



# JSNA Data Refresh 2013/14 Dementia

## Harrow

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

### Harrow's elderly population

The number of people aged 65 years and over in Harrow is projected to increase by 18% by 2020. Life expectancy is also increasing and due to both of these factors the projected number of people with dementia within Harrow will increase by 24% over the coming 8 year period compared to only 19% across London.

### The prevalence of dementia

7% of people aged 65 years and over and 23% of people aged over 85 years in Harrow have some form of dementia.

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

Due to the increasing life expectancy in men, the largest increase in dementia (41%) will be in males aged 75 and over.

### Dementia and Ethnicity

In Harrow approximately 67% of the population aged 65 and over are White. The largest ethnic minority group is Asian/ Asian British (27% of the 65+ population). Harrow 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.

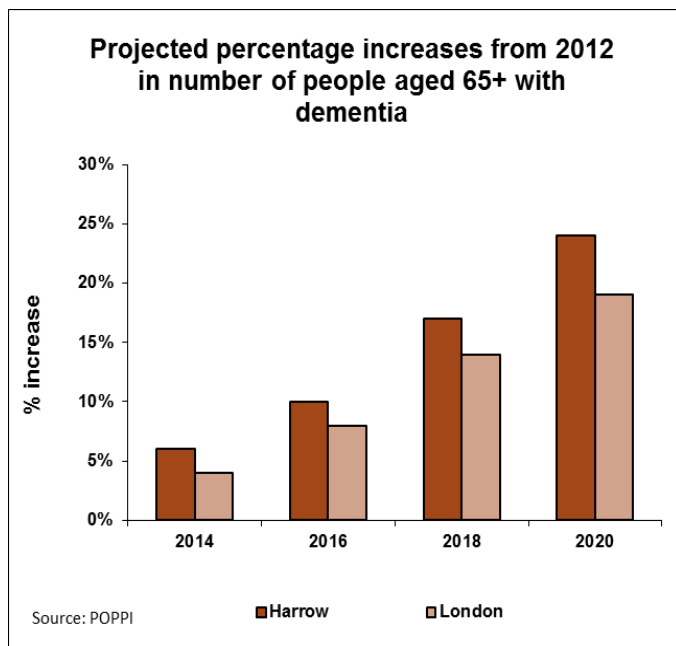
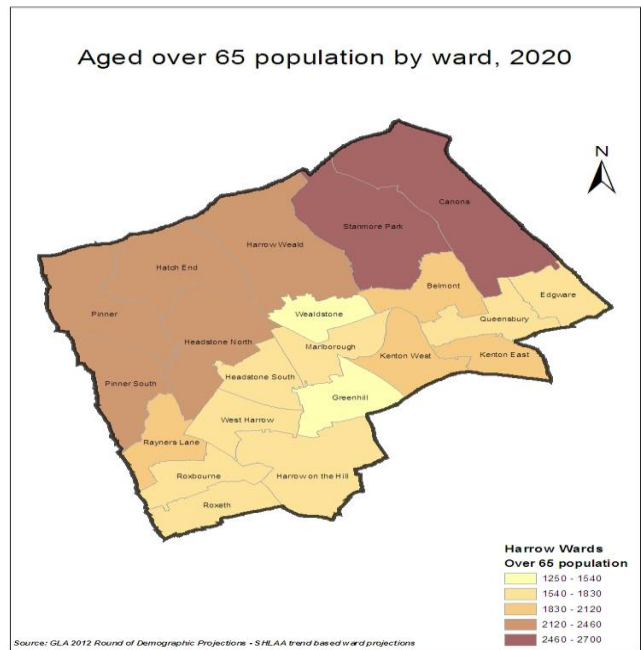
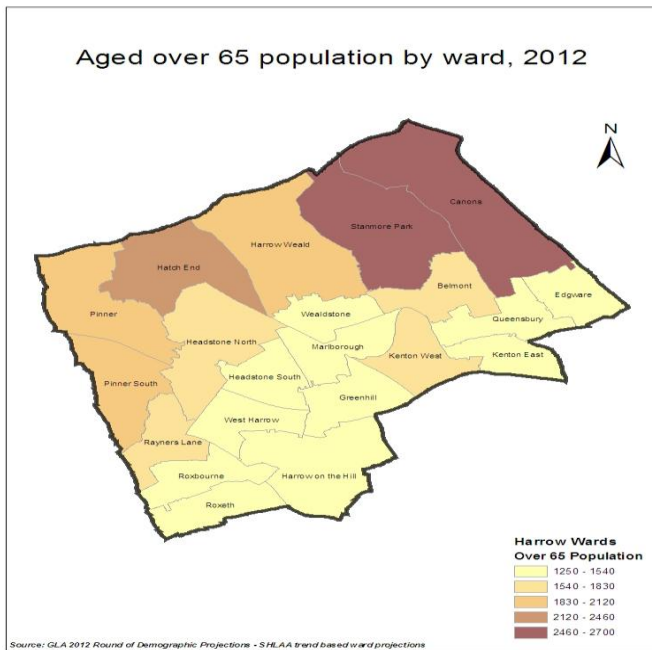
### Dementia Action Plan

Harrow 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

Harrow's aging population

The number of people aged 65 years and over in Harrow is projected to increase by 18% between 2012 and 2020. This increase in population in this age range will have an impact on the projected number of people with dementia

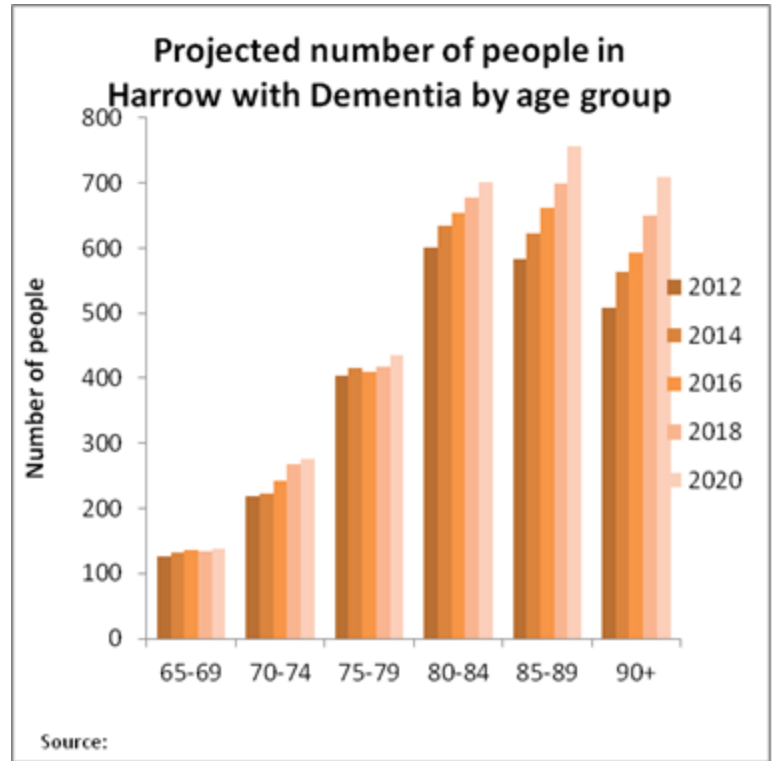
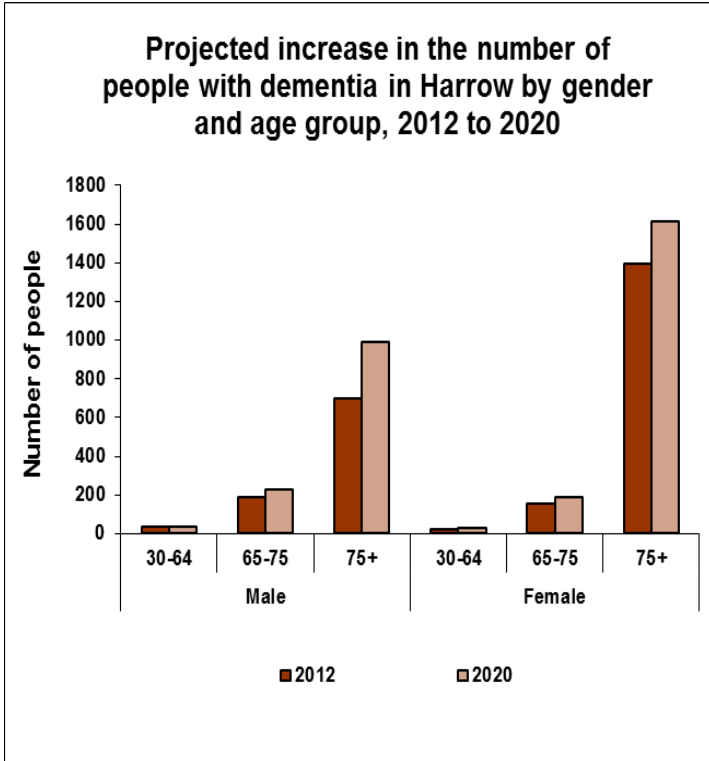


Dementia prevalence and projections

The prevalence of dementia increases 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.

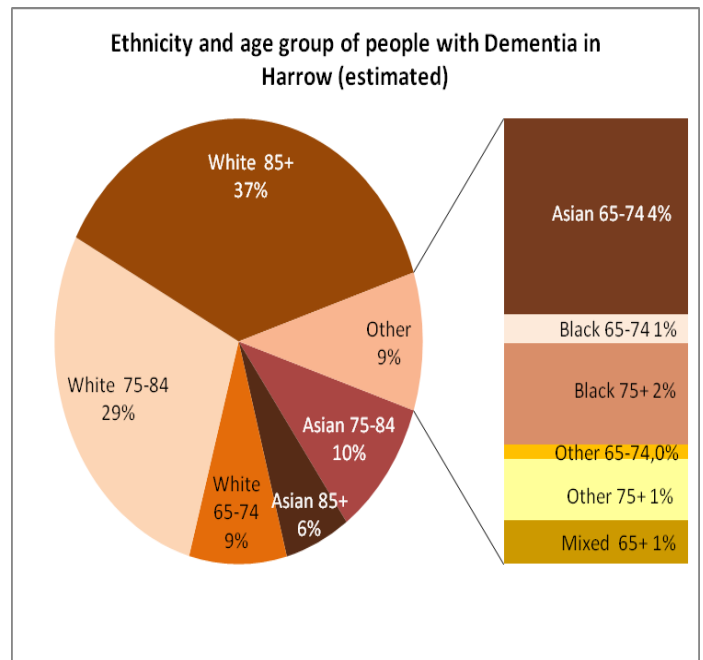
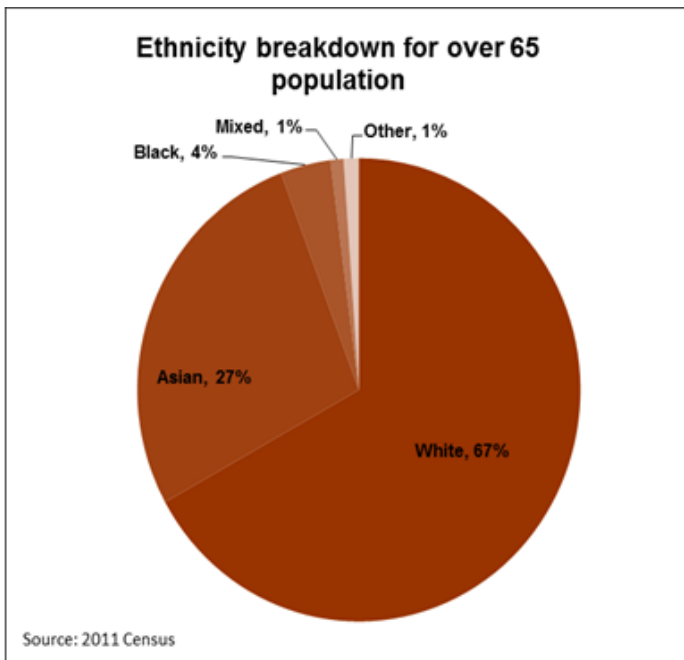
The projected number of people with dementia within Harrow is forecast to increase by 24% by 2020 compared to only 19% across London. The number of people with dementia in Harrow is forecast to increase by 6% per year.

People are living longer and in Harrow the number of people in the older age groups is forecast to increase over the coming decade. This means that the number of people with dementia will also increase. Currently there are 2,439 people with dementia in Harrow. By 2020, this figure is projected to increase to 3,013 people with dementia in Harrow. The biggest increases are expected to be in the oldest age groups (85 and over)



Harrow has a very ethnically diverse population. The different ethnic groups have different age profiles. The White ethnic group has a greater proportion of older people than the different Black and Minority Ethnic (BME) Groups. Due to this age profile, the majority of people with dementia are currently of White ethnicity.

As Harrow’s population ages, the proportion of people in older age groups who are from Black and Minority Ethnic Groups will increase and there are likely to be many more people from BME groups.



### Dementia Risk Factors

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 Harrow 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 Harrow.

### Dementia Registers in General Practice

Overall, 792 patients are recorded on GP practice registers as having dementia across Harrow. This equates to about 33% of the total number of people estimated to have dementia in Harrow.

While it is not expected that everyone with dementia would appear on GP registers, the current coverage amounts to a two 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 Harrow were reviewed in the previous 15 months

### Commissioning considerations

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.

## Understanding the Spine Chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

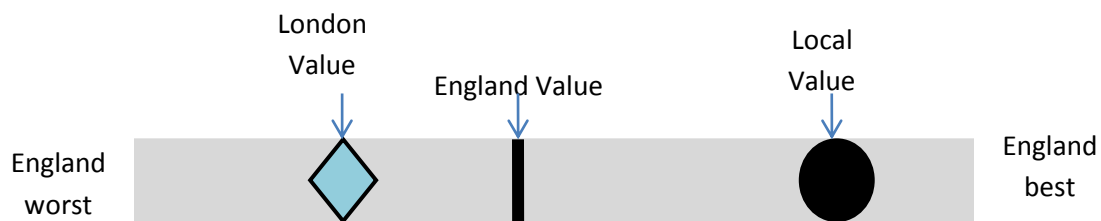
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



### Direction of travel indicator

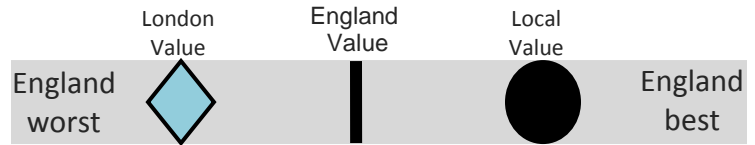
- ↑ Indicator has improved since last year i.e. Improvement in performance or decrease in need
- ↓ Indicator has worsened since last i.e. decrease in performance or increase in need
- ↔ No change since previous year

**Green** indicates that, according to the latest data, the area is either performing better or has lower need than England average

**Red** indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

**Amber** indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

# Spine chart



Indicator	Direction of travel	Local Value	Eng Avg	Eng Worst	England Range Worse Higher OUTCOMES NEED Better Lower	Eng Best
1 Percentage of aged over 65 population	↓	14.1	16.5	25.2		6.1
2 Percentage of aged over 75 population	↓	3.4	3.9	3.9		1.5
3 Percentage of the population with a limiting long term illness, 2001	↔	14.0	16.9	24.4		10.2
4 Percentage of adults (18+) with dementia, 2011/12	↓	0.4	0.5	1.0		0.2
5 Ratio of recorded to expected prevalence of dementia, 2010/11	↓	0.3	0.4	0.3		0.7
6 Percentage of adults (18+) with depression, 2011/12	↔	7.3	11.7	20.3		4.8
7 Percentage of adults (18+) with learning disabilities, 2011/12	↓	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	↓	77.8	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	↔	8.2	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	↓	25.0	80.0	226.0		5.0
11 People with mental illness and or disability in settled accommodation, 2011/12	↓	71.9	66.8	1.3		92.8

## Spine chart data sources

	Year	Data description	Other sources of information or data
1	2011	Percentage of Over 65 population	ONS 2011 census
2	2011	Percentage of over 75 population	ONS 2011 census
3	2001	Proportion of people, usually resident in the area at the time of the 2001 Census who had a limiting long-term illness	ONS 2011 census
4	2011/12	Proportion of patients with dementia in a GP registered population	Health and social care information centre
5	2010/11	Proportion of recorded over expected people with dementia	POPPI website
6	2011/12	Proportion of adults diagnosed with depression in a GP registered population	Health and social care information centre
7	2011/12	Prevalence of Learning Disabilities	Health and social care information centre
8	2012/13	Percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months - achievement	Health and social care information centre
9	2012/13	Percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months - exception rate	Health and social care information centre
10	2009/12	DSR per 100,000 of hospital admissions for Alzheimer's and other dementias	HES, HSCIC, ONS
11	2011/12	People with mental illness and or disability in settled accommodation	POPPI website