7. Later life[CH]

The health and wellbeing needs of those who are beyond working age differ significantly from those of younger groups. Most health behaviours, attitudes and exposures have already been established by later life. In addition, many people will already be living with one or more long-term health conditions.

Maintaining quality of life and preventing deterioration begin to take on more importance than preventative and behaviour change activities. Preventing social isolation and providing continued independence are also key social goals.

[C]Key findings

- Life expectancy is expected to remain high among City residents.
- The number of older people in the City is small but is projected to increase rapidly in the next decade.
- Trends show that older people wish to remain living independently in their own homes for as long as possible.
- The incidence of age-related health problems such as reduced mobility, dementia and social isolation, as well as the need for additional support and care, is likely to increase.
- The City has been adapting to the increasing demands of the ageing population through increased provision of telehealth, measures to prevent social isolation and creation of a dementia-friendly City.

[C]Recommendations

- Provision for the ageing population should continue to meet the increasing demand projected over the coming decade.
- The provision of health, social care and housing will need to become increasingly interdependent if we are to maintain independence and good quality of life for our ageing City residents.

[C]Questions for commissioners

- What are commissioners doing to ensure that their commissioning strategies and commissioned services are prepared for the rapid increase in older people in the City and the likely associated health needs?
- How can commissioners creatively consider the use of new and emerging technologies and services to support older people to stay in their own homes and enable residents to have varied choices for care?
- How well does the City of London Corporation know the likely future need for its social care services? A clear understanding of need is vital to enable social care services to be appropriate and responsive to need.

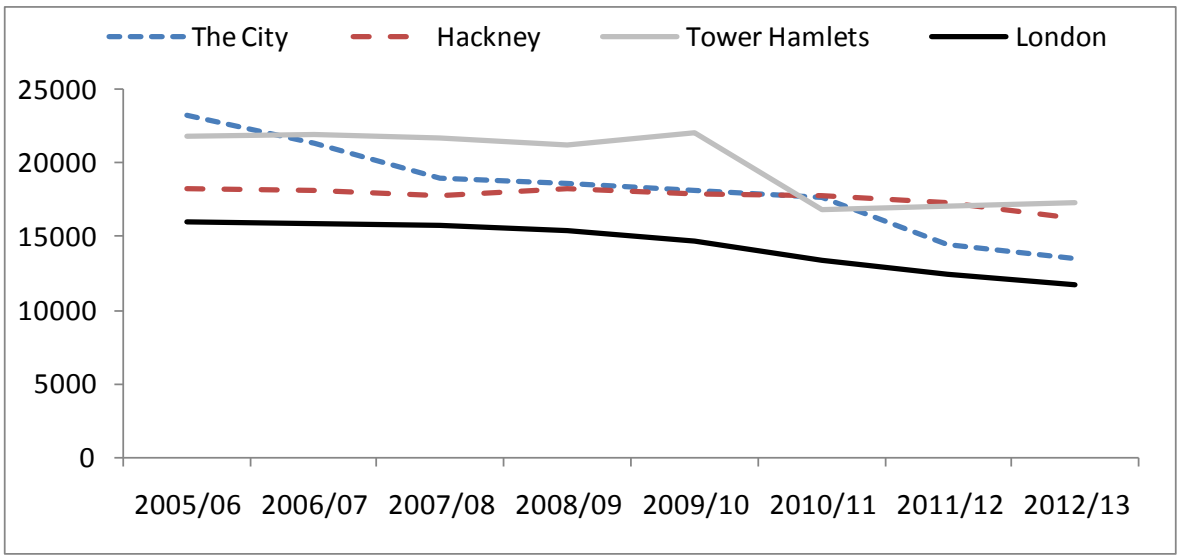
[A]Older people

In 2012/13, the City of London Corporation provided services to 142 clients aged over 65. Of these, 90 (63%) had a physical disability, 44 (31%) had mental health problems, fewer than five had a learning disability and seven (5%) had problems with alcohol or substance misuse or were vulnerable.

Over the last three years, the number of people aged over 65 in the City receiving social care packages has declined (Figure 7.1).

A survey of residents living on the Golden Lane and Middlesex Street Estates found that people on these estates had a slightly different age profile from the general profile for the City, with greater numbers of older people and high disability rates in the oldest groups[1] (Figure 7.2).

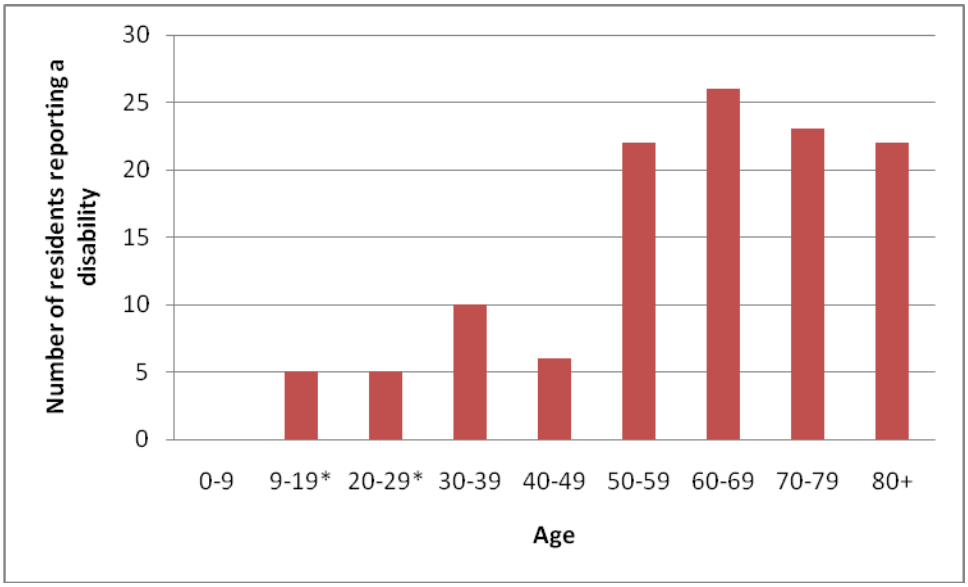
Figure 7.1. Older people (aged 65 and over) receiving care packages per 100,000 population, 2005-13



Source: National Adult Social Care Intelligence Service

Figure 7.2. Age and disability of tenants of Golden Lane and Middlesex Street Estates

[1] City of London housing tenants profiling, 2011



* Fewer than five individuals were reported

Source: City of London

[B]Life expectancy

In the City, both the male (83.8 years) and female (88.6 years) life expectancies are higher than the figures for England (78.6 years for males and 82.1 years for females) and the surrounding boroughs.

Figure 7.3. Life expectancy for males in Hackney and the City 2006-10 (London Health Observatory (LHO))

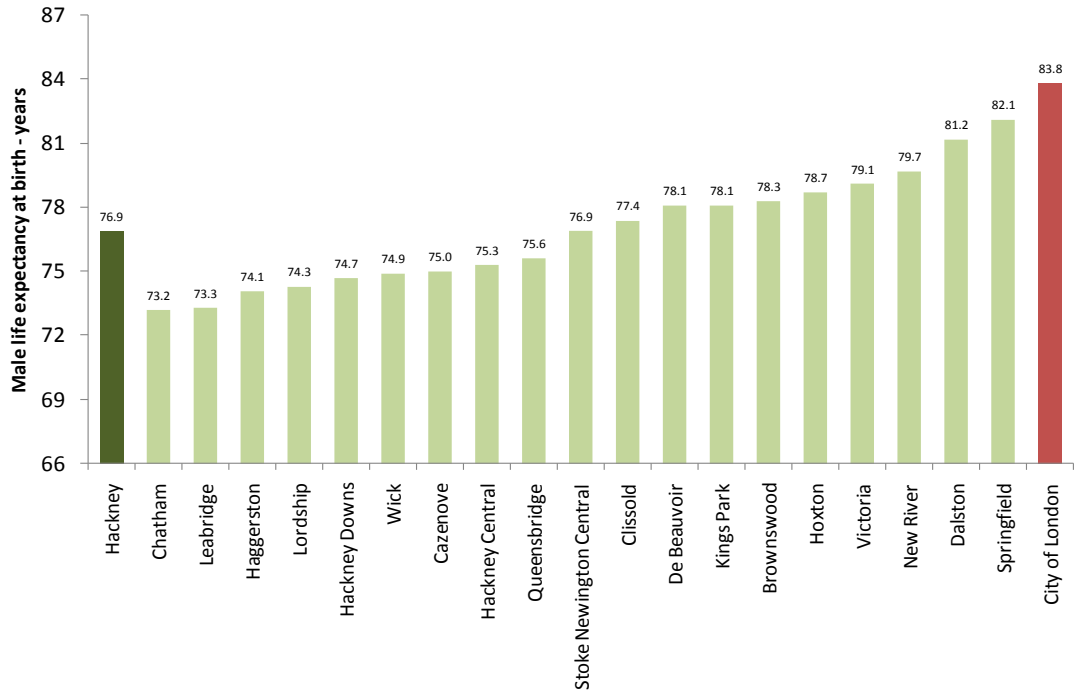
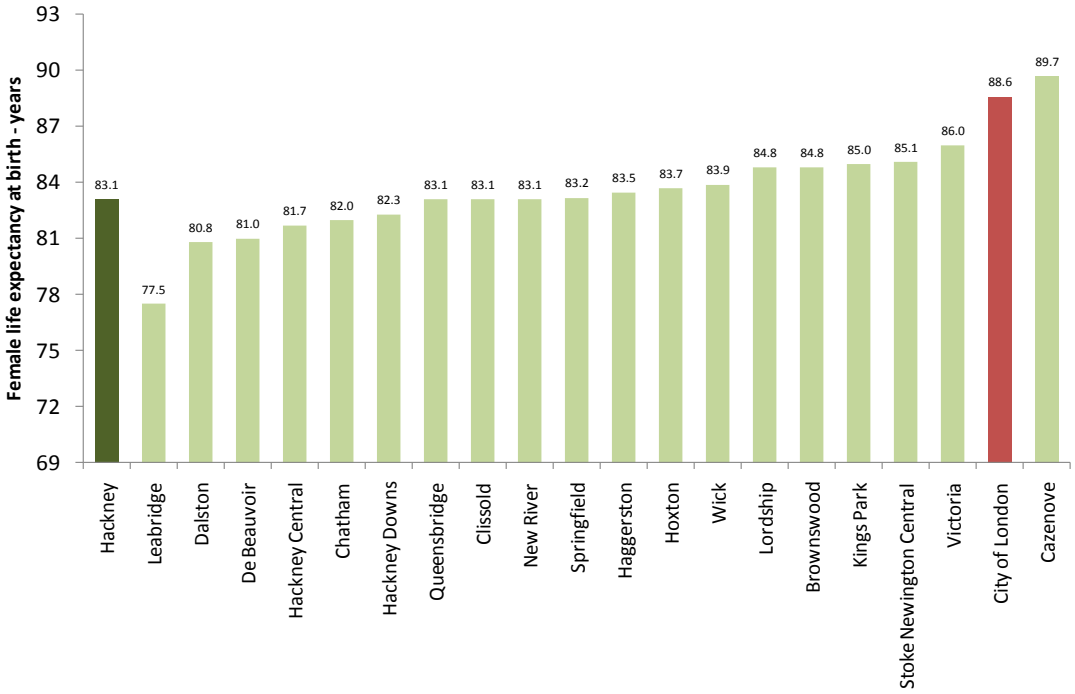


Figure 7.4. Life expectancy for females in Hackney and the City, 2006-10 (LHO)



[B]Deaths

In 2009, 41 residents of the City of London died: 19 females and 22 males. The age-adjusted rate was 309 deaths per 100,000 residents, although this figure is very variable year-on-year due to the small numbers of deaths and the small population.

The premature death rate in the City is low: in 2009, 13 City of London residents aged under 75 died. The trend is erratic due to the small number of deaths but nonetheless demonstrates a long-term decline. For more information see **Error! Reference source not found.**'.

[A]Telecare and telehealth

Telecare and telehealth services use technology to help people live more independently at home. They include personal alarms and health monitoring devices. Telecare and telehealth services are especially helpful for people with long-term conditions. They can help an individual live independently in their own home for longer, avoid a hospital stay or put off moving into a residential care home.[2]

In the City there are approximately 107 telecare users in general housing and 33 in sheltered accommodation. These figures regularly fluctuate dependent on need and demand. The call handling service receives between 60 and 110 calls per month.

The social prescribing pilot project

In partnership with City and Hackney Clinical Commissioning Group, the City and Hackney Health and Social Care Forum is working with the London Borough of Hackney, the City of London Corporation and the voluntary and community sector to develop a system for social prescribing.

Social prescribing is a process whereby GPs refer patients with social, economic, emotional, practical and/or wellbeing needs (whether or not they also have identified physical or other medical issues) to a range of local support services. These might include welfare advice, befrienders, walking clubs, art clubs and exercise groups. This process is sometimes called 'community referral', as activities and services are on offer locally and are mostly provided by the voluntary and community sector. A major aim of this referral system is to tackle social isolation in the elderly.

Telecare services in the City of London include a 24-hour call handling service and a mobile rapid response team who can offer visits and assistance.

[A]Loneliness and social isolation

A report from Age UK on loneliness and isolation states that 7% of people aged 65 or over in England say they always or often feel lonely. Including those who say they are sometimes lonely, the figure rises to 33%. The relationship between isolation and loneliness is a complex one, involving social contact, health (physical and psychological) and mood. Both loneliness and isolation appear to increase with age, and among those with long-term health problems.[3]

Within the City, 2,472 households are made up of one person, with 526 of these aged 65 or over. About 58% of these older residents are women and 42% are men. In the City, the growing ageing population (see Appendix 2) suggests that loneliness and social isolation may be increasingly prevalent. In addition, anecdotal evidence from housing officers and City residents suggests that the socially isolated ageing population tends to be concentrated in the north of the City, and may be 'asset rich and income poor'.

[2] For more information see: http://www.nhs.uk/Planners/Yourhealth/Pages/Telecare.aspx
[3] Age UK (2010) *Loneliness and Isolation Evidence Review*

K is an 85-year-old man of white British origin. K is single and lives in a studio property on Golden Lane Estate. He has no surviving family or friends.

Independence and health issues

K does not cook but has meals in his local café. He has a condition that requires district nurses to attend daily and is on a selection of medication. He has also had physiotherapy and occupational therapy. K is otherwise independent in daily living tasks with access to a care alarm and bathing aids. He tends to find change difficult and has declined referral to the local luncheon club, although he is visited by the Barbican mobile library.

Dementia condition and support

K has a diagnosis of dementia and paranoia and has been known to adult social care for several years. He reports seeing people in his flat and property going missing. He telephones the City of London Police regularly and is on their Pegasus system for vulnerable residents. The local police community support officers and ward beat officer visit him, which enhances his feeling of security. K's dementia is reported to be manageable in his home environment. He is known to the City and Hackney Mental Health Team and has had community psychiatric nurse input in the past. He is also visited monthly by support workers from the Hackney and City Alzheimer's Society.

[A]Dementia

There are estimated to be more than 67 people in the City of London with dementia, and this number is set to increase by more than 40% in the next 20 years.[4.] Adult social care and the local GP practice have confirmed that they currently know of 15 people living in the community and five people in nursing care, but acknowledge that there may be many more people who are not formally diagnosed or who have not accessed statutory social care.

This is recognised as quite a large discrepancy. As a result, the Neaman practice is reviewing its diagnoses of patients who may have signs and symptoms of dementia as a co-morbid factor with their primary diagnosis, and are referring them to the local memory clinic for a further assessment where necessary.

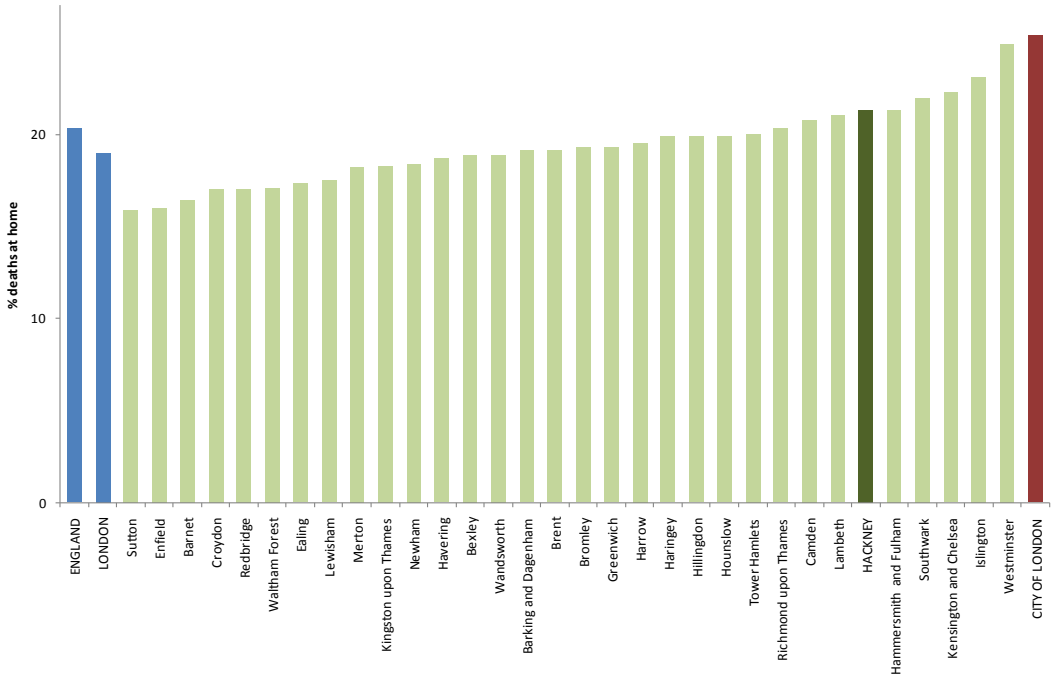
In 2014 the City committed to providing the best possible services to this particularly vulnerable group through its Dementia Strategy. The strategy commits the City of London Corporation to creating a 'dementia-friendly City', where residents and local retail outlets and services will develop a keen understanding and awareness of the disease and offer support in a respectful and meaningful way.

[A]End-of-life care

In 2010/11, over 25% of deaths among residents of the City took place at home – this was the highest average across all London boroughs and higher than the averages for London and England (Figure 7.5). Generally, more men die at home than women.

Figure 7.5. Percentage of deaths taking place at home, 2008-10 (Health and Social Care Information Centre)

[4] This data is derived from a synthetic estimate based on national prevalence rates and Census data


% deaths at home
0
10
20
ENGLAND
LONDON
Sutton
Enfield
Barnet
Croydon
Redbridge
Waltham Forest
Ealing
Lewisham
Merton
Kingston upon Thames
Newham
Havering
Bexley
Wandsworth
Barking and Dagenham
Brent
Bromley
Greenwich
Harrow
Haringey
Hillingdon
Hounslow
Tower Hamlets
Richmond upon Thames
Camden
Lambeth
HACKNEY
Hammersmith and Fulham
Southwark
Kensington and Chelsea
Islington
Westminster
CITY OF LONDON