



Health and Wellbeing Together

10 April 2019

Report title	Joint Dementia Strategy for Wolverhampton 2019 - 2024	
Cabinet member with lead responsibility	Councillor Sandra Samuels OBE Cabinet Member for Adults	
Wards affected	All wards	
Accountable Director	David Watts, Director of Adult Services John Denley, Director of Public Health Steven Marshall, Director of Strategy and Transformation and Deputy Chief Operating Officer, NHS Wolverhampton Clinical Commissioning Group (CCG)	
Originating service	People Commissioning	
Accountable employees	Andrew Wolverson Susan Eagle Tel Email	Head of Service - People Commissioner 01902 555344 susan.eagle@wolverhampton.gov.uk
	Sarah Fellows	Mental Health Commissioning Manager NHS Wolverhampton CCG
Report has been considered by	Adult Leadership Team NHS Wolverhampton CCG Governing Body	19 February 2019 28 February 2019
Report to be considered by	Strategic Executive Board Health and Wellbeing Together Cabinet	26 March 2019 10 April 2019 05 June 2019

Recommendation for decision:

The Health and Wellbeing Together Board is recommended to:

1. Approve the Joint Dementia Strategy 2019 – 2024 for Wolverhampton.
2. Approve the topic specific Joint Strategic Needs Assessment for Dementia in Wolverhampton.

Recommendations for noting:

The Health and Wellbeing Together Board is recommended to note:

1. The updated Joint Dementia Strategy 2019-2024 is an overarching document that incorporates City of Wolverhampton Council and NHS Wolverhampton CCG's commissioning intentions. 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 to enable people affected by dementia to live well in their community.
2. The updated Joint Dementia Strategy 2019-2024 was informed and developed by an extensive consultation that was carried out as part of the development for the Strategy and the Joint Strategic Needs Assessment (JSNA) completed in February 2019 by Public Health. Initial feedback was sought on the draft Strategy and JSNA from Public Health, Council and NHS professionals, members of the Wolverhampton Dementia Action Alliance and the voluntary sector.
3. The action plan developed to accompany the Strategy document will be monitored by the Better Care Fund Dementia workstream group.

1.0 Purpose

- 1.1 This report describes the aims and scope of the updated Joint Dementia Strategy 2019 - 2024 for Wolverhampton, produced by a multi-agency workgroup including representation from the voluntary and community sector as well as carers of people who are living with dementia.

2.0 Background

- 2.1 The City of Wolverhampton's previous strategy was developed in 2015 by a multi-agency partnership. Since 2015 there has been significant progress in developing and delivering support to people affected by Dementia, including families and carers. This includes Wolverhampton Dementia Action Alliance being recognised as Dementia Friendly Community of the Year 2018 by the Alzheimer's Society.
- 2.2 In terms of population needs analysis, dementia is one of the world's major causes of disability and dependency in older people. It has an impact on the quality of life of not only those that have dementia, but of their families and carers too. The impact on carers and family can be physical, psychological, social and economic. There is often a lack of awareness and understanding of dementia, which can result in stigmatisation of the disease and barriers to care and diagnosis. Worldwide, the number of people with Dementia is estimated to triple by 2050. In 2015, the cost of dementia to the global community was \$818 Billion and is estimated to cost \$2 Trillion by 2030 (Source: JSNA <http://www.who.int/mediacentre/factsheets/fs362/en/>)
- 2.3 The Prime Ministers Challenge 2020 document stated the Governments key aspirations and commitment for improving Dementia support services in England by 2020:
- "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". The updated Strategy is aligned to the priorities outlined in the Prime Ministers Challenge.

3.0 National and local context

- 3.1 According to The Prime Ministers Challenge 2020 document:
- There are 676,000 people with Dementia living in England and this figure is set to grow.
 - Dementia costs society an estimated £26 billion a year, more than the costs of cancer, heart disease or stroke.
 - A recent study estimated that by 2030, dementia will cost companies more than £3 billion, with the numbers of people who will have left employment to care for people with dementia set to rise from 50,000 in 2014 to 83,100 in 2030.

3.2 The JSNA for Dementia in Wolverhampton:¹

- estimated that there are over 3,000 people living with dementia
- projected that this figure will rise to 4,703 people by 2035
- demonstrated the relatively high prevalence of dementia in the City of Wolverhampton, with approximately five percent of citizens aged 65 and over living with the condition.

3.3 Recommendations in the JSNA include connecting people to support services earlier, ensuring that Black and Minority Ethnic Groups can access support, and promotion of both prevention messages and existing support available.

4.0 Joint Dementia Strategy 2019-2024

4.1 The Joint Dementia Strategy is underpinned by the topic specific Joint Strategic Needs Assessment (JSNA). 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. Both the Strategy and JSNA were informed by extensive consultation. This included:

- a. A public and professionals Survey completed in 2018, which included specific questions related to dementia support and barriers.
- b. Focus groups with the community such as people affected by dementia, professionals and carers. The JSNA also analysed, local and national data sources.
- c. JSNA and Strategy Development Groups.

4.2 Reflecting both the local and national vision for transforming dementia care and support, the 2015 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, aligned with NICE Quality statements and Prime Ministers Challenge on Dementia. This updated strategy keeps these central themes whilst recognising the opportunity to redesign services in a challenging climate with growing demand on resources.

4.3 The updated Strategy was developed in partnership with Public Health, City of Wolverhampton Council, Health Professionals and voluntary sector representatives. A Dementia Strategy Group met bi-monthly to review and discuss the pathways, need and demand to support people affected by dementia. The NHS Living Well Pathway for Dementia was used to provide thematic group discussions and ensure all elements of the pathway was discussed. This framework underpins the updated Joint Dementia Strategy 2019-2024 as detailed below and is grouped into themes, as follows: Preventing Well, Diagnosing Well, Living Well, Supporting Well and Dying Well.

¹ Source: <http://www.poppi.org.uk/>

Our Aims for people affected by Dementia in Wolverhampton

Preventing Well	The City of Wolverhampton will be 'memory aware' and promote risk reduction through healthy lifestyles.
Diagnosing Well	People living with dementia in the City of Wolverhampton will receive a timely diagnosis with an offer of early support.
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.
Supporting Well	People living with dementia in the City of Wolverhampton will receive support that adapts to changing needs with access to good quality secondary care.
Dying Well	People with dementia in the City of Wolverhampton can die with dignity and respect.

- 4.4 In developing the updated Strategy it is recognised that there are pockets of good practice. However, this support was not always clear to individuals and professionals, and that work could be joined up better across the wider system. This Strategy will help to avoid unnecessary duplication and allows the identification of any gaps or unmet need such as in respect of the experience of those who are hard of hearing or deaf or from specific ethnic communities.
- 4.5 The updated Joint Dementia Strategy 2019-2024 provides a high-level summary of current achievements and planned workstreams across the City of Wolverhampton Council and CCG. It promotes messages of prevention, including specific pieces of work to engage with Black and Minority ethnic groups through all levels of support including being able to use good practice such as advance end of life care planning. It provides key actions, covering all levels of support from universal to specialist services.

4.6 The aim is to not only meet the specific needs of people diagnosed with dementia but also recognise the levels of support required as a person ages, or their dementia advances, whilst promoting positive messages of wellbeing and related risk factors.

5.0 Key Themes in the Joint Dementia Strategy 2019-2024

5.1 In addition to the recommendations of the JSNA, the key redesign highlighted in the Strategy is the development of a new integrated offer that supports the delivery of targeted specialist care and support in people's homes, this also includes residential care homes.

5.2 The Strategy also highlights gaps in the community pathway to support people with dementia to access day/community respite.

5.3 There is a commitment in the Strategy to engage with Black and Minority ethnic communities.

5.4 The partners are requested to continue to work together to deliver the actions and utilise partnership working groups including the Better Care Fund workstreams.

5.5 This updated Strategy has provided a framework for developing an action plan based on systematic identification of where support may be lacking, and opportunities for working across teams, sectors and organisations to deliver quality outcomes during challenging demands and budget pressures.

6.0 Financial implications

6.1 There are no financial implications arising directly from this report. Any costs related to delivery of the strategy will be met from existing budgets.

[AJ/15022019/N]

7.0 Legal implications

7.1 The CCG has statutory obligations to commission safe, effective services that deliver value for money in partnership with key stakeholders and in response to levels of need and service user and carer views. This is in keeping with the seven key principles of the NHS Constitution (2015) and also with operational and planning guidance as laid out in the mandate to NHS England by the Department of Health.

The Health and Wellbeing Board is a statutory board established under the Health and Social Care Act 2012. It has a statutory duty to promote the integration of commissioning.

[TS/14022019/Q]

8.0 Equalities implications

8.1 A reduction in health inequalities is an overarching aim of the Strategy. Equalities impact assessments will be carried out as appropriate within the work programmes that make up the overarching Strategy.

8.2 The Strategy is inclusive and considers support for all needs and will continue to develop an understanding of potential barriers to access support and services. For example, considering the particular concerns from the Black and Minority Ethnic Groups, the deaf community and adults experiencing sight loss.

8.3 The Council and CCG are committed to ensuring the correct assessments are completed through any associated projects.

9.0 Environmental implications

9.1 There are no environmental implications directly associated with this report. If specific implications arise in redesign projects, these will be highlighted through separate workstreams and reports.

10.0 Human resources implications

10.1 There are no human resources implications directly associated with this report. If specific implications arise in redesign projects, these will be highlighted through separate workstreams and reports.

11.0 Corporate Landlord implications

11.1 There are no Corporate Landlord implications directly associated with this report. If specific implications arise in redesign projects, these will be highlighted through separate workstreams and reports.

12.0 Health and Wellbeing Implications

12.1 A Joint Dementia Strategy in place will have a beneficial impact on the local population but through facilitating discussions between partner organisations and key stakeholders an opportunity exists to ensure pathways, processes and in turn outcomes improve across organisations and sectors.

13.0 Schedule of background papers

14.0 Appendices

14.1 Appendix 1 - Joint Dementia Strategy 2019-2024 (draft)

Appendix 2 - Joint Strategic Needs Assessment – Dementia 2019 (draft)