Health and Care Dementia Strategy (2022-2031)

Consultation Report

Richmond
South West
London
Integrated
Care System

Public Health

LONDON BOROUGH OF
RICHMOND UPON THAMES

Contents

1 INTRODUCTION

The London Borough of Richmond upon Thames Health and Care Dementia Strategy 2022-2031 sets out the 10-year plan for people with dementia and their carers in the London Borough of Richmond upon Thames. It is a multi-partner strategy that addresses all aspects of dementia care and services, from prevention through to end of life care.

This report presents an overview of the method and findings of engagement and consultation undertaken during the development of the Richmond Health and Care Dementia Strategy 2022-2031. If you have any further comments or questions about the Richmond Health and Care Dementia Strategy, please contact: PublicHealth@richmondandwandsworth.gov.uk.

1.1 About the strategy

The Richmond Health and Care Dementia Strategy captures the existing framework of services provision in one place to demonstrate the choice and range of services available to those with dementia and their carers. It brings together relevant elements of different strategies to illustrate how it will develop over the next ten years. The strategy captures service provision available to those with dementia and their carers in Richmond and how it will further develop over the next 10 years. It considers all aspects of dementia care and services, from prevention to end of life care, to ensure that Richmond residents affected by dementia live well throughout their lives with the right support and care. The framework of the Richmond Health and Care Dementia Strategy focuses on the following five principal areas:

Priority phase 1 - Preventing and reducing risk of dementia.

Priority phase 2 - Diagnosing dementia well.

Priority phase 3 - Supporting after diagnosis.

Priority phase 4 - Enabling a fulfilling life with dementia.

Priority phase 5 - Ensuring dignity and comfort for those dying with dementia.

1.2 Strategy development

This new strategy builds upon the previous Richmond Joint Dementia Strategy 2016-2021, and the Dementia Refresh 2020-2022 and focuses on learning from delivery of the five dementia pathway priority phases from prevention to end of life care to date. Work done during the strategy development and consultation found that the dementia pathway five priority phases remained relevant and useful.

A broad range of partners including commissioners, service providers, the voluntary sector, and the public have been involved in the development of this strategy. The strategy vision, objectives, and approach were developed and shaped through meaningful co-production and feedback on the priority phases and Dementia hub opportunities. Engagement opportunities were scoped and incorporated for further consultation, so that local people and communities helped shape and influence the delivery of Dementia prevention, care, and support.

1.3 Governance

In Richmond, the strategic dementia prevention and care activity is overseen by the Richmond Dementia Pathway Leadership Group (DPLG). The DPLG is a multi-agency group with membership of dementia health and social care stakeholders. It oversees the strategic approach to dementia prevention and care activity in Richmond.

2 ENGAGEMENT

The Richmond Health and Care Dementia Strategy is informed by a broad range of partners including commissioners, service providers, the voluntary sector, and the public.

A programme of co-production and public consultation engagement activities was undertaken throughout 2022 to ensure that the views of Richmond residents were considered in the strategy planning and development.

2.1 Co-production

Co-production for the development of the strategy began in February 2022, with a dementia prevention and care 'showcase' online event to reflect on the programme of work undertaken throughout 2020-2022 in Richmond. One hundred and thirteen people across the health and social care system, as well as people living with dementia and their carers attended. The session at the event on future planning for dementia found:

- there was a need to demonstrate a 'holistic approach' to impact knowledge and understanding of what is needed across the Richmond health and social care system,
- an emphasis on understanding how to further support unpaid carers was needed,
- a strong emphasis on supporting people without paid carers,
- a strong steer for support for a dementia hub being in the community.

The showcase feedback began to shape the vision, objectives, and strategy approach for a new dementia strategy. Dementia prevention was welcomed as a priority, so that the future population of Richmond can tackle it more effectively.

Between June and October 2022 input was requested, prior to public consultation, from across the Council, dementia service providers, the voluntary sector, people with lived experience of dementia, and community representatives. This was captured through fourteen separate co-production discussion sessions with the following.

- Care and Support Partnership Group
- Older People's Mental Health Group
- Richmond Carers Strategy Reference Group
- Richmond Co-production and Partnerships Group
- Community Champions
- Richmond Place Based Partnership
- Positive Care Conference
- Full of Life Fair

These sessions were in addition to internal strategy development discussions through Adult Social Care and Public Health governance. The Co-production and Partnership Group was involved to help co-produce the strategy with a focus on the dementia hub concept, priority phases and proposed aims and objectives. Partnership groups also commented on iterative drafts, which provided valuable user and service provider perspectives and insights to inform content.

2.2
Public consultation

A formal public consultation survey ran between 9 November to 21 December 2022 to obtain further views and comments on the draft strategy. The Public Health team produced the format and content of the consultation questionnaire in partnership with the Council's Consultation Team.

The formal consultation survey comprised of twenty questions and was promoted by all system partners, including the voluntary sector. In addition, the promotion of the survey was supported by both internal and external communications teams using social media, sharing with network and newsletters.

As part of the formal consultation for the Richmond Health and Care Dementia Strategy, the community, and wider public, were asked for their views on the following:

- Approaches and aims
- Principles
- Short term objectives
- Medium term objectives
- Long term objectives
- Areas of focus
- Gaps
- One thing to improve experience.

2.3
Consultation results

2.3.1
Demographics of responses

In total, twenty-two formal consultation survey responses were received. Respondents were from informed individuals who work across the dementia pathway, and members of the public. Any additional responses received after the closing date were not featured in the initial analysis but will be considered if relevant. For a more detailed demographics of respondents see Appendix 2.

- 16 of 22 (73%) respondents were either residents or former/current carers of someone with dementia.
- Six respondents were from local organisations, or their job involved supporting people with dementia and their carers (27%).
- Eighty-two percent of respondents were females.
- More than 80% were above the age of forty-five.

Initial analysis of these responses is that:

- Most residents and carers focussed on what they see as the key issue and important matters relating to dementia. Usually, carers and residents made one key point and elaborated on this key point throughout the open-ended survey responses.
- Professionals and organisations, tended to provide feedback on the specific comments made in the strategy or requested further clarifications and followed the steer on the contents of the strategy.
- Professionals working with people with dementia and their carers tended to be brief when answering the open-ended survey questions, only making one or two comments.

To ensure that no individuals are identifiable, where less than 10 responses have been given to an answer that identifies something factual (such as respondent characteristics), all variables relating to that question have been suppressed. This does not apply to the remainder of the survey questions.

- Eighteen percent considered themselves to have a disability. Ten percent did not answer this question.
- Nineteen respondents (86%) identified their ethnic group as White; 10% did not answer this question.
- Thirteen individuals identified as Christians (59%). Twenty-seven percent belonged to no religion; 10% did not answer.
- Seventeen of respondents (77%) identified as heterosexual / straight; 14% prefer not to say, and (1%) did not answer.

2.3.2
Feedback on the purpose of the Richmond Health and Care Dementia Strategy

It is clear from the consultation responses that Dementia Prevention and Care remains an important topic in Richmond. Most respondents agreed with the overall direction and specific contents of the strategy. There is a strong feeling that there needs to be a focus on the practical actions that can be taken to ensure that Richmond continues to work towards becoming a dementia-friendly borough. For example, through further dementia-friendly training for private, healthcare, and other public sector staff, and a need for advertising the Richmond Dementia Friendly initiative.

Respondents were asked whether they agreed with vision and proposed aims of the strategy. Twenty of the 22 respondents agreed that the vision for the strategy was right. The same proportion of the respondents did not answer if they agreed with the proposed approaches and aims of the strategy.

Respondents were asked to what extent they agreed with the short term, medium term, and long-term strategy objectives. All respondents agreed or strongly agreed that the short-term strategy objectives are right. Eighteen respondents (81%) agreed with the medium-term strategy objectives. Nineteen respondents (86%) agreed with the long-term objectives of the strategy.

The survey asked respondents how satisfied they were with the five areas of focus.

Seventeen respondents (77%) were either satisfied or very satisfied with the five areas of focus in the dementia strategy. The reported satisfaction with the individual focus areas is given below – from highest to lowest satisfaction rates:

- Improving quality of local dementia-related services: 77% satisfied.
- Improving dementia awareness: 77% satisfied, 23% neither satisfied nor dissatisfied or dissatisfied.
- Ensuring a smooth interface and navigation between dementia services for people affected by dementia, carers and those who work with them: 73% satisfied.
- Developing a digital offer that provides accessible and easy to use offers: 73% satisfied.
- Improving access to equitably distributed dementia-related services: 64% satisfied.

2.3.3 Further comments

Respondents were asked to leave any other comments relating to the Strategy. Twelve respondents commented. The following summarise the main themes from the open-ended responses/comments related to the consultation questions.

- Accountability in the system
- Reality check
- Carers' support
- Dementia pathway issues
- Early onset dementia support/awareness
- Financial/access to resources
- Prevention and raising awareness.
- Other unrelated comments
- Strategy clarifications or suggestions

It is important to note that Appendix 3 Example of summary table of consultation feedback lists responses recorded as verbatim.

3

"YOU SAID, WE DID"

Overall, the co-production ensured that the need for support to unpaid carers, especially younger carers was evident throughout the strategy, established that the priorities and pathway were clear and comprehensive.

3.1 Changes to strategy

There were some areas where co-production led to changes. Initially the strategy was planned as a 5-year strategy, but this was changed to 10-year strategy as it was felt that a longer strategy was needed to sustainably improve outcomes for people living with dementia. In addition, the title was changed to The Richmond Health and Care Dementia Strategy to better represent the partnership approach taken to the strategy.

There were several areas raised by the co-production sessions which were included in the strategy:

- Increased focus on the needs of carers
- Young Onset Dementia
- Actions to increase awareness of dementia within the community.
- The development of a digital offer that provides accessible and easy to use offers.
- The need for consistency in service provision more integration between NHS and Social Care, with co-ordinated seamless pathways linking with GP annual reviews.
- The need to fully engage with all partners including Adult Social Care

3.2 Emerging areas outlined

- End-of-life care support is needed, but that this could sit elsewhere. Consideration was given as to whether the strategy could link with the Southwest London end-of-life strategy.
- The voices of those from protected characteristics must be included in the strategy and that these voices were considered with particular reference to any language or cultural barriers. In this context timely, knowledgeable, and appropriate support was especially vital, especially from early diagnosis.
- An understanding of the longer-term impact of and recovery from the COVID 19 pandemic - how it has affected services and whether there were any residual impacts that needed addressing within the strategy.
- To demonstrate how the strategy will be resourced and delivered in a cost-effective way.

The strategy development team incorporated comments received, specifically:

- Ensuring the strategy was clear about the needs of unpaid carers and the support offer available, that the needs of those with young onset dementia were included, defining what is meant by a dementia hub and including a short section on pandemic impact.
- Ensuring the draft strategy was shared with relevant community groups via promotion by the Communities Engagement Team, CILS partnership, and Public Health Lead for Communities and Health Inequalities to ensure it reflects the voice of people with protected characteristics.
- Providing clarity to emphasise that resourcing the strategy will be down to individual partners.

3.3 Broad changes

Whilst it is noted that the Richmond Health and Care Dementia Strategy is detailed, continuing to bring together all priorities and actions around dementia in one place was seen as valuable. The following broad changes were made as a result of the consultation responses:

- The document was refined and revised to avoid repetition and improve flow of document.
- Partners across the health and social care system contributed to ensuring that content was revised for clarity, amended to reflect need, or that response for future action were included.
- The 5-year and 10-year actions were expanded based on consultation feedback and evidence.
- It was made clear that each partner organisation will be responsible for the delivery of its action plan and achieving the objectives of the strategy and how the strategy and action plans are resourced.

Results of the formal consultation survey were analysed and fed into the final strategy. The strategy was presented to the Adult Social Services, Health, and Housing Services Committee in February 2023 and was approved for implementation.

APPENDIX 1 – SUMMARY TABLE OF CO-PRODUCTION SESSIONS

Source	Discussion focus	Summarised Comment	Response/Action
Showcase Event February 2022	Future planning and exploring the concept of a dementia hub	■ Strong steer for support for a dementia hub being in the community. ■ Need to demonstrate a 'holistic approach' to impact knowledge and understanding of what is needed. ■ Strong emphasis on how to further support unpaid carers. ■ Need to engage with those with lived experience and facilitating their voice. ■ Strong emphasis on how to support people without paid carers	Concept of a dementia hub to be scoped as part of the strategy. Strategy to ensure that the needs of unpaid carers are acknowledged and incorporated.
Dementia Prevention and Care Leadership Group (DPLG), June 2022	Strategy development outline	■ Session to begin to shape the vision, objectives, and strategy approach.	Initial vision, objectives, and strategy approach to share with internal sign off processes.
INTERNAL Public Health Divisional Management Team (DMT), June 2022	Strategy development outline	■ DMT agreed with vision, objectives, and strategy approach developed by DPLG.	Initial vision, objectives, and strategy approach to share with internal sign off processes.
INTERNAL Adult Social Care and Public Health Senior Management Team (SMT), July 2022	■ Strategy development outline ■ Timeline ■ ASC contribution ■ Discussion on what good health and care integration looks like ■ To approve and endorse that the needs of people with dementia should be considered as part of the End-of-Life Care Strategy	■ SMT noted and agreed plans and actions. ■ Clearer action plans are to be developed, particularly in relation to Adult Social Care.	All system partners to provide action plans in dementia strategy. Concept of a dementia hub to be scoped as part of the strategy.

Source	Discussion focus	Summarised Comment	Response/Action
Care and Support Partnership, July 2022	Strategy development on the vision, principles, approaches, and action planning	■ Initially the strategy was planned as a 5-year strategy, but initial consultation and latest policy developments suggest that a 10-year strategy to improve outcomes for people living with dementia. ■ The draft name was rebranded as The Richmond Health and Care Dementia Strategy, taking out any use of joint or integrated but still representing a partnership.	Changed to 10-year strategy.
		Prevention ■ More awareness of dementia friendly communities/ raising awareness in the community ■ Offer a range of digital tools to support people daily/ Awareness of simple tools.	Prevention to run through the whole strategy as a key principle that underpins the strategy. To have a range of digital and non-digital tools to support people added to the objectives.
		Diagnosis ■ Increasing diagnosis- in care homes, day centres, people living alone - recognised that the CCG have started work around the gap in undiagnosed cases. ■ A proper referral pathway and what is the process for people living on their own or in crisis.	To have increased awareness of dementia within the community added to the action planning. To have a range of digital and non-digital tools to support people added to the objectives. To have increased diagnosis of people living with dementia in care homes added to objectives.
		Health and social care integration ■ The lack of integration between NHS and Social Care. ■ More work with PCNs to establish who is doing what, to inform a co-ordinated pathway and to find out what outcomes there are from annual reviews of patients with dementia. ■ Suggested that the DPLG (Dementia Pathway Leadership Group) decide what the function of a dementia hub could look like.	The Richmond Health and Care Dementia Strategy represents a partnership to better support to the integration between NHS and Social Care as part of the dementia pathway.
		Support ■ More work around families and GP annual reviews – with a need for it to be holistic and seamless. ■ Care needs must be established, and information given on the range of services available including those offering mental stimulation and digital technology under the preventative offer.	Patients can and should book themselves in with their practice for an annual review. Some GPs may not specifically call the consultation a dementia review or care plan. They may happen opportunistically or as part of another review, such as a frailty review.

Source	Discussion focus	Summarised Comment	Response/Action
		End of life ■ The DPLG feels that whilst end of life care will be included in the dementia strategy, they are not well placed to deliver it. There is a need to ensure that the needs of people living with and affected by dementia, and their carers is covered in the End-of-Life Strategy	The strategy will ensure that the Southwest London End of Life Strategy has a focus on people living with dementia and their carers. HRCH (Hounslow and Richmond Community Healthcare) Community Dementia Service discuss Advanced Care Planning during their initial contacts and care planning to ensure lasting power of attorney and end of life wishes are explored and documented.
Mental Health and Older People Group, July 2022	Five priority phases, health and care integration, definition of a dementia hub.	**Partnership working** ■ Need to fully engage with all partners/involve adult social care. ■ Encourage all players to be an active part of the system. ■ Still relevant and necessary, but the strategy needs to prioritise what is possible/achievable.	Partnership working to run through the whole strategy as a key principle that underpins the strategy.
		Integration ■ Focus on integrating services. ■ Keeping people out of hospital should be a priority. ■ Connect support in the community and continuing care. ■ Patchy provision across the borough, need something more consistent.	The Richmond Health and Care Dementia Strategy represents a partnership to better support to the integration between NHS and Social Care as part of the dementia pathway.
		End of life ■ End of Life Pathway section seems less necessary as other work is ongoing in this area, and it could be confusing/repetitive. Instead, the strategy could link in with Southwest London end-of-life strategy. ■ Co-ordinated end of life/future planning services with other strategies/plans	DPLG reviewed End of Life Care comments, and the strategy will ensure that the Southwest London End of Life Strategy has a focus on people living with dementia and their carers.
		Support to carers ■ Adequate paid carers in system ■ Adaptable support and services for those with dementia and their carers ■ Greater support for unpaid carers ■ Engage with carers, support their mental and emotional wellbeing (including loneliness and isolation) as well as providing suitable respite.	Unpaid Carers now have a focused chapter. There is an existing dementia services directory published by HRCH, available in print as well as a web link.

Source	Discussion focus	Summarised Comment	Response/Action
		Resource management ■ Effectively managing the demand for services ■ Dementia treated as a physical condition which manifests with mental health issues not just a mental health one. ■ Get information to service users.	Being appropriately resourced to run through the whole strategy as a key principle that underpins the strategy.
		What definition of a dementia hub should we use in the new strategy what should it look like? E.g., a place, phone line, organisation? ■ Service users want clear concise non-ambiguous information. A directory works for some though there is a lot of information in it which can confuse some. ■ A combination of approaches is likely needed to support service users and ensure a joined-up approach. ■ Need for a central point of access to information and services. ■ A section for those with dementia and their carers re dementia, services, and support available. A separate section for carers supports and advice	Concept of a dementia hub to be scoped as part of the strategy. To have clear plans in place for Dementia hub co-produced with stakeholders.
Dementia Prevention and Care Leadership Group, August 2022	Strategy development to finalise the vision, principles, approaches, and action planning.	■ Services to be mapped into a visual aid. ■ Suggested including EDI as a standalone area or as part of the Vision, Principles and Approaches. ■ Suggested to include a section on Pandemic Recovery, this section would cover post pandemic trends such as earlier diagnosis and carers becoming younger. ■ Suggested the vision should be short and snappy. A vision should be an overarching, aspirational statement which is followed by supporting objectives. ■ To combine the objectives and the vision statements ■ Suggested to include an objective overseeing a smooth transition between hospital care to health and social care. ■ Suggested that it is acknowledged within the objectives that dementia is not solely an older person's disease. ■ Suggested to include an objective to cover increased awareness of unpaid carers. ■ Future discussion is necessary to identify how the action plans will link to the strategy. ■ There is a Southwest London End of Life Care Strategy however future discussions are necessary to decide what can be done on a local authority level (e.g., advocate and campaign).	Mapping of services to inform development of the dementia strategy to demonstrate key interface points. Equality Diversion Inclusion (EDI) added as a standalone section of the strategy and to be a principle that underpins the strategy. Concept of a dementia hub to be scoped as part of the strategy. To have clear plans in place for Dementia hub co-produced with stakeholders.

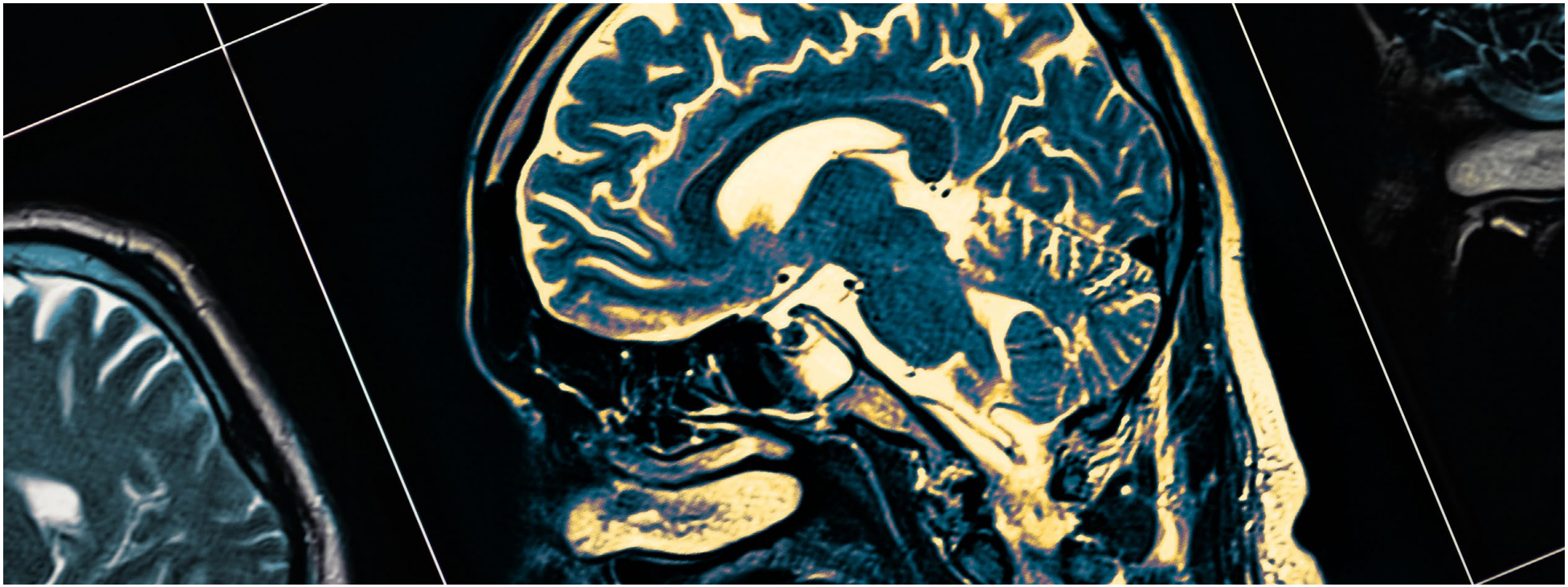
Source	Discussion focus	Summarised Comment	Response/Action
		■ Agreed that EOLC lies within Subgroup 3, and they create and lead on End Of Life Care action plans. ■ Dementia Hub – a telephone line could be the initial plan and long term a building/location could be acquired for the Hub. Could Alzheimer's UK phoneline be integrated within the strategy?	
Dementia Prevention and Care Leadership Group, September 2022	Pathway Mapping	■ Map and improve awareness and service interface in the dementia pathway for both professionals and service user. ■ The change from Coordinate My Care to the new Urgent Care Plan has caused some delay to the end-of-life care planning. ■ It would be very helpful to identify the interface points and responsibilities with the various agencies (Memory Clinic, HCRH, etc) and look at how to address the gaps, if any.	Mapping of services to inform development of the dementia strategy to demonstrate key interface points
Richmond Place Based Partnership, September 2022	Five priority phases, aims and objectives help deliver the pathway, delivery. Resourcing the strategy	■ Welcomed the strategy. ■ Agreed the aims, objectives, and priorities. ■ Agreed to add all logos. ■ Agreed resourcing will be from existing budgets and agreed that existing good work in place.	Ongoing joint production and response to consultation comments.
Richmond Carers Strategy Reference Group, September 2022	Five priority phases, aims and objectives help deliver the pathway, delivery.	■ Consider carers needs within strategy. ■ Consider nursing homes where carers are out of borough. ■ Need for more information and support for Young Onset Dementia. ■ People asking for support earlier – prolonged level of caring causing burnt out.	Strategy to ensure that the needs of unpaid carers are acknowledged and incorporated. Carer led organisations give support locally. ADAS approved out of area carers support.
Positive Dementia Conference, September 2022	Five priority phases, proposed aims and objectives, views on delivery from all partners	■ Interest and enthusiasm received from those in attendance	No action
Full of life fair, September 2022	What does good dementia care and support look like to you?	■ Useful discussions on need for sound evidence base for dementia prevention and support.	Ensured recognised evidence of good practice is covered in the strategy

Source	Discussion focus	Summarised Comment	Response/Action
Health and Social Care Co-production Group, October 2022	Dementia hub	■ The idea of a dementia hub was well received but it was unclear whether this would be a model that could accommodate using a hub and spoke design or hub either fixed spokes or using a mobile unit as there was a real need to need to be accessible across the borough. ■ Could South West London St George function as an administrative hub? In any event if there were a central hub or contact point to site NHS statutory sector staff it could help relationships between relevant NHS personnel and both the local authority and Voluntary Sector organisations even if delivery was through community venues. ■ There was a need to ensure that a hub/community venue had or could provide access to or make access easier to a wide range of services which could support peoples y ordinary needs. ■ Whilst some sort of directory of potentially relevant services could help, it could not be presumed that (for example carers) would have the capacity to navigate services unsupported as caring can be very intensive and fixed support points (or personnel) to provide support could help. ■ Need to be person-centred and sufficiently recognise how devastating a dementia diagnosis can sometimes be for both the individual and family/friends and that whilst a diagnosis may initially be a welcome explanation that may change in the short term as implications sink in. At the same time, it would need to seek to be reassuring. ■ There needs to be a recognition that cross borough border issues could occur either in relation to health or care for either the individual or carers and some suggestion of an overall approach intended to mitigate any issues. ■ To recognise that the nature of services provided for those directly requiring the services also impacts on and can support their friends and family if they are providing unpaid care. ■ Would benefit from being explicit about what is proposed will benefit both people with dementia and those, (if any) who provide unpaid care. ■ Extent to which the Pandemic had affected services - recovery from that still required. Some recognition of the impact of covid could be mentioned. It would say something positive if any elements that were adversely affected are effectively back to normal, just as it would be helpful to know if there were residual impacts that needed addressing. ■ Any local statistics (as distinct from inferred statistics) could help to provide context.	Concept of a dementia hub to be scoped as part of the strategy. To have clear plans in place for Dementia hub co-produced with stakeholders. Strategy to ensure that the needs of unpaid carers are acknowledged and incorporated. Strategy to include a short section on pandemic impact. Joint Strategic Needs Assessment informed the strategy.

Source	Discussion focus	Summarised Comment	Response/Action
Health and Social Care Co-production Group, October 2022	Five priority phases, aims and objectives help deliver the pathway, and delivery from partners across the Health and Social Care System	■ Group agreed that the approach including the five priority phases were useful and reflective of need. ■ Need for a named professional as part of a package of care - a 'care co-ordinator' for every person with dementia someone who is professional and has in depth knowledge of local services and the local care and support offer. Although Social Prescriber Link Workers can cover dementia, they may not be the best placed as a source of professional care co-ordination. ■ Challenge of carers not identifying themselves as a carer and younger carers juggling work/other caring responsibilities and navigating the support. ■ Resourcing the dementia strategy is a concern – need to demonstrate how the strategy will be delivered in a cost-effective way, without duplicating. ■ Consider End Of Life Care (EOLC), which may sit outside of the strategy. ■ Concern about how much has been restarted after covid both diagnosis and support. ■ Voluntary sector – timely support offer that is varied.	HRCH Community Dementia Practitioners in place. Plans to increase capacity of for dementia support practitioners added to the strategy objectives. Strategy to ensure that the needs of unpaid carers are acknowledged and incorporated. All partners are to demonstrate how they are to resource the strategy in their plans. Being appropriately resourced to run through the whole strategy as a key principle that underpins the strategy. DPLG reviewed End of Life Care (EOLC) comments, and the strategy will ensure that the Southwest London End of Life Strategy has a focus on people living with dementia and their carers.
Community Champions, October 2022	Strategy, pathway, and priorities	■ Priorities and pathway are clear and comprehensive. ■ Dementia Awareness and Prevention should be prioritised as a long-term, strategic goal for the community. ■ Would like to see and hear the voices from some more relevant stakeholders from the group that they represent - LGBTIQQ, minoritized groups. ■ Could be a language barrier or the culture of looking after one's own family. ■ Who would be identified as an unpaid Carer, but who do not see themselves as such and would not define themselves as Carers. ■ Acknowledged balancing act of living well, and enjoying life, and making healthy lifestyle choices. ■ People who are diagnosed with dementia lacking awareness or insight into their condition and the impact on carers. ■ Real need for benefit of early support following diagnosis.	Prevention to run through the whole strategy as a key principle that underpins the strategy. An Equalities Impact Needs Assessment (EINA) has been drafted alongside the strategy which recommends a targeted approach that builds on existing best practice to maximise opportunities for all protected groups. To address achieving national target of diagnosis rates in objectives. To address issue that people with a dementia will have a co-produced urgent care plans within a year of their diagnosis. The development of the strategy is to ensure that the system is more joined up to reduce gaps in the system.

Source	Discussion focus	Summarised Comment	Response/Action
		■ Real need for cares to also understand support and services on offer. ■ Personalized journey important ■ Need for a named dementia support professional from early on following diagnosis. ■ challenge to get a face-to-face GP appointment and even if an appointment is available, the GP does not have specialist knowledge. ■ Consistency of services is very important for people with dementia and their carers. ■ Supporting the carer, supports the individual with dementia also. ■ teaching those living with dementia or elderly carers to use technology and expecting them to cope is a bit optimistic ■ psychological support/counselling for carers should be a priority. ■ the Dementia Awareness Survey sample seems extremely small and not enough to draw up plans, but it is a start. ■ Dementia Awareness Training required more publicity. ■ Discrepancy in pathways experience – so the need for consistency in offer ■ There is a need to promote care plans and the use of them. ■ There is a need to promote cognitive stimulation therapy. ■ consideration for timings of daytime activities for younger carers who cannot attend every activity when they too must work. ■ Strategy perceived as self-congratulatory - there remain a lot of gaps / holes in the system.	

Source	Discussion focus	Summarised Comment	Response/Action
INTERNAL Public Health Divisional Management Team, October 2022	Draft Strategy for consultation	■ Need to ensure psychosocial needs of carers in explicit. ■ Need to ensure it demonstrates how it will be resourced.	Strategy to ensure that the needs of unpaid carers are acknowledged and incorporated. All partners are to demonstrate how they are to resource the strategy in their plans. Being appropriately resourced to run through the whole strategy as a key principle that underpins the strategy.
INTERNAL Adult Social Care and Public Health Senior Management Team, November 2022	Draft Strategy for consultation	■ Need for updated Adult Social Care content to be included.	Adult Social Care input revised as part of consultation process and co-production sessions and content writing included Adult Social Care partners.



APPENDIX 2 – CONSULTATION RESPONDENT DEMOGRAPHICS

In what capacity are you completing this survey?	Percent
I am a local resident	32%
I am a former carer of someone with dementia	27%
My job involves supporting someone with dementia and/or their carers and families	14%
I am a member of a local group or organisation	14%
I am an unpaid carer of someone with dementia	9%
I am a family member or friend of someone with dementia	5%
I am a user of local dementia services	0%
None of the above/other	0%
Not answered	0%

Do you belong to a religion or faith group	Percent
No	27%
Yes, Christian	59%
Yes, Buddhist	0%
Yes, Hindu	0%
Yes, Jewish	5%
Yes, Muslim	0%
Yes, Sikh	0%
Prefer not to say	5%
Yes, other - please specify	0%
Not answered	5%

Ethnic group	Percent
White	86%
Mixed/multiple ethnic groups	5%
Asian or Asian British	0%
Black/African/Carribean/Black British	0%
Prefer not to say	5%
Other ethnic group, please specify	0%
Not answered	5%

Sexual orientation	Percent
Heterosexual/straight	77%
Gay man	0%
Gay woman/lesbian	0%
Bisexual	5%
Prefer not to say	14%
Prefer to self-describe	0%
Not answered	5%

Do you consider yourself to have a disability?	Percent
Yes	18%
No	73%
Prefer not to say	5%
Not answered	5%

APPENDIX 3 – EXAMPLE OF SUMMARY TABLE OF CONSULTATION FEEDBACK

Theme	Role	Comment	Response/Action
Dementia pathway issues	Professional	One thing that could improve: linked care between community and acute care settings.	To be reviewed as part of action planning
Dementia pathway issues	Carer	Diagnosis issues: Dementia comes in many forms, and it would be helpful if GPs were aware of this.	We will continue raising Dementia diagnosis and care as an important topic amongst our peers with educational events.
Dementia pathway issues	Local resident	There is no recognition of the fact that people may not be able to stay in their own homes, but need 24/7 care. The role of both voluntary and private sector providers of care homes needs spelling out with some sense of the likely numbers affected should the community objectives succeed.	The Local Authority works in partnership with Service Users, their Carers, and other voluntary and statutory groups to try and keep residents in their own homes for as long as possible. Support via Direct Payments, Digital Technology, provision of rolling respite etc, are factors used, as well as input from Health colleagues. Where consideration of risks is too high, or the main carers are unable to continue to meet the high level of needs, other options including Extra Care Sheltered and or residential placement where 24 hr care can be available, is explored sensitively with all concerned parties. A discussion will also be held to ensure that the correct funding stream is in place, as care from the Local Authority is means tested, and where the presently needs are around health, this may be funded at no cost to the Service User and their carer.
Dementia pathway issues	Local resident	I referred to the complete lack of recognition that some people with dementia will inevitably need 24/7 care at some point outside hospital. How is this going to be provided and by whom?	To be reviewed as part of action planning

Theme	Role	Comment	Response/Action
Dementia pathway issues	Carer	I feel more support needs to be provided in the community. E.g., somewhere that is multi-functional. Music groups, hairdressers, chiropodist, sensory bath, or shower facilities with specialist trained staff. These things are so hard to do as a personal carer, but often patients respond better to someone less familiar assisting them. Also, at a day centre with multi facilities the opportunity can be taken when the dementia patient is open to it without having to go very far.	To be reviewed as part of action planning
Dementia pathway issues	Carer	Wider service provision: As mentioned, day centres, services such as hair, chiropodists etc. support groups for carers. People to help with what can be claimed and paperwork such as power of attorney and application for blue badge for dementia sufferer.	The CILS Information Navigation Service provides information, advice, and support to adult residents in Richmond on services that can support their health and well-being. Phone 020 8831 6464 or email advice@richmondaid.org.uk. Blue badge information can be added to action plan to make webpages more dementia friendly
Dementia pathway issues	Carer	Poor communication/support to self-paying residents: When I had to contact the Council with help for my father, I found the level of support appalling. I was left on my own to care for him. I had to fight hard for everything he got. The Council did not want to know or help because he had money. I do not believe you have the ability to change behaviour. It is institutionalised against people with money. They deserve the support, advice, and guidance the Council give to people without money.	The document has several references to open access services and clarifies that Adult Social Care support is means tested. The support, advice and guidance offered by the Richmond Carers Centre is provided to everyone as are the services provided by HRCH and CILS partners.
Dementia pathway issues	Carer	Poor communication/support to self-paying residents: Fine words but it requires a major restructure of all the services which are required to support dementia. No one really cares 'put them in a home and let them rot' is the current strategy. Fine words will not change that. You washed you [sic] hands of my father when (you) he had money.	Support is provided to all identified Service Users and their Carers, including those who are classified as Self Funders, who have savings above the £23,500 threshold. Information, advice, and guidance is offered. Any resident with a diagnosis of dementia, or an unpaid carer of someone living with dementia, will have access to support, advice and guidance, regardless of their financial situation.

Theme	Role	Comment	Response/Action
Dementia pathway issues	Carer	Poor communication/support to self-paying residents: Proper support from the Council to both the sufferer and their carers. Do not let them have to fight for everything.	The Council commissions the Richmond Carers Hub to provide support and advice to unpaid carers including help to understand their rights under the Care Act and services they may be eligible for.
Dementia pathway issues	Carer	Poor communication/support to self-paying residents: Yes. After 3 years I still feel very bitter at the way the Council treated me, my father, and my family when he was diagnosed with dementia. It taints my every interaction with the Council. You left us vulnerable and alone in very difficult circumstances. It was appalling.	Support to carers is particularly important to us. There have been more carers support provision post -covid.

APPENDIX 4 – EQUALITIES IMPACT NEEDS ASSESSMENT

Ensuring equality, diversity and inclusion (EDI) is important in working in a dementia prevention and care landscape. Over 2021 and 2022 the DPLG developed their EDI position statement.

This is further reflected in the actions and service of all DPLG members. An Equalities Impact Needs Assessment (EINA) was undertaken for the dementia strategy in addition to the EINA conducted during the procurement of Dementia Friendly Richmond initiative. The Equality, Diversity and Inclusion section of the strategy considered the needs of groups identified as high priority through the EINA and the challenges faced in relation to dementia.

The main findings of the EINA indicate that the changes will be of most benefit to the ageing population, who will be positively affected by the dementia strategy.

The EINA recommends a targeted approach that builds on existing best practice to maximise opportunities for all protected groups. Any potential negative impacts may result in disengagement with services. To mitigate this risk, the service will instil a culture of feedback, stakeholder engagement and adaptation throughout the process.

Key actions from the EINA are as follows:

- For the Dementia Prevention and Care Pathway Leadership Group (DPLG) to continue to ensure that the action plans of the three subgroups address the five priority phases of the dementia prevention and care pathway. This will ensure equitable and measurable outcomes.
- For the Equality Impact Needs Assessment for the Dementia Friendly Richmond (DFR) to continue to ensure that the needs of people living with dementia and their carers from protected characteristic groups are considered and included in decisions and actions.
- To ensure that mainstream services can accommodate people with dementia from protected characteristic groups. This would involve developing a targeted approach to ensure protected groups have their specific needs addressed. For example, Black, Asian, and Minority Ethnic communities, and those with disabilities.
- Improve data collection in contracts.
- To improve staff awareness of transgender issues especially in relation to dementia.
- To provide appropriately categorised forms for individuals to complete e.g., gender options including an alternative to female/male binary.
- For local learning disability services to share what information they hold on those with dementia through contract monitoring of service provision and ensure appropriate culture and protected characteristic engagements, surveys/information gathering are considered to inform service provision.

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