Havering Joint Dementia Strategy 2024 - 2029

Developed by the Havering Integrated Care Partnership (part of the North East London Health and Care Partnership) – a partnership of NHS, Local Authority, care and community and voluntary sector leads in Havering

Havering LONDON BOROUGH

North East London Health & Care Partnership

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Foreword

Dr Maurice Sanomi, GP and Havering Partnership Mental Health Clinical Lead

I feel privileged and delighted to be writing this foreword for our Joint Strategy which sets out a clear vision for Dementia, in Havering, over the next 5 years.

As a GP and Mental Health Lead, I am acutely aware of the challenges we face in Havering, with regards to Dementia, giving our high elderly population, which continues to rise, compared to the rest of London.

The strategy sets out **our ambitions** and our shared vision; it builds on our experience of collaborating with stakeholders to care for, and support people living with dementia, their families, and their carers.

It also builds on our achievements and the lessons learnt from our previous strategy.

Our vision for Dementia care is "to *make sure that people with dementia, their families and carers are supported to live life to their full potential*."

The strategy sets out **our principles** which include putting people living with dementia, their families and carers at the centre of what we do and to ensure we listen to them and engage with them and their families and carers. This is to support and enable them to make decisions, and informed choices about their care and their lives.

It has taken time and resources along with contribution and dedication from various stakeholders to put this strategy together. We have consulted widely with stakeholders to enable us to understand more clearly the current state of Dementia care in Havering, and the relevant issues. It has enabled us to develop a strategy fit for purpose, in our quest to improve Dementia care for our local population.

We are confident that this Joint Strategy will go a long way to improve Dementia care, both before diagnosis and after diagnosis. It will enhance care and support for our people living with dementia and their carers.

We have set the strategy around five key priorities which are, *preventing well, diagnosis well, supporting well, living well, and dying well.*

As we know, Dementia does not just affect the person with the diagnosis, it affects all of us; both the immediate families and carers and impacts the wider society through increasing health and social care costs. It is therefore essential for us to work together, to ensure we deliver on our priorities within the Joint Strategy

The Joint Strategy sets out **key outcomes** along with an **action plan** for delivering these outcomes; we hope this strategy will bring along the much-needed positive steps towards improving Dementia care, all round, for our Havering population.

We are conscious of the pressures experienced across the entire system in terms of resources, but at the same time we are hopeful that the changes in government policy and the increasing investment in Dementia Care will help us deliver our strategy for Dementia Care in Havering within the limited resources available.

We therefore need all hands to be on deck to deliver on the ambitions set out within this strategy; I appreciate that it will not be easy, but where there is sincerity of purpose and a shared vision, as we all have in developing this Joint Strategy, nothing is impossible.

Lastly, I would like to thank all our stakeholders (individuals and organisations), and everyone who has one way or the other contributed to making this Joint Strategy possible.

Foreword

Cllr Gillian Ford, Lead Member for Health, London Borough of Havering

I would first of all thank Havering Dementia Partnership Board, people with lived experiences and the numerous groups and organisations who have all contributed to development of The Havering Dementia Strategy.

Since the last Dementia Strategy we continue to see growth in Dementia internationally, in part due to an ageing population, making it the most prevalent health issue. We have also seen the government introduction of the Integrated Care System: Havering is part of the North East London ICS. This provides a greater opportunity to work with partners and the Havering Place Based Partnership Is working collaboratively with health partners, care providers, Healthwatch and the voluntary sector, to support people living with dementia and recognise the need for support for people who are in caring roles.

This aim of this strategy is to raise the profile and importance of dementia care and support, to recognise the positive improvement that has taken place and to outline the areas that need greater focus and change. The Partnership is committed to using this strategy to deliver high quality dementia care and support and have appointed a dedicated dementia lead through the Primary Care Network.

Executive Summary

The overall aim of this strategy is to raise the profile and importance of dementia care and support, and to build on the progress that Havering has already made in improving the lives of those with dementia. It is vital that the public, stakeholders, commissioners and providers develop a shared vision of aspirations for the future with regard to dementia care and services. This is particularly crucial to Havering, given the ageing population and anticipated rise in the numbers of people with a diagnosis of dementia.

Up to 40% of dementia is considered potentially preventable. What is good for the heart is also good for the brain, which is why the strategy will also include actions to tackle high blood pressure, physical inactivity, alcohol and obesity, and to promote healthy eating.

The government has already announced other measures which will help those with dementia, including:-

- ✓ the integration white paper to better link health and social care systems
- ✓ the Health and Care Act, which will put the person at the centre of care, with local systems designed to deliver seamless care and support people in retaining their independence, health and wellbeing
- ✓ levelling up healthcare and reducing disparities across the country so everyone has the chance to live longer and healthier lives, wherever they come from and regardless of their background

Our Vision

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

- I can live a life of my own
- I live in a dementia friendly community
- I know who/where to turn to for information, support and advice
- I have access to timely and accurate diagnosis, delivered in an appropriate way
- I have access to the right support that enables me to live well at home for as long as possible
- My voice is heard, listened to, and is taken into account in relation to my own health and wellbeing
- I know that when the time comes, I can die with dignity in the place of my choice

Our Principles

We will strive to:

- Listen to and engage with people with dementia and their carers
- Enable and facilitate people to make informed choices and exercise choice and control over their lives
- Involved people in decisions about their lives
- Support people to access the right services at the right time
- Involve, engage and support carers
- Strive to tackle the stigma associated with dementia
- Commission integrated services which are straightforward to navigate and access support
- Support people living with dementia in the work place and those who care for someone living with dementia
- Advise on technological support, equipment and adaptations

What we have Achieved through 2017-2020 Strategy

This strategy builds on the work of the previous 2017-2020 Dementia strategy and the learning from this.

- ✓ Dementia Friendly status by the Alzheimer's Society
- ✓ Dementia Cafés
- ✓ More awareness about dementia
- ✓ Linking person with the diagnosis to their carer on IT systems
- ✓ Dementia and Delirium Team at BHRUT
- ✓ Breakthrough in treatment with drugs to manage the progression of the disease
- ✓ More support networks run by volunteers who have experience with living and looking after someone with dementia
- ✓ Havering Dementia Action Alliance
- ✓ Prevention and Wellbeing contract commissioned with the Alzheimer's Society
- ✓ Joint Carers Strategy

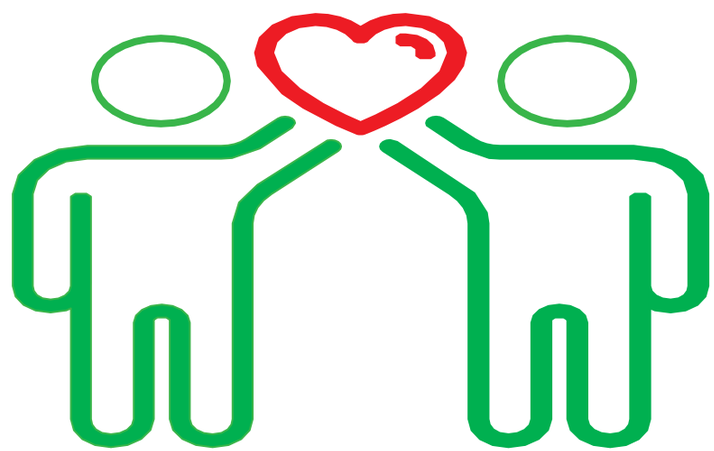
Development of this strategy

Development of this strategy has involved input from a number of key leads, local people, and groups.

A Dementia World Café Event was held in September 2023 and May 2024, which included ex carers, GPs, Managers of different service provisions and voluntary organisations who come into contact with people with a diagnosis of dementia and their carers.

These included:-

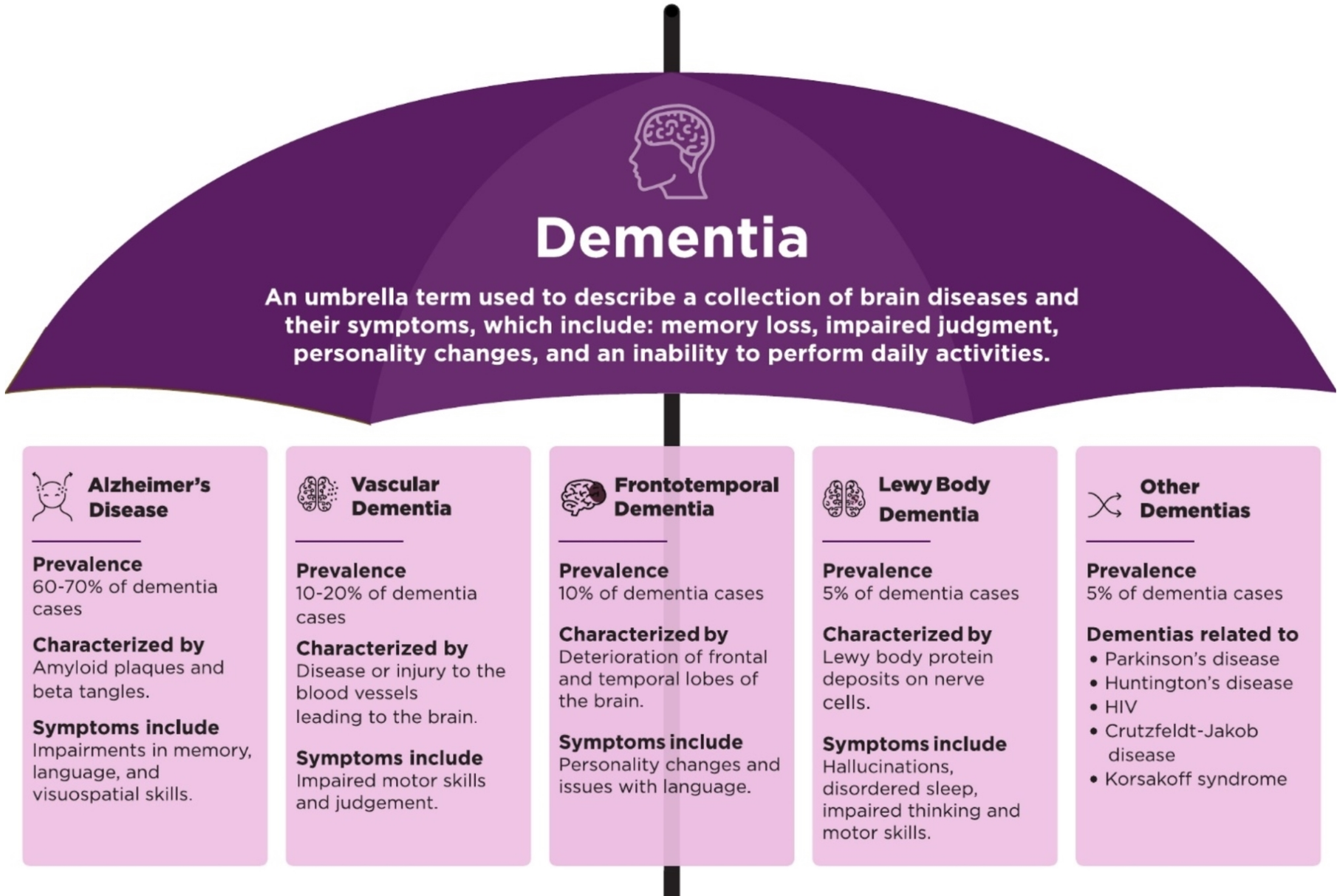
- The Havering Dementia Carers Group
- Singing for the Brain Group
- Age UK
- Councillor Gillian Ford
- Havering Over 50's Forum
- St Francis Hospice
- Dr Maurice Sanomi/ Dr Uzma Haque
- Havering Carers Hub
- Carers
- Havering dementia operational working group (system wide)



Through these groups it became clear that what was needed and could be put in place reasonably quickly, was a one page summary of information sheet at the point of diagnosis giving information about the support that is available in Havering.

What is Dementia?

Dementia is the broad term used to describe a number of different conditions affecting the brain that will trigger the decline of brain functioning over a period of time. Here are the most common types of dementia.



Dementia data nationally

Dementia – The National Picture

The number of people with dementia is expected to increase to one million in the UK this year, 1.6m by 2040 and two million by 2051. There will be over 200,000 diagnoses this year, equated to one in six people over 80 live with dementia and 1:79 of the total population. (source Alzheimer's UK).

National data also suggests that:

- 1 in 4 acute beds have a patient with dementia
- Readmissions - 25% for those with dementia to non-dementia of 17%
- 35% increase in ED presentations in people with dementia in the last 5 years
- Average length of stay for admissions of people with dementia is three times that of admissions for people without dementia.
- A significant number of admissions from care homes have an underlying condition of dementia.

The pandemic has had a considerable impact on people living with dementia with acute hospitals reporting more behaviour incidents in Emergency Departments, care homes requesting 1-1s and local carers advising they have and are still struggling with their care responsibilities due to increased agitation and challenging behaviour of the cared for and having to offer 24-hour care with services suspended during COVID with no breaks.

Acute Admission and Dementia

Most of the dementia related admissions are due to lack of intervention at the right time leading into crisis. With proper support to carers, care home and the nursing home staff and crucially being responsive when needed, this will reduce Emergency Department presentation and ultimately non-elective bed use. It is also much better for the patient to remain at home as stays in an acute bed have a very negative impact of those dementia including increased confusion, distress agitation and delirium and as stated earlier this ultimately leads to a longer length stay. This leads to a decline in functioning and independence when the patient returns home.

What the data tells us about dementia in Havering

Prevalence Data

There are an estimated 3,121 people with Dementia in Havering

In 2024, the number of people diagnosed is 1,757

A further 335 people need to be diagnosed to meet the national diagnosis target of 67%

Havering's rate is currently 56.3%

Havering

Havering has the largest older population in North East London and one of the largest in Greater London, with more than 18% of the population over 65.

Havering has an over 80's population of just under 15,000 people, with potentially around 2,500 with dementia, diagnosed or undiagnosed (based on 1:6 national ratio). Dementia diagnosis rate in Havering is also below the national standard.

In Havering additionally, medical reviews for all patients diagnosed with dementia, which is a gold standard practice, are not taking place as standard and need to be improved.

Early Onset/Younger Dementia

There has also been an increase in early onset of dementia presentations. With both cases, either early onset or age related, if there is early diagnosis and post-diagnostic support people and their carers can manage their condition well.

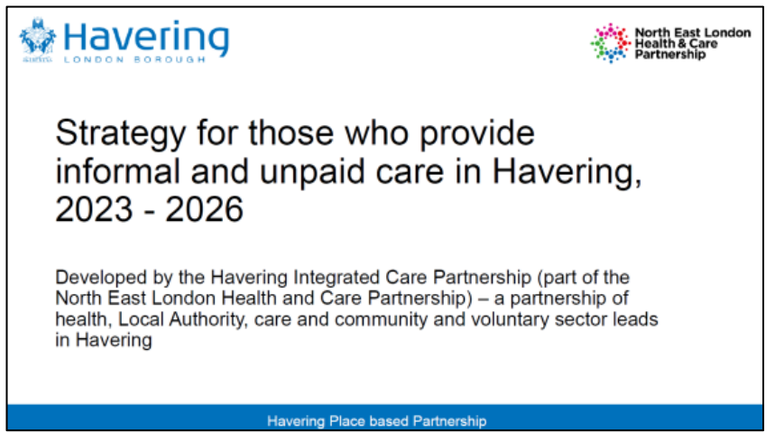
Memory clinic referrals

The memory service has seen an increase in demand from 2019 from 550 referrals to current referral rates (Sept 2021 figures) approximately 90-100 per month, showing year end forecast of 1000 referrals.

Why are Carers so important?

Carers play a vital role in supporting the people with dementia, particularly as they become increasingly reliant on their caregivers throughout the course of the disease. It is therefore crucially important to ensure that support also meets the needs of the caregiver to support their health and wellbeing.

For paid /professional carers, achieving the aims and objectives of this strategy is likely to require re-examination of the financial investment in dementia care; how we jointly develop the quality and capacity of care providers in Havering, and a review of the quality and cost effectiveness of current pathways of care, including respite care.



For informal and unpaid carers, the Havering Strategy for those who provide informal and unpaid care, sets out the significant amount of support and aspirations to improve outcomes. [PowerPoint Presentation (havering.gov.uk)]

It is important that:

- **Carers have access to information, advice and support**
- **Carers have a balanced role in their caring responsibilities and are supported to have time outside of their caring role for their own wellbeing**
- **Carers are able to look after their own health, making sure they get enough sleep and are able to manage stress and anxiety levels**
- **Carers have support networks so they feel less alone**
- **Carers feel reassured about the health and wellbeing of the person(s) cared for, when Carers are not with them**
- **Carers have access to respite care and bereavement support**

Summary of existing Community Support in Havering

Dementia Support	Singing for the Brain	Dementia Music and Social Club	Bring me Sunshine	Dementia Cafés	Havering Dementia Action Alliance	Alzheimer's Society
Carers Support	Havering Dementia Carers Support Group	Peabody – help with form filling and blue badge applications	Tapestry – Day Care Centres and hot meal service	Alzheimer's Society helplines/courses	Dementia Advisers	Havering Carers hub
Pre and Post Diagnostic Support	GPs	BHRUT Dementia and Delirium Team/blue wrist band/This is Me/blue butterfly	NELFT Memory Service	Admiral nurses	Carers Assessments	
Community Activities	Links to solicitors for power of attorney	Queen's Theatre for Down Memory Lane, dementia choir and dementia friendly performances	Leisure activities that cater for people with dementia	Dementia Friendly Awareness sessions	Dementia Friendly retail outlets	Carers forum (all carers); carers register and assessments

The aspirations within this strategy will be achieved through focusing five key priorities:

Preventing Well Information which focuses on prevention of dementia, early intervention and support

Diagnosing Well Access to a timely diagnosis with pre-diagnostic and post-diagnostic support

Supporting Well Prevention of crisis and supporting people with dementia, their families and communities

Living Well Improving the quality of personalised care and support planning for people with dementia

Dying Well Including planning for the end of life, as well as bereavement support

ACTION PLAN: Preventing Well (1)

Aspiration	Interventions	Outcome
We aim to minimise the risk of people developing dementia	▪ Work with Public Health through Health Champions and Primary Care Networks, to inform and encourage people to understand health risks leading to healthier lives ideally through exercise and lifestyle changes ▪ High LDL cholesterol and vision loss are now risk factors for dementia, which may broaden the scope for the 'at risk' target cohorts and we will work proactively with the public and health service to raise awareness ▪ Utilise the Joy Directory of services and Havering Partnership website to promote wellbeing and healthy lifestyle choices, as well as connecting people to services that support wellbeing and mitigate key risk factors ▪ Through the Havering Wellbeing village events, support the BHRUT audiology team to go out into communities and increase the number of people who have access to hearing tests, and support those with hearing loss, as this is a key risk factor for developing dementia	Reduce people's risk of developing Dementia and improve the dementia diagnosis in Havering

Note: *There are delivery risks associated with elements of the Strategy which are reliant on the use of non-statutory services e.g. Local Area Coordination and Havering Volunteer Centre. This could affect several actions in the plans.*

ACTION PLAN: Preventing Well (2)

Aspiration	Interventions	Outcome
We will provide training and education on Dementia Prevention to appropriate Health and Social Care staff and voluntary sector	▪ Joint working with LBH, Havering Place Based Partnership, BHRUT and NELFT to identify training opportunities – both through sharing training courses and identifying opportunities to improve engagement and support prevention ▪ Train Social Prescribers, Local Area Coordinators, Health Champions and others in connecting roles to identify the risk factors of dementia and promote healthier lives connecting more people to wider wellbeing services, and in particular to link local people into services that combat loneliness and social isolation which is a key risk factor for dementia ▪ Social care staff have access to online dementia awareness training as part of their induction, through the Dementia Friends website www.dementiafriends.org.uk	Through expanding access to knowledge, education and training on Dementia risks we aim to reduce risk of developing Dementia and improve quality of life
We will promote exercise, activity and better lifestyle across our Havering Community	▪ Co production with Havering Dementia Action Alliance and Everyone Active Sports and Leisure to develop appropriate services and to promote Veterans/Masters sport. ▪ Work with Social Prescribers, Care Coordinators, Health Champions and other roles that connect people to support, enabled by the Joy Directory of services, to link people into wider wellbeing support to help them to maintain active lifestyles ▪ Joint working with Voluntary Sector to promote activities	Fitter and more active Havering Community and reducing the risk of dementia. Promoting 55+ activity and sport.

ACTION PLAN: Diagnosing Well (1)

Aspiration	Intervention	Outcome
We will enable access to timely, accurate diagnosis, and once diagnosis has taken place, ensure that a care plan is developed, and that a review takes place within the first year **We will ensure that 'at risk' groups are reviewed annually given the increased risk of early onset dementia, e.g. people with a learning disability or Downs Syndrome**	▪ LBH, Havering Place Based Partnership and NELFT will work in partnership to develop more joined up care, and seamless pathways for local people, for example, closer links between those going through the memory service, and Social Prescribers / Local Area Coordinators, and use of the Joy Directory, to those diagnosed, and their carers into wider support ▪ Work to address the backlog of referrals and waiting lists for hospital and GP referrals and treatment and improve accurate recording of diagnosis. ▪ Work with PCNs to ensure that there are yearly health checks from 55+ for at risk groups that include consideration of dementia risk factors, and that discussion takes place with those aged 55+ via the Health checks of those risk factors, what to look out for, and helpful lifestyle changes that can be made	▪ Improve Havering dementia diagnosis rate from bottom quartile to top quartile ▪ Improve carers and cared for outcomes and care experience. ▪ Improve quality of service. ▪ Increase number of people with LD and Downs Syndrome who receive health checks

ACTION PLAN: Diagnosing Well (2)

Aspiration	Intervention	Outcome
Ensure that people have access to early intervention advice, support, training and education	▪ Work with the Carers Hub to ensure that Carer and cared for information, advice and training programmes are provided alongside diagnostic services, with staff at the memory clinic trained to either use the Joy directory themselves, or refer on to Social Prescribers and Local Area Coordinators to ensure that there is full support available. We will ensure that we get the right messages in the right way across our populations including faith groups. ▪ Havering Dementia Alliance to increase number of Dementia Champions by working with the VCSE, Volunteer Centre, and other groups to promote this across the borough	▪ Better carer understanding of dementia, issues, support and advice. ▪ Improve carers and cared for experience and quality of life ▪ Reduce/remove the stigma associated with dementia
Greater links to be made on digital records between a person, and their informal/unpaid carer	▪ Develop a single digital health and care record which identifies and notifies carer and cared for to services – Explore use of the 'this is me' document across the borough for those with dementia ▪ As set out in the Havering Carers strategy and action plan, increase the number of Carers for those with dementia who are identified as a carer with local services and their GP so that they receive the support that they need, when they need it	▪ Increase the number of registered carers both with the carers hub, and coded as a carer with their GP practice ▪ Improved qualitative outcomes around continuity of care and a reduction in the number of times people report they have to repeat their story

ACTION PLAN: Supporting Well (1)

Aspiration	Intervention	Outcome
We will improve the support to people with dementia and their families following a dementia diagnosis	▪ LBH, Havering Place Based Partnership and NELFT will work together to improve the pathway following diagnosis – the memory clinic will be trained on use of the Joy directory and will also link those diagnosed into wider support services such as Social prescribing and Local Area Coordination to ensure that local people are linked into wider wellbeing support ▪ Utilisation of the Blue Band scheme at BHRUT (in partnership with LAS and Local Care Homes) to support those with dementia to be recognised and supported throughout their journey to ensure that attendance and admission to hospital are seamless and not disruptive to the person with dementia's routine as possible. ▪ Utilisation of 'this is me' document within hospital and in other areas to prevent people with dementia and their carers from having to repeat their stories and preferences, and ensure that they're treated in a way that prevents exacerbation of their condition ▪ Explore implementation of the Herbert Protocol with local police to support those with dementia who may wander or get lost, to ensure that they are identified and supported back to their usual place of residence as quickly and seamlessly as possible	▪ To provide better support for people on their dementia journey, supporting carers and helping to ensure that people with dementia are able to live full lives and remain where they wish to live

ACTION PLAN: Supporting Well (2)

Aspiration	Intervention	Outcome
We will provide timely access to health and social care professional and develop a central point of access for information and guidance for people with dementia and their carers	▪ Work with staff across health and social care to develop more robust and integrated personalised care plans to support the carer and their cared for person, particularly encouraging them to ensure that there is a Herbert Protocol in place where appropriate, and a 'this is me' care plan ▪ Development and launch of the JOY directory as a central point of access for information including technology aids, and wider support services, both health, council, police, community and voluntary sector and faith groups ▪ We will ensure that we raise awareness of the importance of Power of Attorney signposting to advice and guidance on completion	▪ People with dementia and their carers know who to contact, how and when and feel more empowered to manage day to day
Establishing Dementia Ambassadors in all care homes	▪ LBH to work with Havering Care Association and Havering Dementia Action Alliance to implement	▪ To provide leadership in all care homes in dementia care. ▪ Ambassadors to disseminate best practice and innovation to drive up standards of care

ACTION PLAN: Living Well

Aspiration	Intervention	Outcome
We aim to support people with dementia to remain in their own home or where they chose to reside as independently as possible	▪ LBH and Havering Place Based Partnership will use care planning, carer support and remote monitoring services to enable people with dementia to remain in their preferred place of care	▪ To improve the quality of life for people with dementia and their carers
We will develop activities available for people with dementia both with and without their carers, and activities for carers, and ensure that they are made aware of these	▪ We will co-produce a programme of activities, both sport and leisure, working with community partners and representatives from our population who are living with dementia. The plan will need to include consideration of respite to support involvement in activities	▪ To improve independence and quality of life for people living with Dementia ▪ Helping people to keep connected with their community
We will support Havering Care Homes(HCH) to achieve accreditation in training and educating their staff in dementia care	▪ LBH will work with Care Provider Voice, HCH and Grey Matters Learning to target and provide accredited training for Care Home and Home Care staff.	▪ To improve standards of care across Havering while also increasing understanding, compassion and care in care provision.

ACTION PLAN: Dying Well

Aspiration	Intervention	Outcome
We will create safe places and opportunities for people to discuss their advance care plan and end of life wishes. **We will provide training and education for carers on the dying process and help and support in keeping the person in their preferred place of death.**	▪ Working with health, social care and voluntary services to increase the number and quality of Urgent Care Plans (UCPs) that are developed with people with dementia and their carers. ▪ We will use “Dying Matters Week” to facilitate and promote discussion and planning, and the Hospices to provide training and education.	▪ To enable people with dementia to prepare through advance care planning to die in the place of their choice with the right support. ▪ To facilitate a “ good death” ▪ To support carers in understanding the dying process, who to call and when.
We will ensure that appropriate and accessible bereavement support is in place	▪ LBH and Havering Place Based Partnership to review current bereavement offer and looks for opportunities to improve this	▪ To provide support for those with dementia and caring for people with dementia to cope with and understand loss and bereavement . ▪ To enable the carers to understand and manage their grief
We will ensure that proactive and timely services are provided at end of life	▪ LBH and Havering Place Based Partnership to review services that provide support to a dying person. We will ensure that the fast track process operates as quickly as possible to facilitate support for people with dementia to be in their preferred place of death	▪ To enable people to die in their preferred place of death. ▪ Supporting carers in the most difficult times to achieve preferred place of death

Future Aspirations

Yearly checks for people with dementia aged 65+

Respite care to be more accessible and flexible - to reduce carer load and prevent burnout and improve quality of life for carer and cared for

Implementation of the Herbert protocol

Namaste - LBH to look at opportunities to provide training in Namaste Care for Care Home providers

Improved signage in public places – exits, toilets

Commission services appropriate for early onset dementia

Key Outcomes

The key outcomes that we want to see are:

- more people have increased say and control over their dementia diagnosis and are diagnosed early enough that they can take as full a part as possible in their own care planning
- more people get earlier access to good quality, person-centred post-diagnostic support in a way that meets their needs and circumstances
- more people with dementia are enabled to live well and safely at home or in a homely setting for as long as they and their family wish with dignity and respect
- more people get timely access to good quality palliative and end of life care during the process of diagnosis and through all parts of the care journey; the critical input of family carers is encouraged and facilitated, and carers' own needs are recognised and addressed
- people with dementia's right to good quality, dignified, safe and therapeutic
- treatment, care and support is recognised and facilitated equally in all care settings – at home, in care homes or in acute or specialist NHS facilities which are flexible and tailor made
- there are more dementia-friendly and dementia-enabled communities, organisations, institutions and initiatives

Glossary of Abbreviations

ASC	Adult Social Care
B&D	Barking and Dagenham
BHRUT	Barking, Havering & Redbridge University Hospital Trust
ED	Emergency Department
GP	General Practitioner
IT	Information Technology
LBH	London Borough of Havering
NELFT	North East London Foundation Trust
UCP	Universal Care Plan