

Croydon Joint Strategic Needs Assessment 2014/15

Presentation to the Health and Wellbeing Board

10th Feb 2016

Older Adults And Carers Of Older Adults:

Maintaining Optimal Health and Supporting Independence in the Community

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- Work to develop a JSNA with specific focus on o 65's started late 2014
- In parallel with OBC programme
- Chapter Sponsor Group,
- Chapter Reference Group,
- JSNA Steering Group
- JSNA Governance Group
- 3 key areas: 12 Prioritised Recommendations
 - **Prioritisation workshop held Dec 2015 – included APA and Healthwatch and other stakeholders to influence model of care.**

Demography and Social Determinants Impacting Health

- 13% of the overall population – ‘Younger than England, Older than London’
- 10 year population growth: by 8% all ages, by 23% older adults
- Higher proportions of residents in the south are aged over 65
- Currently, mostly of White British Ethnicity, (75% increase in numbers) from 23% BAME currently to 35% BAME in 10 years
- BAME largely in North
- Higher proportions of Older Adults (29%) live in deprivation when compared to younger age groups (17%).
- Older adults experiencing fuel poverty – statistically significantly worse than London

Demography and Social Determinants Impacting Health

- 31% live alone
- 12% in employment, older adults reportedly less likely to look for work due to illness or caring
- 23% pension credit claimants – geographically ties in with maps of overall deprivation
- Life Expectancy (LE) at age 65; 19.1 further years for Men, 21.5 further years for Women.
- ‘Healthy’ LE not increasing as same rate as Overall LE
 - Worse in deprived areas
- 49% of Croydon’s older adults report a condition affects their day-to-day activities – varies by deprivation and age

3 key areas of focus maintained in the needs assessment

A. Prevention and Health Maintenance

1. Promote Healthy Lifestyles and Behaviours
2. Support with Functional, Sensory Ability and Falls
3. Support Greater Independence at Home and in the Community
4. Reduce Fuel Poverty Amongst Older Adults in Croydon
5. Address Social Isolation

B. Management of Deterioration and Recuperation in the Community

1. Early identification & Management of Long Term Conditions in the Community
2. Holistic Assessments and Reablement
3. Medicines adherence and management
4. Shared Decisions

C. Carers

1. Identifying Carers
2. Supporting Carers to care
3. Supporting carers at work

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

A. Prevention and Health Maintenance

1. Promote Healthy Lifestyles and Behaviours

1. Target immediate efforts at older adults at risk of malnutrition (those living in fuel poverty and those in particular care settings) - particularly during winter months

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

A. Prevention and Health Maintenance

2. Support with Functional, Sensory Ability and Falls

1. Increase awareness amongst and early identification of older adults with reducing functional ability (domestic and self-care tasks) and consider the provision of lower levels of support help service-users and their carers maintain independence for longer before requiring more intensive support

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

A. Prevention and Health Maintenance

3. Support Greater Independence at Home and in the Community
 - a) Strengthen low level community support and information services
 - b) Where appropriate consider increasing the provision of intensive home care (6 or more visits per week) in order to support older adults staying out of care homes for as long as is appropriate
 - c) Increase staff awareness of factors influencing potentially avoidable admissions into care homes particularly, increase case finding of older adults with incontinence and at risk of falls. Increase awareness, skills and confidence amongst the wider workforce, in managing common frailty syndromes, confusion, falls, poly-pharmacy and safeguarding

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

A. Prevention and Health Maintenance

4. Reduce Fuel Poverty Amongst Older Adults in Croydon
 1. Take action at all 4 levels of intervention to address fuel poverty (particularly amongst older adults); i.e. energy efficiency measures, energy price support and switching, advice and support with practical and/or personal barriers, and maximising income.

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

A. Prevention and Health Maintenance

5. Address Social Isolation

1. Should develop a multi-agency strategy that aims to identify individuals and in particular older adults that are most at risk of longer term loneliness and/or social isolation and supports them to remain positively engaged with society and maintain meaningful relationships

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

B. Management of Deterioration and Recuperation in the Community

1. Management of Long Term Conditions in the Community

- a) Improve early identification, and preparation in anticipation of ‘critical or crisis points’ in the management of LTCs particularly amongst the very old for e.g. through the systematic and consistent use of risk stratification tools and support for professionals such as clinical decision support software, specifically for those LTCs highlighted in the literature as amenable to management in the community or through urgent response without admission into acute care
- b) Commission and/improve self-management support for older adults with LTCs and for carers of older adults with LTCs

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

B. Management of Deterioration and Recuperation in the Community

2. Capture and address the holistic needs (including psychological support) of older adults and carers of older adults around discharge from urgent and/or secondary care settings, at diagnosis and/or at reviews of LTCs (e.g. joint HSC assessment of patients discharged after stroke)

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

B. Management of Deterioration and Recuperation in the Community

3. Medicines

1. Consider the use of IT and decision support tools, educational information and outreach services led by pharmacy and nurses particularly amongst high risk groups, including improved systems to support safe transfer of medication information at admission and discharge. Develop the role of pharmacy or pharmacy trained staff in medicines reviews and adherence assessments.

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

B. Management of Deterioration and Recuperation in the Community

4. Shared Decisions

1. Support professionals to achieve a greater and faster shift towards more shared decision making with service users. Evaluated models to encourage, facilitate and measure shared decision-making exist that could be considered for use in Croydon.

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

C. Carers

1. Identifying Carers

1. Increase identification of new carers and self-recognition amongst care givers in order to widen the reach of the service to new service users; in particular, capture older adults' own caring responsibilities and refer for carer assessments where appropriate, and encourage recognition of 'care giver' role amongst BAME groups

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

C. Carers

2. Supporting Carers to care

1. Identify, assess and support the health and social care needs of carers of older adults with physical and/or sensory disabilities, complex needs and/or (multiple) LTCs, particularly of those providing more than 50 hours of care per week, as a way to reduce unplanned decisions and admissions into acute settings and/or care homes. promote information services

- The following actions were agreed as priorities taking into account Croydon circumstances, and needs:

C. Carers

3. Supporting carers at work

1. Review and advocate borough wide employment and working policies that, are 'carer friendly', allow flexibility in working hours, support with information on benefits and other sources of income, particularly taking into account the lower than previously recognized threshold (10 or more care hours provided per week as opposed to 35 hours) at which carers are at risk of leaving employment

- Approve the chapter and its recommendations
- Take into account findings, and prioritised recommended actions, when reviewing initiatives and progress in the next year
- Maintain the focus on the chapter's 3 key areas when reviewing initiatives and progress
 - A. Prevention and Health Maintenance
 - B. Management of Deterioration and Recuperation in the Community
 - C. Carers