Coventry and Warwickshire's Living Well with Dementia Strategy 2024 - 2029

Coventry City Council

NHS Coventry and Warwickshire

Warwickshire County Council

Contents

Coventry and Warwickshire's Living Well with Dementia Strategy 2024 - 2029

Why have we developed a Coventry and Warwickshire Living Well with Dementia Strategy 2024 – 2029?

There are over 7,000 people with a diagnosis of dementia, and over 12,300 people estimated to be living with dementia across Coventry and Warwickshire aged 65+. (NHS England, 2024). However, dementia also affects the person with dementia's family, friends, colleagues, and neighbours

Although significant developments and improvements in diagnosis, care, and support have been made in recent years, we know that people with dementia and their carers still experience challenges. Some of the key issues include:

- There can still be stigma surrounding dementia, which may result in people not seeking diagnosis, or accessing care and support at an early stage. **We need to do more to raise awareness and understanding of dementia.**
- Although support is available after a diagnosis of dementia (known as post-diagnosis support), for various reasons people do not always access services which can help them to understand the condition, develop plans, and access a range of support until things become much more difficult. **We want people to access the support they need at an earlier stage.**
- Family and friends who are caring for a loved one with dementia do not always have support for themselves. There is a risk of carer burnout as the demands of caring for their loved one increase. **We need to ensure that carers are better supported.**
- There may be several services involved in supporting and caring for someone with dementia. Carers tell us it can be difficult finding out about services and support, and that understanding what different services do can be confusing. **We need to ensure that people affected by dementia are supported by the right services at the right time.**

- As a result of the COVID-19 pandemic, some voluntary sector services have closed. This has increased geographical inequalities in the availability of services and support for people affected by dementia. **We need to ensure that the voluntary sector is supported to ensure it can continue to help people affected by dementia.**
- The number of people living with dementia is increasing. **We need to ensure that services work more closely together so limited resources are used in the best way possible to support people with dementia and their carers.**

This strategy seeks to recognise the complexities and individual experience of dementia, both for the person living with dementia and for those who care for them. With support, information and guidance, people can live well with dementia and continue to take part in activities and do things that they enjoy.

The strategy brings together all the agencies that may support people affected by dementia (including health, local councils, and the voluntary sector) and outlines the commitment we will make in working more closely to ensure that people with dementia and their carers have access to the right support, at the right time, in the right place, throughout the entire dementia journey – from diagnosis through to end of life, and ongoing support for bereaved families.

Within this strategy, we will use the term 'affected by dementia' to include people who have dementia and people who care for a person with dementia.

The strategy is a partnership strategy across health, local councils and the voluntary and community sector in Coventry and Warwickshire. Organisations across the area are already working closely together with the aim of supporting people affected by dementia, and we want to build on this work through the Dementia Strategy for 2024-2029.

At the time of publication, we are awaiting details of a new national 10 Year Plan for Dementia from government. Actions from this will be reflected in annual delivery plans.

What will Coventry and Warwickshire's Living Well with Dementia Strategy (2024-2029) do?

The Dementia Strategy sets out six key priority areas that will help to ensure people with dementia, as well as their carers, receive the appropriate support, information, and advice along their journey with dementia.

Each of these six priority areas include several objectives, which summarise what actions will be taken, and outcome measures that will enable us to track our progress.

How will the strategy be achieved?

The strategy is supported by a Delivery Plan which will include the specific steps that will be taken to ensure the strategy is achieved. The delivery plan for the forthcoming years will be developed annually and will include exactly what actions need to be taken, what organisation or person will lead each action, resources needed, timescales for achieving the actions, and detailed measures of success.

Achievement of the Delivery Plan will be the shared responsibility of all the agencies that support people affected by dementia (including health, local councils, and the voluntary sector). Targets for each outcome measure will be set annually as part of the development of the Delivery Plan and these will be monitored regularly. Monitoring of progress towards achieving the Strategy Delivery Plan will be by the Dementia Steering Group, who will report to other Boards, such as the Health and Wellbeing Board as requested. Please see the section 'How we will deliver this strategy' for more detail about this.

We want to ensure that the Dementia Strategy makes a real difference to the lives of people with dementia and their carers, and so we will involve people with dementia and carers in a range of activities to enable them to shape the delivery of the strategy and to provide feedback.

Please see more information about this in 'Dementia Statements and Co-production Approach'.

Foreword

Our vision is that throughout Coventry and Warwickshire people with dementia and their carers are supported, included, and respected so they can enjoy the best possible quality of life and remain independent longer. We will focus on strength-based support, early intervention, enablement, support to live well for longer, and development of personal and community resilience to help people to lead healthy, safe, and fulfilling lives. We will do this by working with communities and those who live with, and are affected by, dementia to improve support and services and ensure people know about the support available. We recognise that people affected by dementia will need help and changing levels of support as the condition ebbs, flows and progresses. This will include support through to end of life, and ongoing support for bereaved families.

The COVID-19 pandemic was particularly challenging for people with dementia and their carers. Whilst we know there have been many examples of excellent care and support, we also know many people experienced significant challenges including social isolation, lack of engagement in meaningful and enjoyable activities, and concerns about accessing services. This has further increased the health inequalities that existed before the pandemic.

Although dementia diagnosis rates were improving prior to the COVID-19 pandemic, we still need to do more to encourage and support people to come forward for a memory assessment if they have concerns about their memory. The benefits of receiving a timely diagnosis include access to treatment, support, and services. Many local organisations, groups and individuals are working to become dementia-friendly, which has done a great deal to reduce the stigma associated with dementia. We are confident that as we work towards achieving our strategy, we will be able to ensure more people receive support following a diagnosis of dementia which will help them to live well and remain at home and independent for longer.

The strategy shows our strong commitment to supporting family and friends who provide care and support for a loved one with dementia. This is important because, without support, informal carers are at risk of isolation and experiencing poor health outcomes. The links between the Dementia Strategy and strategies that focus on carers will help to ensure carers of people living with dementia are well supported.

Cllr Margaret Bell
Portfolio Holder for Adult Social Care and Health
Warwickshire County Council

Cllr Mal Mutton
Portfolio Holder for Health
Coventry City Council

Dementia Statements

The key priorities described in this strategy are in line with the Alzheimer's Society's Dementia Statements. These reflect what people with dementia have said are essential to their quality of life. Find out more about the Dementia Statements **here:**

Dementia Statement	Key priority in the strategy that will help achieve the statement
We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.	**Diagnosing Well, Supporting Well, Living Well** 
We have the right to continue with day to day and family life, without discrimination or unfair cost; to be accepted and included in our communities, and not live in isolation or loneliness.	**Diagnosing Well, Supporting Well, Living Well** 
We have the right to an early and accurate diagnosis; and to receive evidence-based, appropriate, compassionate, and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.	**Diagnosing Well, Supporting Well, Living Well, Training Well** 
We have the right to be respected and recognised as partners in care; provided with education, support, services, and training which enables us to plan and make decisions about the future.	**Diagnosing Well, Supporting Well, Living Well, End of Life, Training Well** 
We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia, and be supported to take part.	**All priorities** 

Co-production approach to development and delivery of the Dementia Strategy

An extensive engagement programme was undertaken to ensure the views of people with dementia and carers were included in the development of this strategy.

We will continue to work with people affected by dementia to ensure they are able to contribute to activities, projects and / or work programmes to support achievement of the Strategy Delivery Plan.

People with dementia and carers will also be supported to be involved in monitoring progress towards achieving the strategy through, for example, sharing their experiences and providing their feedback on services. This will help to ensure that the strategy makes a real difference to people affected by dementia. We will work to provide a range of opportunities such as through focus groups, interviews, questionnaires or 'mystery shopper' type activities to enable people to take part in a way that suits them.

If you wish to get involved in co-production activities, or for further information on the strategy, please contact:

Warwickshire
peoplestrategyandcommissioning@warwickshire.gov.uk

Coventry
socialcarecommissioning@coventry.gov.uk

Key data about people living with dementia in Coventry and Warwickshire

In 2024 there were 2,249 people in Coventry and 4,768 in Warwickshire with a dementia diagnosis.

Number of people with a diagnosis of dementia in Coventry and Warwickshire aged 65+

Source: **NHS England Primary Care Dementia Data, January 2024**

It is estimated that a higher number of people aged 65+ are living with dementia in Coventry and Warwickshire than those who have been diagnosed; in Coventry it is estimated that 3,780 people were living with dementia in 2024 and in Warwickshire, 8,525.

We also know that the numbers of people estimated to be living with dementia is increasing and that by 2040 there will be 4,882 people with dementia living in Coventry and 13,721 in Warwickshire[1].

Estimated number of people living with dementia in Coventry and Warwickshire currently and in future years.

	2024 (aged 65+)	2025	2030	2035	to 2040
Coventry	**3,780**	**3,831**	**4,193**	**4,490**	**4,882**
Warwickshire	**8,525**	**9,907**	**11,227**	**12,549**	**13,721**
North Warwickshire	986	1,150	1,337	1,473	1,638
Nuneaton and Bedworth	1,561	1,858	2,069	2,234	2,383
Rugby	1,380	1,690	1,950	2,121	2,337
Stratford-on Avon	2,628	2,813	3,255	3,716	4,055
Warwick	1,969	2,322	2,670	2,968	3,234
Coventry and Warwickshire total	**12,306**	**13,738**	**15,420**	**17,039**	**18,603**

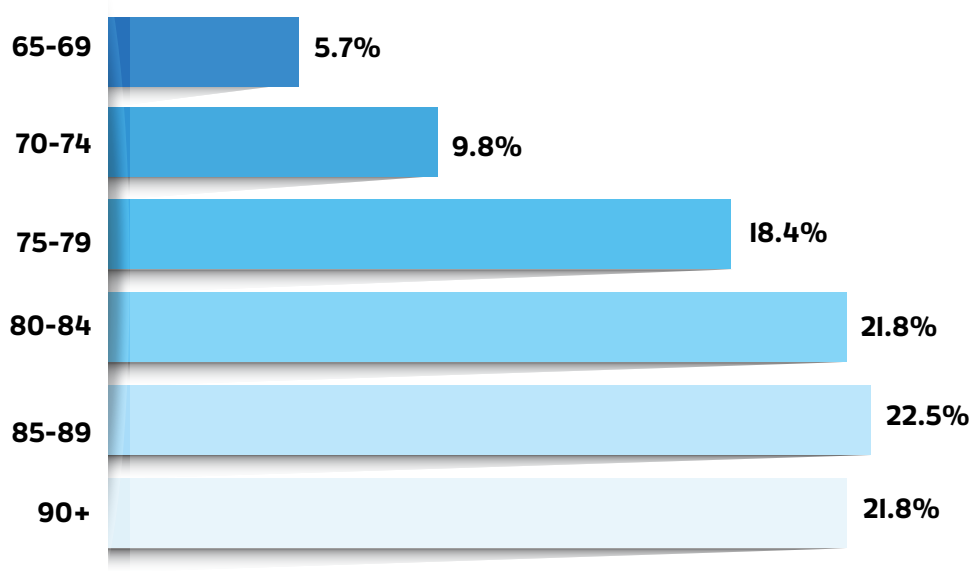
Source: **NHS England Primary Care Dementia Data – and Poppi, 2024**

[1] Reasons for the higher prevalence rate against diagnosis rate include the point at which people seek a diagnosis after onset of dementia, personal choice over whether to seek formal diagnosis, time taken to undertake necessary full assessment (particularly in younger people and more complex presentations) and public understanding of symptoms and when to seek assessment. The strategy discusses various ways Coventry and Warwickshire are seeking to increase dementia diagnosis rate to the national target of 66.7%.

Estimated number of people living with dementia in Coventry and Warwickshire currently

Risk of developing dementia increases with age, and therefore most people with dementia are in older age groups. However, dementia can occur at any age. While data only cover diagnosed dementia for people over 65, it is estimated that currently 79 people in Coventry and 164 people in Warwickshire under 65 have early onset dementia (PANSI 2023).

Spread of the over 65 dementia population in each age group in Coventry and Warwickshire



Source: Source: **Poppi, 2023**

Approach to development of the strategy

Local Engagement

This strategy has been developed following engagement with a wide range of stakeholders, including people living with dementia, carers, and practitioners; to understand the issues facing those affected by dementia and the barriers to overcoming these challenges. The engagement reports and a summary of how the findings were used to develop the strategy can be viewed at: **dementia.warwickshire.gov.uk**

This strategy builds on work achieved through Coventry City Council and Warwickshire County Council's previous dementia strategies.

National and Local Policy / Strategic Context

Our work to improve the lives of people affected by dementia through this strategy links to several other key programmes of work.

To achieve our ambitions of improving the lives of people affected by dementia, there are national policy frameworks, national and local strategies, and evidence which have been used to develop the strategy and which will support delivery of the strategy. Many of these have involved significant engagement and co-production with practitioners, people living with dementia, and carers. Some of the key references are below:

- **Care Act 2014**
- **Coventry and Warwickshire Health and Care Partnership Plans**
- **Coventry City Council Plan (2016-2024)**
- **Coventry Health and Wellbeing Strategy (2019-2022)**
- **Health and Social Care Integration: Joining up care for people, places and populations (2022)**
- **National Institute for Health and Care Excellence Guidance (NICE) (2018) Dementia: assessment, management and support for people living with dementia and their carers (NG97)**
- **NHS Long Term Plan (2019)**
- **People at the Heart of Social Care: adult social care reform (2021)**
- **Prime Minister's Challenge on Dementia 2020 (2015)**
- **Tackling Social Inequalities in Warwickshire (2021-2030)**
- **Warwickshire County Council Plan (2022-2027)**
- **Warwickshire's Health and Wellbeing Strategy (2021-2026)**

At the time of publication, we are awaiting details of a new national 10 Year Plan for Dementia from government. Actions from this will be reflected in annual delivery plans.

Coventry and Warwickshire's Living Well with Dementia Strategy Priorities

We plan to achieve the strategy aims by focussing on the following six priorities, which are aligned to the national priorities of The Well Pathway for Dementia:

Priority One: Reducing the risk of developing dementia

We will promote and support healthy lifestyles, aiming to reduce people's risk of developing dementia.

Priority Two: Diagnosing Well

We will work to ensure people receive a timely, accurate diagnosis of dementia and that they are linked in with support soon after diagnosis.

Priority Three: Supporting Well

We will work to ensure people living with dementia and their family and carers have access to safe, high-quality support and care, that is strengths-based and personalised.

Priority Four: Living Well

We will work to ensure people affected by dementia can live in safe and accepting communities, where they can access a range of support services and enjoyable and meaningful activities.

Priority Five: End of Life care

We will work to ensure people with dementia are supported to die with dignity in the place of their choosing, and that their families are supported.

Priority Six: Training Well

We will work to ensure training and awareness opportunities are offered to support communities to increase their awareness of dementia, and that staff who work with people affected by dementia have access to appropriate, accredited training.

Challenges and response to the COVID-19 pandemic

We recognise the challenges that the COVID-19 pandemic brought for people affected by dementia. This strategy aims to work to overcome these and build on some of the positive developments that have emerged. This includes:

- Individualised and flexible assessment and support options delivered in a way that suits the people receiving the service, and
- The option of virtual support (whether online or by phone) and activities alongside face-to-face support where this is possible, which has provided a wider choice of wellbeing programmes involving arts, music, and physical activity.

Delivery of the Strategy

The Dementia Steering Group will oversee the development of a Delivery Plan to support achievement of the strategy. This will be updated annually with a focus on activities and targets for the following year.

The Delivery Plan will be reviewed every six months and achievements monitored by the Dementia Steering Group. This will ensure we remain on track to achieving the strategy, including identifying any additional funding required, and sources of funding. It will also enable us to modify or develop the strategy if necessary, for example to reflect policy changes coming from the national 10 Year Plan for Dementia.

Working groups will be established focusing on individual priorities and will include practitioners from a range of organisations. Where possible, people with dementia and carers will also be involved (directly or indirectly).

Some of the key partners who will be involved in the Steering Group and / or workstreams include;

- **Warwickshire County Council (WCC)**
- **Coventry City Council (CCC)**
- **Coventry and Warwickshire Partnership Trust (CWPT)**
- **Coventry and Warwickshire Integrated Care System (ICS)[2]**
- **South Warwickshire Foundation Trust (SWFT)**
- **George Eliot Hospital (GEH)**
- **University Hospitals Coventry and Warwickshire (UHCW)**
- **Voluntary sector organisations**
- **People living with dementia and their carers**

The working groups will report on progress into other local groups and Boards as appropriate. This may include the Mental Health Collaborative, Joint Commissioning Boards, Health and Wellbeing Board, Corporate Boards and Cabinet.

[2] *The Integrated Care System (ICS) across Coventry and Warwickshire (which launched in July 2022) saw the development of new partnerships between the organisations that meet health and care needs across an area. The ICS will help to coordinate services and plan in a way that improves population health and reduces inequalities between different groups. This will improve the health and care of people affected by dementia.*

Key measures will be developed for each priority area and we will monitor progress towards achieving the strategy by regularly reviewing these key measures.

Warwickshire County Council and Coventry City Council have developed Action Plans to ensure support for carers. The Action Plans will include links to the Dementia Strategy. Further details about support for carers can be found at:

www.warwickshire.gov.uk/carers

www.coventry.gov.uk/carers

The Delivery Plan will address issues that may exist in particular areas across Coventry and Warwickshire, this will ensure an approach reflective of the characteristics of areas and communities. The Delivery Plan will also include a range of actions to be undertaken across Coventry and Warwickshire as well as actions targeted within specific areas as appropriate.

Many of the objectives will need to be achieved through existing funding and partnership working. However, we will also seek additional funding, which will enable us to enhance projects and activities to support achievement of some of the objectives.

Equality Impact Assessment

An initial Equality Impact Assessment has been completed and will be reviewed on a regular basis to ensure we meet our responsibilities in respect to the Equality Act 2010 and the Public Sector Equality Duty.

The assessment highlighted there is additional work to do to ensure services and support are inclusive, and that people with protected characteristics are not disadvantaged. An Equality Impact Assessment is a systematic and evidence-based tool, which enables us to consider the likely impact of work on different groups of people, for example people of different ages or people from different ethnic backgrounds. We will look to address inequalities as part of the Delivery Plan.

Priorities

The following pages detail each of the six priorities. For each priority area, we have included a summary statement of the overall aim of the priority. This is followed by background information.

A table for each priority shows some of the key developments and highlights in recent years, and a summary of progress to date. The table also shows where we want to get to by the end of the strategy in 2029 and a summary of how we will measure success. We have included both actions we are already working on, and others that we plan to undertake over the next five years. The Delivery Plan for the forthcoming year will be developed annually and will include exactly what actions need to be taken, what organisation / person will lead each action, any funding required, timescales for achieving the actions, and detailed measures of success.

Priority One: **Reducing the risk of developing dementia**

Approximately 30-40% of dementia cases are linked to risk factors that we can change.

However, only about 33% of people think it's possible to reduce their risk of developing dementia, compared to over 80% who think it is possible to reduce their risk of developing diabetes.

Although there are risk factors for dementia that cannot be changed, for example increasing age and genetics, there is strong evidence that the risk of developing dementia can be reduced by leading a healthy lifestyle. Unfortunately, even if people lead healthy lifestyles, they can still develop dementia, but a healthy lifestyle may help lessen the symptoms for those currently living with dementia.

People can reduce their risk of developing dementia through the following:

1. **Being more physically active**

2. **Not smoking**

3. **Avoiding harmful use of alcohol**

4. **Being a healthy weight for their height**

5. **Eating a healthy diet**

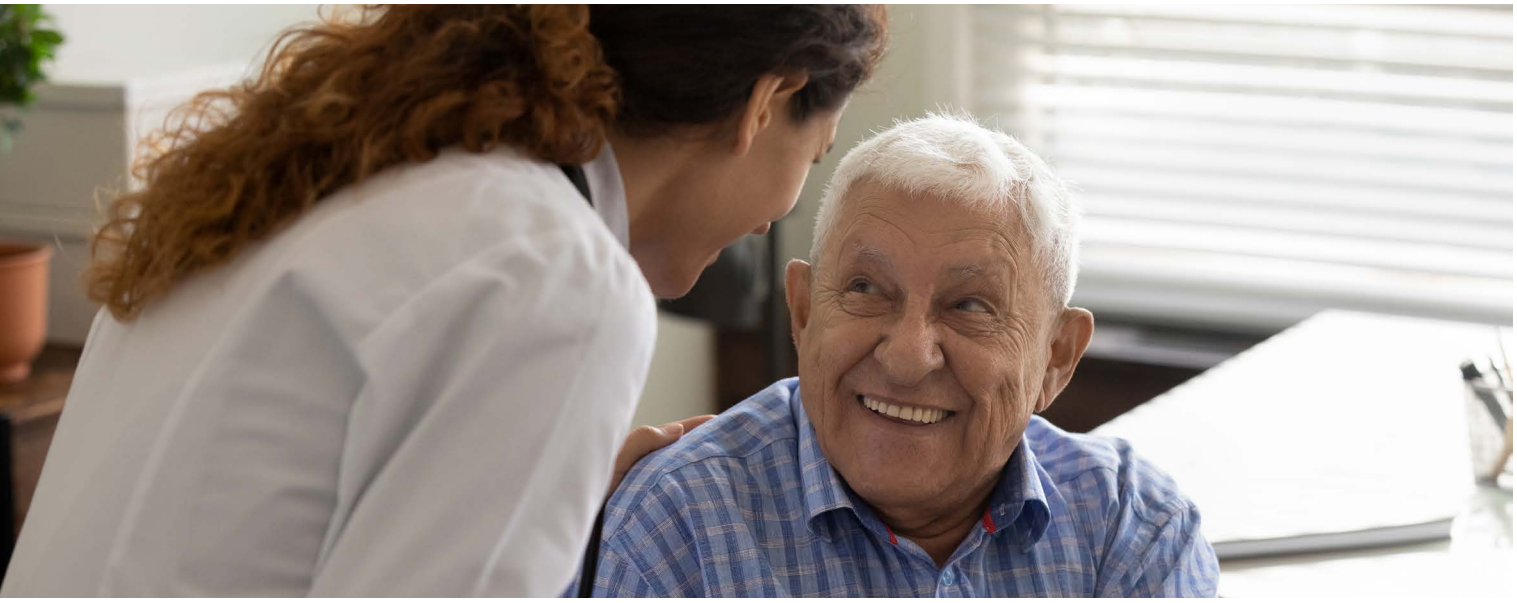
6. **Reducing salt intake**

7. **Keeping blood pressure, cholesterol, and blood sugar levels in a healthy range.**

"What's good for the heart is good for the brain"

There is also strong evidence for the benefits of staying mentally and socially active. Research has found that regularly challenging our brain and staying mentally and socially active can help protect brain health as we age, which can reduce the risk of developing dementia. Activities such as reading, doing puzzles or crosswords, singing or learning a new skill can help us to stay mentally active. Meeting friends or family, joining a club or volunteering can help us to stay socially active. These activities can be a good way to feel happier and more positive in life, relieve stress, reduce loneliness and improve mood, which can all help to look after our brain health.

What we have achieved	· Through health awareness campaigns we have raised awareness that the risk of developing dementia can be reduced through healthy lifestyles. · NHS Health Checks now include information about ways people can reduce their risk of developing dementia.
Current actions	· Raising awareness of the benefits of healthy lifestyles and of staying mentally and socially active to reduce the risk of developing dementia. · Supporting people with Mild Cognitive Impairment to access local physical activity on referral services



New actions	· We will encourage greater up-take of **NHS Health Checks** for those aged 40-74. Everyone who has an NHS health check should be made aware that the risk factors for cardiovascular disease are the same as those for dementia. People aged 65-74 should be made aware of the signs and symptoms of dementia and be signposted to memory services if this is appropriate. · In our awareness-raising we will include targeted communications and support for those at greater risk (e.g., those with Mild Cognitive Impairment, individuals with learning disabilities and people from Black and Minority Ethnic backgrounds). · We will promote opportunities for carers to take part in a range of activities and programmes to enhance their physical and mental health. · We will promote and support Making Every Contact Count across Coventry and Warwickshire, enabling practitioners to support their clients/customers/patients to make positive changes to their physical and mental health and wellbeing, and rolling this out across a wider staff group.
How we will measure success	Note that annual measures and targets will be set via delivery plans. · Reported understanding of ways to reduce the risk of developing dementia will increase. · Dementia risk reduction messages in at least 6 local public health campaigns per year by 2024. · Commitment from all relevant organisations to deliver dementia risk reduction messages

Priority Two:
Diagnosing Well

We will work to ensure people receive a timely, accurate diagnosis of dementia and that they are linked in with support soon after diagnosis.

An estimated 12,306 people in Coventry and Warwickshire live with dementia (**NHS England, 2023**), but only around 57% of these have a formal diagnosis. A diagnosis can help people prepare and come to terms with the changes that are happening and access a wide range of support for themselves and their families. It can also help loved ones to understand and support them. There is no cure for dementia but for some types of dementia it is possible to take medication to slow the progression of the disease. With support, people can live well with dementia and keep doing activities they enjoy.

Norman's story (diagnosed with dementia at 50)

"An early diagnosis of dementia is so, so important. Once diagnosed, I knew what I was up against. As they say: know your enemy. If I hadn't been diagnosed early and I hadn't been seen by consultants on a regular basis, I wouldn't be as well as I am today. I don't know what my future holds, but at least I'm prepared for it"

What we have achieved	· Increasing dementia diagnosis rates from 48% of those estimated to have dementia in 2012 to 56% in 2022, through specific schemes and increasing the capacity of the memory assessment service. · Many General Practitioners (GPs) are now trained to offer memory assessments for less complex cases, meaning patients can be diagnosed closer to home by staff they already know. · The introduction of post-diagnosis support packs and sessions for people newly diagnosed with dementia, and for their carers. · The Memory Assessment Service in Coventry has achieved Memory Service National Accreditation Programme (MSNAP) accreditation, recognising a high-quality service.
Current actions	· Raising public awareness of dementia and the benefits of receiving a timely diagnosis, with particular focus on communities who may not recognise dementia or where there may be cultural challenges to seeking a diagnosis. · Expanding training and support for GPs on undertaking diagnosis of dementia where appropriate. · Ensuring that carers' perspectives and information regarding their loved one is considered as part of the diagnostic process. · Working towards ensuring every practitioner who tells a person they have dementia being appropriately trained and offering post-diagnosis support. · Ensuring that everyone receiving a diagnosis of dementia receives a health care plan at the point of, or soon after, diagnosis, which is then reviewed annually. · Ensuring everyone that is newly diagnosed with dementia is referred to a post-diagnosis dementia support service and is followed up within three months of diagnosis if they initially decline post diagnosis support.

New actions	· As part of the Integrated Care System (ICS), develop partnerships to identify where additional dementia diagnosis can be carried out, and what resources are needed (training, after-care support) if diagnosis is carried out in a setting other than memory clinic. · Ensure waiting times for a diagnosis of dementia return to pre-pandemic levels and then, that they are made within 6 weeks of referral (unless specialist assessments/investigations are required). · The joint Coventry and Warwickshire memory assessment service work to achieve MSNAP accreditation. · Through our local networks, ensure that culturally sensitive assessment and diagnosis is developed and embedded across all dementia support services. · Work towards ensuring that everyone with a dementia diagnosis has a Named Worker and that this role is well understood. · Improve access to support through better integration of services supporting people at all stages of dementia. · Publish information on the key dementia services and support available, making it easier for people affected by dementia and the practitioners that support people affected by dementia to access the same information to improve care for people with dementia · Promote and strengthen the links between hospitals and Memory Assessment Services to help to identify and support diagnosis of dementia and those affected by dementia after a diagnosis has been made. · Review pathways from the Memory Service for those diagnosed instead with Mild Cognitive Impairment or another mental health issue, via other Coventry and Warwickshire Partnership trust (CWPT) services.
How we will measure success	Note that annual measures and targets will be set via delivery plans. · Dementia diagnosis rate reaches at least 66.7%, meaning two-thirds of those likely to have dementia have a formal diagnosis (national target). · Everyone who receives a diagnosis of dementia will be given a care plan, an information pack and will be referred to post-diagnosis support. · Reported satisfaction with the assessment process and post-diagnosis support offer will be maintained or increased (current satisfaction is at least 95% across Coventry and Warwickshire).

Priority Three: **Supporting Well**

We will work to ensure people living with dementia and their families and carers have access to safe, high-quality support and care that is strengths-based and personalised.

Post-diagnosis support helps the person living with dementia and their family come to terms with the diagnosis, access information, ask questions, find support and plan for the future. We will ensure people are linked in with sources of support and information as early after diagnosis as possible. Coventry City Council (CCC), Warwickshire County Council (WCC) and Coventry and Warwickshire Integrated Care Board (ICB) fund other organisations to provide post-diagnostic support locally.

"I can get through this as long as I keep getting your support and your calls, I don't trust just anyone coming to my house"

Feedback from individual with dementia using Dementia Day Opportunities service (delivered by Age UK Coventry and Warwickshire) during the COVID-19 pandemic.

What we have achieved

- Everyone receiving a dementia diagnosis is offered a 'Next Steps' course. Post-diagnostic support is available from **Dementia Connect** (delivered by Alzheimer's Society and funded by WCC and CCC) and **Admiral Nurses** (delivered by Dementia UK and funded by Coventry and Rugby GP (General Practitioner) Alliance).
- The Dementia and Memory Assessment Service in Coventry has achieved MSNAP, recognising high quality memory assessment services.
- The use of Assistive Technology (MySense technology used by South Warwickshire Foundation Trust (SWFT), and the Dementia Promoting Independence Service (used in Coventry) to enable people with dementia to live at home independently for longer.
- Arden Grove has been developed to deliver specialist housing with care for people living with dementia, based on the **Eden Alternative** model, and other dementia residential provision has been strengthened.
- South Warwickshire Foundation Trust have been delivering specialist nursing assessment and support through their Admiral Nursing Service since 2019, providing psychological and practical support to patients, families, and health professionals. From 2021 this provision was extended to provide outreach visits on discharge from hospital

Current actions	· Raising awareness of post-diagnosis support available for people affected by dementia; ensuring that information is easily accessible, available in a range of formats, and easy to understand. This involves bespoke campaigns within different parts of the community as required. · Improving access to services for people with dementia and their carers, ensuring geographical equity of commissioned services. · Promoting key dementia support services to GPs and other practitioners, so that they can ensure everyone has the chance to be linked in with a support service at diagnosis. · Ensuring carers of people with dementia are supported by the local Carer Wellbeing Support Service. · Developing the Living Well with Dementia website, including a map of services: **www.warwickshire.gov.uk/dementia** · Supporting the voluntary sector to restore and maintain local support services e.g., Dementia Cafes, as several of these were affected by the COVID-19 pandemic. · Developing and promoting the use of assistive technology to help people stay independent for longer, such as AskSARA, and MySense. · Working towards reducing the digital divide by supporting people with dementia and their carers to use a range of technology to enjoy a variety of virtual activities and stay connected to others. · Working towards equality of access to dementia support services for everyone, including people with protected characteristics. For example, ensuring that services are accessible and culturally appropriate and that there is geographical equity of commissioned services. · Building on good practice and sharing learning, such as the Admiral Nurse role in Warwick Hospital who supports advanced care planning for patients going back home to the community.

New actions	· Ensure people with dementia can access an annual review of their health care plan. This facilitates access to other sources of support and services and checking in, in case of any changes. · Ensure understanding and appropriate implementation of the Mental Capacity Act in care homes. · Redesign the dementia day opportunities offer with current and potential users of the service · Work to develop the broader provision of, and raise awareness of, person-centred respite support, appropriate to the needs of the person with dementia, to ensure carers can have a break. · Stimulate the market to increase the supply of high-quality care and support for people with dementia in line with increasing numbers, including for those with behaviour that challenges and/or complex behaviours. · Further improve the offer of domiciliary care, housing with care and residential and nursing care to meet the needs of people with dementia, towards equity with those without dementia. This may include enhancing training and skills for the workforce, having a named clinical lead for dementia in care homes, forming multidisciplinary teams to support care homes, maximising places available, and reducing unplanned hospital admissions, delayed discharges, and placement breakdowns. · Review and strengthen the dementia pathway for people with dementia entering and leaving hospital to minimise moves and changes in environment for people with dementia.
How we will measure success	Note that annual measures and targets will be set via delivery plans. · Everyone diagnosed will be offered an annually reviewed health care plan following diagnosis. · Everyone will be referred to post-diagnosis support and followed up 3 months later if they decline. · Reported satisfaction with the post-diagnosis support offer will increase by 40% between 2024 and 2029. · Reduction in acute/ emergency attendances to hospital due to dementia (baseline to be identified in Year 1). · Care providers report greater confidence in supporting people with dementia (baseline to be identified in Year 1).

Priority Four: **Living Well**

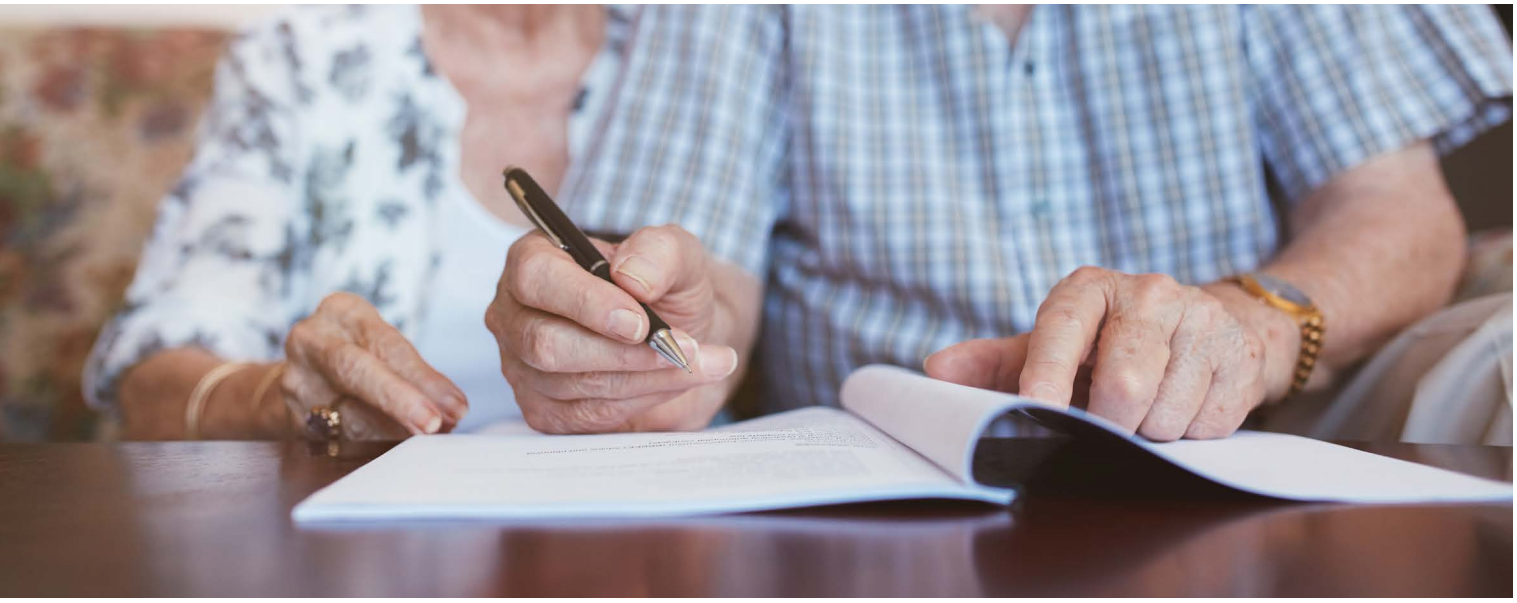
We will work to ensure people affected by dementia can live in safe and accepting communities, where they can access a range of support services and enjoyable and meaningful activities.

Case Study

Coventry and Warwickshire Library Service have played a key role in supporting people affected by dementia for over ten years. Libraries can help people to keep learning, stay connected and reduce isolation and loneliness. Many of the library staff work directly with the public and were keen to develop their knowledge of dementia and better understand the practical things they could do to support people affected by dementia. Most of the staff became Dementia Friends, (these are individuals who have taken the time to learn more about what it is like to live with dementia and the small things that they can do to make a difference). This helped staff to recognise and support the different needs of people with dementia using the library and try to encourage more people to use the library services. Libraries offer Books on Prescription - dementia collections to help people improve their health and wellbeing. All the books are selected and recommended by healthcare professionals and follow National Institute for Health Care Excellence (NICE) guidance. Books on dementia include personal stories and support for relatives and carers. Visit www.warwickshire.gov.uk/booksonprescription or https://www.coventry.gov.uk/info/126/libraries/3218/libraries_-_core_services/7 to find out more about how to borrow Books on Prescription or ask at your local library.

There is a lot we can do to support people living with dementia to live in safe and accepting communities, promoting understanding and acceptance and taking steps to make our communities more accessible. This means ensuring people with dementia remain able to access community provision such as shops, pubs, restaurants, libraries, entertainment venues and leisure centres, but also sometimes means bespoke activities for people living with dementia and their carers.

What we have achieved	· People in Coventry and Warwickshire can access information, details of services, and support via the **Warwickshire Living Well with Dementia website**. · **Reading Well Books on Prescription** offers a selection of self-help books about dementia in all local public libraries. · Over 90 organisations signed up to the Coventry and Warwickshire Dementia Action Alliance (DAA). Although the DAA does not exist in the same way, many of these organisations continue to raise awareness of dementia and support people with dementia in their local communities.
Current actions	· Ensuring a variety of support services and activities are available for people with dementia and their carers to maintain their mental and physical health and wellbeing. These will be appropriate and tailored, considering age, ethnicity, religion, gender, and sexual orientation. · Working to ensure ongoing support from a dementia support service (whether Dementia Connect, Admiral Nurses or another support service) for people with dementia and for carers to offer practical and emotional support. Practical support can include supporting with issues such as obtaining a Power of Attorney, claiming carers allowance, applying for a blue badge, managing behaviour that challenges, and planning for end of life. · Promoting a range of arts and cultural opportunities (for example, access to singing, music, arts, and crafts activities) to people living with dementia and their carers. · Promoting Dementia Friends, supporting an increase in numbers in Coventry and Warwickshire each year. · Ensuring information about benefits and entitlements are communicated to people living with dementia and they are supported to apply for these. · Reviewing how we can deliver accessible and effective support services and activities following the COVID-19 pandemic.
New actions	· Work to ensure equity of provision of community-led services where this is possible (e.g., for non-commissioned services). · Ensure people can access an annual review of their health care plan. This facilitates access to other sources of support and services and checking in, in case of any changes. · Promote dementia-friendly events and activities to encourage people living with dementia to continue to engage in a range of interests, hobbies, and activities. · Work closely with social prescribing colleagues to ensure people living with dementia and their carers are encouraged and supported to continue to take part in the activities they enjoy, and to develop new interests. · Establish a Dementia Forum across Coventry and Warwickshire to ensure closer links with, and support for, voluntary sector dementia support groups.
How we will measure success	Note that annual measures and targets will be set via delivery plans. · An additional 3,000 Dementia Friends in Coventry and Warwickshire by 2028. · 30% increase in how dementia-friendly people feel the local community is between 2024 and 2029.



Priority Five:
End of Life Care

We will work to ensure people with dementia are supported to die with dignity in the place of their choosing, and that their families are supported.

This priority focusses on end of life, which includes conversations about, and planning for end of life, as early as possible and appropriate. Dementia is a terminal condition and a quarter of people over the age of 65 will die with some form of dementia. In care homes, around two thirds of people will have dementia as a factor in their death. A person in the later stages of dementia may have symptoms or other conditions that make it harder to know when they are nearing the end of their life. This uncertainty can make it difficult to plan and put things in place.

Where possible, the person with dementia should be encouraged to plan for the future as soon as possible, including arranging for someone like a family member or friend to make decisions if that is needed. This is called a 'Lasting Power of Attorney' (LPA). Planning can also include stating preferred care options. This can help to reassure families that they are doing what's best for their loved one. People with dementia should be encouraged to talk about their wishes for end-of-life care while they are able to do so; for this reason it is important that end of life discussions start early in a person's journey with dementia, during the 'living well' phase where possible. Staff should understand individual wishes and preferences to ensure people are able to die with dignity and respect, free from pain and in a place they have chosen.

Case Study: End of life care

A gentleman was diagnosed with young onset dementia. Shortly after his diagnosis, his healthcare team encouraged him and his family to consider advance care planning while he was able to be fully involved in the conversations. He was clear that he didn't want to be in hospital unnecessarily if things got worse and his condition wasn't reversible, and that in this case he would not want to be resuscitated. A ReSPECT form (Recommended Summary Plan for Emergency Care and Treatment) was completed so these wishes were known to whoever was caring for him at the time.

A few years later, his condition deteriorated and he needed to be admitted to the dementia ward at the hospital. He had developed vascular complications and after review by doctors and vascular surgeons, it was clear there were no surgical options and he was likely to be in the last days of his life. This was discussed with his family who agreed that, as hospital care was needed to manage his pain, he should stay on the dementia ward where his needs were understood, and he felt settled. As the ward did not frequently provide end of life care, the staff were supported by the specialist palliative care team to provide symptom control for his pain and the Admiral Nurses to provide appropriate care to ensure his dignity was maintained. Though he died in hospital, having spoken about his wishes early on, his family were able to ensure the environment was peaceful and he was surrounded by the people and things that were most important to him.

What we have achieved	· A range of training has been delivered for professionals to support end of life care for people with dementia. This includes Dementia Awareness Training for Palliative Care Teams and Hospices; Training in Advance Care Plans for Community Dementia staff, and a workshop on end-of-life care for people with Dementia for clinicians from a variety of services. · Dementia support services and Next Steps groups can support people in making end of life plans.
Current actions	· Rolling out communication training to all those working with people with dementia and their families to improve skills in talking about end-of-life care. · Working with system partners to offer advance care planning conversations as soon as possible and appropriate after a person receives their dementia diagnosis. Promote linking this to retirement conversations with major employers. · Ensuring that all patients with a dementia diagnosis are offered a conversation regarding ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), which details a person's care and treatment recommendations, and is completed as appropriate (including taking account of the care setting they are in). Other needs and wishes should also be discussed and documented. These records should follow the patient, for instance if they go into hospital. · Promoting the availability of Admiral Nurses, as experienced dementia nurses, who can provide support to people living with dementia and their families in complex situations, including end of life. Ensure that Admiral Nurses are trained in end-of-life care and communication. · Ensuring that families of people with dementia are supported as their loved one approaches the end of life and after the death of their loved one. This will include support with financial advice after the death of their loved one.

New actions	· Ensure the Ambitions for Palliative and End of Life Care Framework (2021 – 2026) and the local system-wide (meaning health, local councils, and voluntary sector) End of Life Strategy are used to build accessible, responsive, effective and personal care needed at the end of life · Link with the work on the creation and use of an Integrated Care Record and other digital solutions to ensure improved coordination of care (including care at end of life) to ensure clinicians can access information to support appropriate care and understand people's wishes. · Ensure equitable access to specialist palliative care, including hospices and NHS teams. Link with hospices and community teams within Coventry and Warwickshire Partnership Trust (CWPT) and South Warwickshire Foundation Trust (SWFT) to help ensure the specialist palliative care service offer is inclusive to needs of people with dementia. · Ensure staff who care for people in care homes have access to training in End-of-Life care. For Admiral nurses / specialist palliative care teams / other appropriate teams to support nursing homes in offering advance care plans and ReSPECT forms to all residents to ensure appropriate treatment decisions and prevent inappropriate admissions.
How we will measure success	**Note that annual measures and targets will be set via delivery plans.** · Everyone diagnosed will be offered advance care planning. · Everyone with dementia will have EPaCCS (Electronic Palliative Care Coordinating Systems) records. · Alignment to measures developed as part of the broader End of Life strategy, for people with dementia.

Priority Six:
Training Well

We will work to ensure training and awareness opportunities are offered to support communities to increase their awareness of dementia. We will work to ensure staff who work with people with dementia and their carers have access to appropriate, accredited training.

There are a range of excellent training and awareness-raising opportunities available in a variety of formats (such as online training, webinars, face to face courses) and for different audiences, such as the public, informal carers, and practitioners. Many are free of charge. It is important that people are made aware of these training opportunities and encouraged to undertake them.

For staff, the national **Department of Health and Social Care Dementia Training Standards Framework** aims to ensure quality and consistency in dementia education and training. It details the essential skills and knowledge necessary for workers in health, social care, and housing.

The Care Certificate is the minimum training induction requirement for anyone entering health and social care, including staff across all commissioned services. The Care Quality Commission (CQC) require evidence of compliance with the Care Certificate for all providers registered with CQC. For other providers it is regarded as best practice and should be a minimum requirement. The Care Certificate can be accessed through the **Social Care Information and Learning Service (SCILS).**

What we have achieved	· There are now over 37,000 Dementia Friends in Coventry and Warwickshire. · Dementia Awareness sessions have been delivered to a range of organisations including Local Authorities, library services, voluntary sector, dental practices, general practices, hospices, and leisure centres. · Frontline social care staff (including care home staff) can access training via **Social Care Information and Learning Service (SCILS).**
Current actions	· Promoting dementia training and awareness opportunities to people affected by dementia, and people with an interest in dementia to increase awareness of dementia. · Offering further opportunities for people to participate in the Virtual Dementia Tour, which offers a sensory experience of what it is like to live with dementia. · All Local Authority staff and commissioned service staff being encouraged to undertake dementia awareness training. · Monitoring that everyone starting work in health and social care completes the relevant units of the Care Certificate
New actions	· Collate and promote a range of courses aimed at carers, delivered by local and national groups. · Develop a tiered learning platform on the Living Well with Dementia website to ensure access to learning opportunities is as easy as possible. · Local Authorities will aim to ensure that all direct and commissioned service staff who are working with people living with dementia are trained to at least Tier 2 of the Dementia Training Standards Framework. · Promote via our quality assurance processes that all home and residential care staff working with people living with dementia receive mandatory training. This should be equivalent to Tier 3 of the Dementia Training Standards Framework. · Develop Dementia Champions provider network for specialist and non-specialist residential and nursing homes, promoting good practice and person-centred care for all residents living with dementia.
How we will measure success	**Note that annual measures and targets will be set via delivery plans.** · An additional 3,000 Dementia Friends in Coventry and Warwickshire by 2028. · Increase in number of local authority and commissioned services staff trained to at least Tier 2 (baseline to be set in Year 1).


NHS
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Warwickshire
Integrated Care Board


NHS
South Warwickshire
NHS Foundation Trust


NHS
University Hospitals
Coventry and Warwickshire
NHS Trust


NHS
George Eliot Hospital
NHS Trust


NHS
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NHS Trust


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Warwickshire
County Council