Agenda Item 6

Leicestershire County Council

HEALTH AND WELLBEING BOARD – 4 DECEMBER 2025

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES LEICESTERSHIRE COUNTY COUNCIL

LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT LIVING WELL DEMENTIA STRATEGY UPDATE

Purpose of Report

1. The purpose of this report is to provide an update on the delivery of the Leicestershire, Leicester and Rutland (LLR) Joint Living Well Dementia Strategy 2024-28, including:

   - Progress made since the previous update made to the Board on 27 February 2025;
   - Key achievements and challenges;
   - Plans for future commissioning of dementia services.

Background

2. The LLR Joint Living Well Dementia Strategy 2024–2028 reflects a system-wide commitment to improving outcomes for people affected by dementia. Developed collaboratively across health, social care and the voluntary sector, it aligns with national priorities and focuses on:

   - Prevention and early intervention;
   - Timely diagnosis;
   - Person-centred support throughout the dementia journey.

3. Delivery is co-ordinated through local plans for Leicester City, Leicestershire County, and Rutland, overseen by the LLR Dementia Programme Board.

Recommendation

4. The Board is asked to:

   a) Acknowledge progress made since February 2025;
   b) Endorse continued collaboration to improve diagnosis rates and reduce inequalities;
   c) Support commissioning plans that embed co-production, cultural competence, and carer support, with annual updates.

LLR Joint Living Well Dementia Strategy 2024–2028

5. The Strategy, approved in November 2023, sets out a system-wide commitment to deliver personalised, integrated care from pre-diagnosis through

to end-of-life. Delivery is driven by strong partnerships across Local Authorities, NHS, voluntary, community and social enterprise organisations, and people with lived experience, under the governance of the LLR Dementia Programme Board.

6. Strategic focus areas include:

- Prevention raising programme around prevention planned for 2026 – promoting healthy lifestyles and early intervention;
- Timely Diagnosis and Pathway Redesign – to improve diagnosis rates in the County taking into account the geographical barriers and seldom heard communities;
- Improving access through initiatives such as Memory Clinic pilots;
- Person-Centred Support and Community Engagement – ensuring inclusivity and appropriate care.

7. The Strategy is built around seven pillars: *Preventing Well, Diagnosing Well, Supporting Well, Living Well, Dying Well, Leading Well, and Monitoring Well* - providing a whole-pathway approach from prevention to end-of-life care.

8. As the Strategy approaches the end of its first year of delivery, the partners are reviewing progress against milestones, identifying gaps, and capturing learning to inform next steps.

Joint Strategic Needs Assessment (JSNA)

9. The JSNA highlights:

- Over 10,000 people living with dementia in Leicestershire, including around 300 people aged under 65 years;
- **70%** of older people in care homes and **60%** of home care recipients have dementia;
- Two-thirds of people with dementia live at home;
- The Dementia Support Service (DSS) supports over 2,600 people annually, offering advice, carer learning, and social groups.

The Dementia Support Service (DSS)

10. Age UK are jointly funded to deliver the DSS which is a comprehensive, person-centred support model for people diagnosed with dementia and their carers.

11. The DSS provides the following support and the Pathway Map is attached as an Appendix:

- *Information, Advice and Guidance (IAG)* - Clear, accessible advice on dementia care, rights, and available services;
- *Single Point of Access (SPA)* - A central referral hub for professionals and families to access support quickly;
- *Personalised Support Plans* - Goal-based plans tailored to individual needs, helping people live well with dementia;
- *Post-Diagnosis Support* - Emotional support, practical advice, and signposting immediately after diagnosis;

- *Carer Learning and Resilience Workshops* - Training and resources for informal carers to build confidence and coping strategies;
- *Social Groups and Peer Support* - Activities to reduce isolation and promote community engagement;
- *Co-ordination with Health and Social Care* - Works alongside GPs, Memory Clinics, and Adult Social Care to ensure integrated care;
- *Culturally Appropriate Support* - Outreach to diverse communities and seldom-heard groups.

Key achievements 2024/25

12. The following key achievements within the priority areas are as follows:

a) Monitoring Well – Where appropriate dementia specific practice has been embedded into service specifications (e.g. Care Homes, Extra Care and Home Care) and will form part of new commissioning activity (Day Services).

b) Preventing Well
- Public health campaigns and community outreach promoted risk reduction and awareness;
- Dementia 100 Toolkit (a self-assessment tool designed to assist places to assess their performance and aim towards a consistent approach in supporting people with dementia) has been developed by NHS Midlands and Lancashire Commissioning Support Unit in partnership with the Department of Health and Social Care and is being adopted for system-wide implementation;
- Pilots for one-stop clinics and advanced pathways underway.

c) Diagnosing Well
- Referral pathways streamlined; GP processes reviewed. One-stop clinic trial launched to reduce waiting times. This is currently within a pilot phase with evaluation to take place in November 2025;
- Hospital grant introduced to support carers of loved ones with dementia post-discharge.

d) Supporting Well - The DSS expanded to include personalised plans and proactive outreach. Dementia-friendly practices are embedded across all services. As the joint LLR Carers Strategy concludes in 2025, each local authority across the LLR footprint will develop its own strategy to ensure continuity of support for carers, raise awareness, and sustain impactful training and peer support networks that have proven valuable for carers of people with dementia.

e) Living Well - Delivery plan co-designed with people with lived experience and carers to ensure inclusive, person-centred approaches. This will inform the proposed new DSS including the deliverables and outcomes throughout the contract. Feedback from people with dementia and their carers will also inform the new Leicestershire Carers' Strategy as part of the ongoing engagement currently taking place.

Organisational Contributions to Strategic Objectives

13. The roles of key agencies ensure delivery of the LLR Dementia Strategy across all seven pillars, supports Making Every Contact Count and drives integrated working:

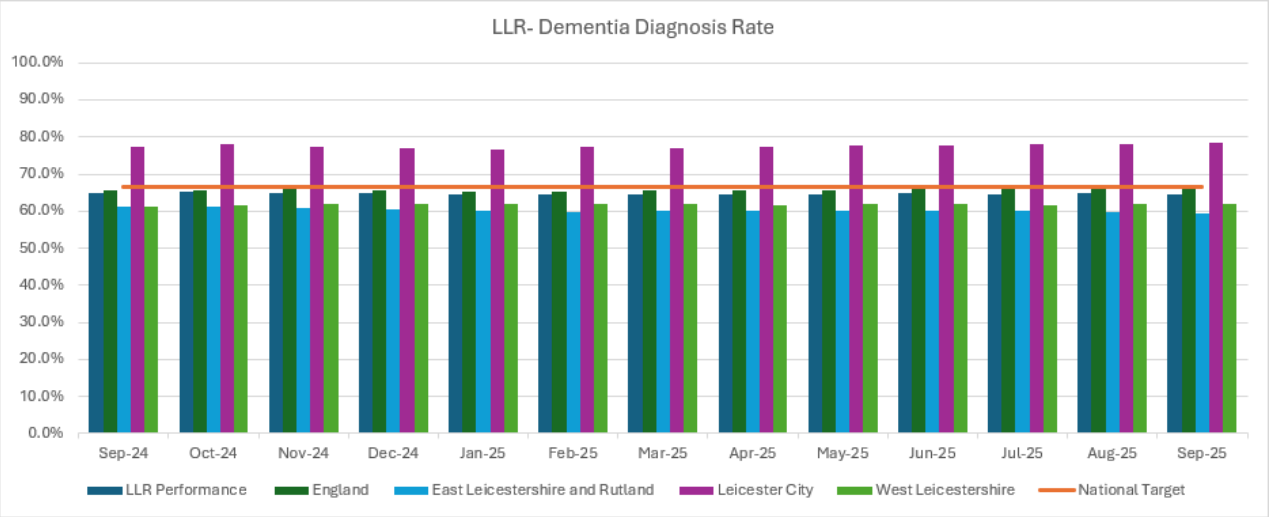
- *Dementia Programme Board and ICB* - System leadership, governance, and performance oversight;
- *Local Authority Adult Social Care Teams* - Commissioning dementia-friendly services, care pathways, and carer support;
- *Primary Care Networks and GP Practices* - Early identification, diagnosis, and referral to Memory Clinics and DSS;
- *Public Health Teams* - Prevention campaigns, risk reduction, and community engagement;
- *Voluntary Sector Partners (Age UK, Alzheimer's Society, Carers UK)* - Post-diagnosis support, carer workshops, and peer groups;
- *Housing Associations* - Dementia-friendly housing and adaptations;
- *Community Organisations (Libraries, Faith Groups*) - Outreach, inclusion, and reducing isolation;
- *Digital Inclusion Teams* - Tackling digital barriers for access to information and support;
- *End-of-Life Care Teams and Hospices (e.g., LOROS)* – Co-ordinating dignified end-of-life care pathways.

Dementia Diagnosis Rate

14. Dementia diagnosis rates in Leicestershire have averaged 64% over the last 12 months. The *national target* is that 66.7% of people with dementia should have a formal diagnosis. This underperformance limits access to timely care and support.

15. In Leicestershire, it is estimated that around 10,500 people are living with dementia. However, only about 6,400 have a formal diagnosis. This means that nearly 4,000 people may have dementia but do not yet have it recorded, which can delay access to support and care.

16. The chart below provides a clear comparison of dementia diagnosis rates across Leicester City, East Leicestershire and Rutland, West Leicestershire, the overall LLR performance and England, against the national target.



17. Leicester City stands out as the strongest performer, consistently achieving rates around 72–73%, which is well above the national target of 66.7%. This indicates that the city has effective systems in place for identifying and diagnosing dementia.

18. In contrast, East Leicestershire and Rutland and West Leicestershire both fall below the national target, with rates hovering around 62–64%. These county areas are underperforming compared to both Leicester City and the national benchmark, suggesting gaps in diagnosis coverage or access to services.

19. England's average is similar to the county areas, reinforcing that the challenge is not unique to LLR but is a wider issue. Strategically, this highlights the need for targeted improvement in rural and county areas, emphasising better case finding, GP engagement, and community outreach.

20. Sharing best practices from Leicester City, such as culturally tailored engagement and streamlined referral pathways, could help raise performance across the region and close the gap to the national target.

Actions in progress

Memory Assessment Clinic (MACs) - One Stop Clinic Trial

21. A one-stop memory assessment clinic trial is being piloted across Leicestershire and Leicester and is designed to deliver all key diagnostic steps in a single visit, rather than across multiple appointments. The model brings together a multidisciplinary team - such as neurologists, psychiatrists, psychologists, and nurses - to provide rapid access to cognitive testing, medical investigations, and a same-day consensus diagnosis.

22. It also includes immediate management planning, post-diagnostic support, and integration with primary care and community services. Key areas of focus include reducing waiting times, improving patient and carer experience, ensuring equity of access, and creating personalized care pathways for conditions like mild cognitive impairment and younger-onset dementia.

23. This approach helps by enabling earlier diagnosis and treatment, reducing system costs, supporting workforce efficiency, and meeting national dementia

targets, while also offering opportunities for research participation and innovation.

Link between MACs and DSS

24. These two services form the essential stages of the dementia care pathway. Memory clinics are primarily responsible for diagnosis and initial assessment, including cognitive testing, medical investigations, and confirming conditions such as dementia or mild cognitive impairment.

25. Once a diagnosis is made, DSS takes over to provide post-diagnostic support**,** which includes education, emotional support, care planning, and connecting patients and carers to community resources and social care services.

26. The MACs and the DSS form a continuous care pathway. Together, they ensure early identification and ongoing support, enabling people to live well with dementia.

Training and Workforce Development – Dementia Care

27. The system has identified a range of training initiatives to support people with dementia and their families. This includes:

a) Strategic Framework
- National Standards: Dementia Training Standards Framework (Awareness, Core Skills, Leadership) and NICE QS184 guide consistent, high-quality dementia care;
- Local Implementation: Birmingham is embedding these standards into contracts and workforce development plans.

b) What We Have Locally
- Alzheimer's Society: Live training, Train the Trainer, and online Learning Hub for care homes and community providers;
- Skills for Care: Dementia qualifications (Levels 2 and 3), resources, and funding support for employers;
- Carers Service: Continuing Professional Development (CPD) accredited courses for professional and unpaid carers, including immersive empathy training;
- DSS: Practical modules on brain health, behaviour changes, wellbeing, and care transitions.

c) What We Are Doing
- Aligning Quality Assurance Frameworks with new contracts to make dementia care a priority.
- Requiring contracted providers to meet dementia training standards;
- Using Improvement Cafés and Provider Forums to share training opportunities and best practice;
- Building staff confidence and competence through targeted CPD.

Engagement and Inclusion

28. Earlier this year, commissioners engaged Age UK with users of their services and carers to understand lived experiences and priorities for dementia support. The outcomes included:

- Joined up working between health and social care is essential;
- Culturally appropriate support must be embedded in service design;
- Inclusion of seldom heard and rural communities to reduce inequalities;
- Recognition of carer loneliness and the need for emotional and practical support;
- Clearer post-diagnosis pathways and timely access to services;
- Alternative communication methods to tackle digital exclusion.

29. This feedback is central to shaping the new DSS ensuring fit-for-purpose services are commissioned across city and county that reflect these priorities.

Monitoring and Evaluation

29. A robust approach will be implemented to measure the impact of the dementia delivery plan and commissioned services. A user led approach will be used to assess progress on a quarterly basis, ensuring that feedback from those with lived experience informs continuous improvement. In addition, clear success metrics to evaluate quality of care, staff competence, accessibility, and carer support outcomes will be developed. These findings will drive ongoing service refinement, contract compliance, and future commissioning decisions, ensuring that dementia services remain effective, inclusive, and responsive to local needs

Equality

30. The Dementia Strategy and delivery plan will be designed to reflect the diverse needs and lived experiences of our communities, ensuring cultural sensitivity, accessibility, and fairness.

31. Insights from recent engagement, including Age UK's work with service users, will inform commissioning decisions so that services are fit for purpose and equitable across both city and county.

32. Additional steps to embed inclusion will involve:

- co-production with people with lived experience to shape and monitor services;
- soft market testing and early engagement with providers to ensure equality requirements are built into service design and delivery.

Resource Implications

33. Delivery will proceed using current resources and budgets and aligned with strategic priorities.

Conclusion

34. The Board is asked to acknowledge the progress made in implementing the LLR Dementia Strategy and endorse continued collaborative efforts to deliver high-quality, inclusive dementia services across the county. This includes embedding national standards, strengthening local engagement, and ensuring equality and accountability throughout commissioning and delivery.

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Background papers

LLR Joint Living Well with Dementia Strategy 2024-2028
https://resources.leicestershire.gov.uk/adult-social-care-and-health/market-position-statement/dementia

Health and Wellbeing Board: 27 February 2025 – LLR Dementia Strategy update
https://democracy.leics.gov.uk/documents/s188718/6%20Dementia%20Strategy%20HWBB%20Report%2027%20Feb%202025%20v2.pdf

Report to Cabinet: 24 November 2023 – LLR Joint Living Well with Dementia Strategy 2024-28 – Outcome of Consultation
https://cexmodgov01/documents/s179785/LLR%20Dementia%20Strategy.pdf

Appendix

Dementia Support Pathway Map