SOUTHWARK

OLDER PEOPLE’S JSNA

March 2012
Southwark’s JSNA for Older People: Overview and Recommendations

Factsheet: The older population

Factsheet 2: Wider determinants of Health in Older People (Income, Benefits and Poverty)

Factsheet 3: Mortality

Factsheet 4: Physical Health and overview of long term conditions

Factsheet 5: Stroke

Factsheet 6: Coronary Heart Disease (CHD)

Factsheet 7: Chronic Obstructive Pulmonary Disease (COPD)

Factsheet 8: Diabetes

Factsheet 9: Mental Health

Factsheet 10: Prevention of ill-health

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Factsheet 13: Support for Independent Living

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Overview and Recommendations for Southwark’s JSNA for Older People

Introduction
Older people make a positive contribution to our community, both in old age and during their working lives. For many older people, later life is a time to enjoy the rewards of years of their lifelong contribution to society. Many older people are carers, often caring for grandchildren or parents, and sometimes both.

This Older People’s Joint Strategic Needs Assessment is essential in understanding needs and planning services for older people. The Health and Social Care Bill 2011 proposes a central role for JSNAs to bring together partners from across the NHS, local government and the voluntary sector to analyse current and future health needs of populations. It is proposed that clinical commissioning groups and local authorities have a statutory responsibility to produce a JSNA and a joint health and well-being strategy to inform and guide the commissioning of health, well-being and social care services in a local authority area.

We acknowledge that older people are a wide and disparate group, and findings from consultations with older people have been used in developing this JSNA as well as input from a wide range of stakeholders.

There are 17 Factsheets in this JSNA. Each covers
- a summary of the problem, and definitions,
- the local picture
- what we know about what works,
- local action
- what still needs to be done
- user views where available.

The Factsheets can be updated in future as new data (e.g. from Census 2011) becomes available.

The factsheets are:
Factsheet 1: The Older Population
Factsheet 2: Wider determinants of Health in Older People
Factsheet 3: Mortality
Factsheet 4: Physical Health and overview of long term conditions
Factsheet 5: Stroke
Factsheet 6: Coronary Heart Disease
Factsheet 7: COPD
Factsheet 8: Diabetes
Factsheet 9: Mental Health
Factsheet 10: Prevention of ill-health
Factsheet 11: Unplanned Care
Factsheet 12: Living independently in later life: needs
Overview

- The highest projected proportionate rise in older people is among those aged 90 and over to 2030, (increasing by 1400), though the most significant rise in numbers is an increase of 5000 among 65-69 year olds to 2030.
- Deprivation appeared to increase in older people in 2010 relative to 2007.
- One in four older people may not claim means-tested benefits that they are entitled to.
- More needs to be done on prevention. Among 41 preventive health interventions, the four cost-effective ones for older people were; drug therapies for smoking cessation; brief interventions in primary care for excessive use of alcohol; influenza immunisation; and fall prevention programmes.
- Historically there has been overreliance on residential accommodation for older people, with low levels of support to people in their own homes.
- There are long waiting times for major adaptations to older people’s homes which would help them maintain independence.

About 9% of people in Southwark are over 65 years, and 81% of these are from white ethnic groups. Death rates have been reducing for the past twenty years and life expectancy at 65 in Southwark exceeds that for London and England. However this masks wide inequalities within the borough.

Six in ten older people live in rented social accommodation, and over 4 in 10 people live alone. Four in ten people are in receipt of pension credit – a means tested benefit.

Long term conditions and dementia are more prevalent in older people, and many are not recognised by general practitioners, for example under half of people with dementia are known to GPs. Just under a third of older people used their Accident & Emergency department at least once in 2010, and this group also make up a high number of emergency admissions, the likelihood of emergency admission rising with age. The highest costs of admission result from patients with COPD, diabetes and heart failure. Among people with dementia, the commonest reason for admission was falls, urinary tract and respiratory infections.

Most people wish to remain independent in their own homes for as long as possible. This is made more difficult because 11% of older people in
Southwark live in homes hazardous to health (cold, damp, and fire risk) and 12% live in non decent homes. There are long waiting lists for making minor adaptations to older people’s home in order to prolong independent living. Timely support and advice to carers can help an older person remain independent, as well as reducing ill health in the carer themselves.

Safeguarding against elder abuse is important, especially at a time of increasing personalisation of social care. Most abuse in Southwark is of a financial nature.

Older People will remain the highest users of health and social care. The Council will wish to retain a quality assurance role for services even when people hold personal budgets.

The Older People’s Health and Social Care Commissioning Strategy 2010-2013 is refreshed annually. This JSNA will contribute to the evidence base for the next refresh. The strategy has six overarching strategic objectives:

- Empowering older people to take control
- Supporting people to live at home
- Supporting people to make informed choices
- Transforming our approach to commissioning to achieve person centred outcomes for older people
- Improving quality and safeguarding older people
- Maximising resources for improved outcomes

**Recommendations**

1. Long term conditions and dementia need to be more proactively detected in primary care, with action taken to manage and reduce risk of these conditions in order to reduce death/hospital admission.
2. Smoking, alcohol problems, physical inactivity and poor nutrition/hydration should be addressed in older people, and efforts made to identify people no longer eligible for routine screening.
3. The main preventable reasons for hospital admissions (falls, urinary and respiratory infections) among people with dementia should be addressed.
4. Primary care needs to work more closely with community services to identify vulnerable people and put in place packages of care to maintain independence.
5. New service models in health, social care, housing and other areas for community-based support are needed to help people remain at home.
6. New housing options should in future support independence.
7. Older people and their carers should be able to proactively access advice on benefits, housing improvements and telecare.
8. Older people should be consulted on strategic plans which affect their wellbeing.