



Birmingham
and Solihull
Integrated Care System



Birmingham and Solihull Dementia Strategy 2022-2027

Draft for Engagement
6th June - 17th July 2022



Welcome to the Birmingham and Solihull Dementia strategy for 2022-2027

This strategy is a plan for how everyone working in health and social care will work together across Birmingham and Solihull to improve the lives of people with dementia and those who look after them.

We have asked people with dementia, their carers, and our partners in health and social care what we should focus on to improve the care and support we provide to people, from activities aimed at preventing dementia, through to care at the end of people's lives.

Birmingham and Solihull Integrated Care Board (ICB), Birmingham City Council and Solihull Metropolitan Borough Council will work in collaboration with stakeholders including statutory, voluntary and third-sector organisations. We will use this strategy, with its detailed action plan, to hold us accountable for the improvements we will make over the next five years.

Introduction

Dementia is not an inevitable part of growing old.

With access to the right support, treatment and care, people can live well with dementia.

However, dementia is a condition which can still carry stigma and fear.

Fear can often prevent people from seeking the help and support they need.

A dementia journey will begin, when someone becomes aware of changes to their memory, or other symptoms associated with dementia. Depending on individual circumstances through the progression of their illness, they will experience diagnosis, treatment, post-diagnosis support, living well with dementia, and eventually end of life care.

Dementia causes complex cognitive and behavioural symptoms and can be unpredictable. This means that the provision of appropriate care and support, across the entire dementia journey, must be personalised to the individual's needs.

The Birmingham and Solihull ICS Dementia Strategy aims to enable all people with dementia and those who care for them, to have the best possible health and social care support through their dementia journey.

This will be achieved through 4 key priorities:

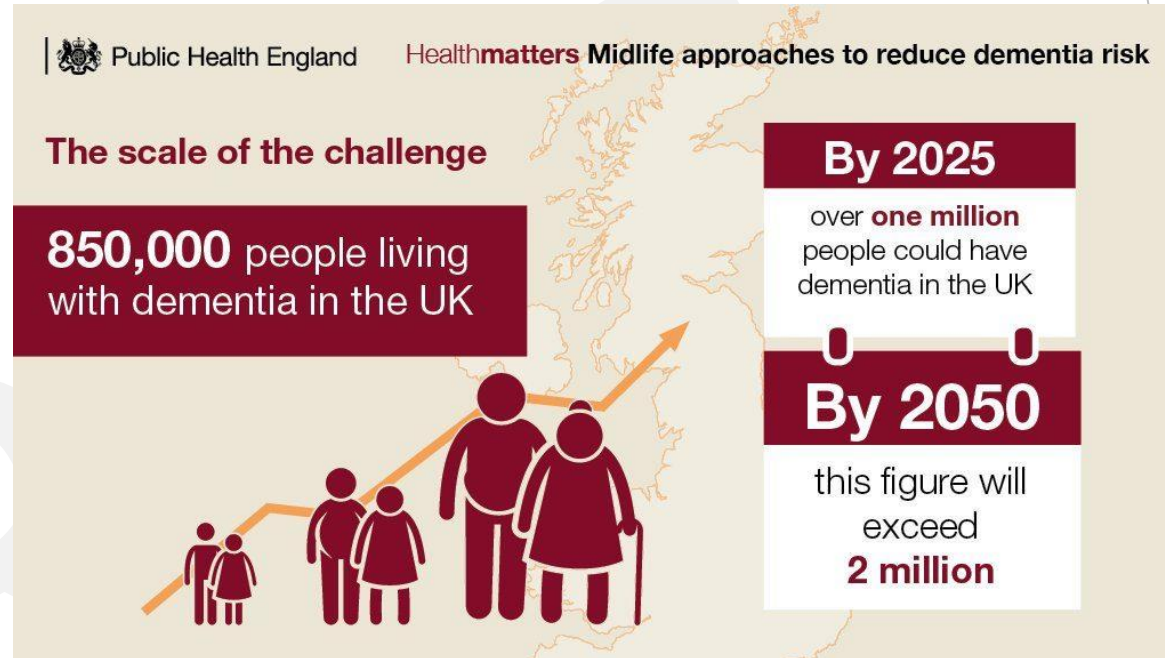
- **Information** which focuses on prevention of dementia, early intervention and support.
- **Access** to a timely diagnosis with pre-diagnostic and post-diagnostic support.
- **Prevention** of crisis and supporting people with dementia, their families and communities.
- **Improving** the quality of personalised care and support planning for people with dementia, including planning for the end of life.

National Picture

There are currently 850,000 people living with dementia in the UK. This is set to rise to 1.6 million by 2040.

The scale of the challenge to prevent, diagnose, support, live and die well with dementia will only become greater.

We have a national target to diagnose with dementia 66.7% of individuals affected by dementia.



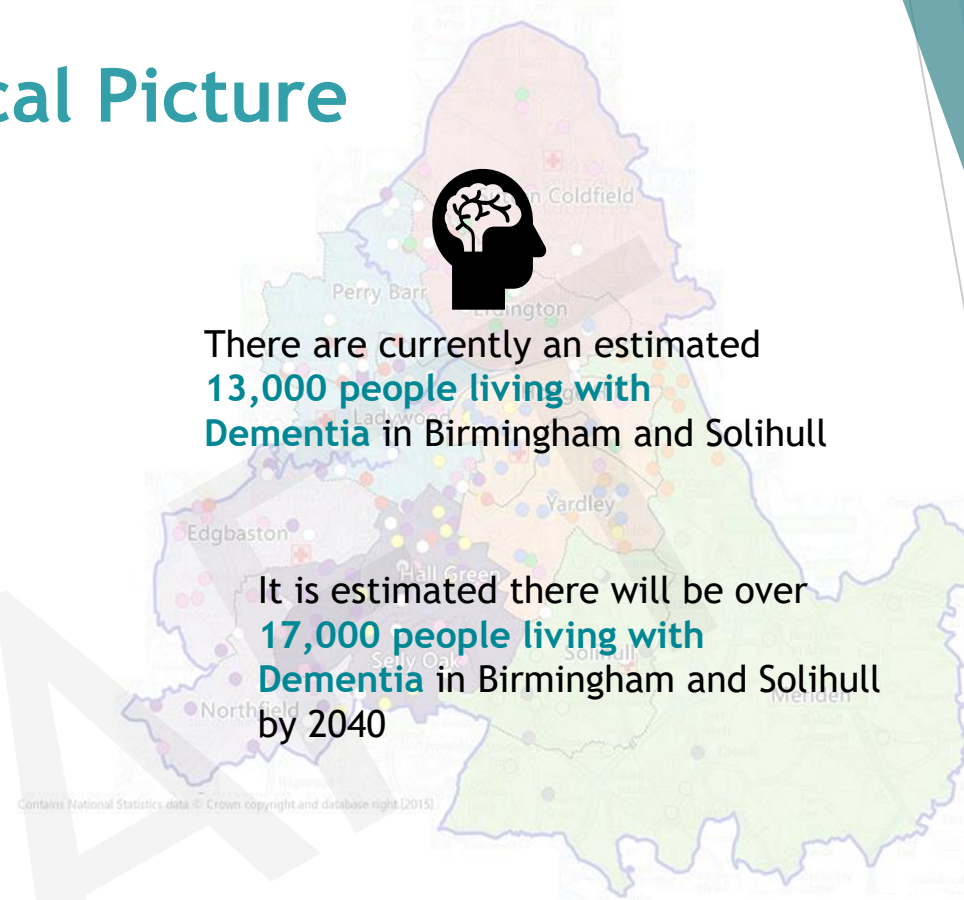
Birmingham & Solihull: Local Picture

Birmingham:

- ▶ High levels of ethnic diversity
- ▶ High level of migration into the city
- ▶ Younger population with only 13% aged over 65 years
- ▶ Six in ten of the population living in the 20% most deprived neighbourhoods in England

Solihull:

- ▶ Less ethnically diverse
- ▶ Older population with 22% aged 65 years and over
- ▶ Rurality
- ▶ Greater levels of affluence except for five neighbourhoods most notably impacted with very high levels of deprivations



Currently the
Dementia
Diagnosis rate in
Birmingham and
Solihull is 57.1%

Impact of covid-19 on Dementia Services in Birmingham and Solihull.



There was an immediate response by all dementia services to continue to provide care, assessment, treatment and support by telephone and video calls and face to face contact for those who needed it.



There was a reduction in referrals made to the Memory Assessment Service. This is an NHS service which diagnoses people with dementia.



There was an increase in the time taken for people to receive an assessment by the Memory Assessment Service.



There was a reduction in the number of people diagnosed with dementia.

Nationally and locally dementia diagnosis rates have reduced due to the impact of the covid-19 pandemic. This doesn't mean that fewer people have been developing dementia, it is likely that people have not been coming forward for diagnosis, and the assessment for dementia has been taking longer.

Health Inequalities in Birmingham and Solihull

Health inequalities are unfair differences in health between our community groups.

In Birmingham and Solihull these differences have meant some of our communities have poorer access to information, appropriate services and planning for end of life care.

The covid-19 pandemic has made these differences worse and we have worked in 2021-22 to recover and restore services for all of our communities.



In Birmingham and Solihull we have identified greater differences in access to dementia information and services in the following communities:

- Asylum Seekers and Migrants communities
- Ethnic Minority communities
- Gypsy, Roma and Traveller communities
- Homeless communities
- Learning Disability communities
- LGBTQIA+ communities
- Prison communities

How we will promote Health Equity in Dementia Care

In Birmingham and Solihull we have identified greater differences in access to dementia information and services across our communities.

There is also stigma attached to being diagnosed with dementia and this can result in people being less likely to seek a formal diagnosis and not being able to access the right services they require.

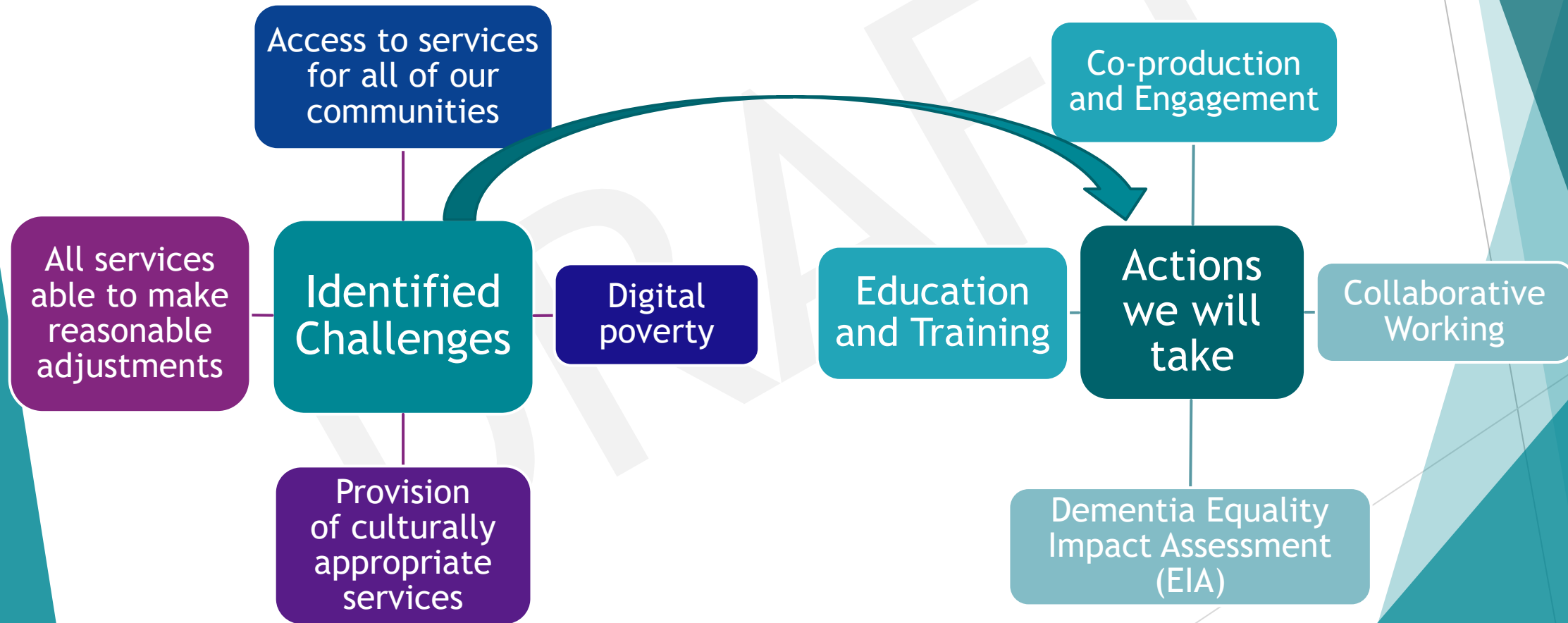
We will work together with communities and ICS stakeholders to enable all of our people in Birmingham and Solihull to have equity of dementia care.

In all of our identified actions in the dementia strategy we will consider the differences which our communities face and how access can be equitable for all.

Actions we will take to reduce Health Inequalities

We value the importance of equity for our differing Communities. We are determined to take actions to reduce health inequalities being experienced by our most vulnerable people.

We have identified the challenges we want to tackle in the next two years and the actions we will take in all of our work to enable this to happen.



Involvement, Co-production and Engagement

*with the people of
Birmingham and Solihull
is fundamental to the
development of
dementia care journeys
to empower all people
affected by dementia.*

Events were held in 2019 with people affected by dementia, their families/carers along with health and care professionals to discuss the following topics:

- Diagnosis
- Access to services
- Ongoing support
- Respite for carers
- End of life care

The feedback and insights from these events, along with information gathered from patients and their families by the Alzheimer's Society in 2020 and a focus group run by Birmingham City Council in March 2022, have been used to inform the development of the refreshed Birmingham and Solihull Dementia Strategy 2022-27 (delayed since 2020 due to Covid-19).

Engagement: 6th June - 15th July 2022

Engagement is now planned with the people and stakeholders of Birmingham and Solihull to ensure we are developing a supportive dementia strategy, which enables prevention, information, access, and quality of care for all of our diverse communities impacted by dementia.

Next Steps



The Well Pathway

provides the route for a patient and their carer's Dementia Journey.

The Birmingham and Solihull Dementia Strategy 2022-27 aims to incorporate an innovative, personalised and adaptable approach to the dementia journey which will meet the needs of all communities in Birmingham and Solihull, based on the Well Pathway.

The Birmingham and Solihull Pathway along with the actions designed to support people of all ages impacted by dementia are set out in the following slides.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL



Risk of people developing dementia is minimised

“I was given information about reducing my personal risk of getting dementia”

DIAGNOSING WELL



Timely accurate diagnosis, care plan, and review within first year

“I was diagnosed in a timely way”
“I am able to make decisions and know what to do to help myself and who else can help”

TREATING WELL



Ensuring access to the best treatment available

“I am treated with dignity & respect”
“I get treatment and support, which are best for my dementia and my life”

SUPPORTING WELL



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

“I know that those around me and looking after me are supported”
“I feel included as part of society”

LIVING WELL



People with dementia can live normally in safe and accepting communities



DYING WELL

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

“I am confident my end of life wishes will be respected”
“I can expect a good death”



The Birmingham and Solihull Dementia Pathway



People, Carers and Families' Journey

Preventing Well *Risk of people developing dementia is minimised*



Diagnosing Well *Timely accurate diagnosis, care plan, and review within first year*

Health or Social Care Professional initial review



Recognition and Identification



Referral to Memory Assessment Service (MAS)

Directories of Services
[Connect2Support](#)
[The Waiting Room](#)
[Route2Wellbeing](#)

Treating Well *Ensuring access to the best treatment available*



Personalised Care and Support Plan

Primary Care

- GP
- Social Prescribers
- Care Co-ordinators
- Health & Wellbeing Coaches



Carer Support throughout Journey

Living Well with Dementia

- Dementia Advisors
- Dementia Support Workers

- Activity & Dementia Cafes
- Social Care/ Respite Care
- Domiciliary support
- Day care
- Legal advice/ Living
- Wills /Power of attorney
- Advocacy
- Assistive Technology/ Telecare
- Financial advice
- Benefits advice
- Statutory Carers assessments

- Pre & Post-diagnostic Support & Supporting Carers
- Living Well with Middle Stage Dementia
- Living Well with Late Stage Dementia

Voluntary Organisations





Increasing care needs (care at the End of Life)

CARE AT THE END OF LIFE

- Care homes in Birmingham and Solihull
- Social Care Support:



- Voluntary Organisations:



- Healthcare Support:



- Hospices (providing complex care) & Community Palliative Care Services:



- Bereavement services:





It is possible to reduce your risk of dementia, it should not be considered ‘a normal part of ageing’.

DEMENTIA 9 WAYS TO REDUCE YOUR RISK

1 IN 3
cases of dementia could be prevented by addressing these lifestyle factors

INCREASE
Education
Physical Activity
Social Contact

DECREASE
Hearing Loss
Hypertension
Obesity
Smoking
Depression
Diabetes

Source: Lancet Commission on Dementia Prevention and Care
Credit: Keck Medicine of USC



Dementia is not an inevitable part of growing old.

Up to 1 in 3 cases of dementia could be prevented by making changes to your lifestyle

Our Goals	Key Challenges	What we will do to help?
Increase people’s knowledge of the ways in which dementia can be prevented.	Lack of knowledge that dementia is preventable.	Healthy Brain Campaign: promotion of awareness of healthy lifestyle choices and key dementia prevention messages.
Increase the awareness of dementia and the importance of early diagnosis in all of our communities	Stigma preventing individuals coming forward for assessment when symptoms are first noticed.	Advertise currently available dementia training to health and social care professionals.
Increase people’s knowledge of available dementia Services, supporting information and safe places people can go to talk and get support regarding their or a loved ones' diagnosis.	Currently there is no single point of access for information regarding dementia services in Birmingham and Solihull.	Clear, systemwide, easy to access signposting to services, support groups and referral pathways, with supporting information on care, legal requirements, finances and well-being.
Increase Care Professionals' knowledge of dementia services and referral pathways post-pandemic.	Rapid services changes due to Covid-19 have hindered a clear system dementia pathway being communicated consistently.	Increase clear communication to Care Professionals of the agreed Dementia Pathway and referral routes.
Improve access to education and training programmes for people and Care Professionals.		Develop a Birmingham and Solihull Dementia Education and Training Framework from Level 1: Citizen to Level 4: Specialist Practitioner.



Diagnosing Well

*Timely accurate diagnosis, care plan,
and review within first year*

Getting a diagnosis of dementia can give you a better understanding of the condition and what to expect.

Timely diagnosis can help you make important decisions about treatment, support and care.

Symptoms & Signs Of Dementia



You find yourself struggling to remember recent events or dates



You find it hard to follow conversations or TV shows



You find yourself forgetting the names of friends or everyday objects



You find yourself repeating words, and forgetting what you were saying



You find difficulties thinking and responding



You feel anxious, depressed or angry and notice behavioral changes



You feel a decline in the ability to talk, read or write



You feel confused, even when in a familiar environment



An early dementia diagnosis opens the pathway to future care and treatment.

It helps people to plan ahead, while they are still able to make important decisions on their care and support needs and on financial and legal matters. It also helps people and their families to receive practical information, advice and guidance as they face new challenges.

Our Goals	Key Challenges	What we will do to help
To increase the number of clinically appropriate referrals for memory assessment.	Stigma and fear associated with a dementia diagnosis.	Reduce the time from referral to memory assessment.
To offer all those referred for a memory assessment pre-diagnostic support information.	Lack of understanding surrounding interventions to delay the progression of dementia	Provide an annually updated service and referral pathway information pack to primary and community care professionals to ensure all clinically appropriate people are offered referral for memory assessment and are signposted to pre-diagnosis support.
We aim to increase the dementia diagnosis rate in Birmingham and Solihull to meet the mandated national target of 67.7%	Inequity of access to dementia diagnosis and dementia support services for our under-served communities.	Enable a streamlined pathway from dementia diagnosis to support services for both the individual affected by dementia and the individual's loved ones and/or carers.
To offer all individuals diagnosed with dementia access to support services which are personalised to their individual needs.		
Offer all carers / loved ones of those diagnosed with dementia equity in access to support services.		



Treating Well

Ensuring access to the best treatment available

A dementia diagnosis at an early stage can help people have access to relevant information, resources and support, make the most of their abilities and potentially benefit from medication and non-medication treatments available.





Recognition that a person has dementia is important because it helps to support treatment needs of the individual. A dementia diagnosis enables an individual to be treated with dignity through access to the right care, support and information; explain changes in behaviour to carers, family and friends: knowledge of the condition helps them to respond supportively; and plan for future care needs to reduce any chance of reaching a crisis as the condition advances.

Our Goals	Key Challenges	What we will do to help
Personalised Care and Support Planning to include advanced careplanning to be made available to all people diagnosed with dementia.	The low Dementia Diagnosis Rate in Birmingham and Solihull.	Reduce the Memory Assessment Service (MAS) waiting list. Increase clinically appropriate referrals for memory assessment.
All people diagnosed with dementia should have access to medication and non-medication support services to enable them to live well with dementia.	High rate of late diagnoses prevents individuals accessing medication and support services, which can lead to family, carer and placement breakdown.	Increase the Birmingham and Solihull Dementia Diagnosis Rate to increase identification of people with dementia from across all of our diverse communities through culturally appropriate service provision. Promote early diagnosis of dementia to give people diagnosed with dementia the opportunity to access medication which can delay dementia progression.



Supporting Well

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

When someone is diagnosed with dementia, they should be supported to remain as independent as possible, and to continue to enjoy their usual activities and occupations.



Dementia Care Tips





The strategy aims to support those affected by dementia in Birmingham and Solihull, by enabling support services to provide early intervention and preventative support with timely information, and advice throughout the journey with dementia, enabling those diagnosed with dementia and their loved ones and carers to be supported well.

Our Goals	Key Challenges	What we will do to help
Pre-diagnostic support information for people and their loved ones who are awaiting a memory assessment.	Late or lack of diagnosis which prevents access to dementia support services and carer support services.	Reduce the Memory Assessment Service waiting list.
Clear referral pathway for support once diagnosis is received.	Uncoordinated system approach to dementia care.	Improve communication and collaboration across Birmingham and Solihull for patients, carers and professionals to enable a seamless dementia pathway for patients and their loved ones.
Post-diagnostic support service which enables holistic support and signposting for the patient and their loved ones, to include physical, psychological, financial and emotional support.	Underserved communities not able to access current service provision.	Through co-production and engagement with our underserved communities, review the dementia pathway to enable equity of access. There will be supported webpages as a resource.
We will take a Strengths based approach to dementia where we support to keep people as independent as possible for as long as possible using all the current resources and services available.	Whilst there are many support services available, there is not necessarily a coherent and consistent approach to ensure they are used for those with dementia to maximum effect.	Maximise usage of the enablement approach, focussing on maintaining skills, particularly for those with early diagnosis Maximise referrals to the Dementia Locksmith service and look at embedding the approach within wider OT practice Maximise usage of the specific Dementia respite bed and scope any further demand required Ensure that there is sufficient Day Opportunities for people with Dementia, both and formal and community services



Living Well

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

Dementia can affect all aspects of a person's life, as well as those around them. If you have been diagnosed with dementia, it's important to remember that:

- You are still you
- Everyone experiences dementia differently
- Focusing on the things you can still do and enjoy will help you to stay positive
- Support independence by continuing healthy lifestyle choices





Living well with dementia can affect all aspects of a person's life, as well as those around them.

With the right care, information and support when needed, many people can, and do, live well with dementia for several years.

Our Goals	Key Challenges	What we will do to help?
<p>We will take a Strengths based approach to dementia in where we will support to keep people as independent as possible for as long as possible using all the current resources and services available.</p>	<p>Whilst there are many support services available there is not necessarily a coherent and consistent approach to ensure they are used for those with dementia to maximum effect.</p>	<p>Ensure that all those with a diagnosis of Dementia are offered referral to the Dementia Connect service and where appropriate Admiral Nurses who provide support to families.</p> <p>Ensure that our Assistive Technology and TEC offer for Dementia is understood and widely used.</p> <p>Explore the opportunity for further provision of Dementia Cafes through Public Health social connectedness proposals.</p> <p>Explore inviting councillors to become dementia champions for their wards - communities across Birmingham and Solihull by 2024/25 - look to invite councillors/members of the community - explore through Thriving Communities.</p> <p>Commissioned Care Homes will be reviewed in line with enhanced care homes framework. Dementia education and training will be promoted for care home staff.</p>



Dying Well

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

Benefits of Planning Advance Care



Helps ensure you receive care that is consistent with your beliefs, values and preferences.



Helps lessen the stress, anxiety and depression of loved ones or family members



Reduces non-beneficial transfers to acute care and unwanted interventions



Can improve end-of-life care, and person and family satisfaction with care

Planning for the end of life improves the quality of care delivered to people with dementia. This can include expressing your wishes of the treatments you would like to receive, the treatment you would not like to receive and a discussion about resuscitation.

It can also reduce stress, anxiety and depression in loved ones.

The Strategy aims to enable support services to provide early intervention through providing timely information, advice and support to individuals and their family, friends or carers throughout their journey with dementia, enabling them to live well as long as possible, with planned, co-ordinated care at the end of life in line with the person's wishes.

Our Goals	Key Challenges	What we will do to help
Patients to be cared for and die in their preferred place with respect and dignity.	Lack of awareness of dementia as a life limiting condition	Integrated collaborative approach of systemwide partners to enable and support End of Life Care in Dementia which enables patients to be cared for and die in their preferred place.
Increase awareness that Dementia can reduce life expectancy - is a life limiting condition.	Planning for care at the end of life commenced when patient is no longer able to communicate their needs and wishes.	Increase awareness of Dementia as a life limiting condition which shortens life expectancy, through Healthy Brain campaign
Planning for care at the end of life should be offered to all those diagnosed with dementia, to include a discussion of cardiopulmonary resuscitation (CPR), and to record the patient with involvement where appropriate of their loved one's.	Provision of culturally appropriate of end of life care across our diverse communities.	Education and Training for people, communities and health and social care providers about Dementia, including planning for care at the end of life.
Promote planning for care at the end of life to take place whilst the patient is able to communicate their needs and wishes.	Systemwide Personalised Care and Support Planning Infrastructure	Working with West Midlands colleagues to develop and implement the Shared Care Record
	Electronic communication challenges	
Bereavement support for all of our communities	Consistent pre and post-bereavement support for carers	Review bereavement provision across Birmingham and Solihull
Complex palliative care support for all of our communities.	Consistent, appropriate referral to specialist palliative care support across the system.	Communicate referral pathways for specialist palliative advice and guidance to people and professionals in Birmingham and Solihull.

The Birmingham and Solihull Strategy 2022-27: Action Plans.

This Action Plan (2022-24) takes the Well Pathway and sets out the actions needed to respond to the health inequalities within Birmingham and Solihull which have been exacerbated by the COVID-19 pandemic, for those affected by dementia.

It highlights key priorities, actions, outcomes and measures for each step in the pathway. The review, outcomes and lessons learnt of The Action Plan (22-24) will inform the development of The Action Plan (2024-27) which will be developed in late 2023. This will enable lessons learnt to be incorporated with a flexible, innovative and adaptable approach to dementia care provision over the next 5 years in order to meet the changing needs of the population of Birmingham and Solihull.

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Preventing well	Gaps in knowledge with regard to healthy living messaging in relation to dementia for the general public.	Birmingham City Council and Solihull Metropolitan Borough Council Public Health will plan and implement a Healthy Brain Campaign to increase the promotion of a Healthy Living lifestyle to reduce the risk of dementia for mid-life and older adults in Birmingham and Solihull. Review options for targeted radio awareness information to community groups with low diagnosis rates.	Improving the Birmingham and Solihull Population's Mental and Physical Health. Promote healthy living, keeping active and maintenance of independence. Increasing HCPs knowledge of dementia support services, referral pathways which are currently available. Increase Education of Holistic Dementia Care Challenging Social Stigma and barriers to prevention / diagnosis / treatment in different communities Reduce unplanned admissions to hospital and focus on early diagnosis and clear referral pathway for support.	One Campaign / communication drive to be undertaken across Birmingham and Solihull footprint to promote health living in relation to dementia prevention.	CCG & Public Health
	Gaps in knowledge of Health Care Professionals with regard to dementia referral pathways and support services.	Twice yearly reviewed Resource Pack to support Health & Social Care Colleagues in navigating the dementia pathway and being able to refer / sign post effectively and efficiently.	Increasing HCPs knowledge of dementia support services and referral pathways which are currently available.	Pack detailing dementia support services and referral pathways to be sent out to health and social care colleagues.	CCG
	Gaps in knowledge of Health & Social Care Professionals with regard to dementia care and End of Life care for those with dementia and their carers.	Develop a Birmingham and Solihull Dementia Education and Training Framework from Level 1: Citizen to Level 4: Specialist Practitioner with mapped opportunities across the System.	Increase awareness of currently available education programmes for Health care Professionals and Carers.	Communication drive to health and social care professionals of currently available education packages. Undertake survey of training with participants following sessions.	CCG
	Importance of early dementia diagnosis.	Develop a clear action plan, with interim targets up until 2024/25 to increase the invitation and take up rates of NHS Health Checks year on year. Provide training to encourage recognition of potential signs and symptoms of dementia and information for signposting for all health and social care colleagues.	Increase in dementia diagnoses following annual health check.	Report from EMIS/SYSTEM ONE to demonstrate the increase in dementia diagnoses following the annual health check and increase in number of patients being assessed for dementia.	CCG/BCC/SMBC

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Diagnosing well	Number of BSOL CCG PCNs not reaching the national dementia target.	Run dementia diagnosis reporting from System 1 and EMIS to identify GP Practices/PCNs not meeting national target for dementia diagnosis rate. Twice yearly targeted support to Practices.	Understand which GP Practices are not meeting the national target to gain a better insight into health inequalities and other reasons for dementia diagnoses not being made.	Report which identifies PCNs/ GP Practices not meeting national target.	CCG
	Work with BSOL CCG PCNs not reaching national target to understand the reasons for this and to support the PCNs to increase their dementia diagnosis rate.	<p>For identified practices not reaching the national dementia diagnosis level, we will offer support to practices / PCNs to ensure recording of diagnoses is accurate.</p> <p>Provide education and support to improve diagnoses rates through targeted education and raising awareness.</p> <p>Support the formulation of an action plan to mitigate the low level of dementia diagnosis rate through the UO systematic review.</p>	Improve dementia diagnosis rates within PCNs not currently meeting the national target.	Initial meeting with PCN / Practices not meeting national target to understand issues behind low diagnosis rate. Work with these PCNs to review the UO Action Plan to support delivery of improved dementia diagnosis rates.	CCG
	Develop Action Measures to stabilise the Memory Assessment Service waiting lists to remain under 18 weeks target	<p>Promote and support timely access for a dementia diagnosis by the Memory Assessment Service - maximum 18 weeks.</p> <p>Review current capacity and demand within the system for Memory Assessment Service assessment, and how capacity can be increased with additional funding already delivered.</p>	Stabilise with a view to improving waiting times for Memory Assessment Service first assessment appointment. Ensuring Patients are treated in a timely manner and have access to safe, robust and high quality care.	Delivery to the CCG of a plan detailing increased capacity and efficiency savings to reduce the Memory Assessment Service waiting list. % review that are diagnosed in a Memory Assessment Service referral. Cohorts of patients identified.	CCG / Memory Assessment Service: BSMHFT

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Diagnosing well	Pre-diagnostic Support - Support available for those awaiting assessment at Memory Assessment Service.	Enable primary care colleagues to have clear information regarding support service available whilst awaiting Memory Assessment Service assessment so that individual patients and carers may be offered available support.	Improve the support for individuals and carers awaiting assessment with Memory Assessment Service.	Pack detailing dementia support services and referral pathways to be sent out to primary care health and social care colleagues.	CCG
	Education of care home staff in understanding the diagnosis pathway for dementia.	Ensure care homes are linked into current education programmes with regard to dementia and end of life care. Improving Diagnosis and alternatives in care home setting.	Improve the referral rates for dementia assessment and diagnosis in care homes.	Increase in number of staff accessing training sessions from care homes. Report to be analysed from training providers.	CCG

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Treating well	Impact of remote appointments provided by Memory Assessment Service (Memory Assessment Service).	Enabling a blended approach with a choice of face to face / remote appointments depending on the needs of the individual patient.	Enable patients and carers to access Memory Assessment Service via the most appropriate method for their needs.	Memory Assessment Service Reporting to demonstrate a blended approach with a choice of face to face / remote appointments depending on the needs of the individual patient.	CCG & Memory Assessment Service: BSMHFT
	Post-Diagnostic Care accessibility.	Ensure Health & Social Care Colleagues are aware of the Dementia Connect Service / PCN Dementia Advisors / PCN Social prescribers / Carers support services so individuals and carers may be signposted to appropriate services.	Increase awareness of support services available to individuals with dementia and their carers. Joined up post-diagnostic services and collaborative provider working arrangements.	Pack detailing dementia support services and referral pathways to be sent out to primary care health and social care colleagues.	CCG
	Antipsychotic medication prescribing rates in dementia across Birmingham and Solihull.	Review the use and rates of anti-psychotic medication for the treatment of dementia across PCNs and GP Practices. Provide support to practices with prescribing rates >10%	Reduce the rates of anti-psychotic prescribing in patients diagnose with dementia.	Formulation of a targeted action plan which works towards the national benchmarking standards.	CCG
	Support and promote the treatment of dementia within the care home setting.	Provide awareness training for care home staff. Support the diagnosis of dementia in a care home setting with targeted training and support for care home MDTs providing anticipatory care. Utilise the DiADEM pilot package for use in care homes across Birmingham and Solihull.	Increase diagnosis rates in care homes. Increase staff education of dementia in care homes.	Delivery of awareness training 'Antipsychotic drug use in care homes'. Utilisation of DiADEM tool in care homes pilot.	CCG

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Supporting Well	Our services have had to adapt and change, and we want people to be able to access information about their care and support easily.	Confirm Adult social care webpages are clear and easy to navigate for people who use our services and their families.	People who use our services and their families can easily access and understand what support is available to them to manage their care and support needs and how to access resources from both SMBC & BCC and in their local community.	Internet pages updated.	SMBC BCC
	Ensuring that support and respite is provided for carers in a blended approach appropriate to the needs of our people and reducing the risk of carer breakdown.	Ensure social care practitioners of support services which are available to those who prefer to stay at home, e.g. sitting services.	Improve the support available to those who prefer to stay at home through the increase in the uptake of the sitting service in SMBC.	Inclusion of the sitting service information in the Solihull facing information pack for Health and Social Care professionals. Delivery of a training session / communication drive for Solihull Social Workers to increase the awareness of the sitting services.	CCG & SMBC
	Ensuring that support and respite is provided for carers in a blended approach appropriate to the needs of our people and reducing the risk of carer breakdown.	Reviewing day opportunities and respite and encouraging uptake of services.	Support ways, for carers who have taken on huge caring responsibilities during the pandemic, to recover themselves.	Report of numbers of individuals accessing support services with a view to an increase in service. Carry out analysis of service uptake and identify gaps of carer need.	BCC / SMBC

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Supporting Well	Reduced annual carer reviews	Carry out a pilot of review of carer assessments.	To have an accurate assessment of carer's support needs.	Outcome report from the pilot.	BCC
	Awareness around what post-diagnostic support is available.	Increase awareness of the post-diagnostic support which sets out an accessible local offer for people with a dementia diagnosis that covers what services and support are available to them, as well as any entitlements.	Increase uptake of post diagnostic support services	Supporting pack and internet pages updates for signposting.	CCG/BCC/ SMBC
	Reduced annual carer reviews	Councils must ensure that they carry out annual carers reviews in a timely manner, in order to meet the requirements of the Care Act 2014. It is recognised that many assessments and reviews are undertaken jointly with health.	Increase uptake of carer reviews	Reporting measures analysed.	BCC/ SMBC

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Living well	People with dementia and their families need clear, accessible information and support on how to live well with dementia.	For Birmingham and Solihull we will ensure that the dementia connect model meets the needs of people with dementia in the future.	People will maintain their health and wellbeing for longer, and potentially reverse some of their physical decline. Promoting independence.	Report for the outcome of the Alzheimer's Society review.	SMBC BCC
	Ensure that people with dementia have access to appropriate equipment and digital aids to promote independence	Launch the assistive technology project RITA (Reminiscence Interactive Therapy Activities in care homes to provide specialist technological support people with dementia.		Evaluation Report of the Pilot.	SMBC
	Ensure that people with dementia have access to appropriate equipment and digital aids to promote independence	Pilot to use assistive technology in supporting dementia patients in line with the Assistive technology strategy.	Enable individuals to live well within their own homes - promoting independence.	Pilot project with clearly defined outcome measures to demonstrate the direct impact of the intervention on those patients involved in the pilot.	BCC

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Living well	In align with differing dementia's needs of our people as a result of the Pandemic.	In Birmingham we will carry out a pilot in North of City (Sutton) to review care plans and develop an approach to support dementia patients and their carers. This will include NNS and OT services.	Improve the care those currently suffering with dementia can experience and increase/adapt the services which they can access for support where appropriate.	Pilot project with clearly defined outcome measures to demonstrate the direct impact of the intervention on those patients involved in the pilot.	BCC
	People have experienced a reduction in their functional capacity due to the impact of social isolation and this has had an impact on carers, making carer breakdown more likely.	In Birmingham we will continue links with Neighbourhood Network Scheme to provide prevention/ community support.	Encourage reconnection with local support networks which those diagnosed with dementia and their carers can access.	Provision of NNS report which demonstrates increased uptake of enquiries +/- local support services.	BCC
	People with dementia are likely to have experienced a loss of physical activity and capacity due to the pandemic.	In Birmingham we will look to pilot a model to utilise occupational therapy where rehab could be considered to prevent further deterioration of dementia patients. Solihull will work with Birmingham to learn from this approach and scope the possibility of creating our own model. Solihull will also explore the possibility of an activity programme for people with dementia.	Improve health outcomes for individuals diagnosed with dementia via OT support.	Report reviewing the Birmingham pilot and the potential utilisation of this model for a pilot within the Solihull population to include cost model.	BCC/ SMBC

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Living well	Carer and service user support.	In Birmingham we will review the face to face dementia café services.	Improve the support available to those with dementia and their carers.	Report from dementia café service providers demonstrating an uptake in service utilisation.	BCC/SCC/CCG
	Care in the Community	Explore inviting councillors to become dementia champions for their wards - communities across Birmingham and Solihull by 2024/25 - look to invite councillors/members of the community - explore through Thriving Communities.	Increase the number of dementia ward champions	Report detailing increased numbers	Local Authority Commissioners
	Residential Care	Ensure that all directly delivered or commissioned care homes use the national Gold Standards Framework on end of life care. This will be supported by The Framework for Enhanced Health in Care Homes - the-framework-for-enhanced-health-in-care-homes-v2-0.pdf (england.nhs.uk)	Increase the number of care homes identified as using the Gold Standard Framework (GSF) and Enhanced Health in Care Homes (EHCH)	Care home audit review	CCG and Local Authority Commissioners
	Staff Training	Councils should ensure all their direct and commissioned services staff who are working with people with dementia are trained to Tier 2 of the Department of Health and Social Care-backed Dementia Training Standards Framework.	Increase number of staff completing the training	Staff training report	Local Authority Commissioners
	Benefit Entitlements	Councils should adopt a simplified 'severely mentally impaired' application form for council tax discounts, similar to that used in Wales - Council Tax Discount Form for the Severely Mentally Impaired (gov.wales)	Application form utilised across Birmingham and Solihull	Form enabled for use across the system	Local Authorities

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Dying well	<p>Equitable access to good quality end of life care for people with dementia.</p> <p>Respecting individual's wishes for end of life care with dementia with clear documentation and communication to carers/families.</p>	<p>GPs to use the Gold Standards Framework on end of life care for advance care planning to include the use of the ReSPECT form.</p> <p>Personalised Care Planning with discussion offered for ACP and DNA CPR.</p>	<p>Improve an individual's ability to have the end of life care they would like.</p>	<p>Integrated collaborative approach of systemwide partners to enable and support End of Life Care in Dementia which enables patients to be cared for and die in their preferred place.</p> <p>Audit of primary care, community and specialist teams to understand the number of patients diagnosed with dementia which include RESPECT and DNA CPR reviews.</p>	CCG
	<p>Lack of awareness of dementia as a life limiting condition.</p>	<p>Increase awareness of Dementia as a life limiting condition which shortens life expectancy, through Healthy Brain campaign.</p>	<p>Increase awareness that Dementia can reduce life expectancy - is a life limiting condition.</p>	<p>Launch of Healthy Brain campaign</p>	CCG & Public Health

Action Plan

Well Pathway Stage	Issue to be addressed	Action	Outcome	Measurable	Organisation Responsible
Dying well	Consistent pre and post-bereavement support for carers	Review bereavement provision across Birmingham and Solihull.	Appropriate support available for population needs.	Mapping and Needs Analysis review undertaken.	CCG
	Gap in the educational needs of care home staff which supports the delivery of high quality, end of life care.	Provide training and education opportunities for care home staff/healthcare providers in 'managing the dying patient with dementia'.	Increase the quality of the end of life care those with dementia living in a care home setting receive.	Increase in number of staff accessing training sessions from care homes (Report from training providers).	CCG
	Gap in the educational needs of care home staff which supports the delivery of high quality, end of life care.	Through collaboration with Marie Curie and the ECHO project, we will train social care practitioners to be EOL champions to improve our EOL care to our service users.	Across our social care practitioners ensure that the support we are providing to people, their families and carers is person-centred and holistic.	Report of number of social care colleagues trained through end of life education projects.	SMBC

Timeline

October 2022

Birmingham and Solihull ICB Dementia Strategy for 2022-2027 is published with an agreed Action Plan for October 2022-24.

October 2024

Dementia Action Plan 2024-27 is published

October 2027

Birmingham and Solihull ICB Dementia Strategy for 2027-2032 is published

Dementia Action Plan Progress reviewed by the Birmingham and Solihull System Steering Group

April 2024

Planning commenced for the Dementia Action Plan 2024-7

February 2027

Planning to commence to review and refresh of the Birmingham and Solihull ICB Dementia Strategy for 2027-2032

We value your thoughts, comments and feedback on this **draft** strategy.

Please return any comments to:

nhsbsolccg.dementiastrategy@nhs.net

More information can be found:

[Dementia in Birmingham and Solihull](#)