

# Dementia Joint Strategic Needs Assessment – 2017 Update

Health and Wellbeing Board

Date: 13<sup>th</sup> December 2017

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Wards: All

Parishes Affected: All

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## 1. Purpose and Reasons

- 1.1 In 2013 a Joint Strategic Needs Assessment (JSNA) for dementia in Swindon was completed. This set out understanding about dementia at the time and the prevalence and incidence of dementia based on available data and research. It was agreed that this would be updated in 2017 to reflect more recent data.
- 1.2 This is in context of ongoing delivery of the Swindon Dementia Strategy 2014-2019 which is overseen by the multi-agency Swindon Dementia Steering Group. The aim of this update report is to inform the priorities and future strategy of the Dementia Steering Group, by understanding the current epidemiology of dementia in Swindon and future need.
- 1.3 The report outlines the key findings in the JSNA Update.

## 2. Recommendations

The Board is recommended to:

- 2.1 Discuss and agree the Dementia Joint Strategic Needs Assessment 2017 Update, attached at Appendix 1 to the report, and continue to support work around dementia in Swindon.

## 3. Detail

Introduction

- 3.1 Dementia causes damage to the brain resulting in a progressive decline in more than one area of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. As age is the greatest risk factor, an increasingly older population means more people will live with dementia. Knowledge about dementia, risk factors, and what is effective in supporting people has improved over recent years although there is no available cure as yet.
- 3.2 In 2013 a Joint Strategic Needs Assessment (JSNA) for dementia in Swindon was completed with a plan to update the data in 2017. The attached report provides that 2017 update, focusing on the most recent quantitative information. It should be used together with the 2013 JSNA, which gives more background and context on the issue. The update was not intended to update the sections on services or user perspectives although work is ongoing in both these areas

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through the partners of the Swindon Dementia Steering Group and the dementia friendly Swindon initiative. Below is a summary of the key findings from the report.

## Context

- 3.3 Dementia is a clinical syndrome (i.e. a group of symptoms) rather than a specific disease, in which there is a decline in cognitive function severe enough to interfere with daily life and function. There are many possible causes and types of dementia. It is estimated that about 80% of dementia cases are caused by either Alzheimer's disease or vascular lesions in vascular dementia, or a combination of both types of pathology.
- 3.4 Dementia affects people differently depending on the type of dementia, stage of illness (mild, moderate or severe) and individual. People with mild dementia can live independently and cope well with day-to-day living.
- 3.5 Locally, a multi-agency Swindon Dementia Strategy for the period 2014-2019 was developed based on the 2013 dementia JSNA. The 12 priorities set out in this strategy are largely based on those of the 2009 National Dementia Strategy, and include improving public and professional awareness of dementia and reducing stigma, improving timely diagnosis and treatment of dementia, and developing services that support people to maximise their independence.
- 3.6 Swindon Borough Council serves a resident population of 217,905 people. In all, 33,733 of people (15.5% of the population) are aged 65 years or more. BME groups accounted for 8% of all people aged 65 years or over in the 2011 Census. Life expectancy in Swindon UA from 2013 to 2015 inclusive was 79.6 years for males and 82.8 years for females. The difference in life expectancy between the most deprived group and the least deprived group was 8 years less for males and 4 years less for females during the period 2013-2015.

## Who is affected?

- 3.7 In this JSNA update, prevalence has been estimated by applying prevalence rates from the Dementia UK Report (2014), which were estimated by an expert consensus panel (the Delphi consensus method), to ONS population figures.
- 3.8 It was estimated that there were about 2,316 people over the age of 65 living with dementia within local authority boundaries in Swindon in 2016, and about 140 living with early onset dementia. This equates to about 1.8% of all those aged 30+ in the borough. This estimated prevalence rate is 3 times higher than the recorded prevalence in 2015/2016 for all ages of 0.6% (based on 1,395 cases on Swindon CCG registers).
- 3.9 Actual numbers were estimated to be highest amongst those aged 80-89. At ward level, the estimates suggested that St Margaret and South Marston,

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Blunsdon and Highworth, and Wroughton and Wichelstowe had the highest numbers of people with dementia, which is not surprising as these wards have higher numbers of older people living there.

- 3.10 Severity of disease is important to take into account as it indicates the potential level of care needed. Even with over 2,000 people in Swindon estimated to have dementia, nearly two thirds of these are estimated to be mild cases (1,283) and so would be able to function independently in a community that is sympathetic and supportive.
- 3.11 Estimates suggest that 1,405 people with late onset dementia live in the community. The dementia population in care homes in 2016 in Swindon was estimated to lie between a maximum of 885 people and a minimum of about 610.
- 3.12 Based on national incidence proportion figures, derived from the Cognitive Function and Ageing Study, it was estimated that, in 2016, 216 men and 383 women (599 persons in all) aged 65 years or more in Swindon UA developed dementia.
- 3.13 There is little evidence for a direct link between deprivation and dementia. However many of the risk factors are more prevalent in more deprived areas.

## Who is most at risk?

- 3.14 Recent research (July 2017) from the Lancet Commission on Dementia Prevention, Intervention and Care identified that there are risk factors for dementia throughout the life course and tackling those which are modifiable would delay or prevent a third of dementia cases. Addressing modifiable risk factors for dementia would involve focusing on reducing hypertension, childhood education, exercise, maintaining social engagement, reducing smoking and management of hearing loss, depression, diabetes, and obesity.
- 3.15 The Lancet Commission also found that nearly 85% of costs are related to family and social, rather than medical, care. In addition, the paper highlighted that recent studies in the USA, UK, Sweden, the Netherlands and Canada have found a lower incidence of dementia than expected.
- 3.16 Age is an obvious risk factor for dementia; it is estimated that risk doubles for every additional 5 years after the age of 30, although it starts very low. According to 2016 population estimates, 15.5% of the Swindon population are aged 65 or over (33,733 people). With estimates of the number of people with dementia at around the 2,300 mark, this means that currently there are approximately 31,000 people aged 65 or over who do not have the disease.
- 3.17 NICE guidance recommends that hypertension, diabetes and high cholesterol be identified and treated in middle age to reduce problems in later life. In Swindon, as of March 31st 2016, there were 31,729 people (13.7% of the CCG registered

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population) recorded as having hypertension and 12,924 people (7.1% of the population, only people aged 17 or over) recorded as having diabetes (7.1%, only people aged 17 years or over). Diabetes UK data suggest that a further 830 people in Swindon may have undiagnosed diabetes.

- 3.18 Modifiable lifestyle risk factors for dementia include smoking, excessive alcohol consumption and having excess weight. Risk factors for early onset dementia (people who are under 65) include alcohol abuse, traumatic brain injury (although evidence for this is mixed), HIV and other neurological illnesses. It is estimated that about 10% of dementia cases in younger people are alcohol related.

## Primary, Secondary and Social Care

- 3.19 This chapter explores the services that people with dementia may access in their journey from diagnosis to end of life care – however it is not a comprehensive service review and rather focuses on updating data in the 2013 JSNA. There is currently no cure for dementia, although there are medical and psychosocial interventions which can help people to maintain independence. Because there is no cure, demand for social care can be significant particularly at the severe stage of the illness.
- 3.20 The pathway for dementia care usually starts when someone approaches their GP with concern about their memory and is then referred to the memory clinic for assessment. Estimates suggest that people wait up to 3 years to see their GP after first noticing symptoms. In Swindon, the estimated diagnosis rate among people aged 65+ years with dementia is 64%, which is slightly lower than the national rate of 67.9%.
- 3.21 Regarding medical interventions to reduce dementia symptoms, NICE recommends AChE inhibitors including Donepezil, Galantamine and Rivastigmine for mild to moderate Alzheimer's disease and Memantine for moderate or severe Alzheimer's disease. In Swindon, the number of items prescribed for all of these drugs, except Galantamine, has risen each year over the period 2013/2014-2016/2017. However, overall costs have come down in this period, as generic (unbranded) versions of these drugs have become available. This pattern mirrors that observed for England as a whole for the same period.
- 3.22 Over the three year period from 2014/2015-2016/2017, there were 2,887 hospital admissions (representing 1,574 individual persons) with dementia coded in any diagnosis position (as either primary diagnosis or any of twelve secondary diagnoses). The number of admissions rose year-on-year, from 828 in 2014/2015 to 970 in 2015/2016 to 1,089 in 2016/2017.
- 3.23 Dementia was comparatively rare as a primary diagnosis (2.7% of the total number of admissions). For admissions with a secondary diagnosis of dementia, the most frequently occurring primary diagnoses were urinary tract infections, pneumonia and problems related to falling.
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- 3.24 Social care provides crucial support for some people with dementia to maintain their independence and 'live well' with their condition. Swindon Borough Council commission both mental health support and community based services, including day services, domiciliary care, respite, and nursing care either at home, in the community or in residential care.
- 3.25 In general the cost of adult social care services is substantial. According to the national NASCIS system, expenditure for people aged 65+ years in 2015/2016 in Swindon UA represented approximately 40% of the total gross expenditure on adult social care services.

## What does the future look like?

- 3.26 The number of people aged 65 and over is predicted to increase by over 20,000 over the next 15 years to nearly 55,000.
- 3.27 According to POPPI (Projecting Older People Information System) numbers of people with dementia are estimated to increase by about 2000 by 2030 reflecting the increase in population of those over 65 and that age is the greatest risk factor for dementia.
- 3.28 Data from POPPI predicts significant increases in the number of older people living alone over the next 20 years. However older people living alone is not necessarily a marker of increased dementia or demand for services as it may encourage people to maintain independence.
- 3.29 The Alzheimer's Society estimated the formal and informal cost (i.e. unpaid carers) of dementia based on 2012/13 costs. This shows that costs depend on the severity of dementia, and that costs are highest for people with severe dementia in the community due to the high estimate of cost of informal care.

## **4. Alternative Options**

- 4.1 To not update the JSNA.

## **5. Implications, Diversity Impact Assessment and Risk Management**

### Financial and Procurement Implications

- 5.1 There are no financial and procurement implications as this is a data update of a previous JSNA and the Swindon Dementia Strategy 2014-2019 which has previously been agreed is still current.

### Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

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## All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are positive implications on health from raising awareness about Dementia. This will benefit both the health and social community as dementia can have a significant economic and resource impact as well as quality of life.

## Diversity Impact Assessment

- 5.4 A diversity impact assessment was completed as part of the Swindon Dementia Strategy 2014-2019 and is available on request.

## Risk Management

- 5.5 No specific risks have been identified at this stage for this report.

## **6. Consultees**

- 6.1 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Appendices**

- 7.1 Appendix 1 – Swindon Dementia Needs Assessment 2017 – Update (*circulated to Board members under separate cover and is available on the Council's website at:*  
*<http://ww5.swindon.gov.uk/moderngov/ieListDocuments.aspx?CId=933&MId=8081&Ver=4>*).