

# **Adult Social Care Scrutiny Commission**

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## **Dementia Programme Update**

Lead Director: Steven Forbes

Date: 4<sup>th</sup> April 2017

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**City Mayor**

## Useful information

- Ward(s) affected: All
- Report author: Bev White
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- Report version number: 1.0

### 1. Purpose

- 1.1. To provide the Adult Social Care Scrutiny Commission with an update on the Dementia programme.

### 2. Recommendations

- 2.1 To note the work programme and provide feedback.

### 3. Report

- 3.1. There are five strands to the Dementia programme – and updates are provided on:
  1. Progress on the City Dementia Action Plan 2016
  2. Progress on the development of the Leicester, Leicestershire and Rutland (LLR) Dementia Strategy 2017 – 2020
  3. Progress on creating a Dementia Friendly Leicester
  4. Joint work with partners, including the County Council and the three Clinical Commissioning Groups (CCG's)
  5. Creation of a Dementia Action Alliance (DAA)
- 3.2. Each theme of the five streams will form part of a presentation as detailed at Appendix 2.
- 3.3. The City Dementia Action Plan is detailed at Appendix 1 and highlights progress against the actions.
- 3.4. Work is currently in progress to develop a LLR Dementia Strategy and a draft should be available for consultation at the end of April 2017. Actions will be agreed to deliver on the following outcomes:
  - Preventing Well
  - Diagnosing Well
  - Supporting Well
  - Living Well
  - Dying Well
- 3.5. The City Council is committed to creating a Dementia Friendly City, which includes actions in conjunction with a broad range of stakeholders coming together under the Dementia Action Alliance movement.

- 3.6. Ensuring people with dementia are enabled to live well is not just the responsibility of social care. Joint work is taking place with health colleagues to make the pathway of care and support for people living with dementia and their carers as seamless as possible. This starts from the point of diagnosis and treatment in primary and secondary care, through to on-going support in the community from universal providers, the VCS and social care when a person becomes eligible for support.
- 3.7. A Dementia Action Alliance for Leicester (DAA) is led by Deputy City Mayor – Cllr Rory Palmer, and is designed to spearhead the creation of a society where the public thinks and feels differently about dementia, where there is less fear, stigma and discrimination; and more understanding. It does this through sharing best practice and members committing to actions which improve the lives of people living with dementia.

#### **4. Background information/Report**

The following information provides an overview of each of the work strands and progress to date.

##### **4.1 City Dementia Action Plan 2016-17**

The City Council's Action Plan contains a number of priorities. It follows on from the LLR Joint Dementia Strategy that ended in 2014. East Leicestershire and Rutland CCG are currently leading the drafting process for a new strategy covering the period 2017 – 2020. As this is expected in the spring, a new City action plan will be written to implement this. This will detail how we will deliver the strategy in the City, and also include our commitment to the joint working and DAA priorities outlined in 4.3, 4.4 and 4.5.

The presentation shows that the actions in the 2016 – 17 Action Plan have all been achieved. Some of the actions are led by other stakeholders, for example the Leicestershire Social Care Development Group, which reflects the multi-agency approach that must be taken with dementia to ensure that a holistic approach is achieved.

Once the new LLR Dementia Strategy is in place and all parties to it have action plans, it is anticipated that progress will be reported to the Dementia Delivery Group (DDG) which sits under the Sustainability and Transformation programme board structure. The DDG is chaired by a GP from EL&RCCG and has a membership that includes all three CCGs, Provider Trust, UHL, VCS, City Council, Leicestershire and Rutland County Councils.

Delivery of the City Action Plan will require sign up from appropriate colleagues and a project group will be set up to coordinate it.

##### **4.2 LLR Dementia Strategy**

The LLR Strategy refresh process is being led by EL&RCCG. The strategy will reflect on the achievements of the last strategy which ended in 2014. It will present an update on the prevalence of people with dementia, map current services, include information on

the quality of services and the outcomes that people living with dementia and their carers have said they wish to have based on engagement with people who already receive services, those not yet in touch with formal services and the views of staff and other professionals working in the field. This information is being collected on an on-going basis.

The strategy will focus on priorities to achieve 5 outcomes which have been derived from national strategic priorities which also resonate well with local priorities. These are:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

A draft strategy for consultation is expected in April. The strategy will run from 2017 – 2020.

#### 4.3 Creating a Dementia Friendly City

This is a priority for a number of partners working to the dementia agenda locally and will be delivered through the LLR Strategy and via the Dementia Action Alliance (see also 4.5). The City Council's contribution to this is to continue to recruit dementia friends from amongst its workforce and to rollout a programme to make its own buildings dementia friendly. £250,000 from the capital programme has been set aside to do this and a bidding process is underway from the Council's directorates for money to make their customer facing buildings dementia friendly. Currently, interest in the programme is being shown by the Customer Services Centre in Granby Street, New Walk Museum, Abbey Pumping Station and Newarke Houses Museum. In addition, corporate work on consistent signage is also taking account of dementia friendly design. Ideas for dementia friendly improvements include décor, furniture, wayfinding (particularly entrances/exits) and improvements to toilet facilities.

The Council's programme for Dementia Friendly buildings sits under the Using Buildings Better (UBB) programme and therefore takes advantage of this strategic approach. Dementia expertise is input by the Lead Commissioner Dementia and a Commissioning Manager.

A new target of 1000 dementia friends by the end of March 2017 has been set and a publicity campaign to achieve this is being put in place. A Dementia Friend is someone who has awareness of dementia, its causes and symptoms and the way the disease may affect people in their daily lives. It gives staff an understanding and enables them to reflect how they might ensure that their work practice is empathetic to the needs of customers or colleagues with dementia. As one of Leicester's largest employers, it is good that the City Council is leading the way. A Work Place Dementia Champion programme is being developed with Workforce Development.

#### 4.4 Joint working arrangements with Health and Leicestershire County Council

There is a very robust partnership working arrangement locally. We are currently leading the work on developing a joint dementia support service with the County and three CCGs. This was reported to Scrutiny in October 2016.

The specification is being jointly drawn up by commissioners using intelligence from a number of stakeholders – people using services, people for whom there are no services at present, people from BAME and other hard to reach communities, informal and family carers. We have engaged with professionals from the County and City Councils, Primary and Secondary Care including GPs and Consultant Psychiatrists, Voluntary and Community Sector providers. We have looked at performance data from existing contracts.

Ultimately the service that will be commissioned across LLR will reach more people than it does at present – particularly in the City where current services only reach people with a recent diagnosis of dementia. This will be widened to people who have concerns about their memory through to people with a recent and long-standing diagnosis of dementia. The service will also support people who go into hospital on a planned or unplanned basis, providing continuity and a consistent point of contact to facilitate a successful return home for the patient.

A range of community options will be available for people living with dementia and their carers. These include activity groups, memory cafes, carer training, advice and information. In the City, we currently have a specific dementia advocacy service and this will be retained – other arrangements are in place in the county. The main feature of the Dementia Support Service is that it will provide a consistent point of contact for people with dementia and their carers. This is always the first thing that people bring up when we talk to them about the challenges they face.

Procurement for the service begins in April 2017 with the service due to ‘go live’ in October 2017.

We continue to support NHS partners who are working hard to improve dementia diagnosis rates. The local rate is 92% of the expected population which is one of the highest rates nationally. The success of this does however place pressure elsewhere on the memory pathway. For example, at the Memory Clinics in secondary care where extra resource has been put into enable waiting times to reduce to six weeks from time of referral from the GP. Pressure was also placed on our own in-house Dementia Care Advisor service which has since been reviewed and forms part of the new offer to be jointly commissioned and reported to Scrutiny in October 2016. Locally work is being piloted on developing dementia friendly GP practices. This includes awareness raising of dementia for key practice staff and attention to décor and appointment times. It also supports the need to develop carers’ registers.

#### 4.5 The Dementia Action Alliance

The Dementia Action Alliance (DAA) movement brings stakeholders together to deliver dementia friendly communities. Leicester, Leicestershire and Rutland (LLR) have been signed up to this since 2012 and we are regarded by the national DAA movement as a successful Alliance. The LLR DAA is the overarching Alliance with a number of local Alliances reporting into it. The LLR DAA reports into the Regional DAA and then to the national DAA.

Leicester City is establishing its own DAA with the main priority being making Leicester a dementia friendly city. It reports into the LLR DAA. A steering group is in place consisting of 6 members from the total membership of 34 organisations. Organisations

represented in the DAA range from the City Council (ASC, Housing, Public Health, Planning, Communications and Political Governance, Properties and Estates, Museums). Other members are from the Faith Communities, CCG's, LPT & UHL, DeMontfort University, VCS, First and Centrebus, Highcross shopping centre, Leicester Print Workshop and the Curve, Leicestershire Police. There are two people with Dementia and their carers on the group and they provide a direct link to a larger service user group.

All organisations involved in the DAA must have an action plan which sets out how they will deliver our overarching objective which is to make Leicester a Dementia Friendly City. This will be monitored by the DAA on a six-monthly basis.

The DAA is chaired by the Deputy City Mayor, and the steering group is chaired by the Lead Commissioner, Dementia.

### **a) Details of Scrutiny**

Scrutiny to receive an update in April 2017.

### **b) Financial, legal and other implications**

#### 6.1 Financial implications

As indicated in the report there is £250k set aside in the ASC capital programme for 2017/18 to provide better signage in Council buildings to make them more accessible for dementia sufferers.

City Council dementia related revenue budgets are being pooled with Leicestershire Council, Rutland Council and the CCGs to provide the joint dementia service mentioned in the report.

*Martin Judson, Head of Finance*

#### 6.2 Legal implications

There are no direct legal implications.

Pretty Patel, Head of Law, Social Care and Safeguarding

From a Commercial point of view there are no implications.

Emma Horton, Head of Law (Commercial, Property & Planning)

#### 6.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from this report.

Environmental team

## 6.4 Equalities Implications

Dementia is an inclusive condition that does not discriminate on the basis of someone's protected characteristic. However, its unique effect on the individual and their resulting care requirements requires carers and service providers to be aware of the importance of the particular protected characteristics that are important to them in how they have shaped their lives - whether in regard to age, disability, race, religion or belief, sex, sexual orientation or gender identity. These will continue to be important to the individual with dementia and should be reflected in how we support their engagement with others – whether in regard to social activity, personal care or health care.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

**c) Background information and other papers:**

None

**d) Summary of appendices:**

**Appendix 1 – City Action Plan**

**Appendix 2 - Slides**

**Leicester City Council – Dementia Action Plan 2016 - 2017**

Dementia is one of the biggest challenges facing our health and social care economy. Dementia affects people of all ages; however, the greatest prevalence is in older people. In Leicester, we face the future challenges of an aging population and in turn a greater number of people living with dementia. As dementia has an impact on more and more families across the city, our health and social care system will be under greater pressure, so it is important that we plan for increased demand and better support for people living with dementia and their carers.

Leicester's Joint Strategic Needs Assessment<sup>1</sup> reminds us that Leicester is a vibrant multi-cultural city. About 47% of Leicester residents aged 18 and over are from black and minority ethnic communities. The majority of the Leicester black and ethnic minority population is from South Asian ethnic backgrounds. In addition, the council estimates that the local Somali community comprises about 10,000 people. There are between 6,000 and 8,000 migrants of working age from Poland, Portugal, Slovakia, Latvia and Lithuania, including 1,000 - 2,000 people from the Slovak Roma community.

There are high levels of deprivation and health inequality in Leicester. Leicester is ranked 25th worse out of 326 local authority areas in England on the English Indices of Deprivation 2010. 41% of Leicester's population live in the most deprived 20% of areas in England and a further 34% live in the 20-40% most deprived areas. Only 1% of Leicester's population live in the 20% least deprived areas. This means that the numbers of people who are eligible for the council to fund their care and support will be higher than many other areas of the country. Areas of the city that have lower levels of deprivation are likely to have higher numbers of people who self fund. In addition, the number of people, particularly older people, who have multiple morbidities, including dementia, is set to rise steeply.

We estimate that about 3,000 people aged over 65 in Leicester live with dementia. This is forecast to increase to about 4,500 people by 2030. It is estimated that about 30% of local people aged over 65 are from black and minority communities. This means that about 850 people living with dementia are from black and minority ethnic backgrounds. We need to make sure that services meet the needs of these communities.

With a high performing diagnosis rate of 88.4% of the predicted population, as at January 2016 there were 2,345 people with a diagnosis of dementia on GP registers with under 100 of these being adults of working age. There are about 800 new cases of dementia a year being diagnosed. We know that the needs of people with early onset dementia (under 65 years old), and with learning disabilities who develop dementia, differ radically from those of older people with dementia. We need to ensure that services meet the needs of these people. The prevalence of dementia for people with a learning disability is significantly higher than that of the general population and, with extended life expectancy, the number of people with learning disabilities who develop dementia is increasing. Again, this has important implications for how services are developed to ensure that they meet need.<sup>2</sup>

Our vision is for people in Leicester is to live well with dementia. This supports the national and sub regional agenda for dementia services. The LLR Joint Dementia Strategy 2011 – 2014 identified a number of areas for improvement that have delivered more community services and increased diagnosis rates amongst other achievements. This action plan

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<sup>1</sup> <https://www.leicester.gov.uk/media/178814/overview-and-summary-report-jsna.pdf>

<sup>2</sup> <http://www.poppi.org.uk/index.php>



aims to build on this and together with the Better Care Together programme with Health, aims to continue to plan and implement a range of improvements. This action plan will be updated to reflect progress on Better Care Together actions as they develop.

We will promote a better public and professional knowledge about dementia to remove the stigma that is currently associated with it, offer early diagnosis and intervention, and ensure quality accessible services that effectively meet the needs of people with dementia and their carers. People with dementia benefit from specialist care which acknowledges their need for dementia friendly design and support. Leicester would like to see the development of additional community services that can offer support to people with dementia and their carers in local areas.

We are particularly interested in seeing the development of a range of local services that can support people from black and ethnic minority communities who develop a dementia, as our experience shows that these groups are much less likely to seek support from statutory services. We also recognise that support delivered by the black and ethnic minority communities themselves is the most effective intervention. We would also like to see communities become dementia friendly too, recognising that the majority of people with dementia live in the community and access universal services which need to be made dementia friendly.

We know from work locally and nationally that if we have the right services in place in the community we could prevent some of the very distressing and expensive episodes of care that people with dementia and their carers experience. People with dementia, their carers and their families, agree with us. Even without the demographic growth predicted, we are facing reduced public funding, which makes the current levels of costs unsustainable. Large-scale transformation of the current dementia care system is therefore required so that we can live within our means. To achieve the good quality services that people with dementia and their carers need and deserve we must continue to work together with a wide range of partners –across the health, social care, voluntary and private sectors. Despite the challenges of financial pressures in today's health and social care economy, we remain committed to developing a strategy and delivering this action plan and giving people with dementia the care and support they need to enable them to live life to the full.

As a multi-agency strategy is developed across the wider partnership, Leicester City Council has drawn up this action plan to describe its strategic direction for the next 12 months. Our action plan is based on a series of nine outcomes or Quality Statements that have been identified nationally through the work done on the Prime Minister's Challenge on Dementia. Our action plan also reflects the local CCG's commissioning intentions 2016/17.

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
<i>I was diagnosed early</i>	Good quality early diagnosis	<p>Continue to support the LPT Memory Assessment service and identify opportunities to work with partner agencies to identify people with dementia through screening for example.</p> <p>To include an emphasis on ensuring that these interventions meet the needs of local diverse and BAME communities and under-represented groups – including early onset dementia and people with a learning disability</p> <p>Monitor the current pathway and modify where appropriate with a view to achieving the most appropriate model and capacity</p>	<p>Throughout 2016</p> <p>Throughout 2016</p>	<p>CCG LPT LCC - CMT &amp; Commissioning Voluntary sector</p>	<p>LCC Dementia Care Advisors (DCA's) are already well connected to the memory service. Some Primary Care professionals are also aware and referring.</p> <p>Commissioning staff are linked to DMU to explore under representation in BAME communities and will assist with the planned research project.</p>
<i>I understand so I make good decisions and provide for future decision making</i>	Easy access to care, support and advice following diagnosis	<p>Conclude the review the Dementia Care Advisor service so that there is sufficient staff resource to offer all people with a diagnosis of dementia a named contact</p> <p>Ensure robust links to Memory café's, peer support groups and</p>	<p>Second quarter of 2016</p> <p>Throughout 2016</p>	<p>LCC - CMT &amp; Commissioning Voluntary Sector</p> <p>LCC - CMT &amp;</p>	<p>Review concluded and service operating model being reviewed to improve the pathway.</p> <p>DCA's well connected to all community services; signposting of people with dementia and their</p>

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		<p>other dementia services</p> <p>Continue to operate the Shared Care Agreement for the managements of patients with dementia.</p>	Throughout 2016	<p>Commissioning Voluntary Sector Primary &amp; Secondary Care</p> <p>LPT</p>	<p>carers is effective.</p> <p>A Shared Care Agreement has been established between primary and secondary care which enables a patient once titrated to receive on-going care with their own GP rather than secondary care.</p>
<i>I get the treatment and support which are best for my dementia and my life</i>	An informed and effective workforce	<p>On-going workforce learning and development for staff in all settings including care homes to support service delivery and environmental improvements</p> <p>Support to general medical practice with upskilling staff and provision of information regarding the management of dementia to support the Shared Care Agreement.</p>	<p>Throughout 2016</p> <p>Throughout 2016</p>	<p>LSCDG Voluntary/Private Sector</p> <p>Primary Care</p>	<p>Provider forums continue to promote training and this is monitored through the QAF process.</p> <p>Training and dementia awareness sessions have been routinely rolled out across primary care since 2014</p>
<i>Those around me and looking after me are well supported</i>	A range of support services for people with dementia and carers	<p>Work with training and provider organisations to identify carers' training and support needs by working with VCS and making use of feedback from the Carers' Survey 2014/15</p> <p>Continue to promote Assistive Technology as one method of support</p> <p>Provide carers with a break</p>	Throughout 2016	<p>LCC Commissioning CMT Voluntary Sector</p>	<p>Current Dementia Service contract includes a training element for carers of people with dementia. The Carers Survey has been analysed and messages from it are being fed into the local carers' action plan.</p> <p>AT opportunities are frequently presented at dementia cafes and information days; AT is an offer made by DCA's when assessing a service user.</p>

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		<p>whilst the person with dementia benefits from contact and meaningful activity in their home or elsewhere</p> <p>Ensure that carers receive a carers assessment as a matter of course</p> <p>Ensure that all services meet the needs of local diverse and BAME communities and under-represented groups – including early onset dementia and people with a learning disability.</p>			<p>Analysis of Care Act requirements regarding carers' assessments shows that performance can improve here and an action plan is being put together.</p>
<i>I can enjoy life</i>	Improving awareness and understanding	<p>Work towards Leicester becoming a Dementia Friendly City including recruiting 500 Dementia Friends from City Council staff.</p> <p>Raising Dementia Awareness amongst the public and businesses – various events and promotion.</p> <p>Raising awareness of dementia amongst Leicester's diverse communities – various events and promotion.</p>	<p>First quarter 2016</p> <p>Throughout 2016 but especially during Dementia Awareness Week (May 2016)</p> <p>Third quarter 2016</p>	<p>Dementia Action Alliance partners</p> <p>Workforce Development Higher Education providers</p> <p>Schools</p> <p>Other LCC Depts. CCG &amp; Health Providers</p> <p>Business community</p>	<p>Over 200 Dementia Friends already recruited and a series of awareness sessions are in place to meet the 500 target by March. Sessions will continue thereafter on a regular basis although staff resource to deliver these is an issue post OR.</p> <p>The LLR Dementia Action Alliance (DAA) raises awareness of dementia across numerous organisations across the city although engaging business remains problematic.</p> <p>Representation of organisations on the LLR DAA is growing but needs</p>

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		<p>Exploring joint working with higher education providers to develop skills within the wider health and social care workforce.</p> <p>Explore how Schools can become involved in raising dementia awareness</p> <p>Support the LLR Dementia Action Alliance to help engage with a range of partners and sectors across the sub region</p> <p>Develop a Leicester Dementia Action Alliance to engage with a range of partners and sectors across the City, which will be the vehicle for promoting dementia awareness locally.</p> <p>Explore the development of a local Dementia Action Forum – a group of customers and carers who will provide a voice to support local planning and development</p> <p>Identify key contacts in higher education to explore how to raise dementia awareness amongst students.</p>	<p>Fourth quarter 2016</p> <p>Throughout 2016</p> <p>Second quarter 2016</p> <p>Second quarter 2016</p> <p>Fourth quarter 2016</p>		<p>to be broadened.</p>

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
<i>I am treated with dignity and respect</i>	Quality care in hospital, residential, nursing, domiciliary and day settings	Review specific workforce learning and development for staff in care homes and other settings to support the delivery of care	Third quarter 2016	Workforce Development Contracts and Assurance, ASC	Provider forums continue to promote training and this is monitored through the QAF process.
		Consider the commissioning of a residential and nursing care home to University of Stirling standards	First quarter 2016	Transformation Property Services	A Dementia specific specification for residential care has been developed to support the core contract for residential care.
		Complete the evaluation of the Hospital Liaison Service operated by the Alzheimer's Society and commissioned by UHL at LRI and Glenfield Hospitals to inform future recommissioning	First quarter 2016	UHL	A Hospital Liaison Service was funded by the Alzheimer's Society and rolled out by UHL in 2013/14. This supports the planned and unplanned admissions of people with dementia and supports their timely discharge with on-going support and signposting where necessary.
		Continue to implement the QAF (Quality Assurance Framework) for care homes		Contracts and Assurance	QAF being rolled out across all homes.
<i>I know what I can do to help myself and who else can help me</i>	Promote local information about dementia services	Review the Dementia Page on the City Council's website to offer a user friendly information portal	First quarter 2016	Commissioning Corporate Communications & Marketing Voluntary Sector	Work is underway to update dementia pages on the LCC website.
		Audit LCC information about dementia and address and gaps			An audit of information has taken place and work will begin in 2016 to link this with the ASC advice,

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
<p><i>I feel part of the community and I'm inspired to give something back</i></p>	<p>Provide peer support</p>	<p>Continue to support the development of additional memory café's or peer support groups</p> <p>Refer customers to the Dementia Support Service and other services</p>	<p>Throughout 2016</p>	<p>Commissioning VCS LAT</p> <p>CMT LPT CCG</p>	<p>information and guidance offer.</p> <p>Memory cafes, activity groups, peer support groups, training for carers are delivered through the Dementia Support Services contract (Alzheimer's Society).</p> <p>Befriending is also available locally via the Alzheimer's Society.</p> <p>Age UK offer several day services and activity groups.</p> <p>A growing number of independent memory cafes are setting up with advice for the Alzheimer's Society.</p> <p>The Leicester Ageing Together (LAT) programme also offers a range of services for people with dementia.</p> <p>Referrals are made into these services by DCA's and other staff.</p>
<p><i>I am confident my end of life wishes will be respected, I can expect a good death</i></p>	<p>Good quality end of life care for people with dementia</p>	<p>Continuation of Advanced Care Planning for patients at end of life.</p> <p>Ensure that conversations about advanced care planning happen in a timely way and are captured in appropriate care plans.</p>	<p>Throughout 2016</p>	<p>CMT Primary &amp; Secondary Care LOROS Carers Organisations VCS</p>	<p>Policy &amp; Practice around EOL care is embedded in services.</p> <p>A regional EOL group meets and has attendance from local statutory agencies.</p> <p>EOL policy and practice is</p>

Quality Statement	What Do We Want to Achieve?	What Will We Do to Achieve This?	Timescale	Partner Organisations	What Have We Already Achieved?
		<p>Making sure that people at the end of life have access to palliative care</p> <p>Exploring how carers can access training around Power of Attorney, advanced care planning and end of life care</p>	Third quarter		promoted through provider forums.

Timescale	Action	Lead
First Quarter	<p>Review dementia pages on LCC website - <b>ACHIEVED</b></p> <p>Audit customer facing information - <b>ACHIEVED</b></p> <p>Form a conclusion about the need for a specific residential care home for dementia – <b>COMPLETED – DECISION NOT TO PROCEED</b></p> <p>Recruit 500 Dementia Friends within the LCC workforce - <b>ACHIEVED</b></p>	<p>Commissioning – Bev White</p> <p>Commissioning – Bev White</p> <p>Lead Member – Cllr Rory Palmer</p> <p>Workforce Development – Baljit Baines</p>
Second Quarter	<p>Conclude DCA review - <b>ACHIEVED</b></p> <p>Develop a report which sets out the case for a LCC DAA and supporting forum - <b>ACHIEVED</b></p>	<p>CMT – Bindu Parmar</p> <p>Commissioning – Bev White</p>
Third Quarter	<p>Explore training for carers around end of life care - <b>ACHIEVED</b></p> <p>Review training offer for care homes and community providers - <b>ACHIEVED</b></p> <p>Explore joint working with higher education providers to</p>	<p>Commissioning – Bev White</p> <p>Workforce development – Baljit Baines</p> <p>Commissioning &amp; Workforce Development – Bev White</p>



Timescale	Action	Lead
	develop skills within the wider health and social care workforce - <b>ACHIEVED</b>	& Baljit Baines
Fourth Quarter	Explore how Schools can become involved in raising dementia awareness - <b>ACHIEVED</b>  Identify contacts in higher education to explore raising dementia awareness amongst students - <b>ACHIEVED</b>	Commissioning & Children's Services – Bev White & Frances Craven  Commissioning & Workforce Development – Bev White & Baljit Baines
On-going work (business as usual)	Continue to support the memory assessment service -  Ensure that services are responsive to the needs of people from BAME communities, people with early onset dementia and people with learning disabilities and dementia  Ensure that workforce development opportunities remain available for staff in care homes and other settings  Identify carers training and support needs  Continue to promote Assistive Technology  Continue to provide carers with a break which consists of meaningful contact or activity for the person with dementia  Continue to raise dementia awareness amongst the public and businesses  Support the LLR Dementia Action Alliance  Continue to support the development of memory café's or	LPT & CCG lead  LCC commissioned services – Commissioning – Bev White  LSCDG – Workforce Development – Baljit Baines  LCC, Commissioning – Bev White, CMT – Heads of Service, CCG, Voluntary Sector  LCC, Commissioning – Caroline Ryan, CMT – Heads of Service, CCG, Voluntary Sector  LCC, Commissioning – Bev White, CMT – Heads of Service, CCG, Voluntary Sector  DAA partners, Workforce Development, LCC, Providers, Business community

Timescale	Action	Lead
	<p>peer support groups</p> <p>Continue to refer people with dementia and carers to community services</p> <p>Ensure that advanced care planning conversations take place and that palliative care is available for people with dementia at the end of life</p>	<p>All</p> <p>Commissioning – Bev White, VCS, LAT</p> <p>CMT – Heads of Service, LPT, CCG</p> <p>CMT – Heads of Service, Primary &amp; Secondary care, LOROS, Carers organisations, voluntary sector</p>