

21 February 2012		ITEM 7
Health and Well-being Overview and Scrutiny Committee		
Essex, Southend and Thurrock Dementia Strategy		
Report of: Jo Hall, Interim Commissioner, People Services		
Wards and communities affected: All wards	Key Decision: N/A	
Accountable Head of Service: Roger Harris, Head of Commissioning, People Services		
Accountable Director: Jo Olsson, Corporate Director, People Services		
This report is Public		
Purpose of Report: The purpose of this report is to inform Health and Well Being Overview and Scrutiny Committee of Thurrock Council's dementia action plan.		

EXECUTIVE SUMMARY

This paper seeks to advise Health and Well-being Overview and Scrutiny Committee about the emerging Thurrock Dementia Action Plan 2011-2014. The action plan may be subject to change as a result of comments from the committee and further consultation

1. RECOMMENDATIONS:

- 1.1 That Overview and Scrutiny Committee take note and make comments on the contents of this report.**

2. INTRODUCTION AND BACKGROUND:

- 2.1** The Essex, Southend and Thurrock Strategy for Dementia 2011-2014 is based on national guidance, set out in *Living well with dementia: A National Dementia Strategy, 2009*, the subsequent Department of Health *Quality Outcomes for people with Dementia* and the NICE Quality Standards for Dementia. It encompasses Essex, Southend and Thurrock Council, five Primary Care Trusts and two Mental Health Trusts and supports the strategies and action plans which are being developed at a local level across the sub economies.

- 2.2 The purpose of the strategy is to provide an overarching statement of how the objectives of the National Dementia Strategy can be collectively met whilst allowing the flexibility of responding to local needs. It has been developed by the Older Adults Mental Health programme Board in partnership with Adult Social Care, NHS Services and the third sector organisations.
- 2.3 The strategy aims to refocus investment and current resources to improve access to high quality diagnosis, treatment, support and advice for all people living with dementia in order to improve quality of life from diagnosis to end of life for people with dementia and their carers. This includes ensuring that people with dementia and their carers receive health care and social support from staff who have the skills and training to provide the best quality care and support. It also aims to support people in the comfort and familiarity of their own environment by moving care away from acute hospitals and reducing the number of people prematurely entering long term care.
- 2.4 The strategy is underpinned by the commitment to the values of dignity and respect and the principles of Personalisation and person centered support, to enable individuals to make choices regarding their care needs; thereby maximising opportunities for independence and improved quality of life.
- 2.5 The strategy is designed to be inclusive of all citizens in Essex, Southend and Thurrock who may experience dementia, or are the carers of people with dementia irrespective of age. It is inclusive of all user groups including for example adults who may have a learning disability or other long term health condition that impact on their cognitive abilities.
- 2.6 The strategy identifies 6 areas of priority. During the consultation 95% of people agreed with these priorities and set out the order of importance.
- Ensuring clear pathways are available for all people including those with young onset dementia or learning disabilities to access timely assessment, diagnosis, treatment and support.
 - Access to admission avoidance schemes, reablement and intermediate care
 - An effective, trained and skilled workforce
 - Appropriate support to carers and recognition of carers as partners in the care of people with dementia
 - Enhanced liaison and in reach services to acute hospitals which includes strategies to reduce the use of anti-psychotic medication
 - Access to palliative care and support to people with dementia at the end of life.
- 2.7 The action plan sets out Thurrock Council's response to the identified priorities. It aims to raise awareness, reduce stigma, enable early detection, intervention and prevention and to ensure that people living with dementia and their carers are supported with timely and appropriate intervention throughout the "dementia journey" through to the end of life

3. ISSUES AND/OR OPTIONS:

- 3.1 The population in Thurrock is expected to grow by 28% or 44,242 additional people by 2031. As life expectancy continues to increase, Thurrock will see a significant ageing of its population. By 2033 the population group aged 85 plus is expected to double. The projections of people living in Thurrock with dementia will increase significantly.

4. CONSULTATION (including Overview and Scrutiny, if applicable)

- 4.1 There has been a wide public consultation running from 27th June until 19th September 2011 on the draft Essex, Southend and Thurrock Dementia Strategy. There will be further consultation on this action plan.

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

- 5.1 This action plan has the potential to impact on all Corporate Priorities but specifically Providing High Quality and Accessible Public Services.

6. IMPLICATIONS

6.1 Financial

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None

6.2 Legal

Implications verified by:
 Telephone and email:

To be confirmed

6.3 Diversity and Equality

Implications verified by: **Samson DeAlyn**
 Telephone and email: **01375652472**
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The action plan is age inclusive but as the risk of developing dementia increases with age, so most services are geared to older people which is a disadvantage for people who develop dementia under the age of 65. People

with Learning Disabilities are at particular risk of developing dementia at a young age so services will need to be geared up to meet the needs arising from the dual diagnosis of dementia and learning disability. There is currently an emphasis on the benefits of reminiscence and life story work within Dementia Care. This could be a potential difficulty for transgendered people sharing childhood images and memories etc. Issues relating to religious belief (e.g. diet, personal care) are not always identified or understood in terms of dementia care, especially where individuals are no longer able to articulate these. Services for older people including those relating to dementia care have been identified as not always being accessible to people from Black, Asian and Minority Ethnic groups.

6.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

N/A

7. CONCLUSION

- 7.1 As previously stated the action plan may be subject to change as a result of the consultation process.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- Essex, Southend and Thurrock draft dementia strategy.

APPENDICES TO THIS REPORT:

- Thurrock Dementia action plan

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