



# A refresh of Sandwell's strategy for 2025 - 2030

## Abstract

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# Content

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# Executive Summary

The vision of the Sandwell Dementia Strategy is to continue to work towards the creation of a society without stigma, where people with dementia feel safe in the knowledge that responsive services are based on an understanding of their needs and are empowered to access information, advice, guidance, and support which is readily available whenever they or their families need it.

The overall aim of this strategy is to raise the profile and importance of dementia care and support, and to build on the progress that Sandwell has already made in improving the lives of those living with the effects of dementia, including carers.

It is vital that Sandwell Citizens, Health, Social care and care providers develop a shared vision of aspirations for the future with regard to dementia care and services. This is particularly crucial for Sandwell, given the ageing population and anticipated rise in the numbers of people with a diagnosis of dementia including those diagnosed under 65 (Young onset dementia)

Up to 40% of dementia is considered potentially preventable<sup>i</sup>. What is good for the heart is also good for the brain, which is why the strategy will also include actions to tackle high blood pressure, physical inactivity, alcohol and obesity, and to promote healthy eating.

The five key priorities of the strategy have been quantified below to reflect NHS England's transformational pathway for dementia and thus the Black Country's Integrated Care Systems Dementia Strategy 2024 - 2029

- 1. Preventing Well:** Dementia is not an inevitable part of ageing a Public Health life-course model will be adopted which can potentially reduce modifiable risks for dementia. By raising awareness, understanding and provide information and support to reduce the risk factors affecting dementia
- 2. Diagnosing Well:** Improve assessment and diagnosis which are culturally appropriate, by improving timely diagnosis, assessment, and accessibility for everyone, especially those under 65 and people with a learning disability
- 3. Supporting Well:** Crisis avoidance due to increased need as symptoms develop, by supporting those living with the effects of dementia including carers to access the right care and support for them, at the right time and in the right place. When there is a need for a care home placement, hospital admission or inpatient care for older people with mental health services people can do so with confidence that environments, processes and support are dementia friendly and staff understand the needs of people living with the effects of dementia.
- 4. Living Well:** Sandwell will continue to work to become a dementia friendly Bourgh – where individuals, communities, organisations and businesses all support people with dementia to live well. The Council will work to ensure everything that we do can

show how the needs of those living with the effect of dementia has been considered from housing, transport, green spaces through to regeneration.

**5. Dying Well:** Having the opportunity to prepare for end of life and make informed decisions about your wishes by improving the understanding of end-of-life care for those living with the effects of dementia including carers and support the recording of the wishes. Work to improve access to palliative and end of life care in Sandwell for those living with the effects of dementia.

We are living in a time of significant change and this strategy will be reviewed on a regular basis to ensure it remains current through its life. The government has already announced some measures which will help those living with the effects of dementia including carers, if they are not superseded summarised:-

- ✓ The government's social care charging reforms, with more generous means testing and lifetime cap on care costs
- ✓ The integration white paper to better link health and social care systems
- ✓ The Health and Care Act, which will put the person at the centre of care, with local systems designed to deliver seamless care and support people in retaining their independence, health and wellbeing
- ✓ Levelling up healthcare and reducing disparities across the country so everyone has the chance to live longer and healthier lives, wherever they come from and regardless of their background

It is anticipated further significant dementia related changes at a National level are inevitable over the next 18 months.

# How this strategy has been developed

Gathering the views and understanding the needs of those living with the effects of dementia in Sandwell has been a consistent approach since 2019 not just at key points in the commissioning cycle. This has been critical in evaluating how effective the work to deliver the “Better Lives” strategy including Sandwell Community Dementia Service [SCDS] has been and what still needs to be improved. The following has been considered:

- Quarterly contract monitoring data /information for SCDS
  - Case studies
  - Specific view seeking questions of people with lived experience i.e. What was there experienced of the diagnostic pathway
  - Quarterly and annual SCDS service satisfaction surveys
  - Quarterly Collaborative commissioning meetings
- Independent evaluation of SCDS 2023 /24
- BCICB engagements process for the development of the Black Country dementia strategy 2023/24
- Expert by experience group [NHSE]
- InvolveD Research project Wolverhampton University
- Market engagement events October and November 2025
- Adult Health and Social Scrutiny Committee January 2026
- Feedback from Training / awareness raising activity
  - Virtual reality bus events 2026
  - Dementia Friendly Sandwell Workshops

## Local and National Drivers

There is no single "dementia strategy in 2025" for the entire UK, but many organizations and local governments have released or are updating their plans for the 2025-2030 period and beyond. Key themes include improving timely diagnosis, ensuring timely and consistent support for people living with the effects of dementia including carers, focusing on prevention through public health measures, and enhancing care environments. The following National and Local Drivers have been considered:

### National Drivers

Below are several National and International papers considered, other research papers considered can be found in the end notes.

Dementia UK's Strategy (2025-2030):

Aims to have 1,000 Admiral Nurses by 2030 to support 250,000 people, with a goal of expanding coverage to all parts of the UK. <sup>ii</sup>

WHO Global Action Plan on Dementia:

In May 2017, the WHO adopted a plan for 2017-2025 that includes targets for 75% of countries to have a tailored response to dementia by 2025, including public awareness campaigns and support for families and carers. <sup>iii</sup>

Parliamentary Debate:

In June 2025 a debate took place in the UK Parliament and highlighted the need for a national strategy, including funding, to improve dementia care, early diagnosis, and support for families.

CQC Report May 2025:

Dementia strategy: a review of the experiences of people with dementia in England and how health and care services are responding<sup>iv</sup>

Build Back Better – GOV.UK 2024 - plan which introduced a lifetime cap on adult social care costs and reforms to the means test

People at the Heart of Care 2022- white paper focusing on technology, housing, workforce, and carers. Other significant changes involve increased funding for reforms, a push for digitisation and AI in the NHS

Truly Fit For The Future – NHS 10 Year Plan 2025C

Care Act 2015

Health and Social Care Act 2022

Mental Capacity Act 2005

Mental Health Act 1998 (amended 2007)

### **Local Drivers**

The following local drivers have been considered during the development of this strategy

Sandwell Vision 2030

Ageing Well in Sandwell - Report March 2024, with Falls Update July 2025

Sandwell Better Mental Health Strategy 2024-2029

Sandwell LGBTQ+ Health Needs Report 2023

Sandwell Substance Misuse: Needs Assessment - Summary, and Strategy 2022

Sandwell Housing Strategy 2023 – 2028

Sandwell Health and Wellbeing Strategy 2022

Sandwell Regeneration Strategy 2022 – 2027

Sandwell Climate Change Strategy 2020 – 2030

Sandwell Place Based Strategy

Sandwell Carers Strategy 2022 - 2026

## Our Vision

**Our vision is to make sure that people with dementia, their families and carers are supported to live life to their full potential. We want the people in Sandwell to be able to say:-**

- ✓ I can live my life that I continue to choose
- ✓ I live in a dementia friendly community
- ✓ I know who/where to turn to for information, support and advice
- ✓ I have access to timely and accurate diagnosis, delivered in an appropriate way
- ✓ I have access to the right support that enables me to live well at home for as long as possible
- ✓ My voice is heard, listened to, and is taken into account in relation to my own health and wellbeing
- ✓ I Know that when the time comes, I can die with dignity in the place of my choice

## Our principals

We will strive to:

- ✓ Listen to and engage with people with dementia and their carers through co-production
- ✓ Enable and facilitate people to make informed choices and exercise choice and control over their lives
- ✓ Involve people in decisions about their lives
- ✓ Support people to access the right services at the right time
- ✓ Involve, engage and support carers
- ✓ Commission integrated services which are straightforward to navigate and access support
- ✓ Strive to tackle the stigma associated with dementia
- ✓ Support people living with dementia in the workplace and those who care for someone living with dementia
- ✓ Advise on technological support, equipment and adaptations

# What we have achieved through 2019 – 2025 strategy

Our plans have been – and continue to be - based on what people with dementia, their carers, and people working with people with dementia, had said was important to them. We have checked our progress regularly to make sure we had been making a difference, including by asking people with dementia and their family carers what their experiences have been. Although there were lots of positive achievements between 2019-2025, we know there is still more to do.

- ✓ The National target for dementia diagnosis is 67% of those at risk of dementia should have a diagnosis. In 2019 the diagnostic rate in Sandwell was noted to be 61%. You told us this was a priority area for improvement and in September 2025 the diagnostic rate was 74%
- ✓ The National target for referral, diagnosis and in treatment is 6 weeks. In 2019 you told us it was taking on average a year to receive a diagnosis, and this was a priority area needing improvement. In December 2024 on average most people are receiving a diagnosis within 6 to 9 weeks
- ✓ In 2019 you told us, once you received a diagnosis of dementia there was no support available to help you continue to live well and access to information and advice was difficult. You told us this was a priority area needing improvement. In 2020 there were 2 small grants in place with 2 organisations to support people living with the effects of dementia. In 2020 / 21 significant investment was made, we commissioned Sandwell community Dementia Service [SCDS] to provide information, advice and support. Training and awareness raising opportunities for people living with the effects of dementia, communities, colleges and schools as well as professionals. 400 people were transferred into the service in 2020 /21 and in September 2025 the service now supports nearly 2000 people.
- ✓ In 2019 you told us support across health and social care was not joined up. You told us that services needed to integrated better. In December 2024 Black Country reported on average between 95 and 98% of people diagnosed with dementia were directly referred into SCDS
- ✓ In 2019 you told us there needed to be a great awareness of dementia across Sandwell communities of dementia. You also told us you wanted health and social care professionals you are supported by to be trained in dementia. During the last 5 years SCDS have delivered training and awareness raising opportunities in communities across Sandwell for faith groups, community groups, businesses, schools, colleges, health and social care teams.
- ✓ In response to you telling us the importance of improved information, advice and training for health and social care professionals we developed and launched a dementia support planning tool kit in 2024
- ✓ We commissioned the dementia virtual reality bus to deliver training for elected members and senior leadership team in Sandwell plus wide health and social care teams. 4 separate visits of the bus with opportunity for 34 o

each visit a total 136 places. A further 2 bus visits were commissioned to provide training for leads across long term care organisations

- ✓ In 2019 you told us it was important for Sandwell to be Dementia Friendly. We have included resources within SCDS to support establishing a Dementia Friendly Sandwell. We have invested in Stirling University Built Environment for dementia toolkit and raised awareness across the Councils Directorates of the importance of environments that are dementia friendly.

Through this engagement we have updated and reshaped our Strategy to ensure that it will continue to help us to improve dementia care and support between 2025-2030.

## What is dementia

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning.

There are many different causes of dementia, and many different types. Alzheimer's Disease is the most common cause of dementia (around 50%-75% of all cases) and vascular dementia is the second most common type (up to 20% of cases). Other forms of dementia include frontotemporal dementia, dementia with Lewy Bodies, and young onset dementia (those under the age of 65). As outlined on the NHS website<sup>1</sup>

Dementia symptoms may include problems with:

- memory loss
- thinking speed
- mental sharpness and quickness
- language, such as using words incorrectly, or trouble speaking
- understanding
- judgement
- mood
- movement
- difficulties doing daily activities

A person with dementia will usually need help from friends or relatives, including help with making decisions. The symptoms of dementia usually become worse over time. In the late stage of dementia, people will not be able to take care of themselves and may lose their ability to communicate.

With the right help and support, many people can, and do, live well with dementia for many years.<sup>v</sup> Although there is currently no cure for dementia, there are medicines and other treatments that can help with some dementia symptoms. A timely diagnosis is also key to ensuring people get the support that they need.

National research tells us that by modifying the dementia risk factors we are able to change, around 4 in 10 cases of dementia could be prevented. Experts agree that what's good for your heart is also good for your brain.<sup>vi</sup>

## What the data tells us about dementia

There are estimated to be 3,555<sup>vii</sup> people aged over 65 currently living with dementia in Sandwell. This is approximately 7% of the 51,600<sup>viii</sup> people aged 65 years and over in Sandwell. There are also approximately 87<sup>ix</sup> people aged under 65 in Sandwell with young onset dementia. It is estimated to be 5,327<sup>x</sup> aged between 18 and 64 with a learning disability in Sandwell of which there are 148<sup>xi</sup> people with Down's syndrome, for whom the prevalence risks increase.

Data suggests that the number of people aged over 65 years in Sandwell could rise to about 62,700 by 2040. Research by the Alzheimer's Society warns that the projected rise in dementia prevalence poses a significant healthcare, social care and economic challenge, with healthcare costs for people with dementia estimated to more than double between 2024 and 2040. The study recommends that key areas of action to mitigate this are to: improve early and accurate diagnosis; ensure full uptake of NICE (National Institute for Health and Care Excellence) approved medicines; support unpaid care; Improve social care; and improve dementia data capture.

Sandwell MBC data indicates that people in receipt of adult social care support include ?? people in a residential care home with dementia noted in their records (this will include some people without a formal diagnosis); and ?? people in a nursing home.

We know from national research that vulnerable individuals face increased dementia risk due to lifelong exposure to risk factors, compounded by poverty and ethnicity.

<sup>xii</sup>Those most affected lack the means to adopt healthier lifestyles. Sandwell is one of the 20% most deprived local authorities in England. Not surprisingly, Sandwell has health outcomes to match these extremes<sup>11</sup>. This includes a gap in healthy life expectancy of 20 years for women between most and least deprived areas. There is a direct correlation between this and the disproportionate impact of dementia on women: Two in three people with dementia (65%) are women, and longer life expectancy alone does not explain this disparity. Women are also more likely to care for a loved one with dementia – making up around two thirds of unpaid carers<sup>xiii</sup>.

We know that there are inequalities in people's experiences of getting help, and their outcomes. Access to diagnosis, care and treatment and wider support is felt differently by people who are already disadvantaged. Our plans for the way forward will respond to this with a focus on ensuring gaps and barriers within support networks, and broader awareness of the support available, are addressed through partnerships with communities and voluntary, community and social enterprise (VCSE) groups across Sandwell

Primary Care data from GP records by diagnosis and ethnicity is not routinely published on NHS Digital which doesn't enable a comparison to be made with data in the 2021 census. 57.2% of people aged 65+ in Sandwell identified as being white British in the 2021 census. Improvements need to be made on ethnicity recording. This may be in part due to recording gaps but it is of particular concern due to national evidence showing that dementia rates are 22% higher among black people in the UK compared to white people, while black and South Asian dementia patients die younger, and sooner after diagnosis. Researchers noted that people in ethnic minority communities may be less likely to seek treatment for memory problems, perhaps due to stigma around dementia, or other barriers to accessing timely and effective care.<sup>xiv</sup>

## Summary of existing support

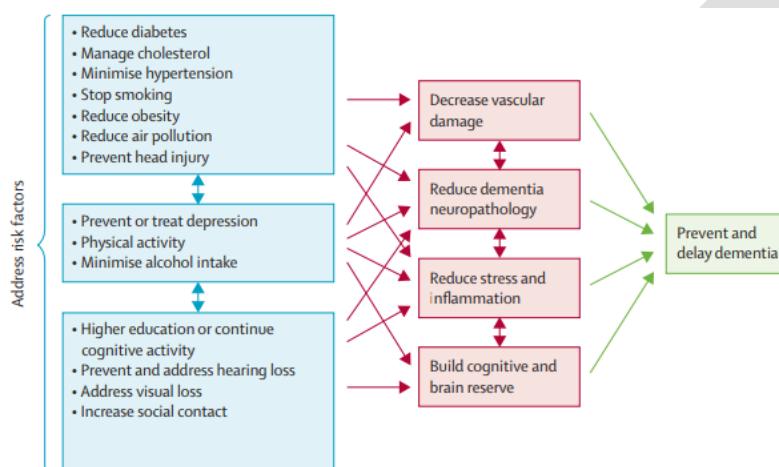
# The Five Priorities of this Strategy

## 1. Preventing well

Dementia is not an inevitable part of ageing. The Lancet Commission wrote a report in 2017, updated in 2020 and 2024 entitled *Dementia prevention, intervention, and care*<sup>xv</sup>.

This strategy recommended how a life-course model can potentially reduce modifiable risks for dementia.

The model below summarises possible mechanisms for prevention of developing or delaying the onset of dementia by up to 40%.



**Fig 1. Possible brain mechanisms for enhancing or maintaining cognitive reserve and risk reduction of potentially modifiable risk factors in dementia.**

Some mechanisms involve reducing the risk of developing neuropathological damage. This is through interventions to minimise the risk of developing diabetes, hypertension and high cholesterol, preventing head injury, and preventing exposure to air pollution.

Exercise might reduce weight and diabetes risk, improve cardiovascular function, decrease glutamine, or enhance hippocampal neurogenesis. In short, what is good for the heart is good for the brain.

Two in three people with dementia (65%) are women, and longer life expectancy alone does not explain this disparity. One potential lifestyle related factor is that women in the UK are more likely to become less physically active than men earlier in life<sup>xvi</sup>.

Smoking increases air particulate matter and has vascular and toxic effects. Similarly, air pollution might act via vascular mechanisms potentially leading to neuropathological damage.

The second group of interventions include social interactions and reducing isolation and loneliness, reducing risk of depression and addressing and treating hearing and sight loss.

Early-life factors, such as less education, can affect the resulting cognitive reserve. Midlife and old-age risk factors influence age-related cognitive decline and triggering of neuropathological developments. The preventative measures need to be implemented throughout the life course and requires policy change at a societal level and not just at an individual level.

Culture, poverty, and inequality are important obstacles to, and drivers of, the need for change to cognitive reserve. Those who are most deprived need these changes the most and will derive the highest benefit from them.

#### Specific actions to reduce dementia risk across the life course

The Lancet Commission recommends several specific actions across the 14 risk factors:

- Ensure good quality education is available for all and encourage cognitively stimulating activities in midlife to protect cognition.
- Make hearing aids accessible for people with hearing loss and decrease harmful noise exposure to reduce hearing loss.
- Treat depression effectively.
- Encourage use of helmets and head protection in contact sports and on bicycles.
- Encourage exercise because people who participate in sport and exercise are less likely to develop dementia.
- Reduce cigarette smoking through education, price control, and preventing smoking in public places and make smoking cessation advice accessible.
- Prevent or reduce hypertension and maintain systolic blood pressure of 130 mm Hg or less from age 40 years.
- Detect and treat high cholesterol from midlife.
- Maintain a healthy weight and treat obesity as early as possible, which also helps to prevent diabetes.
- Reduce high alcohol consumption through price control and increased awareness of levels and risks of overconsumption.
- Prioritise age-friendly and supportive community environments and housing and reduce social isolation by facilitating participation in activities, use of green spaces and living with others.
- Make screening and treatment for vision loss accessible for all.
- Reduce exposure to air pollution.

#### What will be different

- Departments in the Council will be continued to be lobbied to make policy change around wider determinants of health such as early years provision, education throughout the life course, climate change and commercial determinants of health.
- There will be increased awareness throughout communities about the risk factors for developing dementia. This in turn will mean that there will be increased access to programmes to reduce their risks of developing dementia. This work will recognise the need for more targeted interventions to reduce dementia risks for ethnic minority groups and for women.

- Making Every Contact Count - There will be increased awareness in all health and social care staff about the risk factors for developing dementia. This in turn will mean that ALL staff can signpost people to appropriate services to reduce their risks of developing dementia irrespective of the reason for initial contact.
- People with hypertension will be identified and offered appropriate management and treatment.
- People with impaired hearing and vision will be identified and offered appropriate management and treatment.
- Dementia risk awareness will be included in existing health and social care programmes and throughout the dementia pathway.
- People with cognitive impairment waiting for assessment will receive information about keeping well and services available to them.

## **2. Diagnosing Well**

Although there is currently no cure for dementia, a timely diagnosis unlocks the door to appropriate care and treatment.

It also gives the person living with dementia the best opportunity to ensure their wishes are taken into account in the development of their care plan and more chance to take part in research if they wish to do so.

National data shows that 65.4% of patients aged 65 or over who are estimated to have dementia had a recorded diagnosis of dementia. In Sandwell we are performing better than the national average and have diagnosed 74% of the estimated number of people who are expected to have dementia in September 2025

This means we are reaching more people than the national average and are better able to provide them with support. While we are performing better at diagnosing more people over 65, people under 65 [young on set] have told us about long waits in receiving a diagnosis on average 10 years.

Mild Cognitive Impairment can be a pre-cursor to dementia in some cases. It should be diagnosed in a timely way so that interventions can be offered to try and reduce progression to dementia.

There is still more work to do to understand the barriers and increase the diagnosis rates for, different groups within our population to ensure there is fair access and assessment. For example: People from minority ethnic groups: we need more appropriate cultural adaptations to interventions and services.

People with a learning disability: The prevalence of dementia in people with learning disabilities is higher than in the general population. However, the early stages are more likely to be missed or misinterpreted, particularly if several professionals are involved in the person's care.

People who are Deaf: Deaf British Sign Language (BSL) users can face significant barriers to getting a timely dementia diagnosis and accessing inclusive post-diagnostic support.

Research by the Alzheimer's Society warns that the projected rise in dementia prevalence poses a significant healthcare, social care and economic challenge and that a key area of action to mitigate this is to improve early and accurate diagnosis and to ensure full uptake of NICE (National Institute for Health and Care Excellence) approved medicines<sup>20</sup>. These actions are linked as some medication<sup>xvii</sup> is only appropriate during early or middle stage dementia. Alzheimer's Society research estimates that less than 6% of dementia patients are on NICE-approved medications.

### **What people have told us**

- The waiting time for a diagnosis for those with a complex presentation is excessive on average 45 weeks and as a result increases anxiety and stress

on carers and patient. The process is sometimes unclear as in what GPs do and which specialist services are involved. Some patients and carers have felt “*not listened to*” by their GPs.

- Patients from ethnic minority groups have increased barriers to diagnosis due to different cultural beliefs, when seeking a diagnosis a lack of culturally appropriate information and diagnostic tests.
- There were a number of people who described being “*dumped*” following initial referral to just cope on their own.
- Some people said they would be happy to receive their dementia diagnosis from their GP, especially if this meant a shorter wait, but some people also asked for assurance on things like if this would affect their ability to claim dementia related benefits and if it would work with GPs who didn’t have dementia as their special interest area

#### What will be different

- Patients presenting with concerns over cognition will still be offered further investigation and assessment. GPs will continue to make referrals into specialist memory services but also to make more community pragmatic diagnoses of advanced dementia (for older adults) where this is most appropriate. Patients diagnosed in primary care will still have access to post diagnostic services.
- More hospital doctors (older adult geriatricians – doctors who specialise in treating older people) will make a diagnosis of advanced dementia where this is most appropriate. If there is a need for later reassessment (due to possible delirium) then investigations will be started or requested while the person is still in hospital, to enable that process after discharge. Patients diagnosed in Sandwell and West Birmingham Hospitals will still have access to post diagnostic services.
- To support the increase in primary care/hospital diagnosis of advanced dementia, there will be clear pathways between in primary care/hospital and specialist memory services to enable people to be diagnosed and treated in the most appropriate place.
- We will develop and enhance the service provided through the Memory Service at Black Country NHS Trust. This will support broader involvement of the wider workforce in Sandwell in providing assessments, better access to support from VCSE partners and a move towards an approach that is better placed to help patients access the new treatment options which are in the pipeline in research or developing approaches to clinical care.
- There will be improved waiting times for patients waiting for a specialist memory service assessment (for both those aged under 65 who are referred to Sandwell and West Birmingham Hospitals and those over 65, referred to Sandwell Health and Social Care).
- Following diagnosis, Memory Service, Neurology, and GPs should refer people where they can to access post diagnostic support – including Sheffield’s Dementia Advice Service; Sheffield Carers Centre; and support from young onset dementia services.

- We will increase the diagnosis rates for people with a learning disability, using appropriate resources and diagnosis tools. Better liaison between the Community Learning Disability Team and Neurology will fast track diagnosis wherever possible via multi-disciplinary team meetings (MDTs).
- We will increase the diagnosis rates for people across ethnic minority groups, working with communities to develop and use more culturally and linguistically appropriate resources and diagnosis tools.
- We will explore ways to make diagnosis more accessible for Deaf people in Sandwell.
- There will be greater use of new technologies to support the diagnostic pathway.
- Carers' voices will be heard during the assessment process. There will be an offer of carer support before, during and after diagnosis and also at ongoing reviews.
- People diagnosed with Mild Cognitive Impairment will be offered information on helping reduce progression to dementia and will be reassessed to diagnose dementia if it occurs.
- Where possible patients will be offered to be involved in research opportunities. We will particularly encourage uptake of people who tend to be under-represented in research opportunities (people from ethnic minority backgrounds and women).
- Sandwell will continue to work with regional and national leads to explore emerging good practice to ensure this strategy actions are effective with no gaps in the improvement journey.

### **3. Supporting Well**

Since the launch of our 2019-25 "Better Lives" Dementia Strategy, we have commissioned and established services and referral routes to support people living with dementia and their families across the whole pathway of their dementia journey:

- Sandwell Community Dementia Service: A new one-stop shop for dementia advice for people with dementia, their families and professionals.
- Direct referrals from the Memory Service of those newly diagnosed with dementia into Sandwell Community Dementia Service is on average 95%.
- People Keeping Well - Dementia Support: Dementia Navigators and Advisers support nearly 2,000 people in 2025 living with dementia including carers, this is a significant increase from the nearly 400 people who were transferred into this new service in 2020. Following initial triage, a personalised support plan and advanced care plan are developed. The service provides 3 tiers of support, call care, maintenance and intensive, to enable to continue to live well in their communities and avoid crisis were ever possible.
- A specialist young on set adviser role was established in 2020 in the new service supporting the development of age appropriate groups and peer-support opportunities.
- Small community-based groups have been supported to become dementia friendly, through awareness rising opportunities and training. Groups are based around ideas and suggestions from people living with dementia and

what matters to them examples: sport and recreational leisure activity groups and faith-based groups. This work has adapted accordingly to local demand based on what people want to continue to do or what they would like to do.

- Teams across health and social care have taken part in training opportunities by the service when requested or when it has been identified training would be of benefit to improve outcomes for patients. Examples: hospital discharge teams, end of life services, diabetics services.
- A Dementia Support Planning toolkit was developed during 2023 and following an extensive consultation was launched in 2024.

The Black Country is an outlier with the number of care plans in place for patients with a diagnosis of dementia on Primary Care [GP'S] registers at 55% in July 2025 compared to 95% for Greater Manchester. Some progress has been achieved in building relationships with Primar Care in Sandwell but much more work is required to ensure a seamless pathway and care planning is a good example of the difference to patients, carers and professionals that can be made to improve outcomes while reducing duplication.

#### What people have told us

47% of the overall respondents in the 2025 Dementia Survey said Sandwell Community Dementia Service are having a positive benefit to helping them live well with dementia. They were described in the survey as a “Lifeline”, helping people to “Feel less alone and have a place where they feel safe and supported to talk about their daily challenges without judgement”. The Dementia Advisers were praised for being the “Go-to person” and giving people with dementia “Confidence” to live their lives.

Many people living with dementia, their unpaid carers and dementia professionals told us that they appreciated having “Good, clear sources of information in one place”. However, others told us they are struggling to find all of the relevant information, and it is difficult “If you are a sole carer you basically don't have a lot of time or patience to read stuff or search the internet for an answer”.

The other main themes for what people found difficult about local dementia support were: a lack of effective links between services; a desire for an even greater variety of dementia groups; a lack of culturally appropriate support; a lack of services for those with higher Young Onset Dementia needs; and a lack of befriending support.

#### What will be different

##### **Crisis avoidance**

##### **Hospital admission**

#### **4. Living Well**

Sandwell will become a dementia friendly Bourgh – where individuals, communities, organisations and businesses all support people with dementia to live as well as they can.

Dementia support and awareness in Sandwell have increased over the last 5 years, however, the growing impact of an aging population on dementia prevalence means the number of people living with dementia is predicted to keep increasing.

Feedback received over the last 5 years and the dementia survey 2025 have informed the next steps. People with dementia and their families noted that there has been some progress towards Sandwell being a dementia friendly Bourgh through an *“Increased awareness of dementia and how it impacts people living with it and their families”*, and that this progress should be positively celebrated. They felt that the biggest impacts were through *“Attitudes”*, *“Being included”* and *“Patience”*.

However, people told us there are still gaps and difficulties relating to dementia-friendly transport, community transport, centre parking, and a lack of awareness and understanding about dementia within the wider community. The survey told us that some communities have different perceptions on dementia and that there is a lack of culturally appropriate facilities and resources for diverse communities in Sandwell

This all leads to a lack of support whilst out and about, which in turn increases isolation for those living with dementia, and those caring for them, if they can't go to everyday places.

### What will be different

Our ambition is that Sandwell is proud to be a dementia friendly Bourgh, where everyone with dementia feels accepted and included when they are out and about. This is not limited to dementia-specific services, but includes their local communities, the town centres and when they are interacting with any organisation or business. Sandwell Dementia Action Alliance (SDAA) in 2019 had limited membership to health and social care statutory services and voluntary service providers with an interest in dementia. In 2020 an independent chair was found but proved to be an unsustainable position.

- The SDAA will be revised, and a Sandwell Dementia Partnership Board will be established to enable businesses and organisations easier access to support to become dementia friendly. Dementia Ambassadors from the Councils Directorates will be invited to provide updates on their progress in making Sandwell a dementia friendly Bourgh.
- An accessible toolkit of dementia-friendly resources including Stirling University Built Environmental toolkit will be regularly updated to ensure appropriate for the changing demographic and generational transition from paper to technology.
- We will work with transport authorities and businesses to ensure there are dementia-friendly transport options.
- In collaboration with housing providers, we will explore creating dementia-friendly housing adaptations.
- In line with Sandwell's Housing Strategy, we will support new major housing developments designed to be 'lifetime neighbourhoods' and dementia-friendly; and improve housing-related support for people living with dementia.

- We will work with community groups and their leaders to better understand their unique needs, concerns, and suggestions regarding dementia care and support.
- We will ensure that everyone has access to correct, culturally appropriate dementia information in a way they can understand, which may include resources translated into multiple languages and made accessible in various formats.

## 5. Dying Well

Each person with a diagnosis of dementia is unique. It is therefore key that the wishes of the person, as far as it is possible to do so, are understood and carried out, allowing them to die with dignity, free from pain and in the place of their choice. This Strategy Commitments will align with national guidance on dementia and palliative care and with the Black Country Integrated Care Board Palliative and End of Life Care Strategy<sup>xviii</sup>.

What people have told us

Sandwell Dementia survey 2025 asked for people's views and experiences of end of life and palliative care. Responses reflected how important it is for health professionals to have timely open and honest conversations about the future with people living with the effects of dementia including carers to find out about peoples' preferences for care and to inform them about how they may be supported in the future, taking into account, 'what matters to me' including any cultural and religious considerations.

The importance of continuity of care "*My mum had carers coming in several times a day for a couple of years, but when she qualified for health support her carers had to change, just a few weeks before she died*"

The importance of including any cultural and religious considerations was also reflected in the dementia survey "*It is important to continue to value the things that were of value to the person living with dementia, prior to their illness; for example, their presentation, their personal care, their choice in music, smells and tastes they recognise and like*".

### The Importance of Carers

It is estimated that in England, there are 676,000 people with dementia and around 540,000 carers who support them (NHS England). In Sandwell where there are ?? with dementia, this equates to approximately ?? carers. ??% of carers on the Sandwell Carers register, caring for people living with dementia.

Most carers of people living with dementia will be adults, but some may be young carers under 18, caring for a grandparent with dementia or a parent under 65 with Young Onset Dementia.

NHS England says that one in three people will care for somebody with dementia in their lifetime and that it takes an average of 2 years for someone to realise they're a carer. A survey by Dementia Carers Count in 2023<sup>xix</sup> found that 39% of unpaid carers of people

living with dementia provide care 24/7 and 29% have been caring for over five years. 25% described their physical health as poor and a third described their mental health as poor or very poor. 89% had reached crisis point at least once, with over a quarter trying to manage crises often

Research by the Alzheimer's Society<sup>xx</sup> warns the largest cost associated with dementia is the cost of unpaid care (accounting for 50% of the total in 2024) and that unpaid carers are a critical part of supporting people with dementia. The research estimates that 70% of carers will be seeking more support by 2040 and that an important way to mitigate this is to increase funding for respite, support and carer training.

#### **INSERT Sandwell Carers SUPPORT Detail / Data**

Sandwell Community Dementia Service has been commissioned in 2020 to include a single-point-of-access for anyone in Sandwell wanting advice, information and support about dementia. In September 2025 just under 1,000 carers were being supported with dementia specific issues by the service for those caring for people living with, dementia. Many carers report that the service has been a lifeline and helped them to avoid crisis situations.

Older Adults Treatment Teams (OAT's) provide a structured training opportunity for those living with the effects of dementia including carers following a dementia diagnosis. There are several small organisations in some areas in Sandwell that provide dementia specific group opportunities including peer support. Currently there is one dementia café available once a month.

What people have told us

## **Strategy delivery Plan**

<sup>i</sup> <https://www.alzheimers.org.uk/news/2024-11-22/lancet-40-dementia-cases-could-be-prevented-or-delayed-targeting-12-risk-factors>

<sup>ii</sup> <https://www.dementiauk.org/wp-content/uploads/dementia-uk-2020-2025-strategy.pdf>

<sup>iii</sup> <https://www.who.int/publications/i/item/global-action-plan-on-the-public-health-response-to-dementia-2017---2025>

<sup>iv</sup> <https://www.cqc.org.uk/publications/health-and-social-care-support-dementia>

<sup>v</sup> Can dementia be prevented - NHS ([www.nhs.uk](http://www.nhs.uk))

<sup>vi</sup> Can dementia be prevented - NHS ([www.nhs.uk](http://www.nhs.uk))

<sup>vii</sup> <https://www.poppi.org.uk/index.php?pageNo=334&sc=1&loc=8393&np=1>

<sup>viii</sup> <https://www.poppi.org.uk/index.php?pageNo=314&sc=1&loc=8393&np=1>

<sup>ix</sup> <https://www.pansi.org.uk/index.php?pageNo=408&areaID=8379&loc=8379>

<sup>x</sup> <https://www.pansi.org.uk/index.php?pageNo=388&sc=1&loc=8393&np=1>

<sup>xi</sup> <https://www.pansi.org.uk/index.php?pageNo=408&sc=1&loc=8393&np=1>

<sup>xii</sup> Tackling Inequalities in Dementia Risk - Alzheimer's Research UK ([alzheimersresearchuk.org](http://alzheimersresearchuk.org))

<sup>xiii</sup> The Impact of Dementia on Women - Alzheimer's Research UK ([alzheimersresearchuk.org](http://alzheimersresearchuk.org))

<sup>xiv</sup> Dementia rates over 20% higher among black adults than UK average | UCL News - UCL – University College London

<sup>xv</sup> Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission

<sup>xvi</sup> PowerPoint Presentation ([alzheimersresearchuk.org](http://alzheimersresearchuk.org)) Impact of dementia on Women 2022

<sup>xvii</sup> CF/Pathway Touchpoint ([alzheimers.org.uk](http://alzheimers.org.uk)) - The forecasted increase in dementia prevalence and cost is due to population growth, an aging population, and projected increases in the real-terms unit prices of care

<sup>xviii</sup> <https://blackcountry.icb.nhs.uk/your-health/health-advice/end-life/black-country-palliative-and-end-life-care-strategy>

<sup>xix</sup> <https://dementiacarers.org.uk/wp-content/uploads/2022/05/Invisible-2023-Report.pdf>

<sup>xx</sup> CF/Pathway Touchpoint ([alzheimers.org.uk](http://alzheimers.org.uk))