

## Health Scrutiny Committee

Meeting to be held on Tuesday 14 April 2015

Electoral Division affected: ALL
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### Ageing Well – Maintaining Independence

Contact for further information:

Clare Platt, Adult Services, Health and Wellbeing (Public Health),

[clare.platt@lancashire.gov.uk](mailto:clare.platt@lancashire.gov.uk) Tel: 07876844627

#### Executive Summary

As part of the scrutiny of the 'Ageing Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which presents an overview of maintaining independence, focussing on dementia friendly initiatives, social isolation, falls prevention and support for carers.

A number of hyperlinks are included within the paper to provide Members with further information.

#### Recommendation

The Committee is asked to note and comment on the report.

### Background

1. As part of the scrutiny of the 'Ageing Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which presents an overview of maintaining independence, focussing on dementia friendly initiatives, social isolation, falls prevention and support for carers.

### Dementia Friendly Initiatives

2. Lancashire's population is ageing, and although the increase in life expectancy is positive, the gap between healthy life expectancy and life expectancy is getting wider in some parts of the county. For some sections of our population, people are living longer but in poorer health. The onset of illness and frailty in older age can lead to unforeseen social, medical and financial demands on local government, the National Health Service and the wider public sector.
3. Dementia is a syndrome, usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, behaviour and ability to perform everyday activities

4. In Lancashire older people make up a larger portion of the population than the average nationally. In 2010, those aged 65 and over made up 18% of the population in Lancashire, compared to 16.5% nationally and these numbers are increasing, with already some districts of Lancashire where a quarter of the population is aged over 65 years.
5. Compared White ethnic population, a higher percentage of Asian/Asian British population describe their health to be bad, or very bad, or have a limiting long term condition which limited day to day activities (2011 Census). The South Asian population of Lancashire is relatively young in age structure, although, with a projected increase in the older populations, the incidence of dementia is also likely to increase as the South Asian population ages.
6. Increasingly older people are living alone, with 13% of households in Lancashire occupied by a single individual aged 65 years or over, compared to 12% for England as a whole.
7. There are approximately 850,000 people with dementia in the UK (Alzheimer's Society); and this number is set to grow to over 1,142,000 people by 2025; with the financial cost estimated at £26.3 billion each year and growing. The Prime Minister has created a challenge to train 1,000,000 dementia friends and a commitment to research into dementia.
8. The national Dementia Action Alliance is made up of over 500 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.
9. Across Lancashire and in collaboration with the Alzheimer's Society, district councils, and Clinical Commissioning Groups (CCGs) are working together to deliver the outcomes of the national strategy, 'Living well with Dementia'. The strategy sets out the need for significant improvements in meeting the health and wellbeing needs of people with dementia and their carer's, through:
  - Improved awareness
  - Earlier diagnosis and intervention
  - Higher quality of care
10. The Quality Outcomes Framework (QoF) 2012/13 suggests there are 9,655 people pan Lancashire on the dementia registers; with prevalence the same as for England at 0.6%, and with a varying prevalence of between 0.5% to 0.8% across CCGs. According to the NHS Dementia Calculator (NHS 2013) there are estimated to be 18,006 people with dementia in Lancashire, based on the January 2013 registered population. The estimated cases of dementia are higher than the recorded number on the 2012/13 QoF registers, suggesting under-diagnosis. Although, we do not have any detailed data for Black, Asian and Minority Ethnic (BAME) communities, we can draw an inference from a number of reports, including:
  - All-Party Parliamentary Group report July 2013, which reported that the number of people with dementia from BAME groups is expected to rise significantly as the population ages.

- The Centre for Policy on Ageing and the Runnymede Trust applied well established dementia prevalence rates to census data, giving a current estimate of nearly 25,000 people with dementia from BAME communities in England and Wales; and expected to grow to nearly 50,000 by 2026.
- The report further states that currently, people from BAME communities are under-represented in services and they are often diagnosed at a later stage of the illness, or not at all. There is a particular need in the South Asian Community for accessible information on dementia both to raise awareness, so encouraging diagnosis and to enable people with dementia to live successfully at home.

11. It is important to establish appropriate services to help to ensure people can access the support they need so that families can better cope and individuals with dementia can experience a better quality of life. A lack of culturally sensitive dementia services has also been identified as an issue.
12. In terms of provision for people with dementia, the Council's Older People Services manages residential homes and day time support for older people; providing 17 residential care homes and 14 day centres across all districts in Lancashire. Of the 734 residential placements, 300 are for people with dementia. In addition there is specialised short term (6 weeks) rehabilitation provision for people with dementia being admitted from hospital or directly from the community, instead of being admitted to long term residential care. This has achieved a 60-65% success rate of people returning back home to their community.
13. Across Lancashire there are also approximately 1,300 placements per week into day care for older people with high levels of dependency living in the community. Approximately a third of the provision is within specialised dementia facilities. The day time support services provide support to people to maintain their independence in the community, and also provide support to carers.
14. The service has specialised in the provision of dementia services for some years, investing in the training of staff with both Bradford and Stirling Universities which provide specialist education in dementia issues.
15. The Lancashire Health & Wellbeing Board, through its Ageing Well programme has identified managing dementia a priority for action. Work is ongoing to develop and deliver a general public information campaign, which includes a strong prevention message that 'what's good for your heart is good for your head'. Risk of dementia may be reduced if we protect our general health, e.g. by eating a healthy diet, stopping smoking, exercising regularly, drinking less alcohol and generally protecting the brain from injury. The dementia friends and dementia friendly communities initiatives deploy strategies for community engagement, to increase levels of understanding and build supportive social networks.
16. Dementia Friends is a national initiative that is being run by the Alzheimer's Society and is funded by the government. It aims to improve people's understanding of dementia and its effects, and is looking to create a network of Dementia Friends across England. A Dementia Friend learns a little bit more

about what it's like to live with dementia and then turns that understanding into action

17. People can become Dementia Friends in one of three ways:

- Watching and interacting with an online film, available on the Dementia Friends website
- Attending a 45 minute face-to-face information session run by a Dementia Friends Champion.
- Reading a specially designed booklet that gives all the learning required to become a Dementia Friend

18. The Council's Cultural Services team has also been active in increasing awareness of dementia and providing services tailored to the needs of those with dementia. These include developing and maintaining the memory box loans; memory tours in the Museum of Lancashire; designing outreach sessions on a range of reminiscence based activities; producing a programme of activities for Dementia Awareness Week and other times of the year in order to promote Dementia Awareness, shared reading groups; arts and dementia; other resources e.g. stock including the recently launched national reading well books on prescription for dementia.

## **Social Isolation**

19. Loneliness and social isolation are widely recognised as among the most significant and entrenched issues facing our ageing society. The two are often talked about in the same breath, but there are important distinctions. While social isolation is an objective state – defined in terms of the quantity of social relationships and contacts – loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want.

20. Age UK has recently produced a publication 'Promising Approaches to Reducing Loneliness and Isolation in Later Life' suggests three key challenges:

- Reaching lonely individuals
- Understanding the nature of an individual's loneliness and developing a personalised response
- Supporting lonely individuals to access appropriate services

21. 'Social relationships, or the relative lack thereof, constitute a major risk factor for health – rivaling the effect of well established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity'. This was a conclusion of a report produced in 1988 entitled 'Social Relationships and Health'.

22. The study 'Social Relationships and Mortality Risk' identified that low social interaction was as high a risk factor for early death as smoking 15 cigarettes a day or being an alcoholic. Low social interaction was a higher risk factor than not exercising and twice as high a risk factor for early death as obesity. Co-author of that report, Tim Smith, noted: 'We take relationships for granted as humans – we're like fish that don't notice the water....That constant

interaction is not only beneficial psychologically but directly to our physical health.'

23. Similarly researchers from University College London undertook a study published in 2013 'Social Isolation, Loneliness, and All-cause Mortality in Older Men and Women' which looked at the health effects of social isolation. It found that social isolation in older people was associated with increased risk of death from any cause in the UK, and this relationship was independent of demographic factors and baseline health. It concluded that efforts to reduce the social isolation of older people are likely to have positive outcomes for wellbeing, and suggested that they could also reduce mortality.
24. The percentage of Lancashire adult social care users who feel they have as much social contact as they would like, is significantly better than the national average at 49.2% (England 44.5%) according to the 2012 Adult Social Care Users Survey. With regards to adult carers in Lancashire, figures from the 2012/13 Personal Social Services Carers survey show that 38.3% of individuals have as much social contact as they would like, which is not significantly different to the national average of 41.3%.
25. Currently Lancashire County Council and partners are investing in a range of community based services and provision to support vulnerable people to develop their community networks to help reduce social isolation/loneliness and build community resilience, these include Help Direct, Connect for Life, the East Lancashire Befriending service, with East Lancashire Clinical Commissioning Group also funding an individual and community resilience programme.
26. The Council has also approved the Extra Care Housing Strategy which will seek to establish alternatives to residential care. A key element of housing design will be to develop supportive and inclusive communities with an emphasis on maximising opportunities for participation and socialisation.
27. There is much work across the County still progressing to address loneliness and isolation. The challenge is to identify those at risk and supporting them prior to the loneliness having an impact on their overall health & wellbeing. Tackling loneliness is also an integral part of Lancashire's Health & Wellbeing Strategy through the Ageing Well programme.
28. Lancashire County Council is in the process of commissioning a Wellbeing Worker Service to support vulnerable adults, particularly those at risk of a health or social care crisis. The service will empower individuals to build resilience and support people to connect with the assets in their community. One of the main outcome areas for the service is to reduce social isolation and loneliness. It is intended that the new service will lead to those on the brink of isolation to be identified and supported effectively.
29. The next phase of the work programme is to consider options for development of additional services that will provide additional support for clients accessing the new service. A needs analysis is underway with a particular focus on reducing social isolation and loneliness in order to plan and design evidence based interventions.

## Falls Prevention

30. Current estimates are that 1 in 3 people over the age of 65 years will experience at least one fall in a year. The implications of falls are wide ranging creating human and growing financial costs to individuals and the health and social care economy, for example, where a fracture is sustained there is a minimum cost of £10,000 per patient to the NHS, rising to £25,000 with additional social care costs for a year.
31. The Department of Health estimates that the annual cost across health and social care of 1 hip fracture is £40,000 per annum.
32. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. A measure that reflects the success of services in preventing falls will give an indication of how the NHS, public health and social care are working together to tackle issues locally.
33. A Lancashire health needs assessment completed in November 2014 reported that by 2030, the number of people aged 65 years and over predicted to have a fall is projected to increase by 40%. The key findings were:
  - Hospital admissions for falls injuries in 65+ persons significantly worse than England
  - Only in 20% most affluent areas emergency hospital admissions for falls injuries in 65+ persons are significantly better than the England rate
  - In Lancashire's deprived areas, rate of emergency hospital admissions for fractured neck of femur in 65+ persons worse than England
  - Mortality from accidental falls in the 65-74 and 75+ year olds higher than England
  - In 8 electoral wards the rate of emergency admissions due to hip fractures in 65+ year olds is worse than England
  - 68% of ambulance call outs for falls are in 65+ persons.
  - There are 51 wards where there were more than 200 ambulance call outs for 65+ falls in the last 3 financial years
  - Considerable correlation between ambulance call outs for falls and resident 65+ population
  - Elderly living alone have a 3.4 times greater representation in the ambulance call outs for falls than in Lancashire population
  - Elderly singles and couples, home owners and in comfortable homes have a 1.5 times greater representation in the ambulance call outs for falls than in Lancashire population
34. Currently the falls prevention work stream is part of the scope of the wider Integration of health and care services project which is primarily focused on the Ageing Well population; vulnerable older people, aged 65 and above. The project is split into 3 phases:

### Phase one:

- Get buy in from identified stakeholders
- Understand current service provision – uptake and reach
- Get feedback from citizens and their carers who use current services (what works/doesn't work)
- Understand what best practice falls prevention and treatment services look like
- Align evidence submission to NICE guidelines; this will highlight gaps in practice and service provision.

### Phase two:

- Develop Falls Prevention and Treatment strategy with stakeholders
- Consult on strategy and gain approval from Lancashire Health and Wellbeing Board
- Produce Implementation Plan
- Establish work streams and identify actions to be embedded within other transformational programmes

### Phase three:

- Implement work streams actions with regular reporting via project board.

35. A Lancashire wide falls campaign will be launched in July 2015. Engaging with older people and presenting the topic of falls prevention in a way that they find acceptable is key to the success of falls awareness campaigning. Research into attitudes on falls prevention in later life shows that older people are more likely to be receptive to messages which focus on improving health, mobility and confidence, rather than the risk and consequences of falls. Educating older adults about individual risks and methods of prevention is an important building block of every fall prevention program.

36. STEADY On! is a unique and productive brief intervention falls prevention package for older people developed with the East Lancashire Falls team and UCLAN, which has been fully evaluated. The service targets hotspots found via North West Ambulance Service data which is received monthly, enabling the team to immediately target high risk areas.

37. Subsequently funding of £320,000 over 2 years has been agreed by Cabinet to enter into agreements with East Lancashire Hospitals Trust, Lancashire Care Foundation Trust, Southport and Ormskirk Hospital NHS Trust, and Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust to extend the delivery of the STEADY On falls prevention programme.

## Support for Carers

38. In Lancashire, a range of support is provided to unpaid carers via the 'Carers Lancashire' service, which is a partnership of providers commissioned by LCC. They currently support over 18,000 carers with around 400 new carers identified each month. The service offers carers:
- An emergency planning service , which includes up to 72 hours of replacement care in emergency situations where the carer isn't able to provide support
  - Information, support, signposting and advice - The service offers a telephone helpline, a range of social media and face to face visits. The service also provides a range of support groups.
  - Leisure cards offering reductions to access leisure centre facilities
  - A volunteer manned sitting in service is available to carers to enable them to have a break.
  - Former carers are supported for up to two years after their caring role ends. This is in recognition that carers at the end of their caring role can face bereavement, financial difficulties, housing issues, low confidence, unemployment etc.
  - A range of courses and activities are offered to carers to enable them to have a break.
  - Carers Awareness Training - All organisations who come into contact with carers have access to carers awareness training delivered by Carers Lancashire.
  - Forums - There are a range of local forums feeding into a Lancashire wide carers forum facilitated by Carers Lancashire
39. Carers Lancashire and social work teams offer the carer a carers assessment, which identifies the needs of the carer and a carers support plan is produced. As part of the carers assessment, it will be identified if a carers is eligible to receive an annual personal budget of around £200 to £300. This budget can be spent on anything to meet the needs of the carer, for example, to purchase gym memberships, laptop or therapy treatments.
40. In addition, there is a county wide carers mental health service supporting carers caring for people with complex mental health problems. The service offers information and advice, face to face crisis support and a 24/7 helpline.
41. Each year, the council also support and fund about 6,600 people to receive replacement care, for example residential, day or home care, so their carer can have a short break.
42. We have a very good track record of supporting carers in Lancashire and we have seen a significant rise over the last few years in the number of carers supported. This trend is anticipated to continue with the implementation of the Care Act which simplifies, consolidates and improves existing legislation; 'putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation'.



## **Consultations**

N/A

## **Implications:**

N/A

## **Risk management**

There are no risk management implications arising from this report.

## **Local Government (Access to Information) Act 1985**

### **List of Background Papers**

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