

Devon Dementia Strategy - Health & Adult Care Scrutiny Standing Overview Group

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendations

That the Committee be asked

- a) To share the learning from the Standing Overview Group to inform its ongoing role reviewing the planning, provision and operation of the health services in Devon, as well as informing the future Scrutiny work programme.
- b) A 12 month update report on the implementation of the Devon Dementia Strategy is presented to the Committee.
- c) There is dementia awareness training for all Members of the new Council.

2) Background

- 2.1. Dementia is a long-term syndrome caused by several progressive neurological conditions, most commonly Alzheimer's disease (a neurodegenerative disease) or a Cerebrovascular disease (narrowing of blood vessels in the brain). Dementia affects cognitive functions in everyday life, requiring a joint care response, it is not classified as a mental illness. Devon faces a growing challenge as the number of people living with dementia is expected to rise by 54% by 2040, highlighting the urgent need for a comprehensive and collaborative dementia strategy.
- 2.2. Work has been underway in Devon to develop a system wide strategy. The Devon Dementia Strategy has been co-produced with input from over 100 contributors, including healthcare professionals, local authorities, the voluntary and community sectors, and people with lived experience of dementia and their carers. It sets out a comprehensive roadmap to improve the quality of life for those affected by dementia. Centred on the NHS Well Pathway for Dementia, the strategy emphasises a holistic, collaborative approach to fostering dementia-friendly communities, enhancing care pathways, and ensuring ongoing engagement with those directly impacted.
- 2.3. The strategy aims to improve the quality of life for those affected by dementia and create an inclusive, supportive environment for everyone involved through collaborative efforts, focused initiatives and sustainable practices. It is a call to

action for health and social care professionals, community leaders, organisations, and all Devon residents to come together and make a meaningful impact in the lives of those facing the challenges of dementia.

- 2.4. Nationally, rates of dementia are growing; dementias (including those caused by Alzheimer's disease) are already the biggest driver of mortality and place a significant burden across NHS services. The national aspiration is that two-thirds (66.7%) of people estimated to be living with dementia should have a formal diagnosis recorded in their primary care notes.
- 2.5. This strategy builds upon the existing quality initiatives supporting people with dementia and unpaid carers across Devon. It also outlines a proactive plan to:
 - Raise awareness of dementia so people are educated and informed, reducing risks and stigma
 - Ensure timely diagnosis and access to appropriate support services
 - Enhance the quality of care provided to those living with dementia
 - Provide robust support for families and caregivers
 - Work towards dementia-inclusive communities across Devon
 - Provide personalised end of life care that reflects the wishes of the individual
- 2.6. Diagnosing dementia is essential because it is the first critical step in accessing the appropriate care, support and treatment that can significantly improve the quality of life for people with dementia and their families. Timely and accurate diagnosis allows for interventions that can slow the progression of the disease, manage symptoms more effectively and help people plan for the future. It also reduces the uncertainty and anxiety that often accompany undiagnosed cognitive issues. Moreover, a diagnosis enables healthcare providers to offer person-centred support and resources, ensuring that people receive the most suitable care throughout their dementia journey. This also plays a role in reducing stigma by fostering greater understanding and awareness of dementia within communities. As of October 2024, Devon's Dementia Diagnostic Rate was 58.9%, an improvement from 55.2% in April 2023. This ranks Devon 38th out of 42 systems in England indicating further improvement is needed.

3) Standing Overview Group

- 3.1. On 6 February 2025 the Standing Overview Group of the Health and Adult Care Scrutiny Committee met with the following officers to review the emerging Devon Dementia Strategy and provide feedback on the draft:
 - Jacquie Mowbray-Gould, Director - Mental Health, Learning Disability and Neurodiversity Provider Collaborative, Devon Partnership Trust
 - Emma Elston, Older Persons Mental Health Directorate Manager, Devon Partnership Trust
 - Tina Henry, Deputy Director of Public Health, Devon County Council
 - Solveig Wright, Deputy Director of Integrated Adult Social Care (Commissioning), Devon County Council

- Candy Worf, Senior Commissioning Officer, Strategic Commissioning and Market Team, Devon County Council

The following Members attended:

- Cllr Sara Randall Johnson (Chair)
- Cllr Pru Maskell
- Cllr Linda Hellyer
- Cllr Hodson (Devon District Councils Representative)
- Cllr Phil Bullivant (Cabinet Member)

Issues Identified

3.2. One of the recommendations from the [Public Health Annual Report 2023/24](#) was for a dementia strategy and this has moved forward rapidly, which Members welcomed. Devon Partnership Trust, who have led the process, have engaged with a wide range of statutory and voluntary partners including all memory cafes in Devon (the County has more memory cafes than any other area) ensuring the strategy has been shared with people with dementia. The intention is for the Devon Dementia Strategy to be ratified at the end of March 2025 by the Integrated Care Board.

3.3. During discussion with Members the following issues were identified:

- **Resources** - Members expressed concern that the strategy is not connected to resources, or the pooling of funds across the system to move this forward. Officers explained that the strategy deliberately does not include financials, instead focussing on best practice and sets out the challenges to deliver an effective dementia pathway. It is a long term strategy that identifies the actions that need to be taken as a system to prevent longer-term challenges. There are challenges investing in services at a time where resources are already stretched.
- **Priorities** - Members felt there could be more clarity on the priorities within the strategy e.g. what will be tackled first, especially across so many partners and layers of work.
- **Diagnosis** – The Standing Overview Group noted issues around early dementia diagnosis in Devon and difficulties getting timely access to a GP appointment. Diagnosis is incredibly important, it enables people to be prescribed the right medication, but also to access support, services, and validating what someone is going through. Work is planned to relaunch a dementia diagnosis support pack with GPs.
- **Post-diagnostic Support** - There is a lack of post-diagnostic support in Devon. Better post-diagnostic support would ultimately reduce demand on the system in terms of footfall, average length of hospital stay, care packages, amongst others factors as result. There is not the support in post currently to help people with information, guidance and accessing therapeutic interventions and specialist support.

- **Dementia Friendly Communities** - Devon was reported to be on a positive pathway before the Covid-19 pandemic in terms of dementia friendly communities, but some of this work has been lost. There is a need to re-establish a strategic intention to re-start this work, encouraging communities to have conversations about dementia, and how people then seek an assessment and support. It is not just about having specialist services but about making all services dementia friendly. Dementia should not be an exclusion criterion for services.
- **Raising Awareness** – The need to raise public awareness about dementia diagnosis and focus on what people can do, with more of a strengths-based approach. This will make people feel less isolated and remove some of the stigma around dementia. Educating communities to know how to engage with people with dementia would be helpful.
- **Housing** – Members noted there being little about housing within the strategy and flagged up the role that good housing design can play in helping people stay in their own homes for longer. Officers advised that they did not add a housing element as felt it less specific about dementia and decided it was not within the scope of strategy.
- **Health Inequalities** - Officers acknowledged that there could be a stronger focus on health inequalities. Looking at deprivation and other issues around being able to support those with more complex dementia.
- **Prevention** - Officers recognised that the strategy aligns with the health prevention agenda, but there are challenges in prioritisation. There is a need for Public Health to work with school age children promoting their physical and mental health as well as focussing on other preventative measures as there is an opportunity that this will impact upon some types of dementia such as vascular dementia people may experience in later life. There is a need for a wider conversation with the public about having a healthier later life, and the strategy should be a document that promotes conversations within communities.
- **Reviewing Impact of Strategy** - Members noted the importance of monitoring the implementation of the Devon Dementia Strategy and its impact. The need for Scrutiny to consider inviting the Integrated Care Board to update the Scrutiny committee on progress delivering the strategy in 12 months' time. What improvements will the strategy be able to evidence to Scrutiny? What will the demonstrable goals be that the strategy needs to include? Officers have funding for an 18 month and 3 year review once the strategy is accepted which will be helpful in terms of check and challenge.

4) Conclusion

- 4.1. The Committee thanked officers for attending the Standing Overview Group and for the work that they are undertaking in terms of the emerging Devon Dementia Strategy. Members welcomed the pace of the progress towards this strategy following the recommendation in the Public Health Annual Report 2023/24.

Members also wished to express enormous thanks to staff from across Integrated Adult Social Care, NHS Devon and DPT for the work they are doing and their commitment to the people of Devon they are supporting.

- 4.2. Members welcomed the vision of the Devon Dementia Strategy '*For Devon to be a leading dementia-inclusive county. Our vision is for people with dementia in Devon to live fulfilling lives with dignity and respect, supported by integrated care and communities; and for families and unpaid carers to have access to the resources, guidance and support they need.*' Members also fully support the intention of the Devon Dementia Strategy as '*a call to action for health and social care professionals, community leaders, organisations, and all Devon residents to come together and make a meaningful impact in the lives of those facing the challenges of dementia.*'
- 4.3. The Standing Overview Group identified that there has been a lack of system ambition around having a dementia strategy post-pandemic but recognised that while not all the finances or resources are in place there is now an exciting opportunity, and significant step in the right direction, to take this work forward. Acting as a critical friend, Members trust the issues they identified in this session can be used to strengthen the strategy and crucially its implementation. It is essential that following the County Council elections in May 2025, the new Health and Adult Care Scrutiny Committee continue to track and monitor the progress of the Devon Dementia Strategy.

5) Options / Alternatives

- 5.1. The report is the summary of the Standing Overview Group meeting of Members of the Health & Adult Care Scrutiny Committee. Scrutiny does not make decisions and this report does not propose any alternatives.

6) Consultations / Representations / Technical Data

- 6.1. As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

7) Strategic Plan

- 7.1. The alignment of all Scrutiny activity with the Strategic Plan is detailed on the Scrutiny work programme. The issues raised in the report and the benefit of developing Member knowledge and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan.
- 7.2. Improving Member knowledge on key issues contributes to the Council's commitment to being a trusted, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

8) Financial Considerations

- 8.1. There are no specific financial considerations in this report.

9) Legal Considerations

9.1. There are no specific legal considerations in this report.

10) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

10.1. There are no specific environmental impact considerations in this report.

11) Equality Considerations

11.1. There are no specific equality considerations in this report.

12) Risk Management Considerations

12.1. The activity of Scrutiny Members contributes to the mitigations for:

- Ineffective Member Scrutiny defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.
- Member effectiveness defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Name:

Director of Legal and Democratic Services, Maria Price

Electoral Divisions: All

Cabinet Member for Organisational Development, Workforce & Digital Transformation,
Councillor Andrew Saywell.

Local Government Act 1972: List of background papers – Nil

Contact for enquiries:

Name: Dan Looker, Scrutiny Officer

Telephone: 01392 383000 (ask for by name)

Address: G31, County Hall, Topsham Road, Exeter, EX2 4QD