



# Joint Dementia Strategy 2019–24

Improving the lives of people affected by dementia in the city of Wolverhampton





# Executive Summary

**Dementia is a debilitating illness which is estimated to affect more than 3,000 people in Wolverhampton - with that number expected to rise by over 50% by 2035.**

It can affect any one at any time, and has a major impact on the quality of life of those living with the condition. It can also have a physical, psychological, social and economic impact on their families and carers too.

The Wolverhampton Dementia Action Alliance is determined to do all it can to support people living with dementia, and their families and carers. We are delighted that Wolverhampton has been recognised as a Dementia Friendly City by the Alzheimer's Society, in recognition of the efforts that we - as a community - are making to improve services and to make Wolverhampton as friendly and welcoming as possible to people living with dementia.

But there is much more we can and will do - and the Joint Dementia Strategy 2019–2024, an overarching document that incorporates the City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group's commissioning intentions, will help us do this.

The strategy has been produced by a multi-agency workgroup including representation from the voluntary and community sector as well as people with experience of dementia, both those living with the condition and their families and carers.

It seeks to develop proactive services and ensure good quality care and support. It includes not just commissioned services to support people with a dementia diagnosis, but wider public services and workstreams to prevent dementia risk factors and promote community asset-based services which will help people affected by dementia to live well in their community.

Ultimately, it will enable joint working across the voluntary, community, health and social care sectors, and aims to support people living with dementia and their families and carers to have the best possible life.



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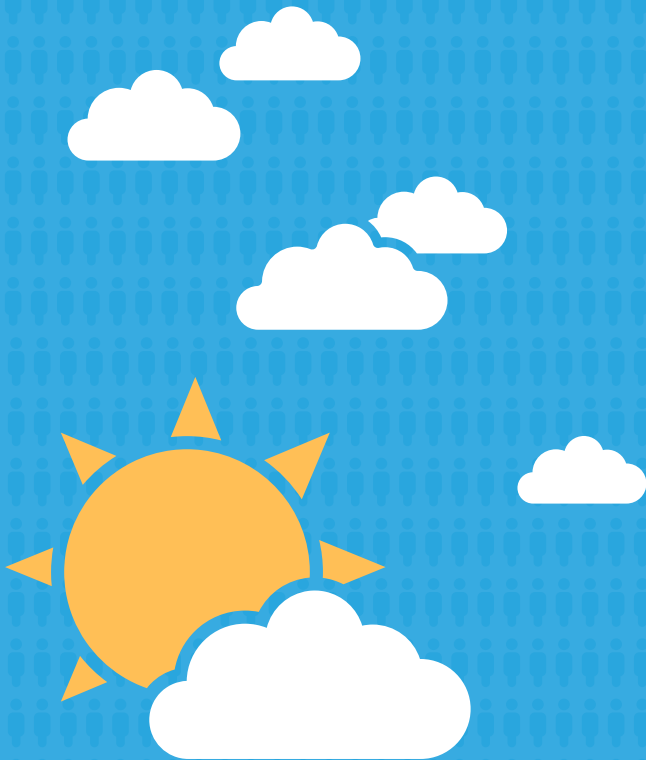


# Introduction

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Dementia is one of the biggest challenges facing the nation today.

Some **650,000 people** in England are believed to be living with dementia, including **3,100 people in the city of Wolverhampton**, with somebody diagnosed with the condition every **four seconds worldwide**.



Dementia is an umbrella term used to describe many different types of dementia, particularly Alzheimer's Disease, Vascular Dementia and Dementia with Lewy bodies.

It can affect anyone and causes a decline in a person's cognitive (intellectual) abilities, affecting their memory, language, understanding, reasoning, problem solving and concentration, but each person's dementia is unique and so affects their lives in very different ways.

Cases of dementia increase with age, and as life expectancy increases, more and more people will be affected. Currently, one in 50 people between the ages of 65 and 70 have a form of dementia, compared to one in five over the age of 80. Around 42,000 people under 65 are living with dementia and this number is increasing.

Diagnosis is often made at a later stage of the illness and this can affect the person's ability to make choices and decisions.

Of course, dementia does not just have a devastating effect on the individual, but also their families and friends. An estimated 21 million people know a close friend or family member with dementia – that's nearly half of the population, and it's important that they get the help and support they need to carry out their caring role.

Life should not stop because of dementia. People with dementia and their family and carers may need support to enable them to carry out activities and engage in relationships in a positive way, so that they can continue to lead a full and active life.

Source: Alzheimer's Society, Dementia UK, Fingertips PHE

# The City of Wolverhampton's Joint Dementia Strategy

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**The City of Wolverhampton Dementia Action Alliance were proud to be awarded Dementia Friendly Community of the Year 2018. Already a great deal of good work has taken place locally to improve the lives of people with dementia and their families.**

The City of Wolverhampton's previous strategy was developed in 2015 by a multi-agency partnership with representation from the City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group, Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust. Businesses, organisations, community groups and individuals also came together through Wolverhampton Dementia Action Alliance to develop this strategy for people affected by dementia in the city of Wolverhampton.

Reflecting both the local and national vision for transforming dementia care and support, the strategy seeks to develop proactive services and ensure good quality care and support that best meets the needs of people living with dementia, their families and carers. It follows a person-centred approach, putting the service user at the heart of the decision-making process. The Strategy is aligned with NICE Quality statements and was developed in line with Living well with dementia 2012 and Prime Ministers Challenge on Dementia.

It highlights several key areas and actions, and an implementation plan to ensure a range of improvements are delivered.

Since 2015 there has been significant progress in developing and delivering support to people affected by Dementia, including families and carers.

Due to the consultation and partnership approach to developing this updated Strategy, the core aspirations remain unchanged. The way in which we design, develop and deliver support is changing due to many factors, including the increasing population and the increasing number of people being diagnosed with dementia in a climate of greatly reduced finance and resources.

## **This update is therefore an opportunity to:**

- Align our strategic approach with national policy and relevant local delivery models
- Review the aspirations of the Strategy
- Work with partners, service users and carers to set new actions to continue delivering outcomes for people affected by dementia in the city of Wolverhampton.
- Drive new ways of working that will improve outcomes and the support available
- Promote prevention messages and healthy lifestyles especially to key age groups and Black and Minority Ethnic communities in line with the findings from Dementia UK, who highlighted in their recent study key groups of people whose understanding of dementia is lower, including those from black, Asian and minority ethnic backgrounds, and adults under 24 and over 65.
- Reflect a stronger offer of support through strengthening partnerships with health, social care and community organisations

# Joint Dementia Strategy Headlines

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The Joint Dementia Strategy 2015-17 included several aims and objectives which have a big impact on the lives of people with dementia. The headlines include:

- **Making the city of Wolverhampton a Dementia Friendly City**, in which people with dementia and their carers feel confident to participate in everyday life and can live well and independently for as long as possible.
- **Developing dementia awareness programmes for all members of the community**, including health and social care staff, public and emergency service workers, retailers, businesses, schools, colleges and universities, councillors and community groups, leisure and cultural facilities, care homes and housing associations.
- **Reducing waiting times for assessment and diagnosis**, and improving diagnosis, prescribing and post diagnosis support.
- Providing **written and verbal information** about dementia to people who are newly diagnosed and their carers, about the different types of treatment available to them and the kind of support on offer in Wolverhampton.
- Offering a **comprehensive health and well-being assessment** to carers and agreeing care plans which will help and support them in their role as a carer.
- **Improving access to key services**, including those provided by voluntary and community groups.
- Enabling more people with dementia and their carers **to attend dementia cafes** in the city of Wolverhampton, where they can meet other people with the condition, share their experiences and find out more about the help and support available to them.
- Ensuring people with dementia and their carers **play a part in developing personalised care plans** so they can maintain their independence for as long as possible.
- Improving services for people living with dementia such as **housing, extra care support and adaptations within the home** to help maintain their independence for as long as possible.
- Offering people with dementia and their carers **health and well-being assessments** to develop care plans which enable them to maintain a healthy lifestyle and their independence.
- Providing carers with a range of **respite and short-break services** that meet their needs, and the needs of the person they care for.
- Increasing the number of **people aged 40-74 who receive NHS health checks**, which includes dementia screening.
- Enabling more **people with dementia and their carers to be involved in advanced decision making**.
- Supporting people to plan and prepare for end of life care and **make informed decisions about their treatment**.
- **Improving clinical guidance** for managing symptoms for people with dementia.
- **Improving access to palliative care** services for people living with dementia.

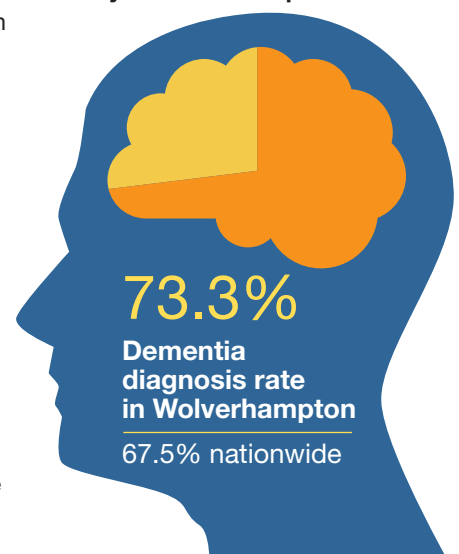
There are also several pledges aimed at improving the way health, social care and other organisations work together to continue developing dementia services in the city of Wolverhampton. These include integrating health and social care teams, improving dementia awareness among practitioners and sharing best practice.

# Our Progress

The city of Wolverhampton is now an award-winning Dementia Friendly Community reflecting the excellent work taking place through organisations who are members of Wolverhampton Dementia Action Alliance. Significant progress has been made in raising awareness of dementia within communities. This progress is reflected in our diagnosis rates, which are among the highest in the Country at 73.3 percent compared to 67.5 percent nationwide. Wolverhampton also has 13,000 Dementia Friends in the city.

Through individual initiatives and collaborative efforts, more support is now available to people living with dementia in the city of Wolverhampton. Together, we are:

- Offering support and a free 'carers assessment' to **carers of people affected by dementia**.
- Commissioning a **new Dementia Navigator Community Service** that provides early, and ongoing one-to-one support.
- Undertaking a targeted approach to ensure people can access their **full benefit entitlement**.
- Enabling more people with dementia and their carers to attend **dementia cafes**, with more cafes being developed within our communities.
- Social Care deliver **Memory Matters and Talking Points** across the community to raise awareness and support people who are concerned about their or a loved one's memory.
- Equipping libraries with **Reading Well Books** on prescription.
- Extending **social prescribing**.
- Promoting independence with **Telecare**
- Becoming as dementia friendly as possible, with **organisations across the city reviewing their services**.
- Rolling out **Dementia Friendly GP Practices**, to raise awareness of dementia, support diagnosis and improve post diagnostic support.
- Strengthening the support offered in **care homes**, through partnership working on quality and providing training around Advanced Care Planning and End of Life care.
- Enabling people with dementia to **avoid hospital admissions** by reviewing the support available in the community through an early identification project delivered by the CCG.
- The University of Wolverhampton continue to **undertake research** and share their findings
- Completing timely **memory assessments** for people, we achieved an average waiting time of 7.9 weeks for the first six months of 2018.
- Offering a **Young Onset Dementia Clinic** to support people diagnosed before the age of 65.
- Improving support for people with dementia in hospital with the **enhanced Mental Health Liaison Service**.
- Enhancing the experience that people affected by dementia have in hospital by **developing a new Reminiscence Room**.
- Providing excellent care, with the Royal Wolverhampton NHS Trusts' specialist acute medical ward and outreach service recognised as a **centre of excellence**.
- **Supporting patients** better by offering a **bespoke training programme** on dementia for hospital staff.
- Delivering a **cognition clinic** to support in diagnosing people where there may be other causes of cognitive impairment.
- Improving outcomes for dementia patients by using **Graphnet**, which enables GPs and Consultants to share information.
- Developing the **SWAN Programme**, which will support End of Life Care.
- Developing a **GSF framework** to better equip care homes in supporting people with dementia during end of life.
- Sharing knowledge and improving support through our **Better Care Fund Group**.
- Extending the **Red Bag Project Wolverhampton** across all care homes and nursing homes, to help ensure patients receive safe, efficient and effective care.
- Refining our approach to dementia, by developing the **first topic specific Dementia JSNA for the city of Wolverhampton**.



# Key Priorities 2019 - 2024

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From our engagement exercises and partnership discussions, we know a lot of good work has taken place in the city of Wolverhampton. We are committed to continue the good work and will also continue to listen to our communities to support us in developing and improving services.

We know that our priorities need to focus on developing a whole system pathway that includes:



Playing our role in prevention, by promoting healthier communities and supporting the NHS Health Checks programme - raising awareness of Cardiovascular dementia and younger onset.



Raising awareness of available support for dementia and sharing this information with agencies and people affected by the condition. This includes working with partners across health and care to improve the quality, completeness and linkage of data. This also includes work with Black Asian and Minority Ethnic communities, the deaf community and adults with sight loss, to promote engagement and improve outcomes within all communities.



Working with GP's to ensure co-ordinated support throughout a persons dementia diagnosis.



Strengthening our offer around community support, including proactive support for people awaiting diagnosis and improved post diagnosis support.



Enabling people with dementia to live in their communities for as long as possible by ensuring a wide range of support. this includes connecting people to existing support such as existing community groups, frailty pathway, and integrated health and social care



Extending the cultural and leisure opportunities available to ensure that people living with dementia can connect to their community and have opportunities to do the things they enjoy.



Redesigning community services to facilitate a range of support that can meet people's needs, from young onset dementia to early stages and advanced dementia.



Strengthening our offer to carers and people affected by dementia by reviewing respite and day support.



Developing the support which helps people stay in their own homes, including care and nursing homes, thereby reducing avoidable hospital admissions and equipping people well as their dementia advances.



Connecting people to services and support early to avoid emergency crisis situations – this includes Advance Care Planning to enable a good death.



# Joint Strategic Needs Assessment for Dementia

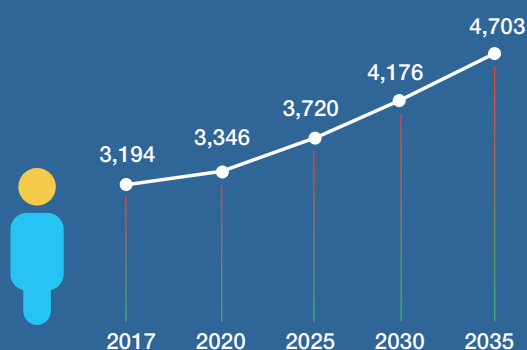
Nationally and locally the number of people living with dementia is rising.

In response, the City of Wolverhampton Council, the Royal Wolverhampton Hospital Trust and Wolverhampton Clinical Commissioning Group collaborated to produce the city's first Joint Strategic Needs Assessment (JSNA) for dementia.

The aim of this JSNA was to analyse the current and future 'needs' of people living with dementia, and their carers, in the city of Wolverhampton.

It demonstrated the relatively high prevalence of dementia in the city of Wolverhampton, with approximately 5 percent of citizens aged 65 and over living with the condition. This figure is significantly higher than the national and regional rates and is expected to grow in line with national projections. The graph depicts Poppi's projections for Dementia in the city of Wolverhampton.<sup>1</sup>

Number of people aged 65 and over projected to have dementia in the city of Wolverhampton (Poppi)



Our research and engagement with stakeholders identified the following from a cohort of people diagnosed with dementia, carers and professionals:

- One in five respondents with dementia told us that they were 'not living well' with the condition.
- Less than one third of respondents with dementia said they have used a Dementia Café in the last three years, with many not being aware of the support and others struggling to access the service.
- The directly standardised rate of emergency admissions for dementia among people aged 65 and over has significantly increased and is significantly higher in Wolverhampton than nationwide.
- Many professionals working with dementia told us that they were not confident that the specific needs of people with the condition were being met or will be met in the future.

## Key Recommendations:

- Raise awareness of the support available for people with dementia – especially BAME communities and connect support to other groups such as those people with sight loss, 'hard of hearing' and the deaf community.
- Connect people to the support available in the community by promoting Dementia diversifying Cafes.
- Ensure health and social care professionals are aware of the available support and equipped to signpost and refer people affected by dementia to the correct service in a timely way, using personalised care plans based on This is Me.
- To develop a whole system pathway to demonstrate how services connect to support anyone diagnosed with dementia.

To see the full JSNA please visit:

<http://win.wolverhampton.gov.uk/dementia>

<sup>1</sup> <http://www.poppi.org.uk/>

# Our Strategic Direction: A Dementia Friendly City

The various actions contained within the Joint Dementia Strategy supported the city of Wolverhampton's ambitions of becoming a Dementia Friendly Community. Having achieved this status in 2018, we will continue efforts to make the city of Wolverhampton as dementia friendly as possible.

A dementia friendly community is one that is aware of and understands the needs of people with dementia, encourages them to seek support from their local community and, most importantly, gives them the help they need to live their lives.

It empowers people with dementia to aspire and feel confident to take part in everyday activities, enabling them to remain living independently and take greater control over their lives.

To become a dementia friendly community, the city of Wolverhampton needs the help and support of organisations which people with dementia access on a regular basis, and so a local Dementia Action Alliance has been established.

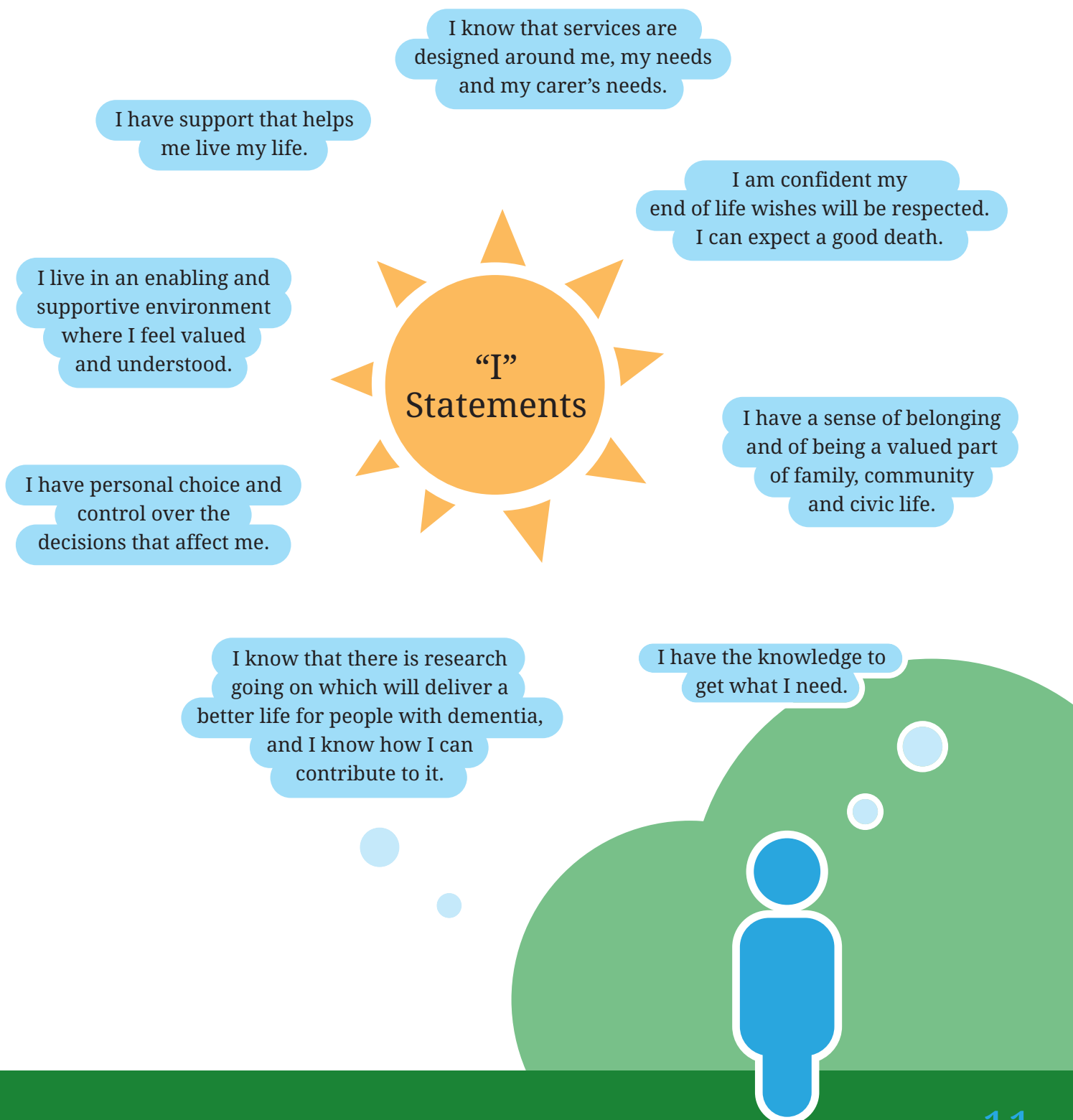
It has brought together more than 30 local organisations, including health and social care providers, retailers, banks, the emergency services, religious groups, education providers and more, who are working together to ensure people live well with dementia. Each organisation has produced its own action plan to ensure that it responds to the needs of people with dementia and their carers.

You can find out more at:  
[win.wolverhampton.gov.uk/dementia](http://win.wolverhampton.gov.uk/dementia)



# Guiding Principles

Our approach will be guided by the 'I' statements outlined in the 2020 Challenge on dementia and the NICE Quality Statements for dementia (QS30).





## NICE QS30 Quality Statements for Dementia

- 1 People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.
- 2 People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.
- 3 People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change.
- 4 People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.
- 5 People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
- 6 People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.
- 7 People with dementia live in housing that meets their specific needs.
- 8 People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.
- 9 People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.
- 10 People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

# Our framework

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## Our Aims

## Measures

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### Preventing Well

The city of Wolverhampton will be 'memory aware' and promote risk reduction through healthy lifestyles.

- Number of Dementia Friends and organisations signed up to the Dementia Action Alliance
- Promoting public health and wellbeing to reduce the vascular risk factors for dementia in our city
- <https://www.nhs.uk/conditions/dementia/dementia-prevention/>
- Increase the number of NHS health checks and utilisation of dementia screening tools

### Diagnosing Well

People living with dementia in the city of Wolverhampton will receive a timely diagnosis with an offer of early support.

- Increase the rate of timely diagnosis including younger onset dementia
- Reduced waiting times for a memory assessment
- Offer early support at assessment, diagnosis and beyond
- Offer information on support agencies, including benefits, carers support and Dementia Café's or groups.

### Living Well

The city of Wolverhampton will be a Dementia Friendly City that supports people to continue to live well and connect to their community

- We will be accredited as a 'Dementia Friendly City'
- Reduction in inappropriate prescribing of anti-psychotic medication
- More people with dementia using self-directed support
- More people with dementia and their carers connecting to support through their Navigator, who will use an asset-based approach to enable people to continue to live well
- People have access to community support and information to prepare them for the future through personalised support plans

### Supporting Well

People living with dementia will receive support that adapts to changing needs with access to good quality secondary care.

The Trust will continue to deliver excellence in dementia care within the Trust, when hospital admission is unavoidable.

- Integrated support for dementia is offered through health and social care teams and voluntary or community organisations – connect to existing pathways such as frailty and integrated care
- People affected by dementia will have a named Navigator to connect them to the available support
- Develop community teams to treat more people in their own home leading to;
- Reduction in admissions to acute care
- More people with dementia will have an Advanced Care Plan that includes end of life planning – including lasting power of attorney information and support.

### Dying Well

People with dementia in the city of Wolverhampton can die with dignity and respect

- Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carer
- Reduction in unnecessary hospital admissions within the last year of life
- Bereaved carer's views on the quality of end of life care received to improve outcomes

# Actions

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## Preventing Well

### NHS Well Pathway Aim

The risk of people developing dementia is minimised.

Outcome	Action	
Promoting healthy lifestyles information with key messages about awareness, early intervention, prevention and risk factors for developing dementia	<p>Targeted prevention messages in GP practices, both literature and screens.</p> <p>Regular messages in carers newsletters.</p> <p>Targeted awareness by all agencies during Dementia Action Week and business as usual.</p> <p>Ensure prevention messages and healthy lifestyles for people affected by dementia are included as part of public health events, literature and campaigns.</p>	<p>Ensuring existing campaigns feature dementia.</p> <p>Link dementia to healthy ageing city initiatives and healthy lifestyles.</p> <p>Collect baseline of NHS health checks and measure the increase of the number of people taking them.</p> <p>Ensure Dementia Friends Sessions continue to be delivered in all areas of the community.</p>
Raising awareness to seek assessment early if there are memory concerns	<p>Leaflets available in health services covering hospital, primary care and community settings (e.g. pharmacies)</p>	<p>Promote Memory Matters and Talking Points as ways to discuss early concerns.</p> <p>Continued service user, carer and provider engagement.</p>
Enable key staff such as community nurses, Dom care and care home staff are aware of prevention and risk reduction and where to signpost	<p>Increase the number of Dementia Friendly GP Practices.</p> <p>Increase the number of NHS Health checks and the utilisation of dementia screening tools.</p>	<p>Promote dementia friendly training and sessions as part of inductions.</p>
Increase early diagnosis and access to targeted groups – including all protected characteristics	<p>All agencies to promote awareness and support information to BME communities, people with disabilities, deaf communities and those with co-morbidities.</p> <p>This includes people under 65.</p>	



# Diagnosing Well

## NICE Statement/ Dementia Declaration

Timely, accurate diagnosis, a care plan and a review within the first year for all.

Outcome	Action	
Continue to increase the rate of timely diagnosis	Work with NHS England to deliver targets in place.	Memory Matters Service continues to raise awareness and strengthen referral to GP.
Reduced waiting times for a memory assessment	<p>Strengthen and formalise the assessment process where people receive a diagnosis at RWT by ensuring the screening and cognition pathway is utilised.</p> <p>Ensure GP's discuss diagnosis with patients when diagnosis is received and signpost to Dementia Navigator Community Service for post diagnostic support.</p> <p>Continue to strengthen diagnosis in acute settings and offer dementia support at RWT through staff induction and utilising dementia outreach team.</p>	<p>Ensure BCPFT maintain assessment waiting times below the 12-week threshold.</p> <p>Explore a high-quality memory assessment through the achievement of MSNAP accreditation.</p> <p>Explore the diagnostic role in community pathways such as pharmacies and community nurses and strengthen communication when a diagnosis is made, to ensure post diagnostic support is available earlier on.</p> <p>Improve diagnosis rates in care homes through early identification. Staff to receive appropriate training.</p>
People are offered early post diagnostic support at assessment, diagnosis and beyond	<p>Care Navigators at GP surgeries refer to Dementia Navigators Community Support Service and Carer Support Team.</p> <p>GP's are given messages on early support, dementia friendly initiatives and continue to deliver on QOF targets.</p> <p>Explore Dementia Navigators joining BCPFT at the end of assessment process to strengthen post diagnostic support.</p>	<p>Community nurse teams know how to refer to Dementia Navigators.</p> <p>Share information on support agencies, including benefits, carers support and Dementia Café's on websites, leaflets, GP.</p>

# Living Well

## NICE Statement/ Dementia Declaration

People with dementia can live normally in safe and accepting communities.

Outcome	Action	
More people with dementia and their carers connecting to support through their Navigator, who will use an asset-based approach to enable people to continue to live well. Ensure high quality, appropriate post-diagnostic support is available to all, including younger people, those with comorbidities and those from BME groups	<p>Ensure all agencies are referring directly to the Dementia Navigator Support Service delivered by the Alzheimer's Society.</p> <p>Make links with BME groups, community and faith groups.</p>	<p>Advertise all post diagnostic support available to the public and professionals.</p> <p>Explore Dementia Navigators meeting patients at Assessment.</p>
More people with dementia engaged with agreeing advanced care plans and using self-directed support	<p>Dementia Navigators will ensure a plan is in place that promotes independence and supports in planning for changes in the future.</p> <p>An asset-based approach will be taken to support people in what they can continue to do, like to do and enjoy doing to enable people to live fulfilling lives. This includes, healthy lifestyles, community activities, dementia cafes and benefit checks.</p>	<p>Information on where to go when things change will be readily available to avoid patients and carers entering crisis.</p> <p>All agencies will encourage people affected by dementia to plan for the future with early conversations and refer where appropriate, to compassionate communities and dying well.</p>
Continue the work of the Dementia Action Alliance and remain accredited as a Dementia Friendly Community	<p>Deliver community events.</p> <p>Increase members.</p> <p>Increase in number of dementia friends.</p>	<p>Expand activity to schools and transport.</p> <p>Explore cultural, leisure and social opportunities are available and promoted.</p>
Carers and family support	<p>Continue the assessment and support delivered by the Carer Support Team.</p> <p>Explore the development of the CRISP programme for carers.</p>	<p>Ensure carers needs are assessed and support is in place to maintain their own wellbeing.</p> <p>Enable carers to access support and promote community support available to them.</p>
Promote independence	<p>Information on what is available is accessible in all community and statutory agencies.</p> <p>Explore the possibility of commissioning Admiral nurses.</p>	<p>Navigators will make referrals to enable people to continue their independence by referring to assistive technology, welfare support and where to seek advice and guidance.</p>

# Supporting Well

## NICE Statement/ Dementia Declaration

Access to safe, high quality health and social care for people with dementia and carers.

Outcome	Action	
People affected by dementia will have a named Navigator to connect them to the available support	All agencies to refer.	All services are equipped to signpost people to support, particularly for people who are receiving a late diagnosis.
More people with dementia will have an Advanced Care Plan that includes end of life planning.	<p>Early conversations by all care co-ordinators to ensure the completion of an Advanced Care Plan- services are quipped to refer to teams that can complete Plans.</p> <p>Care plans should be personalised and specific on patient's wishes and deter hospitalisation which would cause further deterioration.</p>	All patients will have a Care Plan, and this will be based on 'This is me' - this should include information on mental capacity and lasting power of attorneys.
Integrated support for dementia is offered through health and social care teams and voluntary or community organisations	<p>Supporting Well strategy group continues to meet and ensures shared information to improve services by problem solving and sharing information. This may include, shared protocols and training between services.</p> <p>Co-ordination of services to be improved and full offer of support to be mapped and implemented.</p>	<p>Agencies make connections to existing services, such as the Frailty pathway and Telecare.</p> <p>Explore Frailty Co-ordinators in GP clinics who will connect to health and social care services.</p> <p>Report the impact of EPAC once rolled out – improve the expectations of GP's as care coordinators once EPAC is in place and LES in place.</p>
Developing community teams to treat more people in their own home leading to below;	Supporting Well strategy group continues to meet and ensures shared information to improve services by problem solving and ensuring actions are undertaken.	Explore GP groups who have an interest in dementia and service improvement.
Reduction in admissions to acute care	Review respite and day support for people affected by dementia and develop a new model in line with modernised day services and incorporating new health community team input.	Map independent community services such as Age concern sitting service, carer support, community support and extra care schemes.



# Supporting Well

## NICE Statement/ Dementia Declaration

Access to safe, high quality health and social care for people with dementia and carers.

Outcome	Action
<p>Improving the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns</p>	<p>Rapid Intervention Team already treating people in care homes and at home. This offer to be formalised to support hospital avoidance.</p> <p>Develop a bespoke community team that offers clinical support to care homes and to people in their home. Particularly to improve outcomes for patients with dementia where hospital admission often provides further challenges and confusion. Explore mental health teams home treatment team and crisis resolution model.</p> <p>Explore a targeted training and support package to those homes with high admissions to hospital.</p> <p>Explore Dementia Outreach Team and expanded offer in hospital to home.</p> <p>Develop D2A and Reablement pathway to ensure staff and professionals are able to support people with their primary goals with a dementia diagnosis.</p> <p>Work with the Integrated Care Alliance to ensure outcomes are monitored and recorded.</p> <p>Work with care home, domiciliary and care home staff to equip them in supporting people with dementia.</p> <p>Quality assurance teams to share best practice within care homes to raise improvements in dementia friendly environments and activities.</p> <p>Explore national models of community support and targeted support for people with advanced dementia.</p> <p>Explore Admiral nursing programme to deliver training to health professionals.</p> <p>Ensure all agencies have and refer to This is Me /About Me document – continued use in Red Bag.</p>
<p>Excellence in Dementia Care Programme</p>	<p>The Trust will continue to develop and deliver the Excellence in Dementia Care programme through the development and delivery of RWT's Strategy and campaigns.</p>

# Dying Well

## NICE Statement/ Dementia Declaration

People with dementia die with dignity and in the place of their choosing

Outcome	Action	
Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carers	<p>Share the pathway within the End of Life strategy - ensure criterion are as flexible as possible to provide a person-centred approach.</p> <p>Ensure information is given to people about mental capacity and lasting power of attorneys.</p> <p>Ensure agreed documentation is in place for teams who can complete Advanced Care Plans, advanced directives and refusal for treatment and that they are aware of responsibilities.</p>	<p>Continue the work between quality teams and care homes to equip staff with difficult conversations and ensure correct documentation is in place.</p> <p>Build on the work between Compton Care and CCG to ensure staff are confident to deliver this pathway and promote available training on end of life care conversations.</p>
Reduction in unnecessary hospital admissions within the last year of life	Explore the expansion of low-level palliative care and support.	Promote rapid discharge to home pathway as this is currently underutilised.
Bereaved carer's views on the quality of end of life care received	<p>Promote Bereavement Hubs that provide advice and opportunities to connect with people who are in the same position as you.</p> <p>Continue to deliver Dying Matters awareness weeks and promoting conversations.</p>	<p>Ensure support plans and plans in place are used to respect patient's wishes.</p> <p>Ensure everyone has access to information to enable a good death.</p>
Test the pathway	Undertake a walkthrough of all dementia interfaces and services. This will enable further understanding to develop areas and share good practice.	

# Dementia Action Alliance

The City of Wolverhampton's Dementia Action Alliance is part of a national movement which aims to encourage and support local communities and organisations to bring about a society-wide response, including practical actions which enable people to live well with Dementia. The Alliance is co-ordinated through City of Wolverhampton Commissioning Team and chaired independently. Some examples of our members actions include, ensuring all staff become Dementia Friends, holding social spaces for people living with dementia and their carers, holding awareness days in their organisation and during Dementia Action Week, making their space more dementia friendly.

## Members of Wolverhampton Dementia Action Alliance include but not limited to:

Age UK	FBC Manby Bowdler Solicitors	Trading Standards
Alzheimer's Society	Fiddle Finger Quilts	University of Wolverhampton
Asda	Grand Theatre	West Midlands Fire Service
Accord	Healthwatch	West Midlands Police
Beacon Centre	HSBC Bank	West Midlands Ambulance Service
Black Country Partnership NHS Foundation Trust	Home Instead	Wolverhampton Clinical Commissioning Group
BME United	Lloyds Bank	Wolverhampton Homes
Citizen's Advice Bureau	Memory Matters	
City of Wolverhampton Council	Mid-Counties Co-op/Alz Cafe	
Compton Care	Newhampton Arts Centre	
Dementia Friendly GP Surgeries	Ring and Ride	
Dementia UK	The Royal Wolverhampton NHS Trust	
Diocese of Lichfield		



**We hope our membership continues to grow -**  
to become a member please contact the  
People Commissioning Team on  
[people.commissioning@wolverhampton.gov.uk](mailto:people.commissioning@wolverhampton.gov.uk)

# Dementia Friends

**As well as providing dementia awareness training to people from all walks of life, the Joint Dementia Strategy also seeks to encourage more people to become Dementia Friends.**

Nationally, more than one million people have signed up to become Dementia Friends through the Alzheimer's Society, and in doing so have developed a greater understanding of dementia, and what can be done to help people who are living with the conditions. Becoming a Dementia Friend does not mean befriending someone with Dementia.

In Wolverhampton we have over 13,000 registered Dementia Friends! We hope this number continues to grow. Anyone can become a Dementia Friend and there are many ways in which you can become a Dementia Friend, to find out more please visit [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk) for more details.



# Appendix: key standards

Our Joint Dementia Strategy and Joint Strategic Needs Assessment will underpin the work we do to improve outcomes for people living with dementia and their carers in the city of Wolverhampton.

We are also aligning our approach with the national ‘2020 Challenge on Dementia Implementation Plan’ (2016).<sup>2</sup> This plan sets out a ‘Well Pathway’ for people’s journey with dementia and will continue to hold pertinence in the future. The city of Wolverhampton has aligned its measures and actions for support for dementia with this framework, as set out within this document.

## Other key standards include:

- Prevention (NICE Guideline)
- Risk reduction (OECD Dementia Pathway)
- Health information (NICE Pathway)
- Supporting research (OECD Dementia Pathway)
- Preventing people dying prematurely (NHS Outcomes Framework)
- Diagnosis (NICE Guideline and OECD Dementia Pathway)
- Memory assessment (NICE Guideline and NICE Quality Standard 2010)
- Concerns discussed (NICE Quality Standard 2013)
- Investigation (NICE Pathway)
- Provide information (NICE Pathway)
- Integrated and advanced care planning (NICE Guideline, NICE Quality Standard 2010, NICE Quality Standard 2013 and OECD Dementia Pathway)
- Healthcare public health and preventing premature mortality (Public Health Outcomes Framework)
- Integrated services (NICE Guideline, NICE Quality Standard 2013 and OECD Dementia Pathway)
- Supporting carers (NICE Quality Standard 2010, NICE Pathway and OECD Dementia Pathway)
- Carers respite (NICE Quality Standard 2010)
- Coordinated care (NICE Guideline and OECD Dementia Pathway)
- Promote independence (NICE Guideline and NICE Pathway)
- Relationships (NICE Quality Standard 2013)
- Leisure (NICE Quality Standard 2013)
- Safe communities (NICE Quality Standard 2013 and OECD Dementia Pathway)
- Enhancing quality of life for people with long-term conditions (NHS Outcomes Framework)
- Choice (NICE Quality Standard 2010, NICE Quality Standard 2013 and NICE Pathway)
- Behavioural and psychological symptoms of dementia (NICE Quality Standard 2010)
- Liaison (NICE Quality Standard 2010)
- Advocates (NICE Quality Standard 2013)
- Housing (NICE Quality Standard 2013)
- Hospital treatments (NICE Pathway)
- Technology (OECD Dementia Pathway)
- Health and social services (OECD Dementia Pathway)
- Hard to reach groups (NICE Quality Standard 2013 and OECD Dementia Pathway)
- Ensuring people have a positive experience of care (NHS Outcomes Framework)
- Treating and caring for people in a safe environment and protecting them from avoidable harm (NHS Outcomes Framework)
- Palliative care and pain (NICE Guideline and NICE Quality Standard 2010)
- End of life (NICE Pathway)
- Preferred place of death (OECD Dementia Pathway)
- Prime Ministers Challenge 2020



# Glossary

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Glossary of key health and social care terminology that has been used in this document:

BCPFT	Black Country Partnership Foundation Trust
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CRISP	Carer Information Support Programme
D2A	Discharge to Assess
EPACC	Electronic Palliative Care Co-ordination
GP	General Practitioner
GSF	Gold Standard Framework
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Service
MSNAP	Memory Services National Accreditation Programme
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
OECD	Organisation for Economic Co-operation and Development
POPPI	Projecting Older People Population Information System
QOF	Quality and Outcome Framework
RWT	Royal Wolverhampton Trust
SWAN	End of Life Programme
THIS IS ME	A support tool to enable person-centred care





**Beacon Centre**  
for the Blind

