

Hertfordshire Dementia Strategy 2015-2019 V1.2 DRAFT

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1. Foreword

Note: the following key messages are proposed as a structure for a foreword following sign off.

- Dementia affects a lot of people, not just older people.
- We expect to be caring for more people with dementia.
- People with dementia often have multiple and complex needs.
- Dementia is challenging for the person with dementia and those that care for them.
- We are building on the strong foundations laid by our previous strategy.
- Our new strategy will set out our key ambitions for the next 5 years and say how these will be progressed.
- It is possible to live well with dementia.

2. Introduction

Note: this section will introduce the six strategy themes below and summarise the consultation process in brief.

Key themes:

1. *Enabling equal access to diagnosis and support.*
2. *Promoting health and wellbeing.*
3. *Developing dementia friendly communities.*
4. *Supporting carers of people with dementia*
5. *Preventing and responding to crisis.*

Supporting theme:

6. *Evidence based commissioning.*

3. What is Dementia?

"Dementia is like brain failure. It describes a syndrome: a series of signs and symptoms, including changes to memory, emotional state and ability to manage".

Alistair Burns, National Clinical Director for Dementia in England.

Dementia is set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language that affects daily life. A person with dementia may experience changes in their mood or behaviour¹. Some of these are described as Behavioural and Psychological Symptoms of Dementia (BPSD).

¹ Factsheet: What is Dementia, 2013, Alzheimer's Society

Dementia has many causes, including:

- Alzheimer's disease
- Vascular dementia
- Mixed dementia.
- Dementia with Lewy bodies
- Rarer causes of dementia including Corticobasal degeneration and Creutzfeldt-Jakob disease.

Dementia is progressive, which means that the symptoms will get worse over time. It can happen to anyone and there is currently no cure, but treatments can slow the progression of the disease. Some risk factors for dementia, such as age and genetics, can't be changed. There are many other factors that increase the risk of vascular dementia which could possibly be prevented by making certain lifestyle changes. This idea is often promoted by the message: 'What is good for your heart is also good for your head.'

Most people with dementia live at home and many do not receive dementia specialist services. A large national engagement exercise² found that:

- Only 58% of people with dementia say they are living well, and less than half of people feel a part of their community.
- Approximately 40% of people with dementia felt lonely recently, and almost 10% only leave the house once a month.
- 72% of respondents were living with another medical condition or disability as well as dementia.

There are an estimated 670,000 people in the UK acting as primary carers for people with dementia.

Dementia is challenging for both people with the condition and those that care for them, ***but it is possible to live well with Dementia.***

4. Dementia Prevalence and cost

Research shows that there are an estimated 835,000 people in the UK who have dementia, including 700,000 people who live in England³. This means that 1 in every 14 of the population aged 65 years and over has dementia. There are over 40,000 younger people (65 years of age or below) with dementia. The total number of people with dementia in the UK is expected to increase to over 1 million by 2025.

A majority (69.0%) of people in care homes have dementia or memory loss. The prevalence of dementia among residents of care homes is slightly higher in women than men at all ages, estimated 62.7% for males and 71.2% for females.

² Dementia 2014: An Opportunity for Change, The Alzheimer's Society

³ Dementia UK: Update Second Edition, The Alzheimer's Society, November 2014

The total cost of dementia to society in the UK is £26.3 billion, with an average cost of £32,250 per person, this includes:

- £4.3 billion spent on healthcare costs.
- £10.3 billion spent on social care (publicly and privately funded).
- £11.6 billion contributed by the work of unpaid carers of people with dementia.

Unpaid care accounts for 74.9% of the total cost for all people with dementia living in the community.

We estimate that there are currently in excess of 14,000 people over the age of 65 with dementia in Hertfordshire; this is predicted to rise to over 15,000 by 2021. We also estimate that there are more than 300 people with young onset dementia living in the county.

For more information, please visit the Hertfordshire Dementia JSNA:

<http://atlas.hertsllis.org/IAS/Custom/Resources/DementiaSummaryPDF.pdf>

5. The implementation of Living Well with Dementia: Hertfordshire's Joint response to the National Dementia Strategy 2009-2014.

Dementia is a high strategic priority in Hertfordshire. As a result of '*Living Well with Dementia: Hertfordshire's response to the National Dementia Strategy 2009*', the following has been achieved:

- Across Hertfordshire, over £90m is currently spent every year on health and social care services for people with dementia.
- The percentage of patients with dementia that have an antipsychotic medication prescription fell from around 3.5% in 2009 to less than 1% in 2011 – a 71% reduction.
- Our ability to diagnose and support people has developed through a major project to implement the Early Memory Diagnosis and Support Service (EMDASS) in partnership with Hertfordshire Partnership NHS Foundation Trust and the Alzheimer's Society.
- We have commissioned dementia support and awareness work by community/voluntary sector partners including "Singing for the Brain" (the Alzheimer's Society), Dementia Friends training, Dementia cafes, and Young Onset Dementia Activity Groups
- The Rapid Assessment and Interface Discharge (RAID) has become a mainstream service that prevents unnecessary hospital admission for people with dementia.

- Voluntary sector partners have been commissioned to provide a Hospital Discharge Service to ensure that people with dementia are supported to leave hospital.
- We have worked to improve the information available to people with dementia and developed a Dementia Handbook to support people who have received a diagnosis.
- Our voluntary and independent care provider partners have worked with commissioners and Hertfordshire Care Providers Association to improve the quality of care home provision for people with dementia.
- We have commissioned support for carers of people with dementia, including training via the CRISP programme.
- Our communities have worked to become dementia friendly. Examples include East and North Hertfordshire NHS working to make Lister Hospital Dementia Friendly, Tring becoming recognised as a 'Dementia Friendly Community' and over 6000 Hertfordshire residents becoming Dementia Friends.

The 2009 Strategy: 'I statement' outcomes.

Our consultation included a focused engagement project with people with dementia, delivered by the Alzheimer's Society. 116 people gave detailed responses based on the 9 'I Statement' outcome measures from the 2009 Strategy:

66% stated: "I was diagnosed early"

46% stated: "I understand, so I make good decisions and provide for future decision making"

71% stated: "I get treatment and support which are best for my dementia and my life".

74% stated: "Those around me and looking after me are well supported".

79% stated: "I am treated with dignity and respect".

67% stated: "I know what I can do to help myself and who else can help me".

89% stated: "I can enjoy life".

46 % stated: "I feel part of a community and I'm inspired to give something back"

65% stated: "I am confident my end of life wishes will be respected. I can expect a good death".

6. What do we want for people with dementia and their Carers?

In 2010 the Dementia Action Alliance (DAA) launched a National Dementia Declaration for England. In the Declaration people with dementia and carers describe 7 outcomes that are most important to their quality of life. We want people with dementia and their carers to be able to say:

- I have personal choice and control or influence over decisions about me.
- I know that services are designed around me and my needs.
- I have support that helps me live my life.
- I have the knowledge and know-how to get what I need.
- I live in an enabling and supportive environment where I feel valued and understood.
- I have a sense of belonging and of being a valued part of family, community and civic life.
- I know there is research going on which delivers a better life for me now and hope for the future.

In addition to this, we will refer to the seven Commitments to Carers contained in our Joint Carers Strategy to measure the implementation of the new strategy. These are explained below in Strategy Theme 4-*Supporting Carers of People with Dementia*.

7. Delivering our strategic priorities for 2015 to 2019: Six Strategy Themes

Our work will focus on *5 key themes* with a *supporting theme* and *action plan*.

Key themes:

1. Enabling equal access to diagnosis and support.
2. Promoting health and wellbeing.
3. Developing dementia friendly communities.
4. Supporting carers of people with dementia
5. Preventing and responding to crisis.

Supporting theme:

6. Evidence based commissioning.

7.1 Enabling equal access to diagnosis and support.

“Although there is no cure for the condition, young or old, an early diagnosis is helpful for those who have the condition. A diagnosis will help to ensure you receive the most appropriate treatment and allow you and your family to receive the support you need whether it’s from social services, respite care or support groups.” **Dr Mark Allen, GP and Mental Health Lead, Herts Valleys Clinical Commissioning Group.**

What does our evidence tell us?

1. Hertfordshire’s model of diagnosis and support is accessible via referral to the Early Memory Diagnosis and Support Service (EMDASS). Most referrals to EMDASS are made by the patients GP. During consultation, people with dementia who had accessed the EMDASS service often reported that it “I was diagnosed early” (66%) and that “I get treatment and support which are best for my dementia and my life” (71%). Against a nationally set diagnosis target of 67%, less than 50% of people that are estimated to have dementia in Hertfordshire have a diagnosis⁴.
2. People with Dementia are among the highest users of care services during the last year of life⁵ and are at high risk of unnecessary hospital admission⁶;
3. There are certain groups⁷ within the dementia cohort that may find it particularly difficult to access diagnosis and support and to navigate the health and care system:
 - 3.1. Many people with young onset dementia are at risk of late diagnosis due to atypical neurological disorders. They are also likely to experience a different social impact of the diagnosis as young children are often in the home and they are likely be in employment. During consultation some carers reported issues around access to suitable services post-diagnosis and information and advice on Young Onset Dementia (YOD) specific issues.
 - 3.2. People with a learning disability are at higher risk of developing dementia and are more likely to experience co-morbid physical and mental health disorders. The EMDASS pathway enables specialist assessment of dementia for people with a learning disability. However, some carers report difficulty in obtaining a timely diagnosis.

⁴ Quality and Outcomes Framework (QOF) data

⁵ Understanding patterns of health and social care at the end of life (2012) Nuffield Trust

⁶ Counting the cost: Caring for people with dementia on hospital wards (2009) Alzheimer’s Society

⁷ Dementia Revealed: What Primary Care Needs to Know, Dr Elizabeth Barrett, Shires Health Care – Hardwick CCG and Professor Alistair Burns, NHS England 2014

- 3.3. Almost 20% of people in Hertfordshire belong to an ethnic group other than White British. 12% of Hertfordshire residents were born outside the UK or Ireland, and 6% do not have English as a first language⁸. We expect the number of people with dementia from BAME communities to increase at higher rate than the whole UK population in the same time period⁹. We know that people from BAME communities are at increased risk in relation to late diagnosis and may face problems in accessing some services.
- 3.4. People with dementia who live alone face an increased risk of social isolation and poorer health and wellbeing outcomes.
- 3.5. People who have substance misuse issues and/or are homeless may face problems accessing dementia diagnosis and care.
- 3.6. People who were diagnosed prior to the implementation of EMDASS and those who were diagnosed outside of Hertfordshire reported issues around accessing dementia support during consultation.

Our Aims.

1. To provide a timely diagnose to 75 % of our prevalent population by 2017.
2. To ensure that our diagnosis ambition is supported by capacity within diagnostic services and post-diagnostic support.
3. To ensure that people with Dementia receive a high quality, person centred services, including the End of Life care stage.
4. To ensure that dementia support services are accessible to people with protected characteristics, including younger people with dementia, people with learning disabilities and people from black and minority ethnic communities.
5. To ensure that our Dementia services are effective in limiting or delaying the disability associated with dementia if at an early stage.

We will achieve our aims by:

Working with our partners in the statutory, voluntary, and independent sectors to further develop our post-diagnostic offer and ensuring that it is promoted on a primary care locality basis and more widely through partner organisations. Our offer will include:

1. A proactive, “staying in touch” approach to prevent social isolation and crisis where extra support is required (for example, where the person lives alone).
2. Involvement of carers as key partners in the ‘Triangle of Care’.
3. Timely intervention to enable secondary prevention of disability arising from Dementia or co-morbid conditions.
4. Access to a personalised solution through an individual health or social care budget.

⁸ Hertfordshire’s Equality and Diversity JSNA. 2014

⁹ House of Commons All-Party Parliamentary Group on Dementia does not discriminate: The experiences of black, Asian and minority ethnic communities, July 2013

5. Access to dementia friendly information, advice and advocacy in line with the principles of Think Local, Act Personal, (including support to gain or remain in employment).
6. Access to dementia friendly technology.
7. Access to person centred respite.
8. Individual choice and control in the planning of care, including around future loss of mental capacity.
9. Access to dementia friendly End of Life care that addresses the *Priorities for Care of the Dying Person*¹⁰.

What are our key measures?

- Incidence (new cases) of dementia and estimated dementia prevalence.
- Preventative outcomes measures reported (referenced to Community Wellbeing Commissioning Framework).
- People with dementia report achievement of the outcomes contained in the Dementia Action Alliance outcomes framework.
- Carers of people with dementia report achievement of the 7 commitments to carers.
- Incidence of avoidable hospital admission/re-admission.

7.2 Promoting health and wellbeing.

'We know that the things that will improve your heart will also protect your brain. By making positive lifestyle changes, such as stopping smoking, maintain a healthy weight, keeping active and reducing your alcohol intake you can reduce your risk of dementia and it's never too late to make these changes' **Sue Matthews, Hertfordshire Public Health**

What does our evidence tell us?

1. Dementia prevalence is projected to increase although "improvements to education standards, cardiovascular health, activity levels and other known risk factors may all help reduce dementia incidence and prevalence in the future"¹¹.
2. Some types of dementia and many non-communicable diseases (NCDs) share "common risk and protective factors" and we could strengthen our response by targeting the promotion of good brain health throughout life¹²: The phrase "what's good for your heart is good for your head" is often used to describe this idea.

¹⁰ One chance to get it right: Improving people's experience of care in the last few days and hours of life. (2014) Leadership Alliance for the Care of Dying People.

¹¹ Alzheimer's Society, Dementia UK: Update (2014)

¹² Public Health England and UK Health Forum, Blackfriars consensus on promoting Brain health: reducing risks for dementia in the population. Public Health England (2014)

3. Social isolation and loneliness have a significant impact on quality of life' and it is vital that we build on the work within communities so that people living with dementia feel that they are a valued part of family, community and civic life¹³
4. It is important that we prioritise the health and wellbeing of those with dementia and support them to self-manage existing health problems. A large number of people with dementia also have comorbid medical conditions¹⁴. Considering the impact of dementia on the management of these is an important aspect of promoting health and wellbeing of people with dementia.

Our Aims

- 1) Reduce the incidence of dementia in Hertfordshire's population.
- 2) Enable people with Dementia and their carers to live longer, healthier lives.

We will achieve our aims by:

- 1) Delivering on Healthier Herts: A Public Health Strategy for Hertfordshire 2013-17 and Hertfordshire's Health and Wellbeing Board Strategy 2013-16.
- 2) Continuing to improve access to NHS Health Checks, using this as an opportunity to change behavioural risk in mid-life.
- 3) Integrating dementia risk reduction messages with mainstream healthy lifestyle initiatives, including promotion of good brain health throughout life.
- 4) Ensuring that our commissioning strategies enable people with dementia and their carers to self-manage existing health conditions and reduce levels of social isolation.

Key measures

- Incidence (new cases) of dementia and estimated dementia prevalence.
- Preventative outcomes measures reported (referenced to Community Wellbeing Commissioning Framework).
- People with dementia report achievement of the outcomes contained in the Dementia Action Alliance outcomes framework.
- Carers of people with dementia report achievement of the 7 commitments to carers.

¹³ Public Health response to 'Have your say on the Hertfordshire Dementia Strategy 2015-2019'

¹⁴ Bunn F, Burn A-M, Goodman C, Rait G, Norton S, Robinson L, et al. Comorbidity and dementia: a scoping review of the literature. BMC Med. 2014 Oct 31;12(1):192

7.3 Developing dementia friendly communities.

“As part of our commitment to patient-centred care, we have taken a number of practical steps to make Lister Hospital more ‘dementia friendly’. The use of reminiscent rooms, distraction therapy and other resources are being integrated to foster a healthy interactive environment for both patient and carers. This has been accompanied by a drive to empower all members of the multidisciplinary Team with skills and knowledge around Dementia care and support. Making an organisation dementia friendly doesn’t have to be expensive, nor does it have to be difficult, and if done properly can bring a very real improvement to the experience of individuals with dementia and their carers.” **Madonna Sealey, Care of the Elderly and Dementia Lead Nurse, East and North Hertfordshire NHS Trust**

What does our evidence tell us?

1. A dementia-friendly community “is one in which people with dementia are empowered to have aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them”¹⁵. The term ‘community’ can be described as the various interfaces and interactions that a person with dementia and their carers require in their locality in order to live well.
2. People with dementia face barriers to engaging with their community. The most common barriers range from a lack of confidence/fear of stigma, being worried about becoming confused or lost to a lack of appropriate transport or accessibility to those who need the support of an unpaid carer. In Hertfordshire, a low number of people with dementia (46%) report that “I feel part of a community and I’m inspired to give something back”.
3. Many partner organisations report positively on the impact of Dementia Friendly communities’ projects in Hertfordshire. However, many partners asked for more support to implement their plans as the “grassroots” nature of Dementia friendly communities’ initiatives makes evaluation difficult, cross fertilisation unlikely and duplication of effort a risk.

Our Aims

Our Aim is for Hertfordshire to be a place where people with Dementia and their Carers are able to fully engage in community life. This will mean that:

- Stigma around dementia is challenged and understanding is improved;
- Community activities are accessible;
- That people with dementia are able to travel;
- Environments are easy-to-navigate;
- Businesses and services are accessible;
- Dementia Friendliness is understood as *Community Capacity issue*.

¹⁵ Alzheimer’s Society, Building dementia-friendly communities: A priority for everyone. (2013)

We will achieve our aims by:

1. Actively encouraging and supporting all partners and communities to commit to becoming Dementia friendly.
2. Ensuring that commissioned health and care services adopt Dementia friendly standards including those that relate to:
 - 2.1. Dementia awareness training, including around the Behavioural and Psychological symptoms of dementia;
 - 2.2. Carer friendly practice, including by adoption of standards such as the Triangle of Care.

Key measures

- Incidence (new cases) of dementia and estimated dementia prevalence.
- Preventative outcomes measures reported (referenced to Community Wellbeing Commissioning Framework).
- People with dementia report achievement of the outcomes contained in the Dementia Action Alliance outcomes framework.
- Carers of people with dementia report achievement of the 7 commitments to carers.

7.4 Supporting Carers of people with Dementia.

“There are thousands of people in Hertfordshire caring for a relative with dementia – a spouse, a parent and in some cases, with Young Onset Dementia or Learning Disability, a son or daughter. Caring can be lonely and stressful – people often don’t know where to go for help and struggle to cope with broken nights, changes in behaviour and feelings of helplessness. Timely support and information can enable carers to maintain their own health and wellbeing and so continue looking after their relative safely and comfortably in their own home.” Roma Mills, Carer Involvement Manager, Carers in Herts

What does our evidence tell us?

1. The 2011 Census reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.7% of the population.
2. Carer’s experience a high burden of risk to their health and wellbeing by virtue of their caring role. High levels of care are associated with 23% higher risk of stroke. 58% of carers have reduced the amount of exercise they do, 69% report that they cannot get a good night’s sleep, 73% feel more anxious, 82% feel more stressed, 45% say they eat less healthily as a result of caring, while 50% describe themselves as depressed¹⁶.

¹⁶ Carers UK, State of Caring Survey 2014 (n= 4,924 current carers)

3. Carers frequently report that they miss their own health appointments and postpone treatments because of their inability to leave the person for whom they care. 40% of carers experience significant distress and/or depression and the risk of distress increases progressively with the amount of time devoted to caring each week, while adverse effects of caring are evident beyond the end of caring episodes.¹⁷
4. During consultation, some carers reported feeling isolated with difficulties in accessing advice, guidance and training to enable them to understand and respond positively to BPSD. Some carers described a build up to a crisis “tipping point”.
5. Barriers to Carers of people with Dementia include:
 - a. Professionals not recognising/understanding/managing BPSD;
 - b. Carers’ psychological resilience when dealing with some BPSD episodes.
 - c. Accessibility of language/information used by professionals when addressing carers and people with dementia.
 - d. Access to flexible, person centred respite/night sitting services.
 - e. Access to training on practical care skills for unpaid carers of people with dementia.
 - f. Variable recording of carer role by services, leading to carers needing to frequently “re-tell their story” or person with dementia being given information they cannot understand or retain.
 - g. A perceived lack of “named key workers” or ongoing contact and support following diagnosis.

Our Aims.

We want Carers of people with Dementia to be able to:

1. Carry on caring if they want to;
2. Work if they want to;
3. Have a life outside caring;
4. Stay fit and healthy and be safe;
5. Access full benefit entitlements;
6. Get good quality information when they need it;
7. Feel respected as carers, as partners in care.

We will achieve our aims by:

1. Working with Carers and our partners in the statutory, voluntary, and independent sectors to deliver on our Joint Strategy for Carers.
2. Evaluating and commissioning models of support for carers that address care skills and support around BPSD.

¹⁷ Supporting Carers: An action guide for general practitioners and their teams, Royal College of General Practitioners

Key measures

- Preventative outcomes measures reported (referenced to Community Wellbeing Commissioning Framework).
- People with dementia report achievement of the outcomes contained in the Dementia Action Alliance outcomes framework.
- Carers of people with dementia report achievement of the 7 commitments to carers.
- Incidence of crisis intervention by statutory services.

7.5 Preventing and responding to crisis.

“We all have a role to play in preventing and responding to mental health crises including those where people have dementia, which makes it everybody’s business. I am a key signatory of Hertfordshire’s Mental Health Crisis Care Concordat, part of the national agreement to work together to care for and support people with dementia and other poor mental health”. **David Lloyd, Police and Crime Commissioner.**

What does our evidence tell us?

1. Local evidence and the literature on Dementia Crisis highlight BPSD and care breakdown as key precipitators of crisis for people with dementia, including for people cared for by unpaid carers and for those receiving formal services.
2. Nationally, concerns have arisen about acute mental health crises leading to patients being admitted at a distance from carers and families. For people with dementia this is likely to be particularly distressing.
3. We have successful, locally implemented models such as RAID that prevent unnecessary hospital admission by targeting professional specialism into mainstream care environments.
4. There is an evidenced link between late diagnosis and ineffective management of the symptoms of Dementia.

Our Aims

1. We want people with Dementia and their Carers to receive planned support that anticipates and prevents crisis,
2. We want people with Dementia and their Carers to receive timely, effective support during crisis.

What will we do?

1. We will continue to focus on preventing unnecessary hospital admission and delayed discharge from hospital.
2. We will promote service awareness around BPSD.
3. We will evaluate and develop our offer of support around the BPSD for carers.
4. We will deliver on our commitments under the Mental Health Crisis Concordat. The concordat includes people with dementia and focuses on four areas:
 - Access to support before crisis point – making sure people with mental health can get help 24 hours a day and that when they ask for help, they are taken seriously.
 - Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
 - Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
 - Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

What are our key measures?

- Preventative outcomes measures reported (referenced to Community Wellbeing Commissioning Framework).
- People with dementia report achievement of the outcomes contained in the Dementia Action Alliance outcomes framework.
- Carers of people with dementia report achievement of the 7 commitments to carers.
- Incidence of crisis intervention by statutory services.
- Incidence of emergency hospital admission.
- Length of stay in hospital.

7.6 Evidence based commissioning.

“When we plan and commission services for people with dementia, it’s vital that we take into account all of their needs, including any other health and social challenges that they or their carers face. A wealth of information is available to us about our patients and their communities and we must use this intelligence effectively - preventing dementia where we can and lessening the impact of the disease on our patients’ lives and the lives of their families and carers”. **Dr Prag Moodley, Board member with responsibility for mental health services and dementia, East and North Hertfordshire CCG.**

What does our evidence tell us?

1. It is important and possible to commission services that are based on strong local evidence of need, using evidence based models of care and involving people with dementia and their Carers' in design and production.
2. People with "dementia, including people with more severe dementia, are able to express their views about what is important to their quality of life"¹⁸.
3. The use of data in service design and evaluation has been raised as a key concern by our partners. Additionally, the literature¹⁹ shows an evidence gap around intervention to support Carers around BPSD, with studies relying on qualitative data.
4. The emphasis on prevention throughout this strategy will require continuous improvement around the use of outcomes as a measure for delivery.

Our Aims

1. Effectively measure the outcomes achieved as a result of the implementation of this Strategy.
2. Ensure that the lived experience of people with Dementia and their Carers informs our offer.
3. To develop effective support models around BPSD and comorbid medical conditions and dementia.

What will we do?

- Continue to develop our models in line with good practice in dementia commissioning, including with reference to the imminent National Institute for Clinical Excellence guidance on Dementia Care and Public Health England Commissioning toolkit.
- Develop our Joint Strategic Needs Assessment and focus on improving our understanding of local dementia prevalence as it relates to people with protected characteristics.
- Improving our intelligence on the management of comorbid medical conditions and dementia.

¹⁸ The Alzheimer's Society, My name is not dementia: People with dementia discuss quality of life indicators, Toby Williamson, Head of Development and Later Life at the Mental Health Foundation

¹⁹ Reference to systematic review to follow-permission being sought from Hertfordshire University due to be published.

What are our key measures?

- People with dementia report achievement of the outcomes contained in the Dementia Action Alliance outcomes framework.
- Carers of people with dementia report achievement of the 7 commitments to carers.
- Delivery on JNSA Development Plan.
- Delivery of project on comorbid medical conditions and dementia.

Accompanying documents at launch:

NOTE: The following documents will be available at launch:

1. Hertfordshire Dementia Strategy 2015-2019 Action Plan and Future Priorities
2. Hertfordshire Dementia Diagnosis and Post-Diagnostic Care Pathway summary.
3. Short (1-2 side) Dementia Strategy 2015-2019 summary
4. Summary of “Have your say” exercise.
5. “Easy Read” Dementia Strategy 2015-2019