

**Barnet**  
Borough  
Partnership



**Adult**  
**Social Care**

Barnet Borough Partnership

# Dementia Strategy

2023 - 2028

YOUR | LIFE,  
YOUR | CARE,  
YOUR | CHOICE.

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**BARNET**  
LONDON BOROUGH

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|---------------|---|
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# 1. Introduction

This strategy is the first Barnet Borough Partnership strategy to underpin borough-wide commitments to providing high-quality care and support for people with dementia and their carers. It builds on the progress already made in the borough to improve the lives of people living with dementia, their families, and their carers, and provides a framework for continuous action to ensure that people continue to live well and thrive.

This strategy has been coproduced and developed in partnership with people living with dementia and their carers, Adult Social Care, North Central London Integrated Care Board (NCL ICB), Barnet Enfield and Haringey Mental Health Trust, commissioned and non-commissioned organisations and voluntary and Community Sector partners (VCS).

The NHS England 'Well Pathway for Dementia', transformation framework underpins our strategy. It outlines five key elements to consider, which form the five main chapters of this strategy:

1. Preventing Well
2. Diagnosing Well
3. Supporting Well
4. Living Well
5. Dying Well

The strategy should be read alongside 'The Well Pathway for Dementia – a Barnet Perspective' attached as an appendix, in which each of these five elements is explored in more detail, alongside relevant local data and information.

## Vision

Dementia is a crucial challenge for both health and social care. In Barnet, it is estimated that over 4,387 people are living with dementia, and this figure is expected to increase to 6,402 by 2035. This strategy recognises that more can be done to improve the experience of people living with dementia and will lead to the development of an action plan to build on the progress that has been made and address the gaps identified. This means not only focusing on strengthening our current dementia pathway and services but also embedding more proactive dementia support, preventing avoidable crises, and promoting and maximising people's independence, health, and well-being.

A key driver in our approach to supporting people to live well is through providing prevention and early support. To do this, we will develop plans which are more proactive and creative in approach and offer robust support for carers, alongside an increased awareness of dementia within communities. Similarly, by ensuring that people can access early and timely diagnosis, and from there that they receive effective care co-ordination, people will enjoy an improved quality of life with a dementia diagnosis.

This strategy will inform the planning, provision, and commissioning of dementia-related services in Barnet. The associated action plan will be delivered in partnership across health and social care, wider council partners, voluntary community and faith sectors, providers of care and residents.

## 2. Context

### What is dementia

The word 'dementia' describes symptoms that may include memory loss and difficulties with thinking, problem-solving, or language and interfere with the individuals' ability to complete daily activities. They often start with minor challenges, but for a dementia diagnosis, these are severe enough to affect everyday life. There may also be changes in mood and behaviour.

The most common types of dementia are:-

- Alzheimer's disease (60%)
- Vascular dementia (20%)
- Lewy bodies dementia (15%)
- Frontotemporal dementia (5%)

### National context and local context

#### National Context

944,000 people are living with dementia in the UK<sup>1</sup> and this number is projected to increase. Although, due to the progressive nature of the disease, the early-stage symptoms, and the low diagnosis rate, it is difficult to precisely know the number of people living with the condition. It is, however, thought that one in fourteen over 65's<sup>2</sup> have dementia in the UK which makes dementia a key challenge for both health and social care and a key priority nationally and locally.

This strategy supports the visions and outcomes within the National Dementia Strategy 2009, whilst we await the publication of a new national 10-year plan to tackle dementia as announced by the Health Secretary in May 2022. It also considers key legislation and guidance, including the Care Act 2014, the NHS Long Term Plan and National Institute for Health and Care Excellence (NICE) guidance<sup>3</sup>. These key strategic documents all highlight the importance of ensuring that people with dementia and their carers can *access timely diagnosis, high-quality care, and support* and that there is an *increased awareness in our communities of dementia*.

#### Local context

According to the Dementia Needs Assessment undertaken by Barnet's Public Health team:

- Currently, 4,387 people over 65 are estimated to be living with dementia in Barnet, and this is projected to increase to 7,282 by 2040.
- The diagnosed dementia rate indicates what proportion of the number of people estimated to be living with dementia, have a formal diagnosis. In Barnet, the estimated diagnosed dementia rate for people aged 65+ is 65.7% and this has been falling since 2017. This suggests improvements can

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<sup>1</sup> Luengo-Fernandez, R. & Landeiro, F. in preparation

<sup>2</sup> Prince, M et al. (2014) Dementia UK

<sup>3</sup> <https://www.nice.org.uk/>

be made in local pathways and processes to ensure we are maximising access to diagnostic assessment.

- According to the 2021 census data, there has been a 9.3% decrease over the past 10 years of residents identifying as White, although this group still represents over half of Barnet's population. The second largest cohort are residents identifying as Asian, representing 19.3% of Barnet's population. Ethnicity data for people with dementia known to adult social care does not fully reflect this diversity, which suggests equality of access is an area for further action:

**People with dementia known to adult social care by ethnicity:**

| Ethnicity                    | 19-20 | 20-21 | 21-22 |
|------------------------------|-------|-------|-------|
| White                        | 75%   | 75%   | 74%   |
| Asian/Asian British          | 10%   | 10%   | 12%   |
| Black/Black British          | 6%    | 6%    | 5%    |
| Other Ethnic Groups          | 5%    | 5%    | 5%    |
| Not Stated                   | 3%    | 3%    | 2%    |
| Mixed/Multiple ethnic groups | 1%    | 1%    | 1%    |
| Chinese                      | 1%    | 1%    | 1%    |

Adult Social Care Data BIP 2022

## 3. We listen

### Engagement and Co-production

Between 1st of June and 30th of September 2022, the commissioning and engagement teams carried out extensive stakeholder engagement with people living with dementia, their carers, health, and social care professionals, commissioned and non-commissioned services, the Dementia Friendly Partnership and the voluntary community and faith sector to understand the experiences of people living with dementia in Barnet.

We held over nine workshops and engaged over 140 people living with dementia and their carers and have captured their feedback about changes to support, or services that they feel are needed and included them directly in this strategy.

We recognise that some of this feedback may relate to pathways that already exist, changes that have been made, or changes that are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other feedback reflects gaps in our local system that we will aim to address. This will all be considered in the development of the action plan to implement this strategy.

A selection of comments from residents:

Our social worker was amazing in helping us navigate support & respite.

It was hard not being involved or asked for input by GP or MAS; I felt left out as my husband's main carer.

We want the information to be available at GP practices, pharmacies, and local groups, so it is easily accessible.

My dad is always happy when he goes to the Ann Owen Centre. Even though he doesn't remember going or what he did, he comes back chattier and really happy.

It was hard to get an appointment at the GP during the pandemic, and it's still hard.

There aren't enough culturally appropriate services. We felt a bit lost.

Age UK have really helped us cope with my mum's dementia. I don't know where we would be without them.

The training course for carers provided by the dementia specialist team was a lifeline.

My husband really enjoyed the Cognitive Stimulation Therapy sessions at the memory clinic.

I didn't know where to find information or support when my husband got a diagnosis, I felt lost.

Dr X was so thorough and kind when giving mum her diagnosis – she helped us very much. It was hard to process

If it weren't for Dementia Club UK, I would have been lost.

## 4. Preventing Well

Risk of people developing dementia is minimised

### Why is this important?

Improved information and advice will ensure that people can make informed decisions about their health and care needs. Barnet is committed to a preventative approach that prevents, reduces, and delays the need for care.

### Preventing well in Barnet

Our priority across health and social care is to ensure that we have a robust preventative approach to supporting residents, that promotes and maximises independence and well-being. Enabling everyone to live happy and healthy lives. The council's Prevention and Wellbeing team lead on this approach and local voluntary and community sector (VCS) providers, such as Age UK Barnet, deliver sessions on preventing well.



What people living with dementia and their carers feel is needed:

- Information given in advance so that people can understand how to prevent dementia.
- More support to help minoritised groups access preventative services.
- Easy access to services locally around and within communities.
- Information available at GP and local pharmacy to help people live well and access professional services quickly.
- Access to fitness programmes that appeal to those over 55's.
- More social inclusion programmes to help with isolation and loneliness.
- Varied programmes on weight management, cooking programmes, and mental health services that are culturally appropriate.



# 5. Diagnosing Well

Timely accurate diagnosis, care plan and a review within the 1<sup>st</sup> year

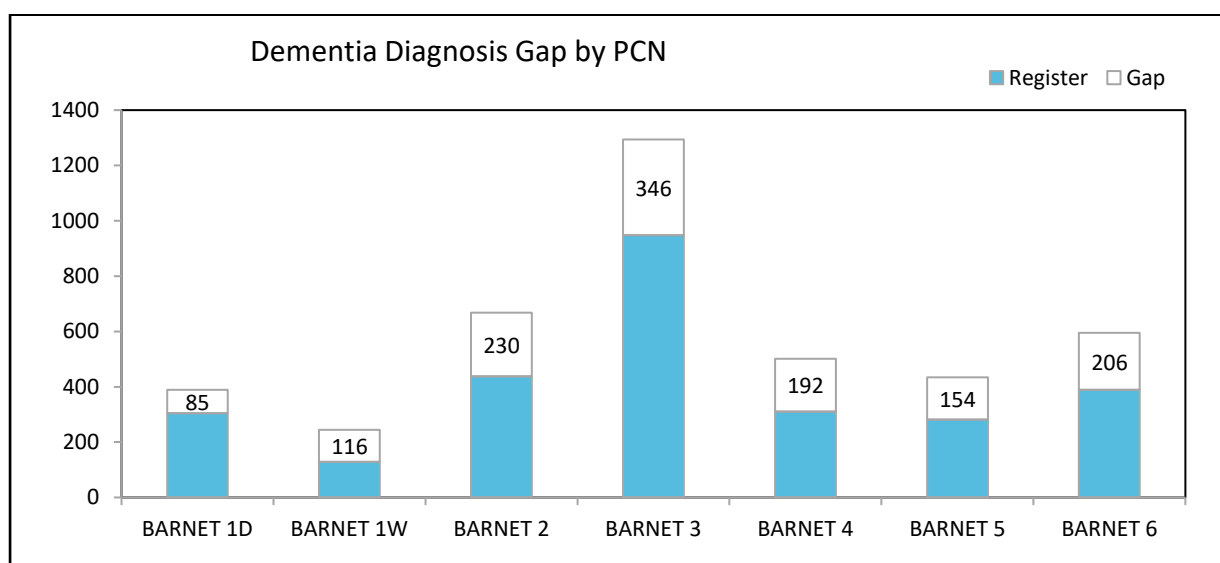
## Why is this important?

Early diagnosis of dementia is a national and local priority. A timely diagnosis enables people with dementia, their carers, and healthcare staff to plan accordingly and work together to improve health and care outcomes in the longer term. When people receive a timely diagnosis, they are more likely to be involved in their care and the decisions made regarding their future. It also means they can access clinical and social interventions that enhance their care and improve their quality of life.

We want to ensure that the message of early identification and diagnosis is understood by our residents so that we can provide early support and help for those who do ultimately receive a dementia diagnosis.

## Diagnosing well in Barnet

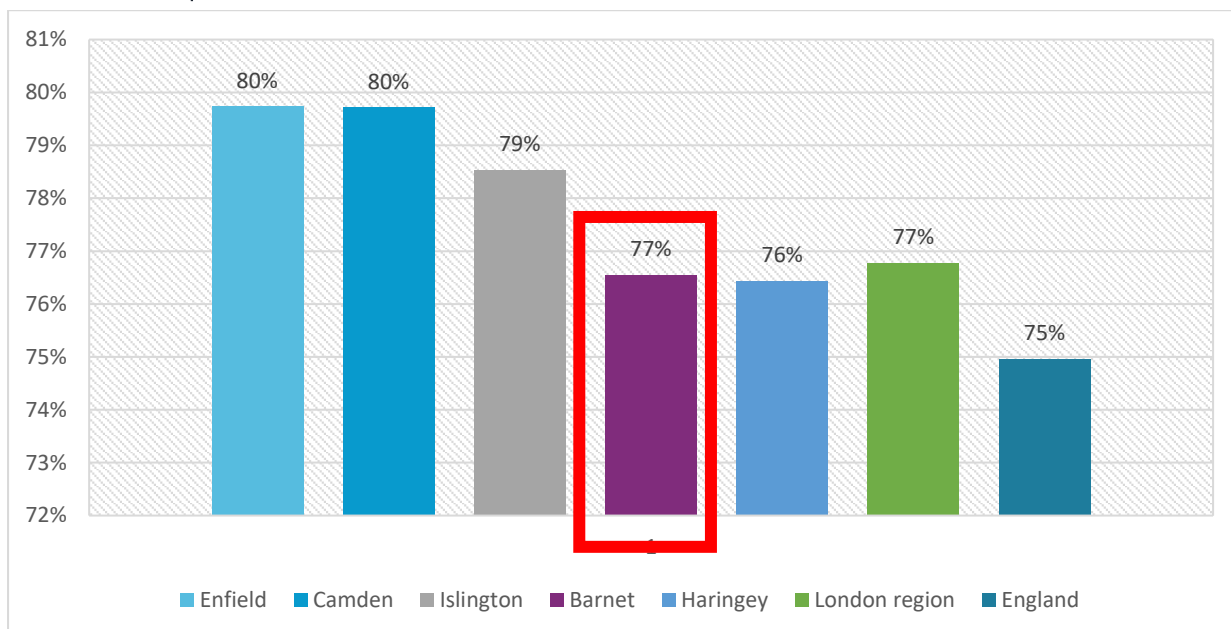
- Barnet's Memory Assessment Service is commissioned by NCL ICB and provided by Barnet Enfield and Haringey Mental Health Trust. On receipt of a GP referral, the service offers a multi-disciplinary diagnostic assessment (within a target of 12 weeks), integrated access to community support services, 12 weeks of cognitive stimulation therapy, medication stabilisation and carer support.
- GPs can also diagnose patients where they feel equipped to do so without a referral to the Memory Assessment Service
- Referrals to the Memory Assessment Service have been increasing since early 2022, following a decrease in referrals during the peak of the Covid 19 pandemic, attributed to the challenges of services working remotely. Overall Barnet's dementia diagnosis rate has dropped since 2017, which suggests improvements can be made in local pathways and processes to ensure we are maximising access to diagnostic assessment. This fall in diagnosis rate has created a 'diagnosis gap' that we can evidence at Primary Care Network (PCN) level:



Source: NHS Digital, 2020/21

- Following diagnosis, GPs are required to undertake an annual review to assess the healthcare needs of both the dementia patient and their carer(s).  
The graph below shows the percentage of patients diagnosed with dementia whose care plan was reviewed in the preceding 12 months, compared with other North Central London Boroughs, London as a whole and England. Whilst Barnet is achieving a comparable percentage, there is room for improvement:

Dementia care plan has been reviewed in the last 12 months



Source: Dementia Profile - OHID ([phe.org.uk](http://phe.org.uk))

What people living with dementia and their carers feel is needed:

- A clear dementia pathway, so people know what steps to expect especially once a referral to specialist services has been made.
- Access to GP with longer appointment times for people living with dementia.
- Regular health checks for carers as well, including regular yearly reviews
- Local information and advice appropriate at all stages of dementia.
- A better-coordinated memory assessment service that engages with the carers of the person living with dementia - some carers felt left out of the diagnosis and discharge process, which meant they could not offer the support necessary to the person during diagnosis when they needed it most.
- Early intervention and treatment, with referrals to the memory assessment service seen and a confirmed diagnosis within twelve weeks.

## 6. Supporting Well

### Access to safe high-quality health and social care for people with dementia and carers

#### Why is this important?

The best place for people living with dementia is often at their home, supported and surrounded by family, friends, and the community they have been part of. We want to ensure that their choice to do so is possible even as the disease progresses.

For many people living with dementia, it is not the only health challenge they are facing, therefore, a joined-up pathway of support is necessary to ensure that they are not only able to manage their dementia diagnosis but also other long-term conditions. This requires joined-up care and support available via primary care, secondary care, and community-based services to ensure that essential needs are met and that individuals do not need to tell their story repeatedly.

We are committed to putting the person with dementia, their families, and carers at the centre of their care; accessing timely information and support as the disease progresses is essential.

Significant funding is invested across the system in supporting people living with dementia and we want to ensure that this money is being spent effectively to achieve the best possible quality of life for individuals and their families. The total cost of care for people with dementia in the UK is £ 34.7 billion<sup>4</sup>.

1. This is set to rise sharply over the next two decades to £ 94.1 billion in 2040.
2. The most significant proportion of this cost, 45%, is social care, which totals £ 15.7 billion.
3. In Barnet this equated to spend of £22.8 million by adult social care in 21/22 on dementia support, with the largest proportion being spent on residential care services (£12 million), followed by nursing care services (£7 million)

#### Supporting well in Barnet

Adult Social Care, Health services, the Memory Assessment Service, GPs, Age UK Barnet (the primary VCS provider in the delivery of dementia support services), and other VCS partners work together to deliver a joined-up offer of support and advice to those living with dementia and their carers. This includes:

- **Support in Primary Care**
  - o 'One Stop Dementia Support Clinics', a **workstream of the 'PriDem research project' by University College London<sup>5</sup>**, have been trialled at GP surgeries in PCN2 whereby people living with dementia and their carer(s) were proactively invited to have all their physical, social, mental well-being and information needs met in one appointment with a GP, enhanced by the addition of a Dementia focused multi-Disciplinary team. Feedback was positive, with 98% attendance and 94% extremely likely to recommend to friends and family. Given the positive outcomes achieved, it should be explored whether this approach is mirrored across Barnet in future.

<sup>4</sup> [What are the costs of dementia care in the UK? | Alzheimer's Society \(alzheimers.org.uk\)](#)

<sup>5</sup> [Dementia and Cognitive Impairment | Institute of Epidemiology & Health Care - UCL – University College London](#)

- o The Aging-Well Multi-Disciplinary Team is commissioned to work with patients in primary care across Barnet. For eligible patients, the team offers holistically assessment, coordination and personalisation of patient care to build resilience, reduce crisis and minimise the risk of hospital admission.
- **Wider Healthcare Services**
  - o Support after diagnosis with mental health or behaviour challenges is available from the Community Mental Health Teams. There is an identified gap in psychological support for people living with dementia.
  - o Admiral nurses are based at the memory assessment service and provide specialist support and guidance to the person living with dementia and their carer in managing a dementia diagnosis.
  - o Community and acute health services are expected to ensure their staff are appropriately trained to support people with a dementia diagnosis who are accessing their services and that reasonable adjustments are made so that services are accessible and inclusive.
  - o Short-stay emergency inpatient admissions are proven to be particularly distressing for people living with dementia who can struggle with changes to their environment. Reducing emergency admissions through holistic and well-coordinated care is a priority area.
- **Adult Social Care**
  - o Adult social care undertake statutory functions under the Care Act, including assessment of need, care and support planning and safeguarding. Adult social care promote well-being and independence by using a strengths-based approach to preventing, reducing, or delaying needs from developing or escalating.
  - o Barnet's adult social care team also includes a Specialist Dementia Support Service which aims to:
    - Support and maintain the health and wellbeing of people living with dementia
    - Supporting carers to continue in their caring role
    - Support people with dementia to remain living in the community
    - Improve the knowledge, confidence, and skills of carers to make a positive difference in their lives and to the lives of those for whom they care
    - Maximise the use of preventative community support services for carers.
- **Commissioned Services**

Where the need for a formal service is identified, adult social care can explore a range of commissioned services:

  - o Care at home - Barnet has an 'approved provider list' of high quality domiciliary agencies and it is a priority to ensure that all relevant staff have dementia training
  - o Care technology, such as a GPS watch
  - o Equipment to support independence in the home
  - o Intermediate care services to support hospital discharge
  - o A range of suitable housing options:
    - Extra care – the Council is part-way through an investment programme in extra care, to deliver an additional 178 units by 2024

- Residential care and nursing care - it is estimated that 70% of people with dementia may eventually require long-term residential care. Barnet has a significant number of care homes, but overall bed capacity is falling. There is an under-provision of care homes that can provide complex care for conditions such as dementia, particularly where people have complex behavioural needs. A dedicated Care Home Support Team has been piloted in early 2023 to increase the mental health support available to homes as part of plans to expand complex care provision. At time of writing, initial outcomes are positive and further review is needed to inform future commissioning intentions.

What people living with dementia and their carers feel is needed:

- Information and advice to be timely and accurate at the point of need so that people can continue living in the community and maintain their well-being.
- Services to be better coordinated to meet the needs of those living with dementia and their carers.
- Improved quality of care for people with dementia, where they are treated with dignity and respect when admitted to the hospital.
- Access to safe, high-quality health and social care services for people living with dementia.
- More funding for community organisations to keep offering support
- Care agencies should have dementia-trained staff so that carers can feel safe leaving their family members.

## 7. Living Well

People with dementia can live normally in safe & accepting communities

### Why is this important?

As the numbers of people living with dementia increases, we have a responsibility as a society to ensure that our communities are accepting and supportive; ensuring people feel included and valued. People living with dementia should receive coordinated care and have access to appropriate leisure activities which facilitate social inclusion.

In 2020/21<sup>6</sup> it was estimated that around 6% of the UK population, around 4.2 million people, are providing informal care, and around 60% of carers are women. Barnet carers strategy 2023-2028 (*appendix*) sets out the borough's vision for carers to enable them to live their lives with the support, confidence, knowledge, and training that they need. We recognise the role, and value carers bring into improving the

<sup>6</sup> <https://www.gov.uk/government/collections/family-resources-survey--2>

lives of people living with dementia in Barnet and their role in maintaining the health and well-being of the person they care for.

## Living well in Barnet

- **Dementia-Friendly Barnet**
  - Barnet is committed to creating a sustainable dementia-friendly community and was recognised as a community that is ‘working to become dementia friendly’ by the Alzheimer’s Society in October 2022
  - Barnet’s Dementia Friendly Barnet Partnership is formed of over 40 local organisations and holds a comprehensive action plan to increase the number of dementia-friendly venues in the borough
  - The partnership is also expanding the local training offer to increase the number of Dementia Friends in Barnet (currently over 12,000) who have a key role in raising awareness and creating a safe community for people living with dementia.
- **Social prescribers** are based in primary care and provide information and support to patients with social and economic issues that affect their health and well-being.
- **Dementia advisers**, currently commissioned from Age UK Barnet, provide information and advice to help people diagnosed with dementia find the right support for them.
- Barnet also has a commissioned **day opportunities** service for people with mild to moderate dementia, currently delivered by Age UK Barnet, as well as other leisure and social inclusion opportunities available through the Council’s leisure provider, VCS providers and other partners. It is recognised that more could be done to ensure there is a varied leisure and social inclusion offer for people living with dementia who have more complex are and support needs.

## Support for Informal Carers

Support for carers of people living with dementia is an increasingly important part of the offer. Ensuring that carers are supported and valued in their role enables them to continue providing support, preventing hospital admissions, and prolonging the time that people can remain living independently in their own homes.

The current commissioned provider for carers, Barnet Carers Centre, provides support for carers of those living with dementia. More information about the support available to carers is outlined in the Barnet Carers and Young Carers Strategy 2023-2028.

What people living with dementia and their carers feel is needed:

- More access to dementia advisors
- Better access to information and advice in the community locally to them when they need it.
- More day opportunities spread out in the community.
- Better co-ordination of services, so people do not have to keep telling their stories repeatedly.
- More respite opportunities and funding so carers can have regular breaks and the person living with dementia can be safe and looked after, including within their own home.
- Respite vouchers that meet the cost of care in residential homes that are known to families.

# 8. Dying Well

People with dementia can live normally in safe & accepting communities

## Why is this important?

People living with dementia want to die with dignity in the place of their choosing; this can only be done if our services can identify and meet those needs. People with dementia want to be confident that their end-of-life wishes will be respected.

A survey conducted by Sue Ryder<sup>7</sup> discovered that the top priorities for people at the end of their lives were:

- o Being in a familiar surrounding
- o Having dignity and privacy
- o Surrounded by loved ones and
- o Being pain-free

It is essential to have conversations with people living with dementia and their carers early on so that they can plan for their future whilst they are still able to and can have their wishes considered instead of when things are in a crisis.

## Dying well in Barnet

We must ensure that people living with dementia and their carers receive the right support to plan for the end of their life and to choose where they die, whether at home, in a hospital setting, in a hospice or in a care home.

In Barnet, GPs are given the training to enable them to have difficult conversations about dying. Our later life planning service, currently run by Age UK Barnet, also provides information and advice around decision making, from legal matters and ensuring that Power of Attorney arrangements are in place, to knowing that each choice matters.

What people living with dementia and their carers feel is needed:

- Information available about pain management and palliative care, particularly the support available from primary care
- For people with dementia to be in a caring environment when they die, instead of being in a hospital setting – this was heightened during the pandemic.
- Access to bereavement counselling and support as the person nears the end of their life and after they have passed
- Good quality end of life dementia care in residential and nursing homes.

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<sup>7</sup> Sue Ryder, A time and place: what people want at the end-of-life 2013

## 9. Equality Diversity and Inclusion

This section will explore the demographic considerations that we should make to ensure that our dementia offer is equitable and accessible to all residents of Barnet and meets the needs of the local population.

By age, in Barnet, the highest proportion of the population from white ethnic backgrounds is found in the older age groups. The highest proportion of people from ethnic minority backgrounds is found in the younger age groups. Barnet's population is projected to become increasingly diverse as the white British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030)<sup>8</sup>.

### People from ethnic minority backgrounds and dementia

High levels of stigma and lower levels of awareness of dementia are prevalent in some communities. In Barnet, people from ethnic minority backgrounds are under-represented in dementia services and tend to present in services later. There needs to be more activity on how we continue to reach people around prevention and early detection so that support is available earlier and that services are designed to be culturally sensitive and suitable.

We have an opportunity to ensure that our service provision meets the needs of our ethnic minority communities and that the services are culturally sensitive and appropriate.

### Learning disabilities and dementia

In 2020, there were predicted to be 7,231 adults aged 18+ living with a learning disability in Barnet. At present, the most significant proportion of people aged under 65 living with learning disabilities falls into the 25-34 years old age group (26.4%). People with learning disabilities are also likely to be diagnosed with dementia.

As the population increases, the number of adults (aged 18+) with learning disabilities in Barnet is predicted to increase to 8,869 by 2035.

Barnet Learning Disabilities Service (BLDS) supports the care pathway for people with learning disabilities and dementia. BLDS consists of psychiatrists, psychologists, physiotherapists, social workers, speech and language therapists, occupational therapists, and nurses. BLDS uses a multi-disciplinary approach to diagnosing and treating the condition as well as providing information and support to carers as well as the person. Additionally, BLDS signposts people to other services available in the borough. While there are some services available for this cohort, with a recent addition of a dementia nurse into the team it is recognised that there are gaps in services, and much work needs to be done to develop appropriate services which meet the needs of individuals with learning disabilities and dementia.

### Early onset dementia

The number of people with early onset (under 65 years old) dementia is projected to increase. Between 2020 and 2040, the number of younger people living with early-onset dementia will rise from 55 to 71 for males and 40 to 46 for females. With more men living with young onset dementia than women.

Getting a diagnosis for a younger person can take longer. Currently, the National Hospital for Neurology and Neurosurgery (University College London Hospital NHS Trust) runs the Cognitive Disorders Clinic with

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<sup>8</sup> Joint Strategic Needs Assessment 2015 to 2020



a multi-disciplinary team that assesses patients. It provides expertise in young onset dementia and has a national referral base.

There is a general lack of age-appropriate services concerning the needs of younger people with dementia. Dementia support services are available for older people, and these activities are generally unsuitable for younger adults. Although the current numbers of people living with young onset dementia are not immense, we need to develop services to ensure that our local offer has more support for people with young onset dementia in the next 15-20 years in line with the diagnosis rate.

## 10. Delivering change

The implementation of this strategy will be planned in consideration of good practice principles, to ensure the associated action plan is accessible, co-produced, timely and tailored to deliver meaningful outcomes to people living with dementia and their carers.

To deliver the action plan we will work across health and social care, with wider council departments, education, housing, and the voluntary and community sector. We will also develop relationships across the wider community, including employment and business sectors as part of this approach, and will continue to put people living with dementia and their carers at the heart of this process.

We have captured feedback from residents about changes to support or services that they feel are needed and included them directly in this strategy. We recognise that some of this feedback may relate to pathways that already exist, changes that have been made, or changes that are planned, which indicates that we need to review communication, awareness, and accessibility. Whereas other feedback reflects gaps in our local system that we will aim to address. This will all be considered in the development of the action plan to implement this strategy.

An important strand of our action plan will be addressing challenges relating to under-representation or disproportionality, following further interrogation of demographic data - notably census data that has recently become available.

The action plan will focus on priorities for the next two years and will be overseen by the Joint Commissioning Team. Progress will be reported to the Barnet Borough Partnership Board and other boards/committees as requested. After two years, a review will be undertaken to agree next steps.

## Priorities

We have coproduced the following 3 priorities to guide our action planning:

1. Improved information and advice (Before diagnosis, at diagnosis, and after diagnosis) to ensure that people can make informed decisions about their health and care needs.
2. Improved awareness and identification; early and timely diagnosis.
3. Individualised and tailored support that promotes independence and well-being (At diagnosis and after diagnosis)

## Outcomes

The outcomes we will achieve through this strategy include:

1. Barnet residents understand what actions they can take to reduce their risk of getting dementia
2. The dementia diagnosis gap is reduced and ultimately eliminated, with equal and timely access to diagnosis
3. People living with dementia and their carers have timely access to high quality information and advice in order to make informed decisions about their health and care needs
4. People living with dementia and their carers have a coordinated, high-quality experience of health and care services, where they are treated with dignity and respect by professionals who have the appropriate skills and experience to understand and respond to their needs
5. People living with dementia and their carers feel empowered, listened to and in control of their own care and support
6. Everybody living with dementia receives a holistic annual review within primary care
7. People living with dementia and their carers feel included as part of society
8. People living with dementia feel confident that their end of life wishes will be respected

# 11. Appendices

- The Well Pathway for Dementia – a Barnet Perspective
- Dementia Friendly Barnet Partnership: [Dementia | Barnet Council](https://www.barnet.gov.uk/adult-social-care/specialist-support/dementia)  
<https://www.barnet.gov.uk/adult-social-care/specialist-support/dementia>