

Meeting:	Cabinet
Meeting date:	Wednesday 27 November 2019
Title of report:	Herefordshire and Worcestershire Living Well with Dementia Strategy
Report by:	Cabinet member health and adult wellbeing

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To approve and support the contents of the Herefordshire and Worcestershire Living Well with Dementia Strategy (HWLWD) and approve the high level actions set out for 2019-2024.

Over the last five years the delivery of dementia care in Herefordshire and Worcestershire has evolved into a multi-agency approach with each county having separate strategies.

As strong as our foundations are, we know that we have more to do to ensure we provide timely diagnosis and that people with dementia and their carers get the right support whatever their individual circumstances.

We must continue to strive towards becoming more dementia friendly as a wider community. Our ambition is to ensure that people at whatever stage of their condition are given the best opportunity to live well, remain active, feel valued and connected within their family and community.

The 2019-2024 strategy sets out a shared vision for a collaborative approach across both counties. It will build upon the successes of our local dementia partnerships delivered by a wide range of local stakeholders who are key to supporting people living with dementia, their family, friends and communities.

Recommendation(s)

THAT: Cabinet review and approve the Herefordshire and Worcestershire Living Well with Dementia Strategy 2019-2024 (at appendix 1) the content and recommendations of which were supported by the Health and Wellbeing Board on 14 October 2019.

Alternative options

1. There are no alternative options, this is an STP pledge to work together to improve the health and wellbeing of people affected by dementia and is a shared priority health outcome area for both counties. The STP partners are committed to working together to achieve the strategy aims and encourage colleagues to join us in meeting this challenge by understanding our strategy and working with us to deliver it over the next five years.

Key considerations

STP

2. This is the first STP footprint strategy which is underpinned by the NHS England Well Pathway for Dementia Model and endorses continuation of the collaborative approach that exists in our counties to build dementia friendly communities. By both, continuing to work on improving dementia care from diagnosis to end of life, while at the same time developing more dementia aware and supportive communities, we aim to improve the lives of people with dementia and their carers.
3. A fundamental challenge is to address local stigma and negative image of dementia which is creating fear and a sense of hopelessness within our aging population
4. A new element of the strategy is a focus on preventing well. Opportunities will be created to raise public awareness of the link between vascular health and dementia risk and how adopting a healthy lifestyle can also have a positive impact on the brain helping to prevent some types of dementia.
5. The strategy reflects key messages we have heard from people affected by dementia via engagement events and surveys undertaken by the STP and partners such as Healthwatch.
6. The scale of the challenge is significant with an estimated 12,456 people currently living with dementia in Herefordshire and Worcestershire including more than 592 people with young onset dementia. We must respond to the growing number of people who are developing dementia later in life whilst still needing to work and many of whom often have another significant chronic condition.

Community impact

7. Dementia is a priority public health area identified by Herefordshire and Worcestershire Health and Wellbeing Boards. The joint dementia strategy sets out a clear vision and commitment to take action on the key areas to be addressed to embed the Well Model across communities in both counties

8. The strategy has a key deliverable of improving the Herefordshire current rate of diagnosis (58%) to the nationally targeted rate of (67%)

Equality duty

9. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows: A public authority must, in the exercise of its functions, have due regard to the need to -
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
10. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
11. An Equality Relevance Screening has previously been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.
12. The CCGs undertook EIA QIA as part of the response to an NHS England review which identified the need for development of joint strategy and establishing partnership group. It was identified that a joint EIA /QIA would be more helpful to be undertaken as part of dementia strategy implementation process.
13. In the strategy PREVENTING WELL action 2.3 commits that a joint EIA and QIA will be undertaken by CCG and council partners to support the strategy implementation
14. The dementia strategy supports all communities across the two counties helping to reduce inequalities and reach and support the most vulnerable within our society. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity race, religion or belief, sex and sexual orientation.

Resource implications

15. There are no specific resource implications to the recommendations outside of business as usual and all actions associated with the strategy will be resourced from existing budgets.

Legal implications

16. There are no specific legal implications at this stage but all stakeholders must clearly comply with all relevant statutory duties that are placed on them. Consideration should also be given to the report functions of the board and any implications/compliance with requirements arising in the NHS constitution.

Risk management

17. The risks associated with not approving and delivering the strategy are an increasing number of residents living with dementia without an early, formal diagnosis and without support networks or responses to enable them to live as full lives as possible within the two counties.

Consultees

18. This strategy has built upon local engagement work led by the Herefordshire and Worcestershire Dementia Partnership Boards, which has been further strengthened by partnership events and public surveys.
19. In terms of organisations, in addition to those that attend the local Dementia Partnership Board such as the Council/ CCG / Herefordshire Carers, the events had attendance from care homes, e.g. Stretton Nursing Home, domiciliary care agencies, e.g. Radfield / Sure, VCS, e.g. Age UK H&W, Onside, Healthwatch and NHS providers e.g. 2g, WVT.

Appendices

Appendix 1 – Herefordshire and Worcester Living Well with Dementia Strategy 2019-2024 v11

Background papers

None identified