

## Appendix A

### Quantitative needs analysis

#### What is a needs analysis?

Needs analysis is a way of estimating the extent and nature of the needs of a population so that appropriate support can be planned accordingly. The needs analysis can

- Help estimate the current and future needs of a population
- Indicate the geographical distribution of need
- Identify those people who are at greatest risk
- Help identify the gap between met and unmet need.

A comprehensive needs analysis is based on a balance of national and local data and consists of demography, incidence and prevalence, risk factor data and local and service user data.

#### Introduction

Dementia is a progressive condition. This means the symptoms become more severe over time. Researchers are still working to find out the different types of dementia and whether there is a genetic factor. The main types include<sup>1</sup>:

- Alzheimer's disease (62% of dementia cases)
- Vascular dementia caused by strokes or small vessel disease (27% of dementia cases)
- Fronto-temporal dementia, a rare form of dementia affecting the front of the brain, including Pick's disease, and often affects people under the age of 65
- Dementia with Lewy bodies, caused by spherical protein deposits.

---

<sup>1</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society

## Section 1: Demography

### Population trends and distribution

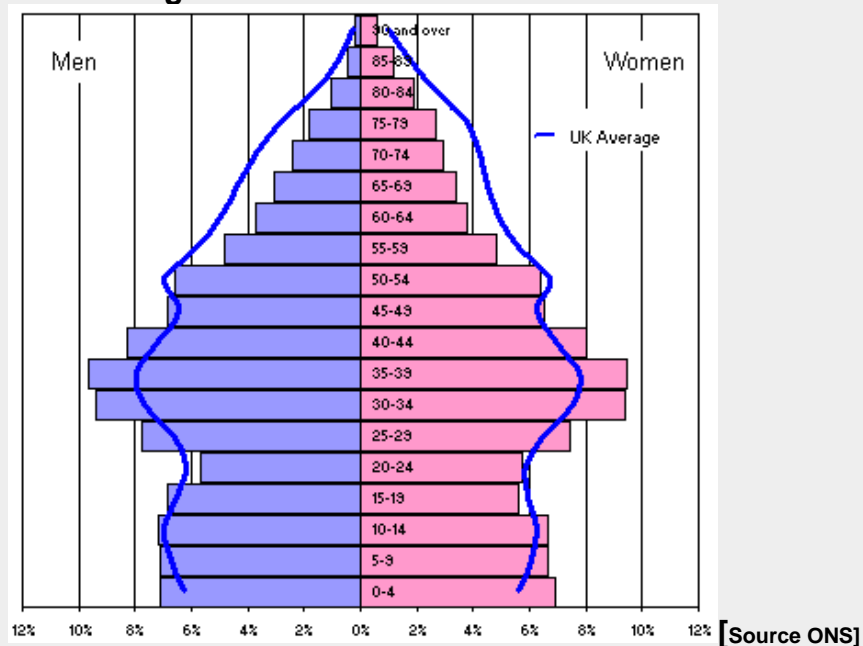
Since the inception of new town status, the population of Bracknell Forest has rapidly grown from 23,408 in 1951 to 109,617 by 2001. Between 1991 and 2001, the population increased from 94,361 to 109,617, an increase of 15,300 (16.2%). This made Bracknell Forest the fastest growing authority in Berkshire, fifth fastest growing authority in the South East and in the top 10% for population growth among the 376 Councils in England and Wales.

The population of Bracknell Forest has consistently increased, however the rate of increase is declining. From 2008 to 2018, the population is projected to increase by approximately 9,400 people (8.25%)<sup>2</sup>.

#### Fact File: Demography

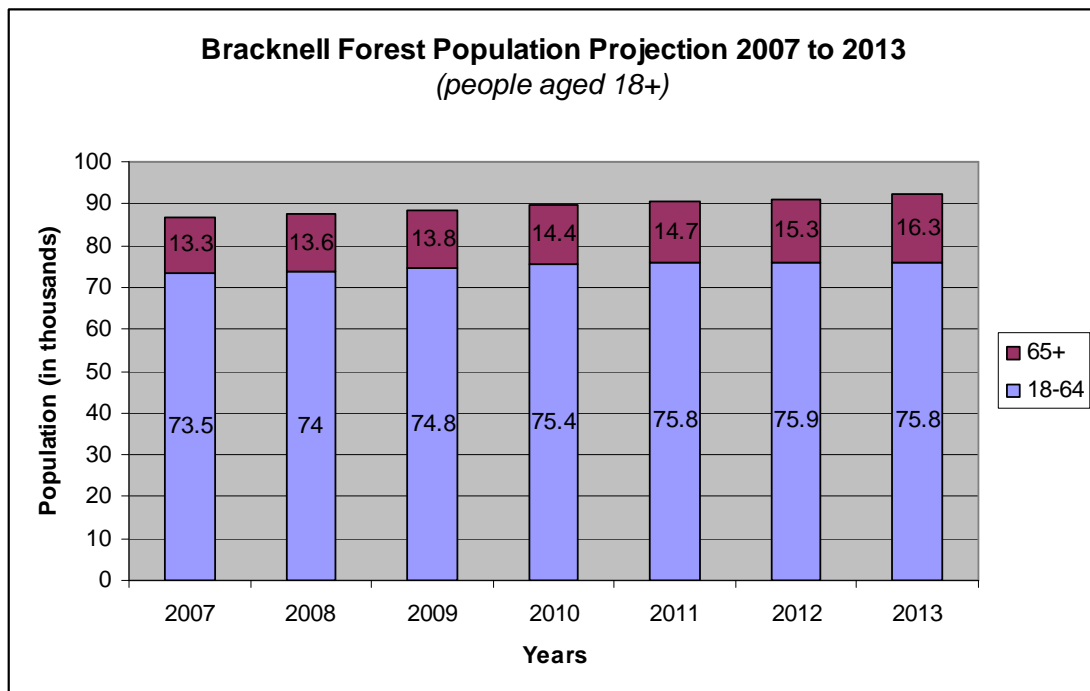
- In 2001 there were, 70,419 people aged 18-64 and 11,864 people aged 65 and over living in Bracknell Forest
- The average age of 35.4 years was younger than most other authorities- average age in the South East was 38, and for England was 37 years.

#### Age Profile of Bracknell Forest in 2001



<sup>2</sup> Office for National Statistics, data extract July '08

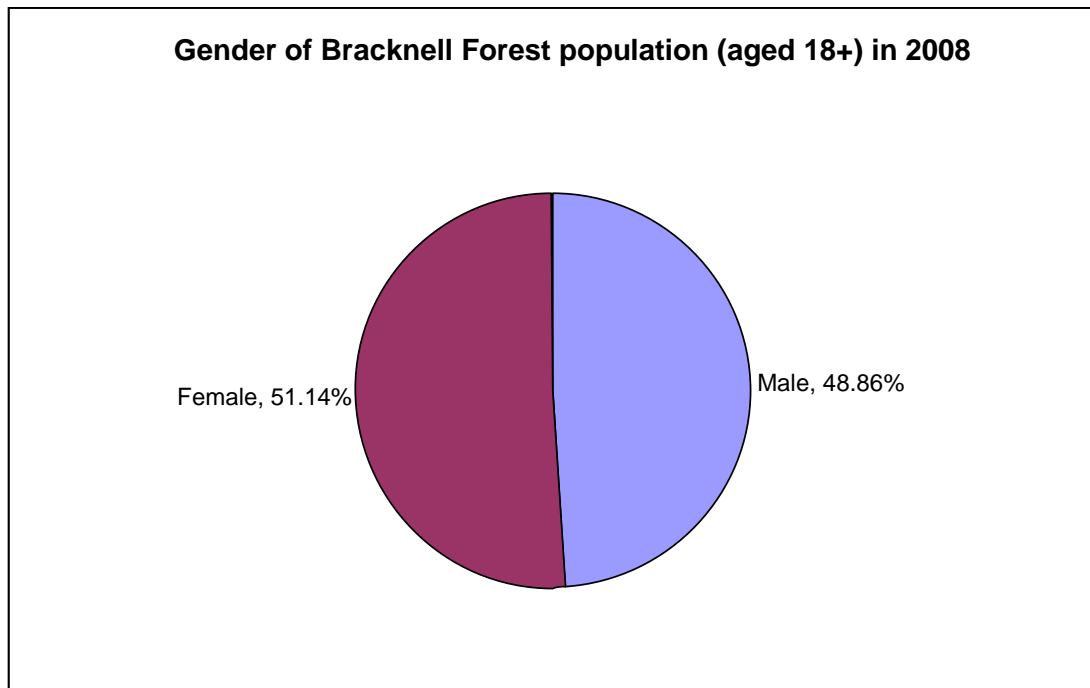
**Chart 1: Population trends**



## Gender

In 2008 the gender split for adults aged 18 years and over was 49% male and 51% female. By 2013 there is predicted to be a slight increase in the proportion of females (52%).

**Chart 2: Gender of Bracknell Forest population<sup>3</sup>**



<sup>3</sup> Office for National Statistics, data extract July '08

## Population ethnic profile

The minority ethnic population in Bracknell Forest in the national census 2001 showed:<sup>4</sup>

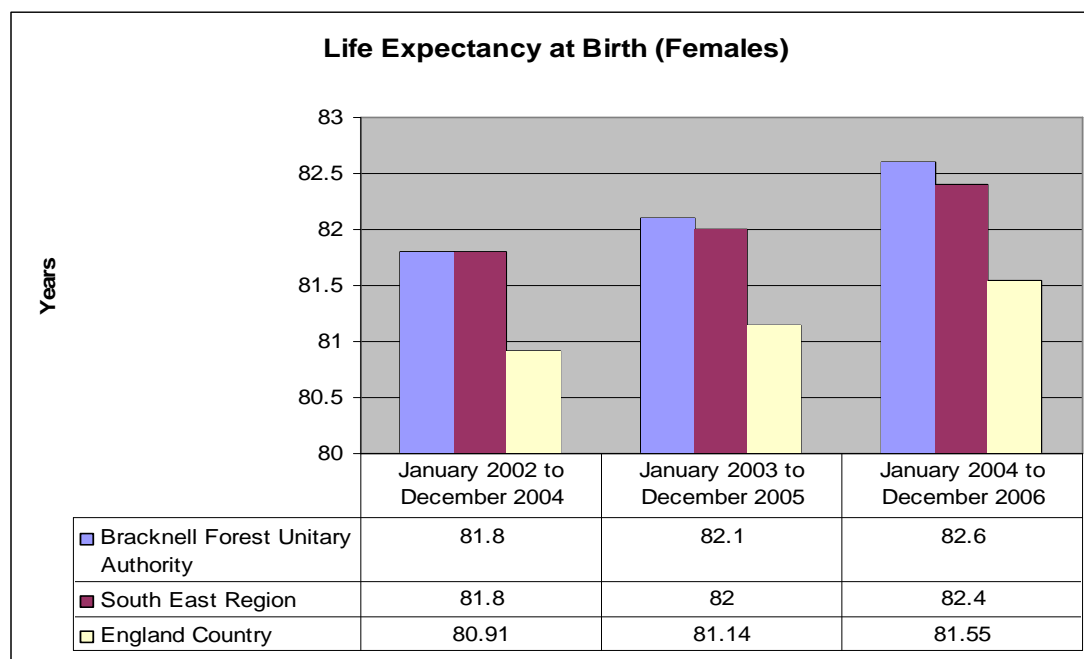
- 95% of the Bracknell Forest population classified themselves as “White”
- 90.56% classified themselves as “White: British”
- 4.9% are from non-white minority ethnic background
- 9.5% of the total population were not born in the United Kingdom and therefore may not have English as a first language.

Of the non-white communities, the largest group is from the Indian sub-continent. These people are not concentrated in specific areas or parishes, as they often are in other boroughs<sup>5</sup>.

However, the ethnic profile within Bracknell Forest is changing. Whereas the national census 2001 showed the non-white minority ethnic groups were just under 5% of the total population, 2008 data from schools shows that children from non-white minority ethnic groups make up 10.5% of the school population. In primary schools alone, this rises to 11.4%.

## Population life expectancy

**Chart 3: Life expectancy trends, females, Bracknell Forest, South East region and England<sup>6</sup>**



<sup>4</sup> National Census 2001

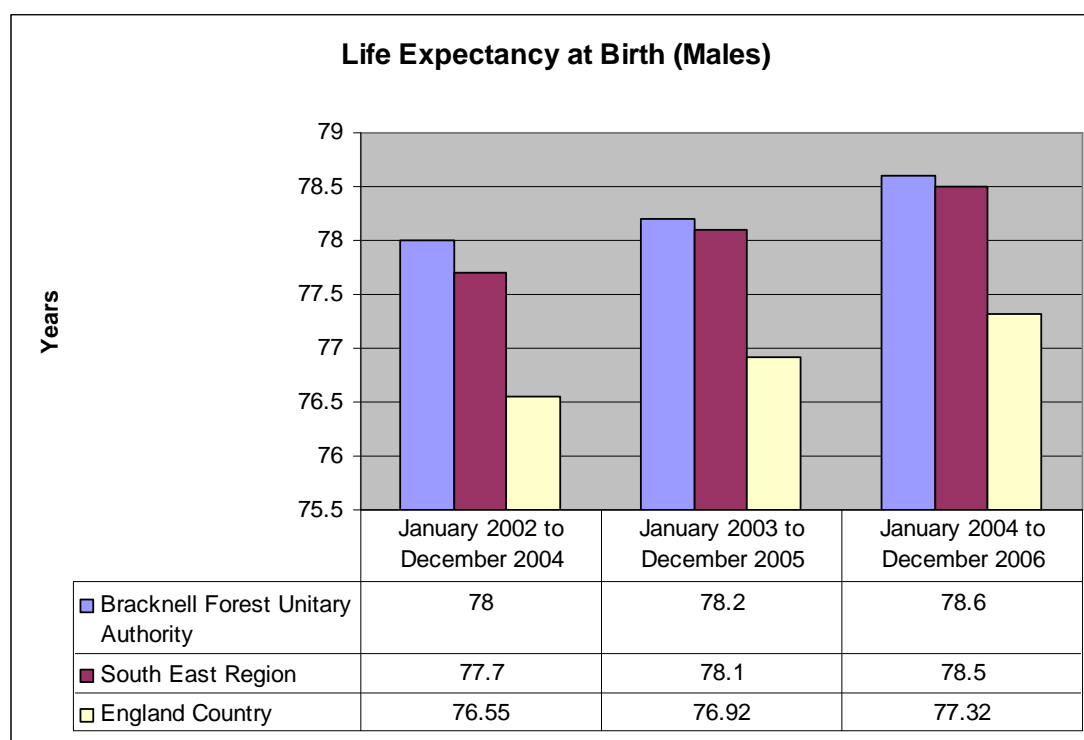
<sup>5</sup> Bracknell Forest Borough Council Ethnic Community profile August 2007

<sup>6</sup> Available at

<http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=3&b=276847&c=bracknell+forest&d=13&e=6&g=407173&i=1001x1003x1004&m=0&r=1&s=1195816083439&enc=1&dsFamilyId=937>

Life expectancy for women in Bracknell Forest continues to increase, and the latest data indicates an average life expectancy of 82.6 years, which is similar to the South East average and higher than the England average.

**Chart 4: Life expectancy trends, males, Bracknell Forest, South East region and England<sup>7</sup>**



Life expectancy for men Bracknell Forest also continues to increase, and the latest data indicates an average of 78.6 years, which is similar to the South East average and higher than the England average. Men in Bracknell Forest live on average for 4 years less than women, which is in line with national figures.

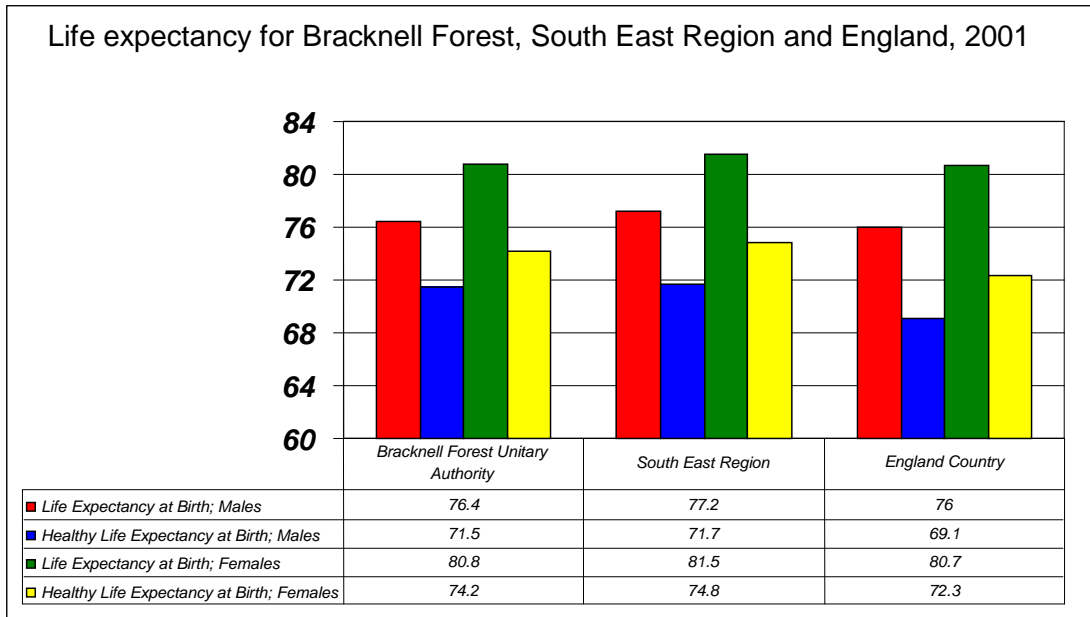
Life expectancy and healthy life expectancy vary nationally. Healthy life expectancy is defined as the average number of years people aged 65+ can expect to live in good or fairly good health (based on self-assessed general health). Healthy life expectancy is higher for women than for men. From 1997, both life expectancy and health life expectancy have increased in England<sup>8</sup>.

The chart below demonstrates difference in life expectancy and healthy life expectancy in men and women in Bracknell Forest, compared with the South East regional average and England average in 2001. Women, on average, have more years of healthy life expectancy. Bracknell Forest has comparable healthy life expectancies with the rest of the South East, and compares favourably to the England averages.

<sup>7</sup> Available at <http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=3&b=276847&c=bracknell+forest&d=13&e=6&q=407173&i=1001x1003x1004&m=0&r=1&s=1195816083439&enc=1&dsFamilyId=937> accessed November 2007

<sup>8</sup> for more info see <http://www.dwp.gov.uk/ofa/indicators/indicator-31.asp>

**Chart 5: Life expectancy and healthy life expectancy Bracknell Forest, South East region and England, 2001<sup>9</sup>**



<sup>9</sup> Data available from [www.neighbourhood.statistics.gov.uk](http://www.neighbourhood.statistics.gov.uk) accessed November 2007

## Section 2: Incidence and prevalence

**Prevalence data** reports on the total number of cases, old and new, existing in the population at any given time.

**Incidence data** reports on the number of new cases arising in a population over a given period of time, usually one year.

### Incidence

The number of new cases of people with dementia in England and Wales is around 165,000 each year.<sup>10</sup> This is approximately 0.3% of the population (all ages) or 1.43% of the population aged over 60. When this incidence is applied to Bracknell Forest's population aged over 60, there is estimated to be approximately 280 new cases of dementia in Bracknell Forest each year.

This incidence increases significantly with age. The rate of new cases aged 65-69 is 6.7 per 1,000 population which increases to 68.5 per 1,000 for people aged over 85.<sup>11</sup>

### Prevalence

There are estimated to be 683,597 people with dementia in the UK, just over 1% of the entire population.<sup>12</sup> This is forecast to increase by 38% over the next 15 years.

Approximately 2.2% of all people with dementia have early onset dementia (onset before the age of 65). This is likely to be an underestimate as it is based on people who are referred for services. The true figure may be up to three times higher.<sup>13</sup>

Prevalence projections are based on existing age and sex prevalence in the national population. Unforeseen developments, such as improvements in treatments for dementia, may alter these projections.

### Age

The prevalence of dementia is closely associated with age, with 69% of people with dementia being over the age of 80<sup>14</sup>. It affects approximately 7% of people aged over 65. This increases to 33% for those aged over 95.<sup>15</sup> The increasing proportion of older people in the population will therefore have an inevitable impact on the projected number of people with dementia. Among those with late onset dementia,

<sup>10</sup> <http://ageing.oxfordjournals.org/cgi/content/full/35/2/154>

<sup>11</sup> <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0020275&ct=1>

<sup>12</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society

<sup>13</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society

<sup>14</sup> Extracted from MHO figures for 2008

<sup>15</sup> Mental Health Observatory Briefs, May 2008, Issue 3 – (used backing data to recalculate as text stated 1% but backing data and other sources suggest 7%)

55.4% have mild dementia, 32.1% have moderate and 12.5% have severe dementia.<sup>16</sup> Severity increases with age.

## Gender

The prevalence of dementia is higher for men than women between the ages of 65 and 74. After this age there is a higher prevalence amongst women.<sup>17</sup>

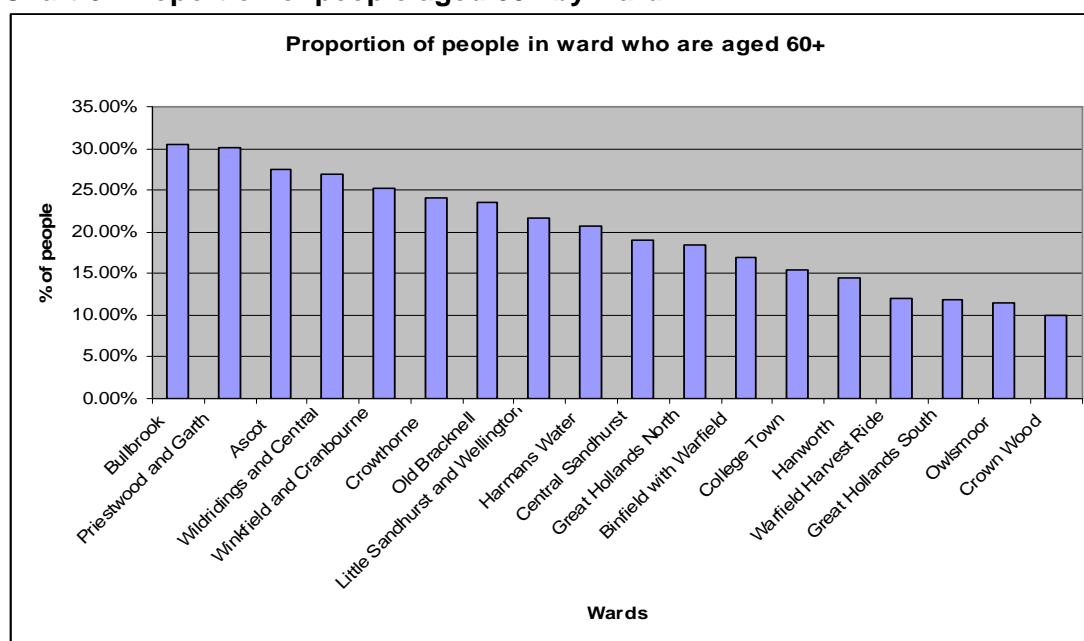
## Ethnicity

Nationally there are estimated to be 11,392 people from Black and Minority Ethnic (BME) groups with dementia. The proportion of these who have early onset dementia (onset before the age of 65) is higher (6.1%) than it is for the UK population as a whole (2.2%),<sup>18</sup> reflecting the younger age profile of BME communities.

## People living in the area – by ward<sup>19</sup>

The prevalence of dementia is strongly correlated with age, with 98% of people being aged over 65 years.<sup>20</sup> The chart below shows the wards with the highest proportion of people aged over 60. The five wards with the highest proportion in this age group are Bullbrook, Priestwood and Garth, Ascot, Wildridings and Central, Winkfield and Cranbourne. These areas are likely to have a higher proportion of people with dementia. Priestwood and Garth have the highest actual number of people aged over 60 (1,685 people), and have the second highest proportion of people aged over 60, (30.16%).

**Chart 6: Proportion of people aged 60+ by ward**



<sup>16</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society

<sup>17</sup> Mental Health Observatory Briefs, May 2008, Issue 3

<sup>18</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society

<sup>19</sup> Data taken from nomisweb on 6.08.08 (based on census 2001 data , table SO016)

<sup>20</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society (2.2% early onset, 97.8% over 65)

## Number of people with dementia known to Adult Social Care

The Referrals, Assessments and Packages of Care (RAP) statutory returns to central government show there were 94 people living in Bracknell Forest with dementia receiving support from Adult Social Care in the year 2007/08, (6 people aged 18-64 and 88 people aged 65 and over). The majority were receiving support to live at home.

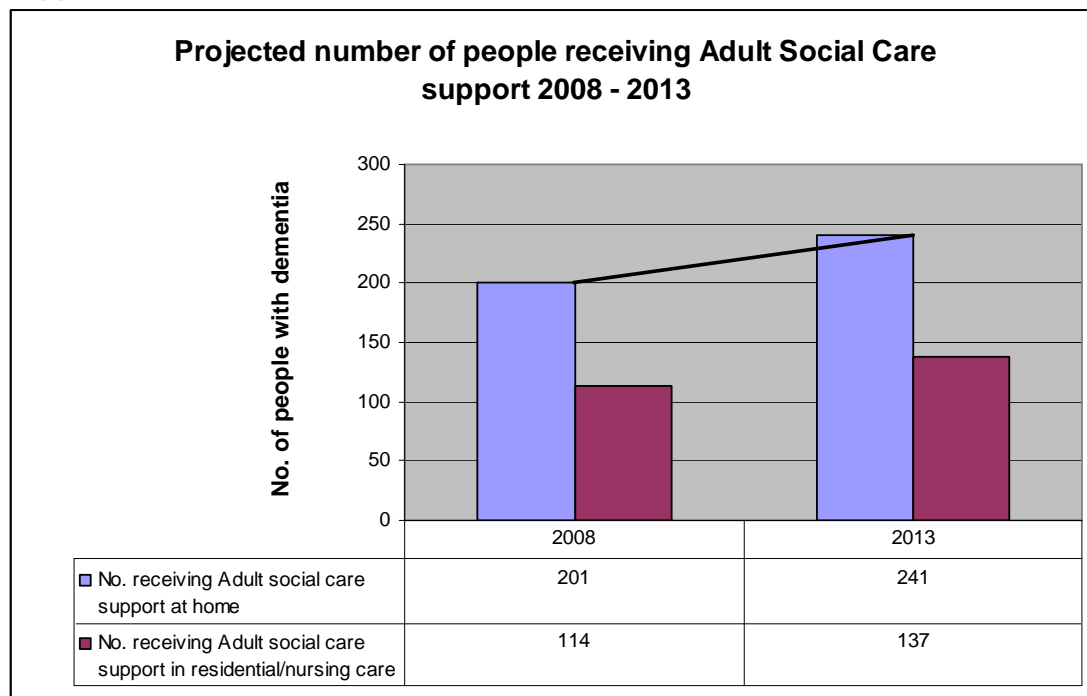
There are also a number of other people who have dementia who are recorded under other categories, such as mental health and physical disabilities. Data from the Swift database and other sources, shows a total of 315 people with dementia who received support in the year.<sup>21</sup>

Based on national prevalence rates<sup>22</sup> and ONS estimated population for 2008, it is estimated 936 people with dementia live in Bracknell Forest. Therefore just over a third are receiving support paid for by adult social care. Others may be accessing support from the voluntary sector or paying for themselves.

## Projections of prevalence and future demand

As the prevalence of dementia is closely linked to age, and the highest proportional increase in the population is people aged over 65 years, there will be a significant increase in people with dementia (20%) over the next five years. The number of people with dementia supported by Adult Social Care in 2008 is 315. In five years time (2013) this will rise to approximately 378.

**Chart 7: Projected number of people with dementia receiving adult social care Support**



<sup>21</sup> Swift database - extracting all who had either 'dementia' as a client category or involvement with 'CMHTE', plus finance spreadsheets suggesting EMI payments for residential/nursing, data from Heathlands

<sup>22</sup> Based on figures from [www.nepho.org.uk/mho/briefs#b3](http://www.nepho.org.uk/mho/briefs#b3) extracted Sept. '07

## Section 3: Risk factors

In 2005 the Medical Research Council (MRC) undertook a large UK based study into the factors that may be associated with the incidence of dementia.<sup>23</sup> This was published in January 2006 and the following were identified as the key risk factors:

### Age

As stated previously, age is strongly correlated with developing dementia. The incidence rises from 6.7 per 1,000 at the age of 65 to 69, to 68.5 per 1,000 at the age of 85 and over.<sup>24</sup>

### Gender

The study also found gender to be a factor. The prevalence of dementia is higher for men than women between the ages of 65 and 74. After this age there is a higher prevalence amongst women.<sup>25</sup> This gender effect may be due in part to the life expectancy of men being lower than for women. It is possible that the pattern of dementia may change if men begin to show the same survival as women.

### Stroke and Parkinson's disease

A high proportion of people with dementia are thought to have a vascular component to their dementia. The MRC study found that a history of strokes showed a clear risk pattern for the incidence of dementia. However, comparing sites with a variation in vascular risk does not show a variation in the incidence of dementia.<sup>26</sup> Therefore reducing the vascular risk will not necessarily reduce the incidence of dementia.

People with Parkinson's disease also showed an increased risk of developing dementia.

### Not having had a general anaesthetic

One surprising result of the MRC study was the finding that exposure to general anaesthesia (GA) was inversely associated with dementia. The reduced risks of people who had been exposed to GA need further investigation to ascertain the reasons for this finding.

### Self-perceived health

Self-perceived health was predictive of developing dementia. Those who responded that their health was 'excellent' or 'good' were at similar risk, whereas those who replied 'fair' or 'poor' were at increased risk.

### Factors found to not increase the risks

There a number of conflicting findings regarding the risks of alcohol consumption with developing dementia, with some suggesting positive effects and others its potential damaging effects. The MRC study found alcohol was neither strongly protective nor predictive in relation to developing dementia. Similarly smoking was not found to be a significant factor.

---

<sup>23</sup> Risk Factors for incident dementia in England and Wales: The Medical Research Council Cognitive Function and Ageing Study, MRC, Jan. 2006, <http://ageing.oxfordjournals.org/cgi/content/full/35/2/154>

<sup>24</sup> <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0020275&ct=1>

<sup>25</sup> Mental Health Observatory Briefs, May 2008, Issue 3

<sup>26</sup> <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0020275&ct=1>

## Section 4: Local service data

Due to dementia being under-recorded on the Swift system, the figures below include people who are known to have dementia through other recording systems but have been classified under other categories, such as physical frailty.

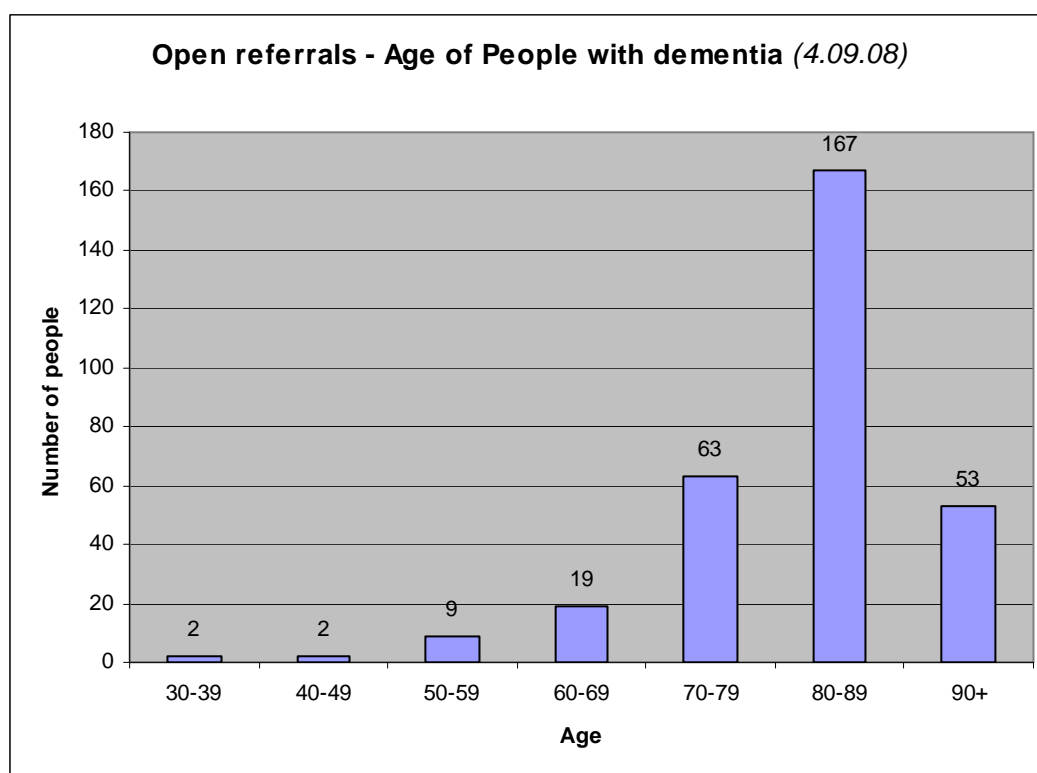
For this reason, the figures below are higher than those reported for people with dementia in the RAP statutory return.

### Referrals

#### Number of open referrals<sup>27</sup>

On 4<sup>th</sup> September 2008 there were 315 people with dementia with an open referral. The chart below shows the ages of these people. The majority (90%) were over the age of 70.

**Chart 8 – Age of people with an open referral September 2008**

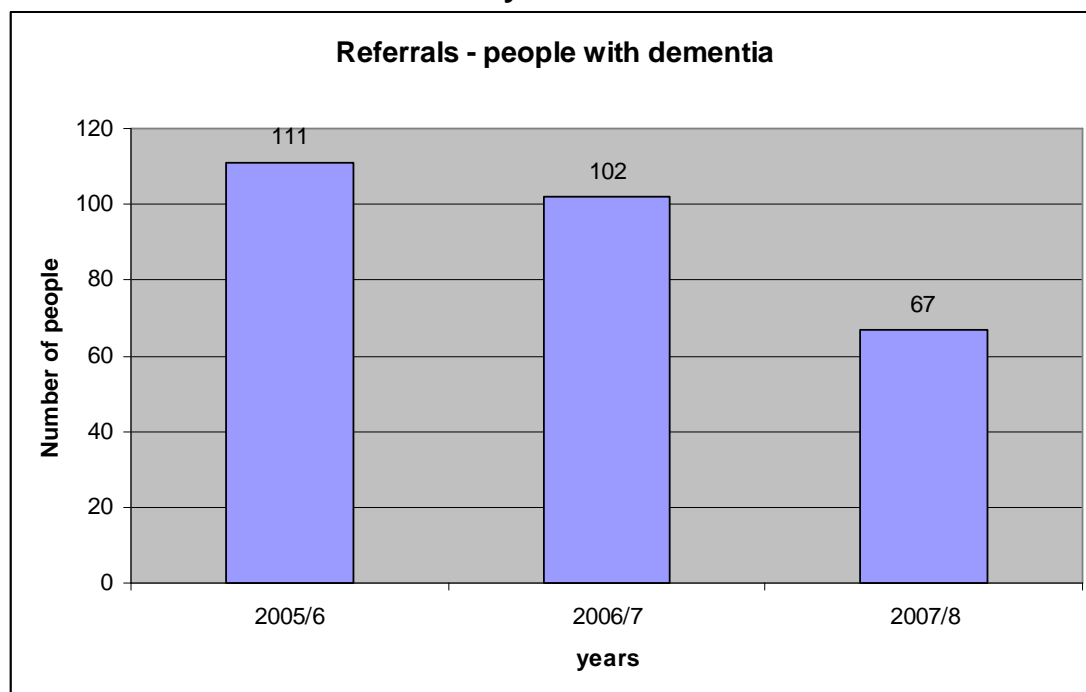


<sup>27</sup> Swift open referrals, extracted 4.9.08, client main or sub-category 'dementia' or involvement organisation 'CMHTE'

## Referrals - 3 Year trend of new referrals<sup>28</sup>

The chart below shows the trend over the last 3 years. There is a fall in the number of people referred in 2007/8. Further investigation has shown this is due to a change in inputting practice rather than an actual decrease in the number of people being referred. The same decrease is shown across all disability groups, following revised instructions on what counted as a 'new' referral.

**Chart 9: Referrals over the last 3 years**



There were 76 assessments and 232 reviews of people with dementia in 2007/08.<sup>29</sup>

## Ethnicity

The ethnic profile within Bracknell Forest is changing with more people from BME groups, including new communities from Eastern Europe. In the national census 2001 the non-white minority ethnic groups were just under 5% of the total population. 2008 data from schools shows that children from non-white minority ethnic groups make up 10.5% of the school population. In primary schools alone, this rises to 11.4%.

The age profile of people from BME communities is skewed towards the younger age groups. In the national census 2001, Bracknell Forest BME population aged over 18 was 3,632, with only 137 being over the age of 65.

<sup>28</sup> Swift referrals 1.4.05 to 31.03.08, client main or sub-category 'dementia' or involvement organisation 'CMHTE'

<sup>29</sup> Swift BO report picking up all assessments/reviews 1.4.07 to 31.03.08, client group 'dementia' or organisation 'cmhte'.

Dementia is a condition that national research shows primarily affects people over the age of 65, (98% are over 65).<sup>30</sup> In Bracknell Forest there were only 18 people with dementia aged 18 to 64 receiving Adult Social Care support in September 2008. Due to this, and the younger age profile of BME communities, it is more appropriate to draw comparisons between the over 65 age groups only.

The ethnicity of the people with dementia aged over 65 who were receiving support from Adult Social Care in September 2008 is shown in the table below. This is compared with data on the ethnicity of people aged over 65 living in Bracknell Forest, taken from the national census 2001.

**Table 1: Ethnicity of people with dementia receiving support from adult social care<sup>31</sup>**

| <b>Ethnicity</b>   | Census (2001) 65+ | Census (2001) 65+ % | People with dementia aged 65+ receiving support | Receiving support 65+ % (exc. 'not known') |
|--|-------------------|---------------------|---|--|
| White British  | 11313             | 95.29%              | 249   | 92.22%                                     |
| White Irish  | 231               | 1.95%               | 5   | 1.85%                                      |
| White Other  | 191               | 1.61%               | 13  | 4.81%                                      |
| Mixed White & Caribbean                                    | 9                 | 0.08%               | 0   | 0.00%                                      |
| Mixed White & African                                      | 0                 | 0.00%               | 0   | 0.00%                                      |
| Mixed White & Asian  | 19                | 0.16%               | 0   | 0.00%                                      |
| Mixed Other  | 9                 | 0.08%               | 0   | 0.00%                                      |
| Asian Indian   | 48                | 0.40%               | 0   | 0.00%                                      |
| Asian Pakistani  | 3                 | 0.03%               | 0   | 0.00%                                      |
| Asian Bangladeshi  | 0                 | 0.00%               | 0   | 0.00%                                      |
| Asian Other  | 6                 | 0.05%               | 1   | 0.37%                                      |
| Black Caribbean  | 15                | 0.13%               | 0   | 0.00%                                      |
| Black African  | 6                 | 0.05%               | 0   | 0.00%                                      |
| Black Other  | 6                 | 0.05%               | 0   | 0.00%                                      |
| Chinese  | 7                 | 0.06%               | 2   | 0.74%                                      |
| Other ethnic group   | 9                 | 0.08%               | 0   | 0.00%                                      |
| Not known  | 0                 |                     | 11  |  |
| Total  | 11872             |                     | 281   |  |
| Total exc. Not known<br>Number & % from<br>BME communities | 137               | 1.15%               | 3   | 1.11%                                      |

The overall percentage of people from the BME communities is broadly in line with the population, although there is little spread across all groups. However, as the numbers are small comparisons should be viewed with caution.

<sup>30</sup> Knapp, M & Prince, M (2007) Dementia UK, Alzheimer's Society (2.2% early onset, 97.8% over 65)

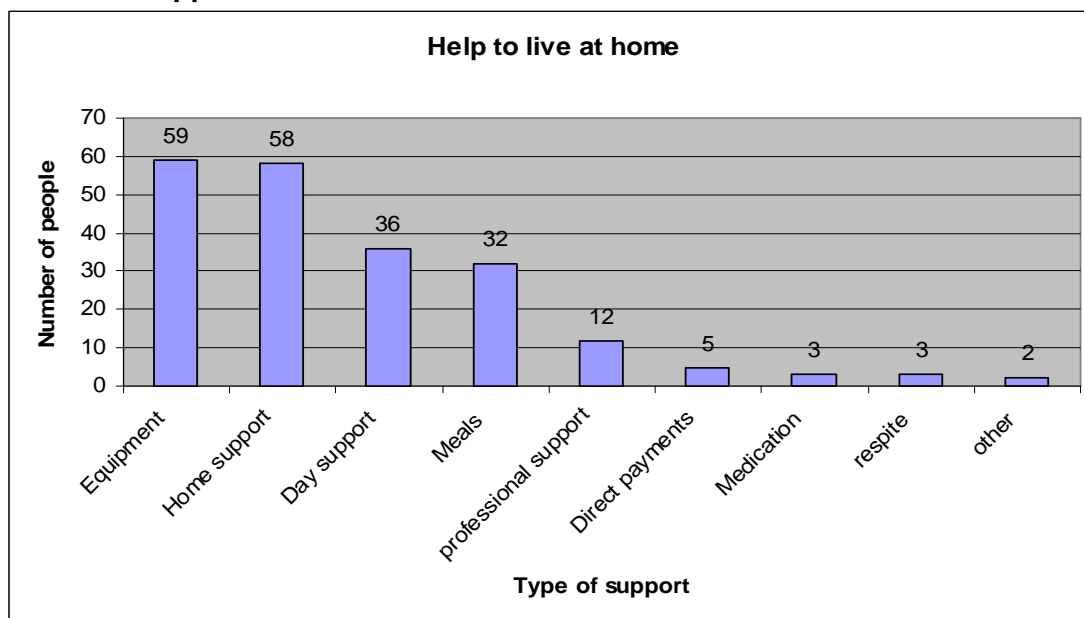
<sup>31</sup> Swift open referral Sept. 2008, client cat. 'dementia, involvement 'CMHTE', plus spreadsheet data from CMHT and finance.

## Type of support

### Help to live at home

The chart below shows the type of support the 201 people with dementia, who were being supported at home, were receiving in September 2008.<sup>32</sup>

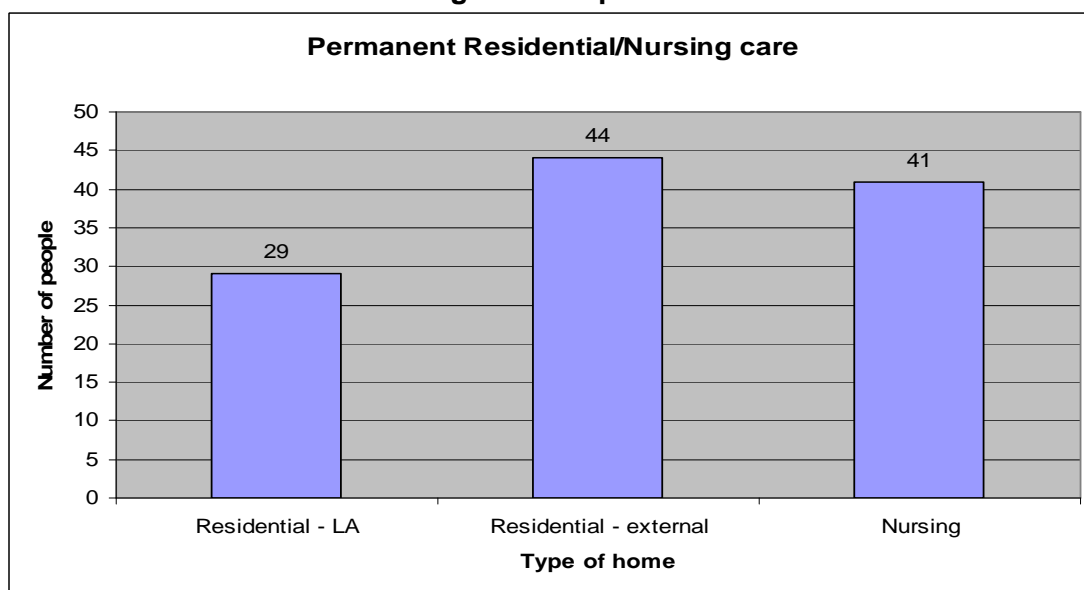
Chart 10: Support at home



## Residential/Nursing care<sup>33</sup>

In September 2008 there were 114 people with dementia in residential and nursing care funded by Bracknell Forest Adult Social Care.

Chart 11: Residential and nursing care - September 2008



<sup>32</sup> Swift extract Sept. '08, open referrals for client category 'dementia' or involvement 'CMHTE'

<sup>33</sup> External homes - Data from finance spreadsheets using 4 weekly cost as proxy, internal data from Heathlands

## Projections

The table below shows the estimated prevalence of dementia in Bracknell Forest in 2008 and the predicted figures for 2013, based on the predicted increase in the population.<sup>34</sup>

As the prevalence of dementia is closely linked to age, and the highest proportional increase in the population is people aged over 65 years, there will be a significant increase in people with dementia, (20%), over the next five years.

**Table 2: Estimated increase in number of people with dementia in Bracknell Forest 2008 to 2013**

|  | <b>2008</b> | <b>2013</b> | <b>% increase 2008-2013</b> |
|--|-------------|-------------|-----------------------------|
| ONS Population estimates Bracknell Forest - people aged 65+                    | 13600       | 16300       | 19.85%                      |
| Estimated number of people with dementia in Bracknell Forest                   | 936         | 1122        | 19.85%                      |
| No. receiving Adult Social Care support at home                                | 201         | 241         | 19.85%                      |
| No. receiving Adult Social Care support in residential/nursing care            | 114         | 137         | 19.85%                      |
| Total receiving Adult Social Care support (residential/nursing & help at home) | 315         | 378         | 19.85%                      |

<sup>34</sup> Based on dementia prevalence stated in Mental Health Observatory Briefs, Issue 3, May 2008 and number of open referrals extracted from Swift and spreadsheets from CMHT & Finance

## Summary

### Demography

- Over the next five years the population of Bracknell-Forest aged 18-64 is expected to rise by 2.3%, and for those aged 65 and over, by 20%.
- There are slightly more women than men (51% women, 49% men), and this difference will increase slightly over the next five years to 52% women.
- The average life expectancy of women is 82.6 years and men, 78.6 years, which is slightly higher than the average for the South East and 1.3 years higher than the national average.
- The ethnic profile of the borough is changing. Whereas the census 2001 showed 4.9% were from non-white minority groups, 2008 data from schools shows 10.5% are from non-white groups. This rises to 11.5% when taking data from primary schools only.

### Incidence and prevalence

- In England and Wales there are estimated to be 165,000 new cases of people with dementia each year. This suggests an incidence rate in Bracknell forest of approximately 280 new cases each year.
- Using national prevalence figures and the latest estimated population figures, there are approximately 936 people with dementia living in Bracknell Forest.
- At any point in time, approximately a third of the people with dementia living in Bracknell Forest are receiving support paid for by Adult Social Care.
- 69% of people with dementia are aged over 80.
- Dementia affects a third of all people aged over 95 years.
- There are more men than women with dementia in the 65 to 74 age range. After this age there are more women. This may be due to the longer life expectancy of women.
- There are proportionately more people with from BME communities with early onset dementia, but this is due to the younger age profile of the BME community.
- As dementia is closely correlated with age, Bullbrook, Priestwood and Garth, and Ascot are the wards most likely to have a high proportion of people with dementia. Priestwood and Garth is the ward most likely to have the highest number of people with dementia.
- The number of people with dementia receiving support from Adult Social Care is likely to rise by 20% over the next five years.

## **Risk factors**

A study by the Medical Research Council showed the following as risk factors in the incidence of dementia.

- Age- the older you are, the more at risk you are.
- Gender- more women than men, although this may be due to the longer life expectancy of women.
- Stroke- those who have a history of strokes appear to be at more risk, although this was disputed in a further evaluation of the data, which showed no difference across areas with greater incidence of strokes.
- Parkinson's disease- those with the disease were more at risk.
- Self-perceived health- the incidence of dementia was higher amongst those stating their health was only 'fair' or 'poor'.
- General anaesthetic- those who had not had a general anaesthetic showed a higher incidence of dementia.
- Alcohol was not found to be a factor in the incidence of dementia. This conflicts with some previous studies.

## **Local data**

- There were 315 people with dementia with an open referral to Adult Social Care on 9th September 2008.
- There are around 100 new referrals to Adult Social Care each year. This is approximately a third of the estimated new cases of people with dementia each year in the borough.
- As the numbers of people aged 65+ from the non-white BME groups is very small in Bracknell Forest (national census 2001 showed only 137 people), it is difficult to draw firm conclusions from the ethnic monitoring analysis. The analysis, such as it is, does show the proportion of people from BME communities receiving support from Adult Social Care, is broadly in-line with the proportion of people in the borough.
- Approximately two-thirds of people being supported by Adult Social Care are receiving support at home in the community, and one third are in residential or nursing care homes.
- The number of people supported is set to rise from 315 to 378 (20% increase) over the next five years.