

Worcestershire Health and Well-being Board Joint Strategic Needs Assessment

Ageing Well - Living Longer and in Good Health

Information Lead: Matthew Fung, MFPH
Version: 1.0

Compiled By: Directorate of Public Health

Date: October 2019

Review Date: October 2020



Contents

Foreword	
Potential Issues in Worcestershire	3
Key points	3
Life Expectancy and Healthy Life Expectancy.....	5
Ageing: People Aged 65 Years and Over	7
Physical Health	7
Limiting Long-term Illness	9
Frailty	9
Mental Health.....	9
Living Conditions.....	10
Demands on the Health and Social Care System	12
Further Information and Feedback.....	14



Wyre Forest
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group

Potential Issues in Worcestershire

- Inequalities in life expectancy at birth are increasing for males and females – more deprived people are living shorter lives than the least deprived people
- Emergency Re-admissions are showing an upward trajectory as with England, some of which may be avoidable.

Key points

1. Although Worcestershire performs well on many measures that relate to ageing there are some exceptions, these include fuel poverty and the rate of dementia diagnosis.
2. Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate. The issue disproportionately affects older people. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60. If Worcestershire follows this pattern 5,000 households would fall into this category.
3. In Worcestershire dementia will be a significant issue in future years as the population in the oldest age groups grows.
4. The number of people with dementia in Worcestershire is forecast to increase by 56% between 2019 and 2035 from 9,560 to 14,905.
5. The estimated dementia diagnosis rate for those aged 65 and over in 2018 at 59.7% was lower than the England level (67.5%). A timely diagnosis helps people living with dementia, their carers and healthcare staff to plan ahead and work together to improve health and care outcomes.
6. Falls are often the reason that someone has to leave their own home. There are over 2,300 falls per year in the over 65s in Worcestershire.
7. 13,287 people registered with Worcestershire GPs are recorded as having had a stroke or transient ischaemic attack (TIA).
8. Deaths due to stroke are higher than nationally.
9. Nearly half of older people in Worcestershire have an illness that affects their daily activities. This equates to 63,000 people currently and numbers are projected to increase by 38% in the next 15 years.
10. Depression is estimated to affect 11,630 people over the age of 65 in Worcestershire.



Wyre Forest
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group

11. The number of people aged 65 and over living alone in Worcestershire is estimated to be 15,160 males and 28,350 females. It is expected that these numbers will rise by 36% for both genders. Whilst living alone does not always mean someone is lonely it can clearly be a contributory factor.
12. It is estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire, this is forecast to grow by 28% to 25,670 by 2035.

Life Expectancy and Healthy Life Expectancy

Life expectancy at birth for both females and males living in Worcestershire is higher than the England average. It is currently 83.9 years for females and 79.9 years for males. However, these figures don't tell the whole story.

The difference between the number of years someone could be expected to live in good health, healthy life expectancy, and total life expectancy is sometimes referred to as the 'Window of Need'. In Worcestershire the 'Window of Need' is 16.7 years for females and 14.2 years for males.

There is also a difference in Life Expectancy at Birth according to where someone lives. Life Expectancy at Birth is 7.6 years lower for males and 6.2 years lower for females who live in the most deprived areas of Worcestershire compared to those who live in the least deprived areas.¹ For females in particular inequality in life expectancy at birth has increased in recent years and it is now higher than in 2010-

12. For males although the indicator is statistically similar to the figure in 2010-12 there is evidence of an increasing trend since 2012-14. It is for this reason that inequality in life expectancy at birth has been highlighted as an issue to be explored.

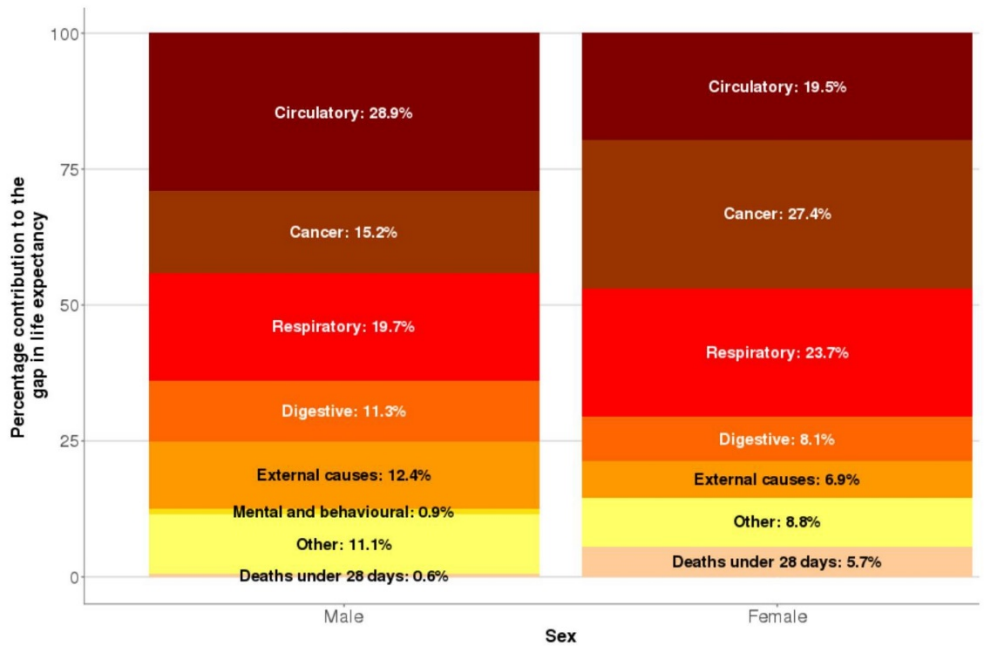
The life expectancy gap by broad causes of death provides useful data on living longer and premature mortality.

¹ This measure is also referred to as the Slope Index of Inequality.

Figure 1: Inequalities in Life Expectancy



Life expectancy gap by broad causes of death



Underlying causes

01 **Deprivation**
The 7 domains of deprivation included in the index are: income, education, employment, health, crime, barriers to housing and living environment.

02 **Inequality**
Simply an unfair situation in society when some people have more opportunities, money, access to health services etc. than other people.

Created by Public Health Team using : Canva.com
Data source: Public Health England

Figure

Ageing: People Aged 65 Years and Over

Worcestershire has a relatively large proportion of people aged 65 and over. The proportion of older people varies by district. Malvern Hills has the highest proportion (27.9%) and Worcester (17%) and Redditch (18.2%) the lowest.

The number of older people is predicted to increase by nearly a third between 2019 and 2035. The rise is expected to be fastest in those aged 85 or over where the number is set to almost double (increase by 92%). This will have implications for the future provision of health and social care services in Worcestershire.

The population of ethnic minority older people in Worcestershire is small at 966 or just under 1% of the total population aged 65 and over in 2011 (the latest year for which data is available).

Worcestershire population estimates and projections for older people are available from the JSNA website.²

Worcestershire performs better than England for many public health measures which relate to ageing. The exceptions to this are fuel poverty and dementia diagnosis rate.

In the following section key public health issues facing older people in the county are summarised. These include:

- Physical Health - falls, stroke
- Living Conditions - social isolation, caring, fuel poverty
- Mental Health – dementia, depression
- Long-term illness
- Frailty
- Demand for health and social care

Physical Health

Falls

Falls are the largest cause of emergency hospital admissions for older people and are a major cause of people moving from their own home to long-term nursing or residential care.

There are approximately 2,300 falls per year in the over 65s in Worcestershire which result in an emergency hospital admission. The rate is lower than the England rate (1,730 per 100,000 compared to 2,170 per 100,000 in 2017/18).³

² Available at: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

³ Public Health England, Public Health Outcomes Framework

Influenza

Influenza is a highly infectious viral illness. A vaccination is offered to people who are at greater risk of developing serious complications if they catch it. Over 65s are a priority group for receiving influenza vaccination.

In the 2017/18 flu season, 74.7% of people aged 65 and over in Worcestershire were immunised, which is just below the national target value of 75%.

Stroke

13,287 people registered with Worcestershire GPs are recorded as having had a stroke or transient ischaemic attack (TIA). This is 2.2% of patients which is higher the national figure of 1.8%.

Stroke deaths in Worcestershire occur at a higher rate than nationally (the Standardised Mortality Ratio is 110.5). Worcestershire ranks 4th worst of 16 similar local authorities on this measure.⁴ Three quarters of stroke deaths occur after the age of 65.

One of the factors underlying high stroke mortality is atrial fibrillation. Atrial fibrillation (AF) increases the risk of stroke by a factor of five, and strokes caused by AF are often more severe, with higher mortality and greater disability. AF is under-diagnosed and under-treated: up to a third of people with AF are unaware they have the condition and even when diagnosed inadequate treatment is common – large numbers do not receive anticoagulants or have poor anticoagulant control. Table 1 shows that Worcestershire has high prevalence of both stroke and atrial fibrillation.

Table 1. Stroke and Atrial Fibrillation Prevalence by CCG, 2017/18

Key Facts	Redditch and Bromsgrove CCG	South Worcestershire CCG	Wyre Forest CCG	Worcestershire	England
Atrial fibrillation QOF prevalence (similar CCGs)	2.1% (2.3%)	2.5% (2.5%)	2.5% (2.5%)	2.4%	1.9%
Estimated prevalence of atrial fibrillation	2.6%	3.0%	3.2%	2.9%	2.4%
Stroke QOF prevalence (similar CCGs)	2.0% (2.0%)	2.1% (2.2%)	2.7% (2.1%)	2.2%	1.8%

Source: NCVIN stroke profiles

⁴ CIPFA Nearest Neighbours

Limiting Long-term Illness

Limiting long-term illness is defined as an illness that affects daily activities. It is estimated that nearly half (47%) of older people in Worcestershire have a limiting long-term illness. This equates to 63,000 people and this number is forecast to increase by 38% between 2019 and 2035.

Frailty

Frailty is a syndrome associated with, but not directly related to, age. It is characterised by a deterioration of function where an apparently minor event, for example, an infection or change in medication may result in a striking and disproportionate change in health state. A cold under normal circumstances is frustrating but not debilitating but for someone living with frailty this could cause deterioration with the onset of drowsiness, confusion, worsening mobility and an increased risk of falling, breaking a bone and being admitted to hospital.

People living with frailty are dependent on devices, home adaptations or people around them to remain independent. Those living with severe frailty are fully dependant on others for most or all activities.

Changes to the GP contract in 2017/18 introduced routine frailty identification for patients who are 65 and over. It targets a small number of key interventions (falls assessment, medicines review and promotion of the additional information in the summary care record) at those most at risk of adverse events including hospitalisation, nursing home admission and death. Early identification coupled with targeted support can help older people living with frailty to stay well and live independently for as long as possible.

The changes to the GP contract may result in new data being published on frailty, and we expect to report on this in future.⁵

Mental Health

The number of people with dementia in Worcestershire is forecast to increase by 56% between 2019 and 2035 from 9,560 to 14,905. This is a bigger increase than that expected for England (51%).⁶

A key priority is improving the diagnosis rate for dementia. A timely diagnosis enables people living with dementia, their carers, and healthcare staff, to plan accordingly and work together to improve health and care outcomes. The estimated dementia diagnosis

⁵ See <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/> for further information.

⁶ Projecting Older People Population Information (POPPI) projections. Available from: <https://www.poppi.org.uk/>

rate⁷ for those aged 65 and over in 2018 was lower than the England level at 59.7% (England = 67.5%).

Depression in later life can be a major cause of ill health and can have a severe effect on physical and mental wellbeing. Older people are particularly vulnerable to factors that can lead to depression such as bereavement, physical disability and illness and loneliness. Depression is estimated to affect 11,630 people aged over 65 in Worcestershire (2019; POPPI).

Living Conditions

Social Isolation

In Worcestershire it is estimated that 15,160 males and 28,350 females aged 65 and over are living alone. By 2035 these numbers are expected to rise by 36% for both genders.⁸ While there is no direct relationship between living alone and loneliness, it is clearly a contributory factor.

Only half (49%) of adult social care users in Worcestershire have as much social contact as they would like (Public Health England estimates).

Fuel Poverty

Fuel poverty is driven by three main factors: income, current cost of energy and energy efficiency of the home. A household is considered to be fuel poor if they have required fuel costs that are above average and, were they to spend that amount, they would be left with a residual income below the official poverty line.⁹

Health effects of fuel poverty can include: respiratory conditions, mental health and studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.¹⁰

Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate which is 11.1%.¹¹ The issue disproportionately affects older people given, for example, the link between cold homes and respiratory conditions. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60 (older people households). If Worcestershire followed this pattern 5,000 households would fall into this category.

⁷ The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population in Worcestershire.

⁸ Projecting Older People Population Information (POPPI) projections. Available from: <https://www.poppi.org.uk/>

⁹ JSNA Briefing on Fuel Poverty (2016), Worcestershire County Council

http://www.worcestershire.gov.uk/download/downloads/id/9407/2016_briefing_on_fuel_poverty.pdf

¹⁰ (UCL Institute of Health Equity (2011). The Health Impacts of Cold Homes and Fuel Poverty. Available from:

<http://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf>)

¹¹ Public Health England, Public Health Outcomes Framework.

Unpaid Care

It is estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire, this is forecast to grow by 28% to 25,670 by 2035 (a person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age). Over a third of older people (7,345, 36.5%) in Worcestershire providing unpaid care are doing so for 50 or more hours a week.¹²

¹² Projecting Older People Population Information (POPPI) projections. Available from: <https://www.poppi.org.uk/>

Demands on the Health and Social Care System

Table 2 illustrates the potential effect of population change on the numbers of older people with key health conditions. The numbers are projected to increase by 28%-56% between 2019 and 2035. This increase in numbers is likely to lead to a substantial rise in the demand for social care and health services in future years.

Table 2. Projected Numbers of Older People with Key Health Conditions

Condition	2019	2035	% change
Dementia	9560	14910	56%
Depression	11630	15330	32%
Living alone	43500	59180	36%
Limiting Long term illness	62910	66960	38%
Mobility	24780	36310	47%
Hearing loss (moderate or severe)	93310	144810	55%
Visual impairment (75+)	4010	6070	51%
Stroke	3170	4280	35%
Bronchitis/Emphysema	2300	3040	32%
Provision of unpaid care	20110	25670	28%

Source: POPPI¹³

¹³Projecting Older People Population Information system, Aug 2019. All age 65+ unless otherwise stated. Definitions of above available at www.poppi.org.uk (these may differ from other sources).

Figure 2. Older People's Health in Worcestershire: Key Facts

There are a higher proportion of adults aged 65+ when compared to the national average

THIS IS EXPECTED TO INCREASE BY

32%

BETWEEN 2019 AND 2035

There is considerable variation across the county

the highest proportion of older people is in Malvern Hills (27.9%), and the lowest proportions are in Worcester (17%) and Redditch (18.2%).

Key Facts

Physical Health



THERE ARE

93,310

PEOPLE AGED 65+ IN WORCESTERSHIRE WITH SOME HEARING LOSS

THERE ARE

4,010

PEOPLE AGED 65+ IN WORCESTERSHIRE WHO ARE VISUALLY IMPAIRED



THERE ARE

2,300

FALLS PER YEAR IN THE OVER 65'S THAT RESULT IN AN EMERGENCY HOSPITAL ADMISSION

Stroke prevalence in Worcestershire is higher than the England average.

Mental Health



One in Three people aged over 65 live alone

Depression affects approximately 11,630 people aged over 65 in Worcestershire.

Cases of Dementia are predicted to increase by

56%

between 2019 and 2035

Living Conditions



One in Five

EARLY WINTER DEATHS ARE RELATED TO LIVING IN COLD HOMES

29,000

PEOPLE IN WORCESTERSHIRE ARE LIVING IN FUEL POVERTY

A third of older people in Worcestershire are providing unpaid care of more than 50 hours per week

Data sources: Public Health England, www.fingertips.phe.org.uk, Images from theNounProject.com, (Blind by Bluu)
Graphic created by Public Health Team using Canva



Wyre Forest
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group

Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these reports and how they could better suit your requirements, please do contact us with your ideas.

Email: jfulton@worcestershire.gov.uk Tel: 01905 843359

This document can be provided in alternative formats such as Large Print, an audio recording or Braille. Please contact Janette Fulton by telephone on: 01905 843359, or by email at: jfulton@worcestershire.gov.uk



Wyre Forest
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group