

28 January 2021		ITEM: 11
Health and Wellbeing Board		
Southend, Essex and Thurrock Dementia Strategy Refresh		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Catherine Wilson, Strategic Lead – Commissioning and Procurement (Adults, Housing and Health)		
Accountable Head of Service: Les Billingham, Assistant Director - Adult Social Care and Community Development (Adults, Housing and Health).		
Accountable Director: Roger Harris, Corporate Director for Adults, Housing and Health		
This report is Public		

Executive Summary

The current Southend, Essex and Thurrock joint Health and Social Care Dementia strategy ends in 2021. This report details our plans to refresh the strategy in light of our progress over the four year period and in response to how the system and people with dementia and their carers have coped during the pandemic.

Covid-19 will make more traditional forms of face to face engagement and consultation difficult. This report sets out the proposed mechanism of consultation within current constraints.

1. Recommendation(s)

1.1 To agree the proposed approach and timeframes in the development of the Pan Essex Dementia Strategy (Health and Social Care) and Thurrock specific implementation plan.

2. Introduction and Background

2.1 It is recognised that we deliver better outcomes to People with Dementia and their Carers when we have effective joint working between Health and Social Care and between local authorities in the greater Essex area.

2.2 In 2017 an overarching Southend, Essex and Thurrock Dementia Strategy was agreed by all partners. A Thurrock specific action/implementation plan was also developed/approved at this time.

2.3 Our current strategy and associated action/implementation plan drove improvements for people with dementia and their carers in Thurrock including;

Improvement Area	Developments in Health and Social Care
Greater identification and diagnosis	Work undertaken with GP's and the formation of memory clinics within Thurrock led to a greater identification and diagnosis of people with dementia. Memory clinics have routinely met targets throughout the period of the strategy and have continued a higher than average level of diagnosis during the pandemic.
Better support to those recently diagnosed	The Better Care Fund has funded an Alzheimer's Society worker within Thurrock's memory clinic to support those recently diagnosed and their families. This also means they are able to sign post them to ongoing support both within the Alzheimer's Society and wider health and social care system.
Improved crisis support	Dementia Crisis Support Team developed that also works across Thurrock. This service has been invaluable in avoiding unnecessary admissions to both care homes and health services. Thurrock was the one area that integrated a social worker into the team (post has recently become vacant) which led to a far more seamless and responsive service for people in the area.
More understanding of dementia within the community	Thurrock was one of the first councils to commit to becoming dementia friendly. A Dementia Action Alliance (DAA) was formed to enable people in Thurrock to live well with dementia. They are attempting to create more dementia champions and develop a greater awareness of dementia in the community.
Improved support to care homes.	Dedicated physical and mental health nursing team to support care homes in the area to avoid unnecessary admissions. As part of this they help to improve the care of people with dementia in this setting. They work well with social care staff and were incredibly supportive to care homes in the care of people with dementia during the first wave.

2.4 It has been a very difficult time for people with dementia and their carers over the last nine months. Health and social care partners believe that there are things we can learn from this period about how the system responded (what

we do well and what we need to improve) that we may want to incorporate/strengthen in longer term plans.

- 2.5 As such, we are proposing a refresh of the Southend, Essex and Thurrock Dementia Strategy. The pandemic will make some of the usual avenues/approaches to consultation and involvement difficult. As such, this report also details our proposals to overcome/mitigate these issues.
- 2.6 As people with dementia and their carers lives have been overly affected by Covid-19 we are proposing that an on-line engagement takes place using Thurrock Councils consultation portal (other LA's will use their equivalent). This will be in mid-February for a period of eight weeks to shape priorities in the refreshed strategy.
- 2.7 In addition to our internal Communications Team, we plan to alert partners such as Healthwatch, Alzheimer's Society, Thurrock Carer's Service, Dementia Action Alliance (DAA) once we have finalised dates and use these existing mechanisms of involvement already available to us to promote the consultation.
- 2.8 This consultation will be in two parts. The first part will gather people's views on our existing priorities contained in the 2017-21 strategy (are they still relevant? have they changed?). The second part of the consultation is being used to make sure we capture what the current situation is for people with dementia and their carers and what they feel the future might look like for them.
- 2.9 We will share our anonymised consultation findings with Essex County Council who are co-ordinating, Southend Council and Health Partners. The consultation findings alongside national priorities (when published¹) will form the basis of the strategy development.
- 2.10 A virtual steering group will then oversee the development of a draft strategy. Thurrock Council representation will be from the Adult Social Care Commissioning Team, who will also arrange the participation of other parties/representatives.
- 2.11 Once a draft has been developed further consultation will take place and again Commissioning will take the lead in the promotion of the draft strategy for comment.
- 2.12 The strategy is a high level plan setting the direction of travel and should in addition to our consultation results be shaped by national priorities and Alzheimer's Society and Carers UK research, who in turn have their own engagement mechanisms.

¹ NB: We were expecting to have received published priorities from central government by now – the priority areas in our current strategy which were defined by people with dementia and their carers in the wider Essex area largely mirrored the national picture in 2017. As such, it would be helpful to have this 'sense check' when developing ours. The national strategy also normally has greater/wider mechanisms for consultation available

2.13 As such, we propose that in these difficult circumstances we prioritise the greatest level of involvement of people with dementia, their carers and representative in the development of the resulting local action/implementation plan so they can meaningfully shape what services look like for them in their community.

2.14 We will review what involvement mechanisms are available to us at the point we develop the Thurrock action/implementation plan as the current vaccination programme may have created more freedom to carry out face-to-face engagement for those without digital resources by this point in the year.

3. Issues, Options and Analysis of Options

3.1 Consideration was given by partners to delaying the refresh of the Dementia Strategy. However, because so much has changed over the last four years and during the pandemic - It was felt by partners that it would be of benefit to people with dementia and their carers if we were able to progress with its development.

4. Reasons for Recommendation

4.1 That the Health and Wellbeing Board agree to the proposed timeframes and mechanisms for consultation in the development of the Southend, Essex and Thurrock Dementia Strategy 2021 – 2025.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Please see section 2 which details the proposed methods of consultation.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The development of this strategy meets the corporate priority around 'People'. Specifically building 'on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing'.

6.2 This is a partnership strategy across health and social care in order to give people with dementia and their carers more joined up services that can meet their needs. Although other community and voluntary groups are part of this, it will be developed and delivered largely by those supporting people with dementia and/or their carers.

7. Implications

7.1 Financial

Implications verified by: **Verification not received**

There are no financial implications directly arising from this report.

7.2 Legal

Implications verified by: **Lindsey Marks**
Deputy Head of Law

There are no legal implications directly arising from this report.

7.3 Diversity and Equality

Implications verified by: **Verification not received**

There are no adverse implications arising from this report. The report seeks to engage people with dementia and their carers in the development of a new strategy. The strategy will seek to improve services and support available from health and social care and the wider community.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

The impact of developing this strategy should be positive. We are looking to identify improvements to services and greater co-ordination between local authorities and health and social care.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Southend, Essex and Thurrock Dementia Strategy 2017-2021
<https://www.livingwellessex.org/media/523329/Dementia-Strategy.pdf>
- Southend, Essex and Thurrock Dementia Strategy – Thurrock Implementation Plan
<https://democracy.thurrock.gov.uk/documents/s21490/Essex%20Southend%20and%20Thurrock%20Dementia%20Strategy%202017-2021%20-%20Thurrock%20Implementation%20Plan.%20Appendix%201.pdf>

9. Appendices to the report

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