Healthwatch Birmingham and Healthwatch Solihull's response to Birmingham and Solihull's Dementia Strategy 2022-2027

Healthwatch Birmingham and Healthwatch Solihull welcome the opportunity to respond to Birmingham and Solihull's Dementia Strategy 2022-2027. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement
- Whether the proposed strategy is responsive to the needs of Birmingham and Solihull residents ensuring that they do not lead to health inequality

We are pleased to see that an ambitious dementia strategy has been developed for Birmingham and Solihull that will ensure that patients, families and carers have the best possible health and social care support through their dementia journey. In particular, we are pleased to see that at the heart of this strategy is the ambition to address health inequalities in access to dementia information and services across Birmingham and Solihull. We agree that there are those within the communities we serve that are having poorer outcomes due to the way they access services or lack thereof. We hope to see this focus on inequalities inform the actions outlined within each area of the pathway. Through our engagement with service users, carers and members of the public and investigations into health inequalities we have found that there are particular issues that have led to distrust and detachment from health and social care amongst those most likely to experience inequality. Such as ethnic minority groups, people with a disability and those living in more deprived areas of Birmingham and Solihull. Issues that have led to mistrust include:

- lack of dignity and respect when accessing health and social care services
- poor diagnosis and referral to specialist treatment
- cultural and language difficulties
- stigma and discrimination

Through our work we have also identified a number of important areas for improvement, including:

- communication, information and engagement
- education and training for those most likely to experience inequality (e.g., learning the English language, knowing their rights within health and social care); and health and social care professionals (e.g., cultural understanding, stereotypes and discrimination)

- access to adequate and knowledgeable interpreters/translators
- diversity in recruitment to health and social care roles in local services

We highlight these issues and areas of improvement to illustrate that addressing inequalities in dementia care will require more than addressing issues of access to services and information. For instance, there is need to ensure that service users and their families have interpreters/translators within memory clinics that are also knowledgeable about dementia and can translate/interpret medical terminology related to the condition effectively. In addition, there might be a need to ensure that recruitment to services for dementia (e.g., memory clinics, dementia navigators) is diverse and representative of the community it is serving. The ICS is uniquely placed to address the issue of inequality from multiple fronts. For instance, the Council's playing their role to ensure that people likely to face inequality are aware of the many opportunities in dementia care and that educational opportunities are available to enable them to take up these roles.

The priorities that have been set are commendable. We believe the four priority areas outlined in the strategy and the key focus areas for each priority will help the ICS be more effective in addressing issues that service users and their families/carers face. From the feedback that we have received over the past year, we know that patients, families and carers face various challenges in these areas when they access dementia services. The experiences people have shared with us indicate that the referral process to dementia services is not always smooth and that some GPs are not knowledgeable about dementia and fail to detect its symptoms and refer appropriately. People have told us of the challenges they have faced in getting a diagnosis including the length of time it has taken; a lack of information following diagnosis for the service user and their carers; a lack of specialist services for those with dementia including poor quality of some of the services.

We are therefore pleased to see plans to improve access to memory assessment services in order to increase rates of diagnosis. We welcome the emphasis on training for various health and social care professionals involved in the care and support of those with dementia. It is important that they are equipped with the right information, attitudes and skills to promote the quality of life and dignity for people with dementia. We agree that improving the dementia connect model is crucial for ensuring that the connect service meets the needs of people across Birmingham and Solihull.

Our recent investigation into day opportunity services in Birmingham has highlighted the impact they have on social and preventive outcomes by supporting continued independence of service users with dementia, improving mental health and physical function and enabling family carers to have a break. We are pleased to see day services as a focus and hope to see improvement in the quality of provision for those diagnosed with dementia. However, there is need to ensure that these are offered across Birmingham and Solihull, that they meet the needs of communities and challenges such as transport to day centres are addressed.

The many actions outlined in this strategy have addressed the many concerns service users tell Healthwatch Birmingham and Healthwatch Solihull. However, the success of these actions presented will depend on how well they are implemented. We believe that the following should be considered in implementing this strategy:

- The strengths and weaknesses of various partners involved in delivering this strategy need to be considered and addressed. For instance, the role of GPs is not clearly outlined in this strategy although they have a key role in diagnosing and managing dementia patients. The current concerns with GP access and an emphasis on remote access might make it difficult for GPs to diagnose dementia appropriately or timely especially for those most likely to experience inequality.
- There is need for continued engagement activities throughout the life of the strategy and continued co-production is important. We believe that there are some aspects of the strategy (in particular the preventing well) that need continued engagement and co-production. It is important that people’s views inform actions aimed at ensuring that preventative messages are available in the right format for those most likely to experience inequality and shared through a medium that meets people’s needs. For instance, how do we know that radio messaging might be the appropriate route for information on healthy living for those who experience inequality?
- It is important to focus on how demographics will be captured throughout the different activities to ensure that the strategy achieves its aim of reducing inequalities. In capturing people and communities’ views on services, it is important to record the demographics of those sharing feedback, not only to enable identification of those whose voices are seldom heard, but also ensuring that those giving feedback are representative of those using the service and the local population.
- A single point of access for information regarding dementia services in Birmingham and Solihull should be seriously considered. A single point of contact will support service users and their carers as well as enabling health and social care professionals to signpost effectively.

- Consider engaging with service users, families and carers in developing the ‘One campaign’ to inform the content of the communication materials.
- There should be greater emphasis on sharing information between services and ensuring a clear line of accountability.
- In terms of dementia training including pathways, consider extending this to all staff involved in the care and support of people with dementia thus including third sector organisations working on different areas in addition to the health-related outcomes.

When looking at measuring impact of the actions outlined in this strategy, the ICS should consider public feedback as a measure and indicator of improvements felt amongst users of dementia services, families and carers in the city, and also use feedback to understand and identify barriers that people are experiencing. These can then be identified and acted on much sooner.

Healthwatch Birmingham commend the ICS for such a comprehensive and ambitious strategy. We believe that the public should be at the heart of decision making and look forward to seeing further engagement and co-production as the action plan develops and throughout the life of the strategy.

Yours Sincerely,

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