

Appendix 1: Living well with Dementia in Leeds – summary of strategy 2013-16.

Version 1 – May 2013

1. More people with dementia will be diagnosed, at earlier stages of the condition, and this will lead to better support and quality of life.

- Increase memory service capacity, to reduce waiting time for assessment and diagnosis.
- Review the “shared care” for diagnosis, prescribing and post-diagnosis support. This will free up memory services capacity to work with people and carers according to need and complexity; improve consistency of care; and improve the experience for people and families.
- Local initiatives to identify and assess people who may have dementia, to complement national schemes; including a local public awareness campaign.
- Develop and implement a Leeds standard of post-diagnosis care and treatment, for people with dementia and families / carers. This will include opportunities for information, education, social and therapeutic activities, and peer support. It will ensure that diagnosis is a genuine gateway to help, and encourage people with memory problems to seek a diagnosis.
- Sustain and develop key roles for voluntary and community groups and social enterprises (“third sector”); support innovative approaches to eg. overcome barriers to diagnosis; support people with difficult decisions; and cope with the impact of dementia on relationships.

Results and Measures:

- Diagnosis rate: All 3 Leeds CCGs have set target for annual improvement of 2.5%. This means that, each year, no. of people on Leeds GP dementia registers will increase by at least 200.
- Reduced waiting time for memory assessment.
- New national indicator for NHS and adult social care, specifically for dementia, which will *measure the effectiveness of post-diagnosis care in sustaining independence and improving quality of life* (expected 2014).

2. Leeds will become more ‘dementia-friendly’, linked to our aspiration for Leeds to be the “best city”, and similar initiatives to be eg. ‘age-friendly’ and ‘child-friendly’. This will mean that people with dementia can participate more in everyday life, and maintain confidence and independence for as long as possible.

- Leeds dementia strategy, action plan and its projects will be influenced by the involvement and experiences of people with dementia and carers.
- The Leeds Dementia Action Alliance will involve local communities, business and providers of services beyond health and social care, to develop initiatives that together will make Leeds dementia-friendly.

Results and Measures:

- Local organisations and businesses signed up to Leeds Dementia Action Alliance and committed to actions.
- Leeds will be among the first local authority areas to be accredited with “dementia-friendly” status.

3. People living with dementia alongside other health conditions and disabilities, will have integrated support to maintain emotional, psychological and physical well-being.

- Integrated health and social care teams will have access to dementia specialist support, including short-term investment in dementia liaison roles, to work alongside staff to develop skills through joint working.
- Social care providers and NHS services will work together better, so that people with dementia, frailty and complex needs are supported by a multi-disciplinary approach. This includes a new

specification for the care homes liaison service, with capacity to provide educational and preventive approaches.

- Increase the opportunities for people to sustain daily routines, and participate in physical, creative and therapeutic activities, to promote dignity and self-esteem, and reduce boredom and frustration.

Results and Measures:

- Production of guideline for management of agitation and aggression; further reduction of inappropriate prescribing of anti-psychotic medication.
- Measures to be developed, including individual studies, of interventions which prevent admissions to hospitals and care homes.
- Consider a dementia 'sub-set' for joint health and well-being indicators which measure hospital and care home admissions.
- National indicator expected in Public Health Outcomes Framework – *dementia and its impacts*.

4. People with dementia and carers benefit from opportunities to plan and design care packages, and have support with decisions about treatment, care and daily living. This will help people to plan for the later stages of dementia; protect individual rights; and make it easier for people with dementia to accept services, and sustain social and community life.

- Improve access to advocacy at key points in the “dementia journey”.
- Develop a plan to increase uptake of self-directed support, and overcome the barriers of understanding and administration for families and staff.

Results and Measures:

- More people with dementia with self-directed support.
- More people with advance care plans, especially in care homes.

5. Develop a confident and capable workforce which provides person-centred care for people with dementia, including people with other health conditions and frailty.

- Ensure NHS providers report on workforce eg. through quality accounts.
- Develop effective incentives and support for health and social care providers to train staff to the required level; eg. agreeing and achieving annual training plans.
- Make good use of the expertise within specialist services to provide training, and share skills.
- Offer training for voluntary and community organisations, and organisations outside health and social care, to improve dementia awareness, and promote inclusion in services.

Results and Measures:

- compliance with workforce statement from NICE quality standard: *People with dementia who receive health and social care services, are supported by appropriately trained staff.*

6. People with dementia and carers have support to plan and prepare for the end stages of dementia; decisions about treatment and care are informed by a shared understanding of prognosis; and ensure services at end of life offer good care for people with dementia.

- Promote awareness amongst clinicians and care providers of the signs and symptoms that dementia is reaching its end stages;
- Produce and disseminate clinical guidance for recognising and managing symptoms for people with dementia at end-of-life.

Results and Measures:

- Consider dementia 'sub-set' of national indicator: *Bereaved carers views of quality of care in the last 3 months of life.*