

# Lincolnshire Joint Dementia Strategy

2025-30



## Welcome to Lincolnshire's Joint Dementia Strategy 2025 – 2030

We are delighted to be able to share the **foreword** to our new Joint Lincolnshire Dementia Strategy that will inform our future work for dementia to be able to provide the right care and support when its needed. This is essential for the people of Lincolnshire.

The strategy sets out our vision and is an overview of how Lincolnshire NHS trusts, Adult Care, and Community Wellbeing, will work together as a whole system with Voluntary, Community, Faith & Social Enterprise (VCFSE), and beyond.

We are pleased to note that the new strategy has been developed in a way that reflects the voices of our population and our colleagues from across the health and care system in Lincolnshire, and we are grateful for their outstanding contribution. Our priorities and ambitions for the strategy have been agreed through engagement with people that have lived experience of dementia and other key stakeholders through holding conversations with our local communities. We have also considered the changing needs and assets within our communities, the impact of the pandemic and ongoing health inequalities in our population.

It was established throughout the development of the strategy that we had repeated issues that were common to all, which include the importance of early diagnoses to access treatments and help and support for carers and families including more equitable access to community-based resources. People also asked that we continue to develop integrated service arrangements that include support to care homes, training for NHS Staff and others, information and education about the factors that increase the risks of dementia, and awareness raising and understanding of the complexities of people living with dementia and other conditions, including for people with a learning disability and autism.

We have already made a meaningful start on what's needed to improve dementia care but there is much more to do. It will be important to seek opportunities for full and meaningful participation with people and input by all those in the health and adult care sector.

We would like to thank everyone who has participated in developing our strategy and all those who as part of this Strategy, will continue to press forward with this work.

## What is Dementia?

Dementia is caused by different brain diseases, most commonly Alzheimer's disease, and is a term used to describe a collection of symptoms including memory loss, problems with reasoning, perception, and communication skills, which can have an impact on a person's ability to undertake everyday routines. Dementia is progressive, which means that the symptoms get worse over time. It can happen to anyone and there is currently no cure.

Dementia was the leading cause of death in England and Wales in 2023. Dementia has a profound impact on the person diagnosed with the disease; their life, their family, friends, and the communities in which they live. Although age is the strongest known risk factor for dementia, dementia does not exclusively affect older people and nor is memory loss the only symptom or always present in the early stage.

It is important to note that Dementia is not an inevitable part of growing old. Most people associate dementia with older people but there are more than 40,000 people in the UK under the age of 65 affected by this condition, and young onset dementia accounts for up to 9% of cases.

However, dementia is a condition which can still carry stigma and fear. Fear can often prevent people from seeking the help and support they need but with access to the right support, treatment and care, people can live well with dementia, through our strategy work we will ensure that we see people beyond their diagnosis emphasising what they can do and not what they may have lost.

Research indicates an average delay of more than a year (57 weeks) between people thinking that something is 'not quite right' with their memory to discussing this with a family member or friend. There is a further delay of around 1.3 years between this conversation and making first contact with a healthcare professional for advice and investigation. This is potentially a delay of more than two years which can be critical in losing opportunities for appropriate support (including medication) and opening a gateway to services.

## Reducing the risk of dementia through prevention

Sadly, there are many cases of dementia cannot yet be prevented. This is because our age and genetics things we can't change and central to shaping our risk. However, research suggests that up to **45%** of cases are linked to factors we can influence, such as being more physically active, drinking less alcohol, and doing more things to challenge our brains. Only **34%** of UK adults think it's possible to reduce their risk of dementia.

Healthy and active lifestyles can reduce the risk of dementia, slow progression of the illness, improve people's outcomes, and proactively reduce health inequalities.

By targeting just three specific risk factors – tackling high blood pressure, providing hearing aids, and helping people to quit smoking – could save the economy **£1.9 billion** per year and reduce the number of cases of dementia by nearly **10%**.

Working alongside other professionals, public health teams, and health and care professionals, we want to be able to influence population-level impact by carrying out whole-system approaches to encourage people of all ages to live, and age well.

## Research

Research offers hope. Only through research can we understand what causes dementia diseases, develop effective treatments, and improve the care of those living with dementia. For research to make progress, we need more people with and without dementia to take part in vital studies. The main barrier to taking part in research is that people just don't know where to look to find out about opportunities. JDR provides information in one place.

In Lincolnshire, we are committed to not only raising awareness about Join Dementia Research ([JDR](#)), but to take part and work in partnership in research and create opportunities for people in Lincolnshire to be involved.

## Our vision

Our vision is to offer person-centred coordinated support to ensure that people affected by dementia have access to early diagnosis, information, and health and care services which can support people to live the life they want, which helps achieve the outcomes that matter to them. We want people across all ages to have access to information and advice to age well and reduce their risk of dementia.

### ***To do this, we are committed:***

- ***To working together creatively.***
- ***To putting people first and not their condition***
- ***To listening and learning what matters to everyone***
- ***To improving what we do and our services to achieve better outcomes.***
- ***To championing participation, innovation, and research.***

## About our strategy

Our strategy sets out our priorities and goals about how health and social care will continue to improve the lives of people affected by dementia, their carers, and families from the point of diagnosis to the end of life, including people most at risk of developing dementia. It also sets out a plan that will identify key actions which will be undertaken to help us achieve our goals and to realise our vision.

We will continue to raise awareness of dementia and highlight why research is important, and how we will support development, and commission services that support people with dementia to live life through support, activities and services which help their physical, emotional and practical wellbeing as well as the wellbeing of their carers, family, and friends.

It lays out the importance of increasing investment in prevention in Lincolnshire, aimed at raising awareness of the importance of good brain health across all ages and reducing the risk of dementia. We will ensure we address inequalities in the risk factors for dementia and give everyone who needs it the chance to access support to be active, eat well, continue to learn, and to stay connected. We will do this by providing information and support about the things people can do to reduce their risk, and can in some instances, slow the progression of the disease. This will be of great importance within a county such as Lincolnshire where we have a higher-than-average aging population.

## Our priorities

The following key themes were identified through our work with people affected by dementia, our voluntary sector partners, NHS health and social care colleagues, and other providers. These form the priorities for our strategy goals and delivery plans.

- 1. Information** which focuses on prevention of avoidable cases of dementia – NHS Trusts, Primary Care Networks and Adult social care will play a central role in preventing avoidable cases of dementia by promoting healthy aging and well-being. Through targeted community-based campaigns, we will raise awareness of dementia risk factors and empower individuals to make informed lifestyle choices. There will be early intervention and support for people diagnosed with mild cognitive impairment (MCI) and dementia, including for people diagnosed with early on set dementia.
- 2. Improving experience of people being diagnosed and living with dementia**, to have comprehensive, integrated pathways for timely identification of people with memory problems, and referral to memory services for dementia diagnosis. We will provide accessible advice and tailored information to empower individuals to live well with dementia, integrating social care expertise across related pathways, including the development of the Delirium and Falls pathway—recognising falls as a potential indicator for Parkinson’s disease and Lewy Body dementia. Through collaborative working, we will ensure that social care interventions promote independence, dignity, and holistic wellbeing for individuals and their carers.
- 3. Prevention** of crisis supporting people with dementia, their carers and families, by ensuring proactive, community-based support. As well as supporting people in the community through enhanced multi-disciplinary teams and care planning tailored to what’s important to people and helping people remain in their preferred place of residence. By embedding a prevention-focused approach across the workforce, we will strengthen early interventions, reduce unnecessary hospital admissions, and ensure that people receive the right support at the right time within their communities.
- 4. Improve access to personalised pre and post diagnostic support and carer support** for people with the onset of memory problems, at the point of diagnosis to end of life care. This will happen by working in partnership across Primary and Secondary Care, Voluntary, Community, Faith and Social Enterprise (VCFSE), and the Lincolnshire Dementia networks supporting dementia friendly communities. By embedding social care expertise throughout the care journey, we will ensure that individuals and their carers receive tailored support, access to community-based resources, and proactive interventions that promote independence, dignity, and wellbeing.

## Key facts

The number of people with Dementia is rising as populations age, and dementia remains a priority for health and social care. NHS England has reported there is also a considerable economic cost associated with the disease, estimated at £23 billion a year nationally, a figure predicted to triple by 2040. Lincolnshire's [recorded dementia prevalence](#) follows a similar trend to the national average, but remains significantly higher. This is reflective of the local age profile, health profile and behavioural factors. This trajectory will place significant demographic, health, and financial pressures on our society. The estimated numbers will become a reality unless additional public health interventions are put in place.

### National context

- Estimated prevalence of dementia based on people registered with a GP is 717,576, however Alzheimer's Research UK estimate the number of people living with dementia was **close to one million in 2021** (944,000), and by 2050 this figure is expected to **rise to 1.6 million**.
- There are **34,150, people diagnosed with Young Onset Dementia** (recorded dementia diagnosis before the age of 65)
- Currently there are **15,697** people living with dementia in England that are **under the age of 65**
- It is predicted that **1 in 3 people will develop dementia** in their lifetime.
- **115,000** people are missing out on a diagnosis because of where they live.
- Dementia is the leading cause of death in women in the UK with **31,850** deaths per year.
- The prevalence of dementia of care home residents is higher in women (**71%**) than men (**63%**)
- **69%** of people in care homes have a dementia or memory loss.
- A new study found that **30%** of dementia carers need professional support.
- Research suggests that up to **45%** of cases are linked to factors we can influence, such as being more physically active, drinking less and the things we do to challenge our brains.
- **9,206,500** people live in rural England (State of Rural Services 2016).
- Two-thirds of unpaid carers for those with dementia are women.
- 60% of carers report a long-term health condition or disability compared to 50% of non-carers.
- **50% of people with Down's syndrome will develop dementia.**
- Black and South Asian people are more likely to be **diagnosed at a younger age** and **die earlier** from dementia than White people.

## Lincolnshire context

- Based on the projections provided by Projecting Older People Population Information (POPPI), in Lincolnshire the population is expected to grow by **11% by 2041**, with **30%** of the population to be over 65.
- It is estimated that the number of people aged 65 and over in Lincolnshire living with dementia in 2020 was 6.8% (12,458). However, by **2035 it is predicted to increase by 44.1% (12,458 to 17,949) which is higher than the predicted national increase of 40.3% (741,671 to 1,040,878) for 2035** (Source: POPPI).
- Of the **8075** people on the dementia register, **65 plus 5955 (73.7%)** had a comorbidity that is one or more of the following conditions: diabetes, stroke, hypertension, and coronary heart disease (CHD).
- Young Onset Dementia: Recorded dementia diagnosis before age of 65 (and currently on the dementia register) **685 people**.
- Dementia diagnosed people under 65: There are currently **338 people under the age of 65** diagnosed with dementia. A large proportion of these are in East Locality, at **39.2%**.
- Of the **4436** people with a learning disability below the age of **65**, **(0.8%) 35** have a diagnosis of dementia.
- Of the **408** people 65+ with a Learning Disability, **43** have been identified as having dementia **(10.5%)**.
- A large proportion of practices with below average Dementia Diagnosis Rates were also found to be in Rural areas of Lincolnshire.
- There are large variations in referrals between PCNs and practices to the Lincolnshire MAMs service.
- Average times to diagnosis and assessment also varied from one practice to another. With some waiting as little as 11 weeks for a diagnosis and other practices waiting more than 30 weeks. The average time to assessment is **14.53** weeks and **23.43** weeks to diagnosis, with large variations between practices and PCNs.
- The percentage of people in Lincolnshire with a care plan is **59.3%** and the number of people with a care plan who have had a medication review is only **42.2%**.
- The average age of a carer in Lincolnshire is 60 and more than two thirds of carers are female.

## Health inequalities in Lincolnshire

Health inequalities are avoidable, unfair, and systematic differences in health between different groups of people.

*We need exceptional quality healthcare and care services for all, ensuring equitable access, excellent experience, and optimal outcomes.*

**Dementia affects people from all backgrounds and communities.** However, there are significant inequalities in dementia risk, incidence, diagnosis, and management. Some of these include:

- **Sex and Gender:** Women are more likely to develop dementia than men, and they are more likely to become a carer for someone with dementia.
- **Socioeconomic status:** People in lower socioeconomic groups in the UK are exposed to a higher risk of developing dementia and may face additional barriers such as limited access to healthcare services.
- **Ethnicity:** People from Black, Asian and minority ethnic communities living in the UK may be at a higher risk of developing dementia due to increased exposure to dementia risk factors such as cardiovascular disease, hypertension, and diabetes. Research suggests BAME communities often face delays in dementia diagnosis and barriers in accessing services. People in Gypsy, Roma and Travelling communities have poorer health outcomes than any other minority.
- **Down's Syndrome and comorbidities:** People with Down's Syndrome and certain comorbidities, such as cardiovascular diseases and diabetes, are at a higher risk of developing dementia.
- **Autism:** Researchers have found that some of the genes that are associated with autism are also associated with an increased risk of developing dementia later in life.

## **What does this mean for Lincolnshire and its communities?**

In Lincolnshire, these differences have meant some of our communities have poorer access to diagnosis, information, appropriate support, services, care planning, and planning for end-of-life care. We have identified greater differences in the following communities in Lincolnshire:

- People living in rural and coastal areas including our farming community.
- Asylum seekers and migrant communities,
- Ethnic minority communities.
- Homeless communities.
- Gypsy, Roma and Traveller communities.
- Learning disability communities.
- Carers.

We know people living with dementia were disproportionately affected by the pandemic, and this has shone another light on health inequalities across Lincolnshire and the importance of social determinants of health. During development of the strategy, we heard that the impact of covid on health and other support services has been significant in Lincolnshire, leading to poorer outcomes for some individuals and their families. Carers in Lincolnshire told us that covid meant that they were more isolated and that was hard. They hardly saw anyone, and it was confusing for people with dementia.

Health inequalities have become an increasingly important consideration as we learn more about the potential for risk-reduction in dementia.

We will work together, listen, and involve people with diverse lived experience in understanding and influencing activities in our approach to service design. Any actions identified in the Dementia Strategy delivery plan will consider the differences which people and our communities face and how access to information, support and services can be equitable for all, to ensure inclusive service delivery, that promotes wellbeing and social connectedness.

We will complete a health equity assessment and will take account of health inequalities in all our work and will assess the impact on health inequalities of any changes we make, taking opportunities to reduce, and avoid increasing, health inequalities.

## NHS - Well Pathway

The NHS England Well Pathway describes the route for people living with dementia and their carer's. It also provides a clear framework for a person-centred approach throughout every stage of the individuals dementia journey and to support improvement in health, social care and communities and encourage joined up care. Our Joint Lincolnshire Dementia Strategy 2025-30 aims to incorporate an innovative, personalised, and adaptable approach to the dementia care which will meet the needs of all communities in Lincolnshire, using the well pathway.

### NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
<b>Risk of people developing dementia is minimised</b>	<b>Timely accurate diagnosis, care plan, and review within first year</b>	<b>Access to safe high quality health &amp; social care for people with dementia and carers</b>	<b>People with dementia can live normally in safe and accepting communities</b>	<b>People living with dementia die with dignity in the place of their choosing</b>
<i>"I was given information about reducing my personal risk of getting dementia"</i>	<i>"I was diagnosed in a timely way"</i> <i>"I am able to make decisions and know what to do to help myself and who else can help"</i>	<i>"I am treated with dignity &amp; respect"</i> <i>"I get treatment and support, which are best for my dementia and my life"</i>	<i>"I know that those around me and looking after me are supported"</i> <i>"I feel included as part of society"</i>	<i>"I am confident my end of life wishes will be respected"</i> <i>"I can expect a good death"</i>
<b>STANDARDS:</b> <ul style="list-style-type: none"> <li>• Prevention (1)</li> <li>• Risk Reduction (5)</li> <li>• Health Information (4)</li> <li>• Supporting research (5)</li> </ul>	<b>STANDARDS:</b> <ul style="list-style-type: none"> <li>• Diagnosis (1)(5)</li> <li>• Memory Assessment (1)(2)</li> <li>• Concerns Discussed (3)</li> <li>• Investigation (4)</li> <li>• Provide Information (4)</li> <li>• Integrated &amp; Advanced Care Planning (1)(2)(3)(5)</li> </ul>	<b>STANDARDS:</b> <ul style="list-style-type: none"> <li>• Choice (2)(3)(4), BPSD (6)(2)</li> <li>• Liaison (2), Advocates (3)</li> <li>• Housing (3)</li> <li>• Hospital Treatments (4)</li> <li>• Technology (5)</li> <li>• Health &amp; Social Services (5)</li> <li>• Hard to Reach Groups (3)(5)</li> </ul>	<b>STANDARDS:</b> <ul style="list-style-type: none"> <li>• Integrated Services (1)(3)(5)</li> <li>• Supporting Carers (2)(4)(5)</li> <li>• Carers Respite (2)</li> <li>• Co-ordinated Care (1)(5)</li> <li>• Promote independence (1)(4)</li> <li>• Relationships (3), Leisure (3)</li> <li>• Safe Communities (3)(5)</li> </ul>	<b>STANDARDS:</b> <ul style="list-style-type: none"> <li>• Palliative care and pain (1)(2)</li> <li>• End of Life (4)</li> <li>• Preferred Place of Death (5)</li> </ul>

## Achieving our strategy priorities

Our goals and programme delivery plan for the Dementia Strategy will be to ensure that by working together as a system with our partners, we will aim to build and strengthen networks and communities that support us. They will help us to achieve our strategy priorities to improve the lives of people living with dementia and their carers and families, so that people are supported to live well practically and emotionally, enjoy activities, be part of a community, continue working, and feel supported in crisis. We want to have the right education and training available that not only supports a skilled and confident workforce but also supports carers with their caring role. It aims to ensure that health and care professionals work together to provide support and advice on dementia risk reduction as part of their daily contact with people.

The Dementia Strategy will be implemented and overseen by the Lincolnshire Dementia Programme Board (LDPB) and will feed into the wider Mental Health governance structure for Lincolnshire. Lincolnshire ICB, NHS Trusts & Local Authority are committed to working together ensuring integration between health and social care services, we will work with our key stakeholders, Carers' Support Network & Dementia Action Alliances to co-design services that directly meet carers' needs, district councils housing to build dementia-friendly communities and accessible living environments, Primary Care Networks (PCNs) to support timely diagnosis and post-diagnostic care with social support and Voluntary, Community, Faith & Social Enterprise (VCFSE) to provide community-based, peer-led programs for those living with dementia.

We will use this strategy with its detailed delivery plan, to hold us accountable for the improvements we will make over the next five years. We will develop ways to include and involve people living with dementia and carers at board level.

## Our goals

**Preventing Well:** Risk of people developing dementia is minimised.

We need to help all people of all ages and stages of life to stay healthy, advising people that their risk of developing dementia can be reduced by looking after their health, communicating that 'what's good for the heart is good for the brain' and reduce fear and stigma around dementia.

- Increase investment in prevention in Lincolnshire; ensuring we address inequalities in the risk factors for dementia and give everyone who needs it the chance to access support to be active, eat well, continue to learn, and to stay connected.
- Increase public information about dementia, prevention, how to reduce the risks of dementia and where to go for support, working across all ages.
- Focus on Mild Cognitive Impairment (MCI) of those that represent a high-risk of dementia who could potentially benefit through lifestyle education and social prescribing.
- Ensure health practitioners are aware of the early signs of dementia, to embed the importance of discussing memory and hearing loss and other known risks factors that increase the risk of dementia in health checks and other opportunistic screening.
- Promote opportunities to get involved in research and increase awareness of why research is important in understanding dementia and developing new treatments.
- Ensure information is accessible and appropriate to support the understanding of dementia risks for people that have a learning disability and/or autism.
- Increase dementia education and training available for people and the health and care sector.

### Preventing Well Outcomes:

- Risk Reduction: Minimize the risk of developing dementia through public health initiatives and lifestyle changes.
- Increased Awareness: Educate the public about dementia prevention and the importance of early diagnosis.

**Diagnosing Well:** Timely accurate diagnosis, care plan, and review in the first year.

It's important that people have timely access to diagnosis, post diagnostic support and treatment. Early diagnosis gives people an accurate diagnosis so they know what to expect, they can have an active role in decision making and planning, they can focus on what's important and what matters to them, and families will know how to support the person with dementia both practically and emotionally. It also gives access to treatments that can help manage dementia symptoms and, in some cases, slow the progress of the disease.

- Increase the awareness of dementia symptoms and the importance of early diagnosis, for early access to available medication and non-pharmacological treatment and intervention options.
- Develop peri-diagnostic information and support, and prepare people referred and waiting for a memory assessment.
- Increase Diagnosis of Advanced Dementia Assessment (DiADeM) for people living within a care home who do not have a formal diagnosis, so that people get access to the support, treatment and care needed.
- Increase the dementia diagnosis rate (DDR) in Lincolnshire in particular areas that fall below national averages to give timely diagnosis, unlock access to brain health support including lifestyle changes, medication and non-pharmacological interventions, giving more time for people to plan and prevent crisis and unplanned hospital admission.
- Increase the number of personalised health care plans for people diagnosed with dementia that identify what matters to them' including a medication review in the preceding 12 months, and regular care plan reviews thereafter. The person diagnosed with dementia should have a copy and to be able to amend.
- All people involved in the care of the person should be able to access the plan and share plans between different computer systems accessed by health and care professionals.
- Develop multi-agency care pathways for assessment, diagnosis, intervention, and support for people with learning disabilities, autism, and dementia.
- Work together with our health and care colleagues to recognise memory concerns for people with a learning disability and autism and increase diagnosis rates. Deliver training for staff and carers recognising signs of dementia and supporting people with learning disabilities and autism with dementia.
- Identify those people diagnosed with Mild Cognitive Impairment (MCI) that are most at risk of developing dementia to be followed up in the preceding 12 months and thereafter and have specialist intervention when needed.
- Increase access to Digital Technology - as an option to support equal and timely access to diagnosis and treatment.
- Develop clear pathways that support health and care staff to refer or undertake diagnosis for people with more complex dementia and increase knowledge of dementia services and referral pathways.
- Develop specialist Young Onset Dementia (YOD) pathway for Lincolnshire.
- Work across other pathways to jointly develop the Delirium and Falls pathway (falls a potential indicator for Parkinson's disease and Lewy Body dementia).

**Diagnosing Well Outcomes:**

- Timely Diagnosis: Ensure early and accurate diagnosis, followed by appropriate care planning and support.
- Improved Access: Develop a dedicated Memory Assessment Service to reduce waiting times for diagnosis

**Supporting Well:** Access to safe high-quality health and social care for people with dementia and carers.

Both the person with dementia and the carer will need support to cope with the symptoms and changes in behaviour and feel valued and included. People affected by dementia need information about the options available to them as their dementia progresses. If they wish to, people should be supported to make plans for what they want to happen as their illness progresses, or if they are in crisis.

- Ensure we make it easier for people newly diagnosed with dementia, their carers and loved ones, to get good information, advice, and access to support services to help them navigate the health, care and benefits system and be aware of the important things they need to do. This will include information about the importance and benefits of planning in advance for their care.
- Reduction of inappropriate antipsychotic (AP) prescribing for people with dementia.
- Increase care professionals' knowledge of dementia services and referral pathways.
- Adult social care teams will work alongside health services, ensuring smoother transitions between diagnosis, home care, respite, and long-term support.
- Explore care coordinator/navigator and social prescribing roles in primary care – targeted to support dementia patients, their families, and carers.
- Increase awareness of post-diagnostic support, making sure this is easily accessible to people. Create safe places people can go to talk and get signposting, practical and or emotional support regarding their or a loved one's diagnosis.
- Strengthen collaboration between adult social care teams and voluntary organisations to create tailored community-based interventions that support people to remain at home and ensure carers are supported to continue caring if they wish to. Invest in interventions which build and strengthen networks in communities and connect people to one another in their local areas.
- Support the development of age-appropriate support and care for people including information, resources and advice on the issues specifically faced by working age adults.
- To provide crisis support, with dementia care homes liaison support to care home staff, to prevent crisis and support people in their own home that are in crisis.
- Ensure carers receive timely assessments, support plans, and financial advice alongside people living with dementia. Also, that assessments and care plans identify what matters to people to help them achieve their outcomes.
- Raise awareness about financial entitlements, helping people understand personal budgets and support available for care costs.
- Ensure we have the skills and knowledge available within the workforce to emotionally and practically support people affected by dementia, that includes specialist dementia practitioners.
- Increase the confidence and competence of health and social care staff to recognise specialist and complex needs in dementia, by improving education, mandatory training programmes and developing a competency framework that is sustainable and available to health and care staff.
- Develop where needed support the care home and domiciliary staff exploring options dementia **ambassadors or champions**.
- Ensure our Community Mental Health and Older People's Mental Health transformation programmes include people affected by dementia in service design.

- Equity in access to universal services such as speech and language therapists, physiotherapists and dentists for people that reside in a care home with dementia to help improve their health outcomes.
- Raise awareness and continually promote Advanced Care Planning and ReSPECT forms throughout a person's journey – ensuring opportunity for people to plan for future health and care as early as possible that focuses on what matters to them.

#### **Supporting Well Outcomes:**

- High-Quality Care: Provide safe, high-quality health and social care for people with dementia and their carers.
- Integrated Services: Enhance coordination between health and social care services to support people throughout their dementia journey.

**Living Well:** People living with dementia can live normally in safe and accepting communities.

People with dementia need be able to live at home for as long as possible, continuing to enjoy doing the things they have always done and having an active social life. People need available advice, support, and equipment to live safely.

- Work together to ensure the availability of local community support networks and information that are important to people with dementia and carers. This may include respite, befriending, and sitting services. There will also be support for people through projects for Arts, Music, and Nature.
- Provide simplified resources for families navigating adult social care—checklists, digital hubs, and community-based guidance that make the journey easier.
- Embed a No Wrong Door approach to dementia care to support people with dementia and the carer throughout their journey pre-diagnosis until end of life. – Streamline referrals so that whether someone enters the system via health care, social care, or community support, they are connected to all necessary services without barriers.
- Support carers and reduce carer breakdown, by ensuring that carers can identify their own needs within the caring role that can sustain them but then can get support to take breaks from caring when needed. All carers are offered a carers assessment.
- Carers for people living with Dementia are offered education regarding dementia to help them to better support the person with Dementia.
- Embed personalised, solution-focused approach to working with people that aims to enable people with mild-to-moderate dementia to manage everyday activities and maintain as much independence as possible.
- Increase people's awareness and use of the [Herbert Protocol](#) which provides a record of vital information to support a timely response if someone is missing.
- To explore alert services/apps for when people with dementia go missing and ensure follow up safe and well checks for people that have been missing to ensure people have support in place to keep them safe.
- Reduce unnecessary hospital admission and support timely discharge to the usual place of residence.

- Improve access and greater use of Digital Technology (e.g., smart home adaptations, fall detection systems) to support people to live well and stay safe at home, including appropriate training.
- Work together with the network of Dementia Action Alliances (DAAs)/Dementia Friendly Communities (DFCs) to develop dementia friendly communities and support the delivery of the Dementia Strategy.
- Engage with wider partners in housing, planning and transport sectors to ensure more dementia-friendly communities, including adapted homes, digital technology, and public spaces that support independence.

**Living Well Outcomes:**

- Community Support: Ensure people with dementia can live safely and independently in their communities for as long as possible.
- Carer Support: Offer education and respite services to support carers in their roles.

**Dying Well:** People living with dementia die with dignity in the place of their choosing.

Everyone is entitled to dignified care. It is important to recognise when people are near the end of life as it essential that a person's wishes are carried out to ensure that the right care and treatment is available.

- To increase awareness that dementia can reduce life expectancy and promote planning for care at the end of life to take place whilst the person can communicate their needs and wishes.
- Raise awareness of ReSPECT forms (Recommended Summary Plan for Emergency Care and Treatment) and how this can support a person's clinical care in a future emergency in which they do not have capacity to make or express choices.
- Review the Palliative and End of Life Care offer to support people with dementia.
- Competence framework to be developed in personalised palliative and end of life care across all care settings.
- People have the competence and confidence to support and deliver personalised palliative and end of life care across the generalist-specialist spectrum of needs in all care settings – including paid workforce, unpaid carers and volunteers.
- Increased number of people with dementia dying at their usual place of residence and ensure that people can die with dignity in peace.
- To increase awareness of the benefits of palliative care and to have complex palliative care support for all our communities from the point of diagnosis when people need it.
- Bereavement support for all our communities when this is needed throughout the carer's dementia journey.

**Dying Well Outcomes:**

- Dignified End-of-Life Care: Ensure people with dementia receive compassionate, person-centred care at the end of life.
- Advance Planning: Promote early planning for end-of-life care to respect the wishes of individuals with dementia.

## Expected Impact of the Dementia Strategy for Lincolnshire

Achieving the goals identified in our strategy for dementia we hope will have a positive impact on both the population and the health and care system.

### For the population:

- Reduce the risk of people developing dementia through early intervention and public health initiatives
- People have improved knowledge about the importance of brain health and lifestyle choices.
- People will get a prompt and accurate diagnosis allowing time to understand the condition and make informed choices.
- People are supported to access person-centred care sooner to maintain their independence and dignity and be part of an inclusive community.
- People have access to palliative care from the point of diagnosis when needed and receive compassionate and person-centred end of life care and to reduce the social and emotional burden of dementia.
- To receive support and care that is coproduced by people that have lived experience.

### For the health and care system:

- Support streamlining coordination by working better together delivering prevention campaigns and early intervention.
- Improve referral pathways for early identification of people requiring assessment and diagnosis.
- Support coordinated care tailored to people's needs that enables people to live well at home and reduce crisis and the need for hospital admission, promoting care at home and advanced care planning is embedded early and people are supported through bereavement.
- More efficient use of our resources, cost savings and a more sustainable system.

Ultimately, the strategy will enable individuals with dementia to live well for as long as possible, with dignity, support, and care that reflects their needs and preferences.

## How will we know we have made a difference?

We will measure the effectiveness of our dementia strategy goals with a mix of quantitative metrics, qualitative feedback, and ongoing evaluations to ensure meaningful impact. Based on our Lincolnshire Joint Dementia Strategy 2025-2030 we will use a dashboard with key performance indicators (KPIs) and themes. We will also look at financial performance and population health management intelligence and use this to calculate the overall impact of the changes to the dementia pathway. Our initial delivery plan for each of the well pathways will take us until April 2026.

The plan will be reviewed and evaluated annually to enable lessons learnt based upon what people are telling us, data and intelligence collated in a dashboard. This will be incorporated into our future plans to support an innovative, and adaptable approach to dementia care over the next five years to meet the changing needs of our population and to ensure we address the level of inequalities known within dementia diagnosis and care for Lincolnshire. It will include ongoing monitoring of the strategy, which should be seen as an evolving document.

Alongside developing the strategy, we developed a logic model (Appendix 1 to the Strategy) together with people with lived experience and colleagues in health and care to identify the outcomes we wanted to see the strategy achieve over the next five years. We recognise we have a long list and that to achieve this we need to do this in stages over time. We will review this as part of the annual review of the strategy programme plan.

**Our thanks for support in developing our Strategy go to people with lived experience and staff and organisations from across Lincolnshire including the organisations and groups below:**

- EveryOne, Lincolnshire's carers support network - Co-production <https://every-one.org.uk/>
- Buddies Dementia Café
- Alford Dementia Support Group
- Lincolnshire Dementia Action Alliances and Dementia Friendly Communities
- Age UK Lincoln & South Lincolnshire
- Alzheimer's Society
- Dementia UK

## References

- [dementia-applying-all-our-health](#)
- <https://dementiastatistics.org/about-dementia/prevalence-and-incidence/>
- [Lancet Commission Dementia prevention, intervention, and care](#)
- [Dementia Applying all our health](#)
- [Health matters: midlife approaches to reduce dementia risk - GOV.UK \(www.gov.uk\)](#)
- [Timely Diagnosis and Prevention](#)
- [The diverse communities of Greater Lincolnshire-Director of Public Health Annual Report 2022](#)
- [#Rural Services Network - Rural cost of living](#) .
- [Lincolnshire Health Intelligence Hub age well/dementia](#)
- [research-formal-bereavement-dementia-carers](#).
- [Green spaces, dementia and a meaningful life, review](#)
- *More Than Meets the Eye* ([Franco, Shanahan and Fuller, 2017](#)) how people can experience nature through multiple senses.
- <https://bereavementcommission.org.uk/>
- <https://www.carersuk.org/policy-and-research/policy-library/>
- <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health#facts-about-dementia>

## Key Strategies and Policies

- [The Care Act \(2014\)](#)
- [NHS Long Term Plan \(2019\)](#)
- [National Institute for Health and Care Excellence Guidance \(NICE\) \(2018\) Dementia: assessment, management and support for people living with dementia and their carers \(NG97\)](#)
- [People at the Heart of Social Care: adult social care reform \(2022\)](#)