

## National Dementia Declaration for England

### 1 I have personal choice and control or influence over decisions about me

I have control over my life and support to do the things that matter to me.

I have received an early diagnosis which was sensitively communicated.

I have access to adequate resources (private and public) that enable me to choose where and how I live.

I can make decisions now about the care I want in my later life.

I will die free from pain, fear and with dignity, cared for by people who are trained and supported in high quality palliative care.

### 2 I know that services are designed around me and my needs

I feel supported and understood by my GP and get a physical check-up regularly without asking for it.

There are a range of services that support me with any aspect of daily living and enable me to stay at home and in my community, enjoying the best quality of life for as long as possible.

I am treated with dignity and respect whenever I need support from services.

I only go into hospital when I need to and when I get there staff understand how I can receive the best treatment so that I can leave as soon as possible.

Care home staff understand a lot about me and my disability and know what helps me cope and enjoy the best quality of life every day.

My carer can access respite care if and when they want it, along with other services that can help support them in their role.

### 3 I have support that helps me live my life

I can choose what support suits me best, so that I don't feel a burden.

I can access a wide range of options and opportunities for support that suits me and my needs.

I know how to get this support and I am confident it will help me.

I have information and support and I can have fun with a network of others, including people in a similar position to me.

My carer also has their own support network that suits their own needs.

### 4 I have the knowledge and know-how to get what I need

It's not a problem getting information and advice, including information about the range of benefits I can access to help me afford and cope with living at home.

I know where I can get the information I need when I need it, and I can digest and re-digest it in a way that suits me.

I have enough information and advice to make decisions about managing, now and in the future, as my dementia progresses.

My carer has access to further information relevant to them, and understands which benefits they are also entitled to.

## 5 I live in an enabling and supportive environment where I feel valued and understood

I had a diagnosis very early on and, if I work, an understanding employer which means I can still work and stay connected to people in my life.

I am making a contribution which makes me feel valued and valuable.

My neighbours, friends, family and GP keep in touch and are pleased to see me.

I am listened to and have my views considered, from the point I was first worried about my memory.

The importance of helping me to sustain relationships with others is well recognised.

If I develop behaviour that challenges others, people will take time to understand why I am acting in this way and help me to try to avoid it.

My carer's role is respected and supported. They also feel valued and valuable, and neither of us feel alone.

## 6 I have a sense of belonging and of being a valued part of family, community and civic life

I feel safe and supported in my home and in my community, which includes shops and pubs, sporting and cultural opportunities.

Neither I nor my family feel ashamed or discriminated against because I have dementia. People with whom we come into contact are helpful and supportive.

My carer and I continue to have the opportunity to develop new interests and new social networks.

It is easy for me to continue to live in my own home and I and my carer will both have the support needed for me to do this.

## 7 I know there is research going on which delivers a better life for me now and hope for the future

I regularly read and hear about new developments in research.

I am confident that there is an increasing investment in dementia research in the UK. I understand the growing evidence about prevention and risk reduction of dementia.

As a person living with dementia, I am asked if I want to take part in suitable clinical trials or participate in research in other ways.

I believe that research is key to improving the care I'm receiving now.

I believe that more research will mean that my children and I can look forward to a range of treatments when I need it and there will be more treatments available for their generation.

I know that with a diagnosis of dementia comes support to live well through assistive technologies as well as more traditional treatment types.

# Disabled Children's Charter for Health and Wellbeing Boards

The \_\_\_\_\_ **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported so that they can lead ordinary lives.

**By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:**

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners.

# NHS Statement of Support for Tobacco Control

## We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people; two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

## We welcome the:

- Commitment from local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Opportunity to support partnership working with local government as part of delivering local tobacco control in line with NICE guidance;
- Endorsement of this statement by central government, Public Health England, NHS England and others.

## We, ....., commit from the date ..... to:

- Continue to actively support work at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco;
- Work with our partners and local communities to address the causes and impacts of tobacco use, according to NICE guidance on smoking and tobacco control;
- Play our role in tackling smoking through appropriate interventions such as 'Make Every Contact Count';
- Protect our work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities; and
- Participate in local and regional networks for support.

## Signatories



Local NHS leader



Chair of the Health and Wellbeing Board



Director of Public Health

## Endorsed by

Jane Ellison,  
Public Health Minister,  
Department of Health

Duncan Selbie,  
Chief Executive,  
Public Health England

Simon Stevens,  
Chief Executive,  
NHS England

Sir Richard Thompson,  
President,  
Royal College of Physicians

Dr Hilary Cass, President,  
Royal College of Paediatrics  
and Child Health

Dr Janet Atherton,  
President, Association of Directors  
of Public Health

Professor John Ashton CBE,  
President,  
UK Faculty of Public Health

David Behan,  
Chief Executive,  
Care Quality Commission

Baroness Hollins,  
Chair,  
BMA Board of Science

Dr Maureen Baker,  
Chair, Royal College of General  
Practitioners



# Dignity Code

The purpose of this Dignity Code is to uphold the rights and maintain the personal dignity of older people, within the context of ensuring the health, safety and wellbeing of those who are increasingly less able to care for themselves or to properly conduct their affairs. This Code recognises that certain practices and actions are unacceptable to older people, such as:

- Being abusive or disrespectful in any way, ignoring people or assuming they cannot do things for themselves
- Treating older people as objects or speaking about them in their presence as if they were not there
- Not respecting the need for privacy
- Not informing older people of what is happening in a way that they can understand
- Changing the older person's environment without their permission
- Intervening or performing care without consent
- Using unnecessary medication or restraints
- Failing to take care of an older person's personal appearance
- Not allowing older people to speak for themselves, either directly or through the use of a friend, relative or advocate
- Refusing treatment on the grounds of age

This Code therefore calls for:

- Respect for individuals to make up their own minds, and for their personal wishes as expressed in 'living wills', for implementation when they can no longer express themselves clearly
- Respect for an individual's habits, values, particular cultural background and any needs, linguistic or otherwise
- The use of formal spoken terms of address, unless invited to do otherwise
- Comfort, consideration, inclusion, participation, stimulation and a sense of purpose in all aspects of care
- Care to be adapted to the needs of the individual
- Support for the individual to maintain their hygiene and personal appearance
- Respect for people's homes, living space and privacy
- Concerns to be dealt with thoroughly and the right to complain without fear of retribution
- The provision of advocacy services where appropriate

## **NPC**

**Walkden House, 10 Melton Street, London NW1 2EJ**

[www.npcuk.org](http://www.npcuk.org)

# The Carers' Call to Action – Our shared vision

We have five clear aims to improve the well-being of family carers (Our 5 R's)

## 1 Recognition

Family carers of people with dementia, given the character of this condition of the brain, should have their unique experience recognised.

## 2 Respect

Family carers of people with dementia should be treated as essential partners in care – valuing their knowledge and the support they provide, which enables the person with dementia to live well.

## 3 Road Map

Family carers of people with dementia should have access to a named person, with expertise in dementia care, who can give them personalised information, advice, support and co-ordination of care for the person with dementia.

## 4 Regular reviews

Family carers of people with dementia should have assessments and support to identify their ongoing and changing needs in order to maintain their own health and well-being.

## 5 Respite

Family carers of people with dementia should have confidence that they can access good quality care, support and respite services that are flexible, culturally appropriate, timely and provided by skilled staff, both for themselves and the person for whom they care.



## Charter for homeless health

People who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare they need.

The ..... **Health and Wellbeing Board** is committed to changing this. We therefore commit to:

**Identify need:** We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.

**Provide leadership:** We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.

**Commission for inclusion:** We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

**Signed:** .....

**Chair:** ..... **Health and Wellbeing Board**

**Date:** .....

## **Motor Neurone Disease Charter**

### **1. People with MND have the right to an early diagnosis and information**

- An accurate and early diagnosis, given sensitively.
- Timely and appropriate access to information at all stages of their condition.
- An early referral to a neurologist.

### **2. People with MND have the right to high quality care and treatments**

- Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
- Access to appropriate respiratory and nutritional management and support, as close to home as possible.
- Access to the drug riluzole.
- Timely access to NHS continuing healthcare when needed.
- Early referral to social care services.
- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
- Referral for cognitive assessment, where appropriate.

### **3. People with MND have the right to be treated as individuals and with dignity and respect**

- Being offered a personal care plan to specify what care and support they need.
- Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
- Getting support to help them make the right choices to meet their needs when using personalised care options.
- Prompt access to appropriate communication support and aids.
- Opportunities to be involved in research if they so wish.

### **4. People with MND have the right to maximise their quality of life**

- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
- Timely and appropriate access to disability benefits.

### **5. Carers of people with MND have the right to be valued, respected, listened to and well supported**

- Timely and appropriate access to respite care, information, counselling and bereavement services.
- Advising carers that they have a legal right to a Carer's Assessment of their needs<sup>1</sup>, ensuring their health and emotional wellbeing is recognised and appropriate support is provided.
- Timely and appropriate access to benefits and entitlements for carers.

# Children and Young People's SEND Promise for County Durham



## Education

*We promise* to provide a high standard of education that is fun and engaging in a safe learning environment.

*We promise* to provide the best support from qualified staff so that young people can succeed in education.

*We promise* that all young people are fully involved and prepared during transitions in education e.g. moving from secondary school at the end of year 11 to college or an apprenticeship.

*We promise* to provide young people with choices within education to support the goals and aspirations of children and young people.

*We promise* to provide young people with choices to take part in fun and challenging sports and activities within education.

## Health

*We promise* to treat all children and young people with respect and to listen to the needs of the individual.

*We promise* to provide training to staff to support children and young people with SEND, so they can access the best possible health care, including providing children and their families with information on the best place to go to meet their needs.

*We promise* to fully involve and prepare children and young people during the transition from children and young people's health care services to adult health care services.

## Activities/Leisure Provision

*We promise* to provide quality leisure provision with qualified, experienced support staff to meet the individual needs of children and young people in County Durham.

*We promise* to offer children and young people the opportunity to choose activities that they would like to engage in.

*We promise* to fully involve children and young people in the planning and reviewing of leisure activities in County Durham.

*We promise* to provide leisure activities that are accessible and affordable to all Children and young people in County Durham.

## Transport

*We promise* to discuss home to school transport options with families to help support children and young people to access education.

*We promise* to support children and young people to become more independent by providing training for them to travel on their own, to their education and leisure activities.

## Respite Opportunities

*We promise* to involve young people in making decisions about their respite care.

*We promise* to support young people to achieve their personal goals and to develop a greater level of independence.

*We promise* to provide an environment that is safe, challenging, stimulating and fun for all young people that access respite care.

*We promise* to give young people a choice of who they would like to work with, either one to one, or the organisation that provides their respite.

## Children in Care

*We promise* to fully involve children in care, with the opportunities to make decisions that affect their lives in line with the Local Authority 'Our Promise to You' document which includes:

- *To treat you with respect* and as an individual.
- *To find you the best available home* where you feel safe, cared about and treated well, for as long as needed.
- *To help you stay in touch* with friends and family like other young people not in care.
- *To take what you say seriously* by listening to you and trying to act on what you say.
- *To involve you in any decision, plans and changes* that affect you and your future, and your Social Worker and Independent Reviewing Officer and Carers will make sure that this happens.

## Employment

*We promise* to provide education, training and work experience to prepare young people so they are ready for employment.

*We promise* to support young people to achieve their aspirations by providing access meaningful employment opportunities.

*We promise* to provide an accessible work environment inclusive to young people with SEND.

## Access to Information

*We promise* to fully involve children and young people in the development and review of all Education Health and Care Plans or Support Plans.

*We promise* to make information and advice accessible and available to all children and young people and their parent/carers.

*We promise* to work in partnership to enable children and young people and their families to access services without having to retell their story time and time again.

## Having a Voice

*We promise*, within any service, to listen to the voices of children and young people ensuring services continue to make improvements based on the experiences of children and young people.