Dementia JSNA Briefing Paper

Overview

- Dementia is a collective term for disorders of the brain impacting cognitive abilities.
- Total cost of dementia to the UK is estimated to be £26.3 billion per year.
- By 2040, it is estimated that about 22,600 people aged 65+ in Norfolk will have dementia.
- It is estimated that 63.3% of people living with dementia in Norfolk have been diagnosed.
- However, the number of people in Norfolk with dementia is below the England average.
- Yet, the diagnosis rate is higher than the England average, which may be due to the ageing population.
- There are numerous services and initiatives in Norfolk to support those living with dementia, family and carers.
- There are multiple non-modifiable risk factors such as age, ethnicity, and gender, but also many modifiable risk factors such as smoking, alcohol, physical activity and nutrition.
- Norfolk County Council's 'Promoting Independence' strategy aims to remodel services to help people to stay well and live independently for longer.
- It is recommended that policy makers and commissioners promote greater awareness of signs and symptoms, preventative measures, health in all policy approach, and build an integrated way of working with the VCSE sector and community.

Introduction

Dementia is a term that covers a wide range of medical conditions including Alzheimer's disease. The disorders grouped under "dementia" are caused by abnormal brain changes which can cause loss of memory, reduce problem-solving, impact language skills and other cognitive abilities which are severe enough to interfere with daily life and independent living[1].

Dementia in people aged 65+ is predicted to increase by 41% in England between 2025 and 2040, meaning that by 2040 there will be 1.12 million people aged 65+ in England living with dementia[2,3]. National models also suggest that there will not only be increases in the number of people living with dementia but also an increased complexity of care needs[4]. In the UK, it has been found that two thirds of people accessing homecare and 70% of care home residents live with some form of dementia[5]. Compared with 2019, patients admitted to hospital in 2022 were more likely to be older. The proportion of emergency admissions of adults aged 65 years and older resulting in an overnight stay rose from 57.3% to 58.5%. This is in line with longer term trends[6]. Promoting active and healthy ageing is essential to reduce the time spent in ill health as much as possible.

Costs for dementia care in the UK are made up of healthcare costs and social care costs, but a large proportion of care is unpaid through family and friends. The total cost of dementia in the UK is currently

estimated to be £26.3 billion a year, with social care (publicly and privately funded) making up the largest proportion of this at £10.3 billion and health care accounting for 16% (£4.3 billion) of the total costs in the UK[7]. With a population that is aging, the numbers of people with dementia are projected to increase in society and services will need to adapt accordingly. In the absence of any new cures or interventions, earlier diagnosis and provision of appropriate support will ensure that people with dementia will have more choice and control over how they live, enabling them to live independently for longer.

Norfolk Summary

It is estimated that 6.4% of people aged 65 and over have dementia[8]. With an increased proportion of the population living longer, the number of people living with dementia is expected to increase. In 2023, it was estimated that 14,800 people were living with dementia[9], but by 2040 it is estimated that about 22,600 people aged 65+ in Norfolk will have dementia[10], with almost 3 out of 4 additional diagnoses being in 85+ year olds[11]. Patients who have dementia are more likely to experience many more complications and stay longer in hospital than those without dementia[12].

The strongest known risk factor for dementia is age, whilst it is not possible to delay getting older there are several lifestyle choices that can reduce the risk of dementia[13]. Regular physical exercise, drinking alcohol in moderation (if at all) and not smoking combined with a healthy weight and diet are all known to reduce the risk of dementia. Area level factors such as urban/rural settings and deprivation have also been associated with variation in local services and resources impacting on a person's capability to live well with dementia[14]. It has also been found that lower wealth later in life is associated with an increased risk of dementia, indicating that people with fewer financial resources are at a higher risk[15].

Early diagnosis of dementia means that people have improved access to support and treatment which can help promote independent living for longer within society. Comparing observed numbers of people with dementia to the numbers expected at a GP practice level gives an indication of the number of people living with dementia that are undiagnosed. Across Norfolk the current diagnosis rate is 63.3%[16].

In Norfolk, there are various services and support available for people living with dementia. However, as dementia prevalence increases and diagnosis rates improve, potentially more of these support services will need to be available.

Population, risk factors and outcomes related to dementia pathway

Researchers are still investigating how dementia develops and there is no certain way to prevent all types of the group of syndromes. However, there is strong evidence that adopting a healthy lifestyle can reduce your risk of developing dementia in later life. There are several non-modifiable risk factors for dementia such as[17]:
Age: Although it is possible to get dementia at any age, most cases occur in those aged over 65, with the risk then roughly doubling every 5 years. As life expectancy increases, the number of older people, including those living with dementia, is increasing[18]. There is a one in six chance of developing dementia over the age of 80.
Ethnicity: African, African-Caribbean and South Asian communities appear to be at a higher risk of developing dementia than white Europeans, although specific environmental risk factors are thought to explain this.
Gender: Women diagnosed with dementia outnumber men two to one.
Genetics: Genetics alone rarely cause dementia, although when this does occur it usually affects people aged under 65 years of age.

There are modifiable risk factors, that have been conducted as part of the 2024 report of the Lancet, that if could be prevented, could theoretically reduce dementias by 45%[19]:
Early Life:
Levels of education (5%): Higher educational attainment at a lower age may lead to better occupational attainment and lifestyles that protect against dementia[20].
Midlife:
Hearing loss (7%): There is a potential increased risk by 71%, but hearing aids could mitigate a large proportion of the risk[21].

Hypertension (2%): Midlife hypertension increases the risk for all-cause dementia, Alzheimer's disease, and vascular dementia[22].
High LDL cholesterol levels (7%): having increased levels of high cholesterol has an associated risk of dementia[23].
Smoking (2%): There is a 31% increased risk of dementia, with current smokers increasing the risk of vascular dementia, but not Alzheimer's disease[24].
Obesity (1%): Possibly due to oxidative stress that occurs in obesity due to chronic inflammation and hypertrophy of adipose tissue[25].
Depression (3%): There are shared mechanisms between depression and dementia, including HPA axis dysfunction, cognitive decline, brain atrophy, and neuroinflammation[26].
Physical inactivity (2%): Higher levels of physical activity have been shown to reduce dementia risk[27].
Diabetes (2%): May be associated with hypertension and atherosclerotic effects[28].
Excessive alcohol consumption (1%): Excessive alcohol intake increases the risk of dementia, but light to moderate alcohol intake may reduce all-cause dementia and Alzheimer's disease[29].
Traumatic brain injury (TBI) (3%): Which is a forceful blow to the head causing the brain to move within the skull, increases the risk of dementia, with increasing risk with multiple TBIs[30].
Late life:
Air pollution (3%): An emerging risk factor, possibly affecting young children and older adults due to a more permeable blood brain barrier allowing particulates to enter, but the exact mechanisms are not fully understood yet[31].
Social isolation (5%): Possible bidirectional model between loneliness and dementia[32], with high social engagement and a large social network lowering the risk of dementia[33].
Untreated visual loss (2%): New to the 2024 Lancet commission, there may be a dose-relationship where higher visual impairment leads to greater degree of cognitive impairment[34].

Social determinants of health also play a role in the development of dementia, with consistent patterns shown in socioeconomic status and ethnicity, with some evidence still emerging for housing quality and stability[35].

A **population-level approach** may yield the greatest reduction in risk. Approximately 20% of cases of dementia occur in people who are high-risk earlier in life, yet most interventions are aimed at later life. Changing this approach should not just focus on high-risk populations, but making choices that have a positive effect on brain health easier may help. There are evidence-based policy levers that could reduce population level risk including fiscal changes (e.g. taxation of cigarettes), marketing restrictions on unhealthy products, and policies that improve access to healthy foods, active travel and cleaner air. This requires researchers and policy makers to work together[36].

There are different types of dementia which affect people differently, however common early symptoms which tend to appear some time before a formal diagnosis include memory loss, mood changes, difficulty concentrating, being confused about time and place and finding it difficult to carry out familiar daily tasks. These symptoms are mild to begin with and tend to get gradually worse eventually impacting on ability to maintain independence and carry out everyday activities[37]. Therefore, early and timely diagnosis can provide earlier access to support and resources, improve quality of life and plan for the future[38].

Development and publication of a 5-year transformation plan known as the 'Well Pathway for Dementia' has been produced by the NHS[39]. The outcomes related to the dementia pathway in Norfolk are summarised in Figure 1. This is now the framework upon which we measure the dementia metrics against and is set out as follows:
Preventing well: Risk of people developing dementia is minimised.
Diagnosing well: Timely accurate diagnosis, care plan and review within the first year.
Supporting well: Access to safe, high-quality health and social care for people with dementia and carers.
Living well: People with dementia can live normally in safe and accepting communities.
Dying well: People with dementia die with dignity in the place of their choosing.

Figure 1. Public Health England dementia pathway summary for Norfolk[40]

Indicator	Period	Norfolk			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Preventing well (risk factors)								
Obesity: QOF prevalence (new definition)	2024/25	–	117,931	14.8%	13.9%	6.4%		
Smoking: QOF prevalence (15+ yrs)	2024/25	↓	119,701	14.4%	13.5%	8.9%		
Percentage of physically inactive adults	2023/24	–	-	21.0%	22.0%	36.6%		
Diagnosing well and prevalence								
Estimated dementia diagnosis rate (aged 65 and older) > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2025	→	9,923	63.3*	65.6	52.4		
Dementia: Recorded prevalence (aged 65 years and older)	2024	–	-	-	4.20%	-	*Insufficient number of values for a spine chart*	
Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000	2024	–	-	-	2.90	-	*Insufficient number of values for a spine chart*	
Living well and supporting well								
Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)	2019/20	–	6,190	2,641	3,517	6,100		20
Dementia care plan has been reviewed in the last 12 months (denominator incl. PCAs)	2023/24	–	-	-	75.5%	-	*Insufficient number of values for a spine chart*	
Dementia: Quality rating of residential care and nursing home beds (aged 65 years and older)	2023	↓	-	58.2%	74.5%	22.7%		0%
Dying well								
Direct standardised rate of mortality: People with dementia (aged 65 years and older)	2023	↓	-	806	828	1,164		
Place of death - hospital: People with dementia (aged 65 years and older)	2023	↑	540	27.5%	26.3%	12.9%		

During the 2024-2025 financial year, there were 4,984 emergency hospital admissions for people aged over 65 with a comorbidity of dementia across Norfolk, the equivalent of 2,048 per 100,000, which is significantly better than the national average. Across Norfolk about 10% of admissions have a comorbidity of dementia, in the East of England this is 11.5%.

Recorded dementia prevalence for those aged 65+ is 4.39% (10,306 people) which is significantly lower than the England average of 4.53%[41]. The crude recorded prevalence of dementia in those aged under 65 in Norfolk is 3.64 per 10,000 which is significantly higher than England at 2.89 per 10,000[42]. There are numerous risk factors which could affect your chances of getting dementia, some of these such as age and genetics cannot be changed. However, research reported at the Alzheimer's Association International Conference in 2019 suggested that regular exercise, a healthy diet, not smoking and regular cognitive stimulation may decrease the risk of dementia[43]. The proportion of physically inactive adults is not significantly different in Norfolk compared to England (Fig.2). However, compared to the national average, Norfolk has significantly higher stroke (all ages), hypertension (all ages) and diabetes prevalence (17+) (Fig.2). Excessive alcohol consumption is known to increase your risk of stroke and heart disease. Norfolk has a statistically higher number of admission episodes for alcohol-related conditions (narrow) for people aged between 40 and 64 years. This suggests that the demand that will be placed on the system in Norfolk by dementia, combined with the aging population is likely to be higher than for other parts of the country where the number of older people is less and prevalence of risk factors is lower.

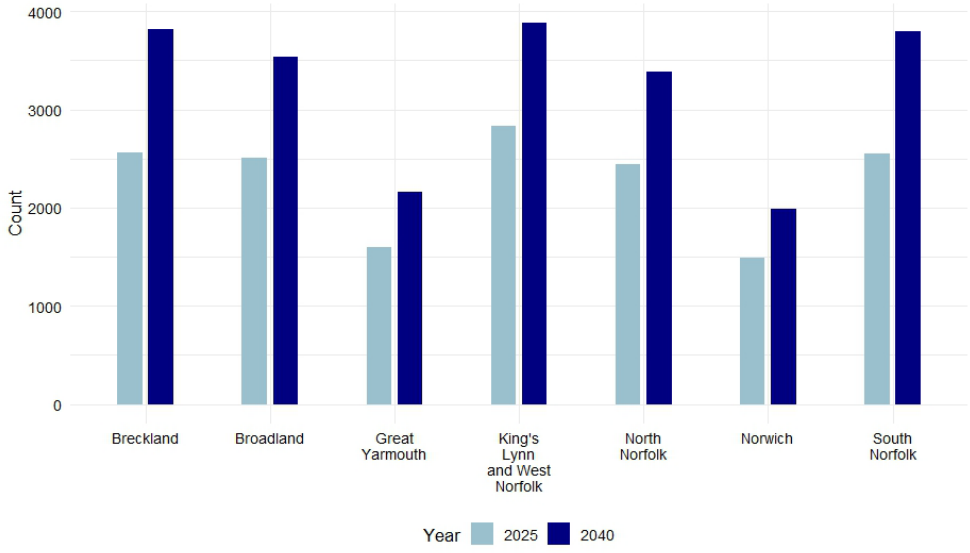
Figure 2. Dementia prevention pathway for Norfolk benchmarked against the national average (Fingertips).

Indicator	Period	Norfolk			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of physically inactive adults	2023/24	–	-	21.0%	22.0%	36.6%		
Admission episodes for alcohol-related conditions (Narrow) (40 to 64 years)	2023/24	→	2,659	870	802	1,425		
CHD: QOF prevalence	2024/25	→	35,195	3.6%	3.0%	1.2%		
Hypertension: QOF prevalence	2024/25	↑	173,057	17.9%	15.2%	7.7%		
Depression: QOF prevalence	2024/25	–	110,971	13.9%	14.3%	7.1%		
Diabetes: QOF prevalence	2024/25	↑	71,706	8.9%	7.9%	3.8%		
Stroke: QOF prevalence	2024/25	↑	23,724	2.5%	1.9%	0.7%		
People receiving an NHS Health Check per year	2024/25	↑	29,486	11.0%	9.0%	0.6%		

Burden of ill health and gaps in services

About 1% of the population in Norfolk have a dementia diagnosis recorded and this is higher than in England as a whole, most likely due to the ageing population in the county. By 2040 dementia prevalence is expected to increase to about 22,600 people aged 65+ (Figure 3). Figure 3 shows the current estimated diagnosed and undiagnosed dementia cases and the forecasted cases aged 65+ for 2040 based on age and gender projections. This shows that between 2025 and 2040, there will be an estimated 41.1% increase in people living with dementia in Norfolk. People living with dementia get the diagnosis and medication from the NHS, however often the symptoms mean that they need help with everyday living such as personal care and shopping, meaning that social care also provides a lot of support to people living with the condition[44]. As such a higher number of dementia cases in Norfolk will put additional demand on both the health and social care services required to provide treatment and support to enable the individuals to live well for longer.

Figure 3. Projected dementia age 65+ prevalence by district between 2025 and 2040. Table shows the percentage increase for this period. Uses CFASII rates.



Area	% increase
Breckland	49.1%
Broadland	40.7%
Great Yarmouth	35.3%
King's Lynn and West Norfolk	36.9%
North Norfolk	38.4%
Norwich	33.3%
South Norfolk	49.3%
Norfolk	41.1%

A commitment to increase the number of people living with dementia to have a formal diagnosis was introduced in 2012 as one of the Prime Minister's challenges for dementia. The rationale for this objective was that a timely diagnosis improves the outcome of the people living with the disease and enables both their carers and healthcare staff to plan accordingly and better work together to improve the health and care outcomes of the individual[45]. In November 2025 there were 10,306 people registered at practices in Norfolk with dementia diagnosed. For districts within Norfolk the area with the highest number of people diagnosed with dementia is Breckland with approximately 1,730 people, about 71% of the expected number of people with dementia (Fig.4 & Fig. 5). Two districts in Norfolk; South Norfolk and King's Lynn and West Norfolk, have significantly worse dementia diagnosis rates than the national average of 66.5% (Fig.4).

Figure 4. Estimated dementia diagnosis rate (aged 65+), Norfolk districts (November 2025)[46].

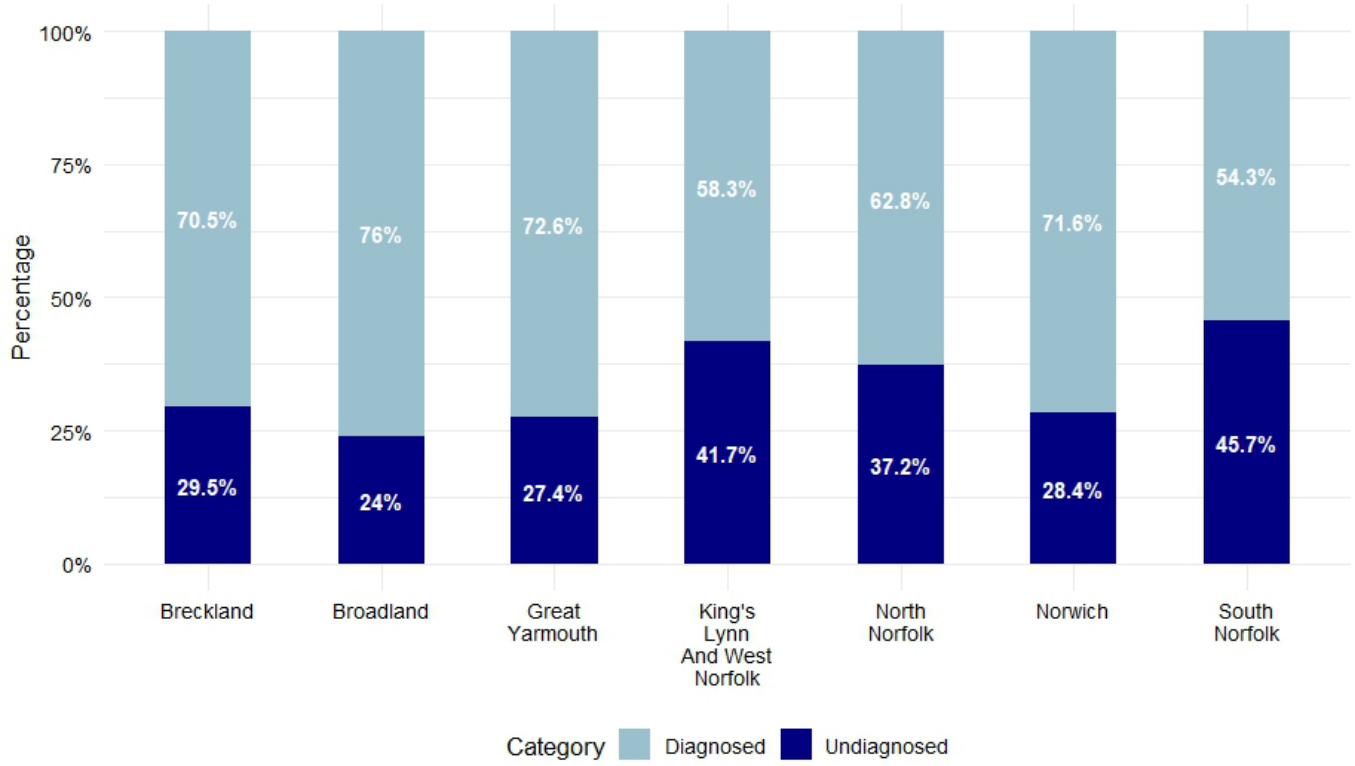
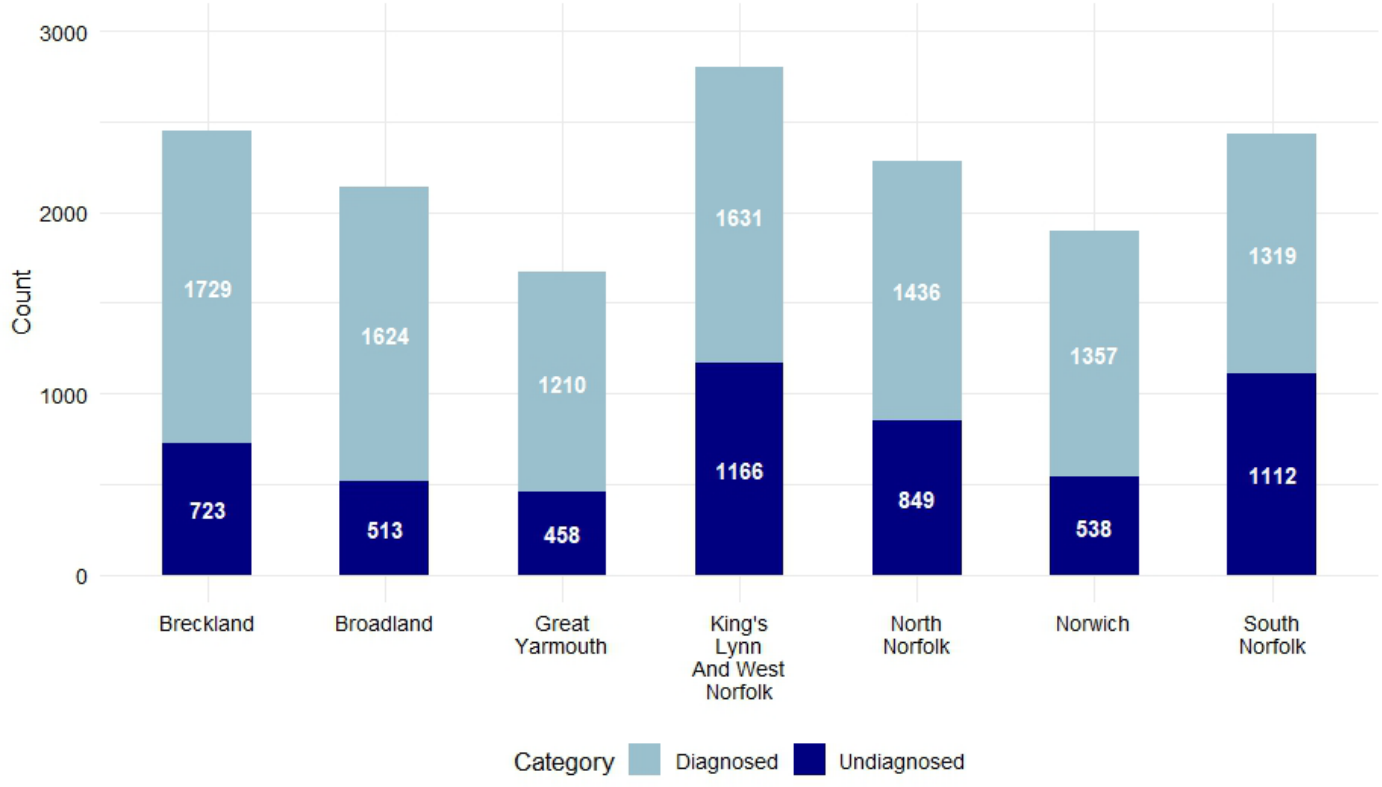


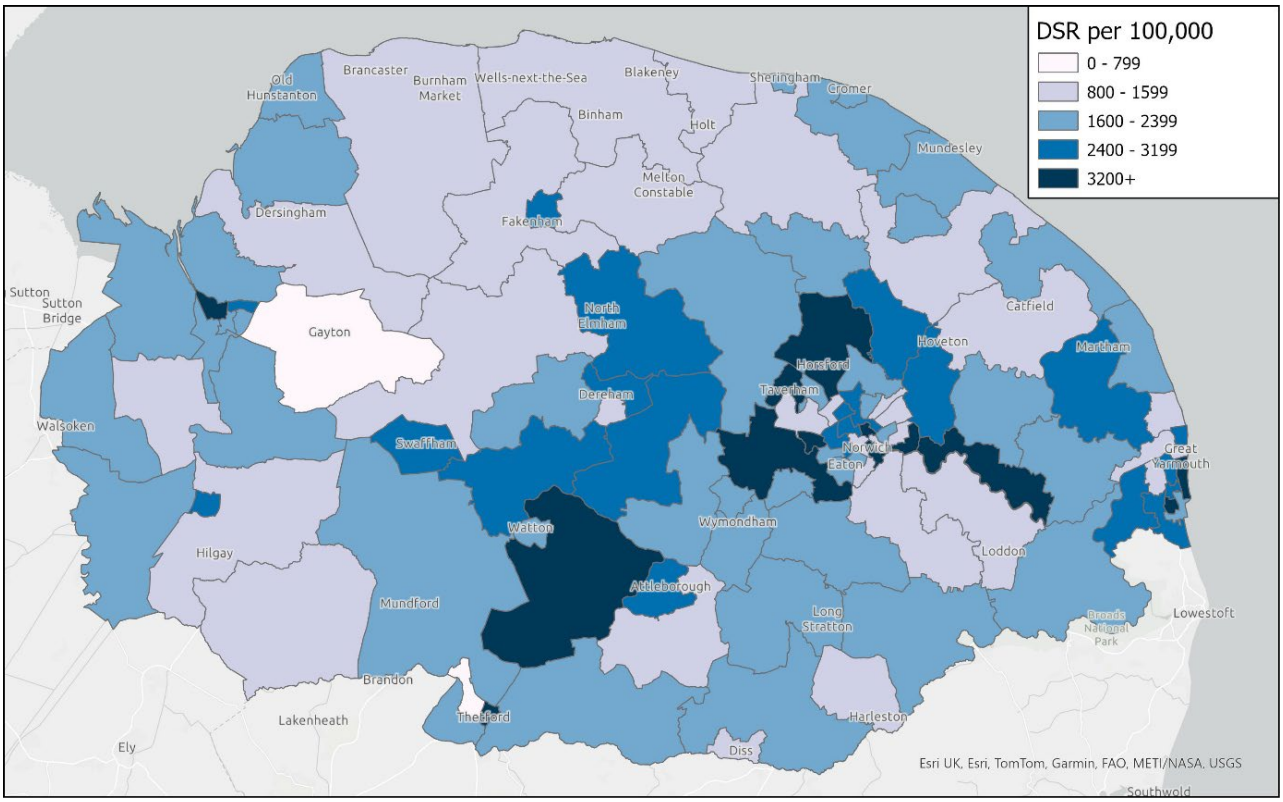
Figure 5. Estimated prevalence of dementia by district (November 2025).



Further demand is placed on services if people need to be admitted to hospital because of dementia. Across Norfolk there are about 5,000 emergency admissions each year for dementia for people aged 65 and over; this varies by area. The rate of emergency admissions by middle super output area (MSOAs) can be seen in

figure 6, this shows lower admissions in the North Norfolk area, which may be due to the distance needed to travel to an acute hospital.

Figure 6. Direct standardised rate of dementia-related emergency admissions (65+) by MSOA. HES, 2024-25.



In Norfolk during the 2023-2024 financial year, 795 service users aged 65+ accessed long-term support with the primary support reason being ‘Memory and Cognition’, the equivalent of 344 per 100,000 people. For people aged 18-64, 90 people were accessing support for ‘Memory and Cognition’, which is 13 people per 100,000. For the people accessing long-term residential and nursing, this cost a weekly average of £1,556 (18-64) and £1,080 (65+). In total, Norfolk County Council had a gross current expenditure on both short and long-term care of approximately £25.5 million for service users requiring support for memory and cognition during the 2023-2024 financial year[47]. In 2025 the quality rating of residential nursing home beds for suitable residents with dementia and aged 65+ which were rated as either ‘good’ or ‘outstanding’ by the Care Quality Commission (CQC) was 56.3% which is significantly lower than the England average of 71.5%. The number of residential care and nursing home beds per 100 persons registered with dementia aged 65+ is 73.6, this is significantly similar to the national average of 74.0 (2025).

Dementia as an underlying cause of death has been increasing steadily each year, with Breckland, Broadland and Great Yarmouth having significantly higher deaths than the national average (Fig. 7). In 2014, 1,019 deaths in Norfolk had dementia as an underlying cause, by 2024 this had risen to about 1,462 deaths, accounting for approximately 13% of all deaths in Norfolk. By 2029 dementia deaths are projected to make up 15% of all deaths in Norfolk (Fig.8).

Figure 7. Age standardised dementia deaths (65+) per 100,000 by district compared to England average (2024).

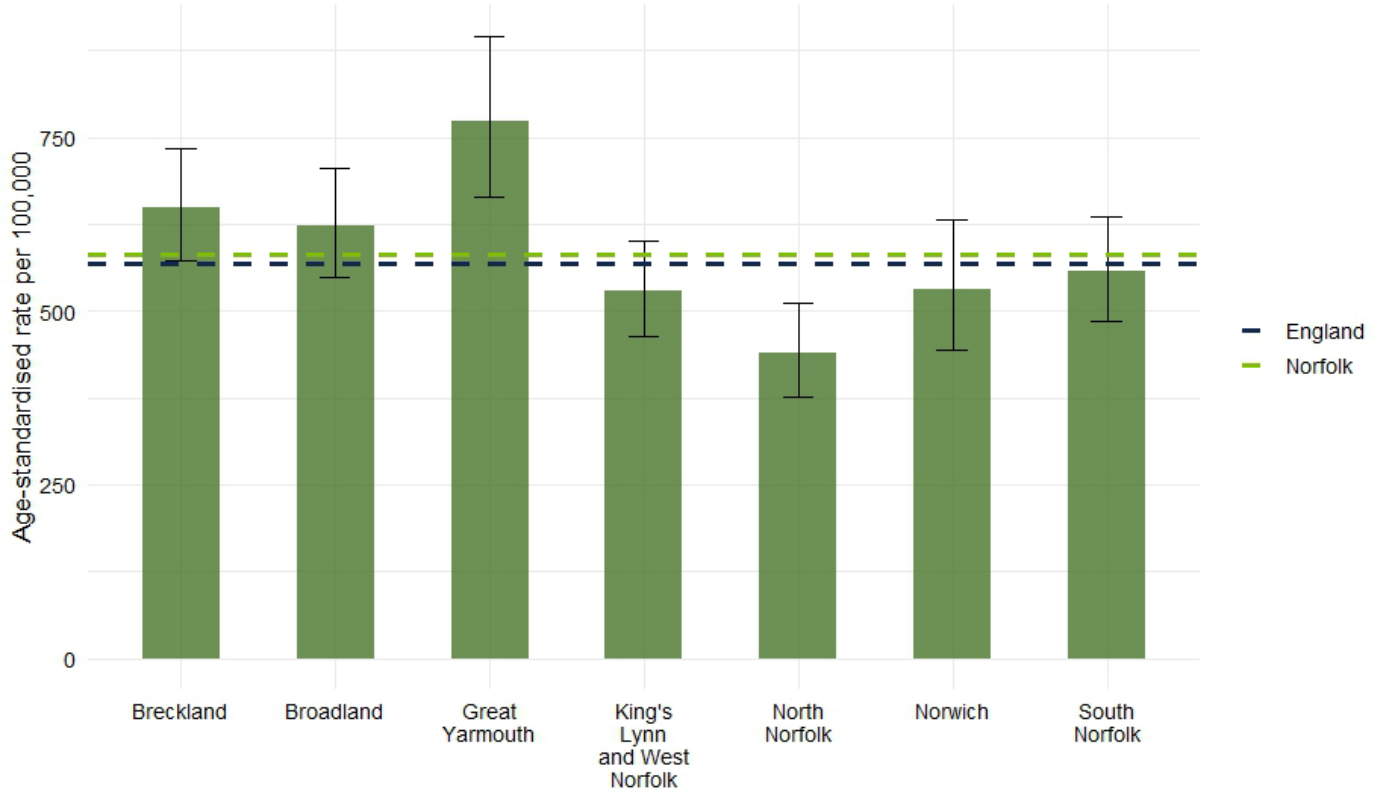
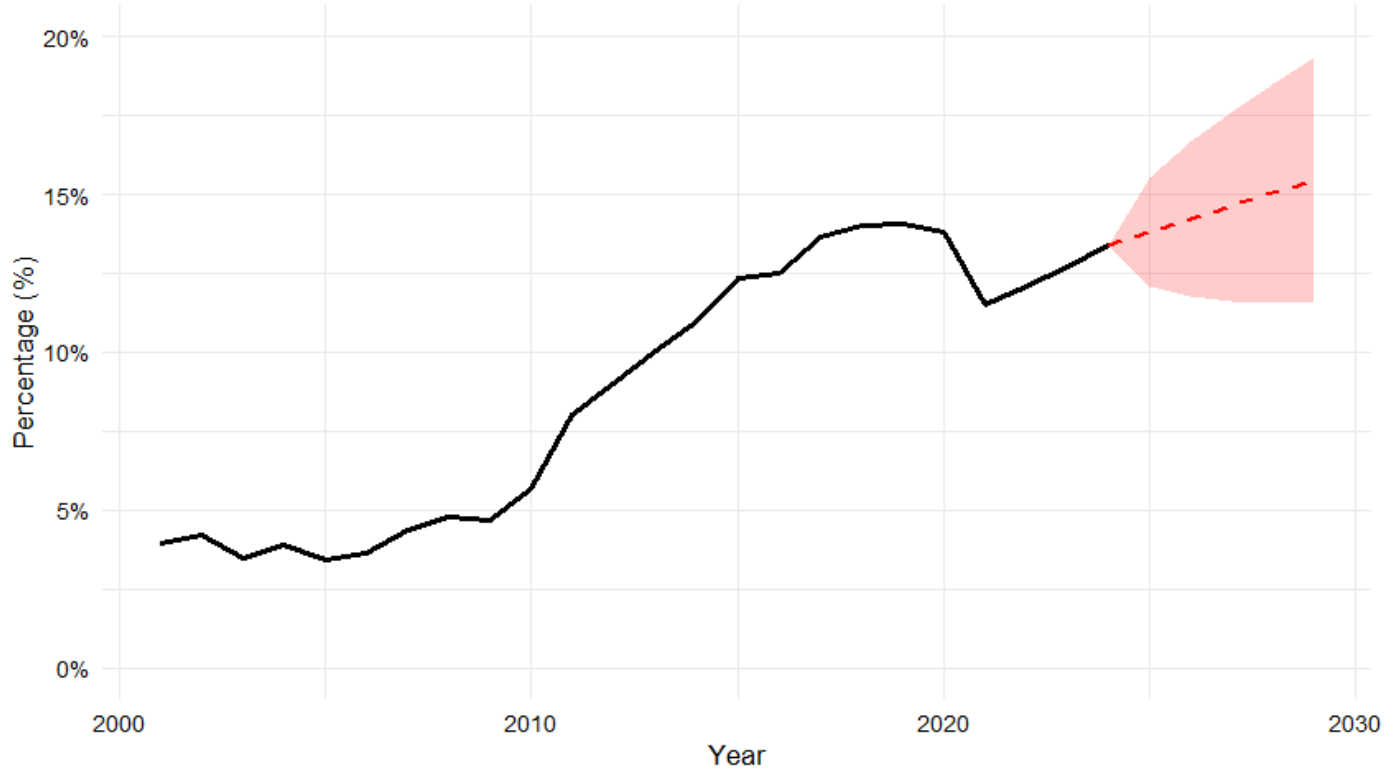


Figure 8. Proportion of all deaths attributable to dementia by year. Middle dotted line shows the forecasted proportion up until 2029 whilst the upper and lower lines are the confidence intervals (95%). (NHS Digital data)



Current services, local plans and strategies

Nationally, dementia is a priority for both the Government and NHS England. They set out the Five Year Forward View which highlighted the need to upgrade the quality of care and access to dementia services[48]. They also introduced the **'Well Pathway for Dementia'**, which is a five-year transformation plan with the aim of better prevention, diagnosis and support for those living with dementia as well as setting standards for living well and dying with dignity.
Dementia has been championed over the years and now sits within the Norfolk and Waveney Integrated Care Strategy, where they identify that the number of cases of dementia is forecast to double by 2040[49].
Norfolk County Council's 'Promoting Independence' strategy aims to remodel services to help people to stay well and live independently for longer, including how dementia is supported[50].

It's widely acknowledged that carers, family and people living with dementia also require face-to-face support rather than just information online and telephone numbers. There are numerous organisations across Norfolk which provide this provision, including the Alzheimer's Society Dementia Support Norfolk and Waveney[51], Age Space directory of Norfolk based dementia services[52] and local initiatives[53], Dementia UK[54], Age UK Norfolk[55], Age UK Norwich[56], the Norfolk and Norwich University Hospital Dementia Services[57], and services for carers[58],[59] (see 'References and information' section for links to further information). It's important to remember that if you have any concerns regarding unusual symptoms speak to your GP.

Voice - the perspective from the public, service users, referrers and front-line staff

The Alzheimer's Society produced a 'Dementia Experience Toolkit' following on from a survey that they conducted in late 2018[60]. This survey involved people with dementia, carers, commissioners, regulators, health and care services providers, researchers, dementia organisations, and other teams at the Alzheimer's Society. The aim was to produce a more user-friendly website that catered the needs of everyone involved. Some of the key feedback from service users was that they felt staff involved in their care lacked awareness and did not build upon their personal experience of living with dementia and they wanted greater involvement in their care. Meanwhile the staff involved in the care wanted to get better feedback that was accessible and helped shape the services provided. This helped to shape the Alzheimer's Society website available at https://www.alzheimers.org.uk/about-dementia.

Alzheimer's Research UK conducted a survey of 2,259 adults aged 18 and over in the UK in 2023. This records the UK's understanding of, and perceptions towards dementia. It found that over half of the UK public know someone who has been affected by dementia, but although the awareness of dementia is increasing, the understanding of the diseases that cause it remains low. Only a third of people realised that it is possible to reduce the risk of developing dementia compared to 78% who know that it is possible to reduce their risk of developing diabetes. There is however strong public support for research focussed on prevention and cure for dementia[61].

The Alzheimer's Society conducted research to help understand the experiences of people living with dementia during the pandemic[62]. This subsequently found that people with dementia who were living alone were more likely to report an increase in symptoms and stating that they feel lonelier compared to those who lived with others. Nearly half of people with dementia reported that the pandemic had a negative impact of their mental health with over 1 in 3 reporting that they have lost confidence in carrying out daily tasks and leaving the house. Carers of people living with dementia also noted a strong negative emotional impact of the pandemic with 44% noting impacts on their mental health, 42% noted an additional strain on their relationship with a loved one, and 22% left struggling to care for themselves and their loved one.

Considerations for System Partners

Norfolk County Council launched its new five-year strategy in 2024, Promoting Independence Strategy Adult Social Services 2024-2029[63]. Shaped by the Care Act, a key priority is integrating ways of working to ensure that service users are given the best chance possible to live independently in later life. It recognises the support that carers provide to our service users and priority actions include providing identification and

support, making information and advice easier to access, understand carers experiences, support for their health, and clear information about carers rights[64].

As highlighted by this report it is important that health and wellbeing commissioners, and policy makers in Norfolk continue to:
Carry out preventative work and highlight the healthy life choices that individuals can make to reduce their risk of dementia.
Improve awareness of the early signs of dementia, thus helping them to get a timely diagnosis.
Diagnose dementia in the early stages, enabling our service users to plan for the future and access help and support as needed, enabling them to remain independent for longer.
Ensure person-centred care to the person with dementia and their carers and that support is flexible to their needs.
Develop understanding in the wider population regarding the challenges that people with dementia are faced with and ensure that they are equipped with the tools to help support them.
Enhance understanding and provide an inclusive society for people living with dementia.
Train staff to the highest standards to ensure that they have the skills to help them identify people with dementia and to feel confident in supporting the individuals needs post-diagnosis.
Include a health in all policies approach to support dementia awareness, lifestyle, and support for carers.
Build a greater strategy around dementia and healthy ageing.
Support an integrated approach across different districts and places.
Embed World Health Organization healthy ageing approaches in supporting dementia risk reduction.
Embed the VCSE within the integrated approach.
Consider a health across the lifespan approach to reduce the future risk of dementia.
Interventions should be individualised, consider the person's life circumstances, and include family and carers[65].

There are specific actions recommended in the Lancet review[66]:

- ✓ Ensure good quality education is available for all and encourage cognitively stimulating activities in midlife to protect cognition.
- ✓ Make hearing aids accessible for people with hearing loss and decrease harmful noise exposure to reduce hearing loss.
- ✓ Treat depression effectively.
- ✓ Encourage use of helmets and head protection in contact sports and on bicycles.
- ✓ Encourage exercise because people who participate in sport and exercise are less likely to develop dementia.
- ✓ Reduce cigarette smoking through education, price control, and preventing smoking in public places and make smoking cessation advice accessible.
- ✓ Prevent or reduce hypertension and maintain systolic blood pressure of 130 mm Hg or less from age 40 years.
- ✓ Detect and treat high LDL cholesterol from midlife.
- ✓ Maintain a healthy weight and treat obesity as early as possible, which also helps to prevent diabetes.
- ✓ Reduce alcohol consumption through price control and increased awareness of levels and risks of overconsumption.
- ✓ Prioritise age-friendly and supportive community environments and housing and reduce social isolation by facilitating participation in activities and living with others.
- ✓ Make screening and treatment for vision loss accessible for all.
- ✓ Reduce exposure to air pollution.

Useful organisations and support

Age Space: Age Space Norfolk – Your Local Guide To Elderly Care
Age UK Norfolk: http://www.ageuk.org.uk/norfolk
Age UK Norwich: http://www.ageuk.org.uk/norwich/
Alzheimer's Society: Dementia Support Norfolk and Waveney | Alzheimer's Society
Carers Matters Norfolk: Support, Advice & Education for Carers | Carers Matter Norfolk
Caring Together: Homecare and support for unpaid carers North and East Norfolk | Great Yarmouth, Gorleston & North Walsham
Carers UK: Carers Matter Norfolk | Carers UK

Dementia Carers Count: Home - Dementia Carers Count
Dementia Friendly Communities: https://www.alzheimers.org.uk/dementiafriendlycommunities
Dementia Friends: https://www.dementiafriends.org.uk/
Healthwatch Norfolk: http://www.healthwatchnorfolk.co.uk/
Independence Matters: Independence Matters - Supporting People Matters
Norfolk and Suffolk Dementia Alliance: http://www.dementia-alliance.com/norfolk
Norfolk County Council Dementia Support: http://www.norfolk.gov.uk/dementia
Norfolk Older People's Strategic Partnership: http://www.norfolkolderpeoplespartnership.co.uk/

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Glossary

Diagnosis rates – this is the number of confirmed cases recorded of the disease.
Recorded rates – this is total number of events divided by the total population.
Age standardised rates – an adjusted rate based on standardised populations across different areas.
Estimated rates – this is an estimation of how many people have the disease.

References

1 Alzheimer's Association - What is dementia?
2 POPPI - Projecting Older People Population Information
3 POPPI - Projecting Older People Population Information
4 Kingston et al (2018) Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) modelling study
5 Alzheimer's Society (2018) Dementia - the true cost: Fixing the care crisis
6 The Health Foundation (2023) What's driving increasing length of stay in hospitals since 2019?
7 Public Health England (2021) Health matters: midlife approaches to reduce dementia risk
8 Director of Public Health Annual Report (2025/26) Healthy Ageing: Thriving through the years
9 Mental Health: Public Health Outcomes for Norfolk and Waveney (2023)
10 NHS England (2024) Primary Care Dementia Data - Methodology of Indicators CFASII rates
11 Mental Health: Public Health Outcomes for Norfolk and Waveney (2023)
12 Alzheimer's Society (2026) What we think about social care
13 Alzheimer's Society (2021) Risk factors for dementia
14 Wu et al (2018) Inequalities in living well with dementia—The impact of deprivation on well-being, quality of life and life satisfaction: Results from the improving the experience of dementia and enhancing active life study
15 Cadar et al (2018) Individual and Area-Based Socioeconomic Factors Associated With Dementia Incidence in England: Evidence From a 12-Year Follow-up in the English Longitudinal Study of Ageing

16 Dementia Profile - Data | Fingertips | Department of Health and Social Care
17 Dementia UK (2025) Causes and risk factors of dementia
18 Livingston et al (2020) Dementia prevention, intervention, and care: 2020 report of the Lancet Commission
19 Livingston et al (2024) Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission
20 Kremen et al (2024) A lifespan perspective on cognitive reserve and risk for dementia
21 Kolo et al (2025) Hearing Loss, Brain Structure, Cognition, and Dementia Risk in the Framingham Heart Study
22 Livingston et al (2024) Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission
23 Alzheimer's Research Uk (2025) Cholesterol and dementia risk explained
24 Myrstad et al (2026) Smoking is associated with increased risk for dementia: the HUNT study, Norway
25 Mukherjee and Reddy (2025) Gut-brain relationship in dementia and Alzheimer's disease: Impact on stress and immunity
26 de Souza (2025) Shared Mechanisms in Dementia and Depression: The Modulatory Role of Physical Exercise
27 Wang et al (2025) Dose- and pattern- physical activity is associated with lower risk of dementia
28 Olesen et al (2025) Diabetes and coronary artery disease as risk factors for dementia
29 Zhang et al (2025) Alcohol consumption and risk of dementia: a systematic review and meta-analysis
30 Simmonds et al (2025) Dementia Risk Due to Traumatic Brain Injury in Subtypes of Dementia in the Welsh Population
31 Delgado-Saborit et al (2021) A critical review of the epidemiological evidence of effects of air pollution on dementia, cognitive function and cognitive decline in adult population
32 Wang et al (2022) Association between social integration and risk of dementia: A systematic review and meta-analysis of longitudinal studies
33 Holt-Lunstad (2024) Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications
34 Ehrlich et al (2022) Addition of Vision Impairment to a Life-Course Model of Potentially Modifiable Dementia Risk Factors in the US
35 Walsh et al (2025) Social determinants of dementia: A scoping review
36 Walsh et al (2023) What would a population-level approach to dementia risk reduction look like, and how would it work?
37 NHS (2023) Symptoms of dementia
38 Alzheimer's Disease International (ADI): Importance of a timely diagnosis
39 NHS England Transformation Framework - The Well Pathway for Dementia
40 Fingertips Profile - Mental Health: Dementia
41 NHS England Digital (2025) Primary Care Dementia Data
42 NHS England Digital (2025) Primary Care Dementia Data
43 Alzheimer's Association(2019) Lifestyle interventions provide maximum memory benefit when combined, may offset elevated Alzheimer's risk due to genetics, pollution
44 Alzheimer's Society (2018) Dementia - the true cost: Fixing the care crisis
45 Prime Minister's challenge on dementia: Delivering major improvements in dementia care and research by 2015
46 NHS England Digital (2025) Primary Care Dementia Data
47 NHS England Digital (2024) Adult Social Care Activity and Finance Report, England, 2023-24 (SALT)
48 NHS England (2019) NHS Five Year Forward View
49 Norfolk County Council (2024) Norfolk Joint Health and Wellbeing Strategy
50 Norfolk County Council (2024) Adult Social Services 5 year Strategy
51 Alzheimer's Society (2026) Dementia Support Norfolk and Waveney
52 Agespace (2026) Care services for People with Dementia in Norfolk
53 Agespace (2026) Dementia-Friendly Norfolk: Your Guide To Local Initiatives
54 Dementia UK (2026) We are Dementia UK
55 Age UK Norfolk (2026)
56 Age UK Norwich (2026)
57 Norfolk and Norwich University Hospitals NHS Foundation Trust: Dementia Services
58 Norfolk County Council (2026) Get help with looking after someone
59 Norfolk & Waveney Integrated Care System (ICS) (2026) Carers in Norfolk and Waveney
60 Alzheimer's Society (2019) Measuring the experience of people with dementia: Dementia Experience Toolkit
61 Alzheimer's Research UK (2025) Public Attitudes Towards Dementia
62 Alzheimer's Society (2020) The Impact of COVID-19 on People Affected By Dementia
63 Norfolk County Council (2024) Adult Social Services 5 year Strategy
64 Norfolk County Council (2024) Adult Social Services 5 year Strategy
65 Livingston et al (2024) Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission
66 Livingston et al (2024) Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission