

**Ealing Annual
Public Health Report
2017-18**



Contents

Section	Content	Page
1.	Introduction	3
2.	Why is dementia in Ealing important?	3
3.	What is dementia?	3
4.	Dementia in Ealing: a vision for the future	4
5.	Preventing dementia	4
6.	Diagnosing dementia	6
7.	Supporting people with dementia	6
8.	Changes to Ealing as a place that can help people with dementia live well	7
9.	Helping people with dementia die with dignity in the place of their choosing	8
10.	Recommendations and conclusion	8
	Appendix 1 - Ealing performance on risk factors related to dementia	9
	Appendix 2 – Further information and resources	10

1. Introduction

Each year the Public Health team report on a key issue in Ealing using local data to highlight gaps and opportunities for action. This year, the focus is dementia. This report explains a little about dementia and why it is an important issue in Ealing. It goes on to outline a vision for the future which is about 5 things – prevention, diagnosis, support, living environments and dignified deaths. There are five related actions in the report that could improve the lives of people with dementia and their families.

This is not just a health and social care issue. Everyone working for the people of Ealing has the power to make a difference.

2. Why is dementia in Ealing important?

In Ealing, dementia is a significant and growing issue – currently more than 2200 over 65s have been diagnosed which represents 77% of the older population thought to be affected. These numbers could grow to more than 5000 older people affected by 2035 given the growing ageing population.

Dementia shortens life and reduces quality of life. It is now the biggest cause of death in England and yet there is no cure or treatment to stop the progressive degeneration of the brain.

There are things we can do to prevent dementia and yet many people do not know this

Finally, and in some ways most importantly, the approach we take to housing, regeneration, business, community support, volunteering, planning, transport and leisure could all make a difference to the lives of people with dementia. Ealing could lead the way in London and become a 'dementia friendly borough', geared up to help people with dementia go out of their homes, enjoy activities they did before their diagnosis and feel understood and part of their community.

3. What is dementia?

You may well know someone with dementia given 1 in 3 may develop the condition in their lifetime. Those affected are more likely to be over 65 since 1 in 14 people in this age group have the condition. However, 40,000 people below the age of 65 are affected in England so it is not exclusively a condition which affects older age groups.

Dementia is caused by a number of diseases that gradually damage the brain. The most common is Alzheimer's disease caused by the abnormal build-up of protein in the brain. Vascular dementia is also common, caused by problems in the supply of blood to the brain. Lewy Body dementia and fronto-temporal dementia are other forms of the more frequently encountered forms of dementia but there are over 100 different types. Different types of dementia progress in different ways but are also affected by someone's personal circumstances and the environment in which they live.

Most people with dementia are in the early to moderate stages. Memory problems are most often the symptom people think of when talking about dementia but they are not the only one. The changes are often small to start with but the gradual degeneration of the brain means every aspect of daily life can be affected. The ability to plan, problem solve, communicate or even see the physical world as we did before can change; stairs or even a dark coloured mat by the front door could be perceived very differently by someone with dementia – perhaps as a hole in the floor rather than a mat. Combined with the individual's difficulty remembering a previously familiar neighbourhood, and the higher risk of depression in people with dementia, it is easy to see how someone with dementia might become housebound and socially isolated especially if they are living on their own.

Of course, it's not just the symptoms of dementia that people may be living with. Given most people with dementia are older, the majority have other health conditions or sensory impairments that they

are dealing with such as cataracts, difficulty hearing or limited mobility, all of which may increase the risk of falling – an event which may necessitate a hospital stay and from which, many people with dementia never return to their own home and instead require additional support in a care home.

4. Dementia in Ealing: a vision for the future



Source: NHS England Well Pathway for Dementia

This is what we are proposing is the vision for the future for dementia in Ealing. It is not enough that we think simply about improving health and care services for people with dementia. The change that needs to happen must 1) minimise the risk of people developing dementia 2) enable all those with dementia to be diagnosed in a timely way and 3) for them and their carers to be supported by high quality, compassionate and culturally relevant health and care services. 4) It must enable people with dementia to live normally in safe and accepting communities able to remain independent for as long as possible and 5) ultimately to die with dignity in the place of their choosing.

Have a glance at the words people with dementia and carers have used. This is a vision which people with dementia and carers have developed and I hope it is one that you can help work towards too.

5. Preventing dementia

The first thing we can do in Ealing is to share what we know about preventing dementia. Dementia is not an inevitable part of ageing. Action especially in mid life could reduce the number of people affected in the future and yet most people are unaware that what's good for your heart is also good for your head. In a recent poll for Alzheimer's Research UK, 75% of people asked didn't know that giving up smoking could reduce their risk of dementia. But it canⁱ.

Similarly, hypertension, physical inactivity, alcohol consumption, obesity and diabetes are all risk factors for the development of dementia in older age. It is estimated that a 20% reduction in risk factors per decade could reduce UK prevalence by 300,000 cases or 16.2% by 2050ⁱⁱ.

Over 65s should already receive information about dementia and the risk factors associated with it during their NHS health check which all 40-74year olds are eligible for. Work is underway to review the impact of extending this initiative to everyone over 40 years.

Dementia is the condition most people fearⁱⁱⁱ – more so than cancer or heart disease – and this may put them off seeking help. It is vital that health professionals use the health check opportunity to talk about dementia, raise awareness and reduce stigma. There are now lots of resources including a 30 minute e-learning video, a Health Check dementia leaflet in a number of languages and a 43 second video from Angela Rippon talking about prevention which could be displayed in all GP practices.

The key message we should be promoting is a simple one – ‘What’s good for your heart is good for your brain.’ It is not all things we should do less of but also things which can be protective for our brains such as learning and education and socialising.



Reduce alcohol consumption



Be more active



Stop smoking



Develop social connections



Maintain healthy blood pressure and cholesterol



Keep learning



Improve our diet



Maintain a healthy weight



Stimulate the brain with books and puzzles

But how much need is there for this message in Ealing?

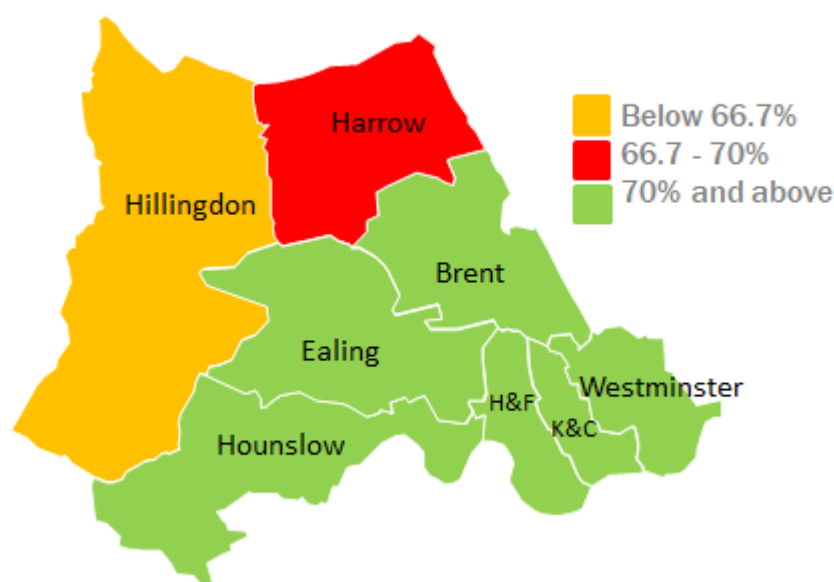
If you look at the data for Ealing you might be forgiven for thinking that our lifestyles are ok given we compare favourable to London and England averages but is this benchmark really good enough for us?

These averages hide important inequalities and with many of the risk factors we see higher rates in deprived areas and in BME groups. For example, smoking prevalence in adults (2016) in Ealing is 15.4% but when we analyse the data by occupation we find rates as high as 25% in routine and manual workers versus 14% in managerial workers. When we look at physical activity, again there is much room for improvement in Ealing - 22.5% of adults in Ealing do less than 30 minutes activity a week – the recommended amount for health and wellbeing is 150 minutes a week. If we are to stave off the rise in dementia in the future in Ealing then we must act now to prevent it by supporting the people of Ealing to lead healthy lives. Further detail on Ealing performance relative to prevention of dementia is available in Appendix 1.

6. Diagnosing dementia

Once dementia has developed, it is important to diagnose it in a timely way as it improves care, averts preventable hospital admissions and helps families to cope. More than 2200 people over 65 and 87 people under 65 years have been diagnosed with dementia. For the over 65 age group, this represents 77% of the total number thought to have dementia in the borough. Ealing is performing well relative to other North West London boroughs as the map shows.

Dementia diagnosis rate 2016-17



However, the ambition for London is that by 2021, 85% will be diagnosed within 6 weeks of referral. It is important that we think about the quality not just speed of diagnosis and that all stakeholders come together to consider how the pathway may be streamlined so people with dementia gain access to the right information and services at the right time.

There are two particular areas of inequality in Ealing. First, there is likely to be considerable unmet need in care homes. It is estimated that 70% of people in care homes have dementia but many do not have a diagnosis which could help planning for their care needs in the future and in identifying training needs for professionals responsible for their care and support.

Second, research indicates black and minority ethnic groups are referred for specialist assessment but may present later and so do not get access to the full range of support which could be beneficial. A significant amount of work has been undertaken in Ealing to improve awareness of dementia in BME groups and continued effort to use these resources is recommended.

7. Supporting people with dementia

Of course, you would not expect support to stop at the point of a diagnosis of cancer and in the same way, people with dementia and their carers need access to safe and high quality health and social care and support to keep healthy and to find the activities that will be most appropriate for their needs. Failure to provide such services or plan care may result in the person with dementia or their family feeling isolated, coexisting conditions such as hypertension going unmanaged, crises developing, emergency admissions to hospital and potentially an avoidable move to a care home when most people report they would rather stay in their own home.

You might think this is the exception rather than the rule but nationally, it is estimated that 40% of older people in hospital have dementia, a third of whom do not need to be there and their length of stay is twice that of people without dementia.

Only a small number are admitted due to their dementia. The main reasons for admission are following a fall, broken/fractured hip, urine infection, chest infection, stroke/minor stroke. Given what we know about the causes of these conditions, it is likely that some admissions could be prevented or treated in the community which is so important given hospital is likely to be a confusing and distressing place for people with dementia^{iv}.

Dementia also has an important impact on the family and friends of people with dementia, many of whom act as primary carers supporting the person with dementia to remain in their own home. Carers save the UK £11bn but need support to continue to do so.

There are two important actions which can be taken which could help support people with dementia:

- Having a named coordinator who is able to signpost them to relevant services and information
- Having a care plan which is reviewed annually. Unfortunately, fewer people in Ealing are receiving the right kind of regular reviews which means needs may escalate before they are picked up.

8. Changes to Ealing as a place that can help people with dementia live well

Like general health however, health care is only part of the story for people with dementia. The housing and neighbourhoods that people with dementia live in will affect their health and wellbeing. This is particularly important to consider when you realise that two thirds of people with dementia live in their own home, around a third of whom are living on their own

We know cold, damp homes make falls more likely and exacerbate long term conditions. Adaptations to homes can make the environment safe and liveable for longer for people with dementia and could also likely benefit the 343,000 older people living in Ealing. However, it isn't just the physical space of a home we need to think about but also the environment surrounding it. Feelings of isolation are common amongst people with dementia, and they leave their homes less. Dementia friendly communities is an initiative which tries to shape the place people live in so people with dementia can feel understood and included in community life.



Source: Alzheimer's Society (2013). *Building dementia friendly communities: a priority for everyone*

There is excellent guidance now available which helps town planners, housing developers and others to design with dementia in mind.

A movement of more than 20 organisations in Ealing has joined together to form 'Ealing Dementia Action Alliance' and started to take action to bring some of these changes about. Some of the major shopping districts, parks and employers are already on board.

9. Helping people with dementia die with dignity in the place of their choosing

No one likes to talk about death but in order to ensure people with dementia can die with dignity and in the place of their choice, there is a need for advanced planning.

The sooner this is done after diagnosis, the more likely someone will have capacity to be involved in this. End of life care should be a key part of the dementia pathway and we should start by ensuring everyone living in a care home has an advanced care plan.

10. Recommendations and conclusion

In summary here are 5 things you can start today which will have a tangible impact on people with dementia and their families. Even just one action you take could help prevent dementia and for those with the condition to get a timely diagnosis, the right support and living environment and to die in the place and in the way they want.

Please do not just close this report and move on. Take two minutes to write down one thing you will do to help achieve this vision. Together we can improve the lives of people with dementia now and in the future.

Key recommendations include:

- 1. Prevent well: Promote the message 'what is good for your heart is good for your brain' at every opportunity.**
- 2. Diagnose well: Increase the number and speed of diagnosis in Ealing so 85% are diagnosed within 6 weeks by 2021.**
- 3. Support well: Ensure everyone has a care plan reviewed annually and knows who can signpost them to available services and support.**
- 4. Live well: Make Ealing dementia friendly – housing, high streets and transport not just health and care.**
- 5. Die well: Ensure everyone living in a care home with dementia has an advanced care plan.**

There are many further resources available which may be useful in implementing these recommendations. These are provided in Appendix 2.

Good luck and thank you for your contribution.

Appendix 1 – Ealing performance on risk factors related to dementia

Reference: <https://fingertips.phe.org.uk/> (inequalities tab)

Smoking prevalence in adults (2016): 15.4%

- highest in routine and manual workers (25%) v lowest in managerial (14%)
- higher in men (20%) v women (11%)
- higher in white/mixed ethnic groups v all others
- prevalence proportional to level of deprivation
- prevalence inversely proportional to age

Physically inactive adults (2015/16): 22.6%

- higher in women than men
- higher inactivity among Asian, Chinese and black groups
- inactivity inversely proportional to level of deprivation
- inactivity proportional to age

Percentage adults overweight/obese (2015/16): 56.6%

- higher in routine and manual workers
- higher in males
- higher among black and white british groups
- obesity broadly proportional to level of deprivation
- obesity proportional to age

Admissions for alcohol related conditions (2016/17): 917

- admissions proportional to level of deprivation
- higher in males

Social isolation: adult social care users who have as much social contact as they would like (2016/17): 39.7%

(please note this is a small sample size and not necessarily representative of the whole population of Ealing)

- higher among white and mixed groups
- Inversely proportional to age

Percentage of adult carers who have as much social contact as they would like (2016/17): 36.7%

(please note this is a small sample size and not necessarily representative of the whole population of Ealing)

- higher among men
- Not clearly linked to deprivation but appears to be higher in less deprived areas

Appendix 2 – Further information

- **JSNA Dementia chapter 2015**

https://www.ealing.gov.uk/download/downloads/id/9528/dementia_chapter_2015.pdf

- **Dementia data profile for Ealing**

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>

- **Dementia services and support**

https://www.ealing.gov.uk/info/201082/care_and_support_for_adults/2051/dementia_services_and_support

- **Dementia housing design**

<http://dementia.stir.ac.uk/housing-dsdc/design-housing>

- **NHS Health checks dementia 30 minute e-learning**

<https://www.healthcheck.nhs.uk/increasing-dementia-awareness-training-resource/>

- **Building dementia friendly communities: a priority for everyone**

https://www.alzheimers.org.uk/download/downloads/id/1916/building_dementia_friendly_communities_a_priority_for_everyone.pdf

References

¹ YouGov polling for Alzheimer's Research UK 24th – 25th February 2016 Dementiastatistics.org

ⁱⁱ Public Health England 2016. Health matters: midlife approaches to reduce dementia risk.
<http://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-dementia-risk>

ⁱⁱⁱ ³ Alzheimer's Society poll 2016

[https://www.alzheimers.org.uk/news/article/64/over_half_of_people_fear_dementia_diagnosis_62_per_cent_think_it_means_life_is_over\)-](https://www.alzheimers.org.uk/news/article/64/over_half_of_people_fear_dementia_diagnosis_62_per_cent_think_it_means_life_is_over)-)

^{iv} Alzheimer's Society (2009). Counting the cost. Caring for people with dementia on hospital wards. London: Alzheimer's Society.