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1<sup>st</sup> April 2014

**Name of Cabinet Member:**

Cabinet Member (Health and Adult Services): Councillor Alison Gingell

**Director Approving Submission of the report:**

Executive Director, People

**Ward(s) affected:**

All

**Title:**

Coventry's Living Well with Dementia Strategy: Informal Consultation and Next Steps

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**Is this a key decision?**

No. Although the matter within the Report can affect all wards in the City, it is not anticipated that the impact will be significant and it is therefore not deemed to be a key decision

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**Executive Summary:**

This report provides an update to the Cabinet Member on the current progress of the dementia strategy, outlines the proposed timeline for informal consultation to finalisation of the strategy and recommends for the Cabinet Member to note the progress with developing the strategy and for the cabinet member to receive a further update in June 2014 post informal consultation phase.

**Recommendations:**

The Cabinet Member (Health and Adult Services) is recommended to:

- (1) Endorse the progress with developing and consulting on the draft strategy.
- (2) Receive a further update on the strategy following the informal consultation phase.
- (3) Delegate authority to approve the final strategy to the Executive Director of the People Directorate, in consultation with the Cabinet Member (Health and Adult Services).

**List of Appendices included:**

Appendix A: Draft- Coventry's Living Well with Dementia Strategy  
Appendix B: Draft Equality and Consultation Analysis to date

**Other useful background papers:**

[Living Well with Dementia: A National Dementia Strategy](#)  
[Prime Minister's Challenge on Dementia](#)

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

No

**Will this report go to Council?**

No

## **1 Context (or background)**

- 1.1 Coventry's draft 'Living Well with Dementia' Strategy has been developed by the multi-agency Dementia Strategy Board, following a series of engagement exercises with people with dementia, carers, third sector partners, and health and social care staff.
- 1.2 Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the ageing population. There are estimated to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900 (Department of Health 2013).
- 1.3 'Living Well with Dementia: A National Dementia Strategy' was published by the Department of Health in 2009. The overall vision is for people with dementia and their family members and carers to be supported to live well with the disease. It was proposed that this would be achieved by changing attitudes towards dementia, people receiving a timely diagnosis and good quality interventions, such as use of assistive technology. The Strategy identified 17 key objectives to realise these improvements.
- 1.4 Published in March 2012, the Prime Minister's Challenge on Dementia sets out an ambitious programme of work to deliver major improvements in dementia care and research by 2015, building on the achievements of the existing National Dementia Strategy. The Prime Minister identified the national cost of dementia to be £55 billion. The identified work programme includes increasing resources for research into dementia, and creating 'Dementia Friends' and 'Dementia Friendly Communities,' to better equipped society to help people with dementia to 'live well.'
- 1.5 In response to the 'Living well with Dementia: A National Dementia Strategy' and the 'Prime Minister's Challenge on Dementia,' statutory and third sector organisations have worked in partnership with people with dementia and carers, to develop Coventry's draft 'Living Well with Dementia Strategy.'
- 1.6 In Coventry, Public Health undertook a 'Dementia Needs Assessment' in 2012, identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps. This piece of work has informed the production of this draft strategy.
- 1.7 The draft strategy was developed through a series of engagement exercises with key stakeholders, including people with dementia and their family members and carers, staff from partner organisations, and third sector partners. The engagement exercises consisted of surveys, questionnaires, and workshops. People were supported to consider how things could be, how Coventry as a whole could be more dementia-friendly, and current examples of good practice and gaps in service provision.
- 1.8 Qualitative analysis of the feedback received through the events and sessions was undertaken, to produce a set of outcomes. Work was then undertaken within the partner agencies, through Coventry's Dementia Strategy Board, to determine what achieving these outcomes would look like, and to identify priority action points.
- 1.9 The draft strategy (Appendix A) outlines a set of outcomes for people with dementia and their carer's. The draft strategy is a city-wide and multi-agency, with an overall vision for people with dementia to be as independent as possible and to live well with dementia. The draft strategy will be accompanied by a yearly action plan to support implementation.

## **2 Options considered and recommended proposal**

- 2.1 Endorse the progress with developing and consulting on the draft strategy.
- 2.2 Receive a further update on the strategy following the informal consultation phase.
- 2.3 Delegate authority to approve the final strategy to the Executive Director of the people directorate, in consultation with the Cabinet Member (Health and Adult Services).

## **3 Results of consultation undertaken to date**

- 3.1 A series of engagement exercises have been undertaken, in order to inform the content of the draft strategy, including at partnership boards, carers' meetings, Dementia Cafés, and with relevant health and social care teams. Advice was sought from third sector partners, including the Alzheimer's Society, to inform this consultation.
- 3.2 An informal consultation is currently underway. To date, this has consisted of an online survey, promotion on social media, focus groups, and presentations at pre-existing meetings, including the Older People's Partnership Board.

## **4 Timetable for implementing this decision**

- 4.1 The informal consultation is due to end 31<sup>st</sup> March 2014.

## **5 Comments from the Executive Director, Resources**

- 5.1 Financial implications

There are no direct financial implications arising from this recommendation.

- 5.2 Legal implications

The Public Sector Equality Duty as set out in section 149 of the Equality Act requires the Local Authority, in the exercise of its functions, to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation. Advance equality of opportunity between different groups, and foster good relations between different groups.

## **6 Other implications**

None

## **7 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

- 7.1 Implementation of Coventry's Dementia Strategy would contribute to a number of the Council's objectives and priorities, including:
  - Citizens living longer, healthier, independent lives
  - Making Coventry an attractive and enjoyable place to be
  - Making places and services easily accessible
  - Encouraging a creative, active and vibrant city
  - Developing a more equal city with cohesive communities and neighbourhoods

**8 How is risk being managed?**

- 8.1 No risks have been identified in terms of this recommendation. Identification and mitigation of risks will form part of the finalised Equality and Consultation Analysis and will be taken into account as part of the implementation planning for the strategy.

**9 What is the impact on the organisation?**

None

**10 Equalities / EIA**

- 10.1 The finalised Equality and Consultation Analysis will be completed once the informal consultation has finished. See Appendix B for Equality and Consultation Analysis to date.

**11 Implications for (or impact on) the environment**

None

**12 Implications for partner organisations?**

- 12.1 The strategy is multi-agency and partner agencies will also be endorsing the key priorities. Key stakeholders are represented on the Dementia Strategy Board and have been fully involved in the development of the strategy.

**Report author(s):****Name and job title:**

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Finance: Ewan Dewar	Finance manager-Community Services	Resources	20.03.14	20.03.14
Legal: Julie Newman	Children and Adults Legal Services Manager	Resources	20.03.14	20.03.14
Director: Brian Walsh	Executive Director	People Directorate	20.03.14	20.03.14
Members: Cllr Alison Gingell	Cabinet Member (Health and Social Care)	People Directorate	20.03.14	21.03.14

This report is published on the council's website:

[www.coventry.gov.uk/councilmeetings](http://www.coventry.gov.uk/councilmeetings)

## **Appendix A**

### **Coventry's Living Well with Dementia Strategy (Draft) 2014- 2017**

Coventry City Council, Coventry and Rugby CCG, Coventry and Warwickshire Partnership Trust, University Hospital Coventry and Warwickshire, West Midlands Fire and Rescue, West Midlands Ambulance, the Alzheimer's Society, Voluntary Action Coventry Warwickshire County Council.

#### **Introduction**

Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the aging population. With better understanding of prevention, diagnosis, treatment and care for dementia, and an understanding of the local population, there is more scope to improve the quality of life and wellbeing of people with dementia and their carers in Coventry.

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900 (Dementia Partnerships 2013). Dementia can affect anyone irrespective of their gender, ethnicity and spirituality.

People with dementia typically experience a progressive decline in their memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms.

Most people with dementia in Coventry live at home, with support from friends and family members. Caring for someone with dementia can increase the risk of depression and physical illness. This Strategy should be read in conjunction with Coventry's Multi-Agency Carers' Strategy and Coventry's Health and Wellbeing Strategy.

#### **The National Dementia Strategy**

'Living Well with Dementia: A National Dementia Strategy' was published by the Department of Health in 2009. The overall vision is for people with dementia and their family members and carers to be supported to live well with the disease. It was proposed that this would be achieved by changing attitudes towards dementia, people receiving a timely diagnosis and good quality interventions, such as use of assistive technology. The Strategy identified 17 key objectives to realise these improvements.

## **The Prime Minister's Challenge on Dementia**

Published in March 2012, the Prime Minister's Challenge on Dementia sets out an ambitious programme of work to deliver major improvements in dementia care and research by 2015, building on the achievements of the existing National Dementia Strategy. The Prime Minister identified the national cost of dementia to be £55 billion. The identified work programme includes increasing resources for research into dementia, and creating 'Dementia Friends' and 'Dementia Friendly Communities,' to better equipped society to help people with dementia to 'live well.'

## **Coventry Living Well with Dementia Strategy**

In Coventry, there are thought to be approximately 3,600 people living with dementia. According to the Alzheimer's Society (2013), only around 50% of those people have received a formal diagnosis. The National Dementia Strategy highlights the importance of timely diagnosis, in ensuring that people receive appropriate treatment and support.

In response to the 'Living well with Dementia: A National Dementia Strategy' and the 'Prime Minister's Challenge on Dementia,' statutory and third sector organisations have worked in partnership with people with dementia and carers, to develop Coventry's 'Living Well with Dementia Strategy.'

The strategy outlines a set of outcomes for people with dementia and their carers. Partner agencies have adopted these outcomes and have committed to using them as a foundation for future commissioning intentions and on-going work with people with dementia and their carers. This will ensure that the delivery of the National Dementia Strategy and the Prime Minister's Challenge on Dementia is firmly rooted in the expectations and aspirations of local people and will support the aim for people in Coventry to live well with dementia.

In addition, an annual multi-agency action plan will be formulated. This will support the progression of the strategy and improvement across the work of joint partners. The action plan will be agreed by the Health and Wellbeing Board.

## **Developing the strategy**

Coventry's Public Health Department undertook a 'Dementia Needs Assessment' in 2012, identifying current and future prevalence of dementia, current service provision for people with dementia, and possible gaps. This piece of work has informed the production of this strategy.



The Strategy was developed through a series of engagement exercises with key stakeholders, including people with dementia and their family members and carers, staff from partner organisations, and third sector partners. The engagement exercises consisted of surveys, questionnaires, and workshops. People were supported to consider how things **could** be, how Coventry as a whole could be more dementia-friendly, and current examples of good practice and gaps in service provision.

Qualitative analysis of the feedback received through the events and sessions was undertaken, to produce a set of outcomes. Work was then undertaken within the partner agencies, through Coventry's Dementia Strategy Board, to determine what achieving these outcomes would look like, and to identify priority action points.

### **Coventry's vision**

- **Overall vision:** The overall vision for this Strategy is for people with dementia and their carers to be as independent as possible, for as long as possible, and for people with dementia to be enabled to 'live well' with the condition.
- **Raising awareness:** This Strategy aims to raise awareness of dementia and thus reduce stigma relating to the condition. This is integral to Coventry becoming a dementia-friendly community, and people with dementia having equal access to community resources, including local businesses and services.
- **Model of support:** The Strategy sets out an agreed model of support, based on the principles of person-centred dementia care, and a promoting-independence and co-production ethos.

### **Structure of the strategy**

The outcomes in the strategy are organised alongside the stages of the dementia journey, from prevention through to bereavement. (See following table)

Pre-diagnosis	Information	First contact	Diagnosis	Post-diagnostic support	Planning for the future	When things begin to change	End of life	Bereavement
Reducing stigma, prevention and first concerns	Gathering information about dementia and what to do next	First discussion with health, social care or third sector	Assessment, receiving the diagnosis, being given information, receiving support, coming to terms with the diagnosis, finding out about living well with dementia		Power of attorney, advanced decisions, living will	Getting advice, support and help, making difficult decisions	Planning and preparing	Support and information
1. I know how to reduce the risk of developing dementia	3. I know where to get advice and I can return for more advice as and when I need it	4. Workers are knowledgeable about dementia	5. I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual		9. I will be supported to plan for the future whilst I am able	10. I am confident I can get help when things suddenly change	11. I am confident that my end of life plans will be respected	12. As a carer, I will be supported to come to terms with my loss
2. Members of the public have a general awareness about dementia								
Living well with dementia								
Carrying on with life, continuing with hobbies and interests, managing changes over time								
6. My individual needs and how I want to live my life are respected			7. I am supported to try new things and feel valued by the community			8. As a carer, I am supported to balance my caring responsibilities with having a life of my own		

Outcome	Indicative Outcome Measures and Priorities
<p>1. I know how to reduce the risk of developing dementia.</p>	<ul style="list-style-type: none"> <li>● People having an awareness of risk factors, such as diabetes and heart failure, and how to manage and reduce these risks.</li> <li>● All schools having access to 'dementia awareness' sessions that include information about preventing the onset of dementia.</li> <li>● Public health schemes, such as Active for Health, being 'dementia friendly.'</li> <li>● Education for GPs accessible, to ensure that they are aware of the benefits of a healthy lifestyle in relation to dementia.</li> <li>● GPs and other health and social care professionals should understand the value of early diagnosis and intervention in enabling people to live well with dementia.</li> </ul>
<p>2. Members of the public have a general awareness about dementia.</p>	<ul style="list-style-type: none"> <li>● Number of Dementia friends in Coventry increasing- target a wide range of professionals and members of the public regularly in contact with older people, e.g. emergency services.</li> <li>● Messages about dementia being accessible to everyone, through different formats.</li> <li>● Messages about dementia being accessible in community venues, such as libraries.</li> <li>● Coventry being awarded 'Dementia Friendly Community' status.</li> </ul>
<p>3. I know where to get advice and I can return for more advice as and when I need it.</p>	<ul style="list-style-type: none"> <li>● Number of people accessing Coventry and Warwickshire's Dementia portal (<a href="http://www.warwickshire.gov.uk/livingwellwithdementia">www.warwickshire.gov.uk/livingwellwithdementia</a>).</li> <li>● A consistent signposting approach to information and advice services throughout the journey with dementia.</li> </ul>

<p>4. Workers are knowledgeable about dementia.</p>	<ul style="list-style-type: none"> <li>• A consistent multi-agency Dementia Workforce Development Framework for all workforce staff that may come into contact with people with dementia and their carers.</li> <li>• A consistent specification and quality framework for dementia care providers in the city, specifying the level of training required for staff.</li> <li>• E-learning programmes to be promoted amongst all staff that may come into contact with people with dementia and their carers.</li> </ul>
<p>5. I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual.</p>	<ul style="list-style-type: none"> <li>• Performance dashboard and targets for health and social care across Coventry, including waiting times for memory assessment.</li> <li>• Health and social care utilising the Dementia Needs Assessment (2012) and Dementia Prevalence Calculator to identify future projections of need.</li> <li>• A consistent and automatic referral route into post-diagnostic support.</li> <li>• Automatic contact from post-diagnostic support services following diagnosis.</li> <li>• A variety of post-diagnostic support services, tailored to the individual's needs, should be available.</li> </ul>
<p>6. My individual needs and how I want to live my life are respected.</p>	<ul style="list-style-type: none"> <li>• People with dementia and their carers are encouraged to be as independent as possible for as long as possible.</li> <li>• Coventry being awarded 'Dementia Friendly Community' status- everyday community services should be dementia friendly.</li> <li>• Personal budgets and direct payments being offered to eligible people with dementia and their carers (critical and substantial needs as defined under the FACS eligibility criteria).</li> <li>• Number of Dementia Friends in Coventry.</li> <li>• Health and social care staff have a working knowledge of the Mental Capacity Act.</li> <li>• People with dementia routinely being signposted to information about assistive technology.</li> </ul>
<p>7. I am supported to try new things and feel valued by the community.</p>	<ul style="list-style-type: none"> <li>• Number of Dementia friends in Coventry increasing.</li> <li>• Messages about dementia being accessible to everyone, through different formats.</li> <li>• Messages about dementia being accessible in community venues, such as libraries.</li> <li>• Coventry being awarded 'Dementia Friendly Community' status.</li> <li>• People being encouraged and supported through one to one or peer support groups to participate in normal community activities.</li> </ul>

<p>8. As a carer, I am supported to balance my caring responsibilities with having a life of my own.</p>	<ul style="list-style-type: none"> <li>• Carers' Assessments being offered to eligible carers.</li> <li>• A carer's educational and employment needs being taken into account during their own assessment and the assessment of the person they care for.</li> <li>• Carers having access to education about dementia and wider wellbeing, including formal education and information support via peer support groups.</li> </ul>
<p>9. I will be supported to plan for the future whilst I am able.</p>	<ul style="list-style-type: none"> <li>• People with dementia and their carers are directed to legal advice regarding Lasting Powers of Attorney and Advanced Directives.</li> <li>• Health and social care staff have a working knowledge of the Mental Capacity Act.</li> <li>• Post-diagnostic support enables and encourages people with dementia and their carers to plan for the future both in terms of legal aspects but also in getting their financial and family support in place before things deteriorate.</li> </ul>
<p>10. I am confident that I can get help when things suddenly change.</p>	<ul style="list-style-type: none"> <li>• Carers are signposted to emergency planning support and education opportunities, such as online training.</li> <li>• People with dementia and their carers are encouraged to plan for the future.</li> <li>• Short cut for people with dementia and their carers to re-enter health and social care systems.</li> <li>• Planned emotional and practical support, including short breaks for carers.</li> </ul>
<p>11. I am confident that my end of life plans will be respected.</p>	<ul style="list-style-type: none"> <li>• People with dementia are encouraged to make plans for the future.</li> <li>• Health and social care staff have a working knowledge of dementia end of life care.</li> </ul>
<p>12. As a carer, I will be supported to come to terms with my loss.</p>	<ul style="list-style-type: none"> <li>• Carers signposted to online and community sources of support, for example, Grouple.</li> </ul>

## References

Dementia Partnerships (2013) *Dementia Prevalence Calculator* [online] available from <http://www.dementiaprevalencecalculator.org.uk/> [2 August 2013]  
Department of Health (2009) *Living Well with Dementia: A national strategy*, HMSO: London  
Department of Health (2012) *Prime Minister's Challenge on Dementia*, HMSO: London  
Public Health Coventry (2012) *Dementia Needs Assessment*, Public Health Coventry: Coventry

## Thanks

We would like to thank the following people for giving up their time to support the development of this strategy:

## Action plan

A yearly Action Plan will be developed, to enable the implementation of the themes of this strategy. Organisations will pledge their yearly commitments to improve dementia care in Coventry.

## Review

This strategy and its achievements will be reviewed during 2016.

**If you need this information in another format or language please contact us**

**Telephone:**

**Fax:**

**Email:**

## Appendix B:

### Equality and Consultation Analysis (DRAFT)

#### Context

<b>Name of Review</b>	<b>Development of Coventry's Living Well with Dementia Strategy</b>
<b>Service Manager</b>	<b>Ian Bowering (Head of Older Adults and Physical Impairment)</b>
<b>Officer completing analysis</b>	<b>Lizzie Edwards (Project Manager (Living Well with Dementia))</b>
<b>Date</b>	<b>18.03.14</b>

#### Scoping area of work

1. Briefly describe the area of work this analysis relates to:

Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the aging population. With better understanding of prevention, diagnosis, treatment and care for dementia, and an understanding of the local population, there is more scope to improve the quality of life and wellbeing of people with dementia and their carers in Coventry.

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900. Dementia can affect anyone irrespective of their gender, ethnicity and spirituality.

People with dementia typically experience a progressive decline in their memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may also experience behavioural and emotional symptoms.

Most people with dementia in Coventry live at home, with support from friends and family members. Caring for someone with dementia can increase the risk of depression and physical illness. There is also Multi-Agency Carers' Strategy for Coventry.

#### The National Dementia Strategy

'Living Well with Dementia: A National Dementia Strategy' was published by the Department of Health in 2009. The overall vision is for people with dementia and their family members and carers to be supported to live well with the disease. It was proposed that this would be achieved by changing attitudes towards dementia, people receiving a timely diagnosis and good quality interventions, such as use of assistive technology. The Strategy identified 17 key objectives to realise these improvements.

#### The Prime Minister's Challenge on Dementia

Published in March 2012, the Prime Minister's Challenge on Dementia sets out an ambitious programme of work to deliver major improvements in dementia care and research by 2015, building on the achievements of the existing National Dementia Strategy. The identified work programme includes increasing resources for research into dementia, and creating 'Dementia Friends' and 'Dementia Friendly Communities,' to better equipped society to help people with dementia to 'live well.'

#### Coventry Living Well with Dementia Strategy

In response to the 'Living well with Dementia: A National Dementia Strategy' and the 'Prime Minister's Challenge on Dementia,' statutory and third sector organisations have worked in partnership with people with dementia and carers, to develop Coventry's 'Living Well with Dementia Strategy.'

The strategy outlines a set of outcomes for people with dementia and their carers. Partner agencies have adopted these outcomes and have committed to using them as a foundation for future commissioning intentions and on-going work with people with dementia and their carers. This will ensure that the delivery of the National Dementia Strategy and the Prime Minister's Challenge on Dementia is firmly rooted in the expectations and aspirations of local people and will support the aim for people in Coventry to live well with dementia.

In addition, a yearly joint action plan will be formulated. This will support the progression of the strategy and improvement across the work of joint partners.

This equality and consultation analysis has been undertaken in order to consider whether the strategy will have any effect on different groups protected by the Equality Act 2010. Any unintended consequences have been considered, along with whether or not the strategy will be effective for target groups.

## Public Sector Equality Duty

2. Which, if any, parts of the general equality duty is the service relevant to? Please mark with an 'X'

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Eliminate discrimination, harassment and victimisation   |
| <input checked="" type="checkbox"/> | Advance equality of opportunity between people who share relevant protected characteristics and those who do not |
| <input checked="" type="checkbox"/> | Foster good relations between people who share relevant protected characteristics and those who do not           |

## Gathering Information and Data

3. Who are the key groups that could be impacted by this work/service, including service users both existing and potential and stakeholders?

### Key groups

People with dementia (including young onset)  
People with mild cognitive impairment  
People aged over 65 (at risk group)  
People with co-morbid sensory or physical impairments  
Carers and family members of people with dementia

### Organisations

Providers contracted to the City Council

### Key stakeholders

Coventry City Council  
Libraries  
Fire and rescue  
Ambulance services  
Coventry and Rugby CCG



4. From the list above, which of these constitute protected groups or vulnerable communities (e.g. those experiencing deprivation)?

People aged over 65 (at risk group)

People with dementia (classified as a mental health condition in the ICD10) (including people entitled to Section 117 aftercare if not subject to certain exemptions)

People with co-morbid sensory or physical impairments

Carers and family members of people with dementia

5. Which of the key protected groups and stakeholders representatives will need to be kept informed, consulted or actively involved in this area of work?

Key Stakeholder	*Type of Involvement	Method(s) used
People with dementia (including young onset)	Information, consultation and involvement	Information, questionnaire, website and focus groups
People with mild cognitive impairment	Information, consultation and involvement	Information, questionnaire, website and focus groups
People aged over 65 (at risk group)	Information, consultation and involvement	Information, questionnaire, website and focus groups
People with co-morbid sensory or physical impairments	Information, consultation and involvement	Information, questionnaire, website and focus groups
Carers and family members of people with dementia	Information, consultation and involvement	Information, questionnaire, website and focus groups
Coventry City Council staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Library staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Fire and rescue staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Ambulance service staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Coventry and Rugby CCG staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Coventry and Warwickshire Partnership Trust staff	Information, consultation and involvement	Information, questionnaire, website and focus groups
Third sector organisations, including but not exclusive of, Alzheimer's Society, Age UK, Coventry Carers' Centre, Coventry Crossroads	Information, consultation and involvement	Information, questionnaire, website and focus groups

\* Information, Consultation or Involvement

## Analysis

6. What information is currently available to be used as part of this analysis including data on current and potential service user, workforce etc?

- Towards the end of 2012, Coventry's Public Health department undertook a Dementia Needs assessment, reviewing demography and dementia epidemiology, service utilisation, economic costs, present service requirements, future need and planning, corporate and stakeholders' perspectives, innovation and best practice, and best model of care and gap analysis.
- Feedback from Adult Social Care Surveys (2012 and 2013) and Carers' Survey (2013).
- The results from a 4 week pre-consultation exercise that involved focus groups and questionnaires with pre-existing groups and teams.
- Dementia CQUIN 'Patient Experience' feedback exercises, undertaken by CWPT.
- National data on dementia prevalence levels and best practice models.
- The results from a 4 week consultation that will take place during November 2013:
  - i. Feedback from members of the public via a questionnaire
  - ii. Web-based survey
  - iii. Feedback from a programme of engagement via pre-existing meetings and groups
  - iv. Feedback received through social media

#### 7. What are the information gaps?

According to the Alzheimer's Society (2013), only around 50% of people thought to have dementia in Coventry have a diagnosis. People who do not have a diagnosis have not, to date, been engaged. There are also data gaps; for example, the City Council does not record diagnoses of dementia.

#### 8. How are you going to address the gaps?

These issues exist nationally, and the Dementia Needs Assessment and pre-consultation have provided a solid foundation on which to build the Dementia Strategy. Coventry is committed to enabling timely diagnosis of dementia, to ensure effective post-diagnostic treatment and support. This will involve promotion of Coventry and Warwickshire's Dementia Portal, and working towards being a 'dementia friendly' city. During the informal consultation, as many people as possible who will be affected will be invited to participate, including people with mild cognitive impairment.

### **Summary of Data**

#### 9. Please provide a summary of what the data is telling you and what key issues the data is telling you.

Dementia is a major and growing challenge for the UK society and economy due to increasing life expectancy, chronic morbidity and the aging population.

There are thought to be around 3,600 people living with dementia in Coventry, and by 2016, this is set to rise to approximately 3,900. Dementia can affect anyone irrespective of their gender, ethnicity and spirituality.

According to the data sources outlined above, the following are key issues for people with dementia, their families and carers:

- Stigma: During the pre-consultation, people with dementia and their carers talked of stigma faced in everyday life, as well as from family and friends.
- Information and advice: The pre-consultation identified that people did not always know where to go for information advice, and many stated that they would prefer a 'one-stop shop.'

- Workforce development: The pre-consultation identified that some workers do not feel equipped to work with people with dementia. Some people with dementia expressed that health and social care staff do not always know a lot about dementia.
- Timely diagnosis: Some people, particularly those with young onset dementia, waited a long time for a diagnosis.
- Post-diagnostic support: Some people spoke of never receiving any post-diagnostic support and then reaching crisis point. Others were involved heavily with groups and the Alzheimer's Society. Post-diagnostic support appears to be inconsistent.
- Carers: Some carers of people with dementia talked of reaching crisis point before receiving any support, and not knowing where to go. Carers identified the Alzheimer's Society, Carers' Centre, Age UK, faith groups, and the Carers' Team as invaluable sources of support.
- Planning for the future: As mentioned above, a lot of people talked of reaching crisis point and not having future plans in place. Many only visited solicitors and social work teams when the person with dementia no longer had capacity to make decisions over their future care.

## Generating and evaluating options

10. What are the different options being proposed to stakeholders?

Coventry's Dementia Strategy Board, consisting of representation from Coventry City Council, Coventry and Warwickshire Partnership Trust, Coventry and Rugby CCG, University Hospital Coventry and Warwickshire, Fire and Rescue, Ambulance Service, Warwickshire County Council, and the Alzheimer's Society, analysed the data outlined above, and developed a draft Living Well with Dementia Strategy for the city. The following were identified as pertinent outcomes for people with dementia and their carers:

- I know how to reduce the risk of developing dementia
- Members of the public have a general awareness about dementia
- I know where I can get advice and I can return for more advice as and when I need it
- Workers are knowledgeable about dementia
- I will receive a timely diagnosis, and then be given information, advice and support tailored to me as an individual
- My individual needs and how I want to live my life are respected
- I am supported to try new things and feel valued by the community
- As a carer, I am supported to balance my caring responsibilities with having a life of my own
- I will be supported to plan for the future whilst I am able
- I am confident that I can get help when things suddenly change
- I am confident that my end of life plans will be respected
- As a carer, I will be supported to come to terms with my loss

The draft strategy also contained outcome measures, populated by board members.

11. How will the options impact protected groups or vulnerable groups e.g. those experiencing deprivation?

There are around 3,500 people in Coventry over 65 years of age, estimated to have dementia; almost half of them (1,612) are over 85 years of age; more than half of them are women (2,222). The percentage of dementia in the age groups 65+ is 7.4%. The prevalence of dementia increases with age, the highest proportion being over 85 (Barker, P. & Dyakova, M. (2012) *Dementia Needs Assessment*, Public Health Coventry: Coventry).

The number of older people and the number of people with dementia will rise especially quickly in several minority ethnic groups as first generation migrants from the 1950s to the 1970s age into

the age groups most at risk for dementia (esp. Indian, Black Caribbean, Black African and Chinese minority ethnic groups) (Barker, P. & Dyakova, M. (2012) *Dementia Needs Assessment*, Public Health Coventry: Coventry).

Co morbidities, such as Parkinson's disease, diabetes, depression, HIV etc. are known to significantly increase the risk of developing dementia (Keith A. Swanson and Ryan M. Carnahan (2007) 'Dementia and Comorbidities: An Overview of Diagnosis and Management,' *Journal of Pharmacy Practice*, 20: 296).

The draft strategy aims to positively impact on protected groups outlined above, and to ensure greater consistency for people with dementia and their carers.

12. Please detail how you could mitigate any negative impacts

It is hoped that the strategy will not impact negatively on the key stakeholders outlined above. However, work will be undertaken to enable timely diagnosis of people with dementia, including increasing diagnosis rates. Along with increasing prevalence and financial constraints, this may result in reduced levels of support for individuals and their carers. We will review the strategy once it is implemented and focus on impacts for people with dementia and their carers. We will work to ensure a consistent approach.

13. Identify which stakeholders would be positively/negatively affected by the options (consider contractors/service users/employees).

It is hoped that all of the key stakeholders outlined above will be positively affected by the introduction of the strategy. The strategy aims to address the issues for people with dementia and their carers outlined above, and enable a more consistent approach. In essence, the strategy aims to enable people to live well with dementia.

The following sections will be completed once the informal consultation has ended on 31.03.14.

### **Informal Consultation**

14. Who took part in the consultation? Please also specify representatives of any protected groups for example service users, employees, partners etc.

(Click and type here)

15. Are there any protected groups that you have not consulted with? If so, why not?(Some groups might not be relevant)

(Click and type here)

16. What are the key findings of the consultation?

(Click and type here)

17. Following the consultation, what additional equality issues have emerged (if any)?

(Click and type here)

18. Have any of the options, service models etc changed following consultation? If so, please provide details of the changes made:

(Click and type here)

### **Equality Impact of Final Option**

19. Please confirm below which option has been chosen for implementation.

(Click and type here)

20. Following consultation, please indicate which of the following best describes the equality impact of this analysis.

- There will be no equality impact if the proposed option is implemented.
- There will be positive equality impact if the proposed option is implemented.
- There will be negative equality impact if the preferred option is implemented, but this can be objectively justified. Please state clearly what this justification is and what steps will be taken to ameliorate the negative impact.

21. How will the changes be monitored for equalities over the next 6 – 12 months?

(Click and type here)

22. What is any will be the impact on the workforce following implementation of the final option?  
Please make reference to the relevant equality groups (as protected under the Equality Act).

(Click and type here)

### **Social Value**

23. Please state how the social value outcomes have been considered in making this decision.

(Click and type here)

### **Formal decision-making process**

Please detail below the committees, boards or panels that have considered this analysis.

<b>Name</b>	<b>Date</b>	<b>Chair</b>	<b>Decision taken</b>

### **Approval**

Approval required from Director and Cabinet Member

<b>Director Name</b>	<b>Signature</b>	<b>Date</b>

Cabinet Member Name	Portfolio	Approval Date

**\*Note:** Failure to comply with duties on equalities and consultation will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review.

### Monitoring and Review

*This section should be completed 6-12 months after implementation*

- a) Please summarise below the most up to date monitoring information for the newly implemented service, by reference to relevant protected groups.

(Click and type here)

- b) What has been the actual equality impact on service users following implementation?

*Analyse current data relating to the service and think about the impact on key protected groups: race, sex, disability, age, sexual orientation, religion or belief, pregnancy or maternity, gender reassignment.*

It may help to answer the following questions: Since implementation

- Have there been any areas of low or high take-up by different groups of people?
- Has the newly implemented service affect different groups disproportionately?
- Is the new service disadvantaging people from a particular group?
- Is any part of the new service discriminating unlawfully?

- c) What have been the actual equality impacts on the workforce since implementation?

(Click and type here)