Agenda Item No.

Southend-on-Sea
City Council

Title:	**Proposal to close the Dementia Community Support Service**
Meeting:	Cabinet
Date:	4th March 2024
Classification:	Part 1
Policy Context:	Ageing Well
Key Decision:	yes
Report Author:	Stephan Liebrecht
Executive Councillors:	Councillor Moyies

1. **Executive Summary:** Southend-on-Sea City Council is proposing to end the Dementia Community Support Service (DCSS) by the end of March 2024. This service is currently managed by Southend City Council. The team comprises 14 posts (11.95 FTE) and offers information, practical advice, and support to individuals living with dementia in Southend, Castlepoint, Rochford, and Rayleigh. Members of the service also support 3 regular clubs that offer respite and social interaction to informal carers while offering activities for the residents they care for. It is proposed to end the service. The closure of the service is projected to provide an annual saving of £250,000.

2. Recommendations

It is recommended that Cabinet:

2.1. Confirm the closure of the DCSS in its current format.

2.2. Agree the continuous support for people living with dementia and their informal carers as per option 1 in this paper further to a cabinet decision to invest 100k to develop dementia and carers support.

3. Body of the report

3.1. The Dementia Community Support Service (DCSS) is provided and managed by Southend City Council, Adult Social Care. The Team is made up of 14 posts (11.95 FTE).

3.2. The Team offers information, practical advice, and support to help individuals and their informal carers understand dementia and live well with dementia. They currently support residents in Southend, Castlepoint, Rochford and Rayleigh District.

3.3. Specialist dementia support such as DCSS is not a statutory service for local authorities.

3.4. The DCSS started in April 2017 for Southend residents only. The service was set up following a public consultation and services were shaped into four main themes:

- A single point of contact to navigate the service pathway and support the person diagnosed, carers and families.
- Available and accessible information when and how people want and need it.
- Support to participate in society and community life.
- Support for carers and families.

3.5. The Southend model has been replicated nationally and used as an example of best practice.

3.6. The service expanded to cover the areas of Castle Point, Rochford & Rayleigh in September 2018 as both Southend, Castle Point, Rochford & Rayleigh residents used the same memory services, community services and hospital services, giving parity of support across South-East Essex. Essex County Council's pre-existing contract with the Alzheimer's Society continued (and continues to this date) in parallel and as an alternative DCSS. Additional staff were hired (fixed term contracts by SCC) utilising allocated Better Care Fund money to the value of £134,650.

3.7. Essex County Council and Mid & South East Essex ICB has informed the Local Authority of their intention to stop the service for residents in Castlepoint, Rayleigh and Rochford and to withdraw funding.

4. Public Consultation

4.1. Given the potential impact on residents a Public Consultation was undertaken.

4.2. The Consultation ran from **19 December 2023 to 02 February 2024**.During this period over 2000 people accessed the online portal. 469 responses were received online and another 15 completed paper copies of the questionnaire.

4.3. Compared with other Public Consultations the council has undertaken recently this has been a strong response. 41% of the responses came from residents who are using the service while This included almost 80 responses from professionals. 80% of responses came from residents and professionals living or practicing in the city.

4.4. As part of the Public Consultation the council arranged 2 face to face meetings. The attendance in those was generally low with less than 40 people having attended the 2 Face to Face meetings. The public meetings were held at the Windermere Club, the venue for one of the groups and at the civic centre. Both meetings were attended by people who use the service, professionals from other organisations, stakeholder partner organisations, and residents.

4.5. A petition was submitted to the council with just over 3000 signatures as well as a formal letter form Healthwatch Southend outlining its concerns should the DCSS end.

4.6. The main messages from the Consultation were that a closure of the service would create a void for those needing support and guidance. People are concerned that it could lead to increasing hospital admissions and admissions into residential care.

4.7. Informal Carers raised concerns that a closure could lead to them being socially isolated. Carers were concerned about the loss of the peer support that was enabled by virtue of the clubs, particularly the Windermere club as well as the expert advice they could access via the services staff.

4.8. Most people would seek alternative support from their GP or would contact the Alzheimer Society. The DCST is recognised as a significant asset by those who are living with Dementia, their informal carers and family members and by Health and Social Care Professionals.

5. Recommendation Option 1

5.1. To close the DCSS service as per the initial proposal. As set out to restructure adult social care services to include a prevention and enablement service to ensure continuous appropriate and accessible information and advice is available.

5.2. In response to the public consultation and views expressed, to develop two new posts (dementia community navigators) as part of the new prevention and enablement service in Adult Social Care using new investment via Social Care Grant. The roles will also provide general information, advice and guidance for residents who are contacting the council about matters relating to Dementia As well as supporting professionals to develop their own skills and approaches to also deliver this in an accessible way.

5.3. Develop 4 locality-based support groups for people with dementia and their informal carers. This would make accessing a club local to them easier for residents across the city.

5.4. Enable additional investment to relevant carer organisations to be able to attend the proposed locality groups more regularly to support carers.

5.5. The above new community navigator roles, locality groups and additional support for carers will be funded via the investment of 100k from the additional social care grant recently announced by Government

6. Reasons for recommendation

6.1. Continuing to provide the service in its current format is not financially sustainable because of the financial pressure experienced by Southend City Council and removal of funding from partners.

6.2. The new Connected Southend approach envisions a strong first response through a consistent single point of access via its prevention and enablement service.

6.3. This approach will address some a concern raised in the public consultation by establishing 2 community navigator roles in the Prevention and enablement service and the development of locality-based support groups.

6.4. Specialist dementia support is a discretionary service for local authorities and Southend-on-Sea City Council need to deliver savings to remain within its financial budgets.

6.5. A few of the services being offered by the service can be addressed by external providers or the Community and Voluntary Sector.

6.6. The council is currently the provider and the commissioner of the service. This double-role is problematic, especially with regards to quality assurance. It is the ambition of adult services to commission rather than to provide services.

6.7. Essex County Council / Mid & South East Essex ICB has advised that they are withdrawing from the current arrangement by the end of this Financial Year. (2023/24)

7. Other Options

7.1. **Option 2 (not recommended)** End the service without providing support for the clubs or new community navigator roles. The outcome of the public consultation showed the value people place on the support groups, especially in supporting informal carers in their caring roles.

7.2. **Option 3 (not recommended)** Continue to provide the service in its current format. This is not financially sustainable and would retain the financial risk for the areas outside of Southend that were funded by partners. t would also leave the council continuing to be the provider of a service while being responsible for the Quality Assurance.

8. Financial Implications

8.1. The closure of the service will result in annual savings of £254,600.

8.2. Option 1 will require an investment of £100K per year including associated cost.

8.3. Both the proposed saving and investment identified above form part of the Councils final budget proposals for 2024/25

9. Legal Implications

9.1. Delivery of dementia support services are discretionary. This means that the Council is under no obligation to provide those services.

9.2. Consultation has been carried out to take views on the proposals to close the service. Whilst consultation is not statutory, it must adhere to rules that ensure the fairness of the consultation. The decision to close the service has been taken following consideration of the responses and it is noted that in proposing investment in an alternative service that those consultation responses have been properly considered.

9.3. The Council has a duty to consider its public sector equality duty when making decisions regarding changes to the provision of its services. The equality impact assessment is included as part of this report demonstrating appropriate consideration have been given to the impact of this decision.

9.4. There will be staffing implications as part of implementing these proposals. Council HR policies seek to minimise any compulsory redundancies with the resulting impact on service delivery. Service changes are designed to look for redeployment opportunities

10. Carbon Impact

10.1. Not expected

11. Equalities

11.1. Equality assessment in the appendix. App B. The closure will directly impact people with dementia using the service and their informal carers. However, as set out in option one we propose to minimise this impact and develop local groups and some community navigator functions to further mitigate this impact.

12. **Public Consultation**

12.1. An evaluation of the written feedback can be found in App c

13. Appendices

13.1. Appendix A: Public Consultation face to face meetings - summary report.

13.2. Appendix B: Equality Assessment

13.3. Appendix C: Evaluation of returned forms.

This report is approved for publication by		
	Name	Date
S151 Officer	Joe Chesterton	13/02/24
Monitoring Office	Kim Sawyer	13/02/24
Executive Director	Mark Harvey	9/02/24
Relevant Cabinet Member	Cllr James Moyies	9/02/24

Appendix A

Public Consultation meetings

Adult Social Care

consulting on the proposal to close the Dementia Community Support Service in Southend

January 2024

Report Owner: Mark Harvey
Report Author: Stephan Liebrecht

Summary

- 2 Public Consultation meetings held
- Generally low attendance on the background of previous media reporting.
- Windemere club (AM meeting) About 12 attendees were partners or wives of men living with dementia. Other attendees were professionals from Carers First, the NHS/DIST, Dementia Navigators (in their capacity as local residents)
- Residents and professionals are clearly very concerned about the proposed closure of the service.
- Questions were raised about possible mitigations and other services who could help to manage demand.
- Caring women shared personal stories about how the service helped and provided a lifeline.
- DCST workers are seen as professionals who have special skills and knowledge that would be lost.
- The afternoon/early evening meeting at the Civic Centre was attended by 9 people. The council was again represented by Mark and Stephan. 4 of the attendees were members of the DCST who mentioned that they were there in their capacity as Southend residents.

- Other attendees included a woman who cares for her husband and 2 colleagues from SECHA (South Essex Care and Health Association).
- Themes and points raised not dissimilar to the ones raised in the morning.

Background

- As part of the public consultation on the proposal to stop the Dementia Community Support Service (DCSS), ASC have arranged face to face meetings, giving interested and affected residents the opportunity to share their views directly and engage in a conversation.
- On the 17/01/2024 two scheduled "in person" meetings took place.
- The first meeting was arranged for the morning at the Windemere Club. The Windemere Club is one of the venues that are hosting groups supported by SCC Dementia Navigators.
- The Morning Session was specifically arranged to give people the opportunity to attend who otherwise would have had to care for their partner living with dementia. During the consultation meeting Dementia Navigators were looking after about 5 men in a separate room where they played Snooker. This is the same arrangement that is in place during their weekly meetings.
- The late afternoon meeting was arranged at the Chambers of the SCC Civic Centre.
- Officers in attendance were Mark Harvey, exec Director/DASS and Stephan Liebrecht, Director of ASC Operations.

Voices and Views: Meeting at the Windemere Club

- The meeting was attended by about 25 – 30 people, with some arriving when meeting had already started. About 12 attendees were partners or wives of men living with dementia. Other attendees were professionals from Carers First, the NHS/DIST, Dementia Navigators (in their capacity as local residents)
- Mark opened the meeting with a general overview over the purpose of a public consultation and how it may impact on the outcome of the consultation process.
- In the then following 60 min Council Officers heard many examples of how people are supported by community Navigators.
- A Lady who told the group she was a widow but had previously attended the service with her late husband opened the conversation with the following analogy: Without the community Navigators it would be like going to the dentist with toothache to be told to go away.
- Many comments from users and attendees related to the dementia specific skills and experience the Community Navigators have. In some people's views and based on their experience these skills are unique.
- An attendee shared an example where a Dementia Navigator supported her to successfully apply for a blue badge, after the council had previously refused it.

- Many comments related to the positive experience people have when attending the club. The club gives the opportunity to stay connected, have social interaction, Laugh, cry.
- The women repeatedly mention how valuable their time together is without their men being around them.
- In a very emotional contribution, a woman spoke about a recent crisis at home with her husband and mentioned that she would have been on a psychiatric ward if she wouldn't have the support at the Windemere club.
- Visitors mentioned that the specific dementia related skills and knowledge of the DSCT could not easily be replaced by other professionals and services.

- The DCST often supports people when resolving bureaucratic challenges. They offer support with applications for services, for example council tax, benefits etc
- Council Officers acknowledged that more would need to be done to support local carers.
- The council is committed to undertake more carers assessment, via their own workers and via a new arrangement with Carers First.
- In a letter was handed out to the officers from a woman who supports her husband who lives with dementia. In that letter it says: *"It seems to me that the council are going back in time and not looking to the future to ensure that much needed care is given to patients and their carer's in the hold of this awful condition. Going forward, who will be looking after these people in such devastating circumstances?"* The whole letter will be considered in the consultation process.
- In another letter that was handed out it says: *"The dementia team are vital for support to families who suffer from all forms of dementia"* The whole letter will be considered in the process too.

Voices and Views: Meeting at the Civic Centre

- The afternoon/early evening meeting was attended by 9 people. The council was again represented by Mark Harvey and Stephan Liebrecht.
- 4 of the attendees were members of the DCST who mentioned that they were there in their capacity as Southend residents. Other attendees included a woman who cares for her husband and 2 colleagues from SECHA (South Essex Care and Health Association).
- Before the official start of the consultation meeting colleagues from SECHA spoke about the situation of people living with dementia who are residents in care homes. Mark acknowledged this and said that there needs to be a wider strategic discussion.
- A resident who works in the DCST spoke about the performance of the team and how difficult it would be to replace this with an improved front door offer . Mark mentioned that data needs to reflect day to day activities as well as accumulative performance data.
- It was mentioned that based on the success of the team the service should be extended and not closed. Closing the service now would be short sighted in the face of an aging population.

- It was mentioned that the team is helping to avoid cost. Less people need to be admitted into care homes, The team also assists people to claim previously unclaimed benefits.
- A user of the service was introduced by a member of the team who sat next to her. She spoke about her personal experience. She said that she is caring for her husband for 9 years. She spoke about the support she received from one of the team members and said how important it was for her to have someone who was just there for her. Other services have made contact but didn't follow it up with her. She spoke about friendship with the worker of the DCST.
- Another example was given. The team contacted a bank manager when a resident couldn't remember the pin of a debit card. The issue was subsequently resolved.
- A question related to the gap between the closure of the service and the point at which a new service model was in place.
- A resident asked, who would be there to support people with dementia and their carers through the journey.
- It was asked why NETPARK could continue but the DCST had to be closed? When Library services are closing residents can still get on the bus to an alternative library but people with dementia don't have that alternative.
- Two strong statements towards the end of the session were: "This will make a bigger crisis" and someone asked: "Is someone listening to our voices?"

Appendix B

Equality Analysis

To be completed following the initial screening sheet

Carrying out an Equality Analysis (EA) involves assessing the likely (or actual) effects of change on people in respect of protected or additional equality characteristics (full list below). This includes looking for opportunities to promote equality, diversity and inclusion that may have previously been missed or could be better, as well as identifying negative or adverse impacts that can be removed or mitigated where possible.

EAs should be carried out prior to implementing a policy, with a view to identifying its potential impact on equality.

This template aims to guide you through the following 4 stages of your Equality Analysis:

1. **Evidence** - Identification of who is affected by your proposal, demonstrated through data.
2. **Analysis** – Understanding the impact of your work on groups of people with protected characteristics.
3. **Action** – The steps to be taken to promote equality and/or mitigate any negative impact(s)
4. **Outcome** – What difference has your EA made? If the proposal cannot be changed to adequately mitigate negative impact, what justification, if any exists, to support the proposal.

Please complete the sections and boxes in blue. Add more rows or columns if required.

Equality Analysis Summary

Name of proposal, policy, service function, or restructure requiring an Equality Analysis	Dementia Support Service
Department	Adults and Communities
Service Area	ASC Operations
Date Equality Analysis Begun:	11/12/23
At what stage of the proposal is this Equality Analysis being conducted?	Planning Phase ☒ Midway Point ☐ Reflective Analysis ☐

Names and roles of staff carrying out this Equality Analysis:

EAs are most effective when they take a wide range of views into consideration. You may wish to discuss your EA with your wider team and/or members of the staff forums

Name	Role	Service Area
Alan Mordue	ASC Transformation & Improvement Programme Manager	Adult Social Care
Cheryl Oksuz	Policy Advisor	Corporate Strategy Group

1 Evidence

1.1 Sources of information

It is important that you demonstrate, with evidence (data), that you are aware of the people impacted by your proposal. Please list the sources of information, including data and results from consultation exercises, that will inform this Equality Analysis.

Useful data sources include:

- Internal Staff Forums
- The Southend Equality Analysis Dashboard
- SmartMouth
- Index of Multiple Deprivation – expected to be updated sometime next year
- Nomis – Labour Market Profile
- ONS
- Public Health Fingertips
- Poppi - Projecting Older People Population Information System (poppi.org.uk)
- Pansi - Projecting Adult Needs and Service Information System (pansi.org.uk)
- Gov.uk (general advice and good practice)
- Residents' Perception Survey - 2021
- Internal Staff Forums

Please note that the Policy Team, Operational Performance and Intelligence, and the Insights Team can direct you to more specific or tailored data sources if needed.

If you are conducting a staffing restructure, you must include an anonymised equalities profile of the affected staff. HR can provide this data to help assess potential equality-related issues. After the restructure is complete, conduct another equalities profile for comparison. The Equality Analysis may need updating based on the restructure's outcomes.

Table 1

Source of information	**Reason for using (e.g., likely impact on a particular group).**
Equalities profile of the people (Southend residents) using the service	Proposal is to stop the Southend-on-Sea dementia support service
Equalities Analysis Dashboard	Comparison with all Southend residents

Please Note: Reports, data, and accompanying evidence can be added as appendices.

1.2 Gaps in information or data

Are there any information gaps and data?
☒Yes
☐ No
☐ Maybe

Do the gaps relate to any protected characteristics?
☒Yes
☐ No
☐ Maybe

Describe any gap(s) and the impact this has on your ability to complete the EA. (Please also indicate in your action plan, section 5, whether you have identified ways to fill these gaps.)

The service is unable to provide equalities information on the following because it has not been provided by people living with dementia who use the service:

- Gender Re-assignment
- Marriage & Civil Partnership
- Pregnancy & Maternity*
- Race
- Religion or Belief
- Sexual Orientation
- Carers*
- Socio-economic*
- Armed Forces Service Personnel & Veterans
- Care Experience

*Note that it is possible to draw some conclusions from the nature of the service for these characteristics.

In addition, whilst the service supports people who care for people living with dementia, no equalities information on them has been identified.

2. Analysis: How people with protected characteristics will be impacted by your proposal

2.1 Impact assessment

Use the table below to record the expected impact of your proposal on each of the characteristics. To help you understand more about the disadvantaged experienced by the different protected groups, this checklist provides a source of prompts to consider.

Table 2

	Impact - Please tick				
	Yes			Not Impacted	Impact Unclear
	Positive	Negative	Neutral		
Age (including looked after children)	☐	☒	☐	☐	☐
Disability	☐	☒	☐	☐	☐
Gender reassignment	☐	☐	☐	☐	☒
Marriage and civil partnership	☐	☐	☐	☐	☒
Pregnancy and maternity	☐	☐	☐	☒	☐
Race	☐	☐	☐	☐	☒
Religion or belief	☐	☐	☐	☐	☒
Sex	☐	☒	☐	☐	☐
Sexual orientation	☐	☐	☐	☐	☒
Carers	☐	☒	☐	☐	☐
Socio-economic	☐	☒	☐	☐	☐
Armed Forces Service Personnel & Veterans	☐	☐	☐	☐	☒
Care Experience	☐	☐	☐	☐	☒

2.2 Results of your analysis

Public bodies should take a proportionate approach when complying with the Equality Duty. In practice, this means giving greater consideration where a proposal has the potential to have a substantial effect on discrimination or equality of opportunity, and less consideration where the potential effect on equality is slight.

Where relevant, please now describe how the protected group(s) could be impacted and the degree of impact. Completing this table demonstrates that you are aware of the impact of your proposal.

Table 3

<table>
<tr><th></th><th>Potential Impact</th></tr>
<tr><td>Age</td><td>
<p>The dementia community support service is largely used by older people (over 65 years old) who make up 97.6% of people accessing it.</p>
<p>As a result, this age group will be disproportionately impacted by the ending of the service. This is further compounded when considering the disability element of dementia and the challenges this group will face when navigating change.</p>
<table>
<tr><th colspan="3">People living with dementia who use the service</th></tr>
<tr><td>50 to 64 years</td><td>2.4%</td><td>36</td></tr>
<tr><td>65 years and over</td><td>97.6%</td><td>1470</td></tr>
</table>
<table>
<tr><th>Southend on Sea Population >16 years old:</th><th></th></tr>
<tr><td>16 to 19 years</td><td>5.0%</td></tr>
<tr><td>20 to 24 years</td><td>6.0%</td></tr>
<tr><td>25 to 34 years</td><td>16.0%</td></tr>
<tr><td>35 to 49 years</td><td>25.0%</td></tr>
<tr><td>50 to 64 years</td><td>24.0%</td></tr>
<tr><td>65 years and over</td><td>23.0%</td></tr>
</table>
</td></tr>
</table>

Disability	The dementia community support service is used exclusively by people living with dementia, their carers and their families. There are currently As a result, this group will be disproportionately impacted by the ending of the service. This is further compounded when considering the age element of dementia and the challenges this group will face when navigating change. 81.7% (147,580) of Southend-on-Sea's population are not disabled, 7.8% (14,065) are disabled and limited a lot and 10.5% (19041) are disabled and limited a little.
Gender reassignment	The impact to this group is unclear at this stage.
Marriage and civil partnership	The impact to this group is unclear at this stage.
Pregnancy and maternity	Pregnancy and maternity is unlikely to be a concern for the predominant age group (over 50 years old) accessing the dementia service.
Race	The impact to this group is unclear at this stage.
Religion or belief	The impact to this group is unclear at this stage.
Sex	The people using the service are disproportionately female. 40.2% of participants are male and 59.8 % are female. 49% of the usual resident population of Southend-on-Sea are male and 51% are female.
Sexual orientation	The impact to this group is unclear at this stage.
Carers	The service is targeted at people living with dementia and their carers, so it is not unexpected that the people using the project are significantly more likely to be carers when compared to the population of Southend. 8.3% (15,019) of Southend-on-Sea's population provides some amount of unpaid care each week with 9,699 of those providing 10 or more hours per week.
Socio-economic	The dementia community support service is free to access for participants, which benefits those with limited incomes more than others. In this respect the impact of ending the project would be negative for this group. Southend-on-Sea is one of Essex's most deprived areas with 25.8% of residents living in 20% of the most deprived areas in England. It has a higher index of deprivation (IMD) than both Essex and England as a whole.

Armed Forces Service Personnel & Veterans	The impact to this group is unclear at this stage.
Care Experience	The impact to this group is unclear at this stage.

3 Action: Can we mitigate negative impact?

3.1 Steps taken to mitigate any impact(s)

As a local authority, we are required by the Equality Act 2010 to comply with the Public Sector Equality Duty. We need to ensure that all our strategies, policies, services and functions, both current and proposed, give proper consideration and due regard to the needs of diverse groups in order to:

- eliminate discrimination
- advance equality of opportunity and access; and
- foster good relations between different groups in the community

Please describe the actions you will take following your assessment, including your assessment of the degree of impact (proportionality consideration), to mitigate any adverse impact, advance equality, and/or to foster good relations, including the timescale for each action and who will be responsible for the action:

Table 4

Planned action and the outcome it will achieve	Owner	When	How will this be monitored (e.g., via team/service plans)
Mitigating adverse impact. ASC front door to ensure processes identify people who would benefit from mental health wellbeing and connect them to alternative service providers, where they may be able to access similar projects.	ASC	Immediately following the deletion of the post	Front Door KPIs

4 Outcome: What difference has your Equality Analysis made?

What is the outcome of your Equality Analysis? Has your proposal taken into consideration steps to mitigate any negative impact? If it hasn't, and your proposal will continue to go ahead, you will need to outline a justification.

4.1 Outcome

Please choose the most relevant option:

☐ No change – the assessment is that the policy/practice/service is/will be robust.

☐ Adjust the policy/ practice proposal – this involves taking steps to remove any barriers, to better advance equality and/or to foster good relations.

☒ Continue the policy/ practice proposal despite the potential for adverse impact, and which can be mitigated/or justified

☐ Stop the policy/ practice proposal as adverse effects cannot be mitigated or justified.

4.2 Justification

If an EA identifies potential adverse impacts or missed opportunities to promote equality, provide a clear and evidence-based justification for proceeding with the proposed action. A justification could include:

- **Legitimate Aim:** It serves a justifiable purpose, such as public health and safety, resource fairness, social cohesion, or contributes to a legal obligation.
- **Proportionality:** Demonstrate that the policy or action is a proportionate means of achieving the identified aims.
- **Mitigation Efforts:** Emphasise the Council's efforts to mitigate adverse impacts identified in the EA. This could involve implementing measures, providing alternatives, or offering support services.
- **Ongoing Monitoring:** Highlight any continuous monitoring of the proposal's impact to assess its effectiveness and identify any unintended consequences or adverse impacts. This ongoing assessment will guide future adjustments or interventions.

It is vital to demonstrate that all alternatives have been explored before deciding that the negative impact is justified, and that this is documented below.

The following alternatives to fully decommissioning have been considered, however, they are not financially viable:

Ask system partners to contribute to service costs. Mid and South Essex Integrated Care Board and Essex County Council are party to the decision to withdraw funding for Essex. Essex County Council has an ongoing and parallel contract with the Alzheimer's Society which provides a dementia service to the whole of Essex including Castlepoint and Rochford.

Commission the Alzheimer's Society to deliver a service in Southend. As this is not a statutory service there is no intention to procure at the current time. Even if Southend-on-Sea City Council were to follow this route, there is not enough time to do this to ensure a seamless transition. In addition, it would not align with the Connected Southend approach which envisions a strong first response through a consistent single point of access.

Reduce the size of the team in proportion to the reduced number of people being supported. Whilst Directorate Management Team were likely to have followed this approach when Essex threatened to withdraw funding in 2022, the situation has changed, and all the reasons given for decommissioning on the previous slide apply.

Specialist dementia support is a discretionary service for local authorities and Southend-on-Sea City Council need to deliver savings to remain financially sound.

Whilst ending the Dementia Support Service will disproportionately impact older people, disabled people, females and carers, doing nothing would result in a lost opportunity to deliver a total cashable saving of £120k and an annual saving of £250k in the Council's Better Care Fund budget which can be redirected elsewhere.

There is no data collected by the Dementia Community Support Team on the following characteristics of its participants:

- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Carers
- Socio-economic
- Armed Forces Service Personnel & Veterans
- Care Experience

It is not feasible to retrospectively collect this data, however, it is recommended that, in future, all services commissioned or otherwise funded by Adults and Communities should consider the need to avoid discrimination and advance equality of opportunity as part of what they do as part of the public sector equality duty. This will entail the collection of relevant equalities information from service users and ensuring that they have a mechanism to update this should it change.

Your Head of Service or Director is required to sign-off your analysis and outcome

Signed (lead officer): …………………………………………………………………………

Signed (Executive/Director/Head of Service):…………………………………………...….

Once signed, please send a copy of the completed EA to Angela Dress
Angeladress@southend.gov.uk.
All Equality Analyses are recorded on Pentana and reported to CMT and DMT's on a quarterly basis.

Appendix c

Proposal to stop Dementia Support Services- Consultation Analysis draft

Report prepared by D Skinner

Summary

A total of over 2,000 people accessed the campaign which ran from 19 December 2023 to 02 February 2024 of that 469 responded online, the rest were aware, informed but chose not to comment. We had 15 residents who participated by email, telephone or post were notified that their contribution was added to the consultation, this was done by creating an online record, and this forms part of the responses. We also had paper copies of the questionnaire in all the libraries and key buildings across the city. At the peak of the consultation, over 312 visits were made per day.

The total overall number of responses was 484.

We received a letter of concern from Healthwatch regarding the proposals and highlighting that the dementia support service is a vital element, allowing families to continue to live their lives and contribute to the economy and local society as much as possible and calls for the proposals to stop the dementia support services to be dropped. Full content of letter can be found on page 8. Text comments from the questionnaire and those received on paper or email can be found attached to the end of this report.

The consultation was promoted across social media and was available on the Councils interactive consultation portal https://yoursay.southend.gov.uk/ it was also made available in a hardcopy format if requested. We also provided hardcopy questionnaires in all libraries across the city.

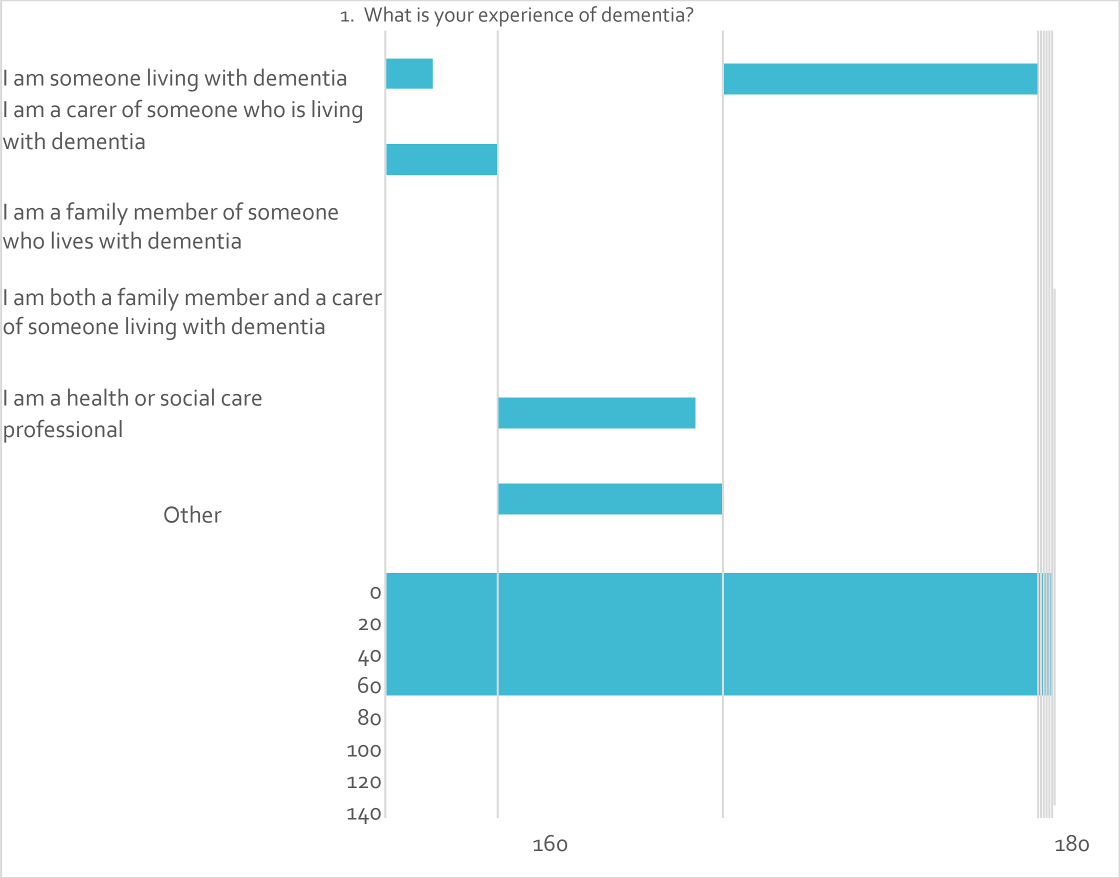
Conclusion

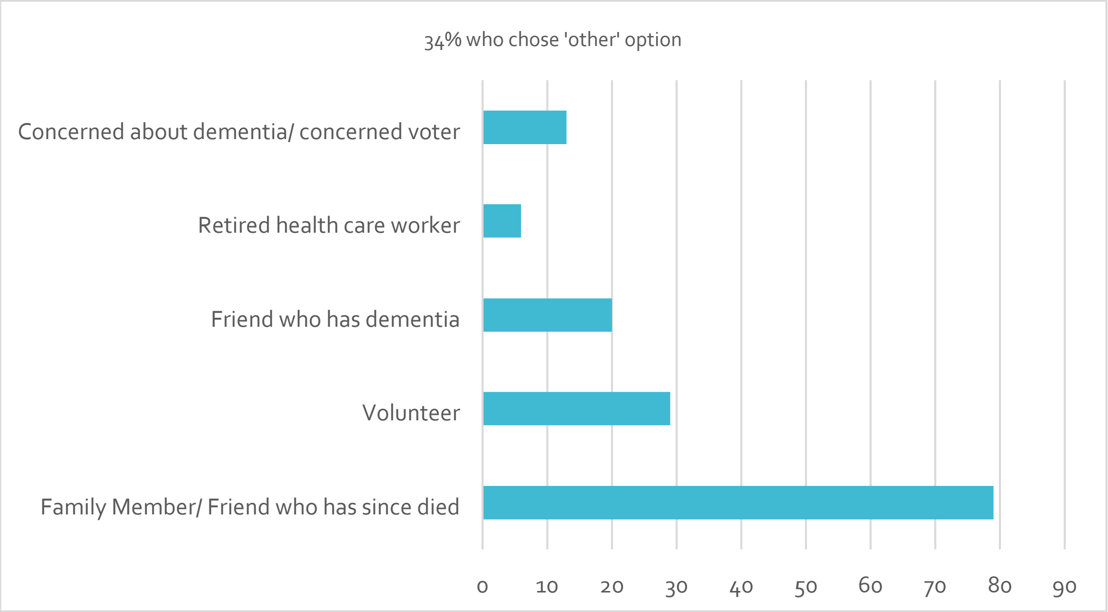
The was overall consensus from all those responding was that they understood why the Council was proposing these changes but felt with that stopping the service would create a void in providing support or guidance for those most vulnerable people in society and it could impact their quality of life giving them the security of staying in their own home and provide respite for those caring for family members or friends with the condition.

Full Breakdown of questions

1. What is your experience of dementia?

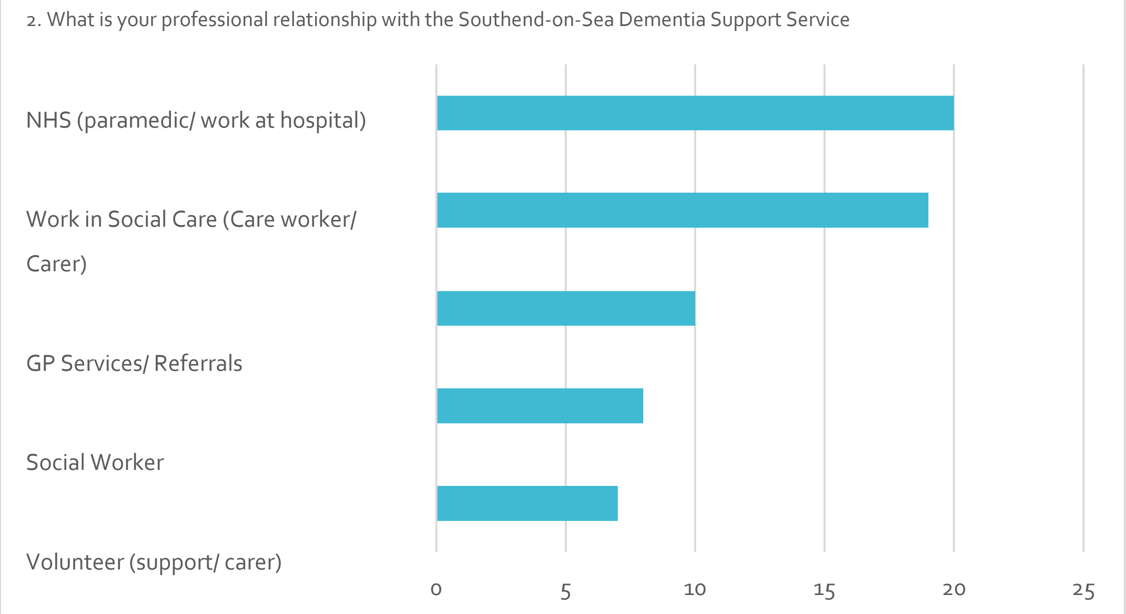
This was a single response question and those responding 23% are someone who is a family member of someone living with dementia, those individuals (34%) who chose the option for ‘other’ commented that they had a family member/ friend how had sadly died or were a volunteer (see chart below)





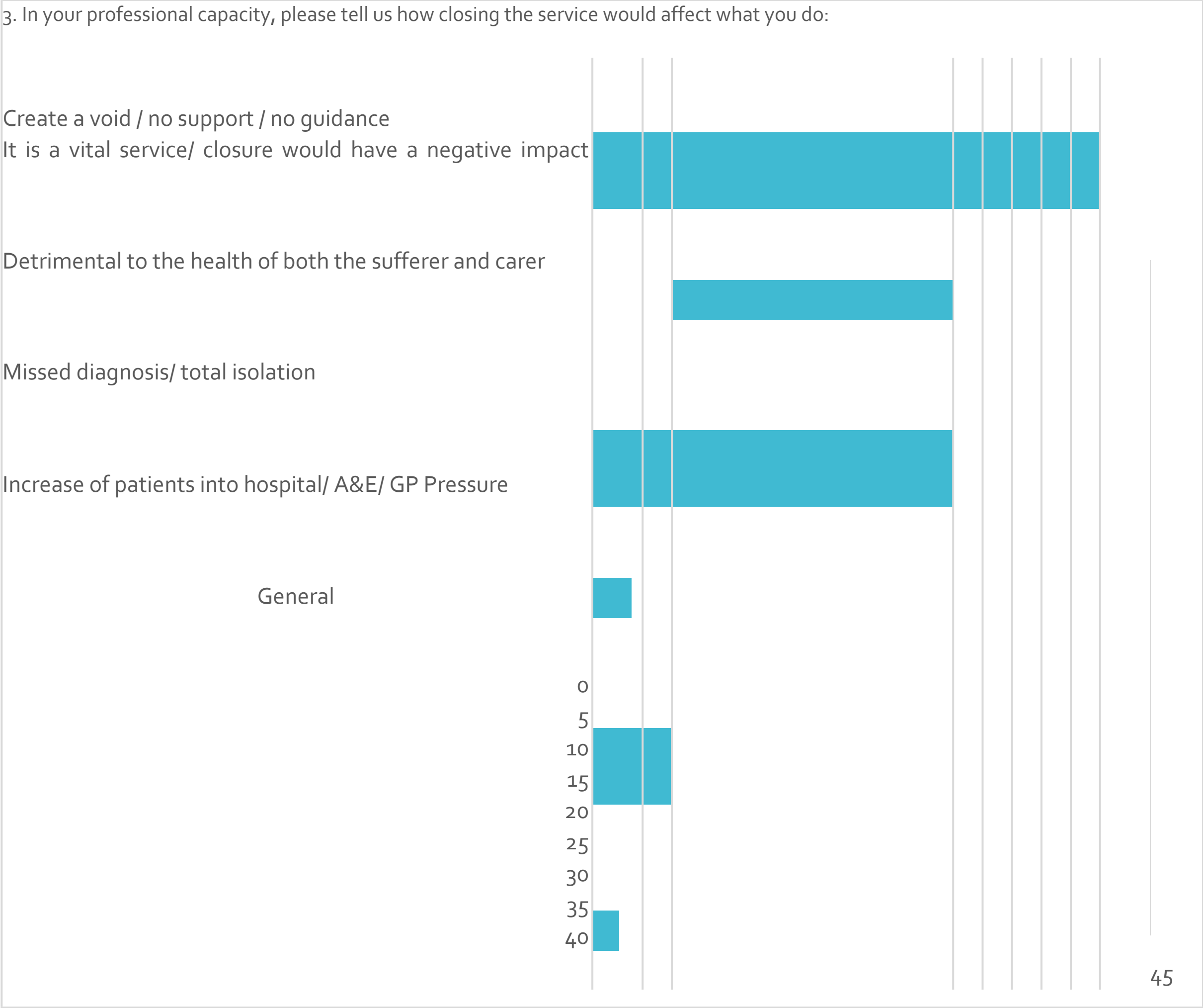
2. What is your professional relationship with the Southend-on-Sea Dementia Support Service?

Of those responding overall identified that they work in the NHS or in Social Care.



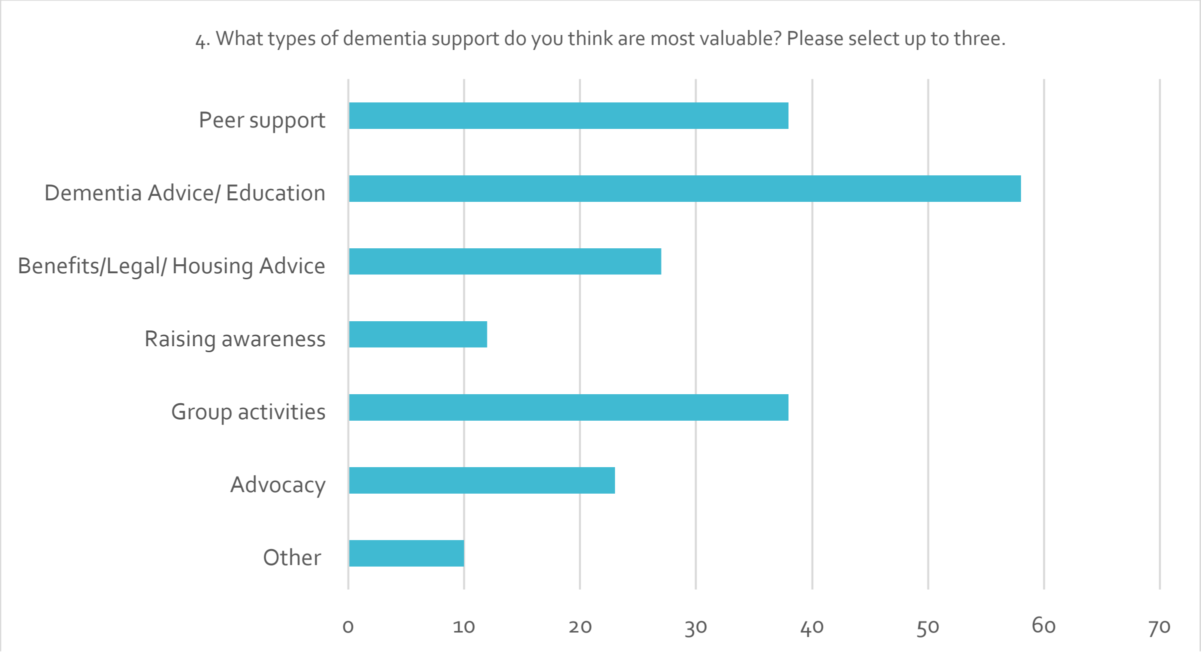
3. In your professional capacity, please tell us how closing the service would affect what you do:

This was a single response question and 44% of those responding stated it would create a void with no guidance and support for those that need it, with 24% highlighting that it is vital service and closure would have a negative impact.



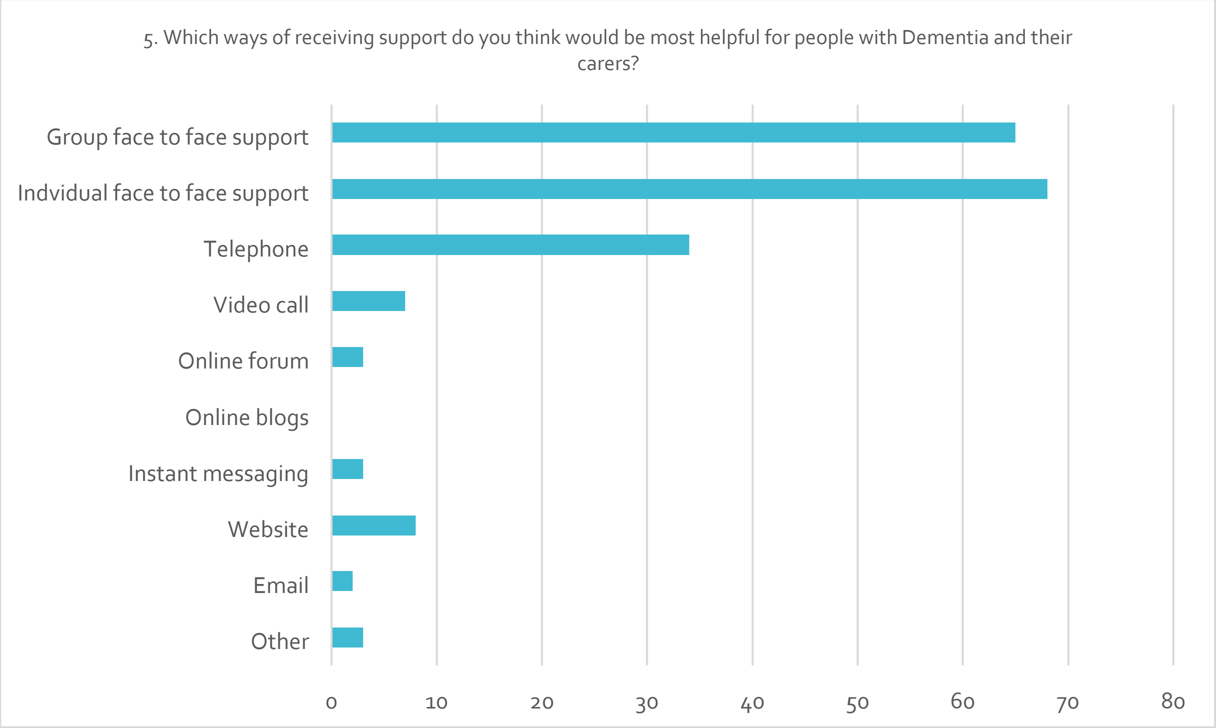
4. What types of dementia support do you think are most valuable?

27% of those responding specified that they thought the Dementia advice/ Education with 17% choosing Group activities as being important, only 5% thought raising awareness was valuable. Of those that chose ‘Other’ highlighted that they are all valuable to those dealing with the condition.



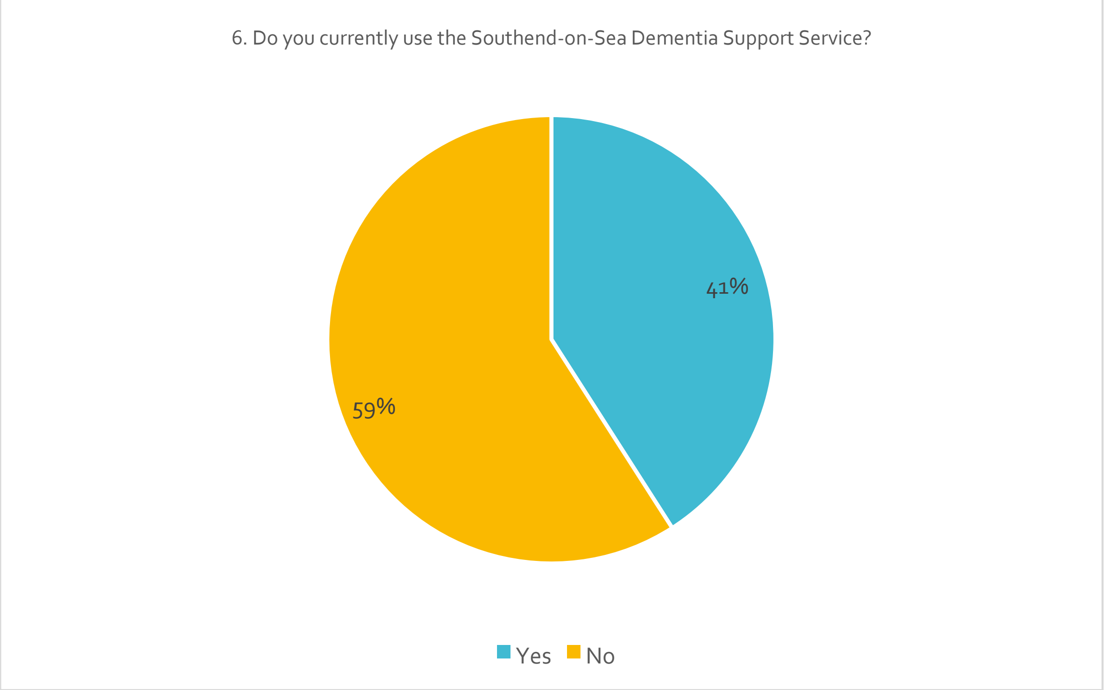
5. Which ways of receiving support do you think would be most helpful for people with Dementia and their carers?

Of those individuals that responded 35% declared that individual face to face support is the most helpful for those with dementia and their carers, closely followed by group face to face support (34%). None of those responding though online blogs were helpful.



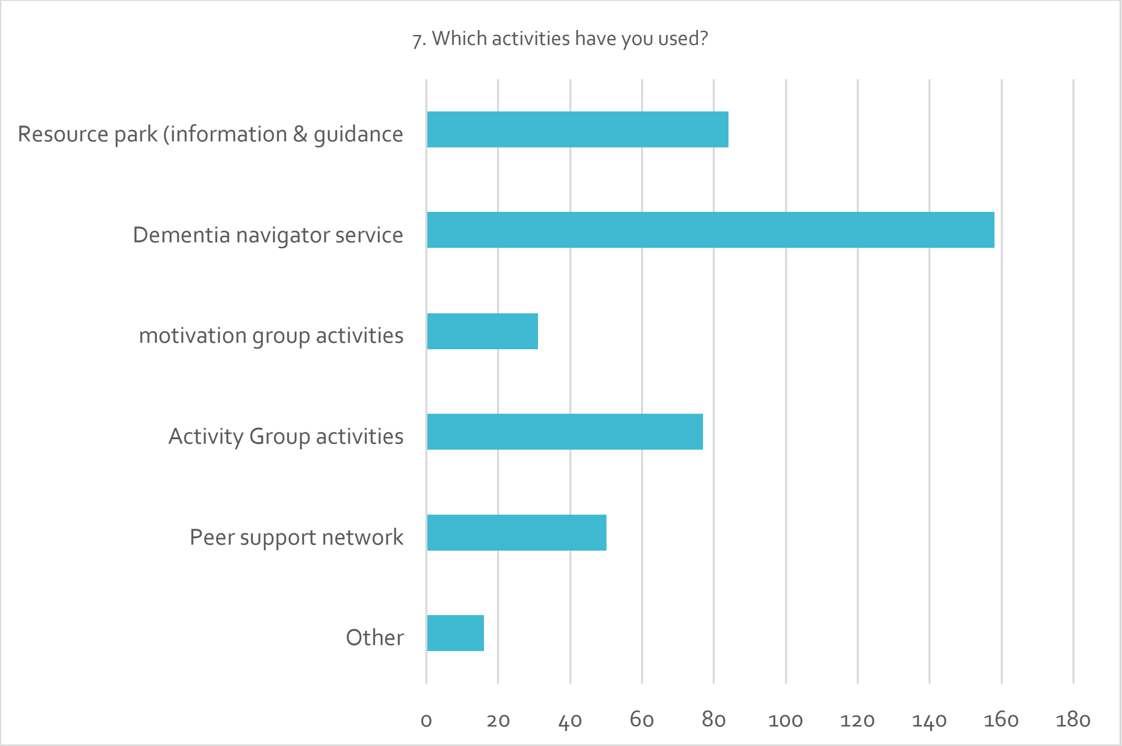
6. Do you currently use the Southend-on-Sea Dementia Support Service?

This was a single response question with 59% of those responding indicating they have not used the service.



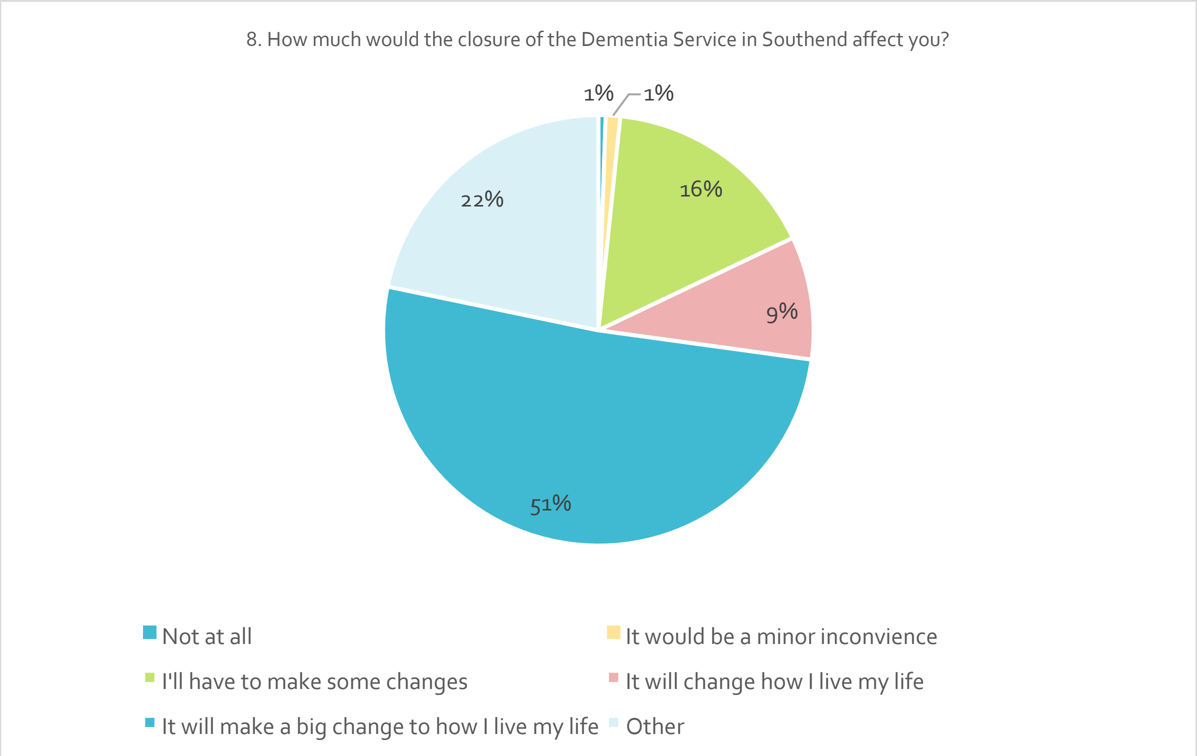
7. Which activities have you used?

Again this was a single response question and those individuals responding 38% detailed that they used the 'Dementia Navigator Service' with 20% indicating that the information and guidance (resource pack) is what they used.



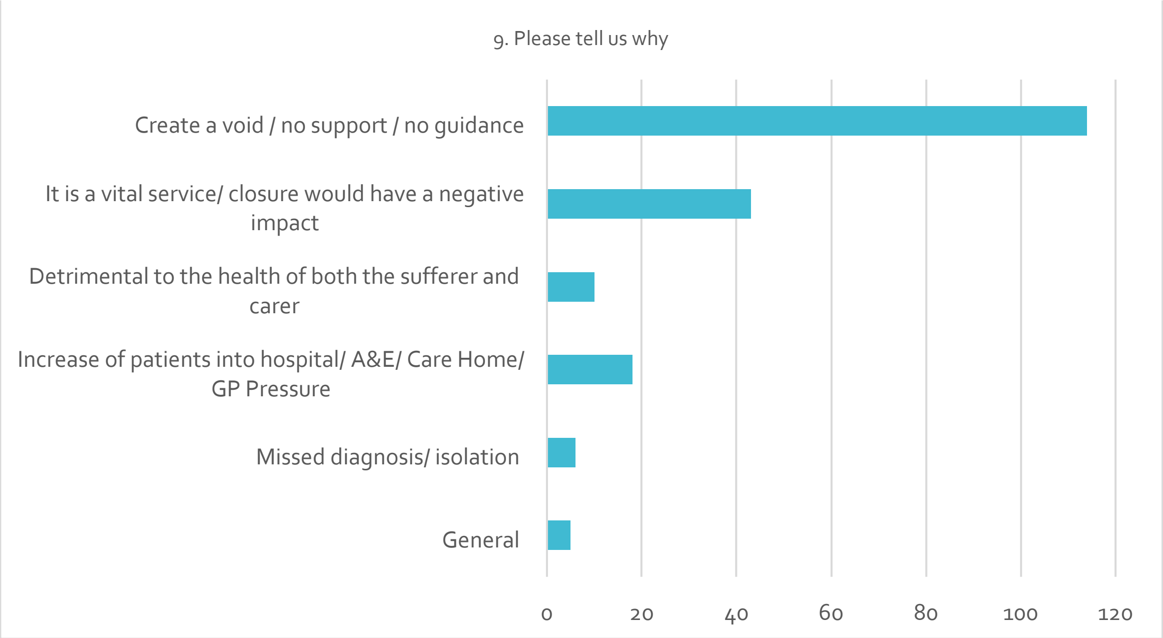
8. How much would the closure of the Dementia Service in Southend affect you?

51% of those responding identified that ‘it would make a big change to how they live their life’. The 22% who chose the ‘Other’ option highlighted that it would impact how they support their patients, would be a huge loss professionally as there would be no ongoing specialist support and it would have a negative impact on those with dementia.



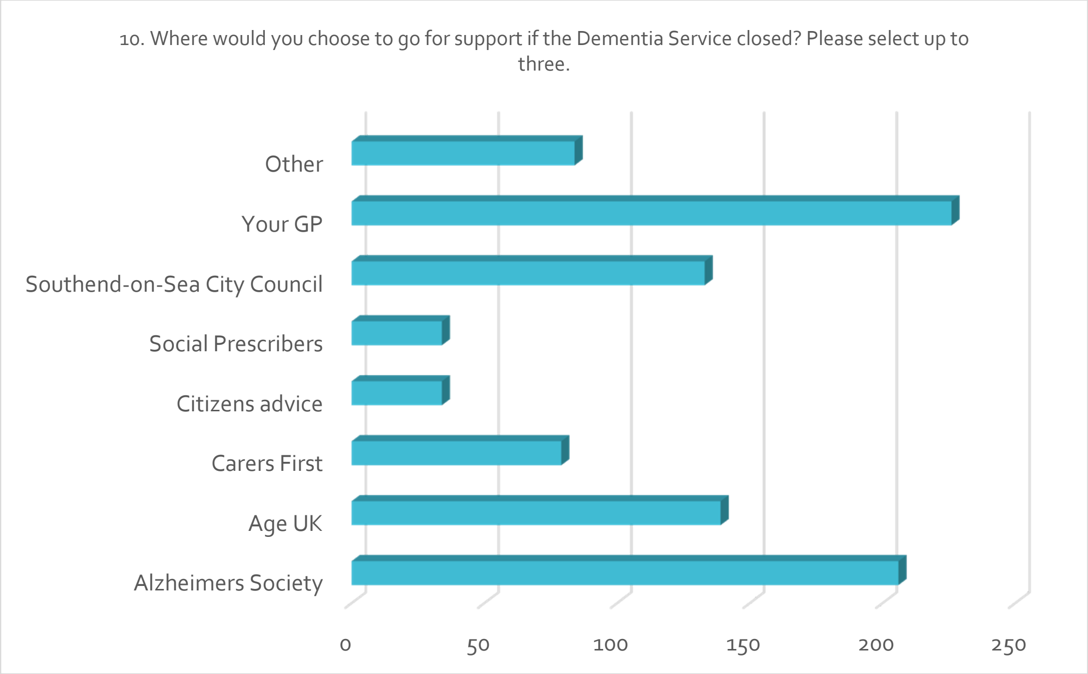
9. Please tell us why?

80% of individuals responding to this question indicated that it would create a void with no support or guidance and is a vital service with the closure having a negative impact. With 9% highlighting that there would be an increase of patients into hospital/ A&E and added GP pressure.



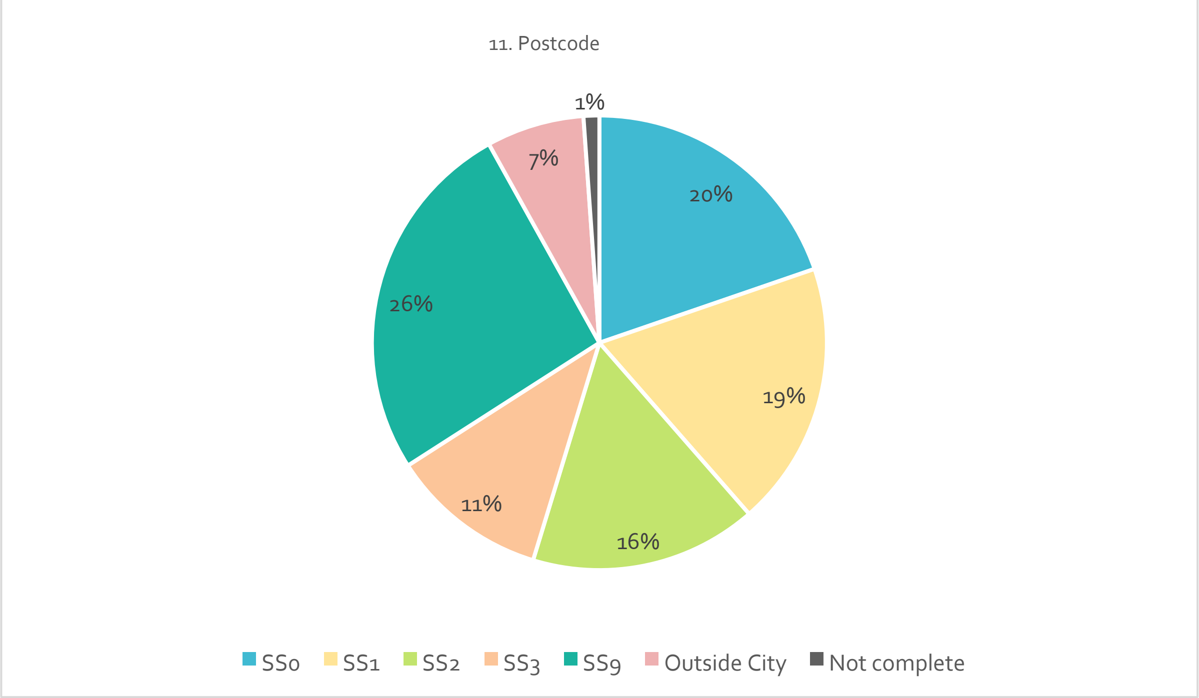
10. Where would you choose to go for support if the Dementia Service closed? Please select up to three.

Of those responding 46% would choose to go to either the Alzheimer's Society or their GP for support, but it was also highlighted that the Alzheimer's Society attend the hub at Southend Hospital but cannot offer support to those in the Southend area. It was also highlighted that many were not aware this service existed until the survey came out.



11. Postcode

Break down of respondents by postcode, of those outside of the City only three 'lived' outside of Southend, the majority of those respondents in that category were either a Healthcare professional or worked in Social care.



Full Letter from Healthwatch.

30 January 2024

Southend-on-Sea City Council
PO Box 6
Victoria Avenue
Southend-on-Sea
Essex SS2 6ER

Dear Sirs

Proposal to stop the Southend-on-Sea dementia support service – consultation

Healthwatch Southend is the independent voice of Southend residents who use, or may use, NHS and social care services. Our role is to provide information about local services, capture the lived experience of residents so that it can inform service improvement, and to hold the NHS and Southend City Council to account. The contract for the Healthwatch Southend service is held by a registered charity, to underpin our independence.

Healthwatch Southend understands that Southend City Council is having to review its budget, given the service pressures it is experiencing. We also understand that this particular service is not a statutory one. It is unfortunate that residents living in Castle Point or Rochford will continue to access the service, leading to a post-code lottery.

However, it is also well-known that the population of Southend is getting older, with a consequential increase in the prevalence of dementia. Nationally, the prevalence rate of dementia among older people in the UK is estimated to be 7.1%[1]. The number of people living with dementia in the UK will reach 1.6 million by 2050[2].

We read that, if implemented, the Council will seek to connect affected families with local community groups or other services. We are well aware that these alternatives are under severe pressure themselves – access to a GP is one of the main themes we hear, for example. To what extent has the Council engaged with them prior to including this mitigation in the consultation? If it has not, can we be assured that such discussions take place as a matter of urgency?

The dementia support service is a vital element of the package of services needed by families and friends to care for their loved ones. It allows families to continue to live their lives and contribute to the economy and local society as much as possible. From our engagement with unpaid carers, we hear frequent stories of the impact which caring has on their health and wellbeing. Carer breakdown inevitably increases the pressures on both the NHS and social care services. Has the Council undertaken a risk assessment and can this be placed in the public domain?

The text on Your Say Southend acknowledges that you will be increasing the “focus on prevention and early engagement. However, it is important to recognise that these are unlikely to replicate or replace the comprehensive support currently provided.” This seems to be an overt acknowledgement of the value of the current service. As dementia is a progressive, irreversible clinical syndrome, with no cure, it is unclear how your new focus will assist.

We have asked for a copy of the equality impact assessment relating to this proposal, but have yet to receive a copy. We would want to be reassured that the Council has taken into account the impact of its proposal under the Public Sector Equality Duty.

Southend 2050 describes a city where “we protect and improve the quality of life for everyone in our community, including the vulnerable”. Healthwatch Southend therefore calls on the Council to drop the proposal to terminate the dementia support service.

[1] https://cks.nice.org.uk/topics/dementia/backgroundinformation/prevalence/#:~:text=The%20prevalence%20rate%20of%20dementia,those%20aged%2065%E2%80%9369%2 0years .
[2] https://dementiastatistics.org/about-dementia/prevalence-and-incidence/

Yours faithfully
Owen Richards Chief
Officer

Appendix C

Full comments to the open questions within the survey.

Contents

Question 2. What is your professional relationship with the Southend-on-Sea Dementia Support Service? Full comments

This was a single response question with an option for 'Other' 68 individuals chose this option on the question

1	I previously worked at the hospital supporting people with dementia. The support and collaboration with the Southend on sea dementia support service, was vital support for all my patients and their families once discharged home. Also the information and education regarding dementia they provide in the community is making it able for people and their families to be able to live well with dementia, and to feel fully understood and supported.
2	I was the dementia and delirium Clinical Nurse Specialist at Southend Hospital for a year recently and am now the ward Manager on the Day Assessment Unit at Southend hospital
3	I work for the dementia team at Southend hospital, this incorporates a very close working relationship with the Dementia navigators. We both review patients in the wards and between us offer support and understanding. Myself and the Dementia navigator also run a drop in Dementia hub once a month, the experience and knowledge we share between us is outstanding.
4	Information for patients
5	I work with the frailty unit, who rely on referring patients to these services
6	The Day, assessment unit and have many ? Dementia /dementia patients referred to our assessment unit for early diagnosis and management.
7	I refer to this service daily and am aware of the support the team offer to patients carers and relatives.
8	colleague
9	As ambulance paramedics we frequently refer into the navigator service and they are always very helpful.
10	Social service worker
11	I refer into the team for clients I visit
12	Paramedic with EEAST
13	As a Paramedic, I use the service when referring patients

14	I work very closely with this service. I support individuals through diagnosis and post diagnosis of dementia in the Southend/shoebury area
15	Helping I'm a care home as a care assistant

16	East Of England Ambulance service have referred to the service multiple times in the past
17	I work for the East Of England Ambulance Service
18	I refer into the team and utilise their expertise
19	I work with pts in Southend hospital
20	Referrals, joint visits, groups and activities, information, guidance and support
21	I refer patients and families to this service
22	refer patients for support and informal carers for ongoing support also
23	Receive referrals from them and refer to them for support
24	Over the years the trust has build up a professional relationship with the Southend Dementia services that has been valuable in shaping the improvement made to support those individuals and families with dementia. it is with this network that the services have been able to link and ensure that the community of Southend are supported. it is a vital service that is needed within the Southend area.
25	Heart failure CNS who's patients are known to the service
26	Dementia and frailty nurse serving people in the community
27	Team lead for older adult mental health
28	I work with eput for frailty services
29	I am a Parish Nurse and I liaise closely with the Dementia Navigators. I run a Singing for the Brain activity weekly which they have attended. Also I run Health Fairs periodically which they attend. I signpost carers to the Dementia Navigators frequently and use their knowledge of local support.
30	I am the clinical lead of the DIS Team working in south east Essex
31	Paramedic supporting patients in the community who rely on these services
32	I am a matron for acute medicine previously working in this capacity at Southend hospital now at BHRUT.
33	I work alongside the team in adult social care
34	I have referred to the service on numerous occasions and have worked alongside the team with people I have assessed.
35	No involvement.
36	I work within the SEE Care Co-ordination Service, our team refer patients and their carers to the Dementia Support Service.
37	Work in Adult Social Care
38	I don’t have one.
39	Access their service for advice and or signposting clients to them
40	refer to it
41	I am a social worker who works closely with the team . We undertake joint visits to Adults in the community to give the best possible support. The team have links with other professionals and can get quicker responses from Gp’s , memory clinics. They are invaluable to the social work teams .
42	I work closely with the dementia support services as I coordinate NetPark

	Wellbeing- a mental health project that runs dementia groups offering free respite to carers
43	I work with people that have dementia
44	"I am an ANP in primary care and so frequently signpost patients to dementia navigators. Incidentally I also cared for both my parents until they died, both of whom lived with dementia so I used the service personally as well as professionally. "
45	Social Worker within the Access Team at Southend Council
46	I have worked along side them for 5 years in the NHS.
47	I'm a Dementia navigator
48	"I am a social worker and frequently refer to Dementia Navigators to support adults and families as well as use them as a link to make contact with adults that are referred in to Adult Social Care, to support engagement.
49	As a dementia nurse specialist, when a patient is diagnosed with dementia we signpost the patient/ carer to the dementia support service for advice and education about dementia, and request specific support such as benefit information.
50	Social care access team
51	Social Worker
52	I have referred to the service for the people I support in the community who live with dementia or family of those who live with dementia.
53	I am an adult social worker, who refers and utilises the Dementia Support Service.
54	I do not have a relationship with SOS dementia support services but have concerns about this support potentially stopping.
55	We work closely with them as the front door support to adult who need care and support and they support us to know who is in our community who needs Dementia support
56	I am an Occupational Therapy Assistant and have worked closely with the DST. They are a wealth of knowledge and advice and often are the point of contact we make if families are not already known to them. The families I have worked with have also benefited greatly from their expertise.
57	I work in Adult Social Care so often refer to or work with the Dementia Support Team
58	Social Worker
59	Team Manager Dementia Community Support Team
60	I am a health/social care professional and a family member of someone living with dementia.
61	I am a falls prevention instructor that takes on some people living with dementia or those who's partners are suffering with it.
62	I work with DIST
63	We speak to the service about clients for advice and refer CTs to them
64	We host a hub for the Dementia Navigators
65	I work with the OT team and work closely with this service. Most people I see have some form of Dementia and it is a huge problem in Southend.

66	I am a sensory rehabilitation specialist working alongside my colleagues in Adult Social Care and in the Dementia Support Service to promote continued independence for adults living with sensory impairments to enable them to continue to live in their own homes for as long as possible.
67	Information sharing, joint visits and support.
68	Ex Southend Social worker

Question 3. In your professional capacity, please tell us how closing the service would affect what you do: Full comments

65 comments received.

	I can only choose 3 types of dementia support from the list below, but feel they are all equally important, and are all covered by the current dementia support services.
2	In both my roles I refer many patients and or their carers to the service for support and guidance. I considered this service essential for a number of reasons. The pressure on the hospital services continually increasing and the staff shortages more evident so there is rarely enough time to spend with patients living with dementia and their carers to provide the support they need even when in my CNS role I barely had enough time to spend with only a handful of patients and so many missed out and relied on community support. In addition to this the fact they are in hospital means they are likely unwell and so not in a position to understand and retain information provided and so need back up support to reiterate the information and fill in any gaps. Patients and carers may also be overwhelmed with so much information in one go that they need a slower and more methodical method of regular follow up to assist them in understanding dementia, it's progression, it's treatments, available support and benefits they are entitled to. Finally the community support is required as the problems encountered with dementia may not necessarily require a hospital admission due to them being unwell but require support and guidance as the dementia advances and the challenges change. They need a contact to reach out to, as so many I have encountered are lost in the system and result in carer fatigue as well as hospitalisation due to non medical issues which could have been avoided if support was available in the community.
3	To close this service would be soul destroying! The navigator I work with covers all areas for people living with Dementia. The knowledge, the experience, the understanding and team work would be destroyed, the service would be greatly affected as those people in the Southend area would not receive the same care as they are used too. There would be no follow up and I believe this would affect their diagnosis ten fold. The Dementia Hub would also be affected as there would be no representative or expert knowledge on outside services and again an injustice to those that are living with Dementia.
4	Less support in the community which would lead people to use the hospital more
5	I find it appalling that a service which actually needs increasing in our communities, with more people being diagnosed daily and even more families and friends affected by this, needing support and guidance, is considered for closure

	Full comment
1.	I feel taking away this service would leave a person with dementia and their families in the area alone an unsupported and would be detrimental to their health and well being, possibly leading to an increase in hospital admissions.

6	It would be a crisis for the GPs, without having a place of contact, the relatives would feel at a loss, and there will be further A&E patients and admissions, causing more bed, blocking.
7	Where and what support would be offered without this team I am sure would be reliant on an already overwhelmed social services dept that will not be able to offer assistance at the personal level the dementia navigators and groups support offered to patients living with dementia and their carers
8	it will mean that the people who we work with who live with dementia and their carers (mainly women over 60) will have even less support and vital help. We will see an increase of distress and social isolation.
9	Without their help we will likely end up conveying more patients to the already oversubscribed A&E departments.
10	People living with dementia and their families need support and its essential they have an option in place
11	It would mean that clients would slip through the net as other teams have a strict referral criteria and no offer of long term and ongoing support.
12	Closing the service would create a void for patients and their families as their lives ones condition develops. Families often don't know what to do or how to care for and support their lives ones when not in crisis, seeking support for everyday living. Withdrawing this service would create stress and anxiety for this families and patients which would have a negative effect on their mental health.
13	Closing the service that helps the families and patients suffering with dementia will have massive repercussions and will hinder the lives of everyone who need the service to just get by day to day
14	Closing this service would have a detrimental effect on many. They go above and beyond their role to support individuals and their family navigate their journey we it's dementia. They support with social groups to minimise carer stress and prevent low mood in many people that are isolated. They provide support with signposting services, form filling and from experience will flag individuals to our service when they feel there is a need ensuring person centred care
15	It would give us no place to be able to go to for advice or helping people we can't help to get help from someone who looks after a person at home with dementia.
16	At the time of need of a patient this has been an invaluable service to those suffering from dementia. The service has been a source of great support and has been able to provide a source of on going care for those not yet formally diagnosed with dementia but suffering from the signs of
17	I believe it would have a devastating impact on the sufferers and those living with family members with dementia. We would see more people with dementia being taken to hospital , putting them in a distressing situation
18	I would struggle to support the clients I have, the families would also be without support
19	it is a vital service for people with this diagnosis. They need as much help and support as we can give them

20	The impact of closing this service will have an extremely detrimental effect on not only those diagnosed and their carers, but will add immense pressure to workload of health and adult social care teams too. It will set the integration of service back a decade and undo all the work that has been achieved in this time
21	It would leave a huge gap in services where supporting families of those with Dementia . It may increase / add to the mental health crisis
22	less and less services are available for the most vulnerable informal carers save the government money and need to be supported. I will cost more money in long run should services like this be closed
23	Families will be left with minimal support, risking carer breakdown and putting further strain on the system.
24	previous role meant that i worked closely with the team building up the trust dementia friendly status and bedding the dementia strategy., in recent years my role any involvement has changed however I recognise the impact that withdrawing the service would have a negative impact on the community of Southend
25	Removal of valuable support for both patients and relative's
26	suspect more will be placed onto Primary care services mainly GP practices when families need ongoing support or carers/PWD will be contacting for advice or may even possibly go into crisis.
27	Would be a massive loss to our patients and their loved ones. There is no other service that can replicate what they provide
28	It would be a major loss to not only the NHS but people living in our community!!
29	It would be a great loss. I use the Dementia Navigators frequently for support and knowledge and signpost my clients to them. They have been invaluable coming to my events and doing home visits on people I refer to them. I do not know what I would do without them.

30	The closure of this vital service would be disastrous to people with dementia and their care givers in the locality. The closure of this service would negatively affect some of the most vulnerable people Question 4- you only allow a selection of up to three, however these are all vital
31	It would be detrimental to the mental well-being of my patients, and may cause an increase in calls to the ambulance service for help dealing with acute behavioural issues. It adds stress to the GP caseloads as the dementia services help support patients and families. It also removes the respite element for families, which may have a negative impact on their physical and mental health.
32	To close this service will impact on the Emergency services department which is already under strain, the service provides support to patients and families with this challenging condition and without that they will undoubtedly turn to emergency care resulting in unnecessary hospital attendance, admission and hospital stays. there is little community infrastructure to support this patient group already.
33	I find the service very valuable both for the adult with dementia and their family and friends. If the service was stopped I feel that a lot of people would miss the support and clubs.

34	Having had personal experience of family members living with Dementia my response is from this perspective. There is growing number of people in the City with Dementia and supported and cared for in many ways. It does concern me that support to individuals and family members regarding the early onset of dementia would be lost at a time when support and advice is sorely needed to anxious people.
35	It would leave a big gap for patients and their carers, in face to face support specialising in Dementia. leaving us with no other appropriate, alternative service to offer our patients, and their families if you close this service. These are some of the must vulnerable people in our society, Southend Council would be failing patients Diagnosed with Dementia and their families, in stopping this service.
36	This is a service which allows carers and those with dementia to feel safe and comfortable It supports carers allowing them space to talk about their role and frustration
37	Forget my professional capacity for a minute, I'm an adult who could potentially experience dementia at some point in my life and I want to ensure that these support services are still in place for me if I need to access them.
38	Remove a very valuable service for local people with specialist knowledge and experience. It is not just the people who have the dementia diagnosis, it is the family and or carers too.
39	put increased pressure on GP and hospital services
40	The team offer on going support to adults in the community, they will manage people's anxieties until services are put in place by Social workers . Without this service Social workers will be working on critical cases which will have an impact on the adult , families and will lead to more admissions to hospital and care homes which will have significant impact financially on SCC .
41	We understand that the impending closure of the dementia team will have a detrimental impact on both our carers and participants who are involved in dementia care. They rely on the dementia team for assistance in navigating through the available support. The absence of dementia team members would place additional strain on our already limited team of two individuals, responsible for aiding carers and participants. We conduct safeguarding and risk assessments with our participants and carers, and subsequently share this crucial information with the dementia team. The absence of the dementia team would result in an increased workload without corresponding additional compensation. Furthermore, we heavily depend on the dementia team for the latest information regarding support services and community activities, as well as guidelines for working with dementia and their overall expertise. The closure of the dementia service would prove to be a significant setback for individuals living with dementia, their carers, and other healthcare and social work professionals operating in this field.
42	Supporting people with dementia already faces huge problems. Closing the service would negatively severely impact those with dementia and cause further stress, strain and hardship for those caring for dementia patients.
43	It is likely to significantly increase the difficulties we have in primary care regarding accessing help and support for individuals with dementia and their families. Particularly so where social prescriber input is limited.

44	I carry out a lot of referrals to the service for people who may not require long term, intensive support from social care, but need some practical support. Many people in the area do not have friends or family who can offer this support, or do not know how to navigate a very complex topic during a very overwhelming time. They carry out a very high quality service and offer a lot of practical support when social workers are unable to spend adequate time carrying out these tasks when we are also extremely over our capacity. I have had safeguarding's and concerns raised from the Navigators who were working alongside adults who did not have family, and without these interventions the concerns would have reached crisis point and been much more time and cost intensive for us as social workers. I have carried out joint visits with navigators who were incredible at engaging adults and encouraging adults to accept our services at a time of apprehension. Without these interventions, I feel we will have a lot more work to d with adults, at a time when we already have a long waiting list and very complex adults accessing the front door. We will see a huge impact on the adults in the area that we serve and those adults will struggle to navigate a system that is constantly changing and hard for professionals to navigate, never mind adults and families who are already at breaking point with the system.
45	Closing the service would be abhorrent and would be complete neglect of patients living with dementia Local charity offers are not sufficient, such as Age Concern at Havens, completely not appropriate. What the dementia navigators offer is incredibly tailored and valuable for patients and carers, we have regularly used it and I adore their service. But this is the council all over, Luminosity gone, Ironworks going, typical Tory mess impacting on the public.
46	I see on a daily basis the devastation caused by Dementia. I have families telling continually how grateful they are for the service we provide and are in disbelief that the service they rely on so heavily won't be there anymore
47	I am often referring adults to be supported by Dementia Navigators to provide valued support adults and their carers/ families. This includes social clubs, advice and information support. The families I have referred have found the service a huge benefit and knowing they are there to assist when required. I have also used the service for a low level monitoring support rather refer on to Locality teams to complete monitoring support, freeing up social workers to complete high level complex work. I have also used Dementia Navigators to assist with me during my visits, to support engagement and trust. The dementia navigators have been invaluable in providing information as to whether there has been any changes in the adults presentation and the adults network.

48	This would mean an increase in demand for the access team as all referrals for any adult social care are made via this department. There are often long waits for callers, this will make the wait time longer, this makes callers frustrated.
49	I have relied on dementia navigators for a number of cases - they are able to build positive professional relationships with the adults in the community. They are able to build trust and spend more time to support. For example, form filling, knowing and sharing resources in the community. They help to maximise independence before harnessing social care services in the form of care packages. Without their support there would be a missing link between adults, the community and social care services.

50	I feel loosing this service will be detrimental to the residents of Southend on sea as it is invaluable. I know from personal experience people who live with dementia, carers and family often feel isolated and alone and being able to reach out to a service that provides support is essential, for their well being and to gain information in relation to living with dementia and the support services available in the community. I am shocked that the service is being considered to be discontinued due to the increase in people living with dementia. I feel the loss of this service could result in further pressure on the NHS services and social care as without this service people in need of support will need to turn elsewhere.
51	This would make a significant negative impact on our services, creating more pressure on social care as adults/families/carers would feel at crisis point sooner, as no preventative or support has been provided. When we see carer breakdown, or families requesting residential placements due to decline in cognition related to dementia, you often find that the family isn't coping, and referring them to dementia services give really good support and reassurance for them. With the current lack of funding and services available to Dementia services is one of the most key supports we can refer to and I think closing the service would be detrimental to the adults and families of Southend, reducing peoples independence and pushing people closer to relying on formal care arrangements.
52	It would not affect my practice, however it would affect a number of peoples lives. When a family member has onset dementia it can be a very stressful and traumatic time for all concerned. Having a service that can provide advice , guidance and support at this time helps to alleviate some of this stress and helps the family plan for what is potentially to come.
53	Without them we will lose our connection within the community and its likely that more vulnerable people will be lost in the system and not sign posted to us as well as the families struggling and not knowing what options they have to care for the person of concern. it will also put more pressure on adult social care as they will be referred into us directly and have longer wait times than they do now for a care assessment
54	Increase waiting times further within other social care Teams. Lack of resources and support within the teams therefore impacting on the public and their needs. Families left with no specialist team to advise and support their loved ones living with dementia in the community.
55	It would have a huge impact on Social Workers and the work they are able to do as they often refer to the Dementia Navigators to support those people they are working with. Social Workers do not have the capacity or resources to provide the service that the Dementia Navigators do.
56	The dementia community support team have really helped the team recently, in relation to advice and information, suggests and support for an adult living with dementia and walking with purpose during the night. They have expertise and knowledge that have supported and assisted the adult to remain safer.

57	The Better Care Fund is a programme developed to promote integrated working between health and social care. The aim is to make the well-being of individuals the focus of health and social care services. Southend reported their vision was to create a community where residents could access the best care, with a focus on community provision and out of hospital care. Southend GP data from 2020 showed that Southend has a higher prevalence of dementia than the average in England. Southend want to deliver care and support through more integrated pathways to better serve the people of the city. Southend working with Essex and Thurrock developed the SET dementia strategy. The SET dementia strategy worked with stakeholders in identifying 9 priorities, and these underpin the governments dementia strategy working to a 40% reduction in dementia. These 9 priorities are; prevention, supporting unpaid carers, reducing the risk of crisis, knowledgeable and skilled workforce, finding information and advice, diagnosis and support, living well with dementia in the community, living well in long term care, and end of lie. The Dementia Community Support Team (DCST) provide advice and guidance to those who are pre, peri and post dementia diagnosis. The DCST provide health and wellbeing advice to live full and independent lives for longer and in a bid to slow the deterioration of dementia. The team also encourages physical activity and has worked with Fusion Lifestyle to provide dementia friendly swimming at a reduced cost, making it more affordable to the residents of Southend. The DCST have also worked with Waterside Farm Leisure Centre in Castlepoint to provide the same offer in South East Essex. The DCST work with their health colleagues in identifying adults who would benefit from a memory assessment, and support them in contacting their GP to commence the Memory Assessment Pathway and liaising with the Memory Assessment Service to chase progress. As an effort to support unpaid carers the DCST runs a Motivational Group and Activity Group, providing invaluable respite to the unpaid carers. The groups are non-means tested and the cost to attend Motivational Group is free. A charge of £1.50 is made to pay for the use of the Snooker Tables charged by the club. Activity Group is free. The cost of the presence of staff is covered by Southend Council overheads. By having staff present they also help reduce the risk of crisis and carer breakdown through provision of practical advice and help to the carers in supporting their loved one living with dementia. The peer support for carers reduces social isolation and carers also report it helps with their mental and emotional wellbeing. Southend identified the need to improve the quality of life for our residents who have dementia, their families, and carers. Southend have encompassed this within 3 core strategies; Living Well, Ageing Well and Caring Well. As part of the Health and Wellbeing Strategy 2021-2024 Southend wanted to support and enable the people of Southend to have the best possible physical and mental health, wellbeing, and quality of life to promote good healthcare, to enhance health and wellbeing for all ages. The DCST enables families to remain as independent as possible and reduce contact with adult social care by identifying social activities, clubs and local community assets that build a surrounding support network. The team works with the community to increase dementia friendly awareness that turns into another asset that can be accessed by those living with dementia, their unpaid carers and families. The number of people living with dementia in the UK is estimated at 850,000. By 2025

	this is expected to rise to over 1million, and by 2040 the figure will exceed to 1.6million. Dementia is one of the major causes of disability and dependency among older people and there is no known cure. Dementia caused more deaths in England in the year end March 2021 than Covid-19, and a quarter of all those who died of Covid-19 had dementia. The figures reflect that a removal of the dementia services in Southend would be short sighted and detrimental to the city both now and in the future.
58	The service provides extra physical activity which helps those suffering with dementia with coordination and concentration as well as the social interaction which all help towards overall health improving the quality of life for themselves and those that care for them.
59	I personally believe it will have a huge impact on all of us. Dementia is progressive and the best option for them to be able to be cared in their own home .As moving from their familiar place to a nursing home and moving away from their loved ones is going to have a huge impact on their physical and psychological well being, and should be the last resource. So What dementia service is providing is supporting patient and family to deal with this crisis .Helping them to continue in their house as much as they can. This service is so crucial to support these families mental and physical well being ,thus supporting the community to save money preventing or delaying their hospital and nursing home admissions
60	Please could you explain where we would refer CTs for dementia support in Southend
61	There is a huge a need for this service and our residents would be greatly affected by losing this support service.
62	This will put huge pressure on us as we will have to do the work of the Dementia navigator.

63	The Dementia Support Service in Southend has proved itself to be invaluable both to the residents that they serve and to the Council in cost savings affected by effective early intervention. By providing help and support at an early stage the service prevents escalation of needs and breakdown in caring relationships. Working collaboratively with other social care staff, the dementia team provide links and support people to access services, enabling and empowering people with dementia and their carers to access the services they need to remain healthy and happy at home. Without the continued support of the army of unpaid carers who work 24/7 to support their loved ones, there would be a huge increase in the demand for care packages, residential care and hospital admissions. Cutting this valuable service is very short-sighted and will cost the Council financially in funding for care packages, in loss of staff and in increased staff sickness, due to increased pressures on the remaining Social Care workers. I can foresee there being a huge increase in the workload for the remaining social care teams. I am concerned that those with dementia who live alone and do not have a support network around them will fall through the net. They may suffer a decline in their health and may suffer due to self-neglect and malnutrition. They will not be supported to access health services such as their GP, dental, audiology and opticians services, and may even die alone as no-one is aware that they are struggling. In my personal opinion, this cut is inhumane and attacks the most vulnerable in our city who are least able to speak up for themselves. It is short-sighted and, in a city with an aged population, it is a quick save that will cost all of the services dearly in the long run. The CAB do not have the capacity to do home visits to offer home visits or provide ongoing support for families living with dementia, and Alzheimers UK do not provide specific support for carers. The DST pulled all of the services together for people and helped them to get the help and support they need when they need it. Please don't lose this valuable, money saving service.
64	Most patients that I see in the community will need help form filling, finding local groups and general support. If the navigators go it will leave them lost and unable to navigate through a very tough time in their life.
65	I feel there would be a limited affect on the social work role. The dementia teams support was more in an advisory role than a hands on approach. Advice and information can be provided elsewhere.

Question 9. Please tell us why? Please provide these in the box below.

Responses received in total 153

	Full Comments

1	Without the dementia navigator service there would be very limited resources to refer patients and their carers to. The Alzheimer’s society does not cover Southend and there would be a huge gap in community dementia support if these teams were lost. I think it would be an extremely bad decision resulting in many people living with dementia and their carers very lost and alone and for those people this could have disastrous consequences. I have seen the effects of those who have not received support for whatever reason and for this number to increase I think is just awful. Dementia is so underfunded in so many areas and the money saved to the country by informal carers needs to be taken in to account. If support is not available to carers the pressures will fall to social services which cannot support it as it is so we must continue to provide support for the informal carers. As well as my professional role, my father has been diagnosed with dementia for over 6 years. He lives with my mother. He is totally reliant on her for ALL his care needs. If anything was to happen to my mum he would require 24 hour care as myself and brother work full time and would not be in a position to meet his care needs and maintain his safety. My mum needs to know she is supported.
2	Because the support will not be there. If the team go, family's around Southend won't have help like this
3	They are readily available when I need support
4	Our services are stretched enough at the moment and more and more people are being diagnosed with dementia every day. Imagine if that was your parent !
5	I believe the acute trust and primary care will be the place that patient and carers will seek out if this service is no longer available. Costing more than the small relative amount that was quoted in your information provided regarding the service.
6	The navigators have been an amazing support to my family. From directing us to the appropriate resources, I have undergone training with them, they guided our family through the attendance allowance process and as my mother in law gets worse i worry what support and signposting is going to be available to us for the future. Please do not take this service away.
7	There isn't enough support for those living with dementia as it is. By removing the dedicated service for people with dementia and carers of those with dementia they will deteriote quickly and social services will be picking up all of their clients and referrals costing more in the long term.
8	this is vital support which is lacking elsewhere
9	The service and support provided by Carers First have been a lifeline. Without their care and support I would not have been able to continue as a carer and my wife would have had to go into care. This would have cost the council far more than the amount spent on Dementia Services. This would be the same for so many unpaid carers for whom the current Dementia Services are essential in maintaining our mental health. The mismatch of other provision in no way could make up for what would be lost.
10	Ongoing support and knowledge will be lost. We regularly use the navigator service and have benefitted directly from J knowledge and support (Team Manager)
11	I will need support from other sections of the social care network
12	Invaluable in navigating the various bodies and institutions & advising on where to go for information as well as providing it directly themselves
13	I will struggle to refer to an agency that my patients and their families need

14	Are you crazy even considering closing this service ! Do you have any idea of the impact it would make ! Unbelievable !
15	My mum went into a care home in April and was diagnosed with dementia. I was contacted by a local dementia navigator a few weeks ago and she advised me to apply for Attendance Allowance. She is the only person to mention this. Without her I may not have thought to apply for it.
16	It was support in helping him and for me helping me feel I wasn’t alone
17	It’s the only place where you can get both support and advice. Especially when caring goes wrong and you need immediate help. If this service were to stop where would one go to for immediate aid in dealing with an emergency situation at home? How does be cope when the person suffering from Dementia has a mental breakdown. Please don’t say Social Services. It took my husband to be in hospital to get a social worker involved. This was 13 months after first contacting the social services to register him as having Dementia and needing an Assessment.
18	I have spondylitis spondylosis I am struggling there action will put me in a wheelchair
19	Charities and non profit organisations will not be able to accommodate extra referrals because the council want to save money. Which will put a huge pressure on other services. Dementia Alzheimer’s affects more and more people and the deterioration can be a slow process without the correct support people will be put at risk.
20	It may affect my ability to work as I will need to provide more support for my parents. My father who has dementia often has suicidal thoughts and without any outlet or community he will feel like he has nothing to live for. My mother suffers with high blood pressure and anxiety and I am also concerned for her mental health if these groups don’t continue.
21	Having worked closely with the service for a number of years, collaborative working has worked well and feedback from patients has been very good. Without this service, patients would lose vital community support and place pressure on other services that support as replacements
22	As we always need help with someone we look after with dementia to how to deal with someone who is hitting us on a daily basis or just general information from this team.
23	The Dementia support service in Southend is essential for both patients and for the people who care for them. The knowledge, information and advice they impart is sound and appropriate. Without the social opportunities the service provides there will be an increasing number of people who will become isolated and lonely thus having a detrimental impact on their mental and physical wellbeing. Unpaid carers are taken for granted and often care alone. Adult social care are obviously overwhelmed and the removal of the dementia support service will only exacerbate the situation and add additional pressure for both the service providers and users. There is nowhere else locally who offer the same level of support.
24	This service provides a valuable referral pathway for the ambulance service
25	I will feel unsupported and alone with the burden in care.
26	These services allow people with Dementia to live a full and safe life
27	My aunt is the carer for my uncle, they are both in their 80's so cutting this service would cut off my aunts lifeline. She was introduced to clubs that she takes my uncle to. They also offer her help and support.

28	There is already a lack of dementia specialist support that is so easily accessed and provides a flexible service to those who need it. No other service can match what is currently on offer.
29	Both personally and professionally the impact in losing this team and the support it offers will increase stress and burden especially on working teams and carers
30	I would have to consider how to offer support and who to seek for advice and guidance, probably trying the overwhelmed GP services or Social Care teams to refer those I meet.
31	I need the respite help ,, the services are essential . I cannot believe that SCC are even thinking about withdrawing them
32	the patients and informal carers are the most vulnerable in society needing support, without support the patients may end up in the system costing more in the long run
33	Offering support to the carers will change as we wont have the service to refer to or ask advice from.
34	Without having the specialist team I feel like I'm dealing with mums dementia on my ownwhich is overwhelming
35	My partner lost his job due to dementia diagnosis. Our life has changed immeasurably. The Dementia navigators have been/are crucial in their roles of support and help. They go above and beyond with the knowledge they have in this distressing disease.
36	The service is essential to slow the decline of the person involved. it is an essential part of our week to attend these groups where help is on hand and experiences can be shared. Without them we would live a very lonely existence with an inevitable decline in mental health.
37	Meeting and talking with the dementia navigator is a lifeline for me
38	Due to the ongoing support and current advice given. Respite care for myself as a carer.
39	There are increasing numbers of patients and carers need good support -it can be devastating to look after someone with dementia and to remove this service would be a backward step
40	To watch a love one change and have little recognition is heartbreaking. Days can feel lonely and bleak. Having support and service helps us all through these days. So valuable
41	Because people in our community need the support, the NHS does have the resources to support everyone in the community
42	Our organisation is run by volunteers and volunteers look to Southend Dementia Services for confidence to deliver best practice on our services and to signpost guests.
43	I will need to give up my life to help my mother, either practically on doing the research to enable her to get the best care.
44	Their knowledge of local support and activities is invaluable
45	My Dad would be with people in a caring environment and enjoy himself for a short space of time Living with dementia means not a lot changes and days are long It also gives the carer a well needed break …. Quite simply imagine if it were your dad , would you want that for him and for you too
46	My Mum has mixed dementia and it is hard on my Dad and us. This will be less support which will mean that she may go in to a care home quicker. This is not what we want or good!
47	Because this is the only place I as his carer can be myself and my husband feel"" norma l " in a group environment. you loose your identity when caring for someone with Dementia, and the navigators help all the time to support you in every way, they're irreplaceable.
48	Because for 2 hours a week at the Windermere club the dementia navigator helps my husband play snooker and I have the company & support of the other women for two hours where we chat and help each other who all understand what it is like looking after

	someone with dementia all day every day by going to this club it helps to make friends and we give each other support also the husbands are doing something to try and keep there minds active which all helps if it wasn’t for the Windermere club I would be at home on our own no conversations which isn’t good for the carers state of mind .
49	I refer people to these services or advise them of what is available to provide them with support and information
50	I would not be able to refer or seek advice about dementia. I have also recently completed training with them.
51	Without the help and continued support of the dementia services and groups I would not be able to cope well I am able at the moment to phone for help 5 days a week and one of the dementia coordinators will visit when things are tough In the we can share information if/when we reach a difficult situation that we are finding it hard to cope with
52	Living with someone with dementia is extremely challenging and the needs change consistently The dementia coordinators understand this they are skilled and informative every step of the way and can be contacted daily if required When I was finding a situation very difficult a coordinator came to my home and spent time going through techniques to help their support is a life line for carers
53	Supporting a person with dementia requires help .. without this service then social services will have to provide more support within the community which will no doubt have an impact on their budget, and burn out to carers resulting in an increase within support services or residential care
54	No one knows until they are living with this terrible disease how it impacts the person, everyone around them and the challenges faced daily with changes often being managed (or at least attempted with support) ad hoc due to the unpredictability of this disease. One minute the person can walk and feed themselves and the next day they cannot move or open their mouth.
55	I wouldn’t know who to turn to for advice and help
56	I have been told the service is the only place where questions are answered and which appears to have staff who are clearly properly trained. Many people find that social workers keep changing, and are not answering their question. They don't appear to be fully trained in dealing with dementia.
57	It the services stopped there will be no support for the people that are suffering and their families.
58	I am Only going to get worse and I will Need more support. My husband is a lot older and will not cope without help
59	The service's very existence is a sign of hope and a show of community inclusion for people like us. If you take it away you delete us from your 'vision' of local community. Should that happen we will, of course, lose some of our independence, choice and control and become more dependent on your already drained Adults Social Care service.
60	The Carers also benefit from seeing their loved ones have a purpose to have a sense of belonging and relax in the complete care of the clubs for a couple of hours
61	Presently I use the dementia service quite frequently as I'm caring for my wife who was diagnosed with Mixed Dementia 10 months ago & I need all the help/ information I can get

62	The Dementia Navigators are vital to me. They have a vast amount of knowledge and expertise of dementia. The amount of support and guidance they offer is enormous. I've been a carer for about 10 years now and I'm not sure what I would've done without them. Everyone's experience of Dementia is different but they understand this and advise accordingly.

63	Caring for or living with someone with dementia is incredibly hard and having much needed support helps to cope. Group activities for those with dementia is essential to keep the brain engaged and there is good evidence to indicate it is a effective. We saw with Covid and the interruption of in person services that those with dementia experienced a significant decline in cognitive function and there is also research that shows the impact that decline had. That decline does not recover once lost. Given that dementia affects 1 in 11 people over the age of 65 in the UK it is a massive risk to remove services in Southend - the problem is only moved to an already stretched adult social care - who in my experience did not have the time or resource to provide group activities or navigation support. Also for carers if support and group activities are removed there is likely to be an increase in request for respite / carers and ASC funded support to enable the carer to have a break and to cope. If there carer is not supported and cannot cope it adds to more costly intervention or possibly residential care. So it seems the potential cost saving of closing this service will only be moved upstream when the needs increase - when actually with dementia it is essential to have preventative and early support.
64	I have found the advice from my dementia navigator to be extremely helpful when I have sought it. I would not have known where to turn without it.
65	Many of these patients and their informal family carers, do not find telephone or digital support appropriate. they may not be tech savvy, may have issues with sight or hearing, which makes telephone support unhelpful. If anything the service needs to be extended, and more funds put in for face to face support. I have completed this questionnaire in my professional role, however I am also a carer for a loved one living with Dementia, so I have personal experience outside Southend area, of how important and much needed this support is for patients and family. Dementia is so heartbreaking and stressful to support.
66	There are increasing numbers of patients and carers need good support -it can be devastating to look after someone with dementia and to remove this service would be a backward step
67	I am unsure we would be able to continue to offer the service we currently do without the support of the SDAA.

68	I have both seen and experienced how challenging and draining it is to lose a loved one to dementia. It is a long and tough journey to see the "lights go out one by one". It is a lonely experience in many ways too. Sadly, the NHS and social care workers do not all demonstrate an understanding of what dementia entails. That is why being able to speak to and access help and support from people who understand dementia is so important. Caring for a loved one is very isolating: the groups/activities provided by the dementia service are a lifeline for both the dementia sufferers and their carers. It can be very helpful for the carers to meet with other people "in the same boat". I do not believe, though that the groups could be sustained without the dementia navigators. There is a constant churn of group attendees and without the navigators to tell people about the groups and assist them to access them, they will not be able to continue. Without the support in the early stages of dementia, both the sufferer and the carers may need to call on adult social care services sooner than they would have done and this will cost the Council more in the long run.
69	Currently I take my husband with dementia to the Windermere club once a week to play snooker. It's the only activity he enjoys participating in and I know he is happy and cared for by the dementia navigators, so I can have 2 hours of respite. I am able to be with other wives in the same situation, people I can relax and chat with. Otherwise, I don't get to see anyone outside the home, a very lonely existence.
70	Without ongoing support I will be unable to continue caring for my wife which will mean that additional services will need to be provided by the council, including residential care.

71	Without this service adults in out communities suffer and won't get the quick response that is required in such a significant times of their lives . This should be no different to someone receiving treatment for cancer .
72	I will have to work longer hours to cover the work that the team does for my porject
73	It would state the City Council's intentions that they do not value supporting persons with dementia and value instead things like Boom Battle Bar or Southend United FC or Victoria Shopping Centre.
74	The current support services available, specifically the Dementia Navigators team, provide an integrated and comprehensive 'one stop shop' for information on all aspects of the condition, including, practical, financial and wellbeing advice. Without them, I will have to spend more time trying to access help via individual organisations and websites. This can be time consuming, confusing and frustrating, especially from a carer's perspective.
75	Dementia is already such an isolating disease both for those living with it and those caring for some that lives with it. These resources are vital especially as there is currently no cure or confirmed way to slow its effects. Any external help from Southend Council is a crutch to anyone affected and needs to be kept running for as long as possible.
76	It is the only contact and help I get from people who understand dementia and are able to help in times of need. The community navigators have no idea how to help the carers of dementia patients - they don't get it
77	My mother has Vascular dementia and now my father has just been diagnosed with Alzheimer's. Within the last few year's I have had help and support from dementia navigator's, and forwarding services. I don't know what I'd do without there help. It's very stressful and draining being a carer, but to know i have support, if needed, is something that can't be taken away from people like myself. People with dementia need more help, and more support, and there carers.

78	When a person is diagnosed with dementia, this not only affects the patient but also the person living with them who then invariably becomes a carer. You feel absolutely confused and shell shocked at first, don't know which way to turn, so much worry, so many questions. However, then you find out about Dementia Services and you start to feel calmer when you know there is help and support for you. It is absolutely appalling for the council to even consider closing the Dementia Service as this is the only place where the affected people will get local help and guidance either through a phone call or a friendly face to face. The GP service is so limited and extremely difficult (almost impossible) to access that this is not a practical place as an alternative. This is generally affecting older people who have worked and provided for themselves and paid into the society all their life and then when they reach this sad stage of their life you are considering to take away the only local support. The council should have managed their finances better, they have spent millions of pounds on consultants etc and they should feel ashamed to even think of closing this service for people with dementia and their carers
79	lack of support and activity groups bringing respite for my carer
80	I'm a Carer for my husband with dementia and the Dementia Navigators are my lifeline for support and information and guidance. The snooker club at Windermere and the Art class in Chalkwell give my husband a creative environment he can enjoy and be "normal" and cared for, for the 2 hours he is there
81	My husband had his initial diagnosis of dementia in a letter and then we were left to pick up the pieces ourselves. I thought my best point of contact was the Alzheimer's Society but their input turned out to be a couple of phone calls, we never knew when this would be, and then nothing. After trolling the Internet I found we had Dementia Navigators in this area and the difference between the Alzheimer's Society and the local Dementia Navigators is astonishing. The help the Dementia Navigators give is a life saver to both the dementia sufferer and the carer. Being able to speak to someone face-to-face and build a relationship with them is what is needed as often the carer needs "caring" for in what can be a dark and difficult time.
82	Knowing they are there is a great help.
83	Support from the navigators is so valuable - there knowledge and understanding of dementia is second to none, every navigator is understanding of the problems involved both for the person suffering this cruel disease and the carer.
84	As a professional I feel this could impact the lives of a lot of the adults I assess on a daily basis. They are a service I discuss with a large percentage of adults, and are available to offer advice on what is available for me to advise. They are a completely invaluable service and the lives of adults in Southend will be worse off without the navigators present.
85	It would impact on every single patient I work with living with dementia.
86	Currently I know I can call the mobile number of my navigator and know they will pick the phone up or call me back. If she isn't there then I won't have one person I can contact it will be lots of different people and I don't know who I would call. It's comforting to know someone is always there
87	I have called the service on a number of occasions to get help and advice. Before I knew about the service I tried calling some other charities and they didn't get back to me. I also tried getting help from social services but the wait was too long
88	The current dementia diagnostic pathway has the dementia navigators as part of the pathway and all of the consultants in the Southend area refer to the navigators as part of this pathway, therefore if this service was not available the patient/ carers loose a valuable service

89	I believe there will be an impact on all social workers workloads exacerbating existing pressures and timescales, longer waiting lists as the dementia team have picked up part of the role of Peabody. Adults will be massively effected without a named support contact, and point of access to the community.
90	support for carers is vital due to the stressful and demanding role of being a carer
91	In my professional capacity, it would really affect how we support those living with dementia and there families.
92	as explained
93	More time will need to be spent with the individual if there is no alternative team to support them. Increase case load and more time having to be spent with the person (inc. paperwork) will reduce the level of cases we can get through a month and therefore increase all waiting times.
94	If I have difficulty managing my symptoms, who would I call?
95	I rely heavily on the snooker club as it is something I look forward to each week. I enjoy participating and the company of the other players. Mike understands me and my limitations as he enables me to participate.
96	I get two afternoons without my husband who has dementia, one of which is when he goes to snooker. When you are a carer you need someone who you can get in touch with to help you through.
97	My husband enjoys playing snooker. It is the only activity he enjoys these days. It is reassuring to know he is being looked after by dementia navigators and they are around to give myself and other wives of men with dementia advice and help. It also gives restbite and other people to talk to, as a carer it can be very lonely.
98	I will no longer be able to call one person who knows me and my difficulties and talk through my options. Who else will understand? Who can I call when I don't understand a letter received, need to find out something important. I have no family and without my navigator, no one can help me in the same way.

99	My navigator collects me for a monthly coffee club at my local church. Its is the only thing I attend and I enjoy attending. She has also taken me to the hospital for my memory appointment and to the bank when I lost my bank card. I rely on her.
100	Without having been able to use this service, my caring for my wife would have been much more difficult.
101	This is the only club my husband enjoys.
102	We've only just heard of the Windemere club and my dad has been playing cue sports all his life. removing the club will mean having to find something similar elsewhere resulting in a lengthy drive to and from, affecting us all as a family.
103	Because I can get a short break to breathe and relax without having to worry about my husband and I feel like it's the only thing keeping me sane right now.
104	Since my mums diagnosis’ I have relied on the support and advice from The Southend Dementia Service. They have helped us in so many different ways. Especially helping to improve my mums well being.

105	Dementia is a progressive illness and its crucial to support pt's and their families .Its so complicated and unpredictable . Mentally and physically it will affect all the parties hugely. The best possible way to mange these affected families are with these types of services as medical management is not very helpful in majority of the cases. So how NHS is important for common people ,these services are also very important for these affected families. People who really experienced will never make a decision like this in fact they will broaden the service. I am new to this dementia team and its really heart breaking to see what these pts and families are going through. I hope you will study in detail and visit few pts and families ask them what they want. Some of them may not ask for help as they are not aware of what resources are available or may be believing that its their responsibility. What we have to understand that majority of the affected pts are elderly .We all know old age itself comes with loads of problems ,mentally ,physically ,psychologically, and financially etc. Getting Dementia on top of that is really life changing. If I get an opportunity I will recommend for more services for providing one case worker for all dementia patient from diagnosis till end, able to provide services to spent some time with them, just to talk etc. Hoping for the best for all of us.
106	respite I get as a carer and specialist advice, guidance given by the dementia navigators
107	I don't currently use this service
108	Greatly. They are a wonderful support with any questions we need answering or help with anything to do with our dementia partners. Also filling in difficult forms and applications
109	I look after my Husband and this service is a life saver for myself and fellow carers of people suffering and looking after a loved one with dementia. It allows me to meet and discuss with others in the same situation. If this service is discontinued it will cause real hardship for myself and others in the Southend Area who have to look after a loved one suffering with Dementia it is my one place I can go to talk to others in the same situation and get my husband cared for allowing me a few minutes respite from what is a 24/7 caring role. Please see fit to continue to fund this service for the foreseeable future. With so many people likely to suffer with dementia in the next 5 to 10 years this is a critical service for those in Southend living with this awful debilitating disease.
110	Because I'm my husband full time career and by going to the Windermere club on a Tuesday I will have know we're else to go it is a very lonely life at least you have something to look forward to so please keep it open .
111	Closure of the activity centres will affect many people leaving them with no regular contact of any kind or the help of the staff and volunteers running them.
112	Lovely group who bend over backwards to help

113	Supporting someone with dementia whilst still working and supporting a family is difficult and the alternative is that Mum goes into a home - she has few resources and so it would cost the council much more than simply offering activities and advice during the day!
114	Will have to identify another support group to assist with the understanding of dementia, living with it and much needed support/assistance for unpaid carers. All of which is very daunting for patients and carers when diagnosis is first made.
115	With the understanding of dementia, living with it and much needed support/assistance for unpaid carers, all of which is very daunting for patients and carers when diagnosis is first made.
116	I'll have to try and find another support group to assist me with trying to understand living and caring for my husband with dementia and getting assistance and support for me as his unpaid carer. This is very daunting for both of us as my husband has only just been diagnosed.

117	Will have to start all over again which is very over whelming for everyone including the person with dementia. It’s a struggle as it is.
118	There will be no face to face service available in Rayleigh for people living with or caring for people with dementia
119	The support and advice from my local navigator would be lost and this has been vital for myself and my mother. The diagnosis was hard to hear but the navigators support and advice was enormously helpful in finding resources, filling forms and understanding how and when to access services. Taking this service away would leave newly diagnosed people to navigate this alone. I believe that the council taking this service away will just put more pressure on the adult services social workers who are already overloaded and will leave some of the most vulnerable member of society in a very scary situation with no clear idea of where or how to access support, advice and resources.
120	Lots of help, navigator very informative and provide great advice.
121	Mixing with other people in the same position. Socialising with people who understand dementia illness.
122	It means we will be at home 24/7. This will make me unwell mentally + physically
123	Mixing and socialising with others in the same situation with the same unfortunate form of mental illness.
124	Being with other people makes a difference to how you feel and the other ladies help to talk too
125	There is a huge need for this service, people living with Dementia and their carers look for and need this support.
126	It will mean no support in Southend at all , whilst all other surrounding areas will continue to have funding from the Alzheimer’s Society, paid by Essex county council!
127	This will put a lot of pressure on me in my role In occupational therapy.
128	Navigating the barriers to gaining the correct support for a mum who is going through the process of dementia assessment is traumatic. A local service to help us essential
129	Because I and my family wont have ready access to expert assistance delivered in-home so the loss of 1-2-1 help will be detrimental to my dad (dementia) and probably set him back/send him further downhill.
130	From a work point of view I can foresee the loss of this service having a huge impact on my workload. People will require longer term interventions and support and I will therefore be holding cases open for longer. I think that here will be an increased demand for carer support and PA support in the long-term to replace the care support previously provided by informal carers who have fallen by the wayside due to lack of support for them in their caring roles. As a Southend resident with family members who are suffering from dementia, I am really concerned for how we will cope in the future as their needs increase. And this comes from someone who works in social care and knows what services are available. I feel very strongly that this cut is targeted at our most vulnerable residents who can't fight for themselves and their basic human rights and freedoms. It is just another sign that our elderly residents are the least valued people in the city, which I think is really sad indictment of the rest of us and this Council in particular.
131	It has been such a comfort at such a difficult time. Knowing that this service might not be there for families trying to navigate this difficult time in their lives is a tragedy.

132	Me and my husband attend the Windermere club in Southend. We have met great friends and shared experiences which has made our journey easier. I would be very upset if this club and the dementia navigators leave as they have given us so much support when needed.
133	I lost my father to dementia and the service was fantastic, really took the pressure off my mum and enabled her to get all sorts of help when needed, she would have collapsed without it, we all would. My father-in-law was diagnosed with Dementia with Alzheimer's last year and is deteriorating quite quickly. Losing the services will cause untold stress on our family and we really aren't ready to go through it all again unaided.
134	My father is at the early stages of Alzheimer's and already the dementia navigator has been so helpful going forward this service will be invaluable to my father and his family. It will be a terrible loss if this department is closed down.
135	I have found the Dementia Navigator service to be an extremely friendly and useful service in helping me deal with the effects of living with a person suffering from dementia. They have been an invaluable first port of call whenever I have needed advice or assistance.
136	It will mean I will have no help and support for looking after my husband. My husband and I are both registered blind. I could not have coped this year without the help of Gill Clarke.
137	I will go back to feeling alone. I like the idea of having one person that I ring and she knows me, helps me and generally makes me feel better. I will be completely stuck without her.
138	How will I remember what I need to do? I write things down but lose those. I rely on a regular welfare call from my navigator who keeps me going. I see no one and without this contact I may as well be dead!
139	I feel very isolated, I have tried other teams and they have not been very helpful
140	Monitoring the extent of the Dementia for patient and carer. People with Dementia need to be treated like every other human being with respect, dignity and understanding.
141	My wife has dementia and is in care and I need support as I get suicidal
142	Questions that I may have put to the Dementia Navigator will have to be directed elsewhere. What is being done to help carers who are facing this situation for the first time?
143	Because I will need a lot more support for my mother in law going forward as her dementia is progressing quickly. The support and help that I have received from the service so far has been so valuable and supportive
144	Sue Stubbs is my Dementia Navigator and she and the team are brilliant , I have worked alongside Sue through 2 family members being diagnosed with dementia and Alzheimer's and she has supported and helped me so much, providing info and a way to chat and find out info, I will truly miss this service , I actually can't believe it's being closed down and disbanded Awful shame and no good will come of it
145	The dementia navigator service has provided invaluable, positive support for my father who cares for my mother (who lives with dementia). Without this service we, as a family, would have had no knowledge or access to vital day to day, respite and peer support. The navigators have been and continue to be an essential support network. Without them, people living with dementia and their carers will be left to try and wade through the complete lack of public information available on where/how to access any support or services. In addition, their practical knowledge of dementia (and all its quirks), the way they deal with people living with

	the condition and the help they offer when filling out complicated forms is invaluable. When a diagnosis is given the level of support from the NHS is shockingly bad - essentially amounting to no more than handing out a pack of booklets and sending people on their way to deal with life shattering news. No support is offered and it is left to the often isolated carer to try and find out what support exists. The Navigators act as a conduit and liaison between families and these poorly advertised services. Without the support and direction received from the Navigator service to groups, clubs, etc, my mothers condition would by now require residential care, putting further strain on an already stretched financial situation. Quite simply, the shutting of this service is a huge short sighted move which will, in time, result in a far greater cost to the council as it will be forced to address the fallout and resulting additional care and support both for people living with dementia and their carers/families.
146	The support of dealing with the angry outbursts from my mother is, well it’s indescribable but it’s excellent. Getting her diagnosed was extremely difficult but the services did help a lot with her denial.
147	The help and advise this team offer is a great help to me and my wife, we wouldn't of known over half the things we do now if it wasn't for them helping us out each step of the way
148	Dementia community support team provide the necessary guidance and support even at weekends. Adult social care are not trained or have the time to provide what the dementia support team is doing.
149	Very helpful chats with our dementia navigator
150	Belonging to the dementia service (windmere snooker) is so important. We wives can enjoy the company of the other ladies and share our problems. Through this service we can deal with issues and seek the help we need. Please note, living with someone with dementia is very lonely!
151	My family rely on the services to provide much needed support and respite.
152	Simply I might just be stuck at home alone to look after my husband 24/7 without interaction with others, end up mentally breaking down because sometimes he suddenly turns violent towards me.
153	Anyone can get dementia or care for a loved one who has dementia. For those individuals, the closure will have a huge impact. It also reflects on the kind of local communities and services we need and expect in Southend. Closing the service is retrogressive.

Appendix c

We had comments from individuals submitting emails, below is the full submission of comments, one was from someone outside the City and referred to our neighbouring authorities Castle Point and Rochford.

	Full comment
1.	Good afternoon, I must protest in the strongest form, your proposal to cut funding to dementia patients, this is utterly ridiculous, do you truly know how many people this will adversely hit? I doubt it otherwise you would not entertain such a preposterous idea. Come on Southend City councillors, have a modicum of responsibility here. Look after your vulnerable people who must wholly trust in your decision making.
2.	I am writing to you of my concerns over the proposed cutting of care for dementia patients. My Dad suffered with dementia for a number of years before sadly passing away in 2020. It was awful to watch such a proud man decline mentally and the whole thing put enormous pressure on our family. My Mum who was 84yrs old at the time tried her utmost to care for her husband but it was a huge struggle. Without the services she was able to access, it would have been even worse. People with dementia of any form need help and assistance as do their loved ones who care for them. By cutting these services so many more people are going to feel vulnerable and left not knowing how to cope. I ask you please, as someone who has seen the horrors of dementia for themselves, to please consider very carefully before cutting any of the vital services currently available.
3.	I wish to state that support for this very vulnerable sector of our society is crucial. It needs highly trained, empathetic professionals to provide specialist care particularly in the community. I see this as a health condition that should entitle suffers to full nhs support.
4.	I have just read the proposal to cease the dementia support service. I neither have dementia or are caring for someone with dementia, nor use the service or work in it or with it. I am though concerned about the closure of any service for this vulnerable group of residents and their carers and infuriated at the quality of your attempt at consultation about it. I note that in the consultation summary you state: We want to hear what you have to say, however, the results of the consultation are advisory. They will, however, provide clear evidence of people's views, which your councillors will take into account when making a decision. All feedback received during the consultation period will be carefully reviewed and considered. The findings will be used to inform decision making You then invite readers to complete a survey. Which I did. The survey is absolutely useless in providing clear evidence of peoples views that will inform decision making: You did not ask views on whether residents agree with the proposal (I note you state this is not a referendum, but I am a ratepayer and through my councillor I expect my views on how the budget is spent to be taken into account) You did not attempt to get feedback on the value the current service has to those that are using it nor the impact on them if it is stopped so decision makers know what the impact will be on their decision No attempt was made to gather views on shifting the responsibility for this crucial support onto already stretched NHS or third sector providers, Survey simply seems to assume someone suffering from dementia or bearing responsibility for caring for a dementia sufferer would be easily able to identify an

	alternative service provider. So what? You find out that x number of respondents will seek a service from their GP (or whatever). And? I will look forward to seeing your consultation outcome report.
5.	I note that Southend is stop the Dementia Service run by Southend City Council, but does not make it clear if the consultation is limited to Southend alone, but will effect Castle Point & Rochford? Is the Dementia Service to close down its help to Rochford & Castle Point Residents.
6.	I have filled in both the on-line and paper survey. I don't know who created this survey but shame on them as there is nowhere to add your views. The questions do not really allow you to express any view either. I am against this service being axed as we have an aging population with dementia becoming more common as a result. Any service that can help those with dementia or those caring for someone with dementia is a must. The fact that cutting this service is even being considered I find very short sighted of the council. I helped care for my father and was shocked at how little is know about the care of those with dementia. Visits to the hospital proved that even medical professionals had no idea now to treat those with dementia. The training I had whilst working for Southend Council was also shocking in its naivete. Please do not allow this service to be cut.
7.	I can't express how angry and disappointed I am at the proposal to withdraw funding for this team. This has genuinely made me feel sick. I volunteered when the Alzheimer's Society provided the above support and then staff were tooped over to the Council support team. Unless you have been involved with the support team and dementia you will be unable to understand the life saving support they offer. Some carers and those with dementia come to the support team and their groups at their wits end. It is a cruel and debilitating disease which robs both carers and those with dementia of their dignity and purpose. The dementia support team have a wealth of understanding and experience. The organisations which you could go to if the service was terminated are not in the same league and will be unable to offer the hope and support required which will lead to unmet needs. I have experienced dealing with many of the organisations listed and ended up, after a run around, coming back to the dementia support team. Examples of the validity of the team and services. - singing group. A lady could no longer speak but could sing as this touched her from the past and she could remember. How precious were these moments. - activity group. One carer dropped his vicar wife off for two hours at the group and read his paper on the seafront as this was his only freedom. His wife still thought she was running a church and taking services. We were able to encourage both parties. There are many more examples of people who are ashamed of the disease but have found a kind and friendly environment in the groups and vital support including access to benefits, allowances from the dementia support team. I trust there are other ways being explored to save money in the Council and to save waste. Many more people are getting dementia and it is likely to affect a wide range of Southend Borough dwellers.
8.	**Eastwood Baptist Church** Southend Council's Dementia Community Service

	At our church we have been running our Safe Haven dementia friendly cafe for three years on the second Wednesday each month. The sessions are available at no cost to anyone in the local and surrounding community, and for dementia sufferers and their carers. Both in the planning and the running, we have been wonderfully guided and assisted by Gill Clark, one of your dementia navigators, and whose job is one of those under threat. For the person suffering from dementia, it can be a time of great confusion, and for family and caregivers, dementia can be challenging to manage, both emotionally and practically. Although our sessions only provide a minor role in helping compared to some other facilities (eg day centres, respite care, etc), because of the help we have had from Gill, who has attended the vast majority of our sessions, we have had some success in helping dementia sufferers and carers to begin and travel in their journey with the disease, and to enjoy the safe atmosphere of our sessions. In several cases, Gill has also visited people at home to assess their circumstances and needs, and to explain what support is available. In a wider sense, we understand that there are something like 2000 people in Southend who have been diagnosed as having dementia. We would ask you to consider the possibility that by stopping the current service, that this may prove to be a false economy in the longer term, with greater reliance on other council run social services, not just in respect of dementia sufferers, but also their carers. Whatever the outcome of the council's considerations, our sessions will continue, but will be significantly less effective without the continued input we have had from our dementia navigator. we ask you to consider earnestly how these posts, and motivation and activity groups currently run by the council, can be retained. Although this has been identified as being a non-statutory service, as stated above, stopping it may result in additional future cost which falls under areas of statutory service. On behalf of myself and the Leadership Team of Eastwood Baptist Church.
9.	Dementia is UK's number one killer and 1 in 3 people will develop dementia in their lifetime. While I understand that Southend needs to make financial savings, cutting this service appears to be shortsighted. 33% of Southend's residents will need access to dementia services over time, even more when you take into account their carers. Voluntary groups can only do so much and without a central service to coordinate what is available sufferers and their carers will miss out on available support. Currently there is no cure. The dementia service is essential. You or a close family member will be affected by this proposed cut.
10.	Following your reply to my email yesterday regarding the consultation, I was concerned that avenues such as doctor's surgeries were not included. I have copied in the practice manager of my surgery , Queensway, to enable him to make contact with you and to provide the patients with the opportunity of knowing about the consultation and being involved.
11.	Southend-on-Sea Council proposes to cease its Community Dementia Support Service, disband the team of approx 10 staff and replace it by using their Adult Social Care team to direct users to charities etc... The proposal has been put out for public consultation with the council publicly asserting that no decisions have been taken yet*. I contribute to the consultation as follows: **Comments:**

The Dementia Support Team (DST) provides an experienced and expert single point of contact for the increasing number of people** diagnosed with and touched by dementia. In my view the service should be expanded not cancelled - at the very least retained in some part for the long-term, because:

1. Dementia is a disease that needs experts to support and advise sufferers and carers alike, face to face, just like cancer or diabetes etc...
2. ...because inexperience leads to misinformation, doubt and, where insufficient service provider provision exists, a dearth of experienced colleagues from which to draw-upon and learn.
3. The lack of dementia support staff with relevant knowledge and experience means that people with dementia and their families/friends will suffer additional stress and discomfort because they'll get passed from pillar to post trying to find the right service to help (if it even exists), whereas the DST can provide that information quickly and without the enquirer having to repeat themselves over and over to each organisation they have to contact - and, importantly, that service can be provided in the sufferer's, or relevant, home environment by an experienced and knowledgeable dementia expert. Equally...
4. ...prompt, experienced, assistance and intervention is of paramount importance because dementia can be slowed with appropriate intervention but also speeded-up in its progress if interventions don't occur** - the DST provides prompt and timely access to those interventions.
5. Southend Council proposes to pass responsibility for dementia support via its Adult Social Care Team, to charities (and by 'education') - in my view this will reduce the standard of service, cause distress to carers/families and reduce the life-span of sufferers because...
6. ...Adult social care workers are not dementia experts; to refer calls to them in the first instance is like referring a diabetes sufferer to a knee specialist - it's unfair on all parties, most of all the dementia sufferer and their carer/families. Also... 7 The DST, being council run, is effectively regulated by the CQC; whereas for example, the Alzheimer's Society, being a charity, is regulated by the Charity Commission - nothing to do with dementia. Without expert regulation, in a joined-up council-run provision, dementia support is at risk of becoming a fragmented service provided by smaller un/less regulated volunteer organisations glued-together by adhoc time consuming meetings including with council staff. (Also it's not currently possible to educate people to not get dementia, unlike with say lung cancer which can be reduced by anti-smoking campaigns).
8. The lack of one, single, state-regulated dementia support service means that any dementia service provided by the council will naturally field the calls that would otherwise have gone to the DST....
9. ...so Social workers, Council switchboard, the Dementia Intensive Support Team (the latter being for clinical mental health intervention of the sufferer, not day-to-day support for the sufferer and their families/carers) will find their workload increased and time taken away from their core responsibilities.

Summary:

1. The Dementia Support Service is a one stop shop that links council to services in an easy to reach, regulated, joined-up State-provided solution - including home-visits. 2. Knowledge and experience is paramount when dealing with dementia, both for sufferers and carers - remembering that sufferers (and those close to them) have a cognitive disease that means they require contact with someone who understands the best way to approach communication.

3. Cancelling a service doesn't make the problem go away, the cries for help will still happen and still impact, and still cost the Council.

Suggestions:

1. That the Community Dementia Support Service is retained long term with fewer personnel but with the same skill-set as at present.
2. Of those retained staff, one (on rota) is occupied daily (at home or office) by being the single point of contact (SPOC) for the reduced team, to deal with enquiries and manage/make appointments.
3. An aim of the reduced service being to manage and assist to conclusion, service users at first point of contact and to reduce the contact time with service users on each meeting/appointment but still include home visits (I appreciate this would be countered with 'you either do it properly or not at all; but I'd argue that the comfort provided for users by having a council-run service staffed by experts outweighs the negative side, after all, the staff can still quite rightly blame reduced budgets just as a GP has had to as consultation times have decreased).

Conclusion:

The Dementia Support Service cannot be replaced by private and charity provision because the council's service provision will be lessened and what remains, likely overwhelmed by sufferers and carers.

A solution is to reduce the number of staff with the aim of providing a similar but more streamlined service that reduces contact time with users but still gives comfort to users from experienced knowledgeable experts - something that is particularly important for dementia sufferers whose cognitive abilities require specialist engagement, and whose carers require advice from experienced empathetic professionals.

Finally, NHS England states that 1/3 of the population will be touched in some way by dementia as the numbers of sufferers increases.

I'd respectfully advise council decision makers and councillors to ask themselves what sort of service they would like both for their relatives and for themselves when they are consumed with a dementia issue.

*Speaking to people who use the service and a councillor I understand that DST staff have already had their contracts cancelled/not renewed and that charities are already engaged (I emailed 22/01/24 asking for clarification and, at time of writing this, await a reply).

**Sources: NHS England, Alzheimers Society, Dementia UK. I have no relationship with any council employee or councillor. I have used the community dementia support service and speak as a carer for my mum who has dementia (it's all-consuming quite frankly and expert knowledgeable staff on-theground are essential).

I should be most grateful if you would confirm receipt of this email and let me know what happens next, including time frame and opportunity to comment further.

Email received on 22/01/2024

Just a few questions for you, thanks:

Has the service been, or effectively been, written off already, as in removed from the council's budget 23/24 or 24/25, ongoing?

Is the funding still available for the service until the consultation has been concluded, considered and acted upon?

There are lots of ways of asking the above but you know what I mean I'm sure! Will the proposal to cancel the dementia support service be put to councillors to be voted on, if so when, please?

	Speaking to people who use the service and a councillor I gather that staff have already had their contracts cancelled and charities are already engaged to expect more calls.
12.	This resource was offered and has been used after Bob was diagnosed We are extremely surprised and upset to hear that It is under threat of closure We have also appreciated the support and dedication of the staff and volunteers I We note that due to the enormous financial def1c1t the council must look at all services so that it Is able to continue to provide statutory and essential services I Dementia support has been identified as a service that may need to be axed to make savings. The service at Windermere Rd Is 2 hours a week. The council also states that (dementia support service is not required by law). The resource at Wmde1 mere Rd offers support for Alzhe1mers/dementia clients, all of whom rely on carers who are m the main their spouses or partners and elderly. Dementia support relies on carers many of whom care 365 days a year and 24 hours a day sometimes m very challenging situations. Thus the Windermere Is a dual resource supporting those with dementia and their carers. Loss of this resource could see the carers suffering burn out and the dementia clients need mg residential care The Daily Express 10/1/24 p15 states One million in the UK with dementia and 600000people with Alzheimer's. It Is noted that the pier although iconic Is a heavy cost losing money. Is the pier covered by the statutory and essential criteria. The Windermere Club is a small resource offering normalisation to both dementia suffers and carers, and It is shocking and shameful that it should be under threat
13.	I was dismayed to hear that the Council are thinking of doing away with the dementia and community support services, having known many sufferers both past and present, I understand how invaluable these vital services are. I have gotten to know the dementia navigator G, as a regular at our churches community café which is dementia friendly and I have found her so helpful and knowledgeable, I would hate all that knowledge and experience to go to waste if she loses her job and I am sure it would distress people with dementia too, as they hate change and need familiar things and people as a constant. Of course, I understand that cuts have to be made to the Council budget but these very vulnerable people need familiarity and will get confused and upset with a new system or new people if is all changed. The Government have pledged to help struggling Councils, which gives me hope that this essential service will continue with no job loses.

14.	**Windermere Club Document** I am writing this letter to bring this matter, which is very close to my heart, to the attention of the general public regarding the future that Southend Council are proposing for patients, with a diagnosis of Dementia and their carers In my opinion, I feel it is atrocious that Southend Council have in effect, made a pennywise and foolish decision by proposing to disband the Dementia Community Support Team. This team offer so much help, advice, support and guidance to families who are carers for a loved ones with a diagnosis of Dementia From my experience, when my husband first received his diagnosis of Dementia, I felt very lonely, isolated and didn't know where to turn. After speaking with a Dementia Navigator, who helped me immensely, I felt a sense of relief and finally supported. The Dementia Navigator told me about THE WINDERMERE CLUB, where I could go and chat with carers in the same s1tuat1on as me There is a staff member who looks after the people with Dementia so they can play snooker together, allowing the carers to have a much needed respite break, to have a chat and a coffee with l1keminded people living with the same experiences. For that two
	hours, I am able to feel like myself in a normal s1tuat1on, as caring for a patient with Dementia is a 24 hour, seven days a week role. As many carers are aware, this can be extremely mentally and physically exhausting. The plan is to STOP the carers/patients group at the Windermere Club, as there are proposed plans to disband the Dementia Community Support Team, due to funding issue I feel that Southend Council have not given any thought to the devastating affect the closure of this team/group will have for carers. I know this will have a knock on effect on Social Services, Doctors, NHS and all the Dementia patients and carers alike The help and support that is given by the team at The Windermere Club far outweighs what Southend Council are proposing to do. It seems to me that Southend Council are going back in time and not looking to the future to ensure that the much needed care is given to patients and their carer's in the hold of this awful condition. Going forward, who will be looking after these people in such devastating circumstances? The patients living with Dementia will progress and become isolated The carers left vulnerable, unable to cope and at risk of extreme carer breakdown. This is NOT PROGRESS

15.	The dementia team are vital for support to the families who have a relative suffering from all forms of dementia. This club gives the stressed out relatives a 2 hour break from the stress, and struggles from having to care for their loved ones. It also offers the support network need to be able to cope with every day life, and sharing with others, and relief that you are not the only person dealing with the certain behaviours of dementia. My dad suffers with Alzheimer's, my mum had power of attorney, which means he was incapable of making his own decisions. My mum felt there was no support for her, from the general adult care team, so she started drinking to deal with having to look after my dad, when the social care system kept saying their wasn't a problem with my dad. When the adult social care visited my dad, they only spoke to him, and took his answers to be true, even though we had already told them he was incapable of doing the things she asked him. In my dads mind he could do all those things, the dementia team knew he couldn't do these things and were there to help get support for my dad and mum. for 2/3 hours a night of asking the same question over and over, again at night time, they have a sundown period, when they have no memory at all, they get very confused they can get very aggressive they are like a baby that needs to be cared for 24 hours a day, some are up most of the night too. They also help with form filling and hurdles concerning Council services by getting the dementia team, More mental health for carers like going to the doctors for toothache and them sending you away saying they cannot help you.