

Joint Strategic Needs Assessment



People are prepared for and supported in old age – Health Issues Commonly Experienced by Older Adults Last updated: December 2013

Summary

- Permanent admissions to residential and nursing homes on the Isle of Wight for those aged 65 and over were 1182.1 per 100,000 in 2012/13. This is statistically significantly higher (worse) than the England average and all but one of the ONS comparator areas.
- Total expenditure from inpatient budget for hip fracture, hip replacement and knee replacement for 2012/13 was 13.4% (all ages)
- Total expenditure from healthcare related income i.e. community services and mental health for 2012/13 was 4.8% (all ages)

Background

People are living longer than ever before, and the proportion of older people on the Isle of Wight is increasing at a statistically significantly higher rate than the England average.

The consequences of an aging population with the fastest rise in the 'frailest' (85+), means that the overall number of people on the Isle of Wight with health or care needs has risen, with older people now the biggest users. This trend holds new responsibilities for the NHS and social care in helping older people stay healthy, active and independent for as long as possible (Association of Public Health Observatories, 2008).

In July 2013 health secretary, Jeremy Hunt, announced proposals that set out improvements in primary care and urgent and emergency care. They look at establishing ways for NHS and social care services to work together more effectively for the benefit of patients, both in and out of hospital. These proposals aim to make improvements that ensure the most vulnerable and elderly have the support they need to keep them in better health and out of hospital (Department of Health, 2013).

In line with these proposals the Isle of Wight has recently initiated The My Life A Full Life (MLAFL) programme. This is collaboration between the Clinical Commissioning Group, Isle of Wight NHS Trust and the Isle of Wight Council. MLAFL

initiative will work in partnership with local people, voluntary organisations and the private sector to deliver a more co-ordinated approach to the delivery of health and social care services for older people and people with long term conditions on the Island (Isle of Wight Council, 2013).

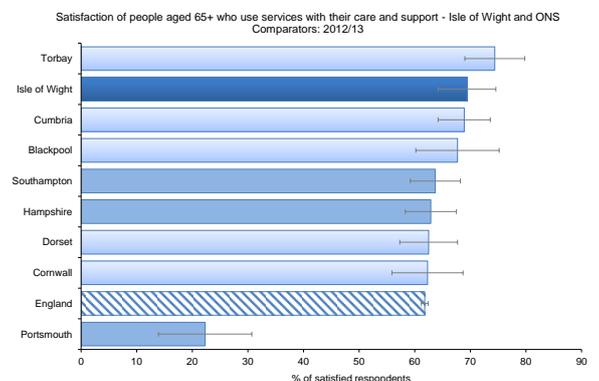
The level of population need

This factsheet focuses on health issues most commonly associated with older people. Long term conditions which affect all ages are covered in separate factsheets.

Figure 1 shows the satisfaction rates of people aged over 65 with regard to their care and support. The Isle of Wight is statistically significantly better than the England average for the period 2012/13.

The sample size for the survey is relatively small and, therefore, the uncertainty around the values is large. Also, while this question asks directly about services, it is potentially subject to influence of other factors. For example a previous study of home care users suggested that better perceptions of home care were related to amongst other things receiving less than 10 hours home care (a proxy for need) and receiving help from others (Adult Social Care Outcomes Framework, 2013).

Figure 1:



Sources: Adult Social Care Survey HSCIC

Falls

Figures 2 and 3 show the rate of emergency hospital admissions per 100,000 for falls in males and females aged 65 and over. The Isle of Wight has statistically significantly lower (better) rates than the England average for both males and females. For males the Isle of Wight also has significantly lower rates than 5 of its comparator areas and lower rates in 9 comparator areas for females. These rates have been directly standardised for age by European standard, the rates therefore take into account the statistically significant higher than the England average number of people aged 65 and over on the Isle of Wight.

Figure 2:

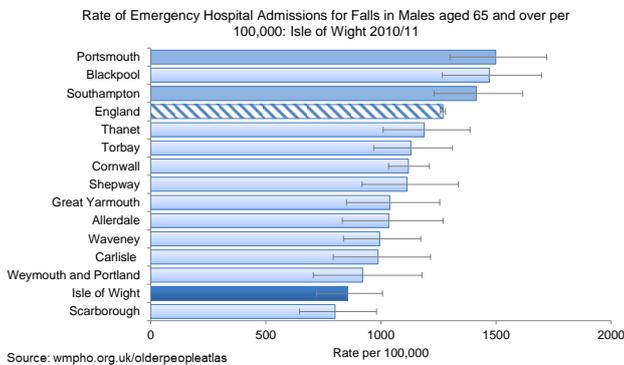
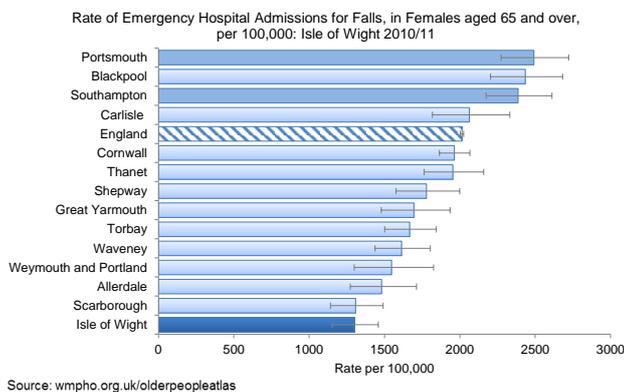


Figure 3:



Hip Fracture

Hip fracture is a major public health issue due to an increasing ageing population. About 70,000 to 75,000 hip fractures occur annually in the UK with a cost (including medical and social care) amounting to about £2 billion a year. On the Isle of Wight in 2012/13 4.6% of the total inpatient income the trust received was spent on the care of hip fracture plus an additional 1.7 % of total income for all types of service (i.e. community services & mental health).

Demographic projections indicate that the Isle of Wight's annual incidence will increase from 277 in 2012/13 to an estimated 330 by 2020 an increase of 21.6%, with the highest incidence in the over 85 age group accounting for 51% in 2012/13 rising to an estimated 67% of total cases by 2020. This increase comes with an associated increase in annual expenditure. The majority of this expenditure will be accounted for by hospital bed days and from health and social aftercare.

At present in the UK about a quarter of patients with hip fracture are admitted from institutional care and about 10–20% of those admitted from home ultimately move to institutional care.

Figure 4 and 5 shows the rate of emergency admissions for hip fracture for males and females aged 65 and over. The rate for men is 316 per 100,000 and 524 for women (directly standardised for age and sex) and show the rate for women is statistically significantly worse than men.

The rate for men and women is not significantly different from the England average or the ONS comparator areas.

An explanation for this is that women are more likely to suffer from osteoporosis; loss of bone material, especially after the menopause when oestrogen levels fall. The commonest reason for admission to an orthopaedic trauma ward is usually a 'fragility' fracture caused by a fall affecting an older person with osteoporosis. The National Hip Fracture Database (NHFD) reports that 76% of fracture occur in women (NICE, 2011). The NHFD is a clinically led, web based audit of hip fracture care and secondary prevention; 95% of all cases are being documented.

Figure 4:

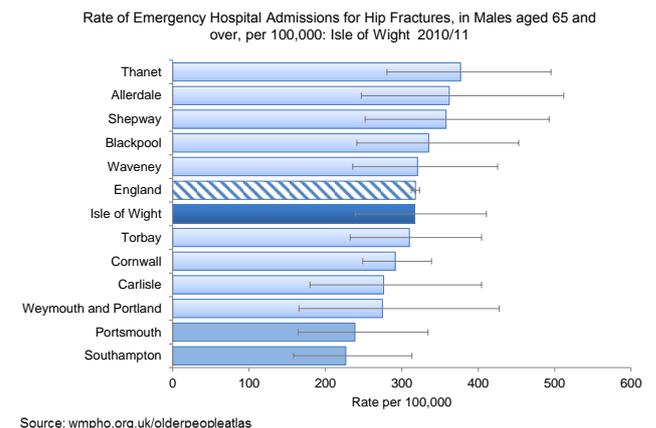
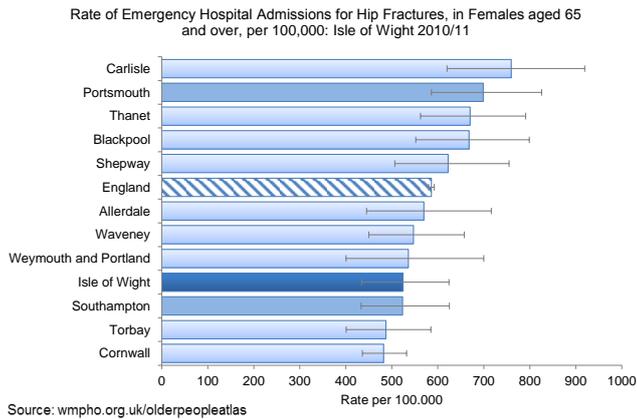


Figure 5:



Hip and knee Replacement

Figure 6 shows there has been no significant change from 2007/08 (585.8) to 2012/13 (457.4) in the Directly Age Standardised Rate (DSR) per 100,000 of primary hip replacement on the Isle of Wight. Figure 7 also shows no significant difference in the DSR for knee replacement from 2007/8 2007/08 (676.2) to 2012/13 (607.9).

Figure 6:

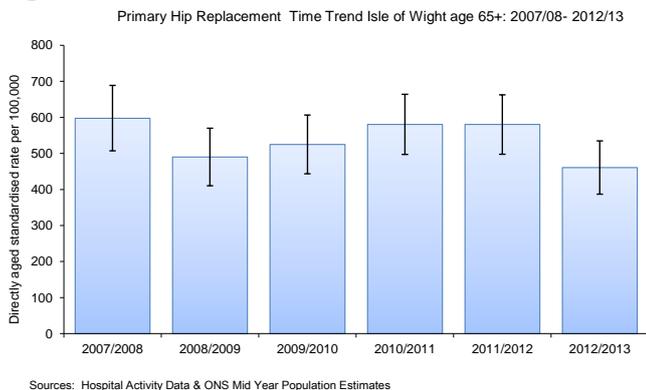
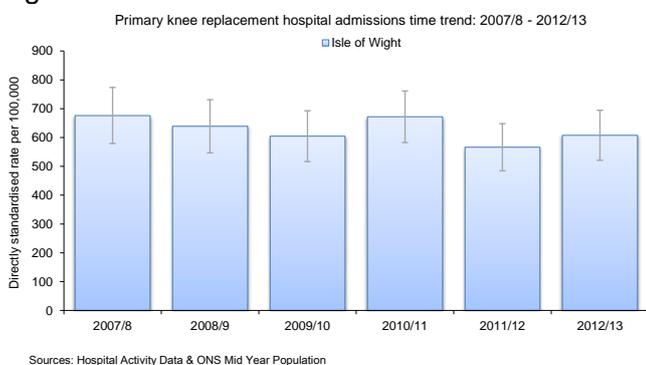


Figure 7:

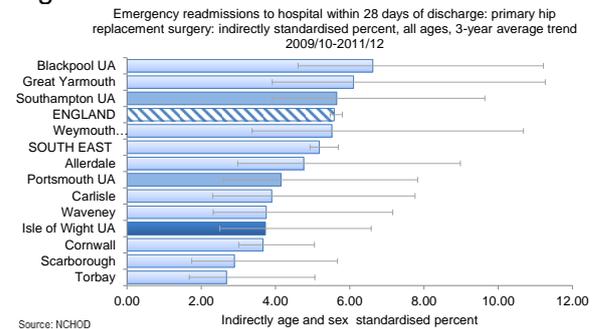


Hospital stays for patients range from 4.2 to 15 days for hip replacement and 4 to 12 days for knee replacement. Hip and knee replacements on the Isle of Wight account for 8.8% of the total inpatient income the trust receives plus 3.1% of

total income for all types of service (i.e. community services & mental health).

Emergency re-admissions after hip or knee replacement can be an issue causing delayed recovery for the patient and associated extra costs. The main reasons for re-admission are due to mobility issues and infection (NICE, 2011). Figure 8 shows the rate of emergency re-admissions following hip/knee replacement procedure. The rates for the Isle of Wight are not significantly different to the England average or its comparator areas.

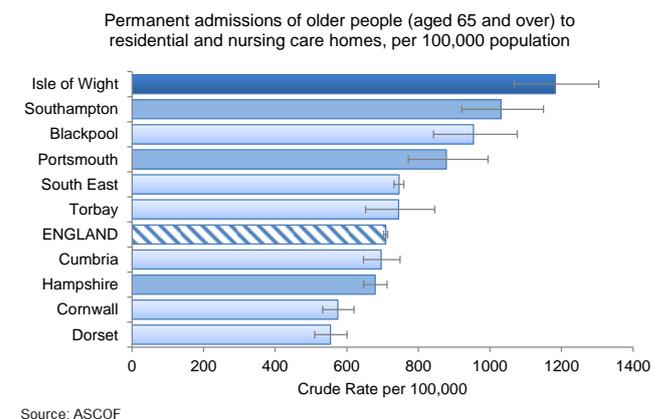
Figure 8:



Permanent admissions of those aged 65 plus to care homes

Figure 9 show the crude rate per 100,000 for permanent admission to a care home aged 65 and over on the Isle of Wight for 2012/13 was 1182.1. This is statistically significantly higher (worse) than the England average and all but one of the ONS comparator areas.

Figure 9:



Osteoarthritis

On the Isle of Wight it is estimated that 33% (24360) of those aged 45 and over suffer from osteoarthritis. This rate increases to 46% (7410) in those aged 75 and over (Arthritis Research UK, 2013).

NB National rates have been applied to midyear 2012 ONS population estimates for the Isle of Wight.

Rheumatoid arthritis

On the Isle of Wight it is estimated that 1.6% (250) men and 2.79% (530) of women aged 65 and over suffer from rheumatoid arthritis (Arthritis Research UK, 2013).

Carers

A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those providing high levels of care are twice as likely to have poor health compared to those without caring responsibilities.

The 2011 Census indicated 16,420 people on the Isle of Wight provided at least 1 hour of unpaid care per week, meaning 11.9% of the total Island population had a caring responsibility. In comparison, the South East (9.8%) and England (10.2%) both had lower levels of unpaid care provision.

Of those people providing unpaid care, 4,104 provided 50+ hours of care per week (3.0% of the total population), higher than both the South east (2.0%) and England (2.4%).

Source: ONS - www.neighbourhood.statistics.gov.uk

The Carers' Survey (April 2008) conducted by Carers UK (on behalf of the Isle of Wight Council and Isle of Wight NHS Primary Care Trust) indicated that:

- 53% did not have help with their caring role
- 27% had had to give up their job to care for somebody
- 68% thought their health had suffered as a result of their caring role
- 43% were not able to take a break from their caring role
- 66% were female
- 56% cared for a spouse

Source: *Isle of Wight Carers' Strategy 2009 - 2012* - www.iwight.com/living_here/health-and-wellbeing/images/Version1.0.pdf

Housing adaptation

The council may be able to help residents remain in their own home. The types of works may include widening doors and installing ramps:

- To be eligible for these adaptations residents must be substantially or permanently disabled.
- Minor adaptations cover work up to £1,000, those above this amount are considered Major when the cost is above this amount.
- Major adaptation work requires assessment by an Occupational Therapist. If appropriate this will then be presented to a panel for consideration.

For information please visit:

www.iwight.com/council/departments/housing/Housing_Renewal_Assistance/disabled.asp

Related factsheets

Please follow the link below to other factsheets that cover further health issues experienced by older adults:

Sight and hearing impairment: for information please read our *Disability* factsheet.

Diabetes: for information please read our *Diabetes* factsheet.

Dementia: for information please read our *Mental Health* factsheet.

All factsheets can be found at www.iwight.com/factsandfigures

References

Adult Social Care Outcomes Framework, 2013. *Health and Social Care Information Centre*. [Online]

Available at:

<http://www.hscic.gov.uk/catalogue/PUB11145>

[Accessed 21 January 2014].

Association of Public Health Observatories, 2008.

Older People. [Online]

Available at:

<http://www.nepho.org.uk/topics/Older%20people>

[Accessed 21 January 2014].

Department of Health, 2013. *Proposals to Improve Care For Vulnerable Older People*. [Online]

Available at:

<http://www.england.nhs.uk/2013/07/09/proposals-older-people/>

[Accessed 3 February 2014].

Isle of Wight Council, 2013. *My Life A Full Life*. [Online]

Available at:

http://www.isleofwightccg.nhs.uk/health-services/new_page_6.htm

[Accessed 3 February 2014].

NHS Institute for Innovation and Improvement, 2013.

Primary Hip and Knee Replacement Facts. [Online]

Available at:

http://www.institute.nhs.uk/quality_and_value/high_volume_care/primary_hip_and_knee_replacement_facts.html

[Accessed 5 February 2014].

NICE, 2011. *The Management of hip Fracture in Adults*. [Online]

Available at:

<http://www.nice.org.uk/nicemedia/live/13489/54918/54918.pdf>

[Accessed 4 February 2014].

Useful websites

<https://www.gov.uk/government/publications/older-peoples-day-2013>

http://www.cpa.org.uk/cpa/policies_on_ageing.html

<http://betterhealthandcare.readandcomment.com/category/joining-up-services/>

www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy