



# Dementia Services

Barking and Dagenham  
July 2018

**healthwatch**  
Barking and  
Dagenham  
Delivered by LifeLine Projects

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# About Healthwatch

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Local Healthwatch was established in April 2013 as part of the legislation from the Social Care Act 2012. We are a statutory, independent organisation that acts as the consumer champion for local people in relation to health and social care services.

There is a Healthwatch representing every local authority area in England and it has a network supported by Healthwatch England, that provides guidance and shares good practice.

We are a link between the experiences local people tell us about when they use health and care services and the decision makers who commission and provide them.

By representing the voice of local people, through listening to their experiences, we are able to influence the way services are delivered by providing evidence of our findings to statutory bodies and requesting their response.

Healthwatch carries out visits at health and care providers to gather information about services and report back the findings to inform the public, providers and other stakeholders.

Healthwatch Barking and Dagenham provides advice and signposting to local services that people are looking for or need to access.



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# 1 What is Dementia?

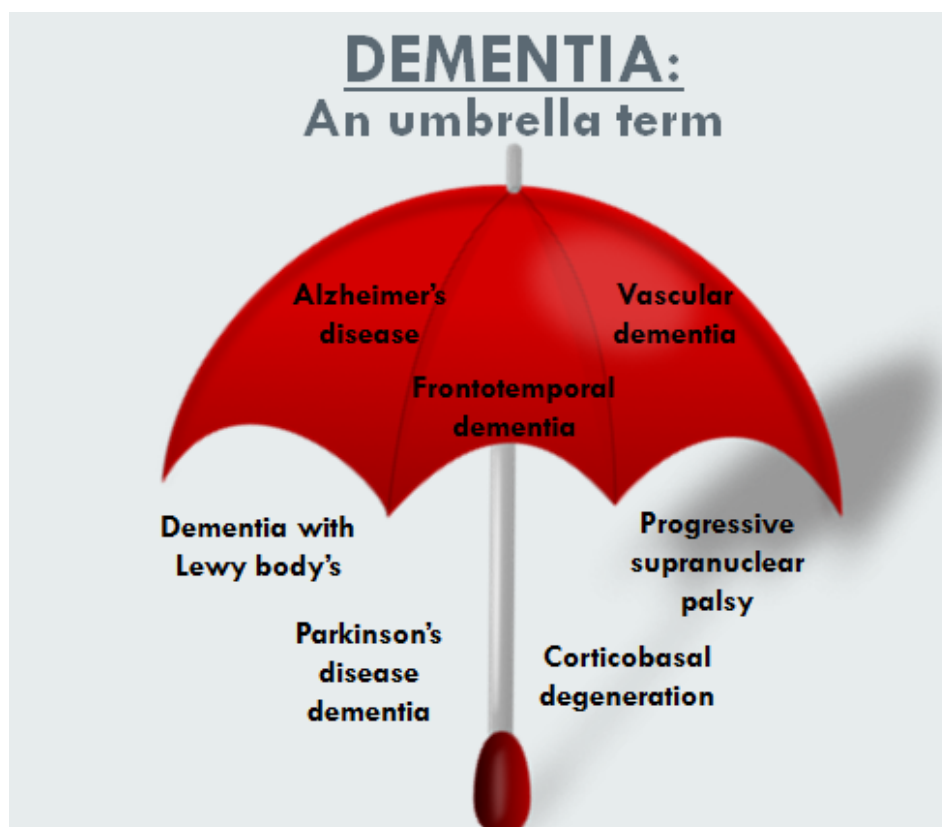
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Dementia describes a number of symptoms that may include memory loss and difficulties with thinking, problem-solving or language.

Dementia mainly affects older people; after the age of 65, the likelihood of developing dementia roughly doubles every five years. However, for some people, dementia can develop earlier, presenting different issues for the person affected, their carer and their family.

Changes are often small to start with, but for someone with dementia they can become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour.

Dementia is an umbrella term that describes the symptoms that occur when the brain is affected by certain conditions or diseases.



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## 2 Introduction

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We endeavour, with this report, to contribute to the growing body of work that is being done across Barking and Dagenham by the local authority, the Clinical Commissioning Group, care homes and voluntary sector organisations. We would like to thank the individuals and organisations who contributed their insight to this report and those who are working hard towards an increasingly dementia friendly Barking and Dagenham.

Dementia is one of the defining diseases of our time. For many it is something that is feared as we grow older and advances in medical treatment allow many of us to live into our eighties and nineties. More and more people are affected by it - not just individuals themselves; the effects of dementia ripple out amongst families, friends, carers and the rest of society. It is essential that dementia is taken seriously and we look to help and support all those affected by it.

In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000.

There are around 540,000 carers of people living with dementia in England. It is estimated that one in three people will care for a person with dementia in their lifetime. Half of these are employed and it's thought that some 66,000 people have already cut their working hours to care for a family member, while 50,000 people have left work altogether.

There is a considerable economic cost associated with it, estimated at £23 billion a year and is predicted to triple by 2040.

In London it is estimated that there are 68,000 people living with dementia and the types of challenges they are faced with can depend on which borough they live in and the kind of community they are part of.



The cost of dementia in London is £2.5 billion a year and rising. This places a huge financial burden on individuals, their families and public services and how well services can support peoples' ability to live well with dementia.

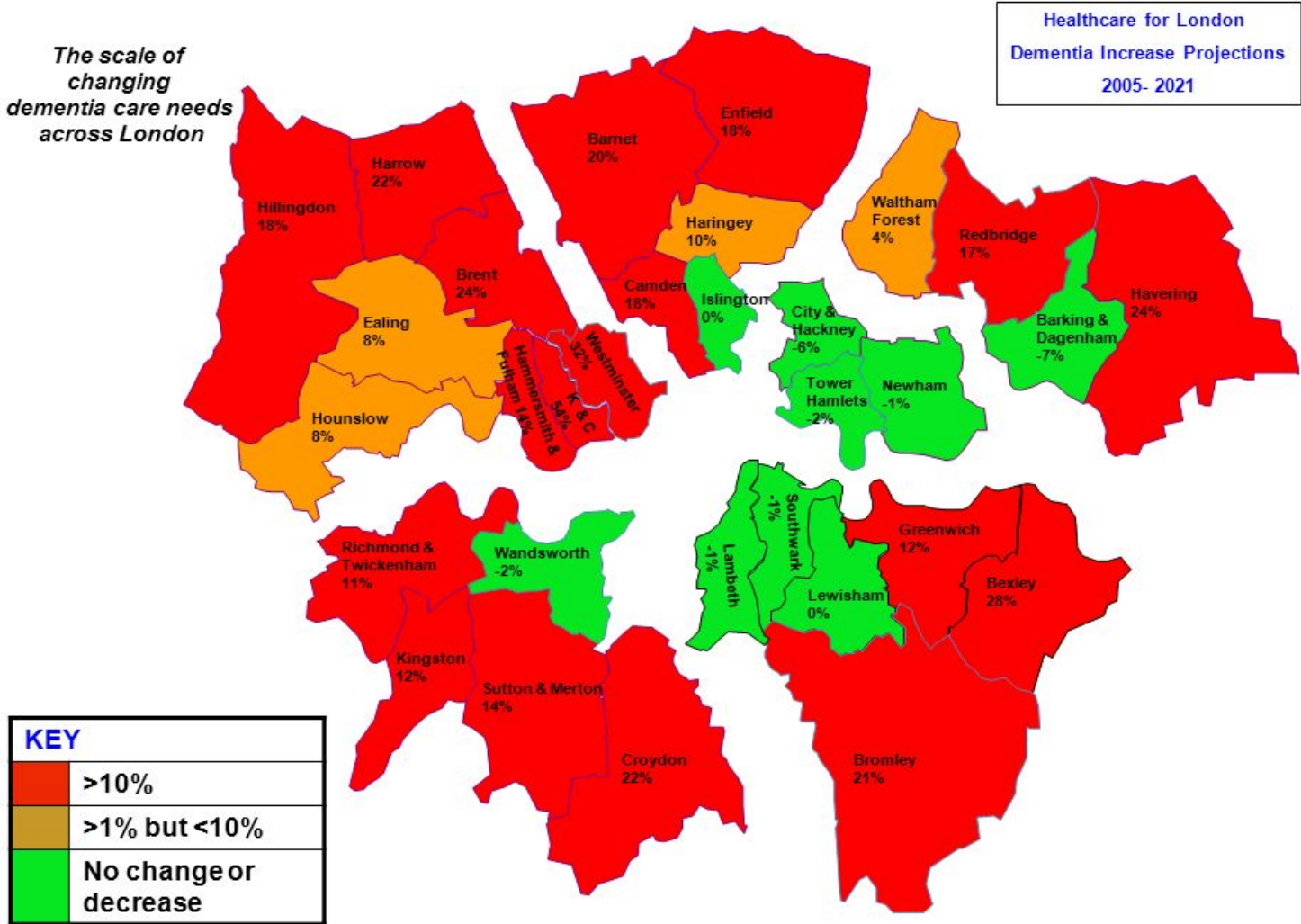
In 2017, Barking and Dagenham Council estimates there are 1,540 (0.74%) people living with dementia - over the next three years in the borough this is expected to remain the same or decrease.

North East London Foundation Trust (NELFT) estimates that the percentage of people living with dementia is likely to reduce as 13,000 homes are being built in the borough which will likely attract a younger population. This will reduce the percentage but not the numbers of people with dementia. The view from NELFT is, as the population ages, it is expected the numbers of people with dementia in the Borough will increase.

Barking and Dagenham have a higher than average risk rating from dementia due to the numbers of risk factors present in the population, including rates of smoking, diabetes, obesity, vascular factors.

Although a number of schemes are in place to reduce these risk factors, it is unlikely they will produce a significant reduction in dementia for 20-25 years.

The map below, produced by Health Care for London; gives a projected illustration of the changing care needs for people living with dementia in London boroughs.



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## 3 Summary

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We engaged with 41 people - some living with dementia and others carers or family members. They told us about their experiences of accessing services.

When we asked people how easy it was to get information about dementia, those we spoke with said that they didn't get any verbal or written information about dementia from their GP.

Information about resources and contacts for support are available to people when directed to it by someone who knows. Accessing services is dependent on a person being diagnosed, beginning with a referral by their GP.

Many people felt that their GP did not know enough about dementia and that increasing their knowledge about it is a key factor to getting the help support and other services when they needed it in a timely way without delays.

Some people spoke about having to visit their GP several times over a 12 to 18-month period before being referred to a local memory service - a specialist service for people of any age who may be experiencing memory difficulties, which includes early onset dementia. Memory services offer a comprehensive assessment, ensuring that if dementia is an issue a diagnosis is given as soon as possible.

While people are waiting for a diagnosis to be confirmed, there is little or no help and support available to them or those caring for them. People told us that where the wait had been for an extended period, it was a stressful and anxious time.

Encouraging local people to learn, understand and get involved with dementia, especially community groups where the provision of support is less understood, would enhance and bring forward different ideas and ways of personalising care.





The Alzheimer's Society advised that they have 19 recorded people from Barking and Dagenham signed up to their Dementia Friends initiative, compared with a national uptake of 2.5 million people.

Getting good supported transport is a problem for people living with dementia to adequately help them to get somewhere. It is evident from feedback that this stops some people from accessing services. Self-funding for transport costs is the only way some people can get to services. Those that can't afford it or don't have carers to do that for them, miss out on opportunities to access services that could improve health and wellbeing.

People living with dementia that we met needed someone to assist and safeguard them going about their daily life. Some people have carers and relatives who help them in this way, others do not. Lack of resources was raised as a constant factor by carers and professionals and is an ongoing concern.

The Memory Lane Resource Centre run by Carers of Barking and Dagenham is paid for by the people who use it. To attend each day costs £50 and includes food, refreshments and planned activities. The cost for the service is a barrier for some people who could benefit from it.

Dementia services at the local hospital trust are shared with other boroughs. There is a team of care staff, led by an admiral nurse who is a specialist nurse giving expert practical, clinical and emotional support to families living with dementia. They oversee and manage this service for the older peoples' wards at Queens and King George Hospitals. Breakdowns in communication with GP and community services are causing delays when people are ready to be discharged.

There is a Liaison Psychiatric Service that covers Queens and KGH. This is a small Team of NELFT staff that work with Accident and Emergency as well as on the Wards to assess and to refer to our services (i.e. OAMHT and Memory Service) for follow ups after discharge from hospital.

The Joint Strategic Needs Assessment (JSNA 2017) indicates that 37% of people with dementia from the borough died in hospital. This is lower than the 49% of older people from the borough who died in hospital.



In Barking and Dagenham, it is estimated that the rate of diagnosis; according to the London Clinical Network; is 71.3%. It is not known how many people from the BAME communities in the borough are living with dementia and how many carers from those communities are using the services that are available. (The Race Equality Foundation produced a paper providing information from 2013 titled 'Where Are We Now' <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-30.pdf>)

There is no current information for how many people from those communities have been diagnosed. From the number of people that Healthwatch engaged with, two people using the services were from non-white ethnic backgrounds.



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## 4 What we found out from Services

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North East London Foundation Trust (NELFT) offer different services to support people who have been formally diagnosed with Dementia. These services are provided by the Memory Service based in Broad Street Health Centre in Dagenham.

The Memory Service in Broad Street Health Centre runs a Memory Café service on a monthly basis. The meetings are varied - some take participants through sessions of reminiscence; others are more interactive and activity based and some are educational, offering information about useful resources and services.

People with dementia and their carers are offered both individual and group therapeutic interventions that are evidence-based and include Cognitive Stimulation Therapy, Music Therapy, Eco Therapy, Art Therapy, Coping with Memory Problems Group and Post Diagnostic Group. In Barking & Dagenham support for carers is offered via the Admiral Nurse and/or the START intervention.

Carers experiencing depression and/or anxiety can also self - refer or be referred to the Barking and Dagenham Talking Therapies service (IAPT).

IAPT is a primary care service that provides talking therapies only, for people with mild-moderate depression and/or anxiety. The Older Adult Mental Health Team (OAMHT) and Memory Service provide nursing services, psychological support, occupational therapy support with aids and adaptations at home as well as other types of support in the home.

Nurses within OAMHT and the Memory Service administer, monitor and review medication. The Memory Service provides a Consultation Clinic with some local care homes once a month on an outreach basis to discuss issues that arise with residents who have complex needs and behaviours that are challenging. This has reduced the numbers of residents that needed to be moved into hospital by 'skilling up' care staff to manage situations differently.

The Consultation Clinic service was limited by the uptake of the homes however, the number of care homes requesting support through consultation clinics has significantly increased very recently.



During the time that Healthwatch visited the Memory Lane Resource Centre run by Carers of Barking and Dagenham, social care trainees from a local college were present. These were overseen by their tutor, and were gaining experience of supporting individuals when they are out in the community. Newly qualified social workers also go to the centre to get an understanding of how the service works.

Day Centre services are limited in Barking and Dagenham, although this is a reflection of the national trend. Some professionals expressed the view that the lack of access to these kind of services kept people in hospital longer.

Some people expressed difficulty in accessing suitable transport to and from the venue. The location means that it is only accessible either by car or bus. This presented a difficulty for people in the group who don't have family members or carers.

Lack of suitable transport presents a barrier to access for some people who would benefit from using services. From feedback we received, the local Dial-A-Ride service doesn't provide the support needed by some people with dementia.

The Alzheimer Society has an office based at Broad Street, Dagenham; they work closely with the Admiral Nurse based in the Memory Service in Broad Street. Those people who are diagnosed with dementia are referred directly to the Admiral Nurse who provides post diagnostic support and refers people with less complex needs to the Alzheimer's Society who provide basic support, information and signposting.

They currently focus their service in the borough to liaising and working with local GP practices. Nationally, they run a Dementia Friends recruitment campaign, providing brief sessions where volunteers can sign up to and learn a little bit more about what it's like to live with dementia. The aim of these sessions is to turn understanding into action.



For people from the borough living with dementia who access the local hospital services, BHRUT employs a team of carers, managed by an Admiral nurse. The team specialise in giving care to patients who have dementia. There are nine carers across both BHRUT sites, working on non-surgical wards supporting people who have a confirmed dementia diagnosis.

Age UK run a service for people with moderate to advanced stage dementia diagnosis. They provide practical help and emotional support for carers and individuals who are involved together. They also assist in finding help with advice on housing options and advanced care planning. Other support provides help with applications and paper work for things such as benefits, council tax charges and blue badge applications.



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## 5 What people using Services told us

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In general, people said that the professionals they had contact with showed compassion, care and respect towards them and their needs.

Most said they were given sufficient time to have their questions answered or raise any concerns related to management of medication, or coping mechanisms.

GPs are one of the first points of contact; some people said this makes it easier for them to access help in the community.

There were concerns raised that some GPs are unable to identify people who show signs and symptoms of developing dementia and whether some of them had the skills and knowledge to monitor medication effectively. People said there was no follow up to consultations to see how well medications were working.

In one example a carer said that their relative had been incorrectly diagnosed by their GP.

For people from black, Asian and ethnic minority groups there is no information in other languages, describing what dementia is. This raised concerns that people from those backgrounds and communities were not being diagnosed and that their health and wellbeing outcomes are poor as a consequence.

According to information provided by NELFT from 2015-16, 12.9% of B&D Memory Service referrals were from BAME backgrounds, compared to 14.6% of the local population aged over 65. More recent figures for the first few months of 2016 the London Memory Service Network audit shows that 20% of B&D Memory Service referrals were from “non-White British” backgrounds. It may also be worth noting that more recent in-flows of “non-white British” people (particularly from Eastern European countries) are young people.



Some people said that they had no access to a dementia specialist or psychiatrist. They were not told by their GP about the services available to them.

A few people said that the information and the use of language about dementia was too clinical and not easy for them to understand.

Some people said that access to GP's appointments for people with dementia were limited. A few people with diabetes who attended regular clinics at their GP surgery said that the experiences they had with memory problems were being ignored and not addressed in any way.

Experiences varied for the time it took some people to be diagnosed after being referred. One person said that their relative waited almost seven months - during which time their illness had deteriorated.

Compared with booking appointments over the phone, people said it was more difficult trying to book them online. People found it difficult to understand what to do.

It was suggested that individuals in the early stages of dementia would benefit more from Day Centre activities than those in the later stages. It was pointed out that it would be a better use of resources if these services were more targeted.

From their experiences, people said that transport services lack the staff who are able to assist people living with dementia. An example was raised by a carer that a service refused to take a person with dementia because they weren't trained to support challenging behaviour that might occur during journeys. The responsibility is often taken by carers and family members giving help. Those who don't have that support are put at a disadvantage.

Placements in local nursing homes providing care for people living with dementia are limited. Family members are concerned about trusting the standards of care on offer and felt that good care was more of an exception. One relative said they would rather pay to send their loved one to a day service a couple of days a week, than placing them in a care home.



There are some examples of how faith groups are working to raise awareness about dementia. In Bradford there is an initiative to make Gurdwaras dementia friendly. There are church organisations connecting people living with dementia across Shropshire and the Midlands.

(Source: FaithAction report: Building Dementia-Friendly Faith Communities)

In February 2015, NHS England launched [Challenge on Dementia 2020](#)

Their vision set some key aspirations:

- Equal access to diagnosis for everyone
- GPs playing a lead role to ensuring continuity of care for people with dementia
- Every person diagnosed with dementia having meaningful care following their diagnosis
- All NHS staff receiving training on dementia appropriate to their role.

How this challenge has had an impact on Dementia Services in Barking and Dagenham is not known and there is a lack of researched evidence on outcomes so far.





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## 6 Recommendations

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A picture has emerged in local services that require more time and work to create a better experience of dementia care in the borough:

1. The borough should refresh their dementia strategy to underpin the standards for how dementia care is delivered in local services. The borough should run a campaign to raise awareness around dementia, making better use of the Alzheimer's society 'Dementia Friends' initiative to increase the numbers.
2. The borough should take into consideration the Race Equality Foundation findings and outcomes from their briefing document 'Where Are We Now?' that focuses on dementia in the black, Asian minority ethnic communities.  
<http://raceequalityfoundation.org.uk/health-care/black-and-minority-ethnic-communities-and-dementia-where-are-we-now/>
3. Information about local dementia services and access to them needs to be clearer for patients who are either already diagnosed or waiting for diagnosis. Local people need to know where they can go to get good advice about dementia services to meet their needs:
  - a. Community Solutions, run by the borough, should update their list of places and services that are accessible to dementia patients both before and after diagnosis.
  - b. Community Solutions should provide this accurate and up-to-date information to people living with dementia.
  - c. The council should undertake a borough wide survey to get an understanding about what local peoples' needs are for dementia services.



- d. Information about dementia should be more readily available in other languages. Where some communities might not have a name for dementia, a solution should be sought to communicate information in other ways.
4. General Practices in the borough should do more to ensure that doctors increase their knowledge and awareness to recognise the early stages of dementia onset in patients and improve their knowledge of local services after diagnosis:
- a. The Clinical Commissioning Group should consider funding GP practices in the borough to provide specific dementia training for GPs to increase their awareness, spot early symptoms and improve the standard of local dementia care.
  - b. Waiting times for referrals by GPs to local Memory Services should be improved to ensure people living with dementia get the support and care they need quickly. A target to achieve it should be set for practices, to minimise the visits people should have to make to their GP to get a referral done.
  - c. With an estimated 35% of people not being diagnosed in the borough, more support and information should be accessible to people from BAME communities representing more than half of the population in the borough. Information about dementia should be more readily available in other languages. Where some communities might not have a name for dementia, a solution should be sought to communicate the information in other ways to support people with the option to access services.
  - d. With the government looking to extend the legal right for more people to have access to Personal Health and Integrated Care Budgets; local people living with dementia should be considered to have that option for their care and support provision.



- e. People living with dementia and presenting with a long term physical condition - e.g. Diabetes - should be given the access and time for GP consultations so that their health needs are addressed in an inclusive, holistic and joined up way.
5. Drivers for transport services used by the borough would benefit from training in how to deal with the challenging behaviour sometimes presented by people living with dementia. Transport provision should be available and accessible to people that need to use it.



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## 7 Responses from Providers

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Healthwatch Barking and Dagenham received responses from:  
Barking and Dagenham Clinical Commissioning Group,  
North East London Foundation Trust Dementia Team (most comments  
incorporated into the report)  
Alzheimers UK Barking and Dagenham Advisory Service.

The council's Adult Social Care Commissioning Team did not respond.



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## Appendix A - Alzheimers UK

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Mon 09/07/2018 14:55

Akram, Joe Joe.Akram@alzheimers.org.uk

RE: Healthwatch Dementia Report

Hi Richard,

Currently we are funded to 17.5 hours a week Dementia Adviser service which does not meet the high demands of referrals coming in for support. Our Dementia Advisor is based at the memory clinic and has built up a good rapport with the team and provided post diagnostic support, information and signposting to other relevant services. Home visit are carried out and many referrals are made to local teams such as falls team and safeguarding.

We also provide support at a GP practice where many BAME clients are supported and may not access the memory clinic. This has proven to be a very successful part of our service delivery and it something that should be embedded in many more surgeries across the borough - running a Dementia Advisor Support service at the GP clinics. Especially and support and encouraging diagnoses.

B&D also currently does not a Dementia Action Alliance and this is something that others surrounding borough council support and encourage businesses to become dementia friendly.

Kind Regards

Joe



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# Appendix B - Barking & Dagenham Clinical Commissioning Group

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9 July 2018

[richard.vann@healthwatchbarkinganddagenham.co.uk](mailto:richard.vann@healthwatchbarkinganddagenham.co.uk)

Richard Vann  
Officer  
Barking and Dagenham Healthwatch

  
**Barking and Dagenham**  
Clinical Commissioning Group

5<sup>th</sup> floor, Becketts House  
2-14 Ilford Hill  
Ilford  
Essex  
IG1 2QX

Tel: 020 3182 2902

Dear Richard

**Re: Dementia Services in Barking and Dagenham**

Many thanks for sharing the Healthwatch report on Dementia Services in Barking and Dagenham with the CCG and for the opportunity to respond to the recommendations for the CCG.

**a. The Clinical Commissioning Group should consider funding GP practices in the borough to provide specific dementia training for GPs to increase their awareness, spot early symptoms and improve the standard of local dementia care.**

The CCG funds Protected Learning Time sessions for GPs once a month and will schedule some refresher training for GPs on dementia diagnosis and care.

**b. Waiting times for referrals by GPs to local Memory Services should be improved to ensure people living with dementia get the support and care they need quickly. A target to achieve it should be set for practices, to minimise the visits people have to make to their GP to get a referral.**


As stated above, the CCG will schedule training for practices to enable the prompt diagnosis of dementia. Generally, if a patient presents with a memory problem it is the responsibility of the primary care clinician to first rule out any organic problems that may cause memory problems. The GP will carry out a number of investigations including:

- Blood test
- If indicated, chest X-Ray
- If indicated, urine analysis

Once the primary care clinician is satisfied that there is no physical cause for the memory problem, the primary care clinician is then in a position to refer the patient to the memory clinic.

The memory service provided by NELFT has been recognised by the Royal Collage of Psychiatrists and College Centre for Quality Improvement (CCQI) as meeting the criteria for a Sustainable Mental Health Service commendation.

Chair: Dr Jagan John  
Accountable Officer: Jane Milligan  
Managing Director: Ceri Jacob  
NHS Barking and Dagenham Clinical Commissioning Group



9 July 2018

[richard.vann@healthwatchbarkinganddagenham.co.uk](mailto:richard.vann@healthwatchbarkinganddagenham.co.uk)

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Officer  
Barking and Dagenham Healthwatch

  
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**c. With an estimated 35% of people not being diagnosed in the borough, more support and information should be accessible to people from BAME communities representing more than half of the population in the borough. Information about dementia should be more readily available in other languages. Where some communities might not have a name for dementia, a solution should be sought to communicate the information in other ways to support people with the option to access services.**

Dementia diagnosis rates in Barking and Dagenham are above the national standard, however, we do need to ensure that all communities are able to access early diagnosis and support. We will work with NELFT to better understand where there are opportunities to improve dementia diagnosis in BAME groups and consider how we can engage and communicate more effectively in their own language.

**d. With the government looking to extend the legal right for more people to have access to Personal Health and Integrated Care Budgets; local people living with dementia should be considered to have that option for their care and support provision.**

The CCG is planning to be able to offer personal health budgets for all NHS Continuing Healthcare funded home care packages from April 2019, which will include those patients with dementia who are eligible for CHC.

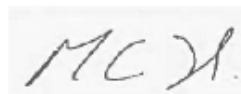
**e. People living with dementia and presenting with a long term physical condition – eg diabetes – should be given the access and time for GP consultations so that their health needs are addressed in an inclusive, holistic and joined up way.**

The CCG is working with providers of care in Barking and Dagenham including local GPs and NELFT, to look at the way in which services are delivered to older frail people in Barking and Dagenham. We want to explore how working together in a more integrated, holistic way can improve outcomes for local people. Part of this transformation will include exploration of different ways of delivering care (including potential access to longer consultations with a care team) and a focus on 'up stream' intervention to slow the deterioration of those with dementia so that they can remain independent for longer. We are anticipating that this transformation will be driven by local people and providers of care, from the ground up, and has the potential to make a real difference to local people, particularly those who have long term conditions such as dementia.

Yours sincerely



**Dr J John  
Chair**



**Ceri Jacob  
Managing Director**





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## **Appendix C – Barking & Dagenham Older Adult Mental Health Team & Memory Service**

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Response from Barking & Dagenham Older Adult Mental Health Team & Memory Service to the Healthwatch Dementia Services in Barking & Dagenham Report  
June 2018

- 1. Page 7; “in 2017, Barking and Dagenham Council estimates there are 1,540 (0.74%) people living with dementia – over the next three years in the borough this is expected to remain the same or decrease.”**

The percentage of people living with dementia is likely to reduce as 13,000 homes are being built which will likely attract a younger population. This will reduce the percentage but not the numbers of people with dementia. As the population ages, the numbers of people with dementia in the Borough will increase. Barking and Dagenham have a higher than average risk rating from dementia due to the numbers of risk factors present in the population, including rates of smoking, diabetes, obesity, vascular factors. Although a number of schemes are in place to reduce these risk factors, it is unlikely they will produce a significant reduction in dementia for 20-25 years.

- 2. Page 12; Regarding BAME populations the report raises concern ‘that people from those backgrounds and communities were not being diagnosed and that their health and wellbeing outcomes are poor as a consequence.’**

NELFT figures from 2015-16 show that 12.9% of B&D Memory Service referrals were from BAME backgrounds, compared to 14.6% of the local population aged over 65. More recent figures for the first few months of 2016 the London Memory Service Network audit shows that 20% of B&D Memory Service referrals were from “non-White British” backgrounds. It may also be worth noting that more recent in-flows of “non-white British” people (particularly from Eastern European countries) are young people.

- 3. Page 10; “North East London Foundation Trust (NELFT) offer different services to support people who have been formally diagnosed with Dementia.**

These services are provided by the Memory Service based in Broad Street Health Centre in Dagenham. People with dementia and their carers are offered both individual and group therapeutic interventions that are evidence-based and include Cognitive Stimulation Therapy, Music



Therapy, Eco Therapy, Art Therapy, Coping with Memory Problems Group and Post Diagnostic Group. In Barking & Dagenham we also offer support for carers via the Admiral Nurse and/or the START intervention.

Carers experiencing depression and/or anxiety can also self - refer or be referred to the Barking and Dagenham Talking Therapies service (IAPT).

- 4. Page 10; “The Broad Street Clinic in Dagenham runs a Memory Café service, offering advice and an opportunity for individuals and their carers to engage in a mixture of therapeutic and social activities. This is an informal group, supported by the clinical team, ...”**

The Memory Service in Broad Street Health Centre runs a Memory Café service on a monthly basis etc.

- 5. Page 10; “The Improving Access to Psychological Therapies (IAPT) multi-disciplinary team provides nursing services, psychological support, occupational health support with aids and adaptations at home or in care environments. They also give support with medication. There are links with local care homes that provide an outreach service for people who have complex needs, however feedback suggested that it wasn’t working well as it could be due to lack of available staff.”**

IAPT is a primary care service that provides talking therapies only, for people with mild-moderate depression and/or anxiety. The Older Adult Mental Health Team (OAMHT) and Memory Service provide nursing services, psychological support, occupational therapy support with aids and adaptations at home as well as other types of support in the home. Nurses within OAMHT and the Memory Service administer, monitor and review medication. The Memory Service provides a Consultation Clinic with some local care homes once a month on an outreach basis to discuss issues that arise with residents who have complex needs and behaviours that are challenging. This has reduced the numbers of residents that needed to be moved into hospital by skilling up care staff to manage situations differently. The Consultation Clinic service was limited by the uptake of the homes rather than our available staffing. However, the number of care homes requesting support through consultation clinics has significantly increased very recently.



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There is the Liaison Psychiatric Service that covers Queens and KGH. This is a small Team of NELFT staff that work with Accident and Emergency as well as on the Wards to assess and to refer to our services (i.e. OAMHT and Memory Service) for follow ups after discharge from hospital.

- 7. “The Alzheimer Society has an office based at Broad Street, ... They provide a part time outreach and liaison service for people from the borough living with Alzheimer’s Disease.”**

The Alzheimer’s Society works closely with the Admiral Nurse based in the Memory Service in Broad Street. All those people who are diagnosed with dementia are referred directly to the Admiral Nurse who will provide post diagnostic support and refers those people with less complex needs to the Alzheimer’s Society who provide basic support, information and signposting.

- 8. On page 9 it says that “The Alzheimer’s Society Dementia Friends initiative has just 19 people from Barking and Dagenham signed up to it, compared to a national uptake of 2.5 million people”**

I wonder where they got this information from? I would question whether the figure is as low as 19 in the entire borough (it’s unclear whether they are referring only to NELFT); particularly since organisations like Iceland, ASDA and Santander are also on board with the initiative and are encouraging their staff to become Dementia Friends. I agree that there should also be a mention of the sessions that Nicky has led in NELFT so far.

- 9. Page 10 describes the memory café as “an informal group, supported by the clinical team, that focuses on various themes and subjects that were once familiar to people, encouraging them to remember when it was part of their life.”**

Some of our memory cafés are more interactive and activities-based, but some are also educational and offer information about useful services or resources.

