LEICESTERSHIRE

JOINT STRATEGIC NEEDS ASSESSMENT

MARCH 2012

Social Care and Health Needs of Older People

Lead Agency:	Leicestershire County Council and NHS Leicestershire & Rutland
Directorate:	Adult Social Care and Public Health
Authors:	Amanda Price and Ronald Hsu
Responsible Officer:	Mick Connell and Peter Marks
Version:	Version 4.2
Date:	12 April 2012

TABLE OF CONTENTS

TABLES AND GRAPHS

1. INTRODUCTION

England is an ageing society. The projected growth in the older person's population nationally is evident in Leicestershire and the changing age structure of the local population will have a major impact on the development of services. As the population changes, service provision will need to reflect future needs and demands of Leicestershire people.

The term 'older people' can cover a number of different age groups and individuals with a wide range of needs. Older people are not a uniform group. The range of needs that older people may have can be seen as three distinct groups:[1]

- Entering Old Age – people who have completed their career in paid employment and/or child rearing. This is a socially constructed definition of old age, which, according to different interpretations, includes people as young as 50, or from the official retirement ages of 60 for women and 65 for men (increasing to 66 for both men and women by 2020).

- Transitional Phase – this group of older people are in transition between healthy, active life and frailty. This transition often occurs in the seventh or eighth decades but can occur at any stage of older age.

- Frail Older People – these people are vulnerable as a result of health problems such as stroke or dementia, social care needs or a combination of both. Frailty is often experienced only in late old age, so services for older people should be designed with their needs in mind.

It is evident that those aged 65 and over are more likely to experience a range of conditions, have ongoing disability, mental health problems and require specific care. Therefore specific details on these issues are captured throughout the remainder of this JSNA refresh. Accordingly, a specific focus on Older People is to be found, where appropriate, in the following chapters:

- Demography
- Long Term Conditions
- Physical Disability
- Dementia
- Mental Health
- Learning Disability
- Service Utilisation
- Carers
- Housing
- End of Life Care

Dementia has been highlighted both nationally and locally as having major implications in relation to demand for social care and health services. As part of this JSNA refresh it was necessary to produce a separate chapter specifically addressing this issue.

[1] Department of Health, 2001. *National Service Framework for Older People.* London: Department of Health, p. 3.

Another consequence of the ageing population will be a significant increase in the number of people living with physical long term conditions, such as diabetes, heart and respiratory conditions, but also patients and their carers coping with mental health problems such as depression and dementia. These conditions are often progressive and incurable so patients should have access to high quality end of life services to achieve their preferred priorities for care in the last year of their life.

The purpose of this chapter, therefore, is to provide an overview of the key messages relating to older people.

2. WHAT WE KNEW IN 2009

In the previous JSNA (2009):

- Leicestershire was comparable to the English population in the proportion of people aged 65 and over. The population aged 65 and over was expected to increase by a third from 2008 to 2018 and by a half from 2008 to 2024.

- the average life expectancy at 65 years for males living in Leicestershire and Rutland was equal to or above the national average. The area with the highest average life expectancy at 65 years was Rutland at 80.6 years, followed by Harborough at 79.8 years. North West Leicestershire had the lowest average life expectancy at 65 years within Leicestershire at 77.3 years, although this was the same as for England. The average life expectancies at 65 years for women living in North West Leicestershire and Hinckley & Bosworth at 81.3 and 81.4 years respectively were below the average for England of 81.6 years.

- the number (proportion) of those aged 65 and over who were living alone was estimated to be 38,000 (35.2%) in Leicestershire and was predicted to increase to 59,200 (36.0%) by 2025.

- the number (proportion) of those aged 65 and over who were unable to self care was 35,000 (32.4%) in Leicestershire and was predicted to increase to 56,000 (34.0%) by 2025.

- the number of new contacts to Leicestershire Adult Social Care Service increased from 12,659 in 2003/2004 to 16,221 in 2007/2008. This is a 28% increase within four years which was expected to continue to rise as people live longer. Community services were the most frequently provided type of service across the Leicestershire and this was predicted to increase.

- in line with national guidance, the use of residential care in Leicestershire was reported to be decreasing and more people were being supported to live in the community. In order to ensure this trend continued into the future, substantial investment in services such as intensive home support, intermediate care based services and supported housing was needed. Consideration also needed to be given to the financial implications of funding a transition away from residential care towards community based support and housing schemes.

3. DEMOGRAPHY

As described in the Demography Chapter, both the number and the proportion of the population in Leicestershire aged 65 and over will continue to increase from the estimated 115,100 (17.6%) in 2010 to 151,100 (21.2%) in 2020 to 188,300 (24.3%) in 2030 (based on ONS indicative mid-2010 population estimate).[2]

Table 1 – Change in Projected 5-Year Age Groups for 60+ Year Olds in Leicestershire from ONS Indicative Mid-2010 Population Estimate for that 5-Year Age Group

	Mid-2010	2015	2020	2025	2030
60 – 64 years old	*44,200 estimate*	*– 4,100*	*– 1,400*	*+ 5,000*	*+ 6,000*
65 – 69 years old	34,000 estimate	**+ 8,600**	+ 4,900	+ 7,700	+ 14,100
70 – 74 years old	27,500 estimate	+ 4,600	**+ 12,900**	+ 9,600	+ 12,400
75 – 79 years old	22,300 estimate	+ 2,500	+ 7,000	**+ 14,800**	+ 12,000
80 – 84 years old	16,300 estimate	+ 2,000	+ 4,600	+ 8,700	**+ 15,700**
85 + years old	15,000 estimate	+ 3,200	+ 7,000	+ 12,100	+ 19,000
Total for All 65+ yrs	115,100 estimate	+ 20,900	+ 36,400	+ 52,900	+ 73,200
Total for All Ages	653,300 estimate	+ 30,300	+ 61,000	+ 92,300	+ 121,800

As can be seen in Table 1, the changes in populations for 2015, 2020, 2025, 2030 compared with 2010 show a "wave effect" as those who were 60 – 64 years old in 2010, i.e. born between 1946 and 1950 ("post-World War II baby boomers"), age through the phases of older age. This group of people will cause a spike in demand for social care and health services as **highlighted in bold**.

Table 1 also shows how the increasing number of people who reach 85 + years old will have the cumulative impact of adding about 19,000 85 + year olds to the ONS indicative mid-2010 population estimate of 15,000.

In summary:

1. the proportion of those aged 65 and over will increase from about one-sixth in 2010 to one-fifth in 2020 to one-quarter in 2030.
2. the "post-World War II baby boomers", i.e. those born between 1946 and 1950, will cause a spike in the demand for social care and health services as they age over the next 20 or more years.
3. the number of 80 – 84 year olds and 85 + year olds will more than double over the next 20 years as average life expectancy increases.

[2] Office for National Statistics, 21 March 2012. *Subnational population projections, 2010-based projections.* Available from: www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html [Accessed 29 March 2012].

4. FRAIL OLDER PEOPLE

Frailty, rather than chronological age, is an important indicator for adverse outcomes in older people, as well as being a predictor of significant need for social care and health services.

Whilst there are a wide range of frailty definitions in use, a practical solution is to use a commonly understood definition of frailty which maps across social care and health, i.e. older people (aged 65 and over) who need help with basic activities of daily living (washing, dressing, feeding, toileting).

In the absence of local surveys, the best estimate for the prevalence of frailty comes from a European study, which indicated that the proportion of people aged 65 and over in Northern Europe likely to be frail is about 12%.[3] On this basis, it can be predicted that, in Leicestershire, there were about 13,800 frail older people in 2010 increasing to 18,200 in 2020 and 22,600 in 2030. However, there is a great deal of uncertainty in these estimates and there needs to be a local survey to establish the prevalence of frailty.

This group of fragile people are characterised by a reduced ability to cope with minor stresses, such as minor infections or injuries, which those who are not frail would be able to cope with. Frail older people are therefore more likely to have an emergency admission to hospital which has additional hazards, such as cross-infection, noise, disorientation, thus exacerbating the situation for them. Social care and health services in the community should have a co-ordinated approach to identifying frail older people so that they can put support measures in place to help maintain them in their home rather than in hospital with the increased risk of long lengths of stay, high readmission rates and subsequent long term care.[4,5]

When unwell, frail older people ideally need more than just a medical assessment. They require assessment and support from other services, such as physiotherapy, occupational therapy, nursing and social care, in order to deliver a holistic overview and arrange on-going treatment, whether in hospital or in the community.[6]

[3] Santos-Eggimann, B., Cuenoud, P., Spagnoli, J., Junod, J., 2009 Jun. Prevalence of frailty in middle-aged and older community-dwelling Europeans living in 10 countries. *Journals of Gerontology - Series A Biological Sciences and Medical Sciences*, 64A(6), pp. 675-681.

[4] Sager, M.A., Franke, T., Inouye, S.K., Landefeld, C.S., Morgan, T.M., Rudberg, M.A., et al, 1996. Functional Outcomes of Acute Medical Illness and Hospitalization in Older Persons. *Arch Intern Med*, 156(6), pp. 645-652.

[5] Woodard, J., Gladman, J., Conroy, S., 2010. Frail older people at the interface. *Age Ageing*, 39(S1), p. i36.

[6] Beswick, A.D., Rees, K., Dieppe, P., Ayis, S., Gooberman-Hill, R., Horwood, J., et al, 2008. Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *The Lancet*, 371(9614), pp. 725-735.

5. LONG TERM CONDITIONS

Table 2 – Projected Number of People Aged 65 and Over with a Limiting Long Term Illness (LLTI) (Based on 2001 Census)[7]

	2010	2015	2020	2025	2030
65 – 74 year olds with LLTI	22,351	26,974	28,467	28,176	31,343
75 – 84 year olds with LLTI	20,016	22,512	26,307	32,286	34,262
85 + year olds with LLTI	8,584	10,324	12,586	15,776	19,894
Total for All 65+ yr olds with LLTI	50,951	59,810	67,360	76,238	85,499
Total for All 65+ yrs	115,100	136,000	151,500	168,000	188,300

Table 2 is a projection based on 2001 Census age-specific proportions of people who reported that they have a limiting long term illness. From 2010 to 2030, the proportion of 65 + year olds with a limiting long term illness is projected to stay at about 44% of all 65 + year olds with the number increasing in proportion to the increased number of 65 + year olds. Not surprisingly, the largest increase in number of people with a limiting long term illness is for the 85 + year olds.

The Long Terms Conditions Chapter highlights the need for prevention of cardiovascular disease, diabetes, chronic obstructive airways disease and complex long term neurological conditions, as well as support for people with those diseases.

6. PHYSICAL DISABILITY

There are 10,266 customers aged 65 and over who fall within the physical disability category, accounting for 83% of the total number of people accessing services in this age bracket.

The number of people with a moderate or severe hearing impairment in the 75 – 84 years and 85 + age categories is expected to rise by 56% and 40% respectively, up to 2030, whilst for those aged under 45 the increase does not exceed 7%. Similarly, the number of people with a profound hearing impairment in the 75 – 84 and 85 + age categories is predicted to rise by 54% and 39% respectively, up to 2030, whereas no increase is expected in the number of people with a similar impairment aged less than 45 years.

[7] Institute of Public Care, Oxford Brookes University, 2011. *Projecting Older People Population Information.* Available from: www.poppi.org.uk. Oxford: Oxford Brookes University [Accessed 29 March 2012].

7. HEALTHIER AGEING

The combination of ageing and long term conditions leads to greater disability than each alone. These effects can be reduced by maintaining a lifestyle that promotes "healthier ageing":[8]

- stopping smoking, even after a major event such as a stroke, has been associated with reduced mortality.
- regular physical activity and other activities focused on improving strength, co-ordination and balance, help maintain mobility so crucial to retaining independence in one's own home.
- balanced diet of nutrient dense foods that are rich in vitamins and minerals and low in fats and sugar.

As the "post-World War II baby boomers", i.e. those born between 1946 and 1950, are in the Entering Old Age Phase, it is important that they adopt a "healthier ageing" approach to prevent the onset of long term conditions and reduce the effect of ageing on their health and wellbeing. If the projected numbers with long term conditions are realised, there will be a commensurate increase in demand for social care and health services over the next 20 years that could have been prevented by action today.

8. MALNUTRITION

Malnutrition causes a reduction in muscle and body tissue mass, and also results in altered metabolic and physiological function, which has an adverse impact on health. Muscle wasting and weakness decrease mobility and stamina and impair functions of the lung and heart. Malnutrition is associated with poor wound healing, impaired immune responses and delayed recovery from illness, with a higher incidence of post-operative complications.

Although malnutrition is certainly not an issue unique to older people, in 2007, the British Association for Parenteral and Enteral Nutrition (BAPEN) estimated that there were 3 million people malnourished in the UK, 93% of whom are in the community (representing 5% of the population), and the incidence increased to 14% for those aged 65 and over.

Malnourished individuals stay in hospital longer, succumb to infection more often, visit their GP more frequently and require longer term care and more intensive nursing care than individuals who are adequately nourished, accounting for an estimated additional cost of £5.3 billion.

According to the British Dietetic Association (BDA), malnutrition risk has been identified in 20 – 60% of hospital admissions to medical, surgical, elderly and orthopaedic wards. One study of 500 consecutive hospital admissions determined malnutrition in 40% of patients. Further, hospitalisation with surgery or other medical

[8] Myint, P.K. and Welch, A.A., 2012 Mar 17. Healthier ageing. *British Medical Journal* 344 (7848), pp. 42-45.

treatments often result in additional weight loss. Although malnutrition is common in hospital admissions, it has been reported as undiagnosed in up to 70% of cases.

A number of societal trends look set to exacerbate the burden of malnutrition in the future. These trends include an ageing population, continuing shifts in the pattern of food distribution, and an increase in long term conditions associated with malnutrition. It is important therefore to consider the promotion of eating well, particularly for older people.

9. DEMENTIA

Dementia is a term used to describe various different brain disorders where a loss of brain function is progressive and eventually severe. Due to the predicted significant increase in those aged 85 and over, the associated increase in the number of people with dementia is of considerable concern.

Table 3 – Projected Number of People with Dementia in 5-Year Age Groups for 65+ Year Olds in Leicestershire from 2010 to 2030[9]

	2011	2015	2020	2025	2030
65 – 69 year olds with dementia	444	525	477	510	584
70 – 74 year olds with dementia	756	876	1,092	999	1,075
75 – 79 year olds with dementia	1,325	1,455	1,711	2,148	1,978
80 – 84 year olds with dementia	2,011	2,186	2,532	3,016	3,797
85 + year olds with dementia	3,579 (44%)	4,169 (45%)	5,134 (47%)	6,432 (49%)	8,159 (52%)
Total for All 65+ yr olds with dementia	8,115	9,211	10,946	13,105	15,593
Total for All 65+ yrs	115,100	136,000	151,500	168,000	188,300

Table 3 is a projection of number of people with dementia based on 2006 age-specific rates of dementia applied to projected 5-year age groups from 2011 to 2030. It can be seen how those aged 85 + year olds are predicted to account for 44% of people aged 65 + year olds with dementia in 2011 to 52% in 2030.

This increase in the number of people with dementia with an estimated 8,115 in 2011 to 10,946 in 2020 and 15,593 in 2030 (an increase of 90% from 2010 to 2030) is of considerable concern. Dementia therefore needs to be a high priority for commissioners in the coming years. National and local dementia strategies have been developed and capture the priority areas for service development and commissioning.[10,11]

[9] Institute of Public Care, Oxford Brookes University, 2011. *Projecting Older People Population Information.* Available from: www.poppi.org.uk. Oxford: Oxford Brookes University [Accessed 29 March 2012].
[10] Department of Health, 2009. *Living with Dementia – National Dementia Strategy.* London: Department of Health.

There is also a significant disparity around the number of people expected to have dementia and the number of people being diagnosed with dementia. Leicestershire and Rutland PCT's diagnosis rate is 37% (East Midlands as a whole is 41%) and is ranked 143rd out of 176 PCTs in the UK with respect to the proportion of people with dementia who are diagnosed.[12]

Older people are more likely to experience delayed discharge from hospitals. Where delayed discharge is a problem, around half of those affected are people with dementia.[13] The Department of Health estimates that delayed discharges from all causes costs the local NHS for Leicester, Leicestershire and Rutland £3 million a year, and accounts for 34,000 lost bed days annually.[14] As reported in the local strategy, The National Audit Office report *Ensuring the effective discharge of older patients from NHS acute hospitals in 2003* highlighted that older patients were more likely to experience delayed discharge from hospital and that lack of joint working and care home capacity were key factors.[15]

10. MENTAL HEALTH

The number of people aged 65 and over who have depression is expected to increase from an estimated 9,900 in 2010 to 12,892 in 2020 and 15,966 in 2030. An increase of 61% from 2010 to 2030.[16]

Research concerned with national suicide trends indicates that suicide rates tend to be higher for people aged 65 and over than for those aged less than 65 years. For example, twice as many people aged 65 and over commit suicide than those aged less than 25 years.[17]

About 12% of people in Leicestershire live in rural communities compared with 20% in the UK. Rural communities tend to have an older age profile with the median age in rural communities generally six years older than in urban areas. As noted before, this could present issues in terms of older people living in rural communities being able to access services.

General issues concerning older people accessing services have been identified at a local level. For instance, the number of people aged 65 and over accessing local authority mental health services was 1,936 in 2010/11 compared with 2,410 in 2008/09 and 2,210 in 2009/10. This apparent downward trend may in part be explained by changes in recording practices, misdiagnosis and the reluctance of

[11] Leicestershire, Leicester and Rutland Joint Commissioning Dementia Strategy, April 2011-2014.
[12] Alzheimer's Society, 2012 Mar. *Dementia prevalence and diagnosis rates.* Available from: www.alzheimers.org.uk/dementiamap. London: Alzheimer's Society [Accessed 29 March 2012].
[13] Leicestershire, Leicester and Rutland Joint Commissioning Dementia Strategy, April 2011-2014.
[14] Comptroller and Auditor General, 2003 Feb 12. *Ensuring the effective discharge of older patients from NHS acute hospitals (HC 392, Session 2002– 2003)* London: National Audit Office, para 1.5; Qq 28–30; Ev 19–20 (Q 28).
[15] Comptroller and Auditor General, 2003 Feb 12. *Ensuring the effective discharge of older patients from NHS acute hospitals (HC 392, Session 2002–2003)*. London: National Audit Office.
[16] Institute of Public Care, Oxford Brookes University, 2011. *Projecting Older People Population Information.* Available from: www.poppi.org.uk. Oxford: Oxford Brookes University [Accessed 29 March 2012].
[17] National Development Team for Inclusion, 2011. *A Long Time Coming. Part 2 – Achieving age equality in local mental health services.* London: National Development Team for Inclusion.

older people to discuss mental health issues.[18] However, it could potentially reflect an issue of overall access to mental health services for older people.

11. LEARNING DISABILITY

People with learning disabilities are living longer. This is predicted to result in an increase by 54% (176) in the number of people aged 65 and over with moderate or severe learning disabilities from 323 in 2010 to 499 in 2030. In 2010/11, 131 people with learning disabilities were aged 65 and over and were known to be in receipt of Adult Social Care services, half of which were in residential care.

The current number of people aged 18 – 64 years who have moderate or severe learning disabilities predicted to be living with a parent in Leicestershire is 813.[19] Projections are relatively stable, although this may increase above expectations, due to parents and individuals with learning disabilities living longer.

This highlights the increased likelihood that parents of people with a learning disability will die before their offspring and that there may be an increasing need for services for older people with learning disabilities and older carers of people with learning disabilities.

[18] Chew-Graham, C., Baldwin, R. and Burns, A., 2004 Jul 24. Treating depression in later life. *British Medical Journal*, 329 (7459), pp. 181-182.
[19] Institute of Public Care, Oxford Brookes University, 2011. *Projecting Adult Needs and Service Information.* Available from: www.pansi.org.uk. Oxford: Oxford Brookes University [Accessed 29 March 2012].

12. FALLS

Table 4 – Recorded Number of Calls, Responses, Transports and Admissions for Falls in People Aged 65 and Over in Leicestershire and Rutland (EMAS data for 2011, Hospital data for 2011 and 2010)

	Emergency Calls to EMAS (2011)	Emergency Attendances by EMAS (2011)	Emergency Transports by EMAS (2011)	Emergency Admission to Hospital (2011)	Emergency Admissions to Hospital (2010)
January	721	678	340	337	370
February	638	606	278	296	320
March	733	690	344	315	292
April	728	695	366	254	310
May	720	679	363	309	350
June	722	680	371	256	331
July	737	706	387	276	339
August	749	720	376	232	319
September	742	704	377	257	353
October	834	796	434	263	353
November	793	768	414	245	295
December	860	823	463	180	396
Total for the Year	8,977	8,545	4,513	3,220	4,028
Average per Month	748	712	376	268	336

N.B. – the rather low number of "Emergency Admissions to Hospital" for December 2011 may be due to incomplete data and note the consistently lower number of "Emergency Admissions to Hospital" in 2011 compared with 2010 (except for March), which may be due to changes in coding practice.

Table 4 shows that, in 2011, the East Midlands Ambulance Service (EMAS) received 8,977 emergency calls for people aged 65 and over who had fallen, and attended in 95% (8,545) of the calls. The EMAS crews transported 53% (4,513) of those they attended to a hospital, most of whom were admitted to hospital as an emergency. It is notable that, although the monthly variation reflects the expected seasonal variation, the number of calls in May is still 96% of the average for the year. Winter may increase the number of falls but there is a high background incidence of falls in people aged 65 or over.

Falls are a common and potentially serious problem for older people. Falls may result in injury, fear of falling, social isolation and death. There is an important relationship between frailty, falls and fractures, with the three sharing risk factors.

Falls are a commonly cited factor leading to a care home admission and give rise to a major financial demand on social care and health services. The risk of falling increases with greater age, multiple diseases and multiple medications. Falls in older people can be due to fainting, which often has a medical cause, or other causes such as poor balance, poor vision, muscle weakness.

The evidence for offering falls prevention programmes to people who have fallen is compelling. In appropriately selected patients, a therapy led approach can be as

effective in reducing subsequent falls as a comprehensive approach which includes a medical assessment. Non-medical interventions include home hazards assessment, assistive technology and strength and balance training. Medical interventions are dictated by the underlying biological causes, but addressing issues regarding medication and bone health is crucial.

13. SERVICE UTILISATION

13.1. Social Care Services

A total of 16,560 people (3% of the total population aged 18 and over) received a service provided or commissioned by Adult Social Care at Leicestershire County Council during 2010/11. 12,420 (75%) of whom were aged 65 and over, and 5,500 (33%) of were aged 85 and over. 10,300 (83%) of customers aged 65 and over were recorded as having a physical disability, frailty or sensory impairment.

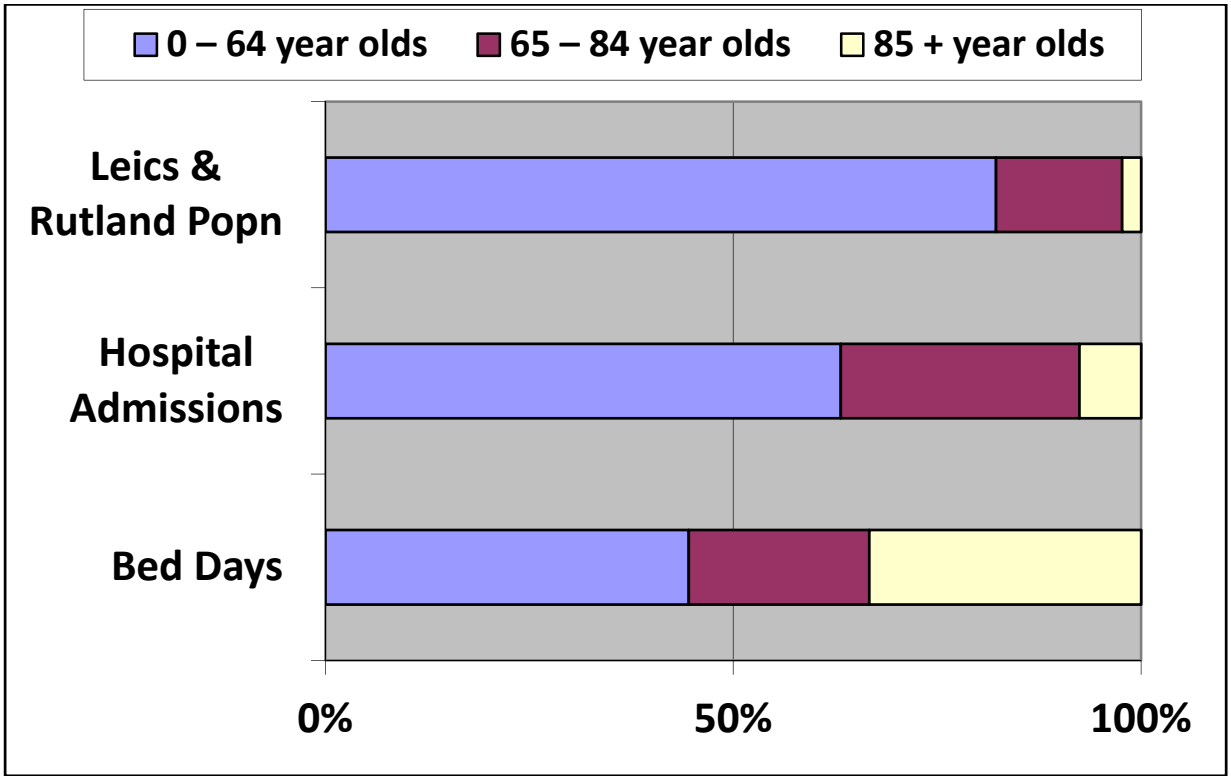
This is reflected in the investment in Adult Social Care services, for which the largest proportion is spent on older people (accounting for 41% of the set budget for 2011/12).

In terms of population density, there is a slightly higher than expected likelihood of accessing social care services if people live in urban/town and fringe areas with 91% of customers compared with 88% of population living in urban/town and fringe areas. Although only 10% of older people live in villages/hamlets/isolated dwellings, this has implications when considering access to services for those customers living in rural communities.

Similarly, 14% of older people are more likely to live in the top 10% most deprived areas in Leicestershire. There is also an apparent decline in the proportion of older people receiving services who live within these deprived areas as age increases. This may partly reflect the increasing longevity of people living within deprived areas and yet not accessing services as they age.

13.2. Health Services

Graph 1 – Comparison of Proportions of Population, Hospital Admissions, Bed Days and NHS Spend by Age Groups for 65+ Year Olds in Leicestershire and Rutland (2010/11)[20]



The ONS indicative mid-2010 population estimate for Leicestershire and Rutland is 691,600 (653,300 in Leicestershire and 38,300 in Rutland) with 2.3% (16,100) aged 85 and over. However, they account for 7.6% (13,011) of all hospital admissions and 33% (200,436) of occupied bed days in 2010/11. The average number of days per admission of 85 + year olds in 2010/11 was therefore 15.4 (200,436 ÷ 13,011) days per admission. Compare this with 2.6 days per admission for 65 – 84 year olds and 2.5 days per admission for 0 – 64 year olds, and it is soon apparent that the impact of 85 + year olds on hospitals is disproportionately greater than for those younger than 85 years old, with each 85 + year old in hospital having a length of stay 6 times that of someone younger than 85 years old.

Another way of looking at the impact of the current use of hospital services by 85 + year olds is to consider that, at 2010 rates of hospital use, the projected population of 85 + year olds for Leicestershire and Rutland in 2030 of 37,000 would have 29,901 hospital admissions and 460,629 occupied bed days in 2030/31. This would be equivalent to 17% of all hospital admissions and 77% of occupied bed days in 2010. For 2020, the projected population of 85 + year olds for Leicestershire and Rutland is 23,800 who would account for 19,237 hospital admissions and 296,297 occupied bed days. This would be equivalent to 11% of all hospital admissions and 49% of occupied bed days in 2010.

[20] NHS Leicestershire County and Rutland's HERA System and ONS indicative mid-2010 population estimate.

In 2010/11, 64% (8,359) of hospital admissions of 85 + year olds are as an emergency compared with 36% (17,990) of hospital admissions of 65 – 84 year olds and 31% (33,236) of hospital admissions of 0 – 64 year olds. This implies that those aged 85 and over, most of whom will be frail older people, are being managed more with emergency admissions than with anticipatory planned admissions.

14. CARERS

Table 5 – Projected Number of People Aged 65 and Over Providing Unpaid Care to a Partner, Family Member or Other Person (Based on 2001 Census)[21]

	2010	2015	2020	2025	2030
65 – 74 year olds providing unpaid care	8,809	10,631	11,220	11,105	12,353
75 – 84 year olds providing unpaid care	3,803	4,277	4,998	6,134	6,510
85 + year olds providing unpaid care	636	765	932	1,169	1,474
Total for All 65+ yr olds providing unpaid care	13,248	15,673	17,150	18,408	20,337
Total for All 65+ yrs	115,100	136,000	151,500	168,000	188,300

Table 5 is a projection based on 2001 Census age-specific proportions of people providing unpaid care looking after or supporting family members, friends, neighbours or others because of long term physical or mental ill health or disability or problems related to old age. From 2010 to 2030, the proportion of 65 + year olds providing unpaid care is projected to stay at about 11% of all 65 + year olds with the number increasing in proportion to the increased number of 65 + year olds.

A recent survey of older carers conducted by The Princess Royal Trust for Carers indicated that approximately two-thirds reported having long term health problems or a disability.[22] Accordingly, it is estimated that about 9,000 older carers in Leicestershire may have health problems. Further promotion of the health and wellbeing of carers through regular health checks, particularly for older carers is required.

Carers have a critical role in minimising the level of support needed for people who may potentially require or already access social care services. Continuing investment in carer support is critical, including timely and accessible respite care to cope with the crises that inevitably occur.

[21] Institute of Public Care, Oxford Brookes University, 2011. *Projecting Older People Population Information.* Available from: www.poppi.org.uk. Oxford: Oxford Brookes University [Accessed 29 March 2012].
[22] The Princess Royal Trust for Carers, 2011. *Always On Call, Always Concerned. A Survey of the Experiences of Older Carers.* Woodford Green: The Princess Royal Trust for Carers.

15. LIVING ARRANGEMENTS

During the twentieth century, a major demographic change was observed in that there has been a decline in the size of families and a greater geographical dispersion of households containing related people. The average household size has decreased from 3.1 persons in 1961 to 2.4 persons in 2010. The number of people aged 65 and over who are living alone in Leicestershire is expected to rise by 63% from 43,300 to 70,600 between 2011 and 2030, with the increase mainly amongst people aged 75 and over (79% increase). This increase in the number of older people heading a family or living alone (known as "empty nesters") has obvious implications for the availability of housing stock and accommodation for both older people and younger generations.

The Leicestershire Strategic Review of Housing Related Support Services for Older People (2010) noted that due to the changing profile of Leicestershire residents, there will be an increased need for:

- smaller, suitable, units of accommodation to meet the national trend of an increasing proportion of older households.
- the provision of lower levels of care for older people will need to increase (by up to 50% in the county).
- resources and policies to assist older owner occupiers to meet their needs, or conditions and incentives to assist these people to move to tenures and forms of housing which best meet their needs.
- Extra Care Housing to meet the needs and aspiration of older people and coming generations.
- awareness within existing services of any specific needs of older people within black and ethnic minority communities.

The number of older people heading a family or living alone also has implications relating to the number of individuals requiring social care support outside of the family unit. According to Forder (2007), the intensity of care packages increases by almost 50% if the customer lives alone.[23]

[23] Forder, J., 2007. *Self-funded social care for older people: an analysis of eligibility, variations and future projections.* PSSRU Discussion Paper 2505. London: Personal Social Services Research Unit. Available from: www.pssru.ac.uk/publication-details.php?id=1553. [Accessed 29 March 2012].

16. EXCESS WINTER DEATHS

Table 6 – Number of Excess Winter Deaths in People Aged 65 and Over by District and County Councils for 2006-2009[24]

	Average Yearly Excess Winter Deaths	Average Yearly Non-Winter Deaths	EWM Index	Lower 95% CI for EWM Index	Upper 95% CI for EWM Index
Blaby DC	62	228	27.2%	16.8%	38.5%
Charnwood BC	53	420	12.7%	5.6%	20.3%
Harborough DC	28	221	12.9%	3.2%	23.4%
Hinckley & BosworthBC	35	287	12.2%	3.7%	21.4%
Melton BC	26	138	19.0%	6.4%	33.1%
NW Leicestershire DC	29	270	10.7%	2.1%	20.1%
Oadby & Wigston BC	35	164	21.1%	9.4%	34.1%
Leicestershire CC	268	1,727	15.5%	11.9%	19.3%
Rutland CC	23	102	22.2%	7.5%	39.0%
East Midlands	2,248	13,058	17.2%	15.9%	18.6%
England	26,595	146,892	18.1%	17.7%	18.5%

The Excess Winter Mortality Index (EWM Index) is the excess winter deaths expressed as a percentage of the expected deaths based on the non-winter deaths. The 95% Confidence Interval (CI) for the EWM Index represents the range within which the measurement of Excess Winter Deaths could vary by chance. So when comparing two EWM Indexes, if their 95% CI overlap, there is a likelihood that any difference between the EWM Indexes occurred by chance and so the difference would be regarded as not statistically significant.

For example, although Blaby DC has the highest EWM Index of 27.2%, its 95% CI of 16.8% to 38.5% overlaps with all the other 95% CIs in Table 6. So, there is a likelihood that any difference between its EWM Index and the others, occurred by chance. This degree of statistical uncertainty is due to the calculation for the EWM Index being based on a small number of excess winter deaths.

Nevertheless, such deaths are preventable. A recent fund awarded to Leicestershire in order to combat the negative effects of the winter weather is currently being implemented, and will be used by the County Council in collaboration with its partners from the NHS, public health, district and other councils, voluntary agencies and other organisations, to ensure older people, young children, people with disabilities and other vulnerable people are safe in their homes during the winter period.

17. RECOMMENDATIONS

Social care and health services need to prepare for the demographic effects described in the Demographic Chapter as groups of older people enter the following

[24] Association of Public Health Observatories. *Data Tables for 2011 Health Profiles.* Available from: www.apho.org.uk/resource/view.aspx?RID=105001 [Accessed 29 March 2012].

phases as described in the Department of Health's *National Service Framework for Older People* (2001):[25]

- for those Entering Old Age – promote and extend healthy active life, and to compress morbidity (the period of life before death spent in frailty and dependency).

- for those in Transitional Phase – identify emerging problems ahead of crisis, and ensure effective responses which will prevent crisis and reduce long term dependency.

- for Frail Older People – anticipate and respond to problems recognising the complex interaction of physical, mental and social care factors, which can compromise independence and quality of life.

The groups that need particular focus are frail older people, people living with dementia, and carers, and the themes common to all of them are:

1. early identification and effective assessment of both health and social care needs for frail older people, people with dementia and their carers, from a multi-agency perspective

3. integrated pathways and community based services to support older people and their carers so that they are able to stay in their home for as long as is possible. This includes the provision of respite services for carers and crisis prevention.

END OF CHAPTER

[25] Department of Health, 2001. *National Service Framework for Older People.* London: Department of Health, p. 3.