

Dementia Strategy 2025- 2030

May 2025

Contents

1. Bury's aim and vision for Dementia
2. Let's do it...Bury 2030
3. Background
4. Dementia in Bury
5. Dementia Healthwatch Report
6. Dementia Pathway's
7. The Bury Mental Health Delivery Plan 2022-2025
8. Our commissioning priorities and intentions
 - a. Priority 1: Promoting Health and Wellbeing We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing.
 - b. Priority 2: Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services
 - c. Priority 3: Supporting People Affected by Young Onset Dementia
 - d. Priority 4: Supporting Carers of People with Dementia
 - e. Priority 5: Preventing and Responding to Crisis
 - f. Priority 6: Developing Dementia-Friendly Communities
 - g. Priority 7: Establishing a Dementia Co-production Subgroup through the Bury Older People's Network.
9. Delivering the Strategy

1. Bury's aim and vision for people living in Bury with dementia, and their family and carers.

The Dementia Strategy is for people living in Bury living with a Dementia and their families and carers.

The aim of this Strategy is to work to improve the health, wellbeing, and quality of life for people living in Bury living with a Dementia. It places a strong emphasis on prevention and early intervention by taking a strength-based approach – which means identifying an individual's strengths and capabilities and to support people to maximise those strengths to promote independence and improve quality of life.

We are aware that the pathways for support in Bury are complicated and confusing, this has been reported through the Healthwatch Dementia Report 2022. Through working in co-production, we need to develop links between services and communities, ensuring that people living with Dementia and their families and carers are seen and heard, to enable people to receive timely and appropriate support.

National and best practice guidance has been reviewed and we have identified key themes and priorities to improve outcomes for people, whilst recognising the challenges in public funding and the needs of an ageing population.

2. Let's do it... Bury 2030

Our borough is the place we are proud to call home. It includes six towns built within areas of extraordinary natural beauty. It is a place rich in possibility which we must preserve, improve, and cherish for future generations.

We want to recognise the distinct identities of our townships and the diversity of each community; to invest in our town centres; create more spaces where people can meet and enable access to affordable decent housing for all. As we do this, we are committed to becoming eco leaders, ensuring future generations can enjoy our green spaces and breathe clean air.

Overall, our borough is relatively less deprived than our statistical neighbours, but our trend is a negative one. Deprivation is highly concentrated and was reported to be getting worse in both 2019 and 2015. To reverse this trend and close the inequalities gap we will target our resources locally, in the places that need them most. Public services and others will work together better, seamlessly and with knowledge of communities. We will create public service hubs which work within and across townships on a neighbourhood footprint, to bring different agencies together to target resources around greatest need, understand and galvanise community assets and focus on prevention as well as management of risk.

This local approach provides a foundation stone to develop a different relationship with residents and communities to connect people together. To do this, all of our work in neighbourhoods will be guided by the LETS principles: taking a local approach; driving enterprise; working together and with a strengths-based approach.

| | |
|---|---|
| Local Neighbourhoods <ol style="list-style-type: none"> 1. Improved access to services 2. Cleaner environment through improved waste management 3. Increase in affordable, good quality homes 4. Reduction in overall crime rates 5. Improved feelings of safety | Economic Growth and Inclusion <ol style="list-style-type: none"> 1. Improved business start-up and survival rates 2. Increased economic activity rates 3. Improved attendance and attainment in education and training 4. Improved quality ratings for schools, colleges and training providers 5. Increased investment in regeneration |
| Delivering Together <ol style="list-style-type: none"> 1. Increased engagement in volunteering / community aid 2. Increased participation in social and cultural activities 3. Increased participation in democracy and decision making 4. Improved digital connectivity and inclusion 5. Improved infrastructure and sustainable transport options | Strength-based approach <ol style="list-style-type: none"> 1. Improved population health and wellbeing 2. Increased participation of all equalities groups in decision making and delivery 3. Increased referrals to social prescribing 4. Increase in successful outcomes from Active Case Management within Integrated Neighbourhood Teams 5. Increase in ownership of community assets |

The Dementia Strategy will align to the 4 principles and will ensure that the golden thread is maintained throughout all actions.

3. Background

Dementia is a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000. Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some dementia can develop earlier, presenting different issues for the person affected, their carer and their family.

There are around 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of them are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.

There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.

Only 26% of patients diagnosed with dementia had their care plan reviewed in Bury, significantly worse than England average of 39.7%.

Bury has 3rd highest mortality rate from Dementia in its group of statistical neighbours.

Source: Bury JSNA data

4. Dementia in Bury

| Population aged 65 and over, projected to 2040 | 2023 | 2025 | 2030 | 2035 | 2040 |
|---|---------------|---------------|---------------|---------------|---------------|
| People aged 65-69 | 9,400 | 10,100 | 11,300 | 11,300 | 10,300 |
| People aged 70-74 | 8,900 | 8,400 | 9,200 | 10,400 | 10,500 |
| People aged 75-79 | 8,300 | 8,500 | 7,400 | 8,100 | 9,200 |
| People aged 80-84 | 5,000 | 5,400 | 6,800 | 5,900 | 6,600 |
| People aged 85-89 | 3,100 | 3,200 | 3,600 | 4,600 | 4,100 |
| People aged 90 and over | 1,700 | 1,800 | 2,100 | 2,500 | 3,200 |
| Total population 65 and over | 36,400 | 37,400 | 40,400 | 42,800 | 43,900 |

| People aged 65 and over predicted to have dementia, by age and gender, projected to 2040 | 2023 | 2025 | 2030 | 2035 | 2040 |
|---|-------------|-------------|-------------|-------------|-------------|
| People aged 65-69 predicted to have dementia | 156 | 166 | 187 | 187 | 170 |

| | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| People aged 70-74 predicted to have dementia | 271 | 256 | 280 | 317 | 320 |
| People aged 75-79 predicted to have dementia | 504 | 516 | 444 | 487 | 553 |
| People aged 80-84 predicted to have dementia | 554 | 588 | 754 | 654 | 732 |
| People aged 85-89 predicted to have dementia | 545 | 580 | 651 | 827 | 742 |
| People aged 90 and over predicted to have dementia | 530 | 554 | 636 | 731 | 966 |
| Total population aged 65 and over predicted to have dementia | 2,560 | 2,659 | 2,952 | 3,202 | 3,482 |
| Percentage aged 65 and over, to have Dementia, projected to 2040 | 7.03% | 7.11% | 7.31% | 7.48% | 7.93% |
| 7 % of Bury's population will have dementia, rising consistently to reach 8% in 2040. | | | | | |

Source: Projecting Adult Needs and Service Information (PANSI) website

5. Healthwatch Report Bury

The aims were to:

- Understand the experiences of carers of people living with dementia and those they care for.
- Understand and learn from their experiences of diagnosis and accessing care and support for themselves and the person they care for, in order to shape service improvement and provision locally.






Key findings of the report:

- Diagnosis of Dementia in Bury is generally undertaken by GP Practices with a limited number of more complex cases referred to the Memory Clinic.
- Experience of diagnosis was generally good although it could take years from initial raising of concerns to a confirmed diagnosis.
- Referrals to support services provided by Alzheimer's Society were ad hoc and there were not consistent actions taken around advice and support at the point of diagnosis.
- Results of memory tests and scans were often given by phone over the last two years causing greater upset and distress to patients and their families.
- Little follow up contact by GP Practice after diagnosis with patients with families feeling they had been abandoned.
- Little evidence of post diagnostic treatment such as cognitive stimulation therapy available in Bury.

6. Dementia Pathways

The Well Pathway for Dementia is NHS England's framework to support the transformation of Dementia care and support. It covers five key areas:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying well

| NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA | | | | |
|---|---|--|--|--|
| PREVENTING WELL | DIAGNOSING WELL | SUPPORTING WELL | LIVING WELL | DYING WELL |
|  <p>Risk of people developing dementia is minimised</p> |  <p>Timely accurate diagnosis, care plan, and review within first year</p> |  <p>Access to safe high quality health & social care for people with dementia and carers</p> |  <p>People with dementia can live normally in safe and accepting communities</p> |  <p>People living with dementia die with dignity in the place of their choosing</p> |
| "I was given information about reducing my personal risk of getting dementia" | <p>"I was diagnosed in a timely way"</p> <p>"I am able to make decisions and know what to do to help myself and who else can help"</p> | <p>"I am treated with dignity & respect"</p> <p>"I get treatment and support, which are best for my dementia and my life"</p> | <p>"I know that those around me and looking after me are supported"</p> <p>"I feel included as part of society"</p> | <p>"I am confident my end of life wishes will be respected"</p> <p>"I can expect a good death"</p> |
| STANDARDS: Prevention ⁽¹⁾ Risk Reduction ⁽⁵⁾ Health Information ⁽⁴⁾ Supporting research ⁽⁵⁾ | STANDARDS: Diagnosis ⁽¹⁾⁽⁵⁾ Memory Assessment ⁽¹⁾⁽²⁾ Concerns Discussed ⁽³⁾ Investigation ⁽⁴⁾ Provide Information ⁽⁴⁾ Integrated & Advanced Care Planning ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾ | STANDARDS: Choice ⁽²⁾⁽³⁾⁽⁴⁾ , BPSD ⁽⁵⁾⁽²⁾ Liaison ⁽²⁾ , Advocates ⁽³⁾ Housing ⁽³⁾ Hospital Treatments ⁽⁴⁾ Technology ⁽⁵⁾ Health & Social Services ⁽⁵⁾ Hard to Reach Groups ⁽³⁾⁽⁵⁾ | STANDARDS: Integrated Services ⁽¹⁾⁽³⁾⁽⁵⁾ Supporting Carers ⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite ⁽²⁾ Co-ordinated Care ⁽¹⁾⁽⁵⁾ Promote independence ⁽¹⁾⁽⁴⁾ Relationships ⁽³⁾ , Leisure ⁽³⁾ Safe Communities ⁽³⁾⁽⁵⁾ | STANDARDS: Palliative care and pain ⁽¹⁾⁽²⁾ End of Life ⁽⁴⁾ Preferred Place of Death ⁽⁵⁾ |
| <small>References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.</small> | | | | |

Greater Manchester Dementia United Quality Standards

In addition to The Well Pathway, the Dementia Care Pathway has been developed by the Greater Manchester Health and Social Care Programme through its Dementia Programme (Dementia United) as part of an Integrated Care System. Dementia United worked with people living with dementia, their care partners, and professionals in Greater Manchester to find out what matters to them and to use this information to co-produce a set of dementia quality standards.

These quality standards provide information and resources for all stages of the dementia journey, from looking after the health of your brain, receiving, and managing a diagnosis, staying connected within your local community, to what to expect from end-of-life care and much more. Each standard includes information on how to access support and services across Greater Manchester and nationally, as well as evidence as to why the standard is important and examples of best practice showing how it has been successfully implemented.

In late 2024 Dementia United released a new revised set of 18 quality standards. Dementia United has worked with individual localities across Greater Manchester to complete a benchmarking exercise to determine each localities position against each of the standards, and in comparison, across Greater Manchester.

The review of the standards has identified significant gaps in provision and knowledge across the Bury system. In Bury there are a number of standards to work towards achieving which will be supported through the Integrated System comprising of, Adult Social Care, Primary Care, Secondary Care, Tertiary Care, VCFA organisations, Public Health and both individuals and communities.

7. The Bury Mental Health Strategy Delivery Plan 2022-2025

The Bury Mental Health Strategy Delivery Plan was developed to meet the wide and varied needs of people with mental health within Bury, it also includes deliverables in relation to Dementia. The agreed actions will be reviewed alongside the actions from the Dementia Strategy with members of the integrated partnership:

| | Action | Activities to achieve |
|-----|---|---|
| 6.1 | Dementia diagnosis rates are to be maintained above 67%. | Rates are monitored (via NHS Quality Outcomes Framework data) with any dips below 67% reported to the MH Transformation Board. |
| 6.2 | Increase the number of people receiving a diagnosis of dementia within 6 weeks of referral for assessment. | Regular data collection is to begin (reportable to NHS England) and will be shared at Transformation Board. Numbers are expected to increase over time. |
| 6.3 | All patients with a diagnosis of dementia are to be allocated a coordinator of care (in line with NICE Guidance NG 97 (2018) Dementia: assessment, management and support for people living with dementia and their carers and National Guidelines) and will receive an annual review of their care plan and medication review. | Bury system wider approach to coordination of care which sits with Primary Care Networks - the role coordinates NHS, VCSE and social care at a community level. Annual medication reviews require a data collection to be agreed (dementia registers are an option) and monitored via quality and performance with breaches for failure to review medications every 12 months reportable as a serious incident. |
| 6.4 | Post-diagnostic interventions (e.g., Cognitive stimulation therapy, cognitive rehab, occupational therapy) are to be available people who need and would benefit from them. | Updated service specification for the Memory Assessment Service agreed for Bury as required, which is in accordance with NICE Guidelines. |
| 6.5 | The Bury Dementia Care Pathway will be reviewed against NICE Guidelines and the NHS England Well pathway for Dementia with an action plan developed to fill any gaps not listed above. | Links to be made with the Dementia programme delivery group to ensure that the health elements of the care pathway are joined up with the rest of the care pathway in Bury and any subsequent action plan is shared with the MH transformation Board for monitoring. |

| | | |
|-----|---|--|
| 6.6 | An Early Onset dementia service will be in place with clear referral pathways. | Service Specification to be reviewed and updated in line with NICE Guidance. |
| 6.7 | There will be a carer support package in place for people needing to visit the inpatient dementia unit. | Consideration to be given to people visiting patients on inpatient wards outside of Bury. This may include options such as allocating a small budget for those who need financial assistance to travel to the inpatient unit, and providing information about public transport options, and facilities that they can use once there. |
| 6.8 | Review of the above actions of the delivery plan, to agree governance and assurance monitoring. | The Bury dementia pathway runs across primary care, adult social care, the VCSE and PCFT and therefore will need some coordination and agreement for this should be agreed by the Mental Health Partnership Board. |

8. Our Commissioning Priorities and Intentions

We have established 7 Priorities which we will begin working towards over the next 3 years.

- Priority 1: Promoting Health and Wellbeing We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing.
- Priority 2: Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services
- Priority 3: Supporting People Affected by Young Onset Dementia
- Priority 4: Supporting Carers of People with Dementia
- Priority 5: Preventing and Responding to Crisis
- Priority 6: Developing Dementia-Friendly Communities
- Priority 7: Establishing a Dementia Co-production Subgroup through the Bury Older People's Network.

a. Priority 1: Promoting Health and Wellbeing- We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing.

We will work with the Voluntary, Community and Faith Alliance (VCFA) to explore new ways to enable people living in the community to have access to a range of services that reduce the risk of getting Dementia, or of the illness progressing. By understanding the availability of, and access to different services in each Bury neighbourhood, and by supporting the growth of the VCFA services, developing micro enterprises, and working with existing providers, we can ensure there is a robust framework of support, with a range of options to meet individual preference.

As part of the Dementia Strategy, within Priority 7, it is identified that work is required to scope out and understand what is available across each of the neighbourhoods across the borough, and identify the gaps, to ensure equity across Bury, this is part of the age-friendly network project.

b. Priority 2: Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services.

Our aspiration is to ensure that regardless of where you live within Bury, there will be equitable access to appropriate health and care services.

In order to achieve this, we must review the whole of the dementia united pathway to ensure that there is a robust action plan to work on the gaps. As an integrated system, we are committed to ensuring that people diagnosed with Dementia have access to the post diagnostic support they require (e.g. Cognitive stimulation therapy, cognitive rehabilitation, occupational therapy) and that ongoing enhanced annual reviews (including reviewing, behaviour, risk and social circumstance,

Physical health checks, care plan reviews, and medication) takes place in line with NICE guidance. People with a diagnosis of dementia must also be provided with a named coordinator of care who will support partnership working with other agencies as required to support the development of a holistic personalised care plan. Taken from The Bury Mental Health Strategy 2022-2025.

We understand the need to address the differences which make up Bury, to be an inclusive borough under our Public Sector Equality Duty. Data shows that Bury's non-white population has increased. There are often many cultural and religious practices which means Dementia is not always understood or accepted.

Within some communities the word Dementia does not exist within their language, and the expectation is that families will provide all care and support that is required, often missing support that can be accessed for both them, and their loved one. As an integrated system we must ensure that there is accessible information which explains what Dementia is and the impact it can have on the person and their families. We will work in co-production with communities to develop services that work for them.

There is an ongoing plan to address various needs in relation to mental health, and we have highlighted the need for Community Mental Health Services for people living with Dementia including enhanced services to ensure specialist staff are available to help support providers, individuals, and their families and carers. This is especially important when looking at crisis intervention and complex dementia, this is within priority 6.

Bury prides itself on being an inclusive borough, there is an established LGBTQ+ network which includes a Dementia group run through Dementia Untied however this needs to be expanded and developed further to ensure that it is accessible to all. It is predicted that there will be a significant increase in the number of people living with dementia, the severity of dementia will also increase, as will the projected cost of care for people living with dementia. To ensure that we can provide high quality care and support, with a range of services to meet the growth in demand and severity, planning will need to be robust and comprehensive.

Over the next 3-years, we will be developing a Bury Dementia Framework to look at the types of support that are needed now and in the future. We will conduct market testing to understand the current market, what Bury needs to do to secure additional services of different types to meet different and complex needs, and will work in conjunction with integrated services, VCFA, community groups and networks, and through public consultation to achieve this.

Table 1. Projected number of older people aged 65 and over with dementia (persons)

| Local authorities by type and region | 2019 | 2020 | 2025 | 2030 | % growth |
|--------------------------------------|------|------|------|------|----------|
| Bury | 2450 | 2520 | 2950 | 3430 | 40.1% |

Table 2. Projected total costs of dementia (in £million, 2015 prices)

| Local authorities by type and region | 2019 | 2020 | 2025 | 2030 | % growth |
|--------------------------------------|------|------|------|------|----------|
| Bury | 90 | 95 | 120 | 155 | 71.2% |

Table 3. Projected number of older people living with dementia by severity (persons)

| Local authorities by type and region | 2019 | 2020 | 2025 | 2030 | % growth |
|--------------------------------------|-------|-------|-------|-------|----------|
| Bury | 2,445 | 2,516 | 2,951 | 3,425 | 40.1% |
| Mild | 350 | 354 | 390 | 443 | 26.5% |
| Moderate | 686 | 663 | 701 | 779 | 13.6% |
| Severe | 1,409 | 1,500 | 1,860 | 2,203 | 56.4% |

Table 4. Projected costs of dementia by type of care (in £million, 2015 prices)

| Local authorities by type and region | 2019 | 2020 | 2025 | 2030 | % growth |
|--------------------------------------|------|------|------|------|----------|
| Bury | 91 | 96 | 122 | 156 | 71.20% |
| Healthcare | 13.5 | 13.9 | 17.4 | 21.9 | 62.70% |
| Social care | 38.4 | 41.4 | 53.5 | 68.9 | 79.20% |
| Unpaid care | 38.5 | 40.3 | 50.4 | 63.8 | 65.50% |
| Other | 0.5 | 0.7 | 0.9 | 1.1 | 122.10% |

Source: London School of Economics and Political Science, Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040

c. Priority 3: Supporting People Affected by Young Onset Dementia.

Dementia UK said limited awareness of the conditions leaves many families in isolation, with "little to no" service provision.

We need to ensure that recording is more robust to understand the level of need within Bury. At this time there is very little available information and data for people affected by Young Onset Dementia in Bury.

Across England, 473,100 people had a dementia diagnosis with just over 16,000 of them aged under 65 (3.4%).

We are aware that there is limited awareness and understanding among health and social care professionals of the impact the condition has on families.

National data shows that:

- 42% of people with young onset dementia receive no services whatsoever in the first six weeks following diagnosis
- 39% of people with young onset dementia reported seeing no health professional within the previous three months
- 62% of people with young onset dementia had no key worker
- 70% of people with young onset dementia had no care plan
- 46% of people with young onset dementia had not attended any dementia related activities in the previous three months
- 71% of family carers have not attended a carer support group

| Challenge | NICE Guidelines |
|--|---|
| Involving people living with dementia in decisions about their care | Provide people living with dementia and their family members or carers with information that is relevant to their circumstances and the stage of their condition. |
| Diagnosis | Taking a history from the person with suspected dementia and from someone who knows the person well. |
| | Do not rule out dementia solely because the person has a normal score on a cognitive instrument. |
| | Refer the person to a specialist dementia diagnostic service - People with suspected dementia are referred to a specialist dementia diagnostic service if reversible causes of cognitive decline have been investigated. |
| | Diagnose a dementia subtype. |
| | After a person is diagnosed with dementia, ensure they and their family members or carers (as appropriate) have access to a memory service or equivalent hospital - or primary-care-based multidisciplinary dementia service. |
| Care coordination | Named care coordination professionals- People with dementia have a single named practitioner to coordinate their care. |
| | Services should be accessible to as many people living with dementia as possible, including people who have other responsibilities (such as work, children, or being a carer themselves) |

| | |
|---|---|
| Interventions to promote cognition, independence and wellbeing | Offer a range of activities to promote wellbeing that are tailored to the person's preferences - People with dementia are supported to choose from a range of activities to promote wellbeing that are tailored to their preferences. |
| Supporting carers | Carers of people with dementia are offered education and skills training. |

Source: Young Dementia Network, Supporting implementation of the NICE guideline for people with young onset dementia

d. Priority 4: Supporting Carers of People with Dementia Caring for a loved one with dementia can be challenging and stressful.

The Carers Strategy contains the intentions for the next 3 years, and applies to all carers, including those supporting someone living with dementia.

In addition to this, through feedback gathered from our partners, and from our Dementia Roadshow, we are aware that there needs to be more targeted events where people can go and speak to a range of organisations that can provide help, guidance, and support. We are committed to ensuring that information is accessible which includes a range of different formats, and languages.

We will support the Dementia Advisor Service, commissioned through the Alzheimer's Society, to reach more people through our integration with our health colleagues, and will liaise with GP practices to ensure that all people living with dementia, and their carers are referred for ongoing support.

We are looking at several processes which have been identified as challenging to access, this includes the Blue Badge application and approval process, Disability Council Tax discount application, and access to Carer's assessments.

Bury is proud to be actively engaged and working with Dementia United and are supporting their Dementia Carers Expert Reference Group (DCERG) with growing the group and ensuring that new projects and pieces of work, have the voice of the people that are, or have previously experienced caring for a person living with Dementia.

e. Priority 5: Preventing and Responding to Crisis

The data shows that the severity of dementia will increase over time. We are committed to ensuring that people have access to the right support, at the right time, and in the right place, with a range of options to meet individual needs.

We will be developing a Dementia Framework with wider system partners to understand the challenges and barriers to preventing crisis, including training and development of staff teams, and providing support and guidance to families and carers. We will also work to ensure that when responding to crisis, we have sufficient

resource available to ensure that the person living with dementia can access the right care and support.

We are aware through the Dementia Healthwatch Report, and from data collected as part of the Discharge Integrated Frontrunner Program, that people with dementia, and their families and carers, are often confused about the pathways and how to access help.

We are also aware that people living with Dementia in Bury, have experienced very high numbers of bed moves which causes greater distress and contributes to the deterioration of health and cognition. We will work with our integrated health colleagues to review current processes, ensuring that moves are minimised, with sufficient resource and capacity, which includes specialised provisions, across the wider system.

f. Priority 6: Developing Dementia-Friendly Communities

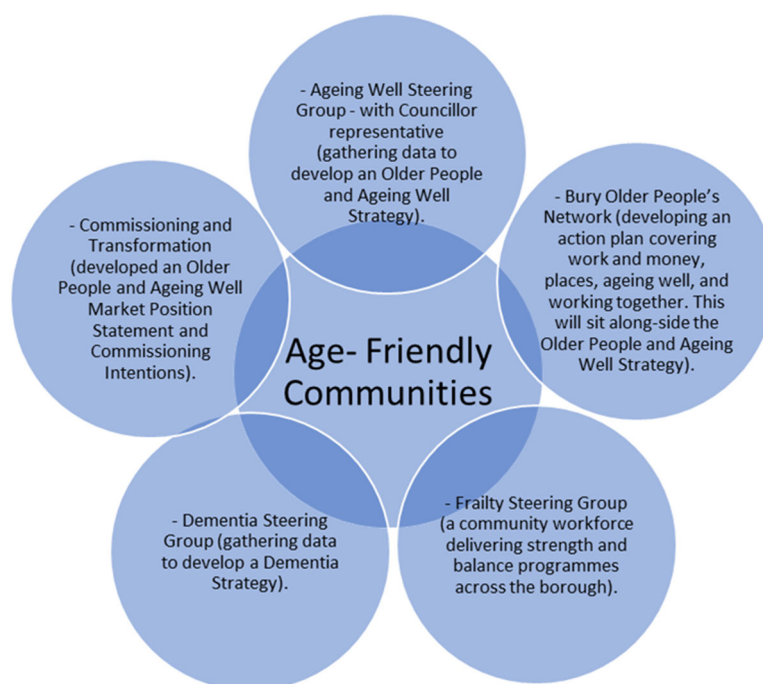
Age-friendly Communities

An Age-friendly Community is a place that enables people to age well and live a good later life. Somewhere that people can stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible.

The Bury Integrated Care Partnership has a strong strategic commitment to becoming an Age-friendly Community; the diagram below demonstrates the five pillars within the Older People, Ageing Well and Dementia pillar.

As well as other ageing well priorities, we have identified the need to understand what is available across each of the neighbourhoods across the borough, and identify the gaps, to ensure equity across Bury.

The UK Network of Age-friendly Communities is a growing movement, with over 60 places across the country committed to making their community a better place to age in. Almost 25 million people are living in an Age-friendly Community, including places like Greater Manchester and Cardiff. The Centre for Ageing Better works with the Network to provide guidance, connect places and offer support to member communities as they work towards making their services and infrastructure more age friendly.



g. Priority 7: Establishing a Dementia Co-production Network.

We are establishing links to reach out to people who are living with Dementia, families and carers, to invite them to work in partnership with us to tackle a range of different issues, risks, and to co-design future pieces of work.

Within Bury, we have a well-established Bury Older People's Network (BOPN) and we are planning to further develop the work conducted around Dementia, moving towards a specialist Dementia co-production network, which will co-design work around the commissioning intentions over the next 12-months, including work to develop the Dementia Strategy across 2025-2030.

Our co-production values are integral to our work and are requirements across several key areas.

The Care Act 2014:

Putting the Act into practice with its main principles, such as wellbeing, prevention, and a strong focus on outcomes, will require considering the important role that co-production can play in achieving Bury's Ambition to deliver high quality services to support people living with dementia and their families and carers, which are accessible, adaptable, and responsive to local needs and demands. Through co-production, this will be achieved by the people who are at the heart of our communities.

Prevention:

"In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients of support services but are able to design care and support based around achievement of their goals. Local authorities should actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community."

Putting together plans for universal information and advice:

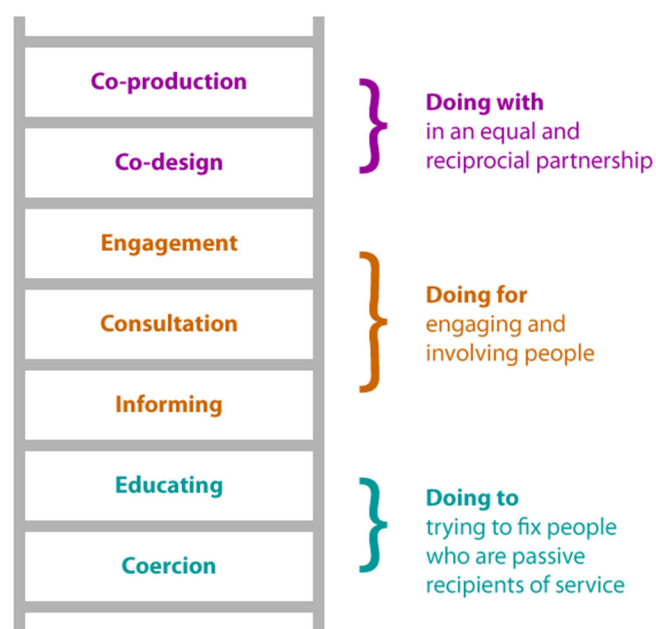
"Adopting a 'co-production' approach to their plan, involving user groups and people themselves, other appropriate statutory, commercial and voluntary sector service providers, and make public the plan once finalised".

Market shaping:

"Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions".

Strengths-based approaches:

"Strengths-based approaches might include co-production of services with people who are receiving care and support to foster mutual support networks. Encouraging people to use their gifts and strengths in a community setting could involve developing residents' groups and appropriate training to support people in developing their skills."



Source: Think Local Act Personal and the National Co-production Advisory Group <https://www.thinklocalactpersonal.org.uk/>

9. Delivering the strategy

In conjunction with the Let's do it Strategy...Bury 2030, we will continue to work with our neighbourhoods to understand the unique differences across the borough.

Accompanying the strategy is the Dementia Programme delivery plan, which contains the specific actions required to meet the commissioning intentions.

Each action will have an owner across the integrated system. Work has commenced to ensure that there is representation from across all organisations and to mainstream the programme of work into the system.

We will review the actions of the Dementia Strategy monthly through the Dementia Programme Delivery Group, a highlight report will be submitted to the Ageing Well Partnership Board for governance to evidence good practice, celebrate achievements, and to highlight gaps and escalate any concerns or risks.

The logo for Bury Council, featuring the word "Bury" in a large, white, sans-serif font, with the word "Council" in a smaller, white, sans-serif font directly beneath it. The logo is centered on a bright yellow background. There are grey decorative shapes in the top-left and bottom-right corners of the page.

Bury
Council