



Public Health
England

Protecting and improving the nation's health

Public Health England Dementia Intelligence Network

Dementia 2020 conference, 13 April 2017

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Introduction to the network

- Sits within the National Mental Health, Dementia and Neurology Intelligence Network (NMHDNIN), one of PHE's five HINs which mirror NHSE Clinical Networks.
- The DIN is a cross-system network:
 - Chaired by the NHSE National Clinical Director for Dementia
 - Leadership Group – NHSE, HSCIC, DH, PHE, NHSI, 3rd Sector and Clinical Expertise
- Our main products:
 - 1. Data profiling tools**
 - 2. Intelligence reports and briefings**

Dementia Intelligence Network

Hosted by PHE but have a remit to work across the dementia pathway

Aligning to;

- OECD pathway
- NICE dementia pathway
- Well pathway for dementia

Work with all system partners

Leadership group consists of;

- Wider PHE (Centres, KIS, national Older Adult team)
- Department of Health
- Health and Social Care Information Centre
- NHS England (NCD, National team, SCNs, Right Care, CSQMs)
- Voluntary / Charitable sector (Alzheimer's Society, ARUK)
- Academics (LSE, IPH)

PM Challenge 2020 commitments

- To provide an enhanced dementia JSNA resource for commissioners
- To continue to develop the dementia profile in line with stakeholder feedback
- To play a leading role in the England / UK submission to the Global Dementia Observatory

For the first time, we have made available, in one place, a suite of healthy behaviour dementia risk indicators through the Dementia Intelligence Network



Background on the DIN

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The dementia intelligence network launched in June 2014

Over that period the network has worked with colleagues to develop and publish a range of products;

- Reasons why people with dementia are admitted to a general hospital in an emergency (briefing) – published July 2015
- Dementia Fingertips Profile and data catalogue (data tools) – published January 2016
- Dying with Dementia (briefing, data report and supporting products) – published September 2016

The DIN also supported the development of partner projects;

- Dementia commissioning for value packs (RightCare)
- Dementia Atlas (Department of Health)

The fingertips data profiling tools

- A **publically available** online tool that allows you to access and view national metrics in relation to mental health at a local level
- **Data is presented by a range of geographies and localities**
- **Data is presented across a pathway:** risk and related factors, prevalence, services, quality & outcomes, and finances.
- **Other NMHDNIN data profiling tools:**
 1. **Common mental health disorders**
 2. **Severe mental illness**
 3. **Suicide prevention**
 4. **Mental health crisis care**
 5. **Children and young people's mental health and wellbeing**
 6. **Co-existing substance misuse and mental health issues**
 7. **Crisis Care Profile**

What our tools help you do

- **Understand the needs of your local area** (Who is at risk? How prevalent are conditions?)
- **Understand whether the needs of your local area are being met**
- **Compare and benchmark your area with others and identify variation** (How are other areas performing? What can we learn from them?)

This **data combined with local knowledge** can inform the decision-making of commissioners and local authorities to develop:

- **JSNAs**
- **Commissioning intentions**
- **Local/ regional action plans (eg STPs)**

Result in improvements to: prevention, delivery of services and outcomes

Development of the DIN profile

Consultation event held in May 2015 with commissioners and end users. The need to answer these commissioning decisions was identified.

How can I best get value for money?

What are my target areas?



What is the scale of the dementia problem in my area?

What does my local risk profile for dementia look like & how can I reduce this?

It is a basket of indicators that will enable us to answer these questions, rather than a single data source. The data menu provides us with this basket of indicators

Data within the dementia profile

Domain 1: Prevalence

- Access to improved data regarding the prevalence of dementia at local and national level'

Domain 2: Preventing Well

- Risk of people developing dementia is minimised

Domain 3: Diagnosing Well

- Timely accurate diagnosis, care plan, and review within first year

Domain 4: Living Well

- People with dementia can live normally in safe and accepting communities

Domain 5: Supporting Well

- Access to safe, high quality health and social care for people with dementia and carers

Domain 6: Dying Well

- People living with dementia die with dignity in the place of their choosing

Most requested developments;

Profile Developments

Geography manipulation

Manipulation and customisation of metrics

Infographics function

Metric Developments

Age-standardised metrics

Future projections of prevalence and incidence

Metrics that account for inequalities

Snapshot of Dementia Profile functionality

Structured into 7 domains

For the first time, we have made available, in one place, a suite of healthy behaviour dementia risk indicators through the Dementia Intelligence Network

Dementia Profile

Pathway on a Page
Prevalence Preventing well Diagnosing well Living well Supporting well Dying well

Indicator keywords

Overview Compare indicators Map Trends Compare areas Area profiles Definitions Download

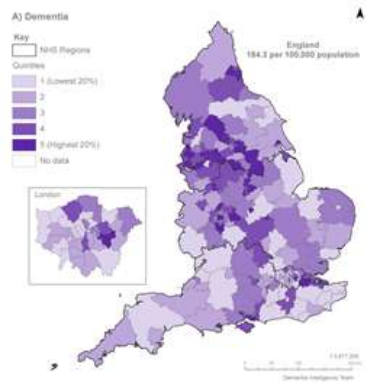
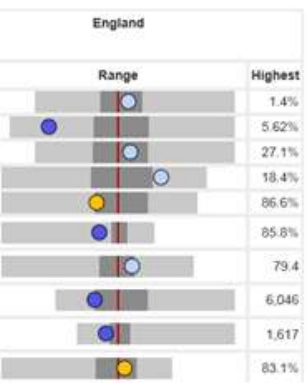
Area type: CCG Areas grouped by: Sub-region Benchmark: England

Area: NHS Bristol CCG Sub-region: South West

Search for an area

Compared with benchmark: Lower Similar Higher Not compared

* a note is attached to the view, hover over to see more details



Prevalence

Compare indicators

Indicator: Admission episo

Dementia Profile

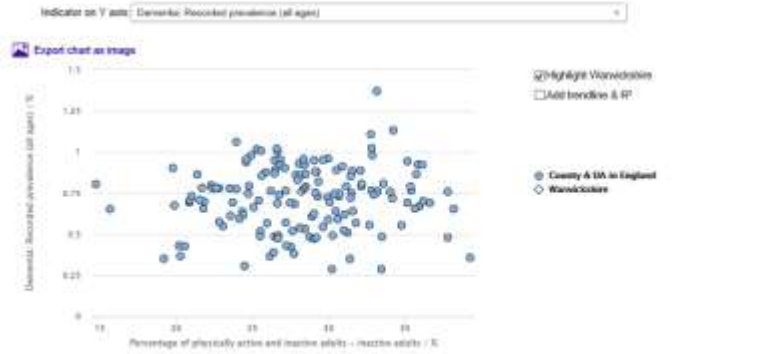
Prevalence Preventing well Diagnosing well Living well Supporting well Dying well

Overview Compare indicators Map Trends Compare areas Area profiles Definitions Download

Area type: County & UA Areas grouped by: Region Benchmark: England

Area: Warwickshire Region: West Midlands

Indicator: Percentage of physically active and inactive adults - inactive adults



fingertips.phe.org.uk/profile-group/mental-health/profile/dementia



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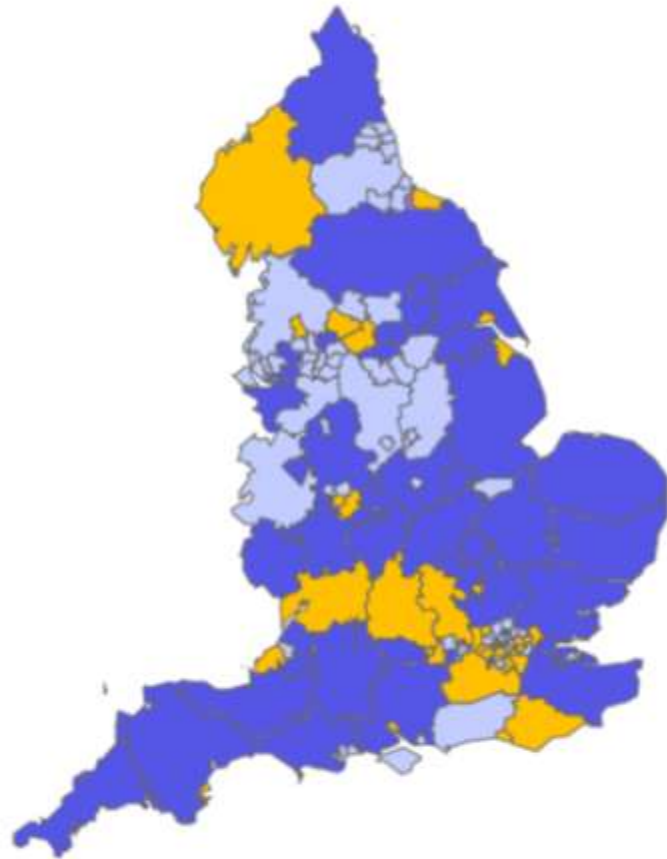
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Detailed look at the dementia profile tool

Prevalence

Indicators in this domain:

- Recorded Prevalence (all ages)
- Recorded Prevalence (aged 65+)



Maps provide a simple way to see how indicators compare nationally and identify areas of interest.

Why does the North East region appear to have higher recorded prevalence of dementia (aged 65+) compared to England?

Contains Ordnance Survey data © Crown copyright and database right 2017.

Preventing Well

Indicators in this domain:

- Smoking: Recorded prevalence (aged 15+) / Smoking Prevalence in adults – current smokers (APS)
- Obesity: Recorded prevalence (aged 18+)
- Hypertension: Recorded prevalence (all ages)
- Stroke: Recorded prevalence (all ages)
- Diabetes: Recorded prevalence (aged 17+)
- CHD: Recorded prevalence (all ages)
- Depression: Recorded prevalence (aged 18+)
- Percentage of physically active and inactive adults – inactive adults
- Excess Weight in Adults
- Admission episodes for alcohol-related conditions (Narrow) – 40 – 65 yrs
- People receiving an NHS Health Check per year

Preventing Well

Using the 'Area profiles' option enables to view indicators by geography and see how they compare.

For example these two CCGs have higher prevalence's of risk factors associated with dementia.

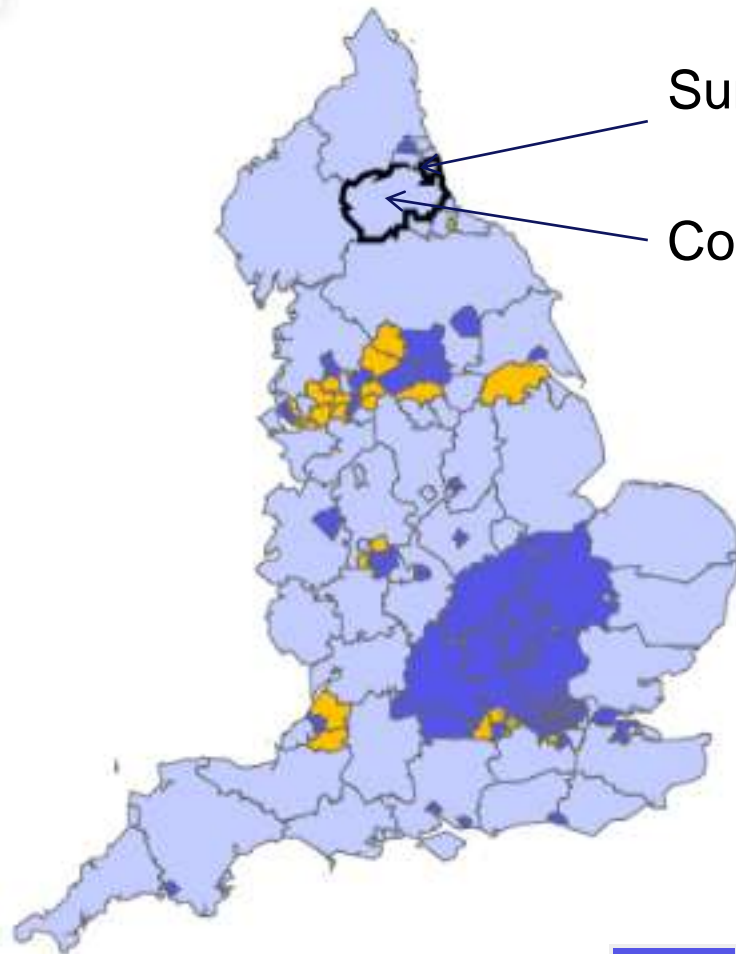
NHS Sunderland CCG

Indicator	Period	Sunderland		Region England		England		
		Count	Value	Value	Value	Lowest Range	Highest	
Smoking: Recorded prevalence (aged 15+)	2015/16	51,062	21.4%	19.4%*	18.1%	11.7%		26.8%
Obesity: Recorded prevalence (aged 16+)	2014/15	27,853	11.8%	11.7%*	9.0%	4.0%		14.1%
Obesity: Recorded prevalence (aged 18+)	2015/16	28,371	12.3%	-	9.5%	3.9%		14.8%
Hypertension: Recorded prevalence (all ages)	2015/16	46,850	16.5%	15.6%	13.8%	7.7%		18.4%
Stroke: Recorded prevalence (all ages)	2015/16	6,128	2.2%	2.2%	1.7%	0.7%		2.7%
Diabetes: Recorded prevalence (aged 17+)	2015/16	15,757	6.8%	6.9%	6.5%	3.6%		10.3%
CHD: Recorded prevalence (all ages)	2015/16	13,536	4.8%	4.3%	3.2%	1.3%		5.1%
Depression: Recorded prevalence (aged 18+)	2015/16	20,469	8.9%	9.1%	8.3%	4.5%		14.1%

NHS Durham Dales, Easington and Sedgfield

Indicator	Period	Durham Dales, Easington And Sedgfield		Region England		England		
		Count	Value	Value	Value	Lowest Range	Highest	
Smoking: Recorded prevalence (aged 15+)	2015/16	50,054	20.7%	19.4%*	18.1%	11.7%		26.8%
Obesity: Recorded prevalence (aged 16+)	2014/15	33,652	14.1%	11.7%*	9.0%	4.0%		14.1%
Obesity: Recorded prevalence (aged 18+)	2015/16	34,509	14.8%	-	9.5%	3.9%		14.8%
Hypertension: Recorded prevalence (all ages)	2015/16	50,264	17.4%	15.6%	13.8%	7.7%		18.4%
Stroke: Recorded prevalence (all ages)	2015/16	6,984	2.4%	2.2%	1.7%	0.7%		2.7%
Diabetes: Recorded prevalence (aged 17+)	2015/16	18,138	7.7%	6.9%	6.5%	3.6%		10.3%
CHD: Recorded prevalence (all ages)	2015/16	14,860	5.1%	4.3%	3.2%	1.3%		5.1%
Depression: Recorded prevalence (aged 18+)	2015/16	23,328	10.0%	9.1%	8.3%	4.5%		14.1%

Comparing risk factors with dementia prevalence



Sunderland 0.87% (rank 106 out of 151)

County Durham 0.91% (rank 122 out of 151)

The two CCG areas with higher prevalence of risk factors associated with dementia, also have higher than average rates of dementia

Compared with benchmark

Lower

Similar

Higher

England baseline is
0.76%

Diagnosing well

Indicators in this domain:

Blood tests recorded

Diagnosing well

DEM005: Blood tests recorded (den.incl.exc.) 2015/16

Proportion - %

Area	Count	Value	Lower CI	Upper CI
England	71,389	56.5	56.2	56.8
North East region	3,884	58.5*	-	-
NHS Darlington CCG	175	65.1	59.2	70.5
NHS Durham Dales, Easingt...	485	62.4	59.0	65.8
NHS Hartlepool And Stockt...	472	57.7	54.3	61.0
NHS Newcastle And Gateshe...	630	58.7	55.7	61.6
NHS North Durham CCG	339	57.8	53.7	61.7
NHS North Tyneside CCG	298	57.9	53.6	62.1
NHS Northumberland CCG	457	54.6	51.2	57.9
NHS South Tees CCG	420	57.7	54.1	61.2
NHS South Tyneside CCG	264	60.6	55.9	65.0
NHS Sunderland CCG	344	57.1	53.2	61.0

Source: QOF

The 'compare area' functionality shows that most of the CCG's in the region have a similar amount of blood tests recorded.

Living well

Indicators in this domain:

- Dementia care has been reviewed in last 12 months
- Social Isolation: % of adult carers who have as much social contact as they would like
- Carer-reported quality of life score for people caring for someone with dementia

Living well

‘Trends’ allows the user to see data over time.

In these two examples we can see the history of the review of dementia care and how it compares to England.



Supporting well

Indicators in this domain:

- Dementia: Ratio of inpatient service use to recorded diagnoses
- Dementia: DSR of emergency admissions (aged 65+)
- Dementia: Short stay emergency admissions (aged 65+)
- Alzheimer's disease: DSR of inpatient admissions (aged 65+)
- Vascular dementia: DSR of inpatient admissions (aged 65+)
- Unspecified dementia: DSR of inpatient admissions (aged 65+)

Supporting well

Indicator	Period	Hartlepool And Stockton-On-Tees		Region		England		England	
		Count	Value	Value	Value	Lowest	Range	Highest	
Dementia: Ratio of inpatient service use to recorded diagnoses	2015/16	1,438	50.2	54.0	53.8	38.2		72.5	
Dementia: DSR of emergency admissions (aged 65+)	2015/16	1,931	3,917	3784	3387	1,957		5,548	
Dementia: Short stay emergency admissions (aged 65+)	2015/16	481	24.3%	26.2%	28.3%	11.1%		47.0%	
Alzheimer's disease: DSR of inpatient admissions (aged 65+)	2015/16	408	814.7	929.7	616.7	235.9		1,557.3	
Vascular dementia: DSR of inpatient admissions (aged 65+)	2015/16	315	637.2	535.1	505.5	211.0		1,279.6	
Unspecified dementia: DSR of inpatient admissions (aged 65+)	2015/16	742	1,522.9	1325.8	1307.8	596.7		2,074.7	

We can benchmark against England or region. Hartlepool for example has significantly higher DSR of people with a mention of Alzheimer's disease using inpatient services when compared to England, but is significantly lower when compared to the region.

Indicator	Period	Hartlepool And Stockton-On-Tees		Region		England		North East region	
		Count	Value	Value	Value	Lowest	Range	Highest	
Dementia: Ratio of inpatient service use to recorded diagnoses	2015/16	1,438	50.2	54.0	53.8	45.1		69.5	
Dementia: DSR of emergency admissions (aged 65+)	2015/16	1,931	3,917	3784	3387	2,987		4,884	
Dementia: Short stay emergency admissions (aged 65+)	2015/16	481	24.3%	26.2%	28.3%	17.4%		38.8%	
Alzheimer's disease: DSR of inpatient admissions (aged 65+)	2015/16	408	814.7	929.7	616.7	605.6		1,557.3	
Vascular dementia: DSR of inpatient admissions (aged 65+)	2015/16	315	637.2	535.1	505.5	280.4		637.2	
Unspecified dementia: DSR of inpatient admissions (aged 65+)	2015/16	742	1,522.9	1325.8	1307.8	1,075.5		1,636.9	

Dying well

Indicators in this domain:

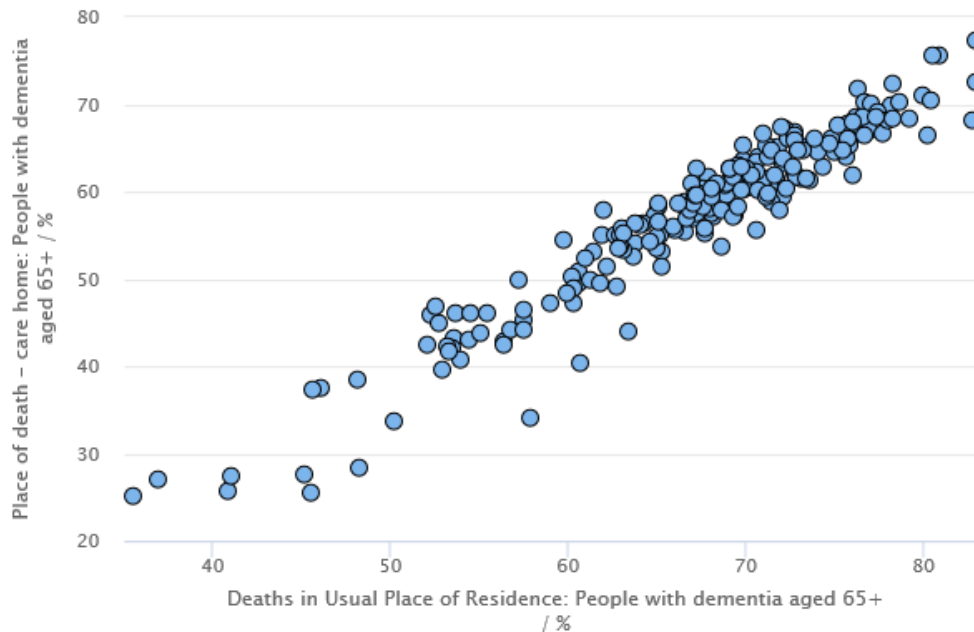
- Directly Age Standardised Rate of Mortality: People with dementia aged 65+
- Deaths in Usual Place of Residence: People with dementia aged 65+
- Place of Death – care home: People with dementia aged 65+
- Place of Death – hospital: People with dementia aged 65+
- Place of Death – home: People with dementia aged 65+

Dying well

Indicator ◀ ▶ Deaths in Usual Place of Residence: People with dementia aged 65+ ▼

Indicator on Y axis Place of death - care home: People with dementia aged 65+ ▼

 Export chart as



Highlight NHS Dudley CCG

Add regression line & R²

Using compare indicators we can explore potential relationships between two variables.

Are those who die in their usual place of residence more likely to live in a care home?

What next for the DIN?

- Continued annual data refresh to ensure all indicators are updated wherever possible
- Development of new indicators and continued review on appropriateness of existing ones
- Work with the WHO global observatory, to support better data globally
- Contribute to the BAME Dementia Taskforce to obtain better quality and accessible data on dementia & ethnicity
- Greater focus on health economics
- Intelligence briefing on dementia & comorbidities

What's next for prevention?

- Deliver risk reduction for the **PM's 2020 Vision on Dementia**
- More to do on **raising public awareness of risk factors** and actions they can take
- **Mainstream the risk reduction messages** into broader Healthy Ageing programmes
- Play a key role in the development of the **Global Dementia Observatory**
- **Support further research on risk reduction** - good examples of research collaborations in mainland Europe: eg FINGER - Finnish Geriatric Intervention Study to Prevent Impairment and Disability
- **Evidence is still developing, including for other risk factors**
- **Promote 'what is good for your heart is good for your head'**

Contact us

Charles.alessi@phe.gov.uk

Contact us with any further feedback at:

profilefeedback@phe.gov.uk

Visit our existing fingertips profiles:

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

Or search 'dementia profile fingertips'

Multiple choice question 1

How often do you access the Dementia Intelligence Network to support your work?

- a) Frequently
- b) Sometimes
- c) Rarely
- d) Never – have not considered it to be particularly useful or relevant to me
- e) Never - Didn't know it existed

Multiple choice question 2

How likely are you to access the Dementia Intelligence Network after hearing more about it today?

- a) Definitely
- b) Very likely
- c) Quite likely
- d) Unlikely

Multiple choice question 3

How would you like to see the intelligence network dementia profile develop over the coming years?

- a) Become more visible; I don't know enough about the network or it's functionality
- b) Support people through more training and development; I find the profile too difficult to use currently
- c) Add in more metrics to provide a broader picture of dementia
- d) Take out some metrics to make the profile quicker and easier to use
- e) Broaden the scope of the profile to cover older adults in general or include broader aspects of older adult mental health
- f) Maintain the profile largely as it is to let people develop expertise in it's use