

Frail Older People

Joint Strategic Needs Assessment

(April 2012)

Summary of Key Findings and Strategic Actions

Demography and Population Level Data

Key Findings

- In Sandwell the proportion of the population who are aged 65 years and over is projected to grow to 20% (n≈61,700) by 2033. This is due to the baby boomers born in the 1960's.
- Currently nine out of ten persons aged 65+ are classified as White. This ratio is expected to decrease up until 2030 with more of the population coming from Asian and Black ethnic groups
- The gender gap and inequality in life expectancy will decrease over the next two decades and the number of men living into older age will increase by 2033.
- The majority of the housing stock in Sandwell is in the private and rented sector. In the private and rented sector between a quarter and a third of households live in non-decent housing. In terms of old age, over a third persons aged 65+ are likely to live in non-decent homes
- The elderly are three times more likely to live in cold housing compared to all households (14% compared 47%, Health and safety rating system).
- Future housing needs in both sheltered housing and extra care accommodation will increase in the short to medium term.
- Income deprivation affecting older people is high in Sandwell with around a third of adults aged 60+ are entitled to pension credit

Strategic Actions

- All agencies will need to plan for an expansion in the elderly population in terms of services and resources.

Health and Wellbeing

Key Findings

- Life expectancy at aged 65+ has been rising over the last decade with men expecting to live for a further seventeen (n≈17) years while women could live for twenty (n≈20) years

- Disability free life expectancy is low with men and women could expecting only nine (n≈9) years of disability free life expectancy in old age.
- The majority of deaths in Sandwell in ranked order are due to disease of the circulatory system (e.g. heart disease, stroke), cancers and then diseases of the respiratory system.
- Compared to similar PCT's Sandwell has a relatively high rate of mortality for the main causes of death with the exception of mortality from fracture of the femur. Sandwell is performing well with a low rate across all age ranges
- Causes associated with age including Excess Winter Deaths indicate Sandwell has a higher than expected number of deaths in the 65-84 age range.
- Deaths at usual place of residence, a key indicator for end of life care, are also low.

Strategic Actions

- All agencies need to focus attention on not only inequalities in life expectancy and high level of mortality but also inequalities in disability free life expectancy to ensure improved quality of life in old age.

Risk factors

Key Findings

- In terms of frailty risk factors, in 2011 more than a quarter of the elderly population experienced a fall (n≈12,358), while 9% were suffering from depression.
- For Dementia the risk increases with age, point prevalence within the 65-69 age range is around 1-1.5% but this increases to 20% between the ages 85-89 and for those aged 90+, almost a third will have the condition
- Sandwell for persons aged 65+ report poor general health and an estimated 57% indicate they have a limiting long term illness
- Limited data is available on lifestyle (Physical activity, smoking, alcohol and nutrition) specifically in old age
- Local data indicate that for all persons age 65+ in 2001 n=9% were a victim of crime. The trend from 2009 onwards shows a slight increase from 8% in 2009, 9% in 2010 and 9% in 2001

Strategic Actions

- All agencies should consider the early identification of the elderly at risk via appropriate assessment of screening tools to identify frailty and pre-frail states and or the possibility of applying the principle of stratified medicine to focus on those who are at heightened risk.

- Further consideration should be given to collective preventative action to reduce the profile of risk factors (e.g. LTC, depression)

Health and Social Care Activity

Key Findings

- The proportion of persons registered in General practice aged 75+ ranges from 2% - 17%, median 7%.
- The data indicate a seven fold variation in length of stay for emergency admissions in geriatric medicine by GP.
- Sandwell has higher rates of all admissions for men and women compared to other similar PCT's. Rates of emergency admissions in comparison are relatively low although one fifth of all emergency admissions in the 65-69 age group have Zero length of stay
- Accident and emergency attendance in the elderly has decreased by over 14% in the last three years. The decrease is for both men and women and has resulted in a 20% reduction in healthcare A&E related costs (£1,030,599 in 2009/10 to £827,798 in 2011/12)
- The cost of inpatient healthcare has reduced year on year (£22, 838,752, £25,220,393 to £20,794,191), however the average cost per spell has increased from £744 in 2009/10 to £819 in 2011/12
- A significant number of patients with long length of stay (>median) had Renal and Thoracic disorders (e.g. Kidney or Urinary Tract infections, respiratory neoplasm, viral pneumonia).
- The number of persons receiving residential, nursing and community services per 100,000 population declined between 2008/9 to 2010/11 by between 5% and 12%
- The majority of clients aged 65+ in a permanent residential or nursing placement had mental health needs, followed by a physical disability and then learning disability (n=187, n=122 and n=46 respectively)
- Self report data from the census 2001 indicates that 11% of persons aged 65+ provide unpaid care and 5% provide unpaid care for more than 50 hours per week. The trend for the numbers of carers looking after clients aged 65+ has increased between 2008/9 to 2010/11, however the current proportion (15%) is lower than similar comparable Local authorities.

Strategic Actions

- All agencies should consider preventative and diversionary services and commission interventions/services to reduce the possible step up in care and resource use.

- Focus attention on the needs of clients but also on the needs of carers.
- All agencies should consider further social and health care integration and the option for a single agency or board to act as a commissioner to ensure joined up planning of high quality services across health and social care.

Figure: Range of risk factors

