



Wolverhampton Integrated Dementia Strategy 2025-29

Improving the lives of people living with dementia and their families and carers, in the city of Wolverhampton



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Executive Summary

Dementia is a debilitating illness which is estimated to affect more than 3,100 people in Wolverhampton - with that number expected to rise by over 40% by 2045.

It can affect anyone at any time and has a major impact on the quality of life of those living with the condition. It can also have a physical, psychological, social and economic impact on their families and carers too.

Partners across Wolverhampton are determined to do all they can to support people living with dementia, and their families and carers. We are delighted that Wolverhampton was recognised as a Dementia Friendly City by the Alzheimer's Society, in recognition of the efforts that we, as a community are making to improve services and to make Wolverhampton as friendly and welcoming as possible to people living with dementia.

But there is much more we can and will do and the Wolverhampton Integrated Dementia Strategy 2025–2029, an overarching document that incorporates the City of Wolverhampton Council, Black Country Integrated Care Board (ICB), our Place-Based Partnership; OneWolverhampton, Black Country Healthcare (NHS) Trust (our lead mental health provider) and the Wolverhampton Dementia Action Alliance, will help enable us to do this.

The strategy has been produced by a multi-agency working group including representation from the voluntary and community sector as well as being informed by people with experience of dementia; both those living with the condition and their families and carers.

It seeks to develop proactive services and ensure good quality care and support. It includes not just commissioned services to support people with a dementia diagnosis, but wider public services and workstreams to prevent dementia risk factors and promote community asset-based services which will help people affected by dementia to live well in their community.

Ultimately, it will enable joint working across the voluntary, community, health and social care sectors, and aims to support people living with dementia and their families and carers to have the best possible life.

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Introduction

Dementia is one of the biggest challenges facing the nation today.

Some **900,000 people** in England are believed to be living with dementia, including **3,100 people in the city of Wolverhampton**, with somebody diagnosed with the condition every **three seconds worldwide**.

Dementia is an umbrella term used to describe many different types of dementia, particularly Alzheimer's Disease, Vascular Dementia and Dementia with Lewy bodies.

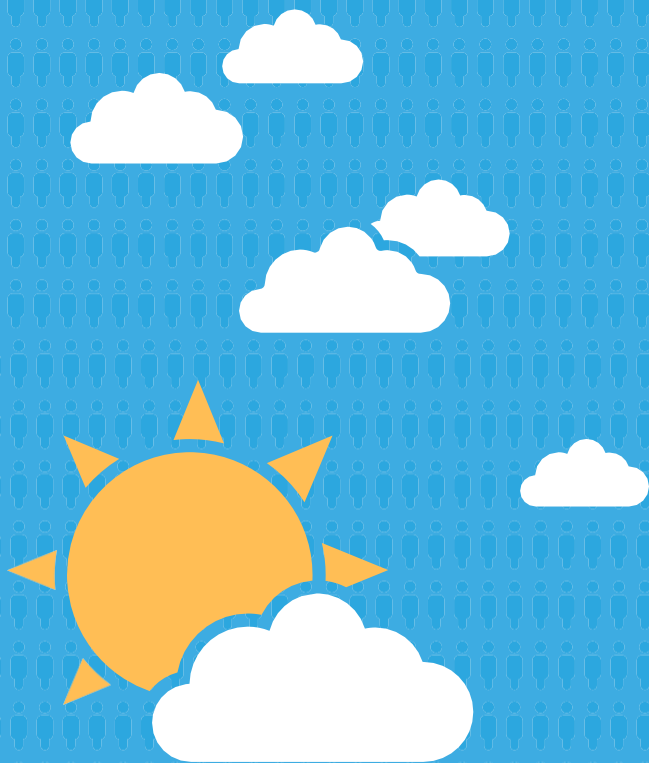
It can affect anyone and causes a decline in a person's cognitive (intellectual) abilities, affecting their memory, language, understanding, reasoning, problem solving and concentration, but each person's dementia is unique and so affects their lives in very different ways.

Cases of dementia increase with age, and as life expectancy increases, more and more people will be affected. Currently, one in 50 people between the ages of 65 and 69 have a form of dementia, compared to one in five over the age of 90. The risk of developing dementia increases significantly with age, roughly doubling every five years. By the time people reach age 90 and over, around 33 in every 100 are affected.

Diagnosis is often made at a later stage of the illness, and this can affect the person's ability to make choices and decisions.

Of course, dementia does not just have a devastating effect on the individual, but also their families and friends. An estimated half a million people in England, provide primary care for someone living with dementia and it's important that they get the help and support they need to carry out their caring role.

Life should not stop because of dementia. People living with dementia and their family and carers may need support to enable them to carry out activities and engage in relationships in a positive way, so that they can continue to lead a full and active life.



About the City of Wolverhampton's Integrated Dementia Strategy

The City of Wolverhampton Dementia Action Alliance were proud to be awarded Dementia Friendly Community of the Year 2018. A great deal of good work has continued to take place locally, to improve the lives of people living with dementia and their families.

The City of Wolverhampton's previous strategy was developed in 2019 by a multi-agency partnership with representation from the City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group, Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust.

This partnership work has continued through significant changes in the NHS, with the creation of Integrated Care Boards and the lead provider model, of Black Country Healthcare (NHS) Trust. Other organisations, local businesses, community groups and individuals also came together through the Wolverhampton Dementia Action Alliance to develop this strategy for people living with dementia in the City of Wolverhampton and their families or carers.

Reflecting both the local and national vision for transforming dementia care and support, the strategy seeks to develop proactive services and ensure good quality care and support that best meets the needs of people living with dementia, their families and carers. It follows a person-centred approach, putting the service user at the heart of the decision-making process. The Strategy is aligned with NICE Quality statements and was developed in line with 'Living Well with Dementia' (2012), the 'Prime Ministers Challenge on Dementia' and the Black Country Integrated Care System Dementia Strategy (2024).

It highlights several thematic areas and actions, and includes how we will measure impact of the strategy.

Since the previous strategy, there has been significant progress in developing and delivering support to people affected by Dementia, including families and carers.

Due to the consultation and partnership approach to developing this updated Strategy, the core aspirations remain unchanged. However, the way in which we design, develop and deliver support is changing due to many factors, including the increasing population and the increasing number of people being diagnosed with dementia in a climate of greatly reduced finance and resources.

This update is therefore an opportunity to:

- Align our strategic approach with national policy and relevant local delivery models;
- Review the aspirations of the Strategy;
- Work with partners, service users and carers to set new actions to continue delivering outcomes for people affected by dementia in the city of Wolverhampton;
- Drive new ways of working that will improve outcomes and the support available;
- Promote prevention messages and healthy lifestyles information; especially to key age groups and Black and Minority Ethnic communities, in line with the findings from Dementia UK, who have highlighted some protected characteristic groups whose understanding of dementia is lower, including those from black, asian and minority ethnic backgrounds, and adults under 24 and over 65;
- Reflect a stronger offer of support through continued, strong partnerships with health, social care and community organisations.

Integrated Dementia Strategy Headlines

A number of 'headlines' have been developed to highlight the most important themes emerging from the strategy and to provide an overview of what the strategy is aiming to achieve.

- Refreshing our topic specific **Dementia JSNA** to ensure we understand our population in relation to dementia.
- A bigger focus on **prevention**, taking into account the diversity within Wolverhampton and a focus on modifiable risk factors.
- Continuing to **work towards making Wolverhampton a Dementia Friendly City**, in which people with dementia and their carers feel confident to participate in everyday life and live well and independently for as long as possible.
- **Promoting dementia awareness programmes** for all members of the community, including health and social care staff, public and emergency service workers, retailers, businesses, schools, colleges and universities, Councillors and community groups, leisure and cultural facilities, care homes and housing associations.
- Developing more awareness and resources on **Young Onset Dementia**.
- Increasing the number of **people aged 40-74 who receive NHS health checks**, which includes dementia screening.
- Working together to understand how we can **reduce waiting times for assessment and diagnosis**; improving pre diagnosis, prescribing and post diagnosis support.
- Providing clear and accessible **written and verbal information** about dementia to people who are newly diagnosed and their carers, on the types of treatment available to them and the support offer.
- **Ensuring services are co-designed** and support equality, diversity and inclusion.
- Reviewing **currently commissioned services** to identify gaps and opportunities for joint commissioning.
- Ensuring professionals have **appropriate levels of education and training** around Dementia; particularly those caring for people.
- Improving **access to key services**, including those provided by voluntary and community groups.
- Offering a comprehensive **health and well-being assessment** to carers to help and support them in their role as a carer.
- Enabling more people with dementia and their carers to attend **dementia cafes** in the city of Wolverhampton, by ensuring that the diverse needs of the population are met and tailoring services appropriately.
- **Improving services** for people living with dementia such as housing, extra care support and adaptations within the home to help maintain their independence for as long as possible.
- Empowering people with dementia and their carers to actively participate in developing **personalised care plans**, helping them maintain independence for as long as possible.
- Providing carers with a range of **respite and short-break services** that meet their needs, and the needs of the person they care for.
- Enabling more people with dementia and their carers to be involved in advanced decision making and **advance care planning**; supporting them to plan and prepare for end-of-life care and make informed decisions about their treatment.
- Improving access to **palliative care services** for people living with dementia.

Our Progress

The City of Wolverhampton continues to be a Dementia Friendly Community reflecting the excellent work taking place through organisations who are members of Wolverhampton Dementia Action Alliance.

Significant progress has been made in raising awareness of dementia within communities. This progress is reflected in our diagnosis rates, which are higher than England and Black Country at 71.4 percent compared to 66.3 percent nationwide. Wolverhampton also has 13,000 'Dementia Friends'.

Through individual initiatives and collaborative efforts, more support is now available to people living with dementia in the City of Wolverhampton. Through the previous Strategy, we have:

- Continued to become as dementia friendly as possible, with organisations across the city undertaking **training, reviewing their services and where possible putting reasonable adjustments in place.**
- Rolled out **Dementia Friendly GP Practices**, to raise awareness of dementia, support diagnosis and improve post diagnostic support.
- Established a **cognition clinic** to support in diagnosing people where there may be other causes of cognitive impairment.
- Offered support and a free 'carers assessment' to **carers of people affected by dementia.**
- Commissioned a new **Dementia Community Support Service** which provides early, and ongoing one-to-one support, alongside other services.
- Undertaken a targeted approach to ensure people can access their **full benefit entitlement.**
- Strengthened the **social prescribing** offer.
- Strengthened the support offered in **care homes**, through partnership working on quality and providing training around Dementia, Advance Care Planning and End of Life care.
- Expanded the **early support offer** to provide earlier intervention and appropriate support.
- Continued to undertake **groundbreaking research** into dementia to benefit the City and the wider research base via the Centre for Applied and Inclusive Health research at the University of Wolverhampton.
- Offered a **Young Onset Dementia Clinic** to support people diagnosed before the age of 65.
- Supported patients better by offering a **bespoke training programme on dementia** for hospital staff.
- Increased support available by GPs through the **Primary Care Framework.**
- Shared knowledge and improved support through our **Better Care Fund.**
- Made closer links with our **lifestyle support services** including training staff to understand dementia risk and help impact modifiable risk factors such as promoting physical activity, supporting smoking cessation, improving diet, and managing conditions like hypertension and diabetes.
- Provided **housing enhancements** (e.g adaptations through the Disabled Facilities Grant) and building dementia friendly new builds (adapted or adaptable new builds).
- **Used digital technology** to improve the lives of people with dementia, in Wolverhampton by supporting independence, safety, and social connection through smart devices like sensors, reminders, video tools, and digital pendants.



Insight and Engagement Work

Across the Black Country in 2024, Involvement leads from the ICB, alongside partners, spoke with 16 groups and around 150-200 people living with or caring for someone with dementia, to understand their views and experiences.

The demographics of those people, included those with young onset dementia, recently diagnosed, carers, people who have lived with dementia for years, families who have lost loved ones to dementia, White British, White Polish, Black African, Black Caribbean, and those with Asian heritage. The ages of the people were mainly over 60 with some people in their 40s and 50s.

Further insights were gathered from community conversations held across Wolverhampton throughout September 2025, which drew on lived experiences of people living with dementia, carers and community organisations to ensure that the refresh of the Strategy was grounded in voices from those most affected.

As part of the Strategy refresh, a mixture of one-to-one discussions and focused workshop sessions were also held. The conclusion and summary of all the insights work, has highlighted challenges faced by individuals with dementia and their carers, identified systemic gaps, and actionable recommendations to improve diagnosis, support, and end-of-life care.



Preventing Well; people fed back that not enough is known about dementia by young people and that there is a need for educating young people to live healthily and be aware of the signs of dementia and how to prevent onset. Many young people said they were scared of those who have dementia.



Diagnosing Well; people felt that diagnosis is often slow and unclear; delaying access to support with families frequently being in crisis by the time a diagnosis is made. People highlighted limited awareness of services and poor communication at diagnosis; with clear documentation and early intervention needed. It was felt that carers' input was often overlooked; language barriers and capacity assumptions continue to persist.



Living Well; It was fed back that support groups like dementia cafés, are a great comfort and help people to live well. People felt that after being discharged from the memory assessment service, they felt alone. People living with dementia highlighted that they want medical professionals to "talk to me and not my carer", however, carers also identified that professionals often ignore carers' input, particularly around discharge decisions being made without family involvement. Physical health issues alongside dementia were highlighted; where it was felt there were gaps in service to focus on both the physical and mental health of people. It was highlighted that this, coupled with isolation, often compound dementia challenges.



Supporting Well; Across all conversations, a clear and consistent message emerged: People and carers are falling through the gaps between diagnosis and support.

Many spoke of a lack of support, with support services being overstretched. There was much praise for Admiral nurses, though again, it was acknowledged there was a need for more and sooner. It was felt there could be more support offered in community care settings to help maintain independence with awareness campaigns and connected services needed, to reduce stigma and isolation. Strengthening links with community groups and other community anchors would help with raising awareness of what is available, as well as piloting more culturally sensitive dementia outreach with community and voluntary sector groups.

The importance of individualised support for carers was also raised, alongside greater recognition and support; and it was agreed that Carers need access to respite, to stay well enough to continue caring, particularly as many experience fear and loneliness. Despite services available to support carers being highlighted, it was recognised that better communication and promotion of these services was needed.

It was felt that further support for young carers should be explored in partnership with schools, which could aid in education on Dementia, linking to Preventing Well point made above.



Dying Well; it was agreed that early planning and integrated care systems are essential to ensure end-of-life preferences, with advanced stage dementia identified as a priority. However, most people said they don't have plans for end of life and didn't like to discuss dying; this was a cultural issue for some. Some people spoke of having a Power of Attorney. Carers fed back how guilty they feel when loved ones go into care.



Young Onset Dementia

Young onset dementia (YOD) refers to any form of dementia that develops in a person under the age of 65, and it can affect people in their 30s, 40s, and 50s. While the underlying diseases are often the same as those in older adults, the symptoms, diagnosis, and support needs, present unique challenges for younger individuals and their families.

Unlike in older adults, memory loss is often not the first or most prominent symptom of young onset dementia. Instead, people frequently experience:

- **Cognitive changes:** Difficulties with concentration, planning, organizing, and problem-solving. They may also struggle with language, such as finding the right words.
- **Personality and behavioural changes:** Apathy, social withdrawal, loss of interest in hobbies, disinhibition, and a lack of judgment are common. These are sometimes mistaken for a mid-life crisis or a psychiatric condition.
- **Mood changes:** Anxiety, depression, and increased irritability.
- **Physical symptoms:** In some forms of YOD, people may experience changes in their gait, balance, coordination, or vision.

Types of young onset dementia

The types of dementia that affect younger people can differ from those in older adults. Younger people are more likely to have a rarer or inherited form. The most common types include:

- **Alzheimer's disease:** The most common type of dementia, affecting about a third of younger people with YOD.
- **Frontotemporal dementia (FTD):** This type is more common in younger people and affects the frontal and temporal lobes, which can cause significant personality and behaviour changes. It can be inherited.
- **Vascular dementia:** Caused by poor blood circulation or a series of strokes in the brain.
- **Lewy body dementia (DLB):** Characterized by deposits of a protein called alpha-synuclein that damage brain cells. Symptoms include fluctuations in thinking, visual hallucinations, and movement problems.
- **Alcohol-related brain damage (ARBD):** Caused by prolonged, excessive alcohol consumption and associated with a lack of Vitamin B1.
- **Rarer forms:** This includes conditions like Posterior Cortical Atrophy (PCA), which primarily affects vision, and dementia linked to Parkinson's disease.

Challenges for individuals with younger-onset dementia

1. **Delayed and inaccurate diagnosis:** Due to the rarity of YOD and its atypical symptoms, it often takes longer to receive an accurate diagnosis. This delay can lead to a long period of uncertainty, as symptoms may be dismissed as stress or a mid-life crisis by both the individual and healthcare professionals.
2. **Employment and financial insecurity:** A diagnosis of YOD can force an individual to leave their job prematurely. This results in the loss of income, professional identity, and social networks. Many individuals face financial hardship from lost earnings and the inability to access full pension benefits.
3. **Social stigma and isolation:** Many people report feeling that the diagnosis creates a barrier to social connection, as friends and family may not understand or know how to react. This can be compounded by the lack of age-appropriate support services and activities, leaving people feeling marginalised and isolated.
4. **Impact on family and relationships:** A YOD diagnosis sends shockwaves through a family. Partners are often forced to become caregivers at a younger age, potentially impacting their own careers and well-being. Explaining the diagnosis to dependent children and helping them cope with the changes can also be very challenging.

Young Onset Dementia – Key Facts



The population of people affected by young onset dementia is growing

60,000 people are estimated to be living with young onset dementia in England.

Only 55% of these people have a formal diagnosis of dementia; around 27,000 are undiagnosed.

By 2040 it is predicted that this population will grow to 85,500, as the overall population of people living with dementia increases to 1.4 million.



Diagnosis is significantly harder to obtain for those with young onset dementia

It takes an average of 4.4 years for younger people to get a diagnosis, compared to 2.2 years for over-65s.

30-50% of young onset dementia cases are misdiagnosed due to GPs misattributing symptoms to other conditions.

Only around half (53%) of memory services have a lead for young onset dementia.

For the majority of people, it takes five consultations before an accurate diagnosis is made.



People cannot access the care they need

42% of people with young onset dementia receive no support from services in the first six weeks after diagnosis.

The undiagnosed rate is 45% for young onset dementia, therefore a large cohort of people will be unable to access care and services that a diagnosis would provide.

Framework for the Young Onset Dementia Pathway

The Framework for the Young Onset Dementia Pathway, developed by Dementia UK and the Young Dementia Network, (working with an Advisory Group of experts in young onset dementia), outlines best practices and standards for a young onset dementia pathway.

The framework aims to help systems, in England, address the unique needs of people with young onset dementia (where symptoms develop before the age of 65), who often face specific challenges including changes in family roles and relationships, employment issues and loss of social identity. The framework includes clear guidance on implementation and learning from others to outline best practice and how the standards can be met.

Key principles underpinning the framework:

- a comprehensive, integrated and collaborative pathway
- a person- and family-led approach
- timely, adaptive and coordinated care which challenges existing health inequalities
- cost-effective, ringfenced and sustainable funding
- high-quality research, statistics and evidence

The framework recommends that systems have:

- **a strategy** for young onset dementia
- **a care pathway** for young onset dementia
- **a named lead** for young onset dementia in the integrated care system (ICS)

The framework also supports systems to improve:

- reporting and assessing the prevalence of young onset dementia, including subtypes
- diagnosis, including rates, timeliness and accuracy
- lived experience involvement in the design and delivery of services
- funding allocation ringfenced for young onset dementia
- leadership, including a clinical and commissioner network for young onset dementia to ensure oversight

Key actions, outlined in the framework have been included in the Wolverhampton Integrated Dementia Strategy as appropriate.

Joint Strategic Needs Assessment for Dementia

Nationally and locally, the number of people living with dementia is rising.

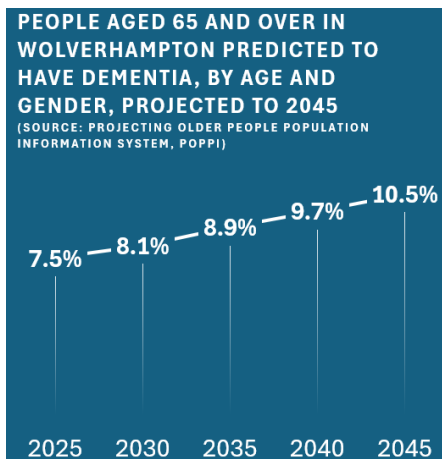
As a system and partnership, the Integrated Dementia Commissioning Group in Wolverhampton led a refresh of the Joint Strategic Needs Assessment (JSNA) for dementia (see <https://insight.wolverhampton.gov.uk/Help/Topics>)

The purpose of the JSNA is to understand the current and future needs of people living with dementia and their carers, so that local services can be better planned and improved.

It is estimated that around 3,100 people in Wolverhampton are living with dementia, with approximately 2,100 of these having received a diagnosis.

Most people with dementia are aged 65 and over, which is expected, but our local diagnosis rate is higher than both the national and Black Country averages. This suggests that we are identifying more people with dementia earlier and supporting them to access help.

The graph below depicts Poppi's projections for Dementia in the city of Wolverhampton over the next 20 years.



(1 <http://www.poppi.org.uk/>)

The Dementia JSNA found that there is significant opportunity for prevention of dementia, with high rates of risk factor for dementia locally and disproportionate rates of mixed and vascular types of dementia.

Once dementia is suspected, health and social care services deliver good quality care but long waiting lists create delays in access and some people are not engaged with services at all. This is partly due to information provision that can be unclear and ill-timed, leaving residents struggling to know how to access the wide range of support across statutory services and Wolverhampton's active voluntary and community sector.

Support can be insufficiently proactive and structured, which represents a missed opportunity to prevent residents reaching a point of crisis before receiving the help they need. These issues are experienced unequally across the city and so targeted approaches are needed for groups including the financially insecure, ethnic minority communities and those with young onset dementia.

Key Recommendations:

- Embed dementia prevention into all cardiovascular risk services, ensuring lifestyle staff are trained in dementia prevention messaging.
- Strengthen community dementia awareness by working with the DAA and voluntary partners to reduce stigma, promote education, and support dementia friendly environments.
- Develop a coordinated, consistent support pathways before and after diagnosis with standardised information, accessible signposting, and exploration of proactive access models
- Redevelop social support information with carers, people with dementia and ethnic minority communities ensuring that resources clearly indicate free services, are accessible to residents and are easy for staff to share.
- Improve information sharing between organisations to enable all partners to work towards an aligned set of goals with the patient at the centre.
- Prioritise carer support through outreach, dementia specific training, and reliable respite provision.
- Ensure tailored services for Young Onset Dementia, addressing employment, caring responsibilities, and social isolation.
- Map the dementia pathway to identify opportunities for crisis prevention through structured post-diagnostic support and earlier conversations to plan for deteriorations in health.

Our Strategic Direction: A Dementia Friendly Community

The various actions contained within the Integrated Dementia Strategy support the City of Wolverhampton's ambitions of working towards becoming a Dementia Friendly Community. Having achieved this status in 2018, we will continue efforts to make the city of Wolverhampton as dementia friendly as possible.

A dementia friendly community is one that is aware of and understands the needs of people with dementia, encourages them to seek support from their local community and, most importantly, gives them the help they need to live their lives.

It empowers people with dementia to aspire and feel confident to take part in everyday activities, enabling them to remain living independently and take greater control over their lives.

To become a dementia friendly community, the City of Wolverhampton needs the help and support of organisations, which people with dementia access on a regular basis, and so a local Dementia Action Alliance was established.

It has brought together more than 34 local organisations, including health and social care providers, retailers, banks, the emergency services, religious groups, education providers and more, who are working together to ensure people live well with dementia. Each organisation has produced its own action plan to ensure that it responds to the needs of people with dementia and their carers.

You can find out more at:

win.wolverhampton.gov.uk/dementia



Guiding Principles

Our approach continues to be guided by the 'I' statements outlined in the 2020 Challenge on dementia and the NICE Quality Statements for dementia: QS184 (previously QS30):

Key Principles as "I" Statements

- **Individualised Care:** *I am recognised as a unique individual, and my needs and preferences are respected.*
- **Person-Centred Approach:** *I am supported in ways that promote my wellbeing and help me live a fulfilling life.*
- **Rights-Based Approach:** *I am treated with dignity and respect, and my rights are always upheld.*
- **Integration of Care:** *I receive coordinated support from all the professionals and services involved in my care.*

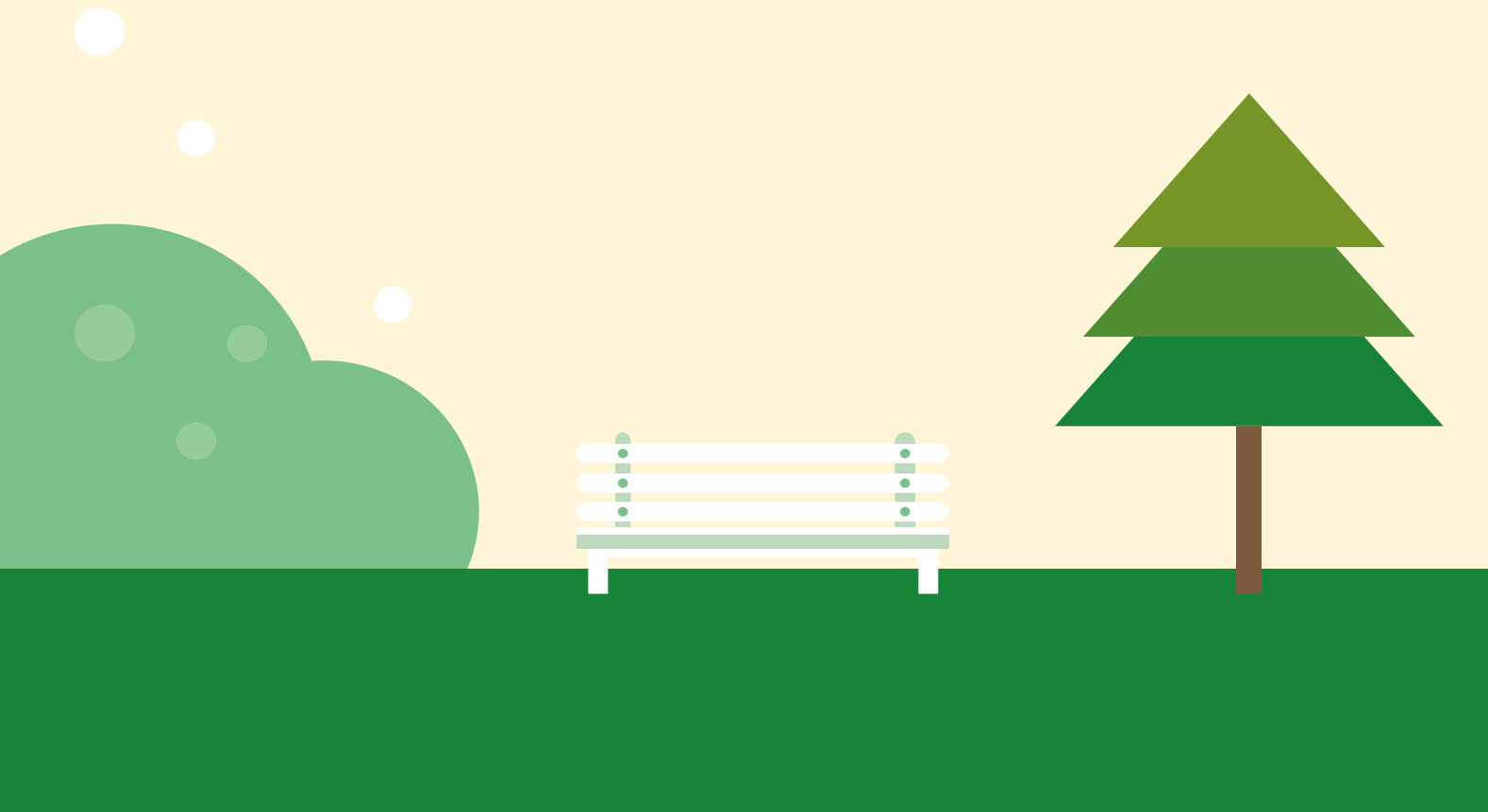
Quality Statements as "I" Statements

1. **Early Discussion of Concerns:** *I can talk to someone who understands dementia if I'm worried about my memory or thinking.*
 2. **Choice and Control:** *I make decisions about my care and support, with help from those I trust.*
 3. **Responsive Reviews:** *My care and support are reviewed when things change, and I'm involved in those decisions.*
 4. **Leisure and Activities:** *I can take part in activities I enjoy and that are meaningful to me.*
 5. **Relationships:** *I am supported to keep in touch with people I care about and to build new relationships.*
 6. **Health and Wellbeing Services:** *I can access services that help me stay physically and mentally healthy.*
 7. **Appropriate Housing:** *I live in a place that suits my needs and helps me feel safe and comfortable.*
 8. **Participation in Service Design:** *I have a say in how services are planned and delivered in my community.*
 9. **Access to Advocacy:** *I can get support from someone who will speak up for me if I need help making decisions.*
 10. **Community Involvement:** *I am supported to stay involved in my community and contribute in ways that matter to me.*
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NICE QS184 Key Quality Statements for Dementia

Key Quality Statements in QS184 (superseded QS30):

1. **Raising awareness – health promotion interventions:** Advises on managing risk factors like smoking, poor diet, and loneliness to reduce the chance of developing dementia.
2. **Diagnosis** - Ensures people with dementia are referred to specialist services for diagnosis and are supported to remain independent.
3. **Advance care planning** - Emphasizes that healthcare professionals should assess cognitive status and communicate clearly, involving a person important to them in care decisions if they wish.
4. **Coordinating care** - Highlights the need for a person to be responsible for supporting people with dementia through the disease, coordinating their health and social care needs, especially as their needs change.
5. **Activities to promote wellbeing** - Focuses on ensuring people with dementia have access to tailored activities that promote wellbeing and cater to their preferences.
6. **Managing distress** - Promotes the availability and accessibility of support for people with dementia to manage distress effectively.
7. **Supporting carers** - Outlines the need to involve carers in care planning and provide them with information and access to support.



Dementia Action Alliance

The City of Wolverhampton's Dementia Action Alliance is part of a national movement which aims to encourage and support local communities and organisations to bring about a society-wide response, including practical actions which enable people to live well with Dementia. The Alliance is coordinated through City of Wolverhampton Commissioning Team and chaired independently. Some examples of our members actions include; ensuring all staff become Dementia Friends; holding social spaces for people living with dementia and their carers; holding awareness days in their organisation and during Dementia Action Week; making their space more dementia friendly.

Members of Wolverhampton Dementia Action Alliance include but not limited to:

Age UK	FBC Manby Bowdler Solicitors	West Midlands Ambulance Service
Alzheimer's Society	Grand Theatre	West Midlands Police
Asda	Healthwatch	Wolverhampton Homes
ACCI	HSBC Bank	Wolverhampton Wanderers
Admiral Nurses	Home Instead	
Beacon Centre	Interfaith	
Black Country HealthCare (NHS) Trust	Wolverhampton Lloyds Bank	
Black Country Integrated Care Board	Memory Matters	
BME United	Mid-Counties Co-op / Alzheimer's Café	
Citizen's Advice Bureau	Newhampton Arts Centre	
City of Wolverhampton Council	Ring and Ride	
Compton Care	The Royal Wolverhampton (NHS) Trust	
Dementia Friendly GPs	Trading Standards	
Dementia UK	University of Wolverhampton	
Diocese of Lichfield	West Midlands Fire Service	



We hope our membership continues to grow.
to become a member please contact the Alzheimer's Society at
DementiaSupportLine@alzheimers.org.uk

Dementia Friends

As well as providing dementia awareness sessions to people from all walks of life, the Integrated Dementia Strategy also seeks to encourage more people to become Dementia Friends.

Nationally, more than three million people have signed up to become Dementia Friends through the Alzheimer's Society, and in doing so have developed a greater understanding of dementia, and what can be done to help people who are living with the condition. Becoming a Dementia Friend does not mean befriending someone with Dementia.

A Dementia Friend is someone who has learned about dementia and committed to taking action to help people affected by it in their community. or small, to help.

The [Dementia Friends](https://www.dementiafriends.org.uk) initiative, aims to create dementia-friendly communities by increasing understanding of the condition and its impact.

Becoming a Dementia Friend involves attending an information session or watching a short video, and then taking an action, big or small.

In Wolverhampton there are over 13,000 registered Dementia Friends, across a range of organisations and within the community. We hope this number continues to grow.

Anyone can become a Dementia Friend and there are many ways in which you can become a Dementia Friend, to find out more please visit www.dementiafriends.org.uk for more details.



Actions

Preventing Well

Aim: To support and enable individuals to reduce their risk of developing dementia by promoting awareness of modifiable risk factors and embedding preventative lifestyle interventions into routine public health and clinical practice, with a focus on equitable, population-level approaches that empower individuals to make informed health choices across the whole life course.

Outcome	Actions	
Increased awareness and action on healthy lifestyles, early intervention and risk factors in the prevention of dementia.	<p>Young Onset Dementia specific awareness to be considered throughout all approaches and campaigns, such as information resources and messaging.</p> <p>Targeted prevention messages in GP practices and through public health events and campaigns.</p> <p>Regular messages in carers newsletters.</p> <p>Targeted awareness by all agencies during Dementia Action Week and business as usual.</p> <p>Work with schools, colleges and universities to ensure that our children and young people are well educated and informed about dementia.</p> <p>Information available in health services covering hospital, primary care and community settings via different methods (e.g. online, apps).</p> <p>Ongoing delivery of Dementia Friends Sessions to develop more 'dementia friends' and 'community champions' for dementia.</p>	<p>Identify any health inequalities and opportunities to address them, adopting codesign approaches to determine the most effective approaches.</p> <p>Take a life course approach to supporting our population to take up healthy lifestyle behaviours that can reduce the risk of dementia, such as smoking cessation, alcohol reduction, healthy eating, and physical exercise.</p> <p>Raise awareness of the NHS Health Check and promote the importance of taking up the offer</p> <p>Continue to promote "Making Every Contact Counts".</p> <p>Promote Memory Matters and Talking Points as ways to discuss early concerns.</p> <p>Continued service user, carer and provider engagement.</p>
Create an environment that enables healthy ageing and reduces the risk of cognitive decline	Work across Wolverhampton Place to address wider determinants of health that can contribute to cognitive decline, such as housing, social isolation, and deprivation.	Link dementia to healthy ageing city initiatives and healthy lifestyles.
Increased training and education around prevention and risk reduction	<p>Increase the number of Dementia Friendly GP Practices.</p> <p>Promote dementia friendly training and sessions as part of inductions.</p>	Provide staff who deliver NHS health checks and lifestyle services with training on dementia prevention messaging, embedding dementia awareness throughout these programmes

Diagnosing Well

Aim: To ensure timely, accurate, and equitable diagnosis of dementia for all individuals across Wolverhampton, enabling access to personalised care and support at the earliest opportunity. This includes reducing memory assessment waiting times, improving awareness and understanding of dementia symptoms.

Outcome	Actions	
Increase in referrals for memory assessment to enable earlier identification	<p>Proactive case-finding in Primary Care to improve identification of those who may be at risk of having or have dementia.</p> <p>Training and education of wider professionals to signpost.</p>	<p>Raising awareness of when to go to a GP for assessment / referral with the public.</p> <p>Training of Primary Care to raise awareness of YOD symptoms and other possible causes.</p>
A change in how services and initiatives support diagnosis of dementia	<p>Review the existing dementia pathway and commissioned services to identify any blockages, issues gaps and opportunities.</p> <p>Continue to strengthen diagnosis in acute settings and strengthen pathways with other services.</p>	Enable easier access to dementia diagnosis for people living in a care home (e.g. by the use of the DiADeM tool (Diagnosing Advanced Dementia Mandate).
Reduction in waiting times for a memory assessment	<p>Reduce memory assessment service appointment waiting times and ensure a clear referral pathway into the service that includes non-standard referrals (e.g. from a hospital setting).</p> <p>Work towards ensuring that people have an assessment within recommended times from referral to receive a timely diagnosis.</p>	<p>Improve access to diagnostic interventions such as neuroimaging investigations to support timely diagnosis.</p> <p>Exploring other opportunities for memory assessment to reduce demand on Memory Assessment Services.</p>
Increase in diagnosis for those with protected characteristics	Increase access to diagnosis for ethnic minority communities by offering culturally accessible assessment services to ensure values, beliefs and language preferences are appropriately met.	Identify any barriers in those with protected characteristics in seeking a referral and diagnosis and opportunities to address.
Increase in the numbers of people offered early post diagnostic support at assessment, diagnosis and beyond	<p>Ensure easy access to information about dementia before, during and after someone is diagnosed with dementia and ensure this information is available in different languages, formats and communication styles to meet differing needs.</p> <p>Strengthen post diagnostic structured support at the end of assessment process by Black Country Healthcare Trust.</p> <p>Ensure GP's discuss diagnosis with patients when diagnosis is received and signpost to Dementia Navigator Community Service for post diagnostic support.</p>	<p>Care Navigators at GP surgeries refer to Dementia Navigators Community Support Service and Carer Support Team.</p> <p>Ensure that residents know where to access support by sharing and publicising information on support agencies, including benefits, carers support and Dementia Café's in multiple formats</p> <p>Explore Dementia Navigators joining Community nurse teams to enable closer collaborative working.</p>
Increase in personalised care plans which are reviewed every 12 months	<p>Ensuring clinical records in Primary Care are maintained and kept up to date, including diagnosis, dementia subtype and age.</p> <p>Primary Care to continue to deliver on the Quality and Outcomes and the Primary Care Framework targets.</p>	Ensure that personalised care plans address patients' needs and include early discussion of end-of-life planning where appropriate

Living Well

Aim: To enable people living with dementia to maintain independence, dignity, and quality of life through person-centred care, timely support, and inclusive services that adapt to changing needs, while empowering carers and communities to provide compassionate, informed assistance throughout the progression of their dementia

Outcome	Actions	
Increase in information given out to promote sign-posting to support services	<p>Ensure all agencies are referring directly to the Dementia Navigator Support Service delivered by the Alzheimer's Society.</p> <p>Make links with community groups and organisations supporting or working with those with protected characteristics.</p> <p>Provide clear dementia information and sign posting opportunities to cover a range of needs across the whole dementia living well pathway, including financial, housing, and emotional support; and to enable planning for the future.</p>	<p>Advertise all post diagnostic support available to the public and professionals.</p> <p>Explore inclusion of information in local delivery of Dementia Friends sessions.</p> <p>Support Wolverhampton University research efforts in South Asian communities.</p> <p>Ensure the development of YOD specific information.</p>
Increase the number of Dementia Friends across the City and maintaining Dementia Friendly City status	<p>Continue to deliver community events to promote the DAA and raise awareness of Dementia Friends.</p> <p>Work with the Alzheimer's Society and other services.</p>	<p>Continue to raise awareness in schools and colleges.</p> <p>Increase members involved in the DAA.</p>
Increase living-well opportunities and awareness	<p>Dementia Navigators to ensure plans are in place which promote independence and support in planning for changes in the future.</p> <p>Adopt an asset-based approach to support people in what they can continue to do, like to do and enjoy doing to enable people to live fulfilling lives. This includes healthy lifestyles, community activities, dementia cafes and benefit checks.</p> <p>Ensure people with dementia can live well in care homes and that care homes are well supported to manage the needs of residents.</p>	<p>Explore the development of bespoke opportunities to support those with YOD to continue to live well.</p> <p>Ensure that cultural, leisure and social opportunities are available and promoted.</p> <p>Information on where to go when things change will be readily available to avoid patients and carers entering crisis.</p> <p>Ensure each GP practice has a named lead for dementia and that this is communicated to patients and carers.</p>
Promote independence	<p>Ensure information on what is available, is accessible in all community and statutory agencies.</p> <p>Navigators will make referrals to enable people to continue their independence by referring to assistive technology, welfare support and where to seek advice and guidance.</p> <p>Ensure Dementia Navigators provide personalised interventions that consider the person as a whole as well as their family and carers.</p>	<p>Review existing housing stock to explore opportunities to further enhance to promote independence.</p> <p>Ensure Wolverhampton City Council build dementia-friendly properties which support people to live in their homes.</p> <p>Shared decision-making at every contact and intervention with health and social care services.</p> <p>Ensure people are maximizing their benefits opportunities, including access to a simplified blue badge scheme.</p>

Supporting Well

Aim: To provide person-centred, respectful, and responsive support that promotes dignity, independence, and well-being for individuals living with dementia, by understanding their unique needs, preferences, and life history, and fostering a safe, inclusive, and empowering environment.

Outcome	Actions	
Increase integrated support for dementia through statutory health and care services and the voluntary and community sector	<p>Explore named Navigators to connect those living with dementia to the available support.</p> <p>Deliver a consistent support offer across Wolverhampton for people with dementia and their carers, which also includes support for those with YOD and rare dementias.</p> <p>Provide clear and accessible dementia information and sign posting opportunities that empower people to self-help where appropriate. Information should cover a range of needs following diagnosis, including local community support services such as financial, housing, and emotional support.</p>	<p>Ensure all support is sensitive to cultural needs including meeting the needs of people who share protected characteristics including people within LGBTQ+ communities.</p> <p>Enable access to proactive post-diagnostic care that addresses physical and mental health, social care and support with managing co existing conditions.</p> <p>Incorporate housing-related questions into assessments to support early engagement with housing providers.</p>
Improve the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns	<p>Map independent, non-commissioned community services such as sitting services, carer support, community support and extra care schemes to understand services available.</p> <p>Ensure close working with the Rapid Intervention Team (already seeing people in care homes and at home).</p> <p>Explore mental health teams home treatment team and crisis resolution model.</p> <p>Ensure targeted training and support package to those care homes with high admissions to hospital.</p> <p>Explore Dementia Outreach Team opportunities.</p> <p>Ensure 'Discharge to Assess' (D2A) and reablement pathways consider Dementia.</p>	<p>Review respite and day support for people affected by dementia and develop a new model in line with modernised day services and incorporating new health community team input.</p> <p>Work with care homes, domiciliary and care home staff to equip them in supporting people with dementia.</p> <p>Quality assurance teams to share best practice within care homes to raise improvements in dementia friendly environments and activities.</p> <p>Explore national models of community support and targeted support for people with advanced dementia.</p> <p>Explore how Admiral nursing programmes can deliver training to health professionals.</p>
Increase support available to Carers and Families	<p>Continue the assessment and support to carers delivered by the Early Support Team, and explore the need for dementia-specific training for carers.</p> <p>Ensure those at risk of crisis are offered care plan reviews more frequently if needed.</p> <p>Ensure Young Carers are supported and know where to look for help when it is needed.</p> <p>Create a 'carer recognition scheme' and ambassador network.</p>	<p>Ensure carers needs (both physical and mental health) are assessed and support is in place to maintain their own wellbeing.</p> <p>Enable carers to access support and promote community support available to them.</p> <p>Work with community partners to identify and reach carers who are not in contact with council services, to improve their access to carer support, information and respite.</p>

Dying Well

Aim: To ensure that individuals living with dementia experience a dignified, compassionate, and person-centred end of life, supported by timely advance care planning, coordinated palliative care, and emotional support for families and carers—enabling people to die in their preferred place, with comfort, respect, and their wishes upheld.

Outcome	Actions	
Increase understanding of the end-of-life pathway, the importance of advance care planning and the support available for people affected by dementia, including families and carers.	<p>Share the end of life care pathway across all partners to aid understanding of the services available.</p> <p>Continue to deliver Dying Matters awareness weeks and promoting conversations around death and dying.</p>	All agencies will encourage people affected by dementia to plan for the future with early conversations embedded in care pathways, and refer where appropriate to compassionate communities and dying well
Increase in people living with dementia who have an Advance Care Plan / ReSPECT plan.	<p>Ensure information is given to people about mental capacity and lasting power of attorney.</p> <p>Ensure agreed documentation is in place for teams who can complete Advance Care Plans, advance directives and refusal for treatment and that they are aware of responsibilities.</p> <p>Early conversations by all care co-ordinators to ensure the completion of an Advance Care Plan- services are equipped to refer to teams that can complete Plans.</p>	<p>Continue the work between quality teams and care homes to equip staff with difficult conversations and ensure correct documentation is in place.</p> <p>Ensure care plans are personalised and specific on patients' wishes and deter hospitalisation which could cause further deterioration.</p> <p>Provide equitable access to high quality advance care planning for people diagnosed with dementia and living in a care home.</p>
Increase in the numbers of people dying with dementia in a place they call home.	Reduction in unnecessary hospital admissions within the last year of life via Better Care Fund services and initiatives.	Clear hospital discharge pathways to enable people living with dementia to be discharged home safely, as soon as possible.

Training and Education

Aim: To ensure all health, social care, and support staff are equipped with the knowledge, skills, and confidence to deliver high-quality, person-centred dementia care through tiered, evidence-based training and education - ensuring consistency, compassion, and competence across all settings where people with dementia are supported.

Outcome	Actions	
An increase in training and education for those working with people living with dementia.	<p>Ensure equitable access to training opportunities across all staff levels and health and care sectors, including care homes, paid and non-paid carers, considering cultural perspectives and diversity.</p> <p>Ensure all services that we commission specify the need for all staff and volunteers across health and care to have the relevant level of education and training on dementia commencement of their roles.</p> <p>Continued promotion of the Dementia Friends information sessions.</p>	<p>A commitment from all partners across health and social care to ensure their staff have the relevant level of education and training on dementia commencement of their roles.</p> <p>Deliver targeted training for frontline housing staff—including officers responsible for rents and repairs, registered providers and private landlords.</p> <p>Codesign additional training as required, based on need.</p> <p>Ensure safeguarding teams are educated and trained to respond to abuse in dementia contexts</p>

Engagement and Codesign

Aim: To actively involve people living with dementia, their carers, and communities in the co-design and continuous improvement of dementia services—ensuring that lived experience shapes inclusive, responsive, and person-centred care through equitable engagement, participatory design, and shared decision-making.

Outcome	Actions	
Increase in the numbers of people living with dementia and their family and carers involved in the development and monitoring of dementia services and other activities	<p>Ensure that people living with dementia and their carers are involved in service improvement and development and that there are robust methods to engage and coproduce in a meaningful way, including with those from underrepresented communities and ethnic diverse backgrounds.</p> <p>Ensure clear communication to raise awareness of opportunities for pathway wide research, for people with dementia and their carers to participate in (e.g. the Alzheimer’s Society’s “Join Dementia Research” service).</p>	<p>Continue to involve people living with dementia and their carers in the implementation and monitoring of this strategy and the delivery of the Place based improvement plans.</p> <p>Ensure bereaved carer’s views on the quality of end-of-life care received are considered.</p> <p>Explore ‘Dementia Conferences’ or other events to promote engagement and co-production.</p>

Appendix 1 provides information on how each of the outcomes will be measured.

Conclusion

The Wolverhampton Integrated Dementia Strategy (2025–29) sets out a bold, collaborative vision to improve the lives of people living with dementia, their families, and carers across the city. Developed through multi-agency partnership and informed by lived experience, the strategy recognises the growing prevalence of dementia and the urgent need for proactive, person-centred, and inclusive support.

By aligning with national policy, NICE quality standards, and local priorities, Wolverhampton aims to remain a Dementia Friendly City—where awareness, prevention, timely diagnosis, and high-quality care are at the heart of every service. The strategy’s thematic headlines and targeted actions address the full dementia pathway: from prevention and early intervention, through diagnosis and living well, to supporting carers and ensuring dignified end-of-life care.

Key strengths include:

- A strong focus on prevention and health inequalities, with tailored messaging for diverse communities.
- Commitment to co-designing services with people affected by dementia and their carers.
- Expansion of dementia-friendly environments, training, and community assets.
- Enhanced support for young onset dementia and rare dementias.
- Integration of statutory, voluntary, and community sector resources for seamless care.

The strategy acknowledges ongoing challenges—such as rising demand, resource constraints, and the need for continuous improvement. It sets out clear outcome measures and a framework for monitoring progress, ensuring accountability and adaptability.

Ultimately, this strategy is a call to action for all partners, professionals, and citizens in Wolverhampton. By working together, embracing innovation, and listening to those with lived experience, the city can empower people with dementia to live well, maintain independence, and feel valued in their community.

Appendix 1

Outcome Measures

Outcomes

Measures

Preventing Well

Increased awareness of healthy lifestyles, early intervention and risk factors in the prevention of dementia.	<ul style="list-style-type: none"> • Development of YOD specific resources • Number of events / campaigns delivered • Dementia Action Week initiatives / events delivered • Promoting public health and wellbeing to reduce the vascular risk factors for dementia in our city 	<ul style="list-style-type: none"> • Number of Dementia Friends and organisations signed up to the Dementia Action Alliance • Health inequalities and opportunities to address identified and codesigned • Targeted messages via lifestyle services identified and delivered (e.g. NHS Health Checks)
Increased training and education around prevention and risk reduction	<ul style="list-style-type: none"> • Number of GP practices who are 'Dementia Friendly' • Number of lifestyle services and NHS health check staff completing dementia risk reduction training 	<ul style="list-style-type: none"> • Inductions include Dementia awareness, including risk factors and prevention

Diagnosing Well

An increase in referrals for memory assessment to enable earlier identification	<ul style="list-style-type: none"> • Number of memory assessments 	
A change in how services and initiatives support diagnosis of dementia	<ul style="list-style-type: none"> • Dementia pathway reviewed and opportunities to commission differently identified • Numbers of people diagnosed at Royal Wolverhampton (NHS) Trust 	<ul style="list-style-type: none"> • Numbers of people diagnosed within care homes • Number of assessments and diagnostic opportunities and / or services
A reduction in waiting times for a memory assessment	<ul style="list-style-type: none"> • Numbers of people receiving a diagnosis within the recommended timescales following referral 	<ul style="list-style-type: none"> • Waiting times for assessment and diagnosis
An increase in diagnosis for those with protected characteristics	<ul style="list-style-type: none"> • Numbers of people in protected characteristic groups diagnosed with dementia 	
Increase in the numbers of people offered early post diagnostic support at assessment, diagnosis and beyond	<ul style="list-style-type: none"> • Numbers of people diagnosed with Dementia, accessing support services 	
Increase in personalised care plans which are reviewed every 12 months	<ul style="list-style-type: none"> • Numbers of care plans which are reviewed every 12 months 	

Outcomes

Measures

Living Well

Increase the number of Dementia Friends across the City and maintain Dementia Friendly City status	<ul style="list-style-type: none"> • Numbers of Dementia Friends sessions delivered in Wolverhampton • Number of DAA representatives in Wolverhampton 	<ul style="list-style-type: none"> • Numbers of Dementia Friends in Wolverhampton • Number of organisations involved in the Dementia Action Alliance
Increase living-well opportunities and awareness	<ul style="list-style-type: none"> • Number of cultural, leisure and social opportunities available in Wolverhampton • Opportunities within care homes 	<ul style="list-style-type: none"> • Number of YOD opportunities / services
Promote independence	<ul style="list-style-type: none"> • Numbers of people accessing services 	<ul style="list-style-type: none"> • A stock take of housing stock / new homes which are dementia friendly

Supporting Well

Increase integrated support for dementia through statutory health and care services and the voluntary and community sector	<ul style="list-style-type: none"> • Number of commissioned and non-commissioned services available across Wolverhampton • Numbers of training sessions delivered 	<ul style="list-style-type: none"> • Clear hospital discharge pathways in place • Respite and day support opportunities available • Numbers of people accessing support services
Improve the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns		
Increase support available to Carers and Families	<ul style="list-style-type: none"> • Number of carer's assessments completed 	Number of carer's assessments completed for carers who had not previously engaged with services

Dying Well

Increase in understanding of the end-of-life pathway, the importance of advance care planning and the support available for people affected by dementia, including families and carers.	<ul style="list-style-type: none"> • Number of events for dying matters week 	
An increase in people living with dementia who have an Advanced Care Plan / ReSPECT plan.	<ul style="list-style-type: none"> • Numbers of people with dementia who have a ReSPECT plan in place 	
An increase in the numbers of people dying with dementia in a place they call home.	<ul style="list-style-type: none"> • Numbers of people admitted in to hospital in the last 3 months of life 	<ul style="list-style-type: none"> • Numbers of people achieving preferred place of death

Outcomes

Measures

Training and Education

An increase in training and education for those working with people living with dementia.

- Training available across Wolverhampton across all sectors
- Percentage of service specifications / frameworks / contracts which include dementia training as mandatory

- Numbers of frontline housing staff who have had dementia training / education
-

Engagement and Codesign

An increase in the numbers of people living with dementia and their family and carers to be involved in the development and monitoring of dementia services

- Numbers of people living with dementia and their carers involved in service development
- Numbers of people living with dementia and their carers involved in the implementation and monitoring of the strategy

- Number of 'Dementia Conferences' held
 - Numbers of people involved in research projects
-