THE DEMENTIA CHALLENGE IN KIRKLEES
A Joint Dementia Strategy
2015 – 2020

“Living Life to the Full”
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1.1 Foreword

Our vision in Kirklees is for all people living with dementia and their carers to live in dementia-friendly environments where they feel empowered to seek help early, know where to go for help and what services to expect and how to access them. It is also important that we create a health and social care environment where individuals have access to the care and support that they would benefit from, and are confident that this care is of high quality, where the public and professionals are well informed and where fear and stigma associated with dementia has decreased.

Many people get invaluable support from family, friends or neighbours to find their own solutions to meet their needs. Where this is the case we don’t want to get in the way of these arrangements. However, when additional information, advice, or guidance is needed, we do need to put people in touch with other organisations who can help, or in some cases offer support, so that they can remain safe and independent in their own homes for as long as possible.

Research has identified many risk factors associated with dementia. It's impossible to eliminate every single one; after all we can't avoid age, which is the most significant factor. This said, there are changes we can make to our lifestyles to reduce the risk of developing some dementias and we need to ensure people are aware of this and are supported to live healthier active lives, free from illness. While it is possible to develop dementia early in life, the chances of doing so increase dramatically with age. One in 50 people between the ages of 65 and 70 have a form of dementia, compared to one in five people over the age of 80. So clearly it has the most impact on the frailest people living in our community.

Early intervention and prevention is key to reducing or delaying progression of the disease and admission to long term care or preventing a crisis and potentially family breakdown, whilst maximising a person’s independence.

It is, therefore, essential that we:

- Raise awareness of the modifiable risk factors associated with dementia and the degree to which some dementias can be prevented by adopting a healthier lifestyle
- Provide information about the symptoms of dementia and how to seek help and advice from a range of professionals
- Maintain a strong focus on earlier, timely diagnosis of dementia to maximise the treatment and care of a person with dementia
- Provide equitable, integrated health and social care delivered close to home, which supports the early diagnosis of other conditions, such as sensory impairments, which may not always be recognised alongside the dementia
- Provide a range of high-quality, post diagnostic support from a range of agencies for those people with dementia and their carers so they are able to
plan and take greater control over their own lives and maintain a good quality of life for longer and in their own homes

- Develop accommodation choices which support people to live the lives they choose
- Target support for carers of people with dementia
- Recruit Dementia Friends and create Dementia-friendly communities where people feel involved in society, keep safe and continue to live life to the full
- Design Dementia-friendly environments for people accessing services in primary care, acute hospitals and care homes.
- Ensure people with dementia and their families have the best possible care and support throughout their dementia journey and at the end of their life, whether at home, in hospital or in residential care.

This strategy forms part of a suite of documents which, when combined, will help Kirklees to confront the Dementia challenge set out nationally by the Prime Minister and locally by people with Dementia living in Kirklees and their carers:

1. The Dementia Strategy for Kirklees
2. The Dementia Needs Assessment for Kirklees
3. The Dementia Market Position Statement for Kirklees

We acknowledge that the delivery of this strategy and associated action plan cannot be achieved by one agency alone. To successfully deliver this we will need to join up the way that we work with all agencies working together to promote and deliver the changes that are needed to improve the lives of people affected by dementia and their families, to make a real difference to their lives and to ensure that people receive the support they need and at the right time.

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Photographs courtesy of Olivia Hemingway Photography taken at Hoot's Breathing Space session and NHS Greater Huddersfield CCG
2.0 **Introduction**

2.1 This document outlines the Kirklees Joint Strategy and vision for Dementia 2015 – 2020. It builds on the achievements so far seen nationally and locally driven by the *National Dementia Strategy 2009-2014* and *Living Life to the Full with Dementia: A Dementia Strategy for Kirklees (2009)*.

2.2 *The Dementia Challenge in Kirklees: A joint dementia strategy, (2015 - 2020)* takes its lead from the national priorities outlined in the *Prime Minister’s Challenge on Dementia 2020, (2015)*, the local picture outlined in the *Kirklees Dementia Needs Assessment (2015)*, the service user consultation exercise undertaken in Kirklees, (see Appendix 3) and recommendations following a Serious Case Review that was undertaken by the Kirklees Safeguarding Adults Board.

2.2.1 **Kirklees Council’s commitment to Keeping people safe**

One of the most important duties that Councils have is Safeguarding – protecting vulnerable adults (and children) from harm or potential harm. We also have a key role in making sure that everyone of us sees safeguarding as our own individual responsibility – it is the duty of us all to make sure that those around us are safe from harm wherever possible.

This isn’t always easy – we have to balance keeping people safe, with helping people to be in control of their own lives and being free to take risks. In the Council, in partnership with other organisations responsible for health and wellbeing in Kirklees, we have founded our adult safeguarding vision on the following principles:

- Empowerment: - everyone should be in control of their lives and their consent is needed for decisions and actions being taken to protect them.
- Protection: - it is everybody’s responsibility to take action if they think someone maybe at risk of abuse.
- Prevention: - stopping abuse from ever taking place is the most important goal – and we all have a role in this.
- Keeping things in Proportion: - we must try to get the balance right between protection and empowerment
- Partnership: - making sure that we have really good systems that enable organisations to work well together to help protect people.
- Accountability: - being transparent and making decisions that are open to scrutiny.

2.3 *The Dementia Challenge in Kirklees: A joint dementia strategy, (2015 - 2020)* also incorporates a comprehensive action plan, (see Appendix 1), which aims to set out the actions required to improve the health, wellbeing and experience of services by individuals living with dementia and the people who care for someone living with dementia and to meet both the Prime Minister’s challenge and the recommendations identified following the Serious Case Review.

2.4 *The Dementia Challenge in Kirklees: A joint dementia strategy, (2015 - 2020)* will be supported by robust governance arrangements to monitor the delivery
and implementation of the action plan.

2.5 The *Prime Minister’s Challenge on Dementia 2020* the government’s vision for England is that it is:

- *The best country in the world for dementia care and support and for people with dementia, their carers and families to live; and*
- *The best place in the world to undertake research into dementia and other neurodegenerative diseases*

2.6 The government’s vision is a result of extensive consultation with individuals living with dementia and their carers who described the outcomes they would want in the following statements:

- *I have personal choice and control over the decisions that affect me*
- *I know that services are designed around me, my needs and my carer’s needs*
- *I have support that helps me live my life*
- *I have the knowledge to get what I need*
- *I live in an enabling and supportive environment where I feel valued and understood*
- *I have a sense of belonging and of being a valued part of family, community and civic life*
- *I am confident my end of life wishes will be respected. I can expect a good death*
- *I know that there is research going on which will deliver a better life for people with dementia, and I know how I can contribute to this*
2.7 As a result, 18 key aspirations have been identified (see Appendix 2) which, when implemented at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

2.8 The aspirations identified within the Prime Minister’s challenge fit closely with what older people and relevant stakeholders in Kirklees have already told us are important to them and which have been driven locally over the past 5 years by the Kirklees Older People’s Partnership Board’s Vision for Older People in Kirklees – Living Life to the Full: Dementia Strategy (2009)2.

2.9 Although achievements have been made locally, service user and carer consultation events along with serious case review recommendations show that there is still work to be done if Kirklees is to become the best it can be for citizens living with dementia or caring for someone living with dementia

2.10 The Dementia Challenge in Kirklees: A joint dementia strategy, (2015 - 2020), should be viewed as a working document which aims to focus resources on earlier diagnosis and intervention to improve outcomes for people with dementia and their carers to enable them to live life to the full, from diagnosis to end of life. It also aims to support people in the comfort and familiarity of their own, dementia-friendly environment through the provision of care closer to home and the promotion of dementia-friendly communities.
3.0 The wider picture: nationally and locally

3.1 *The Prime Minister’s Challenge on Dementia 2020*[^1] highlights the following:

- Worldwide, it is estimated that there are 44 million people with dementia – this figure is set to double by 2030.
- In England, it is estimated that around 676,000 people are living with dementia.
- Mortality – dementia is now one of top 5 underlying causes of death and one in three people who die after the age of 65 have dementia.
- Nearly two-thirds of people with dementia are women, and dementia is the leading cause of death among women – higher than heart attack or stroke.
- There are around 540,000 carers of people with dementia in England – 1 in 3 people will care for a person with dementia in their lifetime. Half of them are employed and it is estimated that 66,000 people have already cut their working hours to make time for caring while 50,000 people have left work altogether.

3.2 It is recognised that some population groups are more likely to develop dementia.

- Generally people from minority ethnic groups experience higher rates of young onset dementia and vascular dementia than the white population.
- More women have dementia.
- People with Downs Syndrome are four times more likely to develop dementia and for it to begin at an earlier age.

3.3 The latest estimates of the total cost to the UK economy of dementia are some £26.3 billion or £32,250 per person per year, comprising social care, health care and unpaid carers. The Prime Minister, in launching his Dementia Challenge, described it as “a national crisis” (*Dementia today and tomorrow: A new deal for people with dementia and their carers, 2015*).

### Number of People Likely to Develop Dementia

- **1 in 14 people 65+**
- **1 in 6 people 80+**
- **1 in 3 people by the age of 95**

Fig 1: *Dementia in Kirklees: Dementia Needs Assessment 2014/15*
Locally:

3.4 Currently there are around 4,800 individuals living in Kirklees who are estimated to have dementia, this figure is expected to increase to more than 7500 by 2030. (Poppi.org.uk)

Figure 2 shows the age breakdown in Kirklees along with future projections

<table>
<thead>
<tr>
<th>Kirklees Dementia Projections by Age</th>
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<tbody>
<tr>
<td><strong>90+</strong></td>
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<tr>
<td><strong>85-89</strong></td>
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<tr>
<td><strong>80-84</strong></td>
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<tr>
<td><strong>75-79</strong></td>
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<tr>
<td><strong>70-74</strong></td>
</tr>
<tr>
<td><strong>65-69</strong></td>
</tr>
</tbody>
</table>

**Fig 2: Dementia in Kirklees: Dementia Needs Assessment 2014/15**

3.5 Although, nationally, statistics show a positive trend with regards to the prevalence of dementia:

...recent research suggests dementia prevalence and incidence rates are not increasing as quickly as previously predicted, and some evidence states that these are falling

(Briefing: The Health and Care of Older People in England, 2015)

Under estimating the likely future prevalence of dementia would cause great difficulties for policy makers. However, overestimating the personal and population risk of dementia and placing such estimates in the public domain can also cause concern. Individuals may be concerned by increased anxiety about the future, public services may misdirect effort. Commissioners must be prepared to revise estimates as new information becomes available.
4.0 In brief, dementia care in Kirklees 2015

4.1 Prevention: A personalised risk assessment is offered in primary care as part of the NHS Health Check. Dementia is discussed with patients aged 65-74 and appropriate lifestyle advice is given.

Action: Broaden this message to a wider age group and identify further opportunities to promote healthier lifestyles.

4.2 Awareness: Kirklees Dementia Action Alliance is developing from strength to strength in Kirklees with over 130 members, raising awareness about dementia in the public, private and health sectors and explaining how we can support people to live life to the full in their own community. Kirklees now has more than 4,000 Dementia Friends and almost 100 Dementia Champions across the area.

Action: Support the mobilisation of this ‘army of volunteers’ to make Kirklees truly dementia friendly and create tangible differences for people living in Kirklees.

4.3 Diagnosis: In Kirklees, diagnosis of dementia is generally made by a mental health professional usually after referral to the Memory Service. Diagnosis has improved significantly to around 70%. As Dementia impacts significantly on physical, social and psychological aspects of care of patients and their carers, early diagnosis remains key. The establishment of the new pathways in Kirklees aim to enable professionals across primary and secondary care and the third sector agencies to support patients and carers in a timely manner.

Action: Increase diagnosis rates to 75%. Implement new diagnosis pathways in line with our strategic direction of Care Closer to Home and continue to focus on diagnostic opportunities in acute care.

4.4 Post diagnostic support is key to improving the quality of experience for patients and carers: a good range of post diagnostic support has been piloted and mainstreamed during the life of the previous strategy, including Admiral Nursing, creative arts and physical activity programmes, advice and information services and many peer support opportunities. The voluntary and community sector also provide a range of jointly grant funded support via organisations which are listed on the Connect to Support website: and Kirklees Council’s dementia web pages: www.kirklees.gov.uk/dementia. Social care is commissioned by Kirklees Council and is accessed if eligible following a person-led assessment. This includes services such as home care, assistive technology, equipment and adaptations, day opportunities, respite care, residential care (mainly private sector), advice and information, carers assessments and signposting through Gateway to Care to care navigators and health trainers. Figure 5 illustrates current services available in Kirklees’ dementia care pathway.
Action: Continue to promote and develop the range of post diagnostic support opportunities through formal commissioning routes and grant funding, exploring new opportunities and innovation.

4.5 **Acute care:** people with dementia over 65 are currently using up to 25% of hospital beds at any one time. There is unacceptable variation in the quality of dementia care provided on general wards in hospitals, and generally people with dementia stay far longer than other people and their experience and outcomes are generally poorer.

Action: Improving the diagnosis, quality, outcomes and experience of care for people with dementia in hospital is key to improving the NHS reform agenda. Investment in workforce capacity, education and community services outside of hospitals is needed to ensure that people with dementia only access acute care when appropriate and are discharged as soon as possible.

4.6 **End of Life:** Dementia is a terminal illness. The previous dementia strategy did not have a strong focus on end of life support, other than through the development of the Gold Standard framework in care homes. However, recently there has been dedicated work locally to produce an inclusive end of life strategy and Kirkwood Hospice have engaged with the Council and CCGs to consider how they can improve support for families and people with dementia at the end of their life.

Action: Support the development of an End of Life Strategy led by Kirkwood Hospice to improve care and support for people with Dementia and their families.
5.0 The Kirklees Vision

5.1 The vision for older people in Kirklees, as recorded in *Living Life to the Full with Dementia: A Dementia Strategy for Kirklees* (2009)\(^2\), forms a key part of the strategy’s successor. This is because the vision was brought together following a comprehensive consultation exercise and it remains important that none of these comments are lost as they are still as relevant today as when they were first recorded in 2009. However, due to national and local influences, it also includes reference to the delivery of integrated services, care closer to home, dementia-friendly communities and the Prime Minister’s challenge and also the findings from two consultation exercises undertaken by the Local Authority (See Appendix 3).

Our vision is for all people with dementia and their carers to continue to ‘live life to the full’ from diagnosis to end of life. To do this, we will create an environment where people:

- Are confident to seek help early
- Know where to go for help and what services to expect
- Have timely access to the care and support that they would benefit from and the quality of this care to be high
- Can access services which are safe
- Know that the public and professionals are well informed and where the fear and stigma associated with dementia has decreased
- Are able to access care closer to home
- Receive care which meets their physical health, mental health, social care and accommodation/housing needs through an integrated, joined-up approach
- Are able to participate in dementia research and in local involvement groups
- Live in dementia-friendly communities

5.2 As people’s needs and expectations are changing we need to change the way we respond to individuals accessing services by creating a pathway which, raises awareness of dementia, embraces prevention, improves timely diagnosis, provides post diagnostic support to help people live well, and ultimately supports a good death. We will deliver this by:

- Raising public **awareness** about dementia, reducing the stigma and fear associated with dementia, raising awareness of the modifiable risk factors and encouraging people to seek help and obtain a diagnosis
- Focusing on **prevention** and encouraging people to behave in ways which will improve their health outcomes to reduce those risk factors associated with some dementias which we can do something about, e.g.
- Living a healthy lifestyle can reduce the risk of heart disease and stroke and may also reduce the risk of vascular dementia
- Reducing alcohol abuse can prevent or reduce alcohol related dementias such as Korskoff Syndrome.

- Focusing on earlier diagnosis and intervention to improve outcomes for people with dementia and their carers
- Providing a range of post diagnostic support to help people live well and address 'the wilderness years' – the period between diagnosis and when the disease becomes severely life limiting. A diagnosis needs to be turned into an act of empowerment and a positive experience for both the patient and carer (Dementia Today and Tomorrow).

  - Educating and supporting people to self care for as long as possible, reducing reliance on the public sector
  - Focusing on wellbeing, meaningful occupation and physical activity
  - Engaging with housing providers and third sector to provide lower level support to maximise independence and maintain skills for as long as possible
  - Exploring the range of assistive technologies available that will help individuals to maximise independence and to live safely at home.
  - Providing access to enabling and rehabilitation services to maximise independence – people with dementia can still have rehabilitation potential and some skills can be relearned or new skills developed to compensate
  - Providing access to integrated health and social care at home, or closer to home, to prevent avoidable admission to hospital
  - Guaranteeing a fast response for those leaving hospital or experiencing a crisis – including out of hours support
  - Improving the diagnosis and care of patients in hospital who have dementia.
  - Developing specialist support close to home for those people with complex needs and or long term health conditions such as diabetes, stroke, depression, incontinence, physical disabilities, terminal illness etc. as well as dementia and other mental health concerns
  - Supporting carers to enable people to be supported at home, for example, through the provision of appropriate advice, information, respite care, education and peer support
  - Exploring ways to reduce the risk of people falling- people with dementia have a higher risk of falling than their peers due to difficulty with thinking, perception, judgement and orientation
• Providing outcome-focused services which refer to the impacts or end results of services on a person’s life, aiming to achieve the aspirations, goals and priorities identified by service users and in the Prime Minister’s challenge

• Giving people more choice and putting them in control of the services they receive, for example, supporting more people with dementia to use personal budgets to direct their own care and service solutions

• Providing a range of accommodation choices to include extra care and residential and nursing care

• Access to good quality care and support to ensure people with dementia have a good death in their preferred place of choice at the end of their life

5.3 The principles upon which this vision will be delivered will be to:

• Listen to and involve people living with dementia and their carers, recognising that they are experts by experience

• Enable people to make informed choices and exercise choice and control over their lives by

• Offering a range of advice and information regardless of eligibility for services which includes prevention, reducing risk and self care, and appropriate assistive technology, such as, GPS.

• Giving people time to make important decisions at difficult times and provide them with the best possible information to do so

• Involving people in decisions about their lives and working co-productively

• Give clear, realistic and timely information and advice around meeting housing needs

• Have effective clinical leadership

• Have an agreed care pathway across Health and Social Care for anyone with dementia which is explicit and straightforward.

• Ensuring that mechanisms are in place to enable re-connection with services for people with deteriorating conditions such as dementia, which are straightforward, clear and timely

• Health providers working with the Greater Huddersfield Clinical Commissioning Group (CCG) and North Kirklees Clinical Commissioning Group (CCG) to ensure that there is an explicit care pathway for the management and care of people with dementia in general hospitals, including in emergency care, through to safe hospital discharge and this to connect seamlessly to a person-centred care pathway for the management of people in the community and residential settings.
• Ensure that everyone is clear about the lead professional, their responsibility to co-ordinate a multi-agency response and ensuring this is effectively communicated to agencies, professionals, the person and their family when the Care Programme Approach is used.

• Deliver a trained multi-agency workforce to work with individuals living with dementia and their carers.

• Respect the dignity and privacy of people

• Recognise individual differences

• Provide integrated services as close to home as possible

• Promote dementia-friendly communities

• Increase the number of dementia friends living in Kirklees
6.0 Financial resources

6.1 Dementia currently affects over a half a million people in England alone; this number is set to rise considerably as more people live longer. Sixty thousand deaths a year are directly attributable to dementia, and the current cost to the NHS is estimated at £1.3 billion a year. While this figure is the current estimate, it is probable that the actual cost is higher. This is because a large proportion of people with dementia are undiagnosed; also because many people with dementia go into hospital for a reason not related to their dementia and so the dementia is not coded.

6.2 The Alzheimer’s Society in their publication Dementia today and tomorrow: A new deal for people with dementia and their carers, (2015)², states that:

The latest estimates of the total cost to the UK economy of dementia are some £26.3 billion or £32,250 per person per year, comprising social care, health care and unpaid carers.

6.3 Funding for local dementia services is provided by three major statutory commissioning organisations:

1. Kirklees Council
2. Greater Huddersfield Clinical Commissioning Group (GHCCG)
3. North Kirklees Clinical Commissioning Group (NKCCG)

Financial resources are used locally for direct provision and the commissioning of a wide variety of services. Kirklees Council currently spends approximately 40% of the older people’s budget (equating to approximately £16m) on specialist dementia services. In addition, people with dementia access mainstream generic services, which is therefore complex to calculate/apportion total investment.

Figure 3 below highlights the estimated potential cost of dementia to the economy of Kirklees by applying the Delphi cost model described in Dementia UK, second edition, (2014) to Kirklees dementia prevalence figures.
6.4 Figure 4 below shows how the potential increase in demand for services by 2020 manifests into the anticipated increase in spend against each area of support if the current model of care continues. Notably for Kirklees, this equates to a potential increase in expenditure of £5m+ per year in publicly funded social care plus £1m+ in health care costs.

6.5 Total contribution from North Kirklees CCG and Greater Huddersfield CCG

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<thead>
<tr>
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<th>2015/2016</th>
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<tr>
<td>GHCCG</td>
<td>£4,776,770</td>
<td>£5,077,000</td>
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<tr>
<td>NKCCG</td>
<td>£2,964,189</td>
<td>£3,176,900</td>
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<tr>
<td>Total for year</td>
<td>£7,740,959</td>
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Figure 3: based on the Delphi financial model used in Dementia UK, second edition, (2014)

Figure 4: based on the Delphi financial model used in Dementia UK, second edition, (2014), and projected prevalence@2020
## Figure 5: Kirklees Dementia Service Pathway

<table>
<thead>
<tr>
<th>Raising Awareness &amp; Understanding</th>
<th>Early Diagnosis &amp; Support</th>
<th>Living well with Dementia</th>
<th>End of Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information:</strong></td>
<td></td>
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</tr>
<tr>
<td>- Living Life to the Full Guide, website and locality Fact sheets, social media.</td>
<td>- Primary care and Memory Services</td>
<td>- Gateway to care: Domiciliary care (CSWs integrated into Reablement team)</td>
<td>- Admiral Nurses</td>
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<tr>
<td>- Making Space - Kirklees Dementia Information Service, (KDIS)</td>
<td>- Making Space - KDLS</td>
<td>- Day Opportunities - specialist dementia services and some places in generic services</td>
<td>- Kirkwood Hospice</td>
</tr>
<tr>
<td>- Council Gateway to Care.</td>
<td>- Gateway to care</td>
<td>- Extra care Housing- 10 units at Meadow Green</td>
<td>- Equipment services</td>
</tr>
<tr>
<td>- NHS Choices website</td>
<td>- Cloverleaf Advocacy</td>
<td>- Telecare &amp; Equipment</td>
<td>- EPACC.</td>
</tr>
<tr>
<td>- Alzheimer’s Society website, fact sheets, call centre</td>
<td>- Dementia cafes</td>
<td>- Mears-handy persons scheme</td>
<td>- Advanced care planning.</td>
</tr>
<tr>
<td><strong>Campaigning</strong></td>
<td>- Activities- Breathing Space, Steps 4 Life, Singing for the Brain, Great Outdoors, Women’s Space etc</td>
<td>- Residential Care Homes &amp; EMI Care</td>
<td>- Voluntary sector</td>
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<tr>
<td>- Kirklees Dementia Action Alliance – KDAA</td>
<td>- Carers Count</td>
<td>- Respite Care</td>
<td></td>
</tr>
<tr>
<td>- Dementia Friends/ Champions</td>
<td>- Safe Places</td>
<td>- Care Closer to Home - shared care plan</td>
<td></td>
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<tr>
<td><strong>Health</strong></td>
<td>- VCS-grant funded groups</td>
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<tr>
<td>- NHS Health Check</td>
<td>- Alzheimers Society-educational support sessions for carers</td>
<td></td>
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<tr>
<td>- CCG Intranets</td>
<td>- Looking After Me- carers course</td>
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**ACUTE CARE CHFT & MYT:** Butterfly or Forget-me-not Scheme, Johns Campaign, CQUINs, Dementia strategy, Hospital Charter, Dementia friendly hospitals

**Specialist mental health services-SWYPFT:**
- Memory Services
- Admiral Nurse service
- Community Mental Health Team
- Inpatient beds Care Home Liaison support
- Acute hospital liaison teams

**Primary care:** Annual Review

**EMI Nursing & Continuing Care**

**Palliative care/care closer to home**

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**WORKFORCE COMPETENCIES/TRAINING:** Safeguarding, Risk assessment, Performance monitoring & Inspection

Advanced care planning and Power of Attorney

Dementia Friendly Communities
7.0 Making it Happen

7.1 *The Dementia Challenge in Kirklees: A joint dementia strategy*, (2015) aims to achieve the dementia vision for Kirklees by delivery of a comprehensive action plan which will be embedded in robust governance structures and linked to partner action plans to ensure its joint delivery. See appendix 1.

7.2 Robust governance arrangements play a key role in overseeing delivery of the actions and monitoring performance of *The Dementia Challenge in Kirklees: A joint dementia strategy*, (2015 - 2020) and it is important that the committees/groups responsible for delivery of the action plan keep abreast of performance.

7.3 Delivery of associated partner strategy action plans and initiatives will also support the successful achievement of *The Dementia Challenge in Kirklees: A joint dementia strategy*, (2015 - 2020), these being:

- *Kirklees 5 year strategic plan*
- *Everyone Counts: Planning for Patients 2014/15 to 2018/19*
- Greater Huddersfield CCG operational plan (2015/16)
- *North Kirklees CCG operational plan (2015/16)*
- Mental health strategy
- *Kirklees Older People’s Accommodation Strategy*
- The Kirklees End of Life Strategy
- CHFT Dementia Strategy
- MYT Dementia Strategy
• Community Partnership initiatives

• Dementia toolkit (2014/15)

• Greater Huddersfield Clinical Commissioning Group commissioning for QIPP Scheme 3: Carers Register and Support

• Skills for Care: Dementia Core Skills Education and Training Framework 2015
8.1 References/Bibliography

1. Living well with dementia: A National Dementia Strategy (DoH 2009)

2. Prime Minister’s Challenge on Dementia 2020 (2015)


4. The Alzheimer’s Society in their publication Dementia today and tomorrow:

5. Kirklees Dementia Needs Assessment


7. Five Year Forward View (2014)


10. Safeguarding Adults West and North Yorkshire and York Multi-Agency policy and procedures

12. Johns Campaign for the right to stay with people with dementia in hospital.

13. Dementia Friendly Hospital Charter

Appendices are available separately