

Chapter 6: Enabling older people to maximise their capabilities and have a control over their lives

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Background

The Marmot review advocates for a life course approach to reducing health inequalities. Actions to reduce inequalities must therefore start before birth and be followed through to old age in order to break the close link between early disadvantage and poor health outcomes throughout life. However, for people who have already reached old age, it is still possible to effectively promote their health, wellbeing and independence and consequently delay or prevent the need for more intensive or institutional care.

This chapter focuses on the priority health problems and needs that are known to have a major impact on the health and wellbeing of older people. The chapter also presents the latest research evidence and policies that have an impact on current interventions.

Identified needs derived from analyses of data from local service databases, national public health databases and tools such as the Older People's Health and Wellbeing Atlas,¹ Projecting Older People Population Information (POPPI),² NHS indicators portal,³ Adult and Social Care Outcomes Framework⁴ and the evaluation of current interventions are highlighted. Lastly recommendations are made for commissioners on how to effectively address identified needs and health inequalities.

Introduction

The UK ageing population and related challenges

The UK population is ageing.⁵ This trend is set to continually increase into the future. In 2010, 17% of the UK's population was aged 65 and over. By 2035, this is projected to increase to 23% of the total population⁶. As people get older it is important that these added years are accompanied by good health.

¹ <http://www.wmpho.org.uk/olderpeopleatlas/Atlas/atlas.html>

² <http://www.poppi.org.uk/>

³ <https://indicators.ic.nhs.uk/webview/>

⁴ <http://ascof.hscic.gov.uk/>

⁵ An ageing of the population refers to both an increase in the average (median) age of the population and an increase in the proportion of older people in the population. Population ageing is a result of past improvements in mortality rates at all ages and continuing improvements in mortality rates at the oldest ages combined with overall past declines in fertility rates.

⁶ Office for National Statistics. Population Ageing in the UK and its Constituent Countries and the EU. http://www.ons.gov.uk/ons/dcp171776_258607.pdf (accessed June 2014)

Growing older has been seen as a time of increasing dependency, when physical health declines and people are more subject to chronic and long-term conditions. Many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, requiring some form of long-term care. In addition, older people are more likely to experience major life events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress. We know that mental health has an impact on physical health and vice versa.

Cognitive decline, particularly due to dementia, is common among an ageing population (there is a separate JSNA chapter on Dementia).

Old age is a major risk factor for mental health needs that can significantly impact on quality of life. There are a number of conditions that older people are more likely to experience, particularly as this group are prone to social isolation, financial difficulty, chronic physical health problems and loss. Depression is the most common mental health need for older people and prevalence rises with age. Depression affects 1 in 5 adults older than 65 living in the community and 2 in 5 of those living in care homes⁷.

Declining muscle mass and strength, and painful joints coupled with loss of bone density with age make it more likely that older people will have falls and sustain injuries. One in three adults over 65 have falls each year and fear of falling can lead to loss of confidence. In turn this can lead to loss of independence and social isolation⁸ (See Musculoskeletal chapter for more details). People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year⁹.

Incontinence is common in older people and is associated with considerable morbidity. Older people are more likely to delay seeking help for incontinence, and symptoms are often poorly managed in primary and secondary care.

However, chronic disease, disability and poor health are not inevitable consequences of ageing, and there is much that can be done to promote good health in later life. In tackling health issues faced by older people, it is important that we don't forget the wider determinants of health like housing, transport, environment, crime and social factors, and their impact. We need to take an integrated approach together with our partners to design and implement effective programmes that address the various factors that affect older people's health and wellbeing.

National Strategy Framework for Older People¹⁰

The National Service Framework (NSF) for Older People was launched in 2001. It was the first ever comprehensive strategy to ensure fair, high quality, integrated health and social care services for older people. Designed to be a 10 year

⁷ Mental Health Foundation. <http://www.mentalhealth.org.uk/>

⁸ Arthritis Research UK. Musculoskeletal health. A Public Health Approach. (accessed August 2014)

⁹ NICE guidelines. Falls. Assessment and prevention of falls in older people. <http://www.nice.org.uk/guidance/CG161/chapter/introduction> (accessed June 2014)

¹⁰ Department of Health. National Service Framework for Older People. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf (accessed June 2014)

programme, the NSF contained eight standards relating to older people’s services covering the full range of care older people may need. These standards embody fundamental principles ensuring that delivered care is based on clinical need, not age, and that services treat older people as individuals, promoting their quality of life, independence, dignity and their right to make their own choices about their care. A report published mid-point in the strategy found that while there was significant progress further action was needed in certain areas – tackling discrimination through ageist attitudes and an increased awareness of other diversity issues, strengthening working partnerships between all the agencies that provide service for older people.

The original NSF standards have ongoing relevance and are still clinically valid. However, further guidance has emerged in some areas, for example the National Stroke Strategy (2007), National Dementia Strategy (2009), Implementation of the Equality Act 2010, and NICE guidance reports. Older people need to be empowered to stay healthy, have prompt access to primary care, secure integrated services as required, access emergency care promptly when needed and be supported in choices to remain at home with social care.

Table 1 provides a summary of recommended interventions and guidelines to address some of the issues faced by older people

Table 1: Guidelines for older people interventions

Issue	Intervention	Description
Falls ¹¹	<ul style="list-style-type: none"> Multifactoral interventions 	<p>In successful multifactoral interventions the following specific components are common & effective:</p> <ul style="list-style-type: none"> *Strength and balance training *Home hazard assessment and intervention *Vision assessment and referral *Medication review with modification/withdrawal
Mental Health & Wellbeing ¹²	<ul style="list-style-type: none"> Mixed exercise programme Psychological interventions 	<p>*Evidence shows that community based exercise programme of moderate intensity run by trained instructors has beneficial effects on physical symptoms and wellbeing.</p> <p>*Evidence shows that cognitive training, control-enhancing interventions, psycho-education, relaxation and supportive interventions are effective in improving the subjective well-being of older people.</p>
Social Isolation ¹³	<ul style="list-style-type: none"> Befriending Community Navigators Peer group interventions. 	<p>Evidence shows that people who use befriending or Community Navigators reported that were less lonely and socially isolated following the intervention.</p> <ul style="list-style-type: none"> *Befriending involves use of volunteers or paid individuals to visit an individual in their own home. *Community Navigators are usually volunteers

¹¹ NICE guidelines. Falls. Assessment and prevention of falls in older people.

<http://www.nice.org.uk/guidance/CG161/chapter/introduction> (accessed June 2014)

¹² NICE guidelines. Public health interventions to promote mental well-being in people aged 65 and over: systematic review of effectiveness and cost-effectiveness

¹³ Social Care Institute for excellence. Preventing loneliness and social isolation.

<http://www.scie.org.uk/publications/briefings/files/briefing39.pdf> (accessed June 2014)

Issue	Intervention	Description
		<p>who provide hard to reach or vulnerable people with emotional, practical and emotional support and act as an interface between the community and public services.</p> <p>*Group services include day centre type services and social group schemes which aim to help people widen their social circles.</p>

Ealing' Ageing Well Action Plan

As from 1 April 2013, Ealing Council has taken the lead on improving the local population's health and wellbeing, co-ordinating efforts to protect the public's health and ensuring health services effectively promote good overall health. The Ageing Well Action Plan 2013-2016, is one of the public health objectives that contribute to the Corporate Plan, Objective 2 – Securing Public Services. The vision of the Ageing Well Action Plan is to make Ealing a place where older people can lead healthy, enjoyable, sociable and safe lives through the promotion of independence and active engagement.

The Ageing Well Action Plan 2013-16 builds on Ealing's Growing Older, Growing Bolder Strategy 2006-16. It aims to prioritise the wellbeing of those who are looking towards retirement or who have already retired. It is primarily about engaging people who are over 50, and those with long term conditions, but also anyone who needs support due to an ageing-related issue in order to maintain vitality and wellbeing.

The Ageing Well Action Plan has three main interlinked themes with each theme being linked to several objectives (See Appendix A).

1. Healthy Lives
2. Maintaining independence
3. Active engagement

Integration of Health and Social Care

Our ageing population poses challenges for the health and social care system, particularly because of the high prevalence of long-term conditions in older people. This rise in the number of people with long-term conditions has been accompanied by an increasing demand on both primary and secondary health care, and now account for 70% of the total spending on health and social care.

In order to both improve the quality of care for people with long-term conditions and reduce demand on primary and secondary care, an integrated approach to health and social care has received broad support at both national and local levels, from organisations such as the King's Fund and the Local Government Association.

Although integrated care can be defined in many ways, all involve providers and commissioners of care working together to improve outcomes for users of the health and social care system.

Previous evidence reviews have found that the evidence base for integrated care is still emerging. However, there is some evidence of improved care quality outcomes and reduced emergency hospital use as a result of integrated care initiatives^{14,15}. As yet, there is no compelling evidence that integrated care approaches will necessarily result in overall cost savings for health and social care systems.

Since 2012 Ealing has had an integrated care pilot providing integrated care for people over 75. The programme has delivered a significant step change as planned, in terms

¹⁴ Local Government Association, Integrated Care Evidence Review – November 2013

¹⁵ Evaluating integrated and community-based care: How do we know what works? Nuffield Trust. 2013

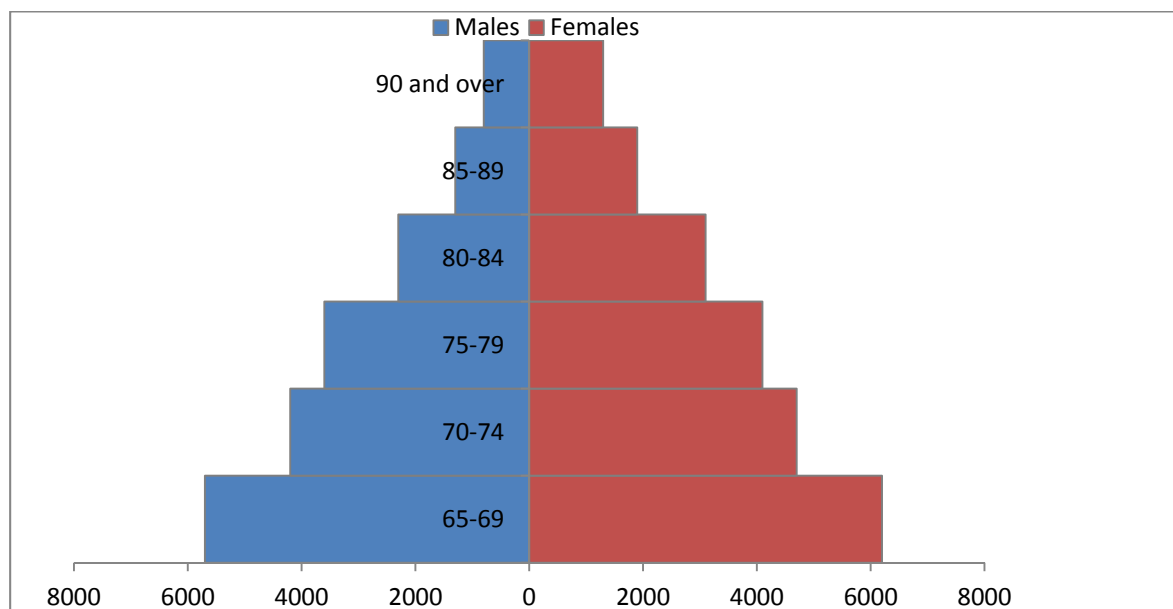
of care planning and the formation of primary care multi-disciplinary health and social care teams (MDTs) in partnership with community, social care, mental health, acute consultants, GPs, Practice nurses and community pharmacists jointly supporting the management of patients and keeping them out of hospital.

Level of need among older people in Ealing

Demography

The population of persons aged over 65 in Ealing in 2014 is estimated as 39,200. This represents 11.3% of the total population (345,800 people), the majority of who are females (54%) (Figure 1).

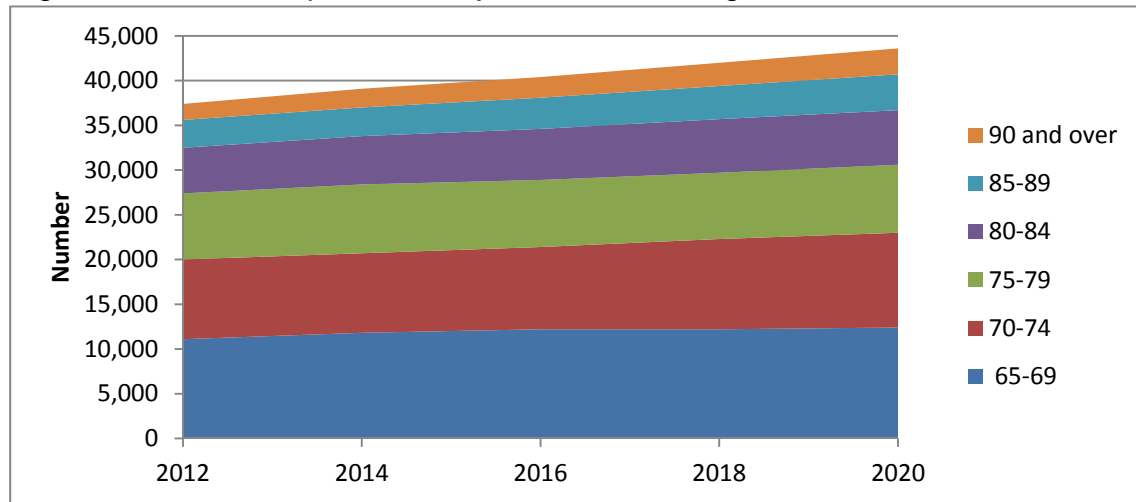
Figure 1: Population Estimates for persons aged 65 and over by gender, LB Ealing, 2014



Source: GLA Population Projections

The Ealing over 65 population is predicted to increase by 17% by 2020. The largest percentage increase will be among persons aged 90 and over (61%). However, the highest increase in numbers will be among persons aged 70-74 (1,700) (Table 2, Figure 2). Further analysis by gender shows the largest percentage increase will be among males aged 90 and over (117%) (Table 3).

Figure 2: Over 65 Population Projections, LB Ealing, 2012-2020



Source:

POPPI

Table 2: Population Change, LB Ealing, 2012-2020

Age Group	2012	2020	Change Numbers	Change %
65-69	11,100	12,400	1,300	11.7
70-74	8,900	10,600	1,700	19.1
75-79	7,400	7,600	200	2.7
80-84	5,100	6,100	1,000	19.6
85-89	3,100	4,000	900	29.0
90 and over	1,800	2,900	1,100	61.1
Total population	37,400	43,600	6,200	16.6

Source: POPPI

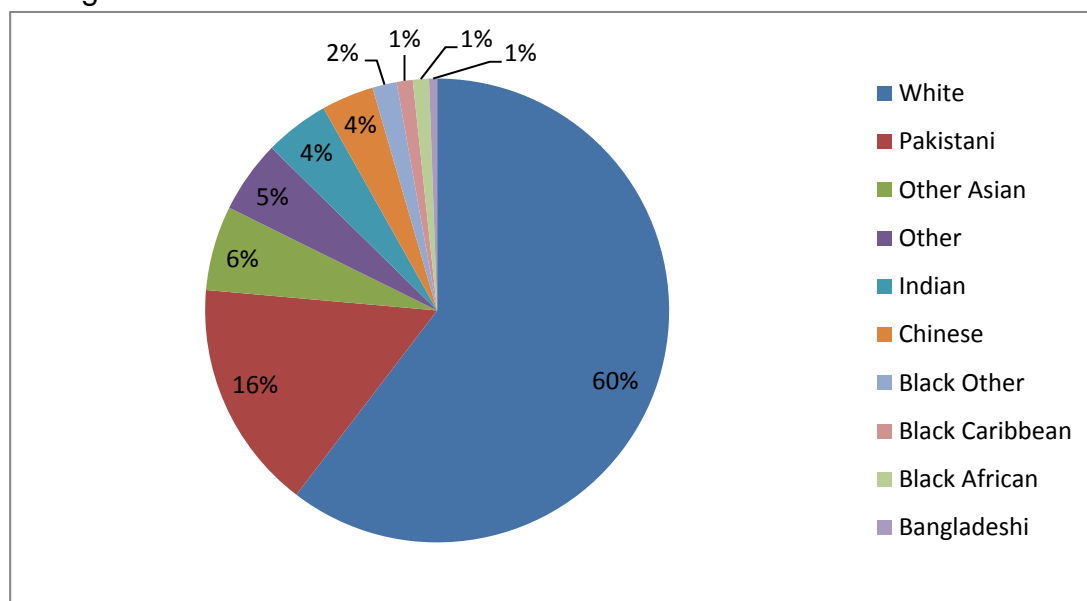
Table 3: Population Projections for Persons aged 65 and over by age and gender, LB Ealing 2012-2020

Age Band	2012	2014	2016	2018	2020	Numbers Change 2012-2020	% Change 2012-2020
Males aged 65-69	5,300	5,700	5,900	5,800	5,800	500	9.4
Males aged 70-74	4,300	4,200	4,300	4,800	5,000	700	16.3
Males aged 75-79	3,300	3,600	3,600	3,500	3,500	200	6.1
Males aged 80-84	2,200	2,300	2,500	2,600	2,800	600	27.3
Males aged 85-89	1,200	1,300	1,400	1,600	1,700	500	41.7
Males aged 90 and over	600	800	900	1,100	1,300	700	116.7
Total males 65 and over	16,900	17,900	18,600	19,400	20,100	3,200	18.9
Females aged 65-69	5,800	6,200	6,300	6,400	6,600	800	13.8
Females aged 70-74	4,600	4,700	4,900	5,300	5,500	900	19.6
Females aged 75-79	4,000	4,100	3,900	4,000	4,100	100	2.5
Females aged 80-84	2,900	3,100	3,200	3,300	3,300	400	13.8
Females aged 85-89	1,900	1,900	2,000	2,200	2,300	400	21.1
Females aged 90 and over	1,200	1,300	1,400	1,500	1,600	400	33.3
Total females 65 and over	20,400	21,300	21,700	22,700	23,400	3,000	14.7

Source: POPPI

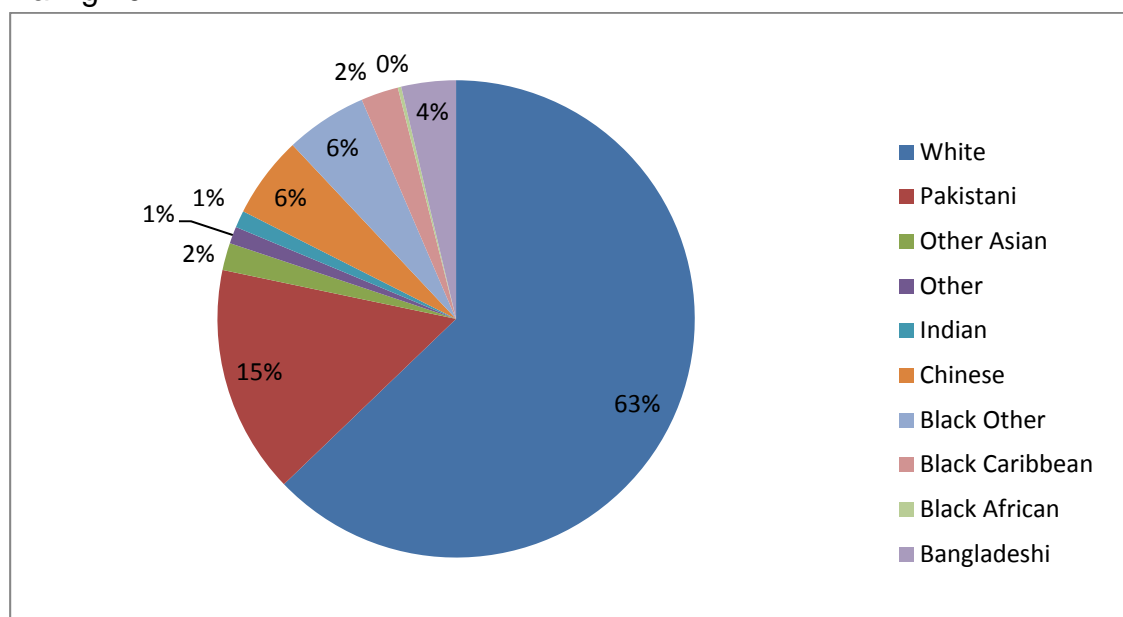
The majority of over 65s in Ealing are from the White ethnic background (60% males, 63% females). The second largest group are Asians (16% males and 18% females) (Figure 4 & 5).

Figure 4: Population Estimates for persons aged 65 and over by ethnicity, Males, LB Ealing 2014



Source: GLA

Figure 5: Population Estimates for persons aged 65 and over by ethnicity, Females, LB Ealing 2014



Source:

GLA

The latest GLA ethnic projections indicate that the Chinese ethnic group will experience the highest percentage growth (46%). However the Indian ethnic group will experience the highest growth in numbers (1,775) (Table 4).

Table 4: The over 65 population projections and magnitude of change by ethnicity, LB Ealing, 2014-2020

Ethnic Group	2014	2020	Number Change	% Change
White	23,601	23,811	210	0.9
Black Caribbean	2,213	2,380	167	7.5
Black African	753	982	229	30.4
Black Other	548	736	188	34.3
Indian	6,374	8,149	1,775	27.8
Pakistani	1,296	1,662	366	28.2
Bangladeshi	150	173	23	15.3
Chinese	441	643	202	45.8
Other Asian	2,883	3,877	994	34.5
Other	883	1,527	644	72.9
BAME	15,540	20,130	4,590	29.5

Source: GLA

Christians are the largest religious group in Ealing. Other significant religions include Hindus, Muslims and Sikhs (Table 5).

Table 5: Population Estimates for persons aged 65 and over by religion, LB Ealing, 2012

Religion	65-74	75-84	80+
Christian	69%	73%	77%
Buddhist	1%	0%	0%
Hindu	6%	3%	2%
Jewish	1%	1%	1%
Muslim	5%	2%	1%
Sikh	7%	5%	3%
Any other religion	0%	0%	0%
No religion	5%	5%	4%
Religion not stated	7%	9%	12%

Source: POPPI

Older People and Health Inequalities

The number of people aged 75 and over living alone is predicted to rise by 17.5% by 2020. The highest rise will be among males (26.3%) (Table 6).

The number of older people aged 65 and over in care homes with or without nursing is predicted to rise from the current estimate of 1,116 to 1,327 in 2020. This is equivalent to rise of 26.5% (Table 7).

Map 1 shows the levels of Income Deprivation Affecting Older People in LB Ealing wards based on IMD 2010 rankings. Southall Broadway, Southall Green, Norwood Green and Dormer's Wells are the most affected wards in Ealing.

Table 6: Number of persons aged 65+ living alone and projected change, LB Ealing, 2012-2020

Gender & Age Range	2012	2014	2016	2018	2020	Change 2012-2020 (number)	Change 2012-2020 (%)
Males aged 65-74	1,920	1,980	2,040	2,120	2,160	240	12.5
Males aged 75 and over	2,482	2,686	2,856	2,958	3,128	646	26.0
Females aged 65-74	3,120	3,270	3,360	3,510	3,630	510	16.3
Females aged 75 and over	6,100	6,405	6,466	6,710	6,954	854	14.0
Total population aged 65-74	5,040	5,250	5,400	5,630	5,790	750	14.9
Total population aged 75 and over	8,582	9,091	9,322	9,668	10,082	1,500	17.5

Source: POPPI

Table 7: People aged 65+ in a care home with or without nursing care, LB Ealing, 2012-2020

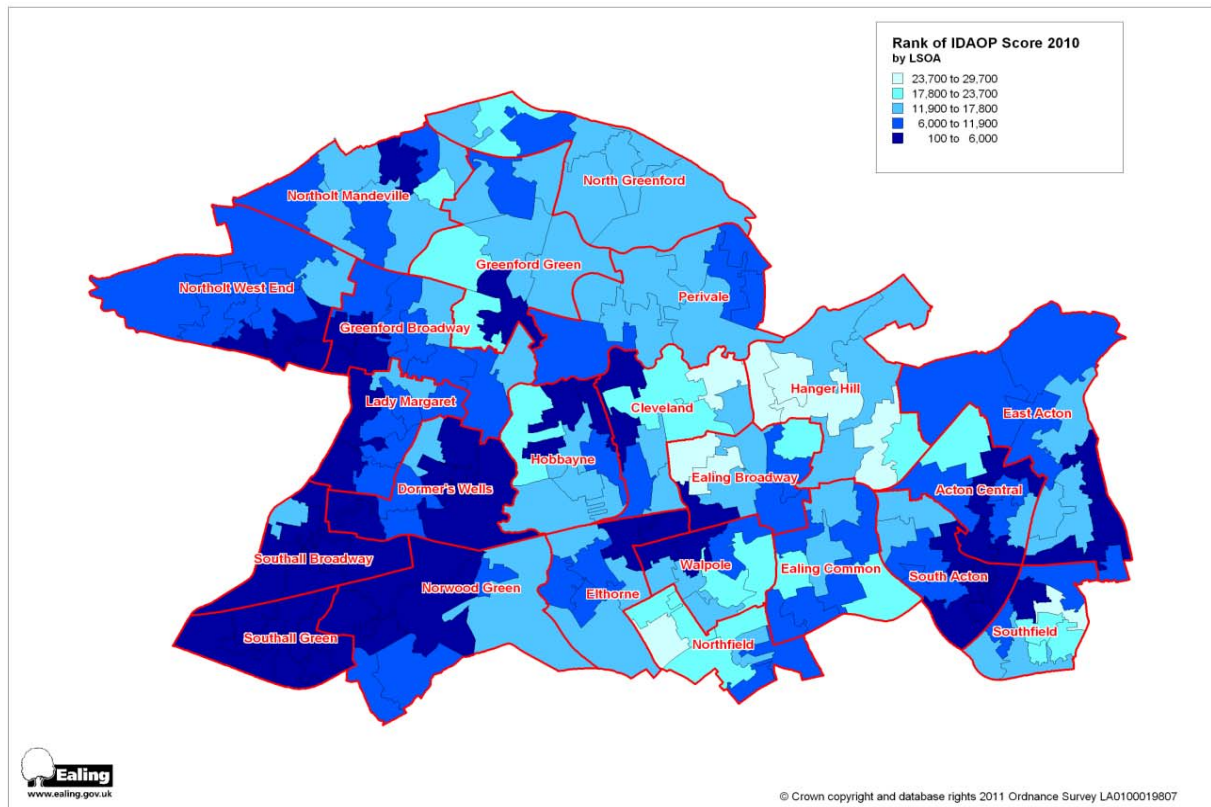
People living in a LA care home with or without nursing	2012	2014	2016	2018	2020	Change 2012-2020 (number)	Change 2012-2020 (%)
65-74	20	20	21	22	23	3	15.0
75-84	54	57	57	58	60	6	11.1
85 and over	48	51	56	61	67	19	39.6
65-74	126	130	135	140	145	19	15.1
75-84	307	322	325	330	337	30	9.8
85 and over	494	535	585	636	696	202	40.9
Total population aged 65 & over	1,049	1,116	1,179	1,247	1,327	278	26.5

Source: POPPI

Older people living in deprivation

The main domain of the Index of Deprivation measures the proportion of the population in an area experiencing deprivation related to low income. In addition to this main index two supplementary indices concerning income deprivation, an Income Deprivation Affecting Children Index and an Income Deprivation Affecting Older People Index are also produced. The latter measures the proportion of older people aged 60 and over living in income deprived households. Map 1 shows income deprivation affecting older people is concentrated around Southall wards and some wards in Acton.

Map 1: Income Deprivation Affecting Older People, LB Ealing wards, IMD 2010.

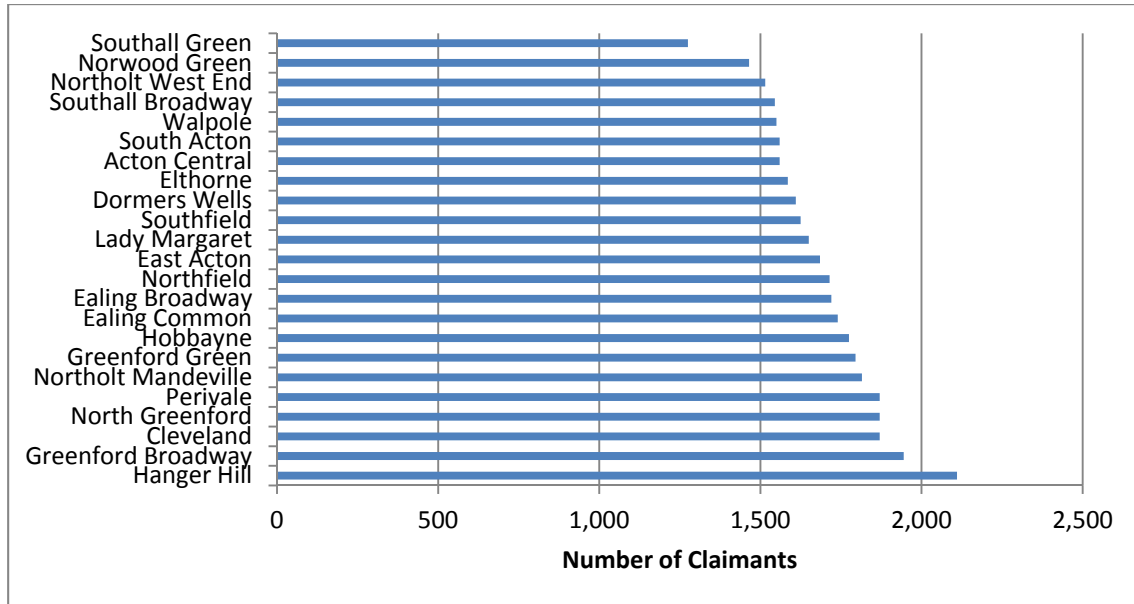


Source: Department of Communities and Local Government

State pension benefit claimants and other benefit claims

Most of the wards in Ealing have at least 1,500 pension benefit claimants. In 2013 Hanger Hill and Greenford Broadway had the highest number of state pension claimants (6).

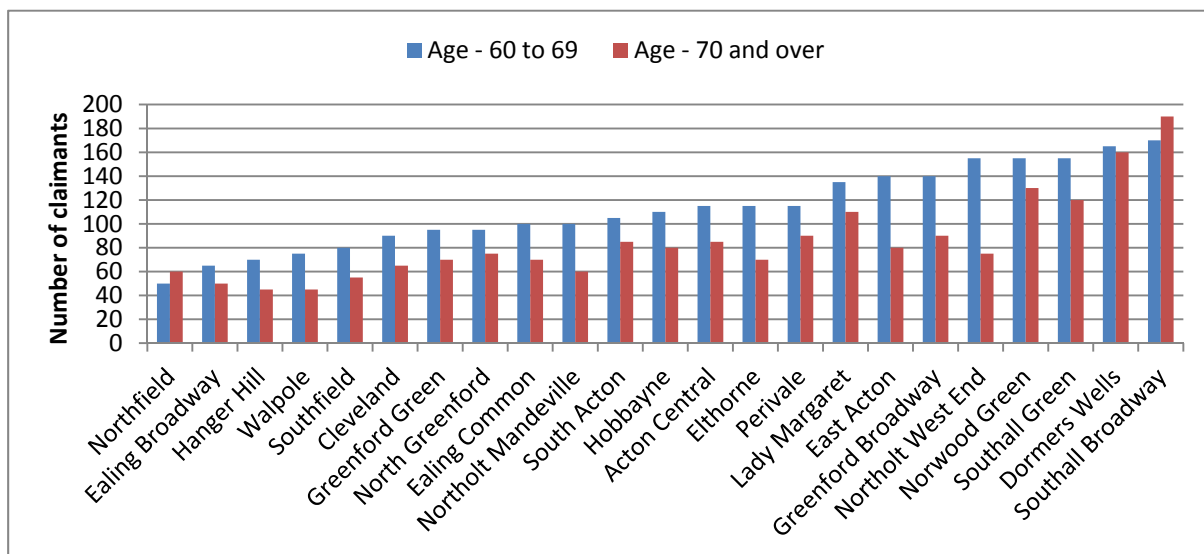
Figure 6: Number of state pension benefit claimants, LB Ealing Wards, 2013



Source: Department of works and pensions

In 2013, Southall Broadway, Dormer’s Wells and Southall Green had the highest number of disability living allowance claimants among Ealing wards (Figure 7). Arthritis, Disease of the Muscles, Bones or Joints, Heart Disease and Psychosis were the most common conditions among claimants (Table 8).

Figure 7: Number of people aged 60+ claiming disability living allowance, LB Ealing, 2014



Source: Department of works and pensions

Table 8: Number of older people (60+) claiming disability living allowance by condition, LB Ealing, 2013

Condition	Number of Claimants
Arthritis	1,030
Disease of the Muscles, Bones or Joints	220
Heart Disease	210
Psychosis	200
Back pain - other / Precise diagnosis not Specified	180
Cerebrovascular Disease	180
Chest Disease	110
Spondylosis	100
Diabetes Mellitus	100
Blindness	90
Psychoneurosis	80
Neurological Diseases	70
Learning Difficulties	60
Malignant Disease	60
Trauma to Limbs	50
Multiple Sclerosis	50
Dementia	50
Asthma	40
Parkinson's Disease	40
Deafness	30
Epilepsy	30
Peripheral Vascular Disease	20
Chronic Fatigue Syndromes	20
Alcohol and Drug Abuse	20
Renal Disorders	20
Terminally Ill	20
Major Trauma other than Traumatic Paraplegia/Tetraplegia	10
Inflammatory Bowel Disease	10
Bowel and Stomach Disease	10
AIDS	10
Multi System Disorders	10
Skin Disease	10
Others	130
Total	3,270

Source: Department of works and pensions

Fuel poverty

There are 12,772 households in Ealing that are known to experience fuel poverty. This is equivalent to a rate of 10.8% which is significantly higher than the London (8.9%) and England (10.4%) averages.¹⁶

¹⁶ Department of Energy and Climate Change (DECC).

Winter fuel payment recipients (65+)

During the 2012/13 financial year Ealing had the second highest number of winter fuel payment recipients after Barnet in the West and North West region (Table 9).

Table 9: Winter fuel payment recipients (65+) Outer London - West and North West boroughs, 2012/13

Borough / Region	Total	Females	Males
Outer London - West and North West boroughs	236,030	129,380	106,650
Barnet	46,730	26,070	20,660
Brent	31,880	17,000	14,880
Ealing	35,980	19,490	16,490
Harrow	33,020	18,170	14,850
Hillingdon	35,440	19,660	15,780
Hounslow	26,950	14,470	12,480
Richmond upon Thames	26,040	14,520	11,520

Source: Department of works and pensions

Morbidity & Mortality

There are approximately 13,043 older people in Ealing who can't manage at least one self-care activity on their own. This figure is predicted to rise to 14,756 (19.4%) by 2020. Males aged 85 will experience the highest rise (61.1%) (Table 10).

Table 10: Older people unable to manage at least one self-care activity on their own, LB Ealing, 2012-2020

Gender & Age	2012	2014	2016	2018	2020	Change 2012-2020 (number)	Change 2012-2020 (%)
Males aged 65-69	954	1,026	1,062	1,044	1,044	90	9.4
Males aged 70-74	817	798	817	912	950	133	16.3
Males aged 75-79	957	1,044	1,044	1,015	1,015	58	6.1
Males aged 80-84	726	759	825	858	924	198	27.3
Males aged 85 and over	918	1,020	1,173	1,326	1,479	561	61.1
Females aged 65-69	1,218	1,302	1,323	1,344	1,386	168	13.8
Females aged 70-74	1,380	1,410	1,470	1,590	1,650	270	19.6
Females aged 75-79	1,560	1,599	1,521	1,560	1,599	39	2.5
Females aged 80-84	1,537	1,643	1,696	1,749	1,749	212	13.8
Females aged 85 and over	2,294	2,442	2,590	2,738	2,960	666	29.0
Total population aged 65 and over	12,361	13,043	13,521	14,136	14,756	2,395	19.4

Source: POPPI

There are approximately 18,748 older people with limiting long-term illness in Ealing. The number is predicted to rise to 21,002 by 2020 (17.4%). The highest rise will be among older people aged 85 and over (40.8%) (Table 11).

Table 11: Older people with limiting long-term illness, LB Ealing, 2012-2020

Age Group	2012	2014	2016	2018	2020	Change 2012-2020 (number)	Change 2012-2020 (%)
65-74	8,290	8,580	8,870	9,243	9,533	1,243	15.0
75-84	6,594	6,910	6,963	7,069	7,227	633	9.6
85 & Over	3,012	3,258	3,565	3,873	4,242	1,230	40.8
Total population aged 65 and over	17,896	18,748	19,399	20,185	21,002	3,106	17.4

Source: POPPI

Ealing has approximately 10,290 older people who are obese or morbidly obese. The number is predicted to rise to 14, 931 by 2030 (45.1%). The highest rise will be among older people aged 85 and over (71.2%) (Table 12).

Table 12: Older people who are obese or morbidly obese, LB Ealing, 2014-2030

Age Group	2014	2015	2020	2025	2030	Change 2014-2030 (number)	Change 2014-2030 (%)
People aged 65-69 with a BMI of 30 or more	3,819	3,945	4,263	4,638	5,361	1,542	40.4
People aged 70-74 with a BMI of 30 or more	2,574	2,574	3,201	3,432	3,801	1,227	47.7
People aged 75-79 with a BMI of 30 or more	1,974	1,974	2,003	2,503	2,711	737	37.3
People aged 80-84 with a BMI of 30 or more	1,135	1,176	1,292	1,357	1,709	574	50.6
People aged 85 and over with a BMI of 30 or more	788	798	972	1,185	1,349	561	71.2
Total population aged 65 and over with a BMI of 30 or more	10,290	10,467	11,731	13,115	14,931	4,641	45.1

Source: POPPI

Approximately 10,364 older people were predicted to have a fall in 2014. The number is predicted to rise to 15,646 by 2030 (51 %). The highest rise will be among older people aged 85 and over (78%) (Table 13).

Table 13: Older people predicted to have a fall, LB Ealing 2014-2030

Age Group	2014	2015	2020	2025	2030	Change 2014-2030 (number)	Change 2014-2030 (%)
People aged 65-69 predicted to have a fall	2,493	2,575	2,785	3,026	3,495	1,002	40.2
People aged 70-74 predicted to have a fall	2,136	2,136	2,653	2,848	3,150	1,014	47.5
People aged 75-79 predicted to have a fall	1,818	1,818	1,845	2,305	2,497	679	37.3
People aged 80-84 predicted to have a fall	1,767	1,832	2,024	2,123	2,677	910	51.5
People aged 85 and over predicted to have a fall	2,150	2,193	2,709	3,354	3,827	1,677	78.0
Total population aged 65 and over predicted to have a fall	10,364	10,554	12,016	13,656	15,646	5,282	51.0

Source: POPPI

Mental Health

Ealing has approximately 3,386 older people suffering from depression. The number is predicted to rise to 4,972 by 2030 (46.8%). The highest rise will be among older people aged 85 and over (70%) (Table 14).

Table 14: Number of older people predicted to have depression, LB Ealing, 2014-2030

Age Group	2014	2015	2020	2025	2030	Change 2014-2030 (number)	Change 2014-2030 (%)
People aged 65-69 predicted to have depression	1,023	1,057	1,145	1,240	1,430	407	39.8
People aged 70-74 predicted to have depression	746	746	926	994	1,100	354	47.5
People aged 75-79 predicted to have depression	662	662	673	839	910	248	37.5
People aged 80-84 predicted to have depression	508	527	584	613	773	265	52.2
People aged 85 and over predicted to have depression	447	452	549	668	760	313	70.0
Total population aged 65 and over predicted to have depression	3,386	3,443	3,878	4,353	4,972	1,586	46.8

Source: POPPI

There are approximately 2,688 older people with dementia in Ealing. The number is predicted to rise to 4,339 by 2030 (61.4%). The highest rise will be among older people aged 90 and over (113.6%) (Table 15).

Approximately 813 older people have a learning disability in Ealing. The number is predicted to rise to 1,209 by 2030 (61.4%). The highest rise will be among older people aged 85 and over (84.2%) (Table 16).

Table 15: Number of older people predicted to have dementia, LB Ealing, 2014-2030

Age Group	2014	2015	2020	2025	2030	Change 2014-2030 (number)	Change 2014-2030 (%)
People aged 65-69 predicted to have dementia	150	155	167	183	212	62	41.3
People aged 70-74 predicted to have dementia	245	245	306	327	363	118	48.2
People aged 75-79 predicted to have dementia	457	457	463	579	627	170	37.2
People aged 80-84 predicted to have dementia	647	670	738	775	976	329	50.9
People aged 85-89 predicted to have dementia	622	639	778	889	950	328	52.7
People aged 90 and over predicted to have dementia	567	625	742	977	1,211	644	113.6
Total population aged 65 and over predicted to have dementia	2,688	2,791	3,194	3,729	4,339	1,651	61.4

Source: POPPI

Table 16: Older people predicted to have a learning disability, LB Ealing 2014-2030

Age Group	2014	2015	2020	2025	2030	Change 2014-2030 (number)	Change 2014-2030 (%)
People aged 65-74 predicted to have a learning disability	454	464	534	579	651	197	43.4
People aged 75-84 predicted to have a learning disability	264	269	284	331	383	119	45.1
People aged 85 and over predicted to have a learning disability	95	99	123	150	175	80	84.2
Total population aged 65 and over predicted to have a learning disability	813	832	941	1,060	1,209	396	48.7

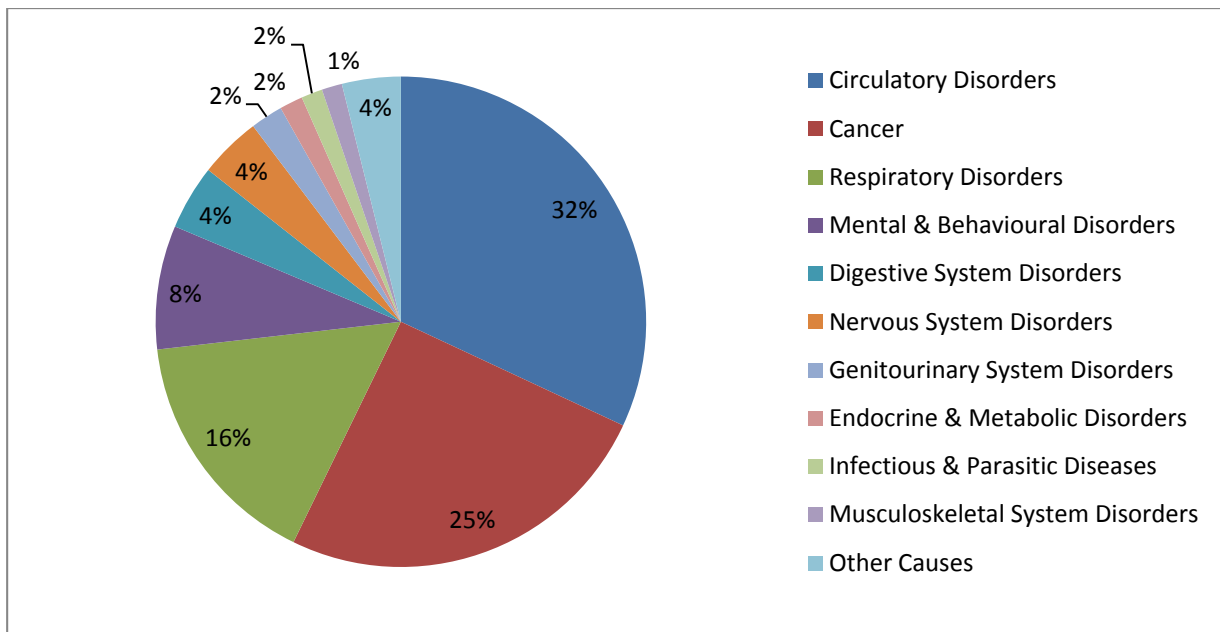
Source: POPPI

Note: The figures from POPPI and PANSI have been predicted by applying prevalence rates to population projections to get the estimated number of people. These figures may be higher/lower than the actual number of people diagnosed, but give a good indication using data available.

Mortality

A total of 1,496 deaths of persons aged 65+ were reported in Ealing in 2013. Circulatory disorders (32%), Cancer (25%) and Respiratory disorders (16%) were the top three underlying causes of death (Figure 8)

Figure 8: Top ten causes of death among persons aged 65+ in Ealing, 2013



Source: ONS Primary Care Mortality Database

Excess winter deaths

Excess winter deaths are defined by the Office for National Statistics (ONS) as the difference between the number of deaths during the four winter months (December–March) and the average number of deaths during the preceding four months (August–November) and the following four months (April–July). The excess winter deaths ratio (EWD Index) is not a reflection of the overall mortality rate. It shows the percentage of deaths above the mortality rate if it was stable throughout the year.

Although Ealing’s EWD Index was higher than the London’s and England’s for both people aged 65-84 and 85+, the difference was not statistically significant (Table 17).

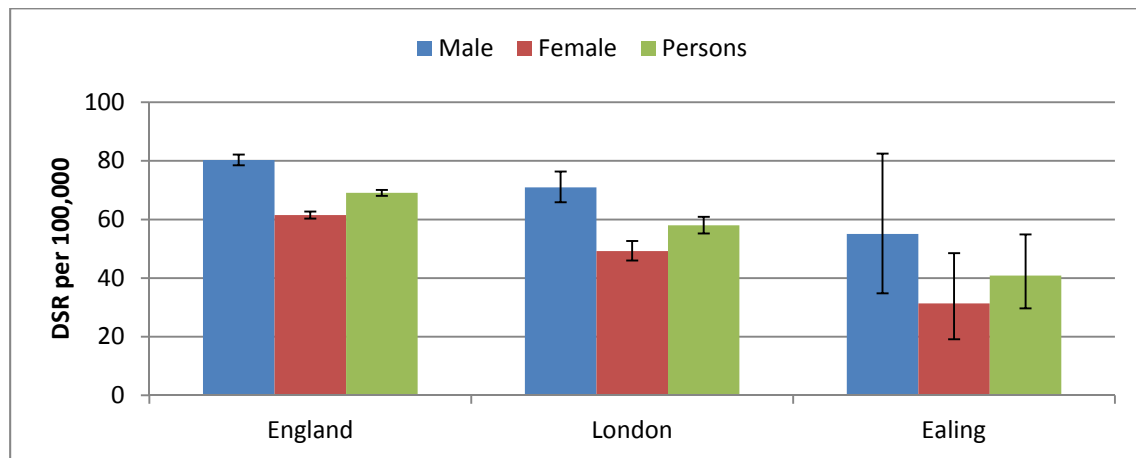
Table 17: Excess winter deaths among older people, LB Ealing, London and England, 2004-2011

Older people aged 65-84					
	Observed EWD(winter deaths - expected winter deaths)	Expected Winter Deaths (non-winter deaths/2)	EWD Index (%)	Significance to England (based on unrounded data)	Average EWD per year
England	77454.0	495259.0	15.6		11064.9
London	8021.5	51159.5	15.7	No Difference	1145.9
Ealing	335.0	1996.0	16.8	No Difference	47.9
Older people aged 85+					
	Observed EWD(winter deaths - expected winter deaths)	Expected Winter Deaths (non-winter deaths/2)	EWD Index (%)	Significance to England (based on unrounded data)	Average EWD per year
England	88480.5	354596.5	25.0		12640.1
London	9295.0	35388.0	26.3	No Difference	1327.9
Ealing	343.5	1252.5	27.4	No Difference	49.1

Source: WMPHO

Ealing had a lower accidents related mortality rate among females and persons aged 65 and over as compared to the England average during the 2010-12 period (Figure 9). Figure 10 shows that Ealing's mortality rate has consistently been lower than the London and England averages except for 2009 when the rate was similar to the England average.

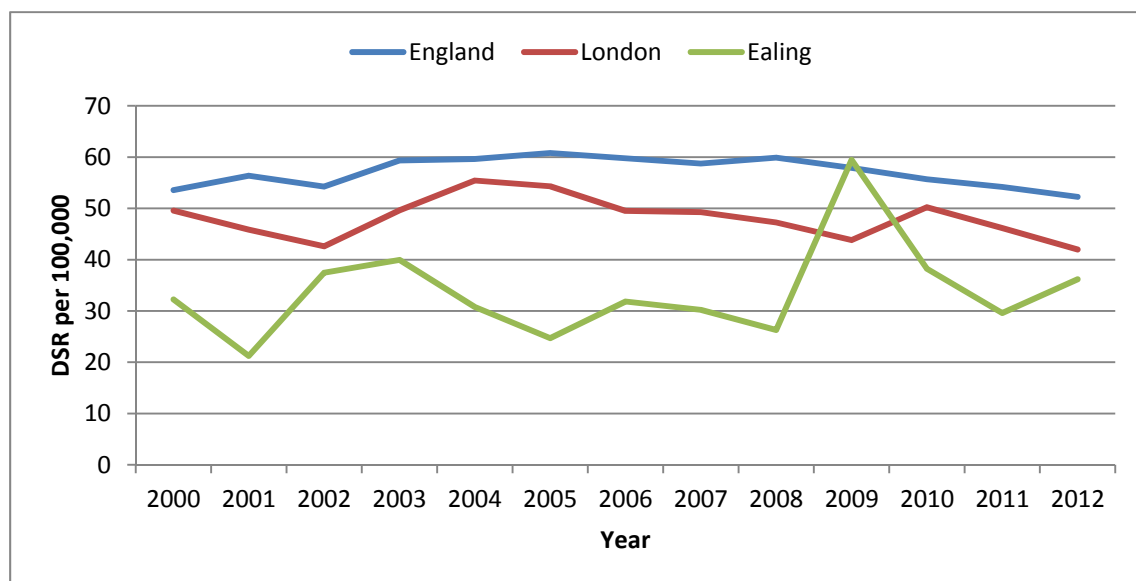
Figure 9: Mortality from accidents DSR 65+, Ealing, London & England, 2010-2012 (pooled)



Source:

Office for National Statistics

Figure 10: Mortality from Accidents DSR 65+, Ealing, London & England, 2000-2012 Annual trends



Source: Office for National Statistics

Health and Social Care Service Utilisation

Ealing had a higher all admissions, all emergency admissions and emergency admissions for falls rates among persons aged 65 and over than the England averages in 2008/09 (latest publicly accessible data). Ealing's rate of permanent admissions to care homes among persons aged 65 and over was lower than the England average. The rate of older people getting home 91 days after leaving hospital into reablement was higher than the England average. Delayed transfers of care rate was higher in Ealing as compared to the England average (Table 18).

Table 18: Hospital Activity rates for persons aged 65 and over, Ealing, London and England

Indicator	Ealing Value	Rate per 100,000			Year
		Ealing	London	England	2008/09
Directly standardised rate all hospital admissions (day case and ordinary, elective and emergency) per 100 000, 65+.	23765	66795	56578	54149	2008/09
Directly standardised rate all hospital admissions (emergency) per 100 000, 65+.	10793	28466	23606	20936	2008/09
Directly standardised rate all hospital admissions for stroke per 100 000, 65+	332	852	786	760	2008/09
Directly standardised rate for stroke patients who return to their usual place of residence on discharge per 100 000, 65+	91	258	232	224	2008/09
Directly standardised rate of emergency hospital admissions for falls, in persons aged 65 and over, per 100,000.	1374	3018	2850	2475	2008/09
Directly standardised rate of emergency hospital admissions for hip fractures, in persons aged 65 and over, per 100,000.	200	408	423	452	2008/09
Directly standardised rate of patients admitted for hip fracture who return to their usual place of residence on discharge per 100 000, 65+.	101	219	172	207	2008/09
Directly standardised rate hospital episodes of patients with knee replacement operation per 100 000, 65+.	156	463	501	578	2008/09
Directly standardised rate hospital episodes of patients with hip replacement operation, per 100 000, 65+.	94	294	349	529	2008/09
Rate of permanent admissions to care homes, persons aged 65 and over per 100,000	N/A	304	464	668	2013/14
Rate of older people getting home 91days after leaving hospital into reablement per 100,000	N/A	93	88	82	2013/14
Delayed transfers of care: persons (all ages) (per 100,000 aged 65+) ¹⁷	322	906	N/A	568	2010/11

Source: WMPHO & HSCIC

Key

	Statistically significantly better than England average
	The difference is not statistically significant
	Statistically significantly worse than England average
	Statistical significance not provided

¹⁷ End of Life Care Profiles: http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/la_profiles_2012

Current Interventions for older people in Ealing

A number of organisations are involved either as commissioners or providers of interventions that enable older adults to maximise their capabilities.

Important commissioners of interventions for older adults include Ealing Clinical Commissioning Group, Ealing Council and NHS England.

Providers of interventions for older adults include GPs and other practitioners, NHS trusts, Ealing Council and a number of private and voluntary organisations.

There is an active Older People's and Long Term Conditions Partnership Board which provides oversight of services for older adults in the borough. As well as representatives from organisations who commission and provide services for older adults, the partnership board also has strong representation from local older people.

There are also significant **community assets** in Ealing, which provide a valuable contribution to the health and wellbeing of older adults. These assets include an active and varied voluntary and community sector, and a considerable number of volunteers, many of whom are themselves older people.

Routine Primary Care, Community Care and Hospital Care

Older adults can access GP services, community health services and hospital services which provide preventative care, routine care for long-term physical and mental health conditions, and emergency care. These services are free at the point of use and are available to all Ealing residents. Although more work can be done to improve uptake of these services amongst older people. Ealing has a primary care nursing home for older people.

Specialist health services for older people in Ealing

There are a number of specialist health services for older adults in Ealing, which are also free at the point of use. These include:

- Older people's rapid assessment clinic.
- Falls service
- Dementia and cognitive impairment service (not just for older people).

Social Care Services

Social care services are funded by Ealing Council. Every older person is entitled to an assessment of their needs and information and advice on how to access services. Access to council funded care services is based on an assessment of an individual's level of need and their financial circumstances. The core services provided by social services are domiciliary (home) care and residential care. Social care customers in Ealing have the opportunity to take control of how their care is delivered through individual budgets. Ealing Council also provides a re-ablement service, which is provided on the basis of need, and is a free service. The Care Act 2014 extends the council's duties to vulnerable adults and carers and prescribes a greater consistency of service.

Integrated health and social care services

Since 2012, Ealing has had an integrated care pilot, which provides an integrated approach to care for people with long-term conditions and people who are over the age

of 75. The integrated care pilot involves professionals from a wide range of disciplines including health and social care working together to produce comprehensive care plans for service users. Ealing Council and Ealing Clinical Commissioning Group are currently working to provide more closely integrated services for older people in Ealing through Whole Systems Integrated Care.

Additional services provided by Ealing Council.

In addition to home care and residential care, Ealing Council also provides a number of services supporting older adults. Some services are free, and others require the user to pay a fee. Services include:

- Handyman services to support people to function in their own homes.
- Services to keep older people active, helping to prevent falls.
- Telecare (pendant alarm) service
- Daycare services including day services for people with dementia
- Supported and sheltered housing schemes

Services provided by voluntary sector organisations

There are a large number of voluntary sector organisations providing services aimed at helping older adults to maximise their capabilities. Some of these services are free, whereas some require a fee. **Many of these services address the wider determinants of health** that impact on health and wellbeing. Voluntary sector services include:

- Befriending services, day services and community transport to tackle **social isolation**.
- Information and advice, including on benefits and finances, to tackle **poverty**.
- Support for carers including respite care.
- Advocacy and care navigation services.

Identified needs and gaps

The following needs have identified based on data analysis and evaluation of current interventions:

- The number of older people with limiting long-term illness in Ealing is predicted to rise to by 2020. There is a need to increase the promotion of information and advice and access to services that enable older people to self-manage their care. In addition demand for care is growing as people live longer, chronic and lifestyle diseases become more common and new developments in treatments become available
- There is a higher than average rate of hospital admissions due to falls amongst older people in Ealing. The WISH study¹⁸ (a study of older people carried in 2013) also found that 30.4% of older people in Ealing had fallen in the past 12 months. The focus on falls prevention needs to be improved and existing interventions to promote strength and balance and physical activity in older people evaluated and rolled out more widely.

¹⁸ WISH Study (Medical Research Council, Research for Healthy Ageing, UCL, Kings College, University of Hertfordshire, Northumbria University) . Older people's needs in Ealing, 2013.

- The number of older people living alone in Ealing is predicted to increase by 2020. The WISH study found that 12% of older people felt lonely much of the time. Older people should be supported more so that they are not affected by loneliness and isolation. Older people
- Older people living in fuel poverty in Ealing is higher than the London and England average. Access to information and existing schemes needs to be improved.
- There are 3,386 older people who are depressed in Ealing and this number is predicted to increase by 46.8% by 2030. There needs to be more psychological support for older people

Recommendations for Commissioners

1. Improve older people's access to primary and community health services including services that focus on self-management. In order to identify the issues and improve service provision.
2. To meet demand within the resources available, primary, community and social care need to work in partnership to improve access to prevention, early intervention and extend intermediate care to provide care closer to home and support patient independence and recovery to reduce rates of hospital admissions
3. Develop an integrated falls prevention plan across Ealing
4. Signpost to, and enable opportunities for older people living alone to prevent social isolation and improve mental and physical health.
5. Reduce excess winter deaths amongst older people via uptake of winter fuel payments, fuel poverty schemes and the promotion of good health during winter times.
6. Improve access to psychological therapies amongst older people in the borough