Alzheimer’s Research UK (ARUK) is the UK’s leading research charity aiming to defeat dementia. We fund world-class, pioneering research, focusing on the prevention, diagnosis, treatment and cure of dementia. We are energising a movement across society to support, fund and take part in dementia research. Our funding is directed towards both translating scientific discovery into patient benefit and in growing the research base.

2. General comments

We are submitting specific comments around the cut to the non-NHS England health budget for public health and subsequent impacts on reducing the risk of developing dementia.

Investment in public health is crucial as the basis for population wide health. On the basis of the Comprehensive Spending Review (CSR), Local Authority public health budgets will be cut by 3.9 per cent a year. Public health spending will fall by at least £600 million in real terms by 2020/21, on top of £200 million already cut from this year’s budget. To cut public health funding is a false economy – analysis by the Faculty of Public Health before the CSR was announced suggests that the already planned cuts in public health funding starting from April 2016 could ultimately cost the NHS more than £1 billion in terms of demands on services. Further cuts to public health funding may undermine the Government’s commitment to prevention and negatively impact progress against the principles of the NHS Five Year Forward plan.

3. Dementia specific comments

There are currently 850,000 people living with dementia in the UK, and there exists is no disease-modifying intervention available for any form of the condition. Costs from dementia to the UK economy are currently estimated to be over £24 billion a year, including health and social care costs, lost productivity and informal care provision. Approximately 700,000 people are informal carers for people who have dementia.

While age is the biggest risk factor for developing dementia, the condition is not an inevitable part of ageing. Other factors such as medical history, lifestyle, and genetics may also contribute to the risk of developing dementia.

Although the evidence base is not complete, on the basis of current understanding up to 30% of Alzheimer’s cases may be preventable through modifiable health and lifestyle factors. Broadly what is good for your heart is good for your head: don’t smoke, manage blood pressure and diabetes, keep physically active and maintain a healthy weight. While there is data to show that the incidence of dementia in the UK has fallen, potentially in response to changing health and lifestyle habits, there is concern that rising diabetes and obesity rates could reverse this trend in future years.

There is now a need for action from public health, given that there is currently very limited public understanding of the potential impact risk factors can have for dementia. The case for action is supported by recent NICE public health guidance, and also by the inclusion of

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2 NICE (2015) Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset.
dementia risk reduction as one of the PHE strategic targets\(^3\). This is a relatively new theme within public health, and there is a significant risk that there will be no opportunity for the public to understand the concepts around risk reduction for dementia before cuts to public health funding limit capacity for messaging and engagement.

21 January 2016

\(^3\) Public Health England (2014) From evidence into action: opportunities to protect and improve the nation’s health.