

# Walsall Dementia Needs Assessment 2025

Walsall Public Health



Walsall Council

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Caring Hands limited	Walsall care service
Compton Care	Walsall Community Association
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Matalan	

## Executive Summary

The Dementia Health Needs Assessment, prepared by Walsall Public Health (PH) on behalf of the Integrated Care Board (ICB), is part of the Walsall Together partnership, which includes Walsall Healthcare NHS Trust, Walsall Council, Black Country Healthcare NHS Foundation Trust, NHS Black Country Integrated Care Board, Walsall General Practices, Walsall Housing Group (whg), and various voluntary, community and social enterprises.

This Needs Assessment utilises intelligence from one-to-one interviews, surveys, community engagement, and consultations with the public, service users, and professional stakeholders. Additionally, evidence from the literature has been incorporated to present recommendations for addressing the various needs in Walsall.

In 2022, dementia and Alzheimer's disease were the leading causes of death in England and Wales, accounting for 65,967 deaths (11.5% of all deaths). The second most common cause of death was ischaemic heart disease, responsible for 59,356 deaths (10.3% of all deaths). Dementia affects over 944,000 people in the UK, including 1 in 3 people over 65. In the Black Country, over 14,200 people are estimated to live with dementia. Additionally, one in three people are likely to experience dementia in their lifetime as a caregiver.

People living with dementia and their carers require timely access to local support. The Needs Assessment has been developed to review service delivery, inform commissioning decisions, and promote partnerships to address identified issues, emphasising prevention, early intervention, treatment, and care across the Dementia Pathway.

This assessment highlights that Walsall has a high prevalence of dementia, with significant risk factors such as obesity, smoking, hypertension, and diabetes, and varying levels of dementia awareness. Additionally, Walsall has a diverse and ageing population, as well as high levels of deprivation.

Despite these challenges, Walsall offers a wide range of services and has the potential to improve dementia care and outcomes. This can be achieved by preventing and slowing the onset of dementia, increasing diagnosis rates, improving data quality, raising awareness of dementia, developing training programs, and enhancing community support. Additionally, maximising opportunities for people with dementia and their families to live well and independently for as long as possible, such as through digital technology, is crucial.



## Purpose and Objectives

This Walsall Place-Based Needs Assessment is a joint strategic document that provides evidence-based information about the local population's dementia needs. Understanding population needs, experiences, and system demands is essential for strategically commissioning and delivering effective, efficient, and seamless health and care service pathways, interventions, and support across statutory, community, and voluntary sector organisations.

This needs assessment was developed to inform the Walsall Place-Based Dementia Strategy for patients with dementia and commissioning intentions. It focuses on prevention, intervention, and social and community care in Walsall. The aim is to achieve optimum equitable health and care benefits and outcomes for the population within the available resources. It considers national and local drivers, guidance, evidence and policy on dementia and makes needs-based recommendations to generate an equitable, evidence-based programme of works and services. It:

- Presents current and population trends, including demographics such as age, gender, ethnicity, socioeconomic status, and other key health indicators.
- Describes the local picture of need and future trajectories to enable planning; sets out the current pathways and diagnostic and post-diagnostic services available to people with dementia and their carers;
  - Seeks to identify and understand the gaps in service and
  - Review guidance and evidence to inform local best practice and identify effective solutions.

This needs assessment considers the core elements that impact individuals with dementia and their families, from prevention to end-of-life care, focusing on how local provision and communities meet these needs. The information has been collected from various sources, including engagement with professional and community stakeholders, research, and local data provided by commissioners, providers, service users, and carers, to achieve a comprehensive and meaningful picture.

It is impossible to cover all facets of dementia in a single snapshot, as such an approach would quickly become outdated. Therefore, this needs assessment should be refreshed as needed. It is not designed to be read from start to finish; sections are presented as discrete pieces of work that can be read and used individually.

The basis of the structure for the needs assessment is the Well Pathway for Dementia, which encompasses four key areas: prevention, diagnosis, support, and living well, ultimately culminating in dying well. See Appendix 5, for the dementia pathway.

The recommendations are presented as part of the executive summary and follow each section in order of relevance. Please note that the "current situation" within the recommendation box is not intended to be directly linked to the recommendation. The aim is for the reader to recognise the challenge and precede to the need.



## Walsall Dementia Needs Assessment Recommendation

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>1</b>	<b>There is a coordinated approach to prevention and awareness</b>	
	<p>Walsall offers a comprehensive range of universal health promotion services, encompassing healthy weight management, smoking cessation, alcohol misuse prevention, social connection initiatives, and mental well-being support. Additionally, the NHS Health Check service is available. These services play a crucial role in raising awareness about the risks of cardiovascular disease, including dementia.</p> <p>Understanding of dementia varies across communities and professions, with four main types: Alzheimer's disease, vascular dementia, dementia with Lewy bodies, and frontotemporal dementia. Diagnosis and treatment approaches differ for each type. While there is a strong understanding of Alzheimer's diagnosis and treatment, knowledge of the other three types is less comprehensive.</p> <p>Specific dementia awareness-raising activities include annual campaigns, initiatives through Pathways4Life commissioned services, and events organised by voluntary sector organisations.</p> <p>Walsall offers the 8 Steps to Wellbeing self-care intervention for the entire population.</p>	<ul style="list-style-type: none"> <li>• Increase awareness of dementia and available services across all communities through universal and targeted campaigns, including in different languages.</li> <li>• The evidence supports a coordinated approach to prevention and awareness. Community organisations can raise awareness of the link between smoking, obesity, alcohol, cardiovascular conditions, and dementia and how to promote preventive behaviours, especially in underserved areas</li> <li>• Community champions can support messaging and act as positive role models who communicate in various languages, including sign language.</li> <li>• Engaging with community organisations and faith leaders to convey messages in a person-centred, culturally sensitive, and balanced way that gives hope is essential for reaching diverse populations.</li> <li>• Consider developing various approaches to increase early identification, such as alcohol risk screening and pharmacy campaigns.</li> <li>• Enhance self-care by incorporating self-help activities within service specifications and delivery for people with dementia and their carers, such as integrating the 8 Steps to Wellbeing.</li> <li>• Targeting can be achieved through the NHS Health Checks programme and other cardiovascular disease programmes that detect associated dementia risk. Consider dementia training for NHS health check providers.</li> <li>• Widely promote the importance of eyesight tests for people with dementia, raising awareness of the role of optometrists in conducting domiciliary eye tests and audiology assessments. Incorporate available local dementia services into the Walsall wellbeing directory.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>2</b>	<b>Diagnostic and post-diagnosis support is in place</b>	
	<p>The dementia diagnosis rate in Walsall is similar to the national average.</p> <p>The Walsall Memory Assessment Service offers screening, assessment, and diagnosis for individuals with memory difficulties. All patients follow the same dementia pathway, with diagnosis through local dementia diagnostic services.</p> <p>Next of kin are invited to participate in the diagnostic process and decisions regarding care.</p> <p>Each person is assigned a nurse who conducts the initial assessment, may provide a diagnosis, and manages discharge if the patient is suitable for medication.</p> <p>GP services maintain the QOF registers but do not usually conduct dementia assessments or diagnose dementia.</p> <p>Neuropsychology assessments are conducted within the Memory Assessment Clinic to support diagnostic clarity. If appropriate, the Black Country Mental Health Trust and the GP can refer those under 50 to neurology.</p> <p>If the 'point of expression of concern' is made to the GP or referrer, they can access social prescribing, which can signpost to personal assistants for people with dementia.</p> <p>Post-diagnostic support is provided through the Personal Assistants in Dementia Service, and all individuals with a dementia diagnosis who meet the referral criteria for the Older Adults Therapeutic Service are considered suitable for cognitive stimulation therapy.</p> <p>Local arrangements are in place for structured assessments before commencing non-pharmacological or pharmacological treatment through the Enhanced Community Mental Health Team for Older Adults.</p>	<ul style="list-style-type: none"> <li>• Training for health and care professionals, including GPs, is essential for understanding the distinct types of dementia and their causes, thereby improving individual outcomes.</li> <li>• The Diadem (Diagnosing Advanced Dementia Mandate) is recommended as a reliable diagnostic tool for Walsall to consider implementing in care homes.</li> <li>• Early use of the frailty index and scoring systems will allow timely access to health and social care support.</li> <li>• At diagnosis, individuals and their family members or caregivers should consistently receive verbal and written information explaining the type of dementia, what to expect, and the available support.</li> <li>• Consider making advocacy support available to empower people with dementia and their carers to negotiate care and services.</li> <li>• Explore innovative ways to engage and support people with dementia and their carers, such as using arts-based projects, hobbies, and technology.</li> <li>• Include culturally sensitive, linguistic, and tailored support in commissioned services for individuals and families affected by dementia within Black, Asian, and ethnic minority communities, such as having assessments in different languages to achieve improved outcomes.</li> <li>• Walsall Memory Assessment Service is to reduce the length of waiting to enhance pathway flow and/or increase capacity.</li> <li>• Consider evaluating longitudinal data for the effectiveness of diagnostic services over time.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>3</b>	<b>People with dementia live well in care homes.</b>	
	<p>Care homes offer appropriate de-escalation management informed by intervention training.</p> <p>Care homes offer access to dementia-friendly, person-centred activities, particularly for individuals registered for dementia care.</p> <p>GPs conduct comprehensive geriatric assessments where applicable and depending on the type of care home.</p>	<ul style="list-style-type: none"> <li>• Carers and families must be encouraged to be involved in care assessment and decisions about access to care provision.</li> <li>• All families must have access to information on care homes and reviews of domiciliary care providers. Carers and families must be actively encouraged to support effective care and prevent unnecessary hospital admissions.</li> <li>• The quality of care in care homes should be periodically reviewed, with robust procedures implemented to address any areas of poor quality.</li> <li>• To establish effective pathways, there should be an increase in healthcare professionals with advanced skills to complete interventions required in long-term care beyond the scope of the West Midlands Ambulance Service.</li> </ul>
<b>4</b>	<b>Hospitals provide safe and effective diagnosis pathways, care, and treatment for people living with dementia.</b>	
	<p>A Dementia and Complex Delirium Team will be established within Walsall Healthcare Trust to support patients with an existing dementia diagnosis who have been referred to the Older People's Mental Health Service.</p> <p>The integrated front door will meet patients at the Emergency Department to facilitate timely diagnostics and expedite discharges based on ReSPECT forms and Advance Care Plans. Ward staff, patients, next of kin, and community teams will work together to expedite discharge from older adult wards and move care closer to home.</p> <p>Carers and families are informed that the named clinician is responsible for the patient, and this is documented in the patient's notes upon admission.</p> <p>The Frail Elderly service and Older Adult wards conduct polypharmacy reviews during an inpatient stay.</p>	<ul style="list-style-type: none"> <li>• Links with pre-op services to screen and support patients with dementia or elevated risk of delirium who are undergoing elective surgery are effective in reducing the risk of poor surgical outcomes.</li> <li>• It effectively reduces short hospital stays, where possible, by treating people in their own homes, for instance, due to urinary tract and chest infections.</li> <li>• Evidence suggests that discharging vulnerable older patients from hospitals, intermediate care facilities, and other care facilities during daylight hours can reduce disorientation and support effective discharge.</li> <li>• Evidence supports that moving individuals with dementia between departments and wards increases the risk of confusion and distress. Minimisation of moves improves health outcomes and potentially reduces the length of stay.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
	<p>For patients who may lack capacity, a mental capacity assessment and a Deprivation of Liberty Safeguards (DoLS) assessment are conducted. Some patients with an existing dementia diagnosis have a recommended summary Plan for Emergency Care and Treatment form discussed, completed, and recorded in patient notes.</p> <p>If a specific nutrition concern exists, the family can participate in a multidisciplinary team discussion to explore their nutrition preferences. Nutrition and hydration charts, as well as fluid balance charts, are used to monitor the risk of malnutrition and dehydration.</p> <p>The Dementia Support Team will support any patient with a diagnosis of dementia. Hospital staff can refer directly to dementia support workers without the patient being known to the Clinical Nurse Specialist team.</p> <p>If patients are referred to the Clinical Nurse Specialist Team, dementia care specialist support follows them throughout their hospital inpatient stay, with full support given to those with complex needs.</p> <p>Ikon staff training to improve communication with dementia is not mandatory. Dementia support workers offer support to staff and patients.</p> <p>The Complex Dementia &amp; Delirium Team actively monitors the emergency department whiteboard for patients who may have dementia or delirium and require support between 0800 hours and 1800 hours. Any patient requiring such support outside of office hours would be referred to the Mental Health Liaison Service. Basic dementia awareness training is available for all staff at all levels in the organisation. All ward staff complete mandatory safeguarding training regarding issues that could affect dementia patients, e.g. financial, physical, verbal, sexual, and emotional abuse</p>	

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>5.</b>	<b>Staff and carers are prepared to care</b>	
	<p>Training for practitioners delivering behaviour change interventions and programmes includes how to advise and support people to reduce the risk of developing dementia.</p> <p>Education and advice are given at the point of assessment and also provided upon diagnosis. Tier 2 training supports staff in delivering this information. A Clinical Nurse Specialist provides bespoke training and is currently developing learning materials on this subject.</p> <p>A standardised, tiered, multi-agency shared Dementia Care Training package is available across all locations. Tier 2 training is mandatory for all staff. The Memory Assessment Service staff have previously provided training to external partners, including GPs, practice nurses, and social care professionals.</p> <p>Health Community assessment and treatment teams, social care, and relevant third-sector staff have previously been trained in tiers 1 and 2 dementia awareness. However, this may need to be revisited.</p> <p>Education and skills training are tailored to the needs and preferences of carers of people with dementia. The Memory Assessment Service, along with Admiral Nurses, Personal Assistants in Dementia, and the Older Adults Therapeutic Service, provides this support upon assessment and until discharge.</p> <p>Risk assessments are conducted throughout a patient's hospital stay. Where risk is identified, referrals are made to the Enhanced Community service.</p>	<ul style="list-style-type: none"> <li>• Good practice involves making the provision of appropriate information available to care homes and domiciliary care agencies when people with dementia are discharged from the hospital, which supports the prevention of readmissions. Care, medical behaviour, and risk information are to be made available to providers in a manner that is both appropriate and systematic.</li> <li>• Specialist dementia training for staff working with people with dementia, such as those in care homes and domiciliary care services, including enhanced in-person training, is to be made available. This training is to cover knowledge of different types of dementia and strategies for managing challenging behaviour.</li> <li>• Effectively utilising training and education for all staff levels and disciplines on dementia and delirium and creating dementia leads and champions across the Trust is an effective approach to reducing stigma, increasing awareness, and supporting those living with and caring for individuals with dementia.</li> </ul>
<b>6</b>	<b>Those indirectly affected by dementia are supported well</b>	
	<p>Carers are not always aware of what is available, resulting in some feeling alone, struggling to cope, and learning on the journey how to look after someone with dementia.</p>	<ul style="list-style-type: none"> <li>• A good practice is to include in dementia service specification the requirement for information to be given to people and their carers about the type of dementia an individual has, ensuring support is made available at diagnosis.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
	<p>Walsall Council is developing a Carer's Strategy to include a specific section on dementia.</p> <p>Water Mill, on Goscote Lane, offers a dementia carers' respite day and overnight service.</p> <p>The Council maintains a readily accessible list of recommended local respite providers to share with carers, including agencies that offer respite care at home.</p> <p>Those living with people with dementia have access to Dementia Cafés.</p>	<ul style="list-style-type: none"> <li>• Providing advocacy support is effective in empowering people with dementia and their caregivers to negotiate care and services more effectively.</li> <li>• Providing interpersonal, tailored support to carers enables them to develop practical advice and acquire psychological skills, building resilience in the initial stages of dementia and overcoming emotional challenges.</li> <li>• Evidence indicates that more than one person may have responsibility for a person with dementia. Therefore, multiple carer assessments may be needed.</li> <li>• To meet population needs, the availability of respite services to carers of people with Dementia may benefit from review by geography and for appropriateness.</li> <li>• Consider developing peer networks, for example, for those caring for younger people or those with early onset dementia, as an effective form of support.</li> <li>• Evidence shows that carers who are supported and valued in their role are better able to provide quality care, preventing admissions and prolonging the time people can remain independent in their homes. Consider making befriending services available to support the carer's well-being and to avoid hospital admissions.</li> <li>• Consider making dementia-friendly training available to multi-agency stakeholders, including council colleagues, emergency services personnel, and local shop staff. This will effectively reduce stigma and support achieving positive outcomes for people with dementia and their families.</li> <li>• Consider how digital and assistive technology can be more widely utilised in Walsall to enable people to be well and independent for as long as possible.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>7a</b>	<b>People with dementia live well in care homes.</b>	
	<p>Care homes offer appropriate de-escalation management informed by intervention training.</p> <p>Care homes offer access to dementia-friendly, person-centred activities, particularly for individuals registered for dementia care.</p> <p>GPs conduct comprehensive geriatric assessments where applicable and depending on the type of care home.</p>	<ul style="list-style-type: none"> <li>• Carers and families must be encouraged to be involved in care assessment and decisions about access to care provision.</li> <li>• All families must have access to information on care homes and reviews of domiciliary care providers. Carers and families must be actively encouraged to support effective care and prevent unnecessary hospital admissions.</li> <li>• The quality of care in care homes should be periodically reviewed, with robust procedures implemented to address any areas of poor quality.</li> <li>• To establish effective pathways, there should be an increase in healthcare professionals with advanced skills to complete interventions required in long-term care beyond the scope of the West Midlands Ambulance Service.</li> </ul>
<b>7b</b>	<b>Commissioning Dementia specific health and care services</b>	
	<p>Walsall Health and Social Care commissioners commission a range of services along the dementia pathways to meet the needs of the diverse population.</p>	<p>Review dementia pathways and recommission service provision to meet the needs of universal and diverse populations by:</p> <ul style="list-style-type: none"> <li>• Secondary prevention and condition-specific services to reduce the onset of dementia.</li> <li>• Collaborating with primary care to review the primary care register and further identify and support development needs.</li> <li>• Dementia-friendly services, dementia cafes and support networks.</li> <li>• Consider a single point of access for contact with dementia services.</li> </ul> <p>Evidence supports an increase in post-diagnosis statutory support beyond 12 weeks to improve outcomes for both people with dementia and carers throughout the journey.</p>



	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>8</b>	<b>People living with dementia die well.</b>	
	<p>After diagnosis, a dementia care plan is developed in collaboration with local health services, typically through a person's general practitioner (GP) practice.</p> <p>People living with dementia can discuss their futures and make advance care plans at every stage of their dementia pathway.</p> <p>At the initial diagnosis stage, patients and their families are provided with information on the benefits of the Health and Welfare Power of Attorney. Personal Assistants in Dementia and Admiral Nurses also provide this information at the time of diagnosis.</p> <p>Comprehensive Geriatric Assessments are required for all those in care and nursing home settings or for those who are frail.</p> <p>The specialist palliative care team in Walsall Healthcare Trust supports care planning and coordination.</p> <p>ReSPECT forms are completed to gather patient preferences and inform clinical judgement at a change in health condition or location.</p> <p>Advance Care Plans are reviewed at a change in health condition or location.</p>	<ul style="list-style-type: none"> <li>• Good support toward the end of life is considered as having appropriate community support capacity and capability in place via services (e.g., care coordinators or domiciliary care) for people with dementia and their caregivers.</li> <li>• Good practice is recommended to include in health service specifications and delivery of tailored specialist palliative care programmes for people with dementia.</li> <li>• Tailored applications of palliative care guidance to meet the needs of people with advanced dementia reaching the end of life and their carers are effective in supporting 'a good end of life.' This involves collaborating with both parties to understand what works well and what could work better.</li> <li>• Consider reviewing the promotion of power of attorney through commissioned services.</li> <li>• Good practice is to monitor the conducting of 12-month care plans (face-to-face). These are to include an appropriate physical and mental health review for the patient.</li> <li>• Information supplied to carers should be commensurate with the stage of the condition, the patient's needs, and their health and social care requirements.</li> </ul>
<b>9</b>	<b>People living with dementia benefit from good use of data</b>	
	<p>Data-sharing agreements have been developed, but organisations cannot currently share data as agreements are yet to be signed.</p>	<ul style="list-style-type: none"> <li>• Black Country Mental Health Trust is to routinely capture and maintain longitudinal dementia data, including the type of dementia and waiting times.</li> <li>• Health and care providers are to improve the systematic recording of dementia across health and care systems in Walsall, ensuring that ethnicity and gender identity are recorded as mandatory fields and GP registers to ensure diagnoses are coded appropriately.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
<b>10</b>	<b>There is equity in access to care.</b>	
	<p>The Personal Assistants in Dementia Service delivers tailored interventions for dementia users and carers from underrepresented groups, according to their circumstances and diverse needs, including culture, ethnicity, language, religion, gender, and sexual orientation.</p> <p>The Older Adults Therapeutic Service provides Punjabi Cognitive Stimulation Therapy, and the Personal Assistants for Dementia have a Hard-to-Reach working group and an Admiral Nurse.</p> <p>To achieve parity of esteem, multidisciplinary team meetings are held between the WHT Community Care Home team and the Black Country NHS Trust Older People's Mental Health Team.</p> <p>Information and education are provided in languages other than English. Interpreting services can translate appointment letters, for example, into alternate formats upon request.</p> <p>The Alzheimer's Society provides information in different languages, and a dementia handbook is available online.</p>	<ul style="list-style-type: none"> <li>• All dementia ambitions and active consideration of all protected characteristics are important in the provision of services, e.g. people with learning disabilities have an increased risk of developing dementia, and people with early onset dementia are at greater risk of late diagnosis.</li> </ul>

## National Strategic Drivers

The national aspiration, arising from the [Prime Minister's Challenge on Dementia 2015](#) (3), is to increase the diagnosis of people 65 years and older to two-thirds (66.7%) of those estimated to be living with dementia. The plan outlines the need to enhance the recognition of quality care for people with dementia and strengthen community support, enabling people with dementia, their caregivers, and healthcare staff to collaborate and plan together to improve health and care outcomes.

Public Health England (PHE) published a report on dementia in 2018, highlighting the importance of local authorities' role in reducing dementia risk through promoting healthy lifestyles and maximising the use of signposting opportunities (4). Additionally, Pharmacy: A Way Forward for Public Health (2017) highlights the potential for local pharmacies to play an impactful role in improving the lives of people with dementia (5).

The increasing need to prevent dementia and associated diseases is recognised nationally in the NHS Long Term Plan (2019). The Long-Term Plan builds on the Five Year Forward Plan, published in 2014, which declared an ambition to offer “a consistent standard of support for patients newly diagnosed with dementia” (6).

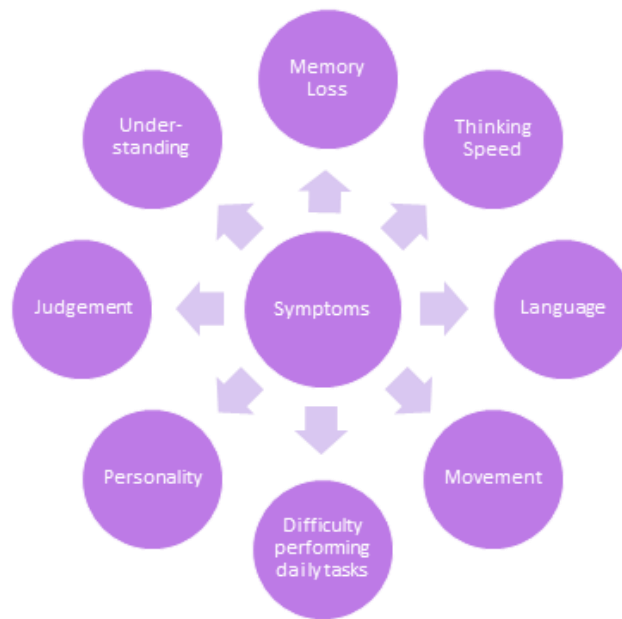
In addition to appreciating the need for support amongst those with dementia, there is also an increasing appreciation of the need to support informal carers. Annually, the cost of dementia in the UK is estimated to be approximately £26 billion, £11.6 billion of which is attributable to unpaid care (7).

## What is Dementia?

The World Health Organisation defines dementia as:

*" a syndrome [which] due to disease of the brain – usually of a chronic or progressive nature – in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation."(8)*

Figure 1: Brain functions most affected in dementia.



Source: NHS (9)

Dementia affects brain function, which may be evident through a range of symptoms, including:

- **Difficulties with daily living** include driving, shopping, eating, and personal care.
- **Cognitive dysfunction** is characterised by problems with memory loss, language, attention, thinking, orientation, calculation, dysphasia and dyspraxia, disorientation in time and place, and impairment of executive function (such as difficulty with planning and problem-solving).
- **Psychiatric and behavioural problems**, such as delusions, hallucinations, agitation, emotional control, depression, anxiety, apathy, social or sexual disinhibition, motor disturbance (for example, wandering or repetitive activity), changes in personality or social behaviour, sleep disruption, and agitation.

### Dementia Subtypes

There are many different types of dementia. Alzheimer's Disease, Vascular Dementia, Dementia with Lewy bodies and Frontotemporal Dementia are the most common forms.

**Alzheimer's Disease (AD)** is a chronic, progressive neurodegenerative disorder. It is the most common form of dementia, accounting for approximately 60% of all dementia cases. AD is characterised by memory loss, loss of social and occupational functioning, diminished executive function, speech and motor deficits, personality change, and behavioural and psychological disturbance. It often co-exists with other forms of dementia, particularly vascular dementia (mixed-type dementia). [Alzheimer's](#)

## [Disease: Symptoms, Diagnosis, and Treatment | BMJ Best Practice.](#)

Lifestyle factors such as smoking, midlife obesity, a diet high in saturated fats, consumption of >14 units of alcohol per week, brain injury, hearing loss, and increased cholesterol have been associated with an increased risk of developing AD.

**Vascular dementia** is the second most common cause of dementia, affecting an estimated 150,000 people in the UK, accounting for approximately 17% of cases of dementia. Vascular dementia is the final common endpoint of many varied vascular pathologies. It is a chronic progressive disease of the brain, bringing about cognitive impairment. The executive functions of the brain, such as planning, are more prominently affected than memory. Motor and mood changes are often seen early. [Vascular dementia - Symptoms, diagnosis and treatment | BMJ Best Practice.](#)

The rate of deterioration in vascular dementia can be slowed by optimising blood pressure management, leading an active, healthy lifestyle and stopping smoking. For individuals with high blood pressure or cholesterol, it is crucial for patients to take their medication as prescribed by their doctor and undergo regular check-ups to ensure their condition is well-controlled (10).

**Dementia with Lewy bodies (DLB)** is the third most common form of dementia, accounting for approximately 10% to 15% of dementia cases and approximately 10% of young people with dementia (11). DLB is a neurodegenerative disorder with parkinsonism, progressive cognitive decline, prominent executive dysfunction, behavioural and sleep disturbances, and visuospatial impairment. DLB is often associated with delusions, hallucinations and transient loss of consciousness (12). Diagnosis is made clinically and can only be confirmed pathologically by the presence of Lewy bodies. Many patients have concomitant Alzheimer's disease-type pathology. [Dementia with Lewy bodies - Symptoms, diagnosis and treatment | BMJ Best Practice](#)

There is no consensus on whether there are sex or ethnic differences in prevalence (13), and the literature on other specific risk factors is limited. People with Lewy body dementia need to have an accurate diagnosis to get the right treatment and support, but it can be difficult to diagnose (14). Some medications are usually most effective in early or moderate phases but do not help everyone. Importantly, many people with Lewy body dementia are particularly sensitive to some medicines used to treat hallucinations, and only certain types should be used with extreme caution (15).

**Frontotemporal dementia (FTD)** manifests primarily as a disruption in personality and social conduct or as a primary language disorder, typically between 45 and 65 years. Less than 5% of cases of dementia are due to FTD in the UK. It is estimated that approximately 30% of patients with FTD have a strong family history (16). Clinical diagnosis is primarily from examination and brain imaging. Treatment is supportive, combining medications with non-pharmacological and behavioural interventions, carer guidance, community services, and social work involvement.

There are many different, less common forms of dementia, including Wernicke's and Korsakoff's syndrome and Huntington's disease (17).

## Background

Dementia is a growing public health concern in the UK, affecting an estimated 944,000 individuals (18) and impacting families, communities, and healthcare systems. This number includes approximately 1 in 14 people aged 65 and older and 1 in 6 people aged 80 and older. By 2025, it is estimated that over 1 million people in the UK could have dementia, and this number could rise to over 2 million by 2050. Additionally, an estimated 21 million people in England have a close friend or family member living with dementia. Notably, around 40% of current dementia cases are considered preventable or have the potential to be delayed (19). These estimations will become a reality unless adequate preventive interventions are implemented.

The total costs of dementia in England and the UK are £29.5 billion and £34.7 billion, respectively, which are higher than the costs of cancer, heart disease, or stroke. Health care accounts for 14% of the total fees, while social care (publicly and privately funded) accounts for 45% in the UK and 46% in England. According to the 2021 Census, England and Wales have an estimated 5 million unpaid carers. The value of unpaid care is equivalent to that of a second NHS in these regions, which received an estimated £164 billion in funding for the 2020/21 financial year (20).

In England, it is estimated that service users and their families meet around 60.6% of the overall social care costs. This estimation assumes that the proportion of service users living with dementia who are self-funders aligns with the proportion of all older service users who self-fund their care (21). Based on this assumption, approximately £8.3 billion in 2019 was estimated to be covered by service users and their families.

The national aspiration is that two-thirds (66.7%) of people estimated to be living with dementia should have a formal diagnosis recorded in their primary care notes. This reflects the [Prime Minister's challenge on dementia 2020](#) to increase the number of formal diagnoses. A timely diagnosis enables people with dementia, their carers, and healthcare staff to plan accordingly and work together to improve health and care outcomes (22).

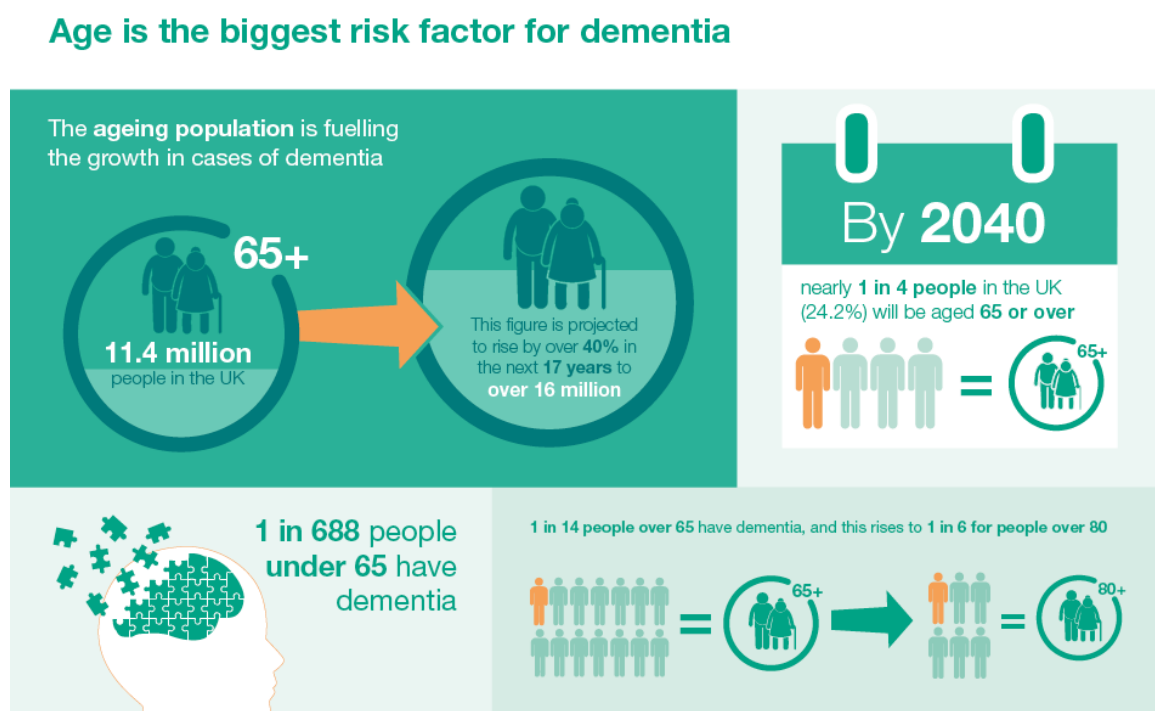
Addressing health inequalities in dementia has become increasingly important as we learn more about the potential for risk reduction. Several factors can significantly increase an individual's risk of developing dementia, including disparities that negatively impact their ability to achieve healthy lives. These disparities can lead to an increased risk of avoidable conditions such as dementia (23).

### Dementia Risk Factors

**Age** is the most significant risk factor for dementia, as the condition increases exponentially with age. However, dementia is not a normal part of ageing. Interventions for older people can help mitigate this risk (24). Walsall has a slightly lower percentage of the population aged 65 years and older (17.44%) compared to England (18.5%). While dementia can affect people at any age, it is far more common in older individuals. Nationally, 1 in 688 people under 65 years old have dementia.

However, the prevalence rises significantly with age, affecting 1 in 14 people over 65 and 1 in 6 people aged 80 or over (7).

Figure 2: Infographic on age as a risk factor in dementia.



Source: [Health matters: midlife approaches to reduce dementia risk - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters/midlife-approaches-to-reduce-dementia-risk)

**Sex:** Women are at a higher risk of being negatively impacted by dementia. Approximately 62% of people with dementia are female, compared to 38% male, which is influenced by women living longer than men and differences in hormones. Dementia is the leading cause of death among women in the UK, accounting for 31,850 deaths per year. The percentage of females affected is higher in all age ranges except for the 70-74 range, where 3.1% of men and 3.0% of women are affected. Additionally, women are more likely to take on the role of caring for someone with dementia and often feel less supported than their male counterparts (7).

**Modifiable lifestyle risk factors** for dementia include smoking, lack of physical activity, obesity, alcohol consumption, and environmental risks.

**Condition-specific risk factors** for dementia include Parkinson's disease, stroke, type 2 diabetes, high blood pressure, depression, hearing loss, mild cognitive impairment, and tooth loss (25).

**Learning disability** is also a significant risk factor for dementia. Compared with the general population, individuals with a learning disability are five times more likely to develop dementia. They are at a greater risk of it developing at a younger age. Notably, one in ten people with a learning disability develop young-onset Alzheimer's between the ages of 50 and 65 years old (26).



Down's syndrome presents a particular risk for dementia, with Alzheimer's being the most common type. It was calculated that where people with Down's syndrome live to 70 years old, seven out of ten would be likely to develop Dementia (27).

**Ethnicity:** Nationally, dementia in Black, Asian and other minority communities is underdiagnosed (28). One study found that individuals from Black and Asian ethnic groups have a higher rate and likelihood of developing dementia compared to those from white British populations. Yet, they have lower diagnosis rates (28).

Living below the poverty line or being exposed to systemic disparities, including racism, negatively impacts brain health and, in turn, becomes a societal burden through the increased prevalence of dementia. A main consequence is that dementia rates are 20% higher among Black and South Asian people living in the UK, and they have an increased risk of developing dementia at a younger age (28).

**Genes:** In most cases, dementia is not inherited by children and grandchildren. However, in rarer types of dementia, there may be a strong genetic link, but these account for only a small proportion of overall dementia cases. People can inherit the risk of developing dementia from their parents. There are two types of these genes: 'familial' genes, which are rare and may affect 1 to 3 cases of frontotemporal dementia, and 'risk' genes (29).

## Demographics and Projections

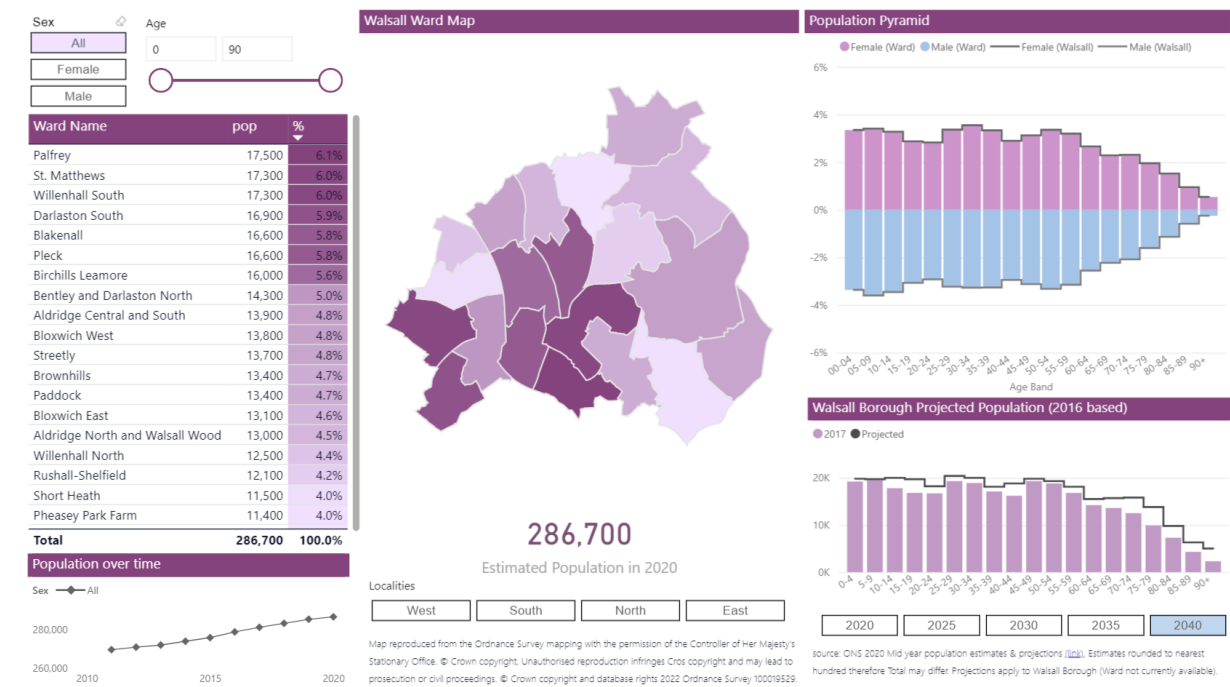
### Age and Ageing - National

England has an ageing population, with more people living longer than ever. Over 10 million people in England are aged 65, and 40% are over 50 (30). Since the early 1980s, the number of people aged 65 and over has increased by almost 50%, and there are nearly three times as many people aged 85 and over as 40 years ago. Conversely, the population of people under 20 years is slightly decreasing. With increasing life expectancy, we can also expect to experience an increasing prevalence of dementia nationally.

### Walsall Ageing Population

Walsall has an estimated population of 286,700 people. Between the last two censuses, 2011 and 2021, the number of people aged 50 to 64 increased by approximately 6,300 (13.5%), while the number of residents aged 35 to 49 decreased by just over 1,800 (3.3% decrease). For a visual representation, please refer to Figure 3, which shows the Changes in the Walsall Age Profile from 2011 to 2021.

Figure 3: Changes in Walsall Age Profile 2011 - 2021



Source: [Walsall Public Health Intelligence](https://www.walsall.gov.uk/public-health-intelligence)

The data indicate that by 2040, Walsall can expect a significant rise in all age groups above 55, most notably in the 75-79 age group. Women remain the largest proportion of those over 65.

## Age by Geography

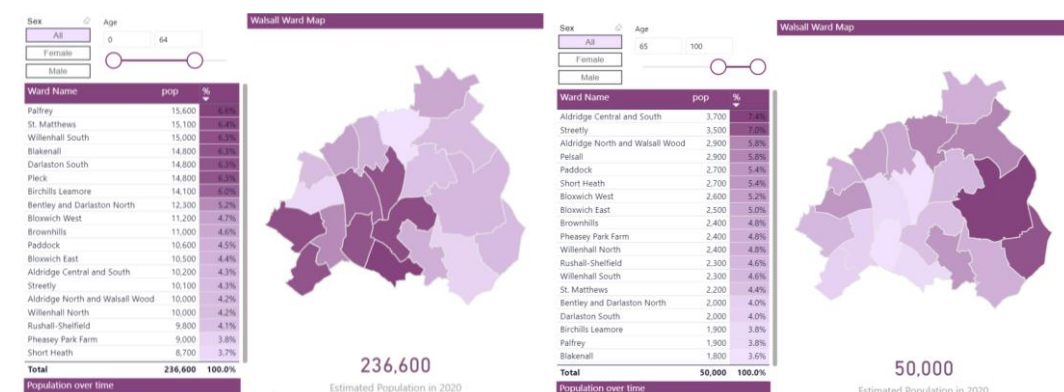
Understanding Walsall's geography is crucial for comprehending the needs of its residents with dementia. Walsall is a metropolitan borough that encompasses a diverse mix of urban, suburban, and semi-rural communities. Situated northwest of Birmingham, Walsall is one of the four local authorities that form the Black Country subregion alongside Dudley, Sandwell, and Wolverhampton.

The eastern part of Walsall Borough has an older population and has seen a slower population growth of less than 1% over the past nine years. In contrast, the centre, south, and west of the Borough continue to experience rapid population growth and have a younger demographic. Figure 4 provides an overview of the concentration of younger and older people across the Borough.

Figure 4: Age by Geography.

0 – 64 years old

65 years +



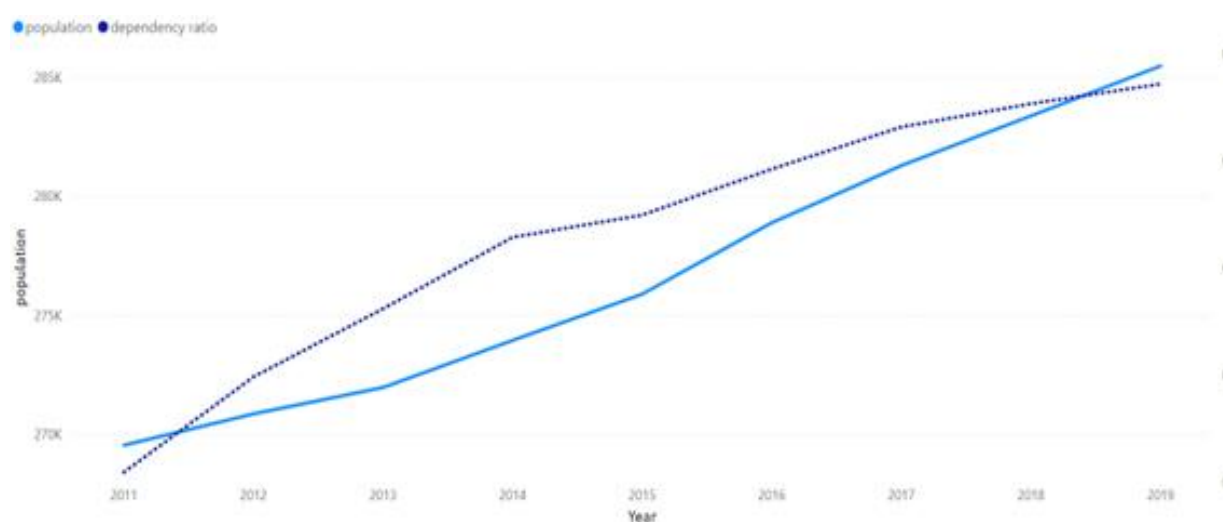
Source: [Walsall Public Health Intelligence](#)

Areas with an older population are likely to see a higher proportion of residents with dementia and often have fewer individuals available to provide care. Raising awareness of dementia and developing community-appropriate interventions are crucial for enhancing dementia knowledge and ensuring timely access to services.

## Walsall Dependency Ratio

In demographic terms, an economically dependent population is defined as the proportion of individuals under 15 and those 65 years and older, compared to those in the 15- to 64-year age category. In Walsall, the dependency ratio has continued to rise, reflecting the overall increase in population demographics (See Figure 5).

Figure 5: Population growth and dependency rate from 2011 to 2020.



Source: [ONS Mid-year Estimates 2020](#)

This trend is indicative of an overall increase in Walsall's dependency ratio. As the population ages, the need for care and support will rise. By 2037, the UK is projected to have a proportionately smaller number of individuals available to provide this care,

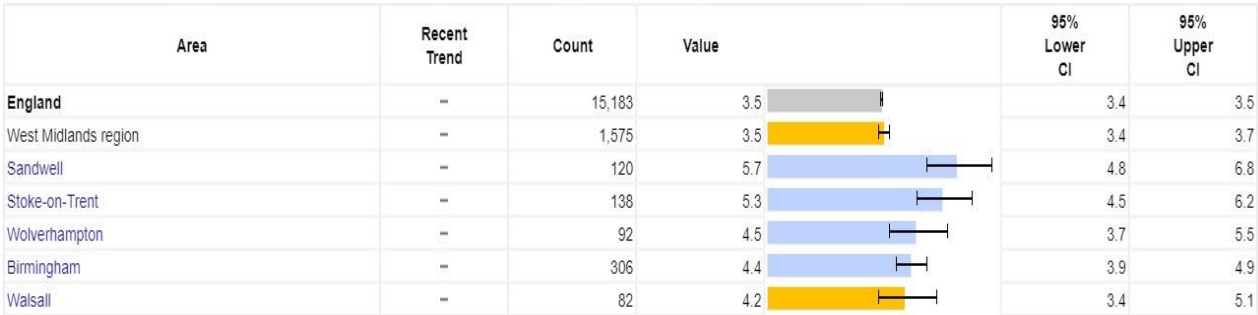
highlighting the importance of planning and resource allocation to meet future demands (ONS, 2015).

Young-Onset Dementia

While the primary focus on dementia is often directed towards individuals over the age of 65, it is equally important to address the needs of those who develop young-onset dementia before the age of 65.

Figure 6 illustrates the proportion of people aged under 65 with dementia as a percentage of the total dementia cases (all ages) per 100

Figure 6: Dementia (aged under 65 years) as a proportion of total Dementia (all ages) per 100



Source: [Dementia Profile - OHID](#)

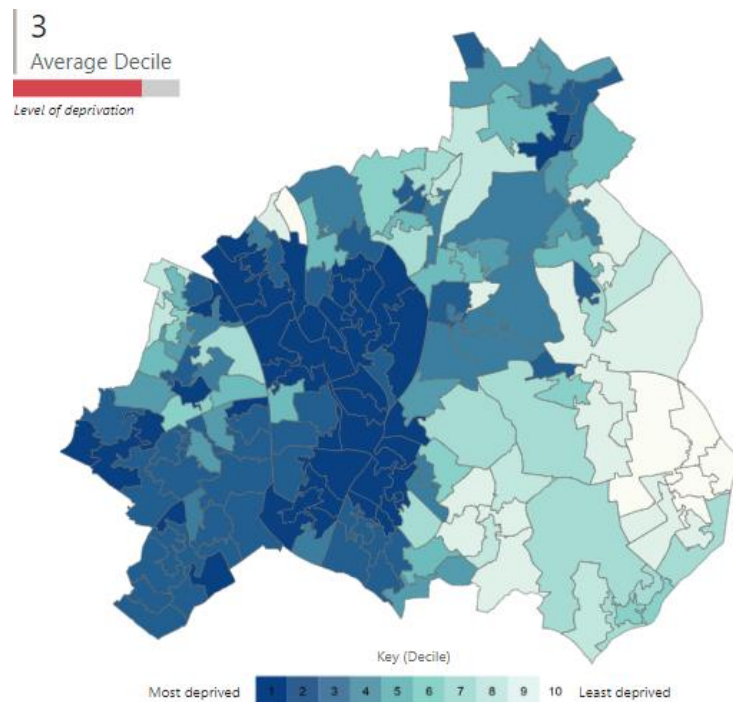
As of February 2024, nationally, out of 463,514 people with dementia, 15,183 (3.5%) were younger than 65 years old, with 82 being residents of Walsall.

Young-onset dementia encompasses a wide range of diseases that are likely to cause issues with movement, walking, coordination, or balance and are more likely to be inherited. The inherited form affects up to 10% of younger individuals with dementia. Additionally, younger people are more likely to have a rarer form of dementia and are less likely to experience memory loss as one of their initial symptoms (32).

Deprivation and Dementia

Socioeconomic deprivation in England and Wales is linked to increased dementia mortality, younger age at death with dementia, and poorer access to specialist diagnosis (33). In Walsall, deprivation is deeply entrenched and has worsened over the past 15 years. Currently, 44 out of 167 neighbourhoods (Lower Super Output Areas) are among England's most deprived areas, compared to 34 neighbourhoods in 2015. This highlights the urgent need for targeted interventions to address the socioeconomic factors contributing to dementia prevalence and mortality in these areas. See Figure 7 for a visual representation of the deprivation levels in Walsall.

Figure 7: Walsall 2019 Index of Multiple Deprivation



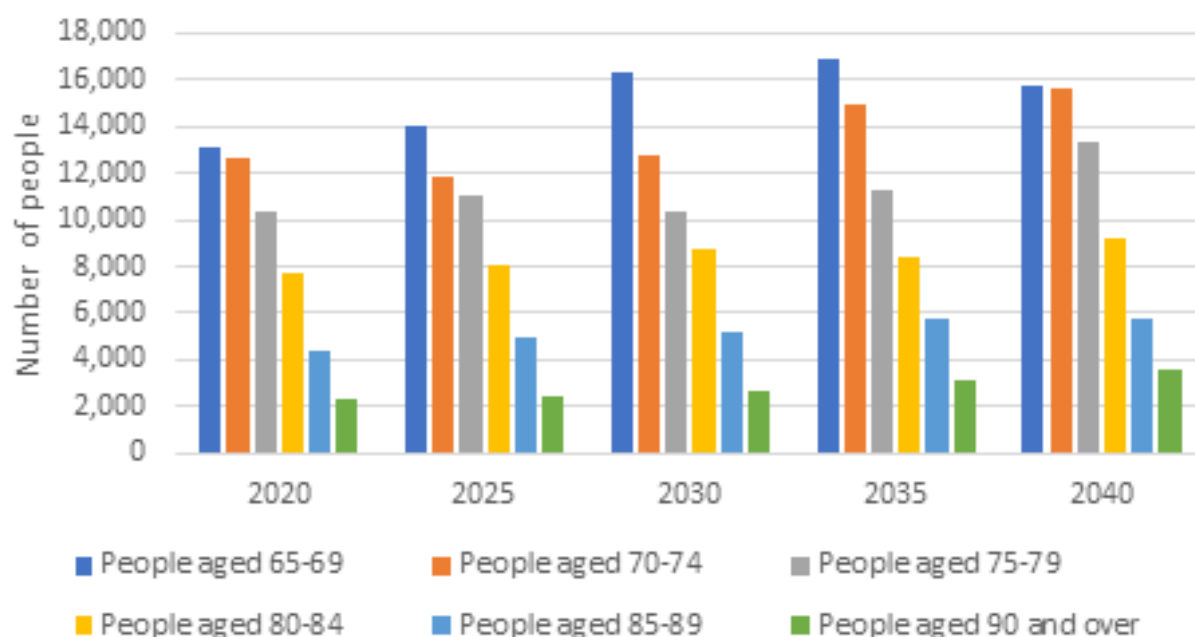
Source: [Walsall Public Health Intelligence](#)

Understanding the specifics of geography is crucial for targeting efforts to raise dementia awareness and meet population needs. High levels of deprivation are concentrated in the centre and west of the Borough, primarily in the Blakenall, Birchills Leamore, Pleck, St Matthew's, Bloxwich East, and Bloxwich West wards, as well as in Darlaston and Willenhall South. Relatively low-deprivation areas are predominantly located east of the Borough, with pockets of very low deprivation adjacent to areas of high deprivation, including parts of Aldridge, such as the Redhouse Estate.

### Age Projections

Understanding the projected increase in the number of people over 65 in Walsall is crucial. By 2040, it is estimated that 63,200 individuals, or 19.73% of the population (320,400), will be aged 65 and over. This increase will not be evenly distributed across age groups, requiring targeted planning and resource allocation to address the diverse needs of this ageing population. See Figure 8 for a visual representation of these projections.

Figure 8: population projections for Walsall 2020 to 2040 over 65 years

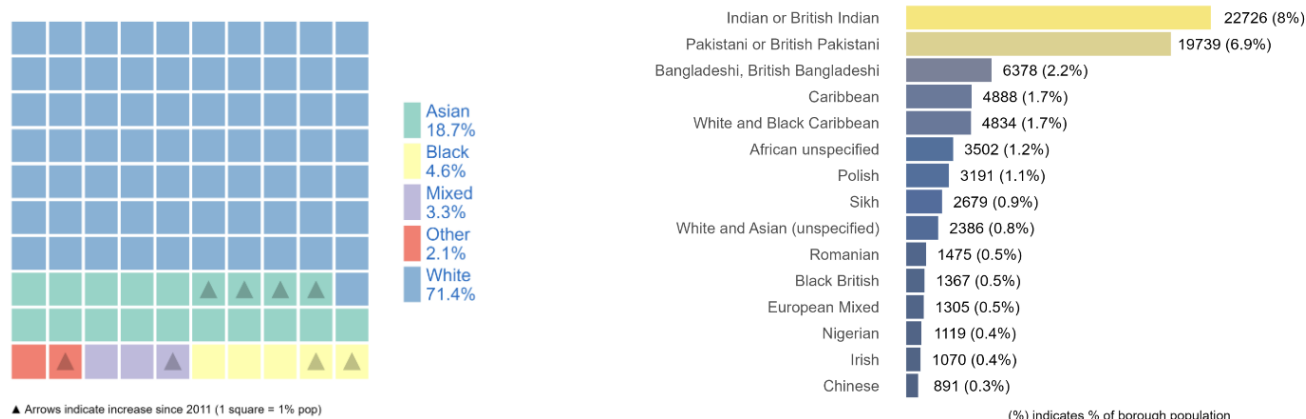


Source: [POPPI](#)

## Ethnicity

Ethnicity is an indicator of a higher risk of dementia. Understanding the ethnic demographics of Walsall's population is crucial for comprehending how individuals perceive and experience dementia, as well as their access to appropriate support. In Walsall, the largest ethnic group, at 71.4%, falls within the broader White category, while 1 in 3 people are from an ethnic minority group, an increase from 1 in 4 in 2011. People of Indian, Pakistani, and Bangladeshi backgrounds form the largest minority ethnic groups, as visualised in Figure 9.

Figure 9: Walsall Population by Ethnicity



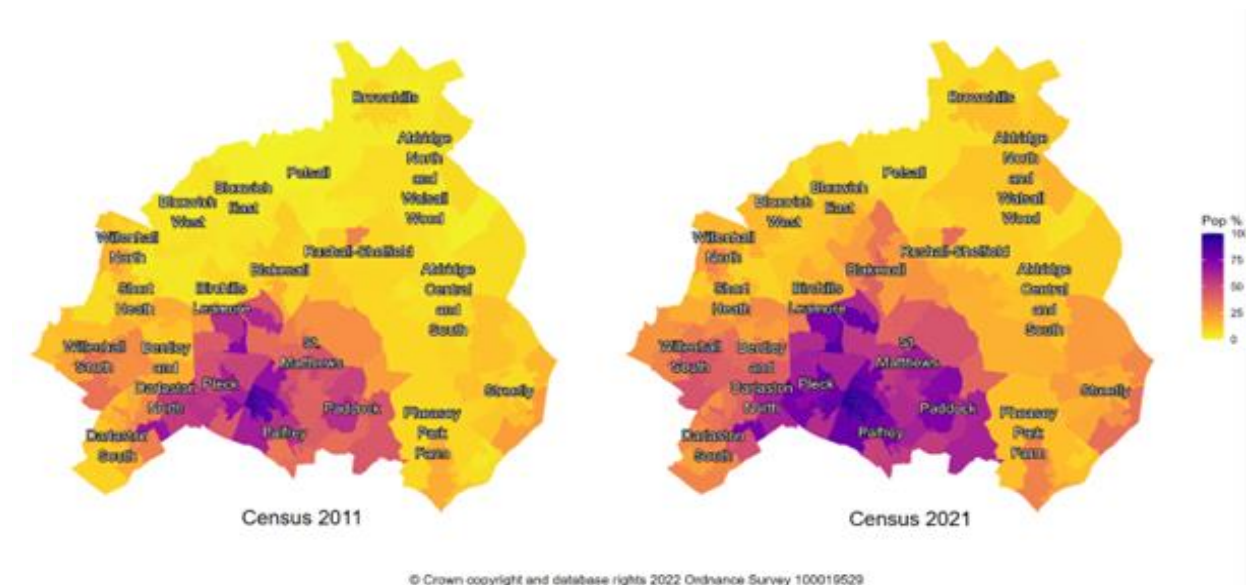
Source: [Walsall Public Health Intelligence](#)

The proportion of people from ethnic minority communities is expected to continue to increase significantly in Walsall, indicating changing dementia needs now and in the



future. Ethnic composition varies substantially across individual wards. Therefore, understanding where people live is crucial for effectively reaching and targeting communities. See Figure 10.

Figure 10: Percentage of non-white population in Walsall by ward, 2011 and 2021



Source: [Walsall Public Health Intelligence](#)

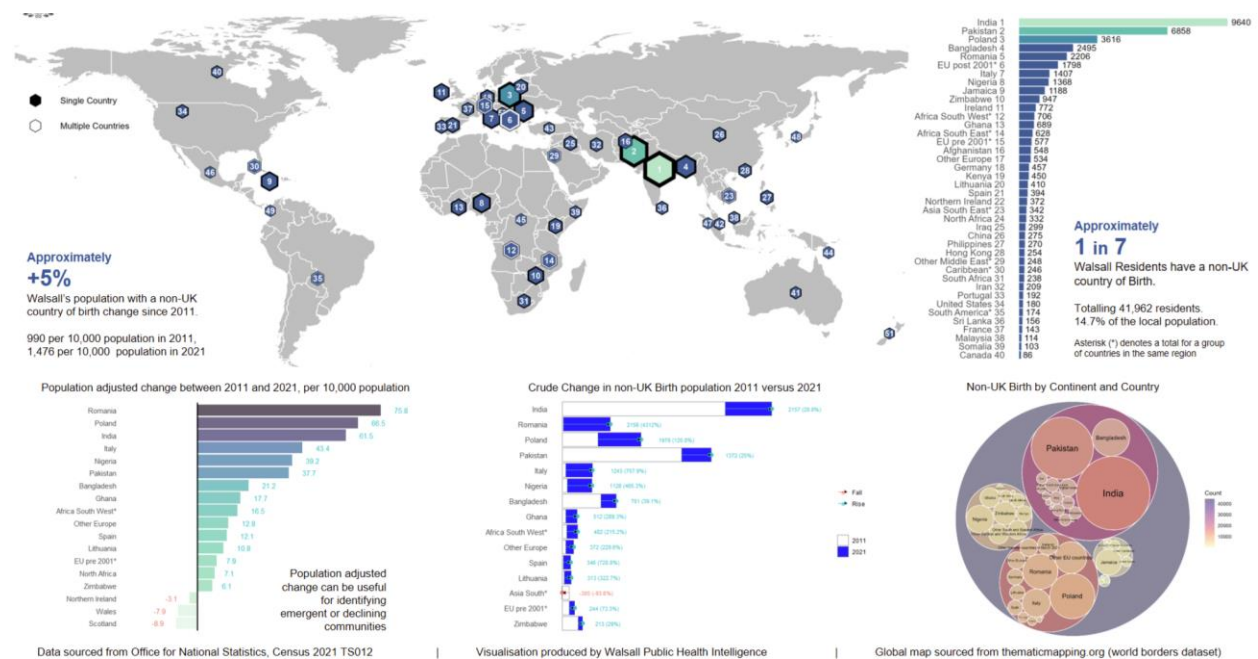
Understanding the ethnic distribution across Walsall is important as some ethnic minority communities have a heightened risk of dementia, which is also associated with higher rates of obesity, hypertension, and type 2 diabetes (35).

### Country of Birth

Understanding the country of birth is vital when considering dementia, as individuals with certain forms of dementia may regress to their younger lives, early formative years, and memories, which are influenced by their cultural context. Ethnicity and country of birth are significant factors, as they influence how older people are cared for, and their receipt of appropriate services. See Figure 11 for data on the Country of Birth of Non-UK Born Walsall Residents.



Figure 11: Country of Birth of Non-UK Born Walsall Residents



Source: [Walsall Public Health Intelligence](https://www.walsall.gov.uk/public-health-intelligence)

In 2021, Walsall had 41,962 non-UK-born residents, accounting for 14.8% (one in seven) of the population, an increase from 9.9% (one in ten) in 2011. Understanding this demographic shift is essential for providing appropriate and effective interventions and supporting the specific needs of older people with dementia from different countries of birth.

## Dementia Specifics

Contained within the Implementation Plan for the [Prime Minister's challenge on dementia 2020](#), the '[Well Pathway for Dementia](#)' sets out a framework that has been extensively used in identifying and planning for the needs of people with Dementia.

The pathway elements navigate from 'Preventing Well' to 'Dying Well,' acknowledging the different stages of the condition. Early diagnosis enables individuals to access appropriate treatments, find effective support resources, and make informed decisions about their future.

Emphasis is also placed on the need for robust research, integration, commissioning, training, and monitoring. This structure provides a comprehensive framework for identifying the breadth of services, assessing needs, and recommending changes. See Figure 12, Walsall Dementia Profiles - Pathway Plan on a Page.

Figure 12: Pathway Indicators on a Page

Indicator	Period	Walsall		Region England			England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Prevalence										
Dementia: Recorded prevalence (aged 65 years and over)	2020	—	1,889	3.85%	3.77%	3.97%*	2.91%			
Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000	2020	—	82	3.35	3.04	3.05*	1.16			
Preventing well - risk factors										
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	—	-	13.8%	13.4%	12.7%	21.8%			
Percentage of adults (aged 18 plus) classified as overweight or obese	2021/22	—	-	75.3%	67.2%	63.8%	76.4%			
Percentage of physically inactive adults	2021/22	—	-	30.9%	25.5%	22.3%	37.6%		13.7%	
Diagnosing well										
Estimated dementia diagnosis rate (aged 65 and older)	2023	➡	2,053	62.5	60.3	63.0	47.7			
> 66.7% (significantly) similar to 66.7% < 66.7% (significantly)										
Living well										
Dementia care plan has been reviewed in the last 12 months (denominator incl. PCAs)	2020/21	—	732	38.8%	38.6%*	39.7%	3.4%			
Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)	2019/20	—	1,770	3,379	3,802	3,517	6,100		2,120	
Supporting well										
Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over)	2020	—	554	41.7%	67.6%	74.1%	24.0%		100%	
Dying well										
Direct standardised rate of mortality: People with dementia (aged 65 years and over)	2019	—	432	837	885	849	1,236			
Deaths in Usual Place of Residence: People with dementia (aged 65 years and over)	2019	—	268	63.5%	66.6%	70.3%	44.7%		83.7%	

Source: [Dementia Profile - OHID](#)

According to the dementia pathway key indicators, Walsall is achieving a similar national average diagnosis rate across most indicators. However, it is significantly below the national average in four specific indicators. The following section provides a detailed examination of the components of these indicators.

# The Well Pathway for Dementia

## Awareness Raising

Dementia is variably understood across communities and professionals. To enable early recognition of symptoms, early diagnosis, access to support, and understanding what to expect, education and awareness-raising are essential. This includes managing, living with, and coping with dementia (36).

Dementia is the most feared health condition in the UK, which may explain why nearly two-thirds (62%) of those surveyed felt that receiving a diagnosis would signify the end of their life. A study conducted by the Alzheimer's Society found that over half (56%) of individuals delay seeking a dementia diagnosis for up to a year or more after initial symptoms (36a).

## Preventing Well (and Awareness Raising)

The pace at which people age is influenced by several factors that contribute to the onset of dementia. While no interventions can reverse the disease, delaying onset or reducing decline is possible. Modifying healthy lifestyle behaviours could prevent or delay 40% of dementia cases (37). The correlation between health behaviour and cardiovascular changes leading to vascular dementia underscores the necessity for accessible health education and health-promoting interventions for all vulnerable populations to mitigate the risk of cognitive decline (38).

The correlation between health behaviour and cardiovascular changes leading to vascular dementia underscores the necessity for accessible health education and health-promoting interventions for all vulnerable populations to mitigate the risk of cognitive decline.

## Risk factors for Dementia.

Many factors increase the risk of developing dementia. Approximately one-third of Alzheimer's disease cases are linked to modifiable risk factors (39). These risk factors include hypertension, midlife hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, social isolation, excessive alcohol consumption, traumatic brain injury, and air pollution (40). Preventing and reducing these conditions is crucial for improving dementia outcomes. However, the knowledge that it is possible to reduce and slow some dementias varies across Walsall.

The NHS Health Check identifies risk factors for various conditions, including dementia, but does not spot early signs of stroke. Those with existing cardiovascular disease (CVD) are not eligible. However, annual reviews for those with CVD-related conditions could integrate reminders on reducing dementia risk. Figure 13 highlights various risk factors associated with dementia. [NHS Health Checks](#) offer valuable opportunities to raise awareness and mitigate some of these risks.

Figure 13: Walsall Preventing Well Dementia Profile

Indicator	Period	England	West Midlands region (statistical)	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Overweight (including obesity) prevalence in adults (18+ yrs)	2022/23	64.0	67.0	65.1	68.5	69.1	66.9	69.8	66.1	59.9	68.5	73.8	66.4	70.6	65.3	70.6	66.5
Percentage of physically inactive adults (19+ yrs)	2022/23	22.6	25.1	27.9	24.5	28.4	20.9	36.1	19.1	21.8	21.3	30.0	24.0	30.6	21.4	32.9	21.1
Obesity: QOF prevalence (18+ yrs)	2022/23	11.4	12.9	11.5	12.1	17.2	13.2	12.7	11.7	10.5	13.0	15.1	11.7	15.9	11.2	15.9	14.0
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	12.7	13.4	13.6	18.4	12.3	12.2	21.0	10.0	10.6	9.3	16.3	16.7	13.8	13.9	15.1	11.5
Smoking: QOF prevalence (15+ yrs)	2022/23	14.7	15.0*	15.5	15.6	15.9	14.8	16.9	12.3	12.8	13.5	18.6	16.6	17.1	13.3	16.4	14.5
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years	2022/23	752	913	819	997	824	556	705	778	704	1077	1287	944	1161	864	1273	820
CHD: QOF prevalence (all ages)	2022/23	3.0	3.1	2.6	2.1	4.0	3.5	3.5	3.7	3.0	3.5	3.3	3.0	3.8	2.8	2.9	3.3
Stroke: QOF prevalence (all ages)	2022/23	1.8	1.9	1.4	1.4	2.0	2.5	1.6	2.7	1.9	2.2	2.1	2.0	1.8	2.1	1.7	2.3
Depression: QOF prevalence (18+ yrs)	2022/23	13.2	14.0	12.0	12.2	15.9	12.8	10.9	15.1	12.1	14.2	18.6	16.2	15.2	15.3	13.4	15.7
Diabetes: QOF prevalence (17+ yrs)	2022/23	7.5	8.4	9.3	7.2	8.4	7.3	10.3	7.4	7.6	8.0	9.1	8.3	10.2	7.2	9.2	7.8
Hypertension: QOF prevalence (all ages)	2022/23	14.4	15.2	12.2	12.3	17.4	17.4	14.9	17.6	15.0	16.7	16.7	14.5	15.4	15.8	14.5	17.4
People receiving an NHS Health Check per year	2022/23	7.2	6.4	11.6	7.4	3.9	4.6	0.1	2.5	10.7	2.7	0.0	4.0	7.4	5.4	9.4	11.4

Better 95% Similar Worse 95% Lower 95% Similar Higher 95% Not compared

Quintiles: Low High Not applicable

Source: [Dementia Profile - OHID](#)

Improving health behaviour and lifestyle factors significantly reduces the risk and delays the onset of dementia. The Preventing Well indicator provides an overview of areas to focus on in order to prevent the onset of dementia, with the national average serving as the benchmark.

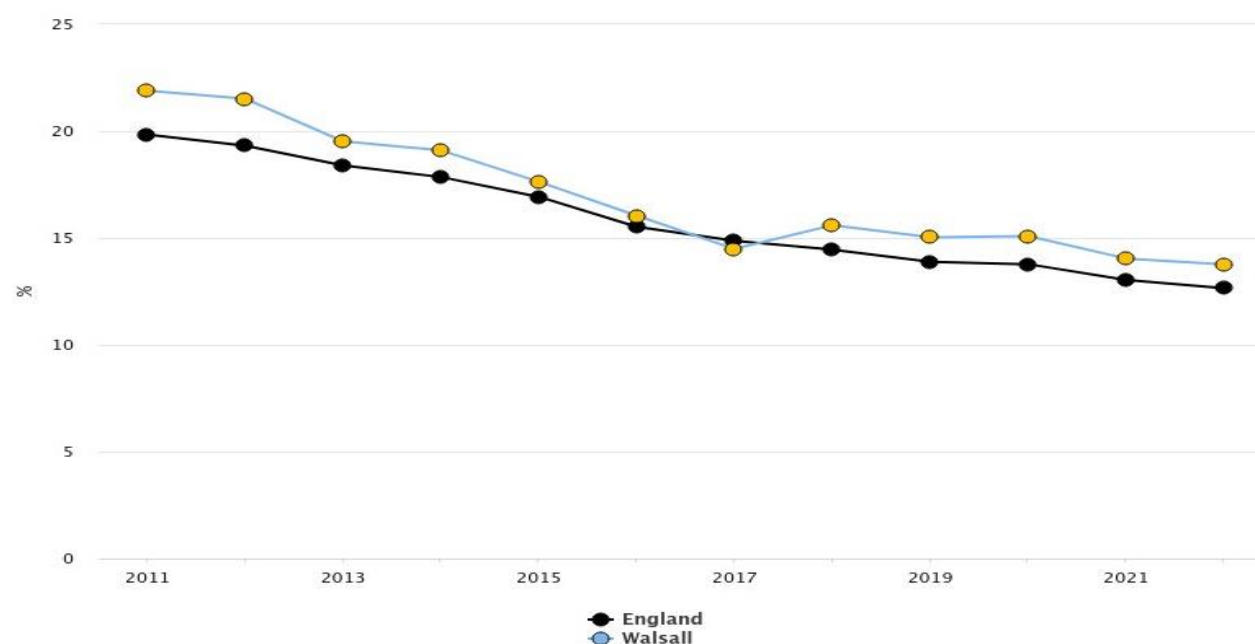
### Depression, Loneliness and Social Isolation

Psychosocial risk factors throughout life and late-life depression are linked to cognitive impairment (41). Loneliness (42) is a risk factor for developing dementia (43). Numerous studies highlight the complex relationship between dementia and depression (44). In Walsall, the depression rate is 15.2%, higher than the England average of 13.2% and the West Midlands at 14%.

## Smoking Prevalence

Smoking is the leading modifiable risk factor for neurological diseases and premature death in England (45). Smoking doubles the risk of developing dementia, and quitting could prevent or delay up to 5% of cases worldwide. In Walsall, smoking rates are 13.8%, higher than the national average of 12.7%. See Figure 14, Smoking prevalence in adults (18+) in Walsall (Local Tobacco Control Profiles - Data 2023).

Figure 14: Smoking prevalence in adults (18+) in Walsall



Source: [Dementia Profile - OHID](#)

Across England and in Walsall, smoking prevalence is steadily declining. Supporting the reduction of smoking can contribute to reducing the prevalence of dementia and, in turn, dementia-related costs (46).

The [NICE guidance on tobacco NG209](#) identifies evidence-based interventions for adults who smoke. It suggests that offering support and treatment can motivate some smokers to attempt to quit, even if they would not have done so with brief advice alone.

### Stop Smoking Service

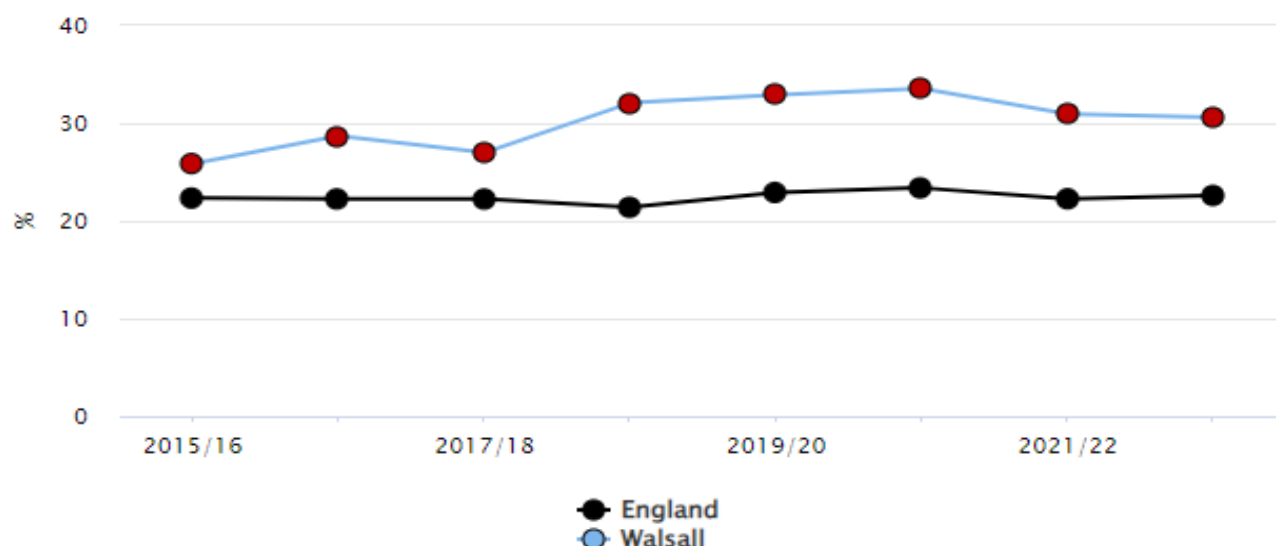
The Walsall My SmokeFree Life app offers a 12-week programme. Be Well Walsall services, delivered by MoreLife and Maximus UK and funded by Public Health Walsall, provide free, comprehensive stop-smoking programmes to anyone living, working, or registered with a GP in Walsall (See Appendix 3).



## Physical Activity

Regular exercise can reduce the risk of developing dementia by approximately 28% (47). Figure 15 illustrates the percentage of physically inactive adults (aged 19 and above) in Walsall compared to the England average.

Figure 15: Percentage of physically inactive adults (19+ yrs.) in Walsall



Source: [\(Physical Activity - OHID\)](#)

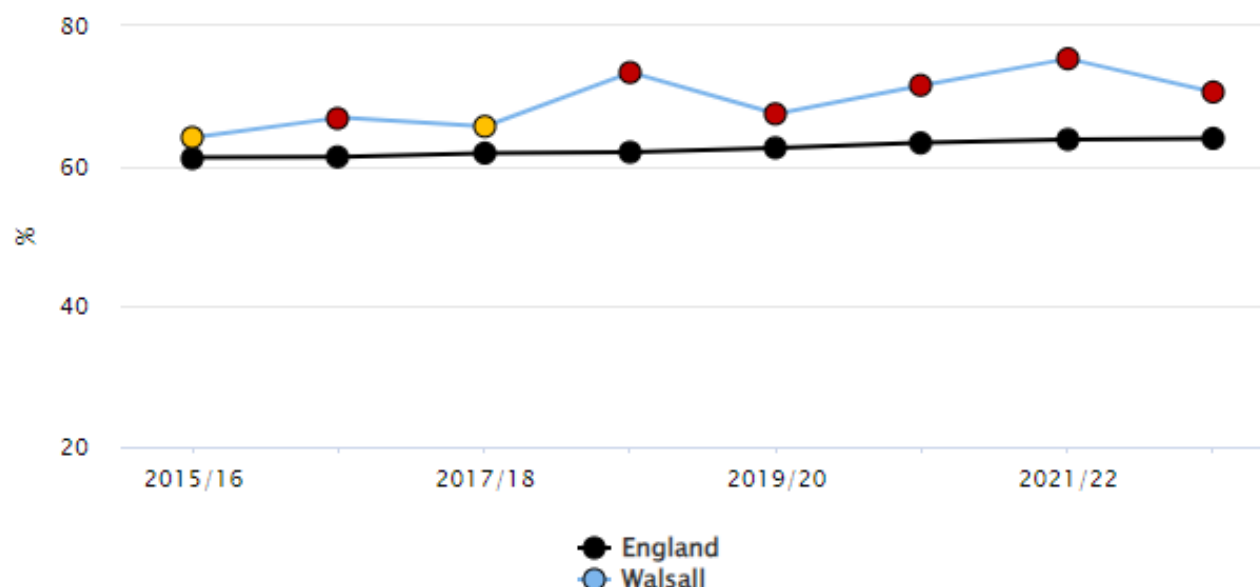
In 2022/23, 30.6% of Walsall residents were physically inactive, compared to 22.6% in the West Midlands and 22.3% across England.

[NICE PH16](#) guidance emphasises practical support for everyday activities, including collaborating with older people and their carers to determine their needs. As an Active Black Country partner, Walsall aims to inspire and enable residents to lead active lifestyles, creating opportunities for physical activity and sports. Be Well Walsall services, commissioned by Public Health Walsall, enhance participation in physical activity to reduce excess weight (See Appendix 3).

## Excess Weight

Excess weight in adults is a major determinant of premature mortality and avoidable ill health (48). Figure 16 shows that in 2022/23, 70.6% of Walsall adults were classified as overweight or obese (BMI  $\geq 25$  kg/m<sup>2</sup>), which is significantly higher than the national average of 63.5%. The percentage of adults with excess weight has been steadily increasing in recent years.

Figure 16: Percentage of adults (aged 18 and above) classified as overweight or obese, 2022-23.



Source: [OHID Public Health Profiles](#).

The [NICE guideline CG189](#) recommends using BMI as a practical estimate of adult adiposity. Identifying individuals with a BMI of 25 or higher includes a preventive aspect of managing obesity. It supports interventions for those at risk of obesity, such as those who are overweight but obese. NICE guidance recommends a differential BMI threshold for identifying obesity in people from South Asian, Chinese, other Asian, Middle Eastern, Black, African, or African-Caribbean backgrounds, who are prone to central adiposity, with cardiometabolic risk occurring at a lower BMI.

## Alcohol

Excessive alcohol consumption increases the risk of developing common types of dementia, such as Alzheimer's disease and vascular dementia, as well as alcohol-related brain damage, like Wernicke's and Korsakoff's (49). Alcohol misuse contributes to hospital admissions and deaths from various conditions and is estimated to cost the NHS £3.5 billion annually and society £21 billion per year (50).

According to the OHID Alcohol Profile in 2022/23, Walsall's hospital admission rate for alcohol-related conditions was 711 per 100,000 (1868 people), higher than the West Midlands rate of 564 per 100,000 and the England rate of 475 per 100,000.

Reliable figures for alcohol-related brain damage in Walsall are unavailable, and the condition may be underdiagnosed due to societal stigma and varying awareness among professionals. It is estimated that approximately one in ten people with dementia have some form of alcohol-related brain damage. Among those younger than 65, this condition is estimated to affect about one in eight individuals (50).



## The Beacon Service

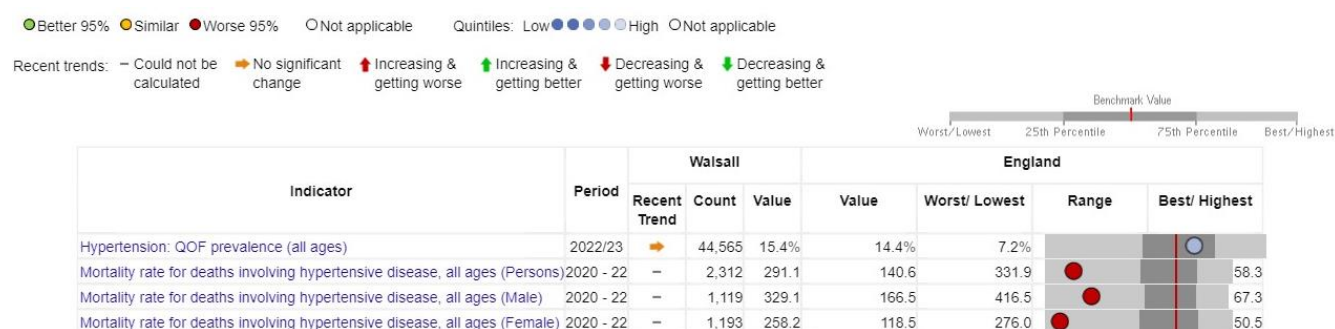
The Beacon Service provided by Change Grow Live and funded by Public Health Walsall, offers free and comprehensive interventions for anyone with alcohol or drug addictions living, working, or registered with a GP in Walsall.

## Hypertension

People with persistent high blood pressure is a significant risk factor for dementia(51) in later life, particularly vascular Dementia, caused by reduced blood flow to the brain. Detecting and treating elevated blood pressure is an effective intervention for dementia (52). Practitioners should follow [NICE guideline recommendations for the diagnosis and treatment of hypertension](#).

Figure 17 presents QOF prevalence data for hypertension in Walsall, compared to the West Midlands and England.

Figure 17 Hypertension QOF prevalence data



Source: [OHID Public Health Profiles](#)

In 2022-2023, 44,565 (15.4%) people in Walsall were recorded as having hypertension, which is above the West Midlands average of 15.2% and the England average of 14.4%. People from the most deprived areas in England are 30% more likely to have high blood pressure than those from the least deprived areas.

Deprivation is deeply entrenched in Walsall, with 44 out of 167 neighbourhoods (Lower Super Output Areas, or LSOAs) among England's most deprived 10%. Given that 30% of Walsall's population are from ethnic minority communities, including Black and South Asian populations disproportionately affected by hypertension and diabetes, focused efforts are required to prevent and reduce hypertension in these populations to lower the risk of developing dementia.

## Diabetes

Research indicates that type 2 diabetes increases the risk of developing dementia, with the risk rising with the duration and severity of diabetes. Severe blood sugar fluctuations in people with type 1 diabetes are linked to a higher dementia risk (54). In Walsall in 2022/23, 22,753 people aged 17 and above had diabetes. 86.8% of people with diabetes have a diagnosis, compared to 78% in England and 86.3% in the West Midlands. Refer to Figure 18 for the prevalence of Diabetes QOF (17+) for 2022/23.

Figure: 18: Diabetes QOF prevalence % (17+) 2022/23

Area	Value		95% Lower CI	95% Upper CI
England	7.5		7.4	7.5
West Midlands region (statistical)	8.4		8.4	8.4
Sandwell	10.3	H	10.2	10.4
Walsall	10.2	H	10.0	10.3
Birmingham	9.3		9.2	9.3
Wolverhampton	9.2	H	9.1	9.3
Stoke-on-Trent	9.1	H	9.0	9.2
Dudley	8.4	H	8.3	8.6
Telford and Wrekin	8.3	H	8.2	8.4
Staffordshire	8.0		7.9	8.1
Worcestershire	7.8		7.7	7.9
Solihull	7.6	H	7.5	7.8
Shropshire	7.4	H	7.3	7.5
Herefordshire	7.3	H	7.2	7.5
Coventry	7.2	H	7.1	7.3
Warwickshire	7.2		7.1	7.2

Quintiles: Low High Not applicable

Recent trends: — Could not be calculated — No significant change

Source: [OHID Public Health Profiles](#)

Type 2 diabetes, which accounts for about 90% of diagnosed cases, can potentially be prevented or delayed through lifestyle changes such as exercise, weight loss, and healthy eating. Early detection and effective treatment of type 2 diabetes reduce the risk of diabetic complications, including dementia.

NICE guidelines aim to improve the prevention, identification, and management of diabetes and its associated risks (55).

## NHS Health Checks

The national NHS Health Checks programme for people aged 40-74 is an ideal opportunity for GPs and healthcare professionals to promote mid-life interventions to reduce behavioural risk factors for dementia. NICE guideline (NG16) recommends that commissioners and providers of NHS Health Checks should tailor the advice component for different age groups and include dementia prevention advice in all health checks (56).

The NHS Health Checks programme helps spot early signs of disease or disability, including dementia, stroke, cardiovascular disease, renal disease, and type 2 diabetes mellitus. Lifestyle advice is provided when needed. Those most likely to attend include women, people aged 60 and above, and those from more socioeconomically advantaged backgrounds, which may limit the programme's effectiveness in reducing inequality.

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## Modifiable Risk Factors

According to Mukadam et al. (2023), South Asian people have an increased dementia risk due to hypertension, obesity, diabetes, sleep disorders, high cholesterol, and low High-Density Lipids ('Good Cholesterol'). The impact of hypertension is greater in Black people compared to White people (53).

## Hearing

Approximately 10.1 million people in England and one in five adults in the UK are deaf or have hearing loss or tinnitus (58). Tackling hearing loss in midlife could prevent or delay up to 8% of dementia cases worldwide. Regional and socioeconomic disparities in hearing health exist across the UK (59).

## Sight Loss

The 2024 report of the Lancet Commission on dementia prevention, intervention, and care identified untreated vision loss and high LDL cholesterol as risk factors for dementia. These factors were linked to 9% of all dementia cases, with 7% attributed to high cholesterol and untreated vision loss and 2% in later life (59a).

## Air Pollution

Long-term ambient air pollution is a modifiable risk factor for dementia, supported by evidence linking air pollution exposure to cardiovascular disease (60, 61).

## Recommendations for Dementia Prevention

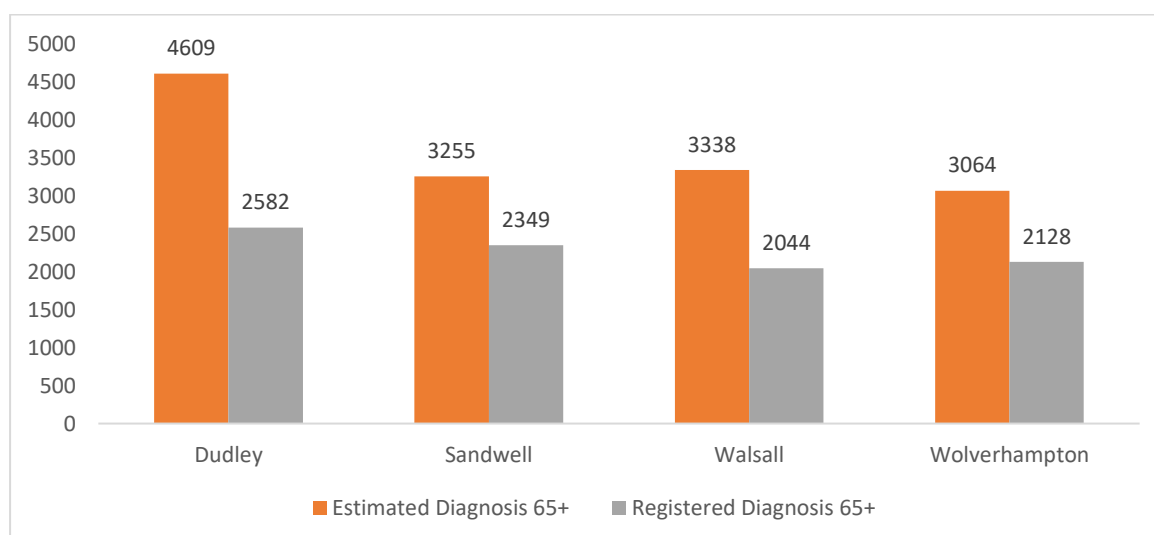
	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
1	There is a coordinated approach to prevention and awareness	
	<p>Walsall offers a comprehensive range of universal health promotion services, encompassing healthy weight management, smoking cessation, alcohol misuse prevention, social connection initiatives, and mental well-being support. Additionally, the NHS Health Check service is available. These services play a crucial role in raising awareness about the risks of cardiovascular disease, including dementia.</p> <p>Understanding of dementia varies across communities and professions, with four main types: Alzheimer's disease, vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.</p> <p>Diagnosis and treatment approaches differ for each type. While there is a strong understanding of Alzheimer's diagnosis and treatment, knowledge of the other three types is less comprehensive.</p> <p>Specific dementia awareness-raising activities include annual campaigns, initiatives through Pathways4Life commissioned services, and events organised by voluntary sector organisations.</p> <p>Walsall offers the 8 Steps to Wellbeing self-care intervention for the entire population.</p>	<ul style="list-style-type: none"> <li>• Increase awareness of dementia and available services across all communities through universal and targeted campaigns, including in different languages.</li> <li>• The evidence supports a coordinated approach to prevention and awareness. Raise awareness of the link between smoking, obesity, alcohol, cardiovascular conditions, and dementia and how to prevent, reduce, and manage these conditions universally with targeted efforts.</li> <li>• Community buddies and experts can support messaging by using experienced champions as positive role models who communicate in various languages, including sign language.</li> <li>• Engaging with community organisations and faith leaders to convey messages in a person-centred, culturally sensitive, and balanced way that gives hope is essential for reaching diverse populations.</li> <li>• Consider developing various approaches to increase early identification, such as alcohol risk screening and pharmacy campaigns.</li> <li>• Enhance self-care by incorporating self-help activities within service specifications and delivery for people with dementia and their carers, such as integrating the 8 Steps to Wellbeing.</li> <li>• Targeting can be achieved through the NHS Health Checks programme and other cardiovascular disease programmes that detect associated dementia risk. Consider dementia training for NHS health check providers.</li> <li>• Widely promote the importance of eyesight tests for people with dementia, raising awareness of the role of optometrists in conducting domiciliary eye tests and audiology assessments. Incorporate available local dementia services into the Walsall wellbeing directory.</li> </ul>

## Diagnosing Well

A timely diagnosis enables people with dementia, their carers, and healthcare staff to plan accordingly and work together to improve health and care outcomes. In Walsall, dementia services, including memory services and therapeutic clinics, are provided mainly by the Black Country Mental Health Trust. The Memory Assessment Service includes screening, assessment, and diagnosis for people experiencing memory difficulties. The Older Adults Therapy Service provides a wide variety of evidence-based therapeutic interventions within community locations for adults with mental health challenges or dementia. Understanding dementia diagnosis in Walsall, within the context of the Black Country, is therefore essential.

In Walsall in February 2024, the estimated number and percentage of older people (aged 65+) living with dementia who have a formal diagnosis was 3,338 (61.2%) compared to England at 64.5%. See Figure 19, which compares Walsall's estimated and diagnosed rates with those of our Black Country neighbours.

Figure 19: Black Country estimated diagnosis and registered diagnosis (February 2024)

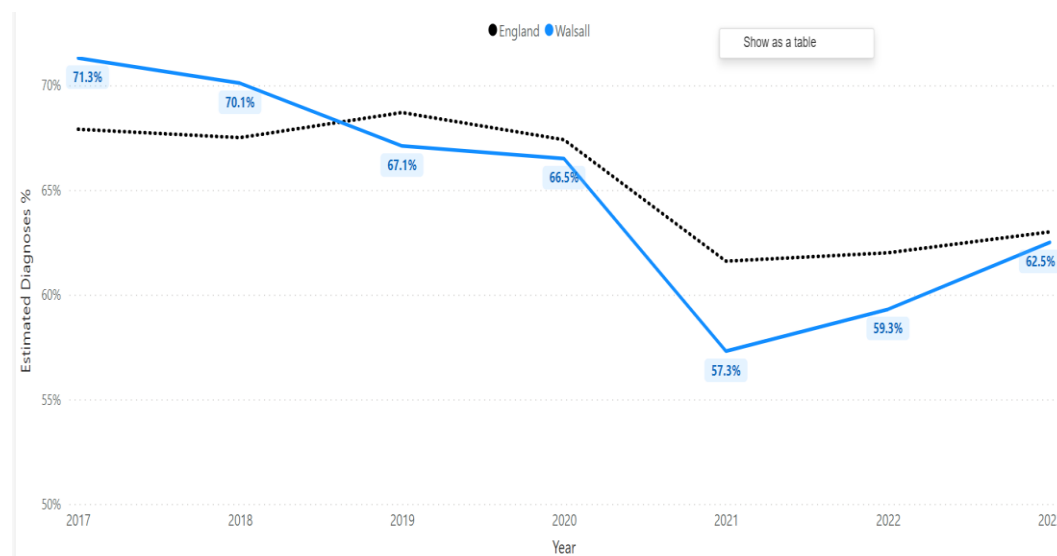


Source: [NHS Digital](#)

The data shows that Walsall has achieved approximately 5% below the 66.7% national aspiration, making it the second lowest estimated dementia rate in the Black Country, below Sandwell at 2,349 (72.1%) and Wolverhampton at 2,128 (69.4%). A diagnosis is crucial for improving outcomes for people with dementia and their families. BCMHT informed us that Walsall faced challenges due to a recruitment freeze and that Sandwell's diagnosis rate includes the use of DiADeM.

Some individuals are hesitant to seek or accept a diagnosis, and consultations within communities have revealed that some GPs are reluctant to make referrals. Since 2020, England, including Walsall, has seen a decline in dementia diagnoses due to the impact of COVID-19. Refer to Figure 20 for trends in the estimated dementia diagnosis rate among individuals aged 65 and over.

Figure 20: Trends in estimated dementia diagnosis rate (aged 65 and over)



Source: [OHID Dementia Profile](#) .

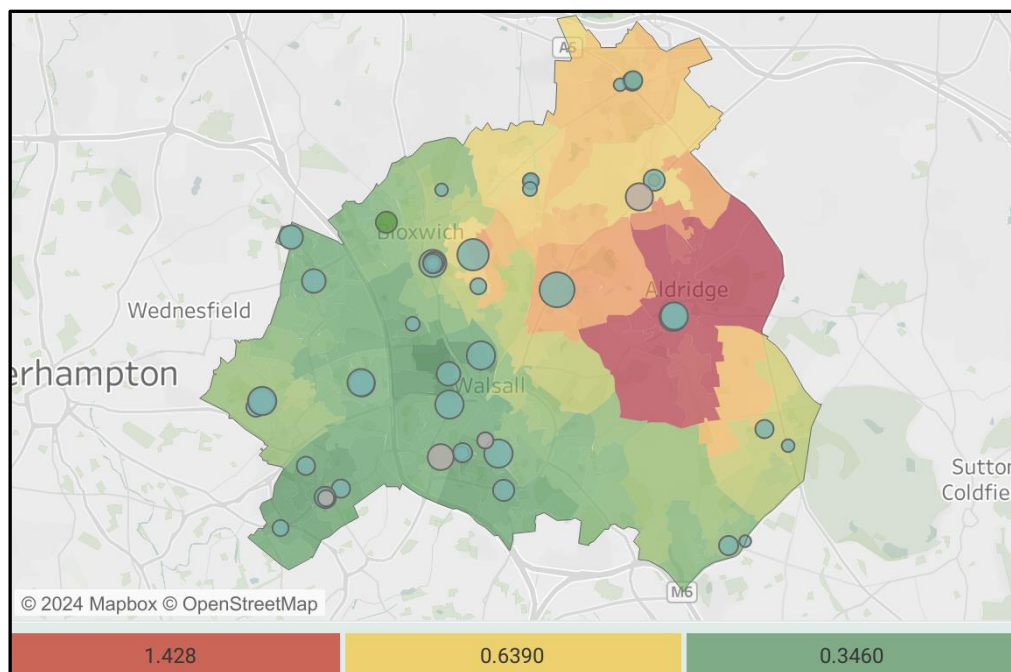
Overall, the Walsall dementia diagnosis rate increased between 2021 and 2023, showing steeper improvement compared to the England average, which narrowed the gap. In Walsall, GPs conduct initial assessments and refer suspected dementia cases to the memory clinic.

Engagement and consultation activities revealed difficulties in accessing timely and accurate dementia assessments and diagnoses, with waiting times reduced from 18 weeks to approximately 16 weeks. The Trust informed us that retrospective longitudinal data has not been routinely captured and is not available.

### Dementia Diagnosis by GP Practice

General Practitioners are the first point of contact for most people with memory problems. Obtaining appointments for housebound patients can be challenging. Walsall has 52 general practitioner (GP) practices across the borough, which maintain the Quality and Outcomes Framework (QOF) registers. However, GPs do not usually conduct dementia assessments or diagnoses themselves. If the GP suspects dementia, they typically refer the individual to the memory assessment service. Refer to Figure 21 for the LSOA Map of the percentage of the relevant GP-registered population on the GP register for dementia.

Figure 21: LSOA Map of Percentage of the Relevant GP-Registered Population on the GP Register for Dementia.



Source: VUIT

The prevalence of patients registered with dementia is highest in Walsall East, as indicated by the red shading, and lower in the South and West of Walsall. Practices in the East have more people registered with a dementia diagnosis, while those in the West, South, and North Walsall have fewer. The size of the dot represents the size of the practice.

Given the wider determinants and associated risk factors for dementia development, an increased focus is needed to raise awareness across areas to improve early diagnosis rates. To receive a referral to a memory clinic from primary care, an individual should first undergo an assessment to rule out any potential underlying causes contributing to memory and welfare issues.

### West Midlands and Walsall Dementia: Recorded Prevalence (aged 65 years and over)

Dementia prevalence refers to the number of cases of dementia in a population at a specific point in time. Measuring prevalence helps assess the need for preventive action and health services planning. Recorded dementia prevalence indicates the concentration of people aged 65 or older who have been diagnosed and are living with the condition. Refer to Figure 22 for the recorded prevalence (65 years and older)



proportion for 2020.

Figure 22: Dementia: Recorded prevalence (aged 65 years and over) 2020  
Proportion - %

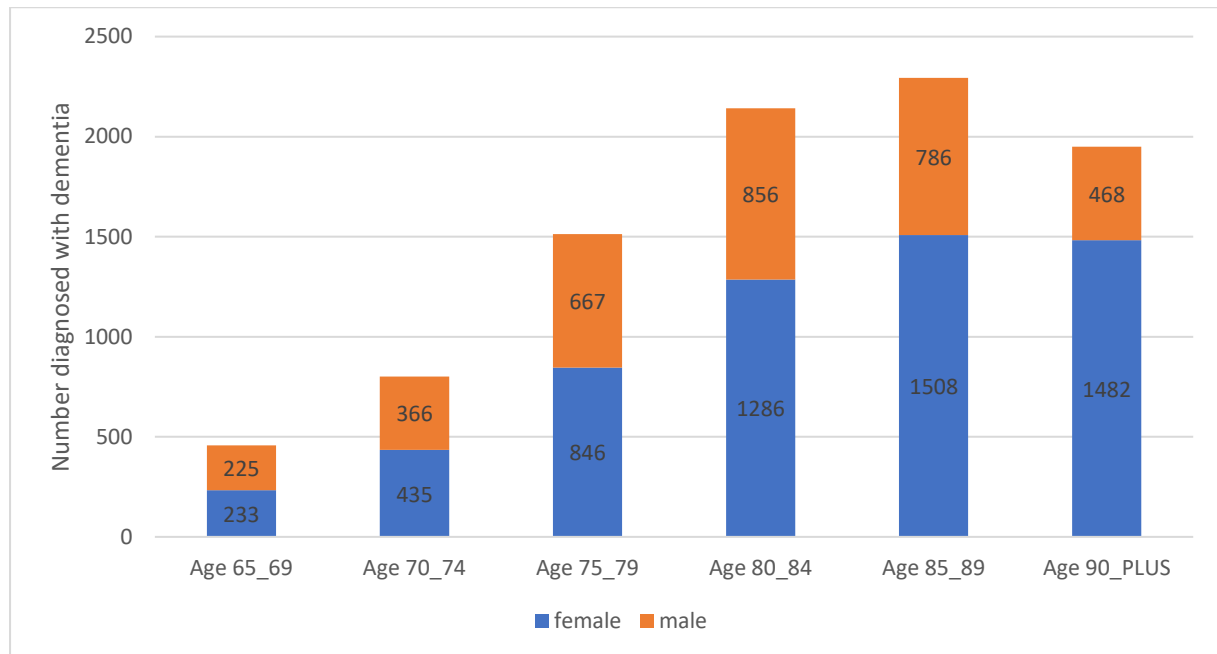


Source: [OHID Dementia Profile](#)

The graph shows that in Walsall, the recorded dementia prevalence in 2020 was 3.85%, compared to 3.97% in England and 3.77% in the West Midlands, which is statistically similar to national and regional rates.

As of February 2024, 9,158 people aged 65 and over were diagnosed with dementia across the Black Country, with 76% being female and 24% male. Figure 23 illustrates the ages and genders of those diagnosed with dementia.

Figure 23: Dementia Diagnosis by age (over 65 years) and gender (February 2024)



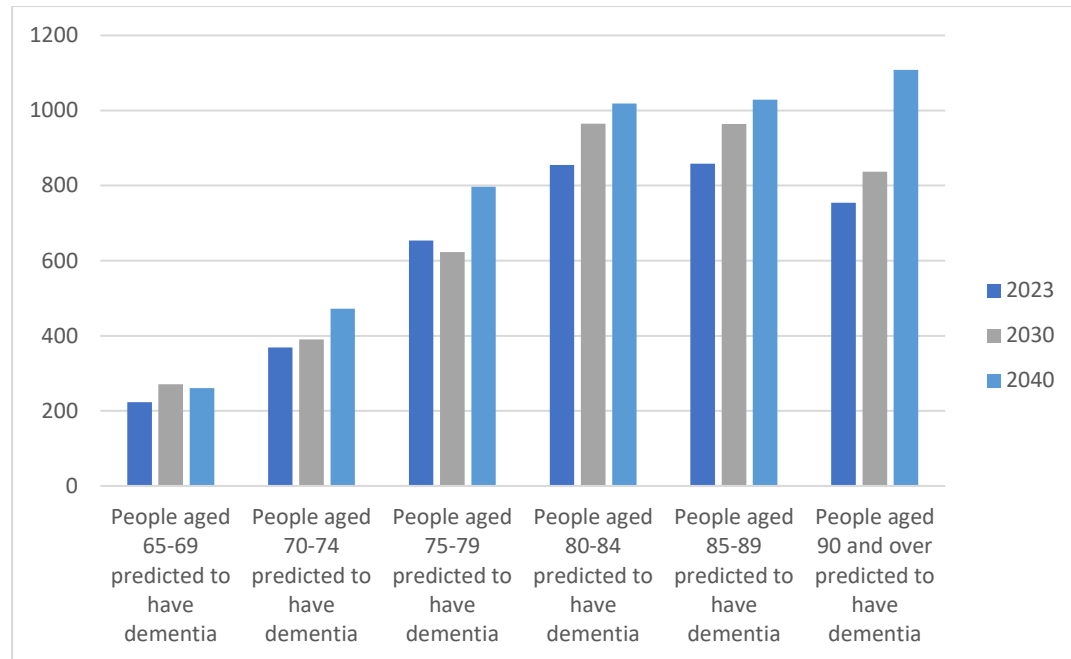
Source: [NHS Digital](#)

Across the Black Country, dementia diagnosis rates increase in each age group between 65 and 89 and decrease in the 90+ age group, reflecting the lifespan trend. More women are diagnosed with dementia across all age groups. Implementing universal screening and a proportionately targeted prevention approach by gender would enhance population dementia outcomes (62).

## Estimated Projected Dementia Walsall by Age

The general dementia trend in Walsall is increasing. By 2040, dementia cases are expected to rise by 26%, with the largest proportion in those over 80 years.

Figure 24: Estimated projected dementia prevalence in Walsall by 2040 by Age

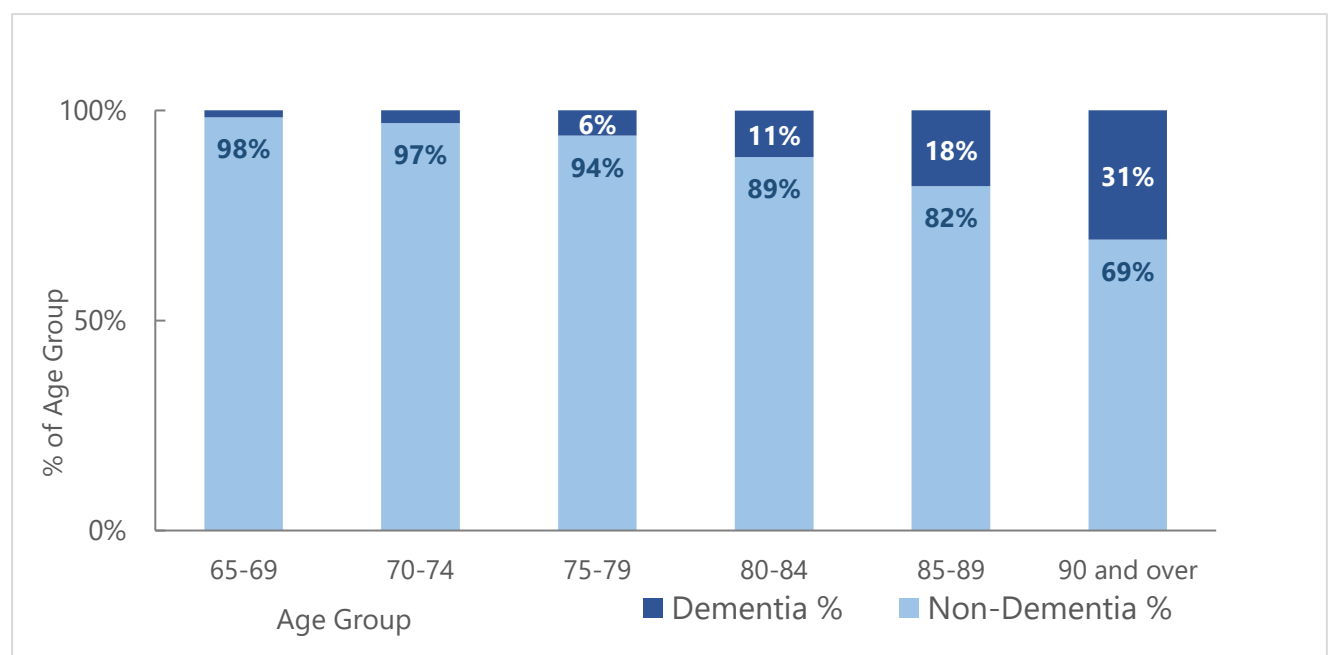


Source: [POPPI](#)

Dementia in Walsall for those aged 65 and over is forecast to increase from 3,340 to 4,687(1,347>) by 2040.

As people age, the likelihood of developing dementia increases. Refer to Figure 25.

Figure 25: Percent of each Age Group that could have Dementia in Walsall to 2040



Source: [POPPI](#)

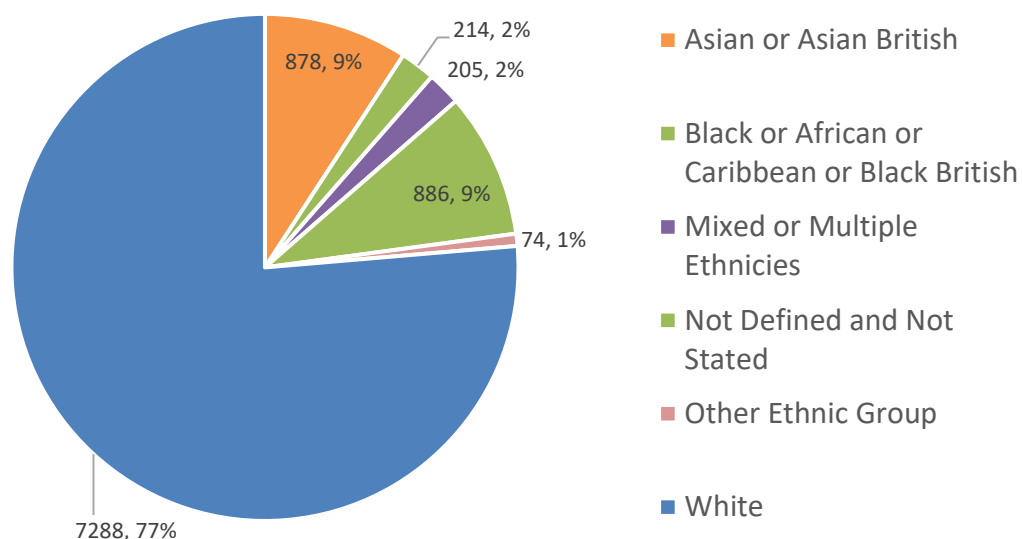
The graph indicates that as people age, their likelihood of developing dementia increases. Upscaling prevention efforts can help slow this decline.

### Diagnosis by Ethnicity

Current national data shows that dementia data is under-recorded by ethnicity. Of the recorded data, most people with dementia are white (70%), followed by unrecorded categories (109,958, or 23%).

According to a 2021 report by the Alzheimer's Society, commissioners across 30 randomised CCGs reported that the lack of ethnicity data was a persistent barrier to commissioning and providing culturally appropriate services (63). Accurate data on the ethnicity of people living with dementia is not systematically available across the Black Country or in Walsall. Refer to Figure 25

Figure 25: Recorded dementia diagnosis by ethnic group, Black Country, February 2024:



Source: [NHS Digital](#)

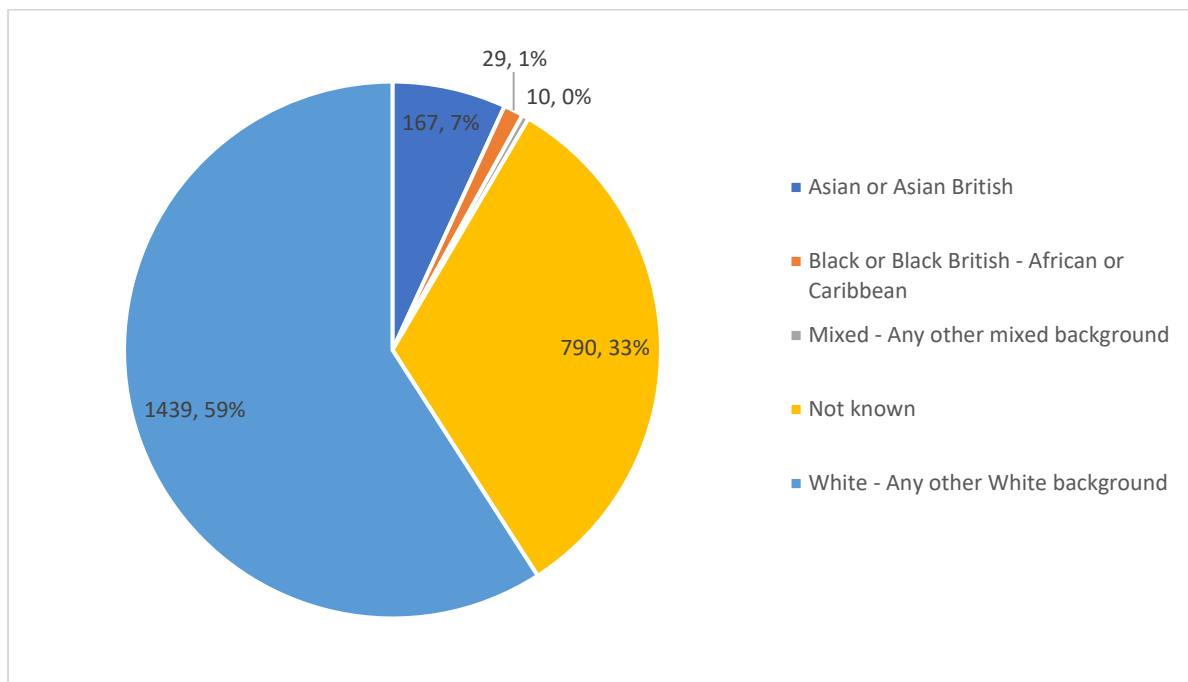
The data shows that across the Black Country, three-quarters of dementia diagnoses are recorded as people from a White ethnicity, compared to a population of over 30% ethnic minority communities (Census data).

Of the recorded data, 14% have an ethnicity other than White, with 9% labelled Asian or Asian British, followed by Black, African, Caribbean, or Black British (2%). Additionally, 9% do not have ethnicity recorded.

Data from the Black Country Memory Service on Walsall patients discharged from the Older Adults Memory Team between January 2020 and December 2022 shows an under-recording of ethnicity data. Refer to Figure 26 for ethnicity data recorded for

people discharged from the Walsall OAT services between January 2020 and December 2022.

Figure 26: Ethnicity data recorded for people discharged from the Walsall OAT services from January 2020 to December 2022



Source: Black Country Mental Health Trust Service

Data from the Black Country Mental Health Trust shows that 1,439 (59%) of discharged patients were recorded as being from a white ethnic background. Of the remaining 40.41% of Walsall patients discharged from the service, 33% had no ethnicity recorded, 7% were from an Asian background, 1% were from a Black African or Caribbean background, and 10 patients were from a mixed ethnic background.

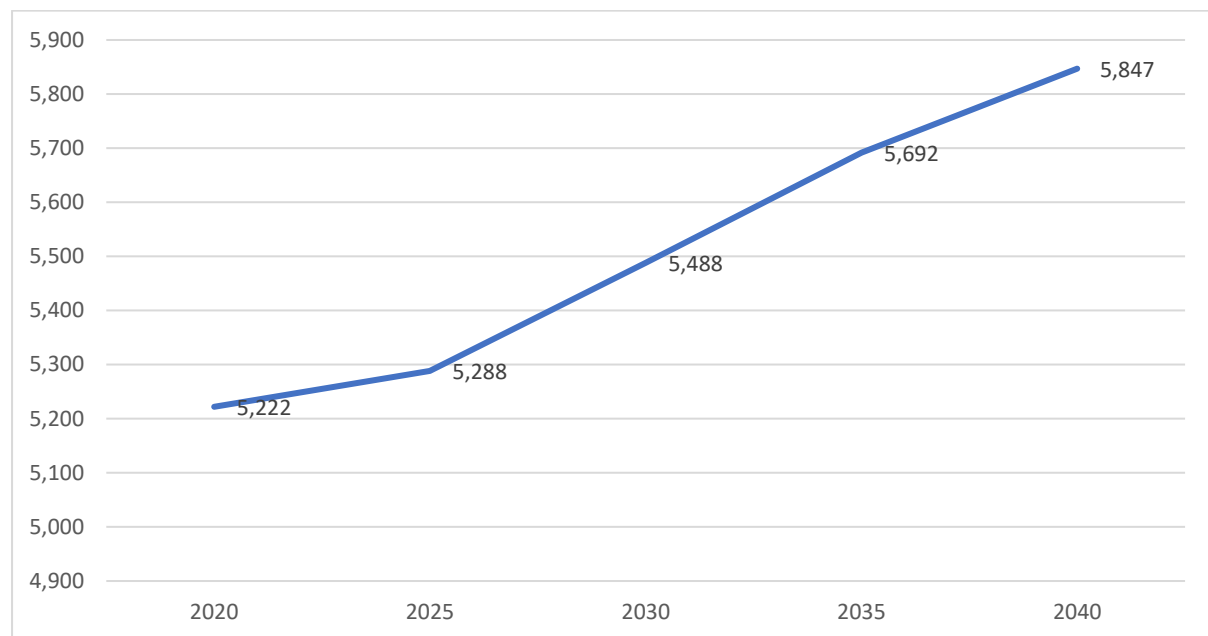
Dementia and ethnicity are consistently under-recorded nationally across the Black Country and locally in Walsall. According to Davis et al. (2021), under-recording of primary care data affects all populations but is more likely to occur in ethnic minorities, impacting the accurate estimation of dementia prevalence (64). Inaccurate data may lead to inadequate support for the Walsall population, hindering timely assistance.

Dementia is expected to increase significantly in all ethnic minority communities, with projections indicating a seven-fold increase in 40 years compared to a two-fold increase in the majority population (65). A London study found substantial differences in non-cognitive mental health symptoms and pharmacotherapy at dementia diagnosis across ethnic minority groups compared to the majority population. These differences may reflect access and treatment inequalities, which need to be considered in dementia diagnosis (66).

## Learning Disabilities

People with a learning disability are more likely to develop dementia, and it may deteriorate quicker than in those without a learning disability. Approximately 1 in 5 people with learning disabilities over 65 will develop dementia. People with Down's syndrome have an even higher risk, with about 2 in 3 over 60 developing dementia, usually Alzheimer's disease, with initial symptoms likely to be less obvious (67). Refer to Figure 27 for the number of adults (aged 18 and above) in Walsall with a learning disability from 2020 to 2040.

Figure 27: Number of adults (aged 18+) in Walsall with learning disability, 2020- 2040



Source: [PANSI](#)

In 2020, it was predicted that by 2023, 5,222 people aged 18 and over would be living with a learning disability in Walsall, including 1,070 individuals over 65 years old. As the population grows, the number of adults (aged 18 and above) with a learning disability is expected to increase from 625 to 5,847 by 2040, representing a 12% rise. For those over 65 years with a learning disability, the number is projected to increase from 1,070 to 1,147.

## Dementia and LGBTQ

Research suggests that LGBTQ+ individuals face unique challenges regarding dementia compared to the general population (68). In England, 3.16% identify as gay, lesbian, bisexual, or other sexual orientations (69). The number of older LGBTQIA+ adults is expected to rise significantly (70). However, data on LGBTQIA+ individuals and dementia in Walsall is limited (71), particularly regarding how dementia affects the ageing LGBTQIA+ community (72).

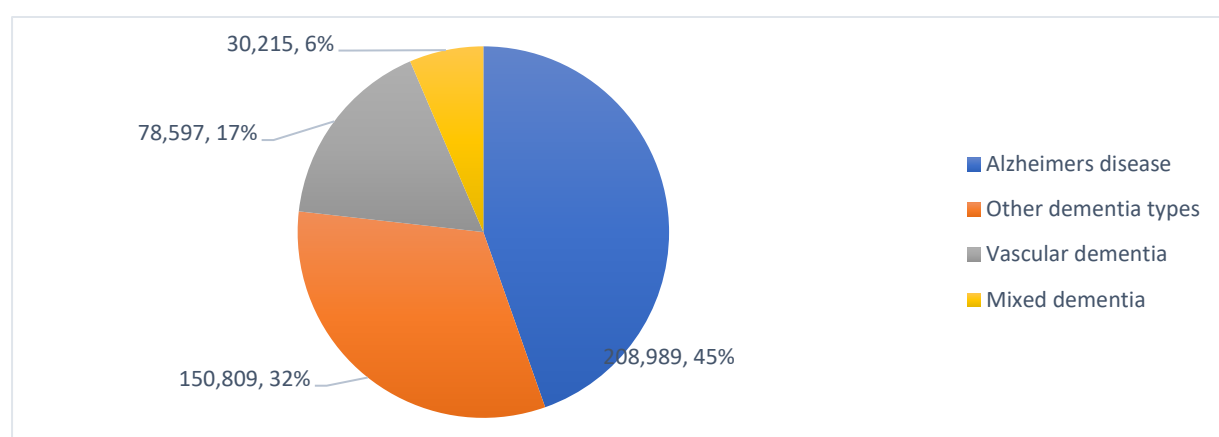
Challenges include living with memory problems, remembering the past, reminiscence, personal relationships, and receiving care (73).

The invisibility of people with dementia from LGBTQ+ communities and their carers can lead to exclusion from life-changing decisions, such as [advance care planning](#), resulting in poorer health outcomes for those living with dementia, their partners, and carers.

## Dementia Types

Understanding the various types of dementia is crucial for accurate diagnosis and effective support. In Walsall, knowledge about different types of dementia and the importance of specific diagnoses varies. Common subtypes include Alzheimer's disease, vascular dementia, dementia with Lewy bodies (DLB), and frontotemporal dementia (FTD). Approximately 1 in 10 people with dementia are diagnosed with mixed dementia. Refer to Figure 28 for the types of recorded dementia in England as of February 2024.

Figure 28: Recorded dementia diagnosis by dementia type, England, February 2024



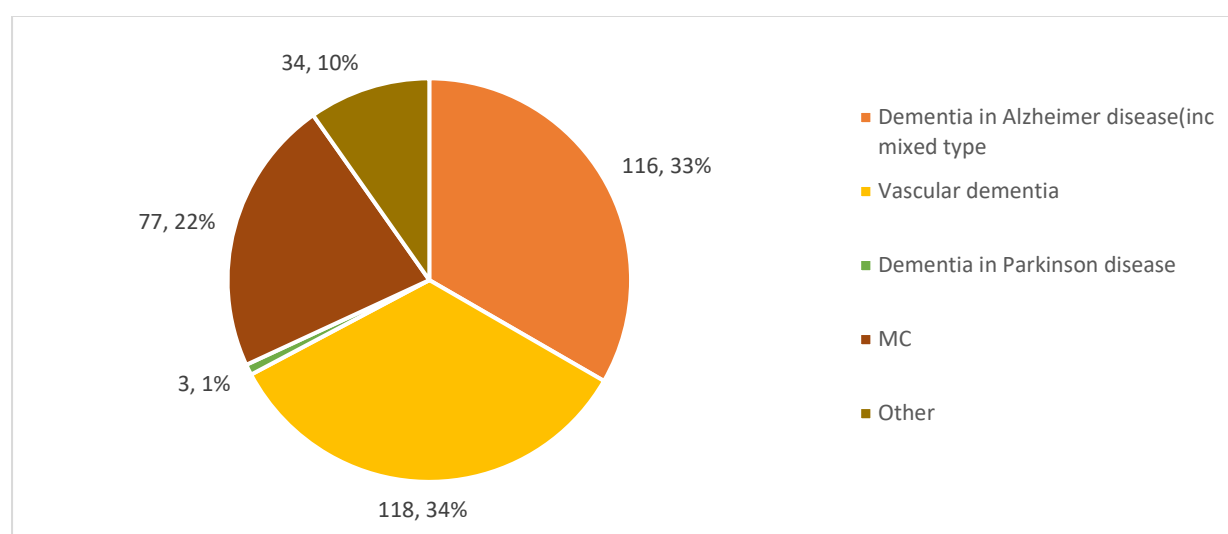
Source: [NHS Digital](#)

The graph shows that nationally, 45% of dementias are recorded as Alzheimer's disease, 17% as vascular dementia, 6% as mixed dementia, and 32% as other dementias. Understanding these categories is crucial for providing services that meet the needs of people with dementia, their families, and carers.

Between November 2021 and December 2022, 348 people were discharged from the Walsall Older Adults Memory Team, with 34% categorised in the "other" category. Refer to Figure 29



Figure 29: Recorded dementia diagnosis at discharge by dementia type, 12 months Walsall, December 2022



Source: Black Country Mental Health Trust Service

Despite Alzheimer's disease being the most prevalent type of dementia nationally (45%), in Walsall in 2021, the largest proportion of people (34%) were diagnosed with vascular dementia. This reinforces that focused prevention and early intervention interventions can significantly reduce dementia by way of tackling cardiovascular disease for both Alzheimer's and vascular dementia. This highlights the importance of focused prevention and early intervention to reduce dementia by addressing cardiovascular disease for both Alzheimer's and vascular dementia.

At the time of writing this needs assessment, specific data on dementia with Lewy bodies (DLB) and frontotemporal dementia (FTD) was not available in national or local records. These dementias can be more complex and present differently from other types of dementia. Explicit recording of diagnosis is essential to meet the needs of those affected.

## Diagnosing Well Recommendations

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
2	Diagnostic and post-diagnosis support is in place.	
	<p>The dementia diagnosis rate in Walsall is similar to the national average.</p> <p>The Walsall Memory Assessment Service offers screening, assessment, and diagnosis for individuals with memory difficulties. All patients follow the same dementia pathway, with diagnosis through local dementia diagnostic services.</p> <p>Next of kin are invited to participate in the diagnostic process and decisions regarding care.</p> <p>Each person is assigned a nurse who conducts the initial assessment, may provide a diagnosis, and manages discharge if the patient is suitable for medication.</p> <p>GP services maintain the QOF registers but do not usually conduct dementia assessments or diagnose dementia.</p> <p>Neuropsychology assessments are conducted within the Memory Assessment Clinic to support diagnostic clarity. If appropriate, the Black Country Mental Health Trust and the GP can refer those under 50 to neurology.</p> <p>If the 'point of expression of concern' is made to the GP or referrer, they can access social prescribing, which can signpost to personal assistants for people with dementia.</p> <p>Post-diagnostic support is provided through the Personal Assistants in Dementia Service, and all individuals with a dementia diagnosis who meet the referral criteria for the Older Adults Therapeutic Service are considered suitable for cognitive stimulation therapy.</p> <p>Local arrangements are in place for structured assessments before commencing non-pharmacological or pharmacological treatment through the Enhanced Community Mental Health Team for Older Adults.</p>	<ul style="list-style-type: none"> <li>• Training for health and care professionals, including GPs, is essential for understanding the distinct types of dementia and their causes, thereby improving individual outcomes.</li> <li>• The Diadem (Diagnosing Advanced Dementia Mandate) is recommended as a reliable diagnostic tool for Walsall to consider implementing in care homes.</li> <li>• Early use of the frailty index and scoring systems will allow timely access to health and social care support.</li> <li>• At diagnosis, individuals and their family members or caregivers should consistently receive verbal and written information explaining the type of dementia, what to expect, and the available support.</li> <li>• Consider making advocacy support available to empower people with dementia and their carers to negotiate care and services.</li> <li>• Explore innovative ways to engage and support people with dementia and their carers, such as using arts-based projects, hobbies, and technology.</li> <li>• Include culturally sensitive, linguistic, and tailored support in commissioned services for individuals and families affected by dementia within Black, Asian, and ethnic minority communities, such as having assessments in different languages to achieve improved outcomes.</li> <li>• Walsall Memory Assessment Service is to reduce the length of waiting to enhance pathway flow and/or increase capacity.</li> <li>• Consider evaluating longitudinal data for the effectiveness of diagnostic services over time.</li> </ul>

## Living Well and Supporting Well

### Care Plan Reviews

Post-diagnostic dementia support is provided through the Personal Assistants in Dementia Service, and all people with dementia are considered for the Older Adults Therapeutic Service and other support services. After diagnosis, a dementia care plan is developed in collaboration with local health services, typically through a person's general practitioner (GP) practice. The NICE guideline for dementia recommends agreeing care plans with health and social services for people with dementia and conducting formal reviews at agreed frequencies.

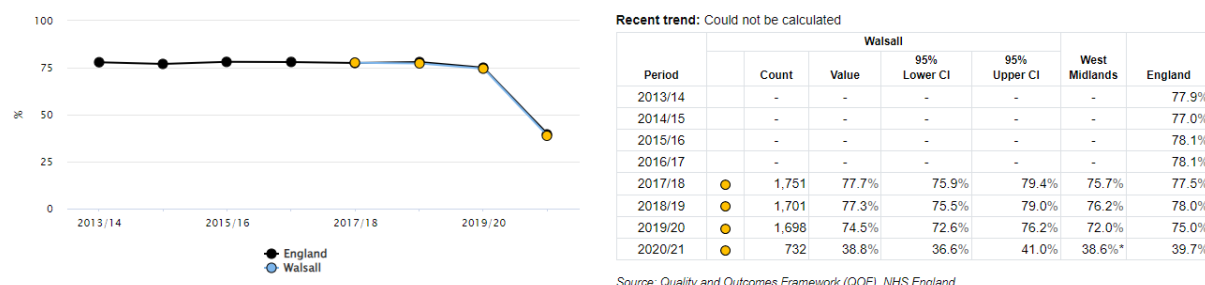
It is expected that dementia care plans are reviewed at least every twelve months (76). A face-to-face review of the support needs of patients with dementia and their caregivers is an important element of their care plan, as the needs of people with dementia and their carers can change over time. [NICE - IND142](#) refers to the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.

Reviews should address the patient's health and social care needs, covering the following key issues:

- An appropriate physical and mental health review for the patient
- The carer's information commensurate with the stage of the condition and their needs
- The impact of caring on the caregiver
- Communication, coordination and arrangements with secondary care (if applicable)

Figure 30 illustrates the percentage of patients diagnosed with dementia whose care plans were reviewed in a face-to-face setting within the preceding 12 months.

**Figure 30: Dementia care plan has been reviewed in the last 12 months (denominator incl. PCAs) %**



Source: [OHID Dementia Profile](#)

The data shows that before COVID-19, the percentage of people who had their dementia care plan reviewed in the preceding 12 months was consistently just under 78%. This figure halved to 38.8% during the pandemic.

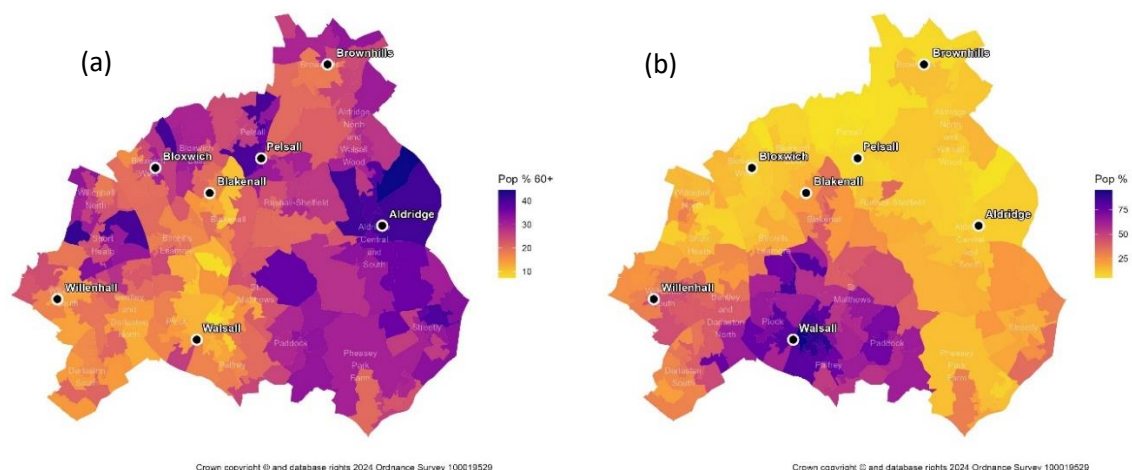
## Community services

Walsall has a wide range of community organisations that care for people with dementia, including Admiral nurses, Personal Assistants for Dementia, day centre services, and a dementia café (see the mapping of services in Appendix 3). However, better collaborative working is needed to improve the experience of people with dementia and their families navigating care. The dementia café in the following chart is an example of the distribution.

## Dementia Cafés

Pathways 4 Life is commissioned to deliver seven monthly dementia cafes across Walsall. These cafes provide a space for people with dementia and their families to connect, share experiences, and access various support services. Figure 31a illustrates Dementia Café Locations plotted by LSOA by the population aged 60 years, while Figure 31b shows Dementia Café Locations plotted against LSOA by ethnic minority population.

Figure 31(a and b): Dementia cafes plotted against LSOA by population, for (a) individuals aged 60+ and (b) by ethnicity.



Source: [Walsall Public Health Intelligence](#)

Figure 31 shows three cafés in the East of Walsall, two in Walsall North, one in Walsall West, and one in Walsall South. The locations are not equally distributed across Walsall according to the distribution of people over 60 years or by ethnicity. (Appendix 4) The map indicates that some dementia cafes may sometimes be unsuitable or inaccessible for some clients due to location, distance, or the stage of dementia.

## Living Well and Supporting Well Recommendations

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
3	People with dementia live well in care homes.	
	<p>Care homes offer appropriate de-escalation management informed by intervention training.</p> <p>Care homes offer access to dementia-friendly, person-centred activities, particularly for individuals registered for dementia care.</p> <p>GPs conduct comprehensive geriatric assessments where applicable and depending on the type of care home.</p>	<ul style="list-style-type: none"> <li>• Carers and families must be encouraged to be involved in care assessment and decisions about access to care provision.</li> <li>• All families must have access to information on care homes and reviews of domiciliary care providers. Carers and families must be actively encouraged to support effective care and prevent unnecessary hospital admissions.</li> <li>• The quality of care in care homes should be periodically reviewed, with robust procedures implemented to address any areas of poor quality.</li> <li>• To establish effective pathways, there should be an increase in healthcare professionals with advanced skills to complete interventions required in long-term care, beyond the scope of the West Midlands Ambulance Service.</li> </ul>

## Hospital Admission

Hospital admissions are frequent among people with dementia, especially those living in the community, and impose a significant economic burden. At any given time, one in four hospital beds are occupied by people with dementia. Ninety per cent of people with dementia find hospital admission frightening and confusing (78).

People with dementia stay in hospital twice as long as other people over the age of 65, leading to delays in discharge and reduced independent living. Forty-three per cent of people with dementia in hospitals were there due to urinary tract and chest infections, which are treatable in the community (79).

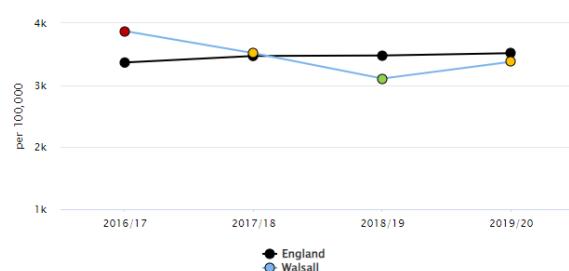
Approximately 1 in 3 people with dementia admitted to a hospital from home are discharged into a care home (80), increasing the cost pressures on health and social care budgets. Evidence is lacking on the differences between the hospitalisation of people with Dementia living in nursing homes and those living in the community.

A study comparing 1,700 people with dementia living in the community or nursing homes across eight European countries found that the estimated average emergency hospital admission costs per person with dementia per year is lower for those receiving home care (81).

The consultation revealed that Walsall's Hospital Trust has a dedicated dementia team covering all wards and departments. Dementia training is mandatory for all staff, and an open visiting policy is in place for carers and relatives. The hospital plans to establish a specialist team to provide comprehensive assessment and support for patients with dementia and delirium.

Between 2016/17 and 2019/20, the direct standardised rate of dementia emergency admissions increased nationally but decreased in Walsall. Figure 32 illustrates the direct standardised rate of emergency admissions for individuals aged 65 and over.

**Figure 32: Dementia: Direct standardised rate of emergency admissions (aged 65 years and over) per 100,000**



Recent trend: Could not be calculated

Period		Walsall				West Midlands	England
		Count	Value	95% Lower CI	95% Upper CI		
2016/17		1,935	3,872	3,701	4,050	3,538	3,365
2017/18		1,790	3,516	3,354	3,683	3,494	3,471
2018/19		1,595	3,107	2,955	3,265	3,705	3,480
2019/20		1,770	3,379	3,222	3,541	3,802	3,517

Source: NHS Digital

[Indicator Definitions and Supporting Information](#)

Source: [OHID Dementia Profile](#)

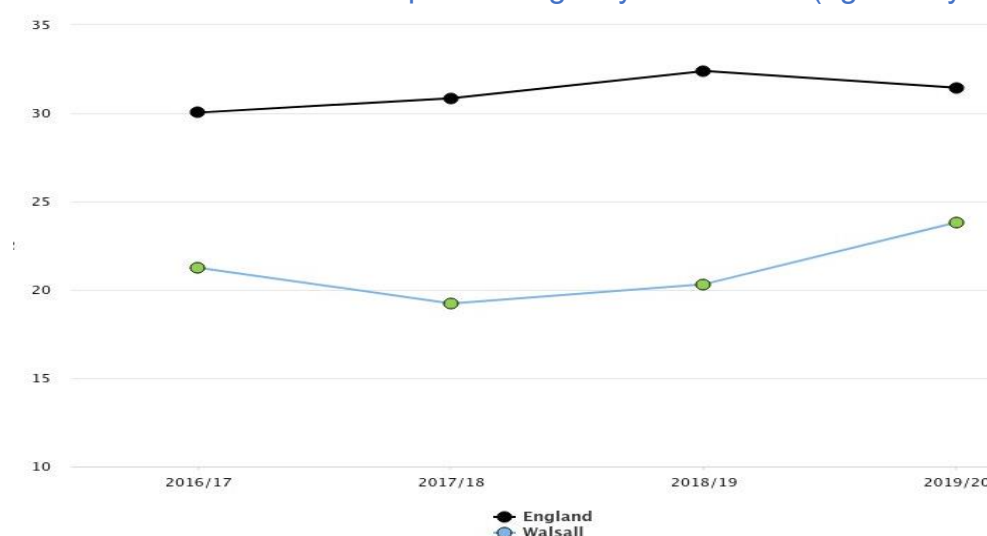
The data shows that in 2016/17, Walsall's emergency admission rates for people aged 65 with dementia were significantly higher than the England average. Since the 2017/18 academic year, these rates have declined to below the national average. In 2019/20, Walsall's unplanned admission rate for people with dementia was 3,379 per 100,000, compared to England's 3,517 per 100,000.

Some emergency admissions could be avoided with better management of underlying causes and support for individuals. Factors such as dehydration, falls, and missed medication can lead to unplanned hospital admissions. Hospital stays may result in health declines, making it difficult for individuals to return home and causing increased distress and confusion (NICE, 2020).

### Dementia. Short-stay Emergency admissions (Aged 65 and Older)

Changes in the surrounding environment can increase anxiety and stress levels for individuals. People with dementia and Alzheimer's are more susceptible to these changes, causing additional distress. Therefore, short-stay emergency inpatient admissions (one night or less) should be avoided if possible. See Figure 33, Dementia short-stay emergency admissions (aged 65 and older) for Walsall.

Figure 33: Dementia - Short hospital emergency admissions (aged 65 years +)



Period	Walsall					West Midlands	England
		Count	Value	95% Lower CI	95% Upper CI		
2016/17	●	390	21.3%	19.3%	23.0%	29.8%	30.0%
2017/18	●	325	19.2%	17.4%	21.2%	29.1%	30.8%
2018/19	●	320	20.3%	18.3%	22.3%	31.5%	32.4%
2019/20	●	405	23.8%	21.9%	26.0%	31.8%	31.4%

Source: [OHID Dementia Profile](#). The graph shows that Walsall's rate of short-stay emergency admissions for those aged 65 years was 23.8% in 2019/20, slightly lower than the West Midlands at 31.8% and England at 31.4%



## Hospital Admissions Recommendations

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
4	Hospitals provide safe and effective diagnosis pathways, care, and treatment for people living with dementia.	
	<p>A Dementia and Complex Delirium Team will be established within Walsall Healthcare Trust to support patients with an existing dementia diagnosis who have been referred to the Older People's Mental Health Service.</p> <p>The integrated front door will meet patients at the Emergency Department to facilitate timely diagnostics and expedite discharges based on ReSPECT forms and Advance Care Plans. Ward staff, patients, next of kin, and community teams will work together to expedite discharge from older adult wards and move care closer to home.</p> <p>Carers and families are informed that the named clinician is responsible for the patient, and this is documented in the patient's notes upon admission.</p> <p>The Frail Elderly service and Older Adult wards conduct polypharmacy reviews during an inpatient stay.</p> <p>For patients who may lack capacity, a mental capacity assessment and a Deprivation of Liberty Safeguards (DoLS) assessment are conducted. Some patients with an existing dementia diagnosis have a recommended summary Plan for Emergency Care and Treatment form discussed, completed, and recorded in patient notes.</p> <p>If a specific nutrition concern exists, the family can participate in a multidisciplinary team discussion to explore their nutrition preferences. Nutrition and hydration charts, as well as fluid balance charts, are used to monitor the risk of malnutrition and dehydration.</p> <p>The Dementia Support Team will support any patient with a diagnosis of dementia. Hospital staff can refer directly to</p>	<ul style="list-style-type: none"> <li>• Links with pre-op services to screen and support patients with dementia or elevated risk of delirium who are undergoing elective surgery are effective in reducing the risk of poor surgical outcomes.</li> <li>• It effectively reduces short hospital stays, where possible, by treating people in their own homes, for instance, due to urinary tract and chest infections.</li> <li>• Evidence suggests that discharging vulnerable older patients from hospitals, intermediate care facilities, and other care facilities during daylight hours reduces disorientation and supports effective discharge.</li> <li>• Evidence supports moving individuals with dementia between departments and wards increases the risk of confusion and distress. Minimisation of moves improves health outcomes and potentially reduces the length of stay.</li> </ul>

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
	<p>dementia support workers without the patient being known to the Clinical Nurse Specialist team.</p> <p>If patients are referred to the Clinical Nurse Specialist Team, dementia care specialist support follows them throughout their hospital inpatient stay, with full support given to those with complex needs.</p> <p>Ikon staff training to improve communication with dementia is not mandatory. Dementia support workers offer support to staff and patients.</p> <p>The Complex Dementia &amp; Delirium Team actively monitors the emergency department whiteboard for patients who may have dementia or delirium and require support between 0800 hours and 1800 hours. Any patient requiring such support outside of office hours would be referred to the Mental Health Liaison Service. Basic dementia awareness training is available for all staff at all levels in the organisation. All ward staff complete mandatory safeguarding training regarding issues that could affect dementia patients, e.g. financial, physical, verbal, sexual, and emotional abuse</p>	

## Caring Well

People with dementia should be able to live in safe and accepting communities. Having the right support in place is crucial to achieving this successfully. Walsall has a wide range of services available within statutory and voluntary sector organisations to support people with Dementia, including dementia cafés.

Some dementia services are not well known. Of the 74 professionals who completed the Dementia Needs Assessment survey, 42 (56.76%) were aware of some local services, but the breadth of their knowledge was limited. Furthermore, not all services are specified as dementia services (See Appendix 3).

## Caring Well Recommendations

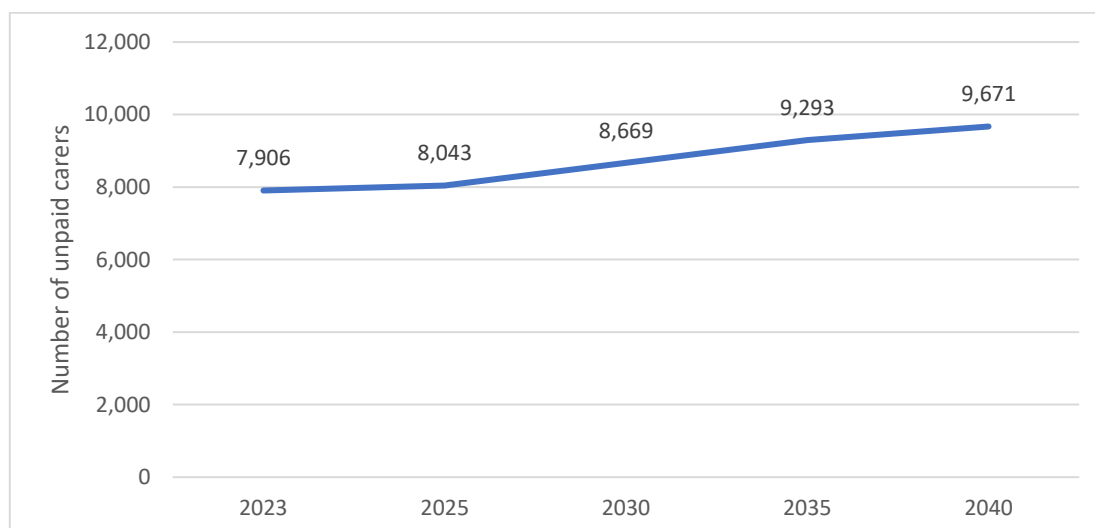
	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
5.	<b>Staff and carers are prepared to care.</b>	
	<p>Training for practitioners delivering behaviour change interventions and programmes includes how to advise and support people to reduce the risk of developing dementia.</p> <p>Education and advice are given at the point of assessment and also provided upon diagnosis. Tier 2 training supports staff in delivering this information. A Clinical Nurse Specialist provides bespoke training and is currently developing learning materials on this subject. A standardised, tiered, multi-agency shared Dementia Care Training package is available across all locations. Tier 2 training is mandatory for all staff. The Memory Assessment Service staff have previously provided training to external partners, including GPs, practice nurses, and social care professionals.</p> <p>Health Community assessment and treatment teams, social care, and relevant third-sector staff have previously been trained in tiers 1 and 2 dementia awareness. However, this may need to be revisited. Education and skills training are tailored to the needs and preferences of carers of people with dementia. The Memory Assessment Service, along with Admiral Nurses, Personal Assistants in Dementia, and the Older Adults Therapeutic Service, provides this support upon assessment and until discharge.</p> <p>Risk assessments are conducted throughout a patient's hospital stay. Where risk is identified, referrals are made to the Enhanced Community service.</p>	<ul style="list-style-type: none"> <li>• Good practice involves making the provision of appropriate information available to care homes and domiciliary care agencies when people with dementia are discharged from the hospital, which supports the prevention of readmissions. Care, medical behaviour, and risk information are to be made available to providers in a manner that is both appropriate and systematic.</li> <li>• Specialist dementia training for staff working with people with dementia, such as those in care homes and domiciliary care services, including enhanced in-person training, is to be made available. This training is to cover knowledge of different types of dementia and strategies for managing challenging behaviour.</li> <li>• Effectively utilising training and education for all staff levels and disciplines on dementia and delirium and creating dementia leads and champions across the Trust is an effective approach to reducing stigma, increasing awareness, and supporting those living with and caring for individuals with dementia.</li> </ul>

## Unpaid care

Many people with dementia will need additional care and support, often provided by family members or friends, who are classed as unpaid carers (82). As dementia progresses, the gradual loss of ability to function can significantly impact family and friends. Ensuring that carers are supported and valued in their role enables them to continue providing support, preventing admissions, and prolonging the time people can remain independent in their homes (83).

In Walsall, 26,415 people provided unpaid care in 2021 (Office for National Statistics). People with undiagnosed dementia needs are sometimes not considered when creating social care packages at the outset, resulting in inappropriate care placements or an inadequate level of support. Figure 34 illustrates the estimated total number of people in Walsall aged 65 and above who are predicted to provide unpaid care between 2023 and 2040.

Figure 34: The predicted number of people in Walsall aged 65+ providing unpaid care between 2023 and 2040.



Source: [POPPI](#)

The graph indicates that between 2023 and 2040, this number is projected to increase from 7,906 to 9,671, representing an 18.25% rise. These figures are not specific to carers of people living with dementia; nevertheless, they are useful in helping us understand the size of the challenge.

It is estimated that one in three people will care for a person with dementia in their lifetime (84). A national survey by the Alzheimer's Society found that 80% of dementia caregivers handle most responsibilities, and 30% reported having no one to seek help from. Four out of five unpaid dementia carers take on the most caring responsibilities (85).

Some family carers are frequently overwhelmed by their caregiving responsibilities, feeling obligated to fulfil family duties and guilty about seeking help. These feelings

may act as barriers to accessing support in the early stages. Informal carers often receive little to no support initially, with available resources frequently limited to self-help materials. Carers have expressed a desire for interpersonal tailored support to seek practical advice and learn psychological skills to build resilience and overcome emotional challenges in the early stages (86).

Carers of people with dementia should be made aware of and offered respite, education, training, and emotional and psychological support to help them cope with their caregiving responsibilities and maintain a life alongside their caregiving role. It is predicted that there will be a static pool of working-age people that may struggle to care for the increasing number of older individuals.

## Carer Recommendations

Carers are not always aware of available resources, leading to feelings of isolation and difficulty coping. They often learn how to care for someone with dementia through their caregiving journey.

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
6	Those indirectly affected by dementia are supported well.	
	<p>Carers are not always aware of what is available, resulting in some feeling alone, struggling to cope, and learning on the journey how to look after someone with dementia.</p> <p>Walsall Council is developing a Carer's Strategy to include a specific section on dementia.</p> <p>Water Mill, on Goscote Lane, offers a dementia carers' respite day and overnight service.</p> <p>The Council maintains a readily accessible list of recommended local respite providers to share with carers, including agencies that offer respite care at home.</p> <p>Those living with people with dementia have access to Dementia Cafés.</p>	<ul style="list-style-type: none"> <li>• Providing advocacy support is effective in empowering people with dementia and their caregivers to negotiate care and services more effectively.</li> <li>• Providing interpersonal, tailored support to carers enables them to develop practical advice and acquire psychological skills, building resilience in the initial stages of dementia and overcoming emotional challenges.</li> <li>• Evidence indicates that more than one person may have responsibility for a person with dementia. Therefore, multiple carer assessments may be needed.</li> <li>• To meet population needs, the availability of respite services to carers of people with Dementia may benefit from review by geography and for appropriateness.</li> <li>• Consider developing peer networks, for example, for those caring for younger people or those with early onset dementia, as an effective form of support.</li> <li>• Evidence shows that carers who are supported and valued in their role are better able to provide quality care, preventing admissions and prolonging the time people can remain independent in their homes. Consider making befriending services available to support the carer's well-being and to avoid hospital admissions.</li> <li>• Consider making dementia-friendly training available to multi-agency stakeholders, including council colleagues, emergency services personnel, and local shop staff. This will effectively reduce stigma and</li> </ul>



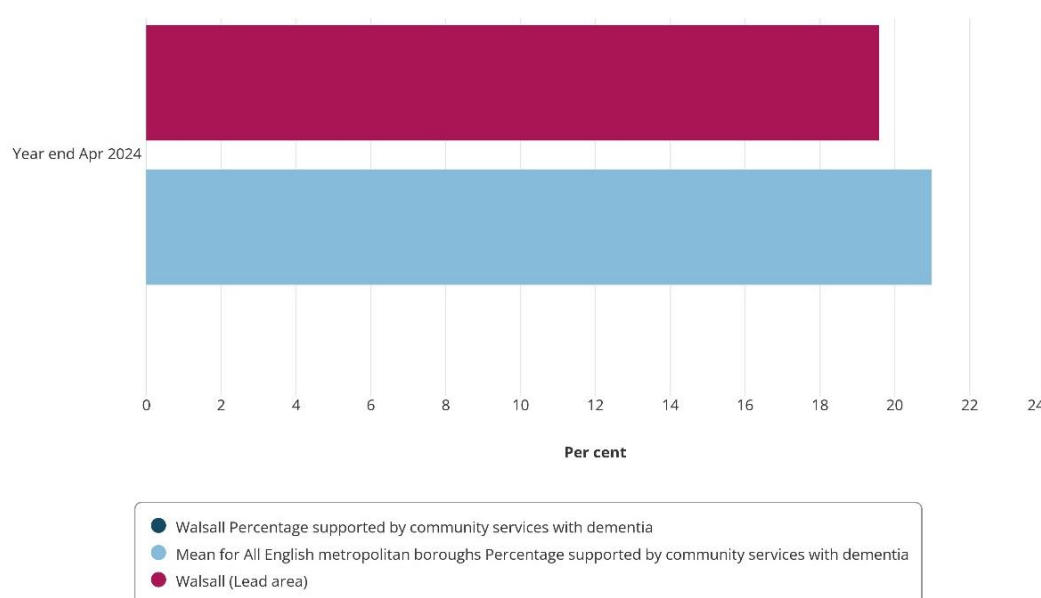
	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
		<p>support achieving positive outcomes for people with dementia and their families.</p> <ul style="list-style-type: none"> <li>Consider how digital and assistive technology can be more widely utilised in Walsall to enable people to be well and independent for as long as possible.</li> </ul>

## Long-Term Care

Long-term care is provided based on individual needs and ranges from high-intensity services, such as nursing care, to lower-intensity community support, including regular home care visits. As dementia symptoms progress, managing care at home may become more challenging, necessitating placement in a residential or nursing care home (87).

In Walsall in 2022/23, 57 people per 1,000 adults aged 65 and over (approximately 2,850 individuals) received long-term care, an increase from 57.9 in 2021/22 (approximately 2,795 individuals). This represents an increase of roughly 55 people (1.93%) receiving long-term care between 2021/22 and 2022/23. Figure 35 presents the percentage of people supported by community-based adult social services with dementia as of March 2024.

Figure 35: Percentage of people supported by community-based adult social services with dementia (Year-end Mar 2024) for Walsall



**Source:** Care Quality Commission

The data shows that the % of all people supported through community-based adult social services with dementia in Walsall during the year ending March 2024 was 19.6%. This is below the 21% mean average for all English metropolitan boroughs. From the consultation process, it was suggested that the ability to access high-quality services for people with dementia may be impacted by costs to individuals, which is felt to restrict the care they can afford to access.

## Domiciliary Care

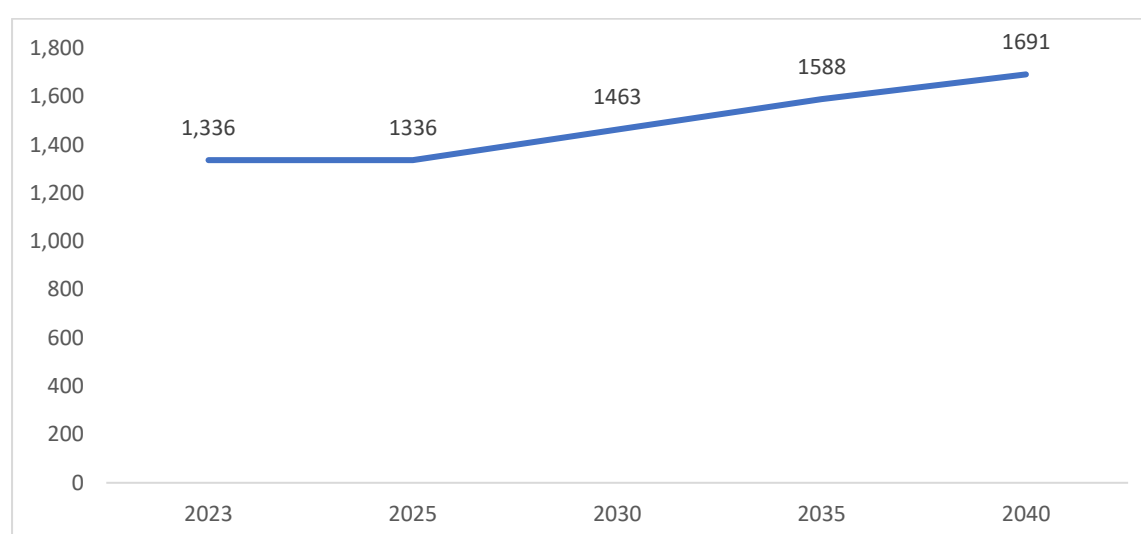
Maintaining the independence of people living with dementia for as long as possible may result in them needing to access formal care to remain in their own homes. At the

time of writing this needs assessment Walsall had 91 community providers, with 89 offering domiciliary care. Of the 91 providers, eight organisations identify as sheltered accommodation (CQC). Despite having many domiciliary care providers, Walsall struggles to attract providers with specialist dementia competencies that can meet the complex needs of its residents, largely due to low pay rates.

## Care Home

According to the 2021 Census, Walsall had 19 people per 1,000 living in a care home, equating to approximately 950 individuals. Figure 36 illustrates the projected total population aged 65 and over expected to reside in care homes from 2020 to 2040.

**Figure 36: Total Population aged 65 predicted to be living in Care Homes by 2020 to 2040.**



Source: [POPPI](#)

According to POPPI, the number of people living in care homes in Walsall is predicted to increase by 26.56%, from 1,336 in 2023 to 1,691 by 2040. Alzheimer's Research UK suggests that 69% of people living in care homes have a dementia diagnosis (88). Applying these assumptions in Walsall indicates a need to increase the level of residential and nursing care to meet the forecasted growing ageing population of people with dementia.

## Dementia: Residential Care /Nursing Home Bed Capacity (Aged 65 years+)

As dementia progresses, the need for full-time care increases, which may result in the need for some people with dementia to move into care homes. Walsall has 68 care home bed providers, with a total of 1,827 beds. In 2022/23, the long-term support needs of 610.3 older people (aged 65 and above) per 100,000 were met by admission to residential and nursing homes (NHS, England).

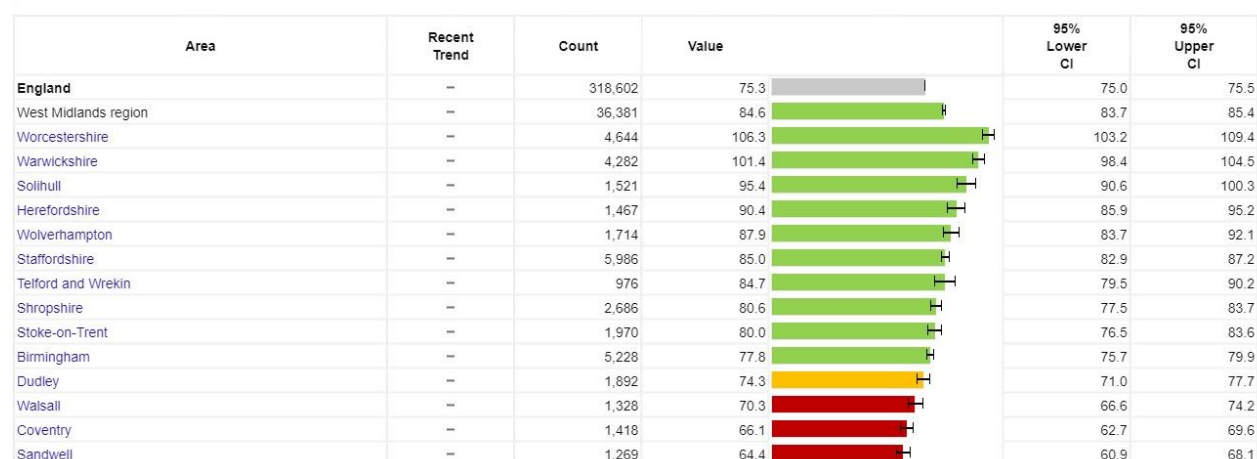
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The type of residence for people with dementia is difficult to ascertain, as the majority reside in undefined settings. In February 2024, across the Black Country, 9,600 people with a dementia diagnosis had a recorded place of residence.

The majority (41.72%) reside in other residential-type settings. One-third reside in either a residential or nursing home, and approximately one-quarter are recorded as private residents.

It is estimated that 70% of people with dementia may eventually require long-term residential care (89). This indicator provides information to help local service commissioners address bed capacity issues where appropriate. The Residential Care and Nursing Home Bed Capacity indicator displays the number of residential care and nursing home beds per 100 persons registered with dementia (aged 65 and above) per local authority. See Figure 37.

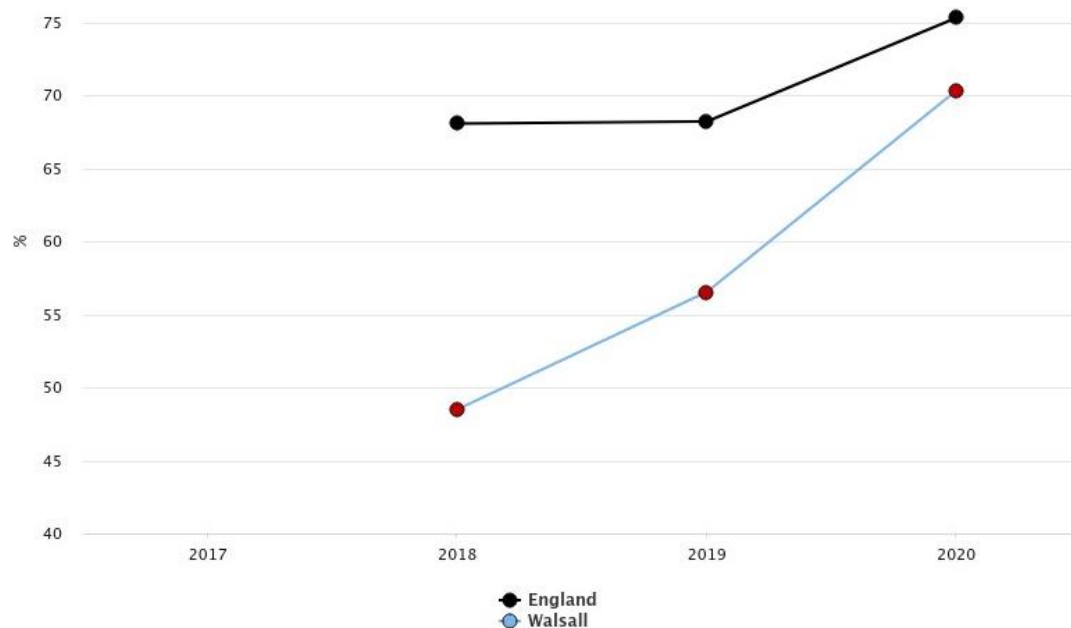
Figure 37: Dementia: Residential care and nursing home bed capacity (aged 65 years and over) for Walsall (2020)



Source: [OHID Dementia Profile](#).

At 70.3%, Walsall's residential care and nursing home bed capacity for people with dementia aged 65 and older is lower than the England average of 75.3% and the West Midlands average of 84.6%. Walsall faces significant challenges in meeting its care home capacity needs. See Figure 38.

Figure 38: Dementia: Residential care and nursing home bed capacity (aged 65 years and over) for Walsall (2020).



Source: [Public health profile](#).

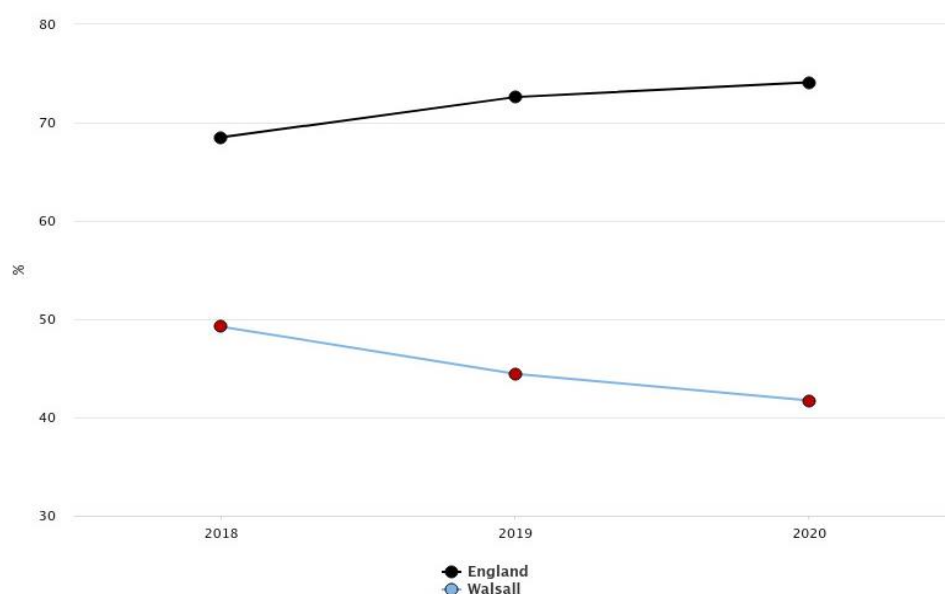
Among the 14 authorities, Walsall ranks third lowest in capacity. The difference in care home capacity between Walsall and England decreased between 2018 and 2020. Walsall faces significant challenges in terms of care home quality and capacity.

With the forecasted increase in older people and the high level of deprivation in Walsall, the capacity and quality of care home provision must improve to meet the needs of residents. In 2022/2023, Walsall had the lowest percentage of providers rated as good or outstanding in the West Midlands at 64.15%, compared to regional averages of 77% to 81%, excluding providers not yet rated by CQC.

### Dementia: Quality Rating of Residential Care and Nursing Home Beds (Aged 65 years+)

People with dementia should have access to safe and high-quality long-term care services. In the UK, care quality varies, and Walsall's care homes are a particular concern. Since 2018, the dementia quality rating of care home beds for people over 65 has significantly widened between England and Walsall. See Figure 39.

Figure 39: Quality rating of residential care and nursing home beds over time 65 years



Source: [OHID Dementia Profile](#)

The data indicates that although the quality of care homes across England has generally improved, Walsall has faced a decline in quality. This resulted in a 42% difference in Walsall, compared to the national average of 74%, placing the quality of care homes in Walsall significantly below that of its West Midlands neighbours. See Figure 40 Dementia: Quality rating of residential care and nursing home beds (aged 65 years and over) 2020.

Figure 40: Dementia: The quality rating of residential care and nursing home beds (aged 65 years and over) 2020 Proportion - %

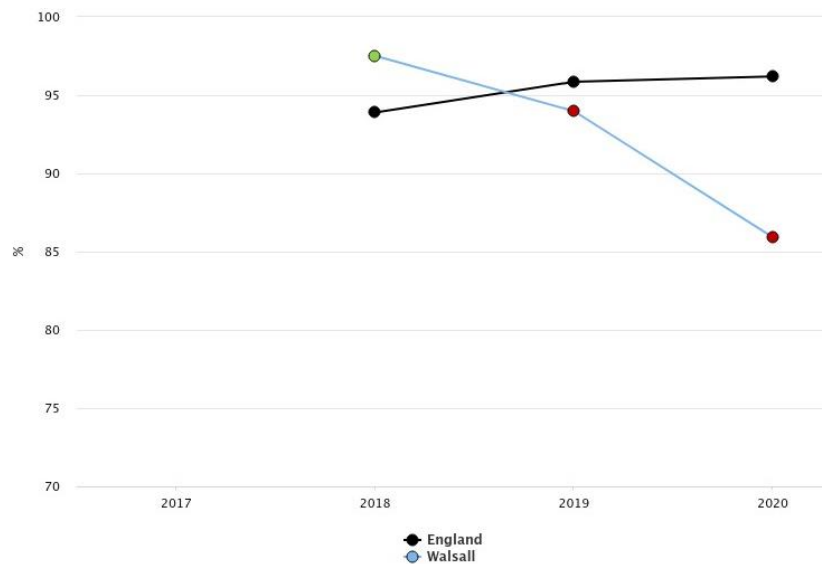
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	--	236,094	74.1	74.0	74.3
West Midlands region (statistical)	--	24,594	67.6	67.1	68.1
Shropshire	--	2,119	78.9	77.3	80.4
Birmingham	--	4,064	77.7	76.6	78.8
Worcestershire	--	3,546	76.4	75.1	77.6
Sandwell	--	915	72.1	69.6	74.5
Telford and Wrekin	--	675	69.2	66.2	72.0
Wolverhampton	--	1,173	68.4	66.2	70.6
Dudley	--	1,218	64.4	62.2	66.5
Coventry	--	911	64.2	61.7	66.7
Staffordshire	--	3,798	63.4	62.2	64.7
Warwickshire	--	2,695	62.9	61.5	64.4
Stoke-on-Trent	--	1,219	61.9	59.7	64.0
Herefordshire	--	897	61.1	58.6	63.6
Solihull	--	810	53.3	50.7	55.8
Walsall	--	554	41.7	39.1	44.4

Source: OHID – Dementia Profiles. Available at [fingertips.phe.org.uk](https://fingertips.phe.org.uk).

Consultations with providers reveal that Walsall care and residential homes frequently face challenges in managing residents with complex behavioural issues. Providers

may not always be aware of residents' conditions upon placement, which can lead to difficulties in care management and potential relocation of residents due to the provider's inability to meet their needs. Refer to Figure 41 for the percentage of assessed residential care and nursing home beds (aged 65 years and over).

Figure 41: Dementia: Percentage of assessed residential care and nursing home beds (aged 65 years and over)



Source: [OHID Public Health Profile](#).

Figure 41 shows that in Walsall, the total number of residential care homes and nursing home beds which have received a rating from the Care Quality Commission significantly reduced in 2018 from above the England rate to significantly below in 2020.

## Caring Well Quality `Recommendations

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
7a	People with dementia live well in care homes.	
	<p>Care homes offer appropriate de-escalation management informed by intervention training.</p> <p>Care homes offer access to dementia-friendly, person-centred activities, particularly for individuals registered for dementia care.</p> <p>GPs conduct comprehensive geriatric assessments where applicable and depending on the type of care home.</p>	<ul style="list-style-type: none"> <li>• Carers and families must be encouraged to be involved in care assessment and decisions about access to care provision.</li> <li>• All families must have access to information on care homes and reviews of domiciliary care providers. Carers and families must be actively encouraged to support effective care and prevent unnecessary hospital admissions.</li> <li>• The quality of care in care homes should be periodically reviewed, with robust procedures implemented to address any areas of poor quality.</li> <li>• To establish effective pathways, there should be an increase in healthcare professionals with advanced skills to complete interventions required in long-term care, beyond the scope of the West Midlands Ambulance Service.</li> </ul>
7b	Commissioning Dementia specific health and care services	
	<p>Walsall Health and Social Care commissioners commission a range of services along the dementia pathways to meet the needs of the diverse population.</p>	<p>Review dementia pathways and recommission service provision to meet the needs of universal and diverse populations by:</p> <ul style="list-style-type: none"> <li>• Secondary prevention and condition-specific services to reduce the onset of dementia.</li> <li>• Collaborating with primary care to review the primary care register and further identify and support development needs.</li> <li>• Dementia-friendly services, dementia cafes and support networks.</li> <li>• Consider a single point of access for contact with dementia services.</li> </ul> <p>Evidence supports an increase in post-diagnosis statutory support beyond 12 weeks to improve outcomes for both people with dementia and carers throughout the journey.</p>



## Dying Well

Dementia is a life-limiting illness, meaning those with the condition will live with it until death. One in three people over the age of 65 will die with some form of dementia (91). Figure 42: Walsall Dementia Profile – Dying provides an overview of the direct standardised mortality rate for people with dementia aged over 65 years and the place of death benchmarked to England.

Figure 42: Walsall Dementia Profile – Dying

		<div><div>Better 95%</div><div>Similar</div><div>Worse 95%</div><div>Lower 95%</div><div>Similar</div><div>Higher 95%</div><div>Not compared</div></div>																
Indicator	Period		England	West Midlands region (statistical region)	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Direct standardised rate of mortality: People with dementia (aged 65 years and over)	2019		849	885	835	962	863	842	995	886	682	910	1199	970	837	803	1089	867
Place of death - care home: People with dementia (aged 65 years and over)	2019		58.4	54.7	45.7	47.2	52.4	59.7	45.1	67.7	53.9	54.7	52.6	54.8	47.9	62.0	50.2	62.9
Place of death - home: People with dementia (aged 65 years and over)	2019		11.2	10.9	11.6	12.1	11.0	15.2	13.2	8.6	14.3	8.6	6.9	11.9	15.0	9.1	12.8	11.2
Place of death - hospital: People with dementia (aged 65 years and over)	2019		28.7	32.6	39.2	37.7	34.8	24.2	40.1	22.4	29.2	34.7	37.1	32.6	35.2	28.1	36.2	25.0

Source: [OHID Dementia Profile](#)

### Direct Standardised Rate of Mortality: People with dementia (aged 65 years and over) for Walsall

In 2019, the direct age-standardised mortality rate (DSR) for people in Walsall aged 65 and above with dementia was 837 per 100,000, which was significantly lower than the DSR for the West Midlands (885 per 100,000) and the England DSR (849 per 100,000). The DSR for mortality in Walsall for people aged 65+ with dementia has shown a declining trend since 2017.

### Place of Death - Care Home: People with dementia (aged 65 years +)

The number of registered deaths with a mention of dementia that occurred in care homes was calculated and reported as a proportion of the total number of registered deaths. In 2019, the percentage of people aged 65+ with dementia in Walsall who died in a care home was 47.9%, which was lower than in the West Midlands (54.7%) and England (58.4%).

## Place of Death Usual Place of Residence: People with dementia (aged 65 years +)

The proportion of all dementia deaths that took place in their usual place of residence is a measure of the quality of end-of-life care for people with dementia aged 65+. The usual residence is typically a home, a care home (whether local or non-local authority), or a religious establishment.

The percentage of people aged 65+ with dementia in Walsall who died in their usual place of residence in 2019 was 63.5%, which was lower than the West Midlands' average of 66.6% and significantly lower than the national average of 70.3%. There has been a slight increase in the number of people who have died in their usual place of residence since 2016.

### Place of Death. Home and People with dementia (aged 65 years +)

At 15% more people with dementia died at home in Walsall compared to England (11.2%) and the West Midlands (10.9%). The proportion of people aged 65+ with dementia in Walsall dying at home did slightly increase between 2016 and 2019.

### Place of Death: Hospital and people with dementia (aged 65 years +)

Most people want to stay at their own home and not die in hospital. A high percentage of people die in hospitals, despite many expressing a preference to die at home. However, according to the National Survey of Bereaved People (VOICES) England, 2015. The rate of people aged 65+ with dementia in Walsall who died in hospital in 2019 was 35.2%, which was higher than the West Midlands and national average. The trend has slightly declined but not significantly.

According to the community consultations, it was felt that there are some gaps and limitations in the provision of palliative care for people with dementia and that not all local services are aware that dementia can be life-limiting. Stakeholders also stated that not all health and social care professionals are aware of the palliative care needs of people with dementia.

## Recommendations for Dementia: End of Life and Dying Well

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
8	People living with dementia die well.	
	<p>After diagnosis, a dementia care plan is developed in collaboration with local health services, typically through a person's general practitioner (GP) practice.</p> <p>People living with dementia can discuss their futures and make advance care plans at every stage of their dementia pathway.</p> <p>At the initial diagnosis stage, patients and their families are provided with information on the benefits of the Health and Welfare Power of Attorney. Personal Assistants in Dementia and Admiral Nurses also provide this information at the time of diagnosis.</p> <p>Comprehensive Geriatric Assessments are required for all those in care and nursing home settings or for those who are frail.</p> <p>The specialist palliative care team in Walsall Healthcare Trust supports care planning and coordination.</p> <p>ReSPECT forms are completed to gather patient preferences and inform clinical judgement at a change in health condition or location.</p> <p>Advance Care Plans are reviewed at a change in health condition or location.</p>	<ul style="list-style-type: none"> <li>• Good support toward the end of life is considered as having appropriate community support capacity and capability in place via services (e.g., care coordinators or domiciliary care) for people with dementia and their caregivers.</li> <li>• Good practice is recommended to include in health service specifications and delivery of tailored specialist palliative care programmes for people with dementia.</li> <li>• Tailored applications of palliative care guidance to meet the needs of people with advanced dementia reaching the end of life and their carers are effective in supporting 'a good end of life.' This involves collaborating with both parties to understand what works well and what could work better.</li> <li>• Consider reviewing the promotion of power of attorney through commissioned services.</li> <li>• Good practice is to monitor the conducting of 12-month care plans (face-to-face). These are to include an appropriate physical and mental health review for the patient.</li> <li>• Information supplied to carers should be commensurate with the stage of the condition, the patient's needs, and their health and social care requirements.</li> </ul>

## Other Recommendations

	The current situation	Recommendations based on the 2024 Dementia Needs Assessment.
9	People living with dementia benefit from good use of data	
	Data-sharing agreements have been developed, but organisations cannot currently share data as agreements are yet to be signed.	<ul style="list-style-type: none"> <li>Black Country Mental Health Trust is to routinely capture and maintain longitudinal dementia data, including the type of dementia and waiting times.</li> <li>Health and care providers are to improve the systematic recording of dementia across health and care systems in Walsall, ensuring that ethnicity and gender identity are recorded as mandatory fields and GP registers to ensure diagnoses are coded appropriately.</li> </ul>
10	There is equity in access to care.	
	<p>The Personal Assistants in Dementia Service delivers tailored interventions for dementia users and carers from underrepresented groups, according to their circumstances and diverse needs, including culture, ethnicity, language, religion, gender, and sexual orientation.</p> <p>The Older Adults Therapeutic Service provides Punjabi Cognitive Stimulation Therapy, and the Personal Assistants for Dementia have a Hard-to-Reach working group and an Admiral Nurse.</p> <p>To achieve parity of esteem, multidisciplinary team meetings are held between the WHT Community Care Home team and the Black Country NHS Trust Older People's Mental Health Team.</p> <p>Information and education are provided in languages other than English. Interpreting services can translate appointment letters, for example, into alternate formats upon request.</p> <p>The Alzheimer's Society provides information in different languages, and a dementia handbook is available online.</p>	<ul style="list-style-type: none"> <li>All dementia ambitions and active consideration of all protected characteristics are important in the provision of services, e.g. people with learning disabilities have an increased risk of developing dementia, and people with early onset dementia are at greater risk of late diagnosis.</li> </ul>

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## Appendix

### Appendix 1 National Strategy and Policy

Recent Strategies and policies include the following:

- The National Dementia Strategy, 'Living Well with Dementia' (Department of Health, 2009). Department of Health 'Quality Outcomes for People with Dementia' (2010)
- Department of Health and Social Care (2010) Recognised, Valued and Supported: Next Steps for the Carers Strategy
- Department of Health. (2013) Dementia: A State of the Nation Report on Dementia Care and Support in England.
- Department of Health (2015) Prime Minister's challenge on dementia 2020. London: Department of Health.
- Department of Health and Social Care (2016) Joint declaration on post-diagnostic dementia care and support.
- Department of Health and Social Care (2018) How can we improve support for carers? Government response to the 2016 carers call for evidence.
- Department of Health and Social Care, Department for Digital, Culture, Media and Sport, Department for Education, Department for Work and Pensions, Government Equalities Office, and Department for Business, Energy & Industrial Strategy (2018) Carers action plan 2018 to 2020: supporting carers today.
- [Healthy-Ageing-Policy-Position-Statement-2023.pdf \(adph.org.uk\)](https://adph.org.uk/Healthy-Ageing-Policy-Position-Statement-2023.pdf)
- Social Care Act - Care Act 2014
- Major conditions strategy: the case for change and our strategic Framework 2023

## Appendix 2: National Guidelines

NICE guidance recommendations feature in our recommendations.

The National Institute for Health and Care Excellence (NICE) has published guidelines to set standards of care. NICE pathways set out a structured approach to identifying Dementia and supporting patients and their carers.

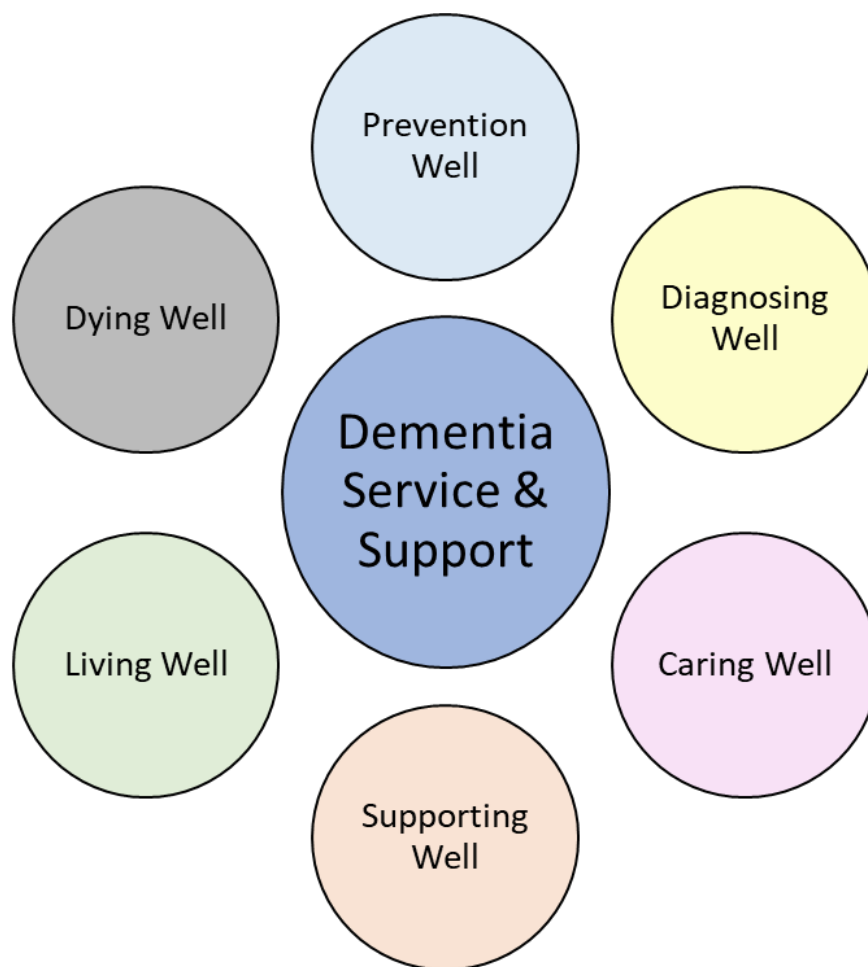
NG97 [Dementia: assessment, management and support for people living with dementia and their carers](#) (2018). This guideline covers the diagnosis and management of dementia, including Alzheimer's disease, with the aim of improving care by training staff and supporting caregivers. It also addresses the prevention, assessment, management, and health and social care support for people with dementia, highlighting high-quality care in priority areas such as raising awareness, diagnosis, advance care planning, coordinating care, promoting wellbeing, managing distress, and supporting carers. The guideline emphasises the need for multi-component support, recommending a single-named coordinator to ensure that people with dementia receive the necessary care and support.

NG16 [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) (2015) focuses on mid-life strategies to delay or prevent dementia, disability, and frailty in later life. The guideline aims to extend the period during which people can remain independent, healthy, and active in later life.

NICE QS184 [Dementia Quality standard](#) (2019), replaces previous standards QS1 [Dementia: support in health and social care](#) and QS30 [Dementia: independence and wellbeing](#) (2013), aligned to NICE guidance NG97.

Primary Care providers must establish and maintain a register of patients diagnosed with dementia. IND252 [Dementia: register](#) (2023) measures outcomes that reflect the quality of care or processes linked to improved outcomes.

### Appendix 3 Dementia Service and Support Mapping



Category	Service	Description	Provided by	Commissioned by
Prevent well - Prevention - Community spaces	YMCA - The Globe	Primarily homeless support for insecure housing, drug use, and alcohol use.	YMCA Black Country	Walsall Council Public Health
Preventing well - Prevention - Lifestyle advice and support	Change Grow Live - The Beacon	Support to stop drinking and substance misuse. Free needle exchange. Young people service.	Change Grow Live (CGL)	Walsall Council Public Health
Preventing well - Prevention - Lifestyle advice and support	Wellbeing Mobile Unit	Thrive Mobile Unit aims to enhance wellbeing by addressing the challenges faced by people in disadvantaged communities.	Bloxwich Community Partnership and Manor Farm Community Association	Walsall Council Public Health (
Preventing well - Prevention - Lifestyle advice and support	Community Mental Health Service	Goal-based support through the Sanctuary Community Mental Health Service, including one-on-one targeted support, peer support groups and tailored workshops	Rethink	Walsall Council Public Health
Preventing well - Prevention - Lifestyle advice and support	Be Well Walsall	Wellbeing and behaviour change support, adult weight management and healthy eating, stop smoking support, community NHS health checks, and wellbeing advice. Healthy behaviours.	Maximus UK Services Limited - Be Well Walsall	Walsall Council Public Health
Preventing well - Prevention - Lifestyle advice and support	Walsall Healthy Spaces	Free health walks in parks and countryside, including activities such as walking, foraging, wildlife spotting, and rewilding talks	Walsall Council	Walsall Council
Preventing well - Prevention - Lifestyle advice and support	Walsall Running Club	Walsall Running Club, specifically the Walsall Arboretum Running Club, offers a variety of programs for runners of all levels. starting from 5K	Volunteers	NA



Category	Service	Description	Provided by	Commissioned by
Preventing well - Prevention - Lifestyle advice and support	Walsall Ramblers	Walks, social activities, and footpath maintenance, offering varied walking experiences and community-building opportunities	Walsall Ramblers	NA
Preventing well - Prevention - Lifestyle advice and support	Saanjha Women's Centre (Willenhall)	Women meet twice a week to engage in gentle fitness activities, including armchair-seated yoga, socialise, and listen to guest speakers talk about dementia.	Saanjha Women's Group	NA
Preventing well - Prevention - Lifestyle advice and support	My Smoke-Free Life App - Digital stop smoking	The Smoke-Free App for stopping smoking support.	More life UK	Walsall Council Public Health
Diagnosing well - diagnosis.	The Black Country Memory Assessment Service	Screens assess and diagnoses memory issues, collaborating with GPs, social services, and other support services	Black Country Healthcare NHS Foundation Trust	Black Country ICB
Diagnosing well - diagnosis.	Personal Assistants in Dementia (PADS)	Tailored support for individuals with dementia, including personal care, companionship, cognitive assistance, and respite care for family carers.	Green Square Accord	Black Country ICB
Caring well - Carer's Respite	Carer's Respite - Walsall Council	Offers carer's assessments, respite care, training courses, and community events to support carers and provide temporary relief from caregiving duties.	The Water Mill	Walsall Council
Caring well - Supporting Carers	Walsall Carer's Hub and Drop-in Centre	Support for dementia carers, including guidance, support groups, training, and face-to-face drop-in sessions on Mondays and Wednesdays.	Walsall Carers, Hub Forward Carers, and Midland Mencap	Walsall Council



Category	Service	Description	Provided by	Commissioned by
Caring well - Supporting Carers	Women's Wellbeing Group	A space for women of all ages, offering drop-in advice, education, health activities, employment assistance, and community engagement opportunities for women and children.	Aaina	NA
Caring well - Supporting Carers	Caring for Me and You and Carer's Programme - training courses	Free 6-week courses to enhance carers' health, wellbeing, and caregiving skills.	NHS	Black Country ICB
Caring well - Supporting Carers	KiB (Kissing it better) - online socials	Online socials with interactive sessions, entertainment, and educational talks to engage older adults and carers, reducing isolation	NHS	NHS
Caring well - Supporting Carers	Carers Pamperers Day	Held annually for local carers, this event offers pampering services from hair and beauty students, providing a day of relaxation and respite.	Students at Walsall College	NA
Caring well - Benefits, form filling, advice etc	Direct Payment and Personal health budget support	Budget management, information, guidance, and personalised support for individuals receiving Direct Payments or a Personal Health Budget.	Green Square Accord	TBC
Caring well - Benefits, form filling, advice etc	Ablewell Advice -	Providing free, independent, and confidential advice, benefit checking and form-filling	Ablewell Advice	NA
Caring well - Benefits, form filling, advice etc	Sandwell and Walsall Citizens Advice	Free, confidential advice on benefits, debt, housing, employment, and more, helping people resolve various issues	Sandwell and Walsall Citizens Advice	NA

Category	Service	Description	Provided by	Commissioned by
Caring well - Benefits, form filling, advice etc	YMCA - in Partnership with Walsall Connected	Advocacy services, form completion assistance, and general advice to help vulnerable individuals access necessary support and services.	YMCA Black Country	NA
Caring well - Carers - Help in the home Caring well -	Green Square Accord Help in the home, telephone, and virtual support	Housework, errands, shopping, accompanying people, sitting service for carers, general queries, benefits signposting, telephone support, and volunteer opportunities for providing support services.	Green Square Accord	Black Country ICB
Supporting Well - Dementia Support	Admiral Nurses	Specialist dementia nurses supported and developed by Dementia UK. Support for people with dementia and their careers.	NHS	Black Country ICB
Supporting Well - Dementia Support	Personal Assistants in Dementia (PADS)	Support for people concerned about memory as well as those with a diagnosis of dementia.	Green Square Accord	Black Country ICB
Supporting Well - Dementia Support	Pathways 4 Life Dementia Support Workers at Walsall Manor Hospital	Support for patients needing dementia support. Work alongside NHS staff.	Green Square Accord	Black Country ICB
Supporting Well - Dementia Support	Dementia & Mental Health Advisor: Underserved Groups	Support for Underserved Groups - traveller communities, people with learning disabilities, ethnic minority groups	Green Square Accord	Black Country ICB
Supporting Well - Dementia Support	Dementia Support Workers: Acute Hospital Care	Support and information for acute hospital staff to promote good dementia care to people with dementia and their careers.	Green Square Accord	Black Country ICB

Category	Service	Description	Provided by	Commissioned by
Supporting Well - Dementia Support	Dementia Support Workers: Care Improvement and End of Life - Green Square Accord	Providing support and information to care homes and the wider community to promote good dementia care.	Green Square Accord	Black Country ICB
Supporting Well - Dementia Support	Dementia Support Workers: Care Improvement and End of Life - St Giles Hospice	Support and information to care homes and the wider community to promote good dementia care.	St Giles Hospice	Black Country ICB
Supporting Well - Dementia Support	Older Adult Therapeutic Services (OATS)	A range of community-based therapeutic and recovery support	Black Country Healthcare NHS Foundation Trust	Black Country ICB
Supporting Well - Residential Care Homes	Residential care home - Rushall Care Home	36 nursing beds cater for people with the most needs, including end-stage dementia.	Rushall Care Home	Black Country ICB
Supporting Well - Day care services	Daycare services - Ace Day Care Services	Up to 15 people per day, Monday to Friday. Support and activities.	Ace Daycare Services	Privately or local authority
Supporting Well - Day care services	Daycare services - The Water Mill Day Centre	Up to 20 people per day, 7 days a week. Support and activities.	The Water Mill Day Centre	Walsall Council
Supporting Well - Day care services	Daycare services - Stan Bull Day Centre (Bloxwich Community Partnership)	Tailored care, engaging activities, meals, refreshments, and door-to-door transport for older adults with dementia, ensuring support and engagement throughout the day.	Stan Bull Day Centre	Walsall Council
Supporting Well - Day care services	Tree of Life Elderly Day Care - Walsall Black Sisters Collective	Stimulating activities, socialisation, cultural support, nutritional meals, and transport for the African	Walsall Black Sisters Collective	Walsall Council

Category	Service	Description	Provided by	Commissioned by
		Caribbean elderly community in Walsall every Thursday.		
Supporting Well - Day care services	Daycare services - Sahara Day Centre	Activities, personalised care, meals, and social interaction for older adults with various health issues.	Sahara Day Care Centre	Walsall Council
Supporting Well-Helplines, virtual and online assistance	Admiral Nurse Dementia Helpline	Dementia helpline provides free, expert advice, support, and information for carers and families affected by dementia.	Dementia UK	Black Country NHS Trust
Supporting Well-Helplines, virtual and online assistance	Walsall Carers Hub	Wellbeing checks, virtual support groups, helplines, and online resources to support the wellbeing of carers.	Walsall Carers Hub	Walsall Council
Supporting Well-Helplines, virtual and online assistance	Walsall Talking Therapies	Talking to a therapist about feelings and how to manage depression and anxiety. For people with dementia and their carers.	Black Country Healthcare NHS Foundation Trust	Black Country Healthcare NHS Foundation Trust
Supporting Well-Helplines, virtual and online assistance	Walsall Link Line	Drop befriending services, specialist support for dementia, a community centre, and a reminiscence room for isolated individuals.	Walsall Link Line	non-statutory funded
Living well - Socialising	Dementia Cafe	Seven Dementia cafes held in community centres (Aldridge, Willenhall, Pelsall, Blakenall, Bloxwich, Brownhills, Pleck. Socialising, talking, refreshments, activities.	Green Square Accord	Black Country ICB
Living well -	Whg Housing	Seven wellbeing schemes for older customers over 55, designed for	Whg	NA

Category	Service	Description	Provided by	Commissioned by
		individuals with dementia or cognitive decline associated with ageing.		
Living Well - Community Centres and Associations	Community Centre - Hive Community Hub	offers a community library, social activities, support groups, and health and wellbeing activities for people over 60 and their carers.	Frank F Harrison	Community and voluntary sector
Living Well - Community Centres and Associations	Community Centre - Manor Farm Community Association	Groups, activity sessions, and tailored support for early-stage dementia, fostering interaction and community engagement.	Manor Farm Community Association	Community and voluntary sector
Living Well - Community Centres and Associations	Community Centre Walsall Black Sisters Women's Centre	Day centre every Thursday for the elderly and people with dementia. Breakfast, activities, day trips, gentle exercises, hot dinner.	Walsall Black Sisters	Community and voluntary sector
Living Well - Community Centres and Associations	Community Centre - Aaina Community Hub	Intergenerational activities – women-only - health and wellbeing, sewing class, art, and craft.	Aaina Community Hub	Community and voluntary sector
Living Well - Community Centres and Associations	Walsall Community Association (Afro-Caribbean)	Considering developing a men's shed.	Walsall Community Association (Afro-Caribbean)	Community and voluntary sector
Living Well - Community Centres and Associations	Community Association - Walsall Link Line	Drop in hub. Dementia den with activities. Dementia cafes. Awareness sessions. Dementia courses.	Walsall Link Line	Community and voluntary sector
Living Well - Community Centres and Associations	Community Association - The Salvation Army, Willenhall	Singing by Heart - a dementia-friendly singing group.	The Salvation Army	Community and voluntary sector
Living Well - Education	Walsall College	Various Free Distance Learning Courses	Walsall College	NA

Category	Service	Description	Provided by	Commissioned by
Living Well - Faith Groups	Faith Groups - St Matthew's Centre	Older persons group. Pickup and activities.	St Matthew's Centre	Community and voluntary sector
Living well - Dementia holidays and training and support	Dementia Adventure - holidays training and support	Dementia Adventure offers supported holidays, free online training, tailored professional training, and practical advice for dementia carers	Dementia Adventure	NA
Living Well - Dementia Scene Setting	Mindful Gifts	Dementia-friendly gifts and activities that support people with dementia through engagement and community involvement.	Mindful Gifts	NA
Living Well - Dementia Resources	Community Continence	Nurse-led service offering assessment, advice, treatment, and management of bladder, bowel, and continence issues.	NHS	NHS
Living Well - Dementia Resources	Message in a Bottle Scheme	Stores personal and medical details in a fridge bottle for emergency services' quick access.	Lions Club	NHS
Living Well - Dementia Resources	Family Guidance & Community Welfare	Support services tackle loneliness and hardship through a community hub and a twice-weekly food bank.	The Thomas Project	Community and voluntary sector
Living Well - Dementia Resources	West Midlands Fire Service - Safety in the home	Home safety advice, fire risk assessments, and personalised support for vulnerable residents	West Midlands Fire Service	NA
Living Well - Dementia Resources	Making Connections Walsall	Tackles loneliness by offering support, befriending, signposting to activities, and connecting services.	Making Connections Walsall - West Midlands Fire Service	Walsall Council

Category	Service	Description	Provided by	Commissioned by
Living Well - Dementia Resources	Walsall libraries	Dementia-friendly libraries aim to enhance accessibility for individuals with dementia, those experiencing early signs of dementia, and those with learning difficulties.	Walsall Council	Libraries Improvement Fund
Dying well	Specialist Palliative & End of Life Care Services	Provide symptom management, multidisciplinary care, emotional support, and end-of-life planning for individuals with advanced illnesses.	NHS	TBC
Dying well	Admiral Nurses	Provide specialist end-of-life support for dementia, including symptom management, emotional support, care coordination, and bereavement support	Black Country NHS Trust and Royal British Legion Admiral Nursing Team	Black Country ICB
Dying well	Dementia Support Worker: Care Improvement / End of Life	Support Workers provide care improvement, end-of-life support, training, and guidance for dementia patients and carers	Green Square Accord	NHS
Dying well	Bereavement Support	offer a six-session bereavement support course covering loss, adjustment, and moving forward.	Brownhills & Willenhall and Walsall Methodist Circuits	NA
Dying well	Bereavement Support Service	Free bereavement support and therapy for adults, children, and families in the Walsall borough	Walsall Bereavement Service	Walsall Public Health

## Appendix 4 Dementia Needs Consultations

A range of consultation activities have been undertaken in Walsall, contributing to the Walsall dementia needs assessment. These activities include:

- A Dementia Pathway Services Consultation event conducted and led by the ICB in June 2023.
- One-to-one stakeholder consultation interviews with various providers and commissioning stakeholders between 2023 and 2024.
- A Walsall community engagement workshop led by the Black Country ICB from September to October 2023.
- Targeted engagement with an ethnic minority group at Aaina in November 2023.
- Provider forums held by Adult Social Care commissioners to consult with residential and nursing home care providers, Supported Living and Extra Care providers, and domiciliary care providers from November to December 2023.
- Consultation with dementia and community and voluntary sector organisations in February 2024.
- Stakeholder Survey Consultation from March to June 2024.

### Dementia Pathway Services Consultation - June 2023

A multi-agency dementia pathway consultation event was conducted and led by the ICB in June 2023 to inform the redesign of the Walsall dementia pathway service. People with dementia attended the event, as did caregivers, healthcare professionals, and representatives from voluntary sector organisations.

Approximately 70 people contributed to discussions about the kinds of support people need before a diagnosis, current provision gaps, and access to services and support. Different people need different things at various times. Some of these are already in place but can be difficult to locate, while others are missing. The following information was collected:

#### **Pre diagnosis Awareness**

- Person-centred prevention - a link between cardiovascular issues and dementia (Asian communities), BAME-related information, and Public Health promotion campaigns.
- People require information about support available, finances, driving, and losing a driving licence, as well as how insurance policies are affected by diagnosis.
- Well-being checks to rule out bio-psycho-social aspects of worrying about memory.
- Services that support individuals without a diagnosis and formal confirmation (Pre-diagnosis HUB), including financial support, support planning options, and carer assessment, would be beneficial.



## **Diagnosis**

- Self-referral to the memory service was considered easy access, but GP access through regular GP appointments is a concern.
- It was reported that no support was available at the point of diagnosis.
- Some people struggle to accept a diagnosis.
- An 18-month wait for memory service can be distressing.
- The importance of getting insight from friends, colleagues, and family.

## **Post Diagnosis Support**

- Some people with dementia are reluctant to share their diagnosis due to stigma.
- It would be beneficial to have a nurse specialising in health and memory problems to assess and triage.
- Accelerate local processes, such as blood tests, CT scans, and ECGs.
- An annual memory health check is suggested.
- Support for co-morbidities like cancer, delirium, substance misuse, PCMH, and general pain is needed.
- Drop-in centres in communities would be beneficial, especially where no diagnosis is required, and individuals may feel more comfortable talking to people in churches and mosques.
- Information is needed to help people understand the support available for employees with dementia through Occupational Health.
- Access to drop-in centres for wellbeing is essential to avoid isolation, which can lead to loss of life skills, occupation, stimulation, and social interaction.
- A dementia buddy is needed.
- Having a named person to provide daily support, even just a phone call, and consistency in the care team is important.
- Help is required to stay in one's own home.
- A dementia place to meet and connect with others in similar situations is not the solution for everyone; some people with dementia may not want to socialise or access dementia cafés, which are probably more for the carers (Buddy System).

## **Advocacy/ and Voice**

Encourage access to:

- An advocate would help enable individuals to be treated fairly.
- Power of Attorney (POA) for Health and Finance should be encouraged.

## **Carer support**

- Befriending services to the home benefits the carer, providing opportunities for conversation and reassurance.
- Regular reviews are conducted for carers and clients, with agreed-upon timescales such as 28 days or three months.
- Ensuring quality time with carers and treating them as individuals.
- Volunteer and peer support roles and groups should be established to help carers. Link line services may benefit from expansion.
- Ongoing support for carers, including respite (inquire about access), dementia buddy, time alone to discuss issues with a professional without caring responsibilities, and ensuring quality time for carers to prevent crises.
- Carer groups and courses need to be flexible to access and provide carer cover. Admiral nurses and the Alzheimer's Society both have helplines.
- Improvement of Admiral nurse services around diverse communities.

## **Training**

- There is a lack of knowledge among health professionals about available services.
- It was suggested that general nurses do not appear to have the right knowledge about dementia.
- Dementia training in Care Homes and the Community is generally undertaken online.
- Pathways 4 Life provides some face-to-face training for homes.
- Carer training is available but needs to be rolled out to more people.
- Ensure abilities are personalised; have individual knowledge to intercede or support and engage, e.g., names on photo frames - just simple things.
- Could drops of blood and ECG be done whilst waiting in A&E or on the ward if dementia is suspected? What dementia training does the Acute sector have?
- Maintaining contact with individuals with dementia and their families after diagnosis.
- Specialist training for all staff in care homes would improve the dementia diagnosis rate.
- More specialist training is needed for WMAS/Police and small care homes for prevention and awareness.

## **Care planning**

- Planning for the future as early as possible is important. This includes making adjustments and adaptations, such as advance care planning and end-of-life (EoL) considerations. It is essential to include information on benefits and finances and to provide resources through websites, leaflets, and social networks. The information should be clear and concise, avoiding overly wordy content.

## **End of Life**

- Many people prefer to stay in their own homes rather than die in hospital. Sharing plans electronically can help avoid unnecessary A&E visits. Personal budgets and managed

accounts are essential for this process. Support from the hospital to the community is crucial for preventing avoidable admissions and reducing the length of stay.

### **Other Suggestions**

- A strategic role is required to coordinate dementia work and Dementia Friendly Communities in Walsall.
- Assessments need to be conducted in a dedicated location and be available in multiple languages, including those for individuals with hearing disabilities.
- Creating a booklet directory of services is essential, as too much information can be overwhelming. Educating children on dementia is important.
- Developing a simplified single point of access and signpost function is necessary, ensuring patients' needs are taken seriously, as they may not want to bother busy GPs. Promoting activities to enable self-support is also crucial.

### **Stakeholder interviews**

One-to-one interviews were conducted with various providers and commissioning stakeholders in 2023 to understand the needs and challenges at each touchpoint of the dementia care pathway, from diagnosis to discharge.

### **The Memory Assessment Service**

- The MAS in Walsall is commissioned to assess, diagnose, and treat individuals with memory problems and then discharge them back to their GP with a shared care agreement.
- The MAS receives referrals primarily from GPs and other sources, including the hospital liaison team, the Parkinson's nurse, the Enhanced Community Mental Health Team, and the Older Adult Therapy Team.
- The MAS can also re-assess people who were previously diagnosed with mild cognitive impairment (MCI) and have deteriorated.
- MAS has a large waiting list of approximately 500 people across the Black Country, and referrals have increased significantly.
- The services experience delays with the scanning process, which is essential for diagnosis. The MAS faces an ethical dilemma of prioritising cases based on urgency and duration on the waiting list.
- The MAS offers medication and referral to the PADs (pathways for after dementia diagnosis) and the Older Adults Therapy Services (older age therapy) for people who are diagnosed with dementia. These services are time-limited and only available to carers within the borough. The MAS also has links with the Admiral Nurse team, which provides support for carers. The service is transitioning from a home visit model to a clinic-based model, aiming to be more productive and accessible for some but not for all.

## **Older Adults Therapy**

- The Older Adults Therapeutic Service (OATS) is founded on the principles of recovery through community connection and therapeutic, as well as meaningful, support.
- The service supports older adults under the care of the Enhanced Community Mental Health Team for Older Adults (ECMHTOA) of any age with a dementia diagnosis, as determined by Memory Assessment Services or local partner dementia services, including the Admiral Nursing Service or the Enhanced Community Mental Health Team for Older Adults.
- The older adults' therapeutic service has transformed from a traditional day hospital model to a community-based model that offers one-to-one and group interventions for people with functional and organic mental health problems. These services work closely with community and voluntary sector organisations and have good links with football clubs.
- The service supports individuals with mild to moderate dementia, offering cognitive stimulation therapy and support groups. There is a range of services available for late-stage dementia, but not enough in the early stages, where people are still very high-functioning and independent.
- Some people in the early stage feel isolated, stigmatised, or hopeless after receiving their diagnosis, and they need more peer support and opportunities to engage with the community.
- Some referrals come from different age groups or functioning levels, making it challenging to tailor the groups to their specific needs and preferences.

## **Admiral Nurses-Black Country Healthcare NHS Foundation Trust**

- The Admiral Nurse service offers support to caregivers of individuals with dementia. The service collects data on referrals, carers' details, diagnoses, relationships, ethnicity, and reasons for referral.
- The Admiral Nursing Service supports carers of people with dementia in the community and is employed by Dementia UK. The service has one Admiral Nurse for Walsall, which limits its capacity to support carers in Walsall. This service would benefit from being opened up to carers of Walsall residents who do not live in Walsall.

## **Walsall Healthcare NHS Trust**

- Data and information on the type and subtype of dementia, the use of antipsychotics, and the risk of delirium among patients are not available.
- The low detection and diagnosis rate of delirium and the inappropriate use of sedation and restraint can worsen outcomes and lengthen the stay of patients with dementia and delirium.
- There is a lack of specialist assessment and support for patients with different types of dementia, especially Lewy body dementia, which can have fatal reactions to antipsychotics.

- The limited availability and accessibility of community services and resources for patients and carers after diagnosis include day centres, befriending services, home treatment teams, and specialist placements.
- Finding appropriate and timely placements for patients with complex and challenging behaviours is difficult, increasing the risk of readmission to the hospital or diversion to other hospitals.

### **The proposed solutions and initiatives by the staff:**

Some solutions and initiatives to improve dementia care were suggested, such as:

- Developing a pathway and bundle for delirium screening, assessment, and management from the front door, involving the ambulance service, general practitioners, and the memory assessment service.
- Providing training and education for all staff levels and disciplines on dementia and delirium and creating dementia leads and champions across the trust.
- Monitoring and auditing the use of sedation and antipsychotics for patients with dementia and delirium and reducing their use as much as possible.
- Linking with pre-op services to screen and support patients with dementia or high risk of delirium who are undergoing elective surgery.
- Following up with patients who have experienced delirium to monitor their cognitive function and refer them to the memory assessment service as needed.

### **Intermediate Care**

- Intermediate care is a service for individuals transitioning from the hospital that promotes independence and reduces the long-term need for care and support. It is provided to service users regardless of their medical or mental health history.
- The service delivers enablement support to help people regain some independence. Service users have reported positive feedback, noting that the reablement officers were cheerful, respectful of their privacy and dignity, and motivated to help them regain their independence.
- The service also provides 72-hour sits for dementia patients to determine if they can be safely cared for at home. If the risk is too high, the patient is escalated to a higher level of care.

A care package can be implemented to keep the patient at home. The service is currently undergoing a redesign, and recording dementia as a mandatory requirement would enable focused improvement for people with dementia.

### **Adult Social Care Commissioning**

- Discharging individuals with challenging behaviours from the hospital is difficult because care homes may not have the appropriate skill set to deal with those behaviours.

- Providers would like to have a suitably trained staff team, but resourcing and access to training can be prohibitive. Making fully trained staff available in the services that are commissioned is essential.
- Providers could be more innovative in their care approaches and introduce new strategies into the work environment.
- There was a mandate to promote dementia awareness in homes, hospitals, schools, and shops and to make Walsall dementia-friendly; however, COVID has impacted this effort. This work is to be resumed.
- Locality teams work with individuals aged 18 and above who have a range of needs, including those with dementia. They can support people at any stage of their dementia journey, from diagnosis to end of life. They employ a strength-based approach to help individuals remain at home, access community resources, and plan for their future.
- Some of the challenges include working across different areas of the borough, which have varying demographics and needs; collaborating with other agencies, such as mental health and healthcare; and obtaining data and information about people with dementia and their outcomes. Some of the gaps include the limited availability of reablement and preventive services, the limited options for day centres and befriending services, and the difficulty of finding culturally appropriate and person-centred support.
- Introducing joint funding protocols could facilitate more shared responsibility and cost-effectiveness. Enhancing the communication and publicity of existing services, such as Admiral Nurses and dementia cafes, and investigating new methods to engage and support individuals with dementia and their carers, including incorporating hobbies, interests, and technology, may improve outcomes for individuals with dementia.
- There is a national requirement for local authorities to report on the primary support reason, which describes the specific need that the person has, such as personal care or mobility. However, as dementia is not a mandatory field in the adult social care data collection, it is not considered to be a primary reason for social care intervention. People with dementia are only captured in the data if they have a formal diagnosis and it is recorded in the health condition field. Evidence of the need and impact of dementia on social care is thus limited.
- One solution is to make it mandatory to record it in the health condition field. The Care Data Matters white paper, launched in 2023, outlines the government's roadmap for integrating health and social care data, aiming to enhance opportunities for accurately capturing data on dementia.

#### **Personal Assistant for Dementia Service (Pathways 4 Life)**

- The service provides information, advice, and guidance to people with dementia and their families, helping them access other relevant services and benefits. The service also offers a four-week dementia carers course that covers topics such as understanding dementia, nutrition, hydration, infections, behaviour, and planning for the future.

- Support workers assist people with dementia, providing support on the ward and during their discharge.
- The team visits residents in care homes who are acutely unwell and tries to prevent unnecessary hospital admissions. They also conduct ward rounds with GPs and liaise with other services, including frailty case managers, the front door service, and mental health nurses. They also attend a weekly MDT with the mental health team to discuss residents' challenging behaviour.
- Pathways 4 Life delivers a range of information, advice, and support services, including seven dementia cafes held monthly across the Walsall borough. These cafes offer people with dementia and their families the opportunity to meet, share experiences, and access a range of support services.
- The service also provides information on various topics through guest speakers. Some of the dementia cafes or other services that people are signposted to are not suitable or accessible for clients, either because they are too far away, too crowded, or too advanced. There is a lack of specific support for people with early onset or newly diagnosed dementia.

### **Dementia Dens (Walsall Linkline)**

Walsall Linkline, a Walsall-based community and voluntary sector organisation, provides two dementia dens that encourage independence and promote positive, peer-led group activities. Emphasis is placed on individuals developing their skills and interests, such as role-playing, story writing, and photography. The service provides awareness sessions for children and young people on dementia and how to relate to family members living with dementia. Training and information for family members and caregivers about dementia and related topics. This service, however, is not funded.

### **Alzheimer's society**

Walsall residents can access the charity's universal offer, which includes a website, chat room, online shop, training, and telephone hub. They cannot access the dementia support service, which provides more personalised and in-depth support from dementia advisors like companion calls, lasting power of attorney, continuing healthcare, dementia cafes, singing for the brain, and dementia voice.

### **Housing**

- A safe, secure home is a strong protective factor for good health, and for people with dementia, it can often be felt as a critical anchor point in their lives.
- Housing should be included in policymaking to influence the design of homes, including the use of technology in homes to sustain and increase good health and wellbeing.
- Whg is working as part of the Integrated Care System to produce a health and well-being strategy called the H Factor (Health Hope and Happiness) to ensure older customers live and age as well as possible.

- Whg has seven wellbeing schemes for older customers, which are fully accessible for people over 55 years.
- The well-being scheme is designed for people who either have dementia or cognitive decline associated with ageing. These include painting each floor a specific colour to ensure ease of recognition and putting a natural stopping place along corridors outside homes to encourage people to stop and chat.

### **Social prescribing**

- Social Prescribing / Link workers are available in Walsall General Practice and communities via MCE and WHG. They aim to support and empower patients to have more control over their health and explore ways to assist individuals, such as those experiencing symptoms of dementia. People are referred to the GP, who can perform a mini memory test and then send them to the memory service for a full assessment and diagnosis. However, some people may not present their true condition at the GP appointment and may not receive a referral.
- Common needs and issues faced include housing, financial, social, equipment, and care needs.
- A social prescriber can signpost or refer people to a range of services, such as Pathways for Life and the Alzheimer's Society.
- Some gaps and challenges in the current system include a lack of pre-diagnosis and post-diagnosis support, poor communication and follow-up between services, and accessibility and transport barriers for some people.

### **Bereavement - EOL**

- There are long waiting lists for diagnosis and memory clinic referrals.
- There is a lack of specialised support for working-age and young-onset dementia patients.
- Absence of a bereavement package for people with cognitive issues.



## Community workshop

The ICB Black Country Involvement Specialist led a community engagement workshop from September to October 2023 to gather the views of people with dementia and their caregivers. A collection of stories was collected from people with personal or professional experience of dementia. Participants shared their challenges, needs, and suggestions for improving the health and social care system. A summary of the information gleaned is as follows:

### **Dementia Awareness Raising**

Some people suggested that more should be done to raise awareness of dementia among the public and health and social care professionals. They stated that more information should be provided to people with dementia and their carers about the condition, available treatments, legal and financial aspects, and planning for the future. Participants mentioned that information should be developed in easy-to-read formats and different languages, and not only online, as some people may not have access or skills to use the internet. They also stressed the importance of understanding the Mental Capacity Act and Lasting Power of Attorney.

### **Difficulty in getting a timely and accurate diagnosis of dementia**

Most people reported experiencing difficulty in receiving a dementia diagnosis for themselves or their relatives. They also mentioned that some health professionals did not listen to their concerns or dismissed their symptoms as normal ageing. They stressed the importance of obtaining the correct diagnosis and receiving appropriate post-diagnosis support.

### **Post-diagnosis support**

Many carers report feeling alone, isolated, and overwhelmed by the responsibility of looking after someone with dementia. They face challenges in accessing benefits, social services, respite care, and other forms of assistance. Additionally, they highlight the lack of continuity and quality of care workers who visit their homes. It has been suggested that more support and help should be available for caregivers and individuals living with dementia, such as a 24-hour helpline, a dedicated point of contact, or a resource for advice and guidance.

### **The positive impact of some services and activities for people with dementia and their carer**

Some people praised the work of the Admiral Nurses, the Parklands care home, the Sycamore House clinic, and the Green Square Accord organisation for providing quality care and support. They also highlight the benefits of attending dementia cafes and engaging in activities such as ballroom dancing, knitting, and painting, which help them cope with the condition and improve their overall well-being. It is recommended that more of these services and activities be offered and promoted in the community.

### Targeted engagement of an ethnic minority group at Aaina - November 2023

Recent research suggests there are delays in dementia diagnosis and barriers to accessing services within Black, Asian, and Minority Ethnic communities (Alzheimer's Society, 2019). Public Health colleagues conducted a focus group on dementia involving eight women of Asian background, all aged 50 or older. The purpose of the focus group was to understand the dementia needs (assessment, support, and care) within the Walsall Community.

During the discussion, the participants defined dementia as a regression in memory with an association with hallucinations. They shared personal experiences of relatives exhibiting these signs and symptoms but were unable to determine if it was likely dementia or age-related.

The participants were unable to identify the four common types of dementia and could not describe the differences between them. They acknowledged having a lack of knowledge of dementia and expressed an ongoing stigma around mental health and dementia within their community. They stated that mental health was at times falsely related to an association with witchcraft. There is also fear within families of other members of the community finding out about the diagnosis, as this may impact the future marriages of children within the affected families.

They also recognised that families played a huge role in caring for elderly family members with dementia. When asked where they would go for support if they were worried about a family member potentially having dementia, all participants stated that they would speak to their GP. However, they also revealed that people tend to hide a diagnosis of dementia from the community. Men in the community may present late or undiagnosed as they hide their problems.

The barriers to receiving a dementia diagnosis included language barriers, such as a lack of interpreters, long waiting times to see specialists, the perception that medical professionals do not take them seriously, lack of GP consultation time, and feeling they must advocate for a diagnosis. Participants suggested that community education efforts could be effective, utilising individuals who speak languages such as Bengali, Urdu, Punjabi, and Gujarati and targeting community centres and temples.

Participants also suggested improvements, such as distributing leaflets in GP surgeries, GPs signposting patients to groups that provide dementia support, and establishing liaison link workers between GPs and support groups and charities.

### **In Summary**

In summary, the focus group felt there remains a stigma around mental health and dementia within the community. There is a lack of understanding of what dementia is, and cognitive decline and memory loss are often associated with ageing. The barriers to receiving a diagnosis, support, and management include language barriers and a lack of knowledge or awareness of available community support. The burden of care is often placed on family members, particularly females.

The information obtained from the focus group aligns with the current literature on the attitudes, experiences, and needs of ethnic minority communities (Johl, Patterson, & Pearson, 2016). Overall, there is a need for more culturally sensitive and tailored support for individuals and families affected by dementia within these communities. By adopting a collaborative approach and engaging with community members, healthcare professionals, and support groups, it may be possible to enhance access to services and mitigate the impact of dementia on affected individuals and their families.

#### [Supported Living / Extra Care Provider and domiciliary provider forums - November 2023 and December 2023](#)

Two provider forums were held by adult social care commissioners, conducted by public health, to consult with residential and nursing home care providers, Supported Living providers, Extra Care Providers, and domiciliary care providers. The following comments were received from residential/nursing home care providers:

Discharge from the hospital sometimes occurs late at night, which can be disorienting for residents. Medications are occasionally not sent with residents, and patients may be discharged to nursing homes without proper documentation. It can be then difficult for the home to contact the hospital ward.

According to reports, new resident placements sometimes lack behaviour information on their records, leading to unawareness of challenges in managing behaviour. Sometimes, documents do not include information about behaviours.

Delirium can be challenging where water infection is a concern. It was suggested that where an individual is not complaining of pain, there is a reluctance to prescribe antibiotics. One nursing home was advised that after 65 years, the home should expect people to have urine infections.

The group identified several barriers to providing support to people with dementia, including:

- Lack of time
- Skills and training
- Resources
- Staff
- Awareness of interventions/services
- Information
- Language barriers

They felt they did not receive adequate support for people they cared for with dementia. They mentioned that GPs are not completing home visits, which has a knock-on effect. Some GPs are only conducting telephone calls and not home visits, and care homes are not being informed of the outcomes.

When asked about the most likely reasons for people with dementia being admitted to hospital, the responses were:

- Infections
- Falls

- UTI's self-neglect
- Severe confusion
- Dehydration

The group was asked what works well to keep people they support with dementia out of the hospital. The responses included:

- Additional calls
- Family support
- Staff knowing customers and identifying infections quickly.
- Encouraging food/fluid intake
- Joint work with GP/District nurses

The group were asked what could be improved regarding information received on discharge from the hospital. The responses were:

- Discharge notes emailed to the provider.
- Being medically fit is different from being safe at home.
- More information on their triggers for challenging behaviours
- Medication changes

The group mentioned that adequate information is not received when people with dementia are discharged from hospital. Inaccurate care plans can delay the process, and a lack of involvement in assessments makes it difficult to engage providers in reviews.

When asked if dementia training is mandatory for staff, the group confirmed that it is indeed mandatory. Still, it noted that the online training provided is inadequate and that the time allocated for addressing care delivery needs is insufficient.

The group noted that care is taking longer to deliver than specified in the package. They observed that assessments can take months, and needs may change by then. The commissioner explained that there is a national shortage of social workers, which impacts the ability to complete assessments or reviews.

The group agreed that dementia care training would benefit colleagues. However, they noted that people can deteriorate quickly, and the service struggles to cope with their needs.

### **Recommendations suggested.**

- A reasonable time for discharging residents from their homes to the hospital should be adhered to. The proposed times are 6:00 p.m. in winter and 7:00 p.m. in summer.
- Provision of information between services on conveyance and placement of residents should be included in the council's monthly audit.
- Patient transfer forms must be thoroughly completed, including observations of the patient's behaviour during both placement and return to their residence.
- Discharge notes should be emailed to the provider.
- Clinicians should remember that being medically fit is different from being safe at home.
- Additional details on what triggers challenging behaviours should be shared.
- Medication changes should be communicated.

## Dementia Survey Consultation

A total of 84 people completed the Dementia Needs Assessment survey. Respondents included stakeholders from Walsall Council - Adult Social Care, libraries, healthy spaces; Health Services GP practices, Black Country Health Care Trust, Pathways for Life, Dental Practices, Pharmacy, Podiatry; Housing (whg, Green Square Accord), and various community and voluntary sector organisations, local businesses, and educational institutions. Of these, 75 (90.5%) reported encountering patients, service users, or families.

34 respondents were unaware of the dementia diagnosis experience and, therefore, unable to comment. 26 people stated that access was easy or very easy, while 28 said it was difficult or very difficult. Among healthcare staff, difficulties in accessing diagnosis or support for their patients with dementia were a common theme. Limited resources, time, staff capacity, and communication affected care and support.

Knowledge and understanding of dementia varied across respondents. In the professional survey, 50 out of 74 people stated that they were very confident or confident in their knowledge and awareness of dementia. Yet, 62% of the respondents did not know the proportion of people aged over 65 in the UK with dementia. 96% of those responding were aware of Alzheimer's, 85% were aware of Vascular dementia, and 51% were aware of Lewy Body Dementia and Frontotemporal dementia.

It was suggested that education and awareness are necessary to facilitate early recognition of symptoms, prompt diagnosis, access to support, and understanding of what to expect. This includes managing, living, and coping with dementia. When asked if they had received any dementia or delirium training in the last three years, 51 (69%) said that they had not. When asked if they were aware of any healthy behaviours that can help reduce the risk or slow down the progression of some types of dementia, 34% of the professional stakeholders stated they were not.

## Survey Themes

### **Awareness and Stigma**

- Lack of awareness of dementia.
- Difficulty accessing support due to stigma, misunderstandings, and unwillingness to accept diagnosis.
- Some reluctance in certain communities to seek information or support.

### **Access to Early, Accurate Diagnosis**

- Long waiting lists and difficulties in accessing appointments need to be improved.
- Inaccurate diagnoses received.
- Some patients have been declined an assessment due to abnormal blood results from chronic illness.
- Some patients are housebound and have difficulty seeing teams, sometimes causing late diagnosis.
- Age can sometimes be a barrier to accessing diagnosis.
- Difficulty getting to the GP surgery or seeing a GP face-to-face.

- GPs may not be able to provide a complete diagnosis.
- Some GPs have limited awareness of the dementia pathway.
- Some GPs are reluctant to refer patients.
- It is unclear whether the memory service or the GP should issue medication, as the Memory clinic does not always prescribe medicines for dementia, and there are long waiting times.

### **Post-diagnostic Support.**

- Memory clinics discharge patients to their GP. If any support or care is required, the GP refers to social services, which has a long waiting time.
- There is inconsistent signposting to services.
- Some respondents report that after being with the Memory Assessment Service, they often feel as though they are in a state of limbo, unsure of where to seek further help.
- Limited support is received from some GPs following a diagnosis, resulting in a state of limbo, unsure of where to seek further support.
- Following diagnosis, patients are discharged to their general practitioner (GP) if the condition is vascular or mixed-type dementia. If there is a behavioural problem, the GP is asked to refer to older mental health services.
- There does not seem to be adequate resources and support for those living with or caring for dementia.
- Diagnosing services should more consistently discuss needs and support after diagnosis with people with dementia and their carers.

### **Access to Information**

Elderly individuals often lack access to information since much support is online and not easily accessible for those with dementia.

### **Supporting Well**

- There is limited social care provision available to meet the needs of people with dementia, and it was suggested that assessments are not always followed up.
- Limited training is available for formal carers.
- There is minimal access to respite or regular breaks for caregivers.
- Services are not culturally relevant, often offering a single solution for all patients, regardless of their background or origin.
- Patients who attend dental practices often do not inform the dentist that they have been diagnosed with dementia, but some show many symptoms.
- There are few specialist nurses available.

### **Caring well**

- Limited information and guidance support is available for families and carers, who are often unaware of what is available; for example, Admiral Nurses are not widely known among carers.
- Carers manage for years before hitting crisis and experience feelings of being alone after diagnosis.

- Cost and financial constraints significantly impact families' care decisions and their ability to access appropriate care.
- Long waiting lists for social care have been reported.
- There is poor communication with relatives and carers.
- More support is needed for carers and families.

### **Living well**

- Alzheimer's Society delivers services elsewhere in the Black Country but not in Walsall
- Listening to the input of carers and family members on behavioural changes is essential.
- Connecting services to MCW can help reduce loneliness and social isolation.
- Support is given at the time of diagnosis, but more extended support is required for families.

There is a need for more provision for young-onset dementia.

More knowledge is needed on the impact of other factors on the progression of dementia.

### **Integration and Signposting**

- There is a need for more integrated working across the system and organisations to improve dementia care.
- Professionals and families need to know when to refer individuals and caregivers for additional support.
- Greater transparency is required in dementia support networks.
- Better coordination between elderly mental health and memory services, with the provision of internal referrals to help reduce paperwork and expedite treatment.

### **Training**

- There is insufficient training available on the various types of dementia and their causes.
- There is a need for more information, positive risk-taking, honesty, patient barriers, case studies, and specialist nurse guidance.
- Funding is required to deliver dementia awareness to families.

### **Safeguarding**

- Clarity is required to safeguard people who are severely confused and out alone.

One Walsall hosted a dementia consultation event in February 2024. Attendance was represented by community and voluntary sector organisations, as well as colleagues from Walsall Together and Walsall Public Health. The following themes were identified:

### **Stigma and Awareness-raising**

- Improving primary and secondary prevention through lifestyle behaviour was recognised as important.
- It was suggested that some people in diverse cultures do not talk about dementia. A suggestion was made to utilise community champions and positive role models and engage faith leaders to convey messages in a person-centred, culturally sensitive, and balanced manner that fosters hope. It was recognised that champions would need training. Community venues may be a barrier.

### **Diagnosing well**

- It was suggested that person-centred training assessments are required and that GPs would benefit from awareness-raising training.
- A query was raised about how NHS health checks link to diagnosis and whether there is an association between hormones and B12.

### **Caring well**

- Carers need to be able to relax, would benefit from peer support, and may experience grief due to power dynamic shifts.
- A suggestion was made that carer assessments would be preferred if not undertaken by social workers.

### **Mapping services**

- Participants wanted to understand what services are commissioned locally and what services are offered nationally, both digitally and in the community. They suggested creating a dementia directory.






### **Innovation**

- Some arts-based projects were highlighted, such as: “No Barrier Here”, Heritage resources for minority communities (e.g. Windrush), “Uncovering” experiences of Pakistani women, and End of Life and Let’s Talk about Dying Matters, using comedy.



## Appendix 5 Dementia Pathway

### NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 <p>Risk of people developing dementia is minimised</p> <p>"I was given information about reducing my personal risk of getting dementia"</p> <p><b>STANDARDS:</b></p> <p>Prevention<sup>(1)</sup> Risk Reduction<sup>(5)</sup> Health Information<sup>(4)</sup> Supporting research<sup>(5)</sup></p>	 <p>Timely accurate diagnosis, care plan, and review within first year</p> <p>"I was diagnosed in a timely way"</p> <p>"I am able to make decisions and know what to do to help myself and who else can help"</p> <p><b>STANDARDS:</b></p> <p>Diagnosis<sup>(1)(5)</sup> Memory Assessment<sup>(1)(2)</sup> Concerns Discussed<sup>(3)</sup> Investigation<sup>(4)</sup> Provide Information<sup>(4)</sup> Integrated &amp; Advanced Care Planning<sup>(1)(2)(3)(5)</sup></p>	 <p>Access to safe high quality health &amp; social care for people with dementia and carers</p> <p>"I am treated with dignity &amp; respect"</p> <p>"I get treatment and support, which are best for my dementia and my life"</p> <p><b>STANDARDS:</b></p> <p>Choice<sup>(2)(3)(4)</sup>, BPSD<sup>(6)(2)</sup> Liaison<sup>(2)</sup>, Advocates<sup>(3)</sup> Housing<sup>(3)</sup> Hospital Treatments<sup>(4)</sup> Technology<sup>(5)</sup> Health &amp; Social Services<sup>(5)</sup> Hard to Reach Groups<sup>(3)(5)</sup></p>	 <p>People with dementia can live normally in safe and accepting communities</p> <p>"I know that those around me and looking after me are supported"</p> <p>"I feel included as part of society"</p> <p><b>STANDARDS:</b></p> <p>Integrated Services<sup>(1)(3)(5)</sup> Supporting Carers<sup>(2)(4)(5)</sup> Carers Respite<sup>(2)</sup> Co-ordinated Care<sup>(1)(5)</sup> Promote independence<sup>(1)(4)</sup> Relationships<sup>(3)</sup>, Leisure<sup>(3)</sup> Safe Communities<sup>(3)(5)</sup></p>	 <p>People living with dementia die with dignity in the place of their choosing</p> <p>"I am confident my end of life wishes will be respected"</p> <p>"I can expect a good death"</p> <p><b>STANDARDS:</b></p> <p>Palliative care and pain<sup>(1)(2)</sup> End of Life<sup>(4)</sup> Preferred Place of Death<sup>(5)</sup></p>
<p>References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.</p>				
<p><b>RESEARCHING WELL</b></p> <ul style="list-style-type: none"> <li>Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.</li> <li>Building a co-ordinated research strategy, utilising Academic &amp; Health Science Networks, the research and pharmaceutical industries.</li> </ul>				
<p><b>INTEGRATING WELL</b></p> <ul style="list-style-type: none"> <li>Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.</li> </ul>				
<p><b>COMMISSIONING WELL</b></p> <ul style="list-style-type: none"> <li>Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.</li> <li>Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.</li> </ul>				
<p><b>TRAINING WELL</b></p> <ul style="list-style-type: none"> <li>Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.</li> <li>Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.</li> </ul>				
<p><b>MONITORING WELL</b></p> <ul style="list-style-type: none"> <li>Develop metrics to set &amp; achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.</li> <li>Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.</li> </ul>				

