

## **Community, Leisure Services and Environment OSC - draft Future Work Programme for 2014-15**

### **Review Topic: Older People Services**

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#### **At a glance**

Society is changing, and advances in health and living conditions are helping people live longer. There are now more people over state pension age in the UK than children. By 2050, a 65-year-old man in Britain can expect to live to 91. In 1950, his life expectancy was 76. Older people deserve every opportunity to age well, in communities that value their experience. Local concerns need local solutions. Maidstone Borough Council has the opportunity to take a local lead in developing innovative ageing well approaches alongside leading organisations such as Kent County Council, Kent Public Health and the West Kent Clinical Commissioning Group.

#### **National shifts in health: The National Care Bill**

The Bill contains provisions covering adult social care reform, care standards and health education and research. The June Spending Round announced £335 million for local authorities in 2015 to support this reform. The funding is to help councils can prepare for reforms to the system of social care funding, including the introduction of a cap on people's care costs from April 2016, and a universal offer of deferred payment agreements from April 2015. This will mean that no-one will be forced to sell their home in their lifetime to pay for residential care. The £335 million covers:

- £145 million for early assessments and reviews.
- £110 million for deferred payment (cost of administering the loans and the loans themselves).
- £20 million for capacity building including recruitment and training of staff.
- £10 million for an information campaign.
- £50 million for capital investment, including IT systems (which sits in the Better Care Fund, improving health and care services)

The Department for Health has also identified £130 million of other costs for 2015/16 relating to issues such as: putting carers on a par with users for assessment; implementing statutory Safeguarding Adults Boards; and setting national eligibility. The Department's position is that the Spending Round allocated funding to cover these costs as part of the Better Care Fund.

#### **Kent and Medway - social and demographic features**

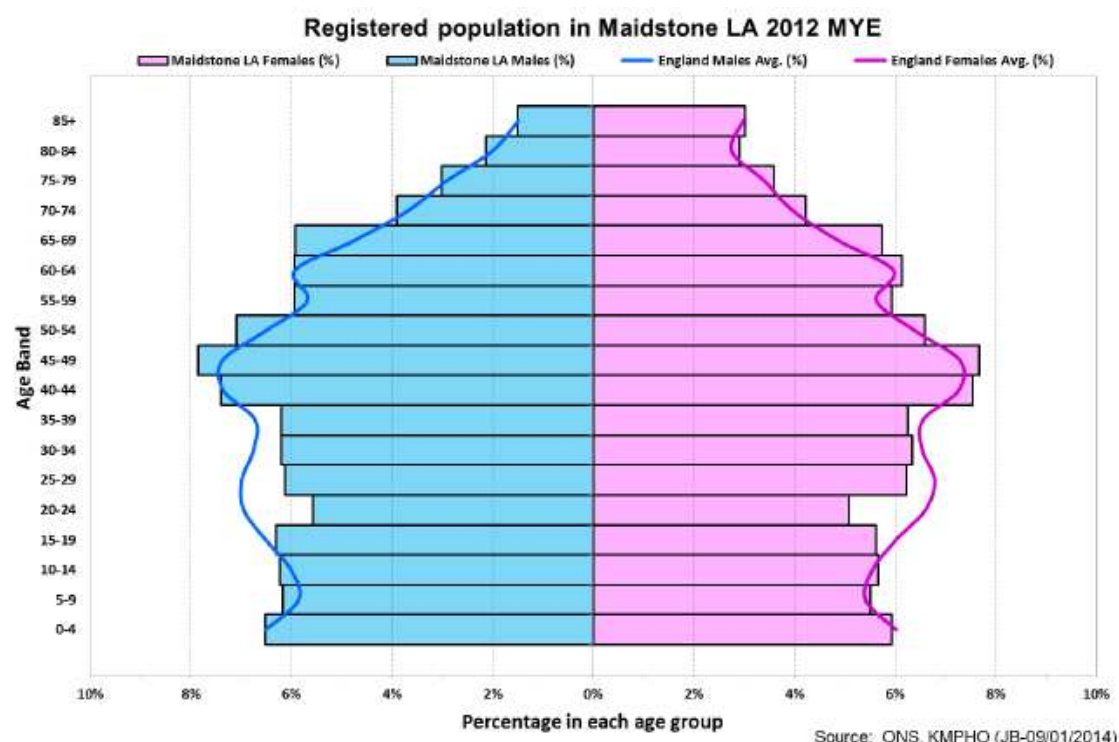
The population of Kent and Medway is aging and there will be a significant increase in the older population. As the population ages more people will be living with long term conditions, such as diabetes, dementia and COPD, which may affect quality of life leading to more health and social care services required to meet the increase in need. In Kent, over 65 years is expected to rise by at least 15% over the next five years (more than 20% for over 85 years). Total population for West Kent CCG residents ages 50 – 80 plus is 167,343 and broken down as shown below;

- Age 50 – 64 = 87,354
- Age 65 - 79 = 57,157
- Age 80 and over = 22,832

It is projected that there will be an increase of older people greater in those wards with higher indices of deprivation. As our communities grown, diversity of the diversity of the community will lead to differences in ability to access care. There will be an increased prevalence of complex co-morbidities within the older population and the number of people with dementia is expected to double across the UK in the next 30 years. (*Department of Health*).

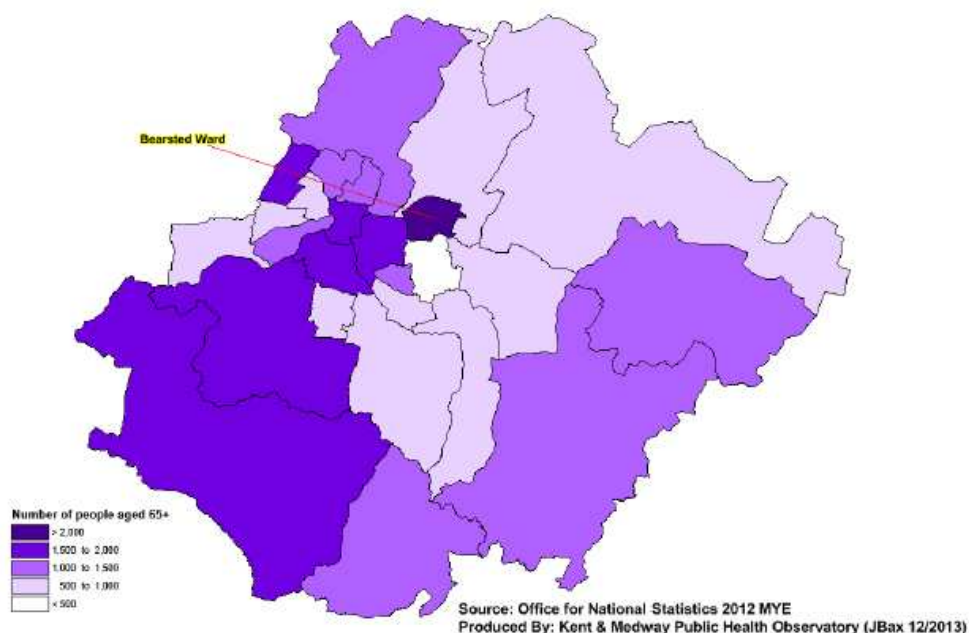
### Maidstone borough - population

Maidstone has a higher percentage of 45-54s and 65-69s than the national profile but a much smaller proportion of 15 to 40s. The proportion of the population in all categories above age 50 is also higher than the national average. This will have an impact on health services because older people will generally have greater health needs and service usage.



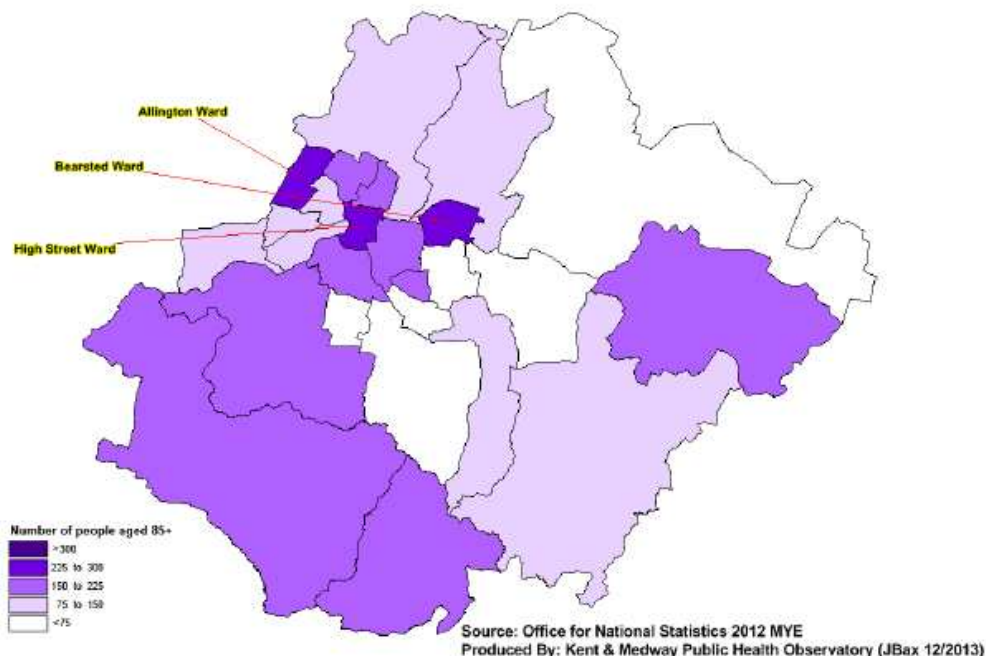
### Maidstone borough – 65+ population

There are high numbers of people aged 65+ in the Bearstead and Allington wards. The wards with the fewest number of people aged 65+ are North Downs, Loose, Detling and Thurnham, Leeds and Downswood and Otham wards. There are approximately 28,200 people aged 65+ in Maidstone LA. This will have implications for commissioners and those providing services because the 65+ age group use health services at a higher rate than other so more provision will be needed by health services in the area.

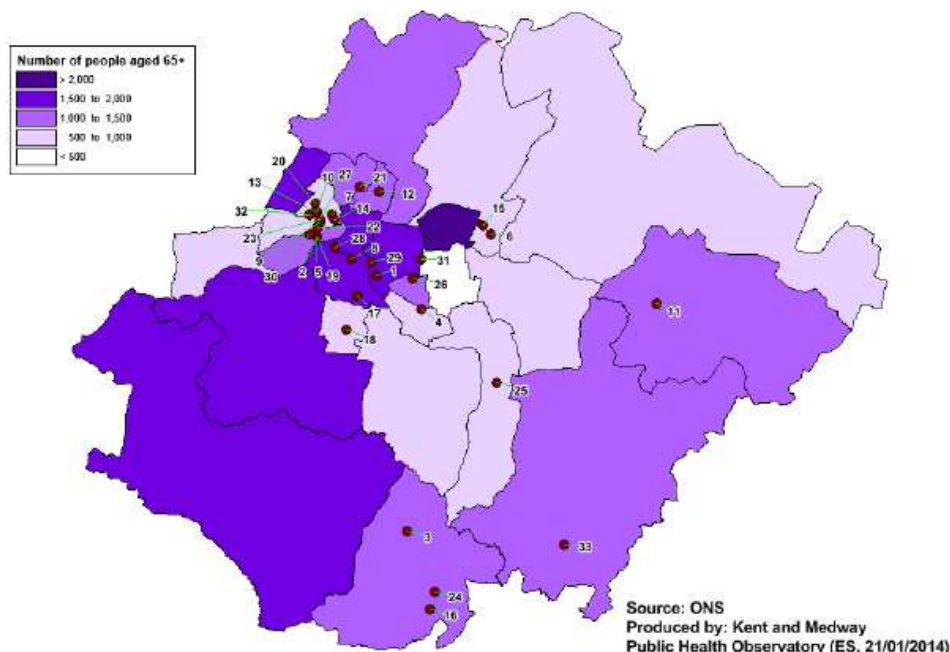
Distribution of people in Maidstone LA aged 65+ years

### Maidstone borough – 85+ population

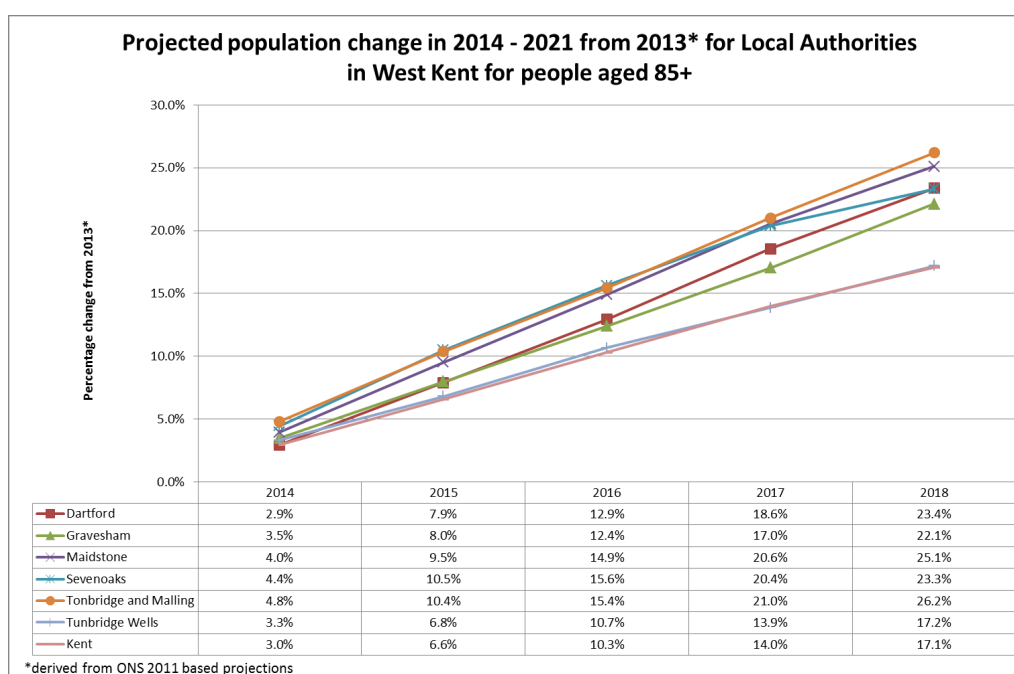
There are high numbers of people aged 85+ in the High Street, Bearstead and Allington wards. The wards with the fewest number of people aged 85+ are Boughton, Monchelsea and Chart Sutton, Loose, North Downs, Leeds and Downswood and Otham wards. There are approximately 3,500 people aged 85+ in Maidstone LA.

Distribution of people in Maidstone LA aged 85+ years

### Distribution of people aged 65+ with older people homes overlayed, Mid 2012



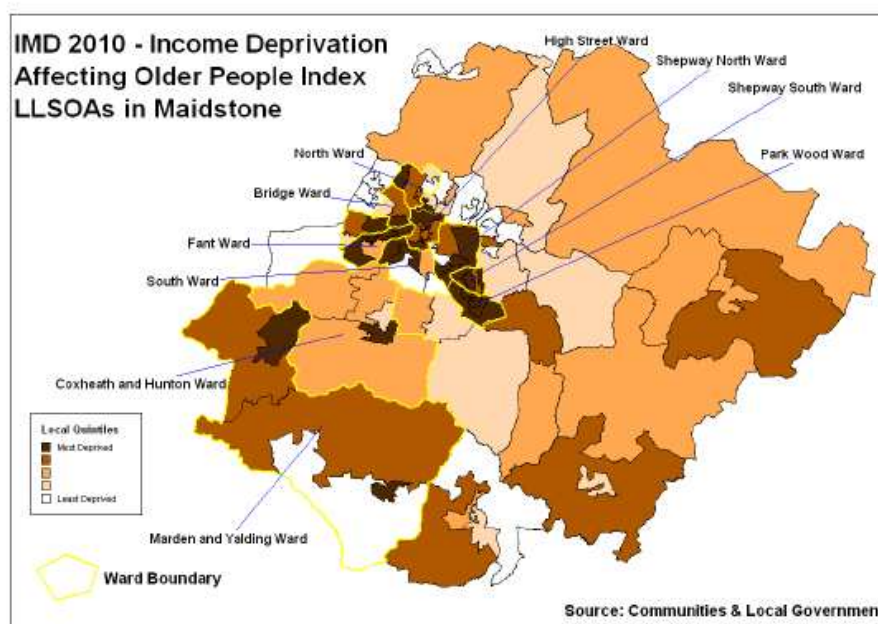
Population projections from the Office for National Statistics (ONS) show expected increases in all age groups. The largest percentage rise occurs in the 85+ age groups, with a 25% increase. The overall population projected increase for Maidstone for 2018 is just under 7%. This would result in the size of the population being just over 170,000. Commissioners will need to take account that planning will be necessary for an increased capacity for older people's health services. Older people have the greatest need to use health services and it may be necessary to expand the capacity of certain health services such as general practitioners in areas where there will be the greatest population increases.



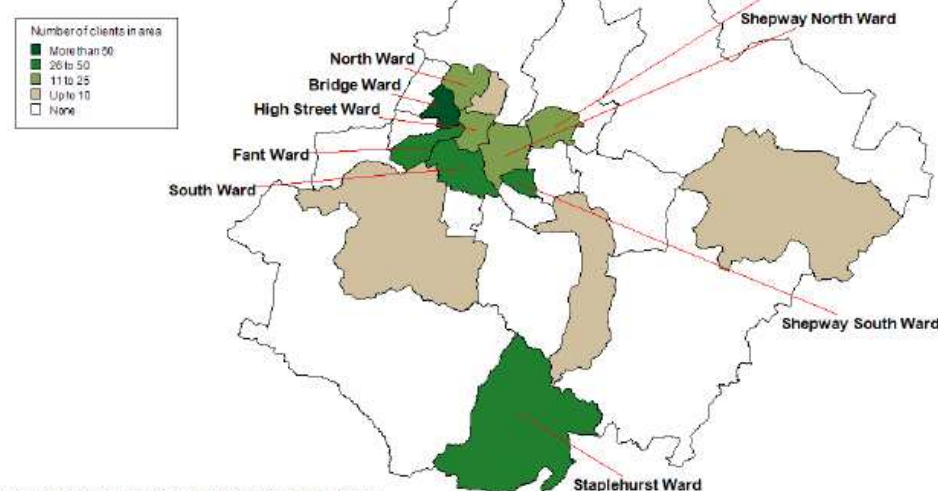
### Deprivation

The Income Deprivation Affecting Older People Index gives the percentage of older people living in income poverty in each LSOA. The main causes of death are from circulatory conditions and cancer (each 27%) and other (32%). Within circulatory disease, nearly half are due to coronary heart disease and nearly a quarter were due to strokes. Lung cancer

was responsible for the highest percentage of deaths from cancer at 15%. Mortality and poor health outcomes are closely related to deprivation. The more deprived an area is the more likely residents within that area are to experience poor health outcomes. Indicators such as all age all cause mortality provide an indication of the overall health of an area, assessing premature death [defined as deaths prior to your 75th birthday] for cancer, circulatory diseases and respiratory conditions enables greater understanding of the health burdens within these communities and contributing factors to overall mortality. Trends in all age all-cause mortality (AAACM) have been steadily falling since 1993. The rate in males remains higher than for females. The rates for Kent have generally been lower than the rate for England.



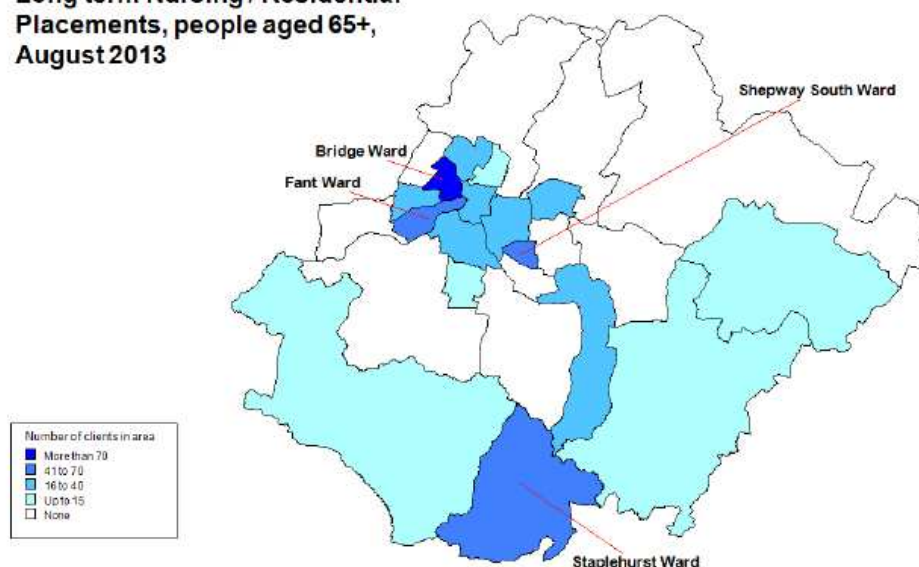
### Older people Mental Health Long term Nursing / Residential Placements - August 2013



Source: Kent County Council, Adult Social Services  
Produced by: Kent & Medway Public Health Observatory (ES, 25/09/13)

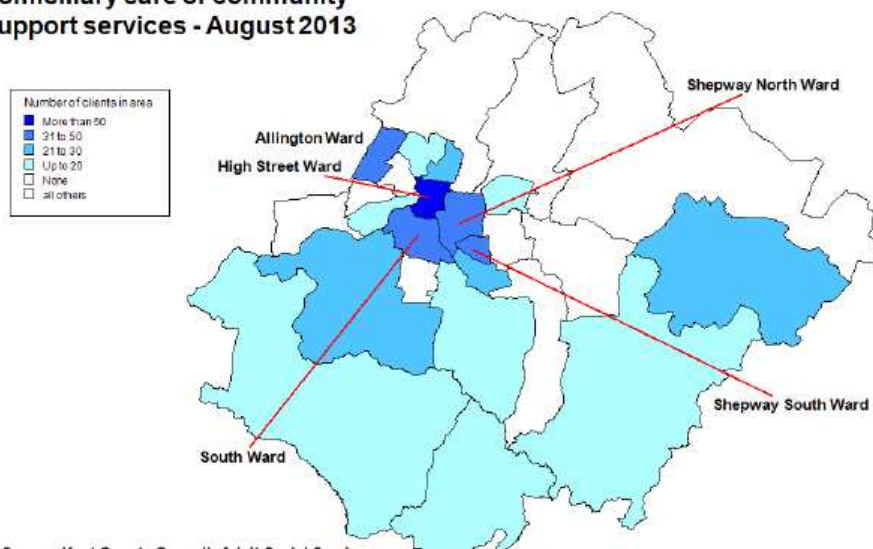


**Long term Nursing / Residential  
Placements, people aged 65+,  
August 2013**



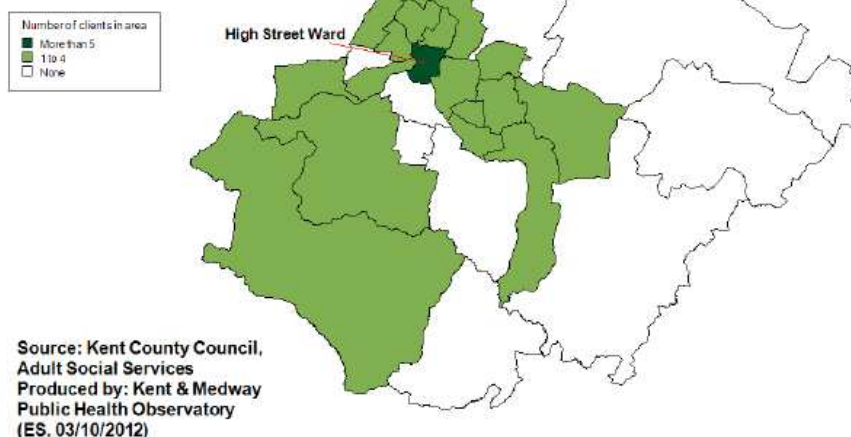
Source: Kent County Council, Adult Social Services  
Produced by: Kent & Medway Public Health Observatory (ES, 25/09/2013)

**Number of people aged 65+ receiving  
domiciliary care or community  
support services - August 2013**



Source: Kent County Council, Adult Social Services  
Produced by: Kent & Medway Public Health Observatory  
(ES, 04/10/2013)

### Number of people aged 65+ receiving enablement or active care - August 2013

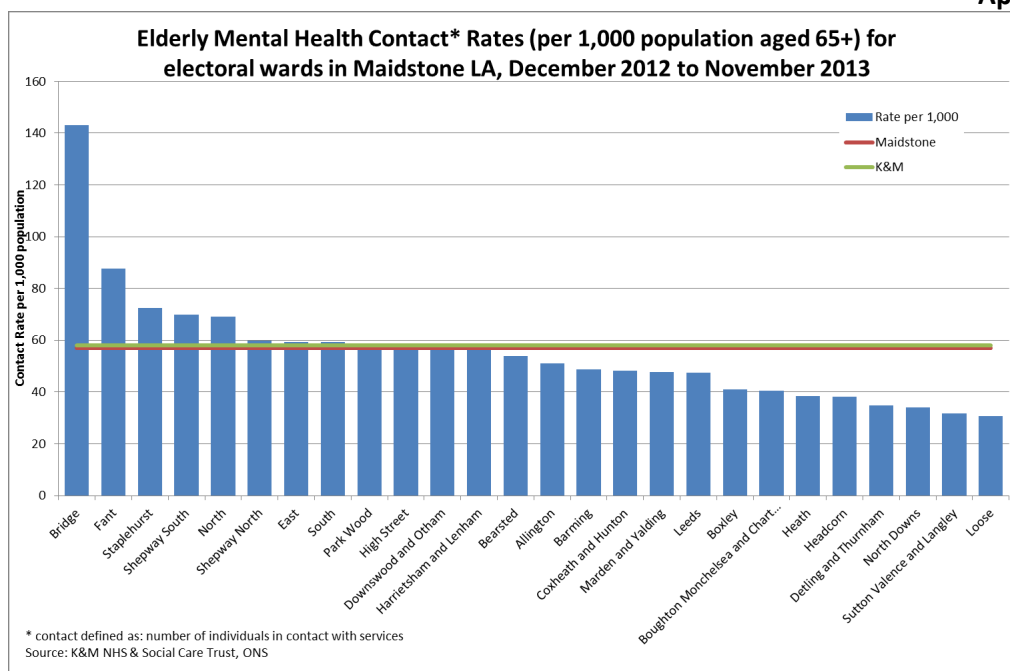


### Elderly mental health

Getting older and retirement both involve a change in lifestyle for most people, both mentally as well as physically. There is an assumption that mental health problems are a 'normal' aspect of ageing but most older people don't develop mental health problems, and they can be helped if they do. While a significant number of people do develop dementia or depression in old age, they are not an inevitable part of getting older. Other contributing issues, include dementia and mental capacity and caring for others. Alcohol abuse in older people can often be caused through bereavement and other losses, loneliness, physical ill health, disability and pain, loss of independence, boredom and depression. Prescribed medications can cause symptoms associated with mental illness in older people. Most older people are taking some kind of medication, and many are taking several at the same time. There are risks associated with taking multiple medications, including confusion.

It is estimated that;

- nearly half of older people who take their own lives visit their GP in the previous month and only a very small number are in contact with specialist services;
- fewer than half of people with dementia will receive a diagnosis;
- only a third of older people with depression discuss it with their GP; of the third that have raised it, only half (or about 15 per cent of all older people with depression) are diagnosed and receive treatment



### Dementia prevalence and projection for Maidstone

Dementia is a term used to describe a collection of symptoms including memory loss, problems with reasoning and communication, and a reduction in a person's ability to carry out daily activities such as washing, dressing and cooking. The most common types of dementia are: Alzheimer's disease, vascular dementia and mixed dementia. Dementia is a progressive condition, which means that the symptoms will gradually get worse. The number of people with dementia is increasing because people are living longer.



## People aged 65+ predicted to have dementia, by age and gender, projected to 2020

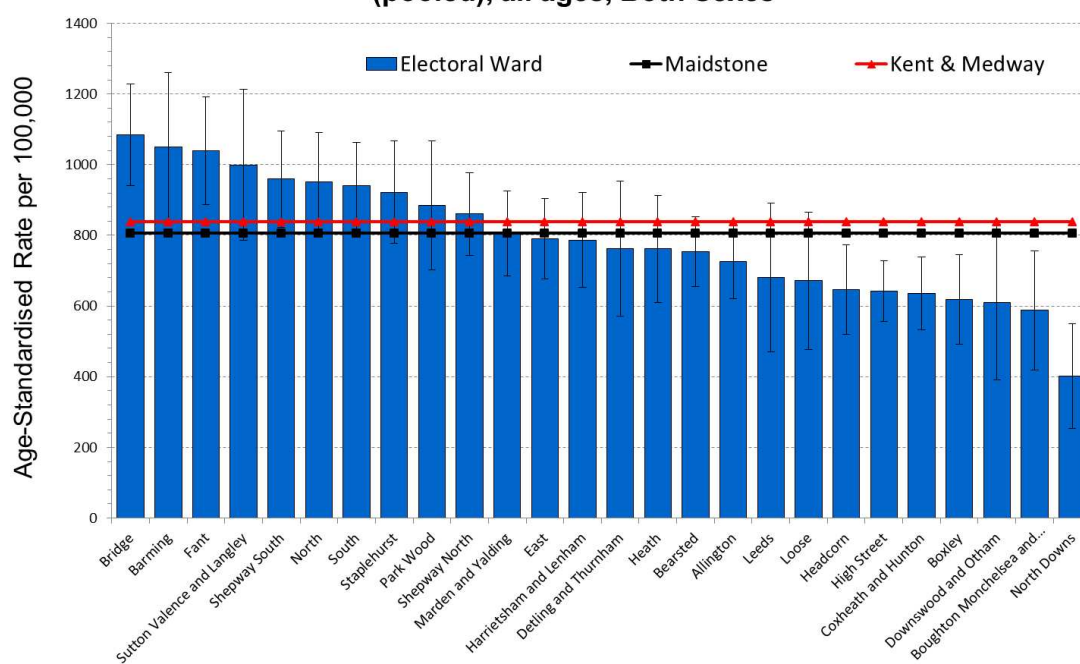
Dementia - all people	2012	2014	2016	2018	2020
Show by gender					
People aged 65-69 predicted to have dementia	115	121	120	108	105
People aged 70-74 predicted to have dementia	175	189	211	244	249
People aged 75-79 predicted to have dementia	304	328	334	357	391
People aged 80-84 predicted to have dementia	469	493	503	550	573
People aged 85-89 predicted to have dementia	467	506	544	583	622
People aged 90 and over predicted to have dementia	419	447	477	536	594
<b>Total population aged 65 and over predicted to have dementia</b>	<b>1,948</b>	<b>2,082</b>	<b>2,189</b>	<b>2,379</b>	<b>2,534</b>

Figures may not sum due to rounding  
Crown copyright 2012

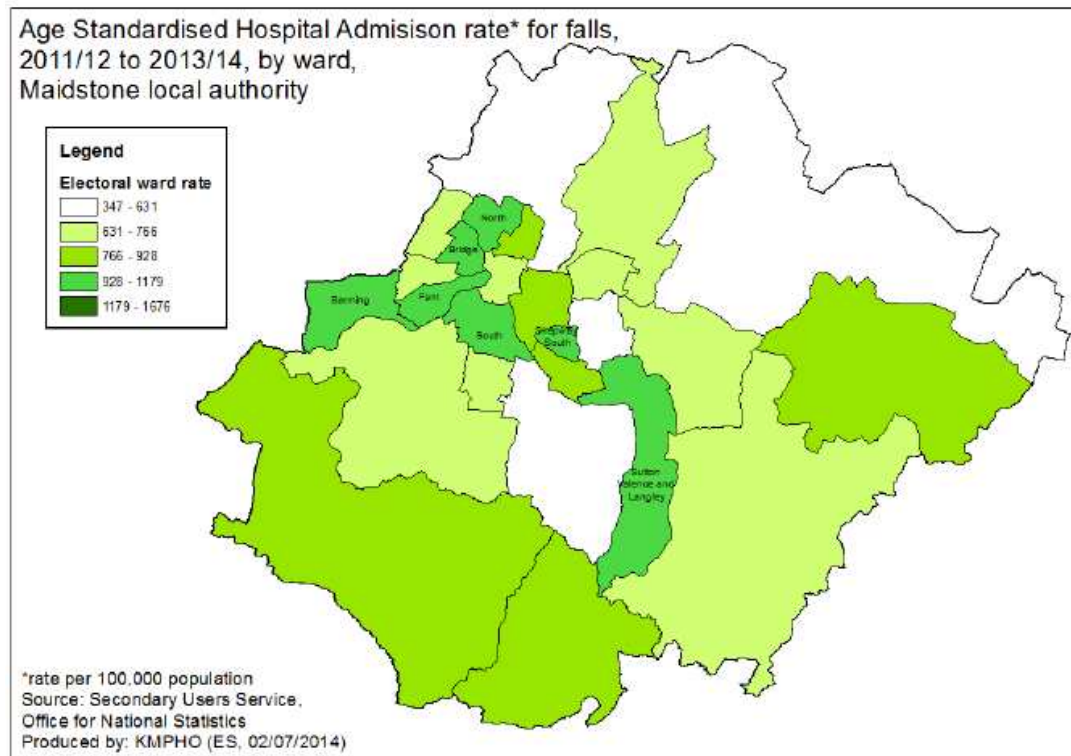
Source: Projecting Older People Population Information and Projecting Adult Needs and Service Information (2014)

## Fall prevention

### Admission rates in Maidstone for falls, 2011/12 - 2013/14 (pooled), all ages, Both Sexes



Source: Secondary Uses Service, ONS Population Estimates, KMPHO



### Excess Winter Deaths

Excess deaths in winter are an important public health issue in Maidstone (and UK wide) linked to cold weather, which can be reduced through implementing preventative approaches with vulnerable groups, for example, older people and those with long term conditions.

Excess winter deaths are often caused from; homes not being efficiently heated or insulated, high cost of home energy bills versus low income (i.e. fuel poverty) and low take up of flu and pneumococcal vaccinations.

The percentage of households living in fuel poverty in the south east is 8.2%, lower than the national average of 10.9%. We could have as many as 5,500 households in the borough living in poverty, mostly attribute to single people on low incomes, but also prevalent in older people.

### Social isolation and loneliness

Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure, and is closely linked to depression. The impact of loneliness and social isolation on an individual's health and wellbeing has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services. The range of interventions for alleviating loneliness and social isolation can be grouped into one-to-one interventions, group services and wider community engagement. Those that look most effective include befriending, social group schemes and Community Care Navigators.

## People aged 65 and over predicted to have depression, by age and gender, projected to 2020

<b>Depression - all people</b>	<b>2012</b>	<b>2014</b>	<b>2016</b>	<b>2018</b>	<b>2020</b>
Show by gender					
People aged 65-69 predicted to have depression	768	813	807	734	707
People aged 70-74 predicted to have depression	530	570	633	731	750
People aged 75-79 predicted to have depression	441	474	485	518	563
People aged 80-84 predicted to have depression	367	386	395	433	452
People aged 85 and over predicted to have depression	339	360	392	425	457
<b>Total population aged 65 and over predicted to have depression</b>	<b>2,445</b>	<b>2,602</b>	<b>2,712</b>	<b>2,842</b>	<b>2,929</b>

Figures may not sum due to rounding  
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### Digital Inclusion

The main barrier to use of computers and the internet among older appears to be a lack of understanding of and confidence with how it works. Affordability is also an issue for some (particularly those with the lowest incomes). There is wide variation in the extent to which people are interested in using the internet. The 55–64 age group tend to be more receptive and to have had more exposure to computers and the internet than the over-65s. Specific priority audiences who could benefit from the internet in Maidstone are identified as those older people;

- With long-term health conditions or mobility impairments
- Who live in remote or rural locations
- Who are socially isolated or lonely

### Financial inclusion

Maidstone Borough Council recently launched its Financial Inclusion Partnership. Financial inclusion is about having access to the appropriate financial products and services that give people the opportunity, ability and confidence to make informed decisions about their financial situation and organise their money effectively. The partnership promotes financial literacy amongst key groups - young people, vulnerable people, older people and BME communities.

### Recommendations

OSC is asked to agree a partnership approach for Older People in Maidstone and make the offer to residents, public bodies, and business and community leaders to take part in a five year programme, championed at Cabinet level.

Maidstone's ageing population also needs strategies and services to provide facilities which identify and promote independence and reduce isolation. The theme of local accessibility needs to be addressed for members of the community who are vulnerable or isolated due to old age, illness or disability, supporting people to live independent and active lives. As the population in the borough ages the pressure to support people will also increase. People are now living longer and this will add to the pressures faced by our health, social care and housing services.

## Priority areas

### 1. **Placemaking: making Maidstone a good place in which to grow old**

- Having a proper vision (Sustainable Community Strategy, Health Inequalities Action Plan)
- Showing strong leadership to champion the older people's agenda
- Involving older people (e.g. Maidstone Older Person's Forum)
- Working across the whole council and other local partners in the health and social care, business and voluntary and community sectors

### 2. **Greater support to help older people stay well and independent**

Enable communities to help themselves, through a partnership with Maidstone's voluntary, housing, health and business sectors providing a community based older people support programme.

Co-ordinating existing support services and interventions could be led by GPs in partnership with Maidstone Borough Council, SECAMS, Kent Public Health, Age UK and KFRS. Support can target vulnerable older people, such as community-based falls prevention programmes, home adaptations, fuel poverty reduction measures and reducing social isolation through befriending schemes. The spectrum on offer is vast and has a diverse range of providers. The following is currently available or could be further developed, but is by no means an exhaustive list:

- Adaptations to aid daily living
  - Assistive Technology and Equipment,
  - Befrienders,
  - Carers Support,
  - Community Health Services, including falls prevention advice
  - Housing related community support for older people
  - Financial planning and Later Life care Planning
  - Fire Safety Checks and advice
  - Help with Smoke Alarms,
  - Home Improvement Agencies (HIAs),
  - Telecare
  - Lunch Clubs/Meals on Wheels
  - Minor adaptations to the home
  - Outreach Support Service for Older People
  - Reablement
  - Short breaks/Respite Care
  - Specialist Information, Advice and Advocacy
  - Older Person's Forum
  - Timebanking – using credit or vouchers
  - Trusted Trader and Rogue Trader support
  - Volunteering support
  - Benefits Advice
- 
- Develop partnership working with Health and Social Care Coordinators who work with local GPs to provide an improved link into community health and social care services

**3. Build housing aspirations**

Work with partners to;

- Understand the housing needs and aspirations of older people
- Map these requirements against current and future planned housing supply
- Make recommendations for the development of future services and housing provision

**4. Increase digital inclusion**

Work with partners from the public, private and voluntary and community sector to;

- Facilitate more effective support for people who need to access the internet, and make best use of existing resources.
- Set up a network of 'silver sidekicks' – older, tech savvy people who would be paid/volunteer to go into peoples' homes and community centres to teach them how to use the internet to make digital transactions such as renewing a driving licence or paying a utility bill.
- Champion websites which are accessible for older disabled people e.g. addressing problems with comparison sites, social media sites and online financial services, such as insurance quote tools and online banking.
- Develop an online learning programme for older people and carers to support an understanding of health-related issues and self-care.

**5. Support financial inclusion**

Work with partners from the public, private and voluntary and community sector to;

- Ensure money and debt advice and financial capability projects are targeted to older people
- Support money advice training for advice workers, particularly those working specifically with older people

**6. Fuel poverty**

Work with partners from the public, private and voluntary and community sector to;

- Support energy efficient interventions in housing
- Encourage fuel poverty referrals
- Increase uptake of flu and pneumococcal vaccinations among priority groups

**Aspirations for Maidstone - if we could, what outcomes would we really want to see for Maidstone...**

- Later take up of formal care services, avoiding social care demand
- Markedly increased levels of older people with adapted houses and financial plans for later life
- Vulnerable persons aged 75 and over having a personal contact and a plan to link them with local opportunities
- A strong partnership with local voluntary and community groups and a strong sense of Maidstone looking after 'its own'
- A significant increase in volunteering to support older people by young people and people not working or with the capacity to take part
- A new 'habit' of information sharing about vulnerable older people, with no new bureaucracy