



OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Dementia Strategy Update

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Policy context:

Supporting people with dementia is a high priority both nationally and locally. The National Dementia Strategy published in 2009 sets out the strategic framework for local services to operate in. It includes clear objectives for delivering improvements in the quality of services and promoting a wider understanding of the causes and effects of dementia. Dementia is a particularly pertinent issue for Havering due to our large, and growing, older population.

SUMMARY

Dementia is a clinical syndrome characterised by a widespread loss of cognitive function including memory loss, language impairment, disorientation, change in personality, self-neglect and behaviour that is out of character.

Dementia is a very high priority, both nationally and locally. *Living well with dementia: A National Dementia Strategy*¹, published by the Department of Health in 2009, sets out 17 objectives which, when implemented (largely at a local level), should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia. The 17 objectives are listed in Appendix A.

In 2011/12, Havering's Joint Strategic Needs Assessment (JSNA)² estimated that 3,050 people in Havering (aged 65+) have dementia and this is predicted to rise to 4,691 by 2030. By working together with its partners, the Health and Wellbeing Board (HWB) wants to deliver improved outcomes for dementia sufferers and their carers and has established a Dementia Partnership Board in order to take this forward.

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

² <http://www.haveringdata.net/research/jsna.htm>

This report provides Members with an overview of the work underway to support the National Dementia Strategy (NDS) and Priority 2 of the Health and Wellbeing Strategy – Improved identification and support for people with dementia.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to consider the Council's dementia services and to note the progress with their implementation.

REPORT DETAIL

Background

In 2011/12, Havering's JSNA estimated that 3,050 people in Havering (aged 65+) have dementia and this is predicted to rise to 4,691 by 2030. The recorded number of people with dementia in Havering is significantly lower than the expected number and this suggests that more than 2,000 people are living with undiagnosed dementia.

In 2010/11, dementia-related costs to Havering (in terms of health and social care) were in excess of £2 million. A further £2.9 million was spent on dementia-related care home placements. As well as the costs to health and social care, the majority of care for dementia sufferers, particularly for the undiagnosed, is provided by family and friends.

Dementia is a very high priority, both nationally and locally. *Living well with dementia: A National Dementia Strategy*, published by the Department of Health in 2009, sets out 17 objectives which, when implemented (largely at a local level), should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

The Dementia Partnership Board (DPB) was formed in November 2012 and is accountable to the HWB. The DPB will develop and deliver Havering's strategic plan aligned to the National Dementia Strategy, to improve the quality of life and services available for people with dementia and their carers.

The DPB is chaired by Dr. Maurice Sanomi, the HCCG Clinical Director (Mental Health). Other members include:

- Group Director, Social Care & Learning
- Director of Public Health
- Assistant Director: Commissioning
- GP Clinical Lead (Adult Mental Health)
- HCCG Chief Operating Officer
- CSU Commissioning Lead for Dementia
- Transformation Programme Manager, Social Care & Learning

Its key responsibilities are to:

- Work collaboratively and in consultation with relevant partners to develop Havering's dementia strategy
- Provide executive advice and support to the Health and Wellbeing Board and ensure that the Board's strategic priorities are translated into action within the partner organisations
- Develop strategic oversight and priorities, ensuring that work is co-ordinated across all partner agencies
- Work closely with other relevant partners around cross-cutting issues (such as medicines management)
- Ensure the delivery of these priorities via delegated actions to relevant sub-groups
- Monitor performance of sub-groups to ensure stated outcomes are achieved

Health and Wellbeing Strategy

Havering's Health and Wellbeing Strategy³ sets out the vision '***for the people of Havering to live long and healthy lives, and have access to the best possible health and care services***'. The strategy has eight overarching priorities. Priority 2 is: 'Improved identification and support for people with dementia.'

In 2011, the shadow Health and Wellbeing Board set the borough's dementia objectives which are to:

- De-stigmatise dementia and ensuring sufferers and their carers receive the best possible support in managing their condition.
- Ensure high quality and accessible dementia information.
- Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for sufferers and their carers.
- Deliver more universal services and better quality of care for people with dementia.

To support the achievement of these objectives, specific actions are included within the Health and Wellbeing Strategy. At its meeting in March, the DPB prepared a progress report against these objectives that was presented to the HWB on 10th April. A copy of the progress report is set out in Fig 1 below.

³ <http://www.havering.gov.uk/Pages/ServiceChild/Health-and-Well-Being.aspx>

Fig 1: Dementia Partnership Board’s progress against Health and Wellbeing Strategy Dementia Objectives

Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>1. De-stigmatise dementia and ensure sufferers and their carers receive the best possible support in managing their condition</p> <p>This addresses Objectives 1, 2, 4, 5, 6, 7, 9 and 9 of the National Dementia Strategy</p>	<p>Establish a multi-agency Dementia Partnership Board to implement a Havering Dementia Strategy, in line with the national strategic</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>The Board is established and has reviewed the HWB Strategy actions in detail. It has agreed to fund a 1-year fixed term programme manager (funded from 2011-13 NHS Support for Social Care) to oversee the initiation of a programme of work to deliver the actions.</p>
	<p>Mainstream the application of assistive technologies to support people with dementia as part of a programme of purposeful walking</p>	<p>LBH (Adults and Health)</p>	<p>This pilot project has been running for approx 18 months. It has provided Vega “watch-style” assistive technologies to 51 people. An interim evaluation report indicated positive outcomes such as delay in entering residential care and increased peace of mind and quality of life for not only users of the devices but to their carers and families too. The final evaluation report on the Vega pilot is due in April and it is expected to provide more detail and analysis on outcomes and benefits that are being delivered.</p> <p>Evaluation of alternative assistive technologies was part of the project. The skyguard “keyfob” device which is intended for clients with lower level dementia or early onset dementia has just commenced it’s pilot in March 2013 and will be evaluated in summer 2013.</p> <p>It is anticipated that evaluation of all these technologies will be positive and they will be absorbed into the mainstream adult social care assistive technology offer in Havering during 2013.</p>

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Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>2. Ensure high quality and accessible dementia information by improving data collection on the prevalence of dementia and data sharing between organisations</p> <p>This addresses Objectives 2, 3 and 4 of the National Dementia Strategy</p>	<p>System established to monitor GP recorded prevalence and practice (any reporting unusually low prevalence will be encouraged to participate in training to aid diagnosis)</p>	<p>HCCG</p>	<p>A resource within the CSU has been secured by the CCG to help review current patterns of referrals and activity against prevalence, scoring (dementia severity) etc</p>
	<p>Practice data to be shared to allow CCG to monitor and take accountability for quality assurance, enabling prioritisation of dementia strategy work targeted to practices</p>	<p>HCCG</p>	<p>The CCG’s Clinical Director leading on dementia and the CCGs Practice Improvement Leads are working with the practices to share information around dementia and to target improvement activity.</p>
	<p>Link care for people with dementia to deliver seamless care across all agencies</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>This is a significant action that will require commitment from the commissioning and provider, health and social care leadership in Havering. It is the cornerstone. Some mapping of the dementia pathways has already been completed by Dr J Rhodda of NELFT.</p>
<p>3. Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for</p>	<p>Develop a new training strategy/pathway for professionals working with and supporting people with dementia</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>Progress has been made in linking with the Joint Improvement Programme across London Councils, The aim is to have consistency of training strategies and implementation. Priority work is to develop an understanding of current training pathways/processes in all organisations, and complete a training needs analysis across organisations.</p>
	<p>Support the National Dementia and Antipsychotic Prescribing Audit and Reduction Exercise</p>	<p>HCCG</p>	<p>As a part of the medicine management part of Quality Outcomes Framework for 2012/13 all practices were asked to complete an antipsychotic audit devised by NHS London.</p>

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Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>sufferers and their carers</p> <p>This addresses Objectives 1, 2, 3 and 13 of the National Dementia Strategy</p>			<p>This audit was focused on reducing antipsychotic prescribing in dementia patients. The audit deadline was Sept 12, and subsequently sent to NHSL for analysis. Medicines Mgt at the CSU are still awaiting the results from the submission.</p>
	<p>Review of assessed and diagnosed cases to assess success of early diagnosis and performance against QOF/DES targets.</p>	<p>HCCG</p>	<p>The resource secured by the CSU will be helping in this review.</p>
	<p>Training package to be developed for staff working with people with dementia, to include monitoring to record training sessions/people attending/feedback</p>	<p>HCCG</p>	<p>This has still to be developed but there is an opportunity to link with the Joint Improvement Programme across London Councils.</p>
	<p>Workforce development plans/appraisals programme embedded into Practice</p>	<p>HCCG</p>	<p>GP practices have been re-aligned into new GP practice clusters to aid the delivery of Integrated Case Management. This will facilitate the implementation of workforce development plans and the monitoring of how they are embedded into Practice.</p>
	<p>Mentoring support system to be available to key professionals including clinical supervision</p>	<p>HCCG</p>	<p>This still needs to be developed but there is an opportunity to link with the Joint Improvement Programme across London Councils</p>
<p>4. Deliver more universal services</p>	<p>Investigate the potential for a dementia centre of excellence community facility and progress plans for this accordingly</p>	<p>LBH (Adults and Health)</p>	<p>This action is part of the proposal for the redevelopment of the St Georges site, so is likely to take 3 to 5 years to fully deliver.</p>

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Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>and better quality of care for people with dementia</p> <p>This addresses Objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 15 of the National Dementia Strategy</p>	<p>Commission a rapid response service for people with dementia and their carers to provide support and medical assistance during times of crisis or escalation of symptoms/deterioration</p>	<p>HCCG</p>	<p>A rapid response service is provided by NEFLT and the CCG is using contract negotiations with NEFLT around the inclusion of dementia services to improve urgent care for people with dementia and to increase in the numbers of people with dementia remaining in their own homes with appropriate support</p>
	<p>Incorporate end of life planning into services for people with dementia, to enable them to have a dignified and painless death, and adequate provision of support for their families</p>	<p>HCCG</p>	<p>22 GP practices have completed the Gold Standard Framework training. The opportunity for using the Gold Standard Framework for Care Homes is being discussed by the LBH and CCG as a vehicle for improving the quality of life for people with dementia and their carers through earlier end of life planning. A report will be brought to a future HWB.</p>
	<p>Develop education sessions for families about how to best support someone with dementia</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>Peer Support services started in March 2012. In only eight months the service has facilitated a total of 991 opportunities for Havering residents to receive peer support (124 people per month). Eight groups were established but five have been discontinued as attendance at these locations was poor, however the remaining three are popular and well attended. <i>Please see page 9 of this report for more information.</i></p> <p>Singing for the Brain services started in Romford in March 2012, were immediately successful and have been operating weekly at full capacity of 30 service users ever since. Two further weekly sessions have been agreed replacing the peer support groups that were poorly attended. Feedback from service users and carers has been amazingly positive.</p>

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Objectives	Actions	Lead Partners	Progress Update – March 2013
			<p>Janet’s story has been produced as a case study, picked up by the local media. <i>Please see page 10 of this report for more information.</i></p> <p>The Improved Information and Advice Outreach Service provides information as widely as possible to the local community in Havering, complementing other local services. It seeks to improve knowledge and awareness of dementia and local services amongst residents through providing travelling information ‘surgeries’ across the borough. Between April 2012 and January 2013, 750 individual people have received information and in February 2013 the distribution of the Alzheimer’s Society local newsletter, which contained a complete list of all their factsheets, was increased to over 1300 per month. <i>Please see page 11 of this report for more information.</i></p>



NHS Support for Social Care Programme

Prior to the development of the Health and Wellbeing Strategy, £400k of NHS Support for Social Care funding between April 2011 and March 2013 was allocated to provide additional services for people with dementia and their carers.

With this funding, the Adults & Health Transformation programme commissioned three new pilot services aimed at supporting people with dementia and their carers. The outcomes of these three services will be measured through reduced demand on health and social care services as well as changes to individuals and their carers' quality of life. The impact of these services will be reviewed by local commissioners by the end of May 2013 to inform future commissioning decisions.

All three services provide regular statistics and information on the services they provide. The key points from the services provided to date are summarised in Fig 1 above and described in more detail below.

Peer Support Service and Singing for the Brain Groups

The Peer Support service provides support for people with dementia and their carers by recruiting and matching volunteers to run groups, and matching people with dementia and their carers to others on the basis of shared needs and preferences. It has set up a network of six peer support groups, including three music-based Singing for the Brain groups. The service is delivered by the Alzheimer's Society and a Peer Support Facilitator has been appointed to take the service forward and lead the groups, supported by the trained volunteers.

The service aims to enable people with dementia to remain independent in their own homes and allow carers to continue caring for longer, reducing the financial demand on health and social care departments, particularly through residential care admissions and delayed discharges through acute care settings.

Referrals for the groups have been through Alzheimer's Society's strong partnership links with other borough voluntary and statutory organisations, particularly Havering Memory Clinic, Age Concern Havering Dementia Advisory Service, Admiral Nursing and NELFT. The work of **CarePoint** and the Information & Advice Outreach Service described later in this report, which aims to improve information and advice within community settings, has helped to promote these services to people who may not be accessing other services.

General peer support groups have been running in Romford, Cranham, Harold Hill, Collier Row, Rainham and Hornchurch since March 2012. Attendance has varied at these groups (49 attendances from people with dementia between March 2012 and January 2013) but all have been valuable in enabling people with dementia and their carers to come together, share their experiences and gain advice. Of particular benefit has been the emotional support given by the experienced volunteers and staff members to people caring for someone with dementia.

People have self-referred to this service following an extensive advertising campaign in the local community as well as promotion on the national Alzheimer's Society website.

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In October 2012, the Alzheimer's Society took the decision to suspend the Harold Hill Peer Support Group due to lack of attendance. This was likely due to the fact that Age Concern Havering offers services for people with dementia and their carers at the same venue.

The Singing for the Brain groups, which will run until September 2013, deliver stimulating singing and music activities designed to enhance wellbeing and bring fun and confidence to lives affected by memory problems. The first group was held in Romford and was immediately popular and successful. It has been operating weekly at full capacity of 30 people and from March 2012 to the end of January 2013, a total of 49 weekly groups have been held in Romford. Attendance costs £3 per person, per session and those on pension credit are exempt.

A second Singing for the Brain group began in September 2012 in Harold Wood. Attendance has been steadily climbing and between September 2012 and the end of January 2013, a total of 16 groups have been held at Harold Wood attended by 70 people.

As a result of demand, a third Singing for the Brain group is due to start in April 2013 and will operate from the Romford venue, where there is currently a waiting list.

An Alzheimer's Society evaluation form was given to Singing for the Brain participants in Romford in August 2012 and the results, highlighted below, demonstrate a very positive impact:

How does the singing or music make you feel?

- "It makes me feel good about myself."
- "Good, more cheerful – I forget all my troubles."
- "It's really great. You are made to feel welcome."

How has attending the group changed you and your relationships?

- "It is the one activity that my wife looks forward to attending."
- "It makes a nice break during the week to meet different people."
- "Have met different people and see how they cope with their troubles."

The following verbal feedback was taken from participants in January 2013:

- Carer: "Excellent, my wife and I look forward to coming. It's become like a family to us and everyone offers help and support."
- Person with dementia: "It's the best thing I go to and it makes my week. It has done us the power of good."
- Carer: "I have noticed a difference in my wife since she has been coming here."

In March 2013, Collier Row resident and Singing for the Brain attendee, Janet Hobson, spoke to us about her experiences and was featured in the local press. The article is at Appendix 2.

Service review in December 2012 - Peer Support and Singing for the Brain

The service was reviewed in December 2012. The weekly Singing for the Brain sessions have been extremely well received and have a high ongoing attendance. Attendance at the Peer Support groups has been less well sustained across the different venues. In total,

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since March 2012, the peer support programme (Singing for the Brain and Peer Support groups) has facilitated a total of 991 opportunities for Havering residents to receive peer support.

Following the review and due to low attendance at some the Peer Support groups, certain changes have been agreed. From April 2013, there will be an increase to three Singing for the Brain groups and the Peer Support groups will reduce from eight to three. The most well-attended Peer Support groups in Romford and Cranham will remain, as well as the group in Rainham which is an area underserved by services for people with dementia.

A further review of the service is scheduled for April 2013.

Information & Advice Outreach Service

This service is also delivered by the Alzheimer's Society and aims to provide information as widely as possible to the local community in Havering, complementing other local providers and linking into the local dementia pathway. It supports our preventative approach by giving people early access to relevant information. It underpins the National Dementia Strategy locally by improving public and professional awareness of dementia and providing good quality information for all (Objectives 1 and 3). It also supports early diagnosis and intervention for all (Objective 2).

The service has delivered a programme of information events and presentations designed to reach a wide audience by using traditional and non-traditional health promotion venues including:

- Queen's Hospital
- King George Hospital
- Memory Matters Roadshow
- Cranham Women's Institute
- Mercury Shopping Mall
- Havering Singers
- World Mental Health Day Event
- Havering MELA
- Hornchurch Bowling Club
- Cranham Church Group
- Islamic Association

The service began in April 2012 and will run until September 2013. During the first 10 months of the project, a total of 750 individuals received information (see Fig 2. below) and in February 2013, the distribution of the Alzheimer's Society's Factsheet had increased to over 1,300 per month.

Fig 2: Statistical Breakdown: Service User Group

Service User Group	April 2012	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan 2013	TOTAL
PWD/YPWD	22	3	2	0	0	1	2	0	3	5	38
Carer	6	14	7	0	4	12	7	33	0	3	86
General Public/WATM	27	127	39	59	29	40	146	95	38	22	622
Professionals	-	-	-	-	-	-	-	-	-	4	4
TOTAL	55	144	48	59	33	53	155	128	41	34	750

Service Review - Information & Advice Outreach Service

The service has so far been successful in reaching the wider community in Havering. The venues visited have ensured engagement with a high volume of members of the public, helping to build dementia awareness and reduce stigma in the borough. The service has also supported those already diagnosed with the condition and those caring for people with dementia with tailored, high quality information.

In April 2011, the Alzheimer's Society Diagnosis Map estimated that Havering had 3,097 people living with dementia in the borough, of which only 35% had received a formal diagnosis. This diagnosis rate was one of the lowest at the time of all London boroughs. The Diagnosis Map has recently been refreshed and Havering now has an estimated 3,273 people with dementia and also shows an increase in the rate of diagnosis to 40%.

This rise in the Havering diagnosis rate of 5% is significantly higher than the national average diagnosis rate of 2%. It is very likely that the increase in information provision throughout the borough has had a positive impact on the diagnosis rate, alongside the Alzheimer's Society's 'Worried About Your Memory' national advertising campaign.

Three individuals have contacted the Alzheimer's Society following a presentation to inform the Society that, as a result of the information they received, they have visited their GP to discuss concerns about their memory and are now on the dementia care pathway.

Additional Support for Carers

This service is provided by Crossroads Care Havering and offers a specialist, carer-needs led and client-centred service to people who have a diagnosis of moderate to advanced stages of dementia by way of home-based respite support. It began in April 2012 and aims to reduce residential care admissions and improve health and wellbeing.

As at March 2013, 27 assessments had been completed and 19 clients are using the service. The take-up was lower than anticipated, which was primarily attributed to the service charge of £7.50 per hour, which was a barrier for some people to access it.

Following a service review in December 2012, it was decided to reduce the hourly charge to £3.75 from April 2013 for a trial period of 3 months to ascertain if this does improve take-up and support the anecdotal evidence previously gleaned. It is hoped that a 50% service cost reduction will make the service a more financially viable option for carers and service users, which will, in turn, ensure that more people are able to afford the service. There will be a further review of the service under the new charging scheme in June 2013.

Those carers who have used the service say that it has enabled them to:

- Attend social events
- Go shopping
- Rest/catch up on sleep
- Visit family/friends
- Perform household duties

"Having help from Crossroads means that I get three hours every other week to myself. This week I went into Hornchurch to sort out the grandchildren's Christmas presents – it's silly things like that I can't normally do. Both my children have said he'll need full time care eventually but I'll cross that bridge when I come to it. Crossroads are helping him stay home with me." Marian Christmas, carer for her husband, Ernie, in Rainham.

Training and Development

Alongside the three services outlined above, the NHS Support for Social Care funding is also supporting improvements in dementia training and development. Work began in October 2012 aimed at improving public and professional awareness of dementia and ensuring that Havering has an informed and effective workforce for people with dementia.

Up skilling the workforce is important as it can lead to:

- earlier detection of dementia;
- earlier diagnosis;
- timely interventions; and
- better outcomes for people with dementia and their carers.

A Dementia Liaison Worker (DLW) on a fixed term 12-month contract, based in the ASC Commissioning service, was appointed to undertake audits into the level of knowledge/awareness and existing training for staff working with people with dementia, specifically in care homes across the borough and in Queen's Hospital. The DLW has visited all care homes in Havering in order to undertake a training needs assessment and identify dementia champions in each home.

The DLW has developed a monthly Dementia Forum for Dementia Leads in Homes in Havering and the first group is due to meet April 2013 – issues relating to dementia care and guest speakers will be invited to these meetings. This will raise the profile and working knowledge and practice of staff within care homes. The first meeting will have a discussion and specialist from Health present to speak about 'challenging behaviour' and coping mechanisms.

BACKGROUND PAPERS

Contract Documentation and Review Reports for all three services

Appendix 1: Objectives of the National Dementia Strategy

Objective 1: Improving public and professional awareness and understanding of dementia.

Objective 2: Good-quality early diagnosis and intervention for all.

Objective 3: Good-quality information for those with diagnosed dementia and their carers.

Objective 4: Enabling easy access to care, support and advice following diagnosis.

Objective 5: Development of structured peer support and learning networks.

Objective 6: Improved community personal support services.

Objective 7: Implementing the Carers' Strategy.

Objective 8: Improved quality of care for people with dementia in general hospitals.

Objective 9: Improved intermediate care for people with dementia.

Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.

Objective 11: Living well with dementia in care homes.

Objective 12: Improved end of life care for people with dementia.

Objective 13: An informed and effective workforce for people with dementia.

Objective 14: A joint commissioning strategy for dementia.

Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.

Objective 16: A clear picture of research evidence and needs.

Objective 17: Effective national and regional support for implementation of the Strategy.

NB Although not originally included as an objective on the 2009 National Dementia Strategy, since the publication of Dr Sube Banerjee's report, "The use of antipsychotic medication for people with dementia: Time for action", The reduction in the prescribing of Anti Psychotic medication for people living with dementia has been adopted as the 18th objective of strategy.

Appendix 2: Article in Romford Recorder, 11th March 2013



**Romford
Recorder**

Collier Row Alzheimer's sufferer, Janet Hobson, 70, tuning into memory thanks to singing classes

An Alzheimer's sufferer has been given a new lease of life after taking part in Singing for the Brain classes.

Janet Hobson, 70 from Collier Row has been attending the classes with her carer and friend Sarah Stanley, 37.

Sarah said: "We decided to go to the classes to try it out and now Janet loves it so much she would miss it if she didn't go.

"When she is singing her eyes light up, it really boosts her spirits. She will talk about it all day. She has made so many new friends too."

The pair started attending the classes after seeing them advertised at their local church.

The classes were launched by Havering Council and Alzheimer's Society to help people living with the condition, their carers and families.

Singing for the Brain uses singing to help stimulate the brain, help people to express themselves and also bring people together to socialise.

As well as singing there is a lot of clapping, dancing and playing instruments and the instructor also brings in memorabilia books and albums containing photos of all the singers. The age range of people who attend the classes is wide as carers also take part.

Sarah said: "Even though Janet struggles to remember anything short-term, she can remember all the words to so many songs, some of them I've never even heard of.

"Janet usually knows all the words and who the singer is. She gets so much out of it. It's like for one hour a week there is no dementia.

Deputy Leader of Havering Council, Councillor Steven Kelly, said: "We are really focussing on helping our older residents to socialise and keep their independence. Events like Singing for the Brain give people a routine and the chance to live normal and contented lives."

For more information about Alzheimer's Society services in Havering please call 01708 739293 or e-mail anne.worboys@alzheimers.org.uk.

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