ADULTS AND HEALTH SELECT COMMITTEE

Wednesday 4 December 2024

Review of progress made to implement the joint health and social care dementia strategy for Surrey, 2022-2027

Purpose of report

The Committee has asked to review the progress made to implement the joint health and social care dementia strategy for Surrey, 2022-2027. The Committee would like to see a focus on ensuring sufficient preventative measures are being provided to reduce dementia, as well as improving the dementia care pathway for the Surrey population. The Committee wish to understand what developments have been implemented across Surrey.

Executive Summary

1. It is estimated there will be almost 23,000 people with dementia in Surrey by 2030. The joint health and social care dementia strategy for Surrey, published in 2022, uses the 'well pathway for dementia' as a framework to outline the ambition to improve care and support for people with dementia, their carers and families.

2. There has been a focus on reducing risk factors for dementia. Awareness raising around 'what is good for the heart is good for the head' has been undertaken, alongside work on promoting healthier lifestyles. There are specific services available to support healthy lifestyle choices, including for people with a learning disability, who are more like to get dementia.

3. Surrey and Borders Partnership NHS Foundation Trust have been working hard to promote their memory assessment services across a range of local partner organisations. The dementia diagnosis rates in both Surrey Heartlands and Frimley ICBs have been on or over the national target since January 2024, and well above the England average.

4. The range of information available for people with dementia and their carers has improved, localised support is available and a comprehensive carers support offer is available across the county. Technology enabled care and homes (TECH) is available that can support many people living with dementia

and their carers to live at home safely for longer and with increased independence.

5. It is important that people with dementia and their carers and families have equal access to palliative and end of life care. Advanced Care Plans (ACPs) and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms are used across Surrey, and access to fast track end of life care pathways and support to give carers a break is available.

6. Alongside the good progress made in improving the dementia care pathway for the Surrey population over the first two years of the strategy, we still have work to do. This includes keeping abreast of new disease modifying treatments and planning for the impact of these.

Introduction

7. Dementia is most common amongst older people and in Surrey it is estimated that between 2020 and 2030 the overall number of people with dementia is forecast to increase by 28%, from 17,700 to 22,672 older people. NHS digital data estimates that there are around 105 people with a learning disability who have dementia, although provider feedback is that these numbers appear low.

8. Dementia is highlighted as an improvement area in the recent Darzi independent investigation of the NHS in England. In their submission to the Investigation, the Alzheimer's Society argued that there are "high levels of unwarranted variation in access to diagnosis and treatment [and] insufficient adherence to clinical guidelines". As society continues to age, there is an important challenge to improve both the quality and quantity of care for people with dementia.

9. Most people with dementia will have at least one other condition and this is being identified as part of the developing work on frailty in the different NHS Place-Based Partnerships in Surrey. The growing demand for services by people with dementia and their carers means we need to address this challenge with integrated and proactive care for all parts of their journey of care.

10. The joint health and social care dementia strategy was co-produced throughout late 2021 and early 2022. The voices of people with dementia, their unpaid carers and families were central to the development of the strategy, alongside national and local evidence of need.

11. The strategy is framed around the well pathway for dementia which looks at five areas: preventing well; diagnosing well; supporting well; living well and dying well. Additionally, the strategy has a clear focus on tackling inequality.

12. This report focuses on the preventative measures in place across Surrey to reduce the risk of dementia in the population. It also highlights residents' experiences of services across the dementia pathway, to illustrate the progress that has been made to implement the ambitions of the dementia strategy. It also makes recommendations about the work still to be done to improve the lives of people with dementia and their carers, making sure no-one is left behind.

Reducing the risk of dementia

13. Our aim is to continue to raise public awareness and activities around dementia and the actions people can take to reduce the risk of dementia. The following progress has been made.

14. The strategy was formally launched with a range of media, including via a press release, following a period of engagement. To ensure the strategy is available and accessible to a wide range of people, it is available in a range of formats, including easy read. Other easy read accessible information and resources for people with dementia are readily available.

15. A feature in our Surrey-wide resident e-newsletter in 2023 titled "Seven healthy habits which can reduce your risk of dementia" signposted to key Surrey services which can support people to make lifestyle changes and was among the most-clicked articles for the year, with further awareness-raising on social media. Wider work has focused on promoting healthier lifestyles including stopping smoking, reducing drinking and "knowing your numbers" for blood pressure.

16. The Healthy Surrey website hosts printable content (Appendix 1) for both residents and professionals focusing on proactive steps people can take to reduce their dementia risk, again linking to key Surrey services which contribute to preventing dementia. The content draws out the links between heart and brain health and focuses on building brain-healthy habits including managing blood pressure, keeping to a healthy weight, getting socially active, quitting smoking and keeping your mind active. There's ongoing work to raise awareness of the content among professionals, partners and residents, including through newsletters.

17. There is a further communications campaign planned for winter 2024 which will continue to signpost to key services. The campaign will include capitalising on the new year with messaging about a healthier fresh start and is also planned to include printed materials.

18. Surrey County Council commission NHS Health Checks as part of our Public Health Agreements with primary care. A key aim of the NHS Health Check, particularly for individuals aged 65 – 74 years old, is to increase population awareness of dementia. As part of our service specification we require providers to include a dementia NHS Health Check leaflet with their invitation letter/text/e-mail (NHS Health Check - Dementia resources) which details what dementia is, myths surrounding dementia, it's key symptoms and advice on reducing risk to dementia such as physical activity, alcohol and smoking.

19. We have just procured a data management system which integrates with systems used by GP Practice. This will automatically populate data dashboards with aggregated demographic information about those accessing NHS Health Checks, and the outcomes of these checks. Public Health will now have the ability to target their promotion of NHS Health Checks in particular areas where activity is low. By widening access of NHS Health Checks across Surrey's population, we give individuals the ability to identify and discuss their symptoms that lead to increased dementia risk, such as high blood pressure, smoking, excessive alcohol intake and physical inactivity.

Stop smoking

20. There is strong evidence to show that smoking increases a person's risk of developing dementia. This includes whether someone smokes in mid-life or later life. Smoking increases the risk of vascular problems (problems with the heart and blood vessels). These vascular problems are also linked to the two most common forms of dementia: Alzheimer's disease and vascular dementia. The evidence says that stopping smoking reduces your risk of dementia. Research also shows that ex-smokers do not have an increased risk of dementia.

21. In 2023-24, the locally commissioned stop smoking service One You Surrey supported 1,500 people to quit smoking, with an average age of 52. 53% of successful quitters were aged 50 and over. As smoking can increase a person's risk of developing dementia, the smoking cessation service is playing a vital role in supporting the preventing well agenda of the dementia strategy.

22. SCC has received an additional grant to support a further 15,000 smokers to set a quit date over the next 5 years, thus these efforts can contribute to the work of preventing dementia among our residents. To achieve our targets, we have increased the capacity of our stop smoking service and support available for all residents who smoke, with a focus on key neighbourhood areas and populations with highest smoking rates such as routine and manual workers, NHS workforce, people from ethnic communities and people who are in treatment for substance use.

23. A mass media stop smoking campaign, ‘Its Well Worth It’, was launched in September targeting routine and manual workers aged 25-55 across Surrey. The campaign comprised of out of home (bus stops) and digital advertising for 5 weeks. The digital campaign made over 1 million impressions, resulting in 25,000 clicks. Printed materials were distributed to libraries, pharmacies and GP Practices.

24. Public Health have also commissioned a piece of research looking at the barriers and motivators for current smokers accessing stop smoking support services. The findings will be presented in December and will inform future comms and marketing campaigns in 2025.

Healthy Weight

25. What we eat affects our overall health and maintaining a healthy weight reduces the risk of dementia. Public Health Surrey have commissioned two weight management services, one for adults One You Surrey and the other for children and their families Be Your Best. These programmes are free to people living and working in Surrey and offer a variety of programmes within them.

26. In May 2024, Public Health published Whole System Food Strategy. Work driven by Surrey Food Partnership is ongoing and includes a complete overhaul of food and wellbeing for the Looked After Children service. In development is a “Making Every Contact” Count food and wellbeing workshop which will be available for stakeholders across Surrey. Public Health are taking a “Food in All Policy” approach which addresses food and health, food insecurity together with sustainable food and climate change.

Alcohol

27. Heavy drinking damages our health, including our brain health. It is also related to an increased risk of lots of health conditions including dementia, cancer, stroke and heart disease. There is also a rare type of dementia that is caused by long-term heavy alcohol use, called Wernicke-Korsakoff syndrome.

28. Alcohol prevention is now a core part of the Surrey Combating Drugs Partnership (CDP), focusing on reducing alcohol-related harm alongside drug-related initiatives. It has three main priorities:

    - Alcohol prevention: Raising awareness about the health and wellbeing impacts of alcohol on individuals, families, and communities. From July 2023 to October 2024, 2,509 residents were alcohol screened online as part of the alcohol awareness campaign. Results indicated 25.2% at low risk, 36% at increasing risk, 11.5% at higher risk, and 27.3% potentially dependent on alcohol.

- Early Intervention and Education: Embedding the “Making Every Contact Count” (MECC) approach with Alcohol training across partners and service providers. Since January 2024, 187 members of the Surrey workforce across 30+ organisations have completed MECC Alcohol training.

- Collaboration and Intelligence Sharing: Strengthening partnerships and sharing insights to improve alcohol harm reduction. An increase in suspected Alcohol-Related Brain Damage (ARBD) cases has been identified in acute hospitals and treatment services. A CDP subgroup is exploring a streamlined, co-designed pathway to improve ARBD diagnosis, post-diagnosis management, and long-term support. This initiative aims to strengthen links between specialist, community, and social care services.

People with a learning disability

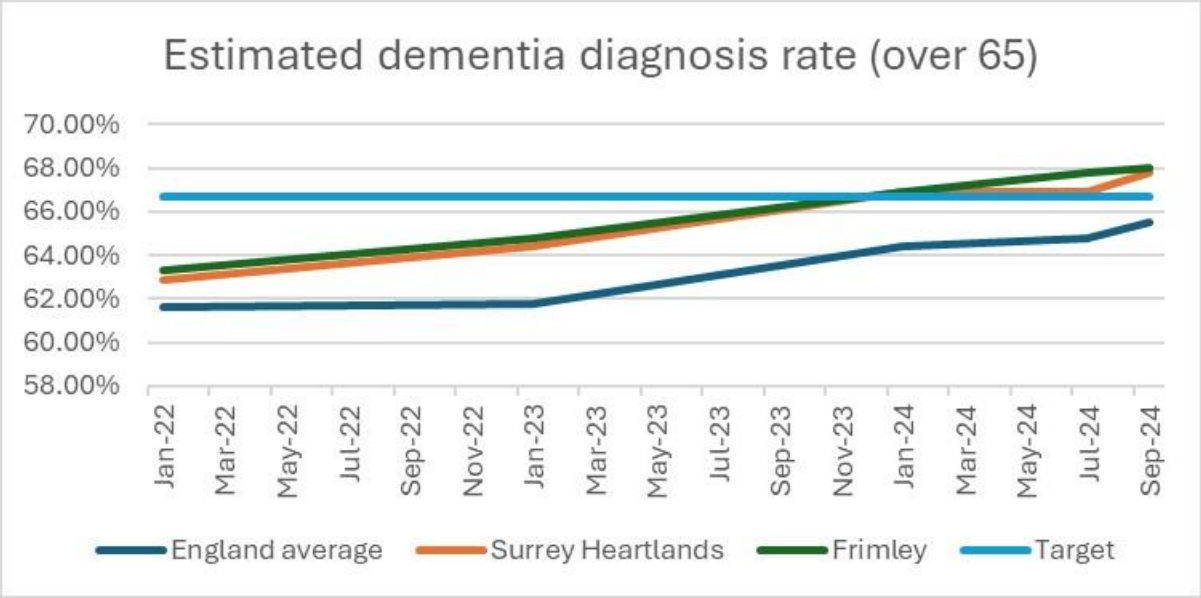
29. Dementia affects people with a learning disability at a younger age. The people with learning disabilities chapter in the joint strategic needs assessment (JSNA) shows that people with a learning disability aged over 60 are two or three times more likely to have dementia than the general population.

30. Surrey and Borders Partnership NHS Foundation Trust operate a tailored dementia assessment, diagnostic and support service for individuals with Down’s syndrome. They also have a focus on preventing dementia. The new brain health baseline assessment process provides the person with resources to adopt a proactive approach now to minimise the risk of dementia. A personalised brain health plan is then developed from the information gained from the person’s baseline assessment. This includes information about the importance of keeping your brain healthy and tips to keep moving, keep your heart healthy, spend time with family and friends, try something new and get enough sleep.

Improving the dementia care pathway in Surrey

Diagnosis

31. Our aim is for people to have equal access to dementia care; understanding where communities may not be accessing dementia diagnosis and post diagnostic support.



32. Both Surrey Heartlands and Frimley ICBs have been on or over the target for dementia diagnosis rate since January 2024. Diagnosis rates in Surrey are significantly above the national average. This means that Surrey is doing well in diagnosing people with dementia, as the diagnosis rate is calculated by comparing the number of recorded dementia diagnoses with estimated dementia prevalence (which takes into account our older population).

33. The higher the percentage of dementia diagnosis rate, the more people have access to the care and support they need. The above average rate in Surrey demonstrates the impact of the improvement work that has been done, outlined below.

34. Community Mental Health Teams for Older People (CMHTs OP) who provide memory assessment services for Surrey and Borders Partnership NHS Foundation Trust (SABP), have worked closely with system partners to enhance working relationships and promote their memory assessment services. This has included contributing to East Surrey Ageing Well Steering Group, the Guildford Waverley Integrated Frailty Group, along with the development and strengthening of interface meetings and ongoing communication with referrers.

35. In addition, CMHTs OP are running drop-in sessions within community settings with local voluntary, community and social enterprise (VCSE) partner organisations, for those with a diagnosis and those who may have concerns and unsure how to seek assessment.

Surrey Heath CMHT OP are proud of their post diagnostic service which offers personalised follow-up support to every person diagnosed with dementia and their families/carers. This includes the opportunity to take part in successful Cognitive Stimulation Therapy (CST) groups. They are also improving ways to involve service users and their families/carers in the

service, for example in staff recruitment & training, in policies & procedures and in developing the service.

36. The SABP Integrated Care Mental Health Practitioners sit within primary care integrated care teams (ICTs) and can support access to secondary care mental health services, especially for those people who have physical co-morbidity and frailty, and cognitive impairment. These practitioners can also offer assessment and diagnosis without the need for onward referral into a CMHT OP.

37. Further work is planned to analyse dementia diagnosis rates by GP practice level. This is to further explore and act on any unexpected variation, particularly within our priority populations which are communities of identity and geography which are often overlooked and are most at risk of experiencing poorer health outcomes.

Information and support available in Surrey

38. There is a range of information available across Surrey to support people with dementia and their unpaid carers. A strategic review of the support groups for people with dementia across Surrey has been completed. All the support groups have been mapped and this information shared with Connect to Support Surrey, to help people explore and access the local care and support in their area.

39. Alongside this, Surrey County Council run the dementia information project. This project aims to enhance dementia care and support through strategic initiatives such as building a network of dementia information champions and accessible training on dementia for unpaid carers.

40. The dementia information project team recently conducted a survey to help co-design the offer of training and support for unpaid carers with dementia. This survey highlights the significant demand for more information and flexible training options among unpaid carers, as well as the need to address the low attendance at carers groups across Surrey. The survey team recorded the following when they visited a day care facility for people with dementia and their carers:

'I was talking to Mrs E about her experience with her husband who had dementia. She explained that they received a diagnosis quite late as her husband was reluctant to go to the GP. The only reason he was seen by a GP was because he was still driving and had a minor accident in his car. The police were involved, which led to a GP appointment and subsequent diagnosis. Mrs E said that she was relieved when he was finally diagnosed as she had suspected it for a while. She said that following on from the diagnosis, they got very little help in terms of direction and what needed to be

done next. She said they felt very much alone and that she had had no experience with dementia up until the diagnosis.

Mrs E said that she would have really liked to have had the opportunity to take part in some training as she had no idea what to expect or how to live with the diagnosis. She explained that her husband used to get aggressive towards the end of his illness and she found that hard to cope with. She would have liked to have had the opportunity for respite care for a day or even overnight, but it was never offered. Mrs E said that her husband's diagnosis had changed everything and that he had always taken care of everything, so it had a massive impact on their lives. Mrs E said she would have liked clearer information in smaller chunks as and when she needed it'.

41. There are other information resources available to help people live well with dementia (Appendix 2). The living well with dementia implementation team at the Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) have published the My Choice booklet (Appendix 2). It gives people accessible and evidence based information to help people live well following a diagnosis of dementia.

42. Health Place-based partnerships have developed localised support for people with dementia. For example, Guildford and Waverley Health and Care Alliance provide dementia care and support through neighbourhood teams, which include Admiral Nurses who provide more tailored support to people with dementia and their carers.

43. A carer has provided testimony of receiving support from the Admiral Nurse:

'My mum was diagnosed with dementia in March 2023, but her memory had been declining since 2018. As her carer I had not received any support prior to the visit from the Admiral Nurse. I was referred to the service via the care within the home agency who support my mum. The support and advice that the Admiral Nurse provided I found hugely beneficial for a variety of reasons:

1. *They are the only professionals who have made the time to listen to the amount of strain and pressure the diagnosis has placed on me and my young family. I work full time job and have 2 young children.*
2. *They listened in an empathetic and non-judgmental way. They challenged the amount of pressure I place on myself and family to support my mum and explained that things could be done differently to alleviate this.*
3. *Signposted me to organisations who could help e.g. the Hive and Age UK.*
4. *Explained that I remain open to the service and can contact them at any point.*

5. *Referred my mum to Adult Social Care, which supported the referral I had made.*
6. *Followed up the visit with an e-mail and that another visit would be arranged.*

To have a trained professional listen to me as a carer and alleviate the huge amount of pressure and guilt that I feel all of the time has had a positive impact on my mental wellbeing and enabled me to change how we support my mum'.

Technology enabled care and homes (TECH)

44. Surrey County Council is developing a more personalised and outcomes focused technology offer for residents. Technology enabled care and homes (TECH) can support many people living with dementia to live at home safely for longer and with increased independence. It can also provide reassurance for carers who care from a distance.

45. There are several priority areas of focus for TECH which will benefit people with dementia and their carers. There are plans to digitise social care and virtual wards, by exploring with Health colleagues the use of new technologies and motion sensors to expedite discharge from hospitals and to enable care homes to be more confident about taking people with complex needs.

46. To support people with long term conditions, including dementia, to manage their medications, a YOURmeds pilot is planned. YOURmeds is a smart medication management system that allows real-time monitoring of medication adherence. It is estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended. Correct use of medication enables an individual to have a greater level of choice and control remaining independent within their own homes for longer and delaying the total cost of care.

47. A TECH paper is going to Surrey County Council's Cabinet in January 2025 which will provide more detail on the strategy to maximise technology impacts for Surrey residents.

Rishna's story

Rishna's home is her sanctuary, it is very important to her, and she longs to remain in it as long as possible with her 4 cats. Rishna is in her mid-70's and has been diagnosed with Alzheimer's disease. Rishna values her independence and has a strong bond with her 2 sons despite them living far from her. Rishna has recently separated from an abusive marriage which has been a big life event for her.

It became clear to Rishna's sons, who were previously not allowed in the property, that she was having difficulty with her memory and the house was becoming uninhabitable due to the level of hoarding from her ex-husband. Rishna's sons were able to support to clean the property and reset things for their Mum now that she has split from her husband, and they try to visit her weekly.

Rishna had stopped attending to her personal care, though she will say she has washed there is no evidence of this within the bathroom. Rishna would say that she was cooking from scratch, however there had been no space to do this in the kitchen due to the hoarding and there was out of date food with maggots in the fridge. Rishna does not consistently lock her front door and the door had been left open on several occasions overnight. Everyone is concerned about Rishna's safety.

An assessment was completed by the Adult Social Care locality team who identified that Rishna would benefit from four calls per day to meet her care and support needs. The practitioner, with support from the Technology Enabled Care and Homes (TECH) team, decided to implement various technologies to support Rishna to remain safely in her own home.

The technology included motion sensors in the rooms of her home including in the fridge, smart plugs on appliances and a video doorbell. Rishna's care workers were actively involved and used the dashboard app to review the data from the motion sensors and monitor her in between care calls. Through tactful use of data, they could call and prompt Rishna to eat and drink in between care calls and close the front door.

The use of technology provided evidence that Rishna was sleeping well, her nutrition improved, increased mobility and showed no evidence of nighttime needs. It also provided evidence that she would access the fridge at least four times a day, use a kettle at least twice, and use the microwave at least three times per day.

As a result, Rishna was able to live a fulfilling and independent life in her own home with just one daily care call. The technology has strengthened her relationship with her regular care workers who allow her the right to a private life and use the data appropriately and proportionately also provided reassurance for her sons.

Support for unpaid carers

48. There is a range of support available for carers of people with dementia in Surrey. Action for Carers Surrey talk to carers about their caring situation and suggest ways to help and signposting to further sources of help available. They also have support groups running regularly across Surrey, including some just for carers of people with dementia.

49. We would encourage all unpaid carers to register as a carer with their GP. This allows the GP to prescribe services to support carers in their caring role, including a £300 one off payment to pay for services or equipment that support carer wellbeing.

50. Surrey County Council also commission carer wellbeing breaks services, where carers of people with dementia can have a break from their caring responsibilities. In addition, the carers team are piloting services specifically focused on increasing support for carers of people with dementia. These schemes include the Clockhouse carers group run by Age UK Surrey; Tapestry day club and intergenerational music making.

A carer's feedback on receiving a wellbeing break from Crossroads

She (the carer) feels the sessions are going extremely well and they are enabling her to have a respite break. She noted that her husband's mood has changed recently and the support worker is very calm and understanding and is able to communicate with him. Having the support worker around helps to keep her husband content and happy and his mood is always different after the session. The support worker speaks Spanish, and Spanish is the husband's first language, so they are able to talk in Spanish together and talk about Spain. The carer feels it has been a perfect match.

Whilst the support worker is there the carer is able to focus on administrative duties and she is hopeful over time that she will be able to go out and look for activities and carry out household tasks in the community such as shopping.

Support at end of life

51. Our aim is to make sure care is coordinated to enable the person with dementia to live their life as independently as possible until their death. It is important that people with dementia and their carers and families have equal access to palliative and end of life care. To enable this, we endorse the 6 ambitions from the end of life care strategy.

52. Advanced Care Plans (ACPs) and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms have been rolled out across Surrey to ensure that people's wishes around their treatment and what is important to them is formally recorded. There has been a focus on improving the quality and number of ACPs, alongside an active education and training workstream. In addition, people's preferred place of death is being captured by partner organisations.

53. A select number of community pharmacies are able to provide palliative care drugs to support people living and dying in the community in order to avoid excessive travel for families and carers.

54. The Surrey Care Record has been embedded as a single sign in for each acute trust in Surrey to make it more accessible.

55. Continuing Health Care are funding fast track end of life care pathways where the person's condition is deteriorating to support them to have care in their own home, or at an appropriate setting.

56. There are plans to understand whether bereavement needs are being met which will be explored as part of the review of lived experience.

Conclusions

57. Alongside the good progress made in improving the dementia care pathway for the Surrey population over the first two years of the strategy, we still have work to do. Looking to the future, the dementia strategy action board are focusing on the following areas of work.

58. Continuing to understand and improve support for unpaid carers of people with dementia, including the roll out of training for unpaid carers of people with dementia.

59. Developing a robust national and local dataset to monitor the progress we are making for people with dementia and their carers in Surrey. This will include the recording and reporting of protected characteristics and analysis of dementia diagnosis rates by GP practice level. This is to further explore and act on any unexpected variation, particularly within our priority populations which are communities of identity and geography which are often overlooked and are most at risk of experiencing poorer health outcomes.

60. Identifying all the specialist dementia support available across the Surrey system, to assess gaps and areas for development; building on support group mapping (to include Admiral Nurses, local dementia care co-ordination and care navigation).

61. Planning for impact of new disease modifying treatments for dementia. NHS England (NHSE) released a statement on 22nd August 2024 stating 'Lecanemab is the first disease modifying treatment for Alzheimer's disease with a market approval in the UK, and to ensure the health system is prepared for future advances in treatments, a dedicated NHS team is also looking ahead

to 27 other drugs which are currently in advanced clinical trials that could be potentially approved by 2030'.

62. On the same date NICE released draft guidance for consultation *not* recommending Lecanemab for use in the NHS because it is not a cost-effective use of limited NHS funding. The public consultation on the draft the NICE guidance closed on 20th September 2024 and the independent committee will consider all responses at a second committee meeting later in the year before producing its final recommendations. On 22 October 2024 NICE released its draft guidance for consultation *not* recommending Donanemab for use in the NHS on the same basis.

63. Disease Modifying Treatments (DMTs) are for a very specific group of individuals and research related to this is still in its infancy. The requirements for such a service to be delivered are far beyond the realm of simply adding into an Older People's Mental Health Service or Memory Assessment Service. This would require a whole of systems approach to ensure if the DMTs are approved for use within the NHS, that the right structures and pathways are in place to meet the needs of the service provision.

Recommendations

64. The Select Committee notes the content of this report and endorses the work to improve the dementia care pathway within the Surrey population.

65. The Select Committee supports a continued focus on reducing the risk of dementia, with Public Health interventions and communications highlighting what people can do to reduce their risk factors.

66. The Select Committee supports a focus on priority populations within the next phase of work of the dementia strategy action board.

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Sources/background papers

Joint health and social care dementia strategy for Surrey, 2022-2027

Joint Health and Social Care Dementia Strategy

Easy read joint health and social care dementia strategy for Surrey, 2022-2027

Dementia Strategy Summary Surrey CC

NHS England, The well pathway for dementia, 2016

dementia-well-pathway.pdf

The dementia chapter in the joint strategic needs assessment (JSNA)

SCC JSNA Dementia | Tableau Public

The people with learning disabilities chapter in the joint strategic needs assessment (JSNA)

People with learning disabilities | Surrey-i

Surrey Health and Wellbeing Strategy- update 2022

Surrey Health and Well-Being Strategy - update 2022 | Healthy Surrey

Lord Darzi independent Investigation of the NHS in England, 2024

Independent Investigation of the National Health Service in England

NICE 2023, YOURmeds for medication support in long-term conditions

The technology | YOURmeds for medication support in long-term conditions | Advice | NICE

Surrey Heartlands palliative and end of life care strategy, 2021-2026

download.cfm

Consultation on NICE guidance for treating mild cognitive impairment or mild dementia caused by Alzheimer's disease

Project information | Lecanemab for treating mild cognitive impairment or mild dementia caused by Alzheimer's disease [ID4043] | Guidance | NICE

Dementia resources:

Easy Read dementia information | Alzheimer's Society

macintyrecharity.org/download/file/2811/

Reduce your dementia risk | Healthy Surrey

Connect to Support Surrey

https://arc-kss.nihr.ac.uk/resource-library/527-my-choice-booklet/file

Carers of people with dementia | Action for Carers