South Gloucestershire Council

Dementia Strategy 2025-30

Thank you

Thank you to the people with, or affected by dementia, people working to improve their daily lives and the opportunities available, and all other stakeholders who shared experiences and thoughts to improve how we support people with dementia in South Gloucestershire.

Thank you to our partners, South Gloucestershire Locality Partnership, BNSSG ICB, Avon and Wiltshire Mental Health Partnership, Alzheimers Society, Healthwatch, Sirona Care & Health, Southern Brooks and Age UK South Gloucestershire. *(Final published version will include partners logos)*

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A note on data in this report

All local data given in the report comes either directly from Primary Care data via the System-Wide Dataset (April 2024) or from Client-Level Data (April 2023 to March 2024) and Secondary Uses Service data (April 2019 to March 2024) that could be linked to primary care. Rates are calculated with SWD populations from April 2024 as a denominator unless specified otherwise.

Executive summary

Our vision is that everyone living with dementia in South Gloucestershire can continue to live well in an age friendly community with access to best-practice support. This 5-year strategy supports us in working towards that vision.

Dementia is a term used to describe a group of conditions that result in the progressive loss of mental abilities. It causes complex symptoms and can be unpredictable.

Dementia is an important issue affecting older people and the leading cause of death in the UK. The risk of getting dementia increases with age. Most people with dementia are aged over 65. The disease also affects a small but important number of younger adults. Dementia is a life-limiting condition and causes over 1 in 10 of all deaths locally.

It is estimated that 4 in 10 cases of dementia could be prevented or delayed. Dementia can affect anyone and some of the risks cannot be avoided, however others can by following the same healthy lifestyles advice that keeps our hearts healthy.

South Gloucestershire has an older population than the UK average and population growth is fastest among older ages. The number of people with dementia in South Gloucestershire is expected to rise by 57% by 2030. Current care and support for people affected by dementia must develop to meet this growing need.

Inequalities can be seen at every stage of a person's dementia journey. Inequalities are linked to where you live, poverty, socioeconomic status, age, culture and ethnicity. Particularly relevant to South Gloucestershire are the impacts of living in rural areas and deprivation, which are linked to lower rates of diagnosis and challenges around access to services. Not enough is known locally about the use and experience of service users from minority ethnic groups.

We used the Dementia Well Pathway, which uses a life-course approach, to develop this strategy. During a long period of engagement, we spoke to local people affected by dementia, professionals working in dementia care, health and care partners and stakeholders in the community. We also looked at data from the local health and care system, building up a rich picture of dementia in South Gloucestershire.

Key issues identified by the strategy include:

- Many professionals and members of the public are not aware that the risk of dementia can be reduce and, in some cases, prevented.
- South Gloucestershire is below the national target for dementia diagnosis.
- There are many examples of excellent care and support for people with dementia but not all people are able to access this.
- There are opportunities to strengthen existing partnership work around unplanned admissions and discharge planning.
- More can be done to strengthen end-of life planning to ensure that everyone has the right conversation at the right time about their dementia journey.

This strategy makes 12 recommendations that will be taken forward by the Dementia Subgroup and new Dementia Community of Practice for South Gloucestershire.

Summary recommendations

1. Focus on inequalities	Embed an ambition to reduce inequalities within all workstreams developed from this strategy.
2. Strengthen community involvement & representation	Ensure that people with lived experience influence the design and evaluation of dementia services and are represented at all levels of governance
3. Improve awareness and understanding	Develop a communications and engagement plan for members of the public and professionals to raise awareness of the risk factors for dementia, how to get a diagnosis and post-diagnostic support.
4. Ensure a good dementia journey	Lead a review and redesign of our dementia pathway with partners across the system to ensure access to high quality dementia services across South Gloucestershire. This should respond to community involvement and link into other Age Friendly Communities workstreams.
5. Deliver better social care support	Work together as partners with people with lived experience to identify challenges to accessing general social care for people living with dementia. We will include specific reference to dementia within the implementation of our ASC commissioning strategy.
6. Support carers of people living with dementia	Continue to listen to and support the needs of carers in South Gloucestershire, working to ensure implementation of the recommendations in the Carers strategy
7. Improve access to community support & connectedness	Work together as partners to co-design a more extensive community support offer for those with dementia and their carers. We will ensure that this is made accessible through up-to-date information.
8. Develop our workforce	Develop a dementia workforce plan, learning from the rollout of specific interventions such as the CLEAR training, to ensure staff can deliver high quality person-centred care.
9. Improve the interface between community and secondary care	Strengthen the integration of acute and community services for dementia so that they work together smoothly. This should include a focus on admission/re-admission avoidance and discharge planning.
10. Better end-of-life planning	Strengthen support for end-of-life planning, recognising that dementia is a life-limiting condition.
11. Use data and insights better	Support work led by Adult Social Care to improve the use of social care data. We will continue to work together as partners across the system to share data. We will continue to put data and insights at the heart of service planning.
12. Create age friendly communities	Support all domains of the Age Friendly Communities programme to create safe, healthy, welcoming and accessible environments for those affected by dementia.

Introduction

Foreword

(A foreword will be inserted with the final published strategy)

What is dementia?

Dementia is a term used to describe a group of conditions that result in the progressive loss of mental abilities. It can cause complex symptoms and can be unpredictable.

- **Every person's journey with dementia is individual**, people may progress at different rates and may have different support needs.
- **It is one of the most common conditions affecting the elderly**. Around half of people with dementia have severe symptoms.[1]
- **The most common cause of dementia in the UK is Alzheimer's disease**, followed by vascular dementia, mixed dementia, and other rarer types such as Dementia with Lewy Bodies.
- **Having dementia puts a person at higher risk of unplanned health service use** and poorer health outcomes.
- **Managing Risk** - There is good evidence that a healthy lifestyle can help reduce the risk of developing dementia. Modifying 12 risk factors from childhood to late life could delay or prevent 4 in 10 dementia cases. Interventions focused on lifestyle factors, inequalities, social isolation, and hearing loss can also reduce rates of cognitive decline for those with dementia.
- **Dementia does not affect just the individual**, with significant impacts felt by families, friends, carers, and communities. The cost of dementia to the UK in 2024 is estimated at £42billion, nearly two thirds of which is borne by individuals and their support networks, through unpaid care or other costs.[1]

INSERT IMAGE of person with dementia and their carer

Why we need a dementia strategy?

Dementia is an important issue for older adults in South Gloucestershire. It is a major cause of disability and dependency with significant impacts on the wellbeing of those with the disease and their families and carers.

There has been national, regional and local recognition that more can be done to prevent dementia and support those affected by it.

This strategy provides a framework for commissioning and service delivery in South Gloucestershire. Its target audience is the Council, local NHS, Locality Partnership, voluntary sector and wider partners.

An easy read version of this strategy is available [*link*] and on request. (*The final strategy will have an easy read version and shorter version.)*

This Strategy supports the **Dementia Statements,** setting out the rights of those 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. To get involved in research with the National Institute for Health and Care Research, search NIHR dementia research online or call 0300 1115111.

Our vision

Our vision is that everyone living with dementia in South Gloucestershire can continue to live well in an **age friendly community** with access to **best-practice support.** This 5-year strategy supports us in working towards that vision.

This will be possible because we have **worked with our communities** to create an **inclusive and supportive environment** that enables individuals affected by dementia to **thrive with dignity and respect**.

As we work towards our vision, we want people in South Gloucestershire to be able to say:



Preventing well:

"I understand how to keep myself healthy and reduce my risk of getting dementia"



Diagnosing well:

"I understand what dementia is and know how to get a diagnosis"



Supporting well:

"At diagnosis, I received information and support appropriate to me"



Living well:

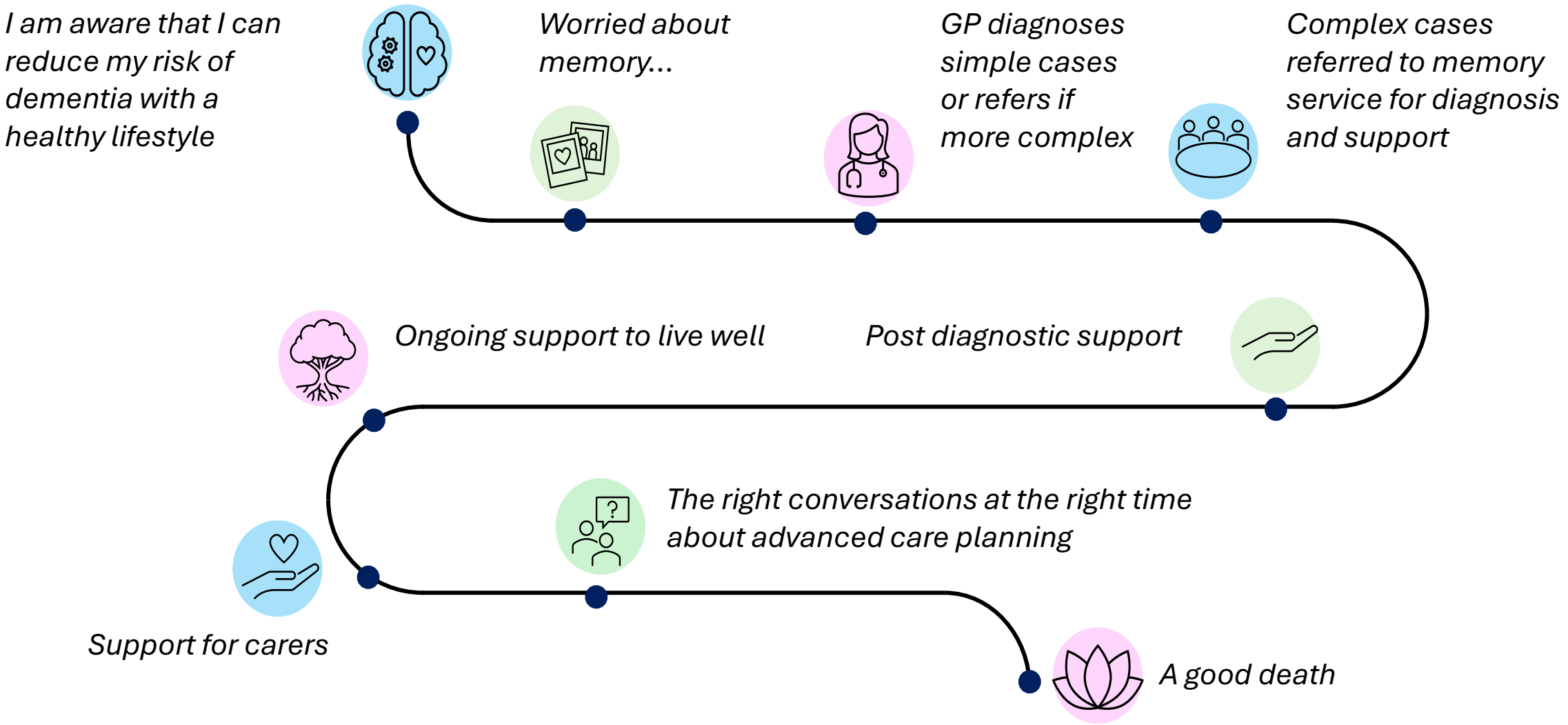
"I can lead a full and stimulating life after a diagnosis of dementia"



Dying well:

"I have the right conversations at the right time about my dementia journey"

A dementia journey – what good looks like



Background - **Age Friendly Communities**

Since our last dementia strategy, South Gloucestershire Council (SGC) has been consulting with residents and stakeholders on creating an Age-friendly Communities Plan. In 2025 we will be using all our insights and co-designing our Age-friendly Communities Strategy.

What are Age Friendly Communities?

SGC joined the UK Network of Age-friendly Communities in November 2023 and has made a commitment to follow the World Health Organisation (WHO) Age-friendly Communities framework.

The framework sets out eight domains to guide communities through the process of becoming a better place to age. SGC has recognised the importance of ensuring South Gloucestershire is dementia friendly as well as age-friendly and have added a ninth domain specifically for dementia.

The framework will support SGC in assessing the age-friendliness of a place, build partnerships and commit to actions under the nine domains.

Co-production is good practice. This approach to decision-making and service design involves listening to people with lived experience, carers, communities and professionals. It stems from the recognition that if organisations are to deliver successful services, they must understand the needs of their users and engage them closely in the design and delivery of those services.

SGC recognise that people with 'lived experience' such as people living with dementia and their carers are best placed to advice on what support will make a difference to their lives.



Background – **Ageing Well Needs Assessment**

Our 2023 Adult Social Care **Ageing Well Needs Assessment** (AWNA)[10] brought together and analysed information on local health and social care needs, and describes much of the underlying work, policies, and data that informs this dementia strategy.

The needs assessment identified that:

- More can be done to support people to reduce their risk of developing dementia.
- There are opportunities to improve integrated working to improve outcomes for older people.
- Adult Social Care should prioritise work to improve the completeness and usability of health and care data.

In response to these recommendations, we have…

- **convened a Dementia Data Working Group** to identify and fill gaps in our understanding around dementia locally.
- **produced a work plan for next steps in answering AWNA** recommendations around health and care data.
- **developed dementia strategy recommendations** around prevention and integrated working.

INSERT IMAGE

Background – **local Carers Strategy**

Over 23,500 people in South Gloucestershire (8% of the population) reported being an unpaid carer in the 2021 Census. Of those, over half provide more than ten hours of care per week. People living with dementia make up around 60% of people who draw on care at home in the UK[14]. Unpaid carers sacrifice their own mental and physical health, family life, education, and career to care for another person.

We recognise the invaluable contributions that carers make every day to the lives of friends, family members, neighbours and members of their community. We heard during development of our dementia strategy of some of the challenges faced by carers in South Gloucestershire. We acknowledge that most carers in our area do not currently feel they get the support or respite they need, that more could be done to raise awareness of their role and the challenges and inequalities they face.

This strategy supports the South Gloucestershire Carers Strategy. We are working towards making South Gloucestershire a better, more supportive place to be a carer. Our Carers Strategy[8] sets out how the Council plans to deliver the ongoing commitment to improving the lives of carers of all ages.[8] This includes improving awareness of and support for young carers and those in employment, raising community and employers' awareness of challenges and of support options available, and improving support around the hospital admission and discharge process.

Insights from our carers

"It's difficult to navigate the system if you don't know where to go first."

"Everything seems like a fight."

"When something is asked for, it comes far later than it would be useful."

Background – **other local programmes**

The Council has been working with partners to help make South Gloucestershire a better place in which to age. A number of projects are already underway to support all older residents, including those affected by dementia. We are committed to building on existing programmes of work and working collaboratively to deliver this strategy.

Falls collaborative

The falls collaborative brings together health, social care, emergency services and voluntary and community partners to promote ways to stay active safely, prevent falls, and coordinate support if a person falls.

Falls are a significant, avoidable, source of potential harm. Having dementia increases a person's risk of falling and being admitted to hospital

In 2023/24 about a third of people with dementia in South Gloucestershire had a non-elective admission to hospital. 40% of these admissions were related to a fall, compared to 15% in those without dementia.

The falls collaborative focuses on reducing the impact of falls across the system, from the better use of data to aid healthcare analysis and identification of people at higher risk, to creating a coordinated approach to community wellbeing activities and the development of a strength and balance training pathway.

Dementia Action Alliance

The South Gloucestershire Dementia Action Alliance (SGDAA) is working together to make South Gloucestershire inclusive and accessible for people living with Dementia. The SGDAA offers services and support to individuals, organisations and businesses who want to make a difference, they provide Dementia Awareness sessions and support businesses and organisations complete Dementia Friendly Audits.

The SGDAA also runs a successful Memory Café and can support other community groups to set new Dementia Services up in communities.

The SGDAA are also reviewing the Dementia Services directory for South Gloucestershire.

Background - **wider context**

National

The UK Government's Major Conditions Strategy[4] recognises dementia as one of the 6 major health conditions that contribute to poor health in adults. Many people have more than one of these conditions. An increased focus on prevention and tackling shared risk factors will improve lives and reduce inequalities related to cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases.

The Chief Medical Officer's report in 2023 focused on Health in an Ageing Society. A key message was prevention: "Maximising the health, and therefore the life chances, of older adults should be seen as a major national priority, and one where we can make very significant progress often with relatively straightforward interventions".

Increasing the rate of diagnosis of dementia is also a national priority. The national dementia team has set priorities around improving the diagnosis rate as part of efforts to reduce inequalities. This will also support adoption of novel treatments for dementia.[5]

Regional

This is a local authority strategy, but we recognise the systems leadership provided by the Integrated Care System, the cross-border work of many key organisations, particularly in the voluntary sector, and the lack of recognition of regional boundaries by conditions such as dementia.

The Bristol, North Somerset and South Gloucestershire Integrated Care System sets out a vision for better integration of care planning, commissioning, and delivery in its Strategy and Forward Plan[22]. This will support better dementia pathways and diagnosis, which depend on integration of health and care and close collaboration with voluntary and community partners.

Work is underway in the local health and care system to support better sharing of data between organisations.

Developing this strategy

Our approach to this strategy

We have followed a life-course approach to develop this strategy. The **Dementia Well Pathway**[2] is a recommended way to look at dementia and what good looks like.

Preventing Well	Diagnosing well	Supporting well	Living well	Dying well
Reducing the risk of developing dementia	**Timely, accurate diagnosis, care plan, and review**	**Access to safe and high-quality health and social care for people with dementia and carers**	**People with dementia can live independently in safe and acceptable communities**	**People with dementia die with dignity in the place of their choosing**
"I had information about reducing my personal risk of getting dementia"	*"I was diagnosed in a timely way"* *"I am able to make decisions, know what to do, and who else can help"*	*"I am treated with dignity and respect"* *"I get appropriate treatment and support"*	*"I feel included as part of society"* *"Those around me and looking after me are supported"*	*"I am confident my end-of-life wishes will be respected"* *"I can expect a good death"*

How we developed the strategy

To develop this strategy we have:

- Reviewed the findings and recommendations from the 2023 South Gloucestershire **Ageing Well Needs Assessment**
- Held dementia-specific **community conversation events**, advertised through our resident's newsletter and word of mouth to people using a range of dementia services.
- **Reviewed the findings of wider engagement** in our 'Age Friendly South Gloucestershire' and Carers work, recognising many shared challenges.
- Held **two large workshops and a survey** for professionals involved in dementia service provision
- Conducted **many small group conversations** focusing on specific aspects of dementia support.
- Created a **Dementia Data Project Group**, which led the analysis and gathering of data for this strategy.

The strategy has been led by a steering group with broad membership including: SGC Adult Social Care, Public Health, the Locality Partnership, Older Peoples Mental Health BNSSG, Primary Care, Carer's Support West, Alzheimer's Society, Sirona, Southern Brooks, and Healthwatch.

Throughout this strategy, we present findings of conversations with people with lived experience of dementia, and of people working in dementia service provision, supported by data where appropriate. We hope to show through this evidence where we have identified good practice, and gaps in service provision, and how we have arrived at our strategic priorities.

We recognise the importance of lived experience at all levels of governance and that this was a gap in the membership of our steering group. A key recommendation is to embed better lived experience representation within dementia governance going forward.

Evidence we have collected

Dementia in South Gloucestershire

Most people with dementia in South Gloucestershire are over 65 years old. Dementia rates increase with age. Fewer than 1% of the total population has dementia locally but rates rise to over 15% for those ages over 85 years.

South Gloucestershire has an ageing population, with faster population growth in older age groups. Our population is also slightly older on average than in England as a whole. The population of people in South Gloucestershire over 74 years old is projected to increase by 48% between 2021 and 2041. [25]

Dementia diagnosis rates in South Gloucestershire are below the national target. As of April 2024, NHS England reports that 2,220 people registered with a South Gloucestershire GP were diagnosed with dementia. People may not seek a diagnosis due to a lack of awareness of symptoms, fear, difficulty in getting an appointment, or other reasons. Based on population estimates, we would expect number with dementia to be higher: approximately 3,600 people. Therefore, our dementia diagnosis rate is 62%.[26]

The number of people with dementia in South Gloucestershire is expected to rise. The number of people aged 65+ with dementia (including undiagnosed) is estimated to rise to over 5,000 in the next 10 years.[27]

The majority of cases of dementia are severe. Dementia severity isn't always recorded in medical records, but it has been estimated that around 60% of cases in England are severe, and that this rate is increasing as treatment improves and people are living longer.[1]

The vast majority of people living with dementia in South Gloucestershire live in urban areas. This reflects where the general population live. However, a significant number of people with dementia (nearly 300) live in rural areas and may experience greater barriers to accessing support and care.

Dementia in South Gloucestershire

Young onset dementia is a rare but important issue. This means getting dementia before the age of 65 years. There were 64 people with young onset dementia in South Gloucestershire as of April 2024. It is important to provide the right support for people with young onset dementia because they may have different needs and younger families. The support available to older people may not be appropriate to them. We have not always got this right.

People from all ethnic groups in South Gloucestershire have dementia. Rates in groups of people within South Gloucestershire are statistically similar. Not enough is known locally about the use and experience of service users from minority ethnic groups.

The most deprived areas of South Gloucestershire have slightly higher rates of dementia. Rates are 5.9% for over-65 year olds living in the most deprived areas compared to 3% in the least deprived, although the increase between deciles is not linear.

People with learning disabilities are more likely to get dementia, particularly early onset dementia. As of April 2024, people with learning disabilities make up 28% of our population of people with young onset dementia (18 people). This is important as this group may have different needs and experiences of living with dementia in South Gloucestershire. We recognise that people with learning disabilities may have increased difficulty in accessing healthcare appointments.

During the development of this strategy, we completed an **equality impact assessment** which is available on request.

INSERT PHOTO

Focus on dementia inequalities

INSERT PHOTO

Inequalities can be seen at every stage of a person's dementia journey.

There are over 100 inequalities faced by people affected by dementia in England. Inequalities are linked to where you live, poverty, socioeconomic status, age, culture and ethnicity.[6]

Living in rural areas is linked to lower rates of diagnosis. National diagnosis rates are 5 to 8 percentage points lower in rural areas, with this gap increasing since 2020.[6]

When **people from ethnic minorities** reach dementia services, evidence suggests they do so at a later stage of their condition than White British people, often after a health or behavioural crisis. Currently, it is difficult to understand and address dementia inequalities related to ethnicity because ethnicity is poorly recorded in primary care records for people with dementia.[6]

Inequalities extend to carers. 41% of informal carers of people living with dementia experience financial difficulties with around 20% out of the labour force due to caring responsibilities[6].

What our communities have told us

We have gathered insights from our communities living with dementia. We ran dementia-specific focus groups with individuals and their carers. We also listened to insights gathered during co-production of the Age Friendly Communities Programme. Insights from communities are described throughout this strategy. Key messages include:

Challenges at key points

- Transition into care can be a particularly challenging time for a person with dementia and their family
- There can be a lack of support at diagnosis. You are told a huge piece of news and then…nothing

Timely support

- There is a lot of support out there, but you need to know how to find it
- Support always comes too late
- Getting support can feel like such a fight

Challenges for some groups

- Getting to groups or appointments can be difficult
- Services are designed to support older people. It can be difficult to find opportunities for people with other needs such as young onset dementia.

Communication

- Earlier conversations are needed about planning for the future and death
- There is fear of backlash if you are seen to complain
- Communication between services can be a challenge

Supporting people throughout their dementia journey

Why is this important?

4 in 10 cases of dementia could be prevented or delayed [13]

There's no certain way to prevent all types of dementia. However, there's good evidence that a healthy lifestyle can help reduce your risk of developing dementia when you're older. A healthy lifestyle helps prevent cardiovascular diseases, such as stroke and heart attacks, which are themselves risk factors for Alzheimer's disease and vascular dementia (the 2 most common types of dementia).

Experts agree that what's good for your heart is also good for your brain. This means we can help reduce the risk of dementia by following the same healthy lifestyles advice that keeps our hearts healthy.

As professionals, we can help prevent dementia by promoting healthy lifestyles and recognising the importance of tackling social isolation, hearing loss, depression and reducing inequalities.

Some dementia risk factors are difficult or impossible to change. These include age and your inherited family risk.

But we can change other risk factors for dementia...

- Smoking
- Diet
- Alcohol
- Lack of exercise
- Blood pressure
- Hearing loss
- Untreated depression
- Loneliness or social isolation
- Sitting for most of the day
- Air pollution



Healthy heart = healthy brain

Prevent dementia and keep your heart healthy by...

1. eating a balanced diet
2. maintaining a healthy weight
3. exercising regularly
4. keeping alcohol within recommended limits
5. stopping smoking
6. keeping your blood pressure at a healthy level

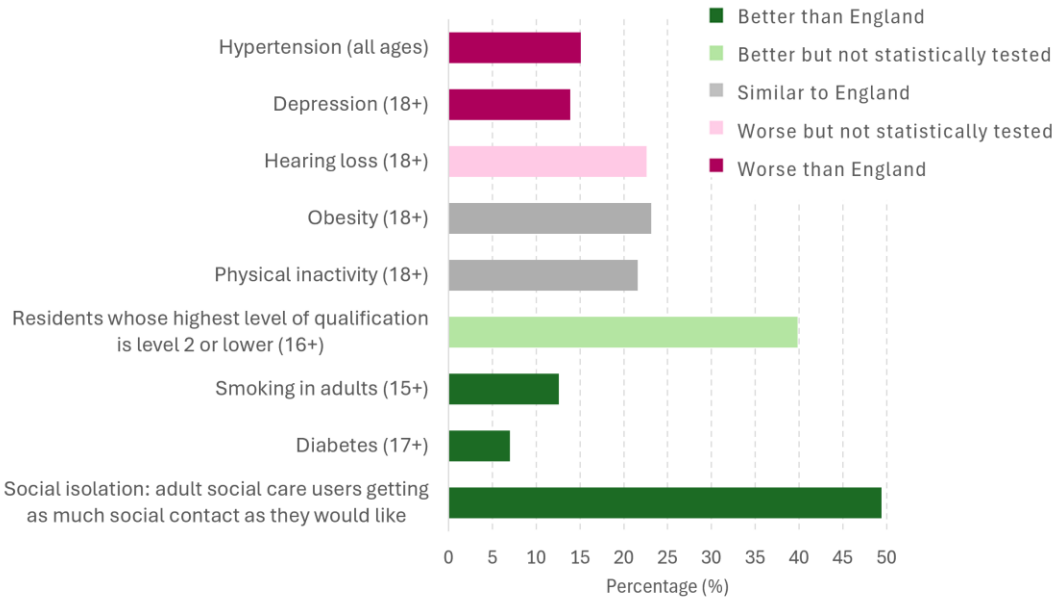
Local picture

On average, people in South Gloucestershire are healthier than the England average for many of the key risk factors for dementia, including smoking, obesity and diabetes. However, these remain significant local health issues. Action to tackle their shared risk factors will help prevent dementia.

We perform less well than England on rates of high blood pressure and depression. These are important risk factors for dementia. In 2022/23:

- 15.1% of all residents had **high blood pressure**, compared to 14.4% for England.[28]
- 13.9% of adults were recorded as having **depression**, compared to 13.3% for England.[28]

Although South Gloucestershire performs better than the England average for **social isolation**, we still have half of adult social care users saying that they don't get as much social contact as they would like.



Dementia risk factor prevalence in South Gloucestershire and how they compare to England average [28,29,30]

What are we doing locally?

There are a number of healthy lifestyle services in South Gloucestershire. They support dementia prevention by targeting the same risk factors that cause a number of diseases. However, more could be done to raise awareness among the public and professionals that dementia is preventable.

The Dementia Friends initiative is run by Alzheimer's Society, commissioned locally by Southern Brooks. Dementia Friends can be a useful way of sharing information about dementia and the steps people can take to reduce their risk of developing it.

One You South Gloucestershire is a free healthy lifestyles and wellbeing service for South Gloucestershire residents aged over 18 years. Those who are eligible can access support to help with stopping smoking and healthy weight, in addition to a range of self-help resources for physical activity, alcohol reduction and emotional wellbeing via our free public website.

NHS Health Checks are free check-ups are offered to all eligible adults aged 40-74. They can tell you whether you're at higher risk of getting certain health problems, such as heart disease, diabetes, kidney disease, stroke and dementia. Those at risk are given tailored advice and support from their GP practice and trusted local partners. NHS Health Check advice leaflets about dementia are available in multiple languages.

Active Centres
Our front of house staff have been trained as dementia friends.
We have a referral pathway for dementia and mental health as part of our healthy lifestyle on referral.
We offer a carers membership for carers supporting people with dementia.

The local Dementia Action Alliance (DAA) was launched in 2012 as part of the Prime Minister's 'Challenge on Dementia' and aims to improve the lives of people living with dementia and their carers through coordinated action by local organisations. In 2024 we recruited a new co-ordinator to run our DAA. This gives us an opportunity to build on relationships and work closer with our VCSE sector in South Gloucestershire in sharing dementia knowledge and raising awareness.

The DAA can help us share best practice by co-ordinating the Dementia Friends service, giving best practice guidance to organisations, auditing the dementia friendliness of businesses where suitable, and helping to develop guidance to support communities to start and manage their own social and leisure groups.

Key issues identified

Locally, we do well as a population against many key risk factors for dementia, particularly smoking and obesity. Our health promotion messaging is strong, with support offers open to many. However, insights from our communities and stakeholder engagement have highlighted that:

- Many professionals and members of the public are not aware that the risk of dementia can be reduced or prevented
- More can be done in our messaging to link physical health to brain health, showing these behaviours are a long-term personal investment.
- Messaging should continue to improve understanding of dementia, destigmatise the condition and try to reduce the fear factor of a dementia diagnosis.
- Tailored communication approaches are needed to reach all our diverse communities. We can learn from effective approaches elsewhere.
- There are opportunities to increase engagement with health promotion offers. More can be done to target those at highest risk, including those from our most deprived communities.
- Partnership working such as the falls collaborative provide real opportunities to levels of strength and activity levels. Alongside dementia, these are risk factors for falls.
- Information sharing and social connection initiatives like Dementia Friends should be reviewed to make sure they are being promoted and used effectively.
- Our new (2024) Dementia Action Alliance co-ordinator gives us an opportunity to build on relationships and work closer with our VCSE sector.

Why is this important?

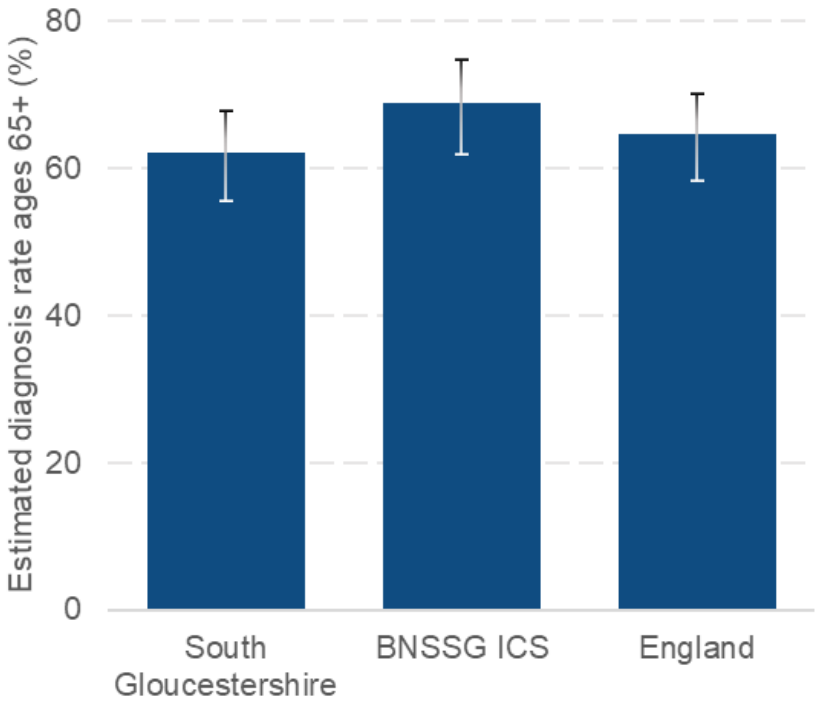
Rates of dementia diagnosis in South Gloucestershire are lower than the national average. Only 62% of those we expect to have dementia have a formal diagnosis. National rates are 64.8%.

This matters because:

- A formal diagnosis means a person can get information and support before they reach crisis. This is particularly impactful for ethnic minority communities where evidence suggests people may present to services later, and more likely in or after a health or behaviour crisis.[7]
- Early diagnosis means earlier support can be offered. This gives more time for decisions and planning, including access to treatments for some forms of dementia.
- Diagnosis can reduce financial hardship through increased awareness of entitlement to attendance allowance, reduced council tax, and giving more time for financial planning.
- Diagnosis can increase the support available to unpaid carers.

It is important to recognise that not everyone will benefit from a diagnosis due to their personal circumstances. Case finding should focus on identifying those most likely to benefit.

Estimated dementia diagnosis rate (age 65+) by area, NHS England, April 2024



Local picture

Many factors impact the rate of diagnosis, including public and clinician awareness of the disease and local referral pathways.

Diagnosis rates vary between different local groups:

- A higher proportion of women over age 85 have dementia in South Gloucestershire. This is likely to be due to women living longer than men, on average. Below this age, numbers are similar between the sexes.
- The most deprived areas of South Gloucestershire have slightly higher rates of dementia. However, there is no statistically significant relationship between deprivation locally and dementia diagnosis.
- Our diagnosis rates across ethnic groups are similar. Small numbers and poor coding if ethnicity mean that analysis of whether these rates are below expected is not possible. Nationally, we know that people from ethnic minority communities are less likely to get a dementia diagnosis and are more likely to present late or only following crisis.[7]
- People with learning disabilities make up 28% of our population of people with young onset dementia (18 people), and a small proportion of our population with dementia over 65 years old.

Our communities told us

- For rarer causes of dementia, diagnosis may take a long time.
- Young onset presentations of dementia may be more difficult to diagnose as it is less common, and symptoms may be non-specific or complex.
- Families don't always know how to raise concerns when worried about potential signs of dementia.
- There remains a fear and stigma about a diagnosis of dementia.
- There remains a fear about 'what next': what support and management is available

What are we doing locally?

In South Gloucestershire, primary care services diagnose most cases of dementia. They will also run investigations to understand the underlying causes and build up a full picture of a person's health.

The memory service provide support for more complex cases where specialist input is required.

If a person is thought to have undiagnosed dementia during a hospital stay, a referral is made from primary care to the memory service at least three months after hospital discharge to allow a person time to recover and regain baseline health.

An essential part of a good diagnosis of dementia is the provision of high quality post-diagnostic support.

Worried about memory...





GP able to diagnose simple cases or refer if more complex

Complex cases are referred to memory service for diagnosis and support



What is the memory service?

The memory service offers assessment, diagnosis and treatment for people who are experiencing difficulties with their memory and thinking skills that are affecting their day-to-day life.

After an assessment, the memory services team will diagnose the nature of the problem and plan the most suitable next step. Our memory service had a wait of just 16 days on average for new assessments during 2023-24.

The referral process was developed in June 2024 to allow GPs to refer directly to the memory service, rather than through the primary care liaison service.

A new referral form has also been developed, detailing information required by the memory service, which should enable smoother referrals and reduce variability.

Key issues identified

Our diagnosis rates are slightly lower than the national average and we know that an early diagnosis can be a vital enabler in accessing better health advice, support, and management options. Insights from our communities and stakeholder engagement have highlighted that:

- There is opportunity to improve communication and engagement with the public and professionals to raise awareness of dementia prevention, how to get a diagnosis and post-diagnostic support.
- More could be done locally to provide tailored and culturally sensitive information to help reduce stigma around dementia. We are committed to working with partners to better understand different barriers people experience in access and to make our diagnostic pathways more accessible. Health messaging should promote the benefits of a diagnosis. It should focus on how a diagnosis can help improve a situation, for an individual and their support network.
- We know different individuals, and groups of people, may experience additional barriers to accessing services, including diagnostic services. There is more we can do to develop our community involvement to ensure that dementia services are accessible to all.
- There is lots of good practice and evidence of continued innovation across our system. However, the local dementia pathway would benefit from a review, redesigning elements of it where needed. We should ensure all residents have access to the same high quality diagnosis and support regardless of where they live.
- There are opportunities to work with primary care to understand bottlenecks or gaps in our system, the levers we have to enact change and develop solutions together.
- We must also be aware that diagnosis should not be striven for purely as a target, where it will not bring any positive difference to an individual's circumstances.

Why is this important?

Effective NHS and social care support after diagnosis is vital. It can help people know what they can do to improve and manage their health, plan for the future and ensure they have the support needed to remain independent for as long as possible. Supporting well also includes acute medical care to treat any underlying health issues.

After a dementia diagnosis in primary care, it is best practice to refer a person to the memory service for support. If a person has been diagnosed at the memory service, support is offered as part of the assessment.

Everyone with dementia should have a personalised care and support plan that is reviewed each year by their GP. This should include review of the use of anti-psychotic medication as evidence shows that there are issues around side effects and over-prescribing locally and in the UK.

Many people with dementia live in a care home, which sometimes means they miss out on joined up support from health and care services. Multidisciplinary teams linking care homes, dentistry wider support are a recommended approach to address this.

Community services can prevent admissions to hospital with advanced planning, communication, and partnership working. Planning may involve making a person aware of how they can self-manage, when to seek help, or rescue packs of medications for common illnesses.

Documents such as 'This is me' and ReSPECT forms can help people to express wishes ahead of time. These documents are held and updated by family and carers and used to record details about a person and their wishes for someone who can't easily share information about themselves.

Effective discharge planning gets people out of hospital faster, to a safer and more comfortable environment, and reduces their chance of readmission. People with dementia often experience poorer outcomes and stay in hospital for longer, compared with the general population. For many, a stay in hospital results in the worsening of their dementia symptoms and they leave hospital less independent.

Discharge planning for a person with dementia should start on the first day they are admitted into hospital. Dementia advisors play a key role in this , supporting information sharing, decision-making and partnership work.

Our local picture

4 in 5 people diagnosed with dementia in South Gloucestershire received a dementia care plan or review in 2023/24.

People with dementia in South Gloucestershire use more health and care services than those without dementia. They had 2.5 x more primary care appointments and 6 x more contacts with community services than the general population.

People with dementia are more likely to need support from Adult Social Care (ASC). Over a quarter of local people (657 people) with dementia were actively using ASC services in March 2024. People with dementia account for 30% of all people supported by ASC. INSERT THE NUMBER OF PEOPLE LIVING IN SPECIALIST DEMENTIA CARE HOME

Reliance on acute services is high. People with dementia locally have nearly 3 x as many non-elective (NEL) admissions to hospital than the general population. They made 4 x more calls to NHS111 and 6 x more calls to 999.

Once admitted, hospital stays are longer. 12% of admissions lasted 21 days or over compared to 5% for people without dementia in South Gloucestershire.

Having dementia makes readmission to hospital more than twice as likely. In 2023/24, the local rate of 28-day non-elective readmissions to hospital was 93 per 1000 per year for those with dementia compared to 35 per 1000 per year for the general population.

Our communities have told us…

- Support from social workers and dementia advisors is generally good but some people are frustrated about waiting times and being asked to repeat their story to multiple people.
- There are people who have not been able to access any support immediately after diagnosis. Some Primary Care Networks currently have vacant roles in dementia co-ordination.
- Many people with dementia prefer a single named advisor to support them throughout their journey.
- People voiced frustration about integration of and communication between services. This was felt to be particularly significant at times of crisis and around potential hospital admission, where upheaval may be greatest.

What are we doing locally?

Community dementia advisors support people with dementia. Alzheimer's Society and Sirona Care and Health are commissioned by the Council to provide this service. They can help people understand their diagnosis, provide emotional support, share ideas to enable people to live well in their own home, provide information about services and help consider future planning. Community dementia advisors attend multi-disciplinary team meetings in General Practice.

Hospital-based dementia advisors were established in 2023 in Southmead Hospital and have had very positive feedback. They provide advice and support to individuals with dementia in the hospital, attend ward rounds and support discharge planning.

Council support to live at home
The Council's Adult Social Care team help people access services to enable them to live well and maintain independence at home.[14] This includes access to assistive technology such as adapted cutlery and smart technology. Support is available by phone, online, or face to face. Staff are trained to understand the needs of and support people with dementia. The team is committed to valuing and treating all people with dignity and respect through our equality and diversity policy[15] and our 2024-28 Tackling Inequalities Plan.[16]

Council support to find alternatives to living at home. When people are no longer able to stay at home, The Council offers support to find alternative suitable housing. There are X specialist dementia care home beds in South Gloucestershire.

Adult Social Care run a course for the social care workforce aiming to upskill staff around admission avoidance, addressing safeguarding concerns, and supporting timely discharge.

The Discharge to Assess (D2A) team supports people who have been admitted to hospital to be discharged smoothly and safely. They help a person identify their recovery goals and arrange appropriate support for a safe discharge back into the community.

A dementia friendly workforce

Dementia training is important for frontline staff because it increases their knowledge, confidence and skills to provide optimal care for people with dementia. It helps caregivers understand the challenges, communicate better and predict changes.

Mandatory dementia training exists for many staff working in dementia service provision but there are opportunities to extend this. We have secured funding for CLEAR dementia care training which will be offered to XXX. CLEAR dementia care is a holistic approach that helps care givers consider all the factors that contribute to a person's behaviour. The approach has been shown to reduce inpatient admissions, reduce length of stay in hospital and improve community care.[17]

Key issues identified

Early, effective support after diagnosis is vital for people with dementia and those who care for them. There is a good support offer in most of South Gloucestershire but not all people are able to access this. There are opportunities to strengthen existing partnership work around unplanned admissions and discharge planning.

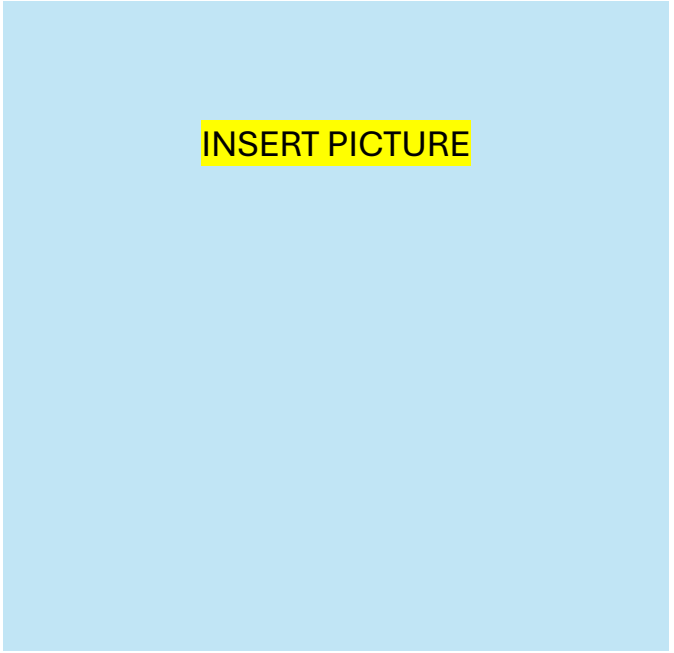
- More can be done to understand the differences in people's needs locally. This will help us tailor support and communication for all our diverse communities.
- More can be done to strengthen public awareness of what good support looks like and how to get it.
- More can be done to improve consistent access to post-diagnostic support across South Gloucestershire.
- There are opportunities to develop and expand workforce training to give staff the knowledge, skills and confidence to support people with dementia. This should include awareness of referral pathways.
- More can be done to ensure that all people with a dementia diagnosis have access to a meaningful annual review in primary care, including a review of any prescribed anti-psychotic medication.
- More can be done to ensure that all people with dementia living in a care home have their support coordinated by a multidisciplinary team.
- More can be done to reduce reliance upon acute services. This will require strengthened partnership working between the health and care sectors. More can be done to promote the benefits of completion of annual reviews and documents like personalised care and support plans in primary care.
- There are opportunities to strengthen the good work already underway around admission avoidance and more effective discharge planning.
- Novel approaches such as the dementia advisors based in hospital can enhance our community-led overall offer, aiming for better, more joined up transitions between acute and community support. Opportunities like this should be facilitated, evaluated and expanded where successful.

Why is this important?

Ongoing support in the community is essential to enable people with dementia to live well after a diagnosis. This includes opportunities to promote independence, improve mental and physical wellbeing, feeling safe at home and social connectedness.

Social opportunities are vital in enabling people to remain physically and mentally active, create new and strengthen old social networks, and find fulfilment.

Support for carers of those with dementia is critical. Without adequate respite and support to lead a balanced life, carers may experience burnout and social isolation.



Our local picture

People living with dementia and their carers access a wide variety of support in the community.

With so many providers, including small voluntary and community organisations, we do not have exact numbers on how many people are accessing community support.

Insights from our stakeholder engagement highlight many important issues, which inform recommendations in the strategy. Overall, the support offer is highly valued and people affected by dementia say that “getting out and about” is important to them. However, more can be done to raise awareness of the offers available and tailor them to individual needs.

Our communities told us…

- **People reported not being aware of the range of opportunities available.** Once aware of the full offer, many feel satisfied by the range of support available.
- **Not all support is suitable for everyone.** Some people with young onset dementia report that available support does not feel suitable for their needs. There are opportunities to offer a more culturally diverse support offer that would be attractive to a wider range of local communities.
- **Getting out and about is valued.** Many people with dementia and their carers reported enjoying going out of their home to access support as it helped them engage with their community.
- **Transport is a major concern:** Many report being unable to access opportunities because of lack of transport. Increasing severity of dementia symptoms made transport harder and was felt to be a risk factor for isolation of people with dementia and their carers.
- **Better support for carers is needed**: Carers have told us that they need access to more breaks that are flexible. They want a greater diversity of opportunities for the people they care for, delivered either in the community or in their own homes. 80% of carers report not being able to take a break from their caring role to support their own physical and mental health.

What are we doing locally?

A range of dementia friendly social, leisure and wellbeing offers are available in South Gloucestershire, often managed by our Voluntary and Community sector. The Council directly commissions many of these. It also has a role in creating supportive, age friendly, and accessible built environments. The Age Friendly Communities work programme prioritises work to make South Gloucestershire a good place in which to age, including for people with dementia.

Village Agents is a joint project between the Council and the West of England Rural Network linking vulnerable people in rural areas with advice and support to help them live independently. After a successful pilot in Marshfield, the project has expanded into four further rural areas of South Gloucestershire.

Supporting carers
The Council Carer's Strategy aims to support carers of all ages to live well and balance their caring responsibilities with a life outside caring. The strategy is based on feedback from local carers and prioritizes areas that matter most to them. The strategy includes activity groups, support groups, support for families, residential and day trips and respite.

Dementia friendly social and leisure opportunities range from day centres, rambling clubs, sports offers, arts and crafts, music and singing, through to memory and social connection groups and groups for advice and support, such as wellbeing services.
Some initiatives are run by voluntary sector organisations, others are managed by SGC such as the Cambrian Green day care centre.

Memory cafes are safe and comfortable space where caregivers and their loved ones can socialize, listen to music, play games and relax in a dementia friendly environment. Southern Brooks have created a 'how to run a memory café' toolkit to help local people set up their own local support.

Supportive technology

The Council's technology offer includes a personalised and living situation assessment, providing support where needed to keep people safe if at risk of falls, of leaving the house at an unusual time of day, or for reminders to take medication.[18]

Creating an empowering built environment

The Age Friendly Communities work programme Built environment aims are held within our New Local Plan, our Policies, Sites and Places plan, and our position statement on Public Health & Wellbeing Infrastructure, amongst others.[19]

Key issues identified

Work is already underway to make South Gloucestershire a supportive, age friendly, and accessible place to live for someone with dementia and their carers. There is a strong support offer already available in communities. Opportunities to strengthen this include:

- The Age Friendly Communities Programme is still new and needs ongoing support to deliver on its ambitions.
- There is an opportunity to refresh the local Dementia Action Alliance (DAA). A key role will be to create, maintain and publicise an up-to-date directory of services for people with dementia. The DAA can also support local organisations with creation of resources, such as “How to Run a Memory Café”.
- There are opportunities to work with communities and local organisations to identify gaps in the local support offer and develop services to fill them. This may include supporting communities and individuals to deliver their own services, where appropriate.
- More can be done to support carers. The Carers and Partnerships board will be a key partner.
- More can be done to support people making a transition to living in a new environment including care homes.

Why is this important?

Dementia is the leading cause of death in the UK today, causing over one in ten deaths.[20] However, it is often not recognised as a life-limiting condition. This can mean that people with dementia do not get as much support as they need, leading to increased reliance upon acute services, with resultant upheaval and suffering.

Sensitivity around dying is as is important for a person with dementia and their loved ones as it is for anyone else. Open and honest conversations are needed to allow time to explore, understand, and express an individual's wishes. The aim of preparing for the end of life should be to maximise the quality of life for an individual with dementia and their carers. This process should start early and be part of a person's overall, coordinated, and compassionate care.

Personalised care and support plans are an important way for GPs and dementia care coordinators to help those with dementia plan for end of life. These should be reviewed at least annually. Other formal documents, such as ReSPECT forms and power of attorney are also useful. It is important for these conversations to start early when individuals with dementia are still able to weigh up options and make informed decisions.

Workforce development is needed to ensure that staff have the confidence and skills to have these important conversations. It is also important that people with dementia have access to best practice palliative care at the end of life. This care can happen in hospices, care homes, nursing homes and domiciliary care. It is good practice for these services to share expertise and learning with each other.

INSERT PICTURE

Our local picture

Dementia causes over 1 in 10 of all deaths in South Gloucestershire each year. We have heard from stakeholders about the general barriers and local challenges around good preparation for end of life.

Barriers include fear, stigma, or lack of awareness of processes and offers among professionals and the public.

Just over 1 in 5 people recorded as having dementia in their primary care records did not receive a dementia care plan or review in 2023/24. Completion figures for many of the key documents relevant to planning in dementia care are not accessible as many are paper forms, are non-statutory, or are not formal health and social care documents. We do know that over a third of people with dementia in South Gloucestershire do not have a ReSPECT form completed as of April 2024.

End of life care and place of death can be in a variety of settings such as home, hospice, care home, nursing home or hospital. Hospice admission for end of life requires a referral for inpatient unit admission. Criteria for inpatient admission is for either 'Consultant-led beds' or 'Nurse-led bed's. There are also options for hospice at home services.

Our communities told us...

- **Not all dementia reviews and end of life planning are done in a meaningful way.** Health and social care-associated forms and dementia review can sometimes be seen as a ‘tick box exercise’.
- **Different culturally-sensitive approaches are needed** when talking about end of life.
- **Some professionals feel uncomfortable talking about death** and are reluctant to introduce these conversations.

What are we doing locally?

A person with dementia in South Gloucestershire should expect to have an annual review with their GP and be supported by a range of professionals to plan their care and end-of-life. A range of documents can be used to support care planning and smooth admissions to hospital, when needed.

We recognise there is a need for scoping and linking these initiatives and workstreams to encourage better end of life planning.

Face-to-face annual dementia reviews are offered by GPs to all those with dementia in South Gloucestershire. 4 in 5 people recorded as having dementia are receiving these. A GP should interview patients and their carers during the yearly checkup, review current medications, look for any new symptoms or behavioural changes, and talk about future planning and carer support.

ReSPECT forms are used to create personalised recommendations for a person's clinical care in a future emergency. The process starts with conversations between a person and a healthcare professional about their wishes. Recommendations are documented on a ReSPECT form by the healthcare professional. The ReSPECT form is a patient-held document that travels with the patient as they interact with healthcare services both in hospital and in community settings. The form can be amended as the patient's clinical condition and preferences surrounding their care changes.

'This is me' is a personal profile developed by the Alzheimer's Society. It gives important information about a person with dementia. Forms are completed by a person with dementia and those important to them.

It helps staff to see the person first and not the disease and so can support person-centred care planning. It can be used for anyone who is living with dementia, delirium or other communication difficulties.

Key points identified

The majority of people with dementia locally are having annual reviews with their GP and many are accessing best practice support to plan end-of life. However, our stakeholders and communities have told us thend-of-life be done to ensure that everyone has the right conversation at the right time about their dementia journey.

- More can be done to increase the offer and uptake of annual GP dementia reviews. There are also opportunities to strengthen the approach to annual reviews, ensuring that they are used for planning and not a ‘tick box’ exercise.
- More can be done to support professionals to have the skills and confidence to talk about end of life. There are opportunities to improve the quality of planning discussions so these happen at the right time, are culturally sensitive and are documented.
- There are opportunities to raise awareness among the public and professionals of the relevant documentation around end-of-life and care planning.
- South Gloucestershire Councils can play a vital role in enabling this compassionate and individualised care through the culture we promote internally, the services we commission, the provision of training and workforce development, and the governance we have in place.
- More can be done to ensure a consistent high quality of palliative care at the end of life. Where accreditation is available, all directly delivered or commissioned services should meet the National Gold Standards Framework for end-of-life care. There are opportunities to strengthen training for staff working with people living with dementia at the end of life and access to out-of-hours support. This strategy supports recommendations in the South Gloucestershire Adult Care Commissioning Strategy 2023-26 [23] around ensuring that care homes respond to the continued need for end of life care and specialist residential care for people with dementia.

Recommendations

Aim	What we will do	What people will say
1. Focus on inequalities	Embed an ambition to reduce inequalities within all workstreams developed from this strategy.	*"I can stay healthy and access the same high-quality support regardless any aspect of my background or where I live in South Gloucestershire"*
2. Strengthen community involvement & representation	Ensure that people with lived experience influence the design and evaluation of dementia services and are represented at all levels of governance	*"My voice and that of my family, carers or other representatives is heard. Our views are taken into consideration when planning support and services"*
3. Improve awareness and understanding	Develop a communications and engagement plan for members of the public and professionals to raise awareness of the risk factors for dementia, how to get a diagnosis and post-diagnostic support.	*"I know how to stay healthy to reduce my risk of developing dementia. My journey to getting a dementia diagnosis was smooth and professionals knew what to do. After diagnosis, those important to me and I accessed personalised support. Professionals are aware of and use appropriate tools to ensure that all decisions about me reflect my wishes and the views of those important to me".*
4. Ensure a good dementia journey	Lead a review and redesign of our dementia pathway with partners across the system to ensure access to high quality dementia services across South Gloucestershire. This should respond to community involvement and link into other Age Friendly Communities workstreams.	*"Wherever I live, I can access high quality support before, during and after a dementia diagnosis. All professionals who support me know what support is available and can refer me to the services I need".*
5. Deliver better social care support	Identify gaps in the provision of general social care services for people living with dementia. Working with providers and people with lived experience, we will design and commission provision to meet the gaps identified.	*"Having dementia does not affect my ability to access high quality support and social care."*
6. Support carers of people living with dementia	Continue to listen to and support the needs of carers in South Gloucestershire, working to ensure implementation of the recommendations in the Carers strategy	*"I feel supported as a carer of someone living with dementia. I can get respite care and carer's breaks"*
7. Improve access to community support & connectedness	Work together as partners with people with lived experience to identify challenges to accessing general social care for people living with dementia. We will include specific reference to dementia within the implementation of our ASC commissioning strategy.	*"I am aware of and can access a wide range of support close to where I live. The services I use are dementia friendly. People in my community are supported to run local peer support groups, if these are wanted"*
8. Improve the interface between community & secondary care	Strengthen the integration of acute and community services for dementia so that they work together smoothly. This should include a focus on admission/re-admission avoidance and discharge planning.	*"My care is co-ordinated, services are working together, and I feel supported to stay well and independent. The system works more smoothly resulting in admission/ re-admission avoidance and smoother discharge planning."*
9. Better end-of-life planning	Strengthen support for end-of-life planning, recognising that dementia is a life-limiting condition.	*"I have the right conversations at the right time about my dementia journey"*
10. Develop our workforce	Develop a dementia workforce plan, learning from the rollout of specific interventions such as the CLEAR training, to ensure staff can deliver high quality person-centred care.	*"I feel listened to and supported by professionals. I have the right conversations at the right time with the people who are important to me. Documentation about me is person-centred, up to date and used to inform decisions about my care"*
11. Use data and insights better	Support work led by Adult Social Care to improve the use of social care data. We will continue to work together as partners across the system to share data. We will continue to put data and insights at the heart of service planning.	*"People involved in planning Age Friendly Communities have evidence to show what they are achieving and how services are meeting local needs"*
12. Create age friendly communities	Support all domains of the Age Friendly Communities programme to create safe, healthy, welcoming and accessible environments for those affected by dementia.	*"I live in a dementia-friendly place"*

Governance and next steps

Strong governance with community representation at all levels will be crucial to delivering this strategy over the next five years.

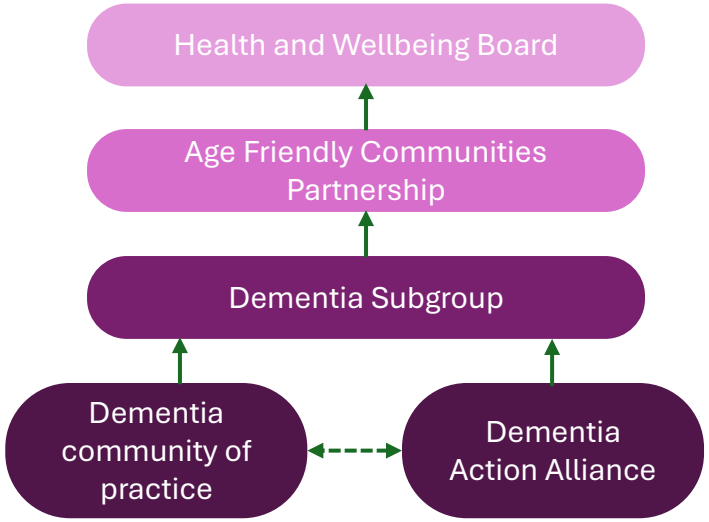
This strategy will be owned by the South Gloucestershire Health and Wellbeing Board (HWB). This ensures that all partners required for strategy delivery will have oversight of progress and own the recommendations.

The SGC Age Friendly Communities Partnership once formed following our Age-friendly Strategy being drafted will report into the HWB and represents the next level of oversight. Dementia is one of the nine domains of its work programme. Action to deliver strategy recommendations will depend on and support the other eight domains. The Chair is a local resident with lived experience of ageing in South Gloucestershire.

The Dementia Subgroup will be responsible for strategy delivery and ongoing monitoring. The group reports into the AFCB. This group has broad membership from the local health and care system, including members from the voluntary and community sectors. It will recruit a member with lived experience of dementia to ensure that communities are involved in designing local services. The Subgroup will develop an action plan and monitoring framework in response to recommendations and report on progress to the AGCB and HWB.

A dementia Community of Practice is being set up in South Gloucestershire. This is a network of professionals from a wide range of backgrounds who will come together to develop shared solutions in response to strategy recommendations.

The Dementia Action Alliance will continue to support individuals, organisations and businesses to be inclusive and accessible for people living with dementia. They will provide Dementia Awareness sessions and support businesses and organisations with Dementia Friendly Audits.





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