

# Adults and Safeguarding Committee 13<sup>th</sup> March 2023

Title	Dementia Strategy 2023-2028
Report of	Cllr Paul Edwards, Chair - Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 - Dementia Strategy 2023 - 2028
Officer Contact Details	Jo Kamanu, Senior Commissioning Officer, Joint Commissioning Unit jo.kamanu@barnet.gov.uk  Ellie Chesterman, Interim Head of Commissioning – Mental Health & Dementia ellie.chesterman@barnet.gov.uk

## **Summary**

The Dementia Strategy 2023-2028 is Barnet's first dementia strategy, which builds on the progress already made in the borough to improve the lives of people living with dementia, their families, and their carers, and provides a framework for continuous action to ensure that people continue to live well.

The strategy has been developed by adult social care, working with people living with dementia and their carers, other key council teams such as Public Health and the Barnet Borough Partnership (integrated health, care and voluntary sector partnership).

This report seeks approval of the Dementia Strategy 2023-2028.

## **Officers Recommendations**

- 1. That the Adults and Safeguarding Committee approve the Dementia Strategy 2023-2028.
- 2. That the Adults and Safeguarding Committee note that a review of the Dementia Strategy 2023-2028 is scheduled for 2025.



#### 1. Why this report is needed

- 1.1 This report seeks Committee approval of the Dementia Strategy 2023-28.
- 1.2 The strategy sets out important context around the support offer for people living with dementia and their carers in Barnet and outlines priority areas for action; to ensure that the needs of our diverse population are met now and in the years ahead.
- 1.3 This strategy supports the visions and outcomes within the National Dementia Strategy 2009, whilst we await the publication of a new national 10-year plan to tackle dementia as announced by the Health Secretary in May 2022. It also considers key legislation and guidance, including the Care Act 2014 and National Institute for Health and Care Excellence (NICE) guidance<sup>1</sup>. These key strategic documents all highlight the importance of ensuring that people with dementia and their carers can access timely diagnosis, high-quality care, and support and that there is an increased awareness in our communities of dementia.
- 1.4 This Strategy has been shaped by the NHS England Transformation Framework on Dementia, the 'Well Pathway for Dementia', to ensure that our progress aligns with the national NHS standards for each part of the Framework: *Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.*
- 1.5 This strategy has been coproduced and developed in partnership with over 140 people living with dementia and their carers, as well as with professionals representing: Adult Social Care, Public Health, Family Services, North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and community sector partners.

#### 2. Reasons for recommendations

- 2.1 In Barnet, it is estimated that over 4,387 people are living with dementia, and this figure is expected to increase to 6,402 by 2035.
- 2.2 This strategy recognises that more can be done to improve the experience of people living with dementia and their carers. Following approval of the strategy, officers will develop a multi-agency action plan to build on the progress that has been made and address the gaps identified. This means not only focusing on strengthening our current dementia pathway, support offer and services, but also embedding more proactive dementia support, preventing avoidable crises, and promoting and maximising people's independence, health, and well-being
- 2.3 This strategy will inform the planning, provision, and commissioning of dementiarelated services in Barnet. To deliver the associated action plan, we will work with people living with dementia and their carers, health and social care, partners across the council, the voluntary and community sector, providers of care and residents, to deliver our plans over the next five years.
- 2.4 Early intervention and effective prevention can positively impact an individual's health and well-being. By ensuring that people can access early and timely diagnosis for

\_

<sup>1</sup> https://www.nice.org.uk/

dementia and have good co-ordination and care planning, people will enjoy an improved quality of life in Barnet.

- 2.5 Needs assessment data confirms Barnet has an aging population, which will result in increased numbers of people living with dementia in the years to come. A key driver in our approach to supporting people to live well is through providing prevention and early intervention support. To do this, we will develop plans which are more proactive and creative in approach and offer robust support for carers, alongside an increased awareness of dementia within communities.
- 2.6 The 2021 Census data also evidences Barnet's increasingly diverse population. In Barnet, people from ethnic minority backgrounds are under-represented in dementia services and tend to access services later. The dementia strategy and action plan offer an opportunity to focus efforts on prevention and early detection amongst under-represented communities, ensuring that support is available earlier and that services are culturally sensitive.
- 2.7 Through engagement and coproduction with over 140 people living with dementia and their carers to develop the strategy we gained much greater insight into the challenges residents face, including:
  - Needing more information at the right time
  - A lack of coordination across services
  - Experiencing a gap in support after diagnosis
  - Needing more reasonable adjustments to support access to help and engagement in the community.

We also captured feedback from people about changes to services that they feel are needed. We recognise that some of these changes have already been made, such as improvements to the diagnostic pathway and community-based services available before and after diagnosis, which indicates that we need to review communication, awareness, and accessibility. Whereas other changes reflect gaps in our local system or inconsistencies, that we will aim to address, such as extended time in GP appointments and a robust information and advice offer.

- 2.8 The strategy sets out three coproduced priorities to guide our action planning:
  - 1. Improved information and advice (Before diagnosis, at diagnosis, and after diagnosis) to ensure that people can make informed decisions about their health and care needs.
  - 2. Improved awareness and identification; early and timely diagnosis.
  - **3.** Individualised and tailored support that promotes independence and well-being (At diagnosis and after diagnosis)

#### 3. Alternative options considered and not recommended

3.1 This strategy sets out borough-wide multi-agency commitments to providing high-quality care and support for people with dementia and their carers. It provides a formal framework for improving the lives of people living with dementia and their carers in Barnet. Not having the strategy is therefore not recommended.

#### 4. Post decision implementation

- 4.1 Following approval, the adult social care team will work with people living with dementia and their carers and other key partners to develop a dedicated action plan to implement the strategy over a two-year period.
- 4.2 Progress will be monitored by the Barnet Borough Partnership Board and reported to the relevant Council committee.
- 4.3 Through the Action Plan, the Board will identify interventions and expect to evidence:
  - A reduced diagnostic gap, with a notable improvement in diagnosis amongst under-represented groups
  - People living with dementia and their carers reporting a positive experience of working in partnership with Health and Social Care
  - An increase in the number of people living with dementia and their carers who report they are aware of and can access appropriate information, advice and quidance before and after diagnosis.
- 4.4 A review of the strategy and progress to date will take place in March 2025.

#### 5. Implications of decision

#### 5.1 Corporate Priorities and Performance

- 5.1.1 The Dementia Strategy sets out the proposed approach to delivering the agenda set by the Corporate Plan, and supports the priority of caring for people, in particular, living well.
  - 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)
- 5.2.1 Delivery of the strategy and action plan will be met through existing service budgets. Should any future funding requirements arise, these will be considered through the Council's medium term financial planning process. Other partners involved in delivering the action plan, for example the NHS, will address resource implications through their own financial and budget processes.

#### 5.3 Legal and Constitutional References

- 5.3.1 The Council's Constitution Article 7 sets out the terms of reference of the Adults and Safeguarding Committee includes the following responsibilities:
  - Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
  - Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Well-being Strategy and its associated sub strategies.
- 5.3.2 The Council has statutory duties to promote the wellbeing and health of its residents for example in the Care Act 2014 and Children & Families Act 2014.

#### 5.4 Insight

5.4.1 The strategy has been developed based on insight from over 140 people living with dementia and their carers, and use of local, regional and national insight to inform the priorities outlined and outcomes identified.

#### 5.5 Social Value

- 5.5.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. This is reflected in the council's social value policy.
- 5.5.2 The corporate plan supports the aims of this social value policy and the social values outcomes we are seeking to achieve. Any commissioning or transformational activity that is carried out as part of the implementation of the Dementia Strategy will be conducted in accordance with the social value policy.

#### 5.6 **Risk Management**

5.6.1 Risk management considerations will be an integral part of the scoping and management of individual projects that are initiated to deliver the Dementia Strategy.

#### 5.7 **Equalities and Diversity**

5.7.1 Equality and diversity issues are a mandatory consideration in the council's decision-making process. Decision makers should have due regard to the public-sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. Consideration of the duties should precede the decision. It is important that the Committee has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public-sector equality duty are found at section 149 of the Equality Act 2010.

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.
- 5.7.2 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
  - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
  - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 5.7.3 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

- 5.7.4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
  - (a) Tackle prejudice, and
  - (b) Promote understanding.
- 5.7.5 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:
  - Age
  - Disability
  - Gender reassignment
  - Pregnancy and maternity
  - · Race.
  - · Religion or belief
  - Sex
  - Sexual orientation
  - Marriage and Civil partnership
- 5.7.6 The public sector equality duty considerations and the council's commitments to tackling inequalities and disproportionality will be central to the development of the action plan that will deliver the Dementia Strategy. This will include giving focus to areas of known disproportionality, such as under-representation of people from ethnic minority backgrounds in our dementia services. As well as considering the needs of groups with specific needs, such as people with a learning disability and a diagnosis of dementia and people diagnosed with early onset dementia.

#### 5.8 **Corporate Parenting**

5.8.1 In line with the Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The Dementia Strategy is not expected to have significant impact on looked after children or care experienced young people.

#### 5.9 Consultation and Engagement

- 5.9.1 Extensive coproduction and stakeholder engagement has been undertaken to inform the development of the strategy with over 140 people living with dementia and their carers, health and social care professionals, commissioned and non-commissioned services, Barnet's Dementia Friendly Partnership and voluntary sector partners.
- 5.9.2 A formal consultation was also carried out via Engage Barnet with broad agreement of the priorities identified, support for further investigation into disproportionality relating to dementia diagnosis and support and the importance of recognising the role of carers. A number of comments received suggested actions that could be taken to implement the strategy, which have been collated and will be used to inform action planning. Feedback was also received that some of the graphics are hard to read. The document will be sent to our design agency following approval, to mitigate any issues.

#### 5.10 Environmental Impact

5.10.1 There are no direct environmental implications arising from approving this strategy.

The impact of actions taken to deliver the Dementia Strategy will be assessed against the council's Sustainability Action Plan to ensure cohesion and alignment with targets.

### 6. Background papers

6.1 NHS England Transformation Framework on Dementia 'Dementia Well Pathway', <a href="https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf">https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf</a>