8. OLDER PEOPLE

INTRODUCTION

Islington’s population is changing. With only 9% of the population aged 65 and over Islington is a relatively young borough and is unlikely to follow the national pattern of significant growth in the older population. Nevertheless Islington will experience an increase in the ‘older old’; a population group which often face distinct challenges such as living with long-term conditions and increased frailty. There is also likely to be an increase in the diversity of need as the number of older people from BME groups expands. This, coupled with high levels of deprivation is likely to trigger increased demand for health and social care services.

Older people make up a significant proportion of social housing households and pensioner households have a considerably lower-than-average income compared to the rest of the borough. There are also high numbers of affluent older adults in Islington many of whom choose to self-fund their social care need. A further challenge for services is to make sure that this wealthier group has relevant information to make informed choices.

There is no formal definition of the age range for the older population as people respond to ageing in different ways. Services are planned and delivered by adopting a person-centred approach.

WHAT ARE THE KEY ISSUES?

Four main disability-causing diseases have been identified which are likely to impact on the health of the future older population (1). These include dementia, coronary heart disease, stroke and arthritis. Three of these areas are addressed in this chapter. Arthritis will not be considered as there is less evidence available for the prevalence or effective treatment and prevention of arthritis. Instead the issue of falls in older people has been considered, as this is an area associated with morbidity for older age groups.

Dementia
Dementia is often only diagnosed at the point of crisis or emergency, for example following emergency admission to hospital, which may then lead to increased risk of long stays in hospital. On average older people with dementia stay over nine times
longer compared to all people aged 65 years and over (64.8 days compared to 6.95). These longer stays tend to be linked to delayed transfers of care and placement in residential or nursing homes. The new National Dementia Strategy (2) and Healthcare for London pathway (3), aim to improve earlier diagnosis and intervention to help reduce this risk and improve quality of life and wellbeing for people with dementia and their carers.

**Coronary Heart Disease**

Coronary Heart Disease (CHD) accounts for the majority of all deaths in Islington. The burden of CHD is concentrated amongst those over 65. The death rate from CHD for the 65-74 year age group is higher in Islington compared to both London and England (see section ‘The Islington Picture’ for details).

**Stroke**

People over 65 years of age are most at risk of experiencing stroke and this risk continues to rise with age. Emergency admissions for stroke in Islington are well above the London and national average. There is also a higher mortality rate than for the rest of London and England (see section ‘The Islington Picture’ for details).

**Falls**

Falls are a major cause of disability and mortality due to injury in older people. Osteoporosis, a condition characterised by a reduction in bone mass and density increases the risk of fracture when an older person falls. Fractures commonly occur in the hip, known as fractured neck of femur. Most falls do not result in serious injury but the consequences for an individual of falling or of not being able to get up after a fall can include:

- Psychological problems - for example, a fear of falling and loss of confidence in being able to move about safely.
- Loss of mobility leading to social isolation and depression.
- Increase in dependency and disability.
- Hypothermia.
- Pressure-related injury.
- Infection.
THE ISLINGTON PICTURE

Dementia
The prevalence of dementia in Islington, based on GP dementia registers, is comparable to London spearhead PCTs, London as a whole and slightly lower than for England. There were 660 people diagnosed with dementia in 2008/09.

Table 8.1: Prevalence of dementia, Islington, London Spearhead PCTs, London and England, 2008/09

<table>
<thead>
<tr>
<th>PCT Name</th>
<th>General Practice Population</th>
<th>Dementia Register</th>
<th>Dementia Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington</td>
<td>206,977</td>
<td>660</td>
<td>0.3</td>
</tr>
<tr>
<td>London Spearhead PCTs</td>
<td>2,898,233</td>
<td>6,846</td>
<td>0.2</td>
</tr>
<tr>
<td>London</td>
<td>8,462,084</td>
<td>24,859</td>
<td>0.3</td>
</tr>
<tr>
<td>England</td>
<td>54,310,660</td>
<td>232,430</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Source: The Information Centre, QOF performance indicators, 2008/09

Figure 8.1: Prevalence of dementia by Islington, London Spearhead PCTs, London and England, 2008/09

Source: The Information Centre, QOF performance indicators, 2008/09
Coronary Heart Disease and Stroke
There is a higher prevalence of both CHD and stroke within Islington, based on modelled estimates which take into account age, sex, ethnicity, smoking status and deprivation score across older age groups compared to London and England.

Figure 8.2: Modelled prevalence of CHD by age for Islington resident population (aged 16+), compared to London and England, 2009

<table>
<thead>
<tr>
<th>Age group</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington</td>
<td>London</td>
</tr>
<tr>
<td>16-44</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td></td>
</tr>
</tbody>
</table>

Please note modelled estimates are based on input data prior to 2006
Source: Eastern Region Public Health Observatory, November 2008

Figure 8.3: Modelled prevalence of Stroke by age for Islington resident population (aged 16+), compared to London and England, 2009

<table>
<thead>
<tr>
<th>Age group</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington</td>
<td>London</td>
</tr>
<tr>
<td>16-44</td>
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<tr>
<td>65-74</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td></td>
</tr>
</tbody>
</table>

Please note modelled estimates are based on input data prior to 2007
Source: Eastern Region Public Health Observatory, November 2008
Falls
The hospital admission rate for fractured neck of femur (fracture hip) for Islington is higher than for North Central London and London as a whole.

Table 8.2: Age standardised rate per 100,000 of admissions for fractured neck of femur, 2004/05, 2005/06 and 2006/07

<table>
<thead>
<tr>
<th></th>
<th>2004/05</th>
<th>2005/06</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington</td>
<td>528.3</td>
<td>564.1</td>
<td>540.6</td>
</tr>
<tr>
<td>North Central London</td>
<td>498.5</td>
<td>496.8</td>
<td>511.8</td>
</tr>
<tr>
<td>London</td>
<td>487</td>
<td>494.6</td>
<td>471.4</td>
</tr>
</tbody>
</table>

Source: London Health Observatory

FUTURE NEED

The number of people aged between 65 and 84 years is expected to decrease over the next 10 years, with an increase in the number of people aged 85 and over during the same period. This suggests that there will be greater numbers of older residents who are frail, living with long-term conditions and requiring support. Population projections indicate a significantly greater rate of increase in all older age groups between 2019 and 2028 (4). Within this demographic there is also expected to be an increase in the diversity of need as the numbers of older people from different BME groups grow.

Dementia
Data suggest that there will be only a small overall increase in prevalence of late onset dementia in Islington between 2008 and 2018. However, prevalence is predicted to increase substantially between 2018 and 2028. The rise in the expected number of people with dementia aged 85 and over is expected to increase by roughly 15% over the next ten years and 28% over the next 20 years (4).

Coronary Heart Disease and Stroke
Modelled estimates for CHD and Stroke do not indicate increases in prevalence between 2008 and 2020 for people aged over 65 years.

Falls
Projections indicate an increase by 2028 in the number of older people attending A&E departments in Islington (about 120 more visits per year compared with current figures)
A predicted rise in hospital admissions resulting from falls has also been forecast (about 40 more admissions per year compared with current rates).

SERVICES CURRENTLY PROVIDED IN ISLINGTON

Islington Council and NHS Islington procure and develop a range of health, social care and support services for older adults. These include:

- Services delivered in a range of settings to promote healthy and active old age such as provision of advice and advocacy, falls prevention measures, befriending and volunteering opportunities, and a wide range of health and leisure activities.

- Services to promote independence such as the recently developed Re-ablement Service. This is a successful six-week programme that helps people coming out of hospital to regain skills and mobility, thus reducing their need for ongoing home care support. A comprehensive home care service is also provided to assist with various tasks including personal care, shopping, and the provision of escorts to medical appointments and intermediate care services which support rehabilitation in both community and residential settings.

- Services provided in the home such as community meals, a range of safety and security measures including fire safety checks and a handyperson service, affordable warmth initiatives, occupational therapy services and a wide range of aids and adaptations to support day-to-day activities.

- Services based around accommodation such as residential and nursing homes and sheltered and extra care sheltered housing schemes.

- Services to improve choice and access. The move to self-directed support will give people increased choice and control over the money allocated for their support.

- Services to promote stakeholder engagement and feedback. The newly commissioned Quality Review Scheme will actively engage with people living in Islington’s residential and nursing homes to help improve the services they receive.
### Table 8.3: Overview of services and gross expenditure for older adults (65 years and over), 2008/09

<table>
<thead>
<tr>
<th>Services</th>
<th>Provision</th>
<th>Gross expenditure in £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and care management</td>
<td>Data not available</td>
<td>9,660</td>
</tr>
<tr>
<td>Nursing care</td>
<td>377 older people / 14496 weeks of care</td>
<td>7,873</td>
</tr>
<tr>
<td>Residential care</td>
<td>354 older people / 14889 weeks of care</td>
<td>7,758</td>
</tr>
<tr>
<td>Supported &amp; other accommodation</td>
<td>Data not available</td>
<td>1,659</td>
</tr>
<tr>
<td>Home care</td>
<td>1184 older people in sample week</td>
<td>10,875</td>
</tr>
<tr>
<td>Day care</td>
<td>836 older people per week on average during the year</td>
<td>3,057</td>
</tr>
<tr>
<td>Meals</td>
<td>Over 1,000 meals per week on average for older people.</td>
<td>572</td>
</tr>
<tr>
<td>Direct payments</td>
<td>62 older people and 12 65+ carers</td>
<td>565</td>
</tr>
<tr>
<td>Equipment and adaptations</td>
<td>535 people</td>
<td>2,472</td>
</tr>
<tr>
<td>Other services to older people</td>
<td>Data not available</td>
<td>5,009</td>
</tr>
<tr>
<td><strong>All services to older people (total)</strong></td>
<td><strong>3147 people</strong></td>
<td><strong>49,500</strong></td>
</tr>
<tr>
<td>Community services for older people</td>
<td><strong>2616 people</strong></td>
<td><strong>24,209</strong></td>
</tr>
</tbody>
</table>

### THE NATIONAL CONTEXT

The vast majority of the older population live independently without the need for statutory support. The policy direction signalled by the government in ‘Putting People First: a shared vision and commitment to the transformation of adult social care’ (5) is supported by a growing body of evidence that we need to shift away from interventions at the point of crisis to a more pro-active and preventative model. This model is based on improved wellbeing, with greater choice and control for individuals. Keeping people active and healthy means not only that older people will have a better quality of life but also that risk factors associated with disabling disease and conditions can be minimised.

As an increasing range of services become available, there is a greater need for clear and useful advice to be made available to people who fund their own care, as well as those whose care is funded by social services.
The aim of much of our work is to understand the extent to which we can reduce people’s frailty by investing in preventative and early intervention services and how effective current provision is in meeting the health and wellbeing needs of older adults. The Department of Health has recognised this challenge and commissioned a study to examine models for predictive risk modelling (6). The outcomes of this were due to be piloted in 2008/09 with the aim of identifying people at risk of health or social care crises a year early and building the business case for prevention.

PROGRESS SINCE LAST YEAR’S JSNA

Key areas of development since last year’s JSNA have been:

- An Older People’s Festival, run in September 2009.
- Information booklets published for older adults living in Islington signposting to a range of services.
- A review of sheltered housing for Islington residents.
- Bedding in of the re-ablement service.
- A new, more flexible home care service procured.
- Publication of the End of Life Care Strategy; roll out of the Gold Standards Framework across care homes; and new community-based palliative care service procured.
- The development of a mental health care of older people strategy – this looks at developing best practice through, for example, the development of dementia care advisors.
- Pilots underway for the personalisation of adult social care services - bringing choice and control to older adults.
- A stroke awareness campaign run locally with Haringey,

OPPORTUNITIES FOR DEVELOPMENT

The demographic and economic profile of Islington leads us to conclude that demand for social care and health services will rise year-on-year, particularly in 10-20 years time when the enlarged ‘baby boom’ cohort moves through to the older age groups. The emerging older population will have higher aspirations than many current users of services. Service personalisation will transform how we commission and deliver social care services. In order to manage demand in the future we need to focus on prevention to enable people to live healthier lives for longer and reduce health inequalities in our community.
The challenge at present centres on how to translate these new views into service delivery at a time when the majority of investment is already rationed and focused on those most in need. Islington does invest in a range of Voluntary & Community Sector (VCS) and housing support services that could be re-focused to help deliver outcomes for health and wellbeing. For that to happen, Islington will need to develop its understanding of and planning for prevention. This could inform the strategy of prevention and set the strategic direction for the council and its partners.

It is also recognised that further work is needed to understand the financial impact of a changing demographic. This will form part of the capacity-planning model that will develop analyses of trend data. Other challenges include continuous improvement in areas of activity linked to prevention, for example, through improving services for carers and their families.

**RECOMMENDATIONS**

To respond to the demographic change, the wishes of older people to remain at home and the increasing expectations for choice and control, our overarching objectives are to:

- Help people age well.
- Promote independence.
- Support more people at home for longer.
- Recommendations to prevent ill health and improve outcomes for older people include:
  - Improving economic wellbeing through higher levels of benefit take up and promoting the benefits of deferring retirement for those approaching 60 or 65.
  - Working with VCS partners to develop new opportunities for engagement with older people.
  - Working with the VCS to develop better outcomes for older adults by making it easier to access preventative, discretionary services.
  - Continuing the development of community-based services such as extra care for older people with dementia to enable them to remain independent.
  - Continuing the development of personalised health and social care services.
  - Increasing access to services that enable people to self-manage their care for example, telecare. ¹

¹ A system of equipment and services that support an older person's safety and independence in their own home.
• Reviewing pathways out of hospital to ensure older people are given the opportunity for intermediate care, re-ablement and community support to prevent readmission.
• Piloting the falls pathway with London Ambulance Service and University of Swansea to look at more effective care for older adults with hip fractures.
• Working with partners in the North Central Sector to develop new stroke pathways.

REFERENCE LIST

(6) Lewis G. Predicting who will need costly care: How best to target preventive health, housing and social programmes. 2007.