Greater Manchester
Integrated Care Partnership Board

Date: 27th March 2026

Subject: GM Dementia Strategy: Priorities and Challenges

Report of: Gill Walters – Senior Programme Manager, Dementia United, NHS Greater Manchester Integrated Care

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PURPOSE OF REPORT:

This report outlines the current challenges and opportunities in relation to dementia at a national and local level and outlines some of the work taking place in relation to this. Dementia United is the Greater Manchester ICB programme for Dementia & Brain Health. Our shared ambition is to improve the experience of being diagnosed and living with dementia and make Greater Manchester the best place to live for all those affected by Dementia. We work in co-production with partners across Greater Manchester to deliver meaningful reform and quality improvement via a range of projects.

The Strategic Aims and shared ambitions of the ICB Dementia Programme have been developed, and co-designed, with people affected by dementia and are outlined in this document; Greater Manchester Dementia and Brain Health Delivery Plan 2023-25. This plan is being updated by the Greater Manchester Dementia & Brain Health Strategy 2026 – 30 which is currently in draft form. This has involved co-production with lived experience, stakeholder engagement, quality improvement outputs, Equality Impact Assessments, data and evaluation. Governance is assured through the Greater Manchester Dementia Strategic Group chaired by the Deputy Chief Medical Officer. This group reports both to the Mental Health Partnership Group, and the Secondary Prevention and Long-Term Conditions Group

RECOMMENDATIONS:

The GM Integrated Care Partnership Board are requested to:

- Note that Dementia is one of our greatest health challenges and note the national context seeking to address this through the National MSF for dementia and frailty.
- Receive the data on performance in relation to Dementia across Greater Manchester and update on continued work with partners across localities to drive quality and consistency and to reduce unwarranted variation.
- Note the value of diversity and inclusion including the central role of lived experience, and the role of the Dementia Carers' Expert Reference Group (DCERG) in co-design and holding us to account through our governance structure.
- Note the key examples of innovative work to date and new development work taking place in Greater Manchester amidst NHS reform
- Endorse the Four Pillars of the Greater Manchester Dementia Programme in Greater Manchester described in section 7.4 and help identify how all system partners can work together towards these shared ambitions.

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1. STRUCTURE OF THIS REPORT

1.1. This report shares some of the work taking place in Greater Manchester and elsewhere to seek to address the above risks and challenges.

- **Section 2:** Summary of the national context and challenges posed by Dementia, as well as the new Modern Service Framework for Dementia and Frailty.
- **Section 3: C**urrent data in Greater Manchester regarding the Dementia Diagnosis Rate, Care Planning and Antipsychotic prescribing.
- **Section 4:** An outline of Dementia United programme's work in Q4 (2025/6), driving quality improvement through our GM Dementia quality standards, working in co-production with local people with lived experience of dementia and carers. **It highlights good practice through practical accounts of local quality improvement workshops.** It also notes the work undertaken to understand and address variations in the quality and experience of getting a dementia diagnosis.
- **Section 5:** A description of our approach to co-production, diversity and inclusion; featuring lived experience and highlighting the Dementia Carers' Expert Reference Group (DCERG)
- **Section 6 highlights** examples of working with partners across the GM system.
  - Dementia United's joint work with the Live Well programme. Our successful bid to the national IMPACT team (Improving Adult Social Care) last year resulted in the deployment of two paid improvement coaches for 12 months, based with the DU team, a university led evidence review & funding for further engagement. This work links closely to the GM wide Live Well programme but with a focus on supporting the development of local Dementia Hubs and Navigators; this one-year funding continues until August 2026.
  - The development of the Manchester Brain Health centre; as a prevention demonstrator. The ICB are working in partnership with GMMH, the Manchester Foundation Trust, the University of Manchester and the Alzheimers' Society.
  - Work led by the Greater Manchester Adult Social Care Transformation team on `Shared Lives'. DCERG has fed into this initiative which supports people with Dementia in the community. We have previously collaborated with ASC on a successful `creativity in care homes' project. This scheme has a community focus.
- **Section 7** provides a summary of the four key pillars of the Greater Manchester Dementia Strategy 2026 – 2030

Values and principles

1.2. There is a clear focus on performance data within this report; however, it is also important to note that engagement with stakeholder has focused on the underpinning values; trying to draw out what `success' would look like for Greater Manchester. The ideas within this report and the work programme have been developed and shared by people with a strong sense of commitment and kindness, with an ambition to ensure that services are truly inclusive, compassionate and people centred. Some of the proposed outcomes from the strategy consultation are pasted below. Both quantitative and qualitative values will form the basis of our emerging outcomes framework for the continued improvement of dementia provision across health and care.

1.3. The fundamental principle is to see this as a whole system approach; it is not solely a health initiative, or solely for statutory or clinical bodies; it is about joined up working across the whole community, engaging the voluntary sector, faith groups, research organisations, social care and housing. In the context of current reforms and stretched funding, this creative and collaborative approach is more important than ever.

2. BACKGROUND

2.1. Dementia is the one of our greatest health challenges. It is the UK's leading cause of death, and by 2040, 1.4 million people are expected to be living with the condition[12] . Historically, dementia care has experienced fragmentation, gaps in support for people with complex needs and variation.

2.2. The latest data shows that more than 76,000 deaths in 2024 were due to dementia: more than any other cause of death and accounting for more than 11.8% deaths across the UK. It also accounted for more than one in ten deaths in the UK last year, ahead of ischaemic heart disease and cerebrovascular disease[3] and whereas deaths from those other major conditions came down from 2023-2024, the death toll from dementia continued to rise. This is in part because the UK has an ageing population, and age is the biggest risk factor for dementia. For women, dementia continues to be the leading cause of death, with 48,915 women around the UK losing their lives to the condition in 2024. By contrast, 27,979 men died from dementia last year. We now have more potential treatments, and the potential for simpler, earlier tests, but continued research, clinical trials are still needed, together with further planning to prepare for any new disease modifying tests and treatments.

2.3. The cost of dementia in the UK was estimated to be £42 billion in 2024, increasing to £90 billion by 20401 Early and accurate diagnosis is key to allowing people to

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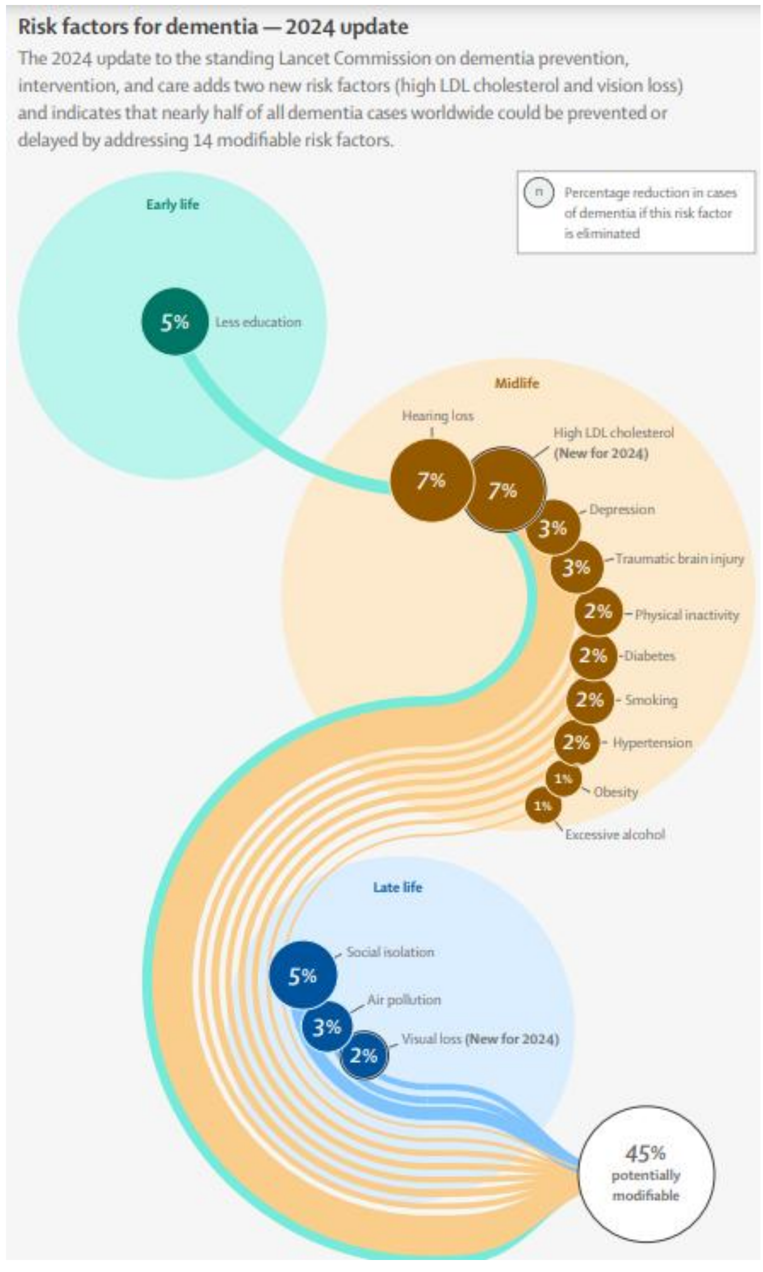
[1] Delivering Dementia Diagnosis: A blueprint for the future - Alzheimer's Research UK

[2] Seeing the Unseen: Rethinking Dementia Diagnosis - Alzheimer's Research UK

[3] Carnell Farrar – The Economic Impact of Dementia

manage their health, make plans, and start treatment to improve their quality of life.

2.4. It has been shown that up to 45% of dementia cases in England could be prevented or delayed by addressing 14 different risk factors[4], including high blood pressure and cholesterol, smoking, and type 2 diabetes. Therefore, we have aligned our approach to dementia with the GM priority work around CVD (cardiovascular disease prevention) through the GM Longterm Conditions and Secondary Prevention Programme and within the GM Livewell approach to prevention.



[4] Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission

2.5. As a Greater Manchester wide system, there is an opportunity to promote behavioural change in the early stages of dementia. Through the 10Year Health Plan, the NHS has restated its commitment to supporting people to improve their health through interventions like treating high blood pressure, prescribing statins, smoking cessation services, and the diabetes prevention programme, and Greater Manchester is pioneering new programmes which this report will outline.

2.6. Prevention of dementia is crucial, but it is also vital that people with dementia are supported across health and social care to access assessment, diagnosis and support; and whilst new treatments are developed through clinical research that people can participate in research if they wish to do so. A fundamental priority is to ensure good, personalised care planning and follow up support for everyone affected by dementia. This requires a continued commitment to multi agency working and co-production, to drive quality improvement and address any unwarranted variation across Greater Manchester.

National Context and Modern Service Framework

2.7. The 10-year Health Plan signalled a number of Modern Service Frameworks to launch 2026. NHSE/DHSC plan are currently developing a Modern Service Framework (MSF) for Dementia and Frailty. Its purpose will be to deliver `rapid and significant improvements in the quality of care and productivity'. This will be informed by phase one of the independent commission into adult social care, expected in 2026. The new MSF aims to drive `timely diagnoses, more personalised care plans and integrated, equitable services' (aims which are consistent with our ambitions and strategic planning in Greater Manchester).

2.8. The MSFs will replace the former National Service Frameworks. `The Frailty and Dementia Modern Service Framework will seek to reduce unwarranted variation and narrow inequality for those living with dementia - it will set national standards for dementia care and redirect NHS priorities to provide the best possible care and support' (NHSE webinar Nov 2025)

2.9. A further aim is to improve joined up care through co-created care plans – the intention is that by 2027, 95% of those with complex needs will have an agreed care plan. It is anticipated that further scoping and engagement will result in a framework which will drive continued improvements for people with dementia both now and in the future.

2.10. The initial conversations between GM ICB and colleagues from NHSE and the DHSC indicated that this was still at an early stage; however they were very positive about the holistic and inclusive approach undertaken in Greater Manchester as a model to share with other areas, and have committed to engagement with stakeholders including lived experience, NHS bodies, local authorities, advocacy groups, and ICB mental health leads, and ongoing dialogue to ensure diverse perspectives are captured, baseline data review across ICBs to identify areas of excellence and gaps, commissioned literature reviews and evaluations of past frameworks.

2.11. The national team also intend to review international practice across the dementia pathway to understand how other countries are approaching similar

challenges. A national dementia data review is currently underway by DHSC, OHID and NHSE, looking at primary care dementia data and exploring additional measures. This may result in some changed or revised indicators. They are also looking at the dementia care journey and how this can be improved, and workforce training. In terms of training, they are looking at a dementia training standards, and dementia training for social care.

2.12. The MSF will also address frailty through a series of frailty pilots and improving care for people with frailty (which will include people with dementia). It is positive to note that some of this joined up working is already happening in Greater Manchester through the Secondary Prevention and Long Terms Conditions Group, which was also of interest to national colleagues.

The NHS 10 Year Health Plan and Changes to the Operating Model

2.13. NHS England and the Department of Health and Social Care are driving long-term reform to deliver the ambitions of the 10 Year Health Plan. The focus is on three strategic shifts:

- Treatment to prevention: keeping people well, not just treating illness
- Hospital to community: moving care closer to home through joined-up services
- Analogue to digital: using technology and data to make healthcare smarter and faster

2.14. NHS England published the Model ICB Blueprint in May 2025, setting out Integrated Care Board's (ICBs) core purpose and functions as a strategic commissioner. The reforms give NHS GM an opportunity to strengthen how we deliver the 10 Year Health Plan as a strategic commissioner working in partnership across the system. Our renewed focus will be:

- **Thinking ahead:** ensuring the right health and care services are in place for our population now and in the future
- **Supporting Place-based delivery:** enabling local teams and partners to lead delivery where it makes most sense for communities
- **Working alongside partners:** collaborating across GM to improve outcomes and experience for citizens

2.15. For the GM system, Longterm Conditions and Secondary Prevention remains a priority system programme. Within this programme of work, a closer relationship between Dementia and Frailty programmes will align with the new Modern Service Framework (Dementia & Frailty) and will continue to form part of the joint approach to preventative and pro-active care across the GM system. The role of collaborative working with partners remains at the heart of this work moving forward.

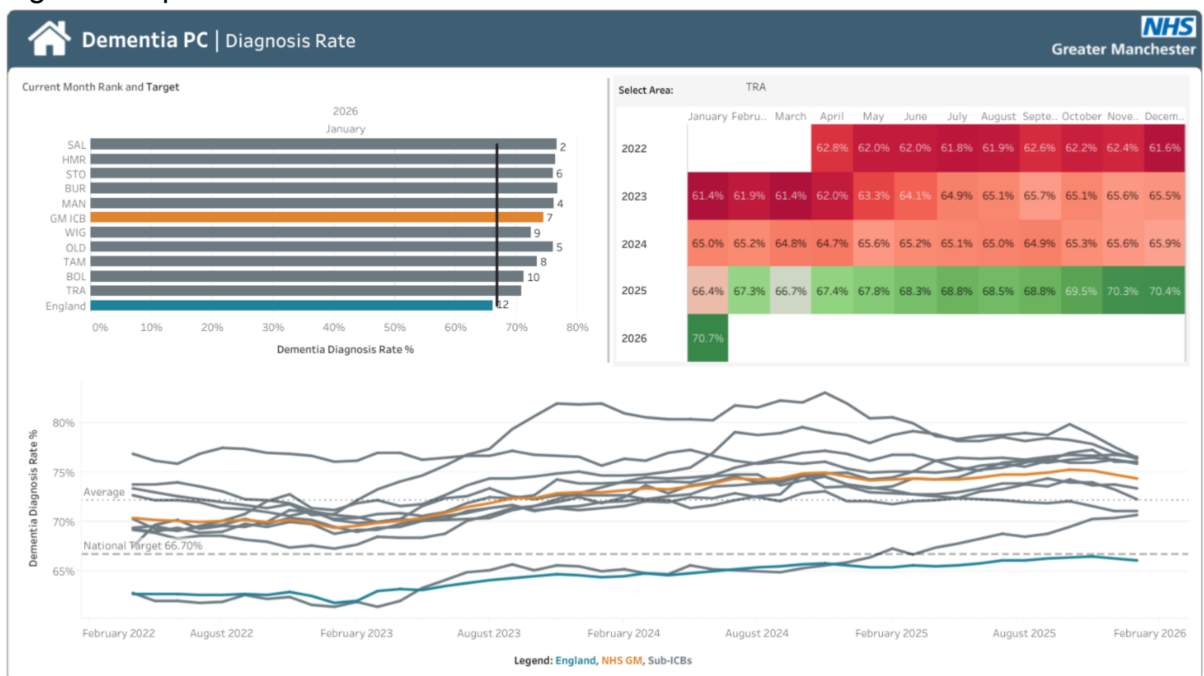
3. DEMENTIA DATA

3.1. The Dementia Diagnosis rate in Greater Manchester is now 74.4%, (Jan 2026), well above the England average of 66.1%. 23,083 people had received a dementia diagnosis in Greater Manchester, out of an estimated 31,042 people living with dementia. Greater Manchester holds the third highest diagnosis rate nationally,

following NHS South Yorkshire Integrated Care Board and NHS South West London ICB.

3.2. All ten Greater Manchester localities are now above the national target of 66.7%, showing continued improvement from the previous year. (Dementia surveillance factsheet). Within this, there are variations for Greater Manchester as shown in the diagram below, but the level of variation is decreasing.

3.3. The blue line represents England, and the yellow line is the average for GM. The bar chart shows the DDR for each GM borough. The table singles out the significant improvement in Trafford's DDR as a highlight of the last quarter amidst a gradual upward trend for GM. Dementia surveillance factsheet

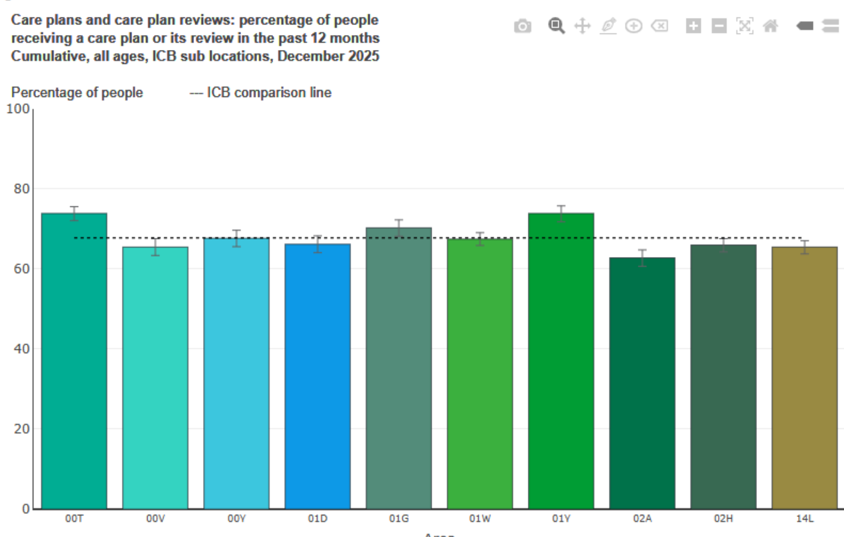


	January	Febru..	March	April	May	June	July	August	Septe..	October	Nove..	Decem..
2022				62.8%	62.0%	62.0%	61.8%	61.9%	62.6%	62.2%	62.4%	61.6%
2023	61.4%	61.9%	61.4%	62.0%	63.3%	64.1%	64.9%	65.1%	65.7%	65.1%	65.6%	65.5%
2024	65.0%	65.2%	64.8%	64.7%	65.6%	65.2%	65.1%	65.0%	64.9%	65.3%	65.6%	65.9%
2025	66.4%	67.3%	66.7%	67.4%	67.8%	68.3%	68.8%	68.5%	68.8%	69.5%	70.3%	70.4%
2026	70.7%											

Care planning data

3.4. In December 2025, there were 24,076 people with a dementia diagnosis in Greater Manchester ICB. Of these, 16,313 had a care plan or care plan review recorded in the past 12 months (67.8%).

3.5. It is positive to note that the NHS GM average of 67.8% is significantly above the England value of 64.7% and above the North West regional value of 67%. However, there is some variation within Greater Manchester.



3.6. In December 2025, the percentage of people with a diagnosis of dementia who also received a care plan or a care plan review across the 10 Greater Manchester ICB sub locations varied between 62.8% and 73.9%. In relation to the Greater Manchester ICB value of 67.8%, 3 sub locations placed significantly above it (Bolton, Salford, and Tameside) and 4 below (Bury, Trafford, Wigan, and Manchester). Dementia surveillance factsheet

3.7. It is recognised that this is a `snapshot' and that data alone does not convey the full picture of people's quality of care of experience. We also know that this area of data reporting could be improved in terms of meaningful indicators, which is an area of work at a national level. The Dementia United programme therefore also emphasises the importance of quality standards and co-production to support and triangulate findings in each locality.

Anti Psychotic medication prescribing

3.8. The aim is to reduce antipsychotic prescribing because of medicine related harm. It is positive to note that the average Greater Manchester ICB level of antipsychotic prescribing (6.3%) is significantly below the England value of 8.7% and below the North West regional value of 8.1%. However, there is some variation within Greater Manchester.

3.9. In December 2025, 6.3% of people with a diagnosis of dementia also received a prescription for antipsychotic medication in the preceding 6-week period in Greater Manchester ICB. Dementia surveillance factsheet.

3.10. The data in the below table, taken from December 2025, shows the Percentage of people living with dementia receiving an antipsychotic prescription in the preceding 6 weeks

Locality	Dec 2025 (%) ≈
Bury	8.9%
Tameside	8.0%
Bolton	7.6%
Manchester	7.3%
Heywood, Middleton & Rochdale (HMR)	7.0%
Stockport	5.5%
Oldham	5.9%
Salford	5.4%
Trafford	5.1%
Wigan	4.2%

3.11. In In December 2025, antipsychotic prescribing across the 10 Greater Manchester ICB sub localities varied between 4.2% and 8.9%. In relation to the Greater Manchester ICB average of 6.3%, Bolton, Bury, Manchester, and Tameside were placed significantly above the GM average, while Oldham, Trafford, and Wigan were below the GM average.

4. EQUITY AND SYSTEM QUALITY IMPROVEMENT IN GREATER MANCHESTER: EXAMPLES OF GOOD PRACTICE

Dementia Quality Standards

4.1. The Greater Manchester Dementia and Brain Health quality standards were developed , agreed by NHS Greater Manchester in June 2024, and adopted in all ten areas Greater Manchester Dementia and Brain Health Quality Standards 2024 Long Version. All ten GM localities completed their self-assessment workshops between September 2024-January 2025 supported by Dementia United.

4.2. The quality standards, which were developed by Dementia United, offer a framework quality improvement and consistency across all localities. The first year of implementation was successful and included workshops held in all ten areas to self-assess against the standards and identify gaps and areas of both good practice and areas for development. Partners then worked together across the GM localities to develop local action plans following the workshops. An annual

report was created to summarise recommendations and published in July 25. [Greater Manchester Dementia Quality Standards - First Annual progress report - June 2025]

4.3. Dementia United has commenced the second round of Annual Dementia Quality Self-Assessment workshops (2025/6). Trafford and HMR were the first to complete quality standards self-assessment workshops in December, Tameside, Wigan and Oldham held their workshops in January, a further three areas have partially completed, and just two now outstanding. The aim is to complete the second annual GM wide dementia quality standards report by April 2026.

4.4. Whilst capacity constraints are acknowledged amidst current reforms, the key aims of this process remain; to improve quality and consistency and narrow inequality & unwarranted variation, the focus being on the experience of the person living with dementia and their families and carers. This is why we continue to advocate for the standards to be assessed via local workshops with lived experience and VCFSE (voluntary, community, faith and social enterprise groups) representation rather than online.

4.5. Our interactive dementia quality workshops have been very productive and there are positive examples from across Greater Manchester. This is because the focus is on holistic, interagency planning using the GM quality standards to provide a consistent framework but ensuring this is informed by local knowledge and experience.

Case Study 1: Trafford

Trafford's commitment to improvement, and their 2nd annual GM Dementia quality improvement workshop, November 2025.

Trafford has a strong history of partnership working to improve support for people affected by dementia, and the Dementia quality standards workshop offered an important opportunity to take stock together with Dementia United colleagues. The afternoon session focused on a structured self-assessment against the Greater Manchester dementia quality standards, enabling teams to identify strengths, gaps and priorities for the next phase of work. Trafford continues to demonstrate its commitment to enhancing dementia care. The council and healthcare partners are currently refreshing their local dementia approach, ensuring it reflects the outcomes of this year's workshop and remains aligned with regional priorities. Notably, Trafford has made strong progress in improving diagnosis. Working with the memory assessment team and primary care the dementia diagnosis rate for people aged 65 and over increased from 66.4% in Jan 25, (below the national target), to 70.3% in November 2025, exceeding expectations and supporting earlier access to treatment and guidance.

Leadership and collaboration

Opening the dementia workshop session, Dr. Liz Clarke, Dementia Clinical Lead for Trafford, welcomed attendees, saying:

Dementia is a major health priority, and there is real, growing momentum

- *to research medicines which can modify the progression of this disease,*
- *to enhance the public awareness of prevention and*
- *to embed practical support that improves quality of life for people and families now.*

It’s so encouraging to see so many attend our group, especially those with lived experience and carers as well as professionals across our system, all with a shared interest in and motivation to improve dementia care in Trafford. We are reflecting on what has been achieved in 2025 with all your help and looking forward to setting priorities for 2026.

Case Study 2: Tameside
Tameside Dementia & Delirium Public Workshop – (2nd annual GM Dementia quality workshop)
The Dementia and Delirium Public Workshop, held on 22 January 2026, brought together people living with dementia, carers, family members, professionals, and local organisations from across Tameside. A total of 43 attendees took part, creating a welcoming and collaborative atmosphere for sharing experiences, accessing information, and shaping future dementia support. The day included opportunities for attendees to explore the Information Market, where a range of local health, care, and voluntary organisations showcased the services available across Tameside. Many visitors shared personal reasons for attending, including seeking advice, looking for local activities, and wanting to understand what support is available after a dementia diagnosis.
Workshop sessions (supported by Dementia United and IMPACT) invited participants to reflect on:

- *What accessible dementia services currently are in Tameside*
- *The quality and availability of local support*
- *What a future Dementia Hub should look like*
- *What people need from a Dementia Navigator role*

Participants rated Tameside’s dementia support across a number of key themes, offering honest feedback based on lived experience and professional insight. This input will help shape future developments in community dementia care.
The event received positive engagement on social media and coverage in local news, including Tameside Reporter and Tameside Radio, helping raise awareness of dementia support across the borough.

Improving dementia diagnosis – Pathway review

4.6. The GM Dementia Programme team is leading work to improve the quality and experience of receiving a dementia diagnosis. Using a robust mixed methodology, we are working with Commissioning and Contracting colleagues to map and analyse the different diagnostic pathways across GM localities, to identify barriers and facilitators to receiving (a) dementia diagnosis (b) subtype diagnosis. Following discussion of these issues at the GM Dementia Strategic Group and the Mental Health Partnership Group, a questionnaire has been issued to all the providers of Memory Assessment Services.

4.7. The questionnaire was designed by multiple stakeholders, including people living with dementia, to assess the different diagnostic models for dementia currently in use across NHS Greater Manchester ICB. There are nine lines of enquiry: service

details, staffing, referrals, triage & assessments, diagnosis, health Inequalities, onward referrals and post diagnostic support, date and future planning

4.8. This comparative analysis is now underway in March 2026, comparing the responses with finance, performance and subcontracting arrangements and cross referencing the above with data held by provider organisations. The team will also draw upon other regional or national research or analysis in relation to this area of work.

4.9. This work aligns with the new Model ICB Blueprint and the emphasis on strategic commissioning to improve population health, reduce inequalities and ensure access to consistently high quality and efficient care. It is also consistent with promoting equity and system quality improvement, the first pillar of the GM Dementia Strategy 2026-30.

4.10. Review findings will evidence best practice and ways to optimise available resources to best meet the needs of people affected by dementia. As noted above, the DDR performance as shown on the data dashboard is relatively good in comparison with other areas of England, and there is no indication that the GM position differs from other areas of the UK in this respect. Also, some of the complexities and inconsistencies of diagnostic pathways might have arisen for a good or unavoidable reason; however, they might also indicate that further systemic improvements could now be made to benefit people seeking a diagnosis and follow up support.

4.11. Initial findings indicate that variations across Greater Manchester are both complex and historic, and to understand and map current processes is a significant piece of work requiring joint work with system partners. The focus on two areas; quality improvement and the optimal use of resources will support the future co-design of consistent specifications and pathways.

4.12. Furthermore, this review will also incorporate work being undertaken in reference groups to understand and address the needs of people with young onset and rarer forms of dementia, and work to further understand cultural competence and underserved groups. In addition, it is anticipated that at least two localities will agree to undertake additional in-depth analysis of local processes to inform the above work: Tameside and Trafford.

Hospital Discharge and Admission Avoidance

4.13. Last year Dementia United worked with the local Discharge Frontrunner programme which worked as a Govt. funded fixed term pilot in the four `Northern Care Alliance’ (NCA) areas. Although they were initiated through different routes, the two programmes worked together to develop relationships and share learning. In particular, Dementia United has the networks and connections to help with disseminating the learning and developments from the Discharge Frontrunner work to partners across Greater Manchester. The local Frontrunner programme has in turn, been able to gain involvement from Dementia United via the Dementia Carers’ Expert Reference Group (DCERG) and people with lived experience; a valuable source of involvement and feedback from people who have experienced

the challenges of a hospital stay, firsthand. The outcomes from the front runner programme are highlighted below, and there is a clear opportunity to continue to roll this approach out across Greater Manchester.

- Acute dementia units have reduced ward moves, and overall time in hospital, on sites where these have been implemented, for people with dementia. This ranges from a reduction of Length of Stay of 4.49 – 6.9 days depending on the hospital site.
- Reduction in number of wards moves for people with dementia by 1/3.
- Increased productivity equivalent to 8.8 beds across the FGH site.
- Increase from 31% to 78% Return to Usual Residence on Rochdale's Oasis dementia unit with dedicated nursing role specialising in older people's mental health as opposed to generic MH Liaison peripatetic role.
- A 100% reduction in people being discharged to a care home/temporary care home with the family support discharge service.
- Only 15% of whom admitted to a care home in the long term compared to 41% of people using a temporary care home placement.
- At 12-45-week post intervention show.
- 68% reduction in re-attendance to A&E
- 64% reduction in ambulance conveyance

46% reduction in re-admission to hospital

Patient outcomes	Financial benefits
• 100% of people (77% of respondents) who have been previously admitted state the acute Dementia unit was an improved experience. • 65% of patients seen by therapists on the FGH Dementia Unit have seen improvement in their Barthel score (function and dependency). 36% saw an improvement in their Rockwood (frailty) score, with 57% remaining the same and 9% showing decline.	• £5,640 per person cost avoidance to NHS based on avoiding A&E attendance and hospital admission against 19-day LoS national average. • £5,447 per person cost avoidance to NHS when attending A&E and avoiding admission only against 19-day LoS national average. • Reduced re-admission rate of 46% 12-47 weeks post intervention. £7,486 per re-admission avoided based on 19-day national average LoS. • 38% of people having a discharge pathway downgraded after the Exercise and Independence team intervened releasing the equivalent of 6.6 Intermediate Care beds

4.14. In summary, there were two aspects to our collaboration with the work taking place within the NCA in relation to the improvement of integration and performance with hospital discharge:

- National **awareness raising: our collaboration as part of the Local Government Association/NHSE High Impact Change Model**; the Dementia United and Front runner programme leads (Gill Walters and Lindsey Darley) contributed a shared narrative and did a shared webinar. NHSE/LGA resource, High Impact Change Model (HICM), (for dementia & delirium) outlines best practice for an individual's journey to, during and following discharge from an

acute hospital. It sets out 8 high impact changes, case studies and an action planning template. Intended for use by all in the Integrated Care system, including ICBs, NHS trusts and NHS foundation trusts, local authorities; social care providers, (VCFSE); and other partners such as housing and for frontline care and health staff. Both Dementia United and the Integrated Discharge Front Runner Programme are outlined as case studies within section F.

- **Greater Manchester Quality/Consistency/Admission Avoidance: T**he above frontrunner work was part of a nationally funded, time limited scheme, and its local continuation was already subject to a number of local commissioning discussions and. remains a positive opportunity for continued admission avoidance and enhanced opportunities to address both quality of care and improved sustainability.

4.15. Looking ahead, we will be seeking to build the outcomes and recommendations from the Frontrunner programme into the refresh of its delivery plans and priorities for 2025 and beyond.

Delirium programme

4.16. Delirium has been a long-standing part of the GM Dementia Programme. NHS GM is undertaking system work on acute deterioration secondary to sepsis and delirium, working across clinical, long-term condition and UEC programmes. The GM delirium programme produced a broad range of practical outcomes, including a delirium carers top tips guide and film, and the delivery of co-produced family members/carers' training, which 75 people attended. 175 people attended the annual Greater Manchester best practice webinar and Greater Manchester toolkits were updated and made accessible. Delirium leaflets were translated into 16 languages and made available in video, audio and written formats in order to address accessibility and inclusivity, with very positive feedback. Our work on delirium in Greater Manchester has contributed to international resources e.g. Regional Geriatric Programme in Toronto, Delirium pathway. National contributions include the High Impact Change Model, and the DeNPRU delirium policy review (which included experts by experience from Greater Manchester). As a result of the international reputation of this work, the programme welcomed a group of clinicians from Singapore for a successful month-long observer-ship in 2025.

4.17. A further Delirium webinar has been planned for March 2026, on World Delirium Action Day; this will be led by Professor Emma Vardy and the voices of lived experience

Working in collaboration with partners – Adult Social Care and Shared Lives

4.18. Dementia Strategic Group which oversees the Dementia Programme in Greater Manchester is a multi-agency group, including representation from the Directors of Adult Social Care in Greater Manchester (ADASS) Deputy Place Leads, voluntary sector, primary care, secondary care, academic research partners, lived

experience, carers, Health Innovation, Healthy Ageing partners & other colleagues). This recognises the need for a whole system approach to dementia to support our shared ambitions across the system. The NHS GM dementia programme is supported by a quarterly Locality Implementation forum (LIF) with representatives from all ten localities; attended by a range of adult social care, clinical and public health & lived experience partners.

4.19. In addition, Dementia United and Adult Social Care (ASC) routinely exchange information through the ASC provider network hosted by the ASC Transformation Team in GM, and both work closely with Greater Manchester Healthy Ageing colleagues.

4.20. An ongoing example of collaboration and good practice is the `Shared Lives' scheme, (led by Adult Social Care), which sought lived experience input from DCERG and support from DU as part of its initial development work. This will be presented by the Shared Lives programme leads at a future ICP strategy group meeting.

Adult Social Care

Supporting people to live well at home

4.21. Supporting people living with dementia, and their families and loved ones who provide unpaid caring support to them, is a key element of our approach at place through ageing well and age friendly strategies. In adult social care (ASC), our focus is on providing early action support to prevent or delay people entering longer term support and is aligned to the Greater Manchester (GM) Dementia United Live Well strategy.

4.22. We have seen an increase in people with dementia who require residential care for people, and we have prioritised a strategic commissioning project to address this through the GM Provider Framework. This framework brings exciting opportunities to further support local and GM priorities and also collaborate on other areas of activity such as Complex Mental Health and Complex Dementia with health and social care providers and commissioners. Below are a couple of examples of approaches in place:

4.23. In Manchester, dementia continues to be a key strategic priority for the city, given its growing prevalence and the significant impact it has on individuals, families, communities, and public services. The update is framed within the context of the NHS Greater Manchester Integrated Care Board (ICB) Dementia and Brain Health Delivery Plan (2023–25), which sets out a system-wide approach to improving outcomes for people affected by dementia.

4.24. This includes a system-wide approach to improving outcomes for people affected by dementia, focussing on:

- Prevention and Risk Reduction – promoting brain health through lifestyle interventions and addressing modifiable risk factors such as hypertension, smoking, alcohol use, and physical inactivity.
- Timely and Accurate Diagnosis – improving access to diagnostic services, including innovative approaches such as biomarker testing and advanced imaging.

- Personalised and Integrated Care – ensuring that people with dementia receive coordinated support across health, social care, and community services.
- Support for Carers – recognising and strengthening the role of informal carers through tailored support, education, and respite services.
- Research, Innovation and Workforce Development – embedding research into practice, supporting clinical trials, and equipping the workforce with the skills and confidence to deliver high-quality dementia care

4.25. Tameside's goal is to support people with dementia to live well at home, in line with the Tameside ASC strategy, by intervening early and acting decisively. There is an integrated approach across Tameside developing and implementing The Tameside Dementia and Delirium Strategy 2026-2031. This includes an offer to carers through the carers centre for a 'steady hand through uncertain times'.

4.26. Their dementia support pathway focuses on empowering independence, supporting carers, and staying well at home through:

- Raid response & triage
- Building resilience & community connection
- Smart solutions for home living
- Pathways to independence

Empowering carers as part of hospital discharge in Salford

4.27. Empowered Carers provides dementia focused therapeutic sessions for family caregivers to improve wellbeing and increase resilience. This approach has been delivered in Salford for 6 years and is currently being piloted in Trafford. Building on this experience, the team are delivering Empowered Carers as 6 sessions for caregivers leaving hospital who are caring for people living with dementia. There is an option to continue sessions using Carers Personal Budgets.

4.28. Age Uk Salford and Trafford received funding to deliver this model over the past year, during which time 15 caregivers of people with dementia were referred into Empowered Carers, 12 engaged and accessed 4 – 6 sessions with the team.

Live more – shared lives and dementia

4.29. The Live More programme in GM is an early action, community-based Shared Lives model providing relationship-based day support to people living with dementia and their families, before eligibility for adult social care. Funded through the Accelerating Reform Fund (DHSC), the programme is a test-and-learn initiative exploring how early, targeted support can improve wellbeing and social connection and reduce or delay pressure on statutory health and care services.

4.30. The programme is specifically for people who are not yet eligible for adult social care. By reaching people earlier it aims to reduce, delay or avoid pressure on health and care systems. Already in GM this includes everything from going to watch Oldham's football and having a post-match pint, to visiting the Transport Museum, doing some gardening, or buying ingredients to make a family-favourite meal together and treat their spouse again. The learning from this initial phase is being fed into a longer-term commissioning strategy both in GM and more broadly through a national ambition led by Shared Lives Plus.

5. INCLUSION AND LIVED EXPERIENCE

The Dementia Carer's Expert Reference Group (DCERG)

5.1. DCERG is a group of carers and former carers. Formed in 2019, DCERG is now fully integrated into Dementia United's Governance structure. DCERG are 'Experts by Experience', representing lived experience across Greater Manchester.

5.2. Inclusive and diverse, DCERG is believed to be the first dementia specific lay group, working with and influencing the NHS and other agencies. Many members have been involved from the beginning, however new members are always welcome, and active recruitment takes place via a number of public events and presentations.

5.3. Along with a number of individuals living with Dementia who also form part of our governance in a personal capacity, DCERG are involved at all levels of Dementia United Governance and are instrumental to many projects.

5.4. The following are areas of co-production.

- Dementia and Live Well working group (IMPACT Demonstrator Quality and experience of diagnosis & support - pathway recommendations
- Digitised Dementia Wellbeing Plan (see illustration below)
- Raising the profile of dementia carers in conferences & events
- Young onset & rarer forms of dementia
- Distressed behaviours
- Delirium webinars and online training
- Dementia training with the Alzheimers Society
- Palliative & End of Life Care (GM & Nationally)
- Discharge Integration Frontrunner Programme
- Mental Health Currencies working group for neurocognitive disorders at NHS England
- IPOS Dem project on palliative care outcomes for UCL
- Project)
- DRAGON (Dementia Research Action Group – Our Network)
- Shared Lives/Live More with Adult Social Care

Digitised Dementia Wellbeing Plan

- Key to improving **post diagnostic support**
- Helping people to LIVE WELL with dementia
- Digitisation incorporates this into the GM Care Record
- Successful Proof of Value in Tameside & Bury
- Pressing for Adoption and Roll Out

GM Dementia Carers Expert Reference Group

- We are equal partners
- We inform strategic decisions
- We improve health outcomes
- We represent carers
- We build links with networks
- We input to GM Mayor's Reform Board
- We make a difference!

https://dementia-united.org.uk/about-us/get-involved/dementia-carers-expert-reference-group/

Other areas of lived experience involvement:

Delirium
5.5. Toolkits for Hospital & Community

- Causes, Recognition and treatment
- Information leaflets for people living with Dementia and their family carers
- Top tips for carers and family members
- Participating in webinars and conferences
- Films about our experience
- Hosting delegates from Singapore as part of exchanging best practice.

Public facing leaflet design including

- Understanding hearing & sight problems & their link to dementia (see extract below)
- Dental care
- Dementia strategies

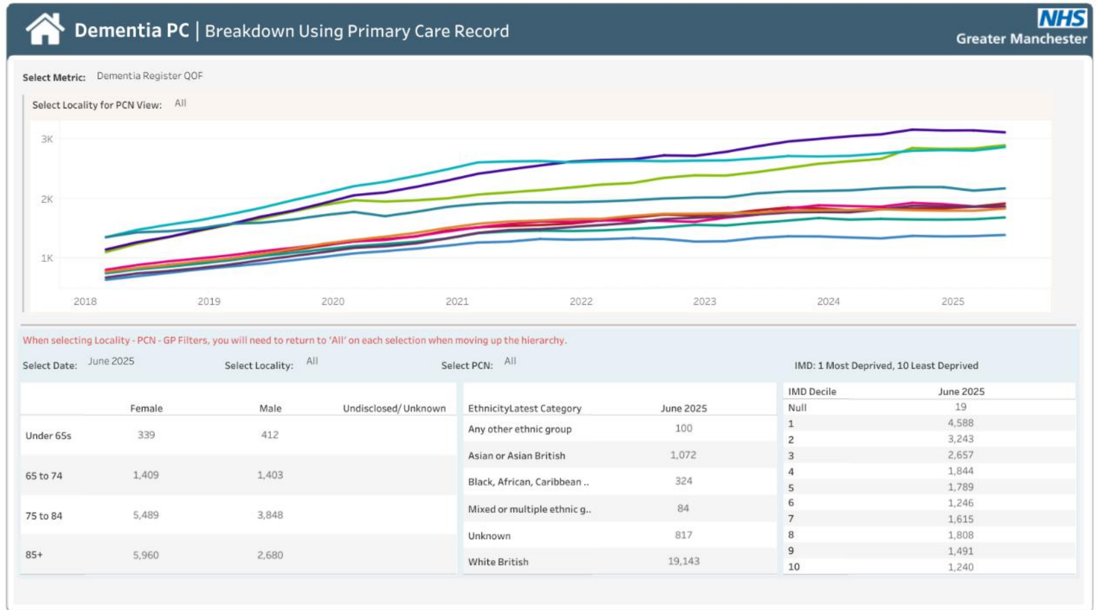
It is important to **make the most of the remaining hearing and/or sight.** Local hearing and sight specialists will be able to work with you and advise on strategies and equipment which may help.

> *"My wife was diagnosed with dementia about 10 years after her hearing loss. As her dementia progressed she had a tendency to remove her hearing aids if they were irritating her. She would lose them at times. She would often not notice if the battery needed changing and found it difficult to switch to loop mode when necessary. When we told audiology she had dementia they were very helpful with strategies to help support us"*

5.6. Members are often invited to speak at events, including the recent Alzheimers Society conference and previous UK Dementia Congress (Doncaster). We also went to London to share our expertise about the hospital experience for people living with dementia. Their experiences, both personal and collective, ensure that the work of the GM Dementia United Programme remains focused on improving the care and support of people living with dementia and their carers across Greater Manchester.

Embedding diversity and inclusion

5.7. Addressing inequality through **Dementia Data** (Greater Manchester). Deprivation analysis indicates a disproportionate representation of dementia within more deprived communities, with deciles 1–3 (most deprived) comprising 10,488 people (approximately 49% of the register), compared to 4,639 (around 22%) in deciles 8–10 (least deprived). Linking back to the modifiable risk factors for dementia – CVD, obesity and diabetes are also more prevalent in more deprived communities.



	Female	Male	Undisclosed/ Unknown
Under 65s	339	412	
65 to 74	1,409	1,403	
75 to 84	5,489	3,848	
85+	5,960	2,680	

EthnicityLatest Category	June 2025
Any other ethnic group	100
Asian or Asian British	1,072
Black, African, Caribbean ..	324
Mixed or multiple ethnic g..	84
Unknown	817
White British	19,143

IMD Decile	June 2025
Null	19
1	4,588
2	3,243
3	2,657
4	1,844
5	1,789
6	1,246
7	1,615
8	1,808
9	1,491
10	1,240

Diagnosis Rate | GM ADSP

5.8. The June 2025 disaggregated Dementia Register dashboard (by gender, ethnicity and Index of Multiple Deprivation) shows that the register is predominantly represented within older age groups, with those aged 75+ accounting for approximately 83.5% of all recorded cases.

5.9. Females represent approximately 61% of the register overall (and males 39%). This is most pronounced in the 85+ cohort (5,960 females compared to 2,680 males), reflecting wider longevity patterns.

5.10. The registered population is predominantly White British (89%), with representation from Asian/Asian British communities (5%) and Black/African/Caribbean groups (1.5%); however, 3.8% recorded as unknown ethnicity.

5.11. Diversity & Inclusion is a cross-cutting theme across our entire programme, shaping strategy, governance & delivery. This is evidenced by:

- **Lived Experience Groups** – Ensuring diverse voices shape dementia services through active engagement
- **Culturally Tailored Resources** – Developing dementia and delirium awareness materials in multiple languages & faith-inclusive formats
- **Equality Impact Assessments (EIA)** – Embedding D&I in all projects to address barriers & ensure equitable access
- **Marginalised Communities** – Strengthening partnerships to improve dementia care for underserved groups (LGBTQ+, ethnic minorities, faith-based communities)
- **Co-Production & Engagement** – Working with local & national partners to share best practices & ensure inclusive service design.

6. NEW INITIATIVES

Live Well and Dementia

6.1. The vision for GM Live Well states "By 2030, GM Live Well will provide a comprehensive, connected, and equitable support system for all residents of Greater Manchester, fostering a supportive, inclusive, and thriving community environment. Through integrating support, focusing on prevention, and promoting economic and social inclusion, 'Live Well' will ensure that every resident can live as well as possible."

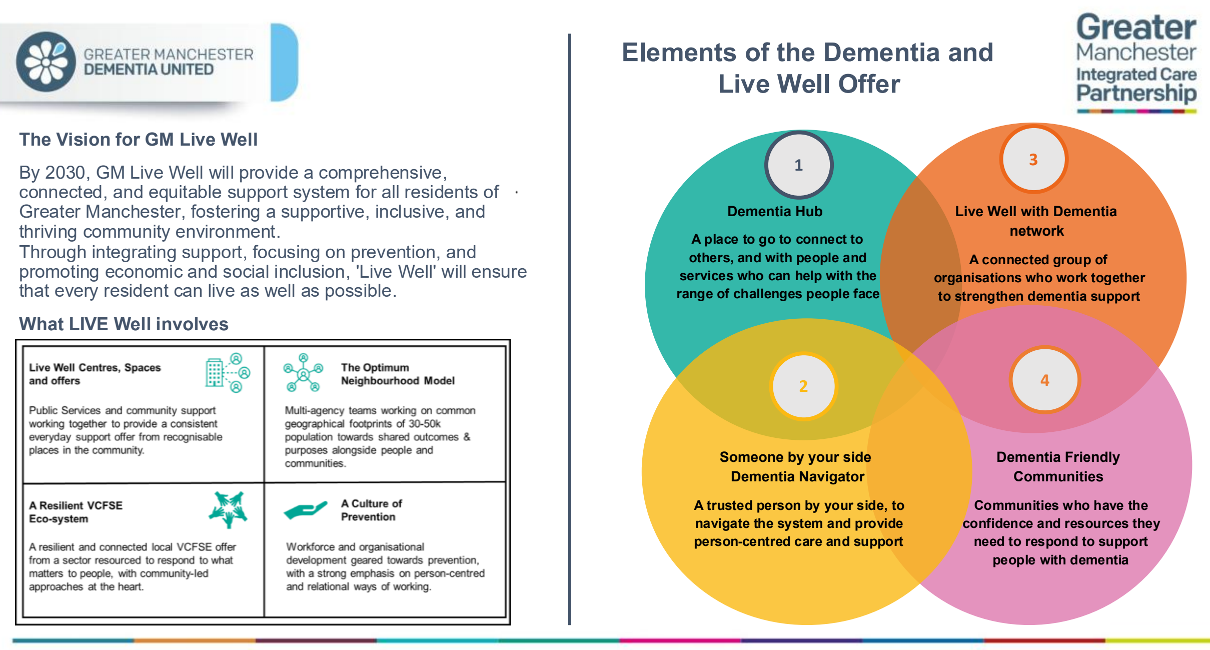
6.2. At the Reform Board in Autumn 2023, both `Dementia United' and `Live Well' presented. This led to a conversation about what Live Well for people living with dementia might be. The two programmes agreed to work together to explore this more. Building from Dementia United's networks, and with support from the Innovation Unit, we gathered a wide range of people, who between them have experience of the reality of dementia, and many different approaches and initiatives that support people to live as well as they can. At a workshop in June 2024, and a July follow up online, we worked together to understand and articulate what an offer to support people and families better to live well could look like, and how we could put it into practice. This generated a detailed vision, outcomes and blueprint for work we could do together.

6.3. In December 2024 we successfully applied to be an IMPACT Demonstrator, enabling us to draw down on coaching support from the University of Birmingham programme, to support practical, evidence-based change. The working group started in April 2025, and the IMPACT improvement coaches joined the programme in September 2025. This work has already generated a robust evidence review and engagement programme to support the work. The challenge relates to the capacity within some localities to take this forward, but the focus is on supporting those GM areas which can commit to prioritising the above dementia work at this time.

6.4. **The four elements of the Dementia and Live Well Offer are;**

- **i. A Dementia Hub,**
- **ii. a Dementia Navigator,**
- **iii. a Dementia network,**
- **iv. Dementia Friendly Communities.**

6.5. These four objectives are being taken forward by a multi-agency working group including three localities, and people with lived experience, supported by the IMPACT improvement coaches.



The Manchester Brain Health Centre

6.6. GM's **designation as the first Prevention Demonstrator for England** in the 10 Year Health Plan has also flagged national recognition of our wider public service approach to prevention and person-centred approaches.

6.7. The Manchester Brain Health Clinic (BHC) model is a ready-made Demonstrator for the dementia secondary prevention programme. The model is being piloted as a single pathway operated through a partnership between GMMH (Dementia specialist diagnosis, clinical leadership and neighbourhood delivery), MFT (Cardiovascular, Geriatrics and Cerebro Spinal Fluid (CSF) testing laboratory capability) and the Alzheimer's Society (Brain Health Navigator support, outreach into underserved communities, and research participation). Governance and reporting to the Live Well Board and the GMCA evaluation framework

6.8. The **prevention** offer is integrated with Live Well and the VCFSE sector. Each person leaves with a plan that addresses hypertension, alcohol and smoking, hearing and vision, medicines optimisation, mobility, and social and cognitive activity. This will allow integration with Live Well spaces, social prescribing (Brain Health Navigators) and neighbourhood connectors. This aligns with the Demonstrator's intent to wrap public services around people in their community and with Live Well's funded year-one actions: centres and spaces, shared booking platform, workforce training, and a minimum 50% of joint investment directed to VCFSE—into which the BHC is already connecting residents.

7. SUMMARY OF PROPOSED STRATEGIC PRIORITIES FOR GREATER MANCHESTER – 2026 – 2030

7.1. Greater Manchester has much to be proud of with many examples of excellent, compassionate support for people living with dementia, their families and carers, both formal and informal in every sector, and has a good reputation for its

commitment to dementia and approach to quality improvement. However, the scale of the challenge, given that we are all potentially affected, (directly or indirectly) is huge and every group and sector within our Greater Manchester integrated care partnership can help make a difference.

7.2. There is a strong shared ambition to continue to improve and develop current provision for people who have not had a positive experience or who do not know how to reach the help they require, and to make Greater Manchester the best place to live for everyone affected by dementia.

7.3. The programme outlined below is ambitious but also necessary as this crucial work continues.

7.4. The proposed Strategic Aims or Pillars for the Dementia and Brain Health Programme in the Greater Manchester ICB for the next four years are.

- **Equity and System quality improvement** – raising quality standards of care, support, training and consistent pathways
- **Dementia and Live Well** – welcoming and inclusive `hubs and navigators and dementia friendly communities
- **Brain Health and Prevention** – addressing modifiable risk factors, prevention & early intervention
- **Research and Innovation** – supporting and preparing for new tests and treatments

7.5. Each of these have several project delivery areas aligned to the ongoing areas of work outlined in the report above.

7.6. This outline will be further shaped by emerging reforms within the NHS at a regional and national level but will seek to align with all agreed strategic priorities, shaped by the consultation and engagement undertaken with stakeholders to date and known data to create meaningful outcome measures.

8. RECOMMENDATIONS

The Integrated Care Partnership Board are requested to:

- Note that Dementia is one of our greatest health challenges and note the national context and planned changes seeking to address this through the MSF for dementia and frailty
- Reflect on the data showing improving and good performance in Greater Manchester, and the continued work to drive quality and consistency and to reduce unwarranted variation
- Note the value of diversity and inclusion including the central role of lived experience, and the role of DCERG in co-design and holding us to account through our governance structure
- Note key examples of new development work taking place in Greater Manchester
- Endorse the Four Pillars of the Greater Manchester Dementia Programme in Greater Manchester described in section 7.4 and help identify how all system partners can work together towards these shared ambitions.