

# Swindon Dementia Strategy

Health and Wellbeing Board

8 October 2014

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Author: Acting Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

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## 1. Purpose and Reasons

- 1.1 To inform the Health and Wellbeing Board (HWB) about the Swindon Dementia Strategy 2014 – 2019 (attached at Appendix 1) informed by the Dementia Joint Strategic Needs Assessment (JSNA) published last year.
- 1.2 Dementia is a long term condition which affects significant numbers of patients and families in Swindon. Increasing quality of life and independence whilst living with dementia related illnesses is a national and local priority.
- 1.3 The vision for Swindon is for people with dementia and their carers to live a healthy, safe and fulfilling life.

## 2. Recommendations

The Board is recommended to:

- 2.1 Recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group (CCG) that they approve the Dementia Strategy for 2014 – 2019.
- 2.2 Raise awareness to all partner Health and Wellbeing Board agencies of the importance of creating dementia friendly communities and delivering on the priorities identified within the strategy.

## 3. Detail

- 3.1 Dementia is a long term condition which affects significant numbers of patients and families in Swindon. Increasing quality of life and independence whilst living with Dementia related illnesses is a national and local priority.
- 3.2 It is estimated that approximately 2000 people in Swindon are diagnosed at any one time with a dementing illness. It encompasses a spectrum of symptoms from an inability to recall recent events to severely limiting a person's physical, cognitive and social abilities. The implications can also be devastating for family members and friends.
- 3.3 In Swindon dementia is recognised as a key priority across different organisations. Although it is a medical diagnosis, the role of social care and the voluntary and community sector is central to the quality of life of people with dementia and their carers. Maintaining a healthy lifestyle can also reduce the

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Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, [cherryjones@swindon.gov.uk](mailto:cherryjones@swindon.gov.uk).

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risk of dementia and a good diet, regular physical activity and stopping smoking is good for both healthy hearts and brains.

3.4 The purpose of a dementia strategy for Swindon is to:

3.4.1 Set out the vision for Swindon

3.4.2 Provide co-ordination for all the excellent work that is already in place

3.4.3 Identify key priorities for what needs to improve

3.4.4 Maximise opportunities for identifying synergy and potential for cross-agency working

3.4.5 Engaging local people in discussion on what works best for people in Swindon

3.4.6 Ensuring that there is a constant reminder that people are central to everything we do for dementia.

3.5 As well as developing a strategy and plan for action, Swindon has established a multi-agency Dementia Steering Group and the Clinical Commissioning Group has led workshops on looking at what works well currently and how things can be improved, and also on understanding innovative practice from elsewhere.

3.6 There has also been a comprehensive Dementia Joint Strategic Needs Assessment conducted which was published in July 2013.  
<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna-Dementia-Needs-Assessment.aspx>

3.7 Based on these findings and a series of stakeholder involvement events, eleven key priorities have been identified:

3.7.1 Priority 1: Improve public and professional awareness of dementia and reduce stigma

3.7.2 Priority 2: Improve timely diagnosis and treatment of dementia

3.7.3 Priority 3: Increase access to a range of flexible day, home based and residential respite options

3.7.4 Priority 4: Develop services that support people to maximise their independence

3.7.5 Priority 5: To increase community clinical support for patients experiencing dementia

3.7.6 Priority 6: Improve the skills and competencies of the workforce

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- 3.7.7 Priority 7: Improve access to support and advice following diagnosis for people with dementia and their carers
- 3.7.8 Priority 8: To reduce avoidable hospital and care home admissions and decrease hospital length of stay
- 3.7.9 Priority 9: To ensure that the needs of younger people with dementia are addressed
- 3.7.10 Priority 10: To improve the quality of dementia care in care homes and hospitals
- 3.7.11 Priority 11: To improve end of life care for people with dementia

## 4. Alternative Options

- 4.1 Not to support the Dementia Strategy.

## 5. Implications

### Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising from the development of this strategy. Any service reviews or service requirements as a result of this strategy will be reviewed and a business case developed accordingly.

### Legal and Human Rights Implications

- 5.2 Legal and human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

### All other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are implications for improved health and wellbeing as a result of implementing the strategy and delivering on the eleven priorities identified within the strategy.

### Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.4 This links directly to the One Swindon priority of, 'living independently, protected from harm, leading healthy lives and making a positive contribution' and the Health and Wellbeing Strategy outcomes:
  - Outcome 2 – Adults and older people in Swindon are living healthier and more independent lives
  - Outcomes 3 – Improved health outcomes for disadvantaged and vulnerable communities

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- Outcomes 4 – Improved mental health, wellbeing and resilience for all
- Outcome 5 – creation of sustainable environments in which communities can flourish

## Diversity Impact assessment

5.5 A diversity impact assessment has been completed.

## Risk Management

5.6 No specific risks have been identified at this stage from this report.

## **6. Consultees**

6.1 The Board Director Finance, Revenues, Benefits and Property (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

7.1 None.

## **8. Appendices**

8.1 Swindon Dementia Strategy 2014 - 2019.