One Croydon

Your Health and Care partnership

Croydon Dementia **Strategic Plan**

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Croydon GP Collaborative

NHS South London and Maudsley NHS Foundation Trust

VCS Leadership Board

Croydon South West London Integrated Care System

NHS Croydon Health Services NHS Trust

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Foreword

As the Executive Mayor of Croydon and co-Chair of the Croydon Health and Care Board, I am delighted to launch this Dementia Strategic Plan for Croydon. In my Mayoral Business Plan, I have made it a priority to ensure that people can lead healthier and independent lives for longer. I also committed to collaborating with partners to make Croydon a Dementia Friendly Borough, and through the fabulous work of the Croydon Dementia Action Alliance and with support from Alzheimer's Society, Croydon achieved Dementia Friendly Borough status in June 2023.

This strategic plan is now about delivering on the pledges made to achieve Dementia Friendly status. It sets out a clear direction for all the partners of the Croydon Dementia Action Alliance to work together, to maximise our impact on the wellbeing and independence of people with dementia living in our borough. It is an opportunity to tackle inequality and make sure no one is left behind. This is especially important given the disproportionate impact the Covid-19 pandemic has had on those with dementia and their carers as identified in a report by the Alzheimer's Society in 2021 entitled 'Worst Hit'

I know all partners will work together to deliver the desired outcome for those living with dementia.

Mayor Jason Perry, Executive Mayor of Croydon

Our Vision for Excellence in dementia Care

As a system (Health, Social Care, Voluntary Community and Social Enterprise (VCSE) providers) we will provide dignified, compassionate, clinically effective, and safe person-centred care for our patients living with dementia. This will be delivered by staff who are appropriately trained and who work in partnership with families and carers. This care will be provided in environments which promote safety, wellbeing, and independence.

We aim to increase early diagnosis and promote living well with dementia, transforming the patients' journey through, reduced length of stay and prevention of admission, early and safe discharge, good mental health liaison as well as ensuring the recognition of the need for palliative and end of life care.

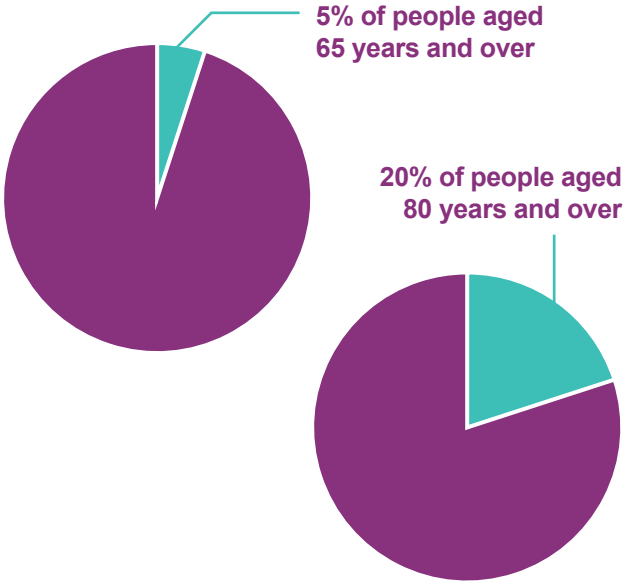
We aim to provide comprehensive and specialist assessments and services at the level required for each individual. We will work across our multi-agency partners to keep the length of in-patient stay as short as possible and enable safe and supported discharge.

Our care and services will demonstrate best practice principles by promotion of research and development in the fields of ageing and dementia studies and through co-production with people with dementia and their carers.

Background

What is dementia?

'Dementia' is a condition where several areas of thinking and memory are impaired. A person with dementia will have difficulties carrying out their activities of daily life. There are many causes of dementia. Alzheimer's disease, brain injury due to strokes, and Parkinson's disease are the three most common types. A person with dementia may experience progressive decline in multiple areas of function, such as memory, reasoning, planning and communication skills.



The highest risk factor for dementia is age. It affects 5% of people aged 65 years and over and 20% of those aged over 80 years. These figures are twice as high for people with a learning disability and greater still for people with Down's syndrome where dementia can start from an earlier age. Dementia is not an inevitable part of ageing. Not everyone who is old has dementia and not everyone who has dementia is old. Two thirds of people with dementia are supported at home by some of the 670,000 unpaid carers throughout the country.

Dementia is potentially preventable. Improving physical and mental health in mid-life can reduce the chances of people getting dementia.

Although there is no known cure, some medications can help with some of the symptoms. There is increasing evidence that improving physical health in people with dementia can also improve outcomes. Most importantly, non-medical interventions such as psychological treatments and personalised care can improve dramatically the quality of life of people with dementia and those who care for them.

Although there are common symptoms, each person is unique and experiences dementia in their own way.

Local context

Dementia is a complex condition which impacts primary, secondary, community, acute and social care. The integration of health services is an important opportunity for people affected by dementia to experience better joined-up care across several service providers.

A list of the current Croydon services for dementia is included in Appendix A.

Recognising that dementia is a collective responsibility for organisations within the Borough, two key groups have been developed to proactively drive the dementia work.

The Croydon Dementia Action Alliance

The Croydon Dementia Action Alliance is the vehicle through which local organisations, businesses, groups and individuals across multiple sectors are committed to enabling people with dementia and carers to live well by taking action to contribute to a more Dementia Friendly Borough. The work is facilitated by a Communities Coordinator employed by Alzheimer's Society, and the aim is that all organisations who are a part of the Croydon Dementia Action Alliance play a proactive role in making the borough more Dementia Friendly, both as individual members and collaboratively as an alliance.

There are a wide variety of organisations represented including from the voluntary sector, community groups, retail and business, faith groups, the arts, culture and leisure sector and health and social care. This enables a borough wide response to dementia. This also includes work with organisations representing black and minority ethnic communities such as the Croydon BME Forum and the Asian Resource Centre of Croydon. A list of organisations who play an active role in the Croydon dementia Action Alliance can be found in the appendix B.

The Croydon Dementia Action Alliance plays a practical role in promoting all aspects of the Croydon dementia strategy, from Preventing Well to End of Life Care, as outlined through the course of this strategy.

The Croydon Dementia Steering Group

The Croydon Dementia Steering Group brings together senior representatives from both commissioning and provider organisations to develop and drive the strategic work around dementia. The Steering Group also oversees the work the Croydon Dementia Action Alliance including supporting the work of the Dementia Friendly Communities Coordinator. The Group involves people with dementia and their carers in its meetings and work programmes.

Members of the Croydon Dementia Steering Group can be found in Appendix C.

Wider Croydon Governance Structure

The Croydon Dementia Steering Group is a working group of the Croydon Mental Health Programme Board (MHPB) and provides updates and documents for scrutiny and approval through an agreed process. There are different levels of Governance and the diagram in Appendix D shows the committees and Boards who have approved the Croydon Dementia Strategy.

Development of the Croydon Strategy

The strategy has been developed by the Alzheimer's Society, in collaboration with members of the Croydon Dementia Strategy Steering Group and Croydon Dementia Action Alliance.

Throughout its development, the views and experiences of people affected by dementia in Croydon have been sought through face-to-face conversations, online surveys, and focus groups.

Healthwatch Croydon conducted three surveys to see:

- How people affected by dementia experienced receiving a dementia diagnosis;
- Whether they feel supported to manage their dementia;
- How they have experienced services within Croydon; and
- What they feel could be improved to make Croydon a good place to live with dementia.

From these surveys, and further engagement work with people affected by dementia, we heard from over 75 people who have either received a dementia diagnosis, are an informal carer for someone living with dementia, or are a family member/friend of someone living with dementia.

A summary of the findings can be found in appendix E.

Context

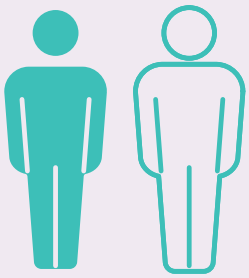
National context

Dementia is a high-level priority for all local authorities, health partners, Integrated Care Systems, and social care services. There are approximately 900,000 people living with dementia in the UK, which is predicted to rise to over 1 million people by 2025.

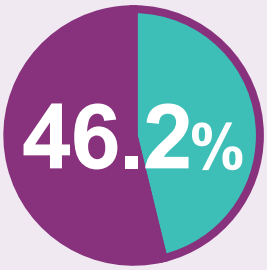
The case for dementia care integration is overwhelming. Current estimates put the cost of dementia to the UK at £34.7bn a year increasing to £94.1bn by 2040. Out of the total cost, £5.1bn is currently incurred within health care settings.

Dementia crosses NHS directorates (older people's mental health, ageing well, frailty etc.), has a huge impact on social care and is often accompanied by multi-morbidities. It places significant pressure on primary and acute services due to a lack of community care and high thresholds for people affected by dementia looking to secure social care support. This in turn places a huge burden on the unpaid carers of people with dementia due to the lack of integrated support.

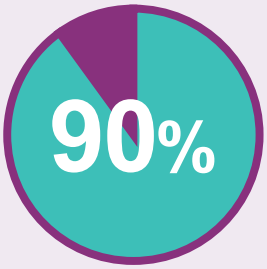
For example:



In 2019-20, half of all people with dementia were hospitalised at least once that year, a trend that has been consistent since 2016-17.



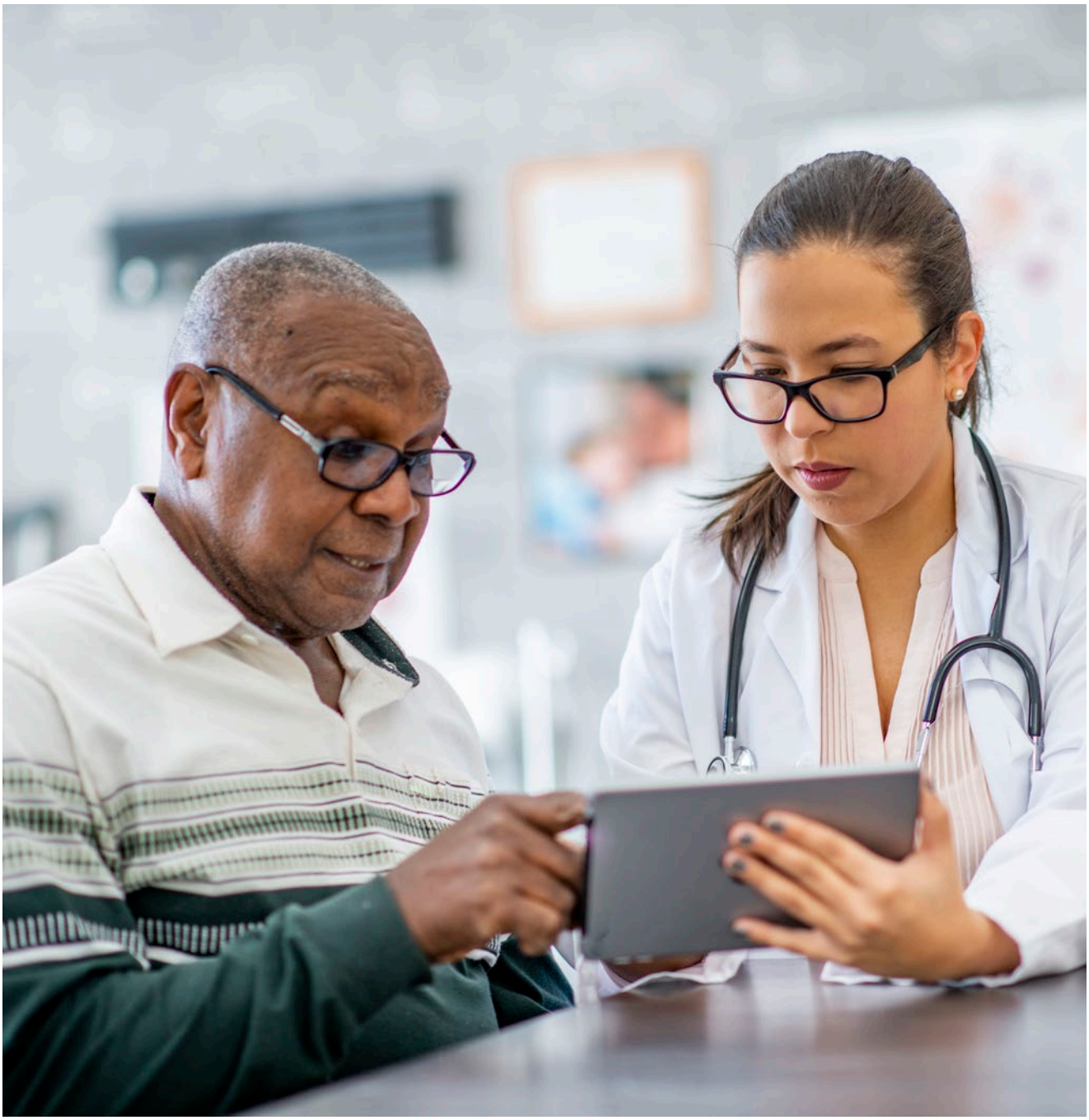
Recent data shows that just 46.2% of people with dementia had a care plan initiated or reviewed, despite these often being peoples only formal methods of support.



90% of the 2019-20 admissions were as an emergency, with almost a third for stays of one day or less, suggesting better care in the community could have identified problems experienced by people with dementia earlier and prevented these admissions.

1/5

In 2021 one fifth of people with dementia also had diabetes, 10 per cent had had cancer in the last five years, 23% had a heart condition and 40% had arthritis.



Person living with dementia

"At the dementia day centre the staff are very friendly and capable -I think they have a really good understanding of dementia and are very well trained. They seem dementia friendly. The place here is really nice and has lots of space, a quiet room and different people to talk to and things to do. I think dementia training is very important and I worry about people elsewhere where staff may not be as good."

Carer

"Support for both of us is important, respect for the person in this situation and mindfulness of how this is affecting the person and the family."

Croydon context

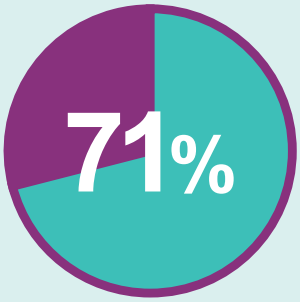
Croydon is part of NHS South West London Integrated Care System (ICS). Within this ICS area, there are currently:

9,732
people over the age of 65 have received a recorded diagnosis of dementia;

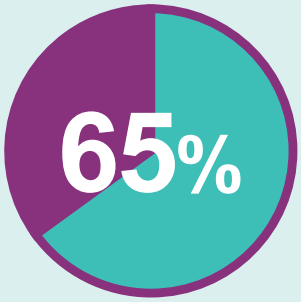
13,808
people over the age of 65 estimated to be living with dementia; and

45%
of people have reported having a dementia care plan review in the last 12 months.

In addition:



NHS South West London ICS currently has a dementia diagnosis rate of 71%[1]; and



Across NHS South West London ICS approximately 65% of people die at their usual place of residence.

On a more local level, currently in Croydon borough there are[2]:

2,692
people over the age of 65 who have received a dementia diagnosis

3,597
people estimated to be living with dementia[3]

5,471
predicted number of people who will be living with dementia by 2030

75%
diagnosis rate

51.7%
of residents are from a BAME background, as described in the Health and Care plan for Croydon 2019

21%
As part of the NHS Personal Social Services Survey 2021/22, **21%** of all carers who responded to the survey reported caring for a person living with dementia.

21%
In the same survey, **21%** of respondents who had used social care in the last 12 months reported being either dissatisfied, very dissatisfied, or extremely dissatisfied with the services received.

80%
Over **80%** had not accessed day centres or day activities in the last 12 months

1 Not everyone with dementia has a formal diagnosis. Since 2012, the NHS has been seeking to ensure that patients suffering from dementia are given a formal diagnosis so that they can receive appropriate care and support. The national target is for two thirds of people with dementia to be formally diagnosed. The Dementia 65+ estimated diagnosis rate indicator tracks this ambition by comparing the number of people thought to have dementia with the number of people diagnosed with dementia, aged 65 and over.

2 https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data

3 https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses

National Well Pathway for dementia

The national Well Pathway for dementia is recognised as the focus to support patients, carers and families on their journey and reduce variation in health and care services.

The Well Pathway for dementia concentrates on five themes

- **Preventing Well**
- **Diagnosing Well**
- **Living Well**
- **Supported Well**
- **Ending Life Well**

These themes have been used to set the priorities within the strategic objectives linking to the key objectives of the national dementia five year strategy. The aim is to provide a comprehensive framework to deliver better care and support from patients and carers from prevention through to end of life and bereavement care.

Family & Friends

"Simplify processes. Join up information. Help carers to get help. Stop people feeling isolated. Help GPs to see people in their own homes. Have one place to access info."

National Strategy for Dementia

Dementia is a key priority for both NHS England and the Government. In February 2015 the Prime Minister launched his Challenge on dementia 2020, which set out to build on the achievements of the Prime Minister's Challenge on dementia 2012-2015 (https://www.england.nhs.uk/mental-health/dementia/).

The guidance 'Dementia: applying all our help' (updated in February 2022) is a part of "All Our Help", a resource to help health and care professionals in preventing Ill Health and promoting wellbeing. It sets out the actions which can be taken in each stage of the dementia Pathway. The

strategic actions in the section have been aligned to the suggested actions as part of this guidance.

All Our Help: https://www.gov.uk/government/publications/all-our-health-about-the-framework

In May 2023, NHS England published the guidance 'Intercultural dementia care: A guide for health and care workers'. The aim of the guide is to help health and social care workers, to provide dementia care, which corresponds to the needs and wishes of people from a wide range of ethnic groups, especially minority ethnic groups.

(https://www.england.nhs.uk/wp-content/uploads/2023/05/intercultural-dementia-care-guide.pdf)

What does the strategy mean for Croydon organisations?

The proposals co-produced within this document describe how we will:

- Work together.
- Further develop local services where possible.
- Enhance staff skills in dementia awareness and management.
- Measure the impact of the strategy on people with dementia and their carers.
- Update key stakeholders on the implementation of this strategy.

This high level strategy will be used to develop annual deliver plans where actions and action owners will be specified, with clear timelines and measures of success identified. A refreshed delivery plan each year will enable a collaborative approach across health and care and across sectors and build on the previous year to achieve the best possible outcomes within our budgeting constraints.

Person living with dementia

"For everyone to be nice and understanding. For staff everywhere to treat you with respect and understanding. I was a nurse and I treated people as individuals. Everyone with dementia needs to be treated as an individual not a group. People need to be active and need help to do this. It is difficult to stay active. I would like there to be more ways to do this."

It is vital that we assess whether this strategy is making a demonstrable difference to the experience of people living with dementia and their family and friends as well as carers. We know that to really meet the needs of the individual, it is important to listen to them. We will therefore involve people living with dementia and their families in helping us achieve the aspirations set out in this strategy and will continue to re-visit our vision to ensure the voice of lived experience not only remains central to the strategy but helps to measure the impact of it.

Learning from our previous dementia strategy tells us that it is imperative we have systems in place for decision-making and accountability. The Croydon Dementia Steering Group and Croydon Dementia Action Alliance will be key groups to monitor the progress of this strategy, identify gaps and work together to help find solutions. To help achieve this, representatives have committed to continue to 'Listen Well' as we implement this strategy over the next three years. The groups will continue to meet regularly and hold the system to account for delivery of the work.

Carer

"Treat us like human being, don't use unpaid labour to prop up services, older people with mental problems should be cared for properly and their families free to choose how to live their lives."

Preventing Well

What do we mean by the theme of Preventing Well?

Activity around prevention of ill health is not specific to dementia and includes messages around preventing cardiovascular disease, diabetes and other long term conditions. This provides an opportunity to look at the wider prevention strategy and to see what role awareness of dementia prevention could play as a driver for behaviour change in several areas of health awareness. By potentially influencing the population to:

- be more physically active
- eat healthily and maintain a healthy weight
- drink less alcohol
- stop smoking
- be socially active
- control diabetes and high blood pressure

there is the opportunity to improve outcomes in several health areas. It could be beneficial for professionals to provide support and advice on dementia risk reduction as part of their daily contact with individuals. 'Making Every Contact Count' is an opportunity public-facing workers during their contact with patients, service users or the public to support, encourage or enable them to consider health behaviour changes such as stopping smoking or improving their sense of wellbeing.

In 2017, the Lancet published "Prevention and management of dementia: a priority for public health" which identified 12 modifiable risk factors which could prevent or delay 40% of dementia cases (informatic shown in appendix F) (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31756-7/fulltext).

Dementia Friendly Communities and Preventing Well

Examples of practical actions:

- Incorporate messages around prevention into all activities where possible, including all communications, events, awareness talks, provision of information to ensure a wide reach across the borough.
- Encourage local authority and NHS partners to include relevant actions as part of their bespoke dementia friendly action plans, such as: including messages about prevention and dementia in their communications and campaigns and including dementia as part of NHS health checks.
- Establish strong partnerships with organisations across Croydon that work with people from minoritised communities who are at an increased risk of dementia.
- Seek awareness raising opportunities with younger people and with the wider Croydon community, to help increase the reach of prevention messages.

What Croydon residents told us in 2022:

"Very important for people to understand dementia in Alzheimer s is an illness but not contagious... public awareness of life and the best support for the carer/s and family."

"Information campaign. Encouraging local people to look out for people who may be alone and not managing."

"For there to be understanding of people with Alzheimer s, they can still give a lot to society. Places they can go and feel safe."

Strategic Plan: Preventing Well

Key Challenge / Opportunities	Year 1	Year 2+	What success will look like
Address the 12 modifiable risk factors which could help prevent / delay dementia diagnosis: 1) Less Education 2) Hearing Loss 3) Traumatic Brain Injury 4) Hypertension 5) Alcohol >21 units per week 6) Obesity 7) Smoking 8) Depression 9) Social Isolation 10) Physical Inactivity 11) Air Pollution 12) Diabetics	Explore including preventing dementia messages at both strategic and delivery levels in all commissioned programmes Understanding of how current services such as Livewell, Occupational Therapists etc. are helping to prevent dementia through their interactions Where possible, encourage the use of the lines like "what is good for the heart is good for the head" and "dementia is preventable" at each opportunity when other prevention work is discussed. Ensure risk factors for dementia are identified and treated adequately in middle age, especially for high risk groups (people from poorer socioeconomic groups, non-white people, people with severe mental illness, non-English speakers Investigate the possibility of Health and care professionals providing support and advice on dementia risk reduction as part of their daily contact with individuals	Explore having specialist community dementia champions who can liaise with community leaders and groups to raise awareness in face-to-face sessions that are sensitive to cultural needs. Investigate opportunities to promote the uptake of community-based interventions to support health and wellbeing and address social isolation and loneliness Where possible, encourage that any new/developed community locations are both age-friendly and dementia-friendly, to make healthier choices easier	Local commissioned programmes, where appropriate, include preventing dementia messages Increased awareness within the Croydon population as to the 12 risk factors for dementia Better informed front line workforce who are thinking about ways to discuss preventing dementia
Alignment between the dementia strategy and other Health & Social Care strategic Plans	Encourage links between strategy development groups and the dementia Steering group to ensure alignment between strategic documents and future planning.		Coherence between the different Croydon strategic documentation with a clear joined up vision for dementia prevention and awareness of the risk factors
Raise awareness of dementia prevention within High Risk groups for early onset	Explore possible alignment between the dementia strategy and the Community Learning Disability Health Services strategies Embed the dementia strategy into the Ethnicity and Mental Health Improvement Project (EMHIP) including the mobile hub	Explore opportunities to raise the awareness of the risk factors associated with early onset dementia and uncontrolled vascular disease in those under 65	Coherence between the different Croydon strategic documentation with a clear joined up vision for dementia prevention and awareness of the risk factors
NHS Health checks for those aged between 40 – 74	When an NHS Health Check is taking place consider including information on how individuals can reduce their risk of dementia and, for those aged over 65, the signs and symptoms of dementia to look out for.	Investigate if the service could embed dementia risk reduction for all attending the NHS Health Check, making use of the range of resources available through the NHS Health Check website, which has links to associated leaflets, e-learning and online resources	NHS Health Checks including information on reducing the risk of dementia / signs and symptoms of dementia

Diagnosing Well

What's included in the theme of Diagnosing Well?

Everyone with dementia should have their diagnosis delivered in a timely and compassionate way. The time between symptoms developing and receiving a formal diagnosis should be as short as possible.

Receiving a dementia diagnosis can be a life-changing experience. As there is no cure for dementia, a diagnosis is essential in supporting people to live well as it opens the door to emotional, legal and financial advice as well as practical care and support services to allow people to live well for longer.

At the time of writing the strategy (2023), Croydon has a dementia diagnosis rate of 74.1% which is above the England average diagnosis rate of 62.2% and above the national target of 67%.

Dementia Friendly Communities and Diagnosing Well

Examples of practical actions:

- Prioritise building connections with community groups, including those who work at grass roots level, and organisations who are likely to engage with people pre-diagnosis, to increase awareness of dementia and what to do if concerned about potential signs and symptoms.
- Work alongside GPs to support them to become dementia Friendly Practices, such as: Dementia Friends sessions for non-clinical staff who work face to face with the public; connecting surgeries to examples of dementia Friendly Signage and the dementia Friendly Environments audit; support awareness raising of the benefits of a diagnosis, based on Alzheimer's Society research with people with lived experience; supporting GPs to explore other dementia Friendly actions through the sharing of existing good practice.
- Promote messages around living well with dementia throughout all communications to help reduce the fear and stigma around dementia and therefore encourage more people to access a timely diagnosis (for instance through the dementia Friends sessions).
- Build strong connections with organisations who work with minority ethnic groups to include information about dementia, diagnosis and living well.

What Croydon residents told us in 2022:

Although Croydon is performing well with its diagnosis rate, engagement with people affected by dementia, health and social care professionals, providers and memory service colleagues have revealed the following challenges in making sure that people receive a timely and compassionate diagnosis:

- "Difficulty in getting the GP to consider dementia as a diagnosis and difficulty getting a referral to the memory service".
- "Difficulty in securing scans for diagnosis".
- "Slow diagnosis times and often had to chase for a diagnosis".
- "GPs more likely to focus on physical health needs rather than looking into possible dementia".
- Lack of follow up dementia checks after being diagnosed with a Mild cognitive impairment (MCI).

Carer of person living with dementia

"They diagnosed quickly but didn't take it very seriously, they acted like he wasn't very far along, but he was deteriorating quickly; his license was taken away and this was horrible for him. He had been having accidents and getting lost while driving for a while before his diagnosis."

Strategic Plan: Diagnosing Well

Key Challenge / Opportunities	Year 1	Year 2	Year 3+	What success will look like
Individuals attending General Practice (GP) with concerns around dementia symptoms	Awareness raising of dementia symptoms with GPs (aligning with Preventing Well actions) Raise awareness in community settings for individuals to approach GPs if they think somebody's memory is becoming a problem	Investigate other opportunities to raise awareness with those vulnerable individuals such as during fire service checks, hairdressing, housing visits, delivery services etc.	Explore involvement of agencies within ICN+ huddles to support integrated working	More individuals approaching general practice with dementia symptoms at an early stage
Opportunity to follow up after a Mild cognitive impairment diagnosis to look for possible dementia symptoms	Awareness raising with GPs around the benefits of proactive / early case finding for dementia diagnosis	Options for proactive case finding for dementia is considered including dementia screening for those newly registered with practices	Explore including dementia screening into clinics for long term conditions that are considered as risk factors for dementia	Potential reduction in late referral for dementia diagnosis
Waiting times for a dementia diagnosis with an average waiting time in 2022 of 118 days	Trajectory agreed to look to reduce the average waiting time from 118 to 42 days by end of year 1	Individuals are ideally not waiting more than 42 days from referral for a diagnosis		Better experience for individuals in receiving a diagnosis in a timely manner
Correct pathway for referrals into dementia diagnosis services	Awareness raising with GP and referrers pathways about who's going to benefit from diagnosis service and when other services may be more appropriate for the person's needs			Better experience for individuals accessing the most appropriate service first
Maintain the national dementia diagnosis target of 67%	Ensure there remains a focus on maintaining the national dementia diagnosis rate target			Croydon will be above the national dementia diagnosis target of 67% on the quarterly reporting
Increase the level of referrals from those in minority ethnic groups early in the course of their dementia	Guidance to GP practices around ethnicity data collection, including identifying additional resource requirements	Commitment to links between EMHIP mobile hub and dementia services to ensure that dementia services are fully culturally accessible		Increase in people accessing diagnostic services from the minority ethnic groups population
Understanding of the diagnosis path and which elements may be included	Communicate the diagnosis path to individuals effectively so that there is understanding of when tests/scans may/may not be required			Better understanding by individuals of the pathway to diagnosis with a reduction in anxiety around access to brain scans / testing

Supporting Well

What's included in the theme of Supporting Well?

Initial post-diagnostic support is vital to help people come to terms with their diagnosis and manage their condition. Given the variety of symptoms that people experience, post-diagnostic support is essential to facilitate access to the right services.

This period following on from diagnosis looks at a person's immediate support needs, up to approximately one year after diagnosis.

After receiving a diagnosis, we would expect to see the following information and support offered to a person with dementia:

- What their dementia subtype is and the changes to expect as the condition progresses;
- Which health and social care teams will be involved in their care and how to contact them;
- How dementia affects driving and the need to notify the Driver and Vehicle Licensing Agency of their diagnosis;
- Discussion on legal rights and responsibilities including the right to reasonable adjustments under the Equality Act 2010; and
- How to contact local support groups, online forums, national charities, financial and legal advice services, and advocacy services. Signposting and contact information including hours, how to

Dementia Friendly Communities and Supporting Well

Examples of practical actions:

- Through quarterly Croydon dementia Action Alliance meetings, provide a networking space for organisations to share information and knowledge with one another, as well as encouraging opportunities for partnership working.
- As part of communications with health and social care staff, increase awareness of the importance to access correct training.
- Connect staff of non health and social care organisations to information about dementia and dementia Friends sessions.

What Croydon residents told us in 2022:

The experiences of people with a dementia diagnosis and carers in Croydon is inconsistent, with some people feeling satisfied with the level of information and support offered after diagnosis, but many are left feeling overwhelmed, abandoned, or unsure on what to do next and what help is available.

Person with a dementia diagnosis

"They just told me it's dementia. They didn't tell me any more than this. I had a form to fill in an assessment form from Croydon Council. I had to do some research myself on some cost issues." -

Person with a dementia diagnosis

"We had to find everything out by ourselves about help. I get financial entitlements, but I didn't get told about this or available support services. For financial help we had to go to a tribunal."

Strategic Plan: Supporting Well

Key Challenge / Opportunities	Year 1	Year 2	Year 3+	What success will look like
Dementia Training and awareness for health and social care professionals	Promote 'becoming a Dementia Friend' to local organisations	Explore providing online dementia awareness training for staff	Explore providing NHS- backed dementia training for Health and Social Care professional directly supporting people with dementia	A more informed workforce around dementia awareness and how to incorporate this into their work environment
Information at the point of diagnosis regarding available help and support options	Review current information (online and paper form) and update as required	Investigate creating a single source/one stop shop to provide information, links to advice and support services and areas such as financial support		Patients report feeling supported at point of diagnosis and know where to access information and support
Coordination of support upon diagnosis to help navigate the health and social care system	Explore Colocation of memory services with related dementia services	Explore the option that every person with a dementia diagnosis has an automatic referral to the dementia adviser service	Explore everyone with a dementia diagnosis having a named care coordinator from diagnosis to death	Patients and carers report feeling better supported as to the options available within the health and social care system during the course of their dementia pathway
Dementia Advice services providing in person sessions after diagnosis	Map unmet need for dementia adviser service to understand level of capacity required	Explore increasing capacity of the dementia adviser service to have at least one at each of the Integrated Community Networks (based on demand mapping)	Investigate options for a stepped up model of post diagnostic support to include different levels of support as needs change	Patients and carers report that they have been supported by the dementia adviser service, as required, after their diagnosis. The capacity of the services are able to meet the demands of the rate of dementia diagnosis
Availability of post diagnostic support services	Map service capacity across dementia advisers and Age UK PICS to identify pathway challenges Explore providing post-diagnostic information and education support in languages other than English, as well as in non-written resources, to reduce health disparities.	Investigate options for evidence based post-diagnostic support interventions which are appropriate to age, ethnicity, religion, gender and sexual orientation. Looks at different options for the provision of transportation to services for people affected by dementia	Explore offering equitable access to non-pharmacological interventions, such as cognitive stimulation therapy	
Duplication in providing personal information to different health professionals	Promote the Universal Care Plan (UCP), shared care record to help join up the care pathway	Promote the use of the dementia template within the UCP (being developed in 2023)		The UCP is the shared care record of choice for clinicians across the pathway

Living Well

What's included in the theme of Living Well?

Living as well as possible with dementia is an aspiration for many people.

This section of the pathway looks at people with dementia living in safe and accepting communities.

It covers consistency of follow-up, care coordination and care plan reviews. It also looks at support for carers, assessment of need as someone's dementia progresses and the impact increasing care needs have on health and care services.

Carers in this section refer to anyone, including children and adults who looks after a family member, partner or friend who needs help because of their dementia. This includes those family members who may not formally call themselves a carer.

Dementia Friendly Communities and Living Well

Examples of practical actions:

- Supporting organisations in the borough to pledge Dementia Friendly actions to enable their activities and premises to be more inclusive and accessible to people affected by dementia.
- Encouraging organisations to include activities that help people to stay mentally and physically active as part of their dementia Friendly action plan (where this is part of their remit).
- Promoting messages around "Living Well" in all communications and events within the community, such as through dementia Friends sessions, written communications, and events.
- Develop the reach of the Croydon dementia Action Alliance to include organisations such as community groups, faith groups, arts and culture, leisure, retail and other businesses to help improve the day to day experiences of living with dementia as they go about their daily lives.
- Build strong links with organisations that support people from minority ethnic groups to encourage them to be part of Croydon dementia Action Alliance, connect them to information about dementia (in different languages where possible), provide dementia awareness and support them to explore dementia Friendly actions.

What Croydon residents told us in 2022:

During engagement with local people as part of the development of this strategy, people with a dementia diagnosis and carers of a person with a dementia diagnosis, have highlighted some of the following challenges in living well after diagnosis:

- Lack of awareness of what help is out there for people with and a diagnosis and for carers.
- No central place of information on help and support
- People are left to pay for their own modest modifications to make a house dementia friendly, such as grab rails etc.
- Difficult to book respite care and often this can only be done at very short notice so no long-term planning.
- Not enough community support to keep people in their own homes.
- Inconsistent follow-up from health professionals, including patchy provision of annual care reviews.
- Referral to the day centre support service is too slow and the service is too costly.
- Lack of diverse community support groups and a lack of carer specific support groups.

Carer of person living with dementia

"I've been offered groups, but I've not found that helpful. I've asked for respite care, but none has been forthcoming."

Strategic Plan: Living Well

Key Challenge / Opportunities	Year 1	Year 2	Year 3+	What success will look like
Dementia Friendly Borough status for Croydon	Ensure that we obtain the Dementia Friendly Borough Status Ensure key health and care services (e.g. GP, dentistry, social care, Live Well etc) achieve dementia Friendly status Explore how the work of the CDAA in raising dementia awareness could be highlighted		Review the pledges and status for the Dementia Friendly Borough status	Croydon continues to be recognised as a Dementia Friendly Borough The CDAA continues to meet and drive forward the dementia agenda
Follow up support to monitor if dementia symptoms and support needs have changed		Explore options for cognitive stimulation therapy or similarly structured group work for people with dementia to provide both support and social interaction	Explore providing an annual dementia review for all people diagnosed with dementia	Patients and carers report that they are supported through their dementia journey and are aware where to access support as their symptoms change
Recognising the progression of an individual's dementia journey and the different needs of carers throughout	Explore options for structured support for those in at high need at the time of diagnosis. Explore ways that services can effectivity respond to crisis points in the individual's journey and provide the support needed	When commissioning interventions, where possible, try and ensure that they support the individual's journey, identifying requirements at possible crisis points	Explore conducting a pilot using a risk stratification tool at the time of diagnosis. Additional interventions are then offered according to need.	Carers report that they feel supported and aware of the services available to them Services recognise the importance of support to carers during the dementia pathway and can assess where there might be possible crisis points
Support for Carers of people living with dementia	Explore how we are providing information to carers both printed and digital Raise awareness with health and social care staff that people may not identify as a carer but could still need carer support	Explore how we might provide structured evidence based support for carers to manage their own health needs including their mental health		Carers report that they can access culturally appropriate support as required
Diverse support services for carers and people with a dementia diagnosis from a minority ethnic background	Where possible, ensure communications produced are personalised and jargon free, tailored, and accessible to diverse communities	Explore how Social Care services could consider future population trends to ensure that language, communication, and cultural needs are met		Dementia Day Centres are operating to an efficient model with appropriate referral pathways in place
Dementia Day Centres operating efficiently to meet the needs of the Croydon population	Investigate the referral pathways to see if there are options for greater efficiency		Investigate expanding the day centre service to include some possible weekend services	The UCP is the shared care record of choice for clinicians across the pathway
Hospital admission for a mental health related crisis point	Map where there might be points for people to recognise signs of deterioration (timely support to access early help could possibly avoid admission)	Ensure use of the UCP within the Trust to update details on information and treatment during a hospital stay Where appropriate, individuals who are admitted are referred to the Trust Dementia Lead to assist them through the journey until they are discharged		
Hospital admission for a physical health issue	Explore if the Admission Pathway could formally consider impact of dementia during a physical health hospital admission			Carers report that they feel supported and aware of the respite services available to them
Availability of appropriate respite services for both emergency and long-term services	Check process for carers to understand options for respite care services including timescales from referral		Investigate options for a simplified way to book overnight and day respite care from recommended local care services	
Support for independent living within own home is considering as well as options for entering formal care settings	Where appropriate, check if Housing Plans consider the needs of people living with dementia in Croydon	Explore the options for dementia grants to provide timely house adaptions including living aids and assistive technology to enable people to remain in their own home		Where patients wish to remain within their own home, they are supported to be able to live independently
Staying physically and mentally active following a dementia diagnosis	Promote health messages to support the physical, mental, and oral health of people living with dementia and their carers Provide information for people living with dementia to choose from a range of activities tailored to their preferences to promote wellbeing	Explore how we commission support services for people living with dementia to choose from a range of activities tailored to their preferences to promote wellbeing		Patients and carers report that they are aware of the activities available locally to help them stay physically and mentally active The capacity of the services are able to meet the demands of the rate of dementia diagnosis

Ending Life Well

What's included in the theme of Ending Life Well?

Everyone diagnosed with dementia will have the condition at the end of their life. People living with dementia should die with dignity in the place of their choosing.

This part of the dementia pathway looks at the care people receive at the end of life, including access to palliative care and advance decisions. It also looks at where people with dementia are dying, which is a frequently used quality marker.

Dementia Friendly Communities and Ending Life Well

Examples of practical actions:

- Planning for the end of life is important for anyone who has a life-limiting condition. For a person with dementia, it's important to try and have these conversations early, while it's still possible to make shared decisions.
- Having an up-to-date care plan for the person. This plan should include end of life plans and should be shared with those involved in the person's care.
- The person's spiritual needs, practices and traditions will be individual to them. These needs should be addressed and respected as much as the medical aspects of care. Personal or religious objects, symbols or rituals (including prayer or readings) may provide comfort, both for the person and those close to them. These could also include music, pictures, smells or tastes.
- Palliative care may be offered, especially in the later stages of dementia.

What Croydon residents told us in 2022:

What have people affected by dementia told us?

Some of the challenges highlighted by people living with dementia about end-of-life care are as follows:

- Lack of awareness about the need for advance care planning;
- People were not sure who to talk to about end-of-life care;
- Concerns over appropriateness of end-of-life care services for people who may not speak English or have reverted to their primary language through the course of their dementia; and
- Worries over whether care homes and home care services are appropriate for someone with dementia and if they are dementia friendly.

Carer of person living with dementia

"I heard about a carers support group but didn't access it. I didn't know there was anything else."

Our Strategic Plan: Ending Life Well

Key Challenge / Opportunities	Year 1	Year 2	Year 3+	What success will look like
Provide dementia appropriate palliative care services		Where accreditation is available, consider if commissioned services could meet the National Gold Standards Framework for end-of-life care		Palliative Care Services are provided which are sensitive to the needs of people with dementia
Effective advance care planning to realise the benefits of early planning	Explore how conversations around end-of-life decisions are made during post diagnosis support when the individual can express their wishes and have the capacity to make decisions	Promote the use of the UCP to record advance care plan and including end-of-life planning		Individuals with dementia and carers better informed during post diagnosis support to be able to plan effectively for end-of-life
Support for family and carers around end of life planning	Investigate how we could prepare carers and families for what end-of-life may look like and how to access support			Families and carers report they are better informed about what end-of-life may look like
Recognition of dementia as a terminal condition		Undertake a review of the management of mental capacity and access to palliative care in care homes, including training needs	Explore options for training for other chronic and terminal illness services around dementia awareness	Services are provided which are sensitive to the needs of people with dementia

What to expect in the first 18 months

Aug 2023

Draft development plan for the implementation of the Croydon Dementia Strategy

Oct 2023

Publish Croydon Dementia Strategy

Aug 2024

Review progress of development plan and update documentation if required

Dec 2024

Repeat Health Watch survey to test progress of strategy against desired measures of success

Appendices

Appendix A: Current dementia support and services in Croydon

Memory Tree Cafes: Currently running in 2 locations across Croydon and are focused on providing a safe space for stimulating activities in a friendly and understanding environment.

A separate Age UK Croydon healthier lifestyles service focuses on physical health promotion and exercise to older people in care homes, and some community work in Croydon which is beneficial in living well with dementia and preventing or delaying certain aspects of the disease.

dementia Advisor Service: The dementia Advisor (DA) provides a one-to-one service for people affected by dementia from the point of diagnosis. They provide information, support and signposting for people in all matters related to their dementia and their journey with the dementia.

A dementia Advisor will usually visit the clients in their own home although occasionally a family member/carer may request a meeting away from the home, so that they may talk more freely about their situation.

Alzheimer's Society Singing for the Brain group: The Alzheimer's Society provides one 2 hour 'Singing for the Brain' session per week in Croydon for people affected by dementia.

Day Services for People Affected by dementia: Day services for individuals with dementia to reduce social isolation, increase engagement and enhance wellbeing. In addition to support carers via day respite. Support, and sign posting and advocacy for those with dementia and their carers. dementia Friends training for carers. This council-funded service operates out of two sites within the borough of Croydon and is means tested, requiring referrals to go through a financial assessment to become eligible to attend.

Croydon Care Home Intervention Team (CCHIT): The intervention team is a multi-professional team who work with people aged 65 and above living in residential or nursing care homes in Croydon and are displaying behaviours that staff find difficult to manage.

The team also works with people under the age of 65 with a confirmed diagnosis of dementia living in residential or nursing care homes in Croydon, and specialises in understanding the behavioural and psychological symptoms of dementia, providing intervention and support to residents, their families and care home staff to better understand the person's behaviour and any unmet needs.

Age UK Croydon (AUKC) Personal Independence Coordinator (PIC) Service: This service works with older people (aged over 50) to help them identify their own personal goals so they can retain and regain their independence. The team often works with people who have a complex range of support needs or who are frail or vulnerable, and also works with people who have long-term or multiple health and social issues. The aim is to help people become better informed about how to manage their own health and to help them live independently for longer, as well as to help minimise any unplanned hospital visits.

Carers Information Service: The Carers Information Service provides information, advice and support to carers in Croydon who are looking after someone who needs their help due to illness, disability or older age.

Appendix B: Croydon dementia Action Alliance Group Members

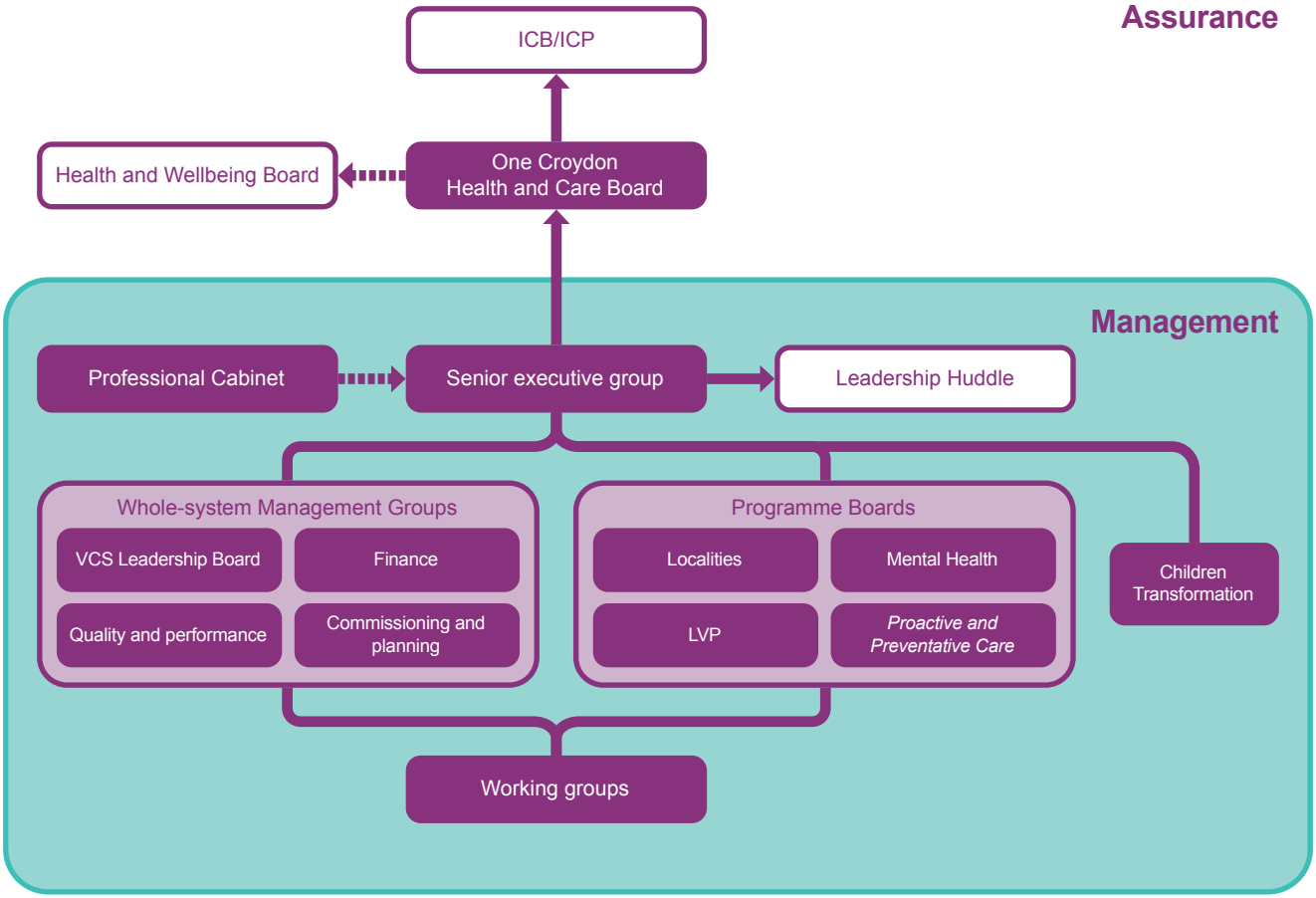
A Place to Be drop in	Healthwatch Croydon
Age UK Croydon	Home Instead Croydon
Alzheimer's Society	Integrated Care Board (Croydon Place)
Asian Resource Centre	London Mozart Players
BME Forum	Methodist Homes Association
Carer representatives	Museum of Croydon
Carers Information Service	Pension Protection Fund
Croydon BID	Printwell
Croydon Communities Consortium	Purley Bid
Croydon Council	Right at Home
Croydon Neighbourhood Care Association	SLaM
Croydon University Hospital	The Met Police
Croydon Voluntary Action	Thornton Heath Leisure Centre
David Lean Cinema	United St Saviours
Fairhand Visiting Physiotherapists	Woodside Baptist Church

Appendix C: Croydon dementia Steering Group Membership (August 2023)

Core Members

Representative	Job title, Organisation
Cllr Yvette Hopley	Cabinet Member Adult Social Care and Health
Cllr Margaret Bird	Deputy Cabinet Member Adult Social Care and Health
Cllr Janet Campbell	Shadow Cabinet Member Adult Social Care and Health
Richard Eyre	Head of Improvement, Adult Social Care & Health Directorate, Croydon Council
Claire Fletcher	Strategic Commissioning Manager (Older People and Carers), Croydon Council
Sasha Lindsay	Older Adults Commissioning Manager, Croydon Council
Denise Malcolm	Senior Communications Officer, Croydon Council
Sean Olivier	Head of Service for Older Adults Social Care, Croydon Council
Ami Patel	Senior Commissioning and Contract Officer (Older People and Carers), Croydon Council
Dr Jack Bedeman	Consultant in Public Health, Croydon Council
Tracy Dumbarton	Mental Health Transformation Programme Manager (Croydon), SWL ICB
Wayland Lousley (Chair)	Head of Mental Health Commissioning (Croydon), SWL ICB
Dr Emily Symington	Croydon GP, Clinical Lead for dementia for SWL ICB
Olu Odukale	Transformation Programme Manager for community care in Croydon (responsible for care homes), SWL ICB
Rosalyn Tuerk	Older Adult Community Services Lead, SLAM
Sharling Bovell	Lead Nurse for dementia Care, Croydon University Hospital
Andrew Brown	CEO, Croydon BME Forum
Shelly Bardouille	BME Mental Health Community Development Worker (Older Adults), Croydon BME Forum
Ima Miah	CEO, Asian Resource Centre, Croydon
Sue McVicker	CEO, Croydon Neighbourhood Care Association
Abeline Greene	PIC Service Manager Age UK Croydon
Rebecca Stebbings	Healthier Lifestyle Service Manager, Age UK Croydon (includes Memory Tree Café)
Susan Underhill	Programmes Director, Age UK Croydon
Luke Symonds	Regional Public Affairs and Campaign Officer, Alzheimer's Society
Melanie Cressey	Dementia Friendly Communities Coordinator – Southwark and Croydon, Alzheimer's Society
James Whynacht	NE Yorkshire Regional Public Affairs and Campaign Officer, Alzheimer's Society
Pat Knight	Person with Lived Experience, Croydon
Daisy Anderson	Person with Lived Experience, Croydon

Appendix D: Croydon Governance Structure



***Senior Executive Group**

The Council's Corporate Director Adult Social Services (DASS) is a member of the Senior executive Group (SEG). Relevant papers go to the DASS's Adult Social Care and Health Directorate Management Team (DMT) meeting prior to SEG to enable Council governance mechanisms, in particular briefings to the Council Corporate Management Team (CMT), briefing the Directorate Cabinet Member and the Executive Mayor.

Appendix E: Recommendations taken from Health Watch survey report

Communications and information

- Better information needed on legal and financial entitlements and improved communication on support services and after diagnosis.
- Greater awareness or access to GP follow up appointments, advanced care planning and dementia and care need assessments.

Diagnosis, care planning and reassessments

- Improve the time it takes to see a specialist Issues around diagnosis. Increased carers support • Discuss more about support and care needs with carers.
- Improve the awareness and communication of carers support and information services.
- Find ways to increase confidence of patient and carers to manage the condition.

Understanding needs and preferences

- Coproduce services to understand needs and preferences and align services accordingly.
- Understand concerns about care homes and sheltered accommodation, particularly around their understanding about dementia, quality of service, staff training, a person-centred approach with residents, access and support with finances.

Hospitals

- Design a dedicated pathway if going into hospital ensuring they have the specialist support they need with these issues considered.

Ensure carers can be easily identified as advocates

- Make sure patients are discharged with the right support is also an important priority.

Suggested improvements from residents

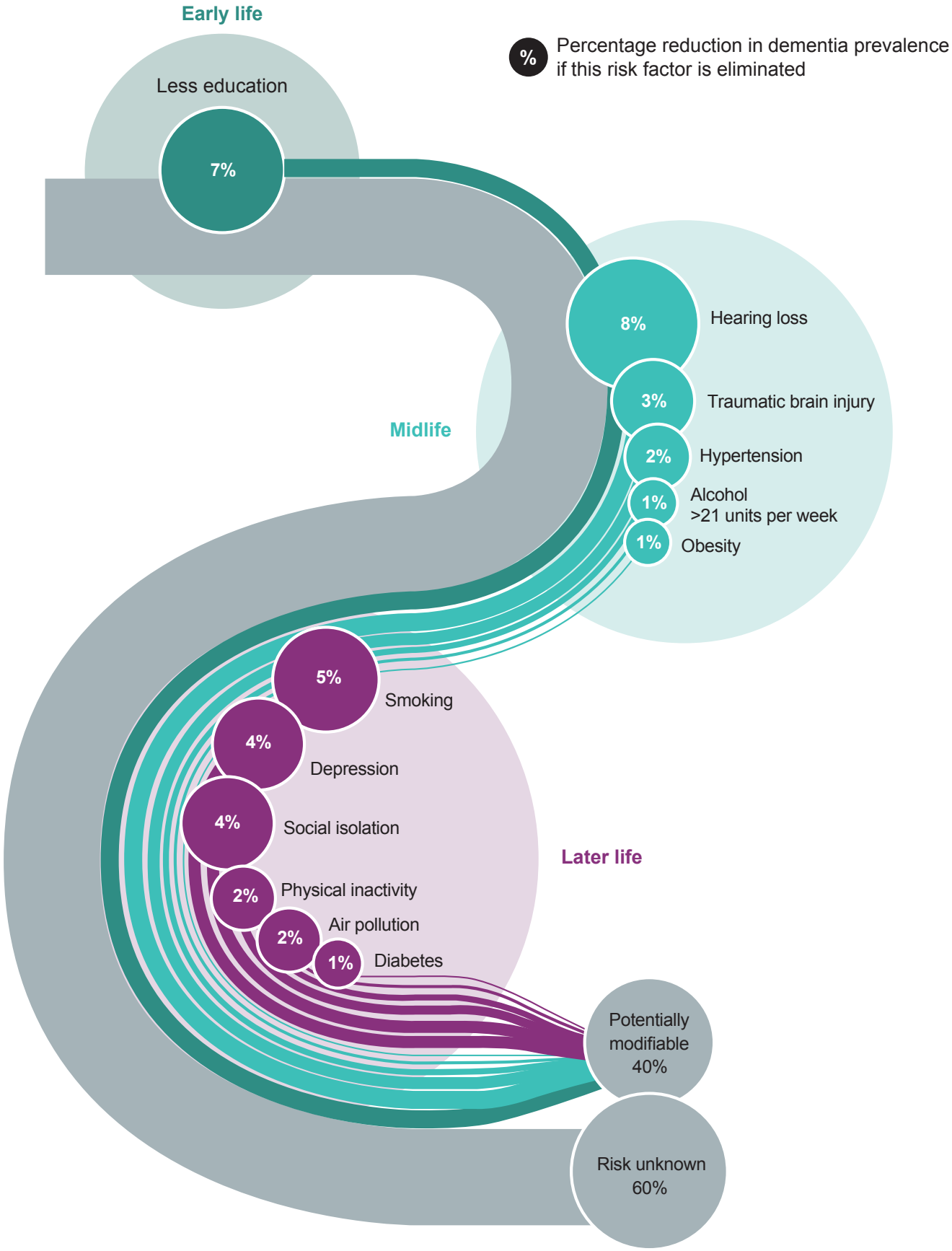
- More support, quality of care, information and wayfinding.

What makes Croydon dementia friendly

- Ensure effective support and increase awareness.

Link to full report: https://www.healthwatchcroydon.co.uk/wp-content/uploads/2023/06/Dementia-Services-Pathway-Experience-in-Croydon-Final-report-June-2023.pdf

Appendix F: Figure from the 2020 Lancet report showing potentially modifiable risk factors for dementia that could affect people over the course of their lifetime



One Croydon

Your Health and Care partnership