



JSNA Refresh 2013/4 Dementia Barnet

Dementia is a clinical syndrome characterised by a widespread loss of mental function, including memory loss, language impairment, disorientation, change in personality, self-neglect and behavior which is out of character. Dementia has many underlying causes. The most common cause of dementia is Alzheimer's disease, followed by vascular dementia.

Key messages

Barnet's population

The number of people aged 65 years and over in Barnet is projected to increase by 20% by 2020. Life expectancy is also increasing.

The prevalence of dementia

8% of people aged 65 years and over and 24% of people aged over 85 years in Barnet have some form of dementia.

9 out of 10 people with dementia in Barnet are over 75.

The projected number of people with dementia within Barnet is forecast to increase by 24% over the coming 8 year period compared to only 19% across London.

Due to the increasing life expectancy in men, the largest increase in dementia (28%) will be in males aged 75 and over.

Dementia and Ethnicity

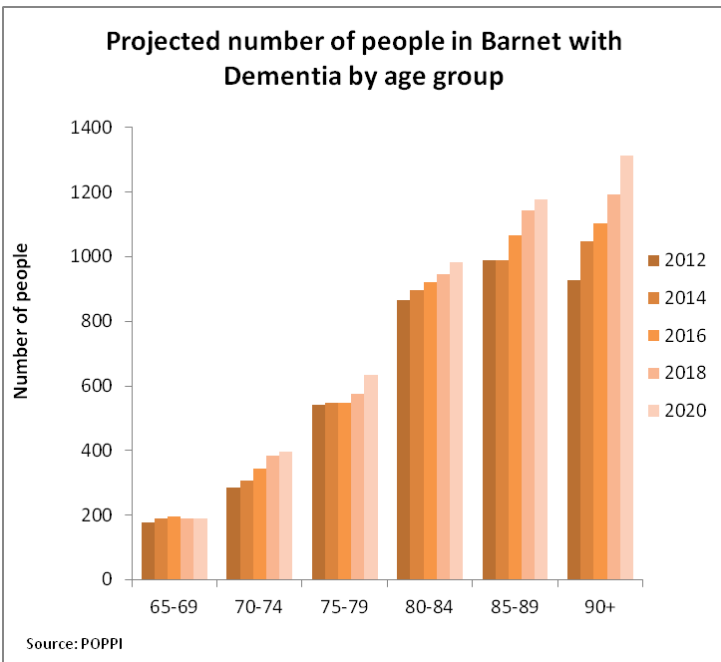
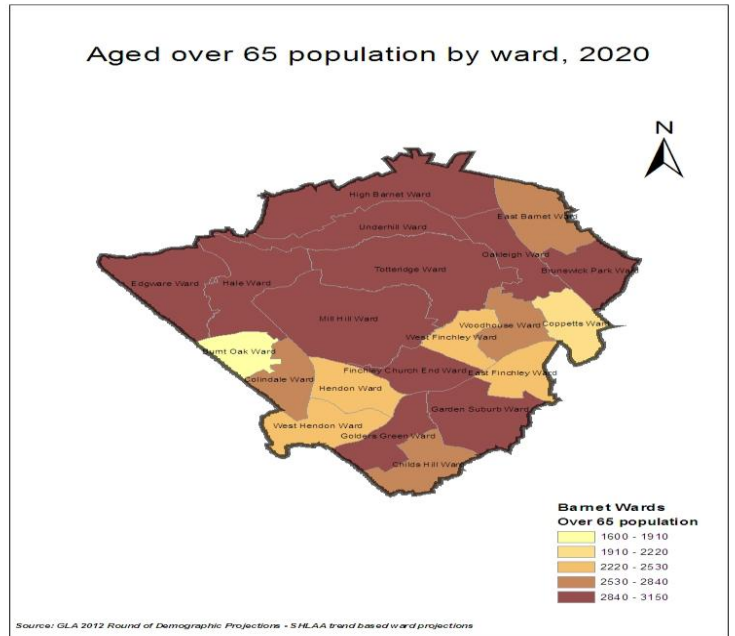
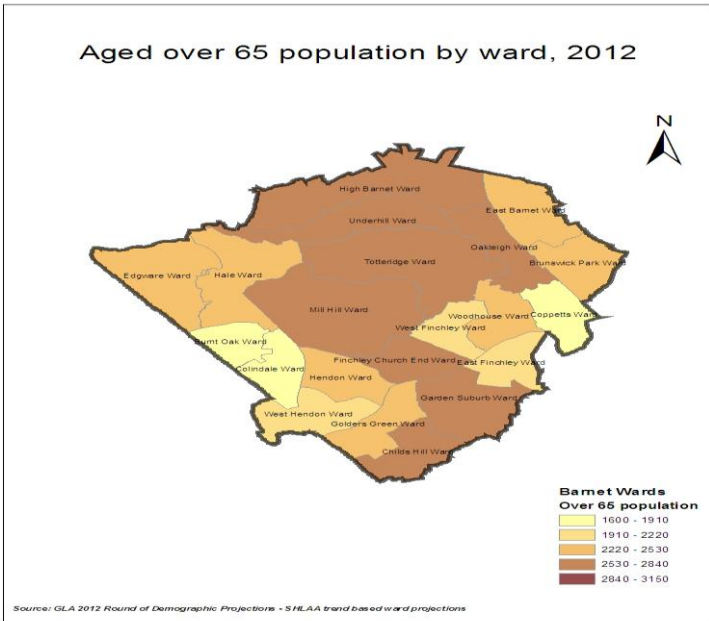
In Barnet approximately 80% of the population aged 65 and over are White. The largest ethnic minority group is Asian/ Asian British (13% of the 65+ population). Barnet will see an increase in the ethnic diversity of their older populations and thus a greater proportion of people with dementia will be from Black and Minority ethnic groups in the future

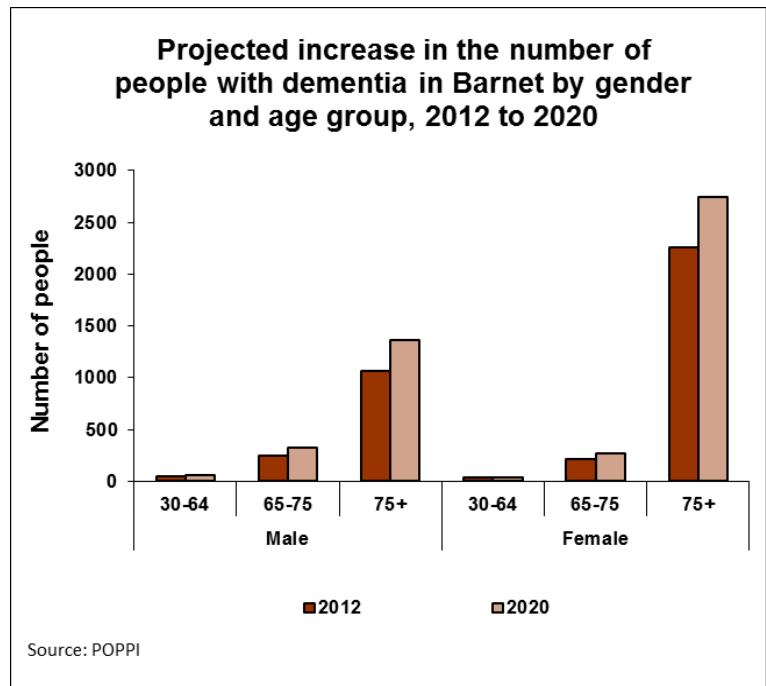
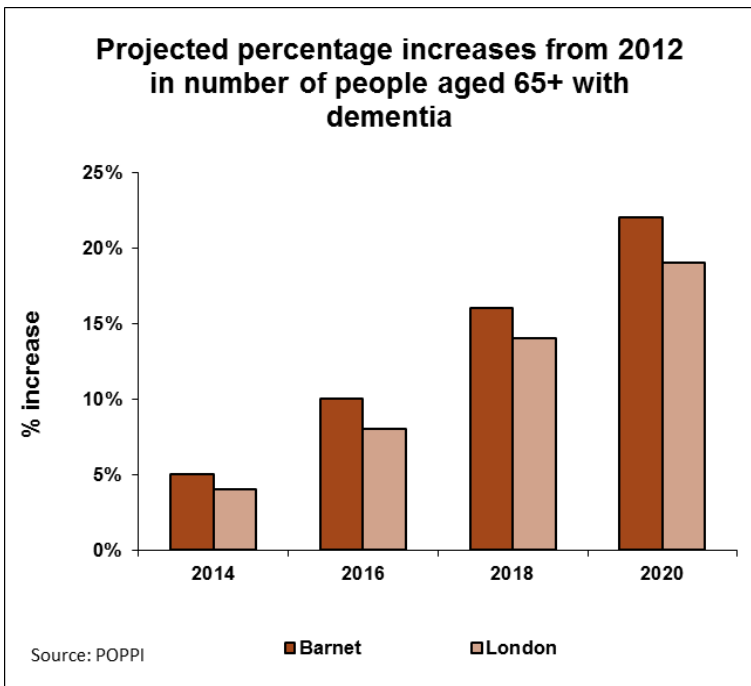
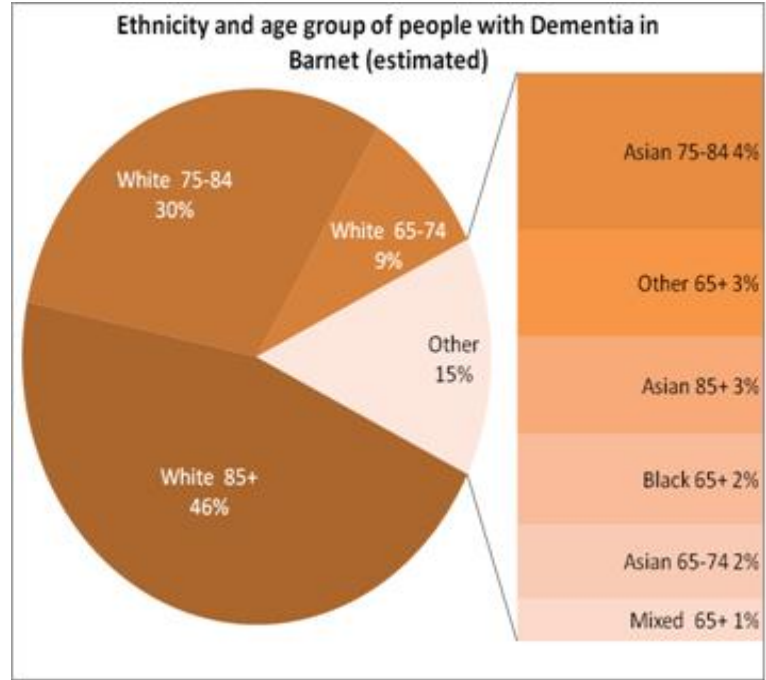
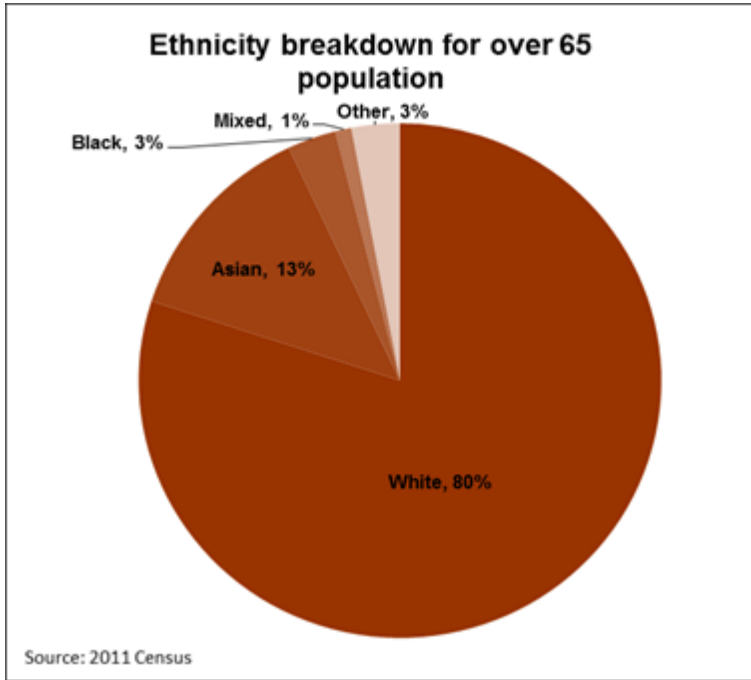
Dementia Action Plan

Barnet has a Dementia Action Plan. This has mapped local services against the National Dementia strategy and identified gaps. A number of actions have been agreed including:

- Improving public and professional awareness
- Provision of good quality information
- Good quality early diagnosis and intervention

Local Data





Spine Chart

Key: ● Barnet data ◆ London average | England Average ← → England Range ● Barnet significantly better than England average ● Barnet not significantly different from England average ● Barnet significantly worse than England average

Indicator	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1 Percentage of aged over 65 population	N/A	13.3	16.5	25.2		6.1
2 Percentage of aged over 75 population	N/A	3.3	3.9	3.9		1.5
3 Percentage of the population with a limiting long term illness, 2001	N/A	13.5	16.9	24.4		10.2
4 Percentage of adults (18+) with dementia, 2011/12	N/A	0.6	0.5	1.0		0.2
5 Ratio of recorded to expected prevalence of dementia, 2010/11	N/A	0.5	0.4	0.3		0.7
6 Percentage of adults (18+) with depression, 2011/12	N/A	8.5	11.7	20.3		4.8
7 Percentage of adults (18+) with learning disabilities, 2011/12	N/A	0.4	0.5	0.8		0.2
8 Percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months - achievement	N/A	79.6	79.5	74.5		88.3
9 Percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months - exception rate	N/A	6.4	8.0	22.9		4.0
10 Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12	N/A	53.0	80.0	226.0		5.0
11 People with mental illness and or disability in settled accommodation, 2011/12	N/A	65.9	66.8	1.3		92.8

Spine chart data sources

	Data description	Other sources of information or data
1	Percentage	ONS 2011 census
2	Percentage	ONS 2011 census
3	Proportion of people, usually resident in the area at the time of the 2001 Census who had a limiting long-term illness	http://www.ons.gov.uk/ons/index.html
4	Proportion of patients with dementia in a GP registered population	http://www.ic.nhs.uk/
5	Proportion of recorded over expected people with dementia	http://www.poppi.org.uk/
6	Proportion of adults diagnosed with depression in a GP registered population	http://www.ic.nhs.uk/
7	Prevalence of Learning Disabilities	http://www.ic.nhs.uk/
8	Percentage -achievement	http://www.ic.nhs.uk/
9	Percentage - exception rate	http://www.ic.nhs.uk/
10	DSR per 100,000 of hospital admissions for Alzheimer's and other dementias	HES, HSCIC, ONS
11	Percentage of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family	http://www.ic.nhs.uk/catalogue/PUB07281

Data Summary

Current data predicts increases in the numbers of people being identified with dementia in the future.

A number of risk factors have been identified which increase an individual's risk of developing dementia. These risk factors include smoking, alcohol consumption and high cholesterol. Tackling these risk factors will help to prevent people from developing dementia in the future. These factors are considerable public health problems in their own right, and affect many other diseases apart from dementia.

There is no data that is specific to Barnet for the underlying cause of dementia. It is likely that the proportions of people with the various underlying causes of dementia are similar to those seen nationally. Of note, Korsakoff's syndrome, which is related to excessive alcohol consumption, is noted to be a small but increasing cause of early-onset dementia in Barnet.

The number of people aged 65 years and over in Barnet is projected to increase by 20% between 2012 and 2012. This increase in population in this age range will have an impact on the projected number of people with dementia. The prevalence of dementia increase with age, from 1.5% in men aged between 65-69 years to 27.9% of men aged over 90 years.

The prevalence in women also increase with age, but is less marked than in men aged 65-69 and 70-74 years (1% and 2.4% respectively). However, in the older age ranges the prevalence is higher than in men, rising to 30.7% of women aged over 90 years.

At present the majority of people with dementia are from the white ethnic group. Over the coming

years, the proportion of the over 65 population who are from black and minority ethnic groups is projected to increase. This will have an impact on the numbers of people with dementia in BME groups and services may need to review whether they are culturally appropriate.

Impact on primary care

Overall, 2,308 patients are recorded on GP practice registers as having dementia across Barnet. This equates to about 61% of the total number of people estimated to have dementia in Barnet.

While it is not expected that everyone with dementia would appear on GP registers, the current coverage amounts to a third of the population with dementia unrecorded. There may be many reasons why primary care registers under-record the level of dementia. Patients with early dementia are most likely to be missing from the lists either due to them not attending the surgery or due to lack of early detection/screening in general practice. This is likely to increase with the new expansion of the health checks programme which will include screening for early dementia.

Once diagnosed, GPs should review each patient with dementia on an annual basis. In 2012, 80% of those registered as having dementia in Barnet were reviewed in the previous 15 months

Some patients may be excluded from indicators for various reasons and guidance on this is available in the Quality and Outcomes Framework (QOF). Some reasons for exclusions include:

1. Patients who have been recorded as refusing to attend a review who have been invited on at least

three occasions during the preceding 12 months.

2. Patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness or extreme frailty.
3. Patients newly diagnosed within the practice or who have recently registered with the practice.

Increasing prevalence and future need

Forecasts show a large increase in the number of people with dementia in Barnet. The average annual increase in the number of people with the disease in Barnet is 6% according to the projections. Specific attention will need to be paid to relatively high risk groups when developing local services. This includes ensuring that early identification and intervention services are equitably provided and meet the needs of different ethnic groups, homeless people, those with learning disabilities, people with HIV, travellers, substance misusers, prisoners, people who live alone, people in socially deprived areas and others who may have particular needs. It is also important that commissioning plans incorporate a sensitivity analysis by using more than one set of projections.

What are we doing now: Examples

The National Dementia Strategy

Dementia is currently estimated to cost £17 billion to the UK economy. Over the next 30 years, as the UK population ages, the number of people with dementia is expected to double and cost to the UK economy is expected to treble. As a result, the first National Dementia Strategy was published in February 2009 with the aim of transforming the quality of dementia care. It set initiatives designed to make the lives of people living with dementia, their carers and families better and more fulfilled. Its aim is to increase awareness of dementia, ensure early diagnosis and intervention and radically improve the quality of care that people with the condition receive. Proposals include the identification of leaders for dementia care in every general hospital and care home and for mental health teams to assess people living with dementia.

The 17 key objectives of the National Dementia Strategy are as follows:

1. Improving public and professional awareness and understanding of dementia.
2. Good-quality early diagnosis and intervention for all.
3. Good-quality information for those with diagnosed dementia and their carers.
4. Enabling easy access to care, support and advice following diagnosis.
5. Development of structured peer support and learning networks.
6. Improved community personal support services.
7. Implementing the Carers' Strategy.
8. Improved quality of care for people with dementia in general hospitals.
9. Improved intermediate care for people with dementia.
10. Considering the potential for housing support, housing-related

services and telecare to support people with dementia and their carers.

11. Living well with dementia in care homes.
12. Improved end of life care for people with dementia.
13. An informed and effective workforce for people with dementia.
14. A joint commissioning strategy for dementia.
15. Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.
16. A clear picture of research evidence and needs.
17. Effective national and regional support for implementation of the Strategy.

Dementia in Barnet

Given the potential increase in the numbers of people aged over 65, if nothing else changes (i.e. proportionally the prevalence of current long-term conditions doesn't change), then there will be a significant increase in the absolute numbers of people with dementia. Given the potential impact on social and health services, consideration needs to be given to the type of support services that will be required to support people with dementia to remain independent for as long as possible. With the impact of reducing resources for both health and social care, there is a need to target resources effectively.

Barnet, Enfield and Haringey Dementia Strategy

Locally, Barnet, Enfield and Haringey NHS Mental Health Trust's 2010 Dementia Strategy sets out a strategic vision which includes reducing the use of antipsychotic medication in people with dementia and improving end of life care for people with dementia. Barnet's Dementia Action Plan has mapped local services against the National

Dementia strategy and identified gaps. A number of actions have been agreed including:

- Improving public and professional awareness
- Provision of good quality information
- Good quality early diagnosis and intervention

Barnet Primary Care

Part of the Quality and Outcomes Framework, GPs receive payments for recording details of their patients diagnosed with dementia on a register, in order to encourage early identification and early treatment of the symptoms of dementia.

The NHS Health Checks programme is being expanded to include screening for early dementia. This should increase the numbers on GP registers so that recorded prevalence is closer to the expected prevalence.

Dementia Café

Barnet Council has announced it is to team up with the Alzheimer's Society to set up a Dementia Café initiative. The scheme, which will be launched later this year, is aimed at giving residents with dementia, their families and their carers a chance to meet, socialise, take part in activities and get information and advice. The project will be run by the Barnet Office of the Alzheimer's Society and will also include hands-on activities themed around arts and culture. Dementia Cafés will take place three times each month and rotate between a numbers of venues across the borough. Those taking part in the project will get a chance to meet regularly with other people affected by dementia and their families and carers. There will be an opportunity to pick up practical tips on living with dementia. It is hoped the scheme will also give people with dementia a chance to develop friendships which continue outside of the service being offered.

Stakeholder view