

# Dementia Needs Assessment



**Key Notes for the Older People Steering Group (Inaugural meeting, 22/4/2024)**

Dr Leidon Shapo, Public Health Lead (Adults)

# Health Needs Assessments form part of Slough Joint Strategic Needs Assessment (JSNA) process

## Background

**The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.**

- The JSNA document is what we use in Slough to assess the current and future healthcare and wellbeing needs of our residents.
- Local authorities and ICBs have equal and joint duties to prepare JSNAs and joint local health and wellbeing strategies through their Health and Wellbeing Boards.
- The Slough Joint Wellbeing Board has a duty to improve the health and wellbeing for those who live in Slough. The Slough Joint Wellbeing Strategy, developed by the Slough Wellbeing Board is based on the needs identified by the JSNA.



This document forms part of those resources [Berkshire East JSNA \(berkshirepublichealth.co.uk\)](http://berkshirepublichealth.co.uk)

# This needs assessment aimed to better understand the local picture and changes over time

## Aims & objectives

**AIMS:** The main aims of the needs assessment were to

- **improve the current understanding of the local burden of dementia** by looking at changes over time, and
- **support the dementia care integration process and quality of care for our local population.**

## Key Objectives

- Describe the national policy and strategic context
- Identify modifiable risk factors to dementia and their lifespan cumulative impact
- ***Describe the local picture of dementia in Slough***
- ***Describe evidence-based interventions for prevention and timely diagnosis***
- Describe the local provision of dementia services and better understand our dementia care model
- Inform 2<sup>nd</sup> phase of this project to **support the Older People Strategy and our local dementia care action plan.**

# Dementia: A significant loss of cognitive abilities that interferes with daily life including social or occupational functioning

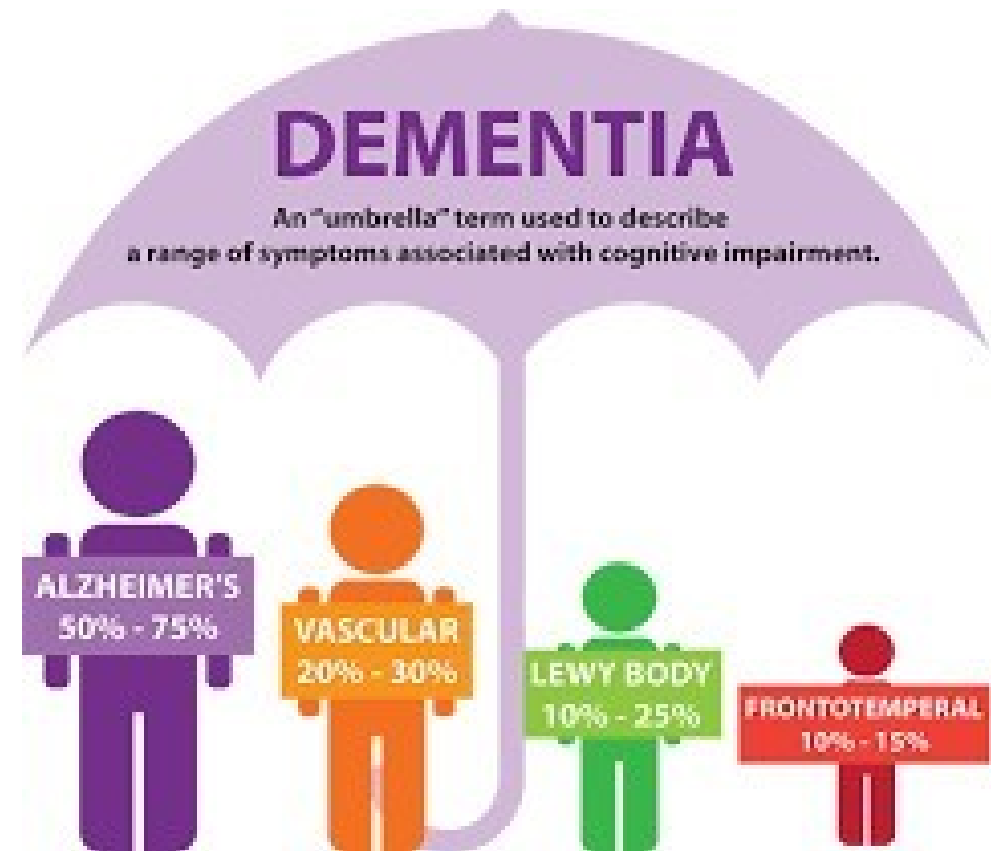
**Dementia is progressive and largely irreversible**

- 50-70% is due to Alzheimer's disease, which is a poorly understood neurodegenerative disease with genetic, medical and behavioural risk factors; and
- Vascular dementia (20-30%), dementia with Lewy bodies - can co-exist with Alzheimer's and many share risk factors.

**Dementia can lead to a reduced quality of life, ill-health and premature mortality and is one of the leading causes of death in the UK**

[Dementia vs. Alzheimer's Disease: What Is the Difference? | alz.org](http://alz.org)

[Types of Dementia | Dementia Friendly Wyoming \(dfwsheridan.org\)](http://dfwsheridan.org)



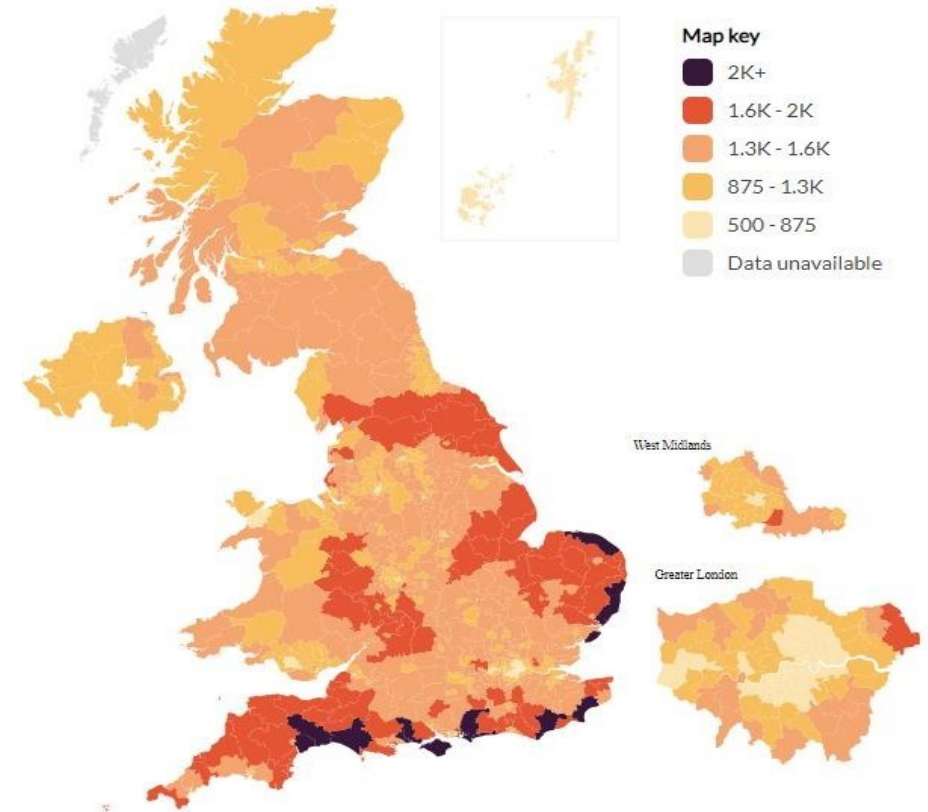
# National dementia - Key statistics

## The national picture (Alzheimer's Society figures)

**Dementia affects around 944,000 people across the UK (2021) and the numbers are set to rise to over a 1.1 million by 2030 and are expected to increase to 2 million by 2051.**

**Dementia has a greater impact on women** as the prevalence among women is higher than men and most carers are women.

- There are 209,600 new cases of dementia in the UK each year.
- **1 in 2 of us will be affected by dementia in our lifetime;** either by caring, developing the condition, or both.
- There are over 25,000 people with dementia from ethnic minorities in England and Wales, and this is estimated to rise to nearly 50,000 by 2026.
- Of all people with dementia in the UK, 57.7% have severe dementia.
- Of the four countries, **England has the highest overall prevalence rate of dementia among older people (7.1%).**



[Statistics about dementia - Dementia Statistics Hub](#)

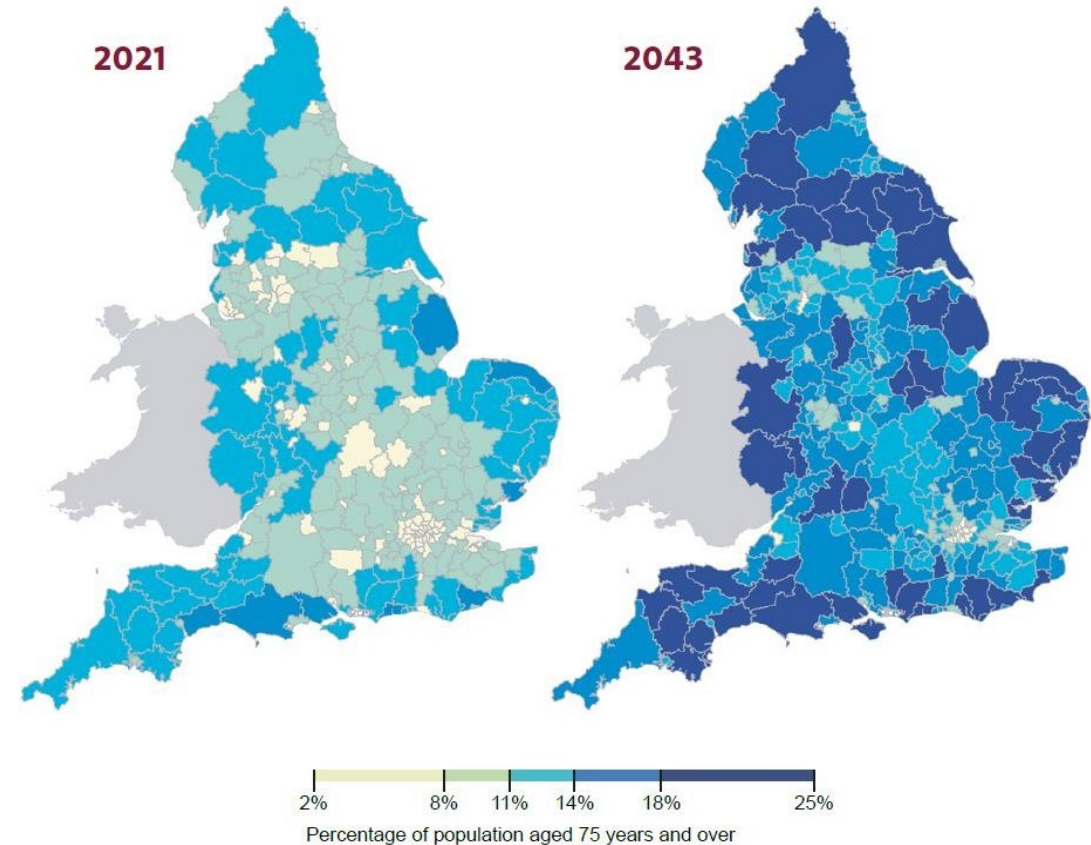


# We are all getting older... even Slough

## Age is the most significant non-modifiable risk factor for the development of dementia.

- Overall, the population of Slough increased by 13.0%, between 2011 and 2021 with an increase of 19.3% in the population aged 65 and over.
- **The increase in complexity of need is more important for Slough** than the slow increase in older age population that is expected to be more significant after 2035.

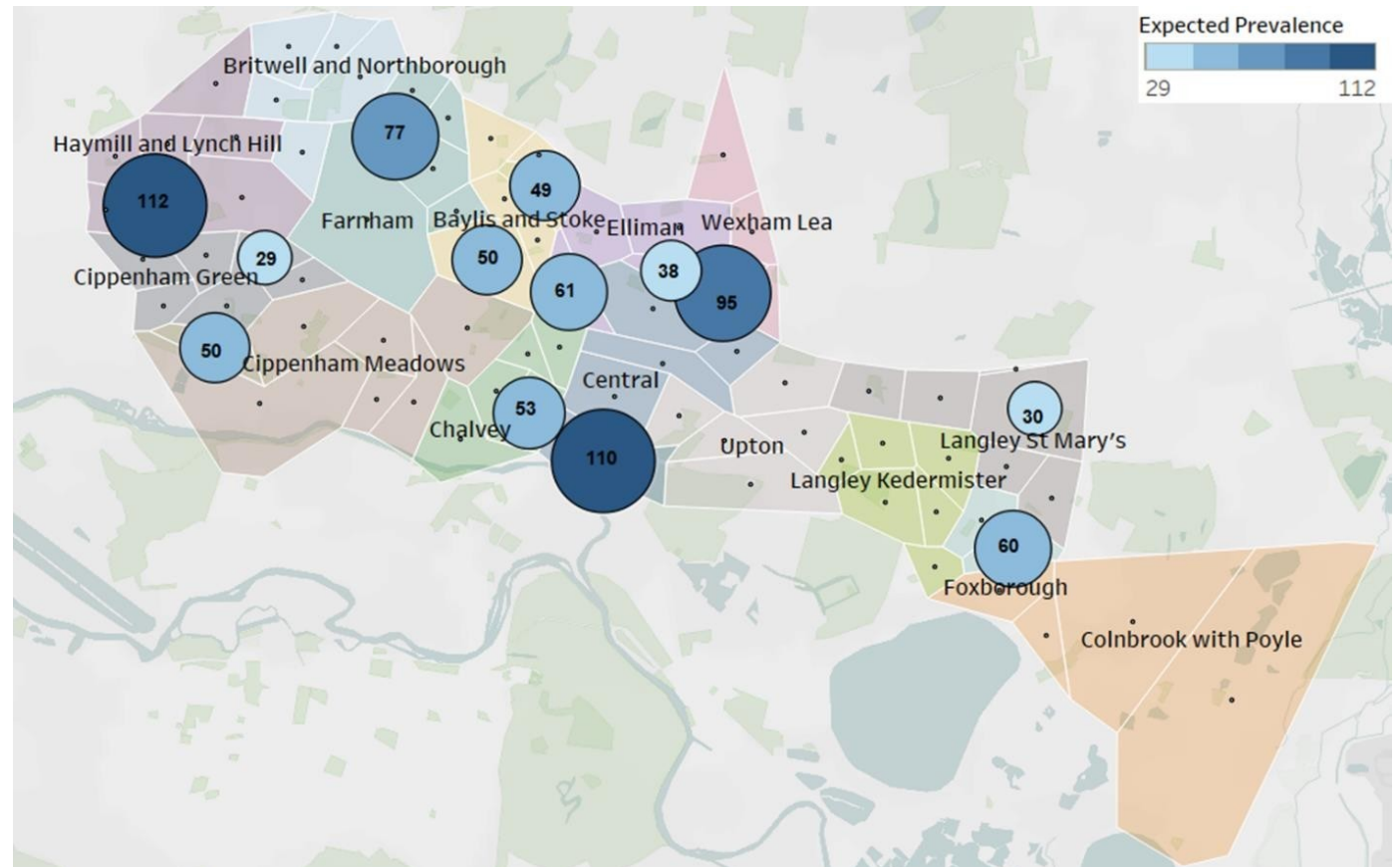
Source data: Office for National Statistics (ONS), 2021 mid-year estimates by local authority,<sup>3</sup> and 2018-based subnational population projections for 2043.<sup>4</sup>



[Chief Medical Officer's annual report 2023: health in an ageing society](#)

# How much Dementia cases are we seeing in Slough?

- The dementia QoF figures shown on the map represent both the recorded (diagnosed cases) and estimated (undiagnosed cases) for each GP practice area in Slough.
- The evidence suggest that dementia prevalence tend to be higher in areas with the highest proportion of individuals over 65 and areas with a high concentration of care homes.
- This is not yet the case for Slough, but **we should monitor and reflect on any demographic changes and landscape risk factors associated with the cognitive decline and dementia prevalence in the future.**



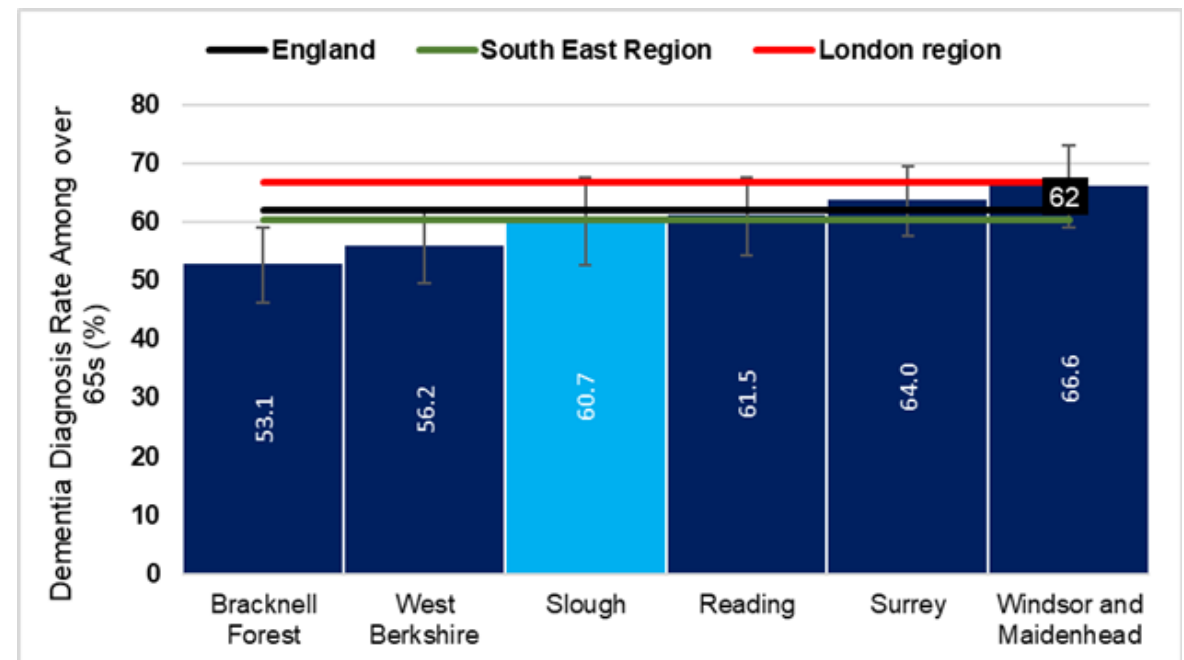
**Source:** Dementia estimates were calculated using GP Practice level QoF 2021/22 Prevalence and adding the estimated 40% of undiagnosed cases locally

# The importance of knowing those that live with undiagnosed dementia in Slough

As of 2022, the estimated dementia diagnosis rate for Slough was 60.7% which is comparable to SE region and England.

Research shows that a timely diagnosis of dementia can have a significantly positive impact on a person's quality of life.

- Figures from the NHS show that 983 people aged 65 and older in Slough were estimated to have dementia in March 2023. Of them, 587 (59.7%) had a formal diagnosis. **It meant that 393 (40.3%) of people believed to have dementia in the area did not have a diagnosis.** [1]
- There is evidence that shows a dementia diagnosis gap in London (number of those with a diagnosis vs. the estimated prevalence number) which is attributable to issues in coding [2].



Source: OHID/PHE Fingertips (2022)

1 [Primary Care Dementia Data, January 2023 - NHS Digital](#)

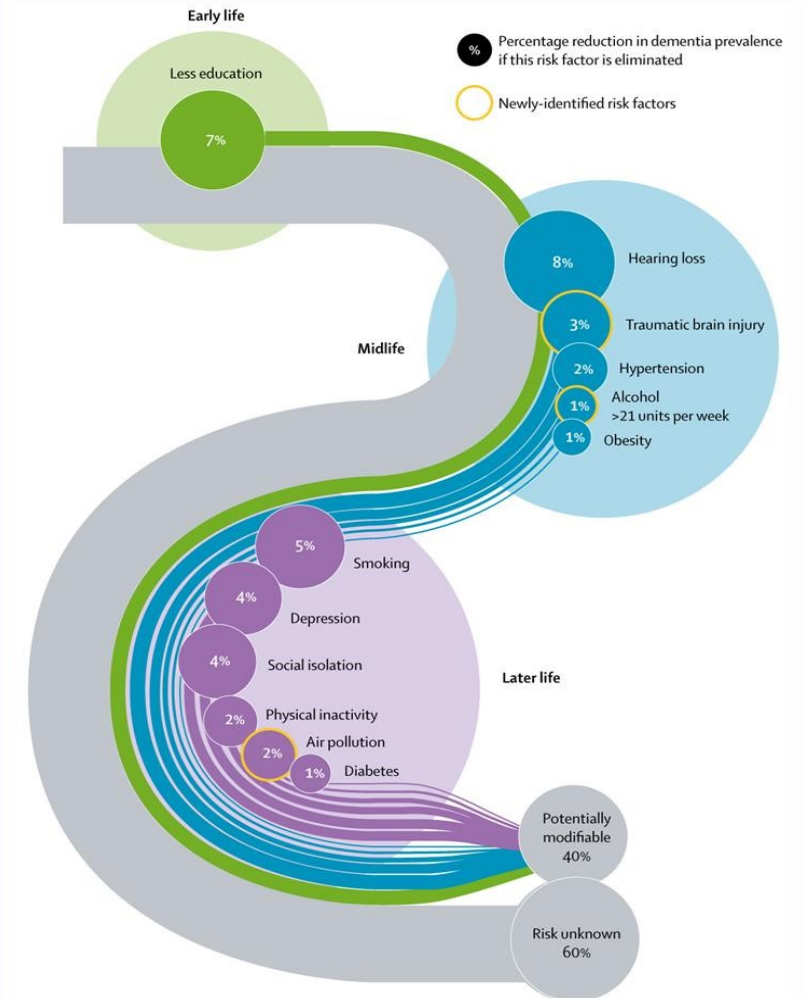
2 [DDR-coding-GP-guide-October-2022.pdf \(england.nhs.uk\)](#)



# Prevention: we need to focus on the life-course risk factors

*“We need to study risk factors and cognitive impacts long before a diagnosis”*

- Growing evidence for **12 modifiable risk factors for dementia**
- **Early-life risks, affect cognitive reserve; midlife and later-life risk factors (not simply age related) influence reserve and triggering of brain changes.**
- Also, there is sufficiently strong evidence, from a population-based perspective, to suggest that regular physical activity and management of cardiovascular risk factors reduce the risk of cognitive decline and may reduce the risk of dementia.
- Culture, poverty, and inequality are key drivers of the need for change. Individuals who are most deprived have greatest needs and will derive the highest benefit.

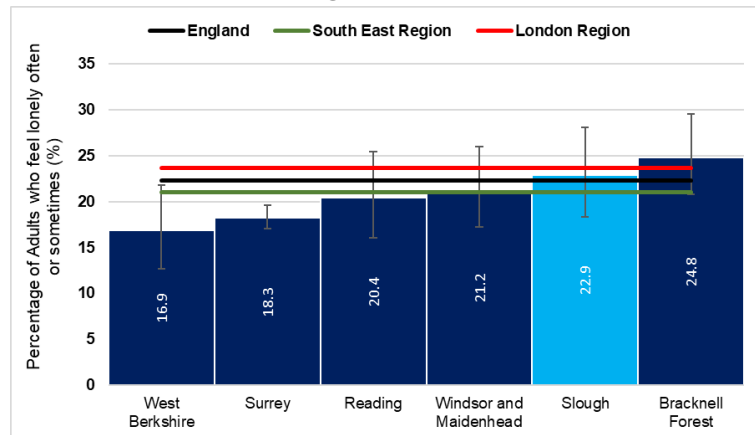


# Social isolation/loneliness, deprivation & lifestyle risks are all responsible for developing dementia and the disease severity

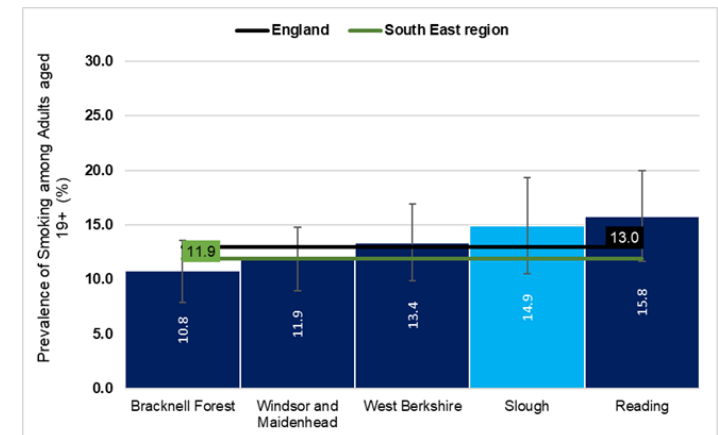
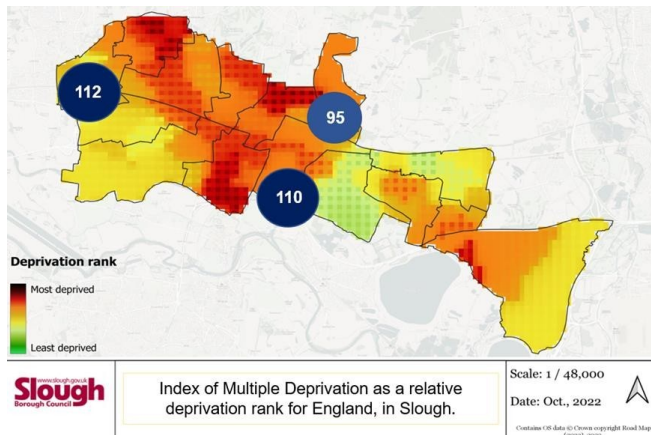
**Around a fifth of Slough adults feel lonely** (often/sometimes) and that slightly higher than SE. **A third of Slough of social care users** (among those 65 and over) **report insufficient social contacts** and feeling significantly isolated – a figure that is lower than SE and England average.

**Levels of deprivation and dementia risk.** A large proportion of dementia deaths in England and Wales may be due to socioeconomic deprivation (according to new research led by Queen Mary University of London).

**Lifestyle risk factors:** Smoking and excess drinking are important modifiable risk factors for dementia. Overall, the evidence derived from systematic reviews have estimated that smoking confers between a 30-50% increased risk of developing dementia.



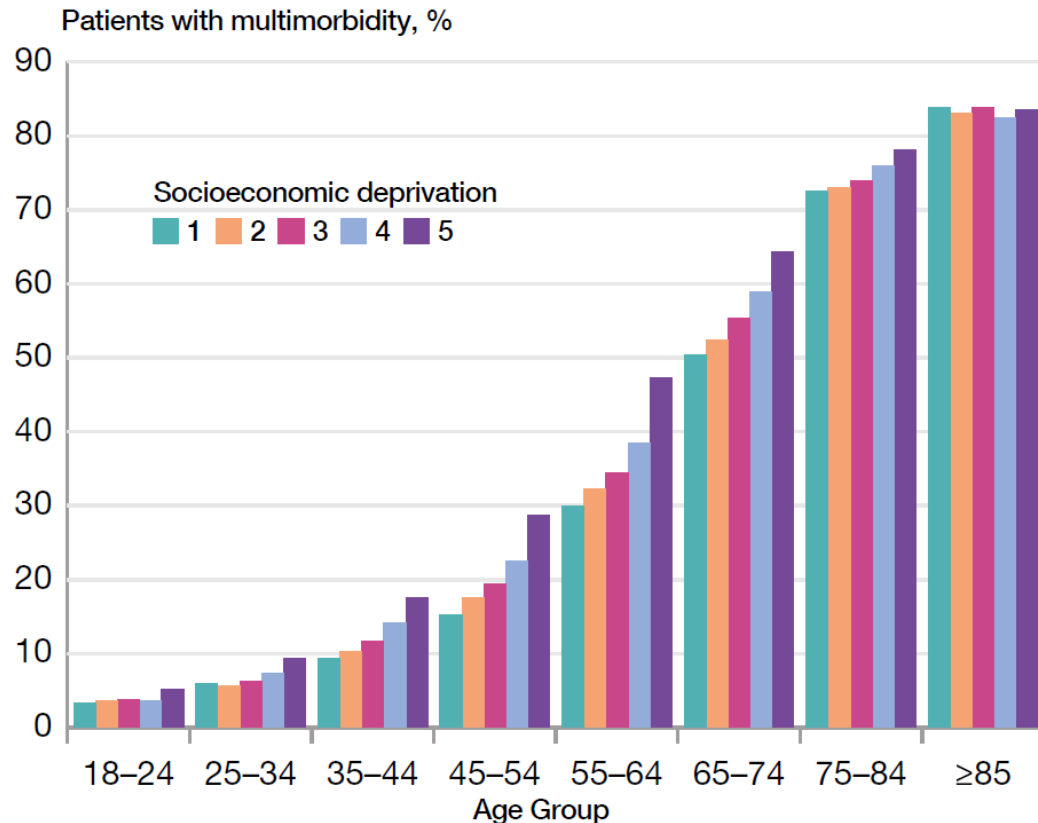
Source: OHID/PHE Fingertips



Source: OHID/PHE Fingertips

# As we age, we accumulate conditions. Individuals with dementia are at a greater risk for certain health conditions

Figure 4: Prevalence of multimorbidity (2 or more conditions) by age and deprivation



(Index of Multiple Deprivation quintiles: 1 = least deprived, 5 = most deprived)

Source data: Cassell A and others (2018). The epidemiology of multimorbidity in primary care: a retrospective cohort study. British Journal of General Practice 7

Image source: Chief Medical Officer's Annual Report 2020, Health trends and variation in England

**Two in three seniors over the age of 65 have two or more chronic diseases.** This is known as comorbidity.

A PHE briefing (2019) shows findings from the analysis of a sample of anonymised PC records in relation to the prevalence of diagnosed comorbid conditions of patients with a diagnosis of dementia.

- For patients with dementia, 44% have a diagnosis of hypertension, between 17% and 20% have a diagnosis of diabetes, stroke or TIA, CHD or depression, while between 9% and 11% have a diagnosis of Parkinsonism, chronic obstructive pulmonary disease or asthma.
- Patients with dementia are more likely to have
- multiple health conditions. A total of 22% with 3 or
- more comorbidities and 8% with 4 or more
- comorbidities, compared to 11% and 3% respectively
- in the all-patient group.

## Phase 2: Support the dementia care integration process locally – proposed next steps

**Improve awareness and understanding of dementia and its risk factors among our residents.** As part of that process: (i) refresh the current local dementia resource pack for our residents (that OPMH and Memory Clinic has produced), and (ii) develop a dementia awareness pack for professionals locally.

### Partnership working

- **Engage with OP steering group to support the Dementia Action Plan** that can take forward the key findings of this needs assessment. As part of that, **Support community-based activities** that are accessible and meet the needs of people living with Dementia and their carers.
- **Use connected care to risk profile Slough residents and look at what the preventative offer** in those areas are locally (for e.g. smoking cessation) as well as look to fund other initiatives locally (for e.g. the community pharmacy offer). We should also explore what else is that being offered to our residents known to be at risk of developing dementia.
- **Work more effectively with providers and in collaboration** with our local GP practices and the Slough Memory Clinic to coordinate their efforts in improving both (i) diagnosis rates of dementia (including those with a young onset of dementia), and (ii) their coding system.

### Older People Action Plan (reference to Dementia)

- To support the dementia care model / pathway locally.
- Continuing to work in close collaboration with all key partners and stakeholders locally is important as part of monitoring and evaluating our work.

- A dementia care task & finish group is proposed to take forward this work and develop a standalone Dementia Action Plan for Slough.
- Dementia is the pillar of this strategy.

Linked to priority 1 & 4.

- A robust Dementia Action Plan by January 2025 as part of a preventative approach to minimising or delaying Dementia and tackling social isolation linked to priority 1.
- Measures: A range of associated KPIs in line with the Public Health Prevention Needs Assessment.

- Work in partnership towards making Slough a more **dementia friendly borough** and be recognised as a dementia friendly community.



# Summary & Key findings

**Dementia is a progressive condition, severe enough to interfere with daily life. It is one of the leading causes of death in the UK and a condition with a large impact to those affected as well as healthcare services. For Slough, the focus should be on developing and implementing a preventative dementia life-course approach and investing in our partnership working with all service providers.**

- **The disease burden:** The condition affects around 944,000 people across the UK (2021) and the numbers are set to rise to over a 1.1 million by 2030. The average annual cost for a person with dementia is estimated at £32,250. The local dementia healthcare cost is projected to increase by over 70% on 2030 as compared to 2019, mainly due to a significant increase of social care costs. This projected increase could derive from those diagnosed at a later stage of the condition as well as those unknown to dementia care services.
- **Levels of need:** The current levels of dementia prevalence locally are still low (compared to SE and England average), partly due to our demographic make up (with a younger population), but with the level of awareness and access to services also playing a part. The expected dementia prevalence is estimated to be around 40% higher than the recorded prevalence and is increasing among older adults. The dementia emergency admissions in Slough are higher than both SE and England average – an indication of a higher need for dementia acute care services.
- **Tackling modifiable risk factors for dementia:** Several modifiable risks have been identified at different stages of life with some known as ‘early-life risks’, such as less education, affecting cognitive reserve; while midlife, and later-life risk factors influencing both the cognitive reserve and trigger neuropathological developments. In Slough some of the main risk factors (including smoking, physical inactivity, excess drinking and poor dietary habits) are more prevalent and of real concern for the future.
- **Dementia care services locally.** These exist, however local stakeholders view is that we need more services in Slough and there is a need to invest more on increasing both the capacity and resources. Slough Memory Service, Alzheimer’s Society and other local providers could add more value to our pathway. These and other services can be mapped across the stages of the Well Pathway for Dementia.
- **Proposed next steps:** This needs assessment will serve as a baseline that will inform the 2nd phase (i) supporting the Older People strategy and, (ii) OP steering group to implement the action plan with a focus on improving the dementia care for Slough.