Bolton's HealthMatters

# JSNA: AGEING WELL

## POPULATION

Bolton's population is ageing as a result of increased life expectancy and demographic trends. It is a key priority for all services to plan effectively for this demographic change in order to take advantage of the opportunities this presents as well as to ensure the needs of older people can be met in the future. The over 65 population will grow from 44,700 at present to 61,400 by 2030 (an increase of 16,700 (37%)). Of most concern is the increase of people aged over 85 from 5,700 at present to 10,100 by 2030 as these people are more likely to have complex health and care needs.

Although currently the majority of older people in Bolton are White (95%), there will be an increasing proportion of older people from minority ethnic groups over the next 5-10 years. In particular, the proportion of older people with an Asian/Asian British ethnicity will increase significantly.

Significant increases are expected locally in the number of older people with a long–term illness or disability as a result of the ageing population. In less than ten years, the number of older people in Bolton living with a limiting long-term illness or disability will increase by 17% (from 23,500 to 27,500), with obvious implications for local services.

## LIFESTYLES

Over a tenth of older people in Bolton smoke, a quarter lead a sedentary life, and a fifth are classified obese. In addition, 16% drink over the recommended limit. These health behaviours exceed national prevalence rates and make Bolton's older people more likely to become ill earlier than nationally, meaning they enter local services with complex and long-standing conditions.

Older people are more at risk of developing health issues, falls, and mental health problems as a result of poor housing, inaccessible housing, and social isolation associated with old age. There are differences in health needs across different tenures, with those in rented accommodation tending to have higher health needs (30% of older person households). In addition, over half of older people in Bolton currently do not have access to the internet at home, and 12,000 are unable to heat their home adequately in the winter. It is important to note that over-65s spend 80% of their time in the home and this rises to 90% for the over-85s.

The Census indicates that a third of older people in Bolton live alone and projections suggest that this number will increase, particularly in the over 75 age group. Over 4,000 older

people in Bolton often or always feel lonely and loneliness is bad for the mind; it leads to mental health problems like depression, stress, anxiety, and a lack of confidence. There is also growing evidence that social isolation is connected with an increased risk of physical ill health as well. Those at highest risk include: lone pensioners, older carers, people over 75, recently bereaved older people, older people with sensory impairment including dual sensory impairment, older people receiving help with bin collections, people over 65 living in a materially deprived area.

Around 14% of Bolton's pensioners currently live below the poverty line, with incomes less than £215 per week after housing costs for couples and £125 for single-person households. Of these, a significant number (8%) live in severe poverty; many others have only slightly higher incomes and live on the edge of poverty. This situation may worsen in the future as there has been a steady decline in the economic activity rate for those aged 50-64 years in Bolton over the last five years (from 65% in 2007/08 to 59% in 2011/12).

## HEALTH

Although many older people live active lives and make a positive contribution to their community there is an increased risk of poor health as age increases. Whilst people are living longer the extra years have not necessarily been in good health or free from illness or disability. As people grow older, their health needs become more complex with physical and mental health needs frequently being inter-related and impacting on each other. In Bolton, a higher prevalence of some conditions among the older population is a significant contributor to Bolton's life expectancy gap to England. Specific issues include:

- Cancer incidence and mortality increases with age; for example, males 75 years or older are most likely to die from cancer than any other group;
- Cardiovascular disease predominantly affects people aged over 50 years of age and the lifetime burden is greater in women because of their longevity and their increased risk of stroke over the age of 75;
- The prevalence of diabetes increases with age; self-reported prevalence for those aged 65 and over in Bolton is 20.7%;
- Some respiratory diseases (e.g. lung cancer, COPD and pneumonia) are more common in older age than others;
- It is estimated there are over 3,000 people in Bolton who have dementia (diagnosed and undiagnosed);
- Depression affects 22% of men and 28% of women aged 65 or over and The Royal College of Psychiatrists estimates 85% of older people with depression

receive no help at all from the NHS. There is a relatively high suicide rate among older people in Bolton in comparison with the national average, particularly amongst men aged 75+ years and women aged 65-74 years;

- Bolton has a lower rate of emergency admissions for falls in older people than is average for our region and England as a whole, but our local rate is increasing (by 40% between 2006 and 2011);
- Almost 7,000 of Bolton's older people have experienced severe bodily pain in the last four weeks, and 31,000 experience pain or stiffness in their joints and 20,000 suffer with constant or recurring backache;
- Incidence of both visual and hearing impairments increase with age, especially after age 75.

Estimates suggest that in reality there are potentially over 19,000 older people with social care needs in Bolton (4,500 with low care needs[1], 5,500 with moderate care needs[2], 4,100 with high needs[3], 4,300 with very high physical needs[4], and 1,200 with very high cognitive/functional needs[5]), and as a proportion of the population this is higher than the England average. Over three quarters of those with social care needs are expected to be either unsupported or funding their own social care. It is currently unknown to what extent this impacts on costs of hospital and other health care services.

The number of people in need of care due to dementia will rise significantly as the overall elderly population increases because of the disproportionate rise in the number of people aged 85 years and over. A significant proportion of this population will have very high needs.

The majority of deaths in older people occur following a period of chronic illness related to conditions such as cardiovascular disease, liver disease, diabetes, cancer, respiratory disease, neurological diseases or dementia. Analysis of palliative care register data nationally has indicated that patients are not currently being identified in the last year of life, implying that adults nearing the end of life diagnosed with chronic long-term illness are at risk of not gaining access to optimal end of life care. This issue is exacerbated for patients with a non-cancer diagnosis.

[1] Difficulty performing instrumental activities of daily living - shopping, cooking etc. and/or difficulty bathing, showering, washing etc.
[2] Difficulty with one or more other activities of daily living - getting in/out of bed, use toilet, get dressed and undressed, feed self.
[3] Unable to perform one activity of daily living without help.
[4] Unable to perform two or more activities of daily living due primarily to physical impairment.
[5] Unable to perform two or more activities of daily living due primarily to cognitive impairment (including people with dementia).

The causes of death change with increasing age at death – Alzheimer's, senility, pneumonia, and stroke becoming more common. The place of death changes too, with a higher proportion of the extreme elderly, who are more likely to be women, dying in nursing or old people's homes. This in part reflects the frailty of many elderly people before death, which often results in the need for 24-hour care. It also reflects the greater likelihood of older women being widowed and living alone.

## SOCIOECONOMIC AND GEOGRAPHICAL INEQUALITIES

Known inequalities persist across the socioeconomic gradient of Bolton with older people living in the most deprived areas being more likely to develop long-term conditions, to rely on Adult Social Care, and to have more emergency admissions in their old age. There are 18 Lower Super Output Areas (LSOAs) in Bolton which rank in the most deprived 5% in the country and a further 17 LSOAs which rank in the most deprived 10% for income deprivation affecting older people.

Mental health problems and depression are associated with high levels of deprivation for all age groups but treatment for mental health problems can adversely affect physical health in vulnerable older people. Both physical and mental health difficulties can affect an individual's ability to care for themselves independently and potentially have major implications for their way of life and their need for services.

An Index of Potential Care Need has been developed for Bolton combining a wide variety of local data sources to identify geographical areas where there is a higher concentration of vulnerable older people. This identified just over 5,000 older people in the highest needs category.

## VULNERABLE GROUPS

The Census indicates there were over 6,000 people aged over 65 who were carers in 2011, with almost 3,000 older people providing care for 50+ hours per week, and 14% indicating their own health is bad. Older carers are a known concern as they may be 'propping one another up'. Given that informal carers are a vital part of the care system as a whole, however, improved support for them to maintain their role for as long as possible could be key to containing costs across the system as a whole.

In the future, the demography of the older population will change as more South Asian people reach old age. There are also likely to be small increases in the number of older people from a diverse range of other minority ethnic groups including Black/African/Caribbean/Black British and older people with a mixed/multiple ethnic group. These groups are likely to present different needs for local health and social care services including:

- It is known that people of South Asian ethnicity may have a greater susceptibility to CVD because of genetic and metabolic factors;
- People of Asian and Black origin are also more prone to diabetes than the White population, and so higher prevalence in these groups is to be expected;
- The Asian Pakistani and Black population have a greater risk of common mental health problems such as depression and anxiety.

Adults with learning disabilities are one of the most vulnerable groups in society, experiencing health inequalities, social exclusion and stigmatisation. Over the next five years there will be a significant increase (10%) in the number of older people with learning disabilities in Bolton, but this is a slower increase than is expected regionally and nationally. The proportion of older people with learning disabilities will continue to increase in the future due to increased longevity for those with learning disabilities due to improvements in medical care and reduced mortality, and due to the increase in proportion of younger adults who belong to South Asian communities, as these communities have a higher prevalence of learning disabilities.

There are currently estimated to be 490 older people with autism in Bolton and this is expected to increase by 10% over the next 5 years and by 20% over the next 10 years as a result of the ageing population. The main priority for people with autism is getting a diagnosis in order to receive support, and this is especially true for older people as previous low awareness of autism means that older adults are less likely to have been identified in childhood. In addition, there is a known risk of falling between services and not having your needs met if you have autism but do not have a learning disability or a mental health problem. This is a particular risk for people with Asperger Syndrome who are not diagnosed until adulthood and for whom there is no distinct care pathway. Older people with autism may also be more at risk of social isolation. There is a need to ensure older people's health and care services are able to meet the specific needs of this group.

Government estimates that between 5 and 7% of the UK population are lesbian, gay or bisexual. On this basis, we estimate there are between 2,235 and 3,129 LGB people aged 65 and over in Bolton. Gay people are more likely to live alone when they are older (though this situation may change in time), and are more likely to be without children. There are also difficulties surrounding access to appropriate care through residential care, who may not be equipped or willing to support same sex partners. Many elderly lesbian and gay people are apprehensive about having to go into residential care, and possibly back into a situation where they do not disclose their sexual orientation. Concerns also arise regarding appropriate support and care from care workers, who may refuse to recognise extended 'families' within the gay community, or may not allow a person to spend 'social time' in a gay venue. Society assumes that LGB people are young and active; it does not occur to society

that older people may be gay too. These issues inevitably have an impact on effective delivery of health care.

## USE AND EFFECTIVENESS OF SERVICES

Key performance indicators show that the rate of admissions and readmissions to hospital for older people in Bolton are generally lower than other North West areas, but as mentioned previously admissions for falls are increasing.

An analysis of acute inpatient data indicated that 10% of non-elective bed days were used by patients with dementia, which is average for Greater Manchester. However, the length of stay for these patients was 62.7 days, the highest in Greater Manchester (average of 40 days). The diagnosis rate for dementia in Bolton is estimated to be 54%, considerably higher than the national average of 42%, and we have seen a significant increase over recent years. There are still, however, an estimated 1,300 people with dementia currently undiagnosed and not receiving treatment locally.

The Council directly provides and commissions a wide range of social care services including residential care, home care, equipment and adaptations, sensory services, day care, and other forms of community support. In 2011/12, 2,800 people aged 65+ received ongoing support paid for at least in part by Bolton Council (means tested). Adult Social Care also provided equipment and other short term support (not means tested) to 3,500 people aged 65+ in 2011/12. The total number of older people receiving ongoing support from the Council reduced by 17% between 2009/10 and 2011/12 as a result of a change in the eligibility criteria for receipt of social care – the Council no longer provides support to meet moderate needs. The number of people receiving short term support from Adult Social Care has, however, remained consistent over the last three years.

The most significant community based service provided to older people is home care, although there was a significant increase in Direct Payments in 2011/12. The ongoing implementation of Self Directed Support will increase choice and control for social care service users. People with physical disabilities and their families will have control of how the budget allocated to them is used to meet their care and support needs. This is likely to impact on the range and choice of services available and hopefully will improve outcomes for individuals.

The number of permanent admissions to registered residential and nursing care accommodation per 100,000 population over the last three years indicates that while the rate of admissions has remained fairly consistent there has been a recent reduction in the number of nursing care admissions and a corresponding increase in residential care admissions. The rate of admissions to residential and nursing care in Bolton is above the England average but is lower than many other North West authorities.

Many older people with social care needs are either supported by informal carers or pay for their own care (self-funders). There is currently no information on the total number of self-funders in Bolton.

Regarding key prevention interventions, the uptake of flu vaccination for older people in Bolton is slightly higher than the national average. However, there is a need to improve information provision so that older people and their carers are easily able to find the advice and services they require as needs arise. Also, as it is noticeably lower than average, there is potential to increase the number of older people that regularly volunteer in Bolton which could have a positive impact on social isolation.

Future service priorities include:

1. The prioritisation of the integration of the health and social care system in Bolton;
2. To improve identification and management of disease risk factors and management of long-term conditions;
3. To reduce hospital admissions; this is a priority across all health and social care services not only in terms of costs but also in terms of the frequently negative impact on the long-term health of older people. Bolton's Long-term Conditions Strategy aims to address many of the relevant issues, and a review of urgent care provision in Bolton is currently underway.