

Barnet Dementia Needs Assessment

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1. EXECUTIVE SUMMARY

This Dementia Needs Assessment is intended to inform commissioning intentions by describing the health of the population and access to services. It presents information and analysis from a variety of sources relating to dementia prevalence and care including nationally published data and research as well as that provided by local stakeholders.

Key findings

Dementia Projections

It is estimated that there are 4,266 people with dementia living in Barnet and by 2035 this figure is expected to increase to 7,407, which is an increase of 74%. Dementia presents a significant health and social care challenge to the borough.

Specific cohorts of patients with more complex needs are also projected to increase.

- The number of people with young onset dementia is projected to increase; currently we have 91 people aged under 65 who have been diagnosed with dementia and this is set to increase to approximately 119 by 2035 a 31% increase¹.
- Dementia is more prevalent among people with learning disabilities. One in ten people with a learning disability develop young onset Alzheimer's Disease between the age of 50 to 65².

Recommendation: -

To further develop our care and support system for people with dementia in light of robust projections of additional demand and ensure attention to the needs of emerging groups; such as those with young onset dementia and people with learning disabilities who's needs are often complex.

Preventing dementia: - steps to reduce risk

It is estimated that up to 30% of the current incidence of dementia in the general population would be preventable by helping people to³:

¹ Projecting Adult Needs and Service Information (PANSI, 2016). Early onset dementia. People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2035 (based on ONS data). Available at: www.pansi.org.uk

² Dementia Action Alliance. Meeting the challenges of dementia for people with learning disabilities: roundtable discussion briefing paper. London: Dementia Action Alliance; 2017.

³ Public Health England [Internet]. [Updated 2018.] [Dementia: applying 'All our health'](#).

- stop smoking
- be more active
- eat healthily and maintain a healthy weight
- reduce alcohol consumption
- develop and sustain social relationships and connection with others

The percentage of adults who were smoking in Barnet was 17.3% in 2016/17. Of which 39% were in routine and manual occupation groups is much higher, estimated to be 39% in 2016/17. This is the highest in London.

The percentage of adults who were physically active in Barnet (i.e. engaged in 150+ minutes of moderate intensity exercise per week) was 59.8% in 2016/17 This is significantly lower than both London 64.6% and England 66.0%.

**Recommendation: -
To develop a local campaign to promote risk reduction messages and productive ageing (encouraging people to be socially connected and mentally stimulated). Campaign messages should be targeted to high risk groups.**

Diagnosis

The estimated percentage of older people living with dementia in Barnet who have a formal diagnosis is 73%⁴. This is not significantly different from either London 70.5% or England 67.5% This is a strong performance but still below that of Islington 88%.

Barnet had the 5th highest recorded prevalence of late onset dementia (age 65 and over) of all the London boroughs. In 2017, there were 2,679 people recorded on Barnet GP practice disease registers, of which 593 newly diagnosed⁵.

**Recommendation: -
Continue to improve awareness of dementia to support people to recognise the symptoms and access timely support and care to maintain independence.**

However, Barnet has the 4th lowest recorded prevalence of young onset dementia out of all the London boroughs. In 2017, crude recorded prevalence of dementia (based on GP registers) for young onset patients (age under 65) was 1.42 per 10,000 (approximately 47 people). This is significantly lower than both London 2.19 / 10,000 and England 2.99 /10,000.⁶

⁴ Public Health England (PHE, 2018). Dementia Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/>

⁵ Public Health England (PHE, 2018). Dementia Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/> This indicator is the crude rate of newly diagnosed cases being added to dementia registers (assessed for payment under the QoF business rules) as a proportion of the registered practice expressed as a crude rate per 1,000 patients registered at the GP practice (aged 65+). The indicator acts as a proxy for an incidence rate and should therefore be regarded as experimental.

⁶ Public Health England (PHE, 2018). Dementia Profile. Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000, 2017. Available at: <https://fingertips.phe.org.uk/profile-group/mental->

Recommendation: -

To raise awareness of young onset dementia within primary care to support people who may have young onset dementia to receive earlier diagnosis.

Post diagnostic support

People who have a dementia diagnosis and their carer should receive a face-to-face care plan review annually⁷. This is an important element of their care as their support needs may change over time. Almost 81% of diagnosed dementia patients received a care plan review last year⁸. Performance in delivering these reviews shows no statistically significant difference between the 10 most similar CCGs in England. Barnet had a higher performance than England 78%.

Recommendation: -

Although Barnet's performance in delivering annual care plan reviews is similar to other London CCG's there remains an opportunity to improve performance in this area.

The rates for emergency admissions with a mention of dementia are significantly higher in Barnet than the national average. This suggests that there may be further opportunities to manage people at primary and community care.

Estimates show that there are currently 2,286 people living in care homes (residential and nursing). These include both local authority and non-local authority placements and this number is expected to rise to 4,051, 56% increase by 2030⁹.

Dementia UK predicts that 69% of people living in care homes have dementia. Local data suggests¹⁰ that 16% of mainstream clients living in care homes are recorded as EMI (Elderly Mentally Infirm) clients and assumed to have dementia.

Recommendation: -

There is a disparity between estimates of dementia patients in care homes and our local social care data and therefore, it is recommended that this is investigated with a view to improving recognition of dementia within services.

Living well with dementia

It is vital that carers maintain connections to their friends and families to avoid crisis and maintain their own health and wellbeing. Only 31% of adult carers report

[health/profile/dementia/data#page/3/qid/1938132811/pat/6/par/E12000007/ati/102/are/E09000003/iid/93026/age/279/sex/4](https://health.profile/dementia/data#page/3/qid/1938132811/pat/6/par/E12000007/ati/102/are/E09000003/iid/93026/age/279/sex/4)

⁷ NICE. 'Dementia: assessment, management and support for people living with dementia and their carers [NG97]'. (2018)

⁸ NHS Digital (2017). Quality and Outcomes Framework indicator DEM004.

⁹ Projecting Older People Population Information System (POPPI, 2016). People aged 65 and over predicted to have dementia, by age and gender, projected to 2035 (based on ONS data). Available at:

<http://www.poppi.org.uk/>

¹⁰ Taken from Adults and Communities Mosaic database

that they had as much social contact as they would like¹¹. This is similar to both London 35.6% and England 35.5% averages. In London, Bromley has the strongest performance 55%.

In Barnet, the number of carers who provide unpaid care for people with dementia is projected to increase 53% by 2035 reaching 11,592¹².

Recommendation: -

To ensure that carers of adults with dementia can access support and training to maintain their own health and wellbeing

Just over half, 53% of residential and nursing home beds in Barnet, suitable for older dementia patients (aged 65+), were rated as “Good” or “Outstanding” by the Care Quality Commission during 2017.

This was significantly lower than both London 61% and England 60%.

End of life care and support

The proportion of people with dementia dying in hospital in Barnet 38% which was similar to the London average 42%, but significantly higher than the national average 30.9%.¹³

Recommendation: -

To review the practices and effectiveness of care plans and promotion of advance care planning with a view to improving end of life outcomes.

Dementia Support and Services in Barnet

Barnet is well served by a range of dementia support provisions but there is limited service data and understanding of how these services work together and alongside statutory services.

The physical location of services is worthy of attention as some wards with relatively high prevalence of dementia do not host services such as Edgware, Brunswick Park and Garden Suburb wards.

¹¹ Public Health England (PHE, 2018). Dementia Profile. Social Isolation: % of adult carers who have as much social contact as they would like, 2016/17

¹² Projecting Older People Population Information System (POPPI, 2016). People aged 65 and over predicted to have dementia, by age and gender, projected to 2035 (based on ONS data). Available at: <http://www.poppi.org.uk/>

¹³ Public Health England (PHE, 2018). Dementia Profile. Place of death - hospital: People with dementia (aged 65+), Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91894/age/27/sex/4>

Recommendation: -

To continue to develop the dementia support offer in Barnet, considering how to improve records of utilisation and identify areas where less support is available.

Recommendation: -

To continue to raise awareness of support available across health, social care and the wider community

2. BACKGROUND

2.1 National strategy and policy

Since the launch of the National Dementia Strategy (2009) a wide range of national policies and plans have been published aiming to improve the care and support available for people with dementia, their friends, families and carers.

Table 1: Development of national dementia strategies, policies and plans:-

- Department of Health (2009) Living well with dementia: A National Dementia Strategy. Gateway Reference: 11198.
- Department of Health and Social Care (2010) Recognised, Valued and Supported: Next steps for the Carers Strategy.
- Department of Health. (2013) Dementia : a state of the nation report on dementia care and support in England.
- Department of Health (2016) Prime Minister’s challenge on dementia 2020. London: Department of Health.
- Department of Health and Social Care (2016) Joint declaration on post-diagnostic dementia care and support.
- Department of Health and Social Care (2018) How can we improve support for carers? Government response to the 2016 carers call for evidence.
- Department of Health and Social Care, Department for Digital, Culture, Media & Sport, Department for Education, Department for Work and Pensions, Government Equalities Office , and Department for Business, Energy & Industrial Strategy (2018) Carers action plan 2018 to 2020: supporting carers today.

The Care Act 2014¹⁴ also mandated new responsibilities for local government including the provision of preventative services and extending a duty of care to unpaid carers.

2.2 National guidelines and standards

The National Institute for Health and Care Excellence (NICE) has published several guidelines to influence dementia services and set standards for care.

¹⁴ HM Government Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

NICE clinical guidelines on dementia (CG42)¹⁵ has recently been updated. NICE NG97¹⁶ Dementia: assessment, management and support for people living with dementia and their carers emphasises person-centred care for people with dementia. It recognises the need for multi-component support (both medical and social interventions) and recommends a single named coordinator to ensure people with dementia have access to the care and support they need. The full summary of NG97 recommendation can be found in Appendix A.

NICE pathways¹⁷ set out a structured approach to identification of dementia and supporting patients and their carers. “Disability, dementia and frailty in later life - mid-life approaches to delay or prevent onset”¹⁸ aims to increase the amount of time that people can be independent, healthy and active in later life.

There are also two NICE Quality Standards for dementia, both are aligned with the updated NICE guidance NG97:

- [Support in health and social care \(QS1\)](#)¹⁹ covers the care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings
- [Independence and wellbeing \(QS30\)](#)²⁰ covers the care and support of people with dementia.

2.3 Local context

Barnet Council and Clinical Commissioning Group are committed to supporting people with dementia to live a full and active life, enabling them to maximise their independence and wellbeing and ensuring that they and their friends and family are empowered to maintain their own health and wellbeing. Barnet has a wide and diverse prevention offer aimed and promoting independence and wellbeing. Preventative support is in place for adults with dementia and their carers and includes an integrated dementia care pathway for adults over 65 years of age including information, advice and support services such as Barnet Alzheimer’s Society and Barnet Carers Centre.

Across North Central London there is a joint effort to embed dementia friendly communities and continue to improve dementia diagnosis rates as outlined in the North Central London Sustainability and Transformation Plan. By ensuring that people have access to early and timely diagnosis, to improved information and advice, and to support in the early stages of dementia, people can make informed decisions to maximise their choice and independence. Additionally, earlier diagnosis

¹⁵ NICE (2006) CG42 Dementia: supporting people with dementia and their carers in health and social care.

¹⁶ NICE (2018) NG97 Dementia: assessment, management and support for people living with dementia and their carers.

¹⁷ NICE pathways <https://pathways.nice.org.uk/pathways/dementia?fno=1>

¹⁸ NICE (2015) Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset

¹⁹ NICE (2010) NG16. Dementia Quality Standard. QS1.

²⁰ NICE (2013) NG16. Dementia Quality Standard. QS30.

facilitates access to services and support to manage dementia better, enabling the person with dementia to remain independent for longer in their own home and in the community.

3. ABOUT DEMENTIA

3.1 What is dementia?

The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. These changes are often small to start with but for someone with dementia they often become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour. Most types of dementia cannot be cured but detecting them early can aid the right treatment and support and can help slow progression.

3.2 Different types of dementia

There are many different types of dementia, often named after the condition that has caused the dementia. The most common causes of dementia are^{21, 22}:

- Alzheimer's disease (60%)
- Vascular dementia (20%)
- Dementia with Lewy bodies (DLB) (10-15%)
- Frontotemporal dementia

Alzheimer's may also occur with other types of dementia, such as vascular dementia or dementia with Lewy bodies. This is called 'mixed dementia'.

Although often thought of as a disease of older people, around 5% of people with Alzheimer's disease are under 65. This is called **early-onset** or **young-onset** Alzheimer's. It usually affects people in their 40s, 50s and early 60s. The impact of early-onset Alzheimer's can be significant – people are often working, have financial commitments such as mortgages and may have young families.

3.3 Dementia and people with Learning Disabilities

People with learning disability are five times more likely to develop dementia compared to general population. They are also at greater risk of developing dementia at a younger age. Studies have shown that one in ten people with a

²¹ NICE Clinical Knowledge Summaries <http://cks.nice.org.uk/dementia#!background>

²² Department of Health. *Prime Minister's challenge on Dementia 2020* (2015).

learning disability develop young onset Alzheimer's Disease between the age of 50 to 65²³.

It has been predicted that the proportion of people with a learning disability over 65 years of age will have doubled by 2020, with over a third of all people with intellectual disabilities being over 50 years of age by that time²⁴.

People with Down's Syndrome are at particular risk of developing dementia²⁵. It has been calculated that nearly 70% of older adults with Down's syndrome are likely to develop dementia symptoms should they all live to age 70. The most common cause of dementia for people with Down's syndrome is Alzheimer's disease.

Although people with learning disabilities are living longer, life expectancy for people with learning disabilities is still shorter compared with the general population²⁶. People with learning disabilities are at increased risk of most of the risk factors for dementia, with the exceptions of high blood pressure and smoking²⁷. People with Down's syndrome are thought to be particularly vulnerable to developing dementia at younger ages and do so at earlier ages than others. The onset of epilepsy in a person with Down's syndrome later in life may be a strong sign that dementia is developing²⁸.

3.4 Impact of dementia

Dementia not only impacts on the person with the condition but also impacts on the family and friends of people with dementia, many of whom act as primary carers. Many people with dementia also suffer from depression and anxiety, with as many as 63% of people with dementia reporting depression or anxiety²⁹.

Ensuring that we effectively support people with dementia is a big challenge; as the number of people with dementia rises so too does demand on services such as adult social care and health.

The annual cost of dementia in the UK is estimated at £26.3 billion by Alzheimer's Society³⁰. This is higher than the cost of cancer, heart disease, or stroke. This

²³ Dementia Action Alliance. Meeting the challenges of dementia for people with learning disabilities: roundtable discussion briefing paper. London: Dementia Action Alliance; 2017.

²⁴ Dodd, K., Coles, C., Finnamore, T., Holland, T., Gangadharan, S. K., Scheepers, M., . . . British Psychological Society. (2015). Dementia and People with Intellectual Disabilities: Guidance on the assessment, diagnosis, interventions and support of people with intellectual disabilities who develop dementia. Leicester: British Psychological Society.

²⁵ Public Health England (2013). Dementia Services and People with Learning Disabilities: Making Reasonable Adjustments. Public Health England

²⁶ Heslop P, Blair P, Fleming P, Hoghton M, Marriott A, Russ L. Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD): Final report. Bristol: Norah Fry Research Centre, University of Bristol; 2013.

²⁷ NHS Digital. Health and care of people with learning disabilities: England 2014-15, experimental statistics. Leeds: NHS Digital; 2016.

²⁸ Alzheimer's Society (2015) Learning disabilities and dementia. Factsheet 430LP. London: Alzheimer's Society; 2015.

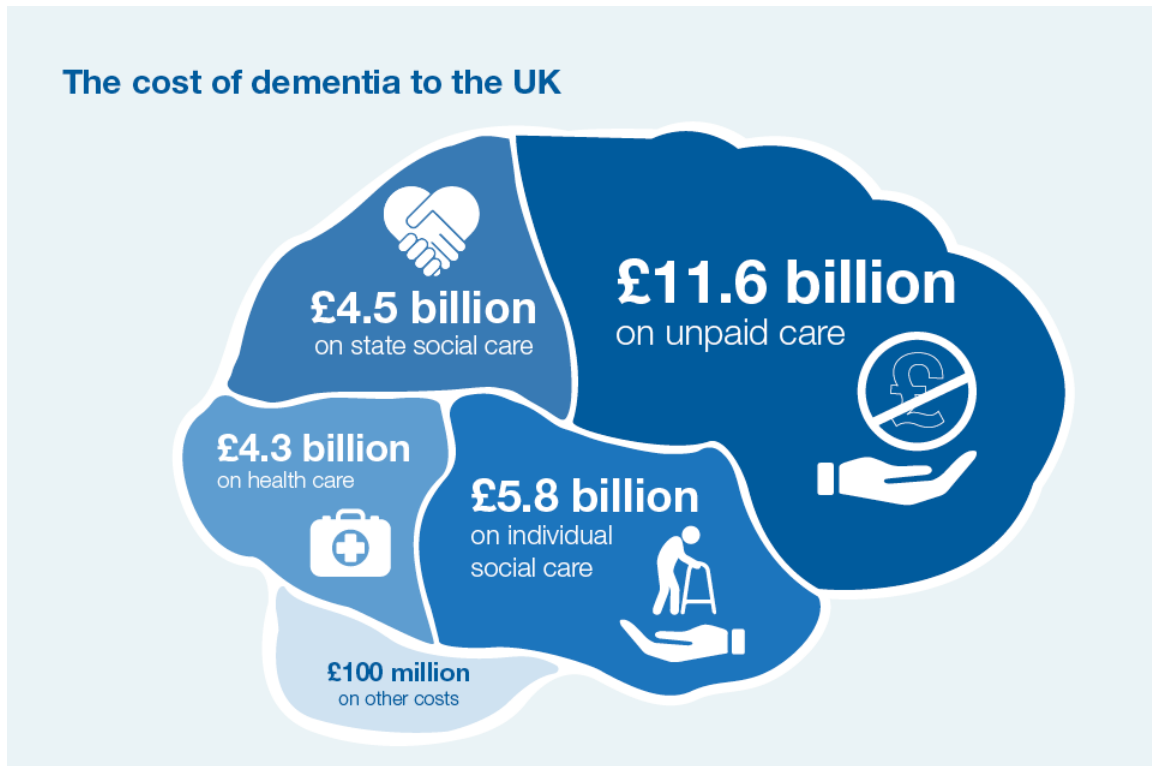
²⁹ Alzheimer's Society. Dementia 2013: The hidden voice of loneliness

³⁰ Kings College London, & London School of Economics. (2014). Dementia UK: update. London: Alzheimers Society.

corresponds to an average cost per person of £32,250 annually. This is made of a cost of £5,300 in healthcare and £12,500 in social care costs (publicly and privately funded). Police costs of missing person attributable to dementia range between £22.1 and £40.3 million per year.

Nationally, £11.6 billion is contributed by the work of unpaid carers of people with dementia. Unpaid care accounts for three-quarters (74.9%) of the total cost for all people with dementia living in the community.

Figure 1: The cost of dementia

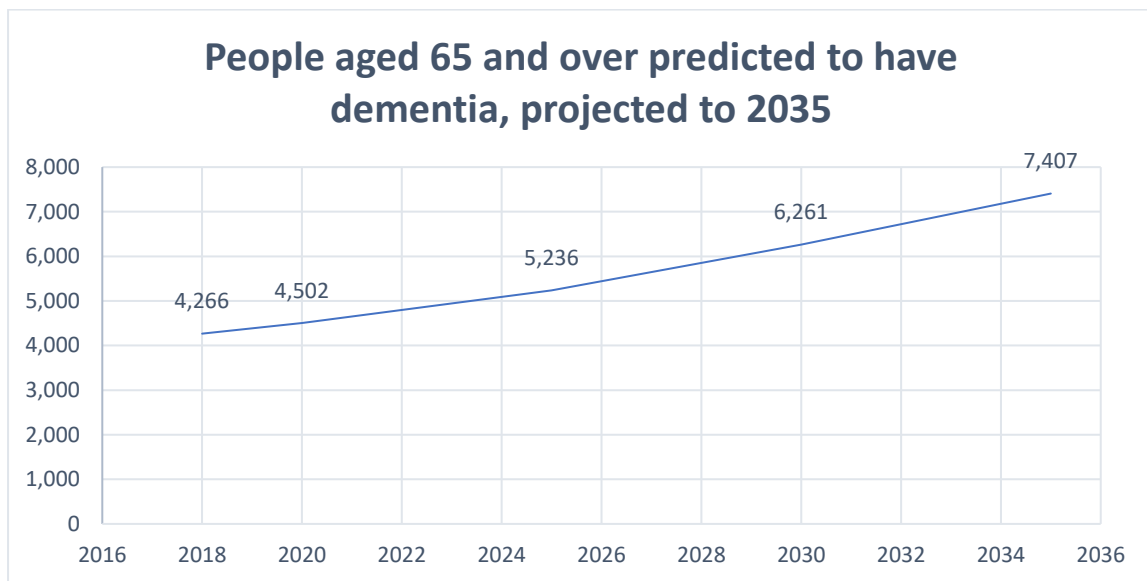


Source: Public Health England. [Health matters: midlife approaches to reduce dementia risk](#). Public Health England; 2016

4. DEMENTIA PROJECTIONS

Figure 2 shows that, with the increasing older population, the number of people in Barnet aged 65+ diagnosed with dementia is projected to increase. During this period, the number of people with dementia in the borough is projected to increase from 4,266 to 7,407, which is an increase of 74%.

Figure 2: Projection for late onset dementia, 2017- 2035

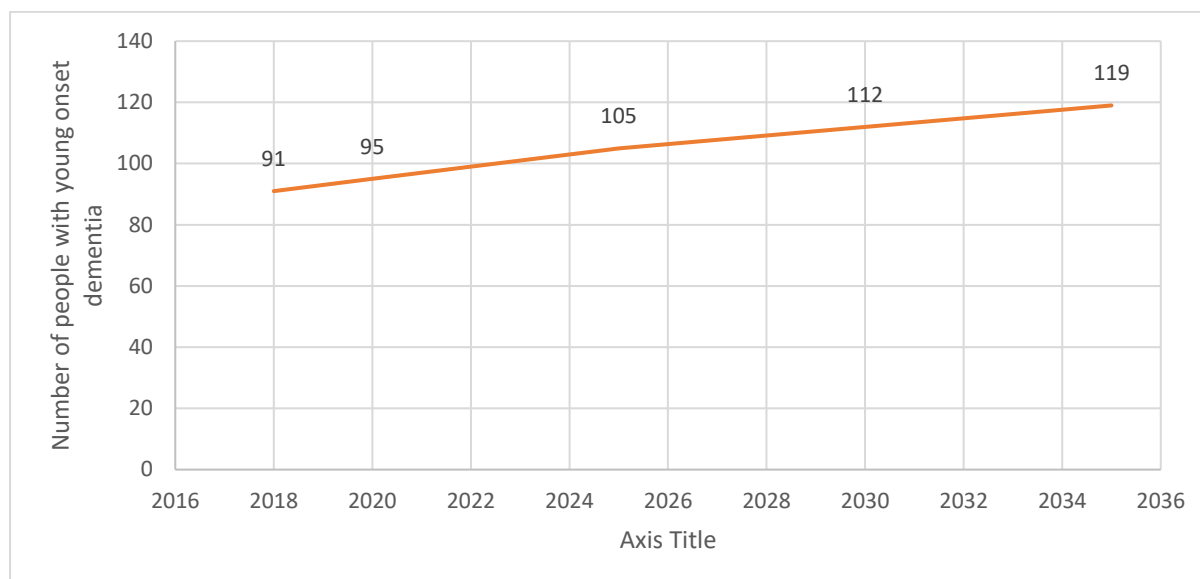


Source: Projecting Older People Population Information System (POPPI, 2016). People aged 65 and over predicted to have dementia, by age and gender, projected to 2035 (based on ONS data). Available at: <http://www.poppi.org.uk/>

As the population increases, the number of people with early onset (under 65 years old) dementia is also projected to increase (Figure 3). Between 2018 and 2035, the number of younger people living with early onset dementia will rise from 91 to 119, an increase of 31%.³¹

³¹ Projecting Adult Needs and Service Information (PANSI, 2016). Early onset dementia. People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2035 (based on ONS data). Available at: www.pansi.org.uk

Figure 3: Projection for early onset dementia, 2017- 2035



Source: Projecting Adult Needs and Service Information (PANSI, 2016). People aged 30-64 predicted to have dementia, by age and gender, projected to 2035 (based on ONS data). Available at: www.pansi.org.uk

5. PREVENTING DEMENTIA: STEPS TO REDUCE RISKS

5.1 Risk factors for dementia

There are many factors that may increase our chances of developing dementia. About a third of Alzheimer's diseases are estimated to be attributable to potentially modifiable risk factors³². The Lancet Commissions on Dementia Prevention, Intervention and Care (LCDPIC) identified 35% of dementia was attributable to a combination of the following risk factors³³.

- Midlife hearing loss can increase stress to brain and social isolation. It is estimated that hearing loss can be responsible for 9.1% of the risk of dementia onset;
- Cardiovascular risk factors for dementia include: hypertension, diabetes and obesity;
- Lifestyle and psychological risk factors include: depression, smoking, lack of physical activity and alcohol consumption;
- Preventative factors include educational and occupational attainment and social isolation.

³² Norton S et al. 'Potential for primary prevention for Alzheimer's disease: an analysis of population-based data', *Lancet Neurology* (2014)

³³ Livingston et al. 'Dementia prevention, intervention, and care'. *The Lancet* (2017) 390: 2673-734.

5.1.1 Smoking

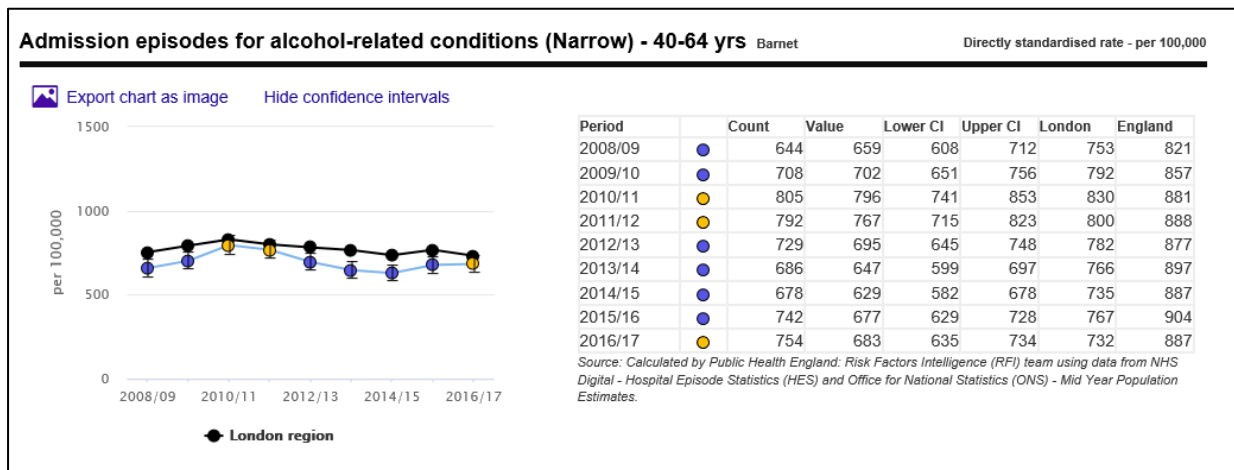
Smoking doubles the risk for developing dementia. In 2017, the smoking prevalence among Barnet adults is 17.3%, which is similar to both London and England. Based on data from the Annual Population Survey (APS), the smoking prevalence for Barnet adults did not change significantly between 2011 and 2017 and over this period it was similar to both London and England.³⁴

5.1.2 Alcohol

Drinking more than the recommended limit for alcohol increases a person's risk of developing common types of dementia such as Alzheimer's disease and vascular dementia.

The charts below show that the rate of hospital admissions for alcohol related conditions for people in Barnet aged 40-64 years was consistently significantly lower than London and England. Except for 2010/11 – 2011/12 and 2016/17, where the rates for Barnet were similar to the London average.

Figure 4: Trend in hospital admissions for alcohol related conditions, people aged 40-64, Barnet vs. London, 2008/9 – 2016/17



Source: Public Health England (PHE, 2018). Dementia Profile. Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs., Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/qid/1938132859/pat/6/par/E12000007/ati/102/are/E09000003/iid/92320/age/287/sex/4>

³⁴ Public Health England (PHE, 2018). Public Health Outcomes Framework. 2.14 - Smoking Prevalence in adults - current smokers (APS), 2017. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/qid/1000042/pat/6/par/E12000007/ati/101/are/E09000003/iid/92443/age/168/sex/4>

5.1.3 Alcohol-related brain damage (ARBD)

Alcohol-related brain damage is a brain disorder caused by regularly drinking too much alcohol over several years. The term ARBD covers several different conditions including alcoholic dementia. Most people with ARBD who receive good support and remain alcohol-free make a full or partial recovery.

Reliable figures of the number of people with ARBD in Barnet are not available and the condition is likely to be under-diagnosed. This is partly because having problems with alcohol still carries a stigma within society, so people may not seek help. Awareness of ARBD even among professionals also varies widely.

Post-mortem studies show that about 1 in 200 of the general adult population in the UK are affected by ARBD³⁵.

People with ARBD tend to be middle-aged, typically in their 40s or 50s, although they can be younger or older. Alcohol-related brain damage is thought to cause more than 10 per cent of 'dementia' in adults under 65 years of age.

Korsakoff's syndrome is the most well-known form of ARBD and much less common - about one in eight people with alcoholism affected by this syndrome.

5.1.4 Physical Activity

In the UK, physical activity was estimated to have the greatest influence of the risk factors studied. A study found that 21.8% of the Alzheimer's cases were estimated to be attributable to physical inactivity. These could potentially be prevented if people were more active³⁶.

For 2016/17, the proportion of physically active adults in Barnet (59.8%) was significantly lower than both London (64.6%) and England (66.0%).³⁷

The percentage of Barnet adults who were physically active (i.e. engaged in 150+ minutes of moderate intensity exercise per week) was significantly lower than London and England between 2015/16 and 2016/17.

³⁵ <https://www.alzheimers.org.uk/about-dementia/types-dementia/who-develops-arbd#content-start>

³⁶ Norton S et al. 'Potential for primary prevention for Alzheimer's disease: an analysis of population-based data', *Lancet Neurology* (2014)

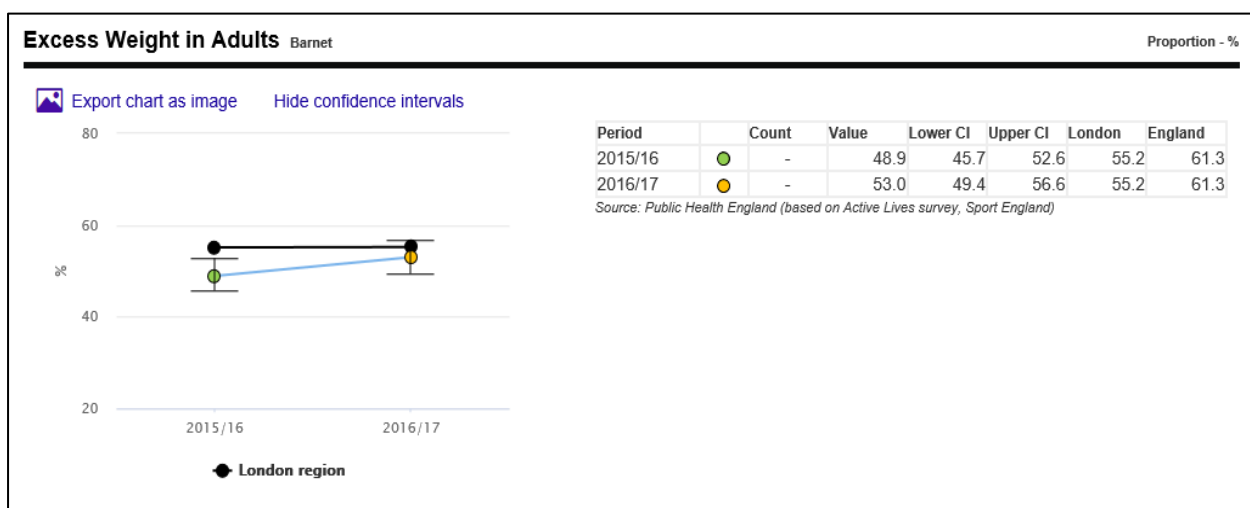
³⁷ Source: Public Health England (PHE, 2018). Physical Activity. Percentage of physically active adults - current method, 2016/17. Available at: <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000007/ati/101/are/E09000003/iid/93014/age/298/sex/4>

5.1.5 Excess weight

Just over half (53.0%) of adults in Barnet have excess weight (i.e. are classified as either overweight or obese with a BMI $\geq 25\text{kg} / \text{m}^2$), as of 2016/17. This proportion is significantly lower than the national average (61.3%) and similar to the London figure (55.2%).³⁸

Between 2015/16 and 2016/17, the proportion of adults with excess weight rose from 48.9% to 53.0%. Although this was not a significant increase, the percentage of overweight or obese adults in Barnet went from being significantly lower than the London average to being similar (Figure 5). Over the same period, the proportion of adults with excess weight in Barnet remained significantly lower than the national average.

Figure 5: Percentage of adults with excess weight, Barnet vs. London, 2015/16 – 2016/17



Source: Public Health England (PHE, 2018). Physical Activity. Excess Weight in Adults, 2016/17. Available at: <https://fingertips.phe.org.uk/profile/physical-activity/data#page/4/gid/1938133001/pat/6/par/E12000007/ati/101/are/E09000003/iid/93088/age/168/sex/4>

5.1.6 Depression

Psychosocial risk factors throughout life such as loneliness, isolation and depression may reduce resilience to disease onset and progression. Psychosocial factors therefore may be as important as physical factors in reducing the risk of dementia, but more evidence is needed. The ambition is to reduce the number of people with depression, as this may increase the resilience to dementia onset and progression.

³⁸ Public Health England (PHE, 2018). Physical Activity. Excess Weight in Adults, 2016/17. Available at: <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938133001/pat/6/par/E12000007/ati/101/are/E09000003/iid/93088/age/168/sex/4>

5.2. NHS Health Check Programme

The national NHS Health Checks programme is an ideal opportunity for GPs and other healthcare professionals to promote opportunities in mid-life to reduce the behavioural risk factors for dementia. NICE³⁹ recommends that dementia advice should be given to all people eligible for a health check (aged 40-74) and that advice is tailored for different age groups.

Currently the programme includes content on dementia for people attending the checks who are aged 65 or over highlighting the importance of vascular risk factors such as physical inactivity and smoking not only to heart disease but also to dementia.

5.3. Learning Disability

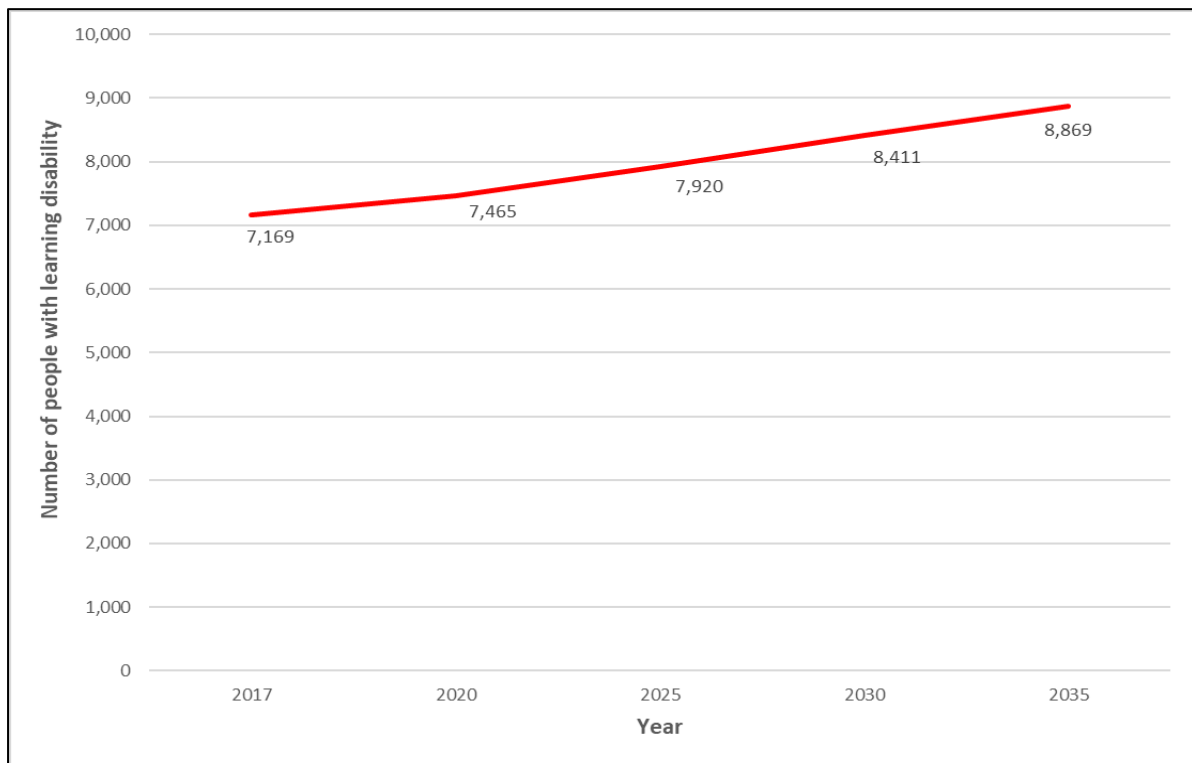
In 2018, the estimated number of people aged under 65 living in Barnet with a learning disability is 6,100. At present, the largest proportion of people aged under 65 living with learning disability fall into the 25-34 years old age group (26.4%).

There are predicted to be 1,176 people aged 65+ living with a learning disability in Barnet, in 2018.

As the population increases, the number of adults (aged 18+) with learning disability in Barnet is predicted to increase by 1,700 from 7,169 in 2017 to 8,869 in 2035 (Figure 6). The number of people living with learning disability in Barnet is estimated to increase by almost a quarter (24%) by 2035.

³⁹ National Institute for Health and Care Excellence (NICE, 2015). Guidance: Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset. Available at: <https://www.nice.org.uk/guidance/ng16>

Figure 6: Number of adults (aged 18+) in Barnet with learning disability, 2017-2035



Source: POPPI (based on ONS data). Available at: <http://www.poppi.org.uk/>

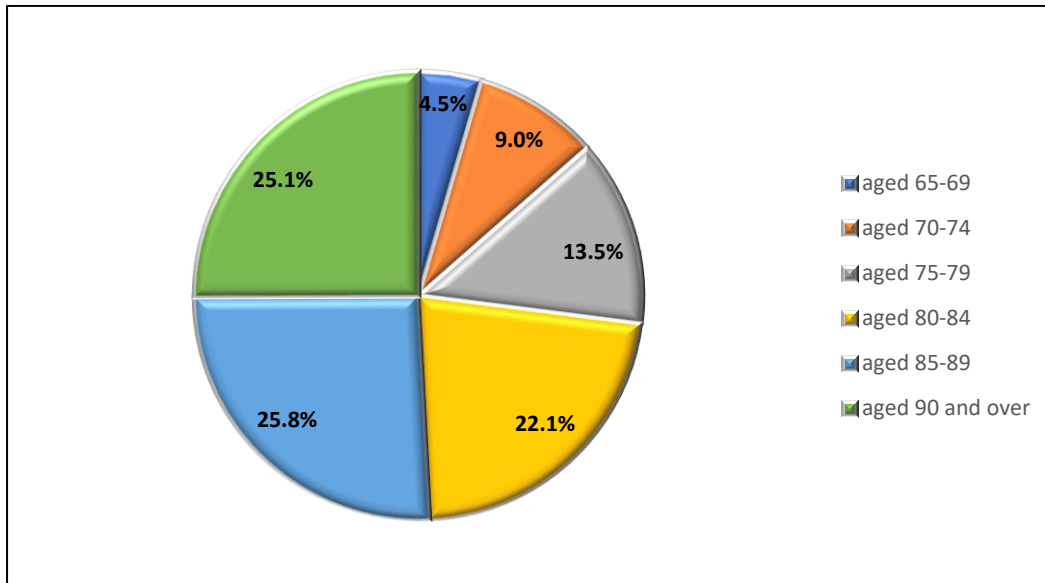
6. DIAGNOSIS

6.1 Estimated Prevalence – Late Onset

For 2018, the number of people aged 65+ predicted to have dementia in Barnet is 4,266, based on estimations made by POPPI (Projecting Older People Population Information System).⁴⁰ Figure 7 shows how this population is broken down by 5-year age group. Older age groups account for larger proportions of the dementia population in Barnet.

⁴⁰ Projecting Older People Population Information System (POPPI, 2016). Dementia: People aged 65 and over predicted to have dementia, by age and gender, projected to 2035. Available at: <http://www.poppi.org.uk/>

Figure 7: Proportion of people with dementia aged 65+ (late onset) in Barnet, by 5-year age group, 2018



Source: POPPI (based on ONS data). Available at: <http://www.poppi.org.uk/>

For estimated prevalence of late onset dementia by gender and age please see appendix 1.

6.2 Diagnosed dementia

The National Dementia Strategy (2009)⁴¹ commits to all people with a dementia diagnosis having access to treatment, care and support as needed.

The diagnosed dementia rate for people aged 65+ in Barnet 5.08%. This equates to 2,679 people. This is higher than both London 4.49% and England 4.33%.

As of September 2017, Barnet had the 5th highest level of diagnosed dementia of all the London boroughs with exception of Islington, Tower Hamlets, Camden and Sutton.

⁴¹ Department of Health (2009) Living Well with Dementia: A National Dementia Strategy. Gateway Reference 11198

Figure 8: Diagnosed dementia rates (aged 65+) in Barnet and its 15 nearest statistical neighbours in London, September 2017

Dementia: Recorded prevalence (aged 65+) Sep 2017					Proportion - %	
Area	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	436,777	4.33		4.31	4.34
Sutton	11	1,426	5.11		4.86	5.38
Barnet	-	2,679	5.08		4.90	5.28
Brent	14	2,032	4.90		4.70	5.11
Redbridge	5	1,843	4.80		4.59	5.02
Enfield	6	1,918	4.75		4.55	4.96
Bexley	12	1,833	4.58		4.38	4.79
Merton	8	1,149	4.49		4.25	4.75
Hillingdon	4	1,677	4.47		4.27	4.69
Wandsworth	13	1,490	4.45		4.23	4.68
Bromley	7	2,685	4.43		4.27	4.59
Croydon	1	2,227	4.31		4.14	4.49
Richmond upon Thames	15	1,410	4.29		4.08	4.52
Harrow	3	1,513	4.10		3.90	4.31
Hounslow	9	1,256	4.10		3.88	4.33
Kingston upon Thames	10	1,028	4.05		3.82	4.30
Ealing	2	1,752	3.92		3.74	4.10

Source: NHS Digital

Source: Public Health England (PHE, 2018). Dementia Profile. Barnet and its CIPFA nearest neighbours (2018). Dementia: Recorded prevalence (aged 65+), Sep 2017. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132811/pat/6/par/E1200007/ati/102/are/E0900003/iid/91891/age/27/sex/4/nn/nn-1-E0900003>

Key: Light blue: Higher than England. Yellow: Similar to England. Dark blue: Lower than England.

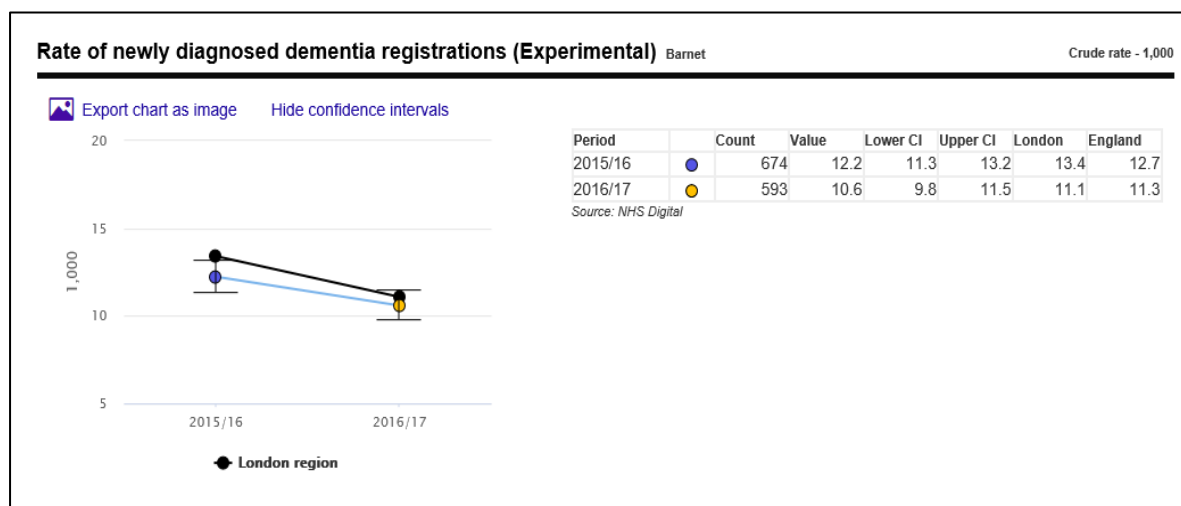
6.3 Newly diagnosed dementia

Dementia patients, by nature of their age, are a fluid population. A change in prevalence over time cannot truly be understood without understanding the flows into the system (incidence) and out of the system (mortality).

The chart below show how the new cases (incidence) of dementia for people aged 65+ in Barnet compared to London and England. In 2015/16, the incidence rate was lower in Barnet compared to London, but not different in 2016/17.⁴²

⁴² Public Health England (PHE, 2018). Dementia Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/qid/1938132811/pat/6/par/E1200007/ati/102/are/E0900003/iid/92826/age/27/sex/4> This indicator is the crude rate of newly diagnosed cases being added to dementia registers (assessed for payment under the QoF business rules) as a proportion of the registered practice expressed as a crude rate per 1,000 patients registered at the GP practice (aged 65+). The indicator acts as a proxy for an incidence rate and should therefore be regarded as experimental.

Figure 9: Incidence of dementia (65+): Barnet vs. London, 2015/16 – 2016/17



Source: Public Health England (PHE, 2018). Dementia Profile. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/gid/1938132811/pat/6/par/E12000007/ati/102/are/E09000003/iid/92826/age/27/sex/4>

6.4 Estimated diagnosis rate

The prime minister's challenge⁴³ for dementia included a commitment to increase the number of people living with dementia who have a formal diagnosis. The rationale being that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

In 2018, the estimated percentage of older people (aged 65+) living with dementia in Barnet who have a formal diagnosis is 73.1%. This is not significantly different from either London 70.5% or England 67.5%.⁴⁴

Whilst the majority of people are likely to have access to appropriate support and care, there are still some more we can do to find those who are undiagnosed. As can be seen from Table 2, the estimated dementia diagnosis rate is highest in Islington (88.1%) in North Central London CCGs.⁴⁵

⁴³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

⁴⁴ Public Health England (PHE, 2018). Dementia Profile. Estimated dementia diagnosis rate (aged 65+), 2018. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938133052/pat/6/par/E12000007/ati/102/are/E09000003/iid/92949/age/27/sex/4>

⁴⁵ Public Health England (PHE, 2018). Dementia Profile. Estimated dementia diagnosis rate (aged 65+), 2018. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938133052/pat/6/par/E12000007/ati/102/are/E09000003/iid/92949/age/27/sex/4>

Table 2: Estimated dementia diagnosis rate for late onset dementia for North Central London (NCL) CCGs, London and England, 2018

Area Name	Value	Lower CI	Upper CI
Islington	88.1	77.6	97.2
Camden	86.4	76.4	95
Barnet	73.1	65.4	79.8
Enfield	72.2	64.4	78.9
Haringey	68.1	60.1	75
London region	70.5	63.4	76.4
England	67.5	60.8	73.1

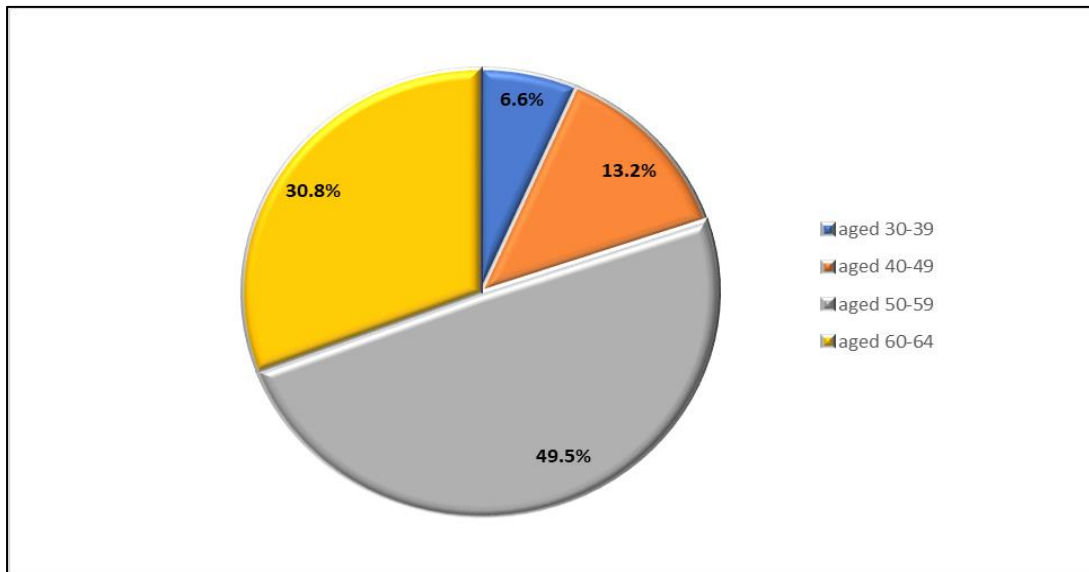
Source: Public Health England (PHE, 2018). Dementia Profile. Estimated dementia diagnosis rate (aged 65+), 2018. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938133052/pat/6/par/E12000007/ati/102/are/E09000003/iid/92949/age/27/sex/4>

6.5 Estimated prevalence of young onset dementia

For 2018, the number of people aged under 65 predicted to have dementia in Barnet is 91, based on estimations made by Projecting Adult Needs and Service Information (PANSI).⁴⁶ Figure 10 shows how this population is broken down by age group. Although the numbers involved are small, older age groups account for larger proportions of the early onset dementia patients, with almost half 49.5% of these patients aged 50-59.

⁴⁶ Projecting Adult Needs and Service Information (PANSI, 2016). Early onset dementia. People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2021. Available at: www.pansi.org.uk

Figure 10: Proportion of people with dementia aged under 65 (young onset) in Barnet, by age group, 2018



Source: PANSI (based on ONS data). Available at: www.pansi.org.uk

For estimated prevalence of young onset dementia by gender and age please see appendix 1.

6.6 Crude recorded prevalence for young onset dementia

For 2017, the crude recorded prevalence of dementia (based on GP registers) for young onset patients (aged under 65 years) in Barnet is 1.42 per 10,000 (approximately 47 people) which is significantly lower than both London (2.19 / 10,000) and England (2.99 / 10,000).⁴⁷ Barnet has the 4th lowest recorded prevalence of early onset dementia out of all the London boroughs.

6.7 Diagnostic tests

Although there is no consensus concerning the diagnostic tests that should be undertaken during the differential diagnosis of dementia, investigations should be undertaken to exclude potentially reversible causes of the cognitive impairment (such as hypothyroidism and vitamin B12 or folate deficiency).⁴⁸

⁴⁷ Public Health England (PHE, 2018). Dementia Profile. Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000, 2017. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132811/pat/6/par/E12000007/ati/102/are/E09000003/iid/93026/age/279/sex/4>

⁴⁸ Public Health England (PHE, 2018). Public Health Profiles. Indicator Definitions and Supporting Information. New dementia diagnosis with blood test recorded between 12 months before and 6 months after entering onto the register. Available at: <https://fingertips.phe.org.uk/search/dementia%20blood%20tests#page/6/qid/1/pat/46/par/E39000018/ati/152/are/E38000005/iid/91216/age/1/sex/4/nn/nn-4-E38000005>

Figure 11 shows the percentage of patients with a new diagnosis of dementia in the preceding year who had received blood tests for Barnet and the 10 most similar CCGs in England. During 2016/17, 65.3% of Barnet patients with a new diagnosis of dementia had received a blood test during the preceding year, which is similar to both England (67.7%) and London (62.8%).

Figure 11: Percentage of patients with a new diagnosis of dementia in the preceding year who had received blood tests [DEM005], Barnet and 10 most similar CCGs, 2016/17

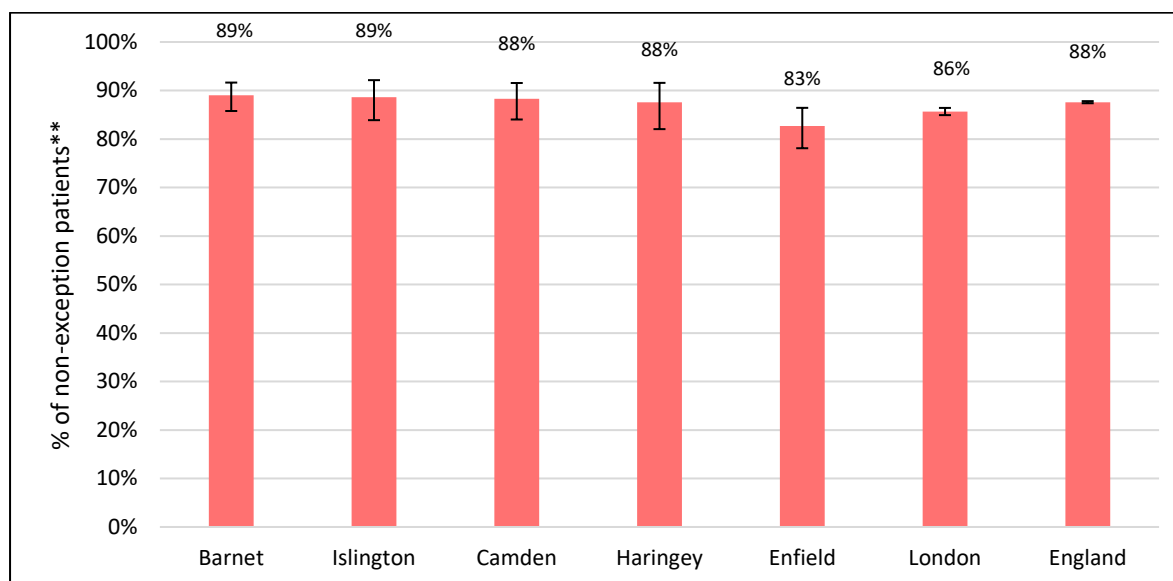
DEM005: Blood tests recorded (den.incl.exc.) 2016/17						Proportion - %	
Area	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI	
England	-	77,050	67.7		67.5	68.0	
NHS Milton Keynes CCG	9	287	78.8		74.4	82.7	
NHS Crawley CCG	6	161	72.5		66.3	78.0	
NHS Trafford CCG	10	350	66.7		62.5	70.6	
NHS Barnet CCG	-	390	65.3		61.4	69.0	
NHS Kingston CCG	5	145	64.4		58.0	70.4	
NHS Bexley CCG	3	302	63.4		59.0	67.6	
NHS Wolverhampton CCG	8	319	62.7		58.4	66.8	
NHS Sutton CCG	2	238	62.3		57.3	67.0	
NHS Bromley CCG	4	437	62.3		58.6	65.8	
NHS Hillingdon CCG	1	315	61.9		57.6	66.0	
NHS Havering CCG	7	284	55.1		50.8	59.4	

Source: Public Health England. Public Health Profiles. Available at: <https://fingertips.phe.org.uk/search/dementia%20blood%20tests#page/3/gid/1/pat/46/par/E39000018/ati/152/are/E38000005/iid/91216/age/1/sex/4/nn/nn-4-E38000005>

Key: Light blue: Higher than England. Yellow: Similar to England. Dark blue: Lower than England.

Similarly, when exceptions are excluded during the QoF reporting, there is no statistically significant difference in the proportion of newly diagnosed patients who have had a blood test between Barnet and other NCL CCGs (see Figure 12).

Figure 12: Percentage of patients with a new diagnosis of dementia in the preceding year who had received blood tests [DEM005], Barnet and NCL CCGs, London and England, 2016/17



Source: NHS Digital (2017). Quality and Outcomes Framework indicator DEM004. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/quality-and-outcomes-framework-qof-2016-17>

7. POST-DIAGNOSTIC SUPPORT

7.1 Care plan reviews

A face-to-face review of the support needs of both dementia patient and their carer is an important element of their care plan.⁴⁹ Figure 13 shows the percentage of patients diagnosed with dementia whose care plan was reviewed in a face-to-face review in the preceding 12 months for Barnet and the 10 most similar CCGs in England. Barnet had a higher percentage of patients whose care plan had been reviewed by GPs in the last 12 months (80.9%) than England (78.1%) for 2016/17. The figure for Barnet was however similar to the London average (79.9%).

⁴⁹ Public Health England (2018). Public Health Profiles. DEM004: Dementia care plan has been reviewed last 12mths (den.incl.exc.)2016/17 Indicator Definitions and Supporting Information. Available at: <https://fingertips.phe.org.uk/search/dementia%20blood%20tests#page/6/gid/1/pat/46/par/E39000018/ati/152/are/E38000005/iid/91215/age/1/sex/4/nn/nn-4-E38000005>

Figure 13: Percentage of patients who had dementia care plan reviewed in the last 12 months [DEM004], Barnet and 10 most similar CCGs, 2016/17

DEM004: Dementia care plan has been reviewed last 12mths (den.incl.exc.) 2016/17				Proportion - %	
Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	346,439	78.1	77.9	78.2
NHS Barnet CCG	-	2,332	80.9	79.4	82.3
NHS Sutton CCG	2	1,166	80.1	78.0	82.1
NHS Havering CCG	7	1,610	79.4	77.6	81.1
NHS Hillingdon CCG	1	1,484	78.6	76.7	80.4
NHS Trafford CCG	10	1,568	78.4	76.6	80.2
NHS Kingston CCG	5	778	77.6	74.9	80.0
NHS Crawley CCG	6	605	77.6	74.5	80.4
NHS Milton Keynes CCG	9	1,147	77.6	75.4	79.6
NHS Wolverhampton CCG	8	1,750	77.1	75.4	78.8
NHS Bromley CCG	4	2,086	76.7	75.0	78.2
NHS Bexley CCG	3	1,443	74.3	72.4	76.2

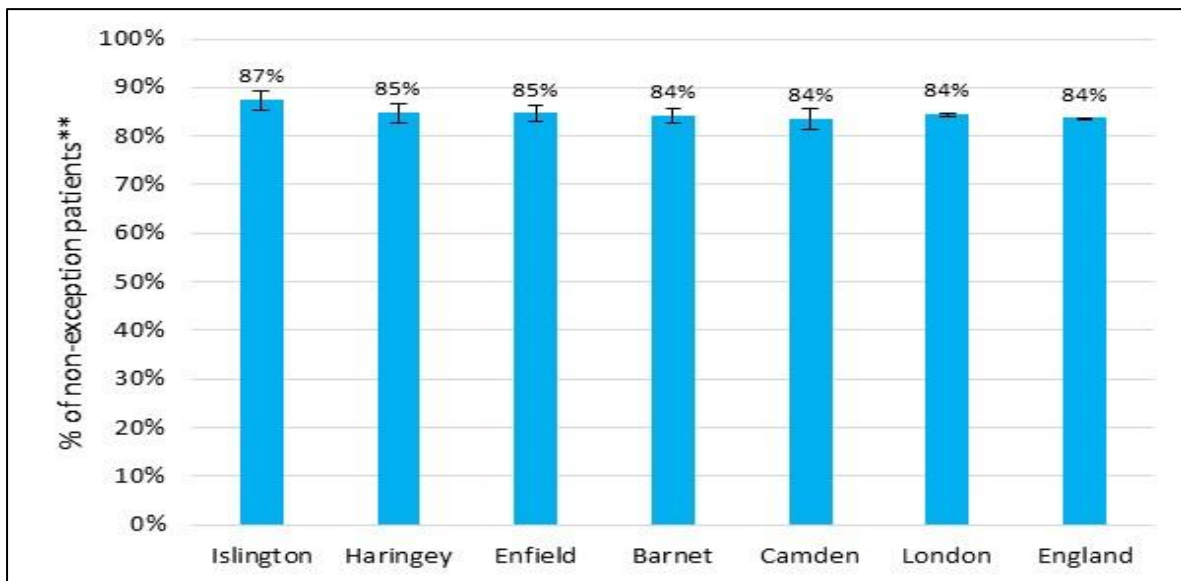
Source: Public Health England. Public Health Profiles. Available at: <https://fingertips.phe.org.uk/search/dementia%20blood%20tests#page/3/gid/1/pat/46/par/E39000018/ati/152/are/E38000005/iid/91215/age/1/sex/4/nn/nn-4-E38000005>

Key: Light blue: Higher than England. Yellow: Similar to England. Dark blue: Lower than England.

There is no statistically significant difference between CCGs within North Central London (NCL), in terms of the percentage of diagnosed dementia patients receiving a face-to-face care plan review in the last 12 months (Figure 14)⁵⁰. Within NCL, Islington has a significantly higher proportion than both London and England.

⁵⁰ NHS Digital (2017). Quality and Outcomes Framework indicator DEM 004. (Quality and Outcomes Framework - 2016-17). Percentage of diagnosed dementia patients without exceptions re face-to-face care plan review. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/quality-and-outcomes-framework-qof-2016-17>

Figure 14: Diagnosed dementia patients receiving a face-to-face care plan review in the last 12 months, for North Central London (NCL) Clinical Commissioning Groups (CCGs), London and England, 2016/17 (excluding exceptions).



Source: NHS Digital (2017). Quality and Outcomes Framework indicator DEM004. ⁵¹Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/quality-and-outcomes-framework-qof-2016-17>

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.

7.1 In-patient admissions

This data provides an indication of the use of inpatient general hospital services for people diagnosed with dementia.

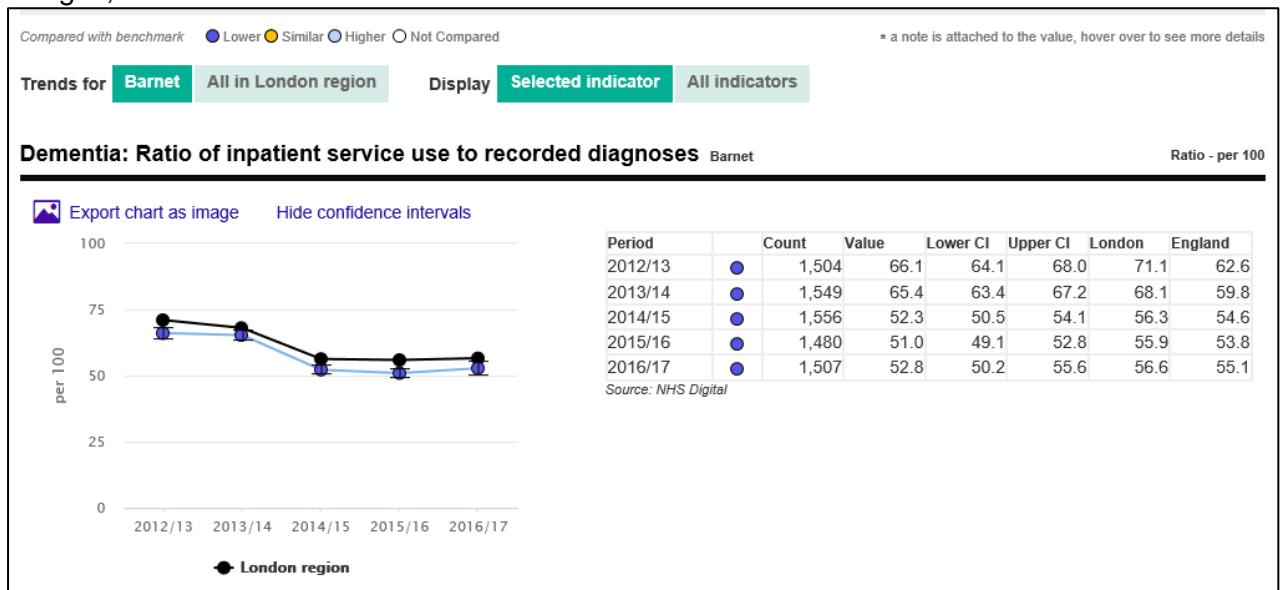
Out of every 100 people on the dementia registers in GP practices in Barnet, 52.8 were admitted as inpatients during 2016/17. This ratio of inpatient service use to

⁵¹ Source: NHS Digital (2017). Quality and Outcomes Framework indicator DEM004.

recorded diagnosis is similar to the level in England (56.1/100), but significantly lower than the ratio for London overall (56.6/100).⁵²

With regards to trends between 2012/13 and 2016/17, the ratio of inpatient service use to recorded diagnosis for dementia patients in Barnet fell significantly from 66.1 to 52.8. Over this period, the ratio for Barnet was consistently lower than that for London (see Figure 15 below).

Figure 15: Trend in ratio of inpatient service use to recorded diagnoses, Barnet and London, all ages, 2012/13 – 2016/17



Source: Public Health England (PHE, 2018). Dementia Profile. Dementia: Ratio of inpatient service use to recorded diagnoses, Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/>

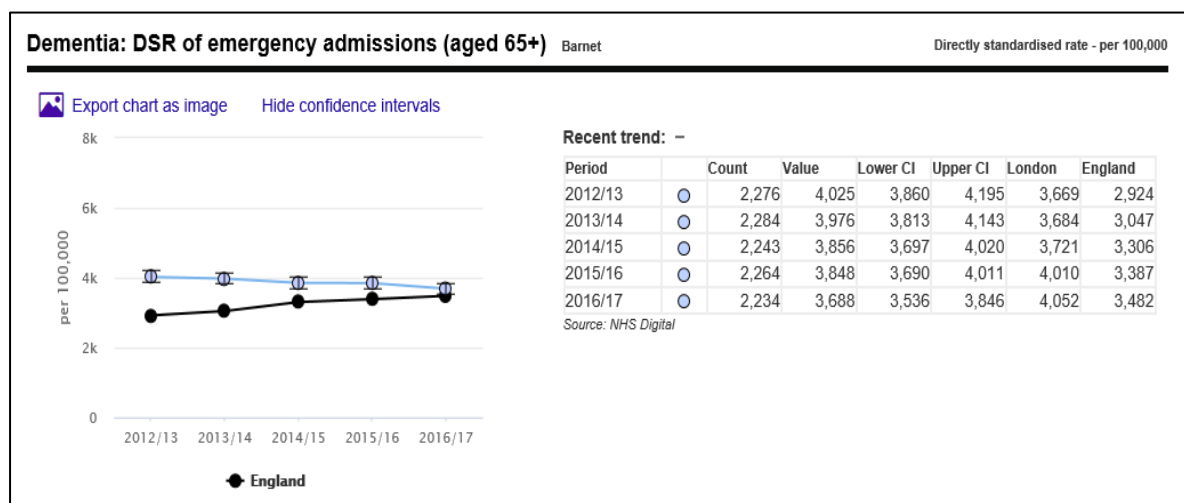
7.2 Emergency admissions

Some emergency admissions could be avoided if patients underlying cause are managed well and individuals are well supported.

Barnet rates for emergency admissions with a mention of dementia are significantly higher than England. The trend in the rate of emergency hospital admissions with a mention of dementia for older people in Barnet (aged 65+) and England, over the period 2012/13 to 2016/17, is shown in Figure 16. The rate of admissions for dementia in Barnet was higher than England over this five-year period, although the rates appear to be converging.

⁵² Public Health England (PHE, 2018). Dementia Profile. Dementia: Ratio of inpatient service use to recorded diagnoses, 2016/17. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938133052/pat/6/par/E12000007/ati/102/are/E09000003/iid/91300/age/1/sex/4>

Figure 16: Trend in the Directly Standardised Rate (DSR) of emergency admissions with a mention of dementia, Barnet and England, aged 65+, 2012/13 – 2016/17



Source: Public Health England (PHE, 2018). Public Health Profiles. Available at: <https://fingertips.phe.org.uk/search/DSR%20dementia#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000003/iid/91281/age/27/sex/4>

7.3 Short stay emergency admissions

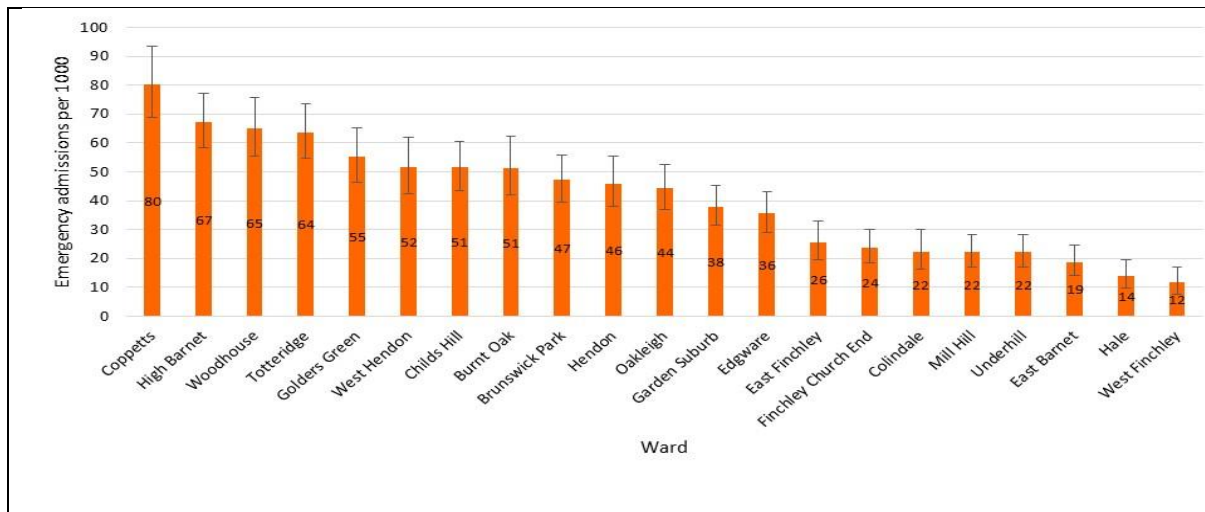
Short stay emergency inpatient admissions (of one night or less) represent an abrupt change in environment and can be particularly stressful for dementia patients, so should be avoided if possible⁵³. For Barnet, 29.6% of emergency inpatient admissions for late onset (aged 65+) dementia patients in 2016/17 were short stays of one night or less. This is similar to both London 28.9% and England 28.2%.

7.3 Emergency admissions by ward

There is wide variation within the borough in terms of emergency admissions with the mention of dementia. Figure 17 shows that there was an almost seven-fold difference in emergency admission rates with a mention of dementia for people aged 65 years and older. The rate was the highest in Coppetts ward (80/1000 65yr+ population) and the lowest in West Finchley (12/1000).

⁵³ Public Health England (PHE, 2018). Dementia Profile. Dementia: Short stay emergency admissions (aged 65+), 2016/17. Indicator Definitions and Supporting Information. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/6/gid/1938132893/pat/6/par/E12000007/ati/102/are/E09000003/iid/91745/age/27/sex/4>

Figure 17. Emergency admissions to Barnet residents aged 65 yr and over, with dementia* in any diagnostic field, crude rate per 1,000, Ward in Barnet, 2017/18



Source: NHS Digital, 2018 (HES Data Interrogation Service 2017 ward populations based on Mayor of London London Datastore 2016-based population projections)

7.4 Hospital admissions for urinary tract infection

People with dementia living in a care home are more likely to go into hospital with avoidable conditions (such as urinary infections, dehydration and pressure sores).

In 2017/18, Barnet's rate of admissions of 65 yr+ residents for urinary tract infection with a mention of dementia in any other diagnostic field was 2.9/1000 65 yr+ population (equates to 164 people) was statistically similar to London (3.3/1000) and England (2.3/1000) rates.

8. LIVING WELL WITH DEMENTIA

8.1 Carers

8.1.1 Social isolation

Barnet's Adult Social Care vision includes improved support for carers and ensuring that carers are supported to remain connected to their communities and to their friends and families to avoid a crisis.

The 2011 Census recorded that 32,256 residents classified themselves as a carer which is just over 9% of the whole population. However, there is no data available to identify carers within Barnet specifically supporting people with dementia.

Barnet 30.6% of carers responded that they had as much social contact as they would like which was similar to both the London 35.6% and England 35.5% averages (2016/17).⁵⁴

8.1.2 Carer quality of life

Ensuring that carers are supported and valued in their role enables them to continue to provide support, preventing admissions and prolonging the time that people can remain independent in their own homes.

Carers of people with dementia should be made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.

Carer quality of life measure gives an overarching view of the quality of life of carers and supports a number of the most important outcomes identified by carers themselves to which adult social care contributes.

The carer reported quality of life score for people caring someone with dementia in Barnet was 7.4 which was similar to both London 7.4 and England 7.5.⁵⁵

8.1.3 Unpaid care

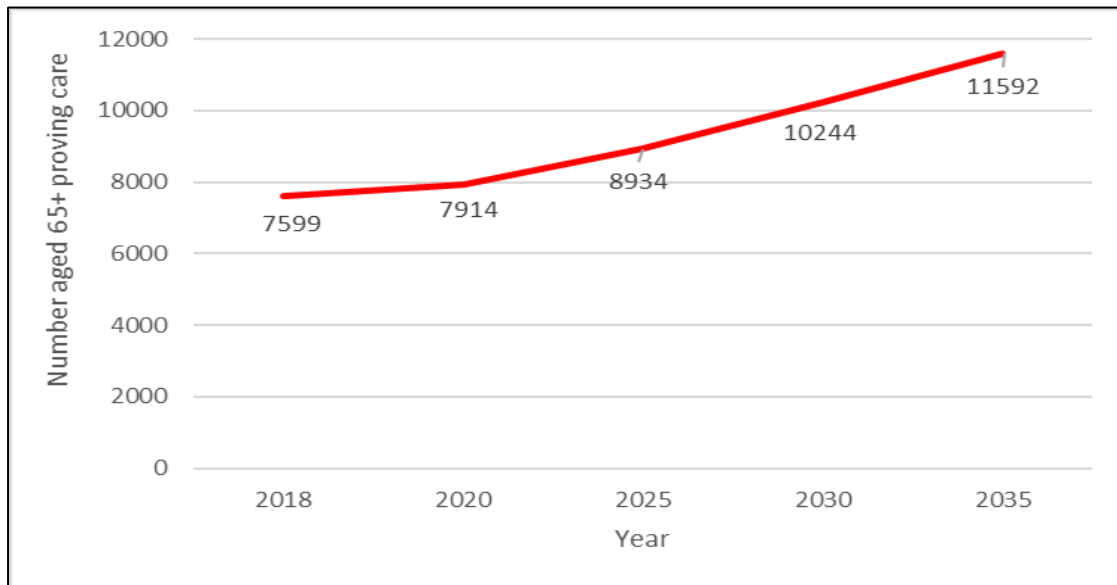
Figure 18 shows the number of people in Barnet aged 65+ providing unpaid care. Between 2018 and 2035, this number is predicted to rise from 7,599 to 11,592, which is a 53% increase.⁵⁶

⁵⁴ Public Health England (PHE, 2018). Dementia Profile. Social Isolation: % of adult carers who have as much social contact as they would like, 2016/17 Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132897/pat/6/par/E12000007/ati/102/are/E09000003/iid/90638/age/168/sex/4>

⁵⁵ Public Health England (PHE, 2018). Dementia Profile. Carer-reported quality of life score for people caring for someone with dementia, 2016/17. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132897/pat/6/par/E12000007/ati/102/are/E09000003/iid/92463/age/168/sex/4>

⁵⁶ Projecting Older People Population Information System (POPPI, 2016). People aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2035. Available at: <http://www.poppi.org.uk/>

Figure 18: Number of older people in Barnet (aged 65+) providing unpaid care, 2018-2035



Source: POPPI (based on ONS data). Available at: <http://www.poppi.org.uk/>

8.2 Living in a care home

People with dementia should have access to safe and high quality long term care services⁵⁷.

Barnet had an estimated 2,286 people living in care homes with or without nursing by local authority in 2018; this is expected to rise by 56% to 4,051 people by 2030⁵⁸. The Dementia UK findings suggests that 69% of people living in care homes have dementia diagnosis⁵⁹.

The table below – taken from Adults and Communities’ Mosaic database - shows the comparative analysis for mainstream provision versus those recorded under the EMI (Elderly Mentally Infirm) care group category, who are assumed to have dementia. Mainstream refers to all areas excluding EMI, i.e. Older Adults, Learning Disabilities, Physical & Sensory Impairment & Mental Health.

Overall client numbers for EMI and Mainstream reduced over the three year period, but EMI maintained similar proportions at around 6% for adult social care clients.

Of those in nursing and residential placements with an adult social care package, EMI clients account for 15-16%.

⁵⁷ Prime Minister’s Challenge on Dementia 2020 Implementation Plan: 2016

⁵⁸ Projecting Older People Population Information System (POPPI, 2016). People aged 65 and over living in a care home with or without nursing by local authority / non-local authority, by age, projected to 2035 Available at: <http://www.poppi.org.uk/>

⁵⁹ Alzheimer’s Society (2014) Dementia UK update. November 2014

Table 3: Analysis of mainstream provisions vs EMI

Care Type	Number of Clients								
	EMI 2015/16	Mainstream 2015/16	% of EMI to Mainstream 2015/16	EMI 2016/17	Mainstream 2016/17	% of EMI to Mainstream 2016/17	EMI 2017/18	Mainstream 2017/18	% of EMI to Mainstream 2017/18
Nurs care	54	333	16.22%	57	361	15.79%	58	361	16.07%
Res Care	153	1,007	15.19%	147	934	15.74%	136	865	15.72%
Supp Living	1	273	0.37%	1	414	0.24%	0	417	0.00%
Direct Pymts	44	1,294	3.40%	57	1040	5.48%	47	1025	4.59%
Homecare	91	1,660	5.48%	96	2015	4.76%	71	1789	3.97%
Day care	59	889	6.64%	35	352	9.94%	24	326	7.36%
Enablement	28	1,602	1.75%	11	972	1.13%	4	742	0.54%
Extra Care	8	97	8.25%	8	97	8.25%	9	87	10.34%
Total	438	7,155	6.12%	412	6,185	6.66%	349	5,612	6.22%

8.2.1 Quality rate of residential and nursing home care

Just over half (53.4%) of residential and nursing home beds in Barnet, suitable for older dementia patients (aged 65+), were rated as “Good” or “Outstanding” by the Care Quality Commission during 2017. This was significantly lower than both London (61.4%) and England (59.7%).⁶⁰ Figure 19 compares the quality ratings of Barnet, London local authorities, London and England for residential and nursing homes suitable for older dementia patients.

⁶⁰ Public Health England (PHE, 2018). Dementia Profile. Dementia: Quality rating of residential care and nursing home beds (aged 65+), 2017. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132893/pat/6/par/E12000007/ati/102/are/E09000003/iid/93040/age/27/sex/4>

Figure19: Proportion of residential care and nursing home beds suitable for late onset dementia patients rated as “good” or “outstanding” by the Care Quality Commission, in Barnet, London local authorities, London and England, 2017

Dementia: Quality rating of residential care and nursing home beds (aged 65+) 2017				Proportion - per 100	
Area	Count	Value	95% Lower CI	95% Upper CI	
England	174,440	59.7	59.5	59.8	
London region	14,442	61.4	60.8	62.1	
Southwark	451	100	99.2	100	
Richmond upon Thames	599	100	99.4	100	
Hackney	179	100	97.9	100	
Brent	579	84.4	81.5	86.9	
Camden	294	83.1	78.8	86.6	
Islington	254	80.1	75.4	84.1	
Hammersmith and Fulham	312	77.2	72.9	81.0	
Haringey	234	69.9	64.7	74.5	
Croydon	986	69.6	67.1	71.9	
Havering	837	67.0	64.4	69.6	
Merton	455	66.0	62.4	69.5	
Enfield	827	65.6	63.0	68.2	
Lewisham	351	65.6	61.5	69.5	
Redbridge	548	65.1	61.8	68.2	
Ealing	691	64.6	61.7	67.4	
Kingston upon Thames	550	64.3	61.1	67.5	
Waltham Forest	422	61.1	57.4	64.6	
Greenwich	389	60.3	56.5	64.0	
Bromley	630	58.8	55.8	61.7	
Tower Hamlets	170	56.5	50.8	62.0	
Hillingdon	599	55.7	52.7	58.6	
Lambeth	187	54.8	49.5	60.0	
Barking and Dagenham	304	53.5	49.4	57.6	
Barnet	1,126	53.4	51.3	55.6	
Hounslow	334	53.4	49.4	57.2	
Harrow	369	52.6	48.9	56.2	
Sutton	442	52.0	48.6	55.3	
Wandsworth	551	51.7	48.7	54.7	
Bexley	522	47.3	44.4	50.3	
Westminster	102	29.7	25.1	34.8	
City of London	102	29.7	25.1	34.8	
Newham	122	21.4	18.3	25.0	
Kensington and Chelsea	26	12.6	8.8	17.9	

Source: Public Health England (PHE, 2018). Dementia Profile. Dementia: Quality rating of residential care and nursing home beds (aged 65+), 2017. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132893/pat/6/par/E12000007/ati/102/are/E09000003/iid/93040/age/27/sex/4>

9. END OF LIFE CARE

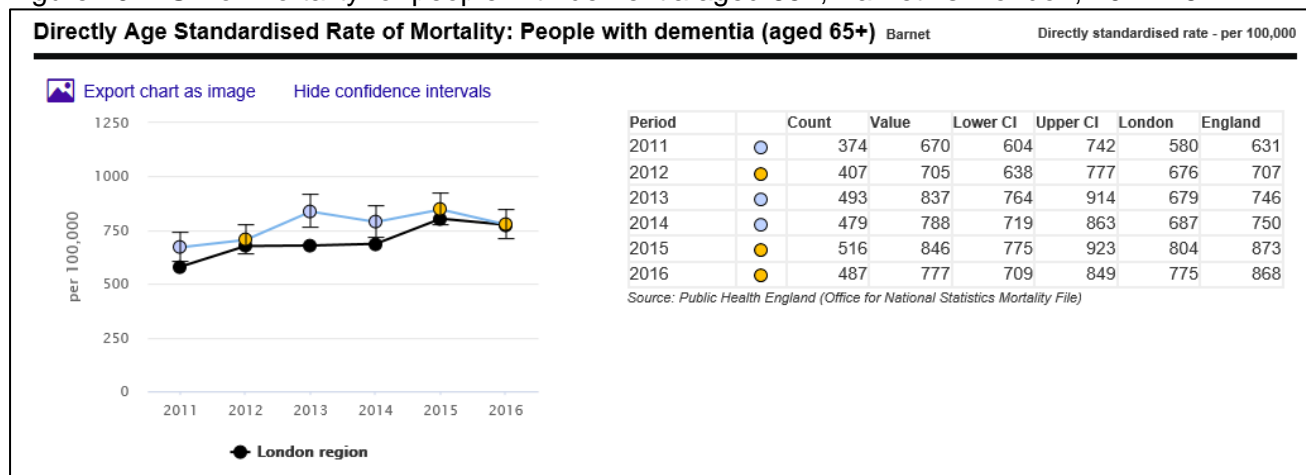
9.1 Dementia mortality

In 2016, the directly age standardised mortality rate (DSR) for people in Barnet aged 65+ with dementia was 777 per 100,000, which was similar to the DSR for London (775 per 100,000), but significantly lower than the national (England) DSR of 868 per 100,000.⁶¹

⁶¹ Public Health England (PHE, 2018). Dementia Profile. Directly Age Standardised Rate of Mortality: People with dementia (aged 65+), 2016. Available at: <https://fingertips.phe.org.uk/profile-group/mental->

Between 2011 and 2016, the DSR for mortality in Barnet for people aged 65+ with dementia, rose from 670 to 777 per 100,000. Over the same period, there were significant increases in DSR for people with dementia in both London and England.

Figure 20: DSR of mortality for people with dementia aged 65+, Barnet vs. London, 2011-16



Source: Public Health England (PHE, 2018). Dementia Profile. Directly Age Standardised Rate of Mortality: People with dementia (aged 65+), Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/qjd/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91884/age/27/sex/4>

9.2 Death in Usual Place of Residence

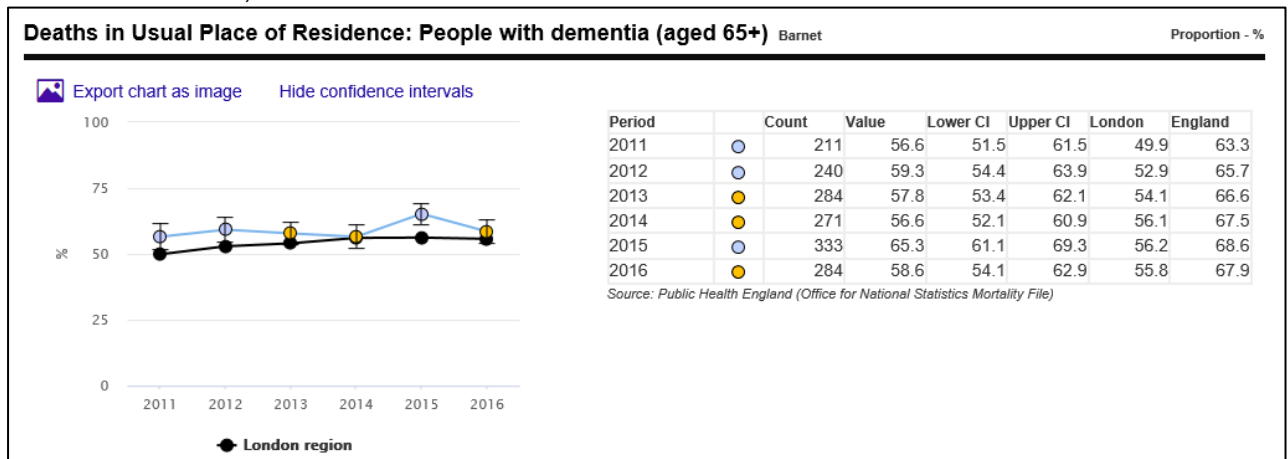
Deaths in Usual Place of Residence are taken to be a proxy indicator for preferred place of death, a measure of the quality of end of life care for people with dementia aged 65+.

The charts below show that the percentage of people aged 65+ with dementia in Barnet who died in their usual place of residence in 2016 was 58.6%, which was similar to the London average 55.8%, but significantly lower than the national average 67.9%. Except for 2015, a significantly lower percentage of people in Barnet aged 65+ with dementia died in their usual place of residence compared to the national average, between 2011 and 2016.

For 2013-14 and 2016, there was no significant difference between the percentage of people in Barnet and London aged 65+ with dementia who died at their usual place of residence. Otherwise, during the period 2011-2016, a significantly higher proportion of people aged 65+ with dementia died in their usual place of residence in Barnet, compared to London.

[health/profile/dementia/data#page/3/qjd/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91884/age/27/sex/4](https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qjd/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91884/age/27/sex/4)

Figure 21: Percentage of people aged 65+ with dementia dying in usual place of residence, Barnet vs. London, 2011-2016

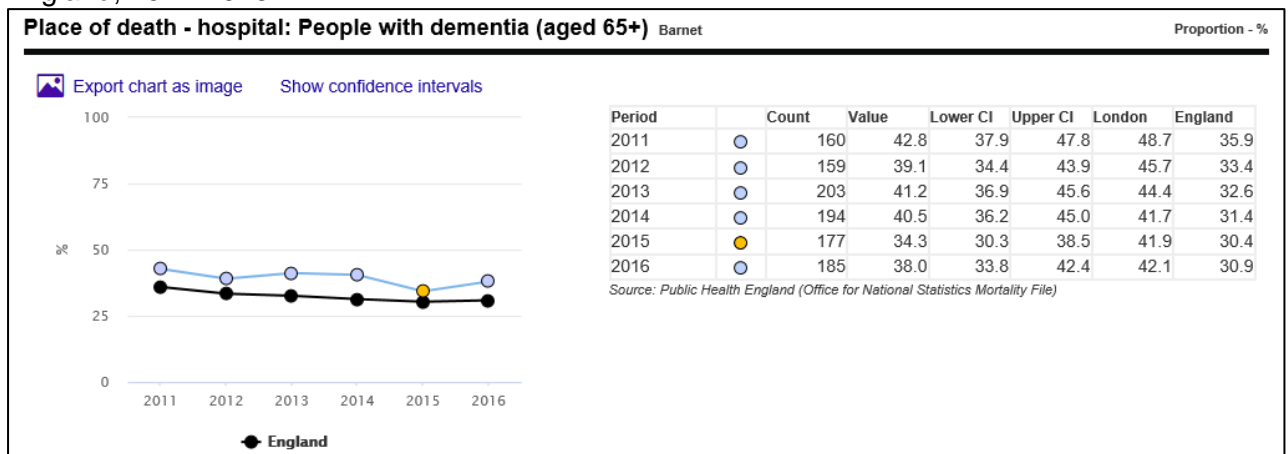


Source: Public Health England (PHE, 2018). Dementia Profile. Deaths in Usual Place of Residence: People with dementia (aged 65+), Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/qid/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91887/age/27/sex/4>

9.3 Death in hospital, home and care home

The chart below show that the percentage of people aged 65+ with dementia in Barnet who died in hospital in 2016 was 38.0%, which was similar to the London average (42.1%), but significantly higher than the national average (30.9%).⁶²

Figure 22: Percentage of people aged 65+ with dementia dying in hospital, Barnet vs. England, 2011-2016



Source: Public Health England (PHE, 2018). Dementia Profile. Place of death - hospital: People with dementia (aged 65+), Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/qid/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91894/age/27/sex/4>

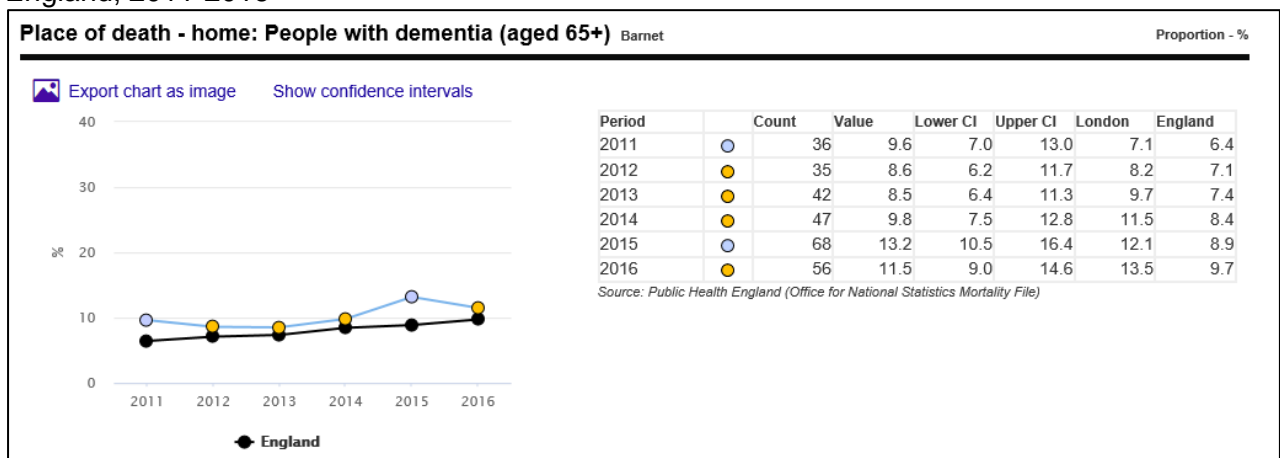
⁶² Public Health England (PHE, 2018). Dementia Profile. Place of death - hospital: People with dementia (aged 65+), Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/qid/1938132894/pat/6/par/E12000007/ati/102/are/E09000003/iid/91894/age/27/sex/4>

In 2016, the percentage of people aged 65+ with dementia in Barnet who died at home was 11.5%, which was similar to both London 13.5% and England 9.7%.⁶³

The proportion of people aged 65+ with dementia in Barnet dying at home did not change significantly between 2011 and 2016, rising from 9.6% to 11.5% during that period. Similarly, the percentage of older people (aged 65+) with dementia dying at home in Barnet was similar to the London average over this period.

Except for 2011 and 2015 (when it was significantly higher), the proportion of people aged 65+ with dementia in Barnet dying at home was similar to the national average.

Figure 23: Percentage of people aged 65+ with dementia dying at home, Barnet vs. England, 2011-2016



Source: Public Health England (PHE, 2018). Dementia Profile. Place of death - home: People with dementia (aged 65+), Barnet. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>

10. DEMENTIA SUPPORT AND SERVICES IN BARNET

10.1 Raising awareness and understanding

There are a wide-range of activities taking place in Barnet to engage with communities to raise awareness and understanding of dementia as well as support services available for people with dementia and their carers. They include:

Dementia Action Week

Adults and Communities use Dementia Action Week to support embedding and developing Dementia Friendly Communities within Barnet, organising events and activities for staff and colleagues to raise awareness of dementia and support available.

⁶³ Public Health England (PHE, 2018). Dementia Profile. Place of death - home: People with dementia (aged 65+), 2016. Available at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>

Silver Week

Silver week celebrates the value and knowledge older people contribute to our communities while combating loneliness and isolation. Working with community and voluntary sector partners, Adults and Communities' Prevention and Wellbeing Team organises a range of activities focused on over 55's for four years. The activities include social activities, art exhibitions, coffee mornings, wellbeing workshops, health checks, exercise taster sessions and relaxing therapy treatments.

Dementia Friends

A national training programme led by the Alzheimer's Society which anyone can attend, which explores actions we can all take to make the world more dementia friendly. This can be done on an individual basis or as an organisation.

Dementia friendly communities

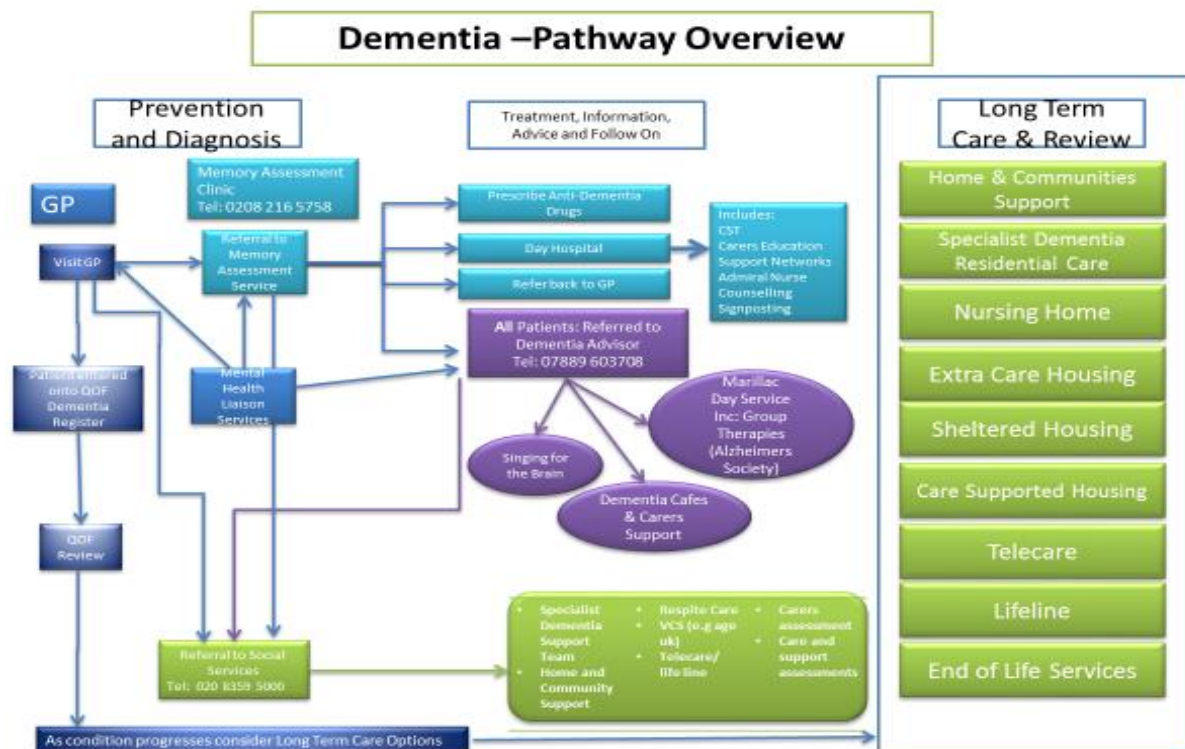
The aim of this is to raise awareness and to reduce fear and stigma, improve quality of life and diagnosis rates and reduce social isolation. People with dementia should live in their communities as equal citizens with their value recognised and respected.

10.2 Early diagnosis and support

Integrated Dementia Pathway

Working with partners in the public and voluntary sector, Barnet has developed local dementia services with a focus on improving information and advice and supporting people mainly in the early stages of the condition, as research suggests that people have a better quality of life if they receive an early diagnosis followed by support. The pathway (Figure 24) aims to foster continuity in support as people's needs change, maintaining the roles and responsibilities of life at home and in the community for as long as possible.

Figure 24: Barnet Dementia Pathway



Memory Assessment Service (MAS)

The MAS is an assessment, diagnostic and treatment service for people who live in Barnet and are referred with memory problems. Referrals are made via GPs. The service provides:

- early holistic assessment for people with memory problems
- a multi-disciplinary service, follows NICE guidelines
- the service has achieved Memory Service National Accreditation programme (MSNAP) standards (October 2016)
- integrated community support for people with dementia and their carers, at the point of diagnosis, working closely with the Alzheimer's society

The service is provided by Barnet Enfield and Haringey Mental Health Trust (BEHMHT) and based at Springwell Centre. The staff team includes Nurses, Doctors including Psychiatrists, Occupational Therapists, Psychological Therapists, Admiral Nurse and Administrative Staff.

Table 4 below shows the trend in referrals and breakdown of diagnosis by the type of dementia. The numbers look stable over the years.

Table 4 Memory Assessment Service referrals and diagnosis 2015 - 2018

	2015/16	2016/17	2017/18	2018 (up to end of Q3/18)
Referrals received (all sources)	657	697	736	639
Patients diagnosed with any form of dementia	483	500	512	386
Patients diagnosed with Alzheimer's	243	251	251	206
Patients diagnosed with Vascular Dementia	6	12	16	10
Patients diagnosed with young onset dementia	13	5	5	5

Figure 25 below shows gender and age breakdown of those diagnosed as having a dementia by the Memory Assessment Service.

Figure 25: Gender and age breakdown of people with diagnosed dementia

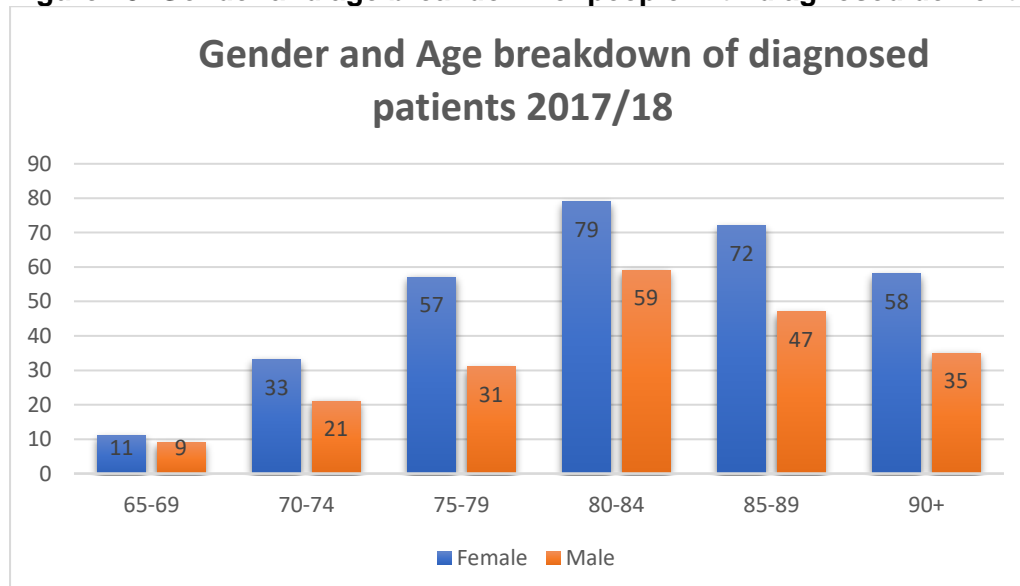
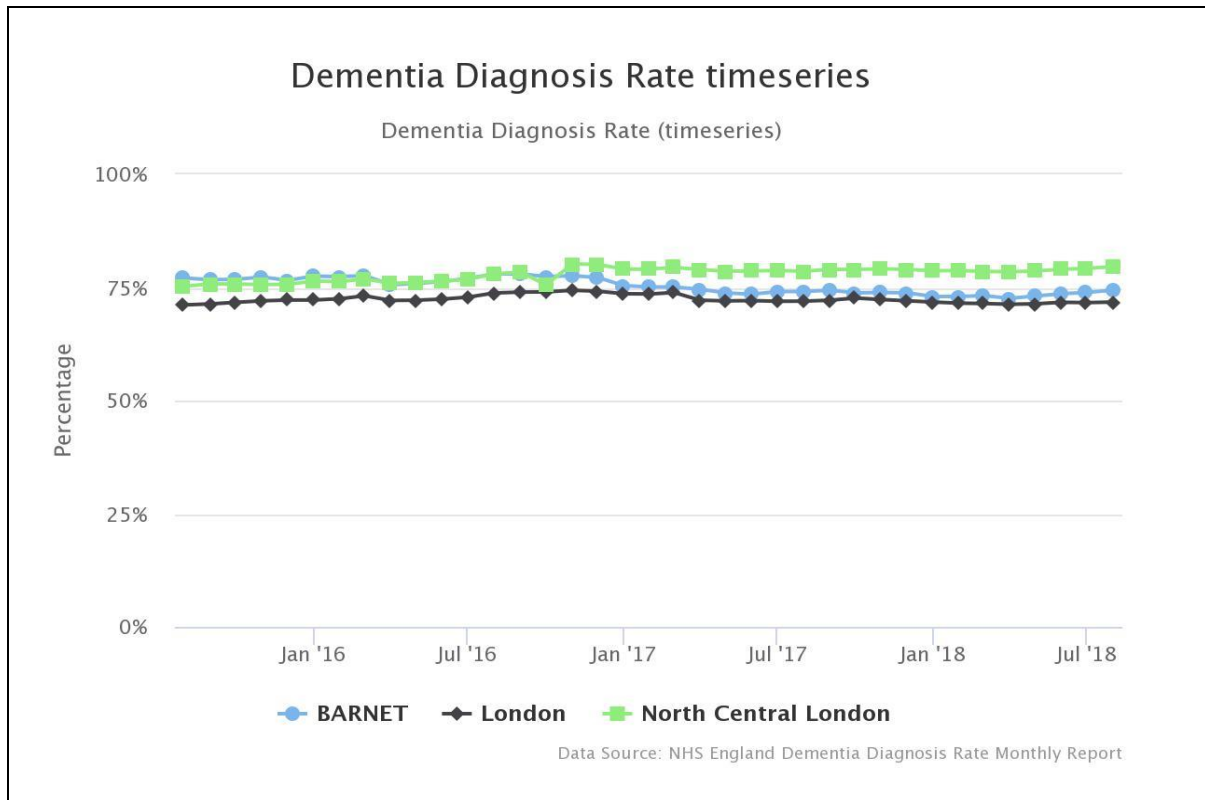


Figure 26 below shows that diagnosis rates were higher for Barnet than for London. The highest rate for Barnet was 77.6% (March 2016 and Nov 2016) and the lowest rate was 73% (January and February 2018).

Figure 26 Diagnosis rate for Barnet, North Central London and London August 2015 – August 2018



Source: NHS Benchmarking Network (London Mental Health Dashboard)

Admiral Nurse Service

Specifically designed to meet the needs of those who care for someone with dementia. Admiral Nurses are specialist nurses and have expert knowledge of the difficulties facing people who look after a friend or relative with memory problems. The Admiral Nurse works closely with MAS and Dementia Advisers.

Young onset dementia

Getting an accurate diagnosis can take longer for a younger person. Currently the National Hospital for Neurology and Neurosurgery (University College London Hospital NHS Trust) runs the Cognitive Disorders Clinic and provides expertise in young onset dementia. This clinic has a national referral base. Patients are assessed by the multi-disciplinary team.

There is in general a lack of age-appropriate services with regards to the distinct needs of younger people with dementia. Dementia support services are set up for older people and activities planned are unsuitable for younger adults⁶⁴.

In Barnet, we need to develop services to ensure that our local offer has more support for people with young onset of dementia and that services are able provide

⁶⁴ <https://www.alzheimers.org.uk/about-dementia/types-dementia/younger-people-with-dementia>

individualised advice and support as well as age-appropriate activities to help maintain independence and quality of life.

10.3 Preventative support for adults with dementia and their carers

Following diagnosis, people with dementia and their carers should be able to live meaningful and independent lives. They need to have a good understanding about their condition, treatment and the support options in their local areas including help maintaining their physical and mental health and wellbeing.

Barnet has a wide and diverse range of support available for adults with dementia and their carers to promote their independence and wellbeing. However, we have a lack of robust data to understand how people with dementia and their carers access and move through these services. We therefore have a limited ability to comment on the scale of the services.

Dementia Community Services

Barnet commissions a lead provider to deliver community support services to adults with dementia. Support provided includes: -

- Dementia Advisers
- A dementia Hub
- A dementia day support services

Dementia Advisers

Dementia Advisers work with people with dementia and their friends and family to access information, advice and support. The Dementia Advisers are co-located with the Barnet Memory Assessment Service ensuring that their service is integrated into the dementia pathway from the point of diagnosis. However, Advisers also work within the wider community to ensure that their service is accessible to people at all points post diagnosis.

Table 5: Dementia Adviser Service April 2016-December 2018

Dementia Advisers	Year End 31.03.17	Year End 31.03.18	9 months to 31.12.18	Total
Referrals	333	561	743	1637
No accessing the service	424	358	683	1465
Service user receiving support 1-2-1	252	402	386	1040

A survey about the provision of dementia adviser service in England⁶⁵ showed that most of the local areas commission between one and four dementia advisers for

⁶⁵ <https://www.ipsos.com/sites/default/files/publication/1970-01/sri-dementia-advisers-survey-2016.pdf>

their service area. Barnet's dementia adviser service has three advisers, suggesting the service is line with the majority of services in England.

Dementia Hub

The Dementia Hub delivered by the Barnet Alzheimer's Society has been developed in Hendon and provides integrated dementia support services including a day support service for adults with dementia and Dementia Advisors

Dementia Day Support – (The Marillac)

For people with moderate to high needs. This service offers a friendly environment to pursue interests, try out new activities and socialise. The service is available at the Barnet Dementia Hub.

Wider support available in the community

Dementia Cafes

An informal and understanding environment where people living with dementia and their carers can come together obtaining mutual support and gathering information and advice and participating in arts and crafts activities. There are numerous dementia cafés in operation in the borough.

Barnet Carers Centre

Support for carers plays a significant role in enabling people with dementia to live in the community for as long as possible and Barnet Carers Centre offers personalised support, training and facilitation of peer groups and networks. Dementia specific programmes for carers aim to provide them with the skills required to carry out their caring role.

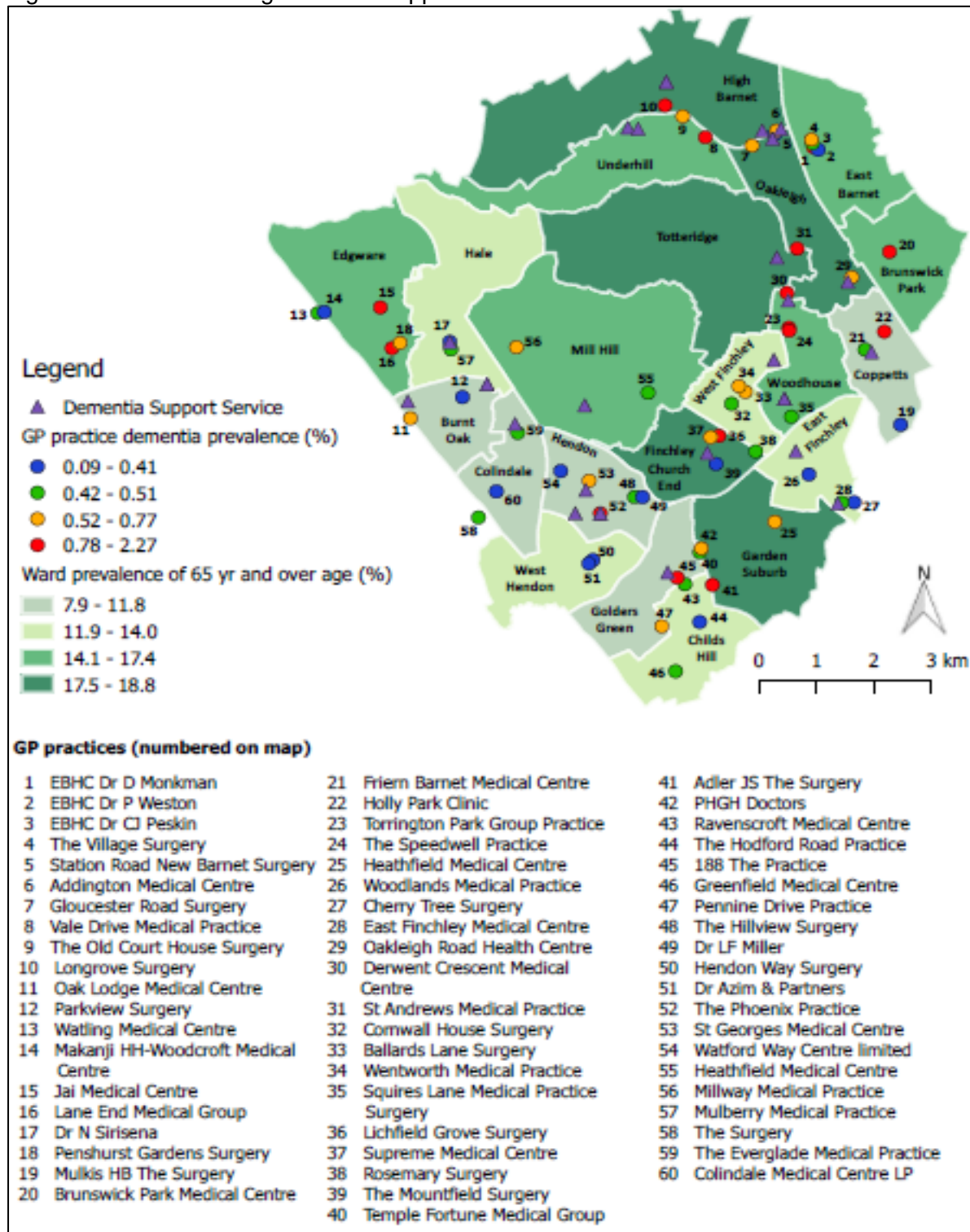
Other support services and activities include; dementia friendly screenings, singing for the brain, Age UK lunch clubs, social activities and exercise, dementia friendly swimming, dementia friendly reading groups and Barnet Citizen's Advice Bureau.

In partnership with BEHMHT and the Barnet libraries we also have 'Books on prescription', providing dementia support materials to care homes,

Dementia diagnosis vs support services in Barnet

The map below shows the dementia support services listed against the dementia diagnosis based on GP dementia register. The map identifies that some wards with relatively high diagnosis of dementia do not host services such as Edgware, Brunswick Park and Garden Suburb wards.

Figure 27: Dementia diagnosis and support services in Barnet



Sources: London Borough of Barnet, Office for National Statistics, Public Health England. Map contains Ordnance Survey data © Crown copyright and database right 2018.

10.4 Wider care services

The following section lists the services which will have some interaction with dementia clients in the borough.

Mental Health Services for Older Adults

Barnet Community Mental Health Teams (CMHTs) work with residents who need social care support aged 65 and over. Each CMHT works in conjunction with the inpatient and the day hospital facility, ensuring continuity of service and providing a community resource.

CMHTs facilitate liaison with social services, primary care, medicine for the elderly, the voluntary sector and general psychiatry and provide information, advice and training to GPs, Social Workers, carers, LA and Independent Sector Registered Care Homes.

Springwell Day Hospital is a referral only service that provides short term support for older adults having mental health problems as part of a discharge package. Provision includes talking therapies and monitoring physical health and medications.

Psychiatric Liaison Services

Dementia is rarely directly responsible for a hospital admission. Patients are far more likely to be admitted because of other conditions that they suffer concurrently. Liaison psychiatry services address the mental health needs of people who find themselves in an acute hospital setting receiving treatment primarily for physical health problems or symptoms. The prevalence of mental illness among people with physical health conditions is two to three times higher than in the rest of the population. Around half of all inpatients suffer from a mental health condition such as depression, dementia or delirium, which can lead to poorer health outcomes, including increased rates of mortality and morbidity⁶⁶.

Older Adults Social Work Team

In Barnet, there is an older person mental health social care team, who are based in the Springwell Centre at Barnet Hospital. They work alongside the Barnet, Enfield and Haringey Mental Health Trust, in supporting older people with dementia or an enduring mental health diagnosis.

They are responsible for carrying out Care Act duties for the authority, working closely with the memory clinic, the day hospital, the in-patient units and people living at home alone or with their families.

Hospital-based Social Care

Hospital based social care staff play a crucial role in acute and rehab hospital settings where, as part of the multi-disciplinary health care team, they provide an assessment and care planning service to facilitate the prompt and safe discharge of patients with appropriate interventions to aid the patient in achieving their optimum recovery/rehabilitation and quality of life. The hospital teams cover: Barnet & Chase

⁶⁶ Parsonage, M., Fossey, M. and Tutty, C. (2012) Liaison Psychiatry in the Modern NHS. Centre for Mental Health. Available online <https://www.centreformentalhealth.org.uk/liaison-psychiatry-nhs>

Farm Hospital, The Royal Free NHS Trust, Finchley Memorial Hospital (Rehab), Edgware Community Hospital (Rehab) and all out of Borough hospitals.

Intermediate Care Service for Dementia

The service provides multidisciplinary rehabilitation to patients in the community including their own homes, residential and nursing homes following acute/intermediate care admission or as early intervention to prevent the need for acute admission. The service offers time limited contact for a maximum of six weeks, with the aim of providing the service until such time as the situation has been sufficiently stabilised for ongoing care to be delivered at a lower level of intensity.

The service is provided by Central London Community Healthcare NHS Trust and comprises a multidisciplinary team, including physiotherapists, occupational therapists, rehabilitation assistants/ support workers, medical consultant support through an MDT, speech and language therapists and administration staff. The team works closely with the acute, intermediate and primary care services, social and voluntary agencies, to deliver collaborative health and social care and rehabilitation.

10.5 Adult Social Care

Some people with dementia and their carers, need care and support from local social services to assist them in maintaining their independence and safety.

Barnet's Adult Social Care Service deliver strengths based social care which promotes people's independence and wellbeing. For those who may require an assessment of their needs staff will assess their needs in line with the Care Act eligibility criteria and work with that person to devise and coordinate a tailored, person centred support plan detailing what the person wishes to achieve, what is needed to make this possible and who will provide it. Adult Social Care offers a range of support including: -

- Information and advice
- Assessments
- Support Planning

Specialist Dementia Support Team

The Specialist Dementia Support Team work with carers of adults with dementia and the person with dementia for up to 4 months. The programme of support delivered through the team includes: -

- Assessments,
- Care and support planning specific training,
- Advice and peer support.

The programme of support is designed to minimise the risk of carer breakdown, to help provide carers with greater skills where possible to manage their own health

and wellbeing, and to help support more people with dementia to be able to continue living in their own homes rather than having to enter residential care settings.

Table 6: Referrals to Specialist Dementia Support Team 2016 - 2018

	Assessments and support plans		Training programme	
	People with Dementia	Carers	People with Dementia	Carers
16/17	21	15	9	9
17/18	10	13	6	4
18/19 (by Nov 18)	10	10	4	5
TOTAL	41	38	19	18

This is a small service provided by two Assessment and Enablement Officers. Of the 17 people with dementia whose carers attended the training programme in 2016/17, only two had entered residential care a year after the training programme.

Prevention and Wellbeing Co-ordinators

Prevention and Wellbeing Co-ordinators support people currently known to Adult Social Care, receiving a service or those with potential to receive a service in the near future. They support people with health and social care needs and their families/carers. They work with people to achieve specific objectives and coordinate services and support. Alongside working with individuals the four Co-ordinators are also responsible for developing local communities to pull together what is on offer, shape this to fit the needs of the local people and ensure this is as inclusive as possible (currently coordinators only working the wards of Edgware, Childs Hill and Oakleigh).

Wider Support

Telecare

Argenti Telecare provides telecare services in Barnet. The service is non-chargeable service for individuals with eligible adult social care needs that will be met by care technology. Telecare involves the remote monitoring and management of a patient's health condition including vital signs monitoring, health settings and advisory information for example, the use of sensors, mobile devices, alarms on a person or in their home to keep someone safe and independent for longer.

The reported benefits of Telecare include improved quality of life, reduced morbidity, increased confidence in self-management of a condition, increased compliance with medication, reduced admissions, early detection of deterioration and it can reduce the need for additional care.

Home Care

The service is delivered in an individual's home (private renters and home-owners) or within an agreed setting. A visiting support worker helps people to live independently and meet their responsibilities as a tenant or home-owner. Support including accessing services that will promote and improve health and wellbeing, including statutory services, applying home adaptations and maximising income.

Supported living

Supported living is a bespoke service to an individual's needs and helps support them to remain independent and minimize risk of admission to, or risk of return to, residential, nursing or hospital provision. People who have complex disabilities and health needs require 24/7 on-site support to reduce the risk of deterioration and reduce any risks that may put them or others at risk of significant harm. The service provides both sleep-in and or waking night staff.

Extra Care Housing

Extra care homes are popular, innovative and cost-effective alternative to residential care helping people remain in their own homes, to avoid social isolation and to prevent and reduce the use of high cost residential placement packages at a later stage. Self-contained flats with a minimum level of onsite care available to all residents all times, with additional care available for residents to access as required.

Support is available throughout the day and night. There are communal facilities and shared services, such as a lounge, dining area and garden, hairdressing salon, assisted bathroom and meals from a café style facility. Residents are able to participate in activities and use facilities such as shops in the local community. Couples, where one partner has increasing care needs, can stay living together.

Extra Care is provided by Barnet Homes. New units are being developed in different locations in the borough.

Table 7 below shows the trend in using supported living, home care and extra care services for clients recorded under EMI (Elderly Mentally Infirm) who are assumed to have dementia diagnosis versus mainstream clients (Older Adults, Learning Disabilities, Physical & Sensory Impairment & Mental Health) over the last three years. In 17/18 there was no one recorded under EMI category lived in supported living⁶⁷. This may be due to the recent developments within Extra Care provision.

Table 7: Comparative analysis of Mainstream versus EMI clients

Care Type	EMI			Mainstream			% EMI to Mainstream		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Supported Living	1	1	0	273	414	417	0.37%	0.24%	0.00%
Homecare	91	96	71	1660	2015	1789	5.48%	4.76%	3.97%
Extra Care	8	8	9	97	97	87	8.25%	8.25%	10.34%
TOTAL	100	412	349	2030	6185	5612	6.12%	6.66%	6.22%

Sheltered Plus

The aim of the service is to enhance suitable sheltered housing to ensure that frailer, older people are able to have an independent life, in their own home, with the support they need. The service provides personal care and support services and

⁶⁷ Taken from Adults and Communities Mosaic database

enable service users to continue having control over their lives, with service provision reflecting choices, preferences and wishes

Sheltered Plus is a step up from sheltered housing, offering night time care and support for more vulnerable service users. Currently there is no one with dementia is utilising this provision⁶⁸.

Care Home provision

When a person can only achieve their personal outcomes through the provision of the care and support in a residential or nursing home, the local authority is obliged to make such care and support available to the person if they are below the financial threshold.

Care homes, both residential and nursing, are an essential part of care provision for people with dementia. There are currently 87 care homes in Barnet, with 19 Nursing Homes and 68 Residential Homes. Between these 87 homes there are over 2,500 care home beds in Barnet. A significant number of these homes provide care and support for people with dementia.

Table 8 shows comparative analysis of nursing and residential placements for clients recorded under EMI versus mainstream clients. EMI clients living in both nursing and residential care homes consists of approximately 16% of mainstream clients living in care homes.

Table 8: Comparative analysis of Mainstream versus EMI clients living in care homes

	EMI	Mainstream	% EMI to Mainstream
Care type	2017/18	2017/18	2017/18
Nursing care	58	361	16.07%
Residential care	136	865	15.72%
Total	194	1226	15.82%

End of Life Services

All people with dementia and their carers should receive co-ordinated, compassionate and person-centred care towards and at the end of life including access to palliative care, and end of life as well as bereavement support for carers. Dementia is a progressive illness. It can be difficult to identify end stages in dementia⁶⁹.

The palliative care team based at Barnet Hospital, Chase Farm Hospital and the Royal Free Hospitals. The multidisciplinary team works across all three hospitals works closely with all health care professionals involved in a patient's end of life care.

⁶⁸ Taken from Adults and Communities Mosaic database

⁶⁹ Sachs G, Shega J, Cox-Hayley D. (2004). Barriers to Excellent End-of-life Care for Patients with Dementia. Journal of General Internal Medicine, 19, 10 pp.1057-1063.

GPs or hospital consultants remain responsible for clinical care and treatment, and any suggested changes will be discussed fully with them.

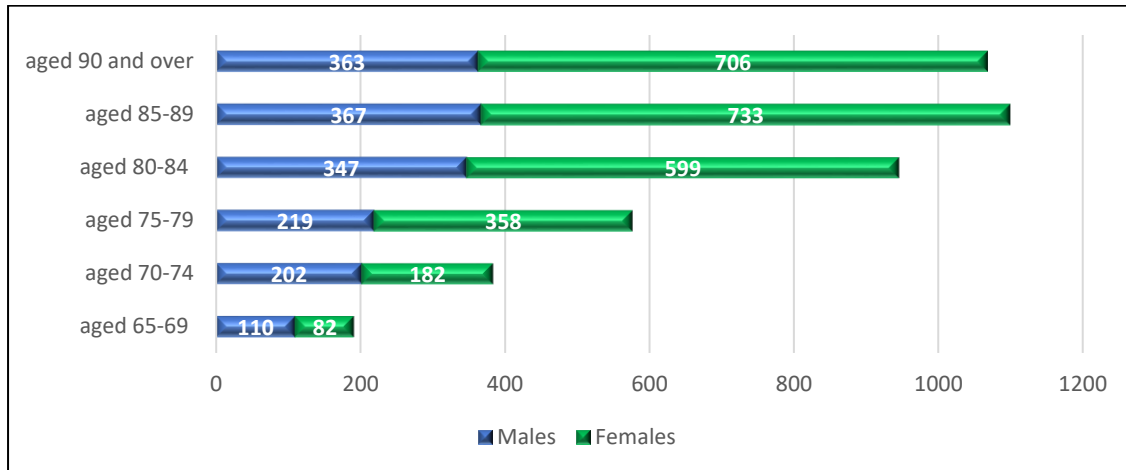
North London Hospice, Marie Curie Hospice Hampstead and Jewish Care provide palliative and End of Life care for all adult patients with life limited conditions and cancer diagnosis. Services including in-patient unit, care in people's homes, social care, support to carers and bereavement support. They work closely with Primary Care professionals to ensure that everyone has the opportunity to plan and choose where to be cared for at the end of life.

APPENDIX 1

Estimated prevalence of late onset dementia by gender and age

Based on POPPI estimated prevalence for 2018, there are 1,607 males aged 65+ in Barnet predicted to have dementia, compared with 2,659 females, representing a gender breakdown of 38% male and 62% female. The number of males and females with late onset dementia, by age group is shown in Figure 28 below.

Figure 28: Numbers of people with dementia aged 65+ in Barnet, by gender, 2018

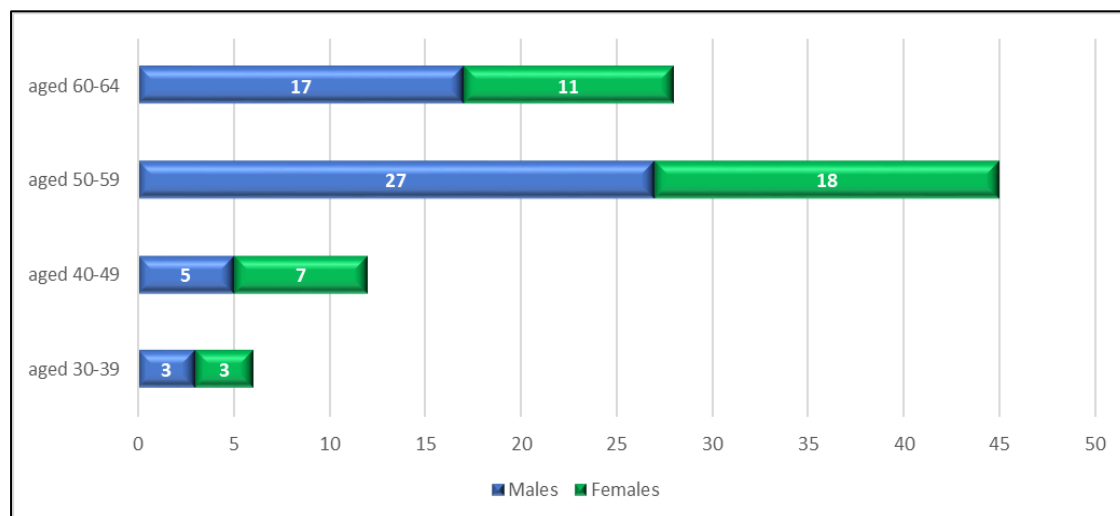


Source: POPPI (based on ONS data). Available at: <http://www.poppi.org.uk/>

Estimated prevalence of young onset dementia by gender and age

From PANSI estimated prevalence data for 2018, there are 52 males aged under 65 in Barnet predicted to have dementia, compared with 39 females. Based on these estimates of the people in Barnet aged under 65 with dementia, 57% are male and 43% are female. The number of males and females with early onset dementia, by age group is shown in Figure 29 below.

Figure 29: Numbers of people with dementia aged under 65 in Barnet, by gender, 2018



Source: PANSI (based on ONS data). Available at: www.pansi.org.uk