

# **ADULT SERVICES AND PUBLIC HEALTH COMMITTEE**

## **MINUTES AND DECISION RECORD**

22 January 2026

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

### **Present:**

Councillor: Gary Allen (In the Chair)

Councillors: Moss Boddy, Ged Hall, Sue Little, and Aaron Roy

In accordance with Council Procedure Rule 4.2 Councillor Rob Darby was in attendance for Councillor Ed Doyle

Parish Council Co-opted Member  
Scott Gaiety (Headland Parish Council)

Officers: Jill Harrison, Executive Director of Adult Services and Public Health  
Chris Woodcock, Interim Director of Public Health  
Claire Robinson, Public Health Principal  
Jo Stubbs, Principal Democratic Services and Legal Support Officer

### **18. Apologies for Absence**

Apologies for absence were received from Councillors Fiona Cook and Ed Doyle.

### **19. Declarations of Interest**

None

### **20. Minutes of the meeting held on 4 December 2026**

Received.

## **21. Carers Strategy 2026-2031** *(Executive Director of Adult Services and Public Health)*

### **Type of decision**

Non-key

### **Purpose of report**

To present the Carers Strategy 2026-2031 and seek approval for the Committee for the Adult Social Care Carers Plan that has been developed to support implementation.

### **Issue(s) for consideration**

The Executive Director for Adult Services and Public Health presented the Carers Strategy to Members. This had been approved at the Health and Wellbeing Board in December 2025. The Strategy had been shaped by the priorities and lived experiences of carers and focused on 8 priority areas. An Adult Social Care Carers Plan had been developed to support implementation of the strategy, focusing on specific actions and ensuring that there is a focus on improving how carers are supported.

Members were pleased to see the development of the Carers Strategy and emphasised the need for commitment from all partners and the development of clear actions to ensure that progress is made. The Executive Director for Adult Services and Public Health advised that the action plan would be formulated with the help of partners specifically to address these concerns and noted that there had been a request at the Health and Wellbeing Board for all partners to nominate representatives to contribute to this work. Members acknowledged the hard work carried out by carers and the resulting savings to health and social care budgets and recorded their thanks to all carers for their continued commitment. There was a request for information on the number of carers involved with adult social care and the number involved with voluntary organisations such as Hartlepool Carers, which the Executive Director confirmed could be provided at a future meeting.

The Executive Director thanked all those involved in the formulation of the strategy for their contributions and emphasised the importance of partner engagement in the process moving forward.

### **Decision**

That the Carers Strategy 2026-3031 and the Adult Social Care Carers Plan be noted and endorsed.

That an update be provided to the Committee in 6 months, with regular updates throughout the life of the strategy..

## **22. Dementia Strategy 2026-2031** (*Executive Director of Adult Services and Public Health*)

### **Type of decision**

Non-key

### **Purpose of report**

To present the Dementia Strategy 2026-2031 and provide an update regarding actions being taken within adult social care to support implementation.

### **Issue(s) for consideration**

The Executive Director for Adult Services and Public Health presented the Dementia Strategy to Members. This had been approved at the Health and Wellbeing Board in December 2025. The Strategy had been developed in collaboration with people with lived experience and their carers and families along with a number of public and private organisations. It focused on 5 priority areas and a summary of actions being taken within social care to support implementation was also given. These would ensure there was a focus on how people living with dementia and their families/carers were supported. Health and Wellbeing Board partners had been asked to identify representatives who would support the development of a more detailed action plan.

Members were pleased to see the development of the Dementia Strategy and emphasised the need for it to result in clear actions. Concerns were also raised at the lack of statistical data within the strategy. Members of the Dementia Friendly Hartlepool Partnership advised that they had requested statistical data but little had been provided and what was provided appeared to be incomplete based on the experiences of the families of people living with dementia. It was noted that the issues relating to diagnosis and post diagnosis support needed to be addressed by NHS partners and one Member raised concerns regarding the role of the ICB in funding support for those living with dementia. The Chair confirmed the Council's commitment to make progress and provide any support they could. The Executive Director added that, as a statutory partner on Health and Wellbeing Board, the ICB had agreed to be part of the working group that would take the Dementia Strategy forward.

### **Decision**

That the Dementia Strategy 2026-2031 and action being taken to support implementation be noted and endorsed.

## **23. Hartlepool Sexual Health Services Update** *(Director of Public Health)*

### **Type of decision**

For information

### **Purpose of report**

To provide an update on the implementation of the new integrated sexual health service.

### **Issue(s) for consideration**

In August 2025 the new Tees Integrated Sexual Health Service, 'Teesside Together' was commissioned to deliver sexual health services across the 4 Tees local authorities. This service, led by North Tees and Hartlepool NHS Foundation Trust with Hartlepool and Stockton Health and Elm Alliance provides specialist sexual and reproductive healthcare provision and a community contraception service. Clinics are established across the Tees area delivering a full range of services while outreach services are due to commence this year. Current contracts which sit outside the clinical provision are being reviewed.

A member requested that teenage pregnancy be added as a priority. The Public Health Principal confirmed that this was a key priority for the service saying that rates of pregnancies among teenagers were monitored and those affected were surveyed around any support they received. This would be done digitally in order to capture the demographic involved.

### **Decision**

That progress in relation to implementation of the new integrated sexual health service and work to review the sexual health prevention offer across Hartlepool be noted.

## **24. Drug and Alcohol Strategy Update** *(Director of Public Health)*

### **Type of decision**

For information

### **Purpose of report**

To provide an update on the implementation of the Drug and Alcohol strategy.

### **Issue(s) for consideration**

In 2023 the Drug and Alcohol Strategy was refreshed and 4 priorities identified:

1. Prevention and early intervention
2. Reducing drug and alcohol related harms
3. Supporting wider health needs
4. Reducing drug and alcohol related crime and disorder

Progress against these priorities was set out in the report and summarised by the Director of Public Health.

The Chair had opened the new Drug and Alcohol Treatment Centre the previous day. He had been pleased to see a brighter, more welcoming venue than previously with improved facilities. Members were invited to visit the centre should they wish to. Members referred to art work that those in recovery had produced and suggested this be used to decorate the centre.

There was a question regarding future funding for the service and the Director of Public Health confirmed that Central Government had confirmed funding for the next 3 years, albeit this would reduce each year. Officers were confident that the funding allocated would support continuation of the service.

### **Decision**

That progress in relation to implementation of the Drug and Alcohol Strategy be noted.

The meeting concluded at 11.30am

**H MARTIN**

**DIRECTOR OF LEGAL, GOVERNANCE AND HUMAN RESOURCES**

**PUBLICATION DATE: 29<sup>th</sup> January 2026**



# Hartlepool Dementia Strategy

2026 - 2031

In partnership with



Hartlepool  
Borough Council



## Forward by Michael Booth

Dementia is not a single condition but a group of progressive neurological disorders affecting memory, thinking, communication, and behaviour. While Alzheimer's and vascular dementia are more common, rarer types like Lewy body, frontotemporal dementia, and posterior cortical atrophy present distinct symptoms hallucinations, personality changes, or visual-spatial difficulties. Though ageing is a major risk factor, dementia is not a normal part of ageing and can affect people of all ages, including those with young onset dementia. Its impact extends beyond the individual, affecting families, carers, and communities.

Hartlepool needs a community dementia strategy that reflects its values: resilience, compassion, and solidarity. A clear, localised strategy ensures people aren't left to navigate alone. It enables early recognition, smooth service transitions, and timely, person-centred support. It also helps dismantle stigma and fosters understanding from care homes to corner shops.

Early symptom recognition is vital. These may include memory loss, confusion, language or decision-making difficulties, and mood or behaviour changes. In rarer types, symptoms may include hallucinations, loss of empathy, or visual processing issues. An early GP visit can make a real difference. If dementia is in the mild cognitive impairment (MCI) stage, some types may be delayed, and in rare cases, progression halted or reversed. With diagnosis, early support becomes available helping people and carers reflect on the past, plan for the future, and live in the present with dignity.

Diagnosis typically begins with a GP referral to a memory clinic. Assessments may include cognitive tests, blood work, scans, and family input. This process must be trauma-informed, inclusive of rare presentations, and sensitive to cultural, emotional, and neurodiverse needs. Diagnosis is not the end it's the beginning of a new way of living, met with clarity, compassion, and support.

Once diagnosed, people need immediate, tailored support. This includes emotional guidance, practical help, occupational therapy, peer groups, and home adaptations. Information on rights, benefits, and planning must be clear and accessible. Support should be proactive not reactive. We must not wait for crisis to act.

Training is transformative. Every staff member from receptionists to care workers must be equipped to respond with empathy. Training challenges stigma, bias, and myths, building a community where people are supported to live well. People can then care well, support well, and be cared for with dignity.

Living with dementia should not mean losing your voice. People deserve to choose their care home, shape their support, and be seen as whole individuals not just diagnoses. Ethical and legal rights, including advance planning and protection from discrimination, must be embedded in every stage of the strategy.

Carers are lifelines. Their wellbeing must be prioritised. Emotional support, respite, training, and peer connection are essential. Carer burnout is real we must act before crisis hits. Supporting carers is not a luxury it's a necessity.

This strategy is more than a document it's a promise. A promise that Hartlepool will stand beside every person affected by dementia with dignity, clarity, and care.

# Introduction

Dementia is one of the UK's most urgent health and social care challenges.

A dementia strategy is needed because:

- **Rising numbers:** As populations age, more people are affected. A strategy helps plan and manage this increase.
- **Better diagnosis and care:** Clear guidelines improve how dementia is identified, treated, and supported.
- **Support for carers:** Carers face major challenges. A strategy ensures access to respite, training, and resources.
- **Awareness and stigma:** Education reduces stigma and builds a more inclusive, understanding society.
- **Reducing isolation:** A strategy connects people with dementia to community, social, and leisure opportunities.

Health and social care services alone can't meet the needs of people with Dementia, and most don't want to live solely within services. Dementia needs a community-wide response.

## National Context

The number of people living with Dementia in the UK is expected to grow rapidly over the coming decades. Age is the biggest risk factor for dementia, the increase in life expectancy is thought to be driving the projected rise.

- There are an estimated 1,000,000 living with dementia in 2025, and 1.6 million by 2040.
- Currently there are just over 15,000 people under the age of 65 living with dementia in England.
- It is predicted that 1 in 3 people will develop dementia in their lifetime.
- 69% of people in care homes have a dementia or memory loss.

There continues to be evolving national dementia guidance, research, and best practice, much of which is co-produced with people affected by dementia.

In 2009, the then UK government introduced the National Dementia Strategy, titled Living Well with Dementia. This landmark initiative aimed to transform dementia care across England, focusing on three core objectives:

1. **Raising Awareness and Reducing Stigma:** Enhancing public and professional understanding of dementia to encourage early help-seeking and diminish associated stigma.
2. **Early Diagnosis and Intervention:** Ensuring timely and high-quality assessments, diagnoses, and treatments for individuals with dementia and their carers.
3. **Improving Quality of Care:** Developing services that adapt to the evolving needs of people with dementia, ensuring they receive appropriate support throughout their journey.

The strategy outlined 17 specific objectives, including enhancing community support, improving hospital and care home standards, and investing in research and workforce training. It emphasized a holistic approach, integrating health and social care services to provide comprehensive support for those affected by dementia.

## Local Context

Hartlepool in 2025 has roughly 1300 residents living with Dementia, by 2040 this is predicted to increase to 1867 residents.

Local dementia care costs are expected to rise from 70million to 85million by 2030. This rise follows a pattern, with the 2019 estimated costs being 55m. The rise from 2019 to 2030 is 64.7%

Hartlepool has a Dementia diagnosis rate of 78.5 per 100 people ages 65+. This is the second highest in England, with the national average being 64.8. A high diagnosis rate reflects positively but also means that Hartlepool needs robust services, both clinically and community-based to meet demand.

## Developing Our Strategy

This Dementia Strategy has been co-produced with health and care providers including Hartlepool Borough Council and North East and Cumbria NHS Integrated Care Board (ICB), Healthwatch Hartlepool, representatives from the Voluntary and Community Sector, and most importantly, people with lived experience of dementia, their families and carers.

Working together over a number of sessions, we developed our vision and priorities that we believe will put people living with dementia and their carers at the centre of everything we do.

This means recognising and valuing their voices, experiences, and choices in shaping the support they receive. Our strategy is built on the principle that care should not be something done to people, but with them — empowering individuals to lead decisions about their lives, ensuring services are responsive, respectful, and truly person-centred.



# Values

**Our approach will be shaped by the following values:**

- **Compassion** – responding with warmth, patience and empathy to the unique experiences of people living with dementia and their carers.
- **Respect** – recognising the dignity, preferences and voices of individuals and families affected by dementia.
- **Dignity** – upholding the inherent worth of every person, ensuring care and support preserves identity, autonomy and self-respect.
- **Inclusion** – promoting belonging and participation, ensuring people with dementia and their carers are valued members of their communities.
- **Support** – offering timely, accessible and person-centred help that adapts to changing needs.
- **Partnership** – working collaboratively with people living with dementia, carers, families, communities, employers and services to create meaningful change.

## What does the ‘NHS 10 Year Plan’ say about Dementia?

There has been national policy which has improved awareness of dementia and the ‘10 year health plan for England – fit for the future’ (Department of Health and Social Care, July 2025) covers a wide range of areas impacting on people living with dementia. Three key ambitions stand out:

### **1. Shifting healthcare out of hospitals and into communities by creating a Neighbourhood Health Service.**

By bringing care into local communities, people affected by dementia could receive more consistent ongoing care.

### **2. Introducing a Modern Service Framework for dementia**

The Government has committed to publishing a Modern Service Framework for frailty and dementia by Spring 2026. This will set standards for care and identify the best types of support that health professionals should provide. If delivered well, this could be an opportunity for real progress in dementia care, drawing on resources such as the Admiral Nurses and the Community Dementia Liaison Service.

### **3. Introducing a single patient record on the NHS app**

Improving data sharing between services will make it easier for people with dementia and their carers to access health information and manage appointments.



## Our vision

Our vision is to make sure that people with dementia, their families and carers are supported to live life to their full potential. We want the people of Hartlepool to be able to say:

- I can live my best and happiest life (whatever that means to me)
- My voice is heard, listened to, and is considered in relation to my own health and wellbeing
- I live in an informed, supportive community that understands dementia
- I know who/where to turn to for information, support and advice
- I have access to timely and accurate diagnosis, delivered in an appropriate way by well trained staff
- My family and carers are involved in decisions about my care and are supported to live their best possible life
- I have access to the right support that enables me to live well at home for as long as possible
- I know that when the time comes, I can die with dignity in the place of my choice.

# Developing the Priorities

The strategy was developed through a series of meetings and events which included health and care providers, Hartlepool Borough Council, representatives from the Community and Voluntary Sector and most importantly, people with lived experience of dementia and their families and carers.

## Priority 1 – Living Better

People living with dementia, with the right support, can lead full and active lives. Supporting healthy lifestyles can reduce the risk of developing dementia and slow its progression. In Hartlepool, it's vital that individuals are supported to live well—on their own terms.

### Our Aims

- To help people living with dementia maintain their identity, independence, and physical, emotional, and mental wellbeing.
- To enable each individual to live their best and happiest life, recognising that “living better” looks different for everyone.
- To strengthen and expand the current support offer medical, social, emotional, and financial by identifying gaps and improving awareness of available services.
- To work with businesses, leisure providers, and service sectors to raise awareness and ensure services are inclusive and accessible.
- To improve partnership working across health, care, and voluntary sectors, ensuring lived experience and co-production shape future services.
- To ensure individuals receive compassionate, personalised, and safe care in hospital settings, aligned with NHS England, NICE guidance, and John's Campaign.
- To support care homes and care providers in delivering high quality, person centred care, grounded in compassion, dignity, and national standards.
- To develop consistent, cross-sector training that equips staff with the skills and understanding needed to deliver personalised, high-quality dementia support.
- To encourage and support opportunities for inclusive participation in local sporting activities, contributing to a more dementia-friendly community.

### We Will

- Establish a partnership approach involving stakeholder organisations and people affected by dementia to lead and implement this strategy.
- Review current services and support offers, including commissioned and non-commissioned activities, training, and information provision. This will help identify good practice, gaps, and opportunities to improve access to social, physical, and wellbeing support.
- Strengthen relationships with businesses, leisure, transport, and service sectors, including representative bodies like the Chamber of Commerce and Business Forum, to promote dementia-friendly practices and increase staff training uptake.
- Encourage NHS and local authority partners to develop dementia-friendly action plans, including prevention messaging and post-diagnosis support.
- Explore digital and AI solutions that can enhance social, emotional, and physical wellbeing for people affected by dementia.
- Support organisations across Hartlepool to take dementia friendly actions that make activities, premises, and services more inclusive and accessible.
- Work with Active Hartlepool, Hartlepool Sport and other partners to enable people living with dementia and their carers to access inclusive, supportive sporting

## Priority 2 – Supporting Carers and Families

Carers and family members play a vital part in supporting a person living with dementia. Providing care for a loved one can be challenging as well as physically and emotionally draining. It is vital that carers receive the right support to enable them to maintain their own physical and emotional wellbeing. Support needs will vary from person to person and at different times, but access to the right support at the right time is vital.

### Our Aims

- To ensure all carers supporting a loved one with dementia have access to high-quality, responsive support, information, advice services, and being reminded of the option of an annual carer health check.
- To consistently offer carers assessments to all those caring for someone with dementia, ensuring their needs are recognised and supported.
- To include carers routinely in diagnosis and treatment pathway discussions, recognising their role and insight in the care journey.
- To investigate technology to support the person living with dementia and their care network.
- To work closely with carers so their lived experience informs the ongoing development of dementia services across statutory, voluntary, and independent sectors.
- To provide carers with clear information and support to help them understand the changes they may see as dementia progresses.
- To fully implement the Carers Charter, ensuring carers' wellbeing and support needs are met in all aspects of service delivery.
- To ensure appropriate local counselling support is available for carers of people affected by all types of dementia.
- To develop a short break/respite offer that gives carers time away from their caring role, supporting their health and wellbeing.

### We Will

- Aim to ensure that delivery of Hartlepool's Carer Strategy incorporates and reflects the needs those caring for a person living with dementia.
- Ensure that statutory service providers are fully aware and promote the support offer for care providers which are available through Hartlepool Carers and other voluntary community sector organisations such as The Bridge.
- Work with commissioners to engage with care providers to support people with Dementia appropriately, through training, support and updated guidance.
- Work with commissioners and partners from across the health, social care and voluntary sectors to develop and promote carer annual health checks and emergency plans.
- Work with commissioners and partners from across the health, social care and voluntary sectors to ensure that accessible practical information and training is available for carers of people affected by dementia from diagnosis onwards.
- Work with commissioners, social care providers and carers to co-produce a short break/respite offer for carers of people living with dementia.

## Priority 3 - Diagnosis and Access to Support

Like many conditions, timely diagnosis and post diagnostic support and treatment can have a significant impact on way in which the dementia progresses and the wellbeing of the individual. Timely diagnosis not only ensures that a package of care and support can be developed which enables the person to live well, but it also allows individuals, families, and carers to become more aware of what is happening, and to plan for the future.

### Our Aims

- To ensure everyone with dementia receives a timely and compassionate diagnosis, supported by clear, accessible information in appropriate formats.
- To work with Hartlepool and Stockton Health and local GP practices to develop a consistent, inclusive diagnostic process that meets the ongoing needs and wellbeing of individuals
- To ensure that following diagnosis, a personalised health plan is co-developed by the individual, their family, carers, and healthcare providers, ensuring respectful and effective support throughout their journey.
- To ensure regular medication reviews are carried out by GP practices, keeping treatment safe, effective, and appropriate as dementia progresses.
- To maintain access to essential primary care services including dentistry, chiropody, sight, and hearing tests which support wellbeing and help reduce isolation.
- To ensure all care providers and organisations are skilled in recognising dementia symptoms, and understand the steps needed to support timely diagnosis.
- To strengthen referral pathways from both primary and hospital settings, ensuring they are robust, consistent, and timely.
- To ensure people diagnosed with dementia, along with their families and carers, are fully informed about available ongoing support, including opportunities for lived experience participation.
- To continue to utilise important local services, such as the Community Dementia Liaison Service to support those accessing support.

### We Will

- Develop monitoring and reporting processes to track the time taken from referral to diagnosis.
- Set clear objectives around how diagnoses are delivered and what can be expected in terms of ongoing support and care planning and monitor accordingly.
- Through the effective use of care planning, ensure consistent person centred support tailored to individual needs, collaborative decision making advanced care planning in order to enable the individual to express their wishes while they have capacity to do so, in order to guide future decision making at later stages and end of life.
- Develop and deliver training programmes for health and social care workforce, to ensure skills in identifying dementia, knowledge of its impact on physical health as well as cognition and understanding of next steps following diagnosis. Training should be co-produced, taking on board and reflecting lived experience of people living with dementia, their families and carers.
- Support GP practices to ensure people with dementia are identified and recorded correctly to support other interventions and potential involvement with other agencies.
- Ensure that people with dementia and their carers are as far as possible fully involved in the planning and design of ongoing support.
- Ensure that everyone with a dementia diagnosis has a named health or social care professional to assist and support with care co-ordination.
- Ensure that people who have a dementia diagnosis and who live alone receive appropriate support, information and assistance to ensure they can continue to live safely at home and do not become isolated.
- Improve pre-diagnosis support, to reduce crisis from arising, and safeguard the most vulnerable.
- Ensure that diagnostic pathways and associated communication and information processes are clear, accessible and responsive to individual needs and culture.
- We will ensure that support is tailored to meet the needs of individuals, at each stage of their dementia journey.

## Priority 4 - Person Centred Care and Support

We need to make sure that people who have a dementia diagnosis continue to have fair access to health, care and other services to ensure they have the best possible life experience. This will undoubtedly differ from person to person and be dependent on many factors. However, in all cases, the individual, family and carers should be fully involved and engaged in future care planning.

### Our Aims

- To ensure everyone with a dementia diagnosis has a health plan they or their carer/family understand, can contribute to, and that is reviewed as needed.
- To ensure individuals eligible for adult social care receive a person-centred Care Act assessment and support plan, reviewed annually or as circumstances change.
- To ensure people living with dementia have full access to health and care services, including home care, community health, residential care, and dentistry.
- To ensure people with dementia who also need mental health support continue to receive appropriate care.
- To ensure people with dementia receive high-quality end-of-life care and are supported to die with dignity in a place of their choosing.
- To support those who have other needs alongside dementia, in a person centred way.
- To ensure people living with dementia have access to social and community-based activities and services of their choosing.
- To ensure workforce training equips staff with the skills and understanding to deliver meaningful, personalised care and support.
- To improve understanding of service uptake and experiences among minority communities, including ethnic minorities, LGBTQ+ individuals, and people with learning disabilities.
- To ensure public buildings, spaces, and care facilities are, as far as practicably possible, dementia friendly in layout and design.
- To explore creative solutions that best support people with dementia in their communities.

### We Will

- Work with Hartlepool and Stockton Health and GP practices in Hartlepool to develop a consistent process through which all individuals with a dementia diagnosis have a health plan which they have had the opportunity to input to, and which is reviewed annually.
- Work with primary and social care providers to gain greater understanding of current assessment and diagnostic rates in minority communities and consult with communities and organisations that support people from minority communities in order to develop more open and accessible processes.
- Co-produce training inputs which will provide staff with skills, awareness and understanding to provide meaningful, person centred care and support to people living with dementia.
- Constantly assess physical environments, particularly those in health and care settings to ensure they are “dementia compliant”.
- Continue to investigate the potential of assistive technology and artificial intelligence to contribute to health, wellbeing, safety and social inclusion of people living with a dementia.
- Work with GP’s and other health and care providers to ensure a seamless transition from diagnosis to service and support provision.
- Examine the potential to support a person living with dementia to access Direct Payments to personalise their support.
- Work with acute care providers, GP’s and families to ensure end-of-life care is appropriate and communication is dementia friendly.

## Priority 5 – Young Onset Dementia

Young Onset Dementia (YOD) refers to individuals diagnosed under the age of 65. This diagnosis can have a profound impact on emotional wellbeing, family life, employment, and financial stability meaning that support needs to be tailored differently than for older adults. Support must be age appropriate and include ongoing access to information, guidance, and peer support that addresses the specific challenges faced by younger people. Lower awareness and diagnostic difficulties in those under 65 often mean that the true number of people affected is underrepresented.

### Our Aims

- To better understand the support needs for people with Young Onset Dementia, including, diagnostic and post diagnostic support, access to health and care services, carer support and practical help with housing, employment and financial planning.
- To improve our data on Young Onset Dementia, to enable more appropriate planning and delivery of health and care services.
- To reduce the time taken for individuals to receive a diagnosis of Young Onset dementia.
- To improve family orientated support, including respite and sitting services, support for young carers and children affected by dementia and carers are supported to remain in employment.
- To raise awareness amongst health, care and other service providers in Hartlepool of Young Onset Dementia and of its impact on individuals and families.

### We Will

- Encourage the Integrated Care Board, and health partners involved in the diagnosis of Young Onset Dementia to review current diagnostic processes with a view to improving patient experience and reducing time taken to arrive at a diagnosis.
- Review and improve our data (community information, health care systems and social care systems) in order to develop a clearer picture of people living with the condition in Hartlepool and of associated health, care and support requirements.
- Ensure commissioning pathways consider the housing and support service requirements, including mental health and age appropriate residential care for people with Young Onset Dementia.
- Ensure Young Onset Dementia is appropriately and adequately covered in future training provision, particularly with front line staff/services such as GP practices and care providers, and plans developed to raise awareness and understanding with local businesses and service providers.
- Develop a communication strategy to ensure latest research and developments in diagnosis, care and support of people living with Young Onset Dementia are widely shared.
- Work with commissioners, social care providers and carers to co-produce a short break/respite offer for carers of people living with Young Onset Dementia.

As Chair of the Health and Wellbeing Board and the Adult Services and Public Health Committee, I am proud to endorse Hartlepool's Dementia Strategy. This strategy demonstrates our shared commitment to improving the lives of people living with dementia, along with those who care for and support them. It places compassion, dignity and person-centred care at its heart.

By strengthening collaboration across health services, social care, voluntary organisations and our local communities, we will turn these ambitions into meaningful action. Our goal is clear: to ensure Hartlepool is a place where everyone affected by dementia can live well, feel valued and be treated with the utmost respect.

We will monitor our progress closely, remain transparent and accountable, and continue to listen and adapt so that this strategy stays responsive to the needs of our residents both now and in the years ahead.

I want to express my sincere thanks to all partners, carers and individuals with lived experience who have contributed to shaping this strategy. Their insight, honesty and dedication have been invaluable.



## **Councillor Gary Allen**

Chair of Adult Services and Public Health Committee  
Chair of the Health and Wellbeing Board