Wirral Dementia Strategy 2013 and 2014

National Dementia Strategy Aims	What will we do on the Wirral? We will:
1. Improving public and professional awareness and **understanding of dementia**	• Promote Dementia awareness through existing engagement mechanisms, such as patient groups, provider websites, television screens in GP Practices, leaflets in clinical settings, Twitter etc • Arrange ementia awareness training for health and social care front-line staff, including those in care homes, and review its effectiveness on an ongoing basis. • Work together with other public sector organisations that frequently interact with elderly people, to create dementia friendly communities – such as the fire service and police. • Take part in the National Dementia Friends scheme once launched. The aim of this scheme is to train one million people as "*Dementia Friends*" by 2015, to help boost volunteering, education and support for the growing number of people with dementia.
2. Good-quality **early diagnosis** and intervention for all	• Look into the development of a register to keep a record of all individuals with a Mild Cognitive Impairment and those at risk of dementia across Wirral • Encourage GP Practices to sign up to the national scheme for dementia diagnosis – there is a national (optional) scheme where practices are incentivised to assess patients in risk groups for dementia and refer to a consultant for diagnosis if appropriate • Make sure all of our services work together and follow a pathway from identifying early signs of dementia, to GP assessment, to formal diagnosis. • Ensure the Memory Assessment Service is staffed appropriately to ensure that all patients are assessed within realistic timeframes. We intend for patients to receive their first appointment within 8 weeks of referral to the service.

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3. **Good-quality information** for those with diagnosed dementia and their carers	• Ensure all information, leaflets and documents that are issued after a diagnosis detail the same information and advice. • Provide training to all Wirral GP Practices and their staff so they are aware of how best to support patients with dementia • Work with the Local Authority - Department of Adult Social Services, to explore and improve the availability of information on dementia in care homes to support staff, individuals and their carers/family.
4. Enabling easy **access to care, support and advice** following diagnosis	• Introduce a designated Dementia Adviser role. This role will be a single point of contact for patients and carers for advice and support. As this is a new role we will review its effectiveness and benefits it may bring. • Continue to support and promote other community resources – produce a directory of what is available that could be held at clinical and voluntary sector locations. We will do this by speaking to people with dementia and their carers, to make sure that we understand the kind of information and support they would like. • The Memory Assessment Service and the Alzheimer's Society will work together to make sure that we continue to provide tailored support and advice at the point of diagnosis, and make sure that this offer continues following diagnosis, with people understanding how to get more help.
5. Development of structured **peer support and learning networks**	• Continue to support the Wirral Dementia Forum to bring together all individuals and stakeholders involved with dementia. This will allow the discussion of key issues and developments in both a professional and patient/carer capacity. • Develop a communications plan for the Dementia Strategy Group, so that its progress against the dementia strategy may be shared with all interested stakeholders.

National Dementia Strategy Aims	What will we do on the Wirral? We will:
6. Improved community **personal support services**	• Have a good understanding of the needs of the local population in Wirral for those with dementia, in particular those with dementia that live alone, and those with a higher level of need such as those with learning disabilities. We can only do this by firstly trying to gather data that will tell us how many people there are in more vulnerable groups, such as those that live alone, those from an ethnic minority group, and those with a learning disability, and make sure we have access to this data as it changes. • Work with Social Services to determine the role that Personalised health budgets could play in giving patients the support they need in their own homes. • Review existing day care and respite options and facilities for patients with dementia and their carers, to determine if/how these can be improved in any way. • Promote provision of advocacy and peer support services.
7. Implementing the **Carers' Strategy**	• Work to promote and encourage carers to identify themselves and register on the carers' register held at their GP Practices. We will work with health professionals to proactively identify carers. • Consider and support the health needs of carers to maximise their health and wellbeing. We will support GP practices and health and social care providers to achieve good quality processes for assessing, identifying and meeting the needs of carers. • Acknowledge the pressured role that carers undertake and in doing so we will continue to support respite and short breaks for carers to support their health and wellbeing. • Provide training and education for carers so they are aware of the needs of an individual with dementia and can therefore provide the appropriate personalised support. • Ensure appropriate support is available for carers who meet the Adult Social Services - Fair Access to Care Services criteria with consideration given to personal budgets.

National Dementia Strategy Aims	What will we do on the Wirral? We will:
8. Improved quality of care for people with Dementia in **general hospitals**	• Ensure that patients over 75 are assessed in a timely fashion upon attendance at the Emergency Department (A&E), with any necessary training given to staff to make sure they can identify early signs of dementia. • Introduce the use of a symbol that is to be used on a patient's records to highlight when a patient has been assessed and / or diagnosis has been made, so all health professionals are aware and can adapt support accordingly in relation to their needs around dementia. • Try to make care in hospital tailored towards people with suspected or confirmed dementia, and ensure there are dementia champions on wards who can provide support and advice both to staff and to families. • Ensure the needs of patients with dementia are recognised at point of discharge from hospital, or before, so the required support can be put in place to support their discharge and ongoing needs whilst living in the community. • Establish a co-ordinated process between the hospital teams and teams within the community, both health and social care, to ensure a patient is discharged from hospital as soon as reasonably possible and with minimum disruption to the provision of their care and support needs.
9. Improved **intermediate care** for people with dementia	• Review access for patients with dementia into intermediate care – to support patients in their own home or in a care home setting. This will also include reviewing access to reablement services for dementia patients which support patients to regain and maximise their independence after a spell in hospital or illness. This will highlight where there may be gaps or difficulties in dementia patients accessing such services that we will address • Provide training for staff working within intermediate care settings to effectively support and manage patients with dementia

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National Dementia Strategy Aims	What will we do on the Wirral? We will:
10. Considering the potential for **housing support**, housing-related services and **telecare** to support people with dementia and their carers.	• Explore the options for using Telehealth to determine the potential value this can bring to patients with dementia, to allow patients to live with a greater level of independence in their own home. We will also explore the use of Telecare in the form of 'Lifestyle Monitoring' which can be used to build patterns of daily activities for patients who live independently so the appropriate level of care can be provided • Explore the use of Telecare/Assistive Technology to reduce the stress and anxiety of carers by supporting them in their caring role.
11. Living well with dementia in **care homes**	• Work with the Local Authority – Department of Adult Social Services to develop ways for improving the management of dementia within care homes in Wirral, to enhance the support, experiences and outcomes for individuals. Such developments will include: - The introduction of a quality standard for care homes to allow the assessment and ongoing review of quality in each care home in regards to how they personalise both the care home environment and the care given to people with dementia - The development of a rolling programme of Dementia Awareness training and dementia management training for all care home staff. - To continue to review the prescribing of anti-psychotic medication to ensure it is used appropriately and only when necessary - To support applications for National Care Home Grants to assist care homes to tailor spaces and rooms to overcome common problems associated with dementia such as wandering and anxiety, and enable people to move around safely without confusion, thus providing better outcomes for individuals with dementia.
12. Improved **end of life care** for people with dementia	• Ensure care for those nearing the end of life journey is incorporated into all dementia care pathways and processes, to allow the smoothest possible process for both the patient and their carer/family. • Ensure training given to relevant staff involved with dementia care is sufficient to enable them to identify when a person is at end of life so they can provide the most appropriate end of life care to individuals

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National Dementia Strategy Aims	What will we do on the Wirral? We will:
13. An informed and **effective workforce** for people with dementia	• Develop a rolling programme of training for: - Clinical and non-clinical staff across all teams involved with dementia care, to recognise the signs for dementia and have the appropriate knowledge for those already on the dementia pathway - Clinical staff, across all teams involved in providing care for people with dementia, including the services provided by or on behalf of social services on the effective management of patients with dementia • Evaluate the impact of this training programme on an ongoing basis
14. A **joint commissioning strategy** for dementia	• Use this document as our joint commissioning strategy for dementia. We will consult with patients, carers, health and social care professionals, and other stakeholders prior to its launch. We will also ensure that all stakeholders will have an ongoing opportunity to provide feedback following its launch to aid progress and review of the strategy.
15. Improved assessment and **regulation of health and care services** and of how systems are working for people with dementia and their carers	• Adhere to all national guidance to ensure that all services involved in supporting people with dementia meet the defined quality standards. All dementia services will be monitored closely through established systems to ensure they are in line with the national guidance.
16. A clear picture of **research** evidence and needs.	• Continue to collect data on the health needs of Wirral residents and review Wirral's current Needs Assessment (Joint Strategic Needs Assessment - JSNA) in relation to dementia. This local needs assessment, in addition to national information, will be used to inform decisions on shaping and developing services further • Gather and act upon various forms of performance information in the form of statistics and actual feedback from patients and carers
17. Effective **national and regional support** for implementation of the Strategy.	• We will work with the regional Mental Health, Dementia and Neurology network to ensure there is two-way dialogue and that we can share good practice, and learn from other areas.