Older People Needs Assessment

Chapter 2

Health Context

2.1 Introduction

This chapter examines the health of older people across and within North Somerset. National prevalence data is used alongside local sources of data.

2.2 Life expectancy

As highlighted earlier in the report North Somerset has an aging population resulting in increasing life expectancy. Life expectancy is useful to show how the general health of a population is changing. Mirroring national trends, life expectancy across North Somerset has been increasing. A male living in North Somerset can expect to live a further 18 years and a female a further 21 after their 65th birthday, this is significantly longer than the average in England.

An increase in life expectancy is much more desirable if it is also accompanied by good health. In order to take account of a person's quality of life, an indicator measuring healthy life expectancy at 65 has been developed. This calculates the number of additional years after 65 in which a person can be expected to live in good or fairly good health. Chart X shows the number of healthy and unhealthy year's males and females across North Somerset and England can expect to live after their 65th birthday. In an ideal world healthy life expectancy and life expectancy would be the same. However estimates suggest that 5 years of a males and females life after the age of 65 will be unhealthy.

Life expectancy and healthy life expectancy at 65, 2004-06

Source: The Office for National Statistics

Estimates of life expectancy and healthy life expectancy from birth are available at a ward level. The table below demonstrates how they differ across wards within North Somerset. At over 85 years, Clevedon Yeo has the highest estimated life expectancy within North Somerset. However, the healthy life expectancy for this area is quite low (77 years) recording one of the largest differences between these two estimates. Weston-Super-Mare central had the lowest life expectancy and healthy life expectancy rates in the area. Those living in Clevedon Walton experienced the healthiest lives with four years of their lives being estimated as unhealthy compared to 11 years for those living in Weston Super Mare South.

Life expectancy and healthy life expectancy by ward, 1999-2003

Name	Life expectancy at birth	Healthy Life Expectancy	Number of unhealthy years
Weston-Super-Mare South	76	65	11
Weston-Super-Mare Central	72	63	9
Clevedon Yeo	85	77	9
Weston-Super-Mare East	80	72	8
Weston-Super-Mare South Worle	81	73	8
Weston-Super-Mare Clarence and Uphill	79	71	8
Weston-Super-Mare Milton and Old Worle	81	74	8
Clevedon West	84	77	8
Weston-Super-Mare West	75	67	7
Hutton and Locking	83	76	7
Weston-Super-Mare North Worle	81	74	7
Pill	78	71	7
Gordano	81	74	7
Clevedon South	80	73	7
Portishead South and North Weston	81	74	7
Clevedon East	81	74	7
Clevedon Central	78	72	7
Kewstoke	78	71	7
Banwell and Winscombe	82	76	6
Portishead East	82	76	6
Nailsea North and West	80	74	6
Clevedon North	79	73	6
Portishead Central	81	75	6
Yatton	78	72	6
Congresbury	81	75	6
Nailsea East	83	77	6
Wraxall and Long Ashton	82	77	6
Easton-in-Gordano	80	74	6
Blagdon and Churchill	83	78	6
Portishead Redcliffe Bay	84	78	5
Portishead West	83	77	5
Backwell	80	75	5
Winford	81	76	5
Wrington	81	77	5
Portishead Coast	80	75	5
Clevedon Walton	79	75	4

2.3 Mortality rates.

Age standardised rates are used to compare causes of death related to various conditions and compare these with other geographical areas, The data in the table below, relates to those aged 65-74.. As with the general population, mortality rates across North Somerset for those aged 65-74 years are low for all the main conditions.

The overall mortality rate among females in North Somerset is 123 deaths per 10,000 population compared with 127 across the South West and 148 in England. The corresponding mortality rate for males was 202, 205 and 236

respectively. Rates in North Somerset are significantly lower than England but due to large confidence intervals around the North Somerset figures are not statistically different from the Regional rates.

The mortality rate for strokes among females across North Somerset is higher than the South West and England. However the number of deaths from this condition is small (34) and therefore the confidence intervals around this rate is large resulting in a non significant difference.

Directly standardised mortality rates (DSR) per 10,000 pop of those aged 65-74 years, 2004/06.

		North Somerset		South West		England	
	Gender	**Number**	**DSR**	**Number**	**DSR**	**Number**	**DSR**
All causes	**Female**	377	***123***	9,686	127	100,121	148
	Male	552	***202***	14,159	205	142,198	236
	Person	929	***160***	23,845	164	242,319	190
All circulatory diseases	**Female**	111	***36***	2,633	34	29,127	43
	Male	197	***72***	5,024	73	51,074	85
	Person	308	***53***	7,657	52	80,201	63
Coronary heart disease	**Female**	47	***15***	1,220	16	14,153	21
	Male	118	***43***	3,057	44	31,647	53
	Person	165	***28***	4,277	29	45,800	36
Stroke	**Female**	34	11	683	9	7,334	11
	Male	29	11	849	12	8,750	14
	Person	63	11	1,532	10	16,084	13
All cancers	**Female**	161	***53***	4,379	58	41,889	63
	Male	212	***77***	5,693	86	55,333	92
	Person	373	***65***	10,072	66	97,222	77
Cervical cancer	**Female**	2	0.7	55	0.7	415	0.6
Breast cancer[1]	**Female**	130	38	3528	41	30828	51
Lung cancer[1]	**Female**	131	24	3058	23	33,337	29
	Male	168	38	4517	41	47,278	51
	Person	299	30	7575	30	80,615	38

Please note DSR's in bold green italics are significantly lower than England

2.4 Physical functioning

A range of physical functions change with age, this will influence a person's wellbeing and independence. Age related data at a local level is sparse; however the Projecting Older People Population Information (POPPI) System has used national results from large scale cross sectional surveys such as the

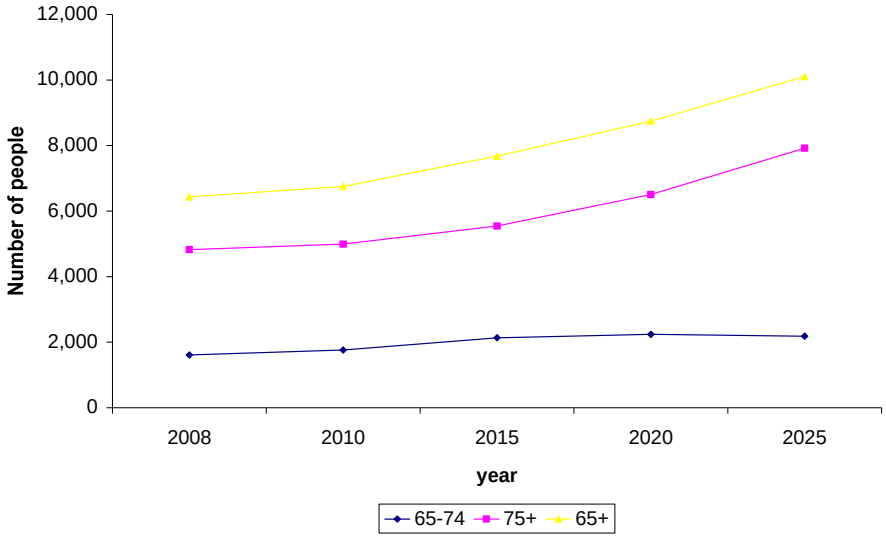
[1] Figures relate to all ages

Health Survey to produce estimates of conditions at a local authority level and project future numbers.

2.4.1 Mobility

As would be expected the number of people suffering from mobility problems increases steeply with age. Nearly one in four people aged over 75 are unable to complete one mobility activity[2]. Across North Somerset POPPI have estimated that 1,608 people aged, 65-74 and 4824 aged 75+ are suffering from mobility problems and that this is set to increase sharply. The largest increases are estimated to be in the over 75 age group with a total of 7,920 people estimated to have a mobility problem by 2025.

People aged 65 and over unable to manage at least one mobility activity on their own, projected to 2025.



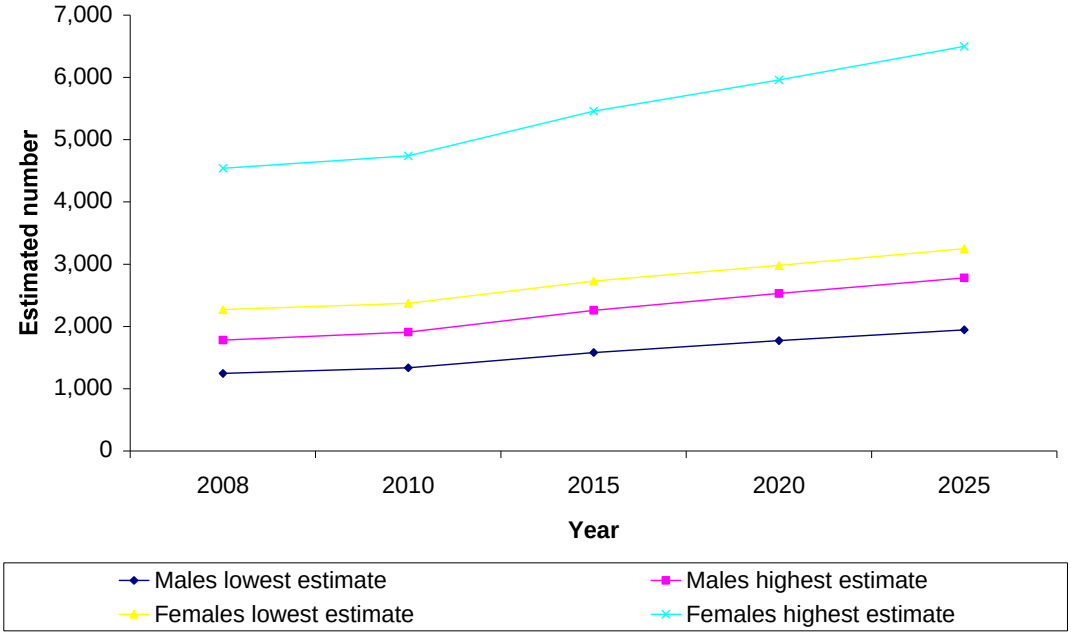
2.4.2 Continence

It is difficult to measure the prevalence of incontinence accurately because the definitions of different degrees of incontinence are in part subjective, it is also complicated as people under-report the problem because of embarrassment. For the purposes of this data, incontinence has been defined as the involuntary/inappropriate passing of urine/faeces that has an impact on social functioning or hygiene. It also includes nocturnal enuresis (bedwetting). The prevalence of incontinence for people living at home is between 7-10% for men aged 65 and over and 10-20% for women aged 65 and over. Findings from the 'Older people' report published by the Association of Public Health Observatories (2008) demonstrate of those aged 65-69 16% of men and 19% of women reported bladder problems, but this increased to 31% and 34% respectively for those aged 85 or more.

[2]Mobility activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Results from the POPPI website estimate that between 3,516 and 6,320 people across North Somerset have incontinence problems. By 2025 it is estimated that this number will have increased to between 5,196 and 9,280

People aged 65 and over predicted to have an incontinence problem, and living in the community, projected to 2025.



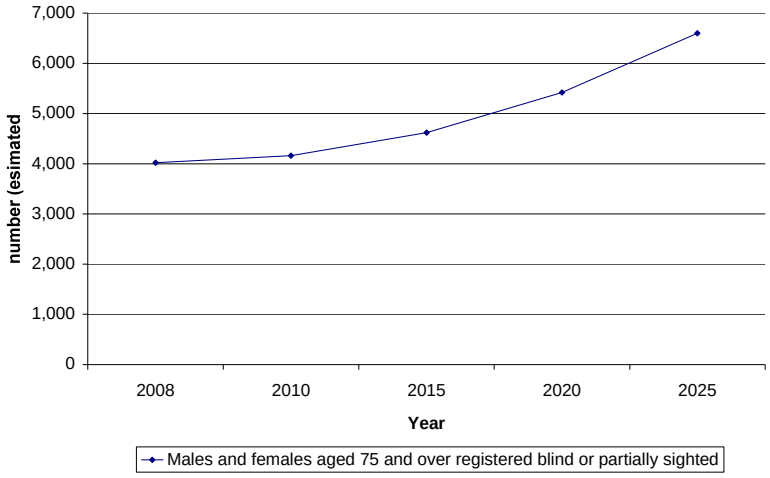
2.4.3 Visual impairment

Visual impairments can affect all ages but are more prevalent in the older age groups. A report produced by the Eye care Services Steering Group listed the major eye conditions that affect older people, including cataract, glaucoma, macular degeneration. Figures from the Royal National Institute of Blind People[3] estimate that one in 12 people over the age of 60 and one in five people over 75 are registered as blind or partially sighted.

Across North Somerset the POPPI website estimates that 4,020 people aged over 75 years are registered blind or partially sighted. By 2025 this is set to increase by 64% (a further 2,580 people).

[3]RNIB (2002) 'Progress in sight. National standards of social care for visually impaired adults **http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_progress14pt.doc**

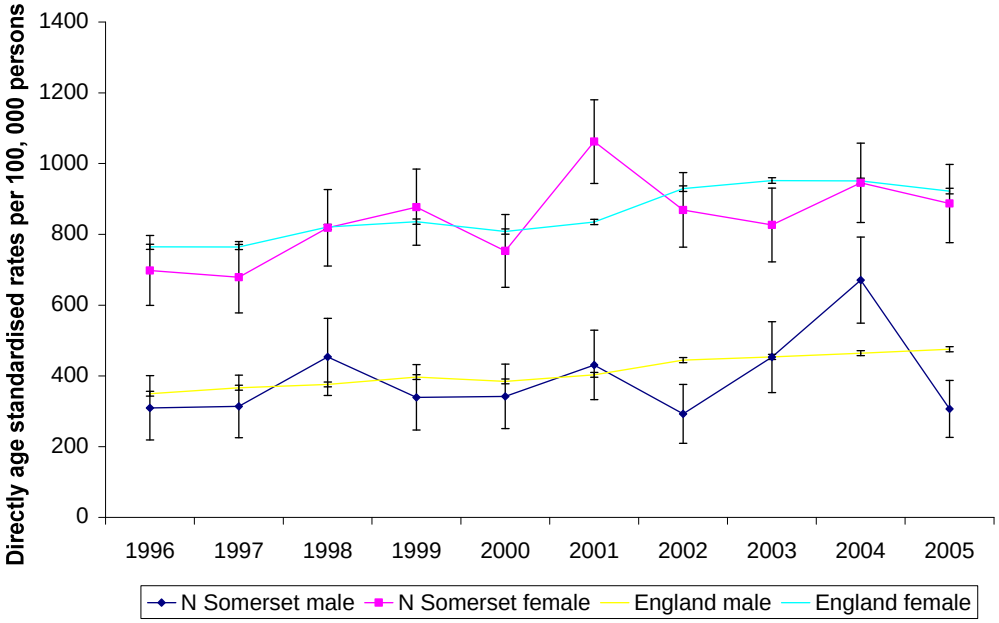
People aged 75 + registered blind or partially sighted, North Somerset



2.4.4 Fractured neck of femur

Hip fracture is a common and serious injury often caused by older people falling. This condition can have serious implications for older people often leading to a loss of mobility and independence. Research from the National Centre of Injury Prevention suggests that more than 95% of hip fractures in those aged over 65 are caused by falls. Across North Somerset 343 people aged over 65 were admitted to hospital due to a fractured neck of femur. However the rate of hip fractures admissions across North Somerset is significantly lower (669 per 100,000 pop), than England (754 per 100,000 pop) and over 80% of those admitted are female.

Hospital episodes: Fracture neck of femur aged 65+, 1996-2005



2.5 Mental health

There is a lack of local information on the mental health needs of older people in North Somerset but national research has established the likely prevalence of three key mental health problems.

2.5.1 Estimates of Depression

Depression can severely affect quality of life and may adversely affect physical health. Early recognition and prompt treatment of depression can reduce distressing and sometimes apparently inexplicable symptoms and prevent more serious consequences such as physical illness, adverse effects upon social relationships, self-neglect or, in the more serious cases, self-harm or suicide.

At any one time the prevalence of depression in people aged 65 or over is estimated to be between 10 and 15% (Baldwin,R 1996, Depressive Illness, in Jacoby, R. and Oppenheimer, C. (eds) Psychiatry in the Elderly, Oxford University Press.). The POPPI forecasting tool has used these rates and applied them to the predicted population of North Somerset using ONS population estimates and projections. The following table shows the lowest and highest estimated numbers of people predicted to have depression to 2025.

People aged 65 and over predicted to have depression, projected to 2025						
	2007	**2008**	**2010**	**2015**	**2020**	**2025**
People aged 65 + predicted to have depression: **lowest** estimated level	3,930	4,020	4,270	4,950	5,460	5,940
People aged 65 + predicted to have depression: **highest** estimated level	5,895	6,030	6,405	7,425	8,190	8,910
Annual % increase		+2.3%	+6.2%	+16%	+10.3%	+8.8%

2.5.2 Estimates of Severe depression

The same study by Baldwin estimated the prevalence of severe depression in older people at between 3 and 5%. The estimated figures for North Somerset are shown in the following table:

People aged 65 and over predicted to have severe depression, projected to 2025						
	2007	**2008**	**2010**	**2015**	**2020**	**2025**
People aged 65 + predicted to have severe depression: **lowest** estimated level	1,179	1,206	1,281	1,485	1,638	1,782
People aged 65 + predicted to have severe depression: **highest** estimated	1,965	2,010	2,135	2,475	2,730	2,970
% increase		+2.3%	+6.2%	+16%	+10.3%	+8.8%

These tables show a 51% increase in the number of people suffering from depression between now and 2025. The Health Survey of England 2005 found much higher levels of depression with 28% of women and 22% of men with high scores on the Geriatric Depression Scale (GDS10) so the numbers in the above tables may be an underestimation of the true picture.

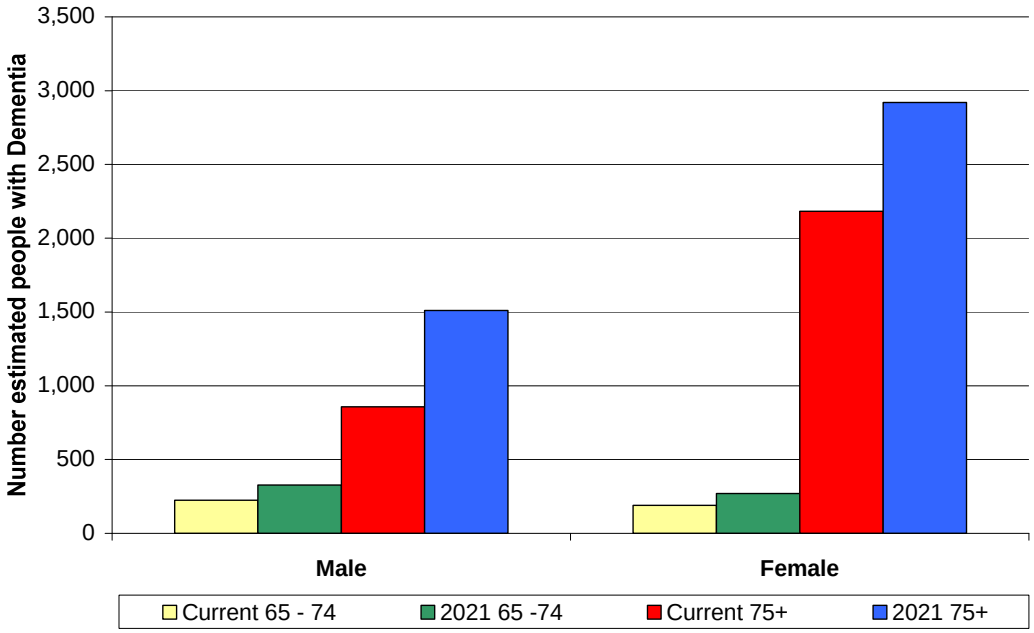
2.5.3 Estimates of dementia disease

Dementia can affect people of any age, but is most common in older people. With one in six people over 80 and one in 14 people over 65 suffering from a form of dementia. Dementia is a progressive condition, meaning that the symptoms become more severe over time. The main risk factor for most forms of dementia is advanced age, with prevalence roughly doubling every five years over the age of 65.

The Alzheimer's Society recently calculated prevalence estimates at the National and local authority level. Across North Somerset 3,455 people over the age of 65 are currently estimated to be suffering from dementia. By 2025 this is due to increase to 5027 people. The biggest increase is said to be in the male 75+ age group where a 76% increase has been estimated.

In 'Everybody's Business' Key messages for Commissioners it states the direct costs of Alzheimer's disease alone exceed the combined cost of stroke, cancer and heart disease. Bearing in mind the estimated increase in numbers of people suffering from this condition this will become an increasing issue when planning future service delivery.

Estimated number of people aged 65+ with Dementia, North Somerset.



Source: Dementia UK.

The Alzheimers Society Demography Position Paper prevalence rates for dementia in the UK show that 1:6 people over the age of 80 suffer from Dementia. Given that this population is forecast to grow substantially in North Somerset, consideration should be given to ensure service provision to meet the needs of this group.

2.6 Lifestyle

To a certain extent people's health depends on the choices they make about lifestyle. The Report on Ageing by the House of Lords Scientific Committee noted that the ageing process was affected by nutrition, lifestyle and the environment, and that these in turn were influenced by socio-economic factors

2.6.1 Smoking

Smoking greatly increases the risk of numerous diseases including heart disease, stroke, and several types of cancer.

Although the earlier in life smokers quit the better, older smokers still stand to gain extensive health benefits by quitting. The National Service Framework for Older People states the importance of ensuring fair access to smoking cessation services for older people. Across North Somerset during 2007 X number of people over the age of 65 accessed the NHS stop smoking services. The quit rate at six weeks for this age group was X% compared to an all age quit rates of X%.

Using national results from the Health Survey estimates of the number of smokers over the age of 65 have been calculated. Across North Somerset there are estimated to be 2,476 people between the ages of 65-74 and 1,693 over the age of 75.

Estimated number of smokers across North Somerset aged 65 and over.

Ages	**Male**		**Female**		**All people**	
	Number	% of pop	Number	% of pop	Number	% of pop
65-74	1,223	14	1253	13	2476	13
75 and over	679	9	1014	8	1693	9

Source: Health Survey 2006.

2.6.2 Obesity

Obesity has a close association with heart disease, cancer, diabetes, stroke, high blood pressure, and high cholesterol. Standard 8 of the National Service

Framework for Older People[4] notes the link between being overweight and osteoarthritis of the knees and that obesity can make it harder for older people to keep active increasing the risk of further weight gain.

Using national results from the Health Survey, estimates of the number of people obese or overweight In North Somerset over the age of 65 have been calculated. Across North Somerset there are estimated to be over 12.000 male and over 15,000 females categorised as overweight or obese. A small number; 125 males and 545 women are estimated to be morbidly obese.

Estimated number of obese and overweight people across North Somerset aged 65 and over.

	Male		**Female**	
	65-74	**75+**	**65-74**	**75+**
Overweight	4442	3927	3753	4991
Obese	2796	1374	3472	3287
Overweight including obese	7238	5301	7225	8278
Morbidly obese	109	19	358	187

2.6.3 Alcohol intake

The Alcohol harm reduction strategy for England aims to reduce alcohol related harm by better education and communication about alcohol, improving health and treatment services for alcohol problems, combating alcohol related crime and disorder and working with the alcohol industry. Alcohol consumption is a factor in around half of all violent crimes, about a third of domestic violence incidents and a great deal of anti-social behaviour but in later life excessive drinking is more likely to result in falls, poor memory and harmful interaction with medication.

It imposes a huge burden on the NHS being implicated in up to 150,000 hospital admissions per year, up to 22,000 premature deaths per annum and one third of all attendances at accident and emergency departments (70% of night time attendances). The Royal Colleges have framed their advice in terms of weekly consumption recommending that men should not drink more than 21 units per week and women more than 14 units per week.

Results from the General Household Survey (GHS) demonstrate that consumption of high quantities of alcohol is greater in men than women but decreases with age for both. Using national age specific results from the GHS estimates of the number of people exceeding their recommended weekly amount of alcohol have been calculated. Across North Somerset there are estimated to be over 3,526 males and 2,222 females estimated to be drinking more than their

[4] Department of Health 2001, National Service Framework for Older People, DH, London. http://www.dh.gov.uk/assetRoot/04/07/12/83/04071283.pdf Last Accessed 29/11 /2007

recommended weekly amount. Of these 22% of men and 18% of women are estimated as drinking more than 50 units.

Estimated number of people aged 65 and over across North Somerset exceeding specified weekly amounts by sex, 2006.

	Estimated number of men across North Somerset	
	More than 21 units	More than 50 units
Men	3526	762

	Estimated number of women across North Somerset	
	More than 21 units	More than 50 units
Women	2222	403

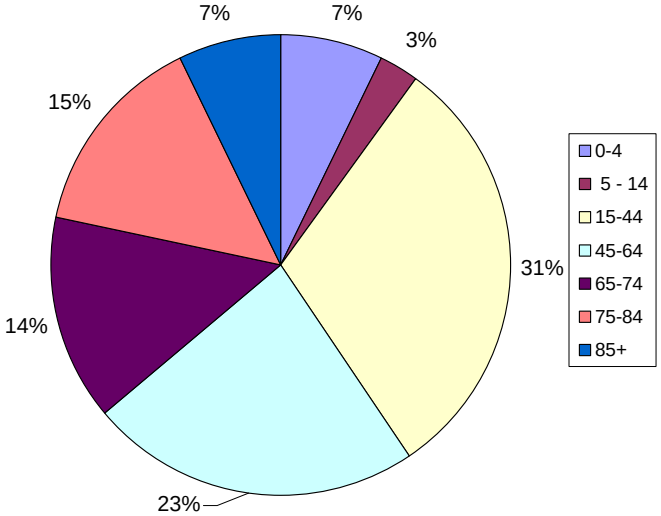
Source: General Household Survey.

2.7 Use of hospital services

2.7.1 Hospital Admissions

This section looks at the main reason for hospital admissions across North Somerset for those aged over 65. Over one in three admissions during 2006/07 were by people aged over 65, 15% in those between 65 and 74 and a similar proportion aged between 75 and 84 years. Please note that these numbers don't represent an individual but can be individual experiencing separate episodes on multiple occasions.

Proportion of hospital admissions by age during 2006/07.



Source: Doctor Foster, downloaded May 2008.

For those aged over 65 admissions for cancer make up nearly one in five episodes, with the largest number of episodes relating to leukaemia.

In all age ranges, the commonest causes of elective hospital admission are:

- Treatment for cancer
- Treatment of cataracts
- Knee and hip problems, including surgical replacement

For non elective care, the following are common at all age

- Heart disease,
- Chronic obstructive pulmonary disease
- Stroke
- Skin infections

In the older age ranges, the following become more common

- Fractured femur
- Pneumonia
- Non specific causes.

Hospital stays may be difficult for older people. As well as the direct impact of the illness, a hospital episode may result in decreased confidence, separation from care networks in the home, as well as possible health related adverse consequences such as infections. Efforts to reduce the number of emergency admission amongst elderly people, and to reduce the amount of time people stay in hospital, by developing appropriate community based care will become increasingly necessary as the numbers of elderly increase.

Heart disease

Heart disease remains a key cause of death and poor health in old age. More people will survive heart attacks, but may suffer from increasing disability through heart failure. Preventive care remains important even in older life, with a focus on diet, exercise and not smoking. Interventional treatments, such as heart surgery or angioplasty, will continue to be important, and the need for these amongst older people will increase.

Cancer

Cancer is a disease of old age, and the longer people live, the more likely they are to be diagnosed. Survival rates with cancer are increasing, which will lead to increased numbers of people suffering relapse at a later stage. Increasing screening and awareness is leading to more cancers being diagnosed, including some which, if not found, might not have impacted on a person's life, but, once diagnosed, require treatment. Treatments are constantly under development, and

new treatments are often very expensive with limited evidence of benefit. Demand for these is likely to increase.

Stroke

Stroke is a major cause of death and disability. A major programme to increase the quality of stroke care is currently in hand. This will involve improving preventive activity, improving the quality of immediate treatment of the acute stroke, and improving the rehabilitation of stroke victims.

Chronic Obstructive Pulmonary Disease

Damage to the lung can result in bronchitis and long term damage. This can be profoundly debilitating, and is a cause of long term chronic illness. As well as preventive activity which is largely about avoiding smoking - treatments which help people manage their chest complaints proactively can assist them to maintain a much better quality of life with fewer demands on other services.

Fractured neck of femur

Hip fracture is a common and serious injury often caused by older people falling. This condition can have serious implications for older people often leading to a loss of mobility and independence. However the rate of hip fracture admissions across North Somerset is significantly lower (669 per 100,000 pop), than England (754 per 100,000 pop). Women are more likely to be admitted with this condition than men. This represents around 222 cases per year in the over 65's.

Main reason for hospital admission 2006/07

Reason for admission	65+		75+		85+	
	Number	%	Number	%	Number	%
Cancer	**3775**	**19**	**1910**	**17**	**427**	**11**
Leukaemia	388	2	294	3	91	2
Colon	305	2	139	1	13	0
Respiratory	**1192**	**6**	**849**	**7**	**349**	**9**
Pneumonia	323	2	273	2	135	4
Chronic obstructive pulmonary disease and bronchiectasis	322	2	194	2	59	2
Digestive	**1957**	**10**	**1109**	**10**	**375**	**10**
Abdominal hernia	282	1	154	1	31	1
Gastrointestinal haemorrhage		0		0	60	2
Circulatory	**2506**	**13**	**1556**	**14**	**528**	**14**
Coronary atherosclerosis and other heart disease	482	2	247	2	64	2
Acute cerebrovascular disease	352	2	273	2	113	3
Injuries and poisoning	**1250**	**6**	**951**	**8**	**484**	**13**
Fracture of neck of femur	265	1	241	2	146	4
Eye	**1749**	**15**	**1208**	**11**	**365**	**10**

Cataracts	1257	6	913	8	285	7%
Total hospital episodes	**19,704**	**100**	**11475**	**100**	**3811**	**100**

Source: Doctor Foster downloaded May 2008.

Using a technique called standardisation ,it is possible to compare fairly the rate of admissions locally to that experienced elsewhere in the country, despite different age structure of the population. A standardised admission ratio of 100 means the admission rate is that which would be expected at a national level, and values lower or higher represent percentages of the expected rate.

The comparison for our two practice based commissioning groups is shown below

Standardised admission ratio by PBC cluster: 2006: 65+

Type of admission	Weston	Woodspring
Elective	90.9	114.1
Non Elective	91.1	82.1

Whilst both areas have fewer emergency admissions, the high rate of elective admissions in the north of the area is notable.

2.7.2 Hospital Discharges

The data in this section is taken from the North Somerset Council data base (SWIFT), covering the period 1st April and 9th October 07.

The following table shows "Section 5" discharges from Hospital where an assessment has been completed by North Somerset adult care. Assessments have been carried out where hospital staff have identified someone who may need help at home following discharge, irrespective of their financial circumstances. The following hospitals are included:

Hospital	Assessments
Bristol General	53
Bristol Royal Infirmary	118
Clevedon	36
Frenchay	34
Royal United - Bath	1
Southmead	100
St Michaels	4
Weston General	539
Not Recorded	3
Total	**888**

There were 888 people subject to an assessment, prior to discharge who were considered to be residents of North Somerset. Of these, 792 were over 65 years

of age; the outcomes from those assessed who were over 65 were recorded as follows:

Outcome	Number
To be assessed following discharge	19
Care Home	93
Change of Circumstances (transferred, withdrawn by Health)	206
CHC	40
Continue with existing services	44
Interim Bed	18
Not Eligible / Not Required (refused services, refused assessment, died, did not meet criteria)	141
Other	3
POP – non weight bearing, PCT Placed	1
Self Funding	68
Supported at Home – Home care, ICT, ICRT	159
Total	**792**

This shows that of the completed assessments:

- 15% were self funders
- 20% were discharged to a care home
- 34% were supported with services at home

Of the 888 total assessments, more than 89% were over 65 years of age; this is shown in the table below:

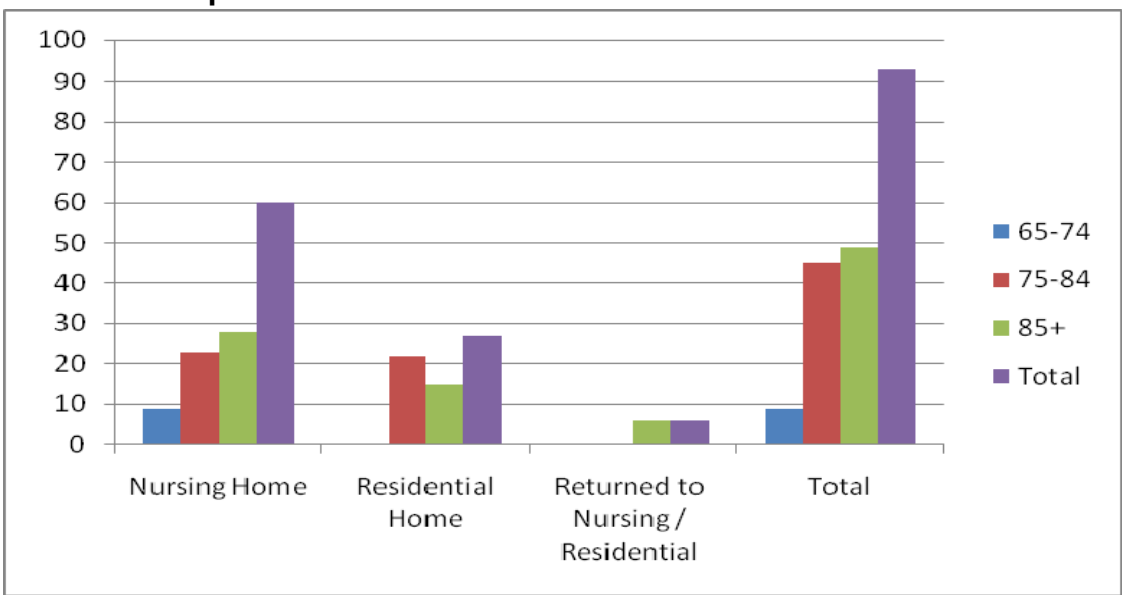
Source: North Somerset Council Adult Social Care data base – SWIFT

Table ….	**Hospital Discharges**	
Age Band	Total	
18 to 64	96	10.8%
65 to 74	91	10.2%
75 to 84	305	34.3%
85 plus	396	44.6%
65+	***792***	***89.2%***
Total	**888**	**100.0%**

27 of those over 65 were discharged to a Home providing personal care and 60 to a Home providing nursing care, a further 6 people returned to their previous residence in a care home. In addition 46 people were recorded as in receipt of continuing health care but no record is made of where this is being delivered.

The chart below shows the details of those discharged to a Care Home:

People discharged from hospital to a Care Home in North Somerset between 1st April and 9th October 2007

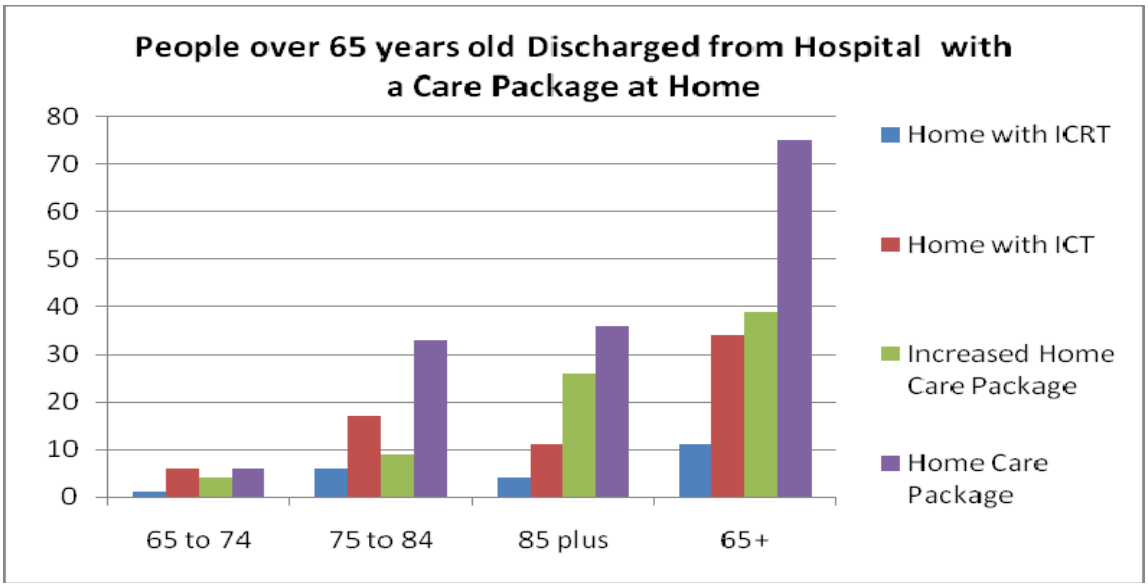


Source: SWIFT report-Hospital Discharges April – October 07

Assuming that this pattern of admission is consistent throughout the year, it would be expected that for a full year there would be 177 people admitted to residential / nursing care from hospital.

Further analysis of these placements is needed; however, it gives an indication of those needing a more intensive package of support to keep them in their own homes. Derek Wanless, in his report in 2006 entitled "Securing Good Care for Older People states: "*There is evidence to support the development of new approaches such as specially organised housing, technologies that monitor people in their homes, new providers coming in and staff who work flexibly… to put older people in charge of resources, giving greater choice."*

A further 159 of those discharged from hospital received home care to assist them when they returned home. This is shown in the Chart below:



Source: SWIFT report-Hospital Discharges April – October 07

2.8 Community Health Services

Community health services for older people include the District Nursing Service, Community Matrons, the Integrated Community Resource Team (ICRT), the Falls service, a Musculo-skeletal service, Podiatry, Stroke service, Multiple Sclerosis service and Continence service. All of these services are delivered in patients homes and are set up to cover the whole population but the majority of service users are from the more elderly population.

The District Nursing and Community Matron service are arranged into four locality teams which mirror the four Local Authority locality teams. The bases are varied – Community Matrons and District Nurses for the Weston cluster are based predominately at Worle Health centre and District Nurses and Community Matrons for the North sector are based at Clevedon, Pill, Nailsea, Stockmead and some in GP practices. ICRT is a central team based at Griffin House. Work is currently underway within POPP to integrate services and simplify access for older people so this situation will change.

2.8.1 District Nursing

The Community Nursing Service provides assessment of an individual's health needs and the planning, provision and evaluation of care to patients in the community. The service is fundamental to supporting older people, people with long term conditions and a variety of other health needs to maintain independence and live in their own homes.

The District Nursing workforce has good links to Practice Based Commissioning Clusters and Social services teams. The aim for 2008/9 will be as follows:

- To integrate services between health, social care and mental health to provide streamlined services for patients through the POPP project which

is developing a single point of access for health and social care services including mental health services for older people, reducing the duplication of services and provide the most appropriate support when it is needed.

- To increase level of contacts and improve the quality of information collected to describe activity and allow quality measurement
- To achieve equality of service provision across all PCT clusters by using the Audit Commissioning benchmarking tool and Public Health information. A bid for additional District Nursing staff to support the Worle and Weston teams to equalize the resource across all four teams is being considered by commissioners. This increased provision will enable increased productivity
- To scope the development of specialist wound and catheter care clinics to improve the current service to non housebound with these chronic conditions and take specialist care of our hospitals and treatment rooms
- To ensure patients needs are being met by undertaking patient satisfaction surveys on a regular basis

During June/July 2006 an analysis of District Nursing work load showed that contacts to the service were made as follows:

Team	**Number of Contacts in June/July**	**Proportion of Total contacts**
Weston	3,856	20.9%
Worle	5,999	32.4%
Clevedon/Portishead/Pill	4,828	26.1%
Rural	3,810	20.6%
Total Contacts	**18,493**	**100.0%**

North Somerset has until recently had the lowest ratio in the South West of district nurses when compared to it's over 65 population, the total population, and the over 75 population.

District Nurses per 1000 Population

PCT	***DN's per 1000 pop***	***DN's per 1000 pop over 65***	***DN's per 1000 pop over 75***
Bath & NE Somerset	0.38	2.32	4.50
Bristol	0.33	2.43	4.73
Cornwall & Isles of Scilly	0.45	2.06	4.33
Devon	0.43	2.07	4.01
Dorset PCT	0.44	1.87	3.61
Gloucestershire	0.42	2.49	4.48
North Somerset	0.34	1.79	3.56
Plymouth	0.33	2.14	4.46
Somerset	0.38	1.88	3.80
South Gloucestershire	0.31	2.02	3.46

PCT	DN's per 1000 pop	DN's per 1000 pop over 65	DN's per 1000 pop over 75
Torbay	0.49	2.29	4.46
Regional average of PCT	**0.39**	**2.12**	**4.13**

The study showed that in order for the District Nursing resources to be brought up to the regional average there needs to be the following numbers:

	DN's per 1000 pop	DN's per 1000 pop over 65	DN's per 1000 pop over 75
Numbers (WTE nurses) needed to bring NS up to regional average	10.2	13	11.3

The "shortfall" identified has been addressed by the appointment of 6 additional nurses to work mainly in the Weston and Worle area.

2.8.2 Community Matrons

Community Matrons support people with chronic illnesses who are high users of hospital services. By reviewing them and their medication regularly patients can be supported in their own homes thereby preventing hospital admissions. Their caseload varies as once a patient has stabilised they will be returned to the care of their GP to enable the matrons to treat others who may be in crisis.

Community Matrons are based in each of the four localities. There were 4 in post in 2007.. The scheme was very successful land was well received by the older population. The PCT has therefore invested in a further 8 Matrons who will cover 2- 4 practices each – thus enabling greater contact with GP's

2.8.3 Integrated Community Resource Team

The Integrated community resource team co located with Social Services Intermediate Care Team during 2007 in order to facilitate partnership working and achievement of the common goal of treating the local population in their own home whenever possible. Current aims are as follows:

- To maximise the benefits of co - location through further integration and the sharing of resources, providing a seamless service for patients
- To expand the function of the team through additional recruitment of staff including Pharmacy and Speech and Language Therapy support to ensure all needs of local population can be catered for
- To expand and develop the Community Discharge Liaison Service to provide a service over 7 days per week including evenings
- To increase referrals by 10% through wider engagement of primary care teams
- To develop community rehabilitation pathways in conjunction with the commissioners and primary care colleagues to meet objectives of the NSF for Older People

- Increase patient and public involvement by introducing patient satisfaction questionnaires and producing action plans to support service improvements as a result

2.8.4 Falls Service

The service is provided by a multi-disciplinarily team comprising of health care assistants (NVQ level 2-3), a nurse (who is part of ICRT) and a physiotherapist.

The falls service acts as a single point for referrals in and out of the service, reacting to complex cases. Key partners in this service are the Integrated Community Response Team (ICRT), Community Matrons, Social Service (Intermediate Care), Community Occupational Therapy and Physiotherapy teams. The service fully meets the requirements of the Older People's National Service Framework and Falls standard to provide:

- An 'overarching service' providing preventative support and education to services provided in the Community and Secondary Care to ensure that falls becomes 'everybody's business'

- Help patients within their place of residence to recover from a fall and whenever clinically appropriate to also avoid unnecessary admission to hospital.

- Identify patients at risk of falling in North Somerset using a recognised screening tool and implementing appropriate preventative measures to safeguard the patient from falls and prevent a hospital admission

- Maintain a North Somerset wide falls register, identifying patients who have fallen or who have been assessed to be at risk, providing appropriate interventions with follow up post 3/6 months

- Facilitate and conduct exercise programmes

- In reach into high risk areas such as Care Homes

2.8.5 Musculo-Skeletal Service

The Musculo Skeletal Service (MSK) reduces orthopaedic referrals to acute care by working with Musculoskeletal complaints. Frequent referrals related to older people include mechanical back pain and joint pains, and soft tissue problems, rheumatological conditions such as osteoarthritis. Consultant referrals also include fractures, post operative cases such as such as knee and hip replacements.

2.8.6 Podiatry, Stroke service, Multiple Sclerosis and Continence services

These services provide specialist support from a variety of community and hospital settings to people of all ages, however most people accessing these services are age 65 or over.

2.9 Continuing Health Care

Continuing healthcare is provided over an extended period of time to meet physical or mental health needs that have arisen as a result of disability, an accident or illness. The care can be provided in a variety of settings including a hospital, nursing home, hospice or the patient's own home.

Continuing Health Care (CHC) is paid for by the NHS. A wide range of people may need continuing healthcare, depending on their individual circumstances. Groups of people covered by CHC are as follows:

- older people with chronic illness or disabilities;
- older people suffering from mental illness or dementia;
- people suffering from mental illness;
- physically disabled adults;
- children with chronic illness or disabilities;
- people with learning disabilities;
- people who are terminally ill.

North Somerset PCT support people in receipt of "**contining health care**" which is arranged and funded solely by the PCT, where care needs have arisen as a result of illness. People in receipt of continuing health care are not included in any Local Authority records.

There is currently some joint work under way involving the PCTs in the South West to improve the quality of the data used for benchmarking between PCT areas. To date, definitions have been interpreted differently resulting in data that has limited value when comparing one PCT area with another, as such the following data should be considered in this context.

The following table shows the numbers of people receiving continuing care in Quarter 1 of 2007/08

PCT	No. of people receiving CHC	PCT population	No's per 50,000 population	Ranking (out of 152)
B&NES	158	173,708	45.5	17
Warrington	105	194,711	27.0	59
Bournemouth & Poole	146	300,655	24.3	70
Isle Of Wight	57	140,015	20.4	86
North Yorks & York	245	768,721	15.9	107
South Gloucestershire	77	248,091	15.5	112
Herefordshire	52	178,763	14.5	118
North Somerset	34	195,104	8.7	143
E R of Yorkshire	35	327,378	5.3	148
National Average			**26.4**	
Group Average			**19.7**	

Source: Department of Health form LDPR 2007/08 Q1, ONS 2005 mid-year population estimates

This shows that North Somerset and the East Riding of Yorkshire are ranked in the bottom 10, nationwide, for people receiving continuing care.

Information is available for quarter 3 of 2007-08, this is shown below; comparisons are shown with other South West Authorities:

Quarter 3, 2007- 08			
PCT	**No. of people receiving continuing care**	**No's per 50,000 population**	**Rank 14 = highest, 1 = lowest**
Bath And North East Somerset PCT	248	71	14
Torbay Care Trust	189	71	13
Plymouth Teaching PCT	334	68	12
Dorset PCT	497	62	11
Cornwall And Isles Of Scilly PCT	412	40	10
Bournemouth And Poole PCT	219	36	9
Devon PCT	492	34	8
Wiltshire PCT	285	32	7
South Gloucestershire PCT	91	18	6
Somerset PCT	188	18	5
North Somerset PCT	61	16	4
Swindon PCT	57	15	3
Bristol PCT	110	14	2
Gloucestershire PCT	65	6	1

North Somerset Data

The PCT has analysed the CHC caseload for 2007 – 08 and confirmed the following figures:

Category	**Number**
Under 18	29
Mental Health 18-64	28
Learning Disabilities	13
People 65+	**233**
End of Life Care	168
Mental Health 65+	18
Complex Cases	33
Joint Funded	14
Total Cases 2007-08	**303**

Data provided by North Somerset PCT shows (slightly different figures to those above, by 9 cases). The figures relate to 2007-08:

Placement Type	Ceased in 2007/08	Current April 2008	Total
At Home	42	24	66
Care Home	68	73	141
Hospice	29	6	35
Total	**139**	**103**	**242**

Further work is ongoing between the PCTs in the South West to obtain more meaningful comparative data.

Continuing Health Care - Number of placements – Mental Health

There are five Nursing Homes providing continuing health care services for people aged over 65 years with mental health problems. On the 1st August 2007, the Continuing Health Care Team funded and care managed nine residents within Mental Health Care environments, in either an EMI Nursing Home or specialist unit.

If needs of a service user are beyond the remit of these locally based Homes, then placements outside of area are sought. In August, there was one person from North Somerset receiving care in Bristol.

A new national framework and screening tool will be introduced later this year to assess those who may be in need of continuing health care. It is anticipated that those it will most affect are people who are elderly and mentally ill (EMI) and the frail elderly.

Free Nursing Care

NHS funded nursing care, Free Nursing Care (FNC) – anyone in need of nursing care, regardless of setting and means, is eligible for NHS-paid care (FNC) from a registered nurse. Most free nursing care is provided in nursing homes. North Somerset has the highest spend per person over 75 on free nursing care across the South west- nearly twice the regional average.

The overall spend on free nursing care and Continuing health care (based on assumptions about the number of people who will be eligible for CHC over the next year) are slightly higher than the south west average.

Further work is needed to disentangle this conundrum, and it may be that NHS funding moves from one category to another.

The table below shows the projected number of places and spend for free nursing care and continuing health care under the new framework. It indicates that North Somerset is likely to be the fifth lowest spender of those PCTs who have published data on CHC in the South West

Free Nursing Care Places per 000 population							
	Age Band						
PCT	**65-74**	**75-84**	**85+**	**Total Crude population**	**Free Nursing Care Spend per Thousand 75+ Population**	**CHC Spend / Thousand 75 + population using the new assessment framework**	**Combined Spend per thousand 75+ population**
					000s	**000s**	**000s**
B&NES	**15,266**	**12,022**	**4,646**	**182,592**	198	0	
Bristol	**27,073**	**21,007**	**8,523**	**408,431**	206	0	
Gloucestershire	**51,581**	**36,858**	**14,560**	**579,832**	185	197	382
Wiltshire	**40,168**	**27,258**	**10,793**	**451,858**	180	281	461
North Somerset	**19,068**	**13,770**	**5,913**	**195,217**	289	210	499
S Gloucestershire	**19,989**	**12,872**	**4,302**	**240,670**	149	360	509
Swindon	**14,016**	**9,560**	**3,028**	**189,335**	169	174	343
Bornemouth & Poole	**30,120**	**24,502**	**10,853**	**324,173**	105	156	261
Somerset	**51,737**	**37,386**	**14,863**	**518,651**	182	123	305
Dorset	**45,285**	**34,029**	**14,113**	**388,713**	98	333	431
Cornwall	**56,108**	**37,619**	**15,534**	**530,736**	113	386	499
Devon	**77,714**	**55,720**	**23,220**	**726,256**	113	0	
Plymouth Teaching	**20,869**	**14,315**	**5,686**	**248,555**	143	399	542
Torbay	**15,846**	**11,155**	**5,318**	**141,691**	96	260	356
All	**484,840**	**348,073**	**141,354**	**5,126,711**	150	258	460

Summary – Health Context

Life Expectancy

- Mirroring national trends, life expectancy across North Somerset has been increasing
- At over 85 years, Clevedon Yeo has the highest estimated life expectancy within North Somerset However, the healthy life expectancy for this area is quite low (77 years) recording one of the largest differences between these two estimates
- Weston-Super-Mare central had the lowest life expectancy and lowest healthy life expectancy rates in the area.

Mortality Rates

- As with the general population, mortality rates across North Somerset for those aged 65-74 years are low for all the main conditions
- The mortality rate for strokes among females across North Somerset is higher than the South West and England. However the number of deaths from this condition is small

Mobility

- Across North Somerset POPPI have estimated that 1,608 people aged, 65-74 and 4824 aged 75+ are suffering from mobility problems and that this is set to increase sharply

Continence

- Of those aged 65-69 16% of men and 19% of women reported bladder problems, but this increased to 31% and 34% respectively for those aged 85 or more.

Visual Impairment

- Figures from the Royal National Institute of Blind People estimate that one in 12 people over the age of 60 and one in five people over 75 are registered as blind or partially sighted.

Fractured Neck of Femur

- 95% of hip fractures in those aged over 65 are caused by falls.
- Across North Somerset 343 people aged over 65 were admitted to hospital due to a fractured neck of femur.
- The rate of hip fractures admissions across North Somerset is significantly lower (669 per 100,000 pop), than England (754 per 100,000 pop)
- Over 80% of those admitted to hospital in North Somerset for a fractured neck of femur are female.

Depression

- Across North Somerset, POPPI has estimated that in 2008, between 4,020 and 6030 people over 65 years of age are suffering from Depression and that this is set to rise to between 5,940 and 8,910 by 2025.
- The estimated number of people (65+) in North Somerset suffering from Severe Depression in 2008 range from 1,206 and 2,01; rising to 1,782 and 2,970 by 2025

Dementia

- National statistics show that one in six people over 80 and one in 14

people over 65 suffer from a form of dementia.

- Dementia is a progressive condition meaning that the symptoms become more severe over time.
- It is estimated that 3,455 people across North Somerset over the age of 65 are currently suffering from dementia.

Smoking

- Smoking greatly increases the risk of numerous diseases including heart disease, stroke, and several types of cancer
- Across North Somerset there are estimated to be 2,476 people between the ages of 65-74 and 1,693 over the age of 75.
- during 2007 X number of people over the age of 65 accessed the NHS stop smoking services. The quit rate at six weeks for this age group was X% compared to an all age quit rates of X%.

Obesity

- Obesity has a close association with heart disease, cancer, diabetes, stroke, high blood pressure, high cholesterol, and osteoarthritis of the knees. obesity can make it harder for older people to keep active increasing the risk of further weight gain.
- Across North Somerset there are estimated to be over 12.000 male and over 15,000 females categorised as overweight or obese.
- A small number; 125 males and 545 women are estimated to be morbidly obese.

Alcohol Intake

- in later life excessive drinking is likely to result in falls, poor memory and harmful interaction with medication.
- Across North Somerset there are estimated to be over 3,526 males and 2,222 females estimated to be drinking more than their recommended weekly amount.
- Of these 22% of men and 18% of women are estimated as drinking more than 50 units.

Hospital Admissions

- For those aged over 65 admissions for cancer make up nearly one in five episodes
- The largest number of episodes for the over 65 year olds, relate to leukaemia.
- More than 36% of admissions during 2006/07 were by people aged over 65
- 22% were aged over 75 years of age.
- The proportion of admissions relating to injuries and admissions increases in the older age groups with 4% of admissions for those aged over 85 being for fracture neck of femur compared to 1% for all those aged over 65
- Respiratory disease, heart disease and skin infections are the commonest causes of non-elective admissions
- Treatment for cataracts, knee and hip problems are the commonest causes of elective admissions

- Older people in the Woodspring area are more likely to be admitted for elective care.

Hospital Discharges

- For the period April 07- Oct 07, 792 people over 65 years of age were identified by hospital staff as someone who may need help at home following discharge, irrespective of their financial circumstances.
- Of these:
  - 15% were self funders
  - 20% were discharged to a care home
  - 34% were supported with services at home

Community Health Services

- North Somerset has until recently had the lowest ratio in the South West of district nurses when compared to it's over 65 population, the total population, and the over 75 population. The "shortfall" identified has been addressed by the appointment of 6 additional nurses
- North Somerset and the East Riding of Yorkshire are ranked in the bottom 10, nationwide, for people receiving continuing health care. (further data is being collected to understand the impact that self funders may have reducing the demand for services)
- North Somerset has nearly twice the average spend in the South West on free nursing care in relation to its older population

Recommendations – Health Context

1 Community health services need a more detailed information system that allows for interrogation and more complex analysis in the future.

2 That work continues to understand the position in relation to funding of free nursing care and continuing health care.

3 Benchmark service levels of community health services are reviewed regularly to ensure North Somerset doesn't fall out of step with other places.

4 There are increasing numbers of people being diagnosed and needing treatment for dementia. Costs to treat this condition are high and need to be recognised in future planning.

5 Much of the health improvement work is focused on people younger than 65 and will have an impact on healthy life expectancy, this work should be recognised for its impact here. There is a need to ensure this work includes older people, as the benefits remain even in later life.

6 The impact that issues such as decreasing mobility, incontinence and impaired vision can have on a persons independence and quality of life need to be considered in future planning.