Cheshire and Merseyside

Cheshire and Merseyside Dementia Strategy: 2025 - 2030

Approved February 2026

Foreword

Dementia is a growing challenge that affects individuals, families, and communities across Cheshire and Merseyside. In our lifetime one in two of us will be impacted by dementia either through developing the condition or caring for someone with the condition. As a system, we are united in our commitment to improving the lives of those living with dementia and those who care for them. This strategy sets out a clear and compassionate vision for how we will do that — together.

Building on the foundations of our Joint Forward Plan (2023–2028), this strategy outlines a set of shared principles to be applied across all nine Places. It supports the development of integrated, evidence-based models of care that prioritise prevention, early diagnosis, personalised support, and community inclusion. We recognise that delivering this vision may require a review of current services and resources, but we are committed to ensuring that investment is targeted where it will have the greatest impact.

We recognise that a timely diagnosis is the gateway to appropriate care and support. Our commitment is to ensure that everyone knows how to access an assessment and receives a diagnosis without unnecessary delay, so they can begin their journey with the right help in place. Across all our communities, we will make therapeutic interventions available to slow progression, strengthen coping strategies, and enhance quality of life—delivered by skilled, compassionate professionals. Working together, our providers will offer integrated physical and mental health care, supported by regular reviews and proactive measures to prevent crises. Every step will be underpinned by a person-centered, human rights-based approach, ensuring dignity and respect for all.

We will strengthen community connections through our vibrant VCFSE sector, enabling peer support and social networks that reduce isolation. Carers will be recognised as partners in care, with tailored support to protect their wellbeing and opportunities to co-produce meaningful activities. Our Integrated Community Neighbourhood Teams will work across organisations to help people live independently for longer, supported by innovative digital technology and personalised care. Throughout this strategy we will consider groups who have typically experienced marginalisation in service delivery and society including those living with dementia from global majority communities, the LGBTQ+ communities and people living with Young Onset Dementia.

This strategy is more than a plan — it is a promise. A promise to act with compassion, to collaborate across sectors, and to build a future where people affected by dementia are supported to live well, with dignity, purpose, and connection.

Executive Summary

Dementia is a growing public health challenge across Cheshire and Merseyside, where over 35,000 people are currently living with the condition. With an ageing population and increasing prevalence, projections suggest this number will rise significantly over the next decade. In our region, one in two people will be affected by dementia in their lifetime—either through personal diagnosis or by caring for someone with the condition.

Living with dementia is often accompanied by complex health, psychological and social challenges. Yet, despite the clear need, access to timely and consistent support across Cheshire and Merseyside remains uneven. The quality and availability of services vary between boroughs, leading to disparities in outcomes and experiences for individuals and families.

This strategy sets out a unified regional commitment to improve the lives of people affected by dementia across all nine places within Cheshire and Merseyside: Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington, Wirral, Cheshire East and Cheshire West & Chester. It aims to ensure that regardless of postcode, every person impacted by dementia receives high-quality, compassionate and coordinated care.

Strategic Foundations

- Aligned with NHS England’s Well Pathway for Dementia, the strategy spans prevention, diagnosis, support, living well and end-of-life care.
- It reflects the latest Neighbourhood Health Guidelines (2025/26), promoting integrated, place-based care that is proactive and person-centered.
- It draws on local intelligence, including the Dementia Surveillance Factsheet for Cheshire and Merseyside, which highlights regional trends in diagnosis rates, service access and inequalities.

Vision

Cheshire and Merseyside

Our Vision

We want Cheshire and Merseyside to be recognised as a region where people living with dementia—and those who care for them—can live well, feel supported, and remain connected to their communities. This strategy is not just a document; it is a call to action to ensure that every person affected by dementia receives the care, respect and opportunity they deserve.

Equity of Access: Ensure consistent standards of care across all nine places, while allowing flexibility to meet local needs.

Early Intervention: Improve support at the point of diagnosis to enhance long-term outcomes for individuals and carers.

Place-Based Action Plans: Each locality will implement the **Dementia 100 Toolkit**, engaging stakeholders to identify strengths, gaps and priorities

System-Wide Collaboration: Strengthen partnerships across NHS, local authorities, voluntary and community sectors to deliver joined-up care

Living Well with Dementia: Promote environments, services and communities that support independence, dignity and social connection.

Stakeholder Engagement

The development of the Cheshire and Merseyside Dementia Strategy has been shaped by extensive engagement across the health and care system. Collaboration has been central to ensuring that this strategy reflects the needs, priorities, and lived experiences of people affected by dementia and those who support them.

We have worked closely with a wide range of stakeholders, including:

NHS Providers: Cheshire and Wirral Partnership (CWP) NHS Foundation Trust, Mersey Care NHS Foundation Trust etc

Integrated Care Board (ICB): Leads from all nine Places within Cheshire and Merseysido

Clinicians: Psychiatry, psychology, and multidisciplinary teams across acute and community settings

Hospice and End-of-Life Care Providers

Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector: Alzheimer's Society, Age UK, End of Life Partnership, Together in Dementia Everyday (TIDE) and other local organisations

Carers and People with Lived Experience

Social Care: Local authority representtives and care providers

National and Regional Partners: NHS England Region and National

This collaborative approach ensures that the strategy is grounded in best practice, informed by expert knowledge, and shaped by the voices of those who matter most—people living with dementia and their carers. Stakeholder input has influenced every aspect of the strategy, from prevention and diagnosis to hospital care, community support, and end-of-life planning.

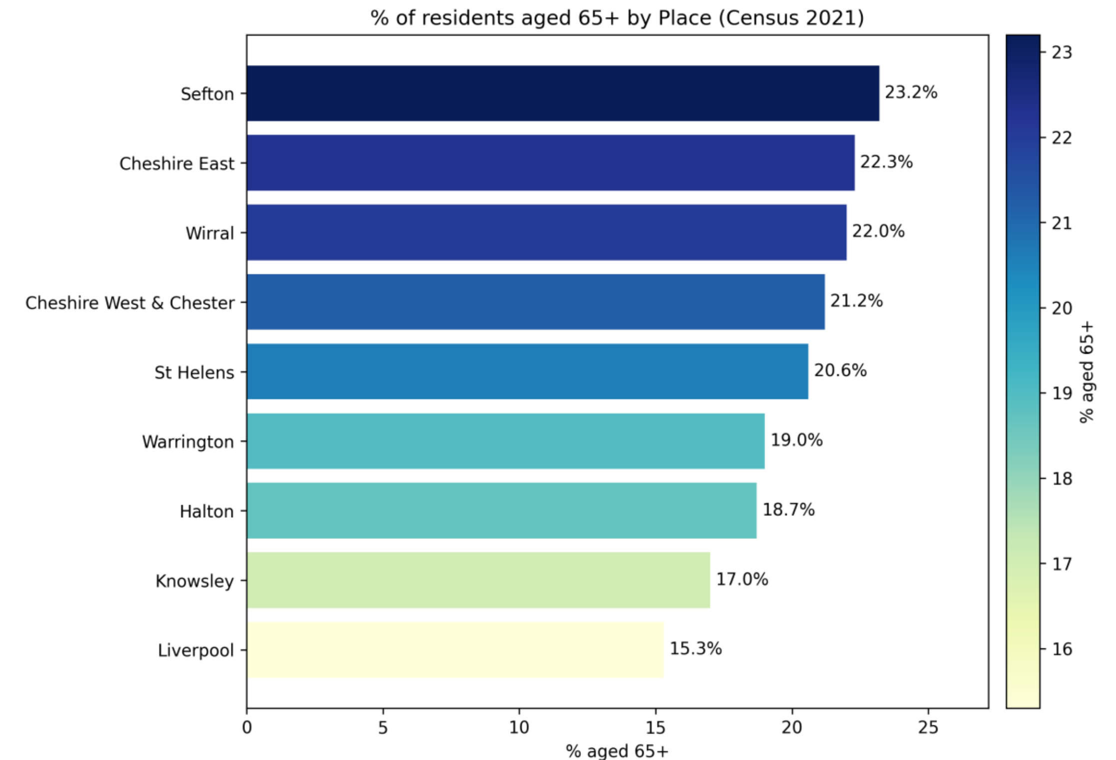
Local Context

Cheshire and Merseyside

Cheshire & Merseyside has over 35,000 people living with dementia, and this number is expected to rise sharply as the population ages. Age profiles vary significantly across Places: coastal and semi-rural areas such as Sefton (23.2% aged 65+), Wirral (22%), and Cheshire East (22.3%) have the highest proportions of older residents, while urban areas like Liverpool (15.3%) and Knowsley (17%) have younger populations. Southport (Sefton) has one of the oldest populations in the North West, while Liverpool faces challenges linked to deprivation and diversity.

These demographic differences influence service demand and risk factors. High rates of cardiovascular disease, diabetes, smoking, and harmful alcohol use are prevalent in some boroughs, alongside social isolation and digital exclusion. Diagnosis rates and prescribing practices vary across Places, creating inequity in access and outcomes. Rural areas (e.g., parts of Cheshire and Wirral) face additional challenges such as isolation and limited access to specialist care.

Despite these challenges, Cheshire & Merseyside benefits from strong voluntary and community sector engagement, including Dementia Action Alliances, peer support groups, and a vibrant Community of Practice, which play a vital role in reducing isolation and supporting people post-diagnosis.



Cheshire and Merseyside

Principles of the Cheshire and Merseyside Dementia Strategy

Our strategy is driven by a single ambition: to ensure that every person living with dementia experiences the best possible quality of life, from diagnosis through to end of life. To achieve this, we will work to reduce inequalities in care and create a consistent, high-quality dementia pathway across Cheshire and Merseyside, informed by the NHS England Dementia Well Pathway and local best practice through the Dementia 100 tool.

Central to this approach is a commitment to human rights. Dementia can increase vulnerability to discrimination, neglect, and loss of decision-making power, making a rights-based framework essential. Guided by principles set out in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), we affirm that people living with dementia have the same rights to freedom, participation, and respect as anyone else. Embedding the principles of Fairness, Respect, Equality, Identity, Dignity, and Autonomy (FREIDA) ensures care is person-centred and honours individuality.

Research shows that rights-based care improves quality of life, reduces stigma, and promotes inclusion. By prioritising human rights, we move beyond clinical care to empower individuals, safeguard against abuse, and create communities where people live well with dignity and purpose.

Our Principles: FREIDA

Fairness

Equitable access to care and support

Respect

Valuing every person's voice and cnoices.

Equality

Tackling health inequalities and promoting inclusion

Identity

Recognising and honouring individuality life nistory and culture.

Dignity

Ensuring dignity in every interaction and decision.

Autonomy

Supporting infomed choices and personal control.

Dementia Well Pathway

NHS Cheshire and Merseyside

The Dementia Well Pathway provides a comprehensive framework for supporting people affected by dementia from prevention through to end-of-life care. It is built around five key pillars:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

Each pillar represents a stage in the journey, ensuring that individuals receive timely diagnosis, personalised support, and opportunities to live well within their communities. The pathway also emphasises integration across health and social care, proactive planning, and evidence-based interventions.

By adopting this approach, Cheshire and Merseyside aim to deliver consistent, high-quality care that promotes dignity, independence, and wellbeing at every stage.

NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
Risk of people developing dementia is minimised	Timely accurate diagnosis, care plan, and review within first year	Access to safe high quality health & social care for people with dementia and carers	People with dementia can live normally in safe and accepting communities	People living with dementia die with dignity in the place of their choosing
"I was given information about reducing my personal risk of getting dementia"	"I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"	"I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"	"I know that those around me and looking after me are supported" "I feel included as part of society"	"I am confident my end of life wishes will be respected" "I can expect a good death"
STANDARDS:	STANDARDS:	STANDARDS:	STANDARDS:	STANDARDS:
Prevention[1] Risk Reduction[5] Health Information[4] Supporting research[5]	Diagnosis[1][5] Memory Assessment[1][2] Concerns Discussed[3] Investigation[4] Provide Information[4] Integrated & Advanced Care Planning[1][2][3][5]	Choice[2][3][4], BPSD[6][2] Liaison[2], Advocates[3] Housing[3] Hospital Treatments[4] Technology[5] Health & Social Services[5] Hard to Reach Groups[3][5]	Integrated Services[1][3][5] Supporting Carers[2][4][5] Carers Respite[2], Co-ordinated Care[1][5] Promote independence[1][4] Relationships[3], Leisure[3] Safe Communities[3][5]	Palliative care and pain[1][2] End of Life[4] Preferred Place of Death[5]

References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.

RESEARCHING WELL

- Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change.
- Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.

INTEGRATING WELL

- Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.

COMMISSIONING WELL

- Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice.
- Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.

TRAINING WELL

- Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community.
- Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.

MONITORING WELL

- Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each.
- Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.

Health Inequalities in Dementia – Cheshire and Merseyside

NHS
Cheshire and Merseyside

Dementia does not affect all communities equally. Across Cheshire and Merseyside, significant health inequalities shape the experiences of people living with dementia and their carers. These disparities are influenced by a range of social determinants including deprivation, ethnicity, age, geography, and access to services.

- **Socioeconomic Disparities:** There is an established link between socioeconomic deprivation and increased risk of dementia (Hofbauer & Rodriguez, 2023). A third of residents in the region live in the most deprived 20% of neighborhoods in England. Individuals in these areas often face delayed diagnosis, limited access to post-diagnostic support, and poorer health outcomes.
- **Isolation due to living in rural communities:** People living with dementia in rural areas can face different challenges to those dwelling in more urban areas, including increased isolation, difficulties accessing services and technological deprivation (Alzheimer's Society, 2018). This is relevant in parts of Wirral and Cheshire.
- **Cultural and Ethnic Barriers:** People from global majority backgrounds may experience stigma, language barriers, and culturally inappropriate care. These factors can lead to underdiagnosis and reduced engagement with services.
- **Intersectionality and Protected Characteristics:** The combined impact of dementia with other protected characteristics—such as disability, sexual orientation, and religion—can result in complex needs that are not always recognised or met by mainstream services.
- **Access and Experience of Care:** Individuals with dementia often report feeling less involved in their care and less respected by healthcare professionals. Digital exclusion and communication challenges further widen the gap in access.
- **Strategic Response:** The Cheshire and Merseyside ICB has committed to tackling these inequalities through initiatives such as the All Together Fairer framework, which promotes equity by addressing the root causes of poor health. The ICB is also investing in data-driven approaches to proactively identify at-risk populations and tailor interventions accordingly.

Access for all

Cheshire and Merseyside

Commitment to Reducing Inequity in Dementia Care Across Cheshire & Merseyside

This strategy commits to ensuring that people from disproportionately impacted groups are proactively considered in all developments aimed at reducing inequity.

These population estimates highlight areas of potential unmet need and increased risk. Local prevalence for specific communities is difficult to quantify due to under-recording, variation in disclosure, and limitations within current coding systems. The figures presented here should therefore be interpreted as indicative rather than definitive, and are included to support planning, prioritisation, and inclusion rather than to imply precise measurement.

People from Ethnically Diverse Communities

Recent national estimates suggest that **25,000 individuals from ethnically diverse communities in the UK have dementia**, projected to double to **50,000 by 2026** and rise to over **172,000 by 2051** (Baghirathan et al., 2020). This represents a nearly **600% increase over 40 years**, compared to a **100% increase in the overall UK population**. These communities are more likely to experience increased dementia risk factors and health inequalities (Shiekh et al., 2021). Older adults from minority ethnic backgrounds often present to services later than White individuals.

Cheshire & Merseyside Context:

- The region has diverse populations, with variation across Places.
- **Liverpool** has the highest proportion of ethnically diverse communities in Cheshire & Merseyside, including significant Black, Asian, and mixed ethnic populations.
- According to the **2021 Census**, Liverpool's population is approximately **12% from ethnically diverse backgrounds**, compared to **6% in Cheshire West and Chester** and **5% in Wirral**.
- Across the region, people from global majority backgrounds represent a small but growing proportion of the ageing population.

People from LGBTQ+ Communities

It is estimated that **7.4% of the lesbian, gay, and bisexual older adult population is living with dementia**. People from LGBTQ+ communities often face greater health disparities, many of which are dementia risk factors, including depression, alcohol and tobacco use, lower rates of preventative screenings, and HIV/AIDS. LGBTQ+ individuals can also face unique challenges in relation to dementia care:

- **34% of LGBTQ+ adults living with dementia live alone,**
- **40% report that their support networks shrink over time.**

Cheshire & Merseyside Context:

- Based on **ONS estimates**, approximately **2.7% of adults in the North West identify as LGB**, with higher concentrations in urban areas such as Liverpool.
- LGBTQ+ older adults in the region may experience compounded barriers due to stigma and lack of inclusive services.

Young Onset Dementia

Cheshire and Merseyside

Dementia is considered as Young Onset when it occurs in people before they reach their 65th birthday. It is estimated that more than 70,800 people nationally have young onset dementia in the UK today. This number is expected to increase by 20% over the next forty years.

Latest data from NHS England, as of June 2025, indicates that approximately 6.8% of people with a recorded diagnosis of dementia in England received their diagnosis before the age of 65. Applying this proportion to Cheshire and Merseyside, where over 35,000 people are currently living with dementia, we can estimate that around 2,380 individuals in the region are living with young onset dementia. Latest figures across Cheshire and Merseyside suggest that 748 people under 65 are recorded on the dementia registers. This infers that a significant proportion of people under 65 living in Cheshire and Merseyside may therefore be not receiving the correct support.

This strategy must therefore address the unique challenges people with Young Onset Dementia face:

- Diagnosis rates for young onset dementia are typically lower due to misattribution of symptoms (e.g. stress, depression, menopause) and longer diagnostic pathways.
- Services are often designed for older adults, leading to inappropriate placements and unmet needs. Services may not be accessed by younger people who may recognise that their needs are not being met there.
- People with young onset dementia often face unique challenges, including employment disruption, financial strain, and limited age-appropriate services.
- The average time to diagnosis for younger individuals is 4.4 years, compared to 2.2 years for those over 65.

This strategy will draw on the work of the Angela project which identifies good practice in the area of YOD.

Young Onset Dementia in Cheshire and Merseyside

NHS Cheshire and Merseyside

The provision of YOD support across Cheshire and Merseyside is variable. Some areas have specific YOD services whilst other areas integrate this support into more generic memory services.

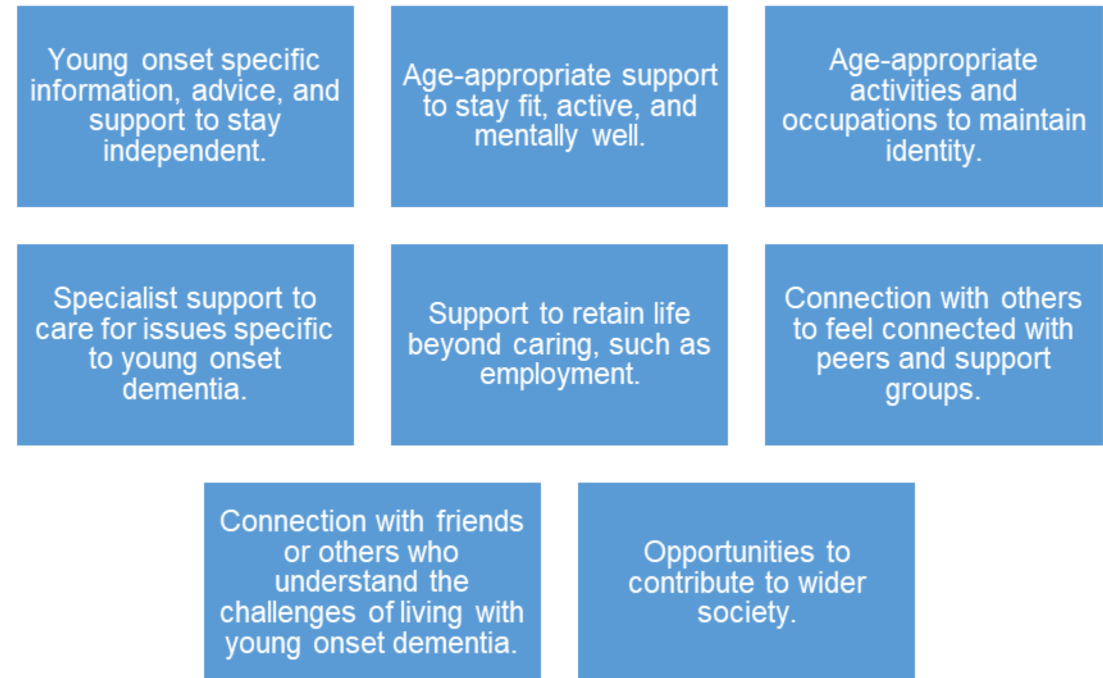
Young onset dementia presents unique challenges that demand a compassionate, coordinated response across the Cheshire and Merseyside ICB. Our strategy seeks to ensure that individuals affected by YOD are not overlooked or underserved. By embedding age-appropriate support, raising awareness, and fostering inclusive services, we aim to empower younger people with dementia and their families to live well, with dignity and purpose. It is key that younger people living with dementia as well as those supporting them are reflected in the Place based action plans and suitable services are provided for this group. These plans should incorporate the eight key needs of people living with Young Onset dementia.

National guidance highlights the needs for specific pathways to support the needs of younger people living with dementia.

One of the core aims of this strategy is to ensure that younger people living with dementia have access to tailored support that promotes independence, safeguards dignity, and enables them to lead fulfilling lives.

This will be achieved by:

- Each place developing a specific pathway for Younger People living with dementia
- Ensuring system wide consideration of YOD in service development
- Development of age-appropriate support services



Carers

Cheshire and Merseyside

Cheshire and Merseyside Carers Charter - NHS Cheshire and Merseyside

Carers play a vital and often under-recognised role in supporting the health and wellbeing of individuals across Cheshire and Merseyside. The region's Carers Strategy, developed through the Cheshire and Merseyside Health and Care Partnership, sets out a clear commitment to ensuring that carers receive the recognition, support, and respect they deserve.

At its core, the strategy aims to work in genuine partnership with carers, carer support organisations, and wider stakeholders to co-design services that reflect carers lived experiences. It acknowledges the diverse needs of carers—whether they are young carers, working-age adults, or older individuals—and seeks to embed carer-friendly practices across health and social care systems.

The strategy is underpinned by the Carers Charter, which outlines key pledges including improved access to information, emotional and practical support, and opportunities for carers to influence decision-making. It also emphasises the importance of carer awareness training for professionals, ensuring that carers are identified early and supported appropriately.

By fostering collaboration across the Integrated Care Board (ICB), local authorities, voluntary sector partners, and carers themselves, the strategy aspires to create a more inclusive and responsive system. It is a living framework—open to feedback and refinement—that reflects the region's ambition to make Cheshire and Merseyside a place where carers are valued, empowered, and never left behind.

This will be achieved by:

- Systematic identification of carers at the point of diagnosis to ensure early support and recognition of the caring role.
- Providing a named point of contact for carers following diagnosis, ensuring continuity, navigation support and a direct line into services.
- Embedding carer involvement in personalised care and support planning, recognising carers as partners in care.
- Ensuring access to training, education, and peer support, enabling carers to feel confident and supported in their role.
- Strengthening crisis prevention and contingency planning, including access to respite options and out-of-hours advice.
- Ensuring carer wellbeing is routinely assessed, with referral routes into emotional, practical, and social support.

Leading Well

Cheshire and Merseyside

The strategy acknowledges that strong leadership is key in developing and implementing clear pathways for dementia. Any work will only be successful if it is supported fully by leaders of organisations and that best practice is both commissioned appropriately and supported in place. Across Cheshire and Merseyside there are historic variations in commissioning arrangements leading to differences in service provision.

An overarching aim of the strategy is therefore to provide an equitable offer across the ICB. This will acknowledge the unique demographics, landscape and provision of each place whilst ensuring that anyone living with dementia across Cheshire and Merseyside can expect the same, high standard care and support.

This will be achieved by:

- Each place completing the Dementia 100 tool to identify current strengths and areas for improvement
- Developing detailed metrics around dementia to ensure that there are consistent ways of understanding the data at a population level related to dementia risk factors
- Each place developing an involvement group to involve people with dementia and their carers in the design and review of services
- Pathways created to ensure populations who are often marginalised (including YOD, ethnically diverse and LGBTQ+ communities) have equity of access to services
- Ensuring systems are ready for the introduction of disease modifying treatments

Preventing Well

Dementia prevention is increasingly important given the UK's ageing population, with more people living longer and at greater risk of developing dementia. Preventing dementia is a critical component of improving population health and reducing future demand on health and social care services. Research indicates that up to 45% of dementia cases could be prevented by addressing modifiable risk factors such as physical inactivity, hypertension, diabetes, smoking, hearing loss, and social isolation. Evidence shows that even small changes can have a significant impact: engaging in regular physical activity can reduce dementia risk by 26%, while maintaining strong social connections lowers risk by 38% and can delay onset by up to five years. Cardiovascular health is equally important, with midlife hypertension, diabetes, and smoking contributing to 22–44% of cases before age 80.

By embedding prevention into everyday practice, through promoting healthy lifestyles, supporting social engagement, and managing long-term conditions, we can delay onset, improve quality of life, and reduce the personal, societal, and economic burden of dementia. By prioritising prevention, we not only improve individual health outcomes but also reduce the long-term impact on families, communities, and health services.

Cheshire and Merseyside face a unique combination of health and social challenges that increase dementia risk. Some areas have particularly ageing populations, most notably Southport. High rates of cardiovascular and metabolic conditions—such as hypertension, diabetes, and atrial fibrillation—are prevalent across the region and strongly linked to vascular dementia. Lifestyle-related issues, including obesity, smoking, and harmful alcohol consumption, remain above national averages in some localities, compounding risk.

In some Places, proactive identification of people at higher risk of dementia is already embedded through Local Enhanced Services; this strategy seeks to build on and spread effective practice while allowing flexibility for Places that already have successful models in place.

This strategy will prioritise prevention as a shared responsibility across health, social care and community partners.

This will be achieved by:

- Providing consistent messaging across the ICB in relation to dementia and the risk factors associated with this
- Ensuring health checks are actively discussing dementia and factors associated with this e.g. sight loss and hearing loss. Including targeting specific groups who traditionally don't access prevention programmes such as people from LGBTQ+ communities
- Developing a consistent, wide ranging, offer of dementia training across Cheshire and Merseyside
- Developing an ICB wide dashboard to identify those at particular risk of dementia based on recognised risk factors
- Targeted monitoring for those on frailty pathways to identify dementia.

Diagnosing Well

Timely and accurate dementia diagnosis is essential for effective care and support. Early diagnosis enables individuals and their families to access appropriate treatment, plan for the future, and receive vital information and resources. It also allows healthcare professionals to manage symptoms, address co-existing conditions, and implement interventions that can slow progression and improve quality of life. At a system level, accurate diagnosis supports better service planning and ensures that people living with dementia receive the right care at the right time.

The Dementia Diagnosis Rate (DDR) represents the proportion of individuals diagnosed with dementia within a given area compared to the number expected based on demographic projections. There remains a national ambition for at least 67% of people with dementia to receive a formal diagnosis. Across Cheshire and Merseyside, DDR varies considerably, reflecting differences in local service provision and population characteristics. In addition, diagnostic pathways are not uniform across the region, with variations in access, processes, and support depending on locality.

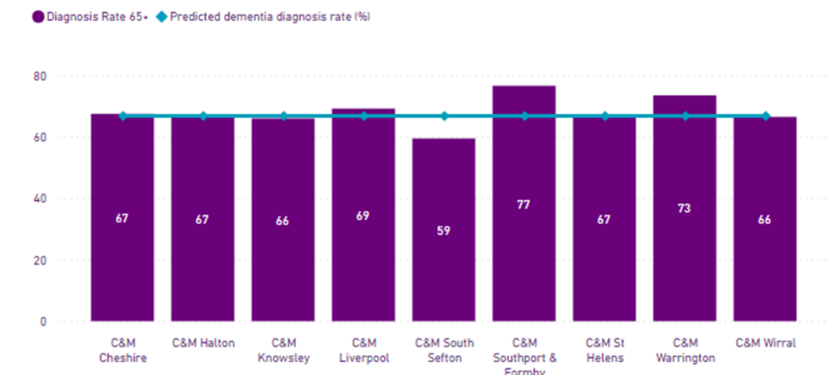
In some Places, proactive identification of people at higher risk of dementia is already embedded through Local Enhanced Services; this strategy seeks to build on and spread effective practice while allowing flexibility for Places that already have successful models in place.

Variation in dementia diagnosis rates across Cheshire and Merseyside is not solely explained by population prevalence. Evidence indicates that referral thresholds within primary care, Memory Service capacity, and differences in individual clinical practice contribute significantly to variation. As part of this strategy, the ICB will work with Places to systematically analyse referral patterns, including referral rates per GP practice, conversion rates from referral to diagnosis, and Memory Service diagnostic yield. This insight will inform targeted improvements to ensure more equitable and consistent access to timely diagnosis across the region.

This strategy aims to ensure that all individuals across Cheshire and Merseyside are aware of how to access dementia assessment services, can do so promptly, and receive a diagnosis delivered with dignity, compassion, and respect.

This will be achieved by:

- Guaranteeing an initial assessment and commencement of appropriate treatment within 18 weeks of referral.
- Ensuring GPs have timely access to appropriate diagnostic tests, including neuroimaging, and clear, streamlined pathways to exclude reversible causes of cognitive impairment.
- Introducing DiADeM across places to ensure people in care homes are given an appropriate diagnosis.
- The development of clear referral pathways across Cheshire and Merseyside ensuring people understand how to get a diagnosis of dementia and what it will involve.
- Routinely reviewing and refining referral pathways to promote equitable access to timely diagnosis including under served populations.



Supporting Well in the Community

At the heart of the strategy lies a steadfast commitment to supporting individuals not only in achieving their goals but in thriving holistically. This section outlines how we cultivate a culture of care, resilience, and personal growth—ensuring that wellbeing is not treated as a mere add-on, but as an essential thread woven through every aspect of our strategy. Through thoughtful initiatives, meaningful engagement, and targeted support mechanisms, we aim to create an environment where people feel seen, heard, and empowered.

A wide range of dementia support services is available across Cheshire and Merseyside, delivered through health, social care, and voluntary sectors. Memory Assessment Services provide diagnosis and, in some areas, post-diagnostic support, while roles such as Admiral Nurses offer clinical and emotional guidance for families. Local authorities deliver social care packages, respite options, and carer support, complemented by community-based initiatives such as dementia cafés and peer support groups run by a wide range of VCSFE organisations.

This strategy will work to ensure that all people living with dementia across Cheshire and Merseyside have access to high quality, evidence-based support following a diagnosis. This will be achieved by:

- The development and implementation of an ICB person centred care plan which is reviewed annually. This will include the provision to support individuals with dementia to discuss and document advance decisions regarding emergency care, promoting autonomy and person-centred planning.
- Ensuring each place has adequate provision of non-pharmacological interventions in accordance with NICE dementia guidelines, ensuring consistency and evidence-based care across all settings. This will include structured post diagnostic support, cognitive stimulation therapy (including maintenance), peer support and other psychosocial approaches. Developing minimum standards for post diagnostic support.
- Building systems to ensure regular, structured medication reviews are conducted post-diagnosis by Primary Care to monitor safety, efficacy, and ongoing appropriateness.
- Delivering pharmacological treatments in line with NICE dementia guidance and ensuring clear shared care protocols are in place across the ICB.
- Promoting NHS Talking Therapies for emotional support following diagnosis. To consider the specific needs of younger people living with dementia and how their unique psychological needs are met.

Supporting Well in Hospital

Hospital admissions can present significant challenges for individuals living with dementia. This strategy underscores the need for a consistent hospital protocol that prioritises person-centred, dementia-aware care throughout the patient journey—from arrival to discharge. By embedding inclusive practices, investing in comprehensive staff training, and creating environments designed to minimise confusion and anxiety, we aim to ensure that hospital experiences are characterised by dignity, compassion, and tailored support.

Transitions between care settings can be particularly disruptive and increase vulnerability for people affected by dementia. Our approach focuses on delivering smooth, well-coordinated transitions that promote continuity and minimise distress. We are committed to collaborative discharge planning, clear and timely communication, and wrap-around support that not only facilitates a positive experience for the individual but also provides reassurance for caregivers and enhances overall wellbeing.

People living with dementia represent a significant proportion of unplanned hospital admissions in Cheshire & Merseyside, particularly among those aged 75 and over. NHS data indicates that dementia is a contributing factor in around **25–30% of emergency admissions for older adults**, often linked to falls, infections, and delirium. These admissions can lead to longer stays and increased risk of complications.

To address this, Cheshire & Merseyside Integrated Care System has implemented several initiatives aimed at reducing avoidable hospital admissions and improving urgent care responses, including:

- **Urgent Community Response (UCR)** services providing rapid assessment and treatment at home for crises such as falls or sudden deterioration.
- **Virtual Wards** supporting people with frailty and dementia through remote monitoring and multidisciplinary care at home.
- **Enhanced Health in Care Homes (EHCH)** framework delivering proactive clinical support to prevent unnecessary transfers to hospital.

These measures aim to keep people living with dementia safe in their own environment wherever possible, reduce hospital-related harm, and improve overall experience and outcomes.

Living Well

Living well with dementia is fundamental to maintaining quality of life and promoting independence for those affected. It goes beyond managing symptoms, focusing instead on enabling individuals to remain active, connected, and valued within their communities. Supporting people to live well involves access to timely information, tailored care, and opportunities for social engagement, alongside environments that are safe and dementia-friendly. By prioritising wellbeing, dignity, and inclusion, we can help individuals preserve their identity, make meaningful choices, and continue to enjoy life despite the challenges dementia presents.

Cheshire & Merseyside is a diverse area with multiple service providers and infrastructures for dementia support. There is a vibrant VCSFE sector providing support to people living with dementia and their families. Living well with dementia requires a comprehensive and proactive approach that addresses health, social, and practical needs. This strategy focuses on strengthening community integration and participation, promoting brain health and early support, and changing the conversation around dementia to reduce stigma. We aim to build inclusive, dementia-friendly communities and improve access to personalised, responsive care that reflects individual preferences.

We will achieve this by:

- Drawing together dementia support services in each place and ensuring people living with dementia know how to access them. In some areas this is achieved already through Dementia Action Alliances.
- Working with transport providers to support transport solutions and mobility schemes to reduce isolation and increase access to community assets.
- Improving understanding of brain health and ensure early, stigma-free access to support.
- Developing social prescribing pathways to connect people with dementia to relevant local groups.
- Delivering training and toolkits to shops, businesses and service providers to become dementia-inclusive.
- Developing crisis care pathways including advanced care planning and emergency response teams. Ensure out-of-hours advice and intervention services are accessible and dementia-informed.

Dying Well

Dying well with dementia is a vital part of person-centred care and reflects our commitment to dignity, compassion, and respect at every stage of life. This means recognising the palliative phase early, communicating clearly with families, and ensuring care is guided by personal values and preferences. By prioritising symptom management, emotional support, and familiar environments, we can reduce distress and uphold quality of life in the final stages. Supporting carers and planning are equally important to ensure that end-of-life care is approached with sensitivity and humanity. Our strategy commits to embedding best practice, including the use of the latest Palliative Care Guidelines in Dementia (2025), to ensure that every person can die well, with dignity and choice.

Delivery will align with the I CARE & Share Cheshire and Merseyside programme, which provides a system-wide framework for advance care planning, shared decision-making, and coordinated end-of-life care.

This will be achieved by:

- Supporting people to develop and record advance care plans aligned with their personal values, preferences, and needs.
- Equipping professionals with the knowledge and confidence to provide high-quality advance care planning and palliative care for people with dementia, including early identification of people approaching end of life.
- Providing carers with support around end-of-life issues including the acknowledgement of living grief and bereavement support.
- System wide identification of issues when people living with dementia do not die at home.

Cheshire and Merseyside

Cheshire and Merseyside Dementia Strategy Timeline (2025–2030)

Year 1: April 2025 – April 2026

Laying the Foundations

- Establish strategy groups and communities of practice at PLACE level.
- Complete Dementia 100 toolkits at PLACE level.
- Continue service user engagement and co-production planning.
- Build awareness of the strategy across stakeholders.
- Initiate development of accessible communication standards and inclusive formats.
- Begin planning for delirium protocol and hospital transition improvements.

Cheshire and Merseyside Dementia Strategy Timeline (2025–2030)

Year 2: April 2026 – April 2027

System Integration and Explore Potential to Introduce Diagnostic Equity

- Analyse Dementia 100 toolkits at ICB level to identify system-wide gaps and develop place level implementation plans that address local variation.
- Develop ICB-wide guidance on accessing dementia services.
- Launch PLACE-level involvement groups for people with dementia and carers.
- Explore potential to introduce DiADeM across care homes.
- Begin implementation of standardised physical checks and neuroimaging protocols.
- Develop shared care protocols and minimum standards for post-diagnostic support.
- Roll out delirium protocol training and monitoring across hospital settings.
- Begin embedding hospital transition and discharge planning improvements.
- Promote NHS Talking Therapies post-diagnosis.

Cheshire and Merseyside Dementia Strategy Timeline (2025–2030)

Year 3: April 2027 – April 2028

Training, Prevention and Personalised Care

- Roll out tiered dementia training across health, social care, and third sector.
- Launch targeted training for unpaid carers, palliative care staff, and YOD support.
- Embed dementia messaging into NHS Health Checks and public health campaigns.
- Launch ICB dashboard to identify populations at risk of developing dementia.
- Begin targeted monitoring on frailty pathways.
- Expand community integration efforts: social prescribing, hobby groups, transport solutions.
- Improve development of personalised care plans and annual review mechanisms.

Cheshire and Merseyside Dementia Strategy Timeline (2025–2030)

Cheshire and Merseyside

Year 4: April 2028 – April 2029

Community Empowerment and Strategic Partnerships

- Promote active engagement in dementia-related research across providers.
- Embed NICE guidelines into practice via communities of practice.
- Commission services tailored to underserved populations (YOD, LGBTQ+, ethnically diverse).
- Conduct equality impact assessments and embed health inequality plans.
- Expand dementia awareness campaigns into schools, universities, and public events.
- Launch peer-led storytelling and post-diagnostic counselling initiatives.
- Expand Dementia Action Alliance membership and deliver dementia-inclusive toolkits.
- Formalise strategic partnerships and host cross-sector summits.
- Strengthen crisis support and out-of-hours care pathways.

Cheshire and Merseyside Dementia Strategy Timeline (2025–2030)

Year 5: April 2029 – April 2030

Future Readiness and End-of-Life Excellence

- Monitor prescribing patterns and service quality assurance.
- Review dementia performance data and equality metrics.
- Prepare system for disease-modifying treatments and national developments.
- Embed dignity, respect, and carer support into evaluation processes.
- Finalise joint care planning mechanisms across the ICB.
- Implement proactive identification for end-of-life planning.
- Deliver integrated, multidisciplinary palliative care models.
- Ensure seamless coordination for preferred place of death.
- Provide post-death support for carers, including bereavement and living grief services.
- Conduct system-wide audit and refresh strategy for next phase.

Governance and Delivery

Dementia improvement work is delivered through a system-wide Dementia Programme Team, supported by specialist groups and aligned to the ICB Frailty Programme governance structure. This ensures consistent oversight, clinical leadership, and coordinated delivery across all Places.

Oversight and Accountability

- ICB Executive Committee – strategic assurance and approval.
- Frailty Programme Board (ICB) – hosting the dementia workstream, receiving reports from all dementia delivery groups, monitoring progress, risks, and performance.
- Health & Wellbeing Boards (HWBBs) – formal local authority governance route, receiving bi-annual updates.
- ICB Board – annual strategic review.

Delivery Structure

Dementia Programme Team (System Delivery Function)

- Delivers the dementia work programme on behalf of the system.
- Coordinates implementation across Places.
- Leads development of ICB-wide standards, pathways, metrics, and tools.

Governance and Delivery

NHS Cheshire and Merseyside

Specialist Groups Feeding into the Frailty Programme

- Dementia Community of Practice – clinical leadership, best practice sharing and workforce development.
- Dementia 100 Toolkit Implementation Group – drives completion and use of the Dementia 100 tool and supports local improvement plans.
- Blood-Based Biomarkers Steering Group – prepares the system for emerging diagnostic technologies and ensures governance and readiness.

Place-Based Delivery

Each Place has a Place Dementia Delivery Group responsible for:
- Local implementation
- Adapting ICB standards to local context
- Workforce and operational planning
- Partner engagement (NHS, Local Authority, VCFSE, Primary Care, carers, lived experience)

Implementation & Assurance

- Quarterly reporting to the Dementia Programme Team
- Consolidated reporting to the Frailty Programme Board
- Annual updates to ICB Executive Committee and ICB Board
- Use of the Dementia 100 Tool as the standard performance and variation framework

Technology – Digital and AI

Assistive technology refers to devices or systems that help maintain or improve a person’s ability to do things in everyday life. These can assist with a range of difficulties, including problems with memory and mobility.

Assistive technology ranges widely from items like electronic pill boxes to ‘smart home’ systems.

There is also a lot of new technology on smartphones and tablets. This includes ‘apps’ that have been developed for general use, as well as apps specifically developed for people with dementia.

Over time the apps for general use may replace some products that were originally developed for people with dementia. For instance, electronic medication alarms could be replaced by smartphone calendar apps.

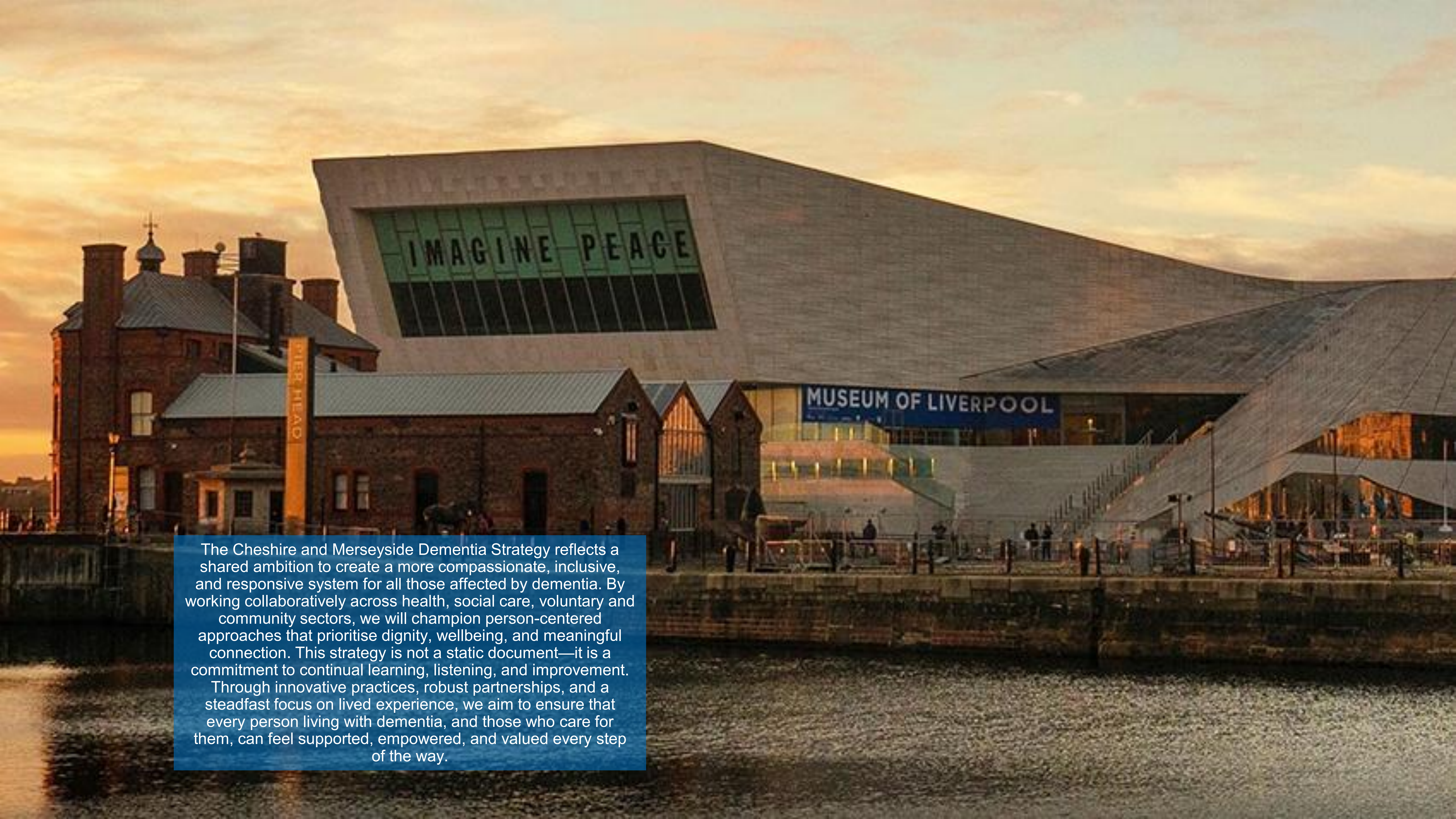
Technology in a variety of ways, such as helping with everyday tasks and activities, improving safety and monitoring health. Some of the specific thing's technology can help with include:

- Memory problems.
- Problems with planning and carrying out each step of a task.
- Communication, including speech and hearing.
- Mobility.
- Keeping safe both inside and outside the home.
- Maintaining independence and self-confidence.

Cheshire and Merseyside

References

- Alzheimer's Disease International (2022). From Plan to Impact: Progress towards targets of the WHO Global Action Plan on Dementia.
- Alzheimer's Society (2018). Dementia-friendly rural communities guide: A practical guide for rural communities to support people affected by dementia.
- Hofbauer, L. M., & Rodriguez, F. S. (2023). The role of social deprivation and depression in dementia risk: findings from the longitudinal survey of health, ageing and retirement in Europe. Epidemiology and Psychiatric Sciences, 32, e10. doi:10.1017/S2045796023000033
- Mental Health Foundation (2021). Human Rights and Dementia: Guidance for Practitioners.
- United Nations (2006). Convention on the Rights of Persons with Disabilities (CRPD).
- Young Dementia Network. https://www.youngdementianetwork.org/wp-content/uploads/2022/03/Young-onset-dementia-pathway-03-2022-FINAL.pdf
- Young Dementia Network. https://www.youngdementianetwork.org/research-evidence/the-angela-project/
- Palliative Care Guidelines in Dementia (3rd Edition). https://www.england.nhs.uk/wp-content/uploads/sites/48/2024/11/Palliative-Care-Guidelines-in-Dementia-3rd-ed-Nov-2024-PDF-VERSION-1.pdf
- Baghirathan et al., 2020
- Shiekh et al., 2021
- Office for National Statistics (ONS) Census 2021
- ONS Sexual Orientation Estimates (2022)
- Alzheimer's Society data on LGBTQ+ dementia prevalence
- NHS Digital: Hospital Episode Statistics (HES) for dementia-related admissions
- Cheshire & Merseyside ICB Urgent Care Programme Reports
- NHS England: Enhanced Health in Care Homes Framework
- NHS England — North West » North West Model for Life Limiting Conditions



The Cheshire and Merseyside Dementia Strategy reflects a shared ambition to create a more compassionate, inclusive, and responsive system for all those affected by dementia. By working collaboratively across health, social care, voluntary and community sectors, we will champion person-centered approaches that prioritise dignity, wellbeing, and meaningful connection. This strategy is not a static document—it is a commitment to continual learning, listening, and improvement. Through innovative practices, robust partnerships, and a steadfast focus on lived experience, we aim to ensure that every person living with dementia, and those who care for them, can feel supported, empowered, and valued every step of the way.