

Joint Strategic Needs Assessment



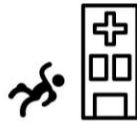
Health issues commonly experienced by older adults
Last updated: June 2017

Isle of Wight Summary



Deaths from CVD in over 65s are significantly the highest of all the comparator authorities

Emergency hospital admissions due to falls in over 65s is significantly the lowest of all the comparator authorities



Patients with a Delayed Transfer of Care in March 2017 was lower than the majority of comparator authorities



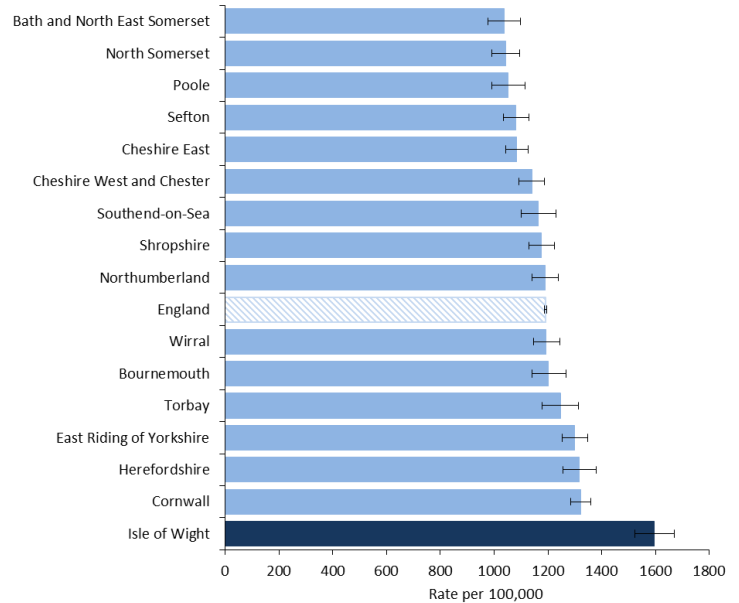
Cardiovascular Disease

Cardiovascular disease (CVD) is one of the major causes of death in the over 65's in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but there needs to be concerted action in both prevention and treatment.

The indicator below has been developed to ease understanding of variation in the rate of deaths in older people from CVD compared to the rate of deaths from cancer and respiratory disease.

The Isle of Wight has the statistically significantly highest rate per 100,000 of deaths from CVD among people aged 65 and overs.

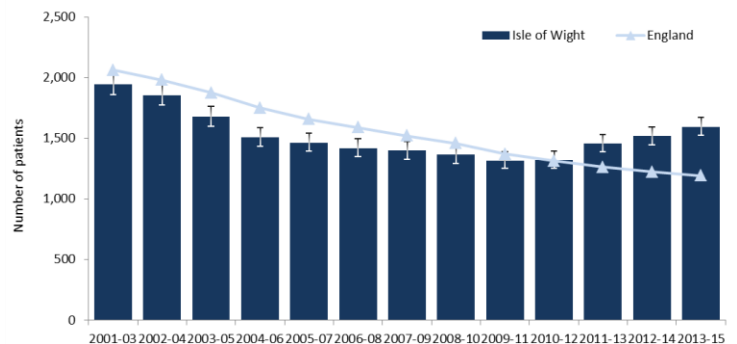
Rate of deaths from Cardiovascular Disease among people aged 65 years and over - Isle of Wight and CIPFA comparators: 2013-15



Source: PHE Fingertips - Public Health Outcomes Framework - <http://www.phoutcomes.info/> (accessed 21 June 2017)

The time trend shows that between 2001-03 and 2009-11, the Isle of Wight followed the same pattern as England with a decrease year on year. Since 2010-12, however, while England continues to decrease, the Isle of Wight has started to increase again.

Rate of deaths from Cardiovascular Disease among people aged 65 years and over - Isle of Wight and England trend: 2001-03 to 2013-15



Source: PHE Fingertips - Public Health Outcomes Framework - <http://www.phoutcomes.info/> (accessed 21 June 2017)

Falls

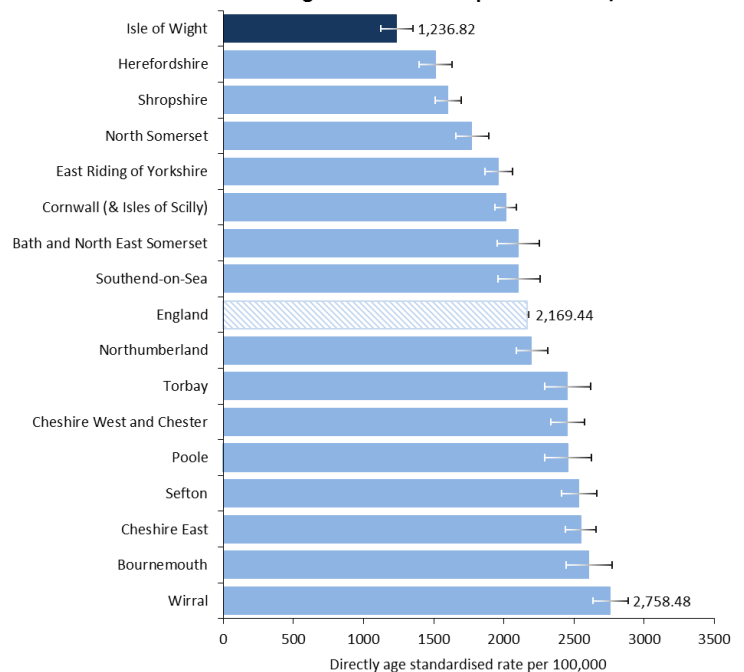
Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.¹

The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and over living at home and about 50% of people aged 80 and over living at home or in residential care will experience an episode of fall at least once a year.²

Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and over account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion³.

The graph below shows that for emergency hospital admissions due to falls in people aged 65 and over, the Isle of Wight is statistically significantly the lowest of all of its comparator authorities.

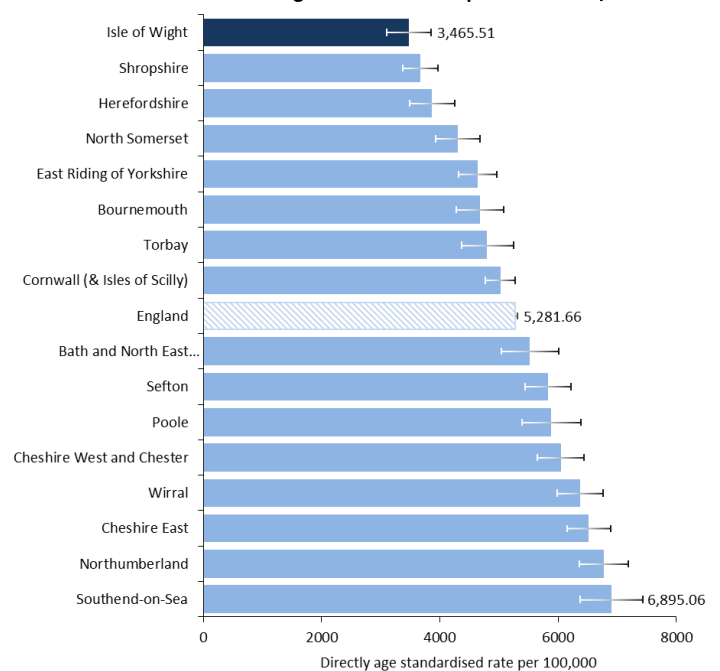
Emergency hospital admissions due to falls in people aged 65 and over - Isle of Wight and CIPFA comparators: 2015/16



Source: PHE Fingertips tool - Public Health Outcomes Framework
<http://www.phoutcomes.info/> (accessed 21 June 2017)

For those aged 80 and over, the pattern is still the same with the Isle of Wight being the lowest of all the comparators, although this time, only significantly lower than 13 comparator authorities and England.

Emergency hospital admissions due to falls in people aged 80 and over - Isle of Wight and CIPFA comparators: 2015/16



Source: PHE Fingertips tool - Public Health Outcomes Framework
<http://www.phoutcomes.info/> (accessed 21 June 2017)

¹ Department of Health (2012), improving outcomes and supporting transparency. Part 2: Summary technical specifications of public health indicators. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358 Accessed 28 June 2017

² National Institute for Health and Clinical Excellence (2017), Falls in older people: assessing risk and prevention. Available at: <https://www.nice.org.uk/guidance/cg161/resources/falls-in-older-people-assessing-risk-and-prevention-35109686728645> Accessed 28 June 2017

³ Royal College of Physicians (2011), NHS services for falls and fractures in older people are inadequate, finds national clinical audit. Available at: <https://www.rcplondon.ac.uk/news/nhs-services-falls-and-fractures-older-people-are-inadequate-finds-national-clinical-audit> Accessed 28 June 2017

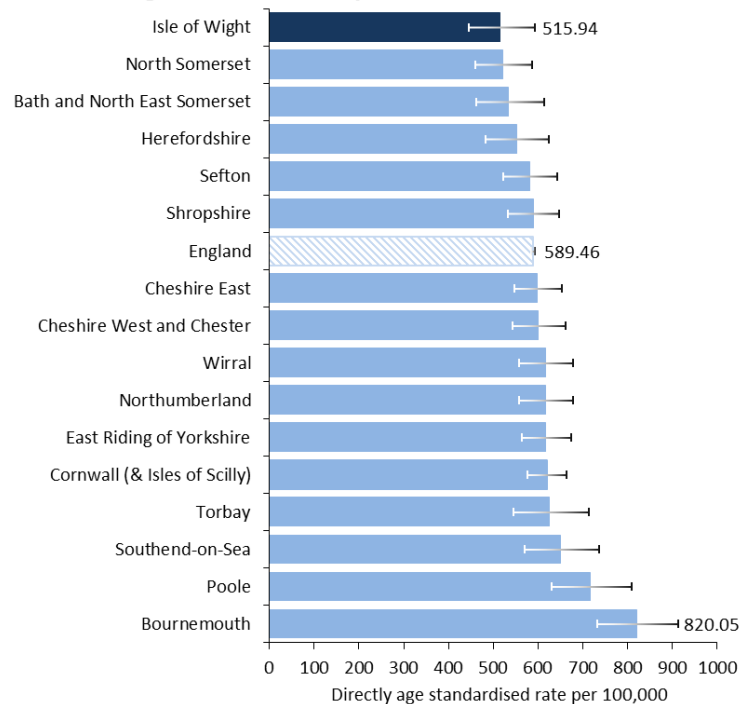
Hip Fracture

Hip fracture is a debilitating condition. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year. The incidence is projected to increase by 34% in 2020, with an associated increase in annual expenditure.⁴

The average age of a person with hip fracture is about 83 years with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip fracture. The National Hip Fracture Database reports that mortality from hip fracture is high - about one in ten people with a hip fracture die within 1 month and about one in three within 12 months.⁵

In 2015/16, the Isle of Wight had the lowest rate of hip fractures in over 65s compared to all its comparators, although only significantly lower than two authorities.

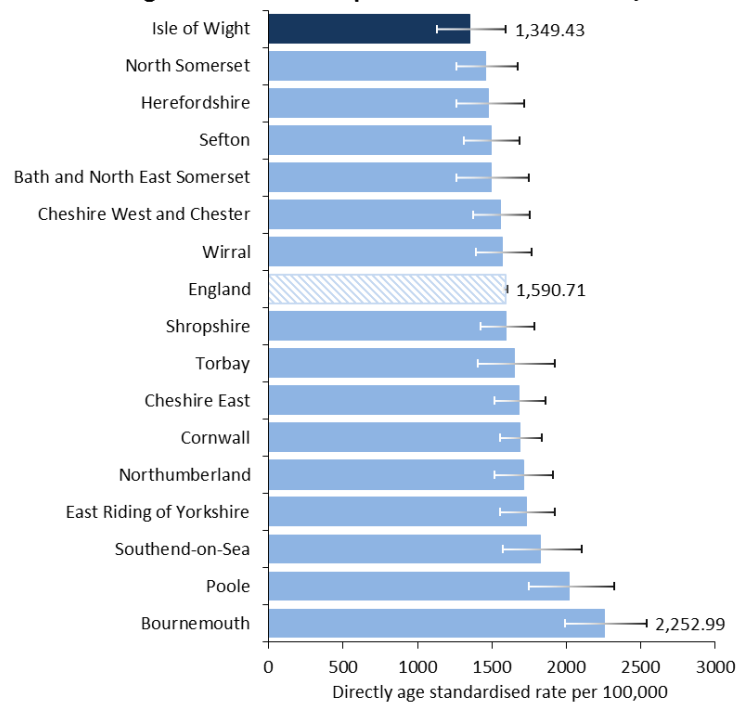
Hip fractures in people aged 65 and over - Isle of Wight and CIPFA comparator authorities: 2015/16



Source: PHE Fingertips - Public Health Outcomes Framework - <http://www.phoutcomes.info/> (accessed 21 June 2017)

Although the rate is more than double, this pattern is the same in the over 80s.

Hip fractures in people aged 80 and over - Isle of Wight and CIPFA comparator authorities: 2015/16



Source: PHE Fingertips - Public Health Outcomes Framework - <http://www.phoutcomes.info/> (accessed 21 June 2017)

In both age groups over the last six years, the Isle of Wight has generally had a lower rate than England but not significantly so.

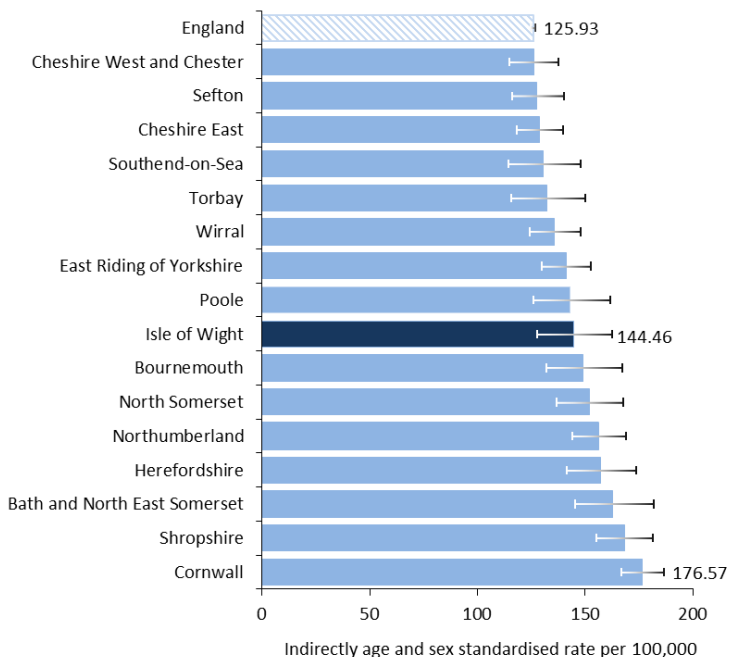
⁴ National Institute for Health and Clinical Excellence (2017), The management of hip fracture in adults. Available at: <https://www.nice.org.uk/guidance/cg124/evidence/full-guideline-183081997> Accessed 29 June 2017

⁵ National Hip Fracture Database (NHFD), National Hip Fracture Database National report 2013. Available at: [http://www.nhfd.co.uk/20/hipfractureR.nsf/luMenuDefinitions/CA920122A244F2ED802579C900553993/\\$file/NHFD%20Report%202013.pdf?OpenElement](http://www.nhfd.co.uk/20/hipfractureR.nsf/luMenuDefinitions/CA920122A244F2ED802579C900553993/$file/NHFD%20Report%202013.pdf?OpenElement) Accessed 29 June 2017

Hip and Knee Replacement

Primary hip replacements on the Isle of Wight and all of its comparator authorities were all higher than the England average in 2011/12. This goes to show that the levels of older people in these areas are considerably higher than the rest of England.

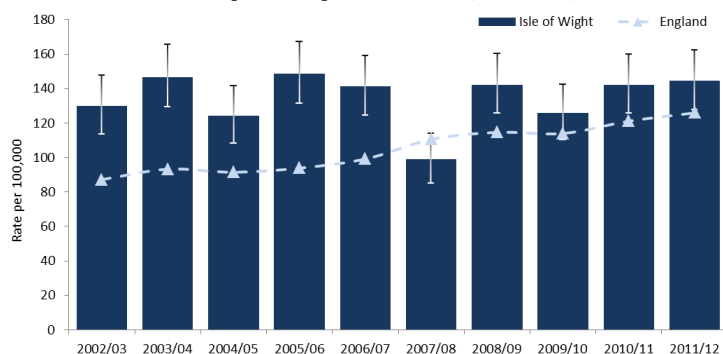
Hospital procedures: primary hip replacement - Isle of Wight and CIPFA Comparators: 2011/12 standardised to persons 2007/08



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

The Isle of Wight has had higher levels of hip replacements compared to England for most of the last 10 years, although national levels have generally been increasing.

Hospital procedures: primary hip replacement - Isle of Wight and England Trend: 2002/03 to 2011/12



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

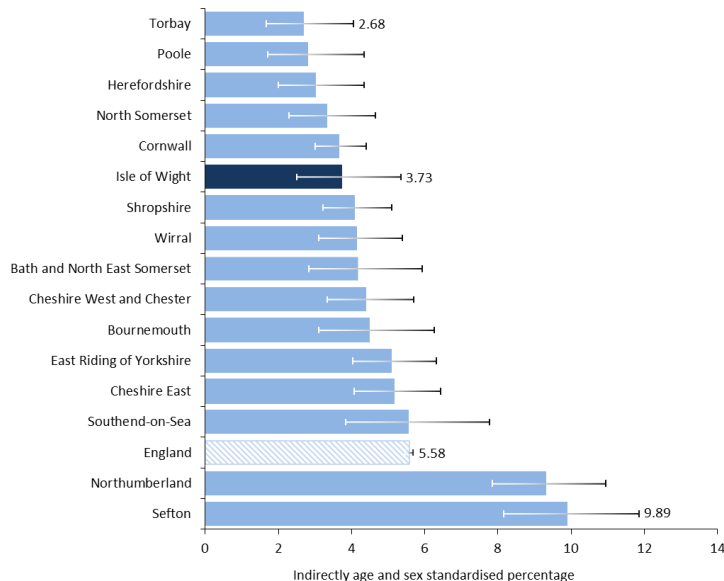
Isle of Wight and national trends follow a very similar pattern for knee replacements.

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.⁶

The graph below shows the rate of emergency re-admissions following hip replacement surgery. The rate for the Isle of Wight is significantly lower than the England average and two of its comparator authorities.

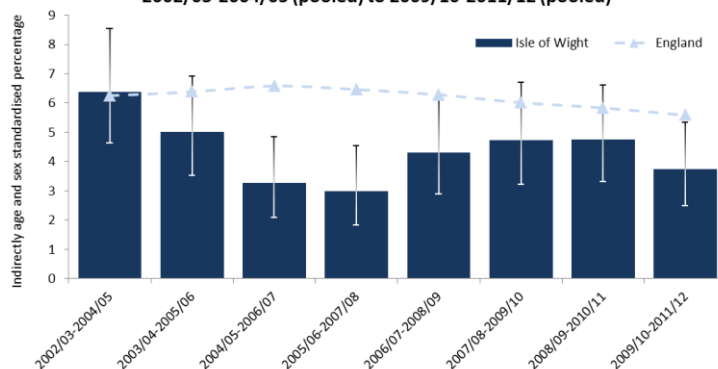
Emergency readmissions to hospital within 28 days of discharge: primary hip replacement surgery - Isle of Wight and CIPFA comparators: 2009/10-2011/12 (pooled) standardised to persons 2006/07-2008/09 (pooled)



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

The time trend shows that the Isle of Wight is generally lower than England although not always significantly so.

Emergency readmissions to hospital within 28 days of discharge: primary hip replacement surgery - Isle of Wight and England trend: 2002/03-2004/05 (pooled) to 2009/10-2011/12 (pooled)



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

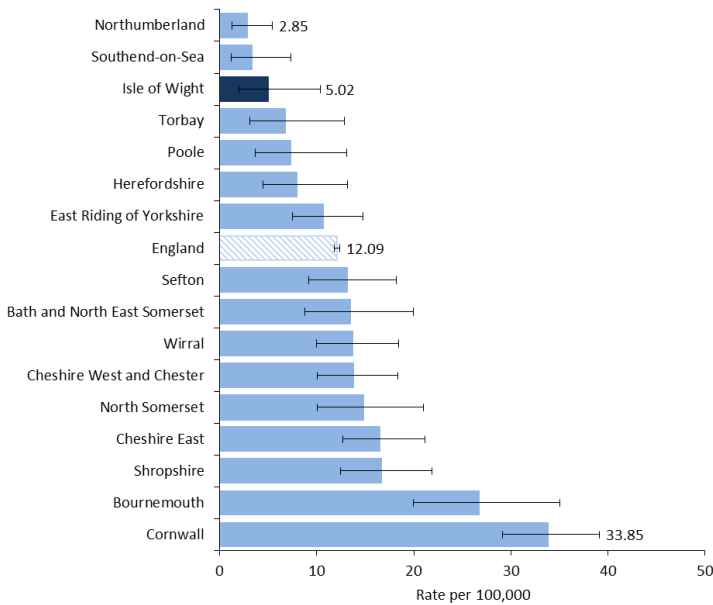
⁶ National Institute for Health and Clinical Excellence (2017), The management of hip fracture in adults. Available at: <https://www.nice.org.uk/guidance/cg124/evidence/full-guideline-183081997> Accessed 29 June 2017

Delayed Transfers of Care

A delayed transfer of care (DTOC) from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.

March 2017 figures show that the Isle of Wight has a much lower number than most of its comparators, although only significantly lower than four of them.

Patients with a Delayed Transfer of Care at midnight on the last Thursday of the reporting period, Acute and Non-Acute - Isle of Wight and CIPFA comparators: March 2017



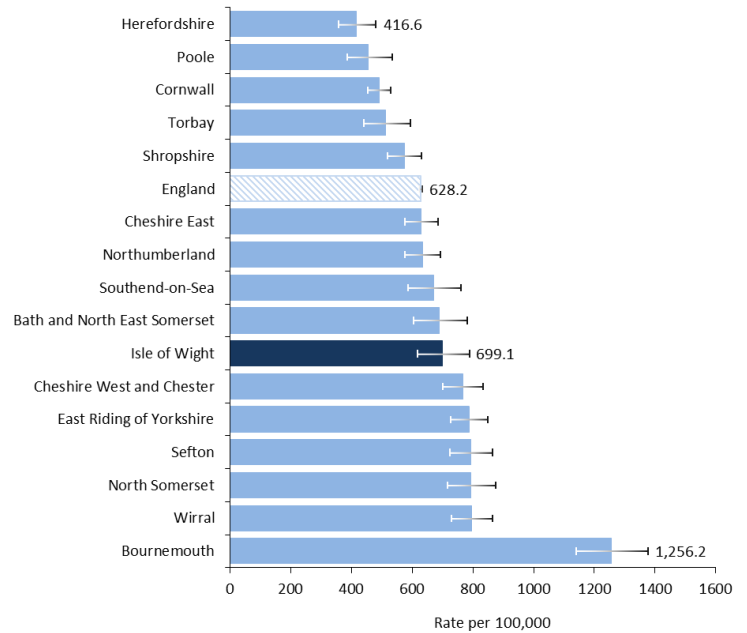
Source: NHS England - <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/> (accessed 12 June 2017)

Admission to care homes

Avoiding permanent placements into residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

Admission to residential or care homes for older adults on the Isle of Wight is not as high as maybe people think it is, being only slightly higher than the England average.

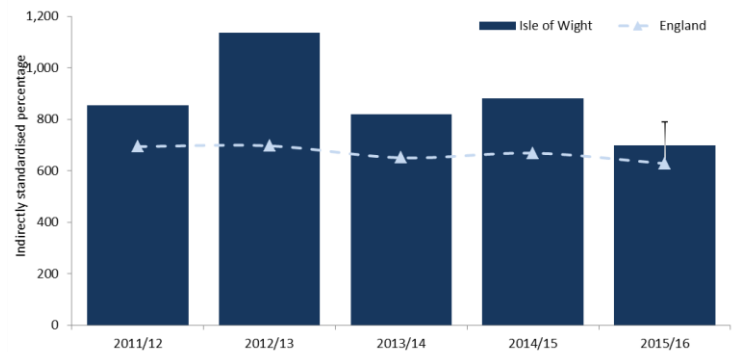
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes - Isle of Wight and CIPFA comparators: 2015/16



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

This figure has reduced over the last few years to bring the Island in line with England.

Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population - Isle of Wight and England trend: 2011/12 to 2015/16



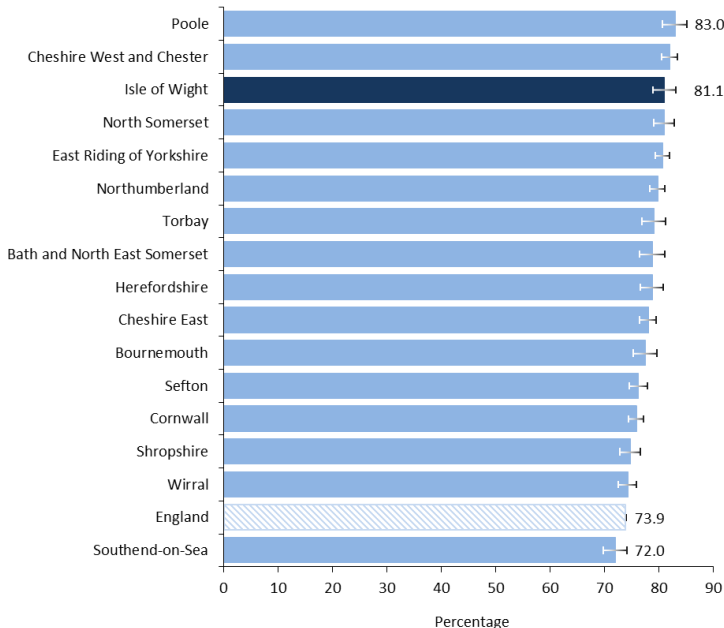
Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

Satisfaction with services

The Adult Social Care Survey asks people who use the service a question about how much control they feel they have over their daily life. The number of people who respond positively to this question defines the figure used for this indicator.

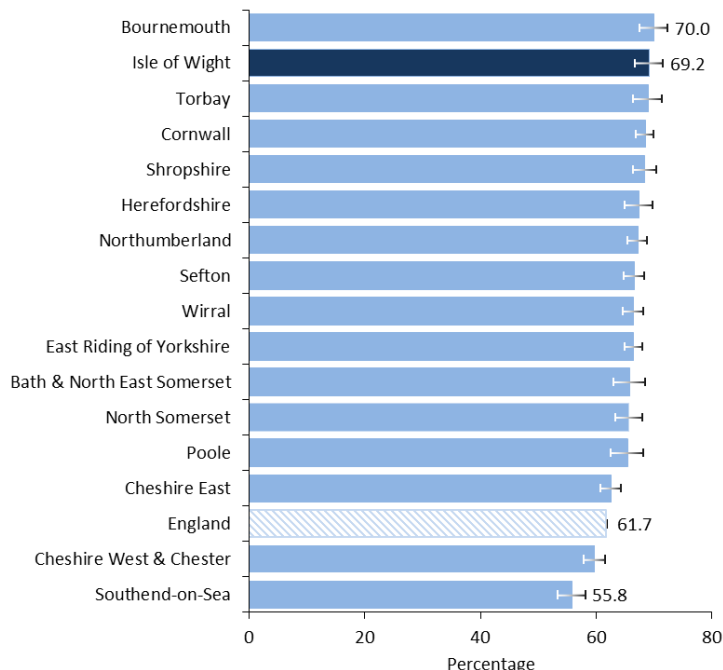
In 2015/16, the Isle of Wight has a higher percentage of positive responses than most of its comparators but only significantly higher than six.

Proportion of people who use services who have control over their daily life - Isle of Wight and CIPFA comparators: 2015/16



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

Satisfaction of people aged 65+ who use services with their care and support - Isle of Wight and CIPFA comparator authorities: 2015/16

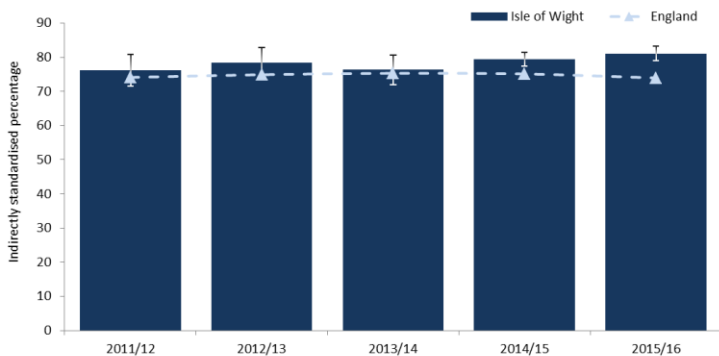


Source: Adult Social Care Outcomes Framework - <http://www.content.digital.nhs.uk/catalogue/PUB21900> (accessed 2 June 2017)

The gap between the Island and England has been increasing over recent years with the Island figures slightly increasing and England's figures slightly decreasing.

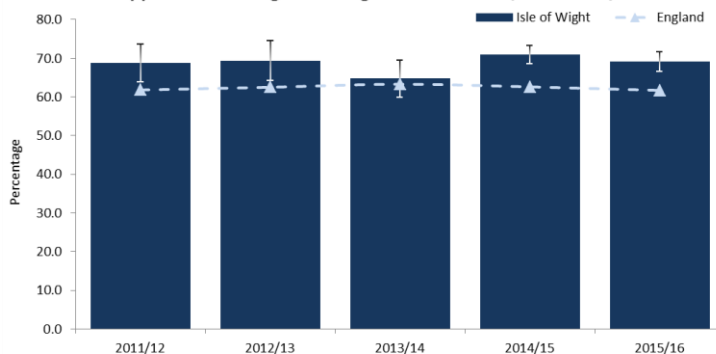
In recent years, this figure has been consistently higher than the England average and most years it has been significantly higher.

Proportion of people who use services who have control over their daily life - Isle of Wight and England trend: 2011/12 to 2015/16



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

Satisfaction of people aged 65+ who use services with their care and support - Isle of Wight and England Trend: 2004/05 to 2015/16



Source: Adult Social Care Outcomes Framework - <http://www.content.digital.nhs.uk/catalogue/PUB21900> (accessed 2 June 2017)

For people aged 65 and over who use services, in measuring their satisfaction with their care and support, the Isle of Wight is once again high in the list of comparators, this time coming second with 69.2% positive responses.

Still at home

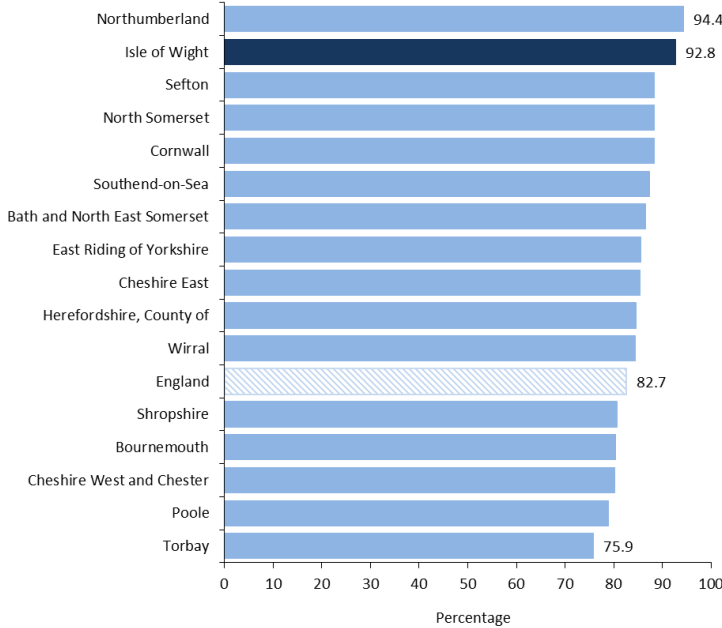
Reablement/rehabilitation services are focused on improving people's health, well-being, confidence and independence after an acute episode of ill health, injury or a gradual decline in functioning in the community. They include all episodes of support provided that are intended to be time limited and aim at maximising the independence of the individual and reducing/eliminating their need for on-going support.

Following discharge from hospital and a period of reablement/rehabilitation, ensuring an individual

remains living at home 91 days following discharge is the key outcome for many people as it helps older people to recover their independence after illness or injury.

In 2015/16, the Isle of Wight was the second highest of its comparators with regards proportion of people still at home.

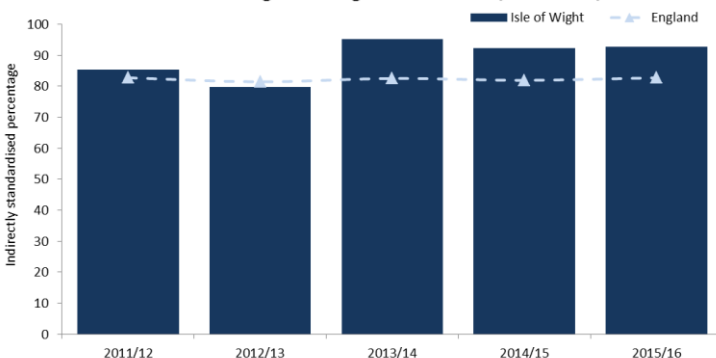
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service - Isle of Wight and CIPFA comparators: 2015/16



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

The Isle of Wight has been consistently higher than England over recent years.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service - Isle of Wight and England trend: 2011/12 to 2015/16



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

Carers

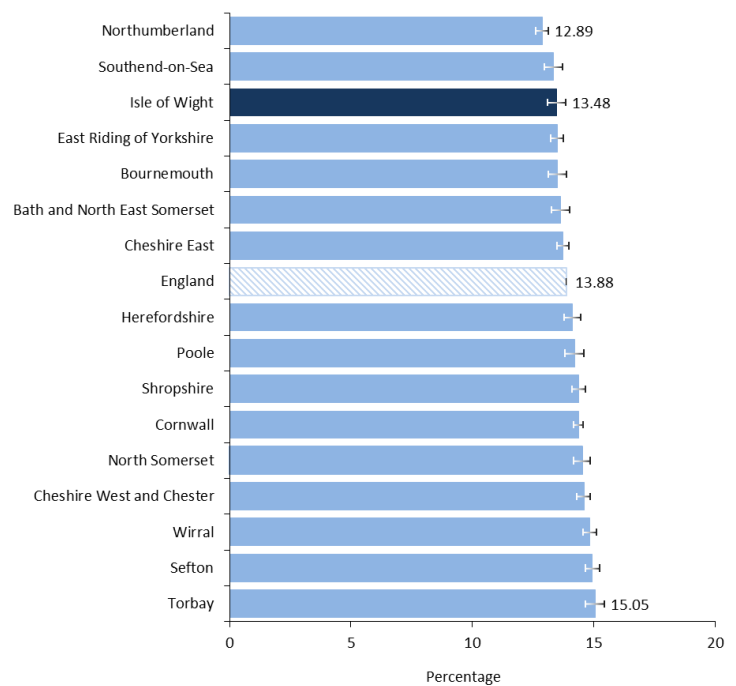
A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include

any activities as part of paid employment. No distinction is made about whether any care that a person provides is within their own household or outside of the household, so no explicit link can be made about whether the care provided is for a person within the household who has poor general health or a long-term health problem or disability.

According to the 2011 Census, the Isle of Wight had 4,443 older carers – that is people aged 65 and over who provide some unpaid care each week.

The figures of the Island's comparator group do not differ by a huge amount so are fairly similar across the group. The Island is only significantly lower than seven other authorities.

People aged 65 and over who provide some unpaid care - Isle of Wight and CIPFA comparators: Census 2011



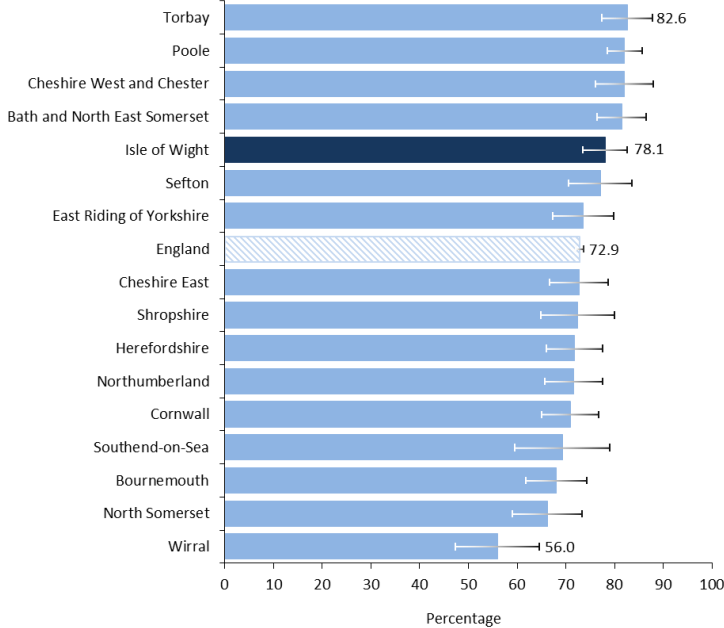
Source: ONS Census 2011 - <https://www.nomisweb.co.uk/census/2011/lc3304ew> (accessed 12 June 2017)

Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care. The following measure reflects the experience of carers in how they have been consulted by both the NHS and social care.

The proportion of carers aged 65 and over who report that they have been included or consulted in discussion about the person they care for, again shows the Isle of Wight fairly high on the chart although only significantly higher than two comparator authorities.

The proportion of carers (aged 65 and over) who report that they have been included or consulted in discussion about the person they care for -

Isle of Wight and CIPFA comparators: 2014/15



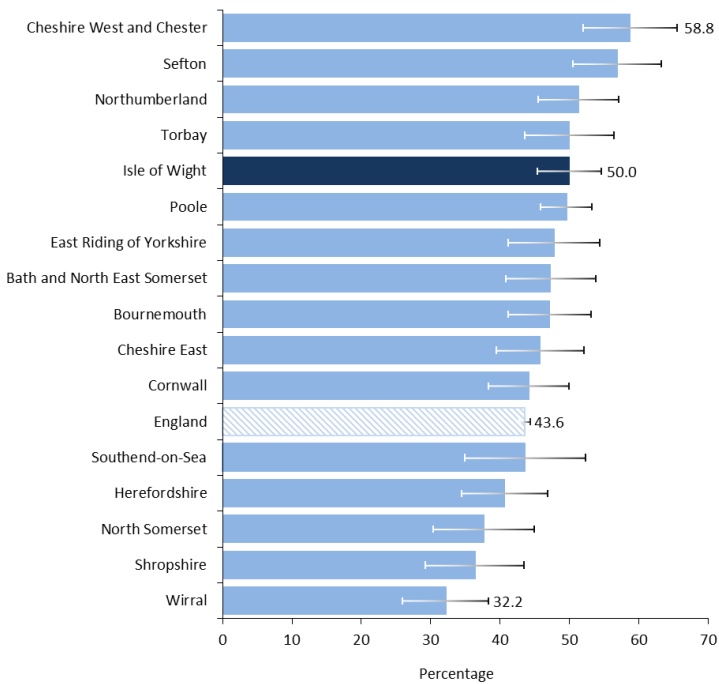
Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

Older people and deprivation

When plotting the age profile of the Island against the areas of deprivation, there does not seem to be much of a correlation. The only slight link is between the over 85s. There are two areas on the Island where there are between 4 and 6% of people aged 85 and over that are within the 10% most deprived areas on the Island. These areas are in Pan and Shanklin. The map displaying this is shown on the following page.

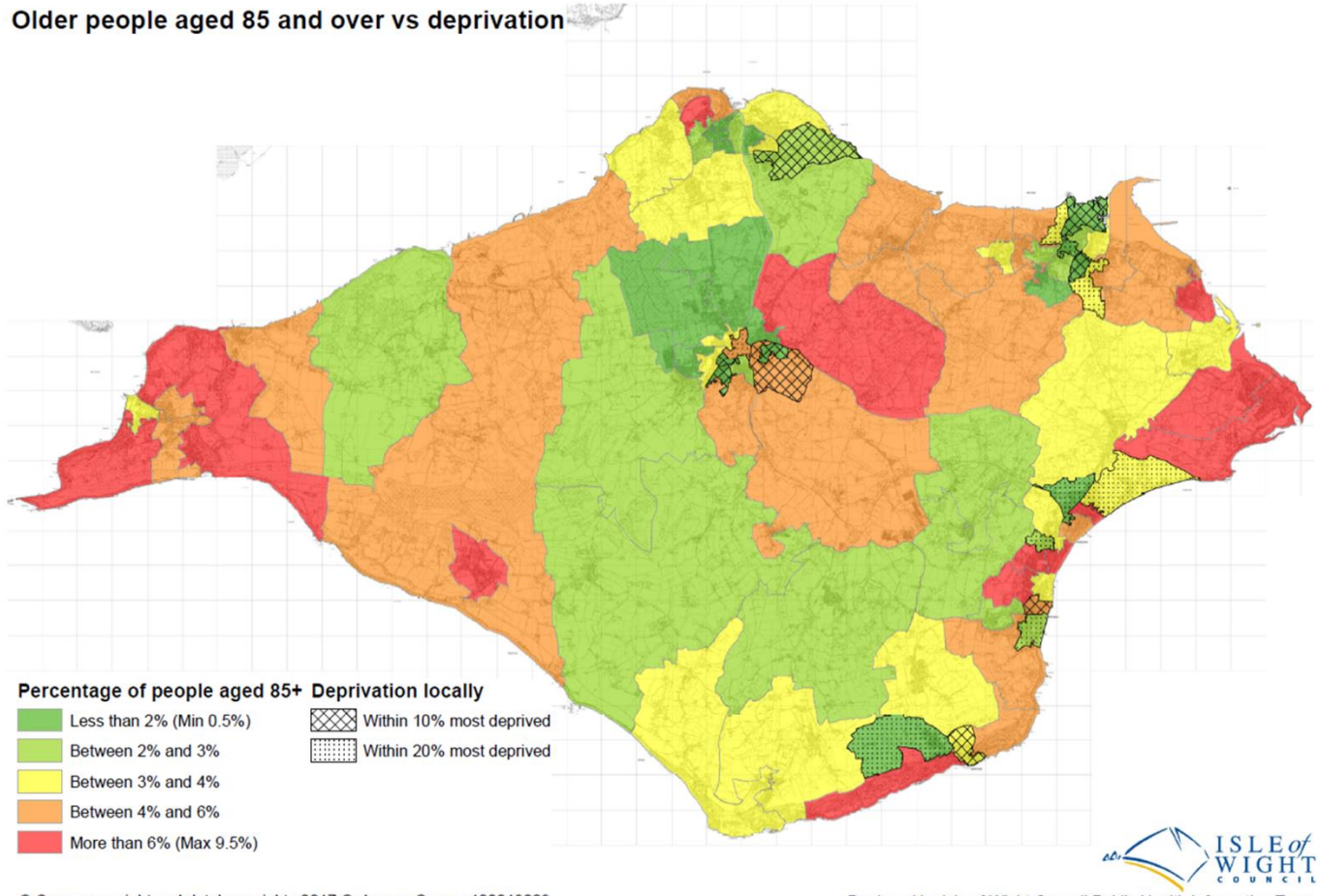
However, when looking at the overall satisfaction of carers aged 65 and over with social services, the figures reduce dramatically to just 50% for the Isle of Wight, although the figures are lower across the board.

Overall satisfaction of carers (aged 65 and over) with social services - Isle of Wight and CIPFA comparators: 2014/15



Source: NHS Digital Indicator Portal - <https://indicators.hscic.gov.uk/webview/> (accessed 7 June 2017)

Older people aged 85 and over vs deprivation



© Crown copyright and database rights 2017 Ordnance Survey 100019229

Produced by Isle of Wight Council Public Health Information Team