

Technical Briefing: Dementia

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Technical Briefing: Dementia

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Wirral JSNA section update: - Dementia; Wirral and Beyond

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1. **Projections:** Overall, the number of people with dementia is estimated to increase by 45% in Wirral, with the largest increase predicted in the older age groups, particularly those aged 90+.
2. **Rising Demand:** Increasing cases of dementia will place greater pressure on services, with projections showing more people expected to live in care homes and more older people expected to be living alone. Both groups are likely to need extra support.
3. **Diagnosis and prevention:** The number of patients diagnosed with dementia is the highest it's been in 12 years. However, the estimated diagnosis rate in Wirral remains below the North West average, although slightly above the national average. NHS health Checks have also fallen by 16%, reducing prevention and early detection opportunities
5. **Hospital use:** Most dementia-related hospital admissions occur in those aged 60+, with the share of admissions increasing with age and the highest share among 85+.
6. **Inequalities:** In Wirral, the rate at which people are diagnosed with dementia and die with dementia is highest in the most deprived areas, where people die from dementia at over double the rate of those living in the least deprived.

Summary

- This technical briefing highlights a growing and ageing population of people living with dementia in Wirral, with resulting pressures across health and social care services.
- While improvements are evident in diagnosis and recorded prevalence, significant inequalities remain by age, deprivation and living circumstances.
- Data availability varies across the dementia pathway, particularly for system level and community based indicators.
- Ongoing development of local intelligence will be important to support future monitoring, planning and service development.

Introduction

This technical briefing provides a concise, evidence-based overview of the key data, analysis and insights relating to dementia. It is designed to support informed decision-making by presenting the most up-to-date information available, alongside relevant trends, implications and considerations for policy, planning or service delivery. The content draws on robust local, regional and national data sources and aims to offer objective, timely intelligence for partners and stakeholders.

The facts and figures in this report are presented using [Dementia 100 Pathway](#) headings (pillars). The Dementia 100 Pathway is a tool used to capture and understand attributes and requirements that are considered key to service delivery and care need for people living with dementia and their carers¹. Using this approach will help in evidencing areas where data is available to inform how well people living with dementia and their carers are supported, and also identify areas where data is unavailable.

Facts and Figures (Wirral and Beyond)

Leading Well

The Pillar “Leading Well” focuses on a strong system that emphasises research, integration, commissioning, training, and monitoring. Together, these elements support coordinated governance, workforce development, and the ongoing evaluation of dementia services, ensuring they are equitable, and responsive to population needs².

At the time of publication, locally comparable data to assess this pillar are limited. Ongoing work to strengthen intelligence and monitoring arrangements will support future inclusion of relevant measures as data availability improves.

Preventing Well

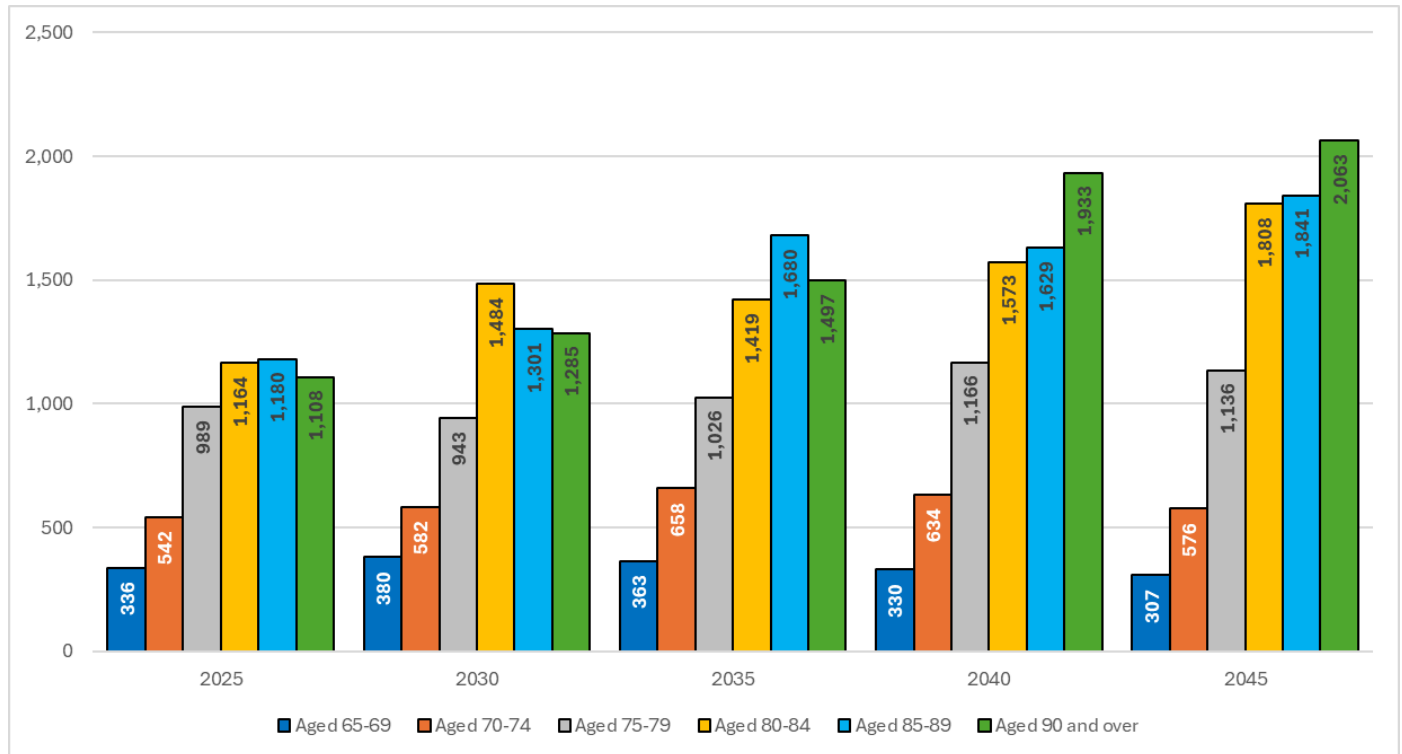
The pillar “Preventing Well” focuses on reducing the risk of people developing dementia through coordinated prevention and awareness³. Preventing Well emphasises addressing social and wider determinants of health which shape patterns of dementia risk across the population⁴. Understanding the population at risk of dementia is crucial in understanding how to target resources, care and aid prevention.

Who is at risk?

Understanding the population at risk of dementia is crucial in understanding how to target resources, care, and aid prevention. The number of people living with dementia is expected to rise over the coming years. In Wirral, this number is estimated to increase by 45% from 5,320 in 2025, to 7,730 in 2045, in England numbers are expected to increase by 52%, from 796,631 to 1,209,837⁵.

In Wirral this increase will be steepest among the older age groups (**Figure 1**). The number of people aged 90 and over living with dementia is expected to almost double, increasing from 1,108 in 2025 to 2,063 in 2045 - an 86% increase. A substantial increase is also expected in the 80-84 and 85-89 age groups. This means the oldest residents will account for most of the overall rise in dementia cases. Other age groups might expect smaller increases, while cases amongst 65–69-year-olds are projected to decline.

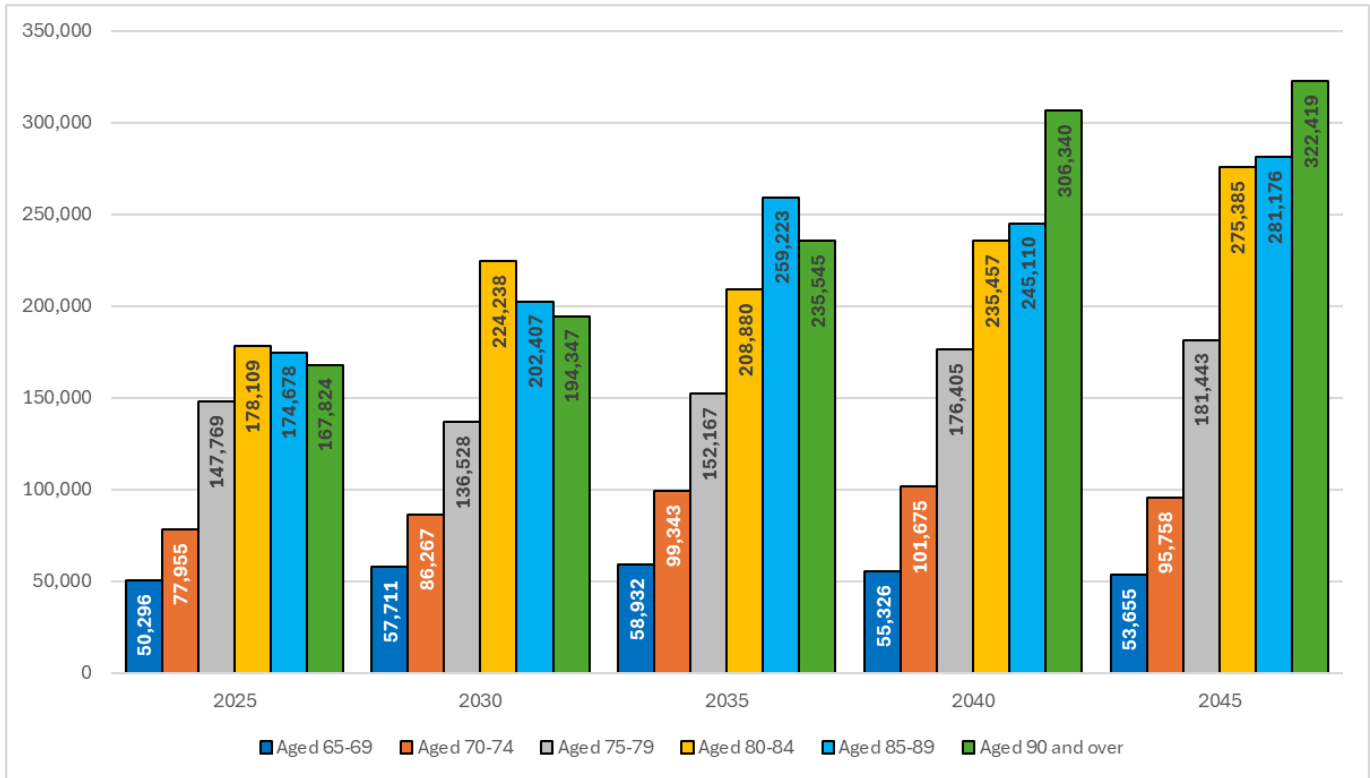
Figure 1: The number of people in Wirral predicted to have dementia by age group



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

In England, the number of people with dementia is predicted to increase across age groups by 2045, displayed in **Figure 2**. The biggest increase is predicted in those aged 90 and over, similar to the trend seen in Wirral, but on a much larger scale. In this age group, cases are predicted to increase by 92%, reaching 322,419 people by 2045. Large increases are also estimated among people aged 85–89-year and 80-84. These patterns highlight that dementia is much more common in the older age groups, and that the ageing population will play a major role in the overall rise in cases.

Figure 2: The number of people in England predicted to have dementia by age group

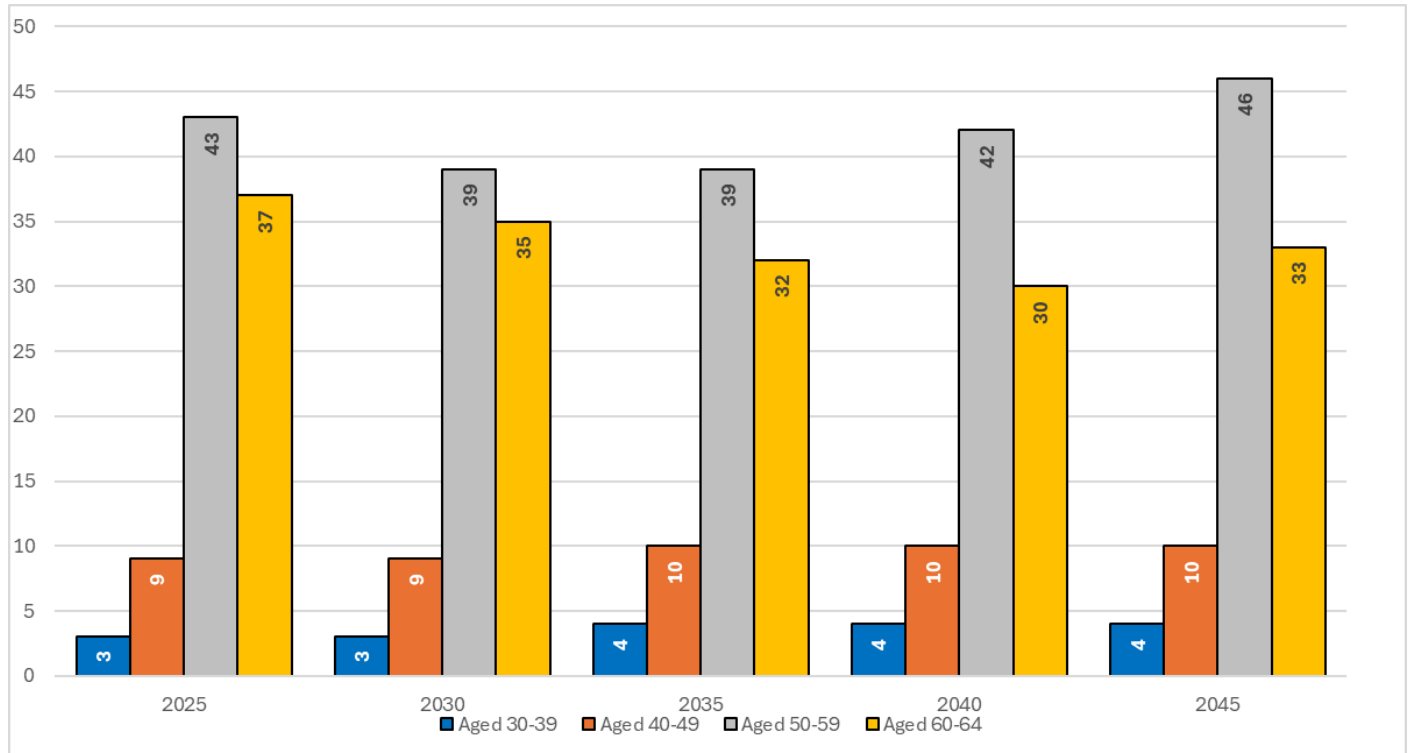


Source: [POPPI](#)

In Wirral the number of people with young onset dementia is only expected to change slightly between 2025 and 2045. **Figure 3** shows that the group with the highest number of cases is those aged 50-59, where numbers are predicted to rise from 43 people to 46. Among people aged 60-64, the numbers are expected to fall slightly from 37 to 33 people.

These small changes reflect the relatively low number of people affected by young onset dementia locally. This is influenced by both Wirral’s population size and by the fact that young onset dementia is less common overall.

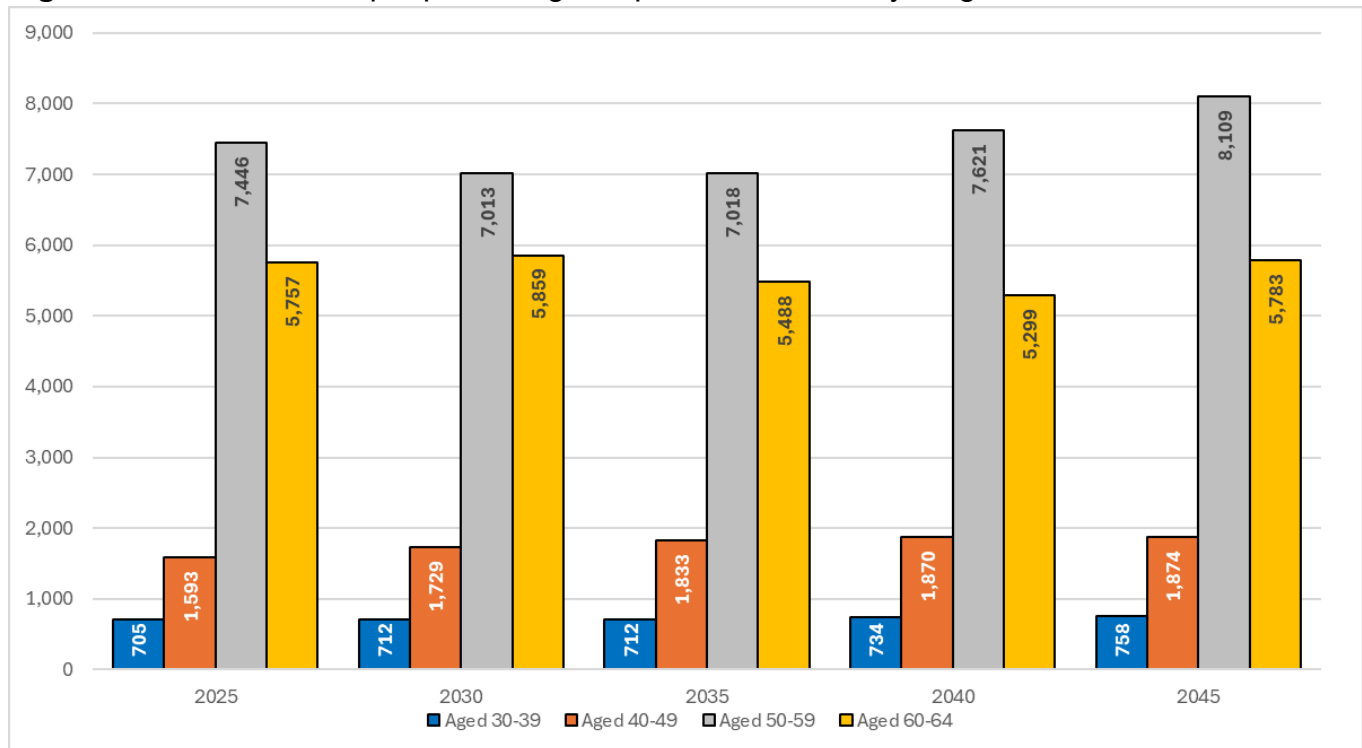
Figure 3: The number of people in Wirral predicted to have young onset dementia under by age group over time



Source: [Projecting Adult Needs and Service Information \(PANSI\)](#)

Across England, by 2045, the number of people with young onset dementia is estimated to rise across all age groups, as shown in **Figure 4**. In England the largest increase in the number of young onset dementia cases is estimated to be among the 50-59-year-olds which is expected to increase from 7,446 to 8,109 cases by 2045. Other age groups can expect marginal increases by 2045.

Figure 4: The number of people in England predicted to have young onset dementia



Source: [PANSI](#)

Overall, projections indicate that that dementia will become a larger challenge over time. The demand in Wirral and England is expected to rise; this increase will be driven mainly by people aged 65 and over.

Preventable dementia risks

It has been estimated that around 45% of dementia cases are preventable by addressing risk factors associated with dementia⁶.

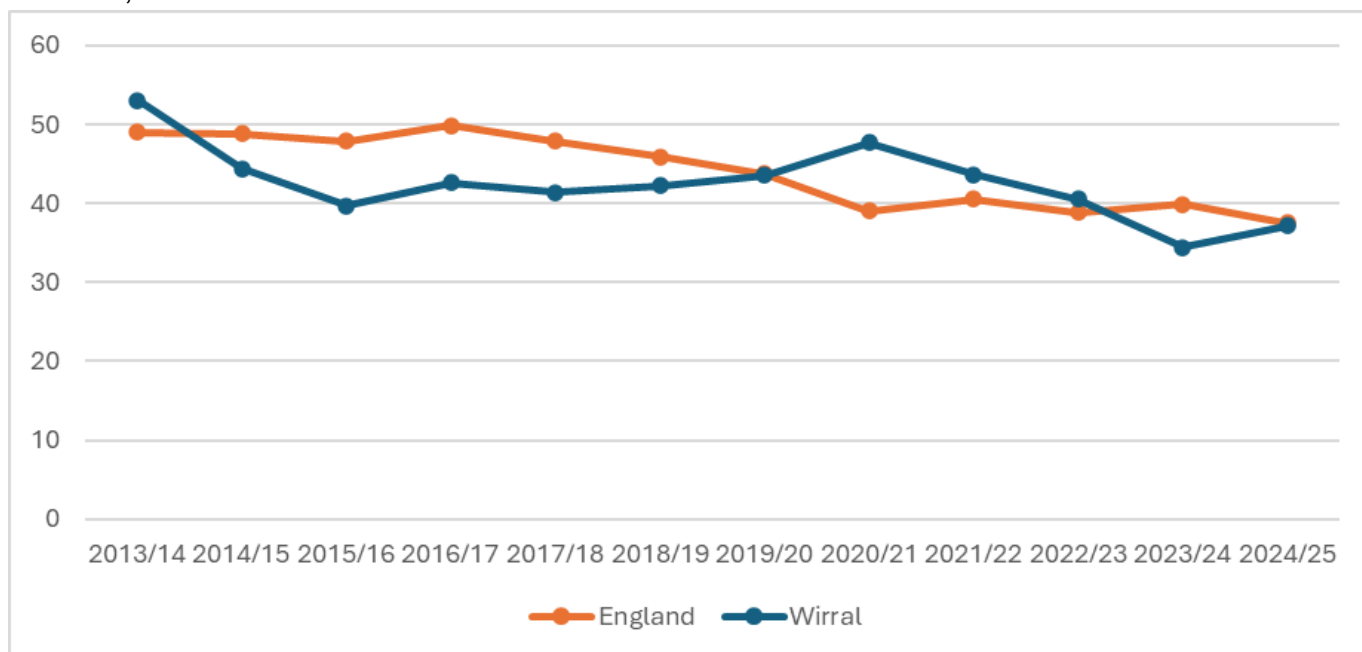
NHS health checks are free and designed to reduce the risk of certain conditions, including heart disease, diabetes and stroke⁷. As a part of this check, people are given information to increase awareness of dementia, and the signs and symptoms, and risk factors of dementia. By providing this advice, NHS Health Checks aim support people understand how they can reduce their risk of dementia and recognise early signs.

The percentage of people taking up NHS health checks following invites has fallen over time, per year both in Wirral and England, as shown in **Figure 5**.

In Wirral uptake has dropped from 5.1% in 2013/14 to 37.1% in 2024/25, meaning that fewer people are accessing services that could help them understand and reduce their risk of dementia.

Nationally, the decline is similar, with uptake falling from 49% to 37.5% over the same period. This downward trend may reflect limited awareness of the checks, uncertainty about this purpose, or a reluctance to engage with the service.

Figure 5: Percentage of people taking up an NHS Health Check invite per year, 2013/14 to 2024/25, Wirral



Source: [Office for Health Improvement and Disparities \(OHID\)](#).

Diagnosing Well

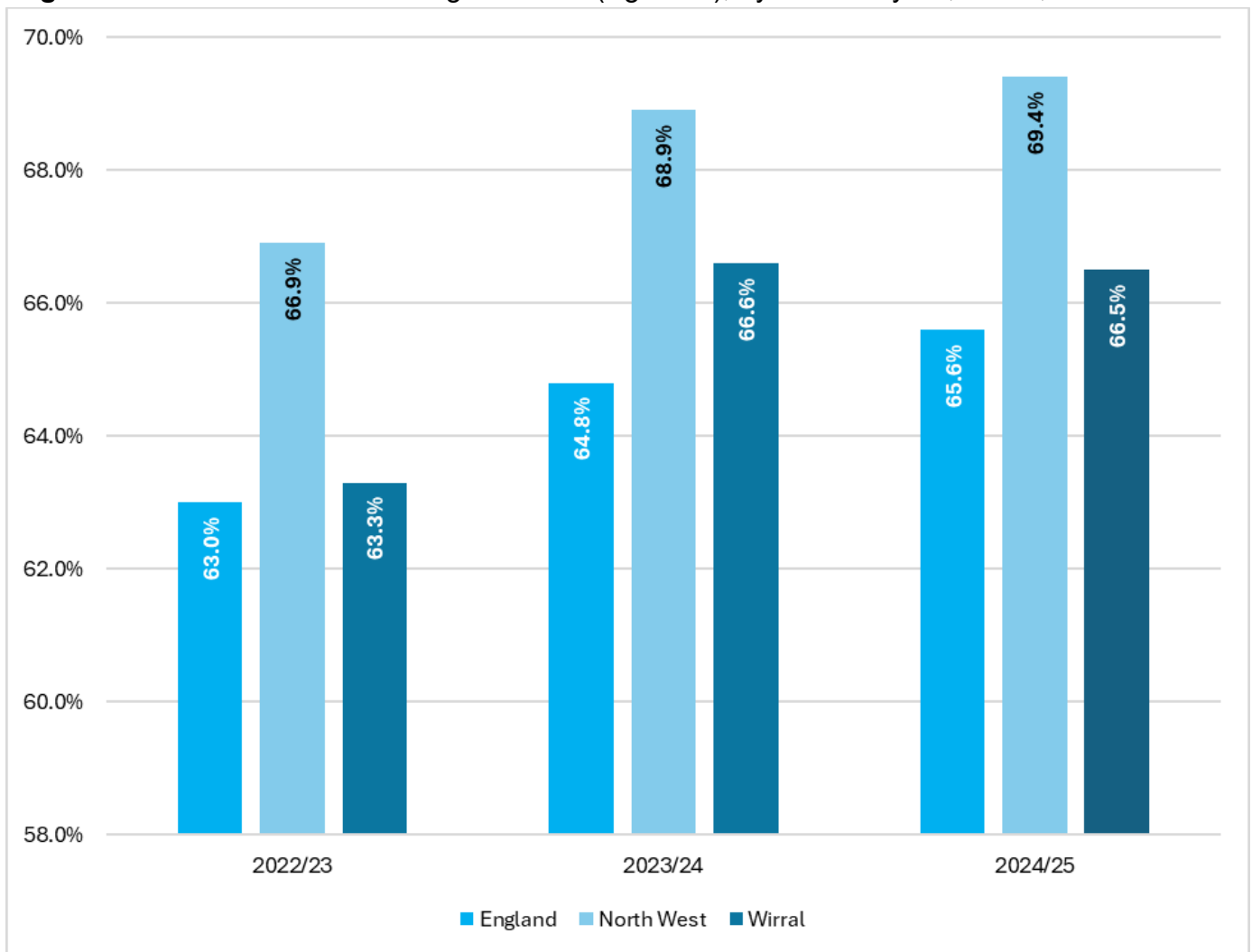
Early and accurate diagnosis of dementia is essential in enabling people to access treatment support and future planning. Within The dementia 100 pathway’s “Diagnosing Well” focuses on equity of access to diagnostic services and a joined-up approach between health and social care, from assessment through to end of life. This includes ensuring necessary infrastructure is in place for an inclusive, and safe neighbourhood for people living with dementia, alongside systems that provide support for carers and families ⁸.

While dementia diagnosis rates are no longer subject to a national target, they remain a key indicator of access to diagnosis and system effectiveness. As reporting is expected to move away from local authority geographies towards NHS geographies such as ICBs, regions and national, local interpretation is best supported through comparison with the national average. This approach ensures ongoing comparability and consistency as reporting frameworks evolve.

Estimated dementia diagnosis rate

Recent estimates from NHS digital show that Wirral’s estimated dementia diagnosis rate has improved, increasing from 63.3% to 66.5% between 2022/23 and 2024/25, as shown in **Figure 6**. This places the rate just above the national average of 65.6%, but notably below the estimated diagnosis rate for the North West which stands at 69.4%.

Figure 6: Estimated dementia diagnosis rate (Age 65+), by financial year, Wirral, North West



Source: [Quality Outcomes Framework \(QOF\), NHS England](#)

Across Cheshire and Merseyside, Wirral ranked 7th out of nine local authorities for estimated dementia diagnosis rate, between 2022/23 and 2024/25 (**Table 1**). The highest estimated dementia diagnosis rate was in Warrington with a rate of 72.5%.

Table 1: Estimated dementia diagnosis rate across Cheshire and Merseyside 2022/23-2024/25

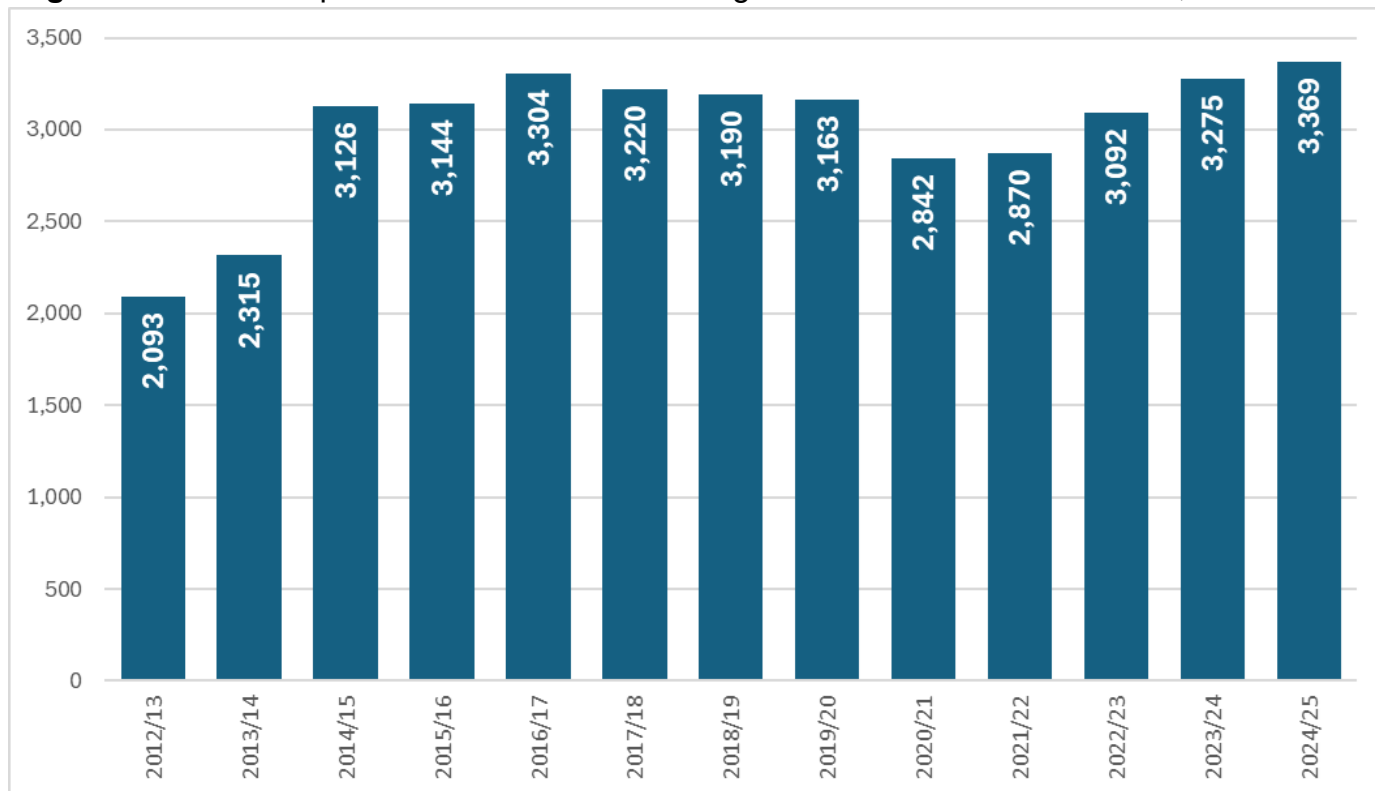
Area	2022/23			2023/24			2024/25			GP Practices	Population Estimates 2024	Average GP List Size
	Dementia Diagnosis Rate (%)	Number	Estimated 100%	Dementia Diagnosis Rate (%)	Number	Estimated 100%	Dementia Diagnosis Rate (%)	Number	Estimated 100%			
Warrington	71.2	1,875	2,632	72.3	1,966	2,719	72.5	2,034	2,804	26	215,391	8,284
Sefton	65.8	2,829	4,297	66.3	2,898	4,370	68.5	3,048	4,451	48	286,281	5,964
Cheshire West and Chester	64.3	3,288	5,113	66.9	3,500	5,230	68.0	3,659	5,380	29	371,652	12,816
Liverpool	60.9	3,043	4,998	64.4	3,269	5,078	67.7	3,510	5,181	85	508,961	5,988
Cheshire East	66.7	4,075	6,109	67.3	4,238	6,295	67.0	4,333	6,467	45	421,298	9,362
St. Helens	69.1	1,742	2,522	70.9	1,834	2,586	66.8	1,762	2,639	32	188,861	5,902
Wirral	63.3	2,992	4,724	66.6	3,199	4,805	66.5	3,277	4,929	43	328,873	7,648
Halton	68.0	947	1,392	67.4	965	1,431	66.2	972	1,468	14	131,543	9,396
Knowsley	58.2	909	1,561	61.5	987	1,605	64.1	1,048	1,635	25	162,565	6,503
England	63.0	432,753	686,652	64.8	466,485	720,296	65.6	483,611	737,201	6,229	58,620,101	9,411
Cheshire & Merseyside	65.1	21,700	33,348	67.0	22,856	34,120	67.6	23,643	34,954	347	2,615,425	7,537

Source: [QOF, NHS England](#)

Dementia diagnosis rate, quality outcomes framework (QOF) dementia register in Wirral

Figure 7 shows the number of patients on the QOF dementia register. The number of people diagnosed with dementia in the Wirral in 2024/25 was 3,369 which is the highest number in the last 12 years, following a drop in the number diagnosed in 2020/21, likely due to the impact of COVID 19. Since then, there has been a continuous upwards trajectory.

Figure 7: Number of patients on QOF dementia register trend 2012/13 to 2024/25, Wirral



Source: [QOF, NHS England](#)

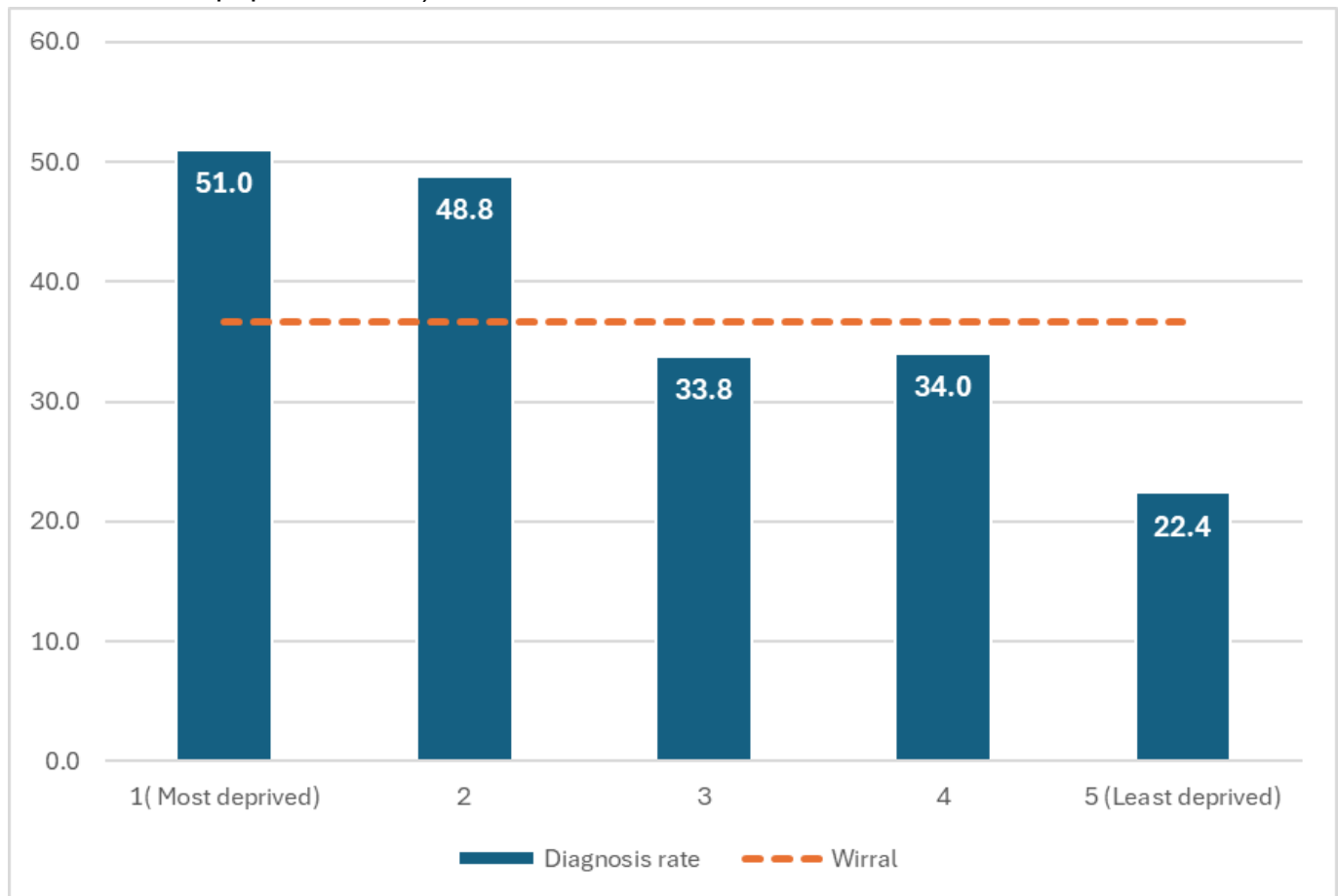
While the estimated dementia diagnosis rate sits just above the national average, the QOF dementia register rate in **Figure 8** shows a lower diagnosis rate for Wirral of below 40%.

Estimated rates measure how many people are likely to have dementia, while recorded rates capture only those with diagnosis in healthcare records (QOF). For this reason, they are not directly comparable.

In Wirral dementia diagnosis rates vary by level of deprivation. Diagnosis rates are higher among those living in the most deprived areas, with a rate of 51 per 1000 population, compared to 22.4 per 1000 population in the least deprived areas.

This may suggest that more people in deprived communities are living with dementia, or that dementia is diagnosed more frequently in these communities.

Figure 8: Diagnosis rate per 1000 people (calculated as the number of people diagnosed with dementia 65+ / population 65+), Wirral



Source: [QOF, NHS England](#)

Pharmacological interventions: Dementia prescribing

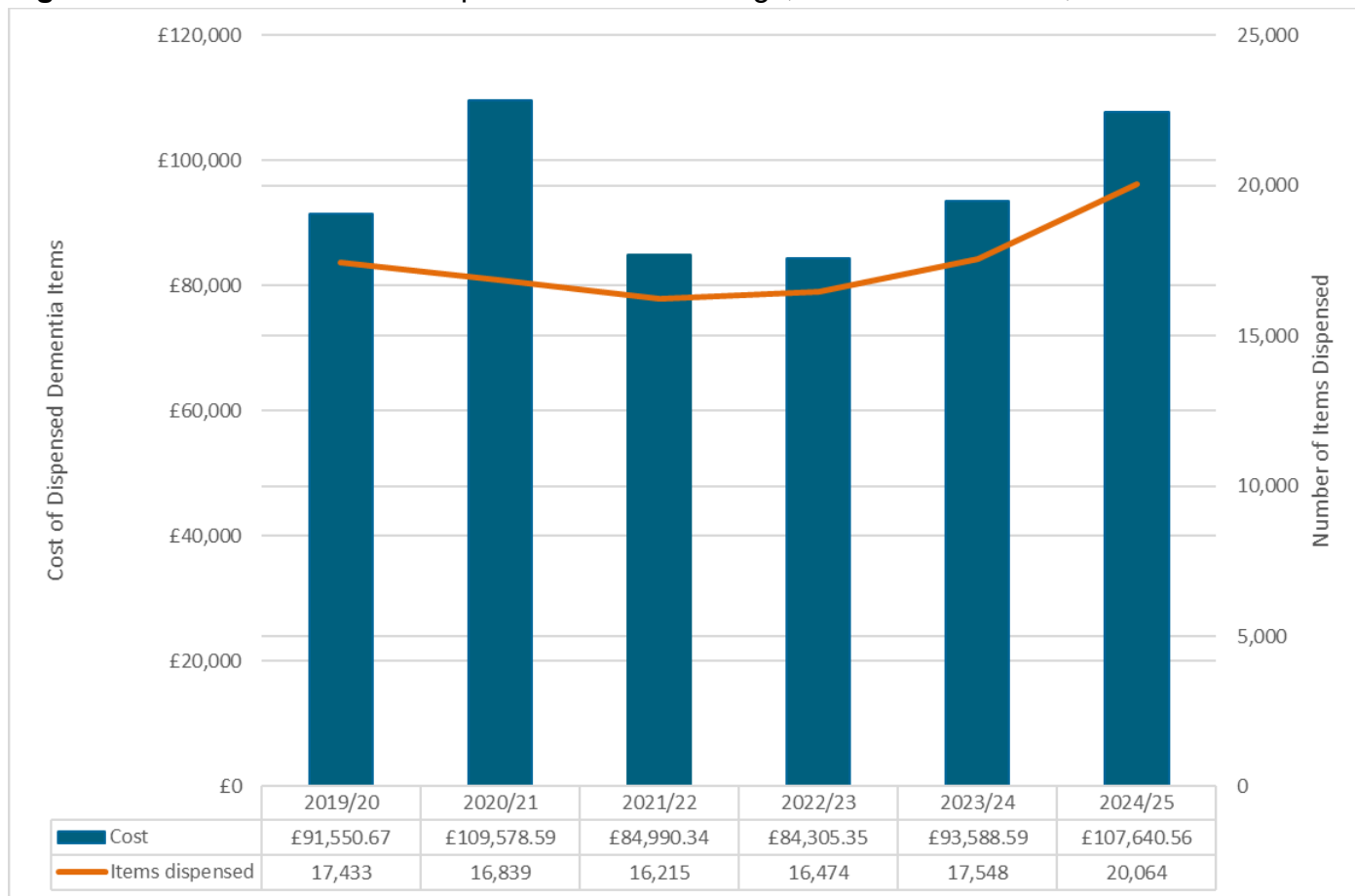
Spending on dementia drugs fluctuated between 2019/20 and 2024/25, as shown in **Figure 9**.

The highest spend was in 2020/21 at £109,578.59.

However, the largest number of items dispensed was recorded in 2024/25 with 20,064 items dispensed.

The number of items dispensed has increased each year since 2021/22, which may suggest growing demand or prescribing practices.

Figure 9: Total cost and total dispensed dementia drugs, 2019/20 – 2024/25, Wirral



Source: NHS Business Services Authority (NHSBSA) Data Services (restricted access and unpublished data)

The suggested therapies for Alzheimer’s (the most common form of dementia) are donepezil, galantamine and rivastigmine, which are acetylcholinesterase (AChE) inhibitors. Memantine is recommended when AChE inhibitors are not tolerated or unsuitable.

Table 2 Total cost and total dispensed dementia drugs, 2024/25, Wirral shows the cost of these items, and how many were dispensed in Wirral, 2024/25. Donepezil and memantine were the lowest-cost options and were also the most frequently items.

Galantamine had the highest cost and was the least frequently dispensed. While this pattern may reflect the differences in clinical suitability and local prescribing patterns, it may also reflect cost considerations.

Table 2: Total cost and total dispensed dementia drugs, 2024/25, Wirral

Item	Total dispensed	Total Cost	Cost per Item
Donepezil hydrochloride (0411000D0)	9,919	£45,490.40	£4.59
Galantamine (0411000F0)	229	£6,110.30	£26.68
Memantine hydrochloride (0411000G0)	8,434	£35,272.34	£4.18
Rivastigmine (0411000E0)	1,482	£20,767.53	£14.01

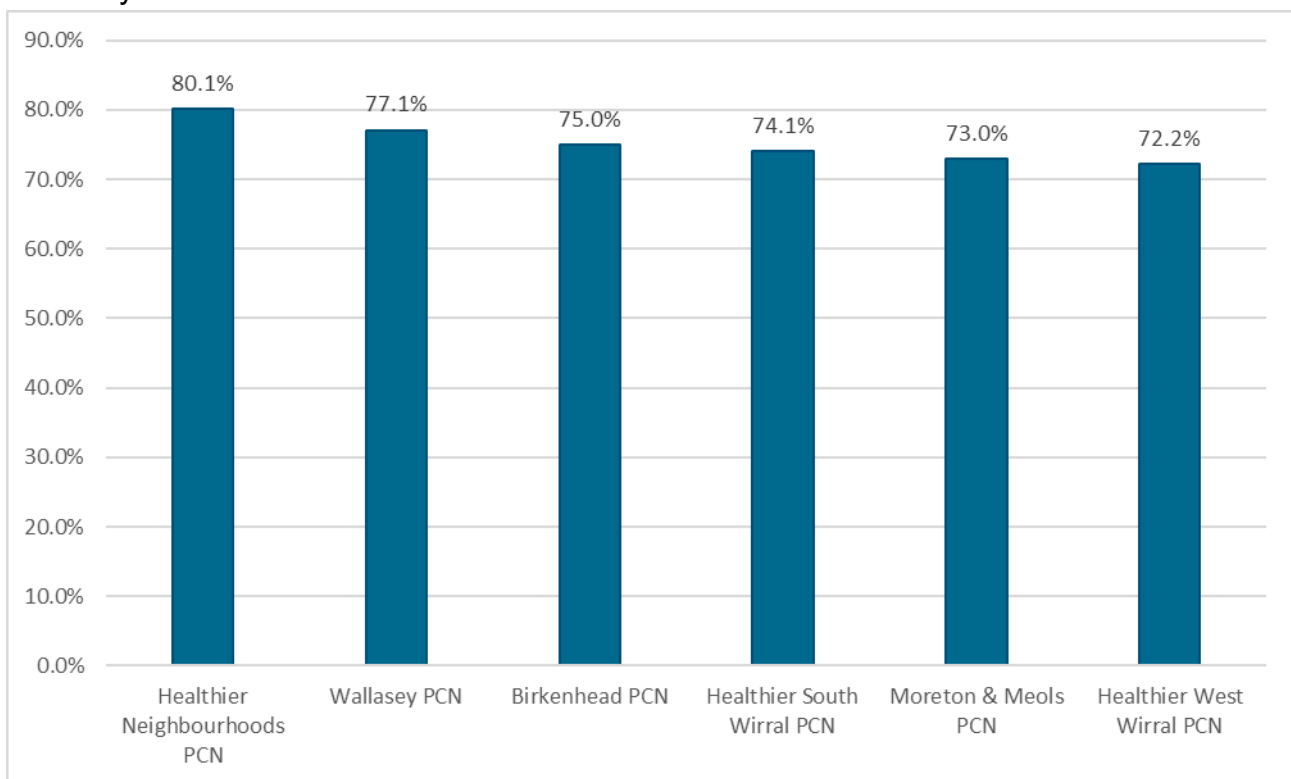
Source: NHSBSA Data Services (restricted access and unpublished data)

Care plans: Annual care plan reviews

Annual care reviews form an important part of the support offered to the people living with dementia. During these reviews, a GP will review medication, assess any new symptoms or changes, and discuss the plan ahead.⁹

In Wirral in 2025, the number of patients receiving an annual care review varied by primary care network (PCN) - groups of GP practices that work together and with health providers. **Figure 10** shows that the Healthier Neighbourhoods PCN had the highest rate patients receiving a review (81%), while Healthier West Wirral PCN had the lowest. This variation in annual reviews achieved may reflect differences in capacity, organisation, or delivery models across PCN's as well as differences in patient need or demographics in each area.

Figure 10: The percent of patients in Wirral with annual care review by Primary Care Network, February 2026



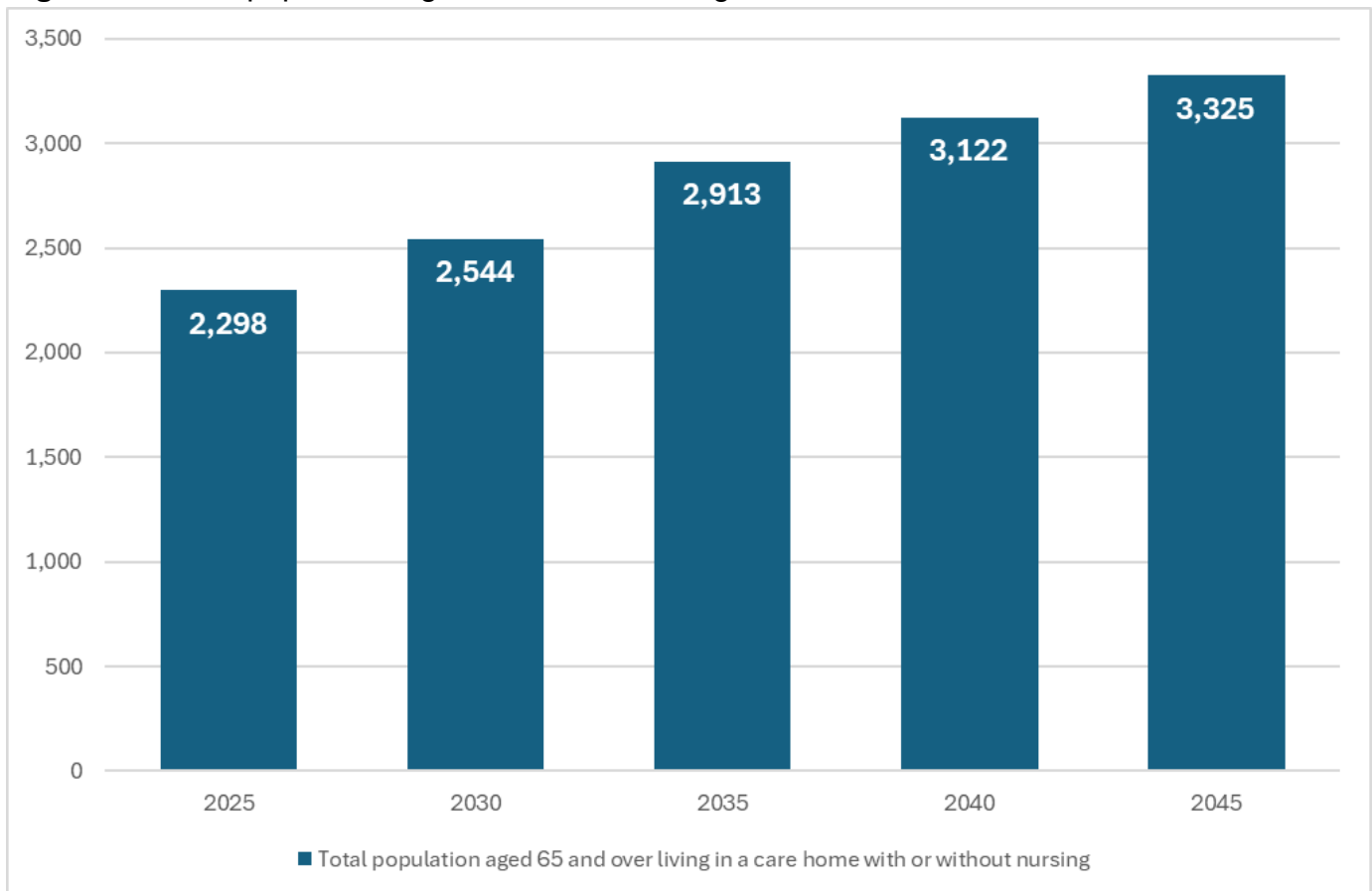
Source: Cheshire & Merseyside Business Intelligence Portal – Dementia Dashboard (restricted access), based on SUS data (restricted access and unpublished data)

“Supporting Well” focuses on the access to safe, high-quality health and social care for people living with dementia, and their carers across community and hospital settings. Supporting Well emphasises continuity and coordination of care, personalized and supportive approach, accessible communication, and multidisciplinary work to ensure appropriate treatment and care throughout the pathway¹⁰.

Projections of resident living status

The demand for support over the next 20 years is predicted to rise. **Figure 11** shows by 2045, Wirral is estimated to see a 45% increase in the total number of people aged 65 and over living in care homes, an increase of around 1,027 people. In England the number of people living in care homes is projected to increase by 54% from 291,077 to 447,690 by 2045.

Figure 11: Total population aged 65 and over living in a care home, Wirral

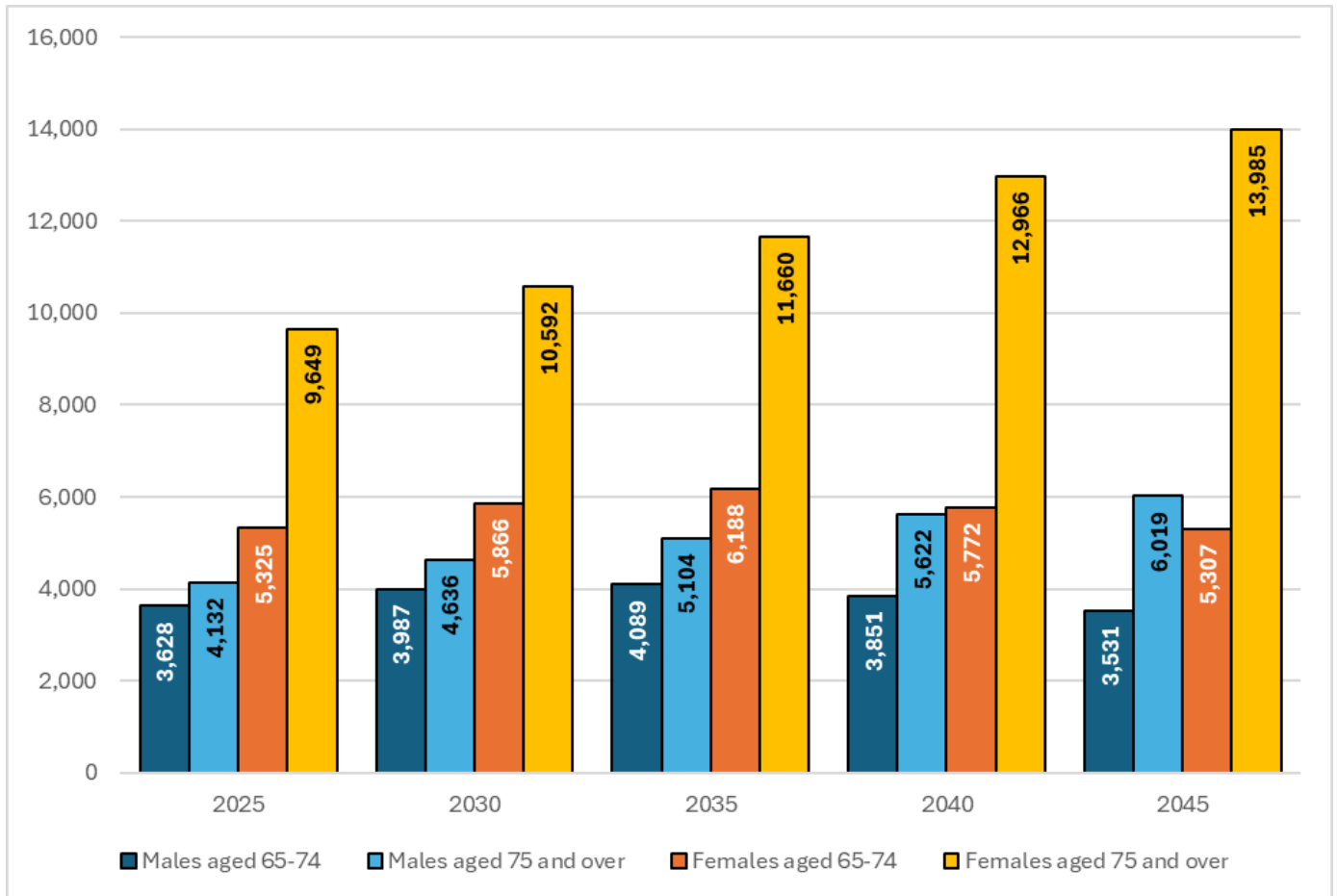


Source: [POPPI](#)

In Wirral the number of people estimated to live alone by 2045 is estimated to rise across all age groups. **Figure 12** shows that the largest increase in people predicted to live alone will be in women aged 75 and over, increasing from 9,649 in 2025 to 13,985 in 2045. This group will be at risk of social isolation, which is associated with cognitive decline, delayed diagnosis and increased risk of dementia.

As such, older women living alone may represent an important group for targeted support and early intervention.

Figure 12: Total number of people predicted to be living alone by age group and sex, Wirral



Source: [POPPI](#)

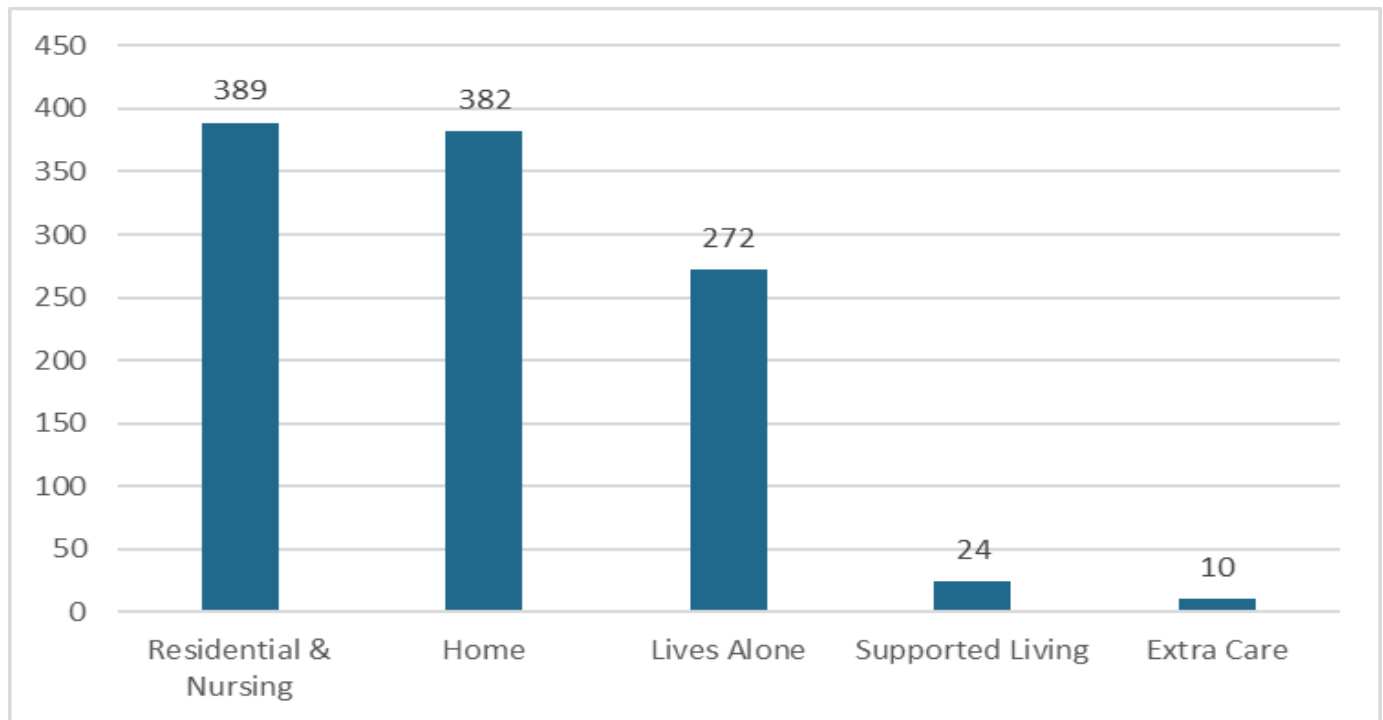
Adult social care client living arrangements

In April 2026 there were 1,077 people living with dementia known to adult social care in Wirral.

Of these 36% were living in residential and nursing homes, 35.5% were living at home, and 25% were living alone (**Figure 13**).

The remaining individuals were living in supported living or extra care housing, which provides self-contained accommodation with access to onsite care and support¹¹.

Figure 13: Living arrangements of people with dementia known to adult social care, April 2026 in Wirral

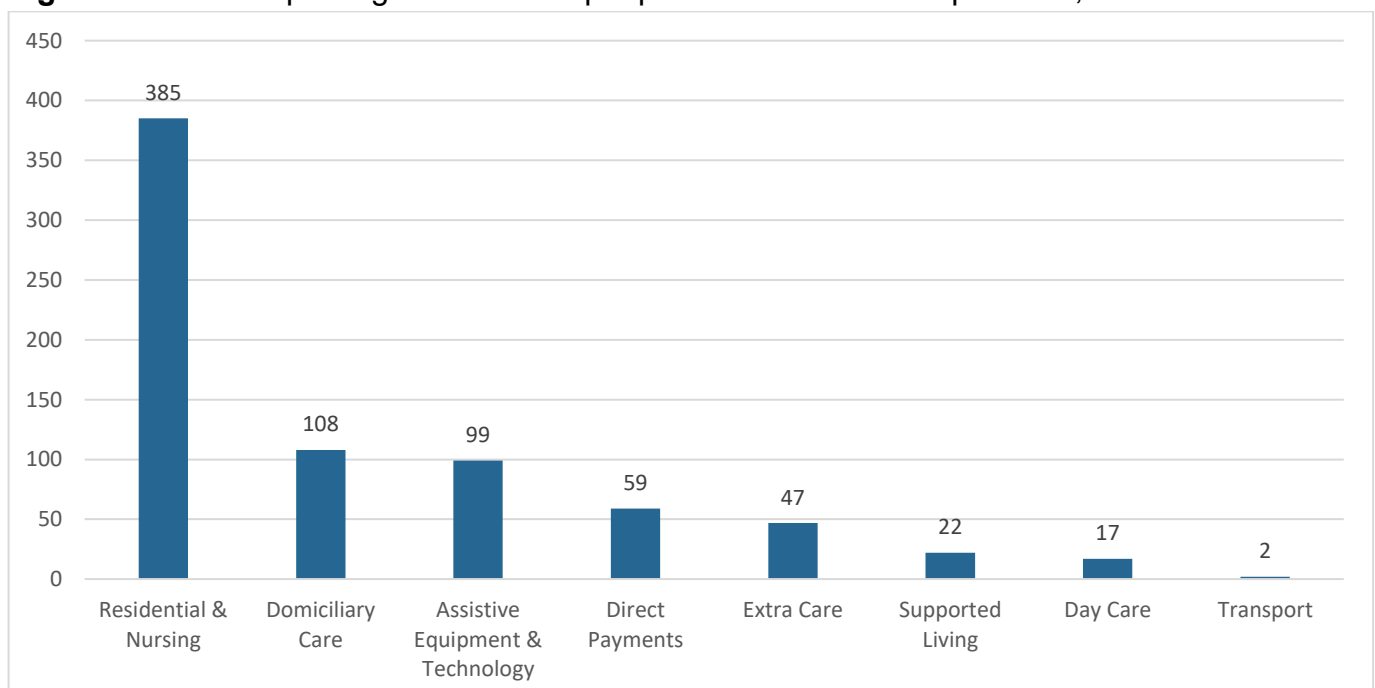


Source: Wirral Intelligence Service Dementia Dashboard (restricted data, note figures come from a dynamically updated data source) (restricted access and unpublished data)

Adult social care current packages of care

Care packages for people with dementia can include wide range of support, such as transport, supported living, assistive equipment and technology and more. In April 2026, the majority of people receiving care packages were receiving the residential and nursing home package, shown in **Figure 14**.

Figure 14: Current packages of care for people with dementia in April 2026, Wirral



Source: Wirral Intelligence Service Dementia Dashboard (restricted data, notes: figures come from a dynamically updated data source) (restricted access and unpublished data)

Wirral hospital admissions

In Wirral, between 2018/19 and 2024/25 almost all of dementia hospitalisations (95.9%) occurred among people aged 60 and above (**Table 3**). Most patients admitted had a length of stay less than a week or between 1-5 weeks, within this group, the proportion of patients increased with age. This pattern was seen across all length of stay categories, excluding >12 months, which had no reports.

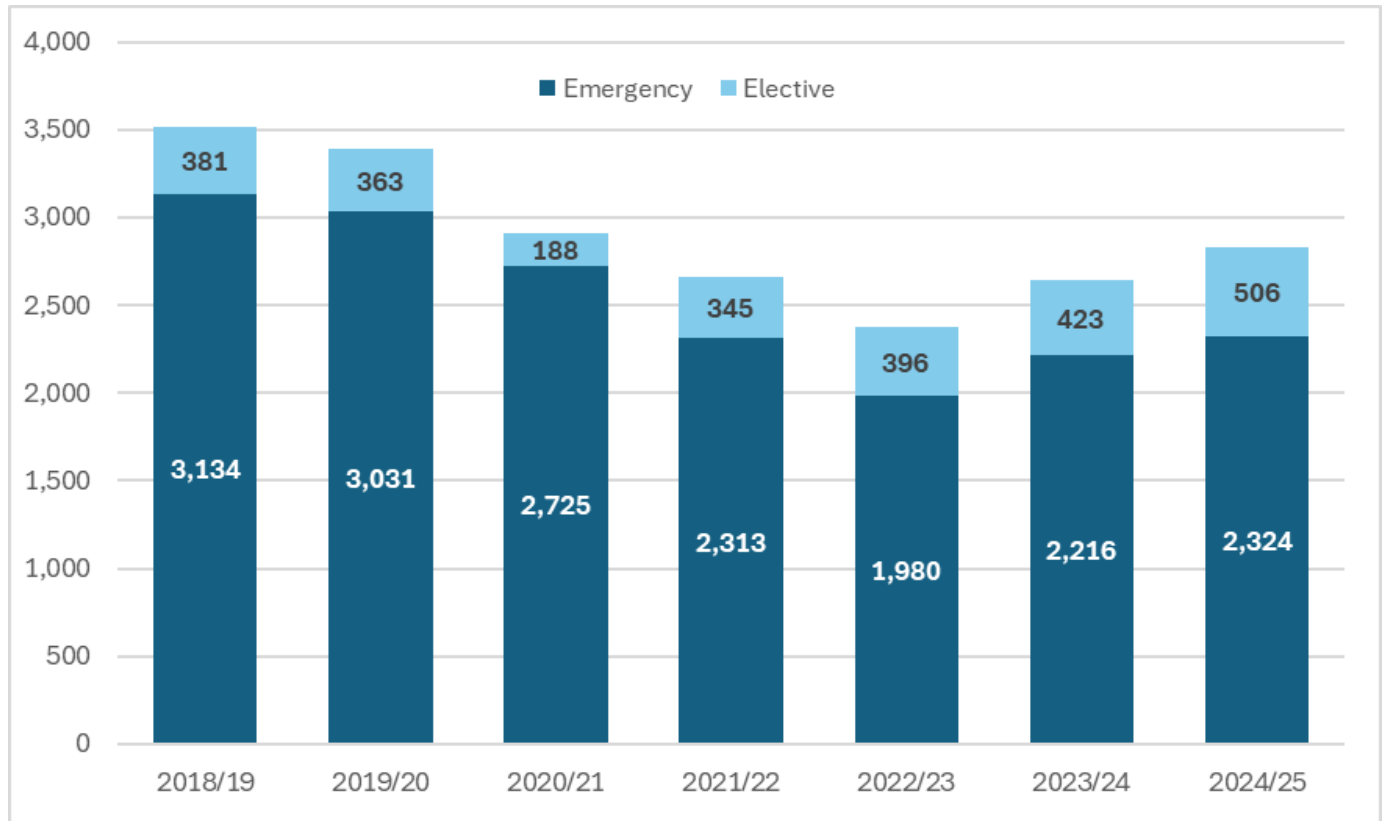
Table 3: Percentage of inpatient admissions for dementia split by age group and spell length, 2018/19 – 2024/25, Wirral

Age Group	Length of stay						Total admitted by age group
	Discharged within 24 hours	< 1 week	1-5 weeks	5-12 weeks	3-12 months	> 12 months	
60 and under	1.0%	1.8%	0.9%	0.2%	0.2%	0.0%	4.1%
61 - 65	0.6%	1.0%	0.7%	0.1%	0.2%	0.0%	2.5%
66 - 70	1.1%	1.4%	1.2%	0.1%	0.3%	0.0%	4.2%
71 - 75	2.5%	3.4%	3.3%	0.2%	0.6%	0.0%	10.1%
76 - 80	4.2%	6.3%	6.0%	0.4%	1.1%	0.0%	18.1%
81 - 85	5.3%	8.8%	9.1%	0.5%	1.7%	0.0%	25.4%
Over 85s	6.0%	12.6%	13.7%	0.8%	2.5%	0.0%	35.6%
Over 60s	19.8%	33.6%	34.0%	2.0%	6.4%	0.0%	95.9%
All ages	20.8%	35.3%	35.0%	2.2%	6.7%	0.0%	100.0%

Source: Secondary User Service (SUS) data, Wirral CCG, 2025 (restricted access and unpublished data)

The number of dementia-related hospital admissions in Wirral have decreased overall since 2018/19, with the lowest numbers occurring in 2022/23 (**Figure 15**). However, admissions have risen gradually since then, reaching 2,830 in 2024/25. Most dementia-related admissions were classified as emergency admissions, accounting for 87% of all dementia admissions between 2018/19 and 2024/25.

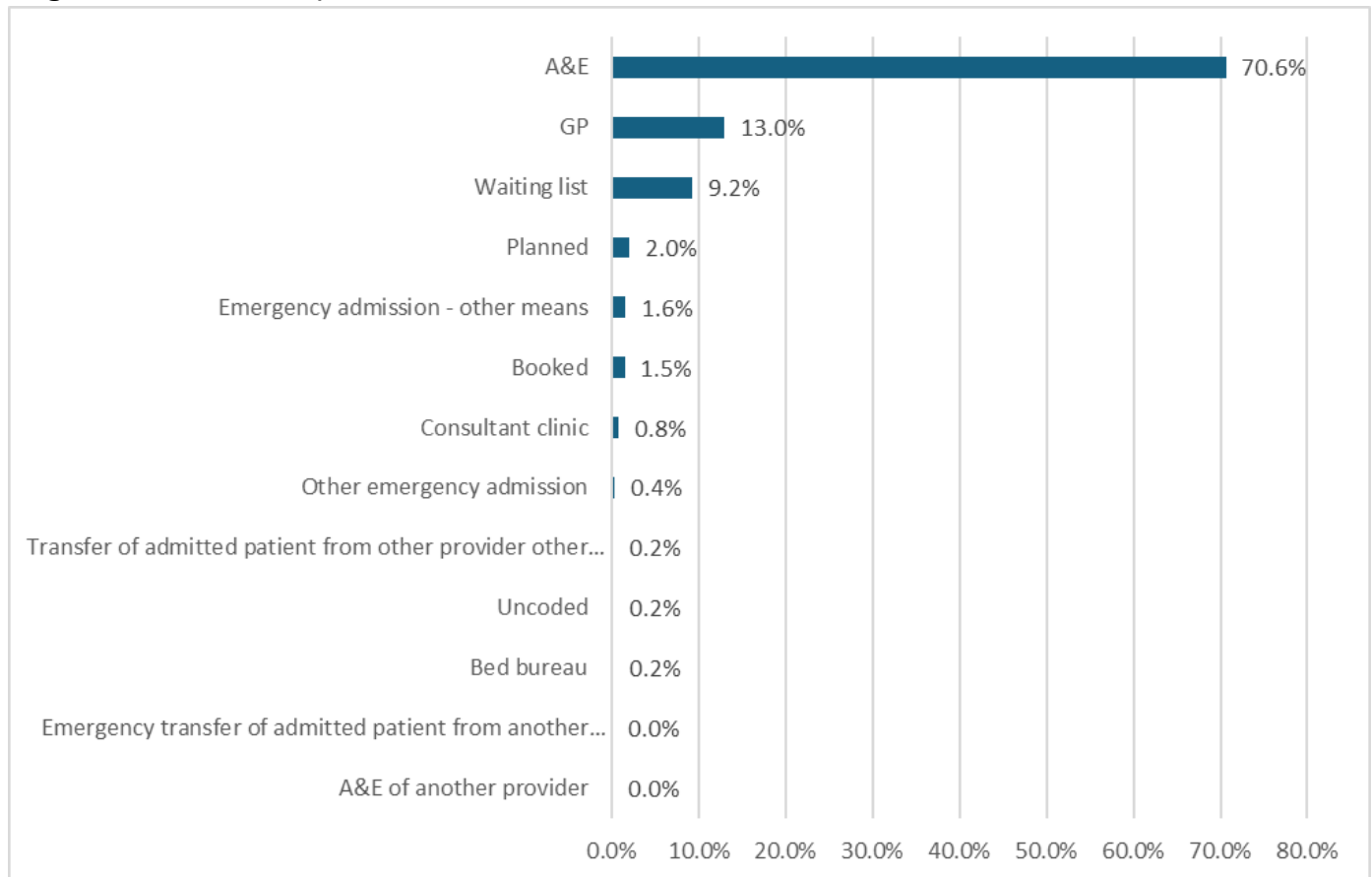
Figure 15: Number of dementia-related inpatient admissions by year by admission method 2018/19 - 2024/25, Wirral



Source: Secondary User Service (SUS) data, Wirral CCG, 2025 (restricted access and unpublished data)

Figure 16 shows the routes of admission for dementia-related hospital admissions. Accident and Emergency was the main route of admission for dementia-related hospital admissions between 2018/19 and 2024/25; this was followed by GP referred admissions.

Figure 16: Acute hospital sources of dementia-related admissions 2018/19 to 2024/25, Wirral



Source: Secondary User Service (SUS) data, Wirral CCG, 2025 (restricted access and unpublished data)

Living Well

Living Well focuses on enabling people living with dementia to live well in safe and accepting communities.

This includes ensuring necessary infrastructure is in place for an inclusive, and safe neighbourhood for people living with dementia, alongside systems that provide support for carers and families ¹².

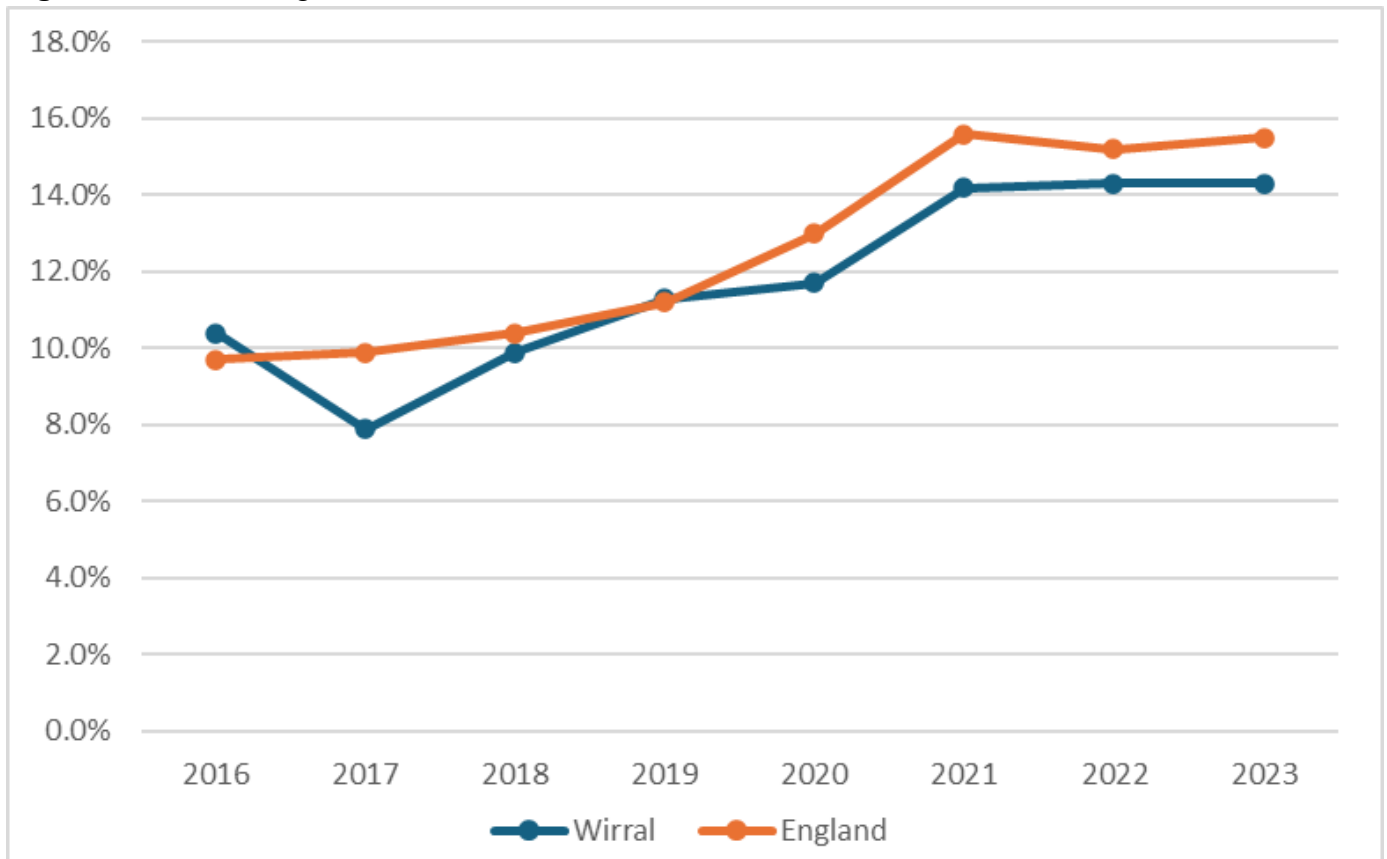
At the time of publication, locally comparable data to assess this pillar are limited. As intelligence and monitoring arrangements develop, relevant measures will be incorporated where available

Dying Well focuses on the end of life and palliative care provided to those living with dementia. This pillar emphasises personalised care and support, integrated care, and ensuring staff have the knowledge and skills to support people and their families at end of life¹³.

Dementia deaths by setting

The percentage of dementia deaths occurring at home, as shown in **Figure 17** have increased between 2016 and 2023, in both Wirral and England. In Wirral deaths rose from 10.4% in 2016 to 14.3% in 2023, sitting just below the national rate of 15.5%.

Figure 17: Percentage of dementia deaths at home, 2016-2023, Wirral



Source: [Office for Health Improvement and Disparities \(OHID\)](#).

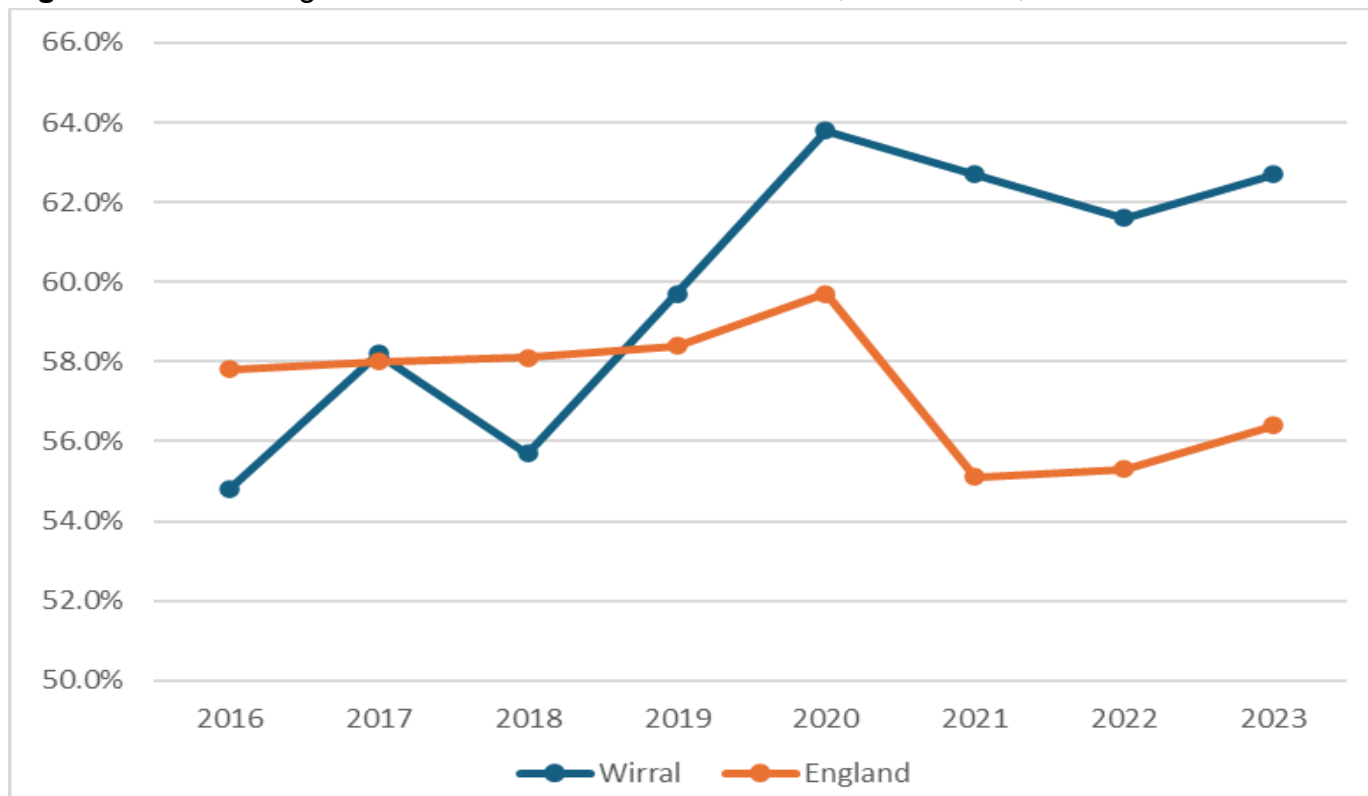
Note: These figures do not sum to 100%. This is because there may be other areas, such as hospices or religious establishments, that aren't recorded here, in which older people with dementia may have died

In Wirral, deaths in care homes, displayed in **Figure 18** also increased over this period, rising by 7.9% during this period from 54.8% to 62.7 %.

In contrast, in England, the share of deaths occurring in care homes decreased overall from 57.8% to 56.4% during this time.

This suggests a shift in Wirral towards more people with dementia receiving end of life care in residential settings, while nationally this pattern has declined.

Figure 18: Percentage of dementia deaths at a care home, 2016 -2023, Wirral

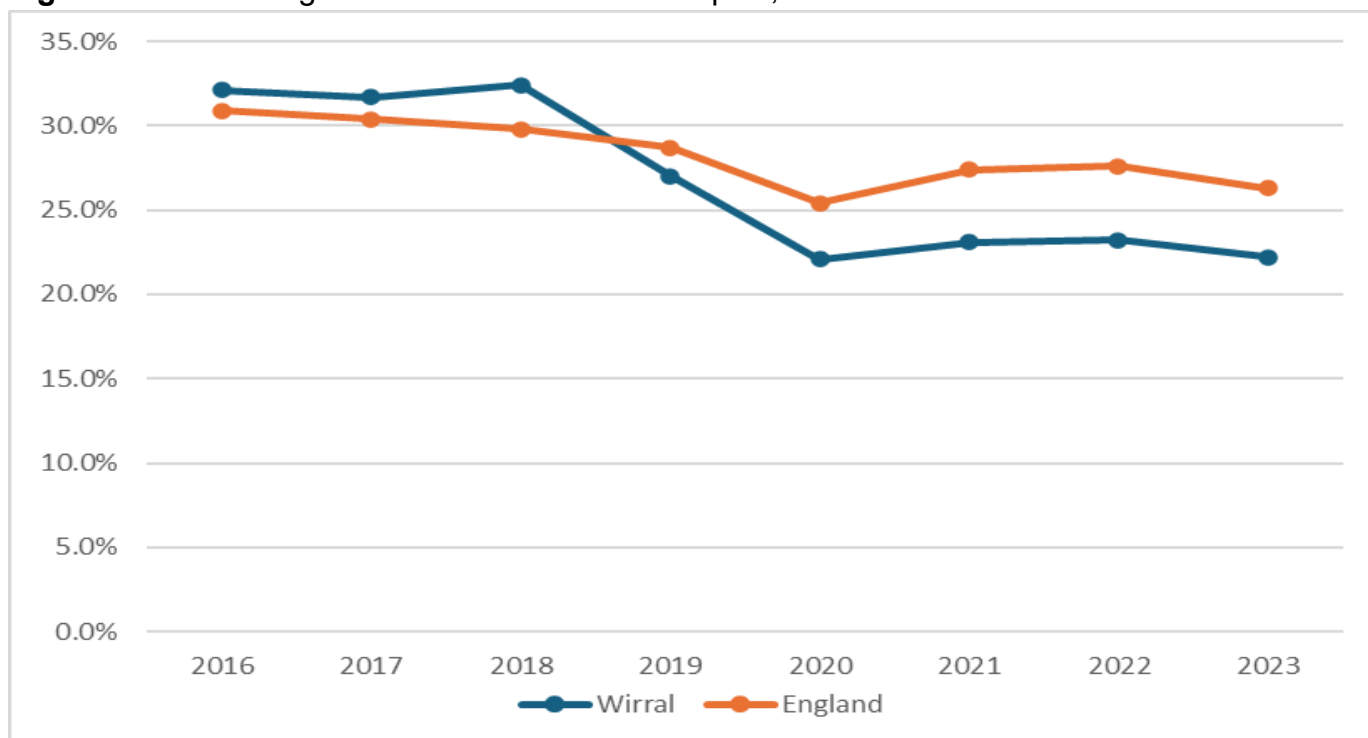


Source: [Office for Health Improvement and Disparities \(OHID\)](#).

Note: These figures do not sum to 100%. This is because there may be other areas, such as hospices or religious establishments, that aren't recorded here, in which older people with dementia may have died

In both Wirral and England, the percentage of dementia deaths occurring in hospital has decreased, as shown in **Figure 19**. In Wirral, hospital deaths fell from 32.1% to 22.2%, compared with a smaller national decrease from 30.9% to 26.3%.

Figure 19: Percentage of dementia deaths at hospital, Wirral



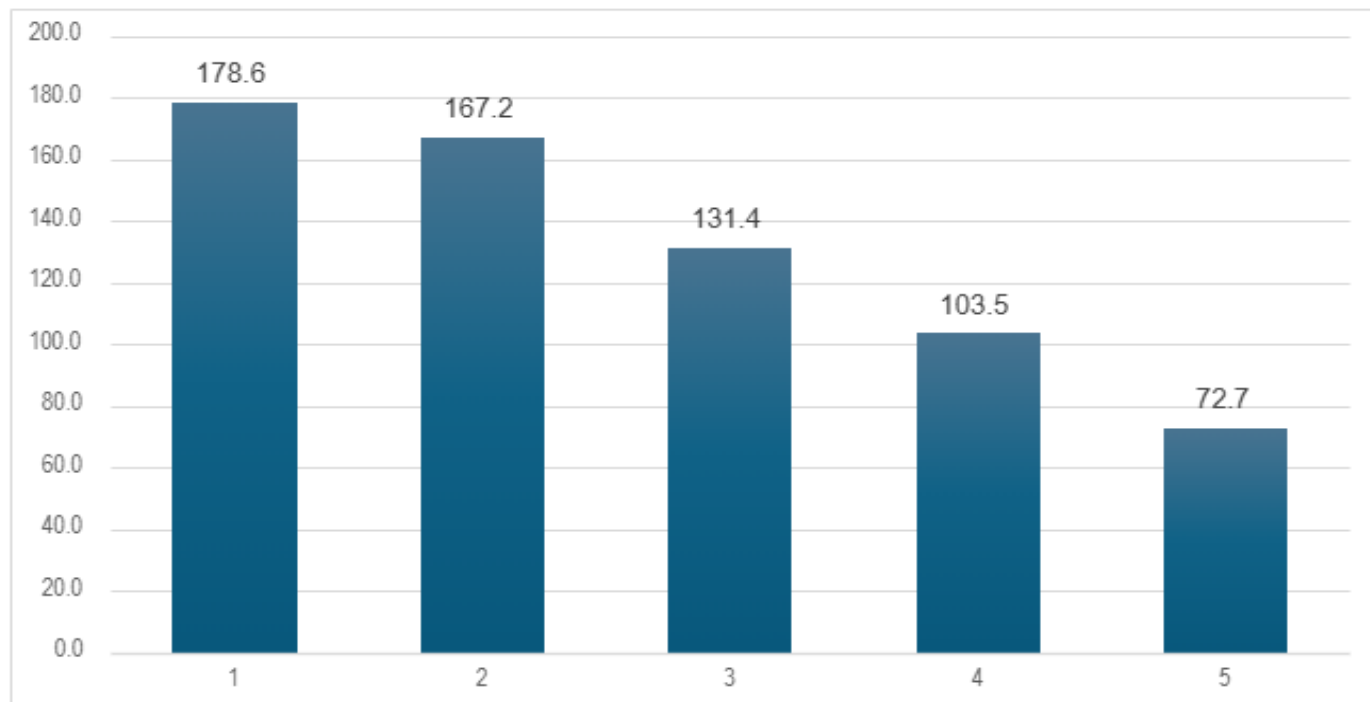
Source: [Office for Health Improvement and Disparities \(OHID\)](#).

Note: These figures do not sum to 100%. This is because there may be other areas, such as hospices or religious establishments, that aren't recorded here, in which older people with dementia may have died

End of life inequalities

There is a clear inequality in dementia mortality in Wirral. **Figure 20** shows the most deprived areas experience the highest death rates, with a directly standardised rate of 178.6 per 100,000. In contrast, the least deprived areas experience significantly lower rate of 72.7 per 100,000. This means that people in the most deprived area are more than twice as likely to die from dementia compared to those in the least deprived areas.

Figure 20: Directly Standardised Mortality Rate per 100,000 of Dementia Mortality by IMD 2025, Wirral



Source: [Office for Health Improvement and Disparities \(OHID\)](#).

Note: Dementia Mortality - where dementia is the primary cause of death 2014 – 2025

References

- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)
- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)
- [dementia-well-pathway.pdf](#)
- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)
- [Projecting Older People Population Information System](#)
- <https://www.thelancet.com/commissions-do/dementia-prevention-intervention-and-care>
- <https://www.nhs.uk/tests-and-treatments/nhs-health-check/>
- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)
- [GP annual review with a person with dementia | Alzheimer's Society](#)
- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)
- [Housing options for older people or people with disabilities - Social care and support guide - NHS](#)
- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)
- [Dementia 100: Pathway Assessment Tool. Summary Guidance](#)

Contact details

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