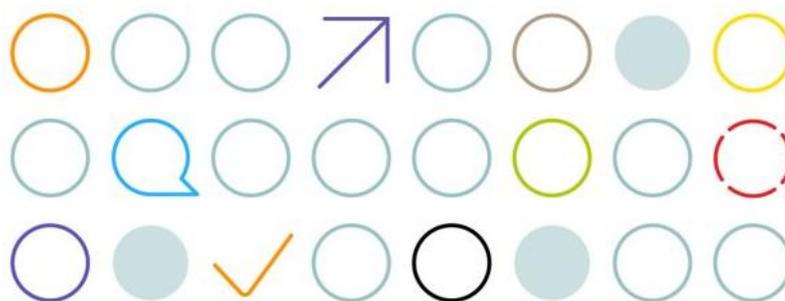


# Living at Home with Dementia JSNA (2025)



## 1. Introduction

Cheshire West and Chester Council's Joint Strategic Needs Assessment (JSNA) for Living at Home with Dementia has been developed in partnership with colleagues from Cheshire West Integrated Care Board (ICB). Colleagues from the VCFSE sector have also provided support to help refine the document.

A JSNA examines current and future health and care needs of the local population to improve the health and wellbeing of communities and reduce inequalities for all ages. This JSNA will clarify its purpose, provide background information, analyse national and local data, define dementia and its risk factors, review available support, and subsequently highlight recommendations for people living at home with dementia in Cheshire West and Chester (CW&C).

For detailed data supporting this analysis, please refer to the Cheshire West and Chester Dementia chapter within the Health Improvement Strategy.<sup>1</sup>

## 2. Purpose

This JSNA aims to assess dementia-related needs of the population in CW&C. The focus is specifically around people aged 65 and over, living at home with dementia, and their families and carers. The JSNA seeks to better understand and respond to the evolving needs of those living with dementia, particularly in relation to their care preferences and outcomes. This will help to inform strategic planning, resource allocation, and the development of services that support individuals living with dementia at home, their families, and caregivers.

## 3. What is dementia?

Dementia is an umbrella term for a range of progressive conditions that affect the brain, leading to a decline in cognitive function and the ability to perform everyday activities (see Image 1). It is characterised by a deterioration in memory, thinking, reasoning, and communication skills. While such things are more common as people get older, dementia symptoms are not a normal part of aging and instead, is the result of accumulated damage to the brain. Dementia is not a specific disease but a set of symptoms that can be caused by various underlying conditions, the most common being Alzheimer's disease. Other types include vascular dementia (resulting from reduced blood flow to the brain), Lewy Body dementia, frontotemporal dementia, and mixed dementia, which can involve a combination of these conditions (see Table 1).

Image 1: Subtypes of dementia

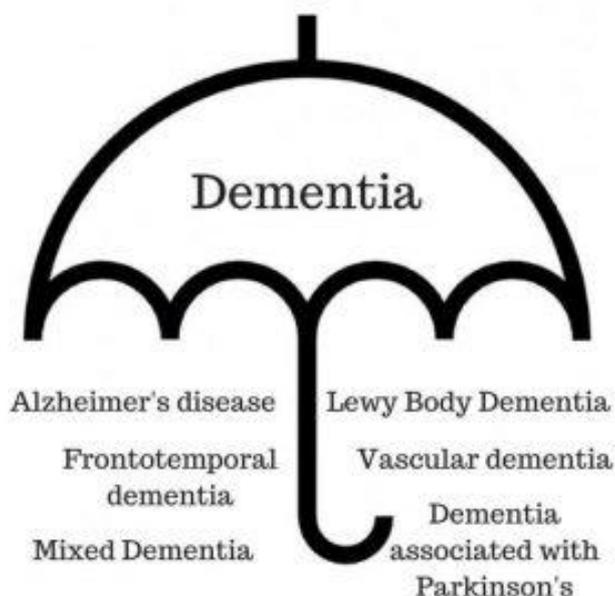


Table 1: Subtypes of Dementia

<b>Type</b>	<b>Alzheimer's (50-75% of cases)</b>		<b>Vascular Dementia (20-30% of cases)</b>		
<b>Symptoms</b>	Confusion/ Disorientation Difficulty making decisions Hallucinations Low mood	Anxiety Problems with speech Personality changes Memory loss	Stepwise progression Slowness of thought Difficulty understanding		Difficulty concentrating Changes to mood/behaviour Disorientation/confusion Balance problems Memory problems
<b>Type</b>	<b>Lewy Body Dementia (10-25% of cases)</b>		<b>Frontotemporal Dementia (10-15%)</b>	<b>Young Onset Dementia (10%)</b>	
<b>Symptoms</b>	Issues with mental abilities: thinking, visual perception and memory Hallucinations and confusion Difficulty swallowing	Fainting and unsteadiness Disturbed sleep Depression Slow movement alongside other Parkinsonism symptoms	Personality changes Hypersexuality Language and speech problems	Becoming distracted Memory loss	Problems with walking, co-ordination or balance Less likely to have memory problems initially

Source: [Subtypes of dementia - Dementia Statistics Hub](#)

As dementia progresses, it can affect a person's ability to recognise loved ones, make decisions, and manage basic tasks, leading to changes in behaviour and mood. While there is currently no

cure for dementia, early diagnosis and intervention can help manage symptoms, improve quality of life, and provide better support for both the individual and their caregivers. The condition predominantly affects older adults, but it is not a normal part of ageing. The impact of dementia extends beyond the person diagnosed, often placing significant emotional, financial, and physical strain on families and caregivers. <sup>2</sup>

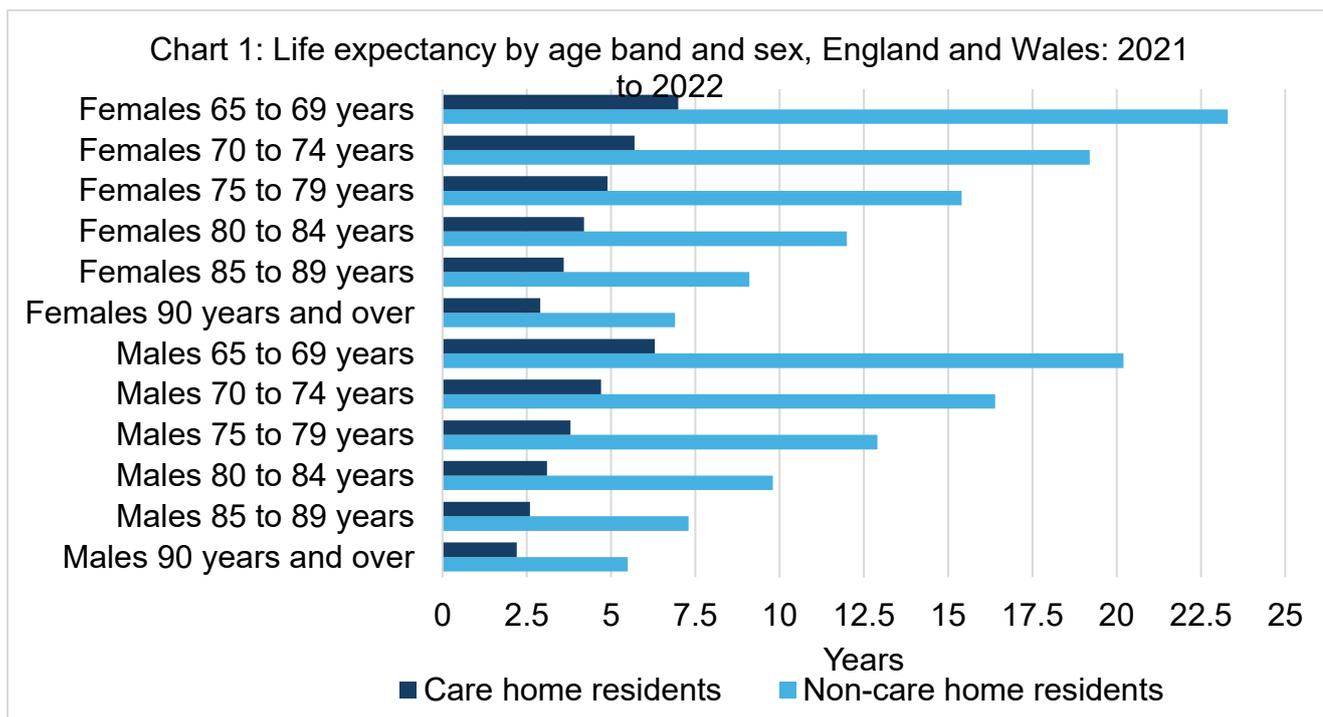
#### 4. Background

This JSNA analyses the growing trend of people with dementia living longer at home, often with support from family or community services, as opposed to those entering formal care settings such as residential or nursing homes.

By examining relevant statistics, we aim to identify factors that contribute to people being able to remain in their own homes, such as the availability of home care services, assistive technology, and community-based support networks.

This data will inform future planning, ensuring that individuals living with dementia receive the right type and level of support, whether they remain at home or transition to care. Ultimately, the goal is to improve the quality of life for people living with dementia, whilst balancing the needs of caregivers and the capacity of the health and social care system.

Referring to chart 1, male and female care home residents had a significantly lower life expectancy than non-care home residents across all age groups in 2021 to 2022 (Office for National Statistics). The largest difference is seen in the age group 65 to 69 years, amounting to 16.3 years in females and 13.9 years in males. The smallest difference was in the age group 90 years and over, amounting to 4.0 years among females and 3.2 years among males. This difference may be because those entering care homes at younger ages are more likely to have conditions or diseases which limit their lives<sup>3</sup>. This is an area, however, requiring further study to identify the specific causes for the differences.



Source: Office for National Statistics

The Alzheimer’s Society has calculated that the cost of dementia in the UK is currently around £42 billion, with an expectation that this will rise to £90 billion by 2040. These costs are primarily healthcare costs, social care costs, and unpaid care costs<sup>4</sup>. Unpaid care is the largest driver, at 50%, followed by social care. They estimate that the average annual costs per person associated with mild, moderate and severe dementia are estimated to be £28,700, £42,900 and £80,500 respectively, with the increase in cost by severity driven by increasing need of complex care. <sup>5</sup>

An estimated 63% of the cost of dementia are borne by patients and their families. An estimated 106,000 more people are expected to need residential or nursing care beds by 2040 which will need careful consideration over the next few years.<sup>5</sup> Dementia continues to place a huge pressure on the health and social care system. Evidence indicates that people with dementia occupy 25% of acute hospital beds and stay in hospital twice as long.<sup>5</sup> Hospital admission can trigger distress, confusion and delirium for someone with dementia that can contribute to a decline in functioning and a reduced ability to return home to independent living. <sup>6</sup>

## 5. Population demographics of Cheshire West and Chester

CW&C has an estimated population of 371,652, with 80,283 residents aged 65 and over. This represents a slightly higher proportion of older adults compared to national averages.

Approximately three-quarters of the borough is urban, while one-quarter is rural, contributing to the area's diverse landscape. Notably, there are more females than males in the 65+ age group. At 96.7% the predominant language spoken is English, followed by Polish, which is the second most common language within the community. Ethnicity within the borough is mainly White British, with an ethnic minority of 8.8%. These demographic trends highlight key factors influencing local services and planning, particularly for the ageing population.<sup>7</sup>

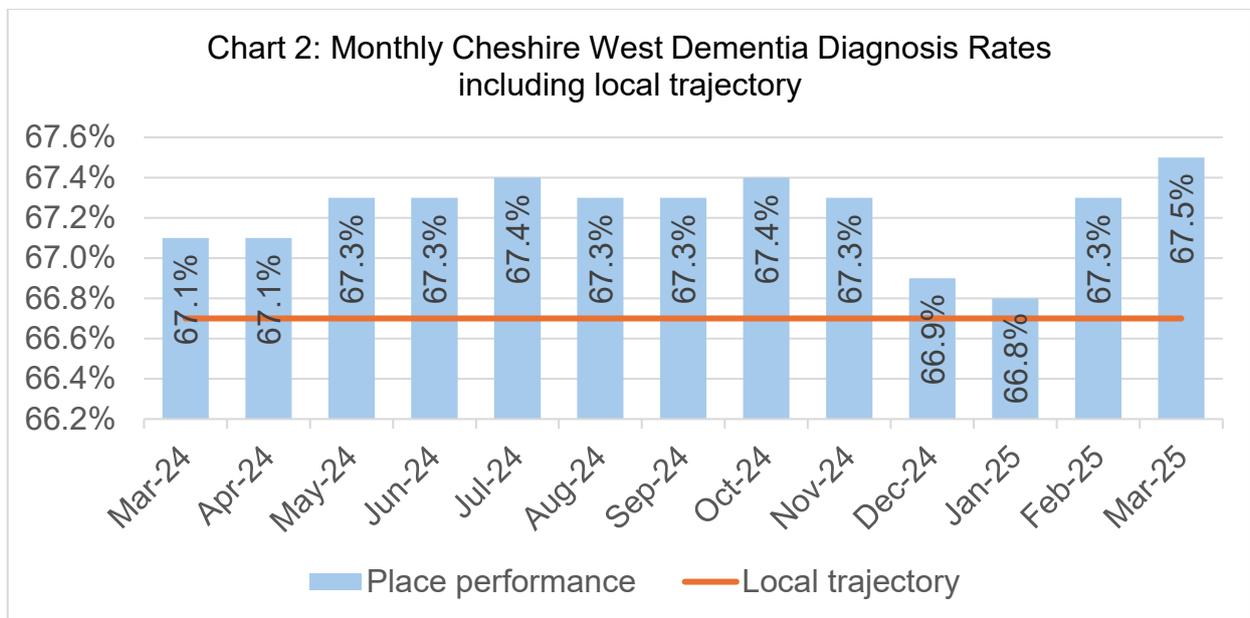
According to the Department of Health & Social Care (Fingertips), in CW&C the number of adults aged 65 and over diagnosed with dementia has also increased since 2017, reaching a total of 3,500 in 2024 as shown in table 2 below.<sup>8</sup>

Table 2: Estimated dementia diagnosis rate (aged 65 and over)

Year	Number of people diagnosed CW&C	Diagnosis rate per 100 (aged 65 and over) CW&C	Diagnosis rate per 100 (aged 65 and over) England	Achievement of 66.7% benchmark diagnosis rate
2017	2,789	65	67.9	Similar
2018	2,842	64.7	67.5	Similar
2019	2,944	65.3	68.7	Similar
2020	3,137	65.1	67.4	Similar
2021	2,867	58.9	61.6	Worse
2022	3,036	60.5	62.0	Worse
2023	3,288	64.3	63.0	Similar
2024	3,500	66.9	64.8	Similar

Source: Public Health Outcomes Framework

As chart 2 illustrates, the most recent monthly data available at March 2025 from Power BI shows that the Dementia Diagnosis Rate in Cheshire West is in line with national expectation of 66.7%. This still suggests that nearly a third of people living with dementia are undiagnosed and may not be aware of having the condition.



Source: ICB

According to the January 2025 presentation on Demographic Trends and Forecasts by the Cheshire West and Chester Council’s Insight & Intelligence Team, the following key findings were identified: <sup>9</sup>

- The number of people with dementia in the borough is forecast to increase by 29% (1,700) over the next ten years (2023 – 2033).
- More than half this increase (1,100) will be in people aged 80+.
- Around 200 additional people are forecast to have severe dementia by 2033 – this may increase demand for residential care. The Alzheimer’s Society estimate two-thirds (66%) of people with severe dementia live in residential or nursing care settings.
- The largest increases are most likely in deprived areas – national prevalence rates are nearly twice as high for those living in the most deprived areas compared to those in the least deprived areas.

## 6. National Picture

Dementia is a growing challenge and over half of the population know someone living with dementia. While over 450,000 people in England are living with a recorded diagnosis of dementia, many people are unaware they have the condition, with an estimated 250,000 individuals undiagnosed in England.<sup>5</sup>

After the age of 65, the likelihood of developing dementia roughly doubles every five years.<sup>10</sup> However, for some, dementia can develop earlier, presenting different issues for the person affected, their carer and their family. England has an ageing population with more than 1 in every 5 of us are over the age of 60, and the number of older adults with dementia is predicted to rise in the future from over 700,000 to 1 million by 2030 and over 1.3 million by 2040. Dementia has a greater prevalence <sup>16</sup> in women, accounting for 60% of UK cases, which is possibly due women having longer life expectancies than men, and this increasing their risk of dementia in older age (see Table 3). There are around 540,000 carers of people with dementia in England. It is estimated that 1 in 3 people will care for a person with dementia in their lifetime. Half of them are employed and it is thought that some 66,000 people have already cut their working hours to care for a family member, whilst 50,000 people have left work altogether.<sup>11</sup>

Table 3. Recorded dementia by age-band and gender, England August 2022<sup>12</sup>

Age Group (Years)	Prevalence			Counts		
	Male	Female	Total	Male	Female	Total
0 to 29	0.02%	0.01%	0.02%	37	34	71
30 to 34	0.03%	0.01%	0.02%	45	27	72
35 to 39	0.04%	0.02%	0.03%	60	56	116
40 to 44	0.08%	0.04%	0.05%	143	104	247
45 to 49	0.14%	0.07%	0.10%	244	200	444
50 to 54	0.45%	0.23%	0.31%	764	643	1,407
55 to 59	1.15%	0.70%	0.87%	1,936	1,983	3,919
60 to 64	2.69%	1.41%	1.89%	4,527	3,986	8,513
65 to 69	5.04%	2.76%	3.61%	8,481	7,799	16,280
70 to 74	10.15%	6.68%	7.98%	17,092	18,849	35,941
75 to 79	19.17%	14.90%	16.49%	32,278	42,038	74,316
80 to 84	24.07%	22.00%	22.78%	40,528	62,085	102,613
85 to 89	22.91%	25.75%	24.69%	38,568	72,652	111,220
90+	14.05%	25.42%	21.17%	23,647	71,736	95,383
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>168,350</b>	<b>282,192</b>	<b>450,452</b>

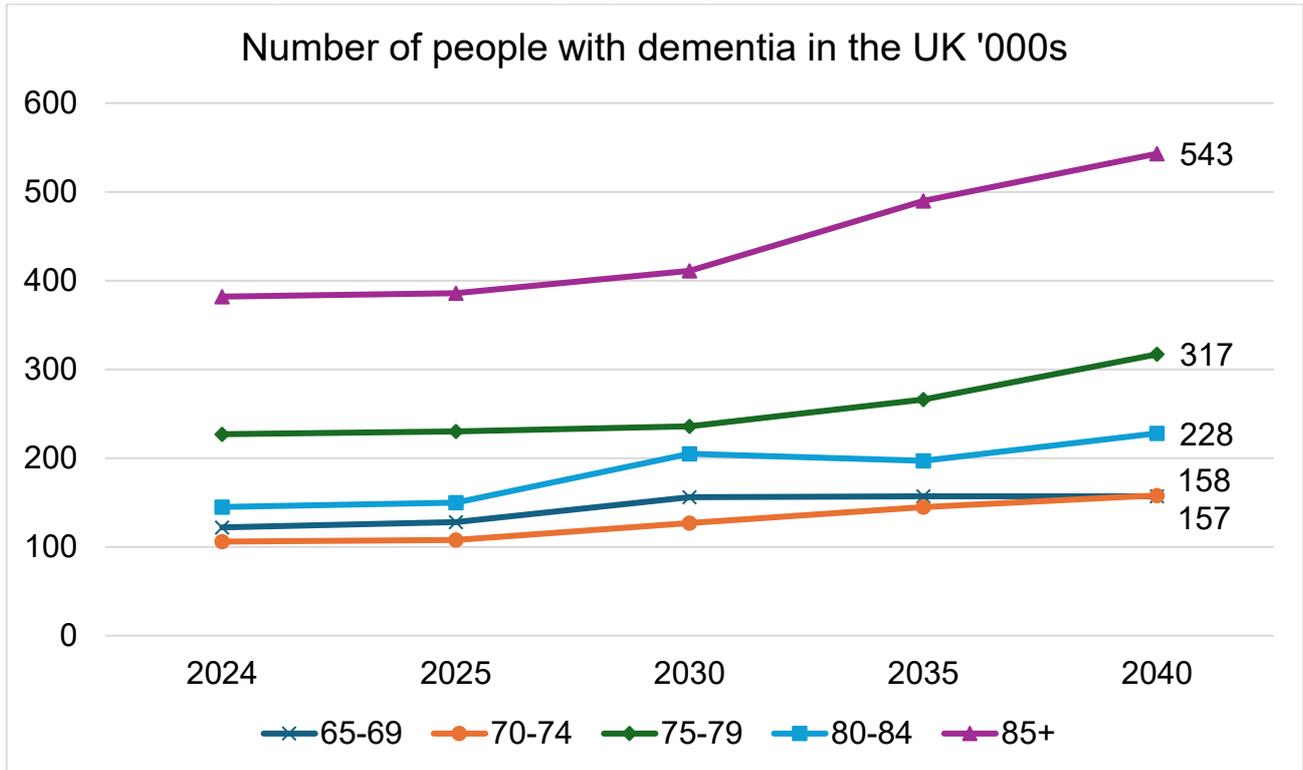
Source: NHS England

The figures in table 3 are based on those who have sought a formal diagnosis with a G.P. in England and are likely subject to under-reporting. Given that older age is the largest risk factor for dementia, those aged under 65 and experiencing symptoms may also be underrepresented and underdiagnosed. Taking this into consideration, the true prevalence of dementia is thought to be much higher. Estimates vary between sources, but all suggest there is a large gap between recorded diagnoses and estimated dementia cases. NHS England reports around 676,000 individuals aged 65+ estimated to be living in England with dementia as of August 2022<sup>11</sup>. This would mean that a large proportion (around 35%) of dementia cases among those aged 65+ are undiagnosed/not recorded, and therefore lack the adequate care, support and treatment to manage their disease.

Some ethnic minority communities also have greater rates of dementia. With a rapid increase in the proportion of older ethnic minority adults expected over the next 50 years there is also expected to be an increase in the number of ethnic minority individuals with dementia; doubling from 25,000 in 2011 to 50,000 by 2026 and rising further to over 172,000 by 2051. The increased risk in ethnic minority communities is thought to be related to an increased burden of cardiovascular disease, hypertension and diabetes.<sup>13</sup>

The Alzheimer's Society projects a continued increase in the number of people aged 65 and over, with diagnosed and undiagnosed dementia, from the year 2024 through to 2040 (see Chart 3 and Table 4). The year 2040 is used as the projection horizon because it is the furthest point for which estimates are currently available. Dementia prevalence increases with age, with 39% of people with dementia aged 85 and over in 2024. The number of people in each severity cohort decreases with increasing severity (see Chart 4).<sup>14</sup>

Chart 3: UK dementia prevalence of 65+ by 5-year age band



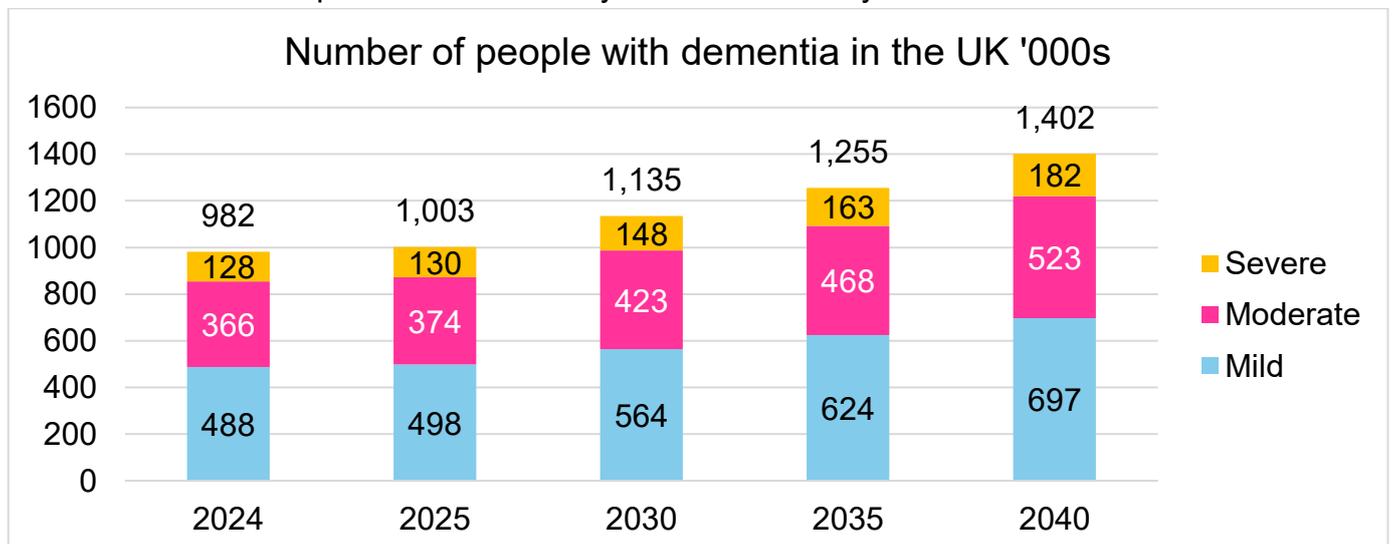
Source: Alzheimer's Society

Table 4: UK dementia prevalence of 65+ by 5 year age band

Age	Year				
	2024	2025	2030	2035	2040
65-69	122,000	128,000	156,000	157,000	157,000
70-74	106,000	108,000	127,000	145,000	158,000
75-79	227,000	230,000	236,000	266,000	317,000
80-84	145,000	150,000	205,000	197,000	228,000
85+	382,000	386,000	411,000	490,000	543,000

Source: Alzheimer's Society

Chart 4: UK dementia prevalence of 65+ by dementia severity



Source: Alzheimer's Society

Note: Percentage estimates of people with dementia in each severity cohort were developed from the Discover-NOW data (a de-identified dataset of linked electronic health and care records) and applied to the prevalence projections as a constant over time.

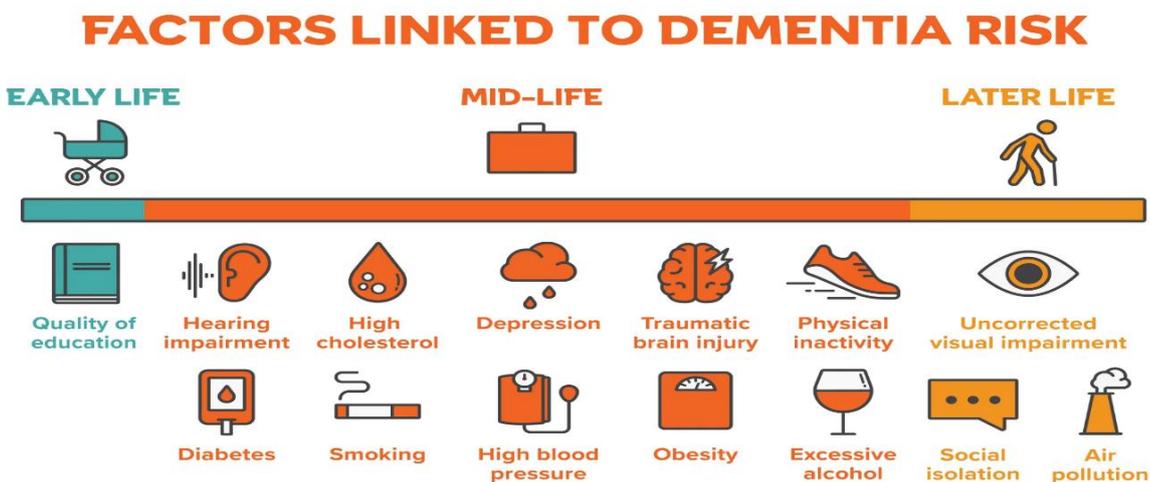
## 7. Risk factors for dementia

As reported by Alzheimer's Research UK, addressing the 14 health and lifestyle factors could prevent nearly half of global dementia cases (see Image 2).

The 14 risk factors highlighted by The Lancet standing commission on dementia prevention, intervention and care (2024) are:<sup>15</sup>

- Quality of education
- Hearing impairment
- High cholesterol
- Diabetes
- Smoking
- High blood pressure
- Depression
- Obesity
- Traumatic brain injury
- Physical inactivity
- Excessive alcohol
- Uncorrected visual impairment
- Social isolation
- Air pollution

Image 2: Factors linked to dementia risk through life stages



Adapted from The Lancet standing commission on dementia prevention, intervention and care, 2024.

**ALZHEIMER'S RESEARCH UK** **FOR A CURE**

Registered charity numbers - 1077089 & SC042474

Source: Alzheimer's Society<sup>16</sup>

## 8. Non-modifiable risk factors for dementia

The following section looks at the non-modifiable risk factors for dementia.<sup>16</sup>

1. Age: The biggest risk factor for dementia is age. Almost 10 times as many people in their late 80s have dementia compared to people in their late 60s. This is due to our bodies changing as we get older which affects brain health and how it functions. Dementia, however, is not a normal part of aging, it is a combination of age-related changes to the brain and other risk factors. The other risk factors include:
  - Being more likely to have high blood pressure.
  - Damage to blood vessels in the brain because of other conditions, like high cholesterol and diabetes.
  - A higher risk of stroke.
  - A weaker immune system and taking longer to recover from illness or injuries.

One in 20 cases, however, occur in someone under the age of 65; this is known as young onset dementia.

2. Genes: Many carry common genes that slightly increase dementia risk, but this is only by a small amount. Carrying this does not mean that someone will definitely get the condition as other important factors, like our lifestyle, affect risk too. Research has found that people who carry common gene risks for Alzheimer's disease can still reduce their risk by making lifestyle changes. Research is ongoing to find out whether this is the case for other types of dementia, such as dementia with Lewy Bodies. There are also much rarer genes that can have a stronger effect. One in 100 cases are caused by these genes and people who carry them often develop dementia at a younger age with multiple people often being affected at every generation in the same family.
3. Sex, gender and dementia risk: The term 'women' will be used here to refer to people born with female sex chromosomes and female reproductive organs rather than their gender identity. Two out of every three people with dementia in the UK are women. Evidence would suggest that this difference is not genetic, it may also be linked to:
  - Women on average living longer.
  - Historically fewer educational opportunities for women.
  - Higher levels of social isolation.

There is also evidence that changes in levels of sex hormones over lives might influence risk in women, for example during the menopause. It is still not fully understood why dementia is more common in women and research is underway in this area.

4. Ethnicity: Research suggests that people from certain ethnicities may have different risks of developing dementia. This can mostly be explained by two reasons:
  - Some communities are at a higher risk of developing conditions – such as diabetes – that can, in turn, increase dementia risk.
  - Certain populations are more likely to live in deprived areas. These areas can have more barriers to education, housing, healthcare and jobs.<sup>16</sup>

## 9. Modifiable risk factors for dementia

It is thought that modifiable risk factors related to lifestyle cause up to approximately 40% of dementia cases, with most cases of dementia not having a hereditary component.<sup>15</sup> Research has found that this is particularly important in our mid-life (aged 40 – 65).<sup>16</sup>

Some research would suggest that people with healthier lifestyles are less likely to develop dementia, and in cases where they did get dementia, these people experience a slower decline in symptoms.

Factors which could help enabling a healthier brain include<sup>16</sup>:

- Keeping active
- Not smoking
- Cutting down on alcohol
- Looking after your mental health
- Protecting your head
- Taking care of your hearing
- Looking after your eyes
- Managing cholesterol levels
- Preventing or managing Type 2 Diabetes
- Keeping socially active
- Staying sharp
- Managing your blood pressure.

Table 5 outlines the local prevalence of modifiable risk factors for dementia in CW&C.

Table 5: Summary table of local prevalence of modifiable risk factors in Cheshire West

Modifiable Risk Factor	Cheshire West Prevalence
Adult smoking	10.5% <sup>17</sup>
Adults who are physically active	64.8% <sup>17</sup>
Adults above a healthy weight	65.4% <sup>17</sup>
Alcohol intake over the national limit	23% <sup>18</sup>

In table 6 below, we have listed some strategies that can be taken to address each of the above factors<sup>16</sup>.

Table 6: Strategies to help reduce the modifiable risk factors for dementia

Factor	Strategy to help reduce risk
Keeping active	Aim for at least 150 minutes of physical activity each week.
Not smoking	If you smoke, quitting is one of the best things you can do for your brain health.
Cutting down on alcohol	Drink less than 14 units of alcohol a week.
Looking after your mental health	Speak to your GP or somebody you trust if you have concerns.
Protecting your head	Wear a helmet during sports or when riding a bike.
Taking care of your hearing	Get your hearing checked regularly and wear a hearing aid if you've been given one. Wear ear defenders in noisy environments.
Looking after your eyes	Get any concerns about your vision checked by a professional.

Managing cholesterol levels	Try to keep your cholesterol level below 200mg/dL. Many of the other steps listed here may help you to do this.
Preventing or managing Type 2 Diabetes	By eating healthily and managing your weight, you can reduce your risk and manage symptoms of diabetes.
Keeping socially active	Take part in regular social activities like dance classes and game nights.
Staying sharp	Keep challenging your brain throughout your life.
Managing your blood pressure	Get your blood pressure checked regularly. Try to keep your systolic blood pressure at 130mm Hg or less from age 40 years.

## 10. Quality of life and wellbeing

In their 2024 – 2026 Health Improvement Strategy<sup>19</sup>, Cheshire West and Chester Council believe that a resident needs the following to help them have a good quality of life:

- **Prevention**

The Cheshire West and Chester’s Health Improvement Strategy 2024-26 focuses not only on Dementia, but includes chapters on Eat Well Be Active, Tobacco Control and Substance Misuse. Focussing on prevention, the Council’s Public Health Team commission weight management, stop smoking and drug and alcohol services, in addition to public health campaigns aimed at reducing the risk of dementia. These include encouraging physical activity and healthy eating, smoking cessation, and reducing alcohol consumption.

- **Diagnosis and Early intervention**

Screening and Early Detection: There are ongoing efforts to improve awareness about the signs of dementia and encourage people to seek early advice from their GP. However, there is still a need to raise awareness of dementia as a public health issue to ensure timely diagnosis and care.

- **Ageing Well at Home**

Cheshire West and Chester Council, in partnership with NHS colleagues, are in the process of producing an Ageing Well Joint Strategic Needs Assessment (JSNA).

A JSNA gives a summary of the health needs of local people. This summary uses the best data, evidence, and insight available. Producing a JSNSA is a legal requirement of the Health and Wellbeing Board for all councils. We and our NHS partners must legally consider a JSNA when planning health and care services.

As part of this piece of work, we are exploring how we can support people living with dementia to continue living at home and within the community they are familiar with for as long as possible. We are therefore keen to hear from people with lived experience, including family and friends, to identify gaps across the support available.

- **Living Well**

Supporting and encouraging those who live with dementia to remain as independent as possible, for as long as possible. Encouraging them to enjoy their usual activities in

environments that are well designed and supportive of their needs. Maintaining employment where possible and encourage communities and work places to work together to help people stay healthier for longer.

- **Supporting Well**

It is vital to ensure we provide the right care and support at the right time and in the right manner to those living with dementia or their carers. Many people can live well with dementia and continue to work following their diagnosis. We want people within the borough to have the support to build confidence and resilience and be better able to cope with the condition.

- **Planning Well**

Following a diagnosis of dementia, putting legal, financial and end of life plans in place is one of the most important steps to take. Advance Care Planning forms part of the assessment and care planning process, supporting people living with dementia to think about, plan for and make choices about their wishes and preferences for their future care including decisions about end of life. One of the national drivers for end of life care is to support more people to die in their usual place of residence. Creating a plan for the future in the early stage of the disease can be empowering, allowing the person living with dementia to participate in making decisions that help family and friends know their wishes.

We want to raise the standards of care for people with dementia reaching the end of life, and ensure that every person living with dementia, their family and carers, are given the opportunity and support to plan ahead, adopting a person centred approach.

## 11. Available support for those living with dementia

CW&C Council commission The Alzheimer’s Society to provide support for people living with dementia. Cheshire West ICB worked with Cheshire and Wirral Partnership NHS Foundation Trust, CW&C Council, The Alzheimer’s Society and Dementia Resource Community to develop a Dementia Nurse Service to provide nursing support and ensure coverage across the whole of Cheshire West. The combination of the two provide services for people concerned about dementia and support they may need, as well as post-diagnostic specialist nurse support. These services have been provided since November 2024. The table below details the available support within CW&C, as at January 2025.

Table 7: Dementia support provided by CW&C Council and the ICB

	<b>Alzheimer’s Society Advice and support</b>	<b>Dementia Resource Community Limited Specialist dementia nursing</b>
<b>Purpose</b>	Provide advice for people with dementia and those who care for them so they understand their diagnosis, can prepare for the future, stay safe and live well.	Provide clinical and emotional specialist nursing support and help to reduce pressure on urgent care by addressing changing symptoms before crisis.
<b>Staff</b>	4 experienced community dementia advisers with specialist dementia training.	3 dementia specialist nurses with extensive experience in managing complex dementia symptoms and collaborating with multidisciplinary teams.

<b>Service</b>	<ul style="list-style-type: none"> <li>Personalised information and support</li> <li>Direct access to benefit checks and home energy support.</li> <li>Help with Lasting Power of Attorney applications.</li> <li>Help people navigate the health and social care system.</li> </ul>	<ul style="list-style-type: none"> <li>Help with clinical difficulties and patient wellbeing.</li> <li>Biopsychological assessments and interventions to avoid crisis.</li> <li>Nursing assessments when symptoms change.</li> <li>Diadem assessments in care homes for dementia diagnosis via CMHT.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Post-diagnostic education programmes.</li> <li>Dementia inclusive support groups including memory cafes, Singing for the Brain and Love to Move.</li> </ul>	<ul style="list-style-type: none"> <li>Open referral system.</li> <li>Supporting urgent care team as step down measure.</li> </ul>
<b>Contact</b>	0300 369 0570 cheshire@alzheimers.org.uk alzheimers.org.uk	01244 439703 Cwp.drc@nnhs.net drc.care
<b>Hours</b>	Monday to Friday 9am – 5pm (excluding bank holidays) Out of hours visits available by arrangement if required.	Monday to Friday 9am – 5pm (excluding bank holidays)

Additional support offered can be accessed via the CW&C website Dementia awareness and support | Cheshire West and Chester Council<sup>20</sup> and provides detailed information on how and where to access the dementia resources detailed in table 8 below.

Table 8: Dementia Awareness and Support in Cheshire West

<b>Dementia Awareness and Support – Cheshire West</b>	
Libraries	Reading Well Books on Prescription for Dementia which offers advice on dementia and normal ageing and gives support and advice on how to live well following diagnosis.
Age UK	Advice about adapting your home and getting the right support for the person living with dementia and their family. Provides exercise for the over 50s: gentle exercise and balancing videos.
Alzheimer’s Society	Activity ideas for people living with dementia.
DEEP: The UK Network of Dementia Voices	Dementia Engagement and Empowerment Project (DEEP) engages and empowers people living with dementia to influence services and policies that affect their lives.
Dementia Friends	Alzheimer’s Society Dementia Friends programme is the biggest initiative to change people’s perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.
Dementia UK	Advice for people living with dementia and their friends. Provides top film suggestions for people living with dementia.
Live Well Cheshire West	includes Bright Memories, Vivo care choices, Bounce Back, Chester-DEEP
Armchair Gallery	An app that brings art and culture to users. It includes instructions for tried and tested activities to explore with people with dementia.

BBC Music Memories	Designed to use music to help people reconnect with their most powerful memories.
The 'D' word	Dementia-based radio show.
Music Mirrors	A brief life story of someone (with dementia), written in their own words, with sounds and music embedded to spark memories later. Not a playlist but a memory toolkit. Participants will need to be assisted in registering to the site.
Playlist for Life	Using music to connect people with dementia to their family members and carers
Singing for the brain (Alzheimer's Society)	Brings people affected by dementia together, to sing a variety of songs that they know and love, in a fun and friendly environment.
Love to Move (British Gymnastics)	Age and dementia friendly seated gymnastics programme.
BBC Reminiscence Archive	Access to a selection of content from the BBC Archives, designed to support reminiscence therapy and developed for people with dementia, based on photographs, photo books, boxes of objects and materials and interactive computer applications.
My House of Memories	Allows you to explore objects from the past and share memories together. It can be used by anyone, but has been designed for, and with, people living with dementia and their carers.
Online dementia memory videos	engaging and stimulating online video sessions support the needs of people in all stages of dementia.
Memory Cafes	Visit Dementia awareness and support   Cheshire West and Chester Council for more information.
Nationwide Fairer Futures and Dementia UK   Nationwide	Dementia UK is offering face-to-face clinics with an Admiral Nurse in Nationwide branches. Appointments are held in a private space. People with dementia or carers don't have to be Nationwide members to access this service.
Bouncing Back	Dementia support group for those living with dementia and their carers.

## 12. Further support required for those living with dementia

Following a soft market questionnaire undertaken by colleagues at CW&C Council to support this JSNA (see Appendix A), the following were identified as areas where further support is required:

1. Providing **further support with understanding the diagnosis and the implications of the diagnosis** as this will help with:

- **Helping people feel empowered and able to make informed decisions:** When patients understand their diagnosis, they are better equipped to make informed decisions about their treatment options. This empowerment can lead to more active participation in their care, improving adherence to treatment plans and lifestyle changes
- **Tailored Treatment and Care Plans:** Accurate diagnosis allows health and social care providers to develop more personalised and effective treatment plans. Understanding the specific condition ensures that the treatment targets the root cause rather than just alleviating symptoms

- **Improved Communication:** Clear understanding of a diagnosis fosters better communication between people living with dementia, carers and healthcare providers. Patients and carers can ask more relevant questions, express concerns more effectively, and collaborate on treatment and care strategies.
- **Reduced Anxiety and Stigma:** Knowing the exact nature of their condition can reduce the anxiety and uncertainty patients might feel. It also helps in reducing stigma, as people living with dementia can better explain their condition to others, fostering a supportive environment.
- **Long-term Management:** For chronic conditions, understanding the diagnosis is crucial for long-term care and management. The people living with dementia can recognise early signs of complications, adhere to preventive measures, and seek timely interventions, which can improve overall outcomes.

2. **Raising awareness of, and access to, technology**, such as pendant alarms, falls detectors, specialist apps, dementia clocks and more.

3. **Support for carers**, including but not limited to, respite breaks and daycare services.

4. Provide a **co-ordinated and accessible communication network** which would ensure clear, timely and relevant information is readily available to help people living with dementia and their carers understand the range of services, support options and resources available to them.

## 13. Recommendations

This JSNA refers to people living at home with a diagnosis of dementia and who are aged 65 and over, however, some of the recommendations would apply to people with young-onset dementia and people living in care homes. It is acknowledged that further research around people living with dementia, including those with early onset, in residential and nursing homes, and of all ages, is advisable for a more comprehensive understanding.

Table 9: Dementia JSNA recommendations

Recommendation	Time Frame	Impact	Consequence of inaction in this area	Who
Establish a Strategic Dementia Working Group.	Q3 ongoing	This group will be able to oversee the implementation of the recommendations in this JSNA as well as looking at and adapting best practice from other areas ensuring Cheshire West's dementia strategy has the required impact.	There will be no ownership or coordinated approach to plan for the needs of an increasing amount of people living with dementia.	NHS ICB LA VCSFE VOLE

Ensure the recommendations of the JSNA include people living in a care home and young-onset dementia and their carers.	By end Q4	More people living with dementia, and their carers, will be impacted by the work being undertaken and will benefit from the support provided.	Groups of people living with dementia, and their carers, will be able to access support which may enable them to live independently for longer.	Strategic Dementia Working Group
Look into current care home and assisted care provision and start to plan for how this can be increased to support the increased numbers of the population living with dementia.	By end Q4	Plan can be produced to ensure the required bed base will be provided as the needs increase.	An ageing population will not have suitable provision to enable them to live at home longer with dementia and/ or have suitable care home provision to meet their needs. This will put increasing strain on health and social care services.	Strategic Dementia Working Group
Actively adopt and support the Cheshire and Merseyside Dementia Strategy when it is finalised, adapting it to suit the needs and requirements of Cheshire West.	Within 2 months of the strategy being finalised.	There will be a clear, coordinated approach to people living with dementia across Cheshire and Merseyside with provision tailored at Place. This will help to ensure equity of support and provision across the Borough.	Unconnected dementia strategies will continue to provide a disjointed service across Cheshire and Merseyside, unable to adopt practises which may work financially at scale.	Strategic Dementia Working Group
Work with the All Age Carers Board to expand the support for carers of those living with dementia and include it more fully in their plans.	By end Q4	Carers of people living with dementia will have more access to support including respite care and day care.	Opportunities for carers accessing more support will be lost causing undue stress and string on carers and ultimate carer breakdown.	All Age Carers Board
Consider which assistive technologies would be useful to adopt as part of the strategy, in line with Cheshire and Merseyside recommendations.	Within 2 months of the strategy being finalised.	Future provision could be purchased using economies of scale across a C&M footprint. People will be able to stay living with dementia in their own home for longer.	People living with dementia will continue to require more intensive support as they struggle to live with their dementia in their own home.	Strategic Dementia Working Group
Increase the Dementia Diagnosis Rate.	By the end of Q4	More people being diagnosed will help them access the help and support required to enable them to	Whilst there is an assumption we understand how many diagnosed and undiagnosed people are	Strategic Dementia Working Group

		live at home for longer. There will be a much clearer understanding of the accurate numbers of people living with dementia.	living with dementia this is not an accurate picture and could mean the demand for future services is underestimated.	
Work with other teams to address the 14 risk factors associated with reducing dementia and put in prevention strategies.	Strategies produced by the end Q4 2027	The strategies will help to target key demographics, including identifying Public Health Risks, and help reduce dementia in the long term. The earlier the risk factors are addressed, the bigger the impact will be.	Addressing the risk factors could prevent more than half of dementia cases - not addressing them means placing an increasingly heavier, longer-term burden on health and social care services for an ageing population.	Strategic Dementia Working Group

### Key Stakeholders:

- NHS Cheshire and Merseyside Integrated Care System
- NHS Cheshire West ICB
- Cheshire West and Chester Borough Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- Alzheimer’s Society, Carers Trust, Dementia Resource Community and local charities
- VCFSE sector
- People with dementia and their families

### Engagement:

Ongoing consultation and engagement with people living with dementia, carers, and healthcare professionals are essential to ensure that services are responsive to local needs.

## 14. Conclusion

People living at home with dementia, and their carers, in Cheshire West would like more information communicated around the support that is available to them. This is not just restricted to people living with dementia and their carers, as people who provide home care services have stated that they would benefit from understanding about these services as well.

There appears to be a lack of a coordinated approach to providing services for people living with dementia, both at home and in care homes. Disparate services have been set up with little co-ordination and communication between the many services involved.

The population of people living with dementia in Cheshire West & Chester is going to increase over the years. The financial impact of this could amount to approximately £2 billion costs per year on health and social care services (source, Alzheimer’s Society). The pressure on Adult Social

Care services, health services and family units is only going to increase unless something is done to prevent, plan for and support this in advance.

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## 16. Appendix A: Results of Soft Market Testing

To understand how the residents of Cheshire West and Chester feel about ‘Ageing Well at Home’ with a diagnosis of dementia we carried out a soft market testing exercise via a Microsoft Form which was targeted at people with lived experience. The responses to the market testing are shown below.

Question 1 - Have you, a relative, or friend received a diagnosis for memory loss?

Responses	Total	%
Me	3	3%
Relative	80	85%
Friend	5	5%
Other	6	6%
	94	

Analysis: Referring to question 1, out of 94 responses we could see that 80 responses came from the relatives of those with a diagnosis of dementia.

Question 2 – How would you rate your understanding of the diagnosis you or your loved one has received? (1 meaning no understanding and 5 meaning full understanding)

Responses	Total
Level 5	23
Level 4	28

Level 3	25
Level 2	13
Level 1	5
	94

Average rating is 3.5

Analysis: We can see from the responses for question 2 that the majority of respondents understood the diagnosis of their loved one or that they had received. However, we still need to help people further understand the diagnosis of dementia because this can assist with the following:

1. Empowerment and Informed Decisions: When patients understand their diagnosis, they are better equipped to make informed decisions about their treatment options. This empowerment can lead to more active participation in their care, improving adherence to treatment plans and lifestyle changes

2. Tailored Treatment and Care Plans: Accurate diagnosis allows health and social care providers to develop more personalized and effective treatment plans. Understanding the specific condition ensures that the treatment targets the root cause rather than just alleviating symptoms

3. Improved Communication: Clear understanding of a diagnosis fosters better communication between people living with dementia, carers and healthcare providers. Patients and carers can ask more relevant questions, express concerns more effectively, and collaborate on treatment and care strategies. Comments as above

4. Reduced Anxiety and Stigma: Knowing the exact nature of their condition can reduce the anxiety and uncertainty patients might feel. It also helps in reducing stigma, as people living with dementia can better explain their condition to others, fostering a supportive environment.

5. Long-term Management: For chronic conditions, understanding the diagnosis is crucial for long-term care and management. The people living with dementia can recognise early signs of complications, adhere to preventive measures, and seek timely interventions, which can improve overall outcomes.

Question 3 – How would you rate the effectiveness of the support and help you’ve received so far? (1 meaning ineffective and 5 meaning extremely effective)

Responses	Total
Level 5	6
Level 4	9
Level 3	30
Level 2	28
Level 1	21

Average rating is 2.48

Analysis: For question 3 we can see that the effectiveness of the support received so far was not as effective as we would have liked. This is something that we need to look into further because there are multiple support channels available to support people living with a diagnosis of dementia.

Question 4 – Are you or your loved one utilising any technologies to support with the diagnosis in the home environment? For example, memory aids, falls detectors, room sensors, pendant alarms, and specialist apps. If yes, please detail below.

Analysis: Out of 94 responses we could see that several technologies were being used as an aid for dementia residents. However, we could also see that there were a number of respondents that were unaware of the available technologies. This is something that we need to investigate, to ensure that the right information is available from the beginning of the dementia diagnosis.

Question 5 – How would you rate your ability to cope at home on a daily basis? (1 meaning unable to cope and 5 meaning coping well)

Responses	Total
Level 5	2
Level 4	17
Level 3	42
Level 2	20
Level 1	13
	94

Average rating is 2.73

Analysis: On reviewing question 5, we can see that the majority of respondents felt the scale they were coping was from Level 3 down to Level 1 with a small number of respondents coping from Level 4 to Level 5. From looking at the responses to the other questions this might be due to not knowing about the available support and technologies.

Question 6 – Please describe what additional support would be of benefit to you or your loved ones to remain comfortable at home.

Analysis: For question 6, out of 94 responses feedback showed that more support was required in various ways including support for carers, respite breaks, additional funding, and day care services. To support individuals living with dementia and their carers, it is vital that we establish a co-ordinated and accessible communication network. This network should ensure that clear, timely and relevant information is readily available to help people living with dementia and their carers understand the range of services, support options, and resources available to them. By improving awareness and access to information, we can empower people living with a diagnosis of dementia, carers and families to make informed decisions, navigate care pathways more effectively, and enhance overall quality of life.

