



**Central  
Bedfordshire  
Council**

# Dementia Health Needs Assessment: Executive Report

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Public Health Registrar

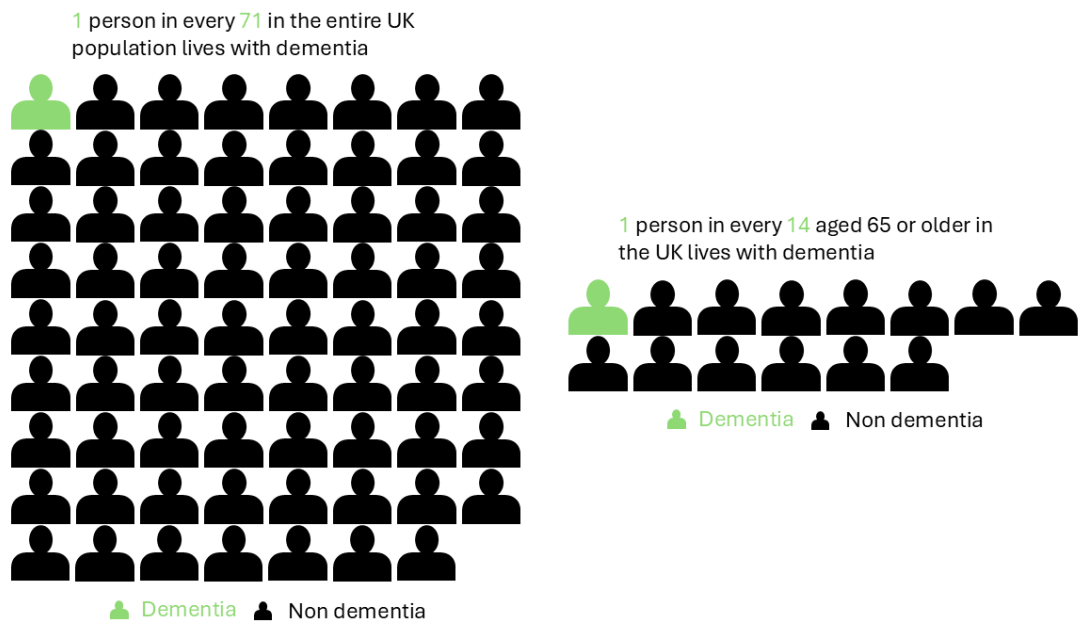
Public Health shared service covering Bedford Borough, Central Bedfordshire  
and Milton Keynes

16<sup>th</sup> April 2025

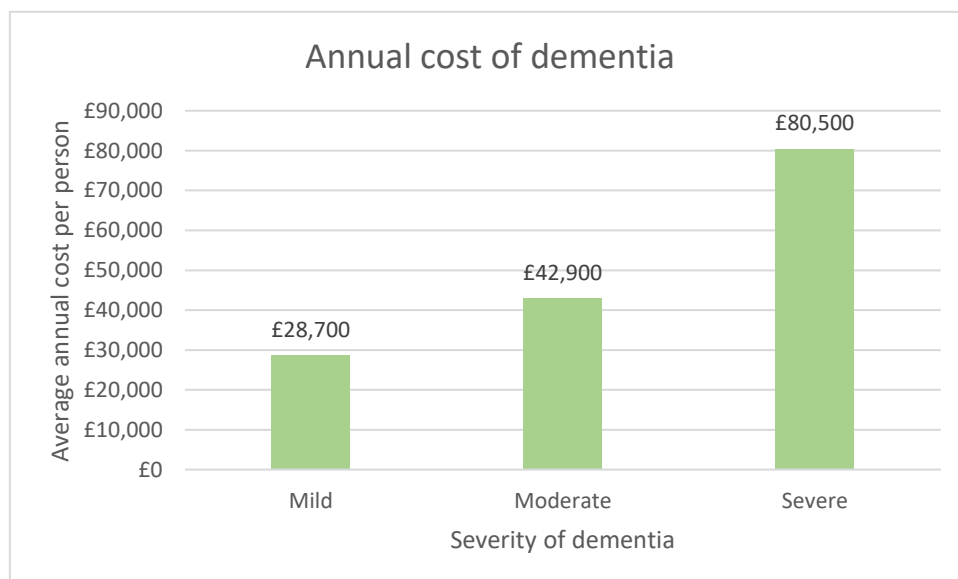
This executive report aims to summarise key points from the full dementia health needs assessment. The reader should refer to the full report for detailed explanations of points raised here.

## Section 1 Introduction

- This Health Needs Assessment (HNA) uses a systematic approach to identify the unmet health and healthcare needs of people living with dementia in Central Bedfordshire.
- The report also acts as an update to the previously published HNA from 2016.

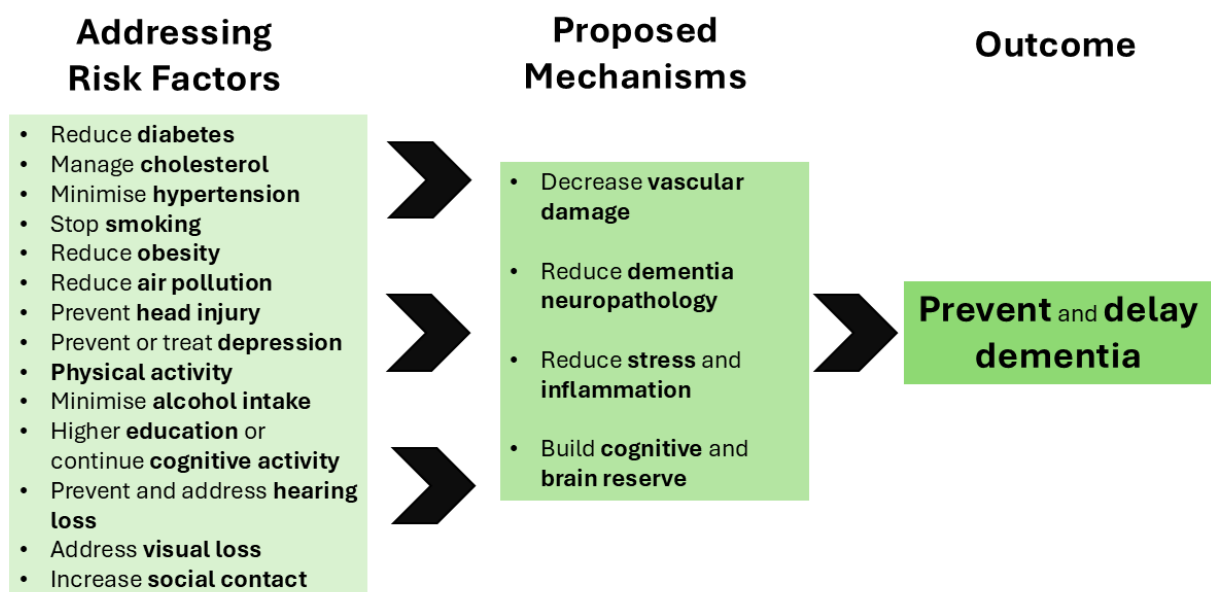


The importance of dementia has been recognised by successive governments. It presents a unique set of challenges for the ageing UK population and costs, estimated at £42 billion in 2024, are projected to more than double by 2040.



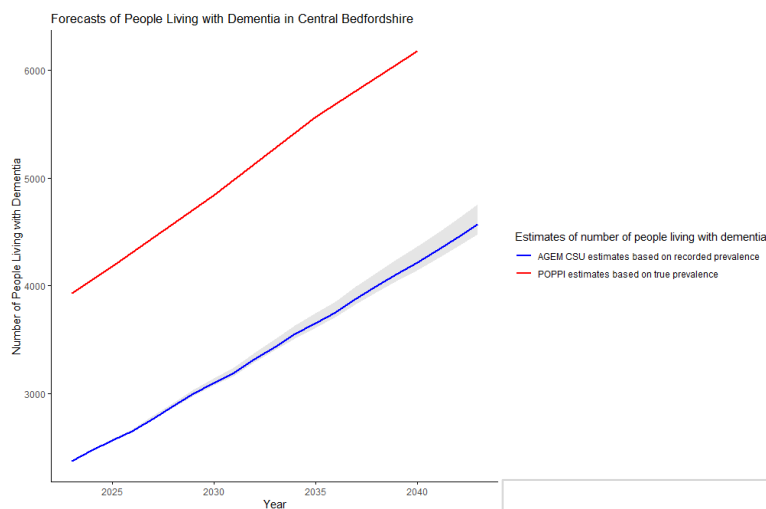
## Section 2 Primary, Secondary and Tertiary Prevention of Dementia

- Focussing on prevention can help to reduce the incidence of dementia in Central Bedfordshire, allow better control of symptoms once disease develops and reduce the burden on the individuals affected and wider society.
- There are at least 14 modifiable risk factors which together may reduce dementia cases by as much as 45%. Many of these are existing priorities for prevention, such as cardiovascular risk factors including cholesterol, physical activity, smoking and obesity.
- Screening is not currently recommended, as dementia cannot be reliably detected before symptoms develop. Even if this was possible, there are no available treatment options which could reverse the course of disease.
- Timely diagnosis is critical, however, for accessing treatment and support, which can lessen the burden of dementia and improve the quality of life for the person living with dementia and their carer(s).



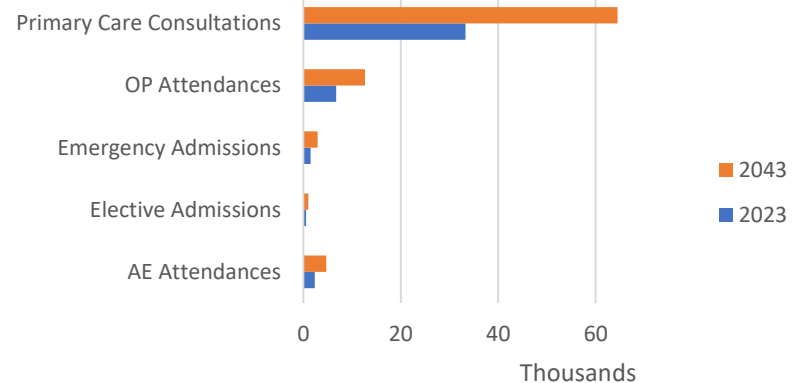
## Section 3 Descriptive Epidemiology

- There were approximately 2,000 people registered as living with dementia in Central Bedfordshire in 2024. However, it is estimated that almost 4 in every 10 people living with dementia are undiagnosed, meaning there may be closer to 4,000 people truly living with dementia.
- Dementia is the leading underlying cause of death in England and Wales. The rate of death from dementia is lower in Central Bedfordshire when compared to the England average.
- The number of people living with dementia in Central Bedfordshire is forecast to increase between 57% and 93% between 2023 and 2043, depending on the assumptions of the forecasting model. This is equivalent to approximately 2,000 additional people living with dementia.



The absolute number of people living with dementia in Central Bedfordshire is forecast to increase, with approximately **2000 additional people living with dementia by 2043.**

Consequently, **healthcare use amongst people living with dementia is forecast to almost double** in the same time period. The burden on primary care may be particularly significant.



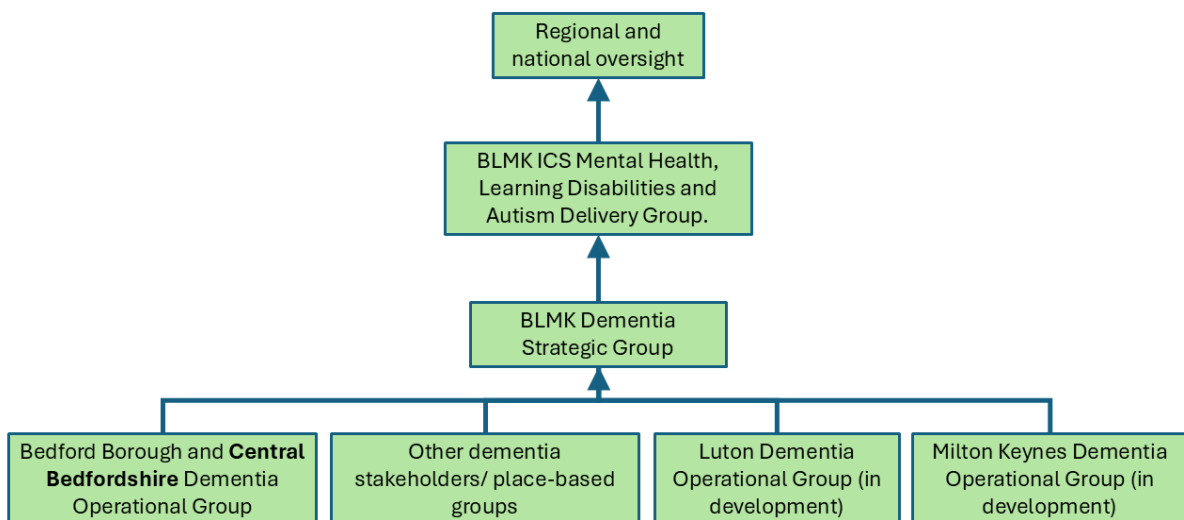
## Section 4 Describing Current Services

This section details some of the local services available in Central Bedfordshire, including health services, social services and other support services for people living with dementia and their carers.

People living with dementia, and their carers, will come into contact with **primary and secondary healthcare services, social care and a range of voluntary sector organisations.**

Organisations which are commissioned to provide support for people living with dementia in Central Bedfordshire include, but are not limited to, **Tibbs Dementia Foundation, Carers in Bedfordshire and the Dementia Intensive Support Service.**

Dementia care providers and relevant stakeholders meet regularly at a local and regional level, facilitating sharing of best practice and/or raising of concerns. The **BLMK Dementia Strategic Group** has responsibilities which include the monitoring of national targets and system-wide issues across Bedfordshire, Luton and Milton Keynes, as well as financial oversight.



## Section 5 Stakeholder views

### **Summary of stakeholder views**

**Unmet need** includes access to a timely diagnosis, as well as management and support following this.

**Gaps in the treatment pathway** include smooth transitions between services and access to new therapies and clinical trials.

A number of **hidden populations** were identified, including: people who live alone, those experiencing homelessness, traveller communities and those in prison.

**Enablers of treatment** included: joined-up services, the use of digital tools and co-production with service users.

**Barriers to treatment** included: services working in silos; a lack of awareness about dementia and available support; and services not being accessible to all.

Stakeholders provided many **suggestions for improvement** which included: a focus on living well with dementia; having a single point of access across the dementia pathway; and reviewing diagnostic processes.

**Younger people living with dementia** were identified as experiencing longer waits before diagnosis and having different care needs to others living with dementia.

Stakeholders suggested issues facing **people living with dementia from different ethnic backgrounds** included lower awareness of dementia, challenges accessing services and greater stigma associated with dementia.

**Those living with dementia and a learning disability** were identified as being at risk of falling between services, with work ongoing to address this.

## Section 6 The views of people living with dementia and their carers

### **Summary of the views of people living with dementia and their carers**

**Several themes emerged** from unstructured interviews with people living with dementia and their carers. These can be loosely categorised according to the prompts which were used to guide conversations:

**Diagnosis** – There was felt to be a **lack of awareness** of dementia in the general population which could delay diagnosis. This may be compounded if healthcare professionals struggled to provide people with the support they needed.

**Knowledge about services** – Many people attending post-diagnostic support services were not initially aware of the offer and commented that it was **difficult to navigate** all the support available.

**Access to services** – People living with dementia and their carers described difficulties accessing activity and support, sometimes encountering **administrative barriers**.

**Support for the person living with dementia** – The need for **holistic care** was discussed, as well as **tailored support** which appreciates the differences between forms of dementia. The **annual dementia review** was mentioned as a process which could be valuable with engagement from all involved.

**Support for the carer** – Carers discussed the demanding nature of supporting someone living with dementia. Sometimes this meant they **struggled to find time to look after themselves**, for example seeking treatment for their own health needs.

**Quality of life both for the person with dementia and for the carer** – People living with dementia described difficulties coping with a **loss of independence**, as well as a perceived **stigma and fear** of dementia. Everyone interviewed acknowledged the improvement the available services could make to the management of dementia and consequently their quality of life.

## Section 7 Dementia care in Central Bedfordshire with reference to NICE guidance

This section identifies specific areas of dementia management where NICE guidance is being met, and others where adherence may be improved.

### Where guidance is being met:

- Provision of oral and written **information at diagnosis**
- Offering a **range of activities** to promote wellbeing that are tailored to the person's preferences
- Offer of group **cognitive stimulation therapy** to people living with mild to moderate dementia
- **Group reminiscence therapy** for people living with mild to moderate dementia
- Offering carers of people living with dementia education, training and advice to help support them and the person living with dementia
- **Staff training** on caring for people living with dementia

### Where adherence to guidance could be improved:

- Encouraging and enabling people living with dementia to give their own views and opinions about their care
- Telling people living with dementia about **research studies** they can participate in
- Providing people living with dementia with a **single named health or social care professional** who is responsible for coordinating their care
- **Maintaining care and support plans** in conjunction with people living with dementia, their family members or carers and specifying when and how often these will be reviewed
- Maximising **continuity and consistency of care**, including sharing of relevant information
- **Designing services to be accessible** to as many people living with dementia as possible
- Competency of health and social care professionals in starting and holding **difficult and emotionally challenging conversations**

## Section 8 Recommendations

### **1. Ensure PLWD and their carers have access to a single point of contact who can help to coordinate their care**

Rationale: PLWD, and their carers, commented on the difficulties they faced navigating support services. Providers also acknowledged they did not always have the time and requisite knowledge to direct people to the relevant services. Being provided with a single point of contact could enable people to direct their own care, taking advantage of all the support available. This could improve the management of dementia in Central Bedfordshire, enhancing people's quality of life and preventing complications.

### **2. Make dementia services accessible for all**

Rationale: Dementia can affect anyone in Central Bedfordshire, and evidence suggests that already marginalised communities may be most at risk of developing this disease. The importance of caring for hidden populations was discussed by stakeholders, therefore services need to be accessible for all. Processes such as audits, service-user involvement and co-production may help Central Bedfordshire to work towards this recommendation.

### **3. Meaningful collaboration between dementia services to improve outcomes and experiences**

Rationale: There are many services involved in the care of PLWD, and strong connections facilitate better management of PLWD. However, stakeholders recognised that further joined-up services may enable better care, and expressed frustration where work was done in silos. PLWD and their carers were also disappointed when they felt stuck between services or that people were not talking to each other. This recommendation therefore pertains to meaningful collaboration between partners to work towards shared goals. This could involve sharing of information and data where appropriate, and working in partnership to reduce duplication.

### **4. Engage in primary prevention, reducing risk factors for dementia and other conditions**

Rationale: Cases of dementia in Central Bedfordshire are forecast to increase significantly over the next 20 years. Primary prevention, by targeting smoking, obesity and other health behaviours, offers an opportunity to mitigate the potential strain on health and care services by helping people to reduce their risk of developing dementia. This complements much of the existing work being done by BLMK ICB in relation to prevention.