



Public Health
England

Protecting and improving the nation's health

Making Risk Reduction A Reality

17th April 2018, Dementia 2020 Conference, London
Charles Alessi, Senior Advisor for Dementia, Public Health England

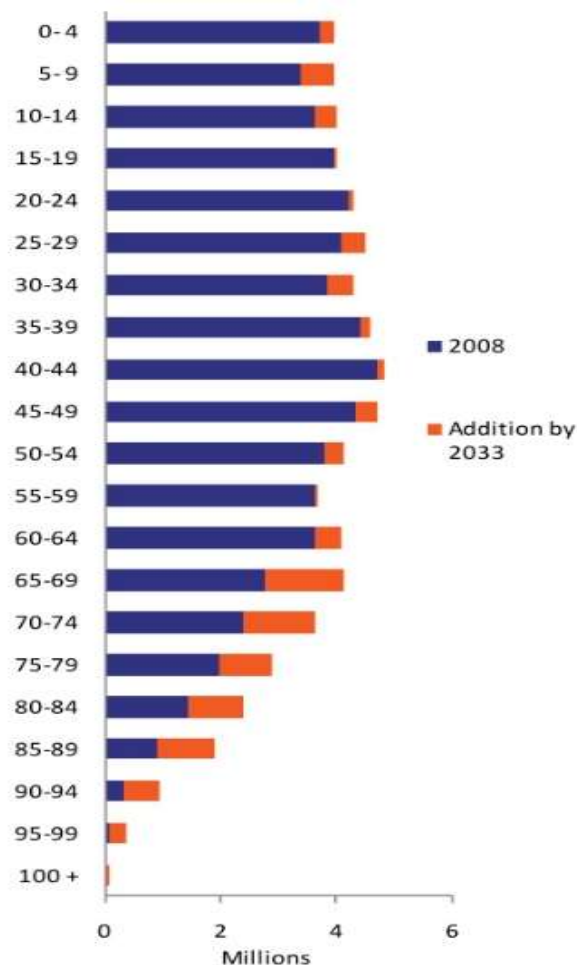
Overview

- Dementia facts and figures-developing the evidence and data to address health inequalities
- Resources available to support health professionals and the public
- Promoting the message 'What's good for your heart is good for your brain'
- NHS Health Check/ CVD Prevention programme-pilot on introducing dementia risk reduction from aged 40+
- Working with partners to develop a more positive narrative on 'productive healthy ageing' to help change the way we think about people as they age



Changing UK demographics

UK demographics 2008-30



- Increasing number of people aged over 65:

2010	4.5m people (1 in 6)
2030	10 m
2050	19 m (1 in 4)

- 1 in 5 workers do not expect to retire until they are over 70
- 1 In 3 UK workers will be aged over-50 by 2020

The scale of the challenge

850,000 people living with dementia in the UK

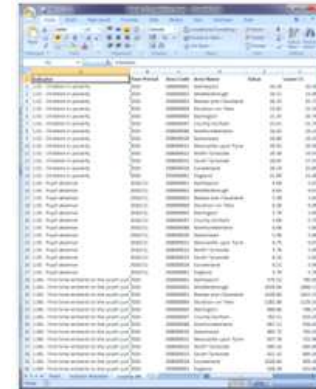
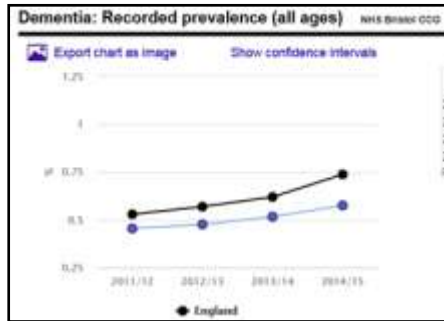
By 2025

over **one million** people could have dementia in the UK

By 2050

this figure will exceed **2 million**

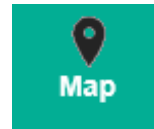
Building the evidence: Dementia Profile



Get the data

Download the data as an Excel spreadsheet for

- CCG in England
- CCG in South West region



Indicator	Period	Bristol		Region: England		England		
		Count	Value	Value	Lower	Range	Highest	
Directly Age Standardised Rate of Mortality: People with dementia aged 20+	2013	506	184.2	173.3	187.2	104.0		362.8
Directly Age Standardised Rate of Mortality: People with dementia aged 65+	2013	503	174	880	746	419		1,481
Deaths in Local Place of Residence: People with dementia aged 65+	2013	362	76.2%	75.6%	86.8%	25.0%		83.4%
Place of death - care home: People with dementia aged 65+	2013	322	84.0%	87.0%	58.6%	18.3%		77.0%
Place of death - hospital: People with dementia aged 65+	2013	111	22.1%	23.6%	32.9%	16.9%		60.2%
Place of death - home: People with dementia aged 65+	2013	80	11.8%	8.1%	7.4%	1.8%		17.2%

Dementia: Recorded prevalence (aged 65+) Sep 2015

Area	Count	Value
England	413,339	4.27
South West region	38,557	3.97*
NHS North Somerset CCG	2,260	4.72
NHS Bristol CCG	2,825	4.53
NHS Gloucestershire CCG	5,367	4.25
NHS Bath And North East S...	1,557	4.21
NHS Wiltshire CCG	4,144	4.14
NHS Somerset CCG	5,176	4.09
NHS Swindon CCG	1,349	3.98
NHS South Gloucestershire...	1,864	3.95
NHS Northern, Eastern And...	7,579	3.85
NHS South Devon And Torba...	2,722	3.82
NHS Kernow CCG	3,714	3.03

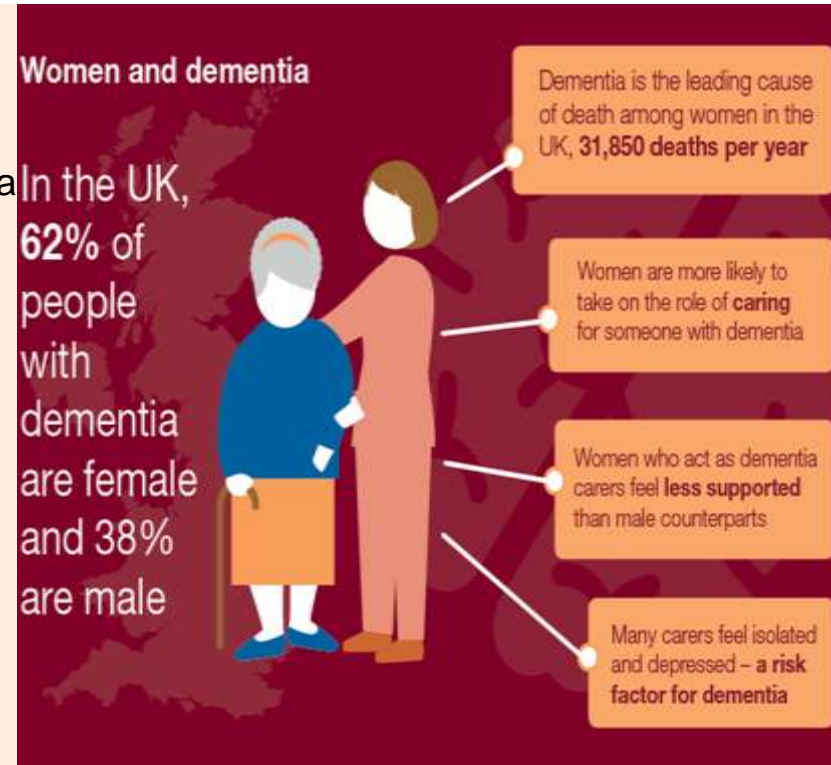
Source: Health and Social Care Information Centre (HSCIC)



Dementia and health inequalities

What do we know?

- Prevalence is higher in black and hispanic ethnic groups
- BME groups more likely to experience early onset dementia (6.1% compared to 2.2% generally)
- Dementia not recognised as health condition in some cultures
- Prevalence is higher in women (62%) than men (38%) and they are 2.5x more likely to be carers
- People with downs syndrome are 4x more likely to get dementia and onset tends to be much younger
- Prevalence is higher amongst those with lower socio economic status. Education is a protective factor



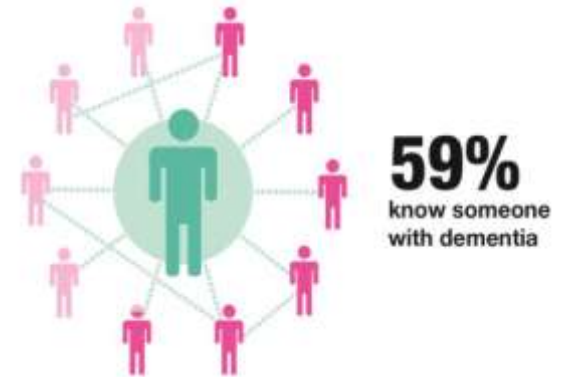
Implications and future work

- PHE is working with the VCSE Alliance, bringing together partners, securing funding
- Diagnostic and screening tools need to be culturally appropriate
- Culturally appropriate campaigns and educational interventions could be part of the approach
- The connection with pre-disposing conditions is crucial (e.g. Diabetes Prevention Programme)
- Community engagement to promote healthy living and combat loneliness and social isolation

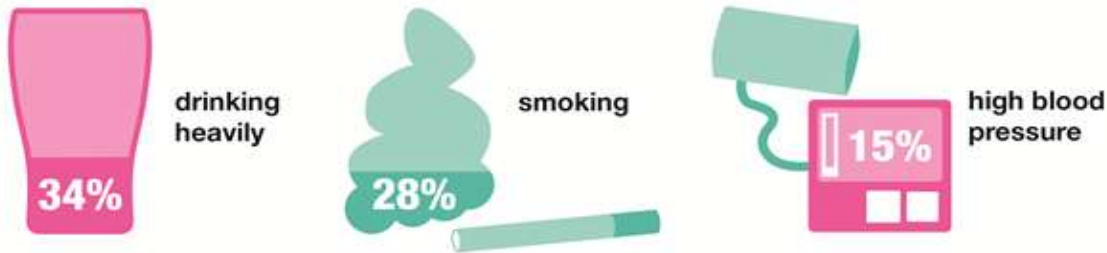
Public perceptions of dementia risk

British Social Attitudes Survey

While the majority of people have known someone with dementia and knowledge of the symptoms of dementia is high, there are **clear gaps in public knowledge of the *risk factors***.



Only a minority are aware of the following risk factors of dementia:



- More than a quarter (28%) of the British public is unable to identify any potentially modifiable risk factor for developing dementia
- Just 2% can identify all the health and lifestyle factors that can increase risk of developing dementia
- 52% choose dementia as either their first, second or third priority from a list of health conditions for doctors and scientists to try to prevent. **12% see dementia as the highest priority for prevention.**
- Older people are more likely to agree that there is nothing anyone can do to reduce their risk of developing dementia: 33% of those aged 65 and over said this compared with 26% of those under 65.

Around a **third** of Alzheimer's disease cases might be attributable to potentially modifiable risk factors.



A **20% reduction** in risk factors per decade could reduce UK prevalence by **16.2%** (300,000 cases) by 2050

What's good for the heart is good for the brain

Angela Rippon: “What’s good for the heart is good for the brain”

Angela Rippon 2 min clip

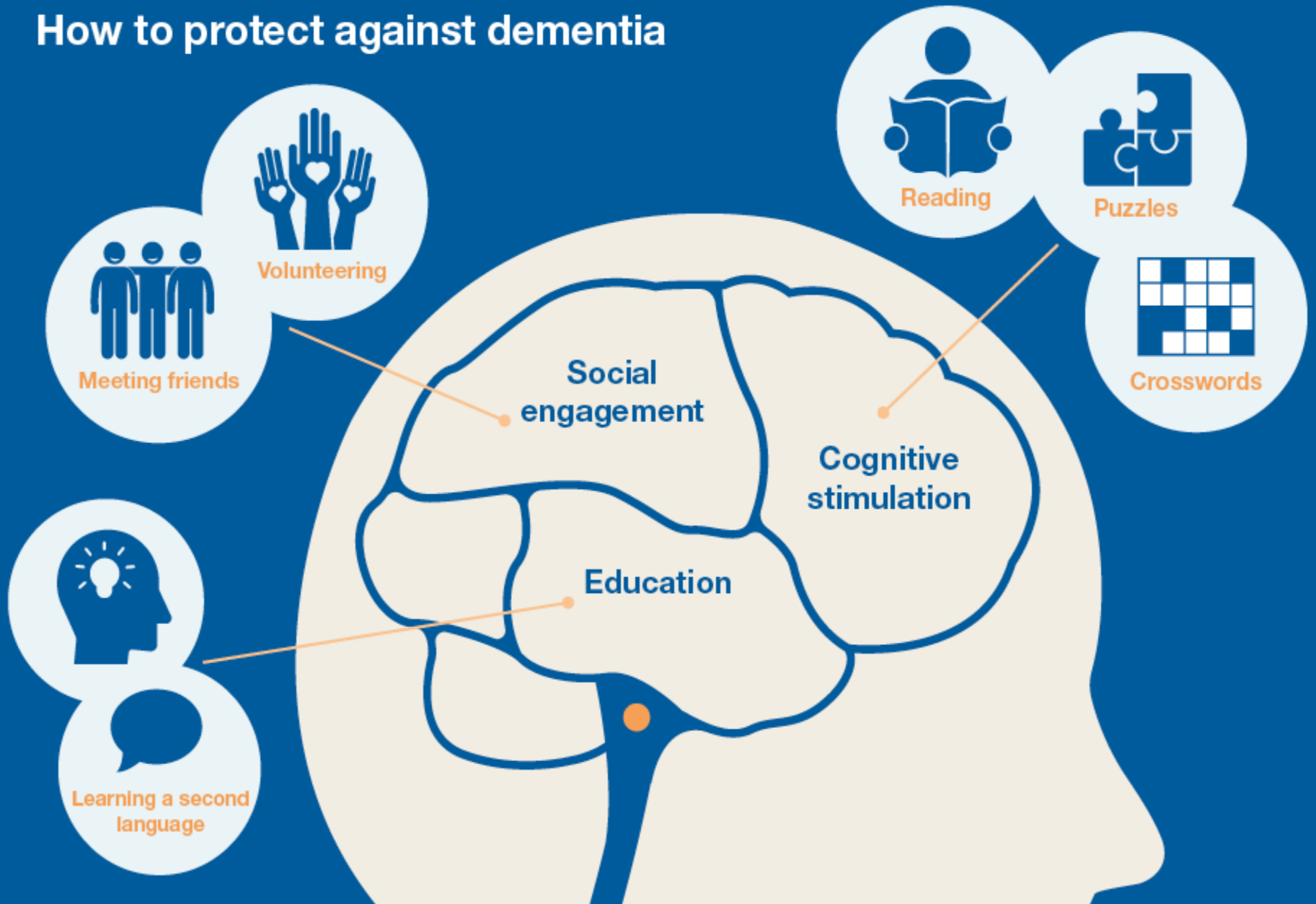
<https://www.youtube.com/watch?v=D965mN7uwY8>

Angela Rippon 5 min clip

<https://design102.wistia.com/medias/lgpoy19dh1>



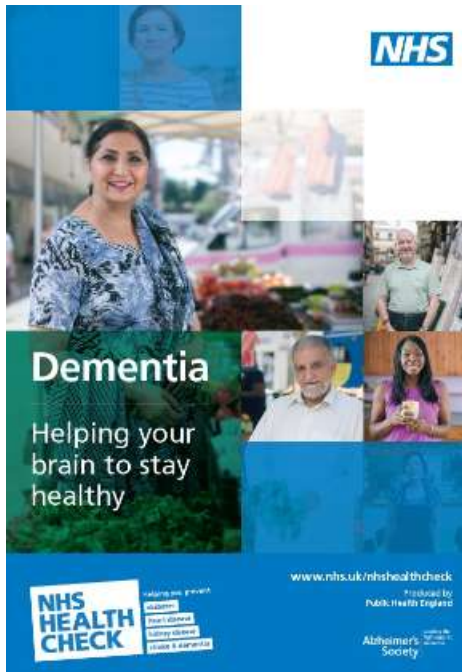
How to protect against dementia



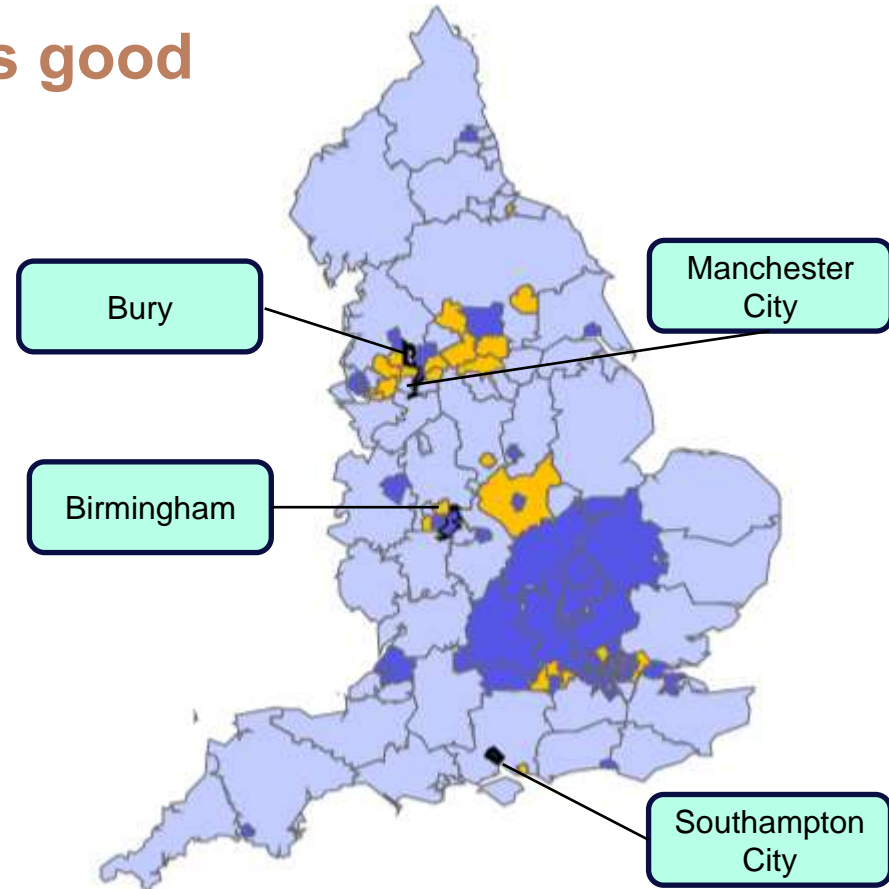
NHS Health Check dementia pilots



‘What’s good for your heart is good for your brain’.



“Unlike cancer or heart disease, people are unaware that there are positive steps they can take to improve their health and reduce their risk of dementia.”
Dr Charles Alessi, Senior Advisor



Impact and next steps

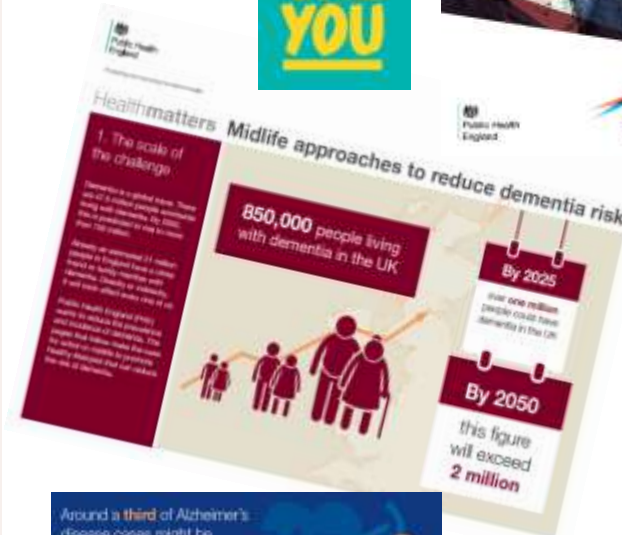
- A 'Top Tips' paper for talking about Dementia in the NHS Health Check from age 40-64 years is now available on the NHS Health Check website
- The Expert Scientific Committee Advisory Panel (ESCAP) recommend the inclusion of dementia risk reduction messaging in the NHS Health Check from age 40+ . Submitted to the Parliamentary Undersecretary for Public Health and Primary Care, PS (PHPC) for consideration (January 2018)
- The NHS Health Check website includes videos on dementia risk reduction
- PHE, Alzheimer's Research UK and Alzheimer's Society have updated the 30 minute online dementia awareness resource for health professionals
- PHE is working with HEE to review existing dementia training materials and e-learning to ensure dementia risk reduction is included

Promoting risk reduction messages

‘What’s good for your heart is good for your brain’

External promotion

- **Health Matters** on dementia (2016): a resource for public health professionals, brings together facts, figures and evidence of effective interventions
- **Dementia Awareness Week (May 2018)**– proactive blogs, tweets and media activity
- **Social Marketing** activity – Dementia Friends and One You Campaign
- **Training resources** for healthcare professionals, including dentists, pharmacists & other allied health professionals
- **Leaflets**-NHS Health Check, Alzheimer’s society, ARUK
- **Embedding** dementia risk reduction messages across other policy topics & work-streams such as the NHS Health Check programme
- **Ambassadors** for dementia risk reduction - eg. Angela Rippon videos for NHS Health Check and Health Matters
- **Behavioural insights** approach for drafting all outward facing material



Supporting carers

- The 2011 Census indicates there are over 1.8 million carers aged 60 and over in England – almost 16% of the population of this age range
- The number of carers aged 85 and over grew by 128% between 2001 and 2011
- Many older carers are caring for people with dementia and/or multiple complex health conditions.
- In a recent survey by Carers Trust, 80% of carers over 60 said they had at least one health condition themselves, with over 50% identifying that they have three or more health conditions. 67% of older carers reported that their health condition was as a direct result of their caring role.
- 64% of older carers have not had a carer's assessment or a review within the past 12 months.
- Most carers aged over 80 spend more than 50 hours per week caring often leading to isolation and loneliness which has a detrimental effect on their health.



Dementia, the workplace and healthy ageing

- With the retirement age increasing, people will be in the workforce for longer
- 1 in 3 people will care for somebody with dementia in their lifetime.
- The 'Sandwich generation', mid-life carers – important for them to stay healthy
- Musculoskeletal health is important– keeping people well and able to work ie. without neck, back, joint pain etc
- Work is generally beneficial for mental and social health, and helps with financial security
- Some communities & cultures do not recognise dementia as a condition and/or are less likely to seek support.
- Early onset dementia exists.





Productive Healthy Ageing





Our goal

To change the way people think about ageing so that increasing longevity with good health is viewed as the norm for the majority of older people, accompanied by the many opportunities that older people can be productively engaged with, to **contribute to community/society**, and to **have a purpose in life.**



What is Productive Healthy Ageing?


Productive Healthy Ageing means improved health and wellbeing, increased independence and resilience to adversity, the ability to be financially secure through work and build resources, engagement in social activities, being socially connected with enhanced friendships and support, and enjoying life in good health.

Longer healthier lives can be **a benefit to society**, and the key to unlocking this longevity dividend is to turn the over-65s into **more active economic participants**, both workers and consumers.

A shift in mindset is required to one where older age is viewed as a new stage of life, which can last as long as both childhood and midlife, and offer many opportunities

The World Health Organisation's Global Healthy Ageing Strategy talks not of age, but of **'functional ability'**, which is a combination of intrinsic ability (our physical and mental abilities) and environmental factors (e.g. transport, housing, relationships)

Prevention and management of health issues, such as muscular-skeletal conditions is critical to the delivery of this vision, as it impacts on an individual's ability to work, quality of life and general wellbeing.



**Changing how we think
feel and act on age and
ageing is possible - we
can help make it
happen.**

Thank you for listening

Questions and comments?