

## HEALTH & WELLBEING BOARD

**Subject Heading:**

Joint Havering Dementia Strategy 2024-2029

**Board Lead:**

Barbara Nicholls, Strategic Director of People

**Report Author and contact details:**

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**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

<input type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> <li>Increase employment of people with health problems or disabilities</li> <li>Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.</li> <li>Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>
<input type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> <li>The prevention of obesity</li> <li>Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>Strengthen early years providers, schools and colleges as health improving settings</li> </ul>
<input type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> <li>Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.</li> </ul>
<input type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> <li>Development of integrated health, housing and social care services at locality level.</li> </ul>
<input checked="" type="checkbox"/>	<p><b>BHR Integrated Care Partnership Board Transformation Board</b></p> <ul style="list-style-type: none"> <li>Older people and frailty and end of life</li> <li>Long term conditions</li> <li>Children and young people</li> <li>Mental health</li> <li>Planned Care</li> </ul> <p>Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board</p>



## 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.

The strategy was approved and adopted by Cabinet in November 2024.

## RECOMMENDATIONS

Members of the HWBB are asked to:

- Note the contents of the report and the accompanying Strategy.
- Adopt 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.

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

## 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



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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**

Joint Dementia Strategy 2024-2029