

REPORT TO SANDWELL HEALTH AND WELLBEING BOARD – 19<sup>TH</sup>  
SEPTEMBER 2019

Better Lives - A Sandwell Joint Dementia Strategy and Action  
(Implementation) Plan 2019-25

**1. Purpose of Report**

- 1.1 To seek Board approval for a refreshed Sandwell Dementia Strategy and Implementation Plan for 2019-25, its resourcing and ensuring actions are delivered and sustained.

**2. Recommendations**

The Board is requested to:-

- 2.1 Approve the refreshed Sandwell Joint Dementia Strategy and Implementation Plan covering the period to 2025;
- 2.2 Ask a small Sub-Group of the Sandwell Dementia Action Alliance, including representation from people caring for those with dementia, to oversee and monitor delivery of the Implementation Plan and to report on this periodically to this Board;
- 2.3 Delegate to the Sandwell Joint Partnership Board the consideration and approval of a costed plan/business case to help resource and deliver the Implementation Plan – on condition that any transitional and recurring costs are contained within the existing Better Care Fund budget;
- 2.4 Ask Commissioning staff to ensure, as far as possible, that dementia services and support across Sandwell are aligned with those in West Birmingham.

**3. Background**

- 3.1 At its March meeting, the Health and Wellbeing Board agreed that a draft medium-term Sandwell Dementia Strategy and outline

Implementation Plan should be used to engage and consult fully with Sandwell residents, patients, service users, carers, health and care providers and voluntary sector organisations. It was felt particularly important that the Strategy and actions from it should be produced jointly in partnership with Sandwell citizens and all relevant stakeholders and should, as far as possible, be written in “plain language”. The drafts were produced by a small Dementia Strategy Group of officers and key voluntary sector Chief Executives who also lead the Sandwell Dementia Action Alliance, representing the voice of people with dementia and their carers. The drafts were also crucially informed by an initial service user/carer engagement event at the end of February, where we asked people three questions: what does excellent dementia care look like for you; what isn’t working so well at the moment; and how do we put that right?

- 3.2 The aim would then be to bring back for the Board’s approval a final Strategy and resourced Implementation Plan by the end of September 2019.
- 3.3 Although extensive work was carried out in 2013 with the aim of refreshing the previous Sandwell Joint Dementia Strategy for 2010-15 (SMBC and SWBCCG), the Strategy was not agreed. This was largely due to a lack of capacity / resource to develop that work into clear and monitorable actions. Therefore, the last Sandwell Strategy was approved nine years ago and so is considerably out of date.
- 3.4 Moving forward, it was envisaged that the core of the proposed new Strategy would consist of nine “Promises” to people with dementia and their carers, covering the following:-
  - Dementia awareness, information and advice
  - A knowledgeable and skilled workforce
  - Prevention
  - Diagnosis and assessment
  - Living well in the community
  - Supporting carers
  - Reducing the risk of crisis

- Living well in long-term care
- End of life

- 3.5 It was anticipated that the final Strategy and resourced actions would need to be comprehensive, across all the accepted “life-course” and cross-cutting requirements flowing from the Prime Ministers Dementia Challenge, as amended, and currently running to 2020. The improvement in services and support for people with dementia remains a top national priority in the NHS Plan, not least because of the projected growth of the older population.
- 3.6 The primary aims of a new Sandwell Strategy would be to offer better and more consistent services and support, better outcomes and clearer access and service pathways for people with dementia, their carers and key professionals, for example GPs, more effective general community awareness and prevention, and a better-trained and supported workforce. This would likely save some public expenditure over time but, more likely, would help to limit the increase in health and care spend in the context of a projected 46% increase in people in Sandwell suffering from dementia over the next 20 years.
- 3.7 Subject to consideration of extensive local engagement and consultation, financial assessment and availability of funding, it was anticipated that one of main sources of funding for any proposed actions, either ongoing or to pump-prime re-investment from existing to new provision, would be from the Better Care Fund.
- 3.8 It was also noted that as the CCG is responsible for dementia care and support for those living in West Birmingham, CCG officers and GP dementia champions are also involved in refreshing the Birmingham and Solihull Dementia Strategy (which previously covered the period 2014-17), we would be trying to ensure as far as possible that the two neighbouring strategies are aligned and consistent on the key issues.

## 4. **Engagement**

- 4.1 A copy of the Dementia Strategy Group's Engagement Report can be provided to Board members if they wish to see it in full.
- 4.2 Between May 2019 and July 2019 professionals and voluntary and community sector organisations from Sandwell engaged with various stakeholders to get feedback on the draft dementia strategy. Engagement included:-
- Surveys to residents and professionals who have an interest in dementia in Sandwell
  - One to one sessions with individuals living with dementia and their carers
  - Group sessions with residents affected by dementia
  - Organised feedback events for local people to come and share feedback and suggestions with the team
- 4.3 Over 400 people attended events and discussions about the draft strategy over the 3 months period, 33 people completed the survey; 22 of these respondents were either living with dementia or had experience caring for a relative who had dementia and thousands of people were reached on social media encouraging people to get in touch with feedback and comments across various local platforms.
- 4.4 A suite of documents were developed to support engagement activity, including an infographic, a summary strategy on a page, a questionnaire in paper and online formats, an invitation letter, a presentation and a press release. The patient letter described opportunities for people to share their views by attending a dedicated engagement meeting, completing an online questionnaire or contacting the CCG's engagement team by telephone or email.
- 4.5 Communications and digital activities Information was published on Sandwell and West Birmingham CCG website: There was also a headline and introduction featured on the home page linking to the "News" section. A headline and introduction featured on the Get Involved page under "Current Consultation and Engagement" with a link to a questionnaire.

- 4.6 Information was published on the Sandwell Council website and across Sandwell Council social media platforms. The survey was also sent to all staff via a weekly staff newsletter.
- 4.7 A press release was also issued to local press, and local organisations included the information about the survey in their communications to their stakeholders.
- 4.8 Letters were sent to various stakeholders who have been identified with an interest in dementia through a CCG database and via Healthwatch Sandwell.
- 4.9 The Dementia Strategy Group has tried to ensure that all of the main feedback points and suggestions from this engagement have been reflected in the final Strategy and Implementation Plan. There was strong and consistent agreement to the core of the Strategy and its nine Promises. The top three Promises or priorities from the survey responses were:
- better support for carers;
  - living well in the community; and
  - improved long-term care for people with dementia
- From the events and activities, the top three Promises were:
- better support for carers;
  - awareness and promoting dementia-friendly communities; and
  - better knowledge and skills in the workforce.
- 4.10 It is difficult to completely reflect all of the feedback received in this report, however, the Board might find of particular interest some examples of the direct quotes from people at the various events/activities and from survey returns etc:-

*“We need details on how these promises are going to be kept, not just words on a piece of paper”*

*“Doctors need to listen to carers sometimes”*

*“I feel that the NHS should have more expertise in the future to help with dementia”*

*“It is so important that as many people are aware as possible of what the need is and what best support looks like”*

*“Work with other services to prevent crisis – many times officials cause a crisis when common sense would have sorted out a problem sooner”*

*“People should be able to die with their wishes.”*

*“Making sure people are safe and offering high quality services that are dementia friendly”*

*“More care for carers”*

*“To improve awareness and understanding throughout the diverse community”*

*“Staff who are more experienced in how to deal with challenging behaviours”*

*“Stop treating these people like children”*

*“Words in a policy need to mean something – if things aren’t joined up people can fall through the cracks”*

*“Wish we’d had this sooner”*

*“Very comprehensive, would have been delighted if the 9 promises in place when my wife was here”*

*“It is critical that delivery of the strategy needs to be monitored and “policed” “*

*“In terms of carers the assessment process needs to be clearer and better accessible”*

*“More elderly adult social care coordinators are needed in GP’s - link between the GP and those patients”*

*“A 24 hour helpline with a single number, for integrated advice and support in times of crisis, for both medical and social issues “*

*“Respite needs to be an easier process, ability to book in advance”*

*“Recognise that not all carers are the same and their needs will be different – some don’t want to be pushed to look after themselves as they are conflicted with wanting to put the person they are caring for first”*

*“Finding respite for the person cared for is a worry if needed for a set time - private homes don’t want to take on people with dementia. Before there used to be funded beds and finding respite was easier”*

*“It isn’t always straightforward to get a “tick box” diagnosis “*

*“Offer education to carers to help them better support their loved one”*

*“It’s important to try to keep people home for as long as possible, but some people will need it if for example they are at risk of falls “*

## **5. The Strategy**

- 5.1 The proposed final Strategy, taking full account of the feedback from our engagement, is attached to this report. As Board members can see, the Strategy also incorporates the Implementation Plan in its main body rather than an Appendix, again reflecting engagement comments and suggestions. The two appendices to the Strategy are now key facts, figures and projections, and a list of current services and support to try and illustrate what is current available to people in Sandwell living with dementia. This not an exhaustive list; that will come with implementing the proposed ‘Sandwell Dementia Road-Map’ action.
- 5.2 The Board is requested to approve the final Strategy and make it available publicly.

## **6. Implementation Plan and its Delivery**

- 6.1 Again, the Implementation Plan incorporated in the Strategy aims to cover all the key comments and suggestions made from our engagement. The Board is requested to approve this Plan.
- 6.2 As mentioned above in the Background, some of the actions will require funding, either temporary or ongoing and it was anticipated that such funding might be met from the Sandwell Better Care Fund (BCF). Indeed, a number of related key projects, such as the development of the Dementia Road-Map and extra capacity to support dementia carers in emergency situations, have recently been approved to be supported short-term from “winter pressures” funding – which is now part of the BCF.
- 6.3 In order to ensure current and future capacity meets demand, a dementia “capacity modelling” workstream has been commissioned, with the aim of producing a costed plan / business case for funding the Implementation Plan. This may have been completed by the time of this Board meeting, whereby a verbal update will be provided to members. In order to maintain the momentum with the actioning of the Strategy, the Board is requested today to delegate to the officer Joint Partnership Board the approval of this work, provided that any extra funding can be accommodated within the existing BCF budget.
- 6.4 The Joint Partnership Board has already approved funding for a 2-year fixed-term post of dedicated Senior Commissioner (Dementia) whose primary role will be to ensure delivery of the Implementation Plan and its development and maintenance over the long-term. Again, a verbal update on the recruitment to this post will be provided at this Board meeting.
- 6.5 Finally, and of crucial importance, it is felt that the largely officer-led Dementia Strategy Group should be replaced by more of a user-led group in order to properly oversee and challenge the various organisations to deliver the Strategy’s Implementation Plan and with help from the dedicated Senior Commissioner, ensure this Board receives periodic update reports on this. It is proposed that this new Group could be drawn mainly from the existing

Sandwell Dementia Action Alliance – whose primary aim is to promote and champion dementia-friendly communities across the Borough.

AL/13.8.19