

BRIEFING PAPER

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Dementia: policy, services and statistics



By Elizabeth Parkin and Carl Baker

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Summary

There are an estimated 850,000 people with dementia in the UK. By 2040, the number of people with the condition is expected to double.¹

The Government has set an objective for England to be a world leader in fighting dementia and has committed to improving diagnosis, care and support, and research.

The Prime Minister's "<u>Challenge on Dementia 2020</u>", published in February 2015, sets out what the Government wants to see in place by 2020 in order for England to be:

- the best country in the world for dementia care and support and for people with dementia, their carers and families to live
- the best place in the world to undertake research into dementia and other neurodegenerative diseases

Some of the key objectives of the Challenge are:

- Equal access to diagnosis for everyone
- GPs playing a lead role in ensuring coordination and continuity of care for people with dementia
- Every person diagnosed with dementia having meaningful care following their diagnosis
- All NHS staff having received training on dementia appropriate to their role.

In May 2018, the Government said it is currently reviewing the *Challenge on Dementia* implementation plan which will reflect on what has been achieved so far and what more needs to be done to meet its objectives.

NHS England have agreed a national ambition for diagnosis rates that twothirds of people with dementia have a diagnosis. This was initially achieved in November 2015 and has been maintained since. It is included as a continuing objective in the <u>Government's Mandate to the NHS 2018-19</u>.

In March 2015, the Secretary of State for Health announced a \$100 million "Dementia Discovery Fund" at the World Health Organization's First Ministerial Conference on Global Action Against Dementia. The aim of the fund is to finance dementia research, and will include investment from the Government, Alzheimer's Research UK and major pharmaceutical companies.²

The Government will also invest over £300 million into research and medical innovation, to back the country's science and medical sectors to lead the way in discovering the next big breakthrough. Annual investment in research is expected to double by 2025.³

This note focuses on policies in England. Health is a devolved matter, and so each of the devolved administrations are responsible for setting their own policies in this area. The note briefly outlines dementia strategies

¹ Department of Health, <u>2010 to 2015 government policy: dementia</u>, 8 May 2015

² Gov.uk, <u>Health secretary announces \$100m Dementia Discovery Fund</u>, 17 March 2015

³ Gov.uk, <u>PM launches next phase of Britain's fight against dementia</u>, 21 February 2015

implemented by the Governments in Scotland, Wales and Northern Ireland in section 6.

The note also provides statistics on rates and expected rises of dementia prevalence, including prevalence rates for each English Parliamentary constituency.

1. Dementia in England

There are estimated to be around 850,000 people with dementia in the UK. This includes 676,000 people with dementia in England.⁴ By 2040, the number of people with the condition is expected to double.

Dementia costs the economy £23 billion a year, more than the costs of cancer, heart disease or stroke. By 2040, predicted costs are expected to treble.⁵

Recent research also estimated that by 2030, dementia will cost businesses more than £3 billion, due to increases in the numbers of people leaving employment to care for people with dementia.⁶

NHS England has agreed a national commitment for diagnosis rates that two-thirds of people with dementia in England should have a diagnosis with appropriate post-diagnostic support. This was originally met in 2015 and has been maintained since.⁷

Public Health England's strategy for the next five years, published in October 2014, identifies reducing the risk of dementia, its incidence and prevalence in people aged 65-75 years as one of its key priorities.⁸

⁴ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 10

⁵ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015

 ⁶ Centre for Economic and Business research, <u>Cost of dementia to business</u>, May 2014
 ⁷ NHS England, <u>Dementia</u>, last accessed 10 July 2018

⁸ Public Health England, From evidence into action: Opportunities to protect and improve the nation's health, October 2014

2. Government policies to improve dementia care, support and research in England

2.1 The National Dementia Strategy 2009

The Government's first National Dementia Strategy, <u>Living well with</u> <u>dementia</u>, was published in 2009. The Strategy outlined three key ambitions to improve the quality of life for people with dementia and their carers in England.

It focused on three key themes:

- Raising awareness of dementia, and removing the stigma that surrounds the condition
- Improving diagnosis rates for people with dementia
- Increasing the range of services for people with dementia and their carers

2.2 The Prime Minister's Challenge 2012

In March 2012, the Prime Minister launched a challenge on dementia - <u>Dementia 2012: A national challenge</u>. In the challenge's foreword, the Prime Minister said:

Dementia is one of the biggest challenges we face today – and it is one that we as a society simply cannot afford to ignore any longer. We have made some good progress over the last few years, but there's still a long way to go.

The challenge aimed to deliver major improvements in dementia care and research by 2015. It focused on delivering change in three key areas:

- Creating dementia friendly communities that understand how to help

 including improving awareness among the public; and the
 establishment of recognised dementia-friendly communities, led by
 the Alzheimer's Society.
- Driving Improvements in health and care including better diagnosis; improving care in hospitals; improving standards in care homes; more information for patients and families; and more support for carers.
- Better research including increased funding for research into care, cause and cure, with a commitment to more than double funding for dementia research to over £66 million by 2015.

Three 'challenge groups' were responsible for leading change in each of the areas, The groups' co-chair reported on their progress in May 2014 in a <u>letter to the Prime Minister</u>. The letter set out the achievements that had been made since the launch of the challenge, including:

Dementia diagnosis rates have increased by 6% (from 46% to 48.7%) since March 2012.

Over 50 communities across England have signed up to the national Dementia Friendly Communities recognition process.

Research spending on dementia has increased by nearly 50% since 2010/11.

The 2012 Challenge also detailed the achievements the Government had made since the National Dementia Strategy 2009, such as reducing the use of anti-psychotic medication for people with dementia:

The NHS and Social Care, working together with wider partners, have taken forward initiatives to reduce the prescribing of antipsychotic drugs for people with dementia to improve quality of life with a view to achieving overall a two thirds reduction in the use of antipsychotic medicines. However, more needs to be done.

In February 2015, the Prime Minister outlined the progress that has been made towards achieving the objectives of the 2012 Challenge:

Three years on and there has been significant progress – with more people now receiving a diagnosis of dementia than ever before, over 1 million people trained to be dementia friends to raise awareness in local communities, and over 400,000 of our NHS staff and over 100,000 social care staff trained in better supporting people with dementia. Our efforts on research have been world leading, with major research and infrastructure programmes now in place, supported by a doubling of research spending on dementia. We now spend well over £60 million on dementia research each year.⁹

This document also reported that antipsychotic prescriptions for people with dementia had reduced by 52 per cent between 2008 and 2011.¹⁰

2.3 The Prime Minister's Challenge on Dementia 2020

In February 2015, the Prime Minister published the successor to the 2012 challenge on dementia. <u>The Prime Minister's Challenge on Dementia 2020</u> focused on boosting research, improving care and raising public awareness about the condition in England.

The Prime Minister sets two key objectives for the *Challenge on Dementia* 2020:

By 2020 I want England to be:

- The best country in the world for dementia care and support and for people with dementia, their carers and families to live; and
- The best place in the world to undertake research into dementia and other neurodegenerative diseases.

The Government committed to invest over £300 million into research and medical innovation, in order to back the country's science and medical sectors to lead the way in discovering the next big breakthrough. Annual investment in research is expected to double by 2025.¹¹

⁹ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 2

¹⁰ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 33

¹¹ Gov.uk, <u>PM launches next phase of Britain's fight against dementia</u>, 21 February 2015

The actions contained in the challenge aim to support those who are currently affected by dementia, and look at how the Government can improve the health of the population in order to minimise the number of people who develop dementia.

The challenge sets a number of objectives that the Government wishes to see by 2020. These include:

- Increased public awareness and understanding of the factors that increase the risk of developing dementia;
- Equal access to dementia diagnosis as for other conditions, with a national average for an initial assessment of 6 weeks following a referral from a GP;
- Every person diagnosed with dementia to have meaningful care following their diagnosis, in accordance with NICE Quality Standards;
- All NHS staff to have training on dementia appropriate to their role;
- All hospitals and care homes to become dementia friendly health and care settings;
- Alzheimer's Society to deliver an additional 3 million Dementia Friends in England;
- Over half of people living in areas that are recognised as Dementia Friendly Communities;
- All businesses encouraged and supported to become dementia friendly;
- Funding for dementia research on track to be doubled by 2025;
- Cures or disease modifying therapies on track to exist by 2025; and
- Increased numbers of people with dementia participating in research.¹²

The 2020 Challenge also announced that an international dementia institute will be established in England within 5 years, helping to make the UK a world leader for research on dementia and medical trials – see section 2.7 below.

At the time of the launch of the 2020 Challenge, the Government said that significant progress has been made in improving health and care for people with dementia and carers, creating dementia friendly communities and boosting dementia research. This includes:

- Introducing the first-ever World Dementia Envoy, spearheading a global approach to the fight against dementia, driven through the G8 dementia summit in 2013
- Over 437,920 NHS staff have already received dementia training and more than 100,000 social care workers have received dementia awareness training, more than any other country worldwide
- There are now 1 million dementia friends and 82 areas across England have signed up to become <u>dementia friendly communities</u>
- Diagnosis rates are the highest in the world, increased from 42% to 59% and on track to reach two thirds, ensuring more people than ever before get the care and support they need.

¹² Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, pages 5 - 6

- Research funding has doubled since 2009 to over £66m in 2015. This investment includes major research on issues that matter to people with dementia and their carers, such as the world's largest £20 million social science research programme on dementia. It also includes Dementias Platform UK (DPUK), a 5-year £53 million public private partnership led by the Medical Research Council, the world's largest dementia population study.
- Achieving a world-leading 52% fall in the level of prescribing of antipsychotic medication to people with dementia.¹³

In March 2016, the Department of Health published an <u>Implementation</u> <u>Plan</u> which details how the Prime Minister's challenge on dementia 2020 will be met.

The plan sets out priority actions, and the organisation responsible, across four themes:

- risk reduction
- health and care
- awareness and social action
- research

In May 2018, the Government said it is currently reviewing the implementation plan which will reflect on what has been achieved so far and what more needs to be done to meet its objectives.¹⁴

2.4 The Dementia Discovery Fund

In March 2015, the Secretary of State for Health announced a \$100 million "Dementia Discovery Fund" at the World Health Organization's <u>First</u> <u>Ministerial Conference on Global Action Against Dementia</u>.

The aim of the fund is to finance dementia research, and will include investment from the Government, Alzheimer's Research UK and major pharmaceutical companies. The money committed by investors includes the £15 million that the Government committed for this purpose in autumn 2014.

The Prime Minister said:

If we are to truly defeat this devastating disease, there must be a bold and determined global effort to invest in medical research.

This fund is a major step forward in this effort. And it is thanks to the growing strength of our economy that the UK is able to lead the way – investing in pioneering research and drug development to tackle this condition once and for all.¹⁵

In March 2016, the Government said that the Fund will receive investment of ± 130 million.¹⁶

¹³ Gov.uk, <u>PM launches next phase of Britain's fight against dementia</u>, 21 February 2015

¹⁴ PQ 146968 [on Dementia], 25 May 2018

¹⁵ Department of Health, <u>Health secretary announces \$100m Dementia Discovery Fund</u>, 17 March 2015

¹⁶ PQ 904267 [on Dementia], 22 March 2016

2.5 Dementia Friends and Dementia-friendly communities

In May 2014, Public Health England and Alzheimer's Society launched a campaign to recruit one million "Dementia Friends" by March 2015, who are able to recognise the symptoms and support people with dementia. The campaign is funded by the Cabinet Office and Department of Health.

In February 2015, the Government reported that over one million Dementia Friends have been recruited, and pledges have been made by businesses, NGOs and public sector organisations to recruit more Dementia Friends.¹⁷ The then Minister for Care Services expressed the Government's support for the scheme and in December 2014 all members of the Cabinet became Dementia Friends.¹⁸ In July 2018, there were almost 2.5 million Dementia Friends.¹⁹

The Department of Health and Alzheimer's Society are also encouraging communities to become "dementia-friendly". This initiative is funded by the Alzheimer's Society. The Government's ambition is that over half of people will be living in dementia-friendly communities by 2020. In March 2016, there were 147 such communities in England.²⁰

The Government is also encouraging organisations that have regular contact with people with dementia to pledge to become more dementia-friendly. Organisations that have pledged include Lloyds Bank, Marks & Spencer and Lloyds Pharmacy.²¹

2.6 Dementia Research Institute

As noted above, the *Prime Minister's Challenge on Dementia 2020* announced that an international dementia institute will be established in England, helping to make the country a world leader for research on dementia and medical trials.

The Spending Review and Autumn Statement 2015 confirmed that up to £150 million will be invested to launch a competition for a Dementia Institute:

The UK will invest up to £150 million in a new Dementia Research Institute to draw together world leading expertise to accelerate the pace of research and tackle the progression of the disease. This is the government's latest step in a long term strategy to combat dementia which already includes over £300 million committed for UK research and a separate global fund to drive international innovation.²²

- ¹⁸ Alzheimer's Society, <u>Cabinet become Dementia Friends to mark #GivingTuesday</u>, 2 December 2014
- ¹⁹ PQ 157097 [on Alzheimer's Disease], 3 July 2018
- ²⁰ PQ 904267 [on Dementia], 22 March 2016

¹⁷ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 16

²¹ Department of Health, <u>NHS to tackle long waits for dementia assessments</u>, 28 February 2014

²² HM Treasury, <u>Spending Review and Autumn Statement 2015</u>, November 2015, para 2.38

3. Dementia diagnosis

There is a national commitment for two-thirds of the estimated population living with dementia in England to have a formal diagnosis. This was originally met in November 2015 and has been maintained since.²³

The <u>Government's Mandate to the NHS 2018-19</u> and <u>2016-17</u> include the objective to maintain a minimum of two-thirds diagnosis rate for people with dementia.

Dementia diagnosis rates are included in the clinical commissioning group (CCG) Improvement and Assessment Framework, which enables CCGs to assess their performance and deliver longer-term improvements to dementia diagnosis services. At the end of April 2018, 116 of 195 CCGs had met the two-thirds national standard.²⁴ NHS England is providing intensive support to CCGs that do not meet the national standard.²⁵

Policies to improve diagnosis rates

In May 2013, NHS England committed to the first ever national ambition to improve dementia diagnosis rates. The NHS set an ambition that by 2015 two thirds of people with dementia are recognised and given high-quality care and support by 2015.²⁶ NHS England invested £90 million to achieve this target.²⁷

NHS England, in conjunction with Hardwick Clinical Commissioning Group (CCG), the Department of Health and the Royal College of GPs published a <u>toolkit</u> in July 2014 to aid health professionals in their diagnosis and management of patients with dementia.

In October 2014, NHS England announced that GPs would receive £55 for each patient they diagnosed with dementia and work with CCGs to provide a tailored care plan. The <u>Dementia Identification Scheme</u> ended on 31 March 2015.

NHS England included dementia as one of its four <u>national CQUIN schemes</u> for 2014/15, which incentivise providers to deliver quality and innovation improvements. As a result of the CQUIN incentive, in October 2014 the Minister for Care Services stated that there had been an improvement in dementia diagnosis in hospitals:

In the hospital setting, through the Dementia Commissioning for Quality and Innovation (CQUIN) reward (introduced from April 2012), with around 4,000 referrals a month, it is clear that more people with dementia in hospitals are being identified and assessed. Between April 2013 and June 2014 there have been 59,961 referrals as a result of the introduction of this CQUIN goal.²⁸

²³ NHS England, <u>Dementia</u>, last accessed 10 July 2018

²⁴ PQ 146969 [on Dementia], 25 May 2018

²⁵ NHS England, <u>Dementia</u>, last accessed 10 July 2018

²⁶ NHS England, <u>New plans to improve dementia diagnosis rates</u>, 15 May 2013

²⁷ Department of Health, <u>NHS to tackle long waits for dementia assessments</u>, 28 February 2014

²⁸ PQ 210846 [on Dementia], 23 October 2014

The CQUIN framework for 2015/16 also contained a national goal on improving dementia care.²⁹

The Prime Minister's *Challenge on Dementia 2020* set out future work to improve diagnosis rates, including reducing variation in rates across the country, improving waiting times for assessments, and improving the diagnosis of dementia for people of Black, Asian and Minority Ethnic original, for whom the evidence shows that diagnosis rates are worse.³⁰

NICE has published a guideline on the <u>assessment, management and</u> <u>support of people living with dementia and their carers</u> (June 2018) which contains recommendations to assist diagnosis.

NHS England is currently developing an access and waiting time standard for dementia, so people with dementia have equal access to diagnosis as for other conditions. There will be a national average waiting time for an initial assessment of six weeks.³¹

²⁹ NHS England, <u>Commissioning for Quality and Innovation (CQUIN) Guidance for 2015/16</u>, March 2015

³⁰ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 23

³¹ NHS England, <u>Dementia</u>, last accessed 10 July 2018

4. Services for people with dementia in England

4.1 NHS and social care services

There are a range of NHS and social care services to support people with dementia. When someone is diagnosed with dementia, a care plan should be drawn up that sets out which services will be provided.

In general, social and personal care will be provided by social care services, and healthcare services will be provided by the NHS. Individuals may be expected to pay for some social care services, whilst NHS services are largely free.

Further information about the services available can be found on the NHS Choices page on <u>Dementia, social services and the NHS.</u>

NHS England has published an evidence-based treatment pathway for dementia to improve access to services, timely diagnosis and post diagnostic support – the <u>Well Pathway for Dementia</u>.

In June 2018, NICE published a clinical guideline on '<u>Dementia: assessment,</u> <u>management and support for people living with dementia and their carers</u>' This guideline covers preventing, diagnosing, assessing and managing dementia in health and social care. The guidelines are not mandatory but provide best-practice advice for commissioners and providers of healthcare in England.

4.2 Domiciliary care

There are a range of support services that can enable someone with dementia to be cared for at home. Eligibility and funding arrangements for home care are determined by each local authority's policy. Further information on the criteria that local authorities will apply to determine eligibility for social care services is set out in the Library note on Domiciliary care: eligibility criteria.

A YouGov poll in June 2014 found that 85 per cent of people would rather want to stay living at home if diagnosed with dementia, rather than be admitted to a care or nursing home.³²

The Government has stated that by 2020 it wants to see an increase in the numbers of people with dementia being able to live at home. It wants to see a greater provision of innovative and high quality dementia care provided at home, suitable to the individual's needs of the person with dementia, their carers and families. In order for this to be possible, the Government has stated that there must be greater efforts to make homecare an attractive profession. The Government also encourages greater integrated working between health, social care and housing

³² Alzheimer's Society, <u>'Most people want to stay at home if diagnosed with dementia but less than half know how'</u>, June 2014

services, and the provision of housing for people who need more support, such as sheltered and extra care housing. ³³

4.3 Care homes

Some people with dementia will spend time in a care home. Care homes may be run by voluntary organisations; private organisations or individuals; or local authorities.

In October 2014, the Care Quality Commission (CQC) found that whilst many hospitals and care homes deliver excellent care, the quality of care for people with dementia varied greatly. The CQC found that some hospitals and care homes did not comprehensively identify all of a person's care needs, and there was variable or poor staff understanding and knowledge of dementia care.³⁴

The Government has stated that wherever possible, it wants to avoid people with dementia going into hospitals by improving the provision of local community services, education and training.³⁵ By 2020, the Government wishes to see all hospitals and care homes meeting agreed criteria to becoming dementia-friendly health and care settings.

Information on care homes; eligibility for help with care home costs; and advice on choosing a care home is on the NHS Choices page on <u>Dementia</u> and care homes.

Funding care

Whether a resident must contribute in part or in full towards the cost of their care home place principally depends on two factors: whether their primary need for a care home place is health related; and, if not, their financial means to contribute. Further information on local authority care home charging, including the means-test, can be found in the library note on Financing Care Home Charges.

The Conservative Party Manifesto committed to capping charges for residential social care from April 2016. It stated:

For the first time, individual liabilities will be limited, giving everyone the peace of mind that they will receive the care they need, and that they will be protected from unlimited costs if they develop very serious care needs – such as dementia.³⁶

In July 2015, the Government announced that it would delay reform of social care funding, including the introduction of a cap on social care costs and a more generous means-test, by four years from April 2016 to April 2020. For further information see the Library briefing on <u>Social care:</u> <u>Announcement delaying introduction of funding reform (including the cap)</u> <u>and other changes until April 2020 (England)</u>.

³³ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 30

³⁴ Care Quality Commission, '<u>Cracks in the pathway: People's experiences of dementia care</u> <u>as they move between care homes and hospitals'</u>, October 2014

³⁵ Department of Health, <u>Prime Minister's challenge on dementia 2020</u>, February 2015, page 31

³⁶ Conservative Party Manifesto 2015, pages 66-67

Some people are eligible for NHS Continuing Healthcare. This is a package of care arranged and funded solely by the NHS to meet physical and/or mental health needs that have arisen because of disability, accident or illness. Eligibility decisions for NHS continuing healthcare rest on whether someone's need for care is primarily due to health needs. For example, people who are eligible may have complex medical conditions that require highly specialised nursing support. The scheme funds healthcare outside of hospital, such as a residential care home; hospice; or someone's own home. Further information can be found in the library note on <u>NHS Continuing Healthcare in England</u>.

5. Scotland, Wales and Northern Ireland

Health is a devolved matter, and so each of the devolved administrations are responsible for setting their own policies in this area.

5.1 Scotland

<u>Scotland's National Dementia Strategy 2017-2020</u> was published in June 2017. The third national strategy maintains a focus on improving the quality of care for people living with dementia and their families through work on diagnosis, including post-diagnostic support; care co-ordination during the middle stage of dementia; end of life and palliative care; workforce development and capability; data and information; and research.

<u>Scotland's National Dementia Strategy 2013-2016</u> focused on continuing to improve diagnosis rates and post-diagnostic support; ensuring the highest quality of care and support for people with dementia at every stage of the illness; improving service response in acute care and supporting the growth of dementia-friendly communities.

Scotland's first <u>National Dementia Strategy</u> was published in June 2010 and focused on improving the quality of dementia services through more timely diagnosis and on better care and treatment.

For further information, see the Scottish Government's page on Dementia.

5.2 Wales

The Welsh Government has set an ambition to provide support to people in Wales with dementia and their families, including:

Dementia risk reduction

Our revised "<u>Dementia: reduce your risk guidance</u>" sets out the lifestyle choices individuals can take which could lessen the risk of developing dementia.

Dementia diagnosis rates

We are taking action to improve dementia diagnosis rates in Wales, including extra training and support for primary care and care home staff.

Post-diagnostic support

We will be funding new support workers across Wales to help those who have received a dementia diagnosis.

Care in general hospital settings We are supporting NHS Wales staff to ensure they have the knowledge and skills they need to provide the best care for patients with dementia.

Public awareness and support

We will be providing further funding to the Alzheimer's Society in Wales for their Dementia Friends/Dementia Supportive Communities campaigns.³⁷

The Welsh Government's <u>Dementia Action Plan for Wales 2018-2022</u> was published in February 2018. It aims to create new ways of caring, training and increasing the number of support workers, increasing rates of diagnoses and strengthening collaborative working between social care and housing. The plan is supported by an extra £10 million a year.³⁸

5.3 Northern Ireland

The Northern Ireland Executive's Dementia Signature Programme, Dementia Together NI, ran for four years from 2013 to 2017. It was jointly funded by the Executive and The Atlantic Philanthropies, under the Delivering Social Change Framework, which aims to tackle poverty and exclusion in Norther Ireland.

It aimed to raise awareness, information and support for people living with a dementia; deliver training and development for those in the caring professions, both formally and informally; and provide respite, short breaks and support for carers.

The Office of the First Minister and Deputy First Minister provided further information:

Dementia Services Programme

With an investment of £6.25million by the Executive and The Atlantic Philanthropies over a three year period to 2017, the Delivering Social Change Dementia Services Signature Programme aims to transform the commissioning, design and delivery of dementia services into the future and improve the quality of care and support for people living with dementia. The programme will also promote better awareness, reduce the stigma attached to the condition and improve the skills and competency of those working in dementia care services.

The projects will address three key strategic themes:

- awareness raising, information and support;
- training, including delirium; and
- short-breaks, respite and support to carers.

These themes have been selected on the basis that they will make the greatest contribution to improving the quality of life, care and

³⁷ Welsh Government, <u>Wales: A dementia-friendly nation</u>, last accessed 11 July 2018

³⁸ Welsh Government, <u>New Plan to transform dementia care in Wales</u>, 14 February 2018

treatment for people living with dementia, their carers and staff working in the field of dementia.

In addition to these three strands above, the programme will:

- create a website providing information to public and professionals alike on dementia, including available services by locality and training;
- seek to identify 250-300 Dementia Champions. These will be key individuals within a dementia care setting with the skills, knowledge and understanding to enhance current practice; and
- based on feedback from people with dementia and carers, create two Dementia Navigator posts in each Health and Social Care Trust. Staff in these roles will, as the title suggests, assist people with dementia and carers to 'navigate' their way through what can be a complex and daunting system. The Navigator will provide a point of contact, providing help and support at any stage throughout the individual's care journey. The project team is working with colleagues across the statutory and voluntary sectors to promote greater collaboration between those who are engaged in providing this service. This will facilitate a more joined-up approach to service delivery.³⁹

Previously, the Norther Ireland regional strategy <u>Improving Dementia</u> <u>Services in Northern Ireland</u> was launched in November 2011 and set out a holistic model for supporting people with dementia.

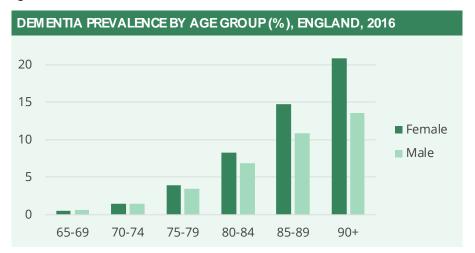
Further information on dementia strategies in England, Wales and Northern Ireland is available from the Alzheimer's Society: <u>National Dementia</u> <u>Strategies</u>.

³⁹ Office of the First Minister and Deputy First Minister, <u>Delivering Social Change -</u> <u>Signature Programmes</u>

6. Statistics on dementia prevalence in England

Over 400,000 people in England have been diagnosed with dementia. Figures for March 2017 show that 0.8% of people registered with a GP practice are diagnosed with dementia (1 person in 130), and around 4.3% of those aged 65+ (1 person in 23). Nationally, it is estimated that two-thirds of those with dementia have been diagnosed with the disease. This section uses GP practice-level data on dementia diagnoses to produce estimates for variation across the country in dementia prevalence.

The following chart shows how recorded dementia prevalence varies between age groups. Dementia is very uncommon under the age of 65, with only 1 case for every 3,500 people. 1 in 68 people aged 70-74 are diagnosed with the disease, growing to 1 in 13 aged 80-84 and almost 1 in 5 people aged 90+.⁴⁰



The tables overleaf show the highest and lowest estimated rates of dementia prevalence in England by constituency. The left-hand tables show the estimated percentage of the whole population that has been diagnosed with dementia. As expected, these prevalence rates correlate highly with the number of older and younger people in each constituency. The right-hand tables show the estimated percentage of people aged 65+ in each constituency who have been diagnosed with dementia. This isn't a raw measure of dementia levels, but it helps to detect areas where dementia rates are higher or lower than one would expect given the age structure of the population.

⁴⁰ Focus on dementia – Jan 2016 <u>http://content.digital.nhs.uk/catalogue/PUB19812</u>

These estimates are calculated using GP practice-level dementia diagnosis statistics⁴¹ and LSOA-level estimates of GP practice populations.⁴² They are not precise counts and involve a process of estimation.

HIGHEST ESTIMATED DEMENTIA PREVALENCE BY CONSTITUENCY England, March 2017

WHOLE POPULATION PREVALEN	CE	AGE 65+	PREVALENCE
New Forest West	1.5%	Sheffield, Brightside &	Hillsborough 6.4%
Worthing West	1.4%	Stockport	5.8%
Christchurch	1.4%	Bradford East	5.7%
Southport	1.4%	Leicester West	5.7%
Bexhill and Battle	1.3%	Stoke-on-Trent Centra	al 5.7%
North Norfolk	1.3%	Stockton North	5.6%
Isle of Wight	1.3%	Leeds Central	5.6%
Fylde	1.3%	Blackley and Broughte	on 5.6%
Ludlow	1.3%	Leicester South	5.6%
Louth and Horncastle	1.2%	Nottingham North	5.6%
Eastbourne	1.2%	Broxtowe	5.6%
Blackpool North and Cleveleys	1.2%	Gateshead	5.6%

LOWEST ESTIMATED DEMENTIA PREVALENCE BY CONSTITUENCY England, March 2017

WHOLE POPULATION PREVALEN	ICE	AGE 65+ PREVALENCE		
West Ham	0.3%	Gillingham and Rainham	3.0%	
Poplar and Limehouse	0.3%	Mid Bedfordshire	3.1%	
Bermondsey and Old Southwark	0.3%	South Cambridgeshire	3.2%	
Battersea	0.3%	Tonbridge and Malling	3.2%	
Birmingham, Ladywood	0.3%	Maldon	3.2%	
Hackney North and Stoke Newington	0.3%	Stourbridge	3.2%	
Bethnal Green and Bow	0.3%	Castle Point	3.2%	
Vauxhall	0.3%	Mid Worcestershire	3.2%	
East Ham	0.3%	Broxbourne	3.2%	
Bristol West	0.3%	Thirsk and Malton	3.2%	
Hackney South and Shoreditch		Rochester and Strood	3.3%	
Lewisham, Deptford 0.39		Coventry North East	3.3%	

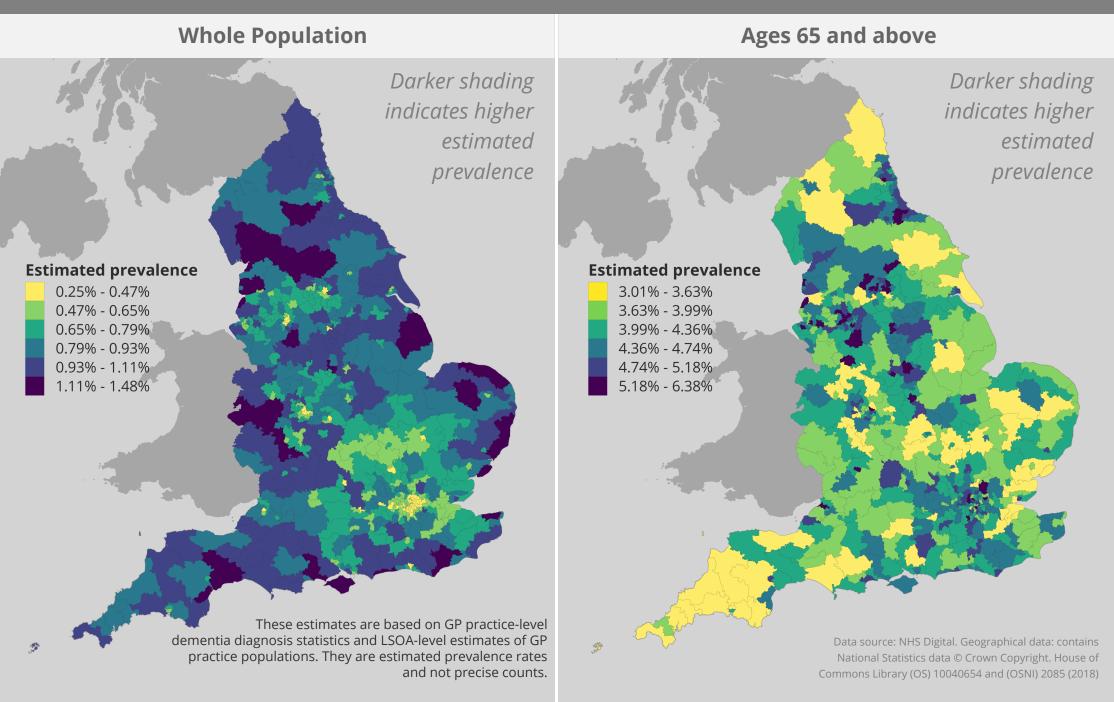
The maps overleaf show variation across England for both measures.

⁴¹ NHS Digital, <u>Recorded Dementia Diagnoses March 2017</u>

⁴² NHS Digital, <u>Patients Registered at a GP Practice April 2017</u>

DIAGNOSED DEMENTIA PREVALENCE BY PARLIAMENTARY CONSTITUENCY

England, 2017



Why do the two maps look so different?

On the 'whole population prevalence' measure, the constituencies with the highest estimated dementia prevalence tend to be larger and more rural constituencies. That's why the map appears to be dominated by the darker blue shades indicating higher prevalence. On the 'age 65+ prevalence' measure, however, the constituencies with the highest estimated dementia prevalence tend to be smaller and more urban constituencies, while larger rural constituencies tend to have lower estimated prevalence. This means that the map appears to be dominated by the lighter yellow and green shades indicating lower prevalence.

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