



## CABINET

**06 November 2024**

**Subject Heading:**

Approval of the Joint Havering Dementia Strategy 2024-2029

**Cabinet Member:**

Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services

**ELT Lead:**

Barbara Nicholls, Strategic Director of People

**Report Author and contact details:**

Laura Wheatley

[Laura.wheatley@havering.gov.uk](mailto:Laura.wheatley@havering.gov.uk)

01708 434019

**Policy context:**

The Adult Social Care and Support Planning Policy states that Havering's vision is:

'Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence'

**Financial summary:**

There are no financial implications associated with this decision

**Is this a Key Decision?**

(c) Significant effect on two or more Wards

**When should this matter be reviewed?**

November 2024

**Reviewing OSC:**

Peoples Overview & Scrutiny Board



# Havering

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**The subject matter of this report deals with the following Council Objectives**

- People - Supporting our residents to stay safe and well **X**
- Place - A great place to live, work and enjoy
- Resources - Enabling a resident-focused and resilient Council



# Havering

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## SUMMARY

This report provides an overview of the Joint Dementia Strategy for Havering, 2024-2029. Dementia remains a key national and local priority. It is therefore important that a locally agreed Joint Strategy is in place.

## RECOMMENDATIONS

Members of the Cabinet are asked to:

- Note the contents of the report and the accompanying Strategy.
- Adopt and approve the local Joint Dementia Strategy for Havering.

## REPORT DETAIL

### **Background**

Dementia and dementia services remain a key national priority, and key related areas, such as the dementia diagnosis rate, are coming under significant scrutiny. Within the National Dementia Strategy: 'Living Well with Dementia: A National Strategy' (DH, 2009), Objective 14 sets out the requirement for every local area to have a joint commissioning strategy in place for dementia. The strategy has been developed to meet the national requirement, and most importantly, to set out a locally agreed vision, strategy and plan which is publicly accessible for the residents of Havering.

### **Process of Strategy Development**

The strategy has been developed in partnership with key commissioning stakeholders, and Havering Integrated Team.

Engagement sessions have been undertaken with groups of people with dementia and their carers, and key issues and themes which they have identified so far have been included within the Strategy. These issues include:

- Need for a range of accessible, advertised information about services and support available
- Mixed experiences of accessing help and support from primary care, and the need for an increased awareness of the needs of people with dementia and their carers in primary care

### **Summary of key areas contained within Strategy**

The Strategy sets out the local vision and principles to be achieved within Havering, and this is aligned to the Havering Health and Wellbeing Strategy.

## **Cabinet, 6 November 2024**

This includes the intention to seek every opportunity for commissioners to test out the following outcome statements:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia and my life
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I'm inspired to give something back
- I am confident my end of life wishes will be respected

The Strategy also includes detail about:

1. The current provision and range of services within the locally agreed pathway
2. The intentions to raise public awareness and understanding of dementia, via the work of the Havering Dementia Action Alliance, JoyApp website, GP's and support of the forthcoming national Public Health England Dementia Friends Campaign.
3. How we are striving to improve the local dementia diagnosis rate, via training for GP's and primary care staff, ongoing work with Public Health, undertaking individual practice visits to provide support, piloting an iPad based dementia assessment tool in primary care and developing information sharing processes across the whole system.
4. How we are working with NELFT, as the provider of the Memory Service, to develop a revised model of service delivery, including an integrated community based service model working with local organisations to deliver different types of support.
5. Services which are currently commissioned to enable people to live well with dementia, which includes the Dementia Advisory Service, peer support, respite care, extra care housing, and care in residential and nursing homes.
6. The work being undertaken with BHRUT to improve services within the hospital for people with dementia.
7. Intentions in relation to End of Life care, including the provision of Gold Standards Framework

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

This strategy is to replace the previous Havering Dementia Strategy 2017-2020. The new Strategy has been a product of co-production with Health and people who have dementia and carers of people with dementia.

### **Other options considered:**

To draft a Havering Council Only Dementia Strategy. This has been rejected because, the whole system approach to tackling Dementia is proven to be more effective and best practice and the Havering Integrated Team has been established to enable true partnership working.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no direct financial implications as a result of approving the Joint Dementia Strategy.

However, a number of services underpinning the delivery of the strategy are funded on a time-limited basis, and it will be vital to monitor and review these services to ensure outcomes are achieved, as well as making timely decisions as to future funding, and if necessary to agree exit strategies with providers.

### **Legal implications and risks:**

The Council has various duties under the Care Act 2014

- to promote wellbeing (s1)
- preventing needs for care and support (s2)
- promoting the integration of health and care provision with its health partners (s3)
- providing information and advice for adults with needs for care and support and their carers (s4)
- meeting the needs of adults who require care and support (s18)

Under the National Health Service Act 2006 s 2B The Council has the duty to take such steps as it considers appropriate for improving the health of the people in its area, which includes:

- a) providing information and advice;
- b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- c) providing services or facilities for the prevention, diagnosis or treatment of illness;
- d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
- e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
- f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- g) making available the services of any person or any facilities

The Dementia Strategy fulfils these duties.

Otherwise the recommendations made in this report do not give rise to any identifiable Legal implications or risks.

### **Human Resources implications and risks:**

The recommendations made in this report do not give rise to any identifiable Human Resources implications or risks.

### **Equalities implications and risks:**

Havering has a diverse community made up of many different groups and individuals. The council values diversity and believes it essential to understand and include the different contributions, perspectives and experience that people from different backgrounds bring.

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the council, when exercising its functions, to have due regard to:

- I. the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- II. the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- III. Foster good relations between those who have protected characteristics and those who do not.

Note: 'protected characteristics' are: age, gender, race and disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The council demonstrates its commitment to the Equality Act in its decision-making processes, the provision, procurement and commissioning of its services, and employment practices concerning its workforce. In addition, the council is also committed to improving the quality of life and wellbeing of all Havering residents in respect of socio-economics and health determinants.

People with dementia and their carers are amongst the most vulnerable in society. It is therefore vital that they are informed and supported to access the full range of high quality services available to them, in order that they live well with their dementia.

An EqHIA (Equality and Health Impact Assessment) is usually carried out and on this occasion this isn't required.

The Council seeks to ensure equality, inclusion, and dignity for all in all situations.

There are not equalities and social inclusion implications and risks associated with this decision.

### **Health and Wellbeing implications and Risks**

The recommendations made in this report do not give rise to any identifiable Health and Wellbeing risks. The renewal of the strategy with new information and the commitment to use this strategy to deliver high quality dementia care will have positive implications on health and wellbeing outcomes of the residents suffering from dementia and their families and carers.

### **Environmental and Climate Change Implications and Risks**

The recommendations made in this report do not give rise to any identifiable environmental implications or risks.

**BACKGROUND PAPERS**