

Hertfordshire Dementia Strategy

2023-2028



Foreword

During the last two years of living with Covid-19 pandemic we have followed an interim Strategy for our dementia work, which helped us respond to the pressures of that period and to tide us over from the end of the previous Hertfordshire Dementia Strategy which covered the period up to 2019. We are both delighted and honoured to be asked to set the foreword to our new Hertfordshire Dementia Strategy that will guide our future work in this critically important area.

Two factors affected full delivery of the 2019 and interim strategies: dementia has been increasing year by year in all sectors of the population, and of course Covid-19 pandemic intervened and caused the diversion of resources to deal with that threat, particularly to the elderly. Dementia was already where adult care services were substantially deployed so without exception every community has been affected by the two diseases.

We are thrilled that the new Strategy has been developed in a way that reflects the true spirit of co-production in Hertfordshire; a group has come together to produce our new Strategy and we are grateful for their brilliant contribution, made even more impressive because the work has largely been done virtually. Thankfully meetings are getting back to normal now and we are benefitting all the more from face-to-face discussions.

Co-production means full and meaningful participation and input by all those in the adult care sector: Adult Care Services staff, health partners, carers and care delivery organisations and individuals who used and are using care services for dementia. Participation by these membership elements ensured that our new Strategy covers the full scope of dementia services.

One of the gaps in services found over the period was that family carers could not find information on help sources in one place, and the relative lack of IT skills among older people was also a factor seen as inhibiting the seeking of help. However, this has been addressed and a printed document, developed through co-production, will have full information, and will be located in GP surgeries and other easy to find places. There is much more to do.

So, the aims and ambitions, facts and figures follow in the new Strategy document and we as Co-Chairs thank everyone who has participated over many hours to get us to this stage and all those who, as part of this Strategy will continue to press forward with this work.



Ernest Large

Co-Chair of the Dementia
Co-production Board



Helen Maneuf

Co-Chair of the Dementia
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Our Vision:

Our vision is of a county where people affected by dementia have access to timely, skilled, and well-coordinated support from diagnosis to end of life, which helps achieve the outcomes that matter to them.



About our Strategy

Our Strategy sets out the broad priorities for health and care services in Hertfordshire, based on what people affected by dementia and their support networks say is most important to them.

It supports the Council's vision for the county set out in 'Our County of Opportunity, 2022-2025'ⁱⁱ, particularly the priority aims to support **'Healthy and fulfilling lives for our residents'**, **'Sustainable, responsible growth in our county'**, and **'Excellent council services for all'**.

It explains the joint approach partners will take to ensuring that people affected by dementia are able to live well. It reconfirms our commitment to person-centred care and support, and co-production of our plans and service development.

A Strategy Steering Group was established under our Dementia Co-Production Board to develop this Strategy. Membership of the board includes people with dementia, carers, health and care professionals, providers, and partners from the voluntary sector in Hertfordshire.

Our partner voluntary organisations (Alzheimer's Society, Hertswise,

and Carers in Hertfordshire) worked with people affected by dementia to find out what is important to them, and clinicians and providers of services were also involved in the development of our Strategy. A public consultation was then held in 2021, the themes of which were included in this Strategy.

The survey responses identified areas that people thought are working, and things that need to be improved, we have included a separate Appendix of what people told us.

This Strategy is being written at a time of prolonged disruption due to the Covid-19 pandemic affecting people affected by dementia, services, and diagnosis rates across the County. Covid-19 pandemic is a cross cutting focus across our delivery plans.

National government is due to publish a national dementia strategy, and a new NHS Long-Term Plan is expected in 2022. We will need to review our delivery plans to consider new policy and best practice.

Our Vision Continued

Our priorities

The following key themes were identified through our work with people affected by dementia, our voluntary sector partners, health and care professionals and providers. These form the priorities for our Strategy and delivery plans:

- 1) Promoting Health and Wellbeing.
- 2) Enabling Equitable and Timely Access to Diagnosis.
- 3) Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services.
- 4) Supporting People Affected by Young Onset Dementia.
- 5) Supporting Carers of People with Dementia.
- 6) Preventing and Responding to Crisis.
- 7) Developing Dementia-Friendly Communities.



‘When looking at a dementia strategy I think it is extremely important for everyone to imagine themselves having dementia in the future as it is very likely you or someone close to you will get dementia. What would you want for your loved one? What would you want for yourself?’

What is Dementia?

The term dementia describes a set of symptoms including memory loss, mood changes, and problems with communication and reasoning. Dementia is caused by many different diseases of the brain, the most common being Alzheimer's disease (c. 50-75%) and the next most common Vascular (c. 20%).

These diseases affect the brain in different ways, people experience different symptoms and therefore types of dementia.

Dementia is progressive, which means that the symptoms get worse over time. It can happen to anyone and there is currently no cure. Some risk factors for dementia, such as age and genetics, cannot be changed. However, it is thought that being and staying physically and mentally well can reduce the risk of dementia.

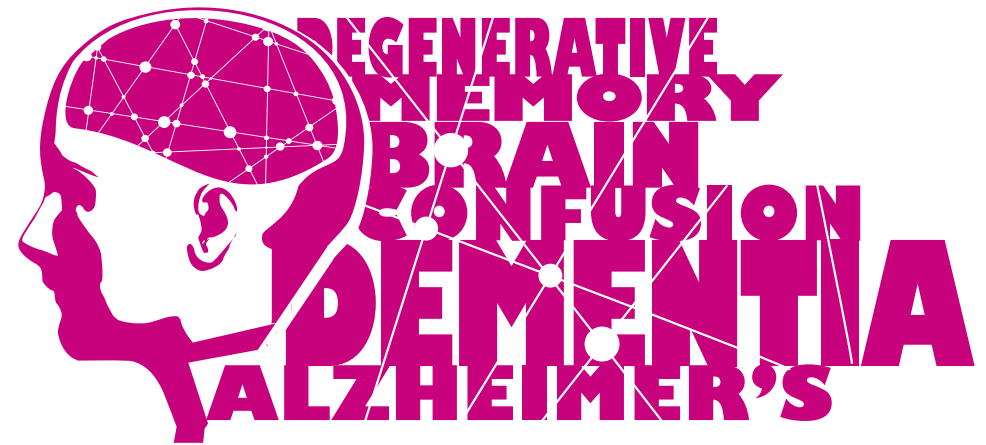


**Asking the same question over and over again,
it's not called getting old it's called getting ill.**

(Alzheimer's Society)



Dementia is not a natural part of growing old and, although dementia is more common in people over the age of 65, the condition can also be diagnosed in people under the age of 65. This is called Young Onset Dementia (YOD).



What is Dementia Continued

National Context

The number of people with dementia in the UK is expected to grow rapidly over the coming decades. As age is the biggest risk factor for dementia, the increase in life expectancy is thought to be driving the projected rise.

- There are an estimated 900,000 people in the UK with dementia, expected to rise to one million by 2025, and 1.6 million by 2040.
- Currently there are 15,006 people under the age of 65 living with dementia in England.
- It is predicted that 1 in 3 people will develop dementia in their lifetime.
- 69% of people in care homes have a dementia or memory loss.
- The prevalence of dementia of care home residents is higher in women (71%) than men (63%).

There continues to be evolving national dementia guidance, research, and best practice, much of which co-produced with people affected by dementia. A new national dementia strategy is also expected in 2022.

Key national legislative and policy include:

- The Care Act (2014)^{viii}
- NHS Long Term Plan (2019)^{ix}
- Health and Social Care Integration: Joining up care for people, places, and populations (2022)^x
- National Institute for Health and Care Excellence Guidance (NICE) (2018) Dementia: assessment, management and support for people living with dementia and their carers (NG97)^{xi}
- People at the Heart of Social Care: adult social care reform (2022)^{xii}

Hertfordshire Context



Our work to improve the lives of people affected by dementia will need continued and sustained effort across local health and care partners and wider stakeholders in Hertfordshire.

Owning the delivery of our Strategy

The Hertfordshire Dementia Strategy 2023 - 2028 has been agreed by partners across the Hertfordshire Integrated Care System:

- Hertfordshire County Council.
- Herts & West Essex Integrated Care Board.
- Hertfordshire Health and Wellbeing Board.
- Hertfordshire Mental Health Learning Disability and Autism Health and Care Partnership.
- Hertfordshire's Health and Care Partnerships.

The Mental Health Learning Disability and Autism Collaborative Board will oversee progress against our Strategy Delivery Plans. The Dementia Co-production Board will continue to be updated on progress.

This will ensure our Strategy Delivery Plans have senior ownership and the people involved in writing our Strategy are updated on our progress.

To enable us to deliver the Strategy's aims we will work with partners following these key principles:

- 1) Improving the health, wellbeing and mental health of people affected by dementia will be our overriding driver.
- 2) We will work to improve early identification, promote self-care, and work to provide care closer to home.
- 3) We will work to better understand the resource we spend on dementia to maximise the impact of our resources for people affected by dementia.
- 4) Delivery of our plan will be clearly owned and led, including working with people affected by dementia to develop our dementia services.
- 5) Our workforce is critical to achieving Hertfordshire's dementia ambitions. We will build on our existing close working with our health and education partners to develop our workforce.
- 6) We recognise that dementia will affect increasing numbers of our population, so we need to continue to work at pace to improve the experience of people with dementia in Hertfordshire.

Understanding the challenge

People affected by dementia were disproportionately affected by the Covid-19 pandemic. The pandemic exacerbated existing health and social inequalities and recovery from the pandemic will be a key focus of the first two years of our delivery plans.

Our five main challenges over the course of this Strategy:

- 1) Healthy and active lifestyles can reduce the risk of dementia and can slow progression of the illness and improve people's outcomes. We need to continue to work with all stakeholders to promote wellbeing, and social connectedness, particularly after the Covid-19 pandemic.
- 2) We know early diagnosis can improve outcomes, so we need to ensure assessment and diagnosis rates return to at least pre Covid-19 pandemic levels, ensuring people have timely access to assessment and diagnosis, including those with additional barriers to diagnosis.



- 3) We need to continue to build on the progress made on post diagnosis support and support through the course of the illness, including for carers.
- 4) We need to ensure people affected by dementia, including younger people and people with learning disabilities, have access to timely, person-centred, and flexible health and care services.
- 5) We must respond to the increasing proportion of older people developing dementia later in life, who have increased frailty and multiple long-term conditions. This means we need to ensure staff supporting them have the correct skills, and people with dementia have access to the other health and care services they need.

Alzheimer's Society

'Dementia Statements'

The statements reflect the things people with dementia have said are important to their quality of life which will underpin our Strategy. The statements are a rallying call to improve the lives of people with dementia:



- We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate, compassionate, and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

Priority 1:

Promoting Health and Wellbeing

We need to help people to stay healthy to reduce the risk of getting dementia and the illness progressing. The Hertfordshire County Council Public Health Strategy 2022–27 sets out our aim to work with partners to develop and deliver a healthy ageing programme.

We need to support people with dementia to stay healthy and live connected lives.



Our aims

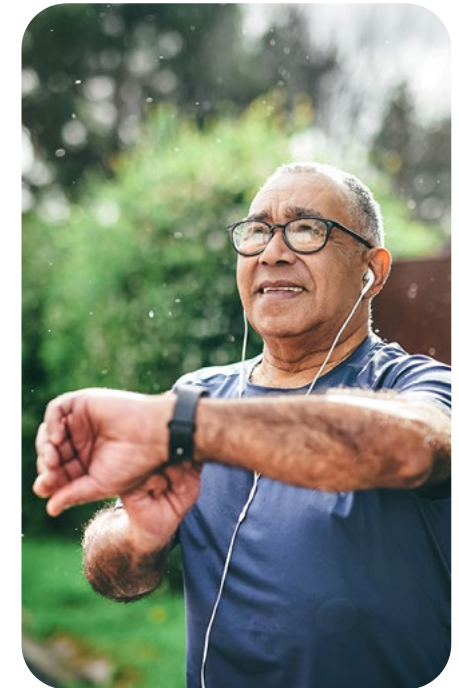
- To help people affected by dementia to maintain their independence, physical, emotional, and mental wellbeing.
- To understand the opportunities across the county that provide social and wellbeing support, such as community opportunities, identifying gaps and ensuring people know who can help.
- Understand the needs of carers and our workforce to support people to remain physically active and well.
- To build on the Covid-19 pandemic work in care homes to improve social connectedness through technology, including support for staff.
- Continue work to raise awareness of scams targeting people affected by dementia so they remain confident and independent.
- Improve access to Cognitive Stimulation Therapy by working in collaboration with partnership by Hertfordshire Partnership University NHS Foundation Trust, Alzheimer's Society, and Hertswise.

'Healthy body, healthy mind'

Priority 1: Promoting Health and Wellbeing Continued

We will

- Create a group across stakeholders to implement this Priority.
- We will work with our partners in Public Health to develop and deliver a healthy ageing programme.
- Review commissioned and non-commissioned services and groups that offer social and physical activity opportunities for people affected by dementia across the county.
- Ensure our information and advice offer is accessible to people affected by dementia throughout the course of their condition, including social and wellbeing opportunities in their local community.
- Consider opportunities for increasing digital connectivity, including for people in care homes.
- Review opportunities across the county for increasing physical activity for people affected by dementia.
- Continue to work with the Hertfordshire Constabulary to provide information and training for people affected by dementia to raise awareness of scams that might target them and impact their wellbeing.
- Develop a business case to provide Cognitive Stimulation Therapy across Hertfordshire.
- Consider our support offer to those diagnosed with Mild Cognitive Impairment (MCI) to reduce the likelihood of, or extend the period between, the development of dementia.



Priority 2:

Enabling Equitable and Timely Access to Diagnosis

People should have timely access to diagnosis, post diagnostic support and treatment. A national Alzheimer's Society survey^{xx} found that timely diagnosis helps people to continue to live well. It enables people to plan their future, receive and act on practical advice, manage their symptoms, and avoid crisis.

Through the Covid-19 pandemic assessment and diagnosis rates fell and waits increased for the Early Memory Diagnosis Assessment Support Service (EMDASS).

'The sooner someone knows they have dementia, the sooner they, their family and carer can plan for their future and learn ways to cope with it.'

Our aims

- To recover our pre Covid-19 pandemic diagnosis rates and meet national targets of 66.7% of our prevalent population by 2024.
- Reduce waiting times for the Early Memory Diagnosis Assessment Support Service (EMDASS) by increasing the number of people seen within 12 weeks each year.
- Provide proportionate diagnosis, ensuring those with the highest needs can access a clinic-based pathway by working with GPs to improve pre-screening before referral.
- Improve pre-diagnosis support to reduce crisis, safeguard those who are vulnerable and maintain people's condition while waiting for their assessment.



Priority 2: Enabling Equitable and Timely Access to Diagnosis Continued

We will

- Create a working group across stakeholders to implement the actions for this priority.
- Monitor the diagnostic service recovery plan to ensure performance returns and are meeting targets.
- Review the diagnostic service to ensure it is meeting the requirements of people affected by dementia.
- Support diagnosis in primary care with Primary Care Dementia Specialist Nurses.
- Work with GP practices to ensure people with dementia are identified and recorded correctly to support other interventions and ensure reasonable adjustments are available to them when accessing services.
- Ensure our Transformation of Mental Health Services for Older People work includes a review of the diagnostic service and post diagnosis support.
- Ensure there is access to mental health support for people affected by dementia from diagnosis onwards.
- Work with our partners to improve access to interpretation services to ensure pathways are more culturally appropriate.



Priority 3:

Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services

We need to ensure equitable access for people with dementia to other health and care services to ensure their needs are met, from diagnosis through to end of life.

When people are diagnosed with dementia a dementia plan is created with them. The percentage of these plans reviewed each year has reduced. Reviewing the plan can lead to referral to other services that can benefit the person with dementia. Therefore, we need to work to increase the number of dementia plan reviews.

We also know people with learning disabilities and dementia, and people with Young Onset Dementia need access to health and care services appropriate to their specific needs.

There is a lack of data locally about assessment and diagnosis rates for people from Black Asian and Minority Ethnic (BAME) groups, and Lesbian, Gay, Bisexual and Transgender (LGBT) people. Services anecdotally report fewer people accessing services from these groups. We need to ensure services are appropriate for and accessed by our whole community.

‘After the memory clinic and then having your support, everything was quick and clicked in to place because of you.’

Our aims

- Improve our data to understand uptake of services for BAME, LGBT communities, and people with a learning disability.
- To better understand the experience and suitability of services for these groups and people with Young Onset Dementia.
- Increase the percentage of dementia plan reviews and annual health checks for people affected by dementia.
- We need to ensure that people affected by dementia have access to the other services they need, such as community health services for people in care homes, and can access the right services at the right time.
- Ensure our commissioning of social care services specifies the standards and outcomes expected for dementia care, including workforce training through our Dementia Care Accreditation.
- Ensure people with dementia have reasonably adjusted access to other primary and secondary health services.
- When people require Mental Health inpatient care this is in Dementia-Friendly services and the care is high quality and benchmarked through the Older Adults Mental Health Services Quality Network.
- Encourage use of the Health Education England Older People’s Mental Health Competency Framework across the workforce.
- Ensure people with dementia have good quality end of life care and are supported to die with dignity in the place of their choosing.
- Work to put quality standards into practice, ensuring that physical environments are Dementia-Friendly, including people’s homes.
- Work to review the dementia training for our workforce across health and care services.

Priority 3:

Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services Continued

We will

- Map the activity across health and care services to ensure workplans are joined up across our system, such as frailty, end of life and hospital discharge pathways.
- Work with Primary Care to understand the assessment and diagnostic rates for BAME and LGBT communities.
- Work through with the 'Diverse Communities on the Dementia Pathway Group' to ensure services are accessible and consider peoples protected characteristics.
- Provide training to services based on the LGBT Dementia Health and Wellbeing toolkit .
- Work with our Learning Disability Nurses to increase diagnosis rates for people with a learning disability and continue to deliver training for people supporting people with learning disabilities and dementia.
- Work with Primary Care to increase annual health checks for people with dementia throughout the time of this Strategy.
- Assess the physical environments in social care services for people affected by dementia and the training offer for staff in commissioned services.
- Investigate technology to enable reminders of appointments with services, reminding people how to access the services available to them.
- Continue work to promote Direct Payments and understand barriers faced by people affected by dementia using Direct Payments to manage their support.
- Ensure our work to prepare for Adult Social Care funding reform is inclusive of issues for people affected by dementia.
- Work across frailty pathways to ensure end-of-life care is suitable and communication is Dementia-Friendly.
- Assess the case for increasing Admiral Nurses across the County.
- Review services that provide post diagnostic support to ensure a seamless pathway.
- Our 'Memory Pathway Document', for GPs and other professionals working with people experiencing memory loss, will be reviewed to ensure it is in an accessible format and gives clear pathways to support.
- Work to increase the number of people with a diagnosis receiving a Dementia Plan, and the number of annual reviews of the plan.
- Review our Dementia Care Accreditation to ensure it is fit for purpose and used as to drive improvement in dementia care.
- Work through our commissioning activity, accommodation programmes and District Accommodation Boards to influence housing and support options for people affected by dementia including, Flexi Care, and Residential and Nursing care.

'You gave me strength to manage.'



Priority 4:

Supporting People Affected by Young Onset Dementia

People with Young Onset Dementia's (YOD) are those diagnosed under the age of 65. Diagnosis can have profound impacts on families, employment, and therefore different support is needed after diagnosis. Services for younger people will need to provide age appropriate and ongoing support that provides information and advice specific to the issues people face.

Lower levels of awareness and difficulties diagnosing people under 65 means the data may not reflect the numbers of people affected. There are predicted to be around 900 people with YOD in Hertfordshire. Prevalence rates for Young Onset Dementia in black and minority ethnic groups are higher than for the population as a whole and are thought to be less likely to access diagnosis and support.

People with a learning disability are at greater risk of developing dementia at a younger age . Studies show that one in ten will have dementia between the age of 50 to 65, for people with Down's syndrome this is predicted to be 30% of people in their 50's^{xxiv}.

Carers of people with YOD have told us the difficulties accessing suitable post-diagnosis support, and appropriate information and advice for Young Onset Dementia specific issues.

Our aims

- To better understand our offer for people with Young Onset Dementia, such as post diagnostic support, access to health and care services, carers support, and practical support such as housing and financial planning.
- Work to improve our data on Young Onset Dementia so we can plan appropriate health and care services.
- Provide family orientated support to ensure young carers and children affected by dementia are included, educated, and carers are supported to remain in employment.
- People are often diagnosed outside of Hertfordshire, so we need to ensure referral routes into our post diagnosis services.

Priority 4: Supporting People Affected by Young Onset Dementia Continued

We will

- Create a working group across stakeholders to implement the actions for this priority and hear from people affected by Young Onset Dementia.
- Review and improve our data to establish the number of people with a Young Onset Dementia diagnosis in Hertfordshire.
- Map our service offer to identify gaps in services, our information and advice offer, and support for carers and families.
- Work across commissioning to ensure there are appropriate housing and support services, including age-appropriate residential care for people with Young Onset Dementia where appropriate.
- Develop connections with specialist dementia organisations who support Young Onset Dementia, and other rare dementia support.
- Develop pathways with diagnostic services outside of Hertfordshire to ensure there is clear signposting to appropriate post diagnosis support.
- Work with our partners to raise awareness about Young Onset Dementia to increase identification.



‘You gave me the knowledge I needed to support my partner and that has helped me to manage his needs and my own wellbeing has benefited from that.’

Priority 5:

Supporting Carers of People with Dementia

Caring for a loved one with dementia can be challenging and stressful. Carers need the right support to continue caring, and maintain their own physical, emotional, and mental health and wellbeing. This includes support to remain in employment and access to health and care services relevant to their own needs.

Hertfordshire's Carers Strategy, 'A Carers Strategy for Hertfordshire 2022-25^{xxv}', overseen by the multiagency Carers Co-production Board identifies four objectives to support carers:

- 1) **Be Informed.**
- 2) **Life Beyond Caring.**
- 3) **Maintain Health and Wellbeing.**
- 4) **Receive Consistent, Joined Up Services.**

Our aims

- To work with carers and our partners in the statutory, voluntary, and independent sectors to deliver on our Carers Strategy for Hertfordshire (2022-25).
- Ensure carers affected by dementia have access to good quality information and advice specific to their circumstances.
- Ensure our carers education and training offer includes specific support for carers of people with dementia to enable them to be confident in their caring role.
- Ensure a consistent offer of carers assessments and carers 'in case of emergency' plans across the county.
- Ensure a suitable counselling offer for carers of people affected by dementia, including those with Young Onset Dementia.
- Increase the number of carers annual health checks across the county.
- Promote guidance and support for carers and service users using direct payments to purchase support.

Priority 5: Supporting Carers of People with Dementia *Continued*

We will

- Work to ensure delivery of our carers Strategy reflects the needs of people affected by dementia.
- Work across health and social care to increase the number of carers annual health checks and 'in case of emergency' plans.
- Review our information and advice offer to ensure people affected by dementia have access to practical information and advice.
- Review our short breaks offer to ensure there are options for people affected by dementia, including things to do in the community, overnight short breaks, and support to continue in employment.
- Review our carers training programme to ensure it includes dementia and Young Onset Dementia specific training.

'Caring can be lonely and stressful so timely support and information can enable carers to maintain their own health and wellbeing and continue caring if they wish to.'



Priority 6:

Preventing and Responding to Crisis

There must be accessible and flexible alternatives to hospital admission for people affected by dementia who are experiencing a crisis in their circumstances or mental health.

People affected by dementia need information about the options available to them as their dementia progresses. If they wish to, people should be supported to make plans for what they want to happen as their illness progresses, or if they are in crisis.



Our aims

- Ensure our Community Mental Health and Older Peoples Mental Health transformation programmes includes people affected by dementia in service design.
- To provide timely and proportionate crisis care for people affected by dementia.
- Increase provision and awareness of crisis support and community support for people within their own homes, supporting them to remain in their own home and carers to continue caring for as long as they wish to.
- To provide crisis support to people in care homes, and support to care home staff to prevent crisis and support people in crisis.
- To work to create a Hertfordshire-wide approach to distressed behaviour in people affected by dementia, training for our workforce and carers to understand behaviours and strategies to support people to avoid crisis.

Priority 6: Preventing and Responding to Crisis Continued

We will

- Create a working group to implement the actions for this priority, working across mental health transformation to ensure people affected by dementia are included in this wider work.
- Work with Mental Health Services to ensure they are responsive to people's needs and provide crisis support out of hours.
- Ensure our Mental Health Services provide a consistent offer to people affected by dementia across the county.
- Work to ensure access to community and crisis team support for people in their home, supporting and training carers to prevent crisis and admission to treatment and assessment units.
- Ensure the support available is visible to carers, and health and care services, through the Dementia Services Booklet.
- Work to ensure that when people need mental health inpatient care this is in Dementia-Friendly services, the care is high quality, and is benchmarked through the Older Adults Mental Health Services Quality Network.
- Review our workforce training offer and support required to improve behaviour support and crisis response.
- Increase Dementia Plan review numbers to identify people affected by dementia at risk of crisis.
- Work across hospital discharge pathways to ensure access to enablement services when people are discharged from hospital.

Priority 7:

Developing Dementia-Friendly Communities

Hertfordshire currently has five Dementia-Friendly Community^{xxvii} groups, where local council members, health and care workers, organisations, and businesses, work to ensure people living with dementia are understood, respected, supported, and confident they can contribute to community life.

The Pan Herts Dementia-Friendly group was established in March 2022 with an initial focus is to ensure that information and advice across Hertfordshire is easy to find in Dementia-Friendly formats.

IDEAL (Improving the experience of Dementia and Enhancing Active Life^{xxvii}) study and the World Health Organisation's 'Toolkit for Dementia-Friendly initiatives^{xxvii}' highlights the role of Dementia-Friendly organisations in creating a dementia inclusive society.

Dementia-Friendly communities can also support Carers to remain socially connected, who could otherwise become socially isolated, resulting in their own worsening health.

Our aims

- For all districts in Hertfordshire to be awarded or working towards Dementia-Friendly Community accreditation status.
- We will continue to work to identify businesses, organisations, and communities to create a Dementia-Friendly county and provide ongoing support to local action groups.



Priority 7: Developing Dementia-Friendly Communities Continued

We will

- Work with district and borough councils to promote and sustain Dementia-Friendly Communities.
- Build on our volunteer development work through Covid-19 pandemic to support local Dementia-Friendly Community Groups which often rely on volunteers, and short-term funding, which can impact their sustainability.
- Work with community services to ensure they are Dementia-Friendly, easily accessible, particularly for people living in more rural communities and/or when they can no longer drive.
- Ensure that Dementia-Friendly activities, businesses, and services are identified and mapped across the county and included in our information and advice offer.
- Support for people with dementia to take part in non-specialist groups and activities.
- Work with partners and people affected by dementia to review Dementia-Friendly initiatives to ensure they remain valid to people with dementia.



References

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 - ^{xi} [Dementia: assessment, management and support for people living with dementia and their carers](#)
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