

Dementia Needs Assessment for Bracknell Forest Council 2025

Final version 1.0

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1 About dementia

1.1 What is Dementia?

The word 'dementia' is an umbrella term used to group a range of conditions affecting one or more areas of brain functioning. Dementia is a progressive and largely irreversible condition and can be caused by several different disease processes (NICE, 2022a). Disease progression can be considered as three staged: early stage or mild disease, middle stage or moderate disease and late stage (severe) (NICE, 2022b). Dementia is characterised by a range of cognitive symptoms including memory loss, problems with reasoning and communication, changes in personality and a reduction in the ability to carry out daily tasks (NICE, 2022a). People living with the condition may also develop a range of behavioural and psychological symptoms of dementia (BPSD), irrespective of dementia subtype. These symptoms include increased anxiety, increased agitation, increased aggression, delusions and hallucinations (Cerejeira, Lagarto and Mukaetova-Ladinska, 2012).

1.2 Types of Dementia

There are over 200 different types of dementia, often named after the neurodegenerative diseases that cause the condition. Dementia primarily develops in those aged 65 and over, referred to as late onset dementia, accounting for 92.5% of all cases. When the condition develops before the age of 65, it is referred to early-onset dementia. The most common type of dementia is **Alzheimer's Disease**, accounting for anywhere between 50% to 75% of all cases. Alzheimer's Disease can co-exist with other types of dementia. Alzheimer's is characterised by abnormal buildup of proteins in the brain forming clumps called amyloid plaques and neurofibrillary tangles, interfering in brain signalling and functioning (NICE, 2024) Typical symptoms of Alzheimer's Disease are listed below (ARUK, 2024):

- Regularly forgetting recent events, names and faces
- Becoming increasingly repetitive (e.g. repeating questions in a short period of time)
- Having problems finding the right words
- Losing items or putting them in odd places
- Getting confused about the current date to time of day
- Being unsure of surroundings and often getting lost
- Changes in mood or behaviour including a loss of interest in daily activity, becoming easily upset and annoyed.

Vascular dementia is the second more common type of dementia, accounting for up to 20% of cases (NICE, 2024). This type of dementia is caused by conditions in which there is

reduced blood flow to the brain leading to the damage and death of brain cells. These conditions include stroke and transient ischemic attack (ARUK, 2024). Vascular dementia can affect various parts of the brain so symptoms may vary from one individual to another. While early symptoms are similar to that of Alzheimer's Disease, as the condition progresses individuals can develop other symptoms. These include changes in mood (related to depression, anxiety and apathy) and problems with movements, stability and bladder control (ARUK, 2024).

Dementia with Lewy bodies (DLB) is third most common type of dementia accounting for 10-15% of cases. The underlying cause of this type of dementia is the build-up of clumps of proteins (lewy bodies) inside of neurons (brain cells) impacting signalling and brain function (NICE, 2024). Those with DLB develop symptoms similar to those seen in people with Parkinson's, namely slowing, difficulty walking, stiffness and shaking or trembling (NICE, 2024). Moreover, those with Parkinson's have a significantly higher risk to go on to develop dementia, known as Parkinson's disease dementia (PDD). Due the similarities between the two types of dementia they are often grouped together under the term 'Lewy Body dementia' (ARUK, 2024).

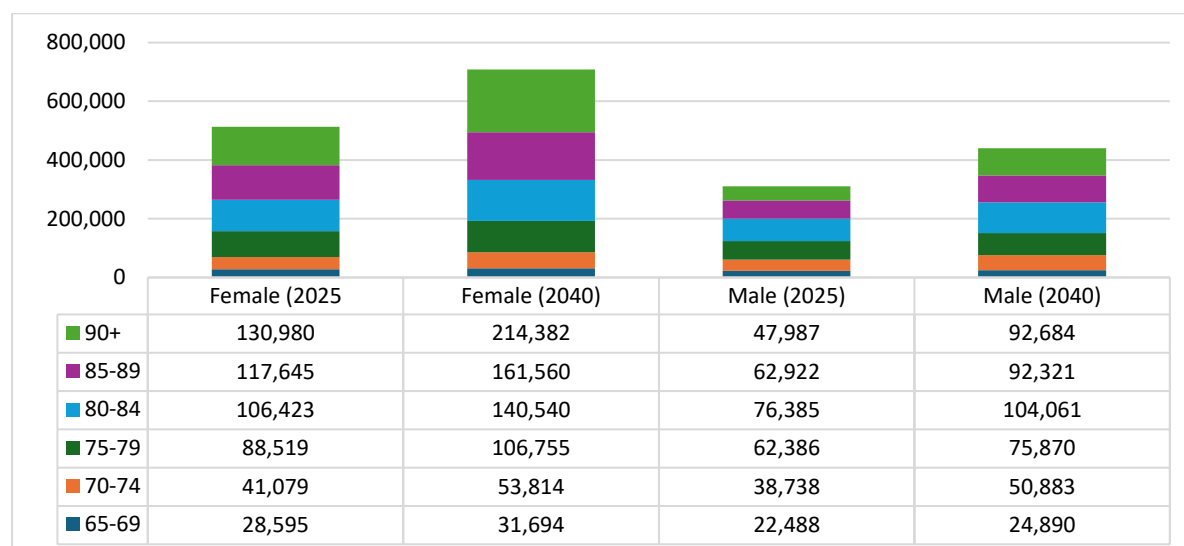
Frontotemporal Dementia (FTD) is a rarer type of dementia representing around 2% of cases. FTD is increasingly recognised as the cause of early onset dementia and is most commonly seen in those aged 45-64 years (NICE, 2024). Unlike the other common types of dementia, those who present with FTD are likely to have a familial history of dementia. As the name suggests, build up abnormal proteins in the brain leads to damage and disruption of functioning in frontal and temporal lobe areas of the brain. These areas are responsible for the ability to control for personality, emotions, behaviours as well as speech and understanding of language. These abilities are significantly impacted in those with FTD (ARUK, 2024).

1.3 Prevalence of Dementia in the UK

There are an estimated 982,000 people with dementia living in the UK which is around 1.4% of the total population (Alzheimer's Research UK, 2019). By 2040, this figure is expected to increase by 40% to 1.4 million (1.9% of the total population). There were an estimated 488,000 people with mild dementia severity, 366,000 with moderate severity and 128,000 with severe disease severity in 2020 (NICE, 2022c). Increasing prevalence of dementia is primarily driven by an ageing population and increases in life expectancy (Alzheimer's Society, 2024). For those aged 65 and over, the prevalence of dementia is estimated to be 7.1% with higher rates in older age groups. Estimates increase from 0.9% for people aged 60 to 64 years to 41.1% for those aged 95 years and over (Prince et al., 2014). Prevalence of dementia is significantly higher for women with around 60.0% of those aged 65 and over living with dementia being female (Alzheimer's Research UK, 2024b). There is also evidence

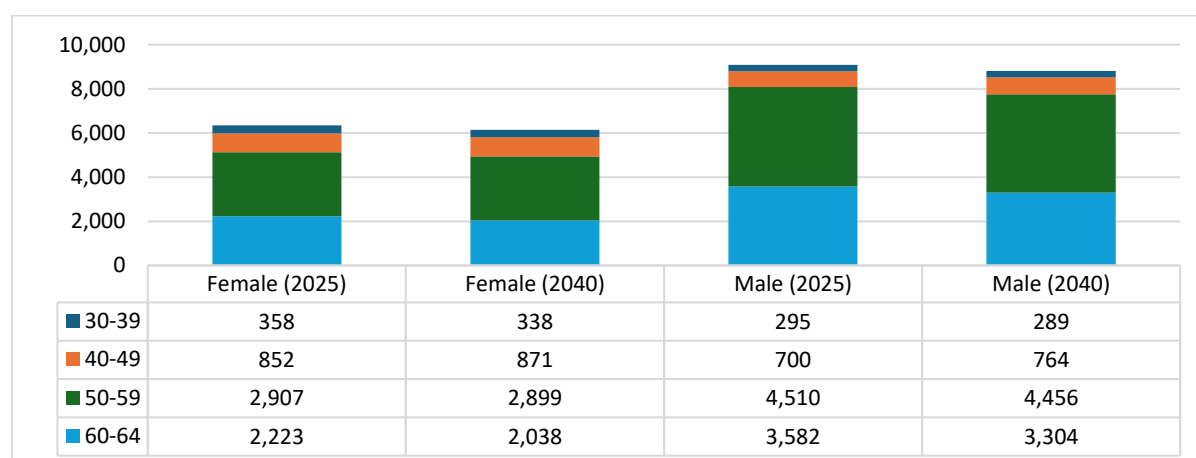
indicating that those living in the most deprived parts of the UK have significantly higher prevalence of dementia than those living in the least deprived areas. This could possibly be attributed to increased prevalence of health conditions that are risk factors for dementia and inequalities in diagnosis rates due to lack of access to health services (Alzheimer's Society, 2024).

Figure 1: Estimated and Projected Number of People with Late-Onset Dementia by Age and Sex in England



Source: [Projecting Older People Population Information System \(POPPI, 2024\)](#). People aged 65 and over predicted to have dementia, by age and gender, projected to 2040.

Figure 2: Estimated and Projected Number of People with Early-Onset Dementia by Age and Sex in England



Source: [Projecting Adult Needs and Service Information \(PANSI, 2024\)](#). People aged 30-64 predicted to have early-onset dementia, by age and gender, projected to 2040.

1.4 Impact of Dementia

Dementia has a significant impact on not just individuals diagnosed with the condition and their families, but also the wider society. On the individual level around 1-in-2 people will be affected by dementia in their lifetime; either by caring for someone with the condition, developing the condition or both (Alzheimer's Research UK, 2019). Dementia and AD was the leading cause of death in the UK in 2022, responsible for over 65,967 deaths and 11.4% of all deaths that year. For men it was the second leading cause of death (n=23,332) responsible for 8.0% of deaths and for women it was the leading cause (n=42,635, 15.0%) (Office for National Statistics, 2023). The number of deaths due to dementia and AD is projected to increase to 219,409 by 2040 (Etkind et al., 2017).

The cost of dementia in the UK was estimated to be £42.5 billion in 2024. This total cost is comprised of the cost of unpaid care, social care costs, healthcare costs and quality of life/economic losses (Alzheimer's Research UK, 2021). Due to the forecasted increase in dementia prevalence and cost of services, the total costs of dementia are expected to rise to £90 billion by 2040 (Alzheimer's Research UK, 2021).

The largest cost associated with dementia is unpaid care, accounting for 50% (£21.1 billion) of the total cost. This is projected to almost double to £40.0 billion by 2040 (Alzheimer's Society, 2024). The annual cost for caring for someone with dementia rises with the severity of the condition, due to the increasing need for complex care, and is borne exclusively by the patients and their carers. Costs range from £9,700 for those with mild dementia to £32,300 for this with severe dementia (Alzheimer's Society, 2024). The cost and time commitment of providing unpaid care to people with dementia is significant totalling around 1.1 billion hours each year. While most carers are retired, around 16.1% report that they had to give up work to provide care with 61.2% suffering with a long-term health condition (Alzheimer's Society, 2024).

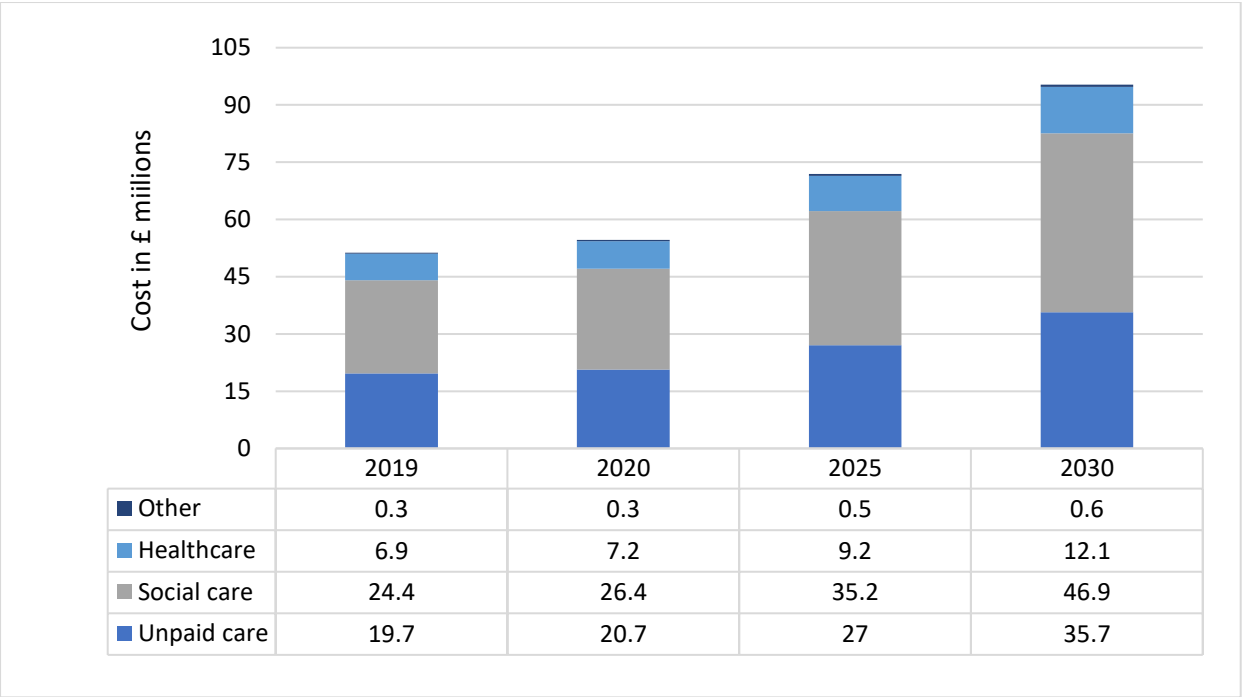
Dementia accounts for 40% of the total spend for adult social care. This was £17.2 billion in 2024 and is predicted to rise to £40.7 billion by 2040 (Alzheimer's Society, 2024). Increasing social care costs are primarily driven by the cost of providing residential care. The number of people with dementia living in residential and nursing homes is expected to increase by an additional 76,000 and 30,000 by 2040, respectively. Provision of social care places a significant economic burden on people with dementia and their families. Around 55% of people with dementia self-fund the cost of their social (£8.8 billion). When surveyed, 40.6% reported that caring for a person with dementia had caused them financial difficulties (Alzheimer's Society, 2024).

Healthcare costs account for 14% of the total cost of dementia, at around £7 billion in 2024. This is expected to double to around £14 billion in 2040. Healthcare costs are primarily

driven by non-elective inpatient attendance and community mental health services. Other dementia-related costs are those associated with quality of life and economic losses amounting to £2.9 billion in 2024, rising up to £4.0 billion in 2040 (Alzheimer's Society, 2024).

The cost of dementia care in Bracknell Forest is projected to increase by 85.8%, from £51.3 million in 2019 to £95.3 million in 2030 (Wittenberg et al., 2019). Social care is the biggest cost, accounting for 47.6% (£24.4 million) of cost in 2019 and is projected to almost double to 46.9 million in 2030. The second largest cost is unpaid care at 38.4% (£19.7 million) and rising up to £35.7 million in 2030 (Figure 3) (Wittenberg et al., 2019).

Figure 3: Projected Increase in Dementia-related Costs in Bracknell Forest (2019 to 2030)



Source: [Projection of Older People with Dementia and Costs of Dementia Care in the United Kingdom, 2019-2040](#) (Wittenberg et al., 2019).

2 National Guidance and Local Strategies

2.1 National Strategy and Policies

The **Living Well with Dementia** National Dementia strategy was launched in 2009 to achieve significant improvement across three areas: improved awareness, early diagnosis and intervention, and a higher quality of care. The strategy identified 17 key objectives which, when implemented, would result in “...significant improvements in the quality of services provided to people with dementia and should promote greater understanding of the causes and consequences of dementia” (Department of Health and Social Care, 2009). In addition, the **Care Act 2014** endowed new responsibilities to local authorities which includes the provision of preventative services for residents and extending the duty of care to unpaid carers. This included those residents with dementia and those who provide care to them.

The **Prime Minister’s Challenge on Dementia 2015** was launched in 2012 (Department of Health, 2012). This document set out the government’s ambition to deliver major improvements in dementia care and research by 2015. There were three key areas of focus for this commitment: driving improvement in health and care, creating dementia friendly communities and improving research.

This was followed by the **Prime Minister’s Challenge on Dementia 2020** published in 2015 (Department of Health and Social Care, 2015). An update was provided on the progress made on the commitments set out by the previous prime minister’s challenge on dementia along with a new challenge for England to become: “...the best country in the world for dementia care and support and for people with dementia, their carers and families to live; and the best place in the world to undertake research into dementia...”. This challenge was accompanied by over 50 commitments to achieve these goals of which 18 were key aspirations considered of vital importance to help achieve the other commitments. In addition to creating supportive and inclusive environments, the challenge emphasizes the need to develop research, raise awareness, and coordinate care with a trained workforce.

In 2022, the health and social care secretary announced plans for a new 10-year plan to tackle dementia that would: increase funding for research into neurodegenerative diseases, reduce the up to 40% of dementia cases considered to be preventable and to increase funding for more timely dementia diagnosis. However, following cabinet restructuring and a general election in 2024, a new plan has yet to be delivered at the time of writing this needs assessment (Hullah, 2023).

2.2 National Guidelines and Standards

The National Institute for Health and Care Excellence (NICE) has published several guidelines to influence dementia services and to set standards for care. The primary NICE clinical guideline is NG97 covering assessment, management and support for people living with dementia and their carers (NICE, 2018). NICE guideline NG16 covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life (NICE, 2015). The guideline aims to increase the amount of time that people can be independent, healthy and active in later life.

NICE Quality Standards set out priority areas for quality improvement in health, public health and social care. The Quality Standards are endorsed by the Department of Health and Social Care and NHS England per the Health and Social Care Act 2012. NICE Quality Standards (QS184) covers preventing dementia, and assessment, management and health and social care support for people with dementia. It describes high-quality care in priority areas for improvement (NICE, 2019). There are seven quality statements that reflect the dementia quality standards (QS184):

- **[Statement 1](#) - Raising Awareness - Health Promotion Intervention:** People accessing behaviour change interventions and programmes in mid-life are advised that the risk of developing dementia can be reduced by making lifestyle changes.
- **[Statement 2](#) - Diagnosis:** People with suspected dementia are referred to a specialist dementia diagnostic service if reversible causes of cognitive decline have been investigated.
- **[Statement 3](#) - Advanced Care Planning:** People with dementia are given the opportunity to discuss advance care planning at diagnosis and at each health and social care review.
- **[Statement 4](#) - Coordinating Care:** People with dementia have a single named practitioner to coordinate their care.
- **[Statement 5](#) - Activities to Promote Wellbeing:** People with dementia are supported to choose from a range of activities to promote wellbeing that are tailored to their preferences.
- **[Statement 6](#) - Managing Distress:** People with dementia have a structured assessment before starting non-pharmacological or pharmacological treatment for distress.
- **[Statement 7](#) - Supporting Carers:** Carers of people with dementia are offered education and skills training.

2.3 The Well Pathway for Dementia

To support the implementation of the 2020 Challenge on Dementia, the NHS England has developed the 'Well Pathway for Dementia' (NHS England, 2022). The 'well pathway' sets an overarching framework to align and co-ordinate the contribution of health and social care partners to meet the key commitments to:

- Improving diagnosis
- Support and care after diagnosis
- Enabling people to live well in their own homes for longer
- End of life care
- Education and training workforce

The Well Pathway for Dementia has 5 key ambitions, each illustrated by 'I' statements centred on the person with dementia:

Table 1: The Well Pathway for Dementia

Well Pathway Ambition	Description	I statement
(1) Preventing Well	Risk of people developing dementia is minimised	"I was given information about reducing my personal risk of getting dementia"
(2) Diagnosing Well	Timely accurate diagnosis, care plan, and review within the first year	"I was diagnosed in a timely way"
		"I am able to make decisions know what to do to help myself and who else can help"
(3) Supporting Well	Access to safe high-quality health & social care for people with dementia and carers	"I am treated with dignity & respect"
		"I get treatment and support which are best for my dementia and my life"
(4) Living Well	People with dementia can live normally in safe and accepting communities	"I know that those around me and looking after me are supported"
		"I feel included as part of society"
(5) Dying Well	People living with dementia can live normally in safe and accepting communities	"I am confident my end-of-life wishes will be respected"
		"I can expect a good death"

Source: [NHS England Transformation Framework – The Well Pathway for Dementia](#)

2.4 Local Context

2.4.1 Bracknell Forest Health and Care Plan for Adults

The Health and Care Plan for Adults sets out the priorities for joint work between Frimley Health and Care Integrated Care System (ICS) and Bracknell Forest Council between 2023 and 2025. The [Health and Care Plan 2023-2025](#) summarises the service areas where the ICS and the council have agreed to focus on over the next two years. Dementia is one of the priority areas in the health and care plan.

The key ambitions for dementia care and support in the borough were:

- **Bracknell Forest is dementia-friendly** - collectively identifying as a system, in co-production with people with dementia and their families, areas of service development and improvement.
- To work with primary care to identify the support needed to work effectively with people with dementia and their carers.
- To continue to build on successes in delivering good support for people with dementia and their carers. This includes working with people with dementia and their carers to ensure services are effective and also sharing/learning about good practice with colleagues within the wider ICB.

The objective to be delivered going forward were:

- **Develop an Integrated Dementia Strategy**, co-created with people with dementia and their families and key partners at Place, with a comprehensive implementation plan outlining a collective system approach to addressing identified areas of service development.
- **Increase dementia diagnosis rates to reach or exceed the national target.**
- To **increase the capacity and skill set within primary care** to work effectively with people with dementia and their carers
- **Develop structured systems for sharing/learning about good practice**, with local ICS partners.

2.4.2 Joint Commissioning Strategy for Dementia

The last dementia-related strategy to be published for Bracknell Forrest was the Joint Commissioning Strategy for Dementia 2014-2019. The strategy considered the needs of people with dementia and their carers while also responding to the priorities identified in the Bracknell Forest Health and Wellbeing Strategy, national policy, and current best practice. In producing this strategy, people with dementia and their carers were asked for their views as part of a consultation exercise. Their views, together with national guidelines has informed the development of this strategy and subsequent action plan. The priorities identified for the strategy and local outcomes can be found in (Table 2).

Table 2: Priorities in the Joint Commissioning Strategy for Dementia

Priority	Local Outcomes
(1) Better dementia knowledge and awareness	Organisations and businesses will understand dementia and know how to help which will enable people with dementia and their carers to feel welcome and safe throughout the local community.
(2) Improved information and advice	People with dementia and their carers will have the information they need to understand their diagnosis, be prepared for the future and have choice and control over their lives.
(3) Improved support for carers	Carers will report that the care they provide is valued and recognised by health and social care providers and they will have suitable opportunities to take a break from their caring.
(4) Personalised support and independent living	People with dementia who want to live at home will be supported to do so for as long as possible. People with dementia and their carers will lead fulfilling lives socialising to the extent they choose and taking part in activities they enjoy.
(5) A dementia friendly town centre	Bracknell town centre will be easily accessible and a welcoming place for people with dementia and their carers. The wider community in Bracknell Forest, including customer service staff, will understand dementia and know how to help.
(6) Early diagnosis and intervention	GP services will understand dementia and work closely with memory services to improve diagnosis rates.
(7) Integrated health and social care services	Health, social care and voluntary organisations supporting people with dementia and their carers will communicate well with one other. Referral and other processes will be clear and permit secure sharing and storing of information.
(8) More accessible transport	The needs of people with dementia and their carers with regards to transport will be advocated as appropriate by the Dementia Partnership Board. Bracknell town centre will be accessible and welcoming to people with dementia and their

	carers. Transport providers will better understand dementia and know how to support people using their services.
(9) Improved support in care homes	People with dementia who want to live in their own home will be supported to do so for as long as possible. Where moving to residential care is necessary or chosen, people with dementia and their carers will be supported through this process. People with dementia living in residential care settings will continue to have choice and control over their lives
(10) More dementia aware GP services	People living in Bracknell Forest will understand that and that memory problems are not a normal part of ageing and that a diagnosis of dementia means that positive steps can be taken to improve their lives. People with concerns about their memory will visit their GP knowing that they will be listened to and referred to specialist services if necessary.
(11) Improved support for people with dementia in hospital	People with dementia receiving treatment in hospitals will feel and be safe and supported. People and their carers will be involved with planning admissions and discharges from hospital wherever possible.
(12) Specialist support and services for people with dementia	People with dementia and their carers will have timely access to support from people who have specialist knowledge and experience of dementia.
(13) Younger people with dementia	Younger people with dementia and their carers will be able to choose local support which suits their individual needs, interests and wishes.

Source: [Bracknell Forest Joint Commissioning Strategy for Dementia 2014-19](#)

3 Prevalence of Dementia in Bracknell Forest

3.1 Estimated Prevalence of Early-Onset Dementia

The exact number of people known to be living with early-onset dementia in Bracknell Forest is not known. Estimates are provided by the Institute of Public Care's Projecting Adult Needs and Service Information (PANSI) (PANSI, 2024). The latest estimates from PANSI indicate that there are 34 people aged 30 to 64 living with early onset dementia in the borough. The community mental health team for older adults (CMHTOA) identified 57 with early-onset dementia living in the borough at the end of 2024. This number does not include people with learning disabilities and dementia. Therefore, these figures are likely to be an underestimation of the true number of people living with early-onset dementia. The projected number of people with early onset dementia (age 30-64 years) is expected to increase to 162 by 2040, accounting for around 7.5% of all people with dementia that year (PANSI, 2024).

3.2 Estimated prevalence of late-onset dementia

The exact number of people living with dementia in Bracknell Forest is not fully known. However, using the consensus estimates of population prevalence of dementia and the latest population estimates, it is possible to estimate the local prevalence of dementia. In January 2025, there were an estimated 1,332 people with late onset dementia (age 65+) living in Bracknell Forest, accounting for 6.5% of all people aged 65+ in the borough (NHS Digital, 2025). Between April 2022 and January 2025, the estimated number of people living with late-onset dementia increased by 22.2% (**Figure 4**). This is largely due to the increase in the number people aged 65 and over living in the borough.

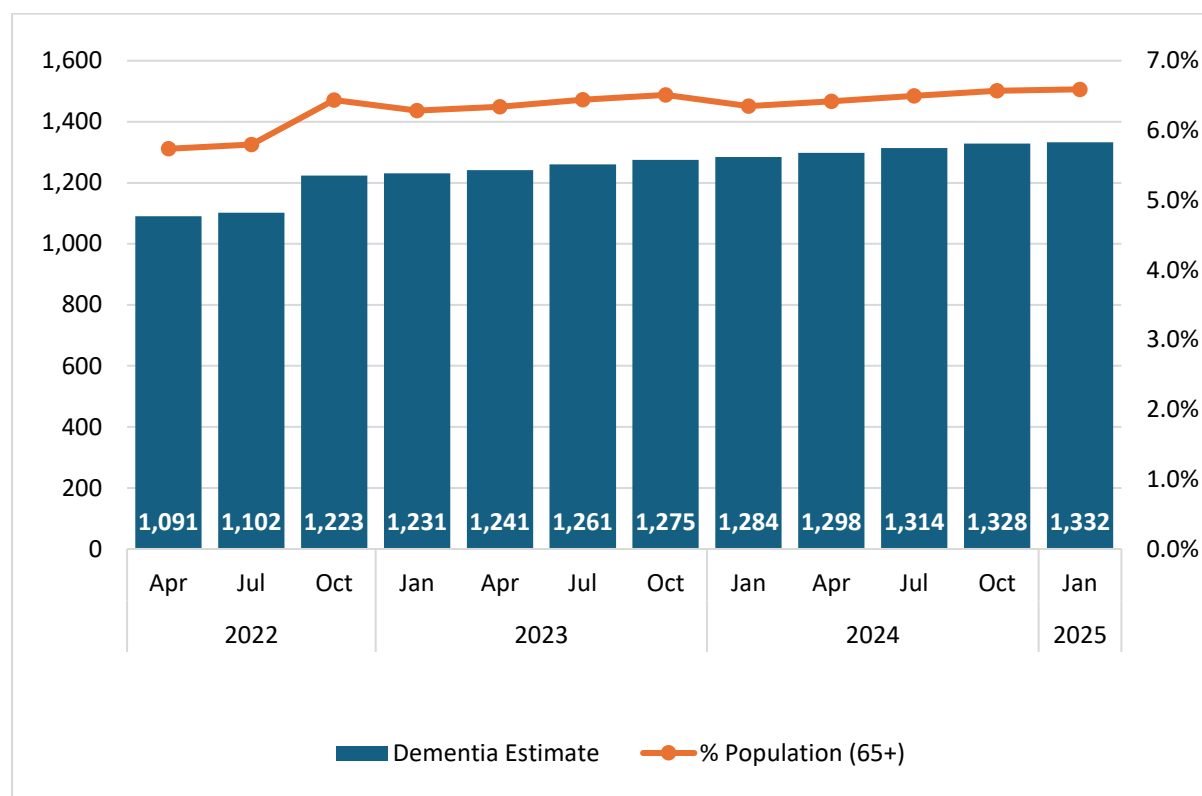
The number of people with late-onset dementia in Bracknell Forest is predicted to rise from 1,365 in 2023 to 2,165 in 2040, representing an increase of 62.5%. The number of female resident (age 65+) living with dementia is predicted to increase from 864 to 1,324 (44.2%). For male residents, this is expected to increase from 501 to 841 (67.9%) during the same time period (POPPI, 2024). This is in line with the overall trend of an ageing population in Bracknell Forest. The number of residents aged 65 and over is expected to rise from 20,052 in 2023 to 29,509 in 2043, representing an overall increase of 43.5% (Office for National Statistics, 2020). The largest projected increase in people living with dementia is expected in those aged 85+ (Figure 5).

Figure 4 The number of people with late-onset dementia in Bracknell Forest is predicted to rise from 1,365 in 2023 to 2,165 in 2040, representing an increase of 62.5%. The number of female resident (age 65+) living with dementia is predicted to increase from 864 to 1,324 (44.2%). For male residents, this is expected to increase from 501 to 841 (67.9%) during the same time period (POPPI, 2024). This is in line with the overall trend of an ageing population in Bracknell Forest. The number of residents aged 65 and over is expected to rise from 20,052 in 2023 to 29,509 in 2043, representing an overall increase of 43.5% (Office for National Statistics, 2020). The largest projected increase in people living with dementia is expected in those aged 85+ (Figure 5).

Figure 4 The estimated prevalence of late-onset dementia by age group and gender, varies considerably. In 2023, there were an estimated 864 female residents living with dementia Bracknell Forests compared with 501 men. For female adults, prevalence increases from 1.8% (65-69 years) to 28.8% in those aged 95 and over. For male adults, prevalence was lower, ranges from 1.8% to 28.8% for the same age ranges (POPPI, 2024). The estimated prevalence of late-onset dementia, by age and gender for Bracknell Forest in 2023, calculated using the June 2023 population estimates can be found in Table 3

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Figure 4: The Estimated Number and Proportion of People (65+) Living with Dementia in Bracknell Forest.



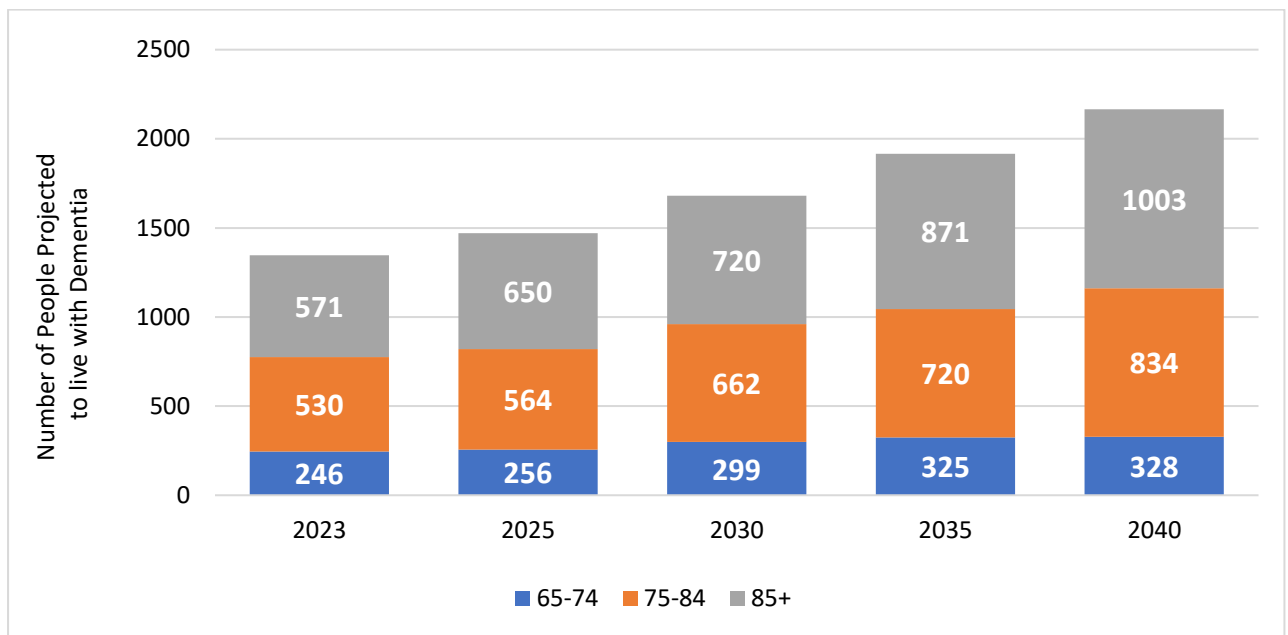
Source: [NHS Digital – Primary Care Dementia Data](#) and the [Office for National Statistics - Estimates of the Population for England and Wales](#)

Table 3: Estimated Number and Proportion of People (65+) Living with Late-Onset Dementia in Bracknell Forest, by Age and Gender (2023)

Age Group	Female			Male		
	Population	% Affected	Estimated Number of People	Population	% Affected	Estimated Number of People
65-69	3,042	1.8	55	2,849	1.5	43
70-74	2,510	3	75	2,344	3.1	73
75-79	2,411	6.6	159	1,967	5.3	104
80-84	1,378	11.7	161	1,120	10.3	115
85-89	982	20.2	198	697	23.5	164
90+	612	23.7	145	307	35.3	108
Total 65+	10,935	7.9	864	9,284	5.4	501

Source: [Projecting Older People Population Information System \(POPPI\)](#) and [Office for National Statistics - Estimates of the population for England and Wales 2023](#)

Figure 5: Projected Number of People Living with Dementia (65+) in Bracknell Forest by Age Group



Source: [Projecting Older People Population Information System \(POPPI\)](#)

4 Risk Factors for Dementia

4.1 Preventing Well

Risk factors are behaviours, characteristic or exposures than can increase the likelihood of developing a disease or condition. Risk factors are broadly categorised into modifiable risk factors and non-modifiable risk factors. Modifiable risk factors can be changed or managed to either lower or raise a person's risk of developing a disease or condition, non-modifiable risk factors cannot be changed. The NHS dementia well pathway's preventing well ambition seeks to minimise the risk of people developing dementia. Understanding the prevalence and impact of these risk factors are crucial for developing public health strategies to reduce the risk of dementia in the population.

4.1.1 Non-modifiable risk factors

4.1.1.1 Age

While dementia isn't a natural consequence of ageing, age is the biggest risk factor for developing this condition (BMJ, 2020). The majority of individuals with dementia develop the condition after the age 65. The risk of developing Alzheimer's disease or vascular dementia doubles approximately every 5 years after the age of 65 (Alzheimer's Research UK, 2024a). It is estimated that dementia affects 1-in-14 individuals over 65 years old, and 1-in-6 over 80 years old (Alzheimer's Research UK, 2024b).

4.1.1.2 Gender

Prevalence of dementia is greater among women than men, representing over 60.0% of all individuals with the condition (Alzheimer's Research UK, 2024c). Women over the age of 60 years are two times more likely to be diagnosed with Alzheimer's compared to men, although vascular dementia is diagnosed in slightly more men than women (Alzheimer's Research UK, 2024c). Since 2011, dementia has been the leading cause of death for women. Research has indicated that greater life expectancy for women, increased prevalence of risk factors and pre-existing conditions are contributing factors to the differences between men and women (Alzheimer's Research UK, 2024c).

4.1.1.3 Ethnicity

There is research suggesting that individuals from some ethnicities have a higher risk of developing dementia than other individuals. People from Black and South-Asian ethnic groups in seem to get diagnosed with dementia and also die from the condition at younger

ages than individuals from white ethnic groups in the UK (Mukadam et al., 2022). Differences in risk between these minority ethnic groups and the wider population seem to be driven by higher prevalence of risk factors for dementia such as hypertension, cardiovascular disease (CVD) obesity and diabetes (Naaheed Mukadam et al., 2023). However, after controlling for differences in these risk factors people from Black ethnic groups still had a 22% higher incidence of dementia than those from white ethnic groups suggesting a possible genetic component (Mukadam et al., 2022). Exposure to other factors such as living in deprived neighbourhoods, less access to education and increased exposure to air pollution could also contribute to differences in risk between different ethnic groups (Bothongo et al., 2022).

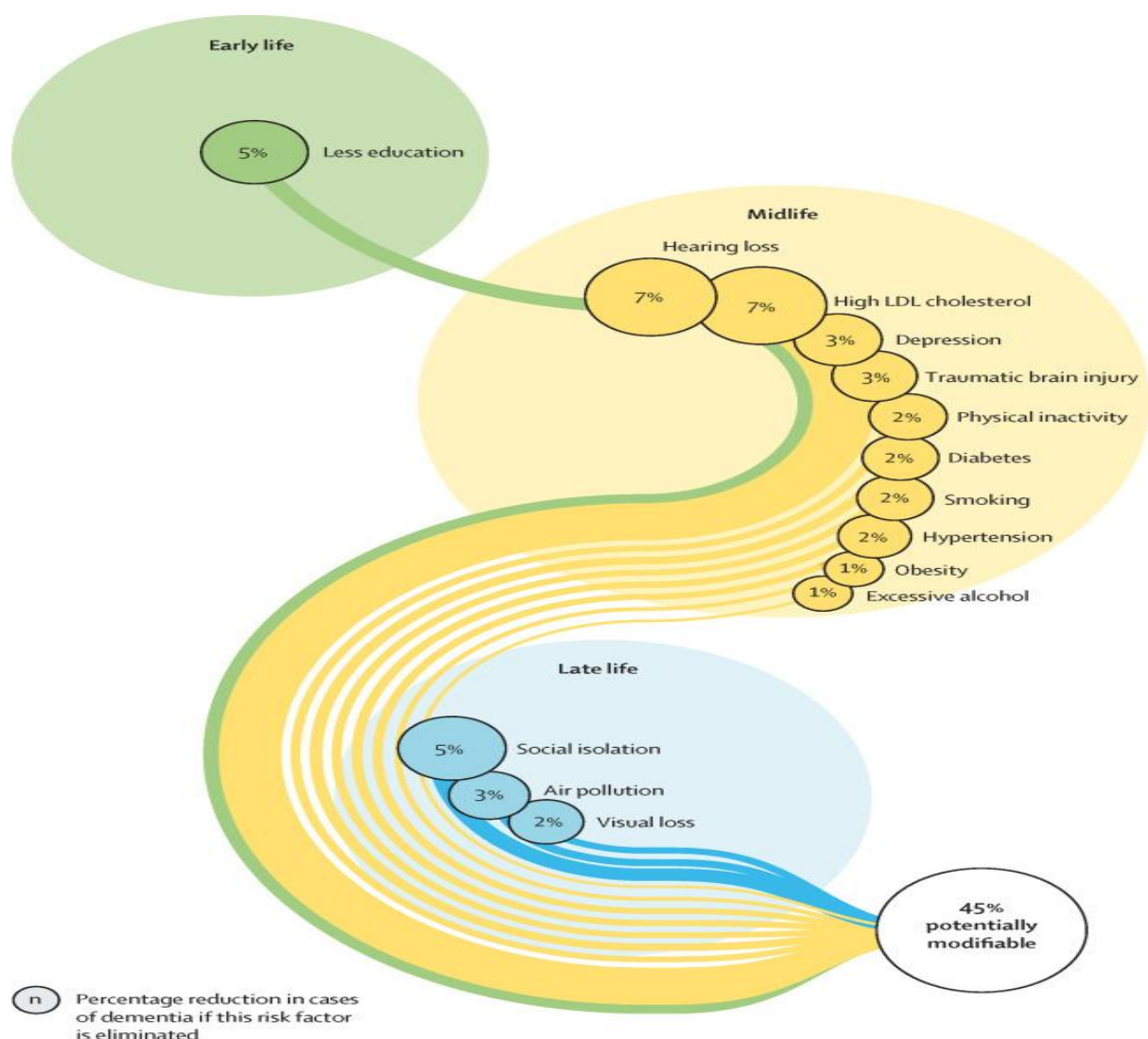
4.1.1.4 Genetics

Although dementia isn't considered a hereditary condition, there is a strong genetic link for some rare types of dementia. Familial Alzheimer's Disease accounts for less than 5% of Alzheimer's Disease cases, but the lifetime risk of developing Alzheimer's in first degree relatives is between 25-50% (Loy et al., 2014). Other rare types of hereditary dementia include Huntington's disease and Familial Prion disease (Loy et al., 2014).

4.1.2 Modifiable risk factors

The Lancet Commissions on Dementia Prevention, Intervention and Care (LCDPIC) has identified 14 different potentially modifiable risk factors for dementia accounting for a combined ~45% of all cases (Livingston et al., 2024). The commission has developed a life course model that helps understanding the progression of dementia, emphasising how the risk of dementia develops over time, influenced by various factors at different stages of life (Figure 6). The extent to which each risk factor is estimated to contribute to the overall risk of developing dementia, and the subsequent percentage reduction in cases if mitigated for is also presented.

Figure 6: Life Course Model for Dementia Risk Factors



Source: [Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission \(Livingston et al., 2024\)](#)

Knowledge and understanding of these risk factors can allow for early, targeted interventions to prevent the development and early detection of cases and slow the progression in those already living with dementia. The LCDPIC suggest a number of specific actions to reduce dementia risk across the life course (Table 4).

Table 4: Specific Recommended Actions to Reduce Dementia Across the Life Course

Life stage	Percentage of cases	Risk Factor	Actions to reduce risk
Early life	5%	Less education	Ensure good quality education is available for all and encourage cognitively stimulating activities in midlife to protect cognition.
Midlife	7%	Hearing loss	Make hearing aids accessible for individuals with hearing loss and decrease harmful noise exposure to reduce hearing loss.
	7%	High LDL cholesterol	Detect and treat high low-density lipoprotein (LDL) cholesterol from midlife
	3%	Depression	Treat depression effectively
	3%	Traumatic brain injury	Encourage use of helmets and head protection in contact sports and on bicycles
	2%	Physical Inactivity	Encourage exercise because individuals who participate in sport and exercise are less likely to develop dementia
	2%/1%	Diabetes / Obesity	Maintain a healthy weight and treat obesity as early as possible, which also helps to prevent diabetes
	2%	Smoking	Reduce cigarette smoking through education, price control, and preventing smoking in public places and make smoking cessation advice accessible
	2%	Hypertension	Prevent or reduce hypertension and maintain systolic blood pressure of 130 mm Hg or less from age 40 years
	1%	Excessive Alcohol	Reduce high alcohol consumption through price control and increased awareness of levels and risks of overconsumption
Late life	5%	Social Isolation	Prioritise age-friendly and supportive community environments and housing and reduce social isolation by facilitating participation in activities and living with others
	3%	Air pollution	Reduce exposure to air pollution
	2%	Vision loss	Make screening and treatment for vision loss accessible for all

Source: [Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission \(Livingston et al., 2024\)](#)

4.2 Prevalence of risk factors in the Bracknell Forest population

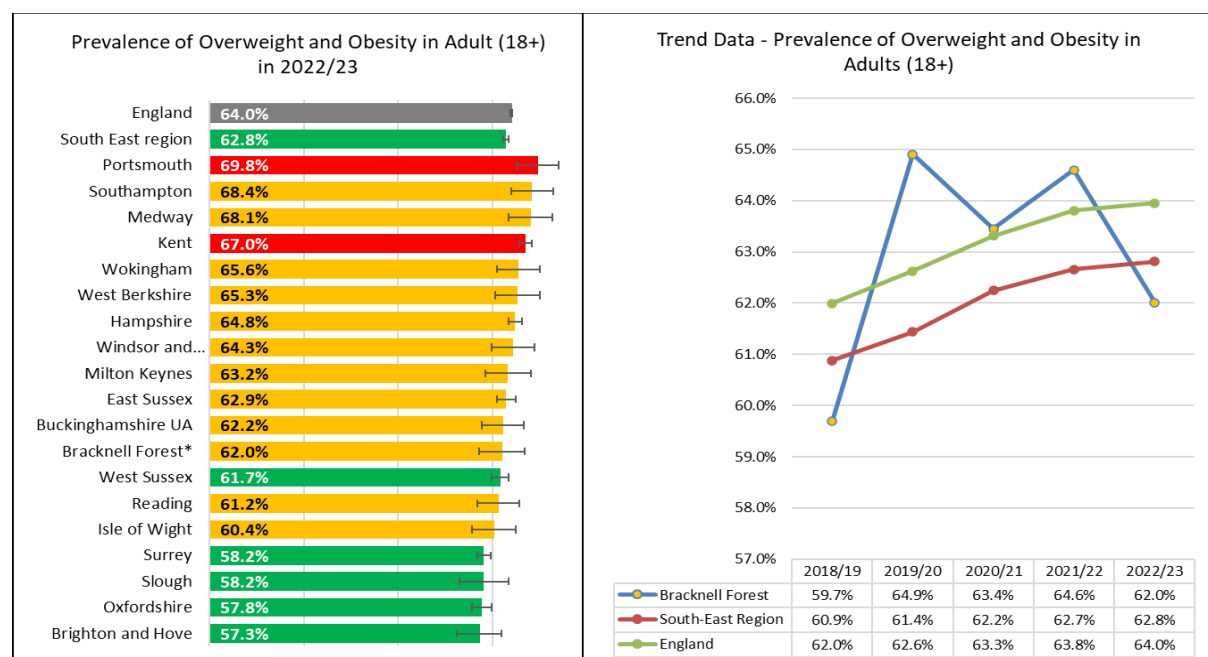
4.2.1 Lifestyle related risk factors

4.2.1.1 Overweight and obesity

Increased body weight or abdominal obesity is associated with increased incidence of dementia according to a study investigating risk of developing dementia in adults (aged 50+) in England between 2002 and 2017 (Ma et al., 2020). Individuals with overweight (body mass index [BMI] 25-29.9 kg/m²) and obesity (BMI ≥ 30 kg/m²) were 27.0% and 31.0% more likely to develop dementia than those with normal weight after controlling for differences in other risk factors. The study also found a link between abdominal obesity and dementia: women with abdominal obesity had a 39.0% higher risk of dementia compare with women without abdominal obesity. However, the same was not seen when comparing men with and without abdominal obesity (Ma et al., 2020).

Prevalence of overweight and obesity is captured by Sport England's Active Lives Adults Survey to help inform local action in preventing obesity and supporting individuals who are overweight or living with obesity (Sport England, 2024). The latest data shows that the proportion of adults who were overweight or obese was 62.0% in 2022/23, similar to the South-East region (62.8%) and England (64.0%). Among the 19 local authorities in the region, Bracknell Forest ranked 8th in lowest prevalence of overweight and obesity (Figure 7).

Figure 7: Proportion of Adults (18+) Classified as Overweight and Obese



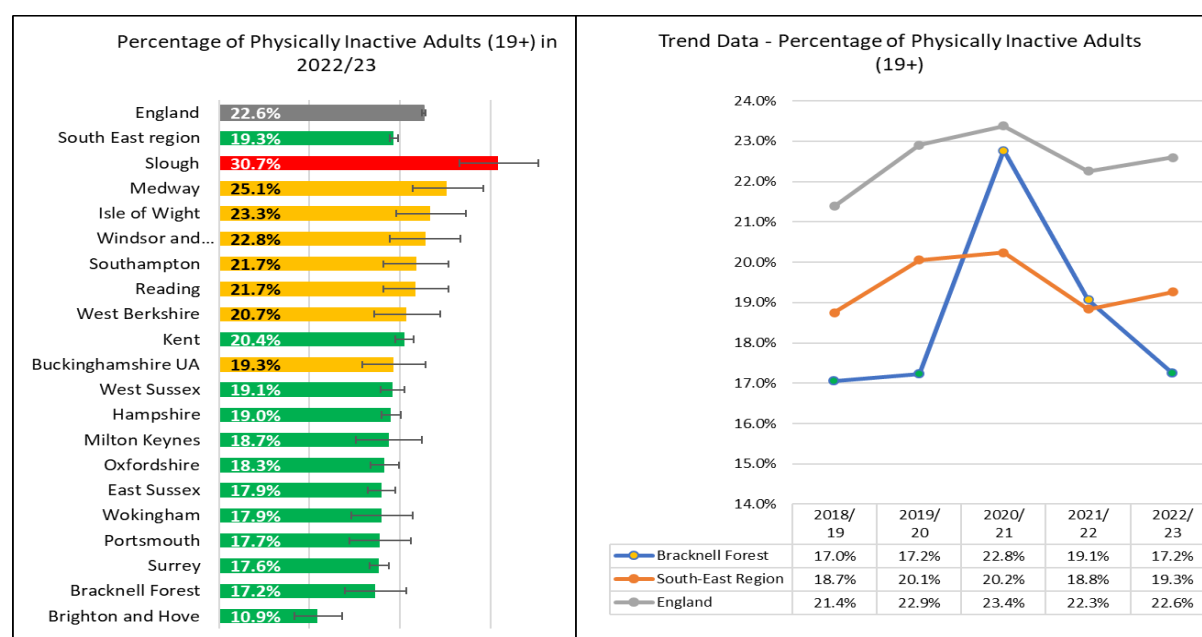
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.1.2 Physical activity

A broad range of evidence shows that regular exercise is a protective factor for all-cause dementia and Alzheimer’s disease in older adults. Regular exercise reduced the risk of developing dementia by 30% and for Alzheimer’s this is up to 45% in an analysis combining the results of 58 studies (Iso-Markku et al., 2022). This is not surprising as physical inactivity is associated with an increased risk of developing a wide range of health conditions that are also risk factors for dementia. Individuals who have a physically active lifestyle have a 20% to 35% lower risk of developing cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health (Public Health England, 2019).

The Chief Medical Officer in the UK recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week (Department of Health and Social Care, 2019). Adults engaged in less than 30 minutes of physical activity per week are considered to be physically inactive. The best source of data for levels of physical activity is provided by the Active Lives Adult Survey (Sport England, 2024). In Bracknell Forest, 17.2% of adults (19+) were classified as being physically inactive in 2022/23, similar to the South-East region (19.3%) and significantly lower than England (22.6%). Among the 19 local authorities, only Brighton and Hove (10.9%) had lower levels of physical inactivity (Figure 8).

Figure 8: Proportion of Adults (19+) Physically Inactive



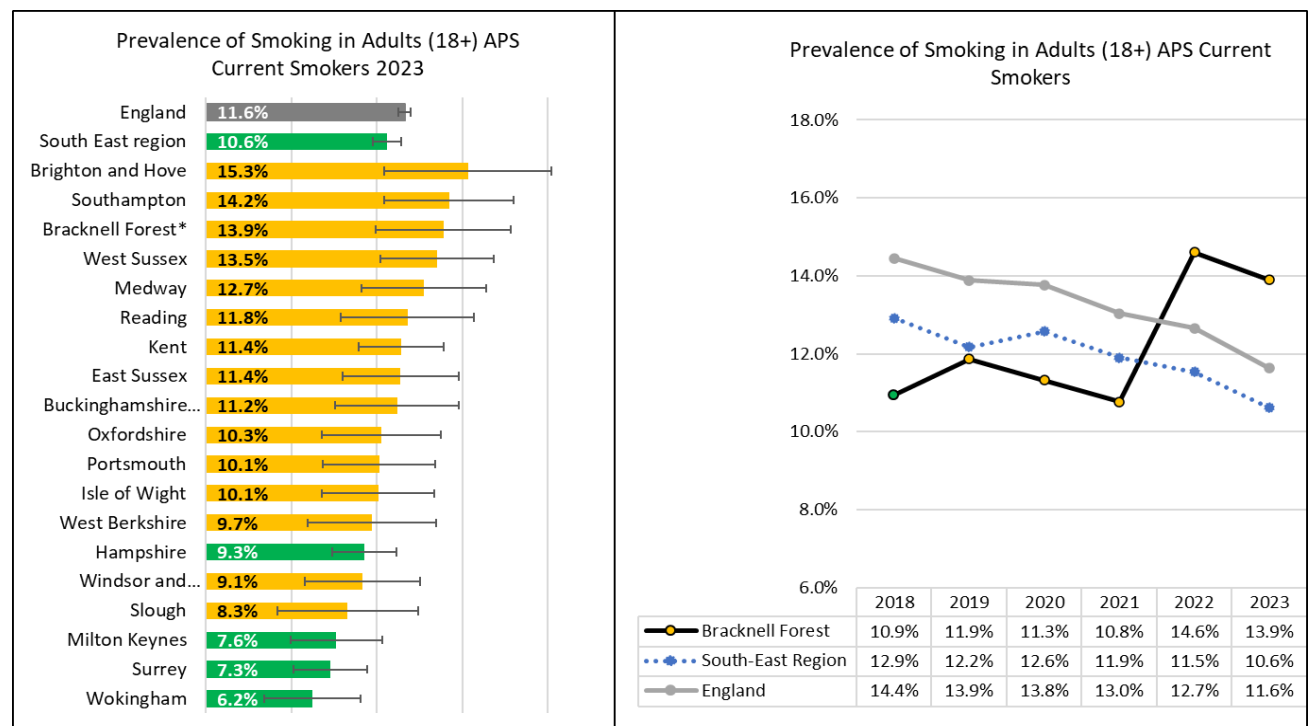
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.1.3 Smoking

Smoking is a well-established risk factor for dementia (Stephan et al., 2024). The World Health Organisation estimates that around 14% of cases of Alzheimer’s disease worldwide are potentially attributable to smoking (WHO, 2014). Systematic reviews have established that current smokers are 59% to 79% more likely to have Alzheimer’s disease and 35% to 78% more likely to have vascular dementia compared with non-smokers (Peters et al., 2008). More recent studies estimated that smoker had around 30% higher risk for all-cause dementia and 40% for Alzheimer’s (Zhong et al., 2015). Conversely, smoking cessation is associated with a decreased risk of developing dementia in individuals who were previous smokers (Jeong et al., 2023). There is also evidence from studies showing a dose-response relationship between how much someone smokes and their risk of developing Alzheimer’s and vascular dementia (Juan et al., 2004).

Prevalence of smoking in adults (18+) is captured by the ONS Annual Population Survey (APS) (ONS, 2012). In 2023, 13.9% of adults in Bracknell Forest were current smokers, higher than the South-East region (10.6%) and England (11.6%) (Figure 9). When compared with local authorities in the South-East, only Southampton (14.2%) and Brighton and Hove (15.3%) had higher prevalence. Smoking estimates from the APS is in line with data for GP registered patient (15+) in Bracknell Forest which has prevalence at 13.3% (Department of Health and Social Care, 2025)

Figure 9: Proportion of Adults (18+) Classified as Current Smokers



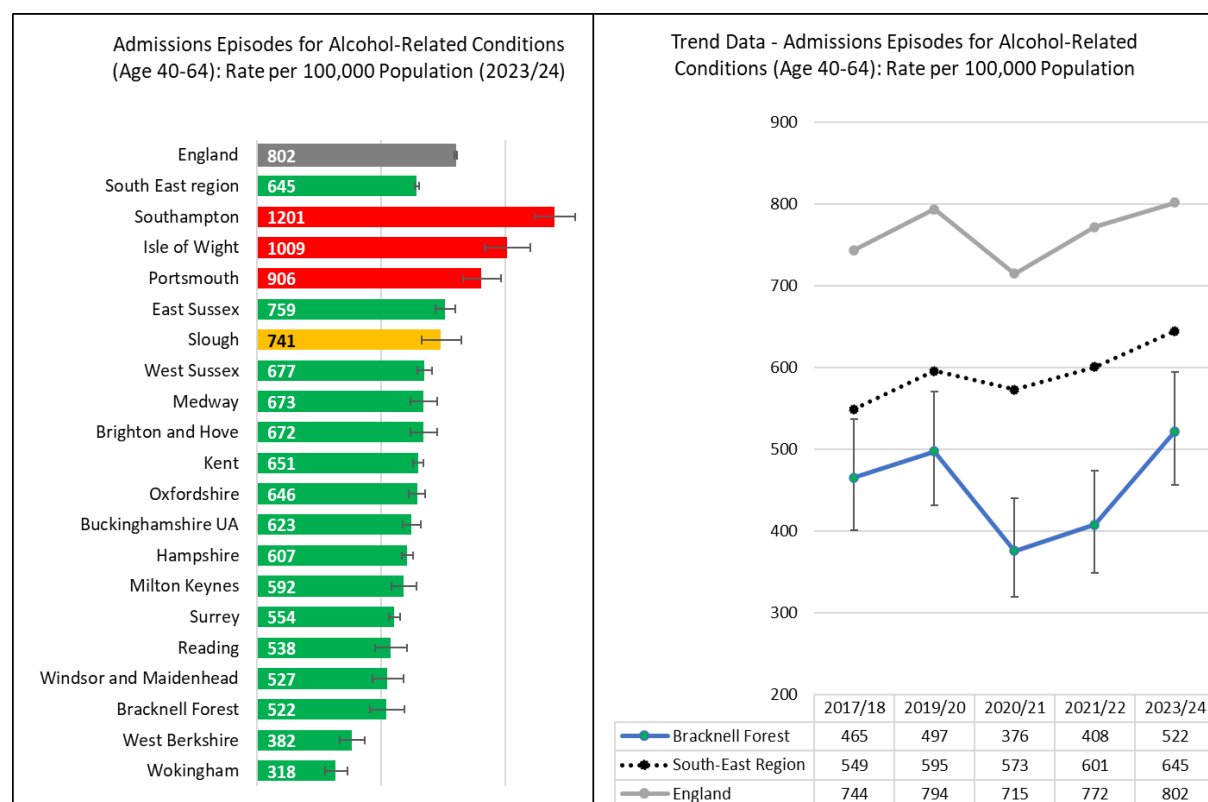
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.1.4 Excessive consumption of alcohol

Research indicates that drinking more than (>14 units of alcohol per week) is linked to reduced volume of the brain's white matter leading to cognitive impairment (Rehm et al., 2019). Numerous studies have shown that excessive consumption of alcohol over prolonged periods of time can lead to an increased risk of developing dementia compared to non-drinkers and moderate drinkers (Livingston et al., 2024). The evidence linking moderate consumption of alcohol (<14 units of alcohol per week) to dementia is less conclusive (Wiegmann et al., 2020).

There is no data capturing levels of excessive alcohol use in Bracknell Forest at the time of writing this needs assessment. Hospital admissions where alcohol was the primary reason for admission is used as a proxy for quantifying level of harmful levels of alcohol use. In 2023/24, the hospital episodes admissions rate for adults aged 40 to 64 was 522 per 100,000 population, significantly lower than the admissions rate for the South-East region (645 per 100K) and England (802 per 100K) (Figure 10). Among the 19 local authorities in the South-East only West Berkshire (382 per 100K) and Wokingham (198 per 100K) had lower hospital admissions rates than Bracknell Forest.

Figure 10: Admissions Episodes for Alcohol-Related Condition per 100,000 Population



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

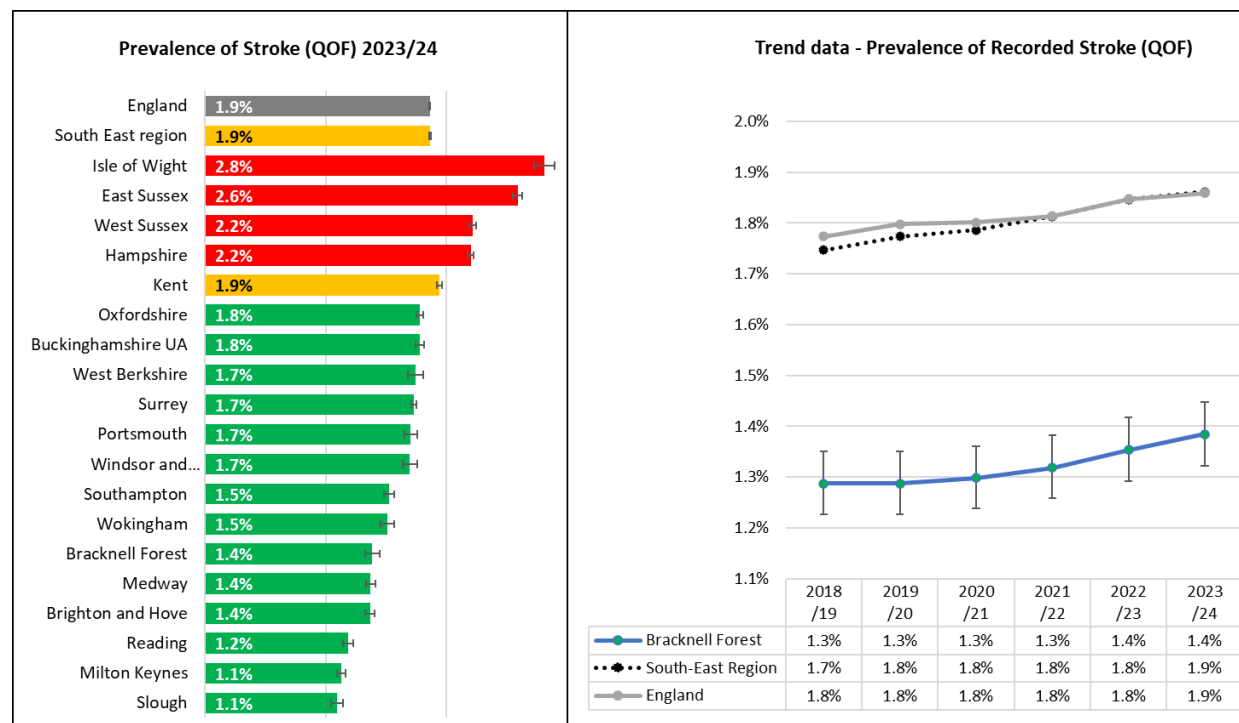
4.2.2 Physical Health conditions

4.2.2.1 Stroke

Stroke is medical condition in which blood flow to the brain is blocked or there is sudden bleeding in the brain leading to damage and ultimate death of brain cells. A stroke that occurs because blood flow to the brain is blocked is called an ischemic stroke, accounting for 90% of all cases, whereas a stroke that occurs because of sudden bleeding in the brain is called a haemorrhagic stroke (National Heart, Lung and Blood Institute, 2023). Stroke is a strong independent risk factor for dementia. One-in-five patient admitted to hospital for stroke develop dementia within 12 months (Dichgans, 2019). Individuals with new onset of stroke are 2.18 times more likely to develop dementia than those without stroke (Kuźma et al., 2018). Prevalence of stroke is recorded on the GP Quality Outcomes Framework (QOF) register (QOF, 2024).

In 2023/24, 1,835 GP patients in Bracknell Forest had a recorded stroke, accounting for 1.4% of the GP population. In comparison, the prevalence of recorded stroke was higher in the South-East region (1.9%) and England (1.9%) (Figure 11). This is likely due to the younger age profile of GP patients in Bracknell Forest compared with the regional and national GP populations. Among the 19 local authorities in the South-East, Bracknell Forest has the 6th lowest prevalence of recorded stroke.

Figure 11: Recorded Prevalence of Stroke (All Ages) QOF Register



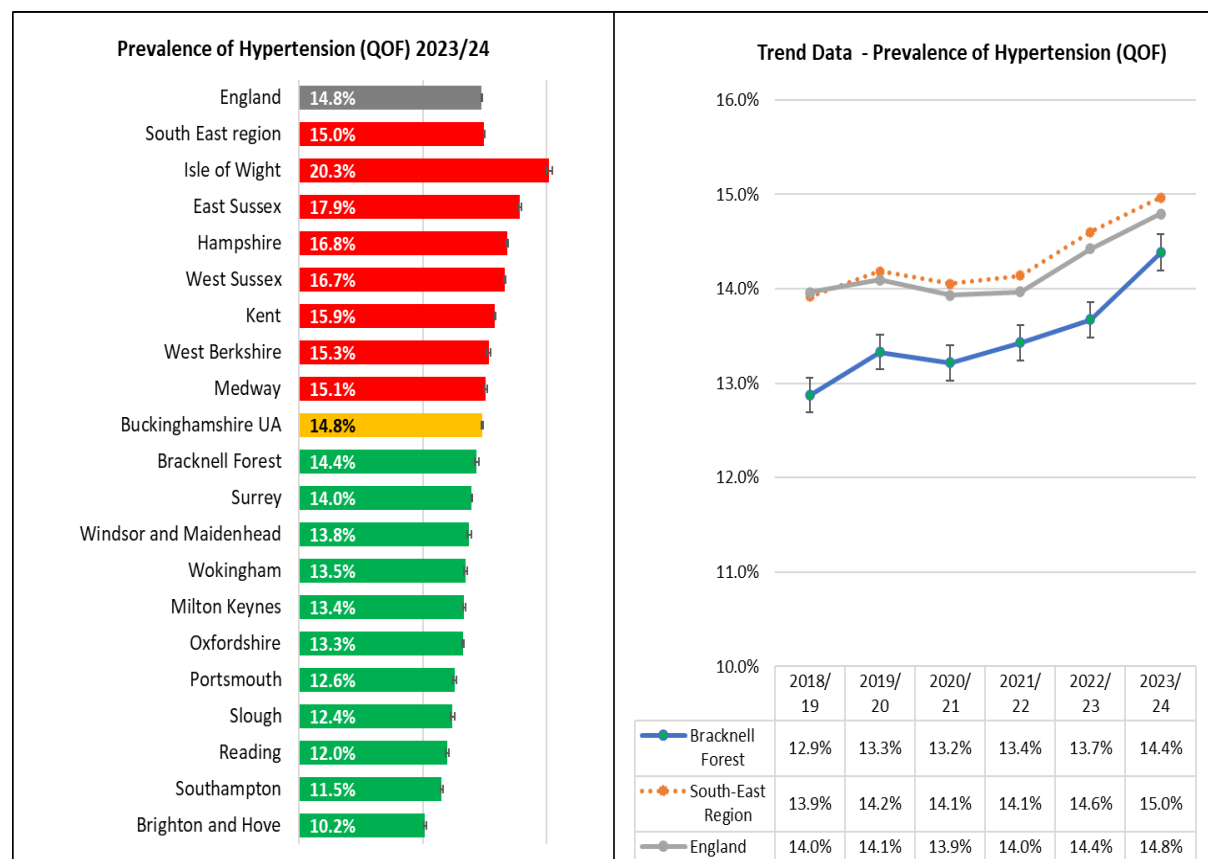
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.2.2 Hypertension

Hypertension, also known as high blood pressure, is a medical condition that occurs when the force of the blood against the walls of your arteries is consistently too high. It is the most important modifiable risk factor for stroke, a risk factor for dementia (Sierra et al., 2011). Studies show that hypertension, particularly in midlife is associated to a higher risk of developing dementia (Sierra, 2020). An analysis of 12 clinical trials found that treatment antihypertensives (medication used to lower blood pressure) was associated with a lower risk of developing cognitive impairment or dementia (Hughes et al., 2020). Prevalence of hypertension is recorded on the GP QOF register (QOF, 2024).

In 2023/24, 14.4% (n=19,069) of GP-patients in Bracknell Forest had recorded hypertension, up from 13.7% (n=17,864) the previous year. Prevalence of hypertension in Bracknell Forest was lower than the South-East region (15.0%) and England (14.8%) (Figure 12). Trend data shows that between 2012/13 and 2023/24 prevalence of recorded hypertension increased from 11.0% (n=12,804) to 19,069 (n=14.4%). Compared with regional and national trend, the prevalence of hypertension is increasing at a faster rate.

Figure 12: Recorded Prevalence of Hypertension (All Ages) QOF Register



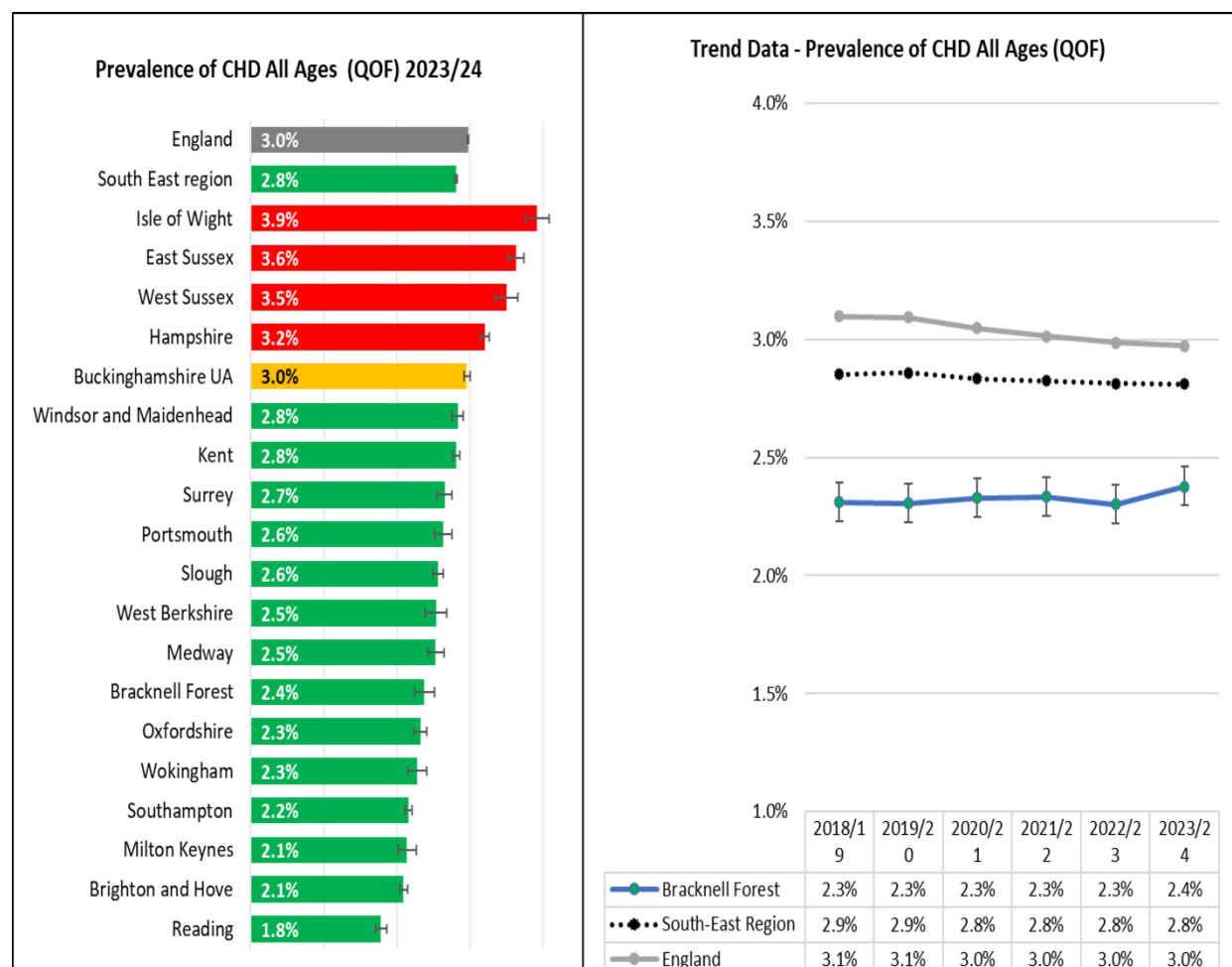
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.2.3 Coronary Heart Disease

Coronary heart disease is a form of cardiovascular disease that arises when the coronary arteries are unable to supply sufficient oxygenated blood to the heart muscles due to the constriction caused by fatty deposits called plaques (National Heart, Lung, and Blood Institute, 2023). CHD like other cardiovascular conditions is linked with an increased risk of dementia. A systematic review of 16 studies, comprising 1,3 million individuals, found that a history of CHD was associated with a 27% increased of dementia (Wolters et al., 2018). Recorded prevalence of CHD is captured by the GP QOF register (QOF, 2024).

In 2023/24, there were 3,151 individuals in Bracknell Forest had a recorded diagnosis of CHD, accounting for 2.4% of all GP patients. Prevalence of CHD was lower in Bracknell Forest than the South-East region (2.8%) and England (3.0%). Trend data shows that while the prevalence of CHD slowly decreased at regional and national level, prevalence in Bracknell Forest has remained around 2.4% between 2012/13 and 2023/24 (Figure 13).

Figure 13: Recorded Prevalence of Coronary Heart Disease (CHD) QOF Register



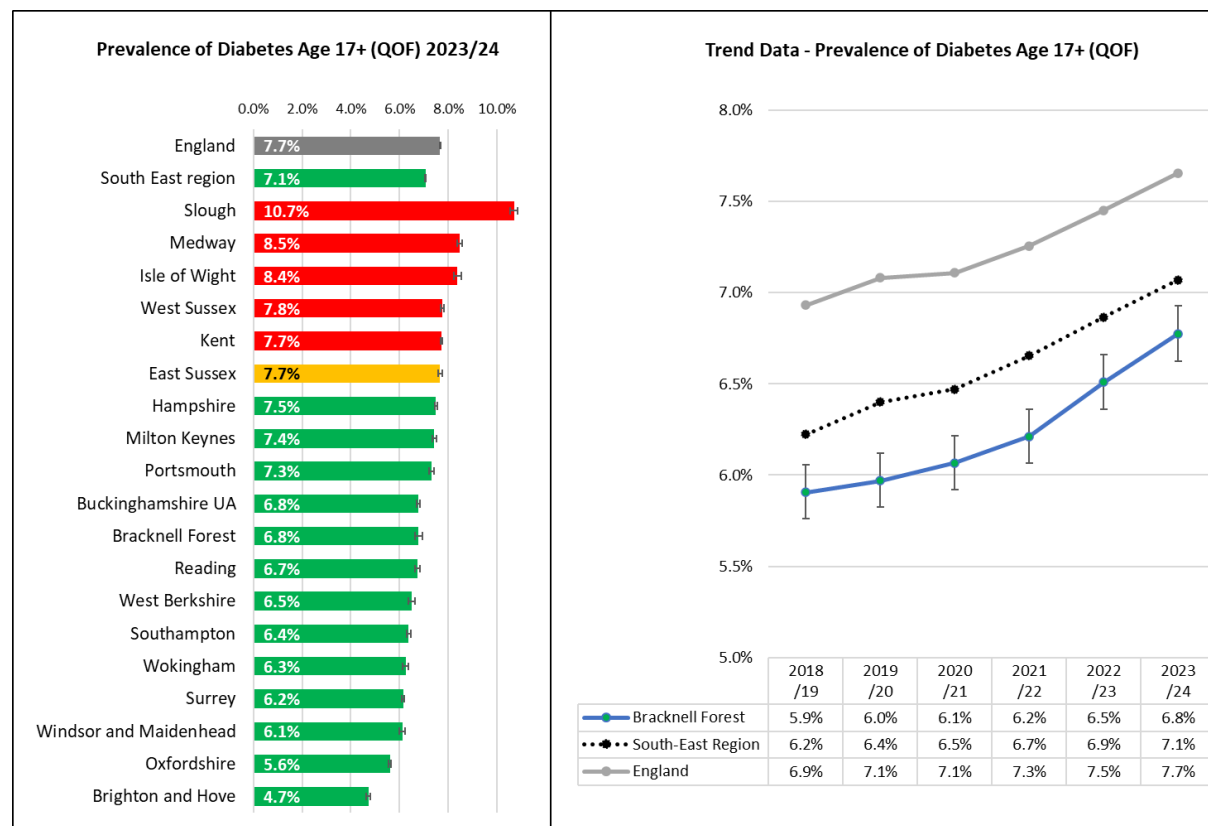
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.2.4 Diabetes

Having diabetes, particularly type 2 diabetes is associated with a higher risk of developing dementia. A meta-analysis of 28 studies found that diabetics had a 73% increased risk of all-cause dementia and 56% increased of Alzheimer's and 127% increased risk of vascular dementia (Gudala et al., 2013). A major study found that among 10,000 individuals followed up for 31 years, those who developed type 2 diabetes mid-life had a much higher risk of developing dementia than those with diabetes later in life (Barbiellini Amidei et al., 2021).

Recorded prevalence of diabetes for individuals in Bracknell Forest (aged 17+) is captured by the GP QOF register (QOF, 2024). In 2023/24, 7,174 GP patients in Bracknell Forest had a recorded diagnosis of diabetes, accounting 6.8% of all GP patients aged 17 and over (Figure 14). Prevalence in Bracknell Forest was significantly lower than in the South-East region (7.1%) and England (7.7%). Trend data indicates that the prevalence of recorded diabetes locally has increased from 5.1% (n=4,65) in 2012/13 to 6.8% in 2023/24. This is in line with regional and national trends showing similar magnitude in increased prevalence over the same period of time.

Figure 14: Recorded Prevalence of Diabetes (Age 17+) QOF Register



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.3 Mental Health Conditions

4.2.3.1 Depression

Depression commonly occurs in individual with dementia. Studies have found that a history of depression is associated to with up to two-fold increase in risk of developing Alzheimer's (Ownby et al., 2006). The point in life in which individuals develop symptoms of depression could impact the magnitude of risk of developing dementia. Individuals with mid-life symptoms of depression had a two-fold increase in Alzheimer's risk while with mid-life to late-life symptoms had a 3.5-fold increased risk in vascular dementia risk (Yaffe, 2012).

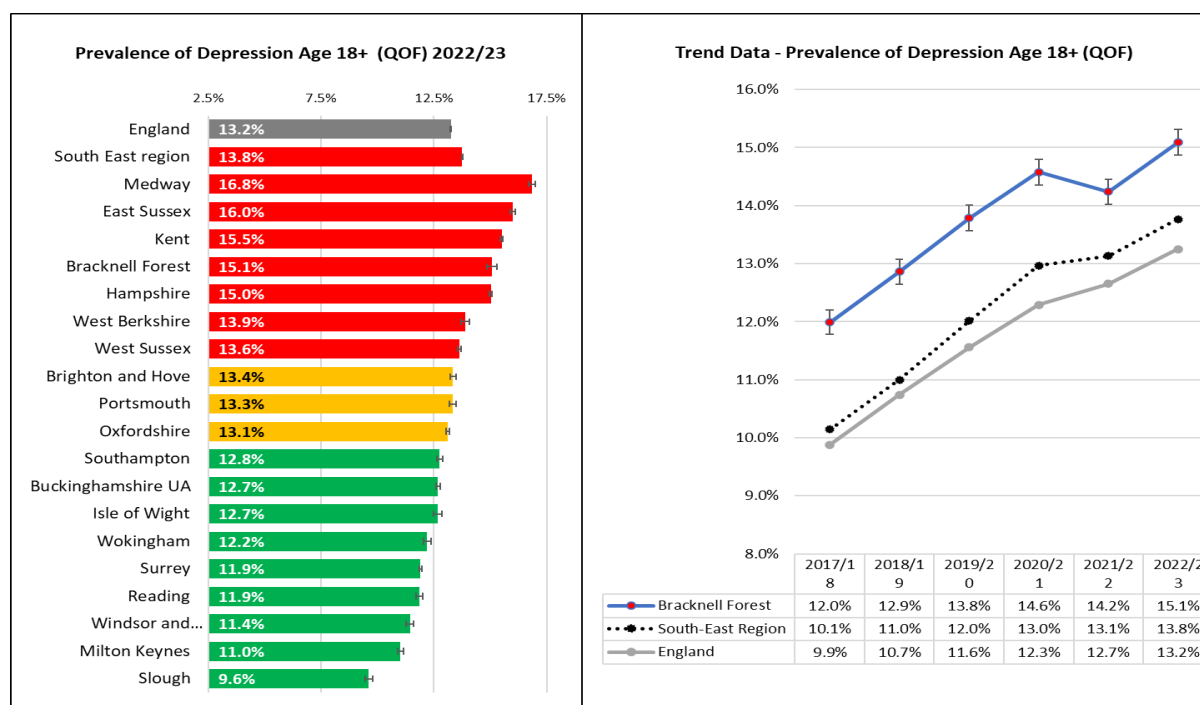
Recorded prevalence of recorded depression was captured by the GP QOF register until 2022/23 (QOF, 2024). Moving forward the incidence of depression (new diagnoses) in the GP population will be the only measure captured by the QOF register (QOF, 2024). Bracknell Forest had one of the highest recorded levels of depression among adults (18+) in the South-East region in 2022/23. Around 15.1% (n=15,471) of adult GP patients were diagnosed with depression, significantly higher than the South-East region (13.8%) and England (13.2%) averages for recorded depression (Figure 15). Among the 19 local authorities in South-East, Bracknell Forest ranked 4th with only Kent (15.5%), East Sussex (16.0%) and Medway (16.8%) having higher levels of recorded depression. Trend data shows an increase in prevalence from 7.8% (n=7,083) to 15.1% since 2012/13.

The incidence of depression in Bracknell Forest is also high with 1,936 new recorded diagnoses of depression for 2023/24. This is the equivalent of 1.9% of all GP patients in Bracknell Forest. Incidence of depression was also significantly higher than the incidence in the South-East (1.6%) and England (1.5%) for the same year.

4.2.3.2 Severe Mental Illness

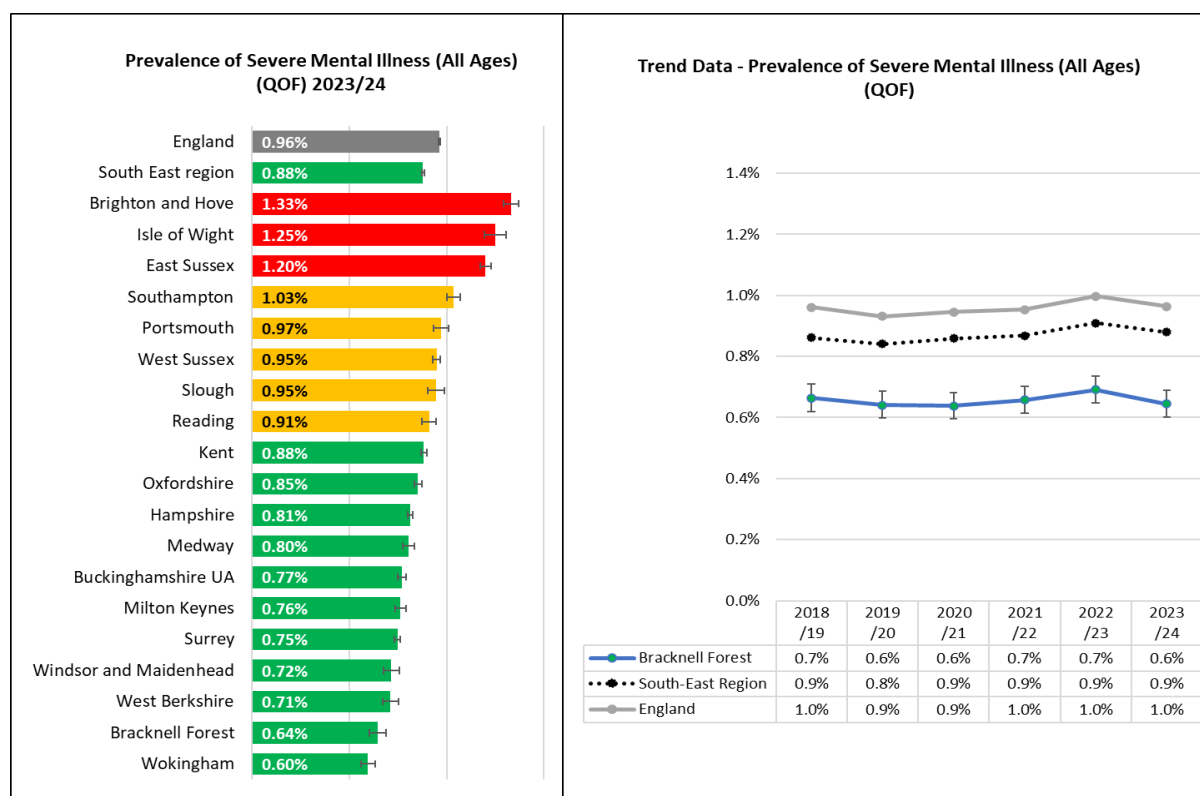
Risk of developing dementia is also increased for individuals with severe mental health conditions. A meta-analysis, combining the results of multiple large studies, found 2.3-fold increased risk for individuals with schizophrenia compared with the general population (Cai and Huang, 2018). Similarly, a meta-analysis of studies investigating the risk of dementia in those with a history of bipolar disorder found a 2.4-fold increased risk of dementia in older adults (Diniz et al., 2017). The QOF register for mental health includes all GP patients with a recorded diagnosis of schizophrenia, bipolar affective disorder and other psychoses (QOF, 2024). The latest data shows that 854 GP patients had a recorded diagnoses for severe mental health conditions in 2023/24, representing 0.64% of all GP patients (Figure 16). Recorded prevalence for these conditions was higher in the South-East region (0.88%) and England (0.96%). Among the 19 local authorities in the South-East region, only Wokingham (0.60%) has lower recorded prevalence of severe mental health conditions.

Figure 15: Recorded Prevalence of Depression in Adults (18+) QOF Register



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

Figure 16: Recorded Prevalence of Severe Mental Health (All Ages) QOF Register



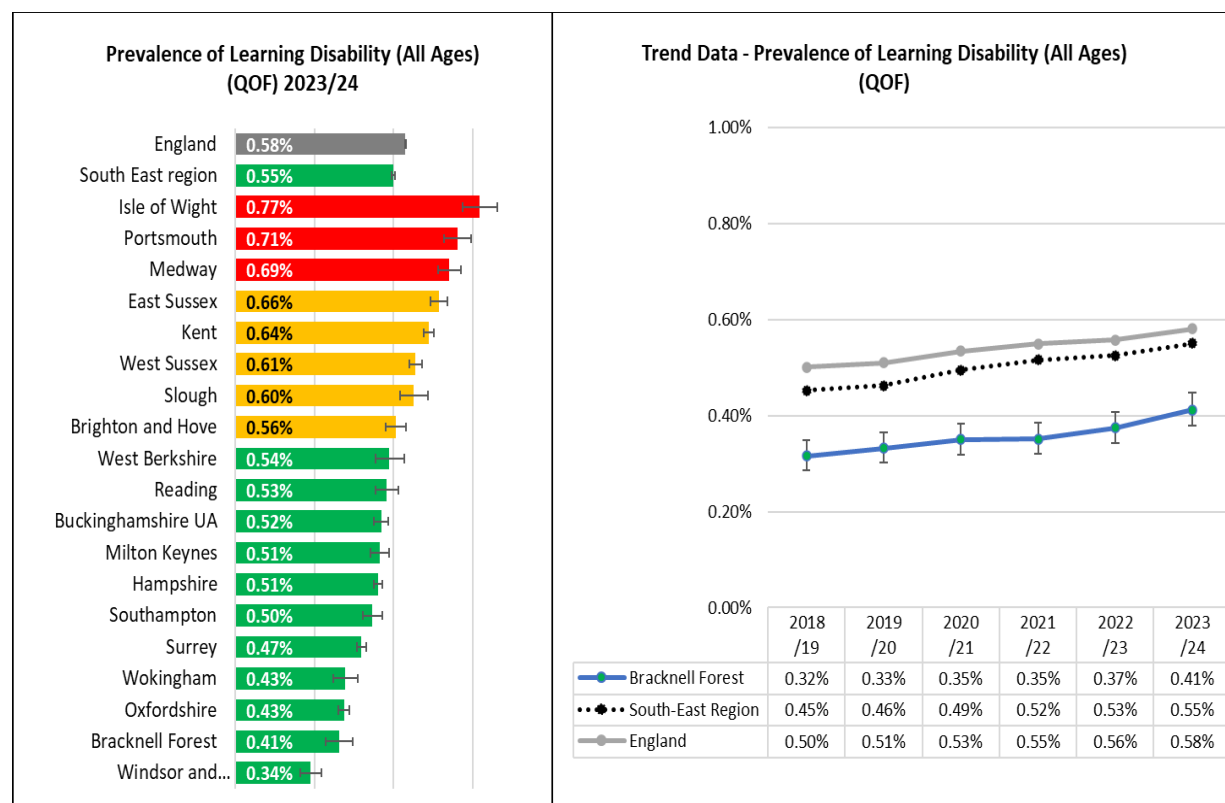
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.4 Learning Disability

Learning disability is defined as ‘a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood’ (NICE, 2015). Older individuals with learning disabilities are significantly more likely to develop dementia than the general population. For those aged 60 and over prevalence was estimated at 2 to 3 times greater in individuals with learning disabilities (Public Health England, 2018).

Prevalence of learning disability in the population is captured by the GP QOF register (QOF, 2024). In 2023/24, there were 546 individuals of all ages had a recorded diagnosis of learning disability. The prevalence of learning disability was 0.41%, lower than the South-East region (0.55%) and England (0.58%). Prevalence of recorded learning disability is lower than all but one of the 19 local authorities in the South-East region, with only Windsor and Maidenhead having lower recorded prevalence (0.34%). Trend data indicate that while the number of individuals with recorded disability has increase, there was no significant increase in prevalence of learning disability locally. Prevalence of recorded dementia in 2014/15 was 0.30% (n=360) to 0.41% in 2023/24. This is in line with regional and national data (Figure 17).

Figure 17: Recorded Prevalence of Learning Disability (All Ages) QOF Register



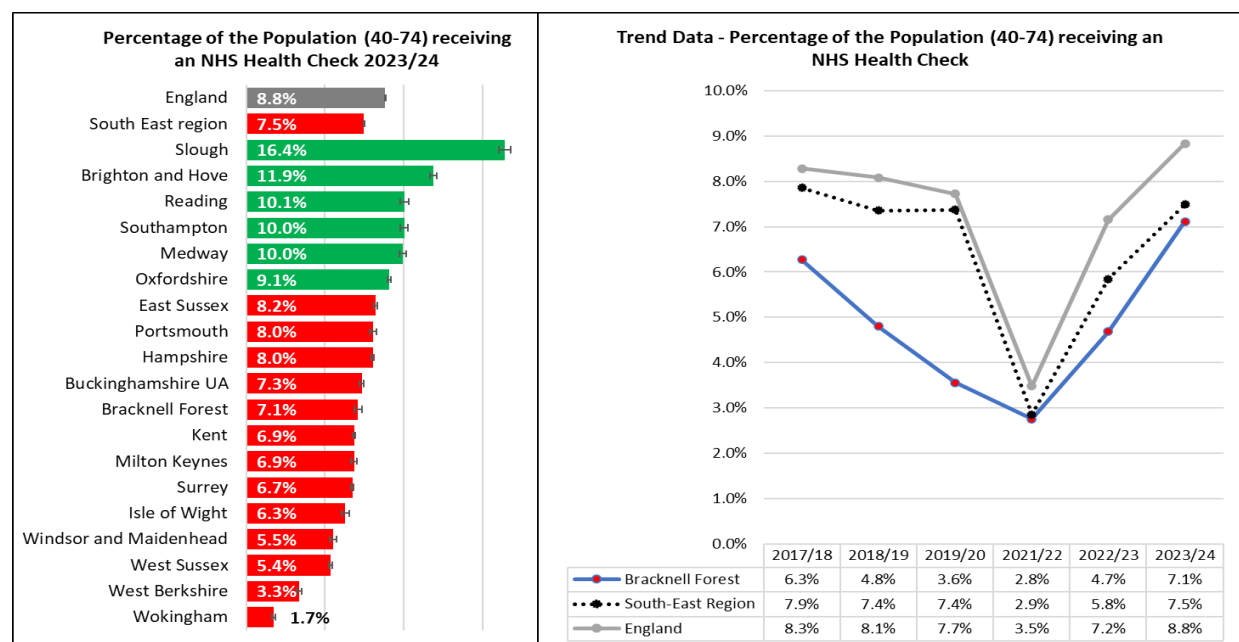
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

4.2.5 NHS Health Checks Programme

The NHS Health Check is a national programme commissioned by local councils that systematically measures a range of risk factors driving the burden of CVD and other noncommunicable diseases such as dementia (NHS England, 2024). The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes which are risk factors for dementia. Everyone aged 40 to 74, who has not already been diagnosed with one of these conditions or has certain risk factors, will receive an invitation once every five years to receive support and advice to help them reduce or manage their risk of these conditions. NICE guidelines recommends that this should include dementia advice and that this advice is tailored for different age groups (NICE, 2015). NHS Health Checks participants are made aware of the signs and symptoms of dementia and signposted to memory service if appropriate.

The proportion of the eligible population (aged 40-74) receiving an NHS Health Check annually is recorded by NHS Digital. In 2023/24, 7.1% (n=2,747) of the eligible population received an NHS Health Check, up from 4.7% (n=1,739) in the previous year (Figure 18). Trend data shows that in the years preceding the pandemic, Health Checks coverage gradually decreased from 12.3% (n=4,101) in 2014/15 to 4.8% (n=1,707) in 2018/19. Following the pandemic (2019/20 – 2020/21), there has been three consecutive years increasing coverage. However, Health Checks coverage for Bracknell Forest was significantly lower than the South-East region (7.5%) and England (8.8%). Among the 19 local authorities, coverage in Bracknell Forest ranked 11th.

Figure 18: Proportion of the Eligible Population Receiving an NHS Health Check



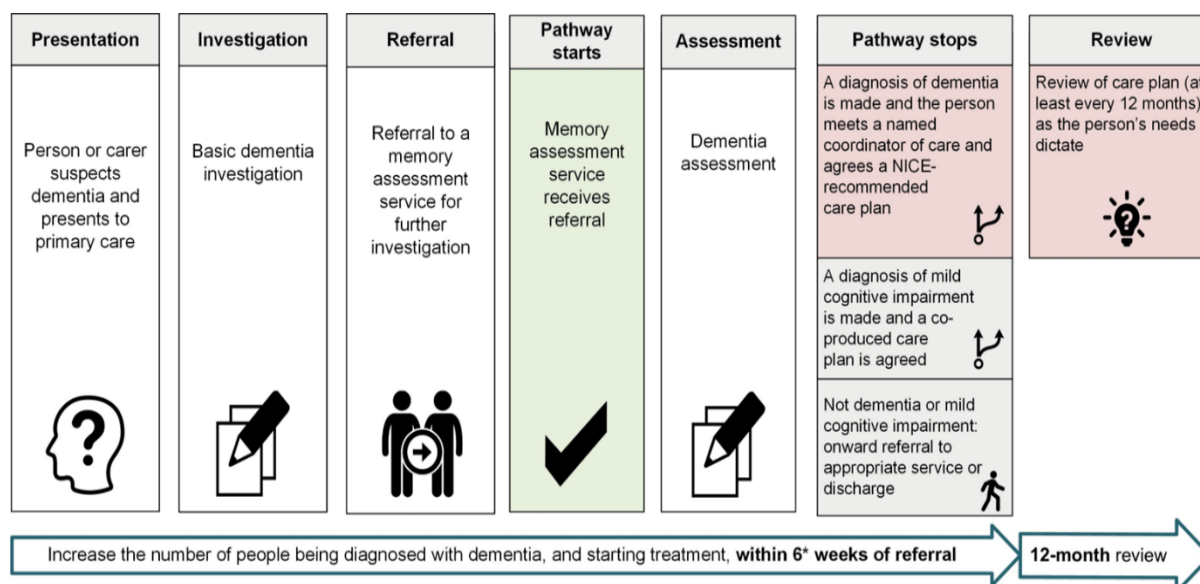
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5 Management and Care of People with Dementia

The recommended care pathway for people with dementia is illustrated in Figure 19. Patients are initially assessed in primary care, usually by their GP. The assessment involves taking a history of the patient, reviewing any cognitive, behavioural and psychological symptoms and the impact of those symptoms on their daily life. If dementia is still suspected after this initial assessment, further assessment includes a physical examination, blood and urine tests and cognitive testing. If cognitive impairment from medication or other reversible conditions associated with cognitive decline are ruled out, patients are referred on to specialist services (Royal College of Psychiatrists, 2018).

Patients in Bracknell Forest with suspected dementia can be diagnosed by their GP, but they can also be referred to Berkshire Healthcare NHS Foundation Trust (BHFT)'s memory clinic for further investigation. Patients are offered an appointment with a mental health practitioner or psychiatrist. Assessments include neurological examinations, cognitive tests assessing short and long-term memory and further tests like scanning of the brain to help determine dementia subtype. Where patients are diagnosed with dementia, they are provided with a general treatment plan which may include treatments that are used to enhance their memory. A care plan is formulated taking into account their medical, social and care needs. Patients and their carers are provided with advice on how to manage the condition and are also signposted to other support services.

Figure 19: Summary Diagram of the Dementia Care Pathway



Source: [National Collaborating Centre for Mental Health – The Dementia Care Pathway \(2018\)](#)

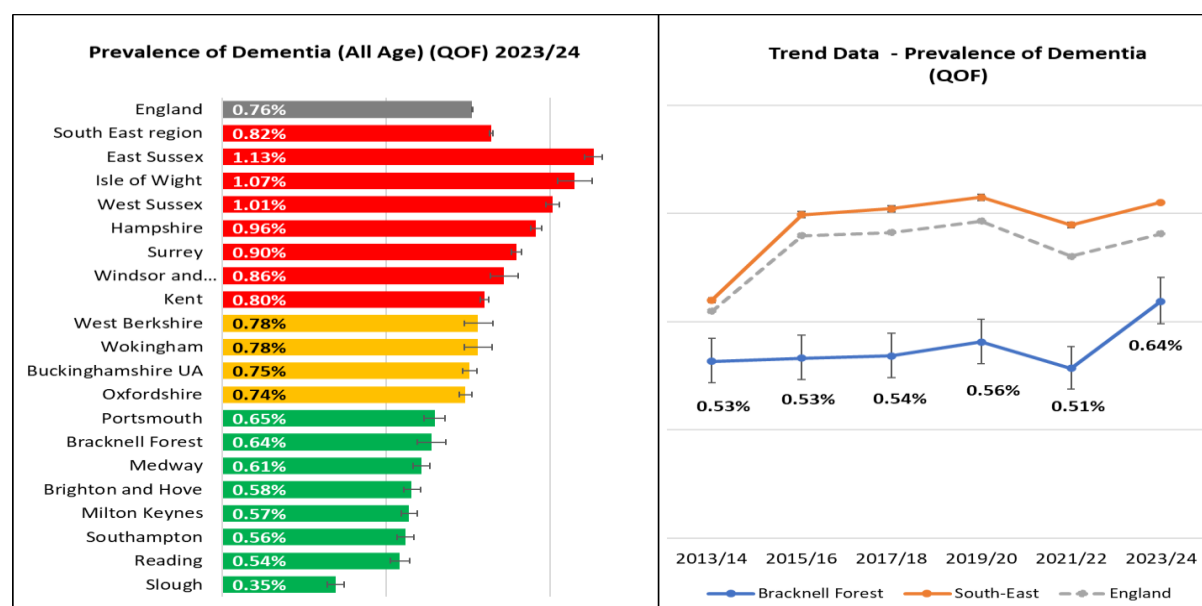
5.1 Diagnosing Well

There is a national commitment to increase the number of people living with dementia who have a formal diagnosis, as set out by the prime minister's challenge for dementia for 2015 (Department of Health, 2012). The diagnosing well ambition as set out in the NHS England's Dementia Well Pathway calls for timely accurate diagnosis, care plan and review within the first year (NHS England, 2022). The rationale for this ambition is that a timely diagnosis will enable people with dementia, their carers and healthcare professionals to plan accordingly and work together to improve health and care outcomes.

5.1.1 Recorded Prevalence of Dementia

The recorded prevalence of dementia in primary care is captured by the quality outcomes framework (QOF) dementia register (QOF, 2024). The total number of GP patients living in Bracknell Forest with a dementia at the end of 2023/24 financial year was 845. The all-age record prevalence for Bracknell Forest was 0.64%, lower than the South-East region (0.82%) and England (0.76%) prevalence during the same year. Among the 19 local authorities, Bracknell Forest ranked 13th in recorded prevalence of dementia with only Slough (0.35%) and Reading (0.54%) having lower prevalence in Berkshire. Although trend data shows the number of people on the dementia register has increased, from 531 to 845 in the period 2013/14 to 2023/24, the recorded prevalence of dementia has only increased from 0.5% to 0.6% during this ten-year period (Figure 20).

Figure 20: GP-Recorded Prevalence of Dementia (QOF)



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

Demographic details for GP-patients on the dementia register in September 2024 is summarised in the table below and compared with the Bracknell Forest population in 2023. Almost two-in-three (63.7%) people on the register are female. The majority of patients were over the age of 80 with 44.9% aged between 80 and 89 years. The vast majority of patients were White (90.2%, n=758) with around 7.6% (n=63) from ethnic minority groups. Almost one-in-two patients on the register live in the least deprived neighbourhoods in Bracknell Forest.

Table 5: Demographic Details for Patients on the Dementia Register Living in Bracknell Forest (Sept 2024)

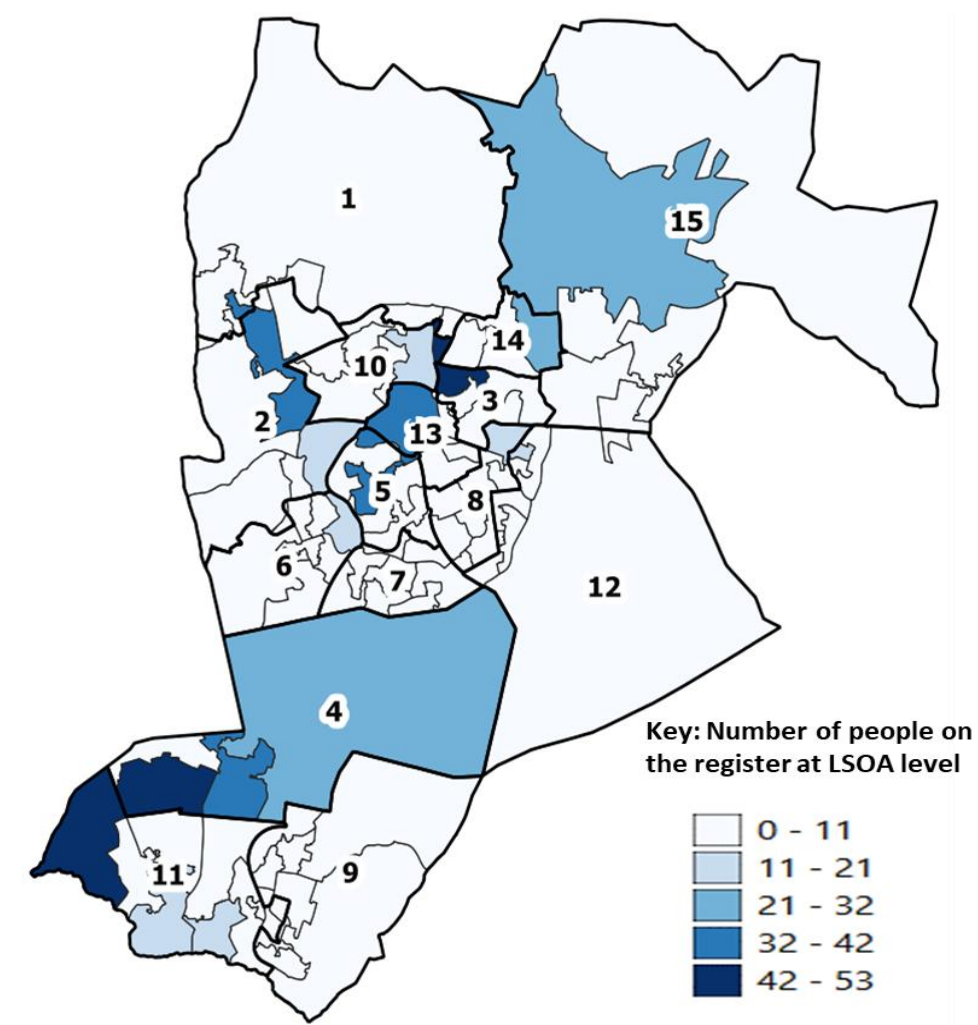
Demographic	Number of Patients	% Patients on the Dementia Register	% Population in Bracknell Forest (2023)
Gender			
Female	535	63.7%	50.9%
Male	305	36.3%	49.1%
Age			
40-59	18	2.1%	28.1%
60-69	45	5.4%	10.3%
70-79	205	24.4%	7.2%
80-89	377	44.9%	3.3%
90+	195	23.2%	0.7%
Ethnicity*			
Asian or Asian British	12	1.4%	7.1%
Black or Black British	9	1.1%	2.4%
Mixed/ Multiple Ethnic	<5	0.4%	3.1%
Other Ethnic Groups	39	4.6%	1.3%
White	758	90.2%	86.1%
Insufficient data	19	2.3%	-
IMD Deprivation Quintile			
2 (Most deprived)	72	8.6%	4.5%
3	111	13.5%	24.2%
4	218	28.6%	28.0%
5 (Least Deprived)	331	49.4%	43.3%

* Bracknell Forest Ethnicity Data Sourced from Census 2021

Source: System Insights Connected Care - Frimley ICB Analytics (September 2024) and [Office for National Statistics - Estimates of the population for England and Wales 2023](#)

Residents with a recorded diagnosis of dementia are concentrated in neighbourhoods (LSOAs) in Bullbrook Ward, Whitegrove Ward, Town Centre & The Parks Ward, Crowthorne Ward and Sandhurst ward. At ward level, the recorded prevalence of dementia is highest in Crowthorne Ward (149 per 10,000 population). The lowest rate appears to be in Whitegrove Ward (19 per 10,000 population) (Figure 21).

Figure 21: Place of Residence for Patients on the Dementia Register and Diagnosis rate per 10,000 Population at Ward Level (September 2024)



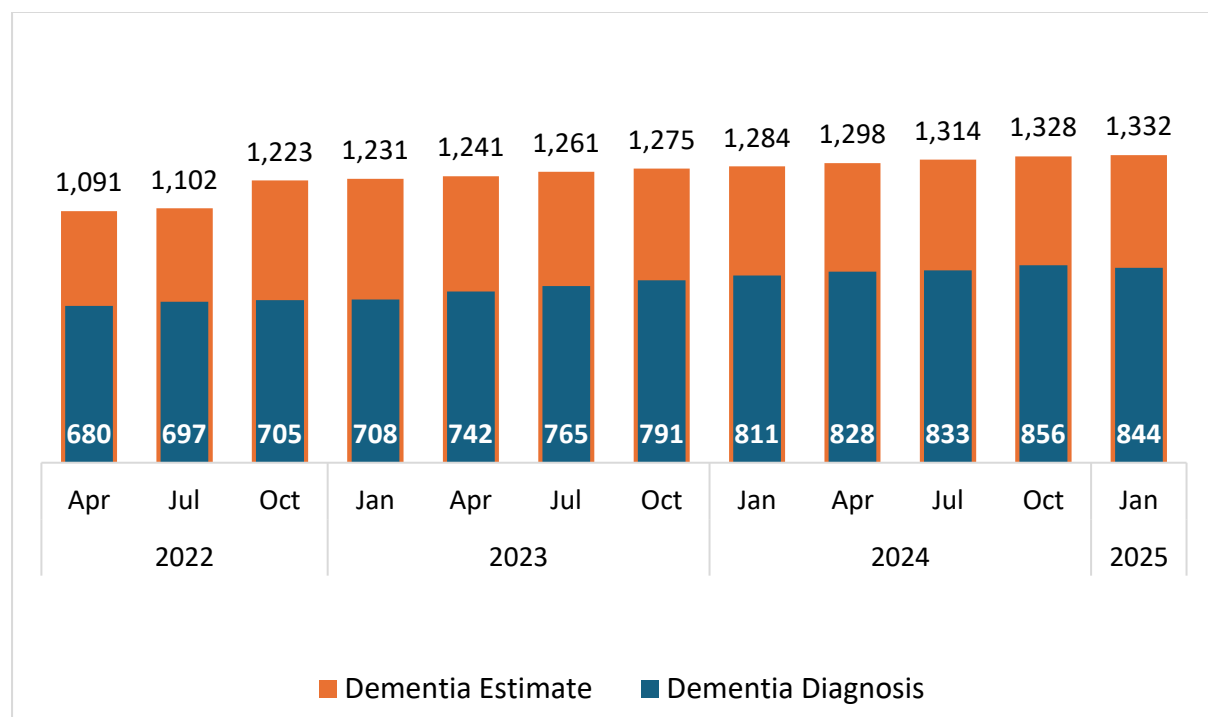
ID	Ward Name	Rate per 10,000 population
1	Binfield North & Warfield West	27
2	Binfield South & Jennett's Park	51
3	Bullbrook	124
4	Crowthorne	149
5	Easthampstead & Wildridings	69
6	Great Hollands	52
7	Hanworth	40
8	Harmans Water & Crown Wood	39
9	Owlsmoor & College Town	37
10	Priestwood & Garth	50
11	Sandhurst	66
12	Swinley Forest	20
13	Town Centre & The Parks	76
14	Whitegrove	19
15	Winkfield & Warfield East	36

5.1.2 Estimated Diagnosis Rate for Dementia (65+)

The dementia diagnosis rate is the proportion of individuals, aged 65 and older, with a diagnosis of dementia compared with the number of individuals estimated to have dementia. The national target for dementia was for two-thirds (66.7%) of people estimated to be living with dementia to have a formal diagnosis (NHS England, 2013).

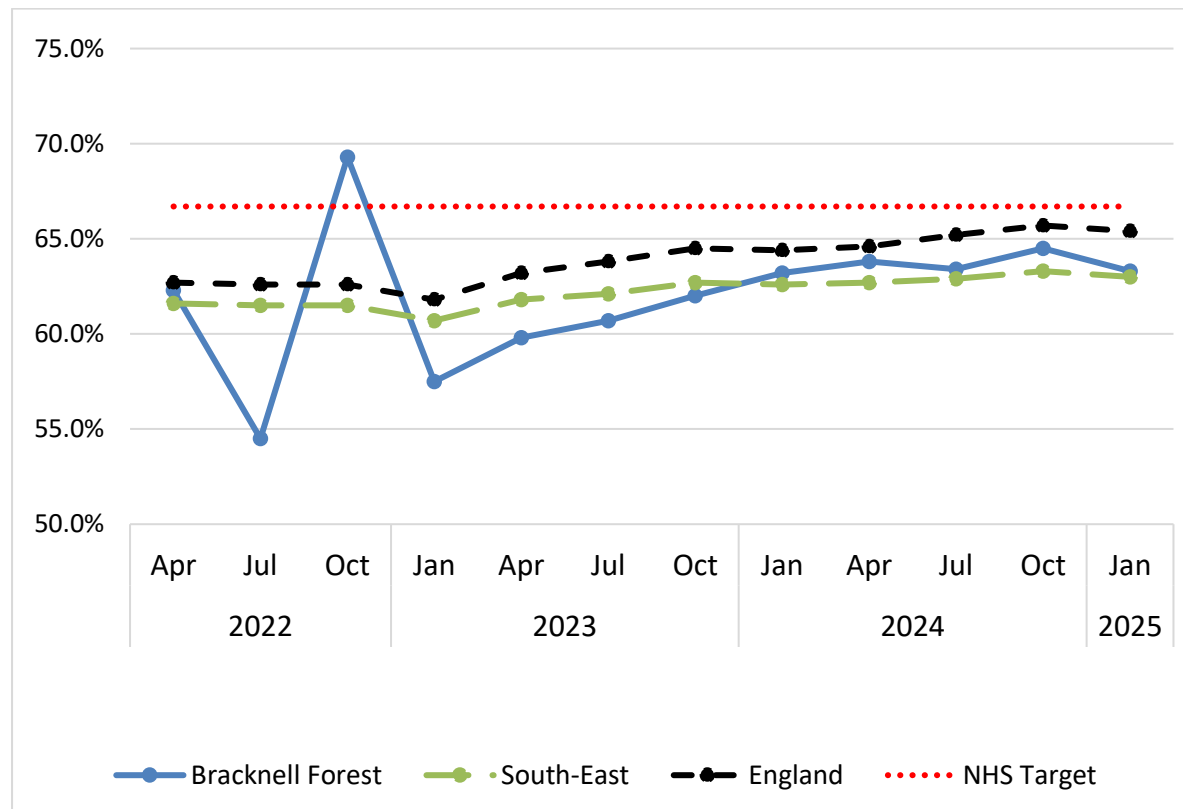
In January 2025, there were an estimated 1,332 people (65+) living with dementia but only 844 with a diagnosis (Figure 22). The estimated diagnosis rate was 63.3%, below the 66.7% target. This was comparable to the South-East (63.0%) and England (65.4%) rates. Between April 2022 and January 2025, the estimated diagnosis rate for dementia in Bracknell Forest has consistently been below the national target, with the exception of October 2022 (69.3%). This trend is not isolated to Bracknell Forest as the estimated diagnosis rates for the South-East and England also failed to meet the national target of 66.7% (Figure 23) (NHS Digital, 2025).

Figure 22: Estimated Number of People Living with Dementia and Number with a Diagnosis in Bracknell Forest.



Source: [NHS Digital – Primary Care Dementia Data](#)

Figure 23: Estimated Diagnoses Rates for Dementia in Bracknell Forest, South-East and England



Source: [NHS Digital – Primary Care Dementia Data](#)

5.2 Supporting Well

The supporting well ambition aims to provide access to safe high-quality health & social care for people with dementia and carers (NHS England, 2022). Once diagnosis is made, each person with dementia and their family and/or carer should be offered evidence-based post diagnostic support, with a named coordinator as a primary point of contact. If not documented earlier, consent for services to share information about the person's diagnosis and their care plan should be sought from the person living with dementia (Royal College of Psychiatrists, 2018).

5.2.1 Care Plan Reviews

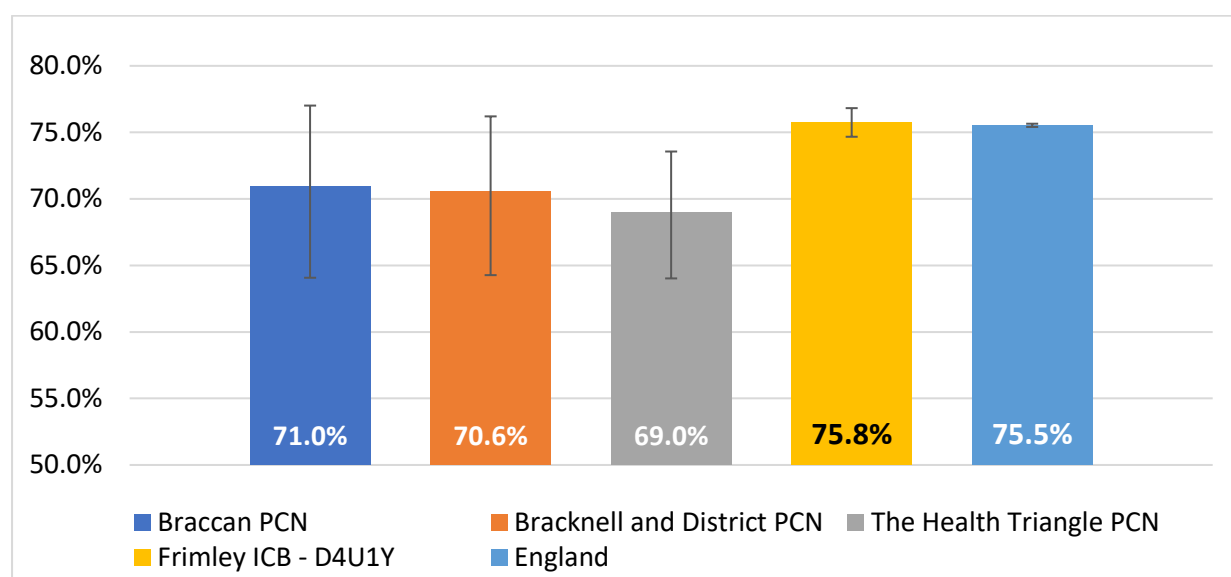
NICE guidelines for dementia recommend a care plan is agreed with health and social care services for individuals with the condition and having the care plan reviewed annually (QOF, 2024). Face-to-face reviews, with a GP, of the support needs of dementia patients and their carers is an important part of the overall care plan. The care plan review focuses on four key areas:

- The physical and mental health of the patient
- The caregiver's need for information related to stage of the patient's dementia and their health and social care needs (if applicable).
- How the care of the dementia patient will impact the caregiver (if applicable)
- communication and co-ordination arrangements with secondary care (if applicable)

The proportion of patients in Bracknell Forest receiving a GP care plan review in the preceding 12 months was 69.0% in 2023/24. This was significantly lower than the proportion of dementia patients receiving a review in the Frimley ICB region (75.8%) and England (75.5%) during the same period. At primary care network (PCN) level, the proportion of patients with a care plan review ranged between 69.0% and 71.0%: Braccan PCN (71.0%), Bracknell and District PCN (70.6%) and The Health Triangle PCN (69.0%) (Figure 24).

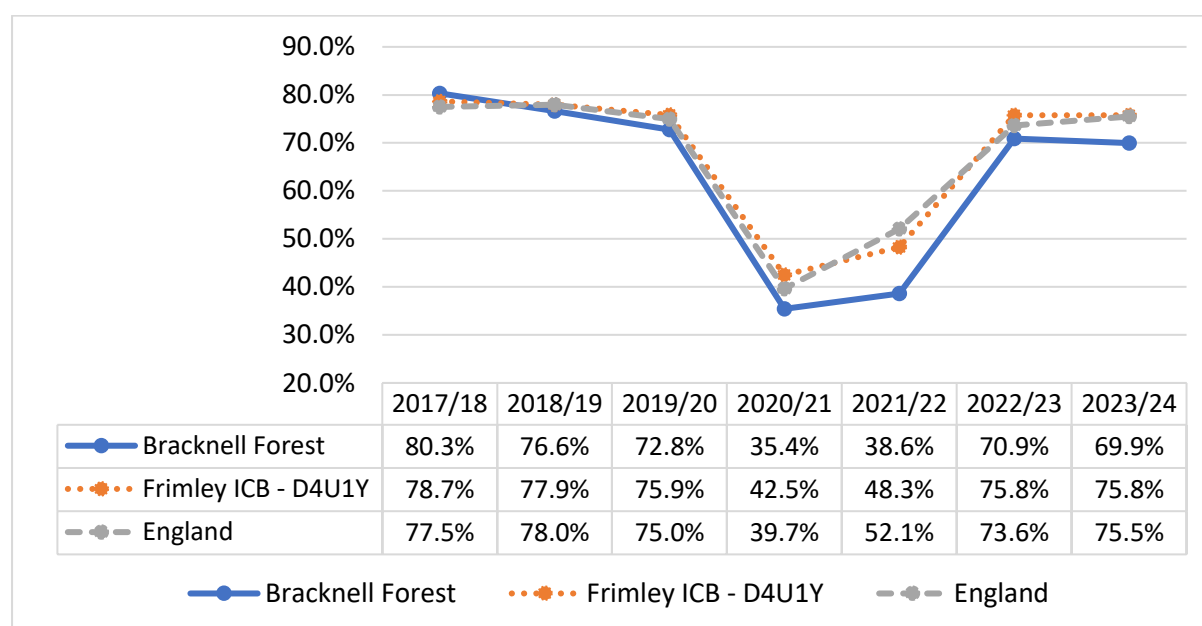
Trend data shows that during the COVID-19 pandemic period (2020/21 to 2021/22), the proportion of patients receiving a GP care plan review in Bracknell Forest dropped significantly, from 75.0% in 2019/20 to 39.7% in 2020/21, mirroring local and national trends. Since then, there have been consistent annual increases in the proportion of patients getting a care plan review at Bracknell Forest and PCN level (Figure 25).

Figure 24: Dementia Patients with a GP Care Plan Review in the Past 12 Months (2023/24)



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

Figure 25: Trend Data - Proportion of Dementia Patients with a GP Care Plan Review in the Past 12 Months



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.2.2 Hospital Admissions

Individuals living with dementia are estimated to occupy around one-in-four hospital beds at any one time. They tend to stay in hospital longer than most patients due to their complex, further complicated by delays in leaving the hospital (NICE, 2021). Hospital admission can significantly impact those with dementia, including triggering distress, confusion and delirium. This can lead to a decline in functioning impacting the ability to live independently.

The majority of hospital admissions for those living with dementia are emergency admissions (Natalwala et al., 2008). Between 2018/19 and 2021/22, there were a total of 31,495 emergency hospital admissions in England where dementia was the primary reason for admission. During this period the number of emergency admissions where dementia was the primary reason decreased by 16.7%, between 2018/19 (8,591) and 2021/22 (7,156). Where dementia was not the primary reason for admission, the most common reason for emergency hospital admission for people with dementia was a urinary tract infection (2018/19 to 21/22). Other common reasons for emergency admission for dementia patients during this period included COVID-19 infection, falls, pneumonia, sepsis and fracture of the neck or femur (Table 6).

Table 6: The Most Common Reasons for Emergency Hospital Admissions for People with Dementia in England (2018/19 - 2021/22)

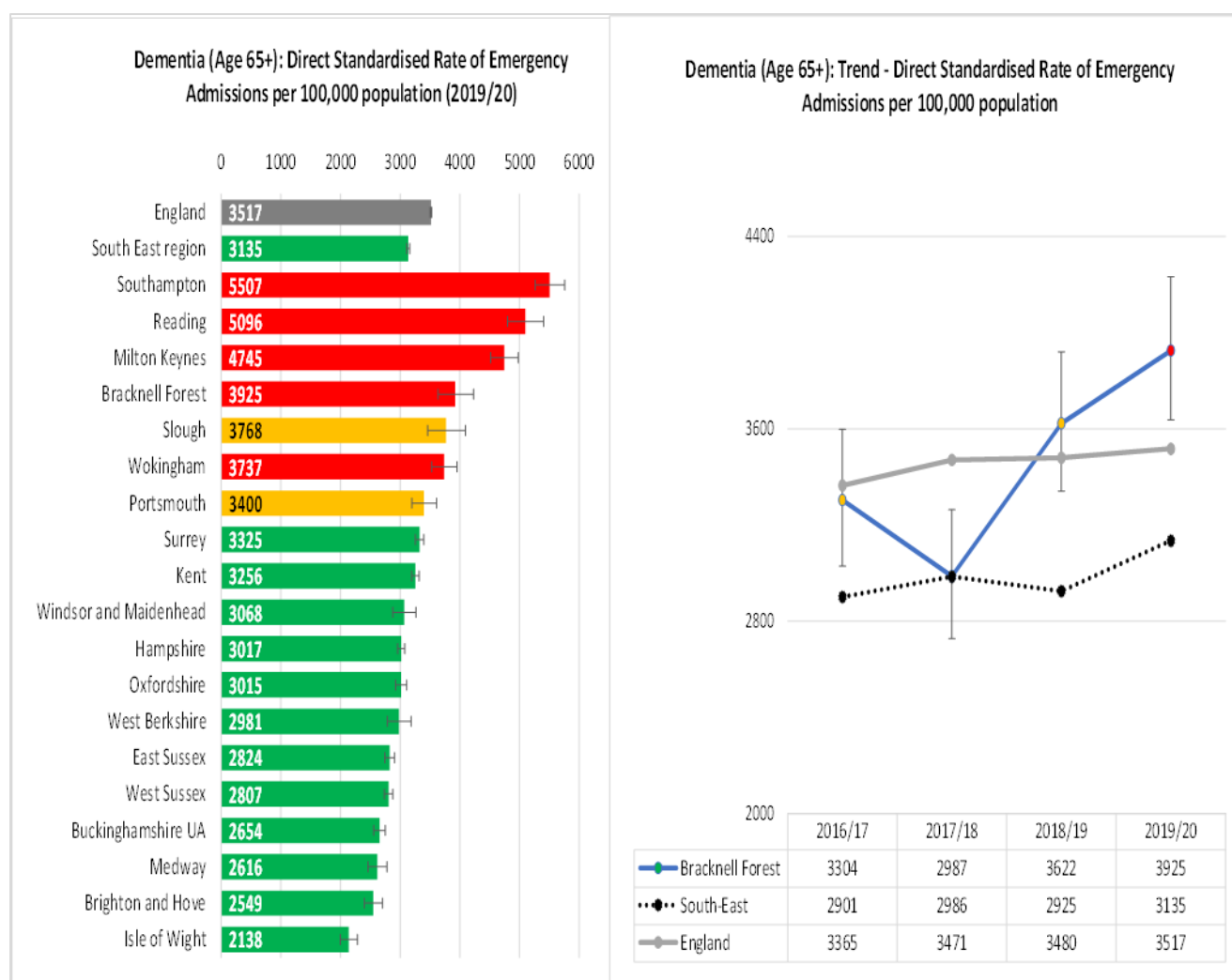
Description	Year				
	2018-19	2019-20	2020-21	2021-22	Total
Urinary tract infection, site not specified	18,998	16,764	11,608	11,579	58,949
Tendency to fall, not elsewhere classified	13,206	13,914	12,630	12,894	52,644
Lobar pneumonia, unspecified	13,493	14,124	7,182	7,880	42,679
Sepsis, unspecified	11,339	9,730	5,859	6,525	33,453
Pneumonia, unspecified	9,295	9,963	5,017	5,953	30,228
Fracture of neck of femur	7,159	7,460	6,565	6,090	27,274
Unspecified acute lower respiratory infection	8,046	8,323	3,636	3,998	24,003
Pneumonitis due to food and vomit	6,397	6,797	3,834	5,351	22,379
COVID-19 Infection			15,867	5,109	20,976
Acute renal failure, unspecified	4,494	4,175	3,597	3,502	15,768

Source: [NHS Digital – Emergency Admissions to Hospital with Dementia](#)

5.2.2.1 Emergency Hospital Admission

At the time of writing this needs assessment, the most recent, publicly available local data for emergency hospital admissions for people with dementia (aged 65+) is from 2019/20. The direct standardised emergency admissions rate for dementia in Bracknell Forest was 3,925 per 100,000 population. This was significantly higher than emergency admissions rates for the South-East region (3,134 per 100,000) and England (3,517 per 100,000 population). The emergency admissions rate in Bracknell Forest was among the highest in the South-East region. Among the 19 local authorities in the region, Bracknell Forest ranked 4th with only Milton Keynes, Reading and Southampton. Trend data shows that the emergency admissions rate has increased by 18.8% since 2016/17, from 3,304 per 100,000 to 3,925 per 100,000. This trend was not isolated to Bracknell Forest with similar increases seen in the South-East and England during the same time period.

Figure 26: Emergency Hospital Admissions Rate for People with Dementia (65+) in Bracknell Forest

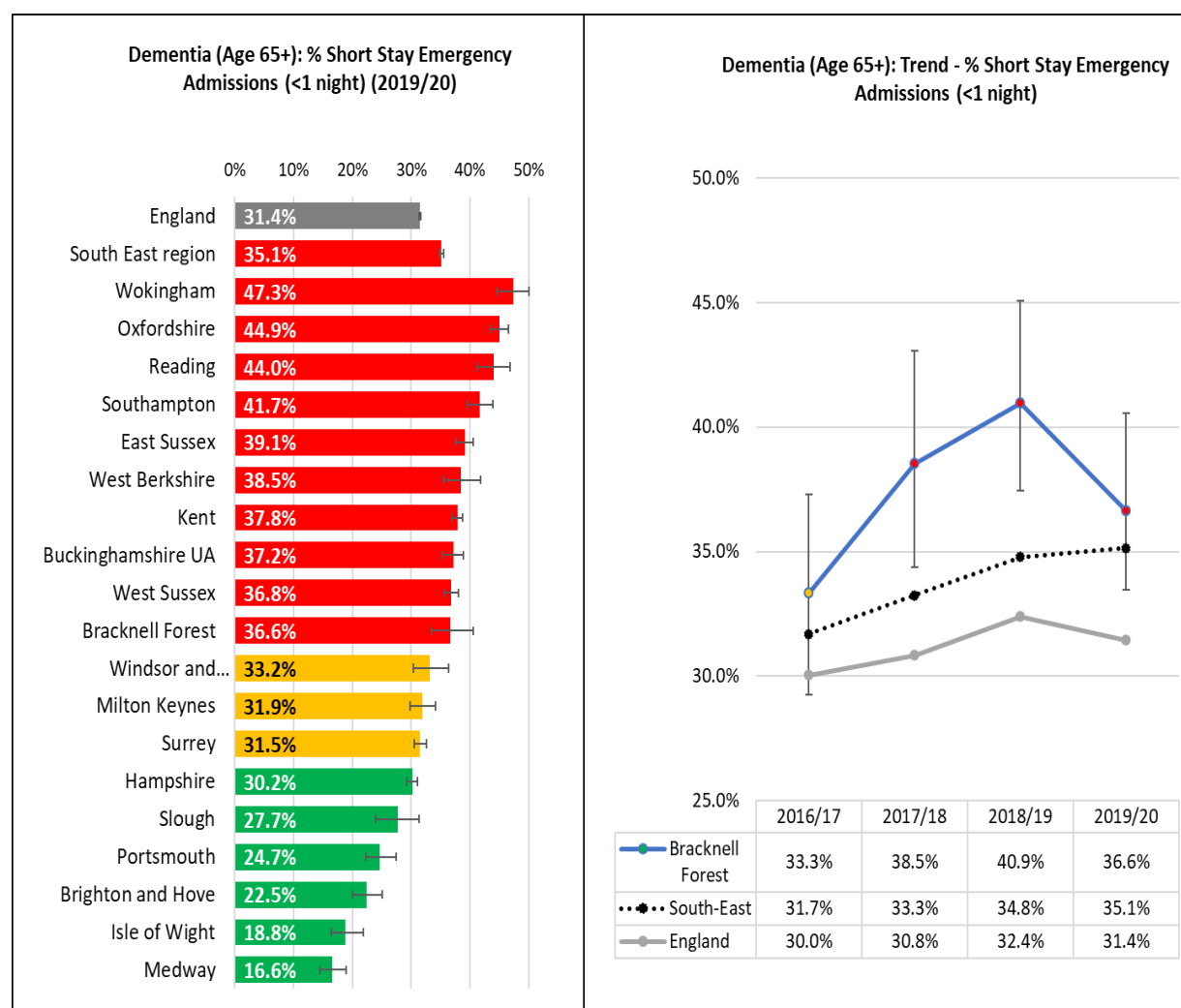


Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.2.2.2 Short Stay Emergency Admissions

Short stay emergency admissions are hospital admissions lasting for 1 night or less. In 2019/20, 36.6% of emergency admissions for people with dementia (aged 65+) in Bracknell Forest were short stay admissions. This means that around 73.4% of emergency admissions stayed in the hospital for longer than 1 night. Trend data going back to 2016/17 indicates a 9.9% increase in short stay emergency admission, increasing at a faster rate of increase compared with regional and national trends. Short stay emergency admissions in Bracknell Forest were marginally higher than the South-East region (35.1%) average but significantly higher than the England (31.4%) average for people with dementia. However, Bracknell Forest does not stand out compared with the other 18 local authorities in the South-East, ranking 10th in the region and 4th out of 6 local authorities in Berkshire (Figure 27).

Figure 27: Short Stay Emergency Admissions (<1 night) Rate for People with Dementia (65+) in Bracknell Forest



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.3 Living well

The Living Well ambition is focused on ensuring that people with dementia can live normally in safe and accepting communities. Dementia care should enable people living with dementia, and their families and carers, to live meaningful and independent lives. Support should be person-centred and holistic, and it may be provided via health and social care, local authorities or voluntary organisations (Royal College of Psychiatrists, 2018). Support for people with dementia may include:

- **Appropriate housing provision** such as extra care housing
- **Supporting in maintaining relationships** at home and in the wider community
- **Support in maintaining independence**, including dementia friendly communities, advocacy services, homecare services and information provision
- **Support in engaging in meaningful daily activities** that may take place on an individual or group basis, in a variety of settings

5.3.1 Carers

Carers are pivotal in enabling people to live well with dementia. They face a number of emotional and economic pressures, briefly mentioned section 1.4. They should be given support to not only cope with their caring responsibilities but to also enable them to have an independent life alongside caring. This should include support, training and advice for carers including respite care, peer support groups and training courses, or support provided in the work environment. They should also be informed of their eligibility for publicly funded care and support under the Care Act 2014. There were an estimated 791,210 people in England caring for someone with dementia in 2022. This is projected to increase up 1,025,000 carers for people with dementia in 2024. Research shows that for every 100 people with dementia around 84 people will provide care (Besley et al., 2023).

5.3.1.1 Unpaid Carers

Unpaid carers are people who look after, give help or support to anyone who has a long-term physical or mental ill-health condition, illness or problems related to old age. This includes family members providing care to people with dementia. The ONS census captures the number of people, aged 5 and over, providing unpaid care in England and Wales. In 2021, there were 8,757 Bracknell Forest residents reporting to be providing unpaid care, representing 7.5% of the population (Office for National Statistics, 2021). In comparison, the proportion of the population providing unpaid care in the South-East region and England was higher than Bracknell Forest, at 8.3% and 8.8%, respectively (Table 7).

Female residents were more likely to provide unpaid care than their male counterparts. In 2021, 8.8% of all female residents were unpaid carers (5,256) compared with 6.1% of male residents (3,501). The proportion of unpaid carers is higher among older residents than in those in younger age groups. Despite representing only quarter of the population, residents aged 45 to 64 years comprise almost half of all unpaid carers (48.2%) in Bracknell Forest. In other words, one-in-eight people in this age group (4,223) were providing unpaid care in 2021. For those aged 65 and over, around one-in-five were unpaid carers (1,804).

The majority of the population in Bracknell Forest are from a white ethnic background (86.1%) of which 7.9% (n=7974) were unpaid carers. It is not surprising that 90.8% of all unpaid carers are also from this ethnic group. Of note is that 7.9% of Asian/Asian-British residents (390) provided unpaid care. The number of hours per week unpaid care is provided varies. Around 54.8% (4,799) of unpaid carers in Bracknell Forest provide care for 19 hours per week or less. On the opposite spectrum, a significant proportion of carers (27.5%) report to provide at least 50 hours on unpaid care per week (2,410).

Table 7: Number and Proportion of Residents Providing Unpaid Care (2021)

Categories	Bracknell Forest		South-East Region	England
	Number of Carers	% of the population	% of the population	% of the population
Sex				
Female	5,262	8.7%	9.7%	10.1%
Male	3,512	6.0%	6.9%	7.3%
Total	8,757	7.5%	8.3%	8.8%
Age group				
05-19	336	1.5%	1.7%	1.7%
20-44	2,394	5.6%	6.4%	6.9%
45-64	4,223	12.7%	14.0%	14.7%
65+	1,804	9.6%	9.8%	10.5%
Ethnic Group				
Asian/ Asian-British	390	4.7%	6.1%	7.1%
Black/ Black-British	202	7.2%	5.9%	6.8%
Mixed/ Multiple-Ethnic	139	4.2%	5.8%	6.2%
Other Ethnic Group	76	4.9%	6.4%	7.0%
White	7,974	7.9%	8.7%	9.2%
Unpaid Care - Number of Hours per Week (% of Unpaid Care Providers)				
≤19 hours	4,799	54.8%	53.0%	49.2%
20 - 49 hours	1,548	17.7%	18.4%	20.7%
≥ 50 hours	2,410	27.5%	28.6%	30.0%

Source: [Office for National Statistics, Census 2021 Unpaid Care](#)

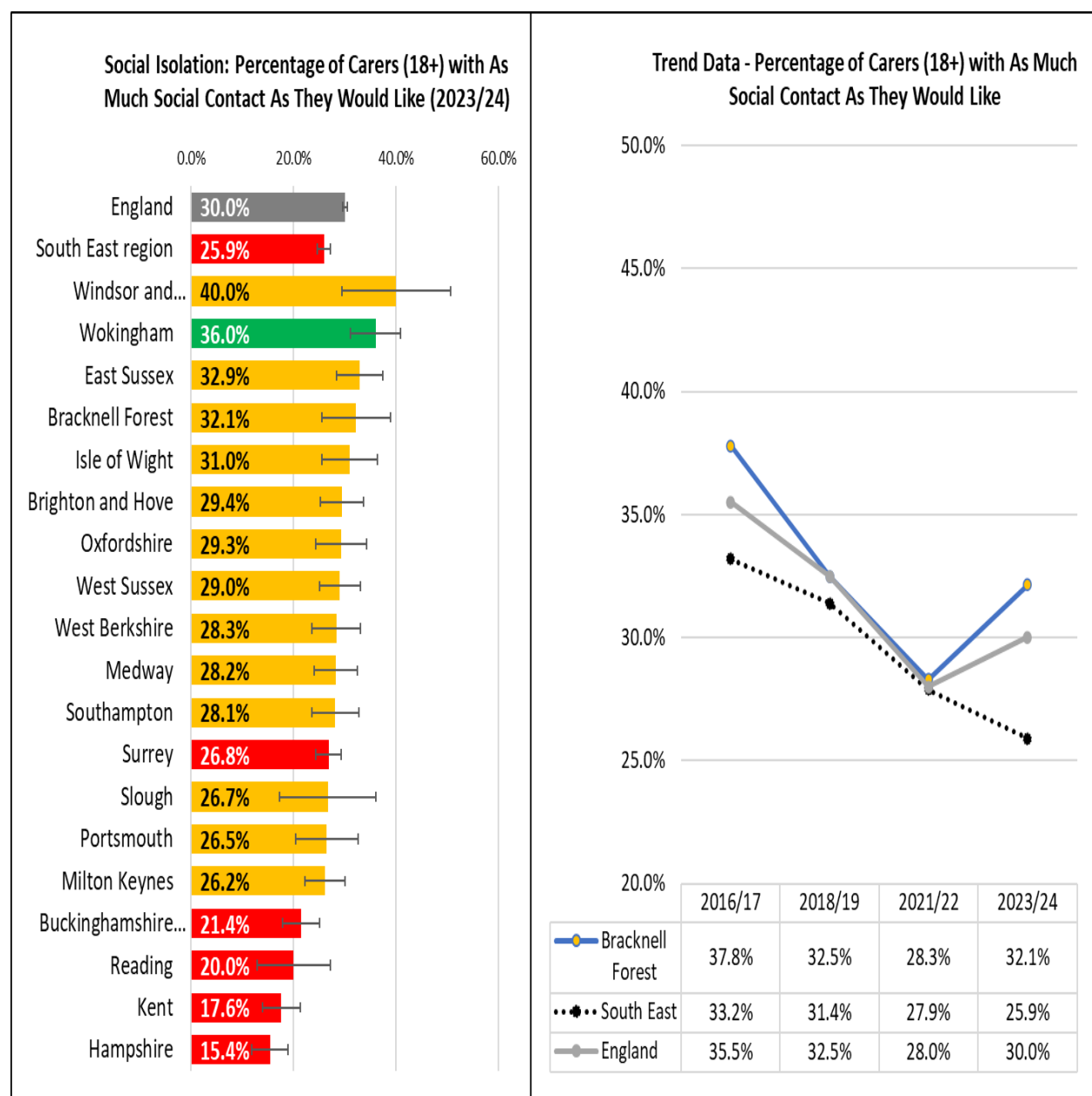
5.3.1.2 Social Isolation

Loneliness is associated with poor physical and mental health. A study investigating loneliness among carers of people with dementia in the UK reported that 43.7% of caregivers were moderately lonely with a further 17.7% were experiencing severe loneliness (Victor et al., 2020). Increased social isolation in combination with increased stress due to caregiving is associated with severe loneliness. Interventions aimed to reducing stress and supporting carers with forming meaningful relationships are shown to reduce loneliness (Victor et al., 2020). The NHS captures social isolation among adult carers providers (18+) in social care settings using the Personal Social Services Survey of Adult Carers in England (NHS Digital, 2024). Carers were asked the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" Carers who responded *with* "I have as much social contact I want with people I like" were deemed to not be dealing with social isolation.

In 2023/24, only 32.1% of adult carers reported to have had as much social contact as they would have liked. This was higher than the average proportion of adult carers in the South-East region (25.9%) and England (30.0%) in the same year. Bracknell Forest had one of the highest rates of in the South-East region. Among the 19 local authorities in the region, carers in Bracknell Forest ranked 4th with only East Sussex (32.9%), Wokingham (36.0%) and Windsor & Maidenhead (40.0%) having a higher proportion of adult carers reporting to have as much social contact as they would like.

Trend data going back to 2012/13 shows gradual decreases in the proportion of carers reporting to have as much social contact as they would like, from 44.7% to 32.1%. While regional and national trends also show decreases for this indicator. However, the declining rate in the proportion of cares dealing with social isolation is more significant in Bracknell Forest (Figure 28).

Figure 28: Social Isolation - Adult Carers (18+) Who Have as Much Social Contact as They Would Like



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.3.2 People with Dementia in Care

The Prime Minister's Challenge on Dementia 2020 highlights that people with dementia should have access to safe high quality long-term care services. Care homes provide either residential or nursing care. Residential care homes provide help with personal care such as washing, dressing and eating. Nursing homes provide personal care and, in addition, have a qualified nurse on duty at all times. It is estimated that up to 70% of people with dementia will require long-term residential care (Alzheimer's Society, 2016). The Care Quality Commission (CQC) are the independent regulator of health and social care in England. CQC inspections for dementia care in care homes focus on safety, effectiveness, level of care. (Care Quality Commission, 2014).

5.3.2.1 Care and Nursing Home Bed Capacity

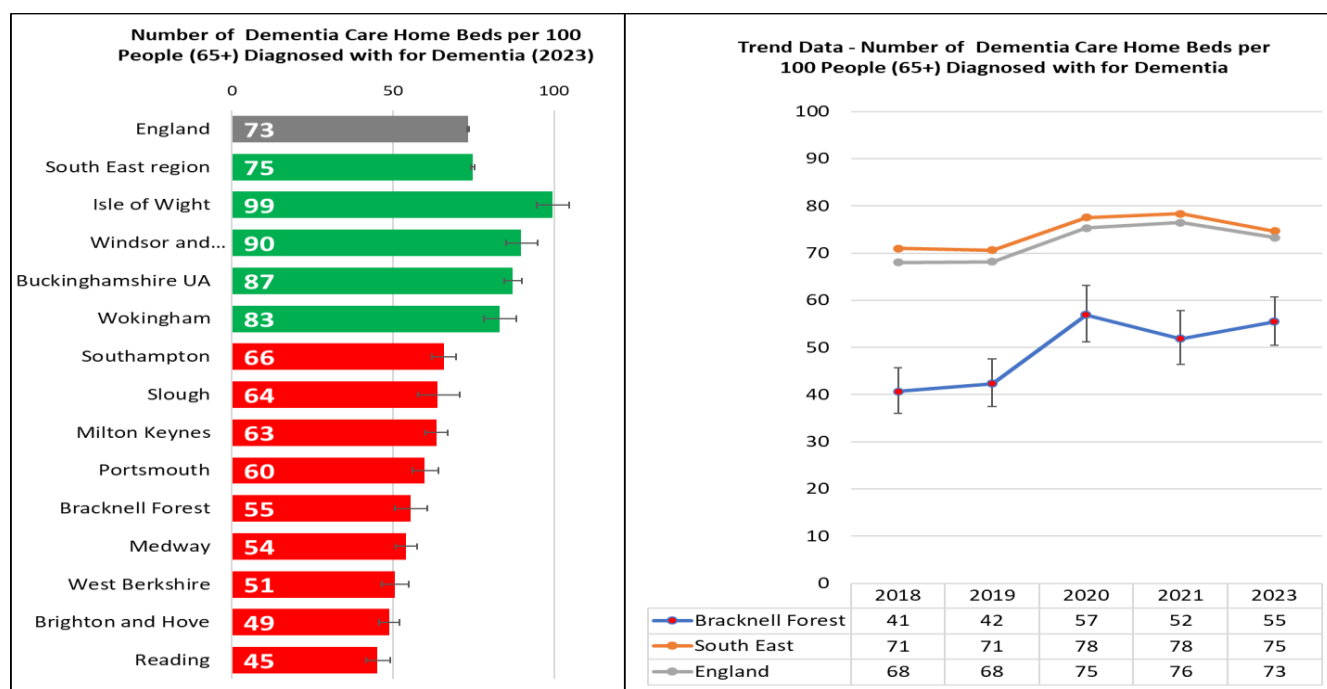
As of July 2023, there were currently 13 care homes with mix of over 498 residential and nursing beds in Bracknell Forest. Heathlands Care Centre is a dedicated care home for patients with dementia, offering 46 beds. A further 8 care homes also offer beds suitable for people with dementia. Around 53.4% of beds in the care homes were occupied by people needing support with memory and cognition, including dementia. The ageing population in Bracknell Forest and the accompanying rise in the prevalence of dementia means that there is an ever-increasing demand for nursing dementia and behaviours that challenge beds (Bracknell Forest Council, 2023).

As of 2023, there were 55 beds for people with dementia in care homes per 100 people with diagnosed with dementia (aged 65 and over) in Bracknell Forest. This was significantly lower than the capacity in the South-East region (75 per 100) and England (73 per 100). Compared with local authorities reporting this indicator, Bracknell Forest ranked 9th out of 13 in the South-East region and 4th out of 6 local authorities in Berkshire (Figure 29).

5.3.2.2 Quality Rating of Care and Nursing Home Beds

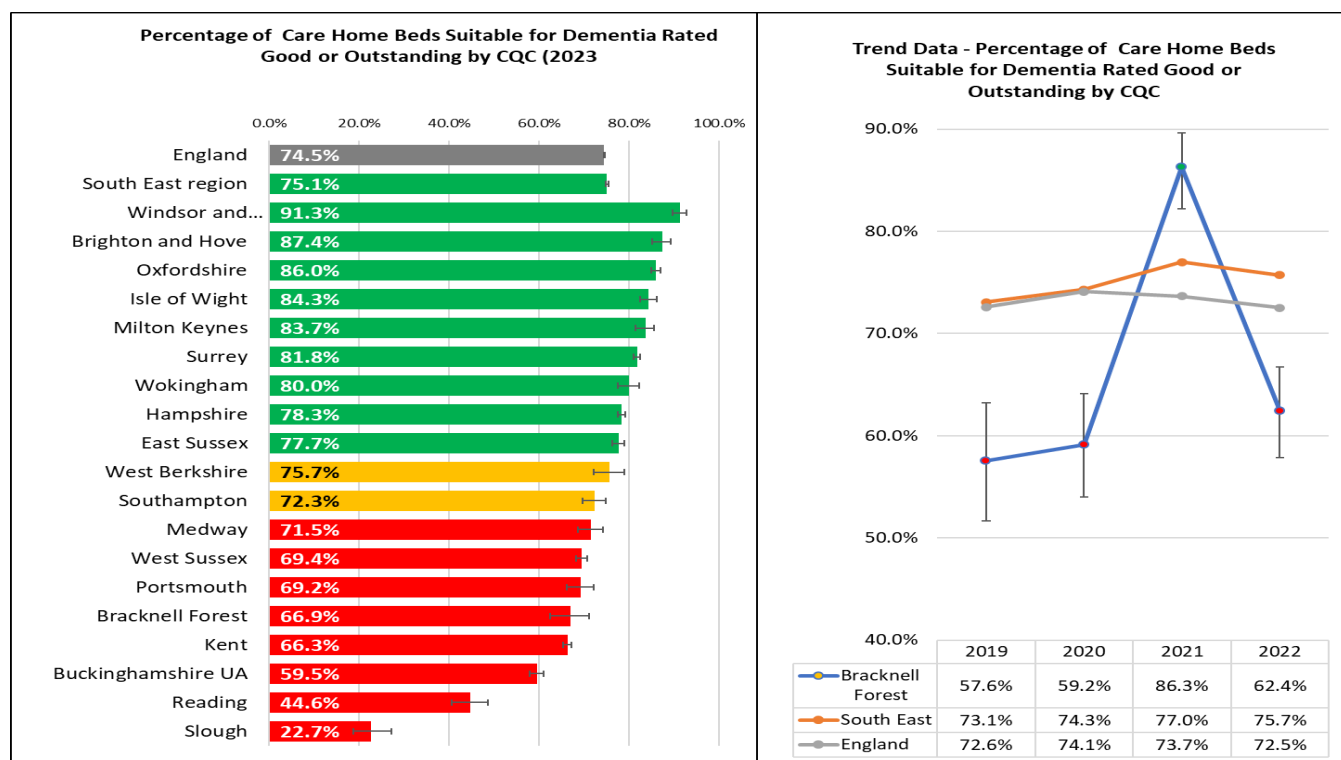
As of 2023, 100.0% of all beds suitable for people with dementia were assessed by the CQC, compared with 95.3% of beds in the South-East region and 95.9% of beds in England. However, only 66.9% of care home beds suitable for people with dementia achieved a rating of 'good' or 'outstanding' by the CQC in 2023. This is significantly lower the proportion of dementia beds receiving a rating of at least 'good' in the South-East region (75.1%) and England (74.5%). When compared with other local authorities in the south-east region, Bracknell Forest had the 5th lowest proportion of beds for people with dementia with only Slough (22.7%), Reading (44.6%), Buckinghamshire (59.5%) and Kent (66.3%) (Figure 30). Historic data shows that the proportion of beds receiving a rating of good or outstanding fluctuation year to year, making it difficult to detect any trend.

Figure 29: Dementia Care Home Bed Capacity per 100 People Diagnosed with Dementia (2023)



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

Figure 30: Quality Rating of Care Homes Beds Suitable for People with Dementia (2023)



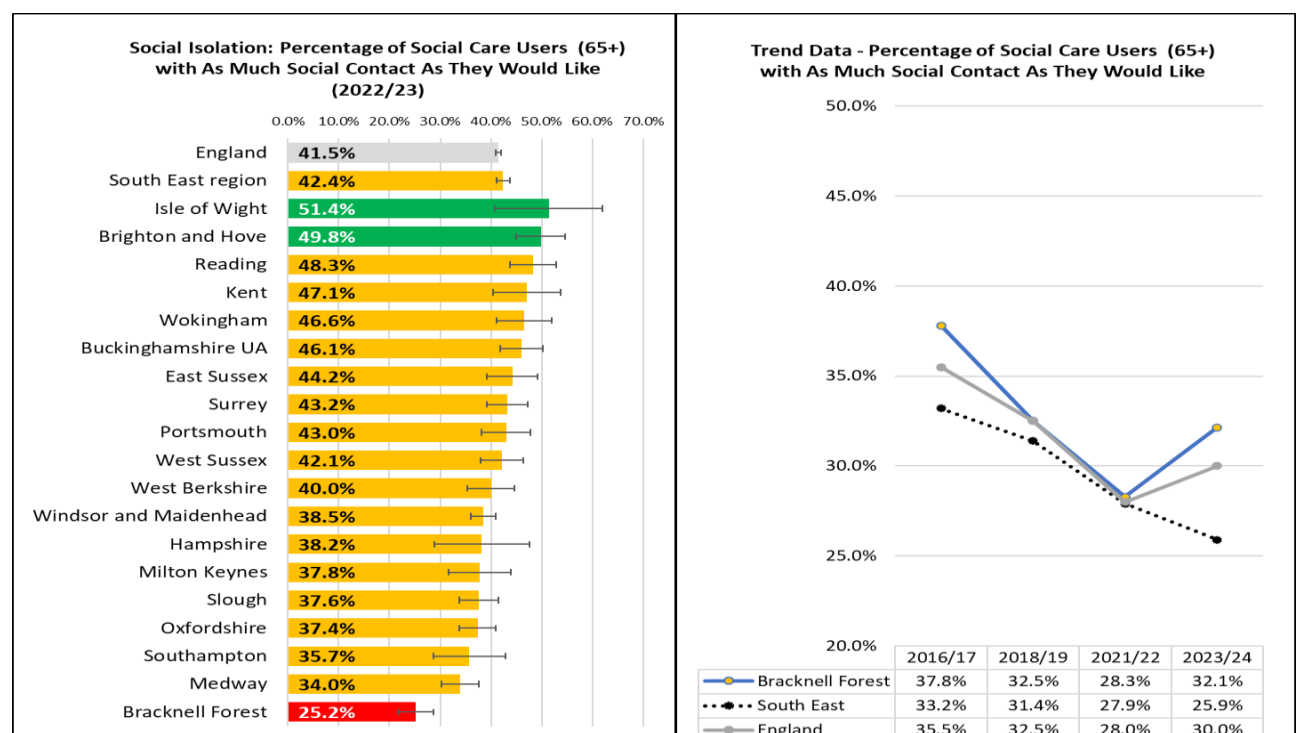
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.3.2.3 Social Isolation

In recent years, social isolation has been identified as a risk factor, estimated to be responsible for up 5% of preventable cases of dementia (Livingston et al., 2024). Initial evidence for this link came from two major systematic reviews reporting that less frequent social contact can lead to a 18% (Penninkilampi et al., 2018) and 57% (Kuiper et al., 2015) increase in risk of developing dementia. These findings were supported by subsequent studies showing that people who met at least two of the following three criteria (living alone, seeing friends and family less than once a month, and participating in no weekly group activities) had a higher risk of developing dementia (Shen et al., 2022).

Social isolation among adults (age 65+) in social care settings was recorded by the NHS' Adult Social Care Survey for service users in England (NHS Digital, 2018). In 2022/23, 25.2% of adult social care service users (65+) in Bracknell Forest reported to have as much social contact as they would like. This was significantly lower than the South-East (42.4%) and England (41.5%). Among the 146 local authorities in England reporting this indicator, Bracknell Forest ranked last. Trend data shows that the proportion of adult social care service users who had as much social contact as they would like decreased from 50.2% in 2018/19 to 25.2% in 2022/23.

Figure 31: Social Isolation - Adult Social Care Users (65+) Who Have as Much Social Contact as They Would Like



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

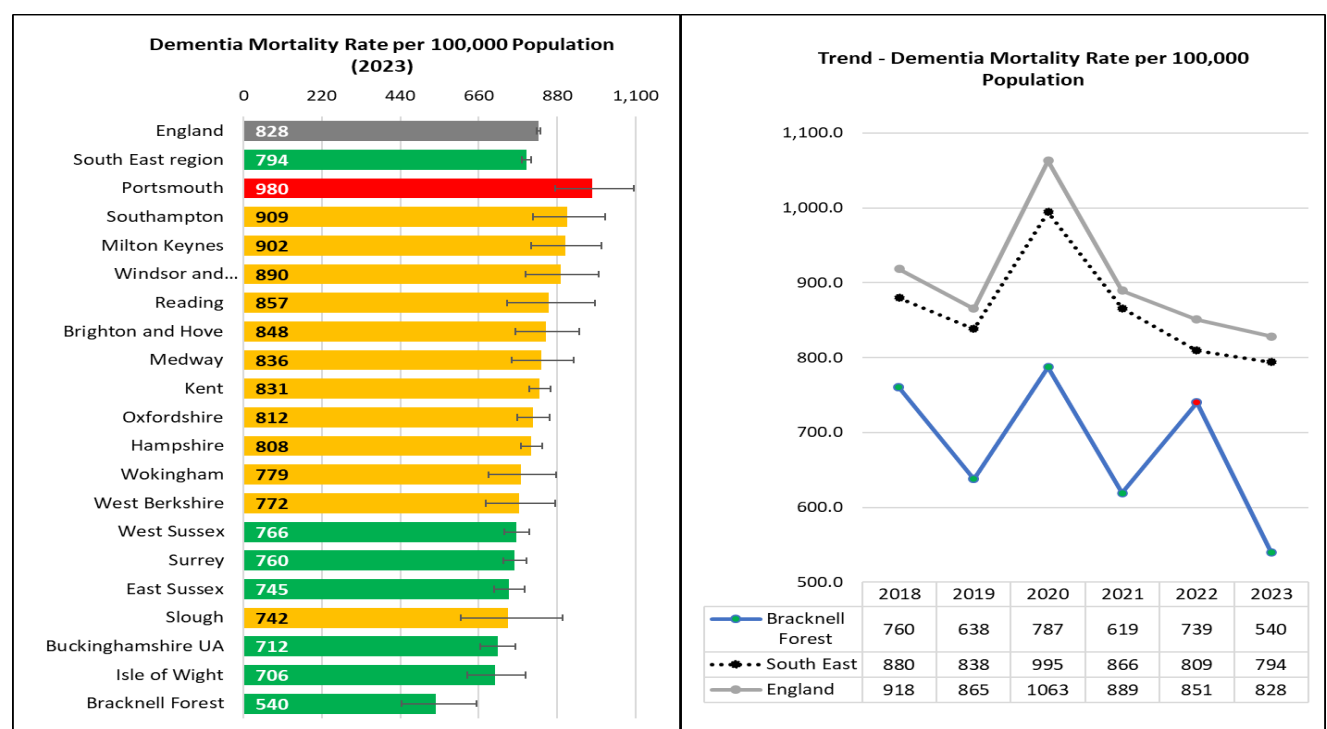
5.4 Dying Well

The national dementia strategy calls for improved end-of-life care for people living with dementia (Department of Health and Social Care, 2009). People with dementia have the right to live as well as possible and die with dignity in the place of their choosing. For people with dementia, 'dying well' means that they are confident that their end-of-life wishes are respected and that they can expect a good death (Royal College of Psychiatrists, 2018).

5.4.1 Dementia Mortality Rate

In 2023, there were 107 people (age 65+) who died due to dementia or Alzheimer's disease in Bracknell Forest. The direct standardised rate of mortality (death rate) for dementia or Alzheimer's was 540 per 100,000 population. This was significantly lower than the dementia mortality rate in the South-East region (794 per 100,000) and England (828 per 100,000). When compared to the 18 local authorities in the South-East region, Bracknell Forest had the lowest dementia mortality rate in the region. Trend data shows that the dementia mortality rate has gradually decreased from 760 per 100,000 to 540 per 100,000 since 2018. Similar decreases in the death rate were seen in the South-East region and England during the same period.

Figure 32: Mortality Rate for individuals aged 65+ with Dementia per 100,000 population



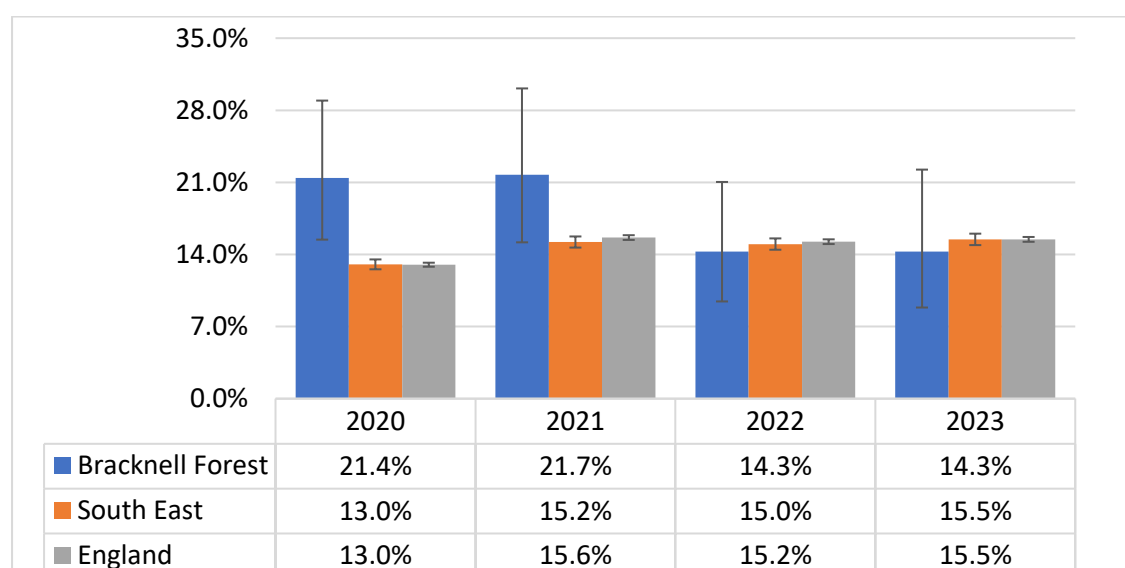
Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.4.2 Place of Death

5.4.2.1 Usual Place of Residence (Home)

Dying in the usual place of residence is a proxy indicator for preferred place of death, a measure of the quality of end-of-life care for people with dementia. Around 14.3% of people who died due to dementia (aged 65+) in Bracknell Forest did so at their usual place of residence, compared with 15.5% in the South-East region and 15.5% in England in 2023. The proportion of patients dying at their usual place of residence decreased from 21.4% in 2020 while regional and national trends show increases in the proportion of people with dementia dying at home. Among the 19 local authorities in the South-East, Bracknell Forest had the 5th lowest proportion of people with dementia dying at home (Figure 33).

Figure 33: Dementia (age 65+) – Place of Death is Usual Residence (2023)

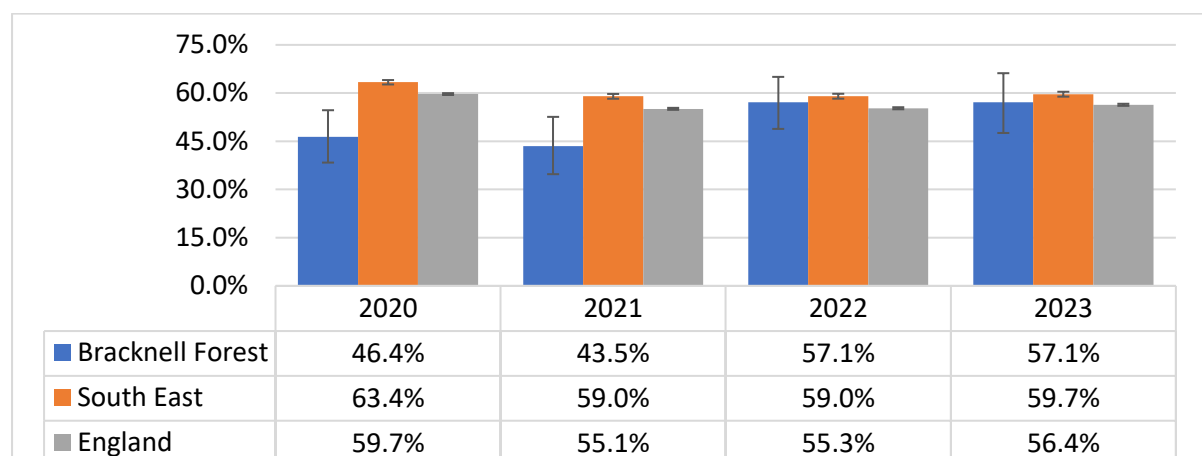


Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.4.2.2 Care home

The proportion of people dying due to dementia in care homes in Bracknell Forest, which for some will count as their usual place of residence, was 57.1% in 2023. This was not significantly different to the proportion dying in care homes South-East region (59.7%) and England (56.4%). Trend data shows an increase in the proportion dying in care homes since 2020, from 46.4% to 57.1%, whereas regional and national trends show gradual decreases. However, Bracknell Forest does not stand out from other local authorities in the region, ranking 10th out of 19. Similarly, Bracknell Forest ranked 3rd out of 6 local authorities in Berkshire in 2023 (Figure 34).

Figure 34: Dementia (age 65+) – Place of Death is Care Home (2023)

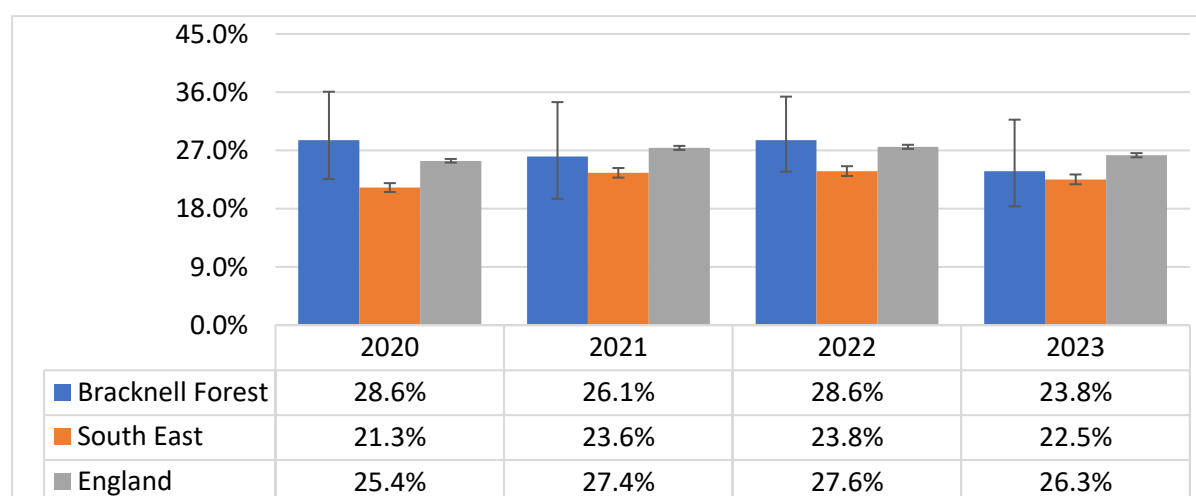


Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

5.4.2.3 Hospital

Around 23.8% of people dying due to dementia in Bracknell Forest did so in hospital in 2023. This was not significantly different to average proportion of dementia patients dying in hospital in the South-East region (22.5%) and England (26.3%). Trend data going back to 2019 shows that locally the proportion dying in hospital decreased from 36.1% to 23.8% whereas regional and national rates flatlined. This is a reverse trend to those dying in care homes. Compared with local authorities in the South-East region and England, Bracknell Forest ranked 9th out of 19 and 4th out of 6th in 2023, respectively (Figure 35).

Figure 35: Dementia (age 65+) – Place of Death is Hospital (2023)



Source: [Department for Health and Social care, Fingertips Profiles 2024](#)

6 Summary of Findings

The Health and Care Plan for Bracknell Forest (2023-2025) sets out the key ambitions and objectives going forward for dementia care and support in the borough. In order to meet these ambitions, the need for a new integrated dementia strategy was identified. The Dementia needs assessment is intended to inform the new Dementia Strategy for Bracknell Forest. The key findings of the needs assessment and recommendations are summarised below.

6.1 Projected Prevalence and Impact of dementia

- The estimated number of people, living with late-onset dementia in Bracknell Forest is 1,332. They account for 6.5% of all people aged 65 and over in the borough at the time of writing this needs assessment. Between April 2022 and January 2025, the estimated number of people living with late-onset dementia increased by 22.2%, from 1,091 and 1,332.
- The number of people with late-onset dementia in Bracknell Forest is project to increase to 2,165 in 2040. This is in line with the project increases in people aged 65 and over living in the borough. The largest increase in the number of people living with dementia is projected to be for those aged 85 and older and people with more severe disease severity.
- Estimates for the number of people with known early-onset dementia, aged 64 and younger, vary between 32 and 57. These figures are likely to be underestimating the true figure. The overall number of people with early-onset dementia is expected to increase to 162 in 2040, accounting for 7.5% of all people with estimated to be living with dementia in the borough.
- People with learning disabilities, particularly those with Down's syndrome, are significantly more likely to develop dementia than the general population. They are also more likely to develop young-onset dementia than the general population. For people aged 60 and over, learning disability is associated with a 2-fold to 3-fold increased risk of dementia. Although the number of people with learning disability on the GP records was only 0.41% (n=564) in 2024, true figure is likely to be significant higher. Population projections for 2025 estimate that the number of people with learning disability in Bracknell Forest is 2,296 and is project to increase to 2,456 by 2040.
- The projected increase in the number of people living with dementia, particularly those with complex needs, is expected to present a significant health and social care

cost to the borough. Most of the burden will fall on people with dementia and their families through the cost of social care and provision of unpaid care. The annual projected cost of providing dementia care in Bracknell Forest is projected to increase from £51.3 million to £95.3 million in 2030.

- Increases in the number of people needing care in nursing and residential homes will lead to a projected increase in the cost of social care provision, from £24.4 million to £46.9 million in 2030. The cost of providing unpaid care to people with dementia, usually by family members, is equally projected to increase significantly, from £19.7 million to £35.7 million by 2030.

6.2 Preventing well

One of the key ambitions of the NHS' well pathway for dementia is minimising the risk of developing dementia. It is estimated that up to 45% of the current incidence of dementia in the population could be prevented by tackling the prevalence of modifiable risk factors. Lifestyle risk factors for dementia are personal behaviours or choices in early to midlife that can significantly increase the risk of developing the condition in later life. Lifestyle risk factors also have an indirect impact on dementia risk as they are independently associated with risk of developing other health conditions that are also linked to dementia.

Overweight and Obesity

- Individual with overweight or obesity in midlife (aged 40-64) are estimated to have 27.0% and 31.0% increased risk of developing dementia in later life. For women with abdominal obesity, risk can be as high as 39.0%. Overweight and obesity is also linked to increasing prevalence of health conditions such as diabetes, hypertension and depression, all thought to increase risk of dementia. People with overweight and obesity are less likely to engage in physical activity and more likely to experience social isolation, further increasing risk of dementia in later life.
- Around 62.0% of adults living in Bracknell Forest are estimated to be overweight (including obesity) in 2023. This was not significantly different from the South-East (62.0%) and national averages (64.0%). Prevalence of obesity in adults was estimated to be around 27.3%, higher than the South-East (24.3%) and England (26.2%) rates.
- Trend data shows that while prevalence of overweight (including obesity) has increased from 58.7% to 62.0% since 2015/16, in line with regional and national trends, obesity has risen faster over this period of time, from 21.9% to 27.3%, relative to the regional and national trends.

Physical Activity

- Regular exercise is a protective factor for dementia, including Alzheimer's. Leading an active lifestyle is demonstrated to lead to a decreased risk of developing a host of other conditions linked to dementia such as diabetes, obesity and depression. Therefore, it stands to reason that people who are physically inactive have an increased risk of developing dementia.
- The percentage of adults who were physically inactive (<150 minutes of moderate physical activity per week) in Bracknell Forest was 17.2%, this was similar to the South-East regional average (19.3%) but significantly lower than the national average (22.6%). Compared to the 19 local authorities in the South-East region including the 5 in Berkshire, Bracknell Forest had the second lowest percentage of adults who were physically inactive.

Smoking

- Smoking is a well-established risk factor for dementia. It is responsible for up to 14% of Alzheimer's cases globally. Compared with people who don't smoke, smokers have a 59%-79% increased risk of developing Alzheimer's and 35%-78% increased risk of vascular dementia, respectively. Research also shows a relationship between how much some smokes (number of cigarettes per day) and the magnitude of increased risk. Conversely, smoking cessation is shown to decrease the long-term risk of developing dementia.
- Prevalence of smoking for adults in Bracknell Forest was 13.9% according to the annual population survey in 2023. This was higher than both the South-East (10.6%) and England (11.6%) average. This is similar to the proportion of people in Bracknell Forest who are currently smoking (13.3%) according to their GP record. Unlikely the regional and national trends, smoking has increased year-to-year between 2018 and 2022.
- For those in routine and manual occupations smoking prevalence was 32.9%, compared with 18.4% in the South-East region and 19.5% in England. Among all local authorities in England, Bracknell Forest had the 5th highest smoking rate for people in routine and manual occupation and the highest rate in the South-East region in 2023.

Physical Health Conditions

- Stroke is an independent risk factor for dementia with one-in-five going on to develop the condition. Developing hypertension, coronary heart disease (CHD) or

diabetes, particularly in later life, have also been associated with significant increases in risk of developing dementia.

- The percentage of people with a diagnosis of stroke (1.4%), hypertension (14.4%), CHD (2.4%) or diabetes (6.8%) has increased annually, in line with regional and national trends. However, overall prevalence for these four conditions is significantly lower in Bracknell Forest than the South-East regions average. Compared with other local authorities in the South-East region and Berkshire, there is no significant difference in prevalence of these conditions relative to Bracknell Forest.

Mental Health Conditions

- Depression commonly occurs in people with dementia. Research shows that depression in mid-life leads to a 2-fold increase in risk of developing Alzheimer's while people developing depression in later life have up to a 3.5-fold increase in developing vascular dementia.
- Around 15.1% of GP patients in Bracknell Forest had diagnosed depression, this was significantly higher than the South-East (13.8%) and England (13.2%). Compared with the 19 local authorities in the South-East region, Bracknell Forest had the 5th highest prevalence of depression.
- Dementia risk is also increased in those with severe mental illness (SMI). Older adults with a history of schizophrenia or bi-polar disorder have a 2.3 - 2.4-fold increased risk, respectively.
- Prevalence of SMI is low with only 0.64% of the GP population with a recorded diagnoses compared with 0.88% in the South-East region and 0.96% in England. Bracknell Forest had some of the lowest recorded prevalence in the South-East region with only Wokingham having lower prevalence.

NHS Health Checks Programme

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes which are risk factors for dementia. Everyone aged 40 to 74, who has not already been diagnosed with one of these conditions or has certain risk factors, will receive an invitation once every five years to receive support and advice to help them reduce or manage their risk of these conditions. NHS Health Checks participants are made aware of the signs and symptoms of dementia and signposted to memory service if appropriate.

- In 2023/24, 7.1% of people (aged 40-74) eligible received a health check, up from 4.7% in the previous year. This was lower than the proportion of eligible people in the South-East region (7.5%) and England (8.8%) in the same year.
- Despite the low percentage of people taking up health checks locally, trend data shows that uptake has increase for three consecutive years following the COVID-19 pandemic.

6.3 Diagnosing Well

The diagnosing well ambition as set out in the NHS England's Dementia Well Pathway calls for timely accurate diagnosis, care plan and review within the first year. The rational for this ambition is that a timely diagnosis will enable people with dementia, their carers and healthcare professionals to plan accordingly and work together to improve health and care outcomes.

Recorded Prevalence of Dementia

- In January 2025, there were a total of 844 people with a diagnosis of dementia. The recorded prevalence of dementia in the GP population in Bracknell Forest was 0.64%. This was significantly lower than the South-East region (0.82%) and England (0.76%) in the same period.
- Demographic analysis of people on the GP dementia register showed that the following groups were overrepresented relative to the Bracknell Forest population:
 - 63.7% were female (n=535)
 - 44.9% were between 80 years and 89 years (n=377)
 - 90.2% identified as being of White ethnicity (n=758)
 - 49.4% lived in the least deprived 20% of neighbourhoods (n=331)

Estimated Diagnosis Rate for Dementia

The dementia diagnosis rate is the proportion of individuals, aged 65 and older, with a diagnosis of dementia compared with the number of individuals estimated to have dementia. The national target is for 66.7% of all people estimated to have dementia diagnosis.

- In January 2025, there were an estimated 1,332 people (65+) living with dementia while only 844 people had a recorded diagnosis of dementia in Bracknell Forest.

- The estimated diagnosis rate was 63.3%, comparable to the South-East (63.0%) and England (65.4%) rates.
- However, the estimated diagnosis rate was below the 66.7% target. In real terms this means that there is a potential 488 people living with dementia in the borough who are not receiving the necessary support.
- Trend data shows that between 2017 and 2024 the local estimated diagnostic rates have consistently been below the national target, with the exception of 2019 when 69.7% of all people estimated to have dementia had a formal diagnosis. This was also the case for the regional and national estimates diagnostics rates during this time period.

6.4 Supporting and Living well

6.4.1 Supporting Well

The supporting well ambition aims to provide access to safe high-quality health & social care for people with dementia and carers. NICE guidelines for dementia recommend a care plan is agreed with health and social care services for individuals with the condition and having the care plan reviewed annually. Face-to-face reviews of the support needs of dementia patients and their carers is an important part of the overall care plan.

Care Plan Reviews

- The ability for patients to get an annual care plan review was greatly impacted by the COVID-19 pandemic. Between 2019/20 and 2020/21, the percentage of patients getting care plan reviews dropped from 72.8% to 35.4%.
- In 2023/24, 69.0% of patients with dementia in Bracknell Fores had their care plan reviewed in the past 12 months. This was lower than the percentage of patients receiving a review in the preceding 12 months in the Frimley ICB system (75.8%) and England (75.5%).
- There was no significant difference in getting care plan reviews between patients at GP practices in at three primary care networks (PCN):
 - Braccan PCN – 71.0%
 - Bracknell and District PCN – 70.6%
 - The Health Triangle PCN – 69.0%

6.4.2 Living Well

The Living Well ambition is focused on ensuring that people with dementia can live normally in safe and accepting communities. Dementia care should enable people living with dementia, and their families and carers, to live meaningful and independent lives. Support should be person-centred and holistic, and it may be provided via health and social care, local authorities or voluntary organisations. Carers are pivotal in enabling people to live well with dementia. They should be given support to not only cope with their caring responsibilities but to also enable them to have an independent life alongside caring.

Carers

- According to the ONS 2021 census, there were 8,757 people providing unpaid care, accounting for 7.5% of the population. As a share of the population, this was lower than the South-East region (8.3%) and England (8.8%).
- While most unpaid carers do so for less than 20 hours a week (54.8%, n=4,799), more than one-in-four (27.5%, n=2,410) do so for more than 50 hours a week.
- Unpaid care is more likely to be provided by females (n=5,262), people aged 45-65 (n=4,223) and those identifying as being from White ethnic groups (n=7,974).

Dementia Patients in Care

- There are 13 care homes with a mix of over 498 residential and nursing beds in Bracknell Forest. 53.4% of beds in the care homes were occupied by people needing support with memory and cognition, including dementia.
- As of 2023, there are 55 beds suitable for people with dementia per 100 people diagnosed with dementia (aged 65 and over). This was significantly lower than the capacity in the South-East region (75 per 100) and England (73 per 100).
- In terms of the quality-of-care beds, only 66.9% of care home beds suitable for people with dementia achieved a rating of 'good' or 'outstanding' by the Care Quality Commission in 2023.
- This was significantly lower than the proportion of dementia beds receiving a rating of at least 'good' in the South-East region (75.1%) and England (74.5%).

Social Isolation among dementia patients and carers

Loneliness is associated with poor physical and mental health. A study investigating loneliness among carers of people with dementia in the UK reported that 43.7% of caregivers were moderately lonely with a further 17.7% were experiencing severe loneliness. In recent years, social isolation has also been identified as an established risk factor, estimated to be responsible for up to 5% of preventable cases of dementia. The COVID-19 pandemic has led to an increase in social isolation among both carers and patients with dementia.

- Social isolation among carers is captured using the Personal Social Services Survey of Adult Carers in England.
- In 2023/24, 32.1% of adult carers reported to have had as much social contact as they would have liked. This was higher than the average percentage of adult carers in the South-East region (25.9%) and England (30.0%) in the same year.
- Trend data shows that the percentage of carers who have had as much social contact as they want has gradually decreased from 44.7% to 32.1% between 2012/13 to 2023/24.
- Social isolation among adults (aged 65+) in social care settings, including those with dementia, is captured by the NHS' Adult Social Care Survey for service users in England.
- In 2022/23, only 25.2% of adults in social care reported to have as much social contact as they would like. This was not only significantly lower than the South-East region (42.4%) and England (41.5%) average, but Bracknell Forest also ranked last among 146 local authorities measuring this indicator.
- Trend data shows the percentage of those who have as much social contact as they would like decreased from 50.2% in 2018/19 to 25.2% in 2022/23.

6.5 Dying Well

The national dementia strategy calls for the improved end-of-life care for people living with dementia. People with dementia have the right to live as well as possible and die with dignity in the place of their choosing. For people with dementia, 'dying well' means that they are confident that their end of life wishes are respected and that they can expect a good death.

Dementia Mortality Rate

Dementia and Alzheimer's were the leading cause of death in the UK in 2022, responsible for over 65,967 deaths and 11.4% of all deaths that year. For men it was the second leading cause of deaths responsible for 8.0% of deaths. For women it was the leading cause, accounting for 15.0% of all deaths. The number of deaths due to dementia and AD in the UK is projected to increase to 219,409 by 2040.

- In 2023, there were 107 people (aged 65+) with dementia or Alzheimer's as the leading cause of death. The direct standardised mortality rate (death rate) for people with dementia or Alzheimer's was 540 per 100,000 population.
- The mortality rate for dementia in Bracknell Forest was significantly lower than the South-East (794 per 100,000) and England (828 per 100,000 population) in 2023. Among the 19 local authorities in the region, Bracknell Forest had the lowest mortality rate for dementia.

Place of Death

Dying in the usual place of residence is a proxy indicator for preferred place of death, a measure of the quality of end-of-life care for people with dementia.

- 14.3% of people dying due to dementia or Alzheimer's did so in their usual place of residence, compared with 15.5% in the South-East region and 15.5% in England.
- Bracknell Forest had the 5th lowest proportion of people dying at their usual place of residence out of 19 local authorities in the South-East.
- Between 2019 and 2023, the percentage of patients with dementia dying in their usual place of residence decreased from by a third, from 21.4% to 14.3%. Regional and national trends show an increase in deaths in the usual place of residence during the same time period.

The majority of dementia-related deaths occur in care homes which for some also count as the usual place of residence.

- In 2023, 57.1% of people dying from dementia or Alzheimer's occurred in care homes. This was similar to the proportion of dementia-related deaths occurring in care homes in the South-East region (59.7%) and England (56.4%) in 2023.

- Trend data shows an increase in the proportion dying in care homes in Bracknell Forest since 2020, from 46.4% to 57.1%, whereas regional and national trends show gradual decreases.
- Around 23.8% of people dying due to dementia in Bracknell Forest did so in the hospital in 2023. This was not significantly different to average proportion of dementia patients dying in the hospital in the South-East region (22.5%) and England (26.3%).
- Trend data going back to 2019 shows that locally the proportion dying in hospital decreased from 36.1% to 23.8% whereas regional and national rates flatlined.

7 Dementia Support and Services in Bracknell Forest

7.1 Post-Diagnostic Support Services

People diagnosed with dementia in Bracknell Forest, particularly those with complex needs, are referred to the Community Mental Health Team for Older Adults (CMHTOA) for further support. The CMHTOA, in partnership with Bracknell Forest Council (BFC) and Berkshire Healthcare NHS Foundation Trust (BHFT) can offer ongoing support to every person with a diagnosis of dementia in Bracknell Forest as well as their family members. The CMHTOA coordinate a number of other support services.

The [Dementia Advisory Service](#), jointly funded by BFC and BHFT, is a dedicated services providing advice, information and support to people with dementia and their carers. The service is there to provide a support network for people with dementia, ensuring that they all have a named service to whom they can turn to for advice, support and care. The Dementia Advisory Service provides various outreach work including attending social groups throughout the month to raise awareness of services and support available.

The **Social Work Team** provides assessment and care management for people with dementia and their carers including Carers Assessments. The **Community Psychiatric Nurse (CPN)** support people with complex needs. They provide advice, treatment and support for people with mental health problems and their carers. The **Home Treatment Team (HTT)** aims to provide safe, intensive and effective home-based assessment and treatment offering an alternative to inpatient care. HHTs provide high quality needs-led services to older people who are experiencing acute mental health problems/crisis or who require intensive specialist support.

The Bracknell **Memory Clinic**, run by BHFT, assess patients with memory problems including those with suspected dementia. Those diagnosed with dementia are provided with a treatment plan including medications and signposted to other support services (Berkshire Healthcare NHS Foundation Trust, 2023). The Bracknell Memory Clinic offers the [Understanding Dementia Course](#) to carers and/or family members of someone with dementia. This free training course is run as a one-day course or over 6 weeks. The memory clinic also offers a **Cognitive Stimulation Therapy** programme which runs over 11 consecutive weeks. People with dementia are invited to attend themed activity mornings helping to improve cognitive function, self-esteem and confidence within a social group setting.

The **Memory Clinic** also offers **occupational therapy within the memory clinic** in Bracknell and within the adult social care team at BFC. Occupational therapy within the memory clinic assesses the impact of mental health and cognitive changes on day-to-day functioning.

Advice is offered on possible changes to the environment, memory support techniques and equipment, advice around routine, leisure activities, mealtime concerns, and environmental design. Support includes alternative techniques/compensatory approaches to everyday activities. This service might be able to advise on supportive equipment / technology to support memory and to assist a person to manage independently and safely at home.

Occupational therapy within the adult social care team at BFC is offered by Occupational therapists in this area who can assess a person who might have physical health needs. They might suggest equipment, adaptations to the home or strategies to enable a person to be safe and have independence at home.

For people with [young onset dementia](#), support is provided by a dementia advisor offering advice on various aspects of living with dementia including future planning, activities and events and signposting to further support. The [Young People with Dementia \(YPWD\)](#) charity provide support specialist emotional and practical support to people with young onset dementia and their carers. The charity provides activities and workshops which are risk positive and age appropriate. Support also extends to facilitating carer support groups, including for rare dementias, and provide social activities for families. **Admiral nurses**, employed by BHFT, provide further support to family member and carers by helping them understand their needs as carers form with young-onset dementia. They also provide support with addressing those needs.

The BFC public health team and partner services support people with dementia through public health campaigns and commissioned services reducing the risk of dementia. These campaigns and services support the reduction of dementia risk by addressing the modifiable risk factors highlighted in Section 4.1.2. Local campaigns and services supporting reducing dementia risk can be found in Table 8.

Signposting all the available support services and resources for people with dementia and their family/carers is priority for the CMHTOA.

- There is a dedicated BFC [Dementia Support Webpage](#) providing a comprehensive summary of the latest information on dementia and local support.
- People with dementia and their families are further support with a **Dementia Support e-Newsletter**. This monthly e-newsletter is distributed to over 800 people, promoting the latest activities, information and events in the local area.
- The **Dementia Directory** details all the community support available for people with dementia and their carers. The directory is updated annually with hard copies available within GP surgeries, local libraries and other spaces.
- [Signal for Carers](#) is a charity providing free signposting, information, guidance, networking, advice and learning to unpaid carers who care for someone who lives in Bracknell Forest including those with dementia.

7.2 Community Groups and Outreach

The CMHTOA works closely with partner organisations and community groups to engage with people with dementia, their families and/or carers and other stakeholders. The team regularly attends events to raise awareness about dementia and the importance of how to prevent dementia. The team is involved with campaigns such as Alzheimer's Society '[Dementia Friends](#)', an initiative aimed at changing people's perceptions of dementia. As of October 2024, there were over 7,500 local residents involved with the initiative.

The Dementia Voice Group is a co-production group held alongside the Alzheimer's Society in which carers of people with dementia share their views and are actively involved in service development projects. Members of the group are also actively involved in service projects aiming to improve local services for those with dementia and their families.

The CMHTOA hosts the bi-annual Bracknell Forest **Dementia Forum**. The forum is attended by people with dementia, their carers and family members as well as partners from voluntary, community and social enterprise (VCSE) sector and dementia support services. The meeting is an opportunity for the CMHTOA and partners to provide an update on the latest services and developments locally. More importantly, participants have the opportunity to interact with service providers, voice their views on the services and highlight the need for any further support and improvement. More details on stakeholder engagement can be found in Section 7.3.

There are a wide range of other activities and services in Bracknell Forest for people with mild/moderate dementia and their families/carers provided by VSCE partner organisations. The BFC public health team have developed the [community map](#) listing most of the dementia friendly groups and activities in the borough. Some of the key activities available for residents with dementia and their families are listed below:

Age Concern Bracknell

- [Day centre](#) offers a range of engaging activities and entertainment, ranging from exercise classes to group games. The day centre gives people with dementia the opportunity to socialise while offering their families and carers a deserved break between the hours of 9am and 3pm.
- [Social outings and events](#) offered include dementia inclusive community coach trips to local and regional attractions and monthly lunch clubs.

Age UK Berkshire

- [Maintenance Cognitive Stimulation \(MCS\) Therapy](#) is a weekly one-to-two-hour programme in which people with mild/moderate dementia take part in meaningful and stimulating group activities. MCS therapy is proven to support with maintaining

memory and mental functioning. Activities include discussion, word games, quizzes and physical activities.

- [Dementia Friendly Café](#) offer a place for people with dementia, and their carers to socialise.

Alzheimer's Society

- [Singing for the Brain](#) group supports wellbeing of people with dementia by reducing anxiety, increasing relaxation and happiness. The singing activity also supports with memory and word recall. Group membership is also found to help with providing opportunities to create meaningful connections with people who have a shared experience.

Bracknell Film Society

- Bracknell Film Society, in partnership with South Hill Park, hosts monthly [dementia-friendly cinema](#) screenings offering a relaxed environment with dimmed lights, reduced sound, and a short interval, along with complimentary refreshments.

Table 8: Public Health Services Supporting Dementia Risk Reduction

Modifiable Risk Factors	Services	Description
Less Education	Bracknell Forest Council (BFC) Education Welfare Service	Lower education in early life is associated with a greater risk for dementia. Higher levels of education increase cognitive reserve and decreases cognitive decline seen in later life. Therefore, ensuring children and young people regularly attend school in early life is a priority in reducing risk in later life. The BFC education welfare service works with schools, parents, carers and pupils to assess the circumstances which have led to irregular school attendance. They also help develop and implement a plan of action to support the child or young person and family to overcoming any difficulties
Hearing Loss	Hearing Screening provided by Berkshire Healthcare NHS Foundation Trust (BHFT)	Untreated hearing loss in midlife is found to significantly increase risk of developing dementia. For Bracknell Forest resident, the audiological assessment service is provided by Berkshire Healthcare NHS Foundation Trust. Following referral, those with suspected hearing loss are provided with a hearing aid or referred on to specialist services.
Smoking	Smokefree Life Berkshire commission by Bracknell Forest Council (BFC)'s Public Health Team	Solution4Health's Smokefree Life Berkshire is the smoking cessation service provider for Bracknell Forest. Residents and those working in the borough looking for help with smoking cessation are either referred by a healthcare provider or can self-refer for up to 12 weeks of support. The public health team provide further support with seasonal promotional campaigns such as Stoptober.
Depression and other Mental Health Conditions	NHS Talking Therapies provided by BHFT.	Berkshire Health Care NHS Foundation Trust provide talking therapies for people aged 17 and over with low mood, anxiety and stress.
	The Happiness Hub provided by BFC public health team.	The Happiness Hub is a collaboration of services offering mental health and wellbeing advice and support to those living in and around Bracknell Forest aged 18 years and over.
	Bracknell Recovery College Stepping Stones	Stepping Stones Recovery College is a service providing courses, workshop and mentoring to support to anyone recovering from a diagnosed mental health illness or in recovery from addiction.
Hypertension, Diabetes and	The NHS Health Checks Programme commissioned by BFC public health team	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. The programme is commissioned by Bracknell Forest

Cardiovascular Disease	and delivered by GP practices.	council and delivered by GP practices. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.
Overweight and Obesity	Everyone Health Tier 2 Weight Management Service and Exercise Classes commissioned by BFC Public Health Team	Everyone Health was commissioned by BFC public health team to provide residents with a 12-week weight management service. The programme provided nutrition and physical activity advice was available for anyone aged 18+ working in Bracknell Forest with a BMI equal or greater than 30.
	FitforAll community based physical exercise programme	The FitforAll programme is a community based physical exercise programme. This is a free programme targeted at adults (18 and above) looking to increase their physical activity and improve their fitness levels in a beginner friendly environment. The classes were delivered face to face at venues across Bracknell.
Excessive Alcohol	New Hope Drugs and Alcohol Service	Excessive consumption of alcohol over a sustained period of time can lead to brain damage, increasing the overall risk of developing dementia including alcohol-related dementia. Residents with problems related to alcohol consumption are referred (by a professional or self) to the New Hope Drugs and Alcohol Service. In this service, there are weekly groups where the harm of alcohol, barriers and tips to quit drinking and coping strategies are discussed. For those with addiction problems, there are 1-to-1 intervention programme's led by professionals.
Social Isolation	Social Prescribing Service	Social isolation is associated with up to a 60% increase in risk of developing dementia. The Bracknell Forest Social Prescribing Service supports residents (aged 18+) who may be feeling low, isolated or lonely and would benefit from improving their health and wellbeing. Social prescribers provide personalised 1:1 non-medical support built around the needs of clients for up to 3 months. Support involves referral to local services, groups and activities held in Bracknell Forest and supported by the social prescribers including social meetups, coffee mornings and arts/crafts sessions. It must be noted that the service does not support people with severe dementia.

7.3 Stakeholder Engagement

The Bracknell Community Mental Health Team for Older Adults (CMHTOA) hosts the bi-annual dementia forum. The forum is attended by people with dementia, their carers and family members as well as partners from voluntary, community and social enterprise sector. The meeting is an opportunity for stakeholders to give feedback on the available services and areas for support and improvement. One of the key activities in the forum are the tabletop discussions where participants are asked to provide verbal and written feedback on selected questions. The questions asked usually centres on a theme. This section will summarise some of the key issues raised by stakeholders at the dementia forums taking place between October 2023 and October 2024.

7.3.1.1 What concerns do you have about keeping safe in Bracknell Forest?

Participants identified a number of different areas raising concern about their personal safety. In order to maintain their independence, people with dementia would likely to go for walks whilst maintaining a sense of personal safety. Encounters with groups of young people and people abusing alcohol or drugs, particularly in the evening, were cited as obstacles to personal safety. This has been compounded for some by a perceived lack of police community safety officers or police presence in their local neighbourhoods. Lack of safety due to isolation is another of concern for some participants. Some people with dementia might feel less safe when living on their own, particularly in the case of falls or injury, due to isolation from neighbours and others in the community.

Participants also cited local infrastructure as an area of concern as it pertains to keeping safe. Examples of obstacles and hazards were poor street lighting creating black holes, flooded or slippery pavements due to poor drainage following rain and narrow foot pavement due to bushes/hedges growing into them. These obstacles could potentially lead to falls and injuries. Other examples of reasons why there might be concerns around keeping safe included easier access to GP services, long waiting times for GP appointments at surgeries, poor bus services and susceptibility to phone scams.

7.3.1.2 Have any services/groups helped with making you feel safe and is there anything you'd like feed to them or other professionals?

Participants were asked to provide feedback on what services and/or groups helped participants feel safe. The CMHTOA and the dementia advisers, the Bracknell Memory Clinic and the coffee mornings were all cited as helping participants feel safe. There was acknowledgment for improvements made in creating a safer environment for people with dementia. Examples cited were improved access in shops, community police officer presence in the town centre and the availability of a new evening bus service.

7.3.1.3 What is done well?

Participants were asked to identify what the CMHTOA were doing well. The CMHTOA were praised for meeting many of the needs of people with dementia and their carers. They highlighted the excellent work done by the dementia advisors, particularly their advice on what to do when people find themselves in difficult situations and signposting to the required support services. The dementia forum was also cited as part of what was working well for participants. There was also praise for the dementia care pathway, namely the speed from diagnosis to getting dementia support and the Memory Clinic's understanding dementia course.

7.3.1.4 What isn't done well?

Participants were also asked to provide feedback on some of the things the CMHTOA and other services weren't doing as well. Some participants wanted more contact with dementia advisory services, which at the time was only once every 8 to 10 months. Other participants wanted service delivery to be smoother with at least one participant finding the process to be 'longwinded'. Other feedback was related to one case of unsatisfactory support by GP services and long waiting times for NHS talking therapies.

7.3.1.5 What are your ideas to help improve services?

This question generated a number of suggestions for ways to improve the dementia services. In order to support carers with providing support to people with dementia, a dementia buddy service was suggested. The CMHTOA could facilitate this by helping to connect local volunteers or current/ former carers to create this support service. Participants suggested a number of ways GP services could be improved. These suggestions included having a dedicated carer line at each GP surgery, patients being seen by the same GP and ensuring that each surgery has a patient participation group.

Other improvement suggested included:

- Free public transport to help people get to their appointments
- Technology training to help people use new technologies and access digital services and resources. Alternatively, provide hard copies for those unable to access digital services.
- Provide advice and information in clear and understandable language and doing more to understand the needs of those with language and communication problems.
- Better representation from the local member of parliament including active involvement in the dementia forum.

7.3.1.6 What can be done to improve access to dementia services?

Participants in the dementia forum suggested more hard copies of resources including information and leaflets. This is particularly important for older patient and carers who do not have the same level of access to the wide array of online services and resources. Participants highlighted the need for more dementia training for service provider and better integration between the services in light of the new dementia strategy.

7.3.1.7 What are your views on social care provision for those living in care homes and how can this be improved?

Participants highlighted the need for more activities in care homes, and encouragement for family members to visit those living in the care homes. They also highlighted a need for dementia training and awareness in care homes. Given the rising and often prohibitive costs of care home provision, participants also wanted more information of financial support available. Providing opportunities for respite for carers was also suggested as an area for improvement.

7.3.1.8 What can be done to better support families and carers of people with dementia?

Participants identified access to GP support is one of the key considerations for the new dementia strategy in terms of providing better support for families and carers. They also suggested more training for carers and the wider family to better support those with dementia along with better community awareness. Better support also included more regular face-to-face and telephone contact from the services.

8 Recommendations

8.1 Managing Projected Increased Impact and Prevalence of Dementia

The projected increase prevalence of people with dementia will lead to an increased burden on existing care and support systems in the borough. Bracknell Forest Council will need to work with partner organisations to develop an action plan to account for these increasing demands, particularly in social care. This is particularly important for emerging groups such as those with young-onset dementia, people from ethnic minority groups and people with learning disabilities. These groups are likely to be underdiagnosed and underserved relative to other people with dementia.

8.2 Reducing Prevalence of Risk Factors for Dementia in the Population

The prevalence of smoking, overweight and obesity, and depression is high in Bracknell Forest, relative to local and regional comparators. This is particularly the case for people in routine and manual occupations and those from ethnic minority groups. These modifiable risk factors contribute to increased risk of dementia-related health conditions and all-cause dementia in later life. Local public health campaigns are required to promote risk reduction, targeting high risk groups to reduce local inequalities. Messages should be centred around smoking cessation, increased activity, maintaining a healthy weight and reducing alcohol consumption.

Although the recorded prevalence of health conditions (stroke, diabetes, CHD and hypertension) related to dementia in Bracknell Forest is lower than the local and regional comparators, there are year-to-year increases in the number of people living with these conditions. Data for the prevalence of these conditions is from GP disease registers and do not include people who do not present to primary care with these conditions. This means that the true number of people living with these conditions in Bracknell Forest is likely underestimated.

Screening and early diagnosis of these physical health risk factors is essential to early management and reducing the long-term risk of dementia. The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes which are risk factors for dementia. In recent years, uptake has been low with only 7.1% of eligible people (aged 40-74) in 2023/24 taking up the programme. It is recommended for Bracknell Forest Council and partners to work with primary care to increase the number of people invited for an NHS Health Check and encourage them to take up screening to ensure early diagnoses of these conditions.

8.3 Early Diagnosis and Support

Increasing the number of people getting a diagnosis of dementia is a national ambition as this ensures people with dementia get the support they need as early as possible. The national target is for at least 66.7% of people in the population estimated to have dementia to have a formal diagnosis. As of January 2025, only 63.3% of people suspected to have the conditions (n=844) have a diagnosis. This means that an estimated 488 people living with dementia are not getting the support they need. Continued improved awareness of dementia and the signs and symptoms of the conditions aimed at those in mid-life and late life will ensure that more people will be able to access timely support. It is recommended that dementia services in partnership with the public health team, pharmacies, primary and secondary care providers and VSCE partners coordinate public health campaigns to achieve this goal.

Following diagnosis, clinical guidelines call for patients with dementia to receive a care plan review from their GP. Participants in the dementia forum in October 2024 identified improved access to GP support is one of the key considerations for the new dementia strategy in terms of providing better support for families and carers. As of 2023/24, only 69.0% of patients have received their review for the preceding 12 months. The ability for patients to get an annual care plan review was greatly impacted by the COVID-19 pandemic. Between 2019/20 and 2020/21, the percentage of patients getting care plan reviews dropped from 72.8% to 35.4%. It is recommended that GP practices are provided further support to improve performance so that more patients will be able to have their annual care plan review.

8.4 Support for People in Social Care and Carers

An ageing population and increasing numbers of people with dementia, particularly those with complex needs, means that there are increasing demands on social care. According to the Care Quality Commission, dementia bed capacity in Bracknell Forest was below the regional and national averages in 2023. The proportion of dementia suitable beds in residential and nursing care home rated as good or outstanding was also below the regional and national average. With up to 70% of people with dementia expected to require long-term residential care, it is recommended that there is further support for care homes to increase the capacity and quality of service provision for people living with dementia.

People with dementia living in care homes are at an increased risk of loneliness and social isolation. Based on survey data, only 25.2% of adult social care users (aged 65+) reported to have 'as much social contact as they would like' in 2022/23. Feedback from people with

dementia during the dementia forum held in October 2024 also included highlighted the need for more activities in care homes, and encouragement for family members to visit those living in the care homes. It is recommended that there is a greater focus on providing social activities for people living in care homes in addition to the services provided by VSCE partners.

Carers take on most of the burden of physical, emotional and financial support, providing hours of unpaid care and paying for social care provision. Dementia carers are at an increased risk of loneliness and social isolation. Survey data from 2023/24 indicate that less than one-in-three (32.1%) of carers had as much social contact as they would like. When asked what can be done to improve support for families and carers of people with dementia at the dementia forum, feedback from carers included more information on financial support and more opportunities for respite from care. Supporting carers with these two matters should be a priority in the upcoming dementia strategy.

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