by foreign nurses accept (z. B. nursing courses, improving language skills) as well as for care professional duties to consult an outpatient care service.

family care leave

Important for the temporal relief of nursing relatives are also measures to reconcile work and care. This took effect on 1 January 2012. Familienpflege- time law is an important step to improve the reconciliation of work and care. The government-sponsored family care leave gives employees the time to devote himself to the care of close relatives, may have to have to lose to adopting them work without fear. At the same time it provides a perspective on how this time can be mastered financially to care. The Family Care Leave Act provides for this purpose that the employee and his employer a reduction in working time to 15 hours or for home care of relatives for up to two years, or the (former) End of Pflegetätig- speed may agree individual contracts. During the maintenance phase, the fee will be increased by the employer up to 50 percent of the reduction in working time; the settlement is carried out via a Wertgut- have account. Following the employee to revert to the original, or a higher working. Then, a mirror image repayment of wage advances by the employee, only a reduced fee will by granted in full working time. This applies until the negative balance value offset is (Nachpflegephase). Following the regulations until the beginning of 2012. By law, it is now primarily a matter to be seen dealing with family care leave in operational practice and experience to be gained. Companies are - not least in the interests of the skilled specialists
tesicherung - required to establish suitable models for family care leave on the basis of legal regulations and their employees concrete offers wide to companies.
The aim is to achieve good implementation of the law and to promote the acceptance by employers.
The Bavarian State Government will monitor the situation closely and is possibly looming vulnerability targeted and practical improvement hinwir- ken carrying balanced account of the interests of employers and employees.

neighborhood help and seniors cooperatives
Volunteering neighborhood help and seniors organizations can within their
Power supply also support people with dementia who are cared for at home.
The range of the neighborhood help bayern-scale is very diverse. Usually everyday support and social contacts through volunteer helpers are organized, such as Shopping, gardening, visiting service, etc., in order to allow to remain in the family life. The neighborhood aids have a binding organizational framework and addressed to all citizens in the municipality and in the district.
Increasingly establish themselves in Bavaria even seniors cooperatives. Here the help lived on reciprocity citizen-gerschaftliches involvement in cooperative form. The dedicated members can be paid an appropriate remuneration for their work described come or can be credited appropriate time to this later, when they themselves require assistance, turn to take the form of services in claim.
In practice it appears that the care of people with dementia by civic Committed particularly effective if the civic Committed according GE trains and are linked professionally. but must be particularly ensured that again and again the same helpers provide support services and so continuity is ensured.
The aim is to support the development of voluntary neighborhood help and Seniorengenos-sciences.
Thus more and more older people to end of life - poverty with auxiliaries and long-term care - live at home are encouraged "At home at home" different approaches in the context of the innovation offensive. On the one hand, the construction of new neighborhood is Community aids with up to 10,000 euros for a maximum of one and a half years encouraged. For another, the quality-initiation of seniors cooperatives technically supported. To this end, a guide was commissioned, which can be a valuable tool in establishing and implementation of the initiatives arising from the citizenship. The guide is expected to be issued in summer, 2013. In addition, the concrete implementation will tation sponsored by individual seniors cooperatives in Bavaria.

Assisted Living at home

The first time in Bavaria initiated in 2002 concept "Assisted Living at home" has been transferred medium- lerweile across Bavaria to around 70 locations. Through tailor-made assistance older people are supported to live at home as long as possible. The individual aid services are organized by a coordinating body and both of civic volunteers under a weekly home visit and by professionals achieved introduced.

Originally, the concept was especially designed for older people living alone. Meanwhile, more concept variants have developed. So there is in Bayern meanwhile providers, aligning the special "Assisted Living at home" in people with dementia. In these cases, the care package offered consists of a dense network with different power supply and support blocks. The basis of "Assisted Living at Home" is based on a relationship of trust between stakeholders and trained assistant or trained assistants. In addition, the concept envisages a permanent adaptation of the necessary aid and assistance services. Against this background "loading assisted living home" appears as a potential building block for the care of people with dementia in their own family life.

The aim is to further promote the development of "assisted living at home."

To carry the possibilities and needs of both the affected and the care of persons belonging bill appear particularly approaches that promote the coexistence of different stakeholder groups and provide individual and flexible care services in their own family life, desirable. Neighbors and trained civically
Committed possibility to play an important role, for example, service as a contact, visit or actively helping. Against this background, the development and expansion of the promoted "assisted living at home" with an initial funding of up to 35,000 euros per project for a maximum of two years.

Low-threshold services and Domestic supply and care ung / Domestic Trade Services
The offices of Food, Agriculture and Forestry (ÄELF) offer advice, training and networking to professionally build purchase combinations (z. B. domestic services) and market conditions develop. In Bavaria Home Economics women entrepreneurs are active nationwide offering competently hauswirtschaftliche services for private households. The house accounts specialist services are organized in an umbrella organization Domestic Trade Service in Bavaria e.V.

Everyday companion inside and do everyday that are qualified by the ÄELF support, Activate and support the elderly in their daily lives. Everyday companions and everyday companion are often used on charities.

With the acquisition of home economics necessary work the care home can be supported household members in coping with everyday life. Also caused by the care of people with dementia overhead of home-management tasks, such as in laundry or cleaning area can be more easily managed. The domestic help service entrepreneurs take home economics part in prevention care insurance.

The aim is that the domestic help service entrepreneurs and everyday companion inside and have everyday companion the necessary knowledge about dementia and to make the supply of domestic help services entrepreneurs further known, so they where people cared for in homes with dementia and are maintained, the can support carers and those affected.

In advanced courses for Home Economics entrepreneurs offered by the main agencies entrusted tern of Food, Agriculture and Forestry, basics of dementia and dealing and communicating with those affected and their families are taught by professionals care for the elderly.
Day-patient care services and respite care
Inpatient care services and respite care are an important building block in supporting family caregivers. The existing partial inpatient offer is for people with dementia often not suitable, especially with dementia People in advanced stages or with Weglaufentendenz or fall hazards can not be adequately cared for and supplied in general residential areas full of stationary equipment or in solitary day-care facilities. Here the device concepts must be increasingly adapted to the needs of this group.
The day and night care services can be offered in inpatient care facilities and "scattered" in both solitary partly inpatient nursing facilities as. The focus of the day-patient care in Bavaria lies zen in the "scattered" Pflegeplät-
The aim is to further expand and enhance their attractiveness partial inpatient services from day and night care for people with dementia.
The responsibility for a sufficient nursing infrastructure and thus also for a sufficient forming and on the needs of people with dementia tuned offer semi- residential sector lies with the counties and cities within their seniors renpolitischen overall concept. The Bavarian State Government is committed to the expansion partly inpatient services, which are suitable for people with dementia. As part of the budget available to it, the introduction of model-like day-care Pflegekon- promoted concepts that are as worry about the so-called care weglaufgefährdeter with dementia elderly.
For the implementation of relevant device concepts is the staffing of the day-care facility is of great importance. The Bavarian State Government therefore welcomed by the care reorientation Act (entered into force on 30 October 2012) pre- commissioned expansion of provision to finance additional support forces (§ 87b SGB XI) on the day-care area.
The day-care rates must be adapted not only to the needs of people with dementia, but the use of semi-hospital care services must be designed also financially interesting. A first step in this direction was taken with the entry into force on 1 July 2008 Care Further Development Act. Combining benefits
Use of day and night care with care in kind or care allowance by-the increases and care insurance benefits for short-term care were gradually lifted. Which entered into force on October 30, 2012 care realignment law goes this way consistently, in which it members, take the short-term or respite care in claim, in future pay by halves care allowance. So far, led the mobilization of short-term or respite care for abolition of the allowance. Currently offers the day and night care must also contain the necessary transport of the patient from the apartment to the device and back. This means that an increasing proportion of the amounts of power for day and night care are sapped up by travel costs and no longer available for the actual use of the service are available. Here is room for improvement.

Mobile geriatric rehabilitation
The mobile geriatric rehabilitation is a special form of outpatient geriatric rehabilitation is being carried out at the patient at home. She comes tients for patient in question, who have significant functional limitations and a complex dependency needs. These are z. B. dementia patients and dementia patients after falls, their rehabilitation prognosis is assessed positively only in the familiar environment. The mobile geriatric rehabilitation is carried out by an interdisciplinary team under medical supervision. When removing the mobile geriatric rehabilitation must be permanently respects that cooperation and exchanges with established GPs and specialists will be organized everyday use and appropriate.
Since 2007, there is a legal basis for the financing of the mobile geriatric rehabilitation by health insurance. Until now, health insurance companies have concluded in Bavaria with a team of mobile geriatric rehabilitation a supply contract (April 2013). The aim is therefore to support the building of teams for mobile geriatric rehabilitation.
To accelerate the establishment of teams to mobile geriatric rehabilitation, the Bavarian Ministry of Health start-up funding in the amount of up to 25,000 euros per team is sufficient from 2012 onwards.

- **Technology Assisted Living (AAL)**
  New innovative technologies can contribute to long independent lives in their familiar surroundings to enable older people possible. Under "Ambient Assisted Living" (AAL) concepts, products and services are understood to combine new technologies and social environment together.

  As before, the currently existing on the market assistance systems in the area of building technology, communication systems are oriented to vital surveillance systems still insufficient to meet the needs of people with dementia. Against this background, it is important to develop products that are practical and affordable. It is not a question of replacing nursing gerische or in attention from donations, but to support the work of the members, care and support forces. The aim is to develop and apply that provide support for older people with dementia in everyday technologies.

  To support the development and implementation of improved cooperation by different actors from politics, health, housing, care, craft, business and research and development is indispensable. Against this background, the implementation of appropriate symposia is provided.

- **New forms of housing**
  The residential sector has a central importance for people with dementia. Apart from the possibilities to stay at home at the age or to move into a nursing home, numerous other residential alternatives have developed forms such as senior housing communities, intergenerational living, outpatient housing communities, assisted living or outpatient supervised residential communities.
As a particularly suitable form of housing for people with dementia outpatients assisted living communities apply. It is a new form of housing which is driven between a life with care and support in the ancestral home and a life in residential care facilities. The maximum of 12 requiring care and people who live in an apartment in a family-like atmosphere together, organize the necessary support by outpatient care services themselves and decide on their own responsibility over all matters that affect them. If the persons concerned are no longer capable of doing, these decisions by relatives or legal care be taken personal. Ambulant assisted living communities are a place over priced offer especially for smaller communities, because it senses an alternative to inpatient care institutions representing and can be integrated locally. achieved due to the basic structure they seem specially adapted to meet future requirements for a tailor living for people with dementia. Currently exist in Bavaria 169 outpatient su-pervised living communities (as of December 31, 2012).

The aim is to support both a quantitative expansion and further differentiation of various types of housing for people with dementia.

In order to promote the development begun, was by the Bavarian Ministry of Social Affairs in 2006, the Coordination Office "Living for the Elderly" set, which advises all inter-ested actors professionally. under the funding policy alternative forms of housing with a maximum of 40,000 euros In addition, "New seniors renwohnen" encouraged. In order to sensitize the general public on this important issue organized by the Bavarian Ministry Sozialministe from September 2012 Regional Action Days in all administrative districts where terstützungsmöglichkeiten on unskilled and living arrangements for the elderly will be informed (with dementia). In all actions shall, in particular - for people with Demenzer-disease particularly relevant - ambulant assisted living communities a weight range represents.

The eligibility criteria in the Bavarian housing promotion were in 2007 ex-panded to support special housing individual can. With the housing promotion regulations 2012, the conditions were further facilitated. Special housing can not only as a new building of socially subsidized rental apartments, but also be considered in the inventory. Additionally exist for the stock both in the framework of the Bavarian modernization program as well as for individual adaptation measures in the Bavarian housing program more funding opportunities.
V. Inpatient hospital care and rehabilitation facilities in the geriatric Re-
The care and support of people with dementia presents special demands on those responsible.
For each change of location and any loss of familiar caregivers have a negative impact on the
disease process and as increased restlessness or Weglauftendenzen entail. In particular, hospitals
and institutions of geriatric rehabilitation must rise to this challenge.

The development of geriatric medicine (geriatrics)
The Geriatrics includes not only the physical but also the mental, psychological and social
aspects of the elderly. It involves the family with. The aim is to preserve the independence and
self-help capacity of the elderly as long as possible and to avoid long-term care. This
comprehensive approach is particularly patients with dementia to Good.
According to the socio-political principle of "rehabilitation before care" a nationwide network of
community-based geriatric rehabilitation facilities has been established under the Bavarian
Geriatrics concept since 1990 levels.
The geriatric rehabilitation increases the independence of older patients sustainably and causes
over 80% of patients return to her home supplied and can stay there (Source: Geriatrics in
Bayern database, follow-up study in 2011, funded by the Bavarian Ministry of Health and
Bayerische Landesstif- device). The geriatrics in Bayern database whose construction in 2000 -
was funded in 2003 by the rule Bayerian Ministry of Health and the Bavarian State Foundation,
continuously checks the quality and effectiveness of geriatric rehabilitation. Patients and patients
with dementia benefit greatly from targeted geriatric rehabilitation, albeit to a lesser extent than
those without dementia.
The number of elderly patients who need to be repeatedly supplied diseases because old typical
multi-hospital, is steadily increasing. Therefore, the Bavarian Ministry of Health GE has the
technical program developed Akutgeriatrie year of 2009. The aim is, older
People to offer a tailor alter medical treatment in hospital.
Acute geriatrics complement the already established network of geriatric rehabilitation. They are
built both in urban areas and in rural areas and are thus considerably contribute disease to better
care of patients with a Demenzer-.
Currently (as of October 15, 2012), a total of 4,200 beds in geriatrics avail- able, about 2,900
beds in the area of geriatric rehabilitation and 1,300 beds in acute geriatrics.
The aim is to secure a nationwide network of community-based facilities of geriatrics in the
rehabilitative area and expand in the acute inpatient area.
The Bavarian Ministry of Health is working intensively on the implementation of the program
Fachpro- Geriatrics and the development of further deals in hospitals. also benefit patients with
dementia of the specific fish old medical treatment. At least 53 percent of patients in acute
geriatrics suffering from cognitive Einschränkungen8.
Basically, all hospitals that are included in the hospital plan, set up acute geriatrics. However,
they must comply with demanding quality criteria, such as a geriatric team hold. These
conditions are met, acute geriatrics to be included in the Bavarian hospital plan.
The Ministry of Health also promotes 2012-2014 a study of the medical working group to
promote geriatrics in Bavaria, the scientific support building the Akutgeriatrie to supplement
existing geriatric rehabilitation structure and gives impetus to a demand-driven development.

In the course of demographic development, the number of patients is with
increase secondary diagnosis of dementia in general hospital.

8 Source: Geriatrics in-Bayern database, evaluating acute geriatrics 2011
A hospital stay is for a person with dementia an enormous challenge. These patients fall by the absence of familiar Bezugsperso-NEN, the changed environment and the unusual day structures to their limits. This leads to stressful situations for patients, their families and the hospital staff. One goal is therefore to improve the care of people with dementia in Allgemeinkranken- house. A working group of the expert group Geriatrie9 the Bavarian Ministry of Health has the care of patients with dementia in general hospital dedicated. She has 20 recommendations for hospital authority prepared to care for these patients, which were published in 2011 and distributed to all Bavarian hospitals. The recommendations highlight ways stressful situations for patients, relatives and hospital staff can be reduced NEN. In addition to the training of the hospital staff they include measures to changes in the structures and processes as well as for the structural design. Much of the recommended measures can already be implemented at short notice with little effort within the existing resources of a hospital. The Bavarian Ministry of Health supports the implementation of recommendations and promotes individual projects.

Decentralized psychiatric hospital care
In psychiatry, are patients whose primary diagnosis is dementia treated. To open the hospital operators on site achieved the highest possible leeway, the Bavarian hospital plan provides in the field of psychiatry before only the kind of planning. Planning parameters are location, total number of beds and places, disciplines and level of care required for the supply of the population hospitals. Sub-disciplines like geriatric psychiatry (Alterspsychiatrie) not be scheduled singles Community. Therefore, in principle, must ensure all eligible hospitals with the field of specialization in psychiatry and psychotherapy, that gerontopsychiatric female patients and patients can be supplied.

9 The expert group Geriatrics is a body that advises the Bavarian Ministry of Health in all issues of geriatric medicine. In it are the organizations and institutions that deal with the geriatric medicine in Bavaria, represented.
As part of the decentralization of large psychiatric hospitals capacities were relocated to the establishment of decentralized, near residential care units. These decentralization also the integration of psychiatric units in Allgemeinkrankenhäusern was considered as a fundamental principle of hospital planning consistently. This integrated approach helps the frequent coincidence of physical and mental illnesses - especially in older patients, such as dementia patients and dementia patients after falls - to be addressed.

Currently (as of 1 January 2013) are in Bavaria in the field of psychiatry and psychotherapy 6,612 inpatient beds and 965 day hospital places at 56 facilities are available. Objectives in this area to expand the decentralized psychiatric hospital care and, more to link the supply structures, especially between mental institutions and general hospitals.

In the field of stationary specialized care, which includes the Department of Psychiatry and Psychotherapy belongs, the hospital planning focus is on the appropriately derived rebalancing of care between community-based treatment options and high-performance utilities. In contrast to the stationary primary care are fragmented care structures with a view to creating and maintaining powerful full utilities not effective. The master plan, which has proved successful in Bavaria, allowing the hospital operators in the design of Behandlungsangebote a wide range of care options, providing a high degree of flexibility in the treatment gerontopsychiatric patients, even in small decentralized units.

Currently available in several psychiatric hospitals to district refurbishments. As part of the technical review process for hospital construction projects already comes to guaranteeing the full treatment offer, which contributes to the function of district hospitals as full utilities bill, particular importance in the needs assessment of future capacity in addition to the creation of economic structures and station sizes. Of these, just benefit sub-disciplines like geriatric psychiatry.

In addition to the existing 56 inpatient psychiatric hospitals and departments are another nine full- and part-inpatient facilities arise.
During the joint shopping crashes Mrs. S. and complains of severe pain. In hospital a femoral neck fracture is detected. Mrs. S. has to remain there and to be operated on. After the operation, the members will be welcomed by the attending physician with the words: "Your mother is so demented, a discharge home is not possible, you are looking for as quickly as possible a nursing home. If you'd like to support our social service. "Mrs. T. is shocked. When she visited her mother after surgery, does not recognize them. Mrs. T. would like her mother did not enter into a nursing home, but it must be quickly found a solution. A round-care they can not afford at home. Before a solution can be found, Mrs T. can get respite care place at the nearby nursing home. She wants her mother there but not leave and begins to inquire what is still possible. After a long search she hears of so-called "dementia-WG s".

She visited a nearby and is impressed by the family atmosphere there. She is lucky and gets to her mother a place. Her mother feels the time there Zuse hends comfortable and her health improved again. Even Mrs. T. is glad she can there be so bring and can so often see and support their mother much. This facilitates their consciences very.

VI. Inpatient care and care in nursing homes

People with dementia feel safest in their familiar surroundings. However, the persons belonging to often reach their limits when nursing care around the clock is necessary. Dementia diseases therefore now constitute the most common reason for a move to a residential care facility and offer you an alternative to home care.

Of the residents and residents of inpatient facilities suffer 60-80% from dementia. The diagnosis in question is not gestellt10 in about 50% of infections. This leads to problems in two ways: Firstly, the fall ill effects can often not be treated professionally, on the other hand the quality of nursing care is thus impaired as a whole.

10 see Sauerbrey. Shortfalls of medical care in-patient care facilities under special consideration of dementia, p.21
The current need for inpatient care facilities in Bavaria is covered on average. Statistical surveys show that on 15 December 2010 of approx. 129,000 setup spaces rd. 10,500 seats were not occupied (occupancy rate of approx. 91.8%). For the future, Bavaria is well equipped. With a constant supply rate of care in residential care facilities by 33.3 percent and an assumed equal manent the average increase in stationary places in the last six years in the amount of approx. 1,600 places per year are still sufficient residential care places are available.

The discussion in the art various future scenarios is not only the need for a continuation of the existing community-based care places in common, but also expanding the range of services of the service providers. This should in future extend of outpatient facilities with diverse offerings and outpatient living arrangements to small as possible and inpatient facilities. Doing, the described special needs of dementia patient such as run trends Weglauf- or notes, oppositional behavior are included.

For the future, it can be assumed that both the various means carrier arising from competition in the healthcare sector as well as through the mechanisms of the market innovative, conceptual pioneering and particularly focused on the needs of dementia residents devices.

The goal is the necessary investment, the support of inpatient care facilities to be supported by low-interest loans.

To this end, the Bayerische Landesbodenkreditanstalt enough low-interest loans for the modernization and the replacement building of residential care facilities that are backed with Staatsbürg- companies. So were 2012 rd of October of 2007 to the end of June of the year, grants EUR 84.7 million in loans granted.

Outdoor facilities to contribute to the quality of life
The design of any existing outdoor facilities and the targeted activation of demen- essential diseased residents can improve the Lebensquali-
ity to contribute. improve Specially for people with dementia gardens heits- the health and quality of life of people with dementia. Activity Promotional offers such Irritation by intense aromas, touch, sound and motion modules are helping to promote people with dementia in their perception and cognition and reindeer basal be stimulated. With the help of memorabilia gaze and landmarks can be created and conversation incentives are set. As far as the residents are still to be able to transfer them tasks and thus their self-esteem is strengthened when maintaining the gardens. Circular routes that allow people with dementia often develop a strong urge to move in the disease process to move unhindered. Based on the positive experience with such special dementia care facilities gardens increasingly use their outdoor facilities for such purposes. Direct access from the living area is extremely helpful.

When planning new care facilities or in the modernization of existing care facilities should be focussed on a total that beschützen- departments always access to a dementia garden or - if such does not exist - at least have an open space.

Even with the architectural design or modernization of facilities needs with dementia must be considered even better. Thus in future intensified guidance, for example, are represented by the color design of walls or signs, (for example, doors, should not hen GE by the residents, could be removed in wall color):

The aim is to support care institutions in the establishment of dementia gardens.

Already far were those dementia gardens as model projects as funded by grants from the Bavarian State Foundation financially. Particularly innovative concepts will still have the possibility of financial support in the implementation example to receive adjudged that Bayerische Landesstiftung.

New forms of care / stationary housing communities

In particular, the conceptual orientation of nursing homes is a challenge represents the proportion of dementia residents and residents in residential care facilities is 60 - 80 percent. For the care and services not only specially trained staff continued is necessary. Rather, the concepts must
of facilities, ranging from the food and beverage supply via the Social seen treuung up to the care and treatment of critically dementia Bewohnen-run and adjust inhabitants increasingly on these requirements.

An essential element of new living concepts, the activation of residents by involving them in the everyday household activities. Domestic economic benefits found not only in the center dedicated institutions such as canteen or laundry place, but are locally provided in group homes. Domestic activities characterize the everyday design, the daily structure and the life rhythm and offer a wealth of opportunities to participate with dementia persons, activate and fördern.11 The greater decentralization of domestic services requires, however, a greater decentralization of domestic responsibility. Conditions for the success of such models of housing are thereby the guaranteeing of domestic expertise in all levels of care and close cooperation of nursing and housekeeping based on a well-defined Nahtstellenmanage-management.

In the Bavarian Ministry of Agriculture in coordination given by the Bavarian Ministry of Social Affairs commissioned Study to optimize the performance and work processes in stationary housing communities with special attention to the domestic help economic performance were among others Influences of domestic care and welfare examined with dementia people. Devices that operate more pflegeorien-Animal T and accordingly have a higher proportion of caring staff showed itself more supply- and deficit-oriented. In facilities with more domestic help cally oriented staff in group homes were guidance and motivation and thus independence and self determination stronger in Vordergrund.12

With the support concepts can distinguish between integrative, teilsegregativen and segregative concepts.

In an integrative care the support and care with dementia will be included with not suffering from dementia residents and residents. A

11 German Society of Home Economics (DGH): "The everyday life", February 2012
12 Knäpple: optimizing services and workflows in stationary housing communities with special attention of domestic performance, March 2011
part segregative care, however, means that people with dementia are indeed with residents and residents without dementia in a residential area together live, but during the day for a certain period in a specific group cared basically only for people with dementia. Under the supervision segregative one goes therefore from that residents with dementia have specific psychosocial needs that one of the other groups of residents (without dementia) separate, special care (Special Care Unit) required machen.13

The aim is that now and in the future, the need for special services for people with dementia can be met.

Despite the pros and cons of the respective forms of care is nursing practice that the specific psychosocial needs of people suffering from dementia residents (for example, employment, integration and identity) under segregative Betreuungsfor- men can be considered better than in integrative care concepts. In the view of the Bavarian Constitutional Social Ministry taking into account the special needs se of people suffering from dementia is most likely to form in segregative living or care possible, so forms of housing such as Care havens or stationary home communities where the residents are their specific needs and the particular severity of their illness being taken care of accordingly. To support the implementation of these concepts, the introduction of model-like concepts is as be promoted by the state as part of a scientific monitoring in accordance with the existing budget.

In a classic stationary household called presence forces are responsible for a small number of residents and residents. Nurses who are organized as an outpatient service will be invited when necessary. The residents are to their wishes can bensalltag continue their normal life accordingly and be linked into the house the arising economic tasks. In order to contribute to a more widespread application of this type of housing, are governmental che funding as are provided for the scientific support for the introduction of a stationary home community.

13 Special and traditional institutional care of people with dementia in comparison; S. Weyerer et al.; P 3; Journal of Gerontology and Geriatrics 38: 1-10 (2005); Steinkopff Publisher
Care oases in advanced dementia
The inpatient facilities have especially in heavy care sector increasingly Bewohnerin- NEN and residents, which are not only somatic but also seriously ill with dementia. A shared care with other housemates and roommates is then only partially given, as people often spend most of the day in her room and is therefore often isolated from social contacts. An improvement of living would be achieved by a change in the form of care with constant personnel requirements. This is where the concept of the so-called Pflegeoase to see. In a nursing oasis where usually up to eight residents live to residents are

- with a very advanced dementia in their last phase of life,
- that are no longer mobile, their verbal communication largely lost
- have and are physically weakened,
- where also significant impairments in eating and drinking are present,
- for an exceptionally high nursing and nursing treatment expenses
- is significant,
- the have long been generally live in the device and in a domestic nursing oasis
- are integrable.

With regard to the structural requirements of the Regulations under the care and Wohnqualitätsgesetz the establishment of a care oasis means around an array of 1- and 2-bed rooms to a common area in the rule. be differentiated so far three OASE types as well as a hybrid of different types:
- Care oasis as day care
- Care oasis on time
- Care oasis permanently

The merging of people throughout the day is a continuation of the residential community concept with residents and residents in the hardest Demenzstadi- order. Taking care of the residents is done conceptually by the same concepts as in the other types oasis. It communicative interaction forms are used. The room is equipped with a color and lighting concept and supports the residents in their orientation. The residents are homogeneous composition.

Residents of a domestic environment rich or of one or more group homes share the Community area at predetermined time (z.B. 10 days). Then they change with other residents and residents from the area. The single (or double) room remains. An accurate observation allows an assessment of the inclusion of this concept in the residents and residents. The residents are homogeneous composition.

This type represents the core idea of nursing oasis and is living life and life sectors for up to eight residents tants permanently. In addition to the common room include additional rooms as single and double rooms at this oasis form. In addition, may be settled there a kitchen / kitchenette, a therapeutic bath and a staff area. The residents are homogeneous composition.
After the Bavarian Ministry of Social Affairs considers that the Oasis care permanently from the core concept of this type of housing. However, each care facility has to decide for themselves what form is matching for them. So that the patient in the future a possible is lichst wide range available.

The aim is that this type of accommodation is offered in-patient care facilities. This requires the introduction of the concepts of care oasis in an inpatient care institution can be promoted a model within the available budget.

Holistic activation therapy
Innovative approach in the treatment and care of dementia residents neriinnen and residents are holistic activations. Thus, a holistic activation therapy beneficial effects on cognitive and everyday abilities of the participants have. The project is "MAKS active", which Prof. Dr. E. has established Gräßel in cooperation with the Diakonie Neuendettelsau, deserve special mention.

MAKS is motorized, everyday practical, cognitive and spiritual activation therapy for people in nursing homes, who are affected by memory disorders. In a study on the effectiveness to MAKS active could be worked out that the residents could get their skills during the observation period, while the skills in individuals who did not participate in the activation treatment, abated according to the progression of chronic disease. There is also evidence that the effects of an activation program could be as good as with modern drugs for the treatment of dementias.

The aim is inter alia to wear this innovative therapy in the area and carry both also in this way to improve the quality of life of people suffering from dementia.

Here a model funded by the Bavarian Ministry of Social Affairs in the implementation of the program in the operation of the hospital establishment within the available budget is conceivable.

Additional support staff
In order to improve the care of people with dementia in nursing homes, the patient care facilities with the care Development Act (2008) has been granted a right to financing additional care staff for home residents and residents with considerable general care requirements (§ 87b SGB XI). Undertow. Care assistants and care assistants take care especially to the so-cial needs of people with limited everyday skills in the nursing home. The object of the additional support forces is to the affected home residents and Heimbe-attract residents to everyday and leisure activities (for example, crafts, games, walks, Bewegungsü-amortization) and to look after them here and accompany.

The statutorily established ways to improve the care of people with dementia in residential care facilities were very well received by device makers and care funds in Bavaria. Nearly 79 percent of inpatient care facilities in Bavaria put additional support staff (as at April 2, 2012). Not only is the nursing care benefit with dementia, but also the nurses of the use of additional support staff in nursing homes. The collaboration between care and "normal" nurses is perceived by both sides as areas chernd. This resulted in a recent report of the IGES Institute Berlin. The help carers are according to the study to be great help and relief in everyday care, the additional helpers, the supply of nursing did give poor overall improvement. The patient with dementia are happier and more active than before.

Goal for the future must be to efforts to ensure that additional help carers their original remit be employed in accordance with and not regular way in basic nursing activities, as when washing, dressing or food administered, are involved. The Bavarian Ministry of Social Affairs will therefore continue its efforts to ensure that in the context of external quality assurance by the specialized agencies for care and facilities for the disabled - quality development and supervision - (FQA) is the actual application areas of additional support forces paid special attention.

Medical care in nursing homes
Any transfer of a nursing home in a general hospital or already seeing a doctor outside the facility is for a person with dementia an additional and destabilizing challenge because he misses his reference caregiver, his sense of direction is further impaired and the surgeries or acute stations are still not established in the hospitals to multi-morbid and gerontopsychiat- innovative patient.

There are various models of cooperation that involve the complex of supply from dementia sick people. So developed by the Panel Physician Association Bavaria's geriatric practice networks integrate gem. § 73c SGB V under the fachärztliche care therapists and neurologists and neurologists and psychotherapists and psycho- and ensure that the participating doctors are regularly trained geriatric. The based on § 140a para 1 sentence 1 SGB V AOK-care networks bind hospitals in their supply system that binnen in cooperation with the competent Hausärz- and also ensure family doctors and the respective means the care of dementia achieved-episode residents.

exist Apart from the already mentioned cooperation models of Statutory Health Insurance Physicians Bavaria's and the AOK Bavaria are many other models of care, such as cooperation agreements between nursing homes and certain specialists (here especially with neurologists and neurologists and psychiatrists and psychiatrists) under § 119 b SGB V. further work establishments increases with patient clinics together to the supply in particular by a psychiatric or neurological consultation service to secure dementia sick people. These successful approaches need to be disclosed to the public, so that facilities where medical care to dementia ill residents currently works less well, may nevertheless benefit pro.

The aim is to work towards ensuring that all patients suffering from dementia residents and residents of nursing facilities a comprehensive medical care that utilizes the available therapies and the special needs consideration for, is bestowed to avoid hospital admissions as possible. The Bavarian Ministry of Social Affairs is currently hosted with the participation of the Bavarian health ministry working group "Medical care in nursing homes," represented in the working group are providers, health insurance companies and the medical profession. The target tion is a joint guideline of Social Affairs and Health
to improve medical care in nursing homes to develop. In preparation was one of the Technical University of Munich (Institute of General Medicine, Klinikum Rechts der Isar) study commissioned. As a result, a list of criteria for the improvement of medical care in nursing homes has arisen, the best practice includes examples and objective criteria for a successful medical treatment. These were worked through a study of the Technical University of Munich in this context, examples and criteria unhook the check are crucial for a successful medical care in nursing homes. The results of the working group "Medical care in nursing homes" described auftragten study will provide a basis for developing guidelines to.

Quality Assurance
An important contribution to quality assurance in the care facilities occurs, the operating units within the District Offices and towns specialist agencies for care and disability teneinrichtungen - quality development and supervision - (FQA). Check example compliance with the mandatory quotas for gerontological and psychiatric qualified professionals in a stationary device, which are incorporated into the Regulations under the care and quality of housing law. In quality assurance are usually the residents in the foreground, which can no longer express themselves targeted their needs.

The aim is to make the gerontological and psychiatric qualified professionals employed further fortzu-.

In the Regulations under the care and quality of housing law the Qualifikationsin- are holding gerontopsychiatric education and training set. The implementation of this training is also supported in the future by government subsidies.

Mrs. S. feels visible well in the assisted living community. Nevertheless, the dementia progresses, and over the years, the state of Mrs. S. deteriorated to-sehends. Your physical mobility is steadily decreasing, and also food and drink are always difficult. Carers and members strive to their food and drink with needs to prepare and give to, but eventually is Mrs. S. only in bed and refuses to take food.

The daughter is addressed by the attending nurses that have to decide what happens. Should the mother be transferred to the hospital to get a stomach tube or are there other alternatives?
After the diagnosis in early disease, the mother had seek advice from one lawyer friend and regulated their affairs comprehensively. She had her daughter left a health care proxy and specifies in a living will, if they wish certain medical measures specifically described disease states or whether they should be avoided. She had spoken in their living will clearly against the supply by gavage.

The daughter decides that the mother should stay in a shared apartment and initially tries to the necessary support in order to provide her mother with food.

Mrs. S. has but fail no more lives will and efforts. On the advice of the full-time nurses in the Urbanization Mrs. T. applies the local Hospice Association. There you are advised to talk to the practitioner Ms S. if he would accompany them medically in the process of dying and it is offered to her, to ask her a ehrenamtli-chen hospice helpers at the side of the rule especially for terminal care for people trained with dementia. Mrs. T. is grateful for the help and accepts the offer of support to be happy. Also, the practitioner agrees to accompany Mrs. S. and nec-if necessary and painkillers to give her. Mrs. T. is ter at her mother, as often as they can. Otherwise, the volunteers and the nurses caring care. When in doubt, they can contact the doctor.

Two weeks later, Mrs. S. sleeping peacefully forever. Your daughter is with her.

VII. Dying

In the public debate often takes the medical and nursing care for people with dementia, a broad space. The death of the person concerned is so far only rarely addressed. Since in these patients the possibilities of sustained autonomous and self-acting, are severely limited, is a compassionate and sensitive Sterbebegleitung of meaning which takes into account the obligations associated with that disease specific needs. Besides the pure life care should therefore already at an early stage even in people with dementia gain increasing importance an integrative palliative care service. Hospice and palliative care are influenced by mitmenschlicher grant and enable the patients comprehensive care.

The Bavarian State Government has for many years for the development of hospice and palliative care. The Bavarian Ministry of Social Affairs in 2011, together with the Ministry of Health Bayerische Germany's first comprehensive framework for HOS
piz- and palliative care published. The concept is Compass for further goal-oriented expansion of care of the seriously ill and dying in Bavaria.
The interdisciplinary group of experts "palliative and hospice care" has developed the now present Ethical action orientation in the hospice and palliative care, because it is precisely at the end of life highlights the ethical and spiritual dimension un-seres existence more and more into focus. People who sionial as volunteer, project, choose family or friends to accompany people with or without dementia at their last life, here interdisciplinary ethical and spiritual questions a handout.
The hospice and palliative care underlying ethical stance relates to a very special degree terminal care for people suffering from dementia.

- Outpatient hospice / palliative care
Many seriously ill and dying people want to spend the last phase of their lives se to HAU. Although people with dementia their wishes can not be explicitly expressed in circumstances which (alleged) will have to stand in the foreground. In addition, it is often wishes of family members, to enable patients die in familiar surroundings. It is essential, especially for people with dementia to remain in their familiar surroundings at the end of their lives and not to be additionally exposed to the stress of changing their usual environment and the usual caregivers. Support this offer outpatient hospice and outpatient palliative care.
In a late stage of dementia, the possibility for intellectual Ausei-nandersetzung be severely restricted with the dying process for. Rather, the importance of sensing and feeling grows. It is therefore a special challenge for the hospice nurses and hospice workers, and professionals involved in palliative care forces, both to identify the needs of people with dementia in the dying process, to understand and deal respectfully with it, as well as the families in this situation beizu-to stand. Therefore, handling of dementia patients dying is already part of the basic training of hospice nurses and hospice volunteer and training courses in palliative care.
Outpatient palliative care provides the patients in their home environment. She is the one by GPs and specialists and patient care services in
Cooperation with hospice associations as General Outpatient palliative care, on the other hand, provided by specialized teams of doctors and nurses as More specialized te Outpatient palliative care for particularly expensive to serving patients. Responsibility for outpatient palliative care is the self-government in Gesundheitswesen.14

The aim is to strengthen the outpatient palliative care, and outpatient care Hospizver-comprehensively expand and to pay special attention to the necessary qualifications for the needs of the dying and terminally ill people with dementia.

In Bavaria, there are about 120 hospice associations with 25,000 members of the association. Approximately 5,800 active and qualified volunteer hospice nurses and hospice workers make about 225,000 Einsatzstun- the year with about 10,000 deaths accompaniments.

A promotion of outpatient hospice services by the Bavarian Ministry of Social Affairs via the Bavarian Foundation Hospice with around 100,000 euros a year. In 2012 were by health insurance 86 outpatient hospice services with approx. funded EUR 4.3 million.

In addition, the Bavarian Ministry of Social Affairs, the Bavarian hospice and palliative alliance ated initi-, which began its work in September, 2010. The office of the Alliance is being promoted by the Bavarian Ministry of Social Affairs with around 10,000 Euros / month.

Currently, the cooperation of eight partners: the Bavarian hospice and palliative tivverband eV, the country-Caritas Bayern eV, the Social Service Agency of the Evangelical Lutheran Church in Bavaria, the Bavarian Hospital Association, the Bavarian Red Cross, the national Union of workers' Welfare Bavaria, the Joint Welfare Association, national Association of Bavaria and the Association of Evangelical Altenhil- fe. Additional partners will follow.

The Bavarian Ministry of Health since 2010 Team Specialized ambulacral supported lanten palliative care with an initial funding of up to 15,000 euros per team. The promotion is unique in Germany and has accelerated the development of teams. They contribute, that people with dementia, which also require a particularly aufwändi- ge palliative care can remain in their last phase of life in their familiar surroundings.

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14 The self-administration is perceived by the public health insurance companies and physicians' or cash register senzahnärztlichen associations.
An expert working group is currently developing under the direction of Ministry of Health recommendations to strengthen the General Outpatient palliative care.

- **Inpatient hospice / palliative care**

Currently, there are in Bavaria next 14 by the Bavarian Ministry of Social Affairs built with investment promotion hospices with a total of 142 seats. The Bavarian Ministry Sozialministe-promotes more need-based construction inpatient hospices 10,000 euros per bed. In planning are currently two other hospices (Pentling near Regensburg and Würzburg). The plan is to expand to 208 seats.

A concept for the MRP for hospices in Bavaria step under the leadership of Bayerische Social Ministry is being developed in a workgroup.

The Bavarian Ministry of Health has published in 2006. Germany's first and only specialized program for palliative care in hospitals. The technical program has the structure of inpatient palliative care services in Bavaria accelerated significantly described. There are palliative care units (own hospital departments that are specialized cialized in treatment, care and support of palliative patients and palliative patients) and palliative care services (interdisciplinary and multi-professional team, the patient station across supply) constructed in hospitals. While palliative care services at all hospitals that meet the quality criteria of the professional program, can be set up, the establishment of palliative care units is de- mand-dependent. The current requirement of 470 beds for palliative care is organizations with 48 Palliativsta- and 462 authorized beds (Stand15.Oktober 2012) already covered more than 98 percent. Furthermore, there are 38 palliative care services in Bavaria (as of October 15, 2012).

The aim is to expand the inpatient palliative care capacity to meet requirements. Also to be built a nationwide inpatient hospice care. The needs of people with dementia have considered the need be correspondingly.

The Bavarian Ministry of Health continues to work on the implementation of the program Fachpro-. This includes in addition to the establishment of further palliative care services in crane
VIII. Networking and community structures

An essential prerequisite for optimal utilization of existing resources and for a quick and effective support of people with dementia and their families is optimal networking of actors of all sectors.

Reconciliation Management

Each relocation is for people with dementia a stressful situation is. At the transition to the various service areas (for example, from hospital to outpatient care or vice versa), therefore a sensitive supply management is necessary. Insured HA since 2007 claim ben already on a supply management, in particular to solve problems in the transition to the different coverage areas, see § 11 para. 4 Fifth Book of the Social Code (SGB V). The claim is aimed at health insurers that have to support service providers in fulfilling this task. The nursing homes are included in the supply management. To device management, the reconciliation, in particular the transition from the hospital to the (temporary) nursing care to further improve, Bayern will address the issue at the federal level more intensively and new solutions contribute to the discussion (e.g., display the introduction of a temporary right to home nursing after a hospital stay conceivable that includes the basic care and household assistance).

The aim is to improve the reconciliation management, in particular the transition from hospital care to outpatient care or care.

By SHI VStG the legal bases were changed and supplemented. So was clarified that the care management also includes the cases of transition in specialist care. It specifies the duty of the service provider, with a presence of the patient or the patient circuit treatment to a specialist for a timely treatment schedule to contribute to a specialist care. Overall, the transition management after hospital treatment as part of the entitlement to hospital treatment in concrete terms
Siert and concentrated. Goal of reconciliation management is to ensure continuity of supply, to improve the communication between the participating outpatient or inpatient care, to allow the discharge of patients and their families, and carry a possible avoidance of "Drehtüreffekts15" two. The embodiment of claim as a direct component of the entitlement to hospital treatment in § 39 SGB V significantly raises the level of commitment. To device management, the reconciliation, in particular the transition from the hospital to the (temporary) nursing care to further improve, Bayern will address the issue at the federal level more intensively and new approaches discussed (eg the introduction appears one ner compulsory sickness insurance for respite care for a crane kenhausaufenthalt conceivable).

Intersectoral supply
An unfamiliar environment and foreign people because patients with dementia in advanced stages often frightening. It is therefore important to ensure optimum treatment continuity and e.g. Double investigations and to avoid other onerous measures. The intersectoral supply can hereby make an important contribution. The Fifth Book of the Social Code (SGB V) already has various instruments for linking the sectors. So there are opportunities for hospitals to outpatient care to participate, for example, with special images whose disease or otherwise not the covered treatment needs. Both individual doctors, and the hospital may be authorized as such to participate. On the other hand private practice physicians, for example, as evidence doctors and attending physicians perform inpatient treatment of patients. The planning of the need of outpatient and inpatient supply place but so far held separately. Experiences with by the SHI care structure law (GKV-WTL) established new rules of § 116 b SGVB V to outpatient specialized specialist care, on which agreement doctors and hospitals can participate, are still pending. The cooperation between physicians of the two sectors can be further improved in order to further increase the quality of medical care and to increase efficiency reserves.

15 As a "revolving door" is the risk referred to, that the health status of a patient after discharge from the hospital so much deteriorated that it needs to be re-admitted after a short time in a hospital.
The aim is to strengthen cross-sectoral supply further.
By SHI care structure law (GKV-WTL) the possibility of establishing a joint state committee to intersectoral care issues was geschaffen. In this committee, representatives of the country, the doctors' union, the Hospital Association and the health insurance act with. Other contributors such. As the regional medical associations may be included. The committee may make recommendations to the relevant planning bodies. For better cooperation between the sectors are effected. The Bavarian Ministry of Health has already begun discussions on the establishment of such a body.
In addition, the Ministry of Health in 2010, the Working Group "Interface ambulatory-stationary" was founded. This serves as a forum to discuss different interface to problems and develop solutions.

Multidisciplinary local, regional and national networks
With the increase of multi-morbidity, chronic diseases and particularly of dementia arise particularly in the elderly increasingly complex supply dividend necessities. Accordingly, the supply structures are always special and differentiated. For those affected and their families, it is hardly possible to tap the appropriate and necessary in special individual cases offers itself. But the individual providers are often not informed enough possibilities about the possibilities offered by their region. Inadequate communication and cooperation structures are often the cause that are not optimally supplied despite the greatest possible financial and human resources older persons and occurs earlier than necessary the move to a stationary device. This is especially true for people with dementia.
Bayern has this action early on and several pilot projects promoted the development of networked structures (Example: Project "Intersectoral cooperation and networking" 2000 to 2006 Schwaben). Eight of the 20 model projects according to § 45c SGB XI to the development of health care structures, in particular for people with dementia was standing structure of networked structures at the center. The findings from the partly by the federal government funded projects were considered in the reform of the nursing care of 2008. Networking coordinated nursing and social supply
gungs- and care services is in accordance with § 92c SGB XI for their catchment area object of care support centers.

Networked structures are the basis for any good advice. Therefore, the cooperation is with other social services, particularly with the local care facilities, as well as with the eligible authorities and bodies prerequisite for the promotion of some 100 specialized bodies for caregivers in Bavaria. When success is to be considered that the professional bodies belonging to nourishing arrival are spatially integrated in all previously constructed eight care centers located in Bavaria.

of Ambulatory Gerontopsychiatric composite Bayern has arisen (AGVB) from the pilot projects out, an association of professionals in the outpatient gerontopsychi- atrischen supply in Bavaria, in particular, for the development of appropriate outpatient geriatric psychiatry care, the development and implementation of innovative concepts and the development use of existing supply deals.

The social workers and social workers in the public health service in Bavaria are also involved through the networking of existing counseling services in geriatric psychiatry working groups within the psychosocial working groups (PSAG). Here outpatient and inpatient care facilities, clinics, support groups, counseling centers and counseling authorities are u. a. Represented.

The goal is the further development and strengthening of regional and national net- works. Municipalities comes to processing in the construction of regional networked structures of special importance. They have the best overview of the deals, but also an insight into the working situation may locally. You can respond quickly and flexibly to local particularities.

Local authorities also have the necessary neutrality and authority to initiate the construction of networks and accompany. For this reason, the development of collaboration and networking structures is a field of action in the context of local seniors Political Total Concept (Art. 69 AGSG). Also in the construction of care support points playing the municipalities besides health and care funds a role.

The Bavarian Ministry of Social Affairs will continue with the promotion of specialist agencies contribute for nursing givers, as an essential component of the network structures and support the establishment of regional networks. The final report of the
Model project "Intersectoral Cooperation and Networking 'in Augsburg with relevant guidelines 
can be found on the website of the Ministry of Social Affairs. In addition, the Bavarian Ministry 
of Social Affairs will use for the corresponding budget to accompany professionally with the 
involvement of local authorities the establishment of regional networks and support. 
To improve the structural network at the country level, the Bavarian health has standardized 
Ministry in November 2011 set up the group of experts in psychiatry. As a permanent advisory 
body of experts circle binds Psychiatry representatives of the movement psychiatric, 
psychotherapeutic, psychosomatic and complementary supply, research, as well as the 
associations and organizations of self-help, which inter-ests when people with dementia and 
their families represented. The expert group psy- cogni-tive forms a networking platform for all 
these actors mentioned. This immediate networks will consist strengthened and provided starting 
points for their further expansion. Service providers and service providers and other actors 
involved in psychiatric care supply should be supported in this way in the performance of their 
duties.

Action area municipalities / municipal seniors Political overall concepts
The counties and cities are gem since 1 January 2007. Art. 69 para. 2 of the Law of the 
implementation of social legislation (AGSG) called for regional integrative Seniorenpoliti-cal 
overall concepts that "outpatient before inpatient" the principle governing the lives of senior 
citizens with the necessary care structures and new residential and care forms for elderly and 
dependent people in outpatient care include to create. These go far beyond the existing 
maintenance requirements planning.
The Bavarian Ministry of Social Affairs, together with the municipal umbrella organizations and 
the Institute depreciation - the brochure "commu-nal senior policy" published Working Group 
on Social Planning and aging research, to support local authorities in creating Seniorenpoliti-rule overall concepts. The brochure describes a total of eleven areas of action that (reffreiheit as 
local supply, barriers) aspects integrated spatial and development planning, housing tion at home 
(eg housing advice, practical everyday aids), counseling, information and public relations, 
preventive services (eg prevention of falls ), social participation (eg fail possibilities, senior 
officers), civic engagement for and of the elderly, care and support (eg low-threshold services, 
outpatient services), caregiver support (eg professional bodies), special deals
include target groups (eg people with dementia, disability), co-operation and co-ordination structures and hospice and palliative care.

In particular in the fields of "care and support", "support care for people with" and "offers for special target groups" are special offers for people with dementia received.

According to a survey of StMAS from December 31, 2012 now have 59 counties and county-level cities, a seniors Overall Policy Approach and another 27 are in the process to develop a. This means that around 90 percent present a concept or is currently worked out.

The objective is that all counties and cities have a regional integrative tive seniors Political overall concept that is not static, but is adjusted in one nem steady development process.

The development started is supported by various measures, such as by senior policy workshops for interested municipalities and planned regular staff meetings with the elderly specialist consultants of the counties and cities.

The Integrated Rural Development (ILE) supports inter-municipal cooperation for building intercommunal networks of voluntary and professional services. So structures and services IS PROVIDED be in smaller rural communities that are adapted to the needs of the elderly.

Examples of managed by the Department of Rural Development projects are as Bürgerservice brook tal (Verwaltungsgemeinschaft Syrgenstein) cooperates as a central contact, information and counseling center for older people and their relatives with existing carriers. The ILE "Arbeitsgemeinschaft Upper Vils-Ehenbach (AOVE)" has in the context of the project "Dementia Friendly Region" already intensively the needs of people with demen- essential diseases and dedicated support their relatives.

In addition, the project will "marketplace of generations" a total of nine communities in all administrative districts of advice and support in the implementation of concrete measures.

multi-generation houses
The multi-generational housing in Bavaria have evolved in recent years into valuable actors in social work. Multigenerational homes keep under its generalized overarching range also various deals with dementia people and their relatives ready. Through prevention, counseling / information and encounter multigenerational homes can positively affect the way society deals with the topic of dementia, educate, raise awareness and reduce inhibitions. They enable the social participation of people affected by dementia and contribute to the reconciliation of nursing, parental and professional responsibilities. At the systemic level, the multi-generational housing contribute to further develop the local care infrastructure through complementary, innovative dementia offers and to make demand. The same also applies to the field of household-related services. The multi-generational housing in Bavaria are in the range dementia active ver than the average of multi-generational housing in Germany and reach on average more users and users. The role of coordinator of assistance and support options is particularly urgent in people with dementia and their families is of particular importance and significance. Multigenerational homes can in this context an important role as "caretakers" in the local / regional aid and Unterstützungsstock come.

The aim is to ensure the survival of multi-generational housing in Bavaria sustainably and to establish it as a key component in the local / regional aid and Unterstützungsstock for people with dementia and their families.

The Bavarian Ministry of Social Affairs has therefore adopted the policy to support communities in the sustainable assurance of multi-generational housing of 27 June 2012 Design.

The multi-generational housing are supported in building low-threshold advisory, monitoring, support and qualification offers.

You benefit in Bavaria by promoting low-threshold care services and volun- renamtlichen structures and self-help to §§ 45c and d SGB XI.

The Bavarian Ministry of Social Affairs also acts conscious attention to the creation of local senior citizens and socio-political concepts which exploit the potential of multi-generational housing.

IX. Basic and health services research
A key element to continuously improve the situation and living conditions for people with dementia and develop, is a good and comprehensive basic and health services research.

Basic research

Strokes and neurodegenerative diseases among the world’s ten most common diseases and the most pressing health challenges in aging societies. The State of Bavaria has decided to build a research center in Munich, which meets the challenge. In the summer of 2011 began with the construction of a 8,500 square meter building at Campus Grosshadern of the Hospital of the Ludwig-Maximilians-University of Munich, in the after its completion in 2014 the Munich of the German Center for Neurodegenerative Diseases (DZNE) and the Institute for stroke and dementia research (ISD) should move. In the building de physicians, clinical researchers and basic scientists and basic scientists are zusammenarbei- under one roof and in the immediate spatial proximity to the University of Munich. The aim of the center is, causes and risk factors of neurodegenerative and cerebrovascular diseases to understand and develop new therapies. The building is i.a. an ambulance, a large number of laboratories and technology platforms, a livestock, a lecture hall and seminar rooms included.

The DZNE the Federal Ministry of Education and Research as a research of the Helmholtz Association research facility with a new structure established in 2009. It consists of nine different locations in Germany, where scientists and scientists in close cooperation with universities, university hospitals and other partners to explore the causes of neurodegenerative diseases and develop new treatment approaches as well as nursing and care strategies. A central task is the transfer of findings from basic research into clinical applications. The DZNE in Munich is in cooperation with the existing research structures of both universities in Munich (Ludwig-Maximilians-University LMU, TU TUM) and press ahead with their university hospitals, research in the fields of neurobiology, neurodegeneration and dementia continue. In addition, the DZNE in Munich cooperates with the Helmholtz Zentrum München German Research Center for Environmental Health.

The ISD was established in 2009 as a new concept in clinical medicine and scientific institute at Munich University Hospital and put into operation of 2010. The aim of the ISD
created an internationally leading center for Stroke and Dementia Research are the, tists in the doctors, research-clinicians and clinicians and Grundlagenwissen- and work together basic scientists closely. There are the possibilities of prevention, early detection and treatment of stroke and dementing diseases are improved. The Institute has set itself the goal of reaching advance research in the loading of stroke and dementias and contributing to the development of new treatment options. It is conceived as a translational orientated institute con- which overcomes the traditional barriers between patient care and basic research. Through the comprehensive and close cooperation of the Transfer perhaps promising treatment approaches is in the controlled clinical application (bench to bedsi- de) accelerating and focusing the research on clinically relevant issues (bedside to bench) are achieved.

Dementia research is very diverse and could, for example, in recent years through the "flagship projects dementia" and the establishment of the German Center for Neurodegenerative Diseases are expanded (DZNE) with one of the sites in Munich. Previously dementia research is heavily focused on biomedical issues of dementia emergence and development of appropriate medicines. The quality of death of people with dementia has been taken insufficiently into view in particular. Given the need to improve the quality of care in a timely manner, thus to the development of patient-oriented and population-based Demenzversorgungs- will complement research zend necessary. Exemplary of the development of a comprehensive dementia care research here is the GE rontologische Care Research of the Catholic Foundation Fachhochschule München call.
Objectives are therefore,

- the care research to optimize the health care of people with dementia in everyday intensify
- application-related health care research in primary, geriatric, psychotherapy, nursing and psychosocial performance promoting device delivery, have
- make dementia research through interdisciplinary cooperation more effective and
- access to treatment data for Care Research and Regional sawn

The Bavarian Parliament decided in 2011 to develop the health services research in Bavaria and prompted the government to establish an appropriate specialist body such as a national working group and the Bavarian State Office for Health and Food Safety (LGL) to build. The Bavarian Association health care research (LAGeV) with the office at LGL was closed in 2012 founded. The health care of people with dementia is thematically explicitly inserted into the new LAGeV with representatives of universities, colleges, research institutions, associations, corporations and policy of the LGL office. The LAGeV provides a suitable platform for interdisciplinary and interdepartmental the issues founded to discuss and common strategies for the health services research to develop in Bavaria. A targeted research funding can develop the focus of long-term treatment in health care research significantly accelerate. To intensify the care research also improved access to research u. A. Is appropriate for treatment and routine data in the outpatient sector for scientific analysis, because the medical care of people with dementia mainly by general practitioners and family physicians is provided.

As a concrete measure in 2013 updated data relating to the frequency and to the development of dementia are provided. Differentiated projections of dementia rates for Bavaria and the districts are calculated by the LGL once the official results of the census 2011 census the Federal Statistics Office and the population based on it present kerungsvorausberechnungen. These are the necessary planning and resource cenallokationen in health care needs.
Application-related health services research in the field of nursing and care were already in the 90s in Bavaria different approaches tested with the aim of a hospitalization or hospital treatment for gerontological and psychiatric ill people to postpone or even avoid. Bayern in 2003 used the possibilities of nursing-performance Amendment Act sustainably to concepts with the support of funds from the compensation fund the care funds 20 model projects to develop new supply and supply structures with a total volume of around EUR 3.5 million to promote. All projects were and are the Institute aufschwungalt GbR scientifically accompanied and evaluated. The results have been and will be not only in the context of symposia presented to a wider audience, but also published in the form of the final reports, which are on the homepage of the Bavarian Ministry of Social Affairs. were in these pilot projects and innovative approaches near stationary, ambulatory supply systems tested for people with dementia. It focuses on the development of new outpatient forms of housing, the construction of cross-linked structures and networks that installation of dementia centers and district-related dementia godparents or innovative Betreuungsan- sets in (guest) families. the goal is

- more innovative locally based, outpatient care structures and care concepts for people to experiment with dementia and
- to support the findings of the successful pilot projects in the area.

Currently three very promising model projects are supported:
In the project "day care in private homes for people with dementia" in Germering are people in selected households with mild to moderate dementia as guests in small groups of up to three days per week and six hours a day from one trained team of a hostess and an assistant supervised. Caregivers are relieved in their care work and people with dementia socially enabled and encouraged.
The project "Intercultural Network Dementia" in Augsburg is concerned with the group of aging migrants. It is being tested as strengthened in the immigrant community existing networks of mutual support and access to services for the elderly can be facilitated. The project is to take over the task of ambassador between cultures.
In the third model project "Assisted Living mentally ill and gerontopsychiatrischer--episode people in host families" in court should, inter alia, through outpatient care in host families an otherwise necessary hospitalization can be avoided. Invested Life families aimed at substantial normalization of everyday life, the stabilization (or if possible: careful promotion) psychosocial skills and the strengthening of wellbeing from. What is special about this concept is that the whereabouts of suffering from disease and long-term care and to end of life in the host families. Regularly go to a new concept proposals on the eligibility a Vergabeaus- committee decides. The possibilities and ideas for new supply structures and supply concepts are far from being exhausted. So would e.g. a model project feasible, which is testing the feasibility of the implementation of the idea of Nanny in childcare on the days daughters and Sons' in people with dementia.

To view the results of the successful pilot projects are to contribute in the area carried out not only regular technical meetings and regional conferences. For individual concepts very successful and a temporary start-up funding is conceivable.

X. Legal Services

The progressive loss of mental abilities and the associated restrictions to trade legally effective in their own matter, it is necessary at an early stage itself or later to regulate the possibilities of legal assistance for those concerned. Regardless of results with the further course of dementia by various disease-related restrictions, the risk of self-endangerment, can make the protective measures for those affected required.

Legal Services, priority of care provided by volunteers

For legal carers and carers suitable individuals must be ordered in the first place. A distinction is made between those who care volunteer exercise (volunteer carers and caregivers), and professional caregivers and professional caregivers, lead the legal Betreuungen in their professional capacity. Can, the affected person not be adequately cared for by a natural person, a recognized Betreuungsverein is appointed as supervisor. If one is not suitable Betreuungsverein
available, the competent supervision authority may be appointed as supervisor. According to the
classification is a professional carer or a professional caregivers only used sets are, if no suitable
volunteer carer or appropriate ehrenamtlichen supervisor is present (priority to the care of
volunteers). Nationwide, around two thirds of Betreuungen are run by volunteers. In Bavaria, the
proportion of volunteer years is union of the newly appointed supervisors and caregivers
between 70% and 75%. These are generally people who take a care for family members. The rate
of non-family volunteer carers and sawn faithful to all newly appointed supervisors varies
between 5% and 7%.
The aim is to uphold the share of volunteer support and in the future to further promote the
acquisition of voluntary non-family carers.
It is to be expected that the number of family belonging volunteer supervisors decrease over time
due to demographic developments (singling aged) rather than will rise. Particular attention
should therefore be paid to the non-family volun- remnantlichen supervisors. The recovery,
counseling and training of volunteer carers is ungenvereine primarily the responsibility of
recognized support network. For the exercise of these so-called cross-sectional work the Betreu-
ungen ungenvereine rely on adequate funding. An important source of funding for the work of
Betreuungsvereine arises from the fact that care associations are tax-favored as part of its
purpose operation in the management of Betreuungen and far out state subsidies. In addition,
however, a direct government funding, the cross section of the work Betreuungsvereine
information is necessary in the production and support of volunteer supervisors:
2012, Bavaria had 134 recognized Betreuungsvereine, 89 of them a government promotion have
requested tion. The voluntary state assistance totaled approximately 310,000 Euro. Thus, the
care teams can continue and develop their work continuously, increasing public attention should
be sought. So the clubs enforce public is made possible, which promotes the setting of
precautionary proxies, thereby preventing Betreuungen. Likewise, the care teams may be able to
attract more volunteer supervisors and motivate through training and advice on the continuation
of volunteering.

- strengthening the necessity principle in the legal care
The necessity principle is the essential maxim of care law. A legal care can only be placed as far as the affected person is not able due to a psychological illness or a physical or mental disability, to get his affairs. The care must be only those task groups (for example, asset custody, health care, representation before authorities) collect, where no longer cope to / the person in a specific case. Can the / the loading be offset by other troffene social support in the situation, their own responsibility to act for themselves, there is no room for a legal support. The number of legal Betreu- ments has nationwide more than doubled in the period from 1995 (approx. 600,000 Betreuungen) to 2010 (approx. 1.25 million Betreuungen). In Bavaria, the number of legal Betreuungen rose in this period from 98 810 to 189 258. In 2011, a slight decrease in the number of legal Betreuungen in Bavaria (189 137) was first detected. The main reason for the increase in care numbers at the demographics. The number of dementing diseases that can make a legal care required takes bensalter with increasing life.

The goal is, given the increase in hospital admissions continue to be directed up special attention therefore that legal Betreuungen only be arranged if no other aid possibilities exist. This derives also from the UN Disability Convention, which - as the German care law - intervention in the self-determination of the people concerned only approves insofar and as long as required. An educated at the Federal Ministry of Justice inter-disciplinary working group has dealt in 2010/2011 involving Bavaria with possible improvements of supervision law. In the final report of 20 October 2011, the working group proposes, inter alia, before, the function of the (local) support authorities in the run of the judicial supervision procedure to strengthen. The guardianship courts will be obliged, prior to any arrangement of legal assistance a report of Betreu- ungsbehörde the social environment of the / of the person concerned and the possibility of other aids switched zuholen ("mandatory Social Report"). The supervision authority shall submit affected people a consulting offer with information about betreuungsvermeidende aids. The implementation of these measures in practice requires adequate staffing of supervision authorities ahead. The Conference of Ministers of Justice and Minister of Justice has asked the Federal Ministry of Justice to develop a bill that implements the proposals of the working group. A bill proposed by the federal government is now before.
Each full age and each adult has the opportunity early supply by Betreuungsverfü-, Vorsorgevollmacht and patients available to prepare for the event that he is in future because of illness or disability is no longer capable of his Affairs self regulate. Particular importance is attached to the health care proxy. By issuing a power of attorney later arrangement of legal assistance can be avoided, unless the agent or the agent may get the affairs of the principal as well as a supervisor or a supervisor. The aim is that people move through education, time to prepare for the event of a subsequent illness or disability. It is often useful to combine a durable power of attorney with a living will, in which one lays down his will on the way medical treatment. The Agents or the agent may then bring the treatment needs as a representative or agent with legal power to bear, if the / the affected person is no longer able to do so. The Bavarian Ministry of Justice clarified in the context of public relations through events and the now nationally famous brochure "provision for accident, sickness and old age" hard about the possibilities of legal precaution on. The public function effectively. When central register of pension Bundesnotar-chamber more than 1.9 million precautionary powers are now registered.

Custodial measures under § 1906 para. 4 BGB (FEM) The growing number of older people with dementia represents the staff in nursing homes with special challenges. Infirm and confused people are exposed to exceptional falls and injury risks, which frequently custodial measures according to § 1906 para. 4 BGB (as bed rails, fixing strap) to be counteracted. Per year are the nationwide such in about 98,000 cases measures in care facilities approved by the guardianship courts. People with dementia are thus disproportionately often restrictions on their movements exposed. Custodial measures are used to protect the persons concerned, if there is danger that they kill themselves or cause serious health damage. But there are only a few situations in which custodial measures considered
can come, for example, aggressive behavior, by endangering the victims themselves, or health hazards due to the removal of infusions.

Reasons for the application of detention measures in nursing homes are often liability fears of employees and care facilities tongues at Sturzverlet-, (wegungstraining loading, crash mats, protective clothing, low-floor beds and more) lack of awareness of alternatives to custodial measures and an underestimation of the risks custodial measures, especially by mechanical fixations.

Freedom restrictions represent massive interventions in the dignity and well-being of the affected people. They are only as a last resort in cases unavoidable allowed. Particularly, make sure that it is checked thoroughly before use of detention measures, whether the person concerned can be protected by alternative measures the risk of injury.

The aim is therefore to reduce the number of custodial measures.

The district court Garmisch-Partenkirchen has developed in cooperation with the care center at the district office Garmisch-Partenkirchen the so-called "Werdenfelser way". He relies on the prevention of restriction of freedom by intensive examination nursing Alternatives. For this purpose, specially trained by the trial nurses and litem own nursing experience are used, the individual cases in each individual together with all stakeholders consider whether, protective clothing or exercise training, a fixation of the person concerned can be avoided by preventive measures such as low-floor beds. Bavaria has the Werdenfelser way to the Minister of Justice 2011 conference pre-sented and advertised for as many dishes winnen to courses of an implementation of the model. In Bavaria, numerous courts have in the meantime other closed the Werdenfelser way. Recently, the three largest Bavarian district courts have - Munich, Nuremberg and Augsburg-down this path. The Bavaria-wide process statistics show that engages the Werdenfelser way. In the last four years since 2009, the number of authorizations is gen declined by more than 20%.

Even the Bavarian Ministry of Social Affairs continues for many years continuously for a change of awareness in relation to the use of detention measures device makers, nurses, general practitioners and family doctors, care and support judges judges and members a.
The 2006 published guide "Responsible use of custodial measures in care", which is now in its 4th edition is available, all the decision-making process involved (nurses, doctors, carers and loading spreaders, nationals Justice) shows decision aids on, Again and again confirm facilities that in their daily work integrated, that they could not only reduce the number of fixations, but now may refrain completely. The principles set out therein

The application in particular mechanical fixations is an essential aspect in the review of nursing facilities by the specialized agencies for care and institutions for the disabled - quality development and supervision - (FQA). So the Bavarian FQA'en have in the period 2008-2009 for this purpose a total of 928 consultations carried out and found a total of 664 deficiencies.

With the country in the "sincerity" in 2007 established and new concepts for the avoidance of detention measures in patient care institutions were awarded and presented to a wider audience. Through symposia for different audiences from the care, the care system and the national advisory guide and "sincerity" could be discussed with professionals at the base. Simultaneously, and maintenance technical training on the avoidance of detention measures as a training center of gravity to promote.

With the campaign "Your concern fascinates me." Particular awareness in 2011 sharpened that fixations or immobilizing drugs are not drugs of choice. The heart of the campaign is a tion by the Bavarian Ministry of Social Affairs, with the technical support of Redufix project produced DVD, which took on the theme of liberty measures notified and in two short films - for home and for inpatient care - in other clam ulicher type concrete assistance to avoid such measures are. The DVD and other information on the subject has provided the approximately 3,000 outpatient and inpatient care facilities in Bavaria free of charge by the Bavarian Ministry of Social Affairs. In addition, the Bavarian general practitioners and family doctors who hold information achieved, they can pass it on to family caregivers. The DVD and additional information can still be ordered free www.eure-sorge-fesselt-mich.de.
D. Federal Regulatory Initiatives of the Bavarian government
Statutory benefits (if not already in above-mentioned points discussed)
Bayerische principles and objectives for social security in terms of dementia care
SGB V: Statutory Health Insurance (SHI)
The comprehensive entitlement in SHI also includes the necessary treatment and medical rehabilitation of dementia and services for the prevention.
The Bavarian State Government is working at the federal level to ensure that obtained in a solidarity darischen health system insured the necessary access to the services needed and the required care management, while no patient group is excluded from medical progress.
SGB VI: Statutory pension
Consideration of nursing / care periods in pension
Under current law, pay the care funds for carers contributions to pension insurance. Their height - and thus also the amount of future pension payments - is dependent on the level of care of the patient and the temporal scope of care. The maximum rate of monthly pension is composed of year care is currently 21.37 EUR16, the minimum satz17 7.12 EUR.
However, especially older caregivers, unless they already receive a retirement full pension, do not expect any such pension increases. Because under current law are the recipients of an age full pension - because of insurance freedom of such persons - paid any pension contributions. This is particularly unfortunate if the retirement pension,
16 In care level III and at least 28 hours weekly maintenance time. By comparison, from one year parenting currently resulted in a monthly pension of 28.07 EUR.
17 weekly With Care Level I and at least 14 hours maintenance time.
just to have more time for care, is taken prematurely to complete and are therefore to accept half haircuts.

The Bavarian State Government is working at the federal level to ensure that the home care, particularly for older caregivers already, future draws higher pensions by itself. According to the plans of the Bavarian government a pension insurance for home care in addition to the terms of an early retirement full pension is to be introduced to the standard retirement limit. Of favors were older carers who have just taken therefore a retirement pension as early in claim, NEN can to care for sick relatives. This just come in also to older carers of people with dementia to good, since the vast majority of people with dementia is cared for at home in the family environment and cared for.

Next urges the Bavarian State Government that the pension rights of care review times should be done in line with parental leave. As a result, the contributions by the care funds and the corresponding pension rights of carers persons would be increased by approximately 30%. So would receive a caring family members for one year sawn treuung about a patient care level III and with a temporal care expenses of at least 28 hours per week a pension credit of 28.14 EUR per month (instead of the current 21.37 EUR).

SGB XI: Social care

The social and the private nursing afford since its introduction in 1995, an important contribution to financial relief of care, their families and the welfare agency and have gained a powerful pillar of the social security system the confidence of the population. The social and private long-term care are now but faces new demographic and professional challenges. Due to increasing life expectancy and changes in society, the health and nursing support needs will change massively in both quantitative and qualitative terms. This is particularly true with respect to people with dementia, their needs are different from those purely somatic diseased requiring care. In addition to classic
physical and execution-related care services are available for people with dementia in particular social care, employment and supervision in the foreground.

In addition to the resulting challenges in the field of care infrastructure (for example, adaptation of interior design concepts to the needs of people with dementia, expansion of some inpatient care. See section IV), there is also a need to amend the statutory framework, particularly in the area of the SGB XI.

1. People with dementia need to be taken into better account in the determination of long-term care and the performance right must be adapted to their needs to.

Such care concept and the associated review process were part of the set up by the Federal Ministry of Health "Advisory Board for reviewing the care concept" (EAG) oped in 2009 developed in the year. This new care concept aims at a comprehensive account of the need for care and takes as a benchmark for assessing the degree of autonomy in the implementation of specific activities or design of various areas of life.

The primary objective of Bavaria and all other Länder is therefore, the fastest possible implementation of the new care concept. Currently the Expert Advisory reinstated working on the outstanding issues needed to implement, for example, the future shape of the power law. Even before the expiration of the current term of the Advisory Board shall report its findings so that they can be discussed in the German Bundestag. Bavaria is represented as a state representative with guest status in the EAG and its working groups and will there continue einset- zen with all his strength for the fastest possible implementation of the new term Care tigkeitsbegriffs and a "dementia oriented" design of the power law. The main focus should be on services of control of appropriate care and increased flexibility of the service utilization are.

To bridge the time until the implementation of the new care concept, which entered into force on 30 October 2012 realignment care law provides from 1 January 2013 before performance improvements for people with dementia.
In order to dementia diseased for a long as possible remain in their own domesticity comply join the desire of most long-term care and therefore also of the Bavarian State Government will work to ensure that the principle of "outpatient before inpatient" is further strengthened in the power law. Here Bayern is on business in the above mentioned use EAG accordingly and be used sparingly mainly for the following measures:

o flexible Verhinderungs- and respite care
The flexible Verhinderungs- and respite care plays an important role for people with dementia. In particular when people with dementia in changing locations - for example, progresses the risk that amplifies the disease and speed the disorientation further - by staying in a stationary Kurzzeitpflegeeinrich- device. The possibility of respite care for a longer than those previously possible period of four weeks a year to complete to start up, earth would thus be for a variety of stakeholders is of great advantage. On the other side can - just for people with dementia in a particularly late Sta- dium - including inpatient respite care are the only way an appro- priately derived support in case of absence of the caregiver. Here would be a more flexible entitlement advantageous.
Bayern will therefore reach its already undertaken in the legislative process on nursing realignment law efforts, a more flexible and short-term respite care and enforce a flexible budget of eight weeks Verhinderungs- or respite care, putting continued at the federal level. Moreover, Bayern will use for the deletion of the six month waiting period in respite care.

o Improving the mix of services when claiming day and night care
Day-care offers just provide for people with dementia an important alterna- tive or complement to home care. Firstly, they enable a comprehensive supervision of the persons concerned as it is the case with home care. This is particularly importance for dementia sufferers with Weglauftendenz of loading. Secondly, a certain social integration of otherwise se to HAU manicured people is ensured with few caregivers. Not to be forgotten is also the thus achieved relief of family carers.
Target Bavarian care policy at the federal level is therefore necessary to further strengthen the day and night care. Bayern will be used at the federal level that the combination benefits increase with use of day-care services further. Only an increase in funding, the use of these important services increased and therefore the infrastructure of day-patient care to be further expanded.

- Gradual adaptation of outpatient kind of long-term care generation under proportional increase of the allowance in the care levels I and II to the care insurance benefits in the case of stationary benefits.
- The home care of people with dementia is particularly time-consuming and therefore costly. To facilitate the whereabouts in their own family life especially for people with dementia, an increase of outpatient benefits in kind is or obligations of the allowance required. It should move closer to the performance height done for stationary kind. can be ensured only by an approximation of the amounts of power that the home care - especially among the social developments already shown - is affordable.
- The Bavarian State Government is at the federal level for the gradual arrival approximation of outpatient benefits in kind to the stationary kind under proportional increase of the allowance be used in the care levels I and II.
- Advanced financing of living environment improvement measures acc. § 40 SGB XI

The care realignment law is the abolition of this investment in measures to improve the living environment in the right direction. However, must be significantly increased and the amount of funding from currently only up to 2,557 euros.
SGB XII: social assistance

Social Security
are those who, because of a disability teilzu- significantly in their ability in society, restricted or threatened with such a significant impediment to receive benefits of integration assistance to §§ 53 ff. SGB XII, and as long as minorities by the Particular of case (particular type and severity of disability) is a chance that the task of integration assistance can be met. Special task of integration aid is to prevent a potential handicap or eliminate an obstacle or its consequences, or to mitigate and to integrate people with disabilities into society. This means in particular, to enable people with disabilities to participate in the life in the community or facilitate. Disability means that the physical function, mental capacity or mental health of a person likely to differ more than six months from the typical for the age condition and therefore hinders their participation in the life of society (§ 2 Abs. 1 SGB IX), Mentally significantly affected are people who are restricted due to a weakness of their mental faculties to a considerable extent in their ability to participate in life in society (§ 2 Integration Assistance Regulation). Mental disorders that may have an essential limitation of the participation capacity entails are physically unjustifiable psychosis, psychological disorders as a result of illness or injury of the brain, conditions of seizure disorders or other diseases or physical impairment, addictions and neuroses and personality disorders (§ 3 Eingliederungshilfe-Regulation). According to these definitions must be placed (depending on the stage) as a mental or emotional disability or dementia. Also according to the "orientation aid of the Federal Association of the regional social welfare support (BAGUES) for disability phrase SGB IX and XII" a dementia from the presence of the Staff diums 4 is recognized by 7 by Reisberg as disability. After BAGUES among the psychological disorders and dementia diseases. It is necessary to consider the opinion of the Bagues, however, whether the objectives of integration assistance can still be achieved (orientation aid v. 24.11.2009, p 16 and Annex 1). Assistance for nursing care in accordance with §§ 61 ff. SGB XII receive those due to a physical, mental gen or mental illness or disability for the usual and regularly recurring chores in the flow of daily life in the long run, expected for at least six months, require substantial or increased levels of assistance. Support for Care
also get people who have less need or require the assistance of other Verrichtun- gen as in § 61 SGB XII said.

A survey among the countries has shown that top-up Sozialhilfeleistun- gen for people with dementia generally as services of assistance for nursing care achieved introduced (so also in Bavaria). Only in exceptional cases integration assistance benefits are granted.

The reorganization of care concept will seriously affect the interface between nursing care according to SGB XI and social assistance according to SGB XII have. It is important to ensure that these interfaces do not lead to demarcation problems, but engage the services together. It must be ensured that people with dementia receive the necessary help. Services, covering the long-term care, need not be provided by the social assistance as lowermost social security network. If benefits under the social assistance are necessary, they are required to cover configured so that also get people with dementia the required services.

Depending on the design of future care term benefits for people will constitute with dementia of the care provided. These optionally come aufsto- pressive social assistance benefits. Integration assistance services must be provided for people with dementia after the applicable law.

Together with the other countries and the Bund Bayern working on a fundamental reform of integration assistance, inter alia with the implemented the UN CRPD, which aids designed person-centered and the possibilities for participation of stakeholders should be strengthened. The Bavarian Ministry of Social Affairs has also presented on 6 Juli07.2012 a Bundesrat initiative in the Bundesrat plenary, aiming at the creation of a separate Federal Power Act for people with disabilities and the federal government approximately responsibility in the financing will involve the integration assistance. This Bundesrat proposal was approved by the Bundesrat plenary on 22 March, 2013. He also takes on the negotiations of federal and state governments for the fiscal pact on June 24, 2012 and the commitment of the Federation to create a federal desleistungsgesetz, respect. Federal and state governments will develop a Federal Benefits Act, including the federal-state financial relations in the next legislature and put into force that will replace the current legislation. The substantive reform of integration assistance to the creation of a Federal Power Act connected to the. If the group of people of people with dementia after introduction of the new care concept in the social and private insurance is still consumers should consist sorgungslücken, it must be determined whether assistance to people can be considered in a federal power law with dementia.
New forms of housing

Bavarian County Association and the Bavarian Association of Cities have published recommendations for classifying an outpatient basis assisted living facility after PfleWoqG and SGB XII. The recommendations give the districts and district free cities valuable assistance with the grant for benefits under SGB XII to the residents of outpatient basis assisted living communities. They have significantly improved the situation of initiators of ambulatory assisted living communities.

The recommendations do not contain statements on the distinction between services of ambulatory assisted living of integration assistance to services of ambulatory assisted living in nursing. These could not reach agreement with the Association of Bavarian Districts are the. This Angrenzungs- and competence problems partly the planning and execution ambulatory assisted living forms is difficult in practice.

E. involvement in National and European Context
I. involvement in National Context / federal measures

The Federal Ministry of Health has in 2008 - funded in 2009 with the "flagship project dementia" 29 model projects that are pursued with a variety of approaches to the question of how the supply with dementia can be improved. The main themes were: 1. Non-pharmacological measures: speed effectiveness, benefits, value, 2. What will help families? 3. Erfolgsfaktoren in inpatient care for people with dementia and 4. coordination of outpatient care - networks and other ways. The now implemented support program "Future Workshop dementia of the Federal Ministry of Health" is aimed previously lessons learned from the flagship project dementia - where necessary - to complement and existing knowledge adequately neversorgung in the routine implementation.

To support the implementation of successful pilot projects and initiatives to take special action results in the following areas: 1. Regional, dementia networks and 2. support the carers of people with dementia

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As part of the priority actions of their recently published demography strategy "Every age counts" the federal government has founded a National Alliance for People with Dementia Community. Besides Bundesfamilien- and the Federal Ministry of Health are representatives of the countries, associations and organizations such as the German Alzheimer Society e.V. - self-help dementia, the German Nursing Council and the German Medical Association members of Allianz. In a joint statement, the alliance will decide on concrete actions in different areas of activity by the end of 2013 in order for example to improve the social participation of those concerned and zen better to support sufferers as well as their relatives. The alliance at the federal level supported in a further step, the formation of regional aid systems (local Alliance). Through the National Alliance, a broad social understanding of dementia and dealing is awakened with this disease and the autonomy of interested parties to be strengthened. Under the alliance, there will be a support program, the 2016 500 local alliances for people with dementia with up to 10,000 euros supported by the year. Local alliances are to be created at the local level and concrete agreements to increase the involvement, help and support of people with Demenzkrankung and meet their relatives.

II. Integration into the European context / common strategies

EU action / Promotions

Issues related to dementia strategy or generally to the "old age / seniors in rural areas" can also Leader - general development concept in the Regional Development or in concrete projects - play a role. The EU Leader program is a funding instrument for self-determined development of rural areas. Central elements are networking, sustainability, value creation and citizen participation. It's here mainly to new paths and creative approaches to sustainable use in the region of existing potentials and to work in partnership of different sectors and actors. The added value of Leader is primarily in the form of networks and the bundling of forces by the intersectoral approach. It focuses on the Local Action Groups (LAGs), partnerships between committed representatives of local authorities, industry, agriculture, associations, organizations and other actors of the region in Leader. They are responsible for the development and implementation of regional development strategy in their territory and decide the possibility itself, which projects a Leader funding is being sought. Prerequisite for Leader funding such projects it is always that they fulfill the criteria and conditions of eligibility Leader
len, located in the territory of a local action group and are endorsed by this. In addition, a leader promotion is only possible if there is no other funding opportunity or exclusive competence for the project.

In the funding period 2007 - 2013 are available for the Leader approach in Bavaria around 73.4 million euros of EU funds available. There are also national co-financing. The areas of the selected 58 LAGs in Bavaria comprise 63% of the land area, 41% of population, 62% of municipalities and cities. The State of Bavaria supports the implementation of Leader financially and with experienced personnel of agricultural management. They include the Leader funding agencies V. A. the Leader-Manager as a central point of contact, consultants and coordinators. Leader is in similar form - enter in the programming period 2014 to 2020 again - with wide range of support, the central role of the LAGs and the support of the Leader-Manager.

measures of European partners

In Europe, the situation in the countries is different. There are some dementia plans - strategies, partly these are in preparation. Coincidentally, however, be noted that the importance of the topic "dementia" has been detected in all countries and a disassembling tion with this issue occurs. National Action Plans dementia exist, for example in France, England, Norway, Scotland and Denmark. The action plans provide the framework for action by all stakeholders re. Priorities in the specified action areas are consistently: improving the lives of people with dementia, an early diagnosis, Bewusstseinswan- del in society, support for carers and networking the various players.

In January 2011, the European Parliament under the European initia- tive for Alzheimer's disease and other dementias (2010/2084 (INI)), among others "The Council to declare dementia a health priority, and urges the Member States, aufzustel- specific national plans and strategies for Alzheimer's disease len to bear the consequences of dementia to society and the health care bill and Services and support for people with dementing diseases and provide their families (...) "

In April 2012, the World Health Organization (WHO) and the Alzheimers Disease Inter- national (ADI) have their report "Dementia: a public health priority" published. In the report
Governments, politicians and interested parties are encouraged to recognize dementia as a world focus in health policy and to act accordingly. The report was drawn up by international experts and includes the currently most comprehensive compilation of knowledge about prevalence of dementia and the supply situation worldwide. It gives recommendations and presents examples of good practice. To achieve improvements comparison, the dementia report maintains coordinated action by all stakeholders in the individual countries for necessary

F. Outlook
As long as there is no effective medical cure, life with dementia will then be better designed, when we know the disease and to understand and learn to live with it and deal with it. If all citizens have the fiscal sentient, they can in the case of illness leave with dementia that they are well received and canceled in the society and in their environment, then we have taken a decisive step.

This phrase best describes the conclusion of the intensive cooperation between the various departments to draw up a Bavarian dementia strategy. Quick has been found in interminis- gible Working Group that the topic of dementia affects all political and societal areas. There are in all ministries already measures and funding to improve the lives of patients and their relatives. To get the shared vision closer, it is for the future, particularly in the fields of education, prevention, education, training and education, Domestic supply - and relief of family carers, outpatient and inpatient care, networking and research within the existing bodies funds must be other important measures. The Bavarian dementia strategy first opened a comprehensive overview of existing measures, projects and handouts and all objectives and actions, their implementation is still required to achieve the key objectives.

With the release of the Bavarian dementia strategy, the Bavarian state government realized that she understands the topic of dementia as a daily topical issue and has in all policy areas in focus.
The Bavarian dementia strategy should not be a time-limited project, but a long-term process applied herald of working towards a change in awareness in society. In Bavaria, an interministerial control is rungsgruppe furnished with publication of dementia strategy. In addition to representatives of all ministries, municipalities, organizations, governments and experts are involved in their work. The object of the inter-ministerial steering group is to bundle the existing and future measures necessary to improve the quality of life of people with dementia and their families to develop together and in particular General to ensure is gen that the information arrives in the society and the citizens and reach citizens. In terms of monitoring results will by 2020 review and monitor the implementation of the key objectives regularly. The developed objectives and measures in the Dementia Strategy but show clearly that a lasting improvement in the situation for people with dementia and their families can only succeed if the federal legislature long adjusts the statutory benefits to their needs and requirements. In return, Bavaria will continue to press. The Federal Government sees the need for a common, coordinated action is needed to meet the challenge of dementia effectively. An expert group "Alliance for People with Dementia" is drawing up a catalog of measures with the aim of improving the quality of life and in particular the participation in society for people with dementia sustainably. Bayern relies on common, target-oriented measures. The action of the Bavarian government's motto is, if all pull together, then it goes ahead!