West Sussex Joint Strategic Needs Assessment

# HEALTH AND SOCIAL CARE PROFILE OF OLDER PEOPLE

This profile collates data relating to the health and wellbeing of older people in West Sussex.
Data are presented, in the main, at county level. District and CCG level information, where available, is on the JSNA website.

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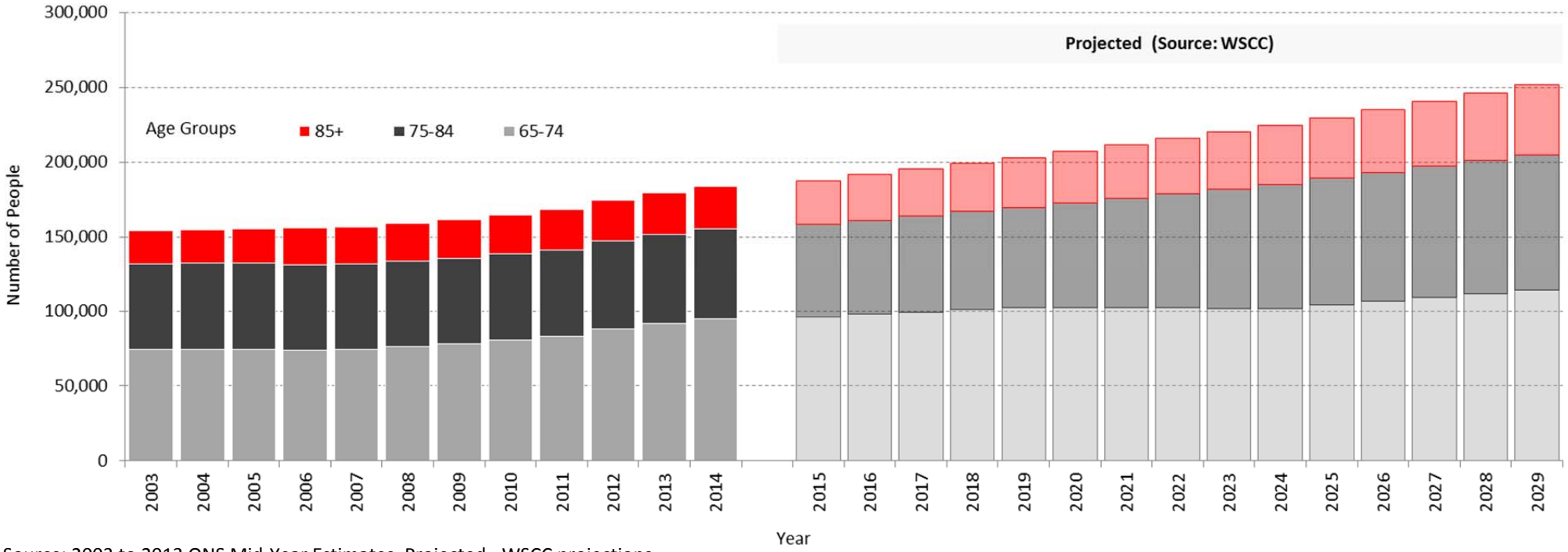
## CONTENTS


| POPULATION LEVEL DATA | | | |
|---|---|---|---|
| Residents Aged 65+ | 3 | Adult Social Care Outcomes Framework (ASCOF) | 22/23 |
| GP Registered Patients | 4 | Accident and Emergency Attendances by Acute Provider (to Mar 15) | 24 |
| GP Practices - *with largest 75+ population* | 5 | A&E Attendances Seen Within 4 Hours by Acute Provider (to Mar 15) | 25 |
| People unable to manage on their own at least one of the domestic care activity | 6 | Emergency Hospital Admissions by Acute Provider (to Mar 15) | 26 |
| People unable to manage on their own at least one self-care activity | 6 | Emergency Hospital Admissions - Process Control Chart - WESTERN | 27 |
| People Living with a Limiting Long Term Illness | 7 | Residential and Nursing Care in West Sussex | 28 |
| General Health of People Aged 65+ Projected to 2029 | 8 | Care Home Provider Groups/Companies in West Sussex | 29 |
| Population Level Segmentation | 9 | Supported Housing in West Sussex | 30 |
| People Living with a Dementia | 10 | Supported and Residential Care Estimating the Gap | 31 |
| People Living with a Depression | 10 | SUMMARY OF REPORTS | 32 - 36 |
| People with a Visual Impairment | 11 | MAPS | 37 - 47 |
| People with a hearing impairment | 11 | | |
| People with mobility problems | 12 | | |
| People with diabetes | 12 | | |
| Patient Survey Data – Managing Long Term Health Conditions | 13 | | |
| Providing unpaid care | 14 | | |
| People living alone / residence type | 15 | | |
| Benefits - Attendance Allowance | 16 | | |
| Benefits – Carers Allowance | 17 | | |
| Benefits – Pension Credit | 18 | | |
| Benefits – Housing Benefit | 19 | | |
| People aged 65 years or over in receipt of social care | 20 | | |
| People aged 65 years or over in receipt of social care – Client Type | 21 | | |

## West Sussex Residents aged 65 years or over, population estimates to 2013, population projected to 2029




Source: 2003 to 2013 ONS Mid-Year Estimates, Projected - WSCC projections

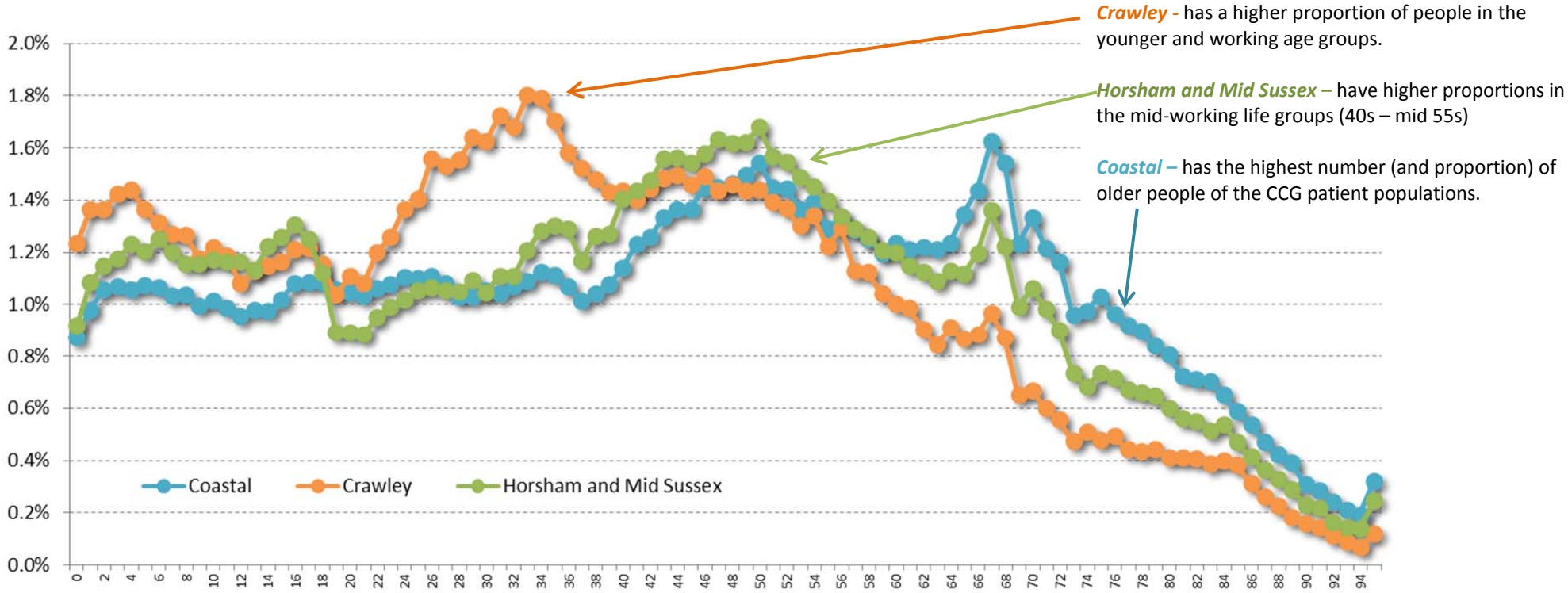
- Within the next 5 years, the number of 65+ year olds is projected to increase by 10%, with a 16% increase in the 85+ age group.
- Longer term planning needs to build in higher increases in the 85+ age group; with an acceleration from 2019 onwards. Current projections estimate 18% increase in the number of 85+ year olds between 2019 and 2024, and a 20% increase between 2024 and 2029.
- Although all areas are projected to have increases in the 65+ and 85+ groups, the largest increase in over 85 year olds is projected in the Horsham district area., with 20% + increases in 85+ year olds every 5 year period between 2014 and 2029.

## West Sussex GP Patient Population

The GP Registered Patient Population is shown below. The information relates to people registered with West Sussex GP Practices, and will include some people who live outside of the county, and exclude some people who live in the county but are registered with a practice in other areas. Data shown relate to January 2015 and are published by Department of Health.

| | All Patients | 0 to 15 years | 16 to 64 years | 65 to 75 years | 75 to 84 years | 85+ years |
|---|---|---|---|---|---|---|
| Coastal West Sussex | 499,629 | 80,736 | 293,975 | 64,033 | 41,101 | 19,784 |
| Crawley | 129,448 | 26,064 | 86,047 | 9,118 | 5,565 | 2,654 |
| Horsham and Mid Sussex | 231,347 | 43,085 | 143,332 | 23,684 | 14,313 | 6,933 |
| Total | 860,424 | 149,885 | 523,354 | 96,835 | 60,979 | 29,371 |

**Age Profile of the CCGs. % of Patient Population by Single Year of Age Group**




*Crawley* - has a higher proportion of people in the younger and working age groups.

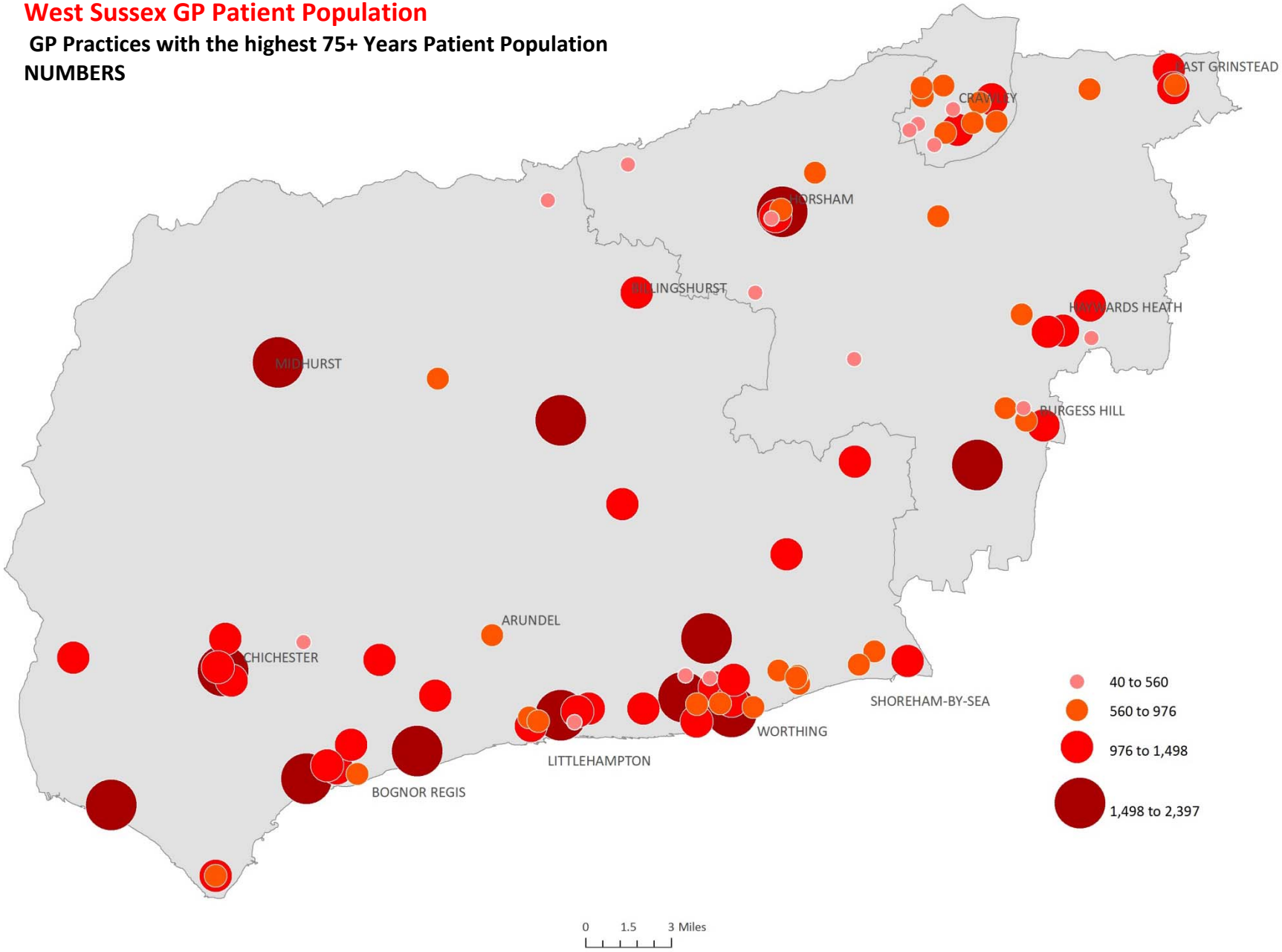
*Horsham and Mid Sussex* – have higher proportions in the mid-working life groups (40s – mid 55s)

*Coastal* – has the highest number (and proportion) of older people of the CCG patient populations.

# West Sussex GP Patient Population

**GP Practices with the highest 75+ Years Patient Population**

**NUMBERS**



## People unable to manage on their own at least one of the domestic care activity

*Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities*

**West Sussex 2013, Projected to 2029[1]**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 11,810 | 10,870 | 11,490 | 13,000 |
| Aged 70 - 74 years | 12,000 | 16,360 | 14,770 | 15,600 |
| Aged 75 - 79 years | 14,820 | 16,760 | 21,870 | 19,930 |
| Aged 80 - 84 years | 14,980 | 16,310 | 18,140 | 23,770 |
| Aged 85 and over | 21,400 | 25,070 | 28,960 | 33,960 |
| Total | 75,010 | 85,370 | 95,230 | 106,260 |

Currently it is estimated that there are 75,000 people aged 65 years or over who need help with at least one domestic task. Applying currently assumptions to population projections it is estimated that this number will increase to over 106,000 by 2029.

## People unable to manage on their own at least one self-care activity

*Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines*

**West Sussex 2013, Projected to 2029[2]**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 10,380 | 9,560 | 10,110 | 11,430 |
| Aged 70 - 74 years | 9,590 | 13,070 | 11,810 | 12,470 |
| Aged 75 - 79 years | 11,420 | 12,910 | 16,860 | 15,360 |
| Aged 80 - 84 years | 11,920 | 12,970 | 14,430 | 18,910 |
| Aged 85 and over | 18,330 | 21,350 | 24,580 | 28,730 |
| Total | 61,640 | 69,860 | 77,790 | 86,900 |

Currently it is estimated that there are 61,640 people aged 65 years or over who need help with at least one self-care task. Applying currently assumptions to population projections it is estimated that this number will increase to almost 87,000 by 2029.

[1] Using the POPPI Model - This is based on the findings from the Living in Britain Survey report (2001) (Table 37) and applying findings to local population, 2013 we have used Mid-Year Estimates and for 2019, 2024 and 2029 we have used local population projections (2014 housing led WSCC projections)

[2] Using the POPPI model -This is based on the findings from the Living in Britain Survey report (2001) (Table 35) and applying findings to local population, 2013 we have used Mid-Year Estimates and for 2019, 2024 and 2029 we have used local population projections (2014 housing led WSCC projections)

# People Living with a Limiting Long Term Illness[3] Projected to 2029

*The 2011 Census included a question on long-term health problem or disabilities that act to limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age. People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all.*

## Day-to-day activities limited a lot

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 5,520 | 5,080 | 5,370 | 6,090 |
| Aged 70 - 74 years | 4,010 | 5,480 | 4,960 | 5,240 |
| Aged 75 - 79 years | 7,150 | 8,110 | 10,580 | 9,650 |
| Aged 80 - 84 years | 5,790 | 6,340 | 7,090 | 9,310 |
| Aged 85 and over | 12,600 | 14,790 | 17,100 | 20,080 |
| Total | 35,070 | 39,800 | 45,100 | 50,370 |

Currently it is estimated that there are 35,000 people aged 65 years have a long term limiting illness or disability which acts to limit their day-to-day activities a lot, this is projected to increase to 50,000 within 15 years.

## Day-to-day activities limited a little

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 10,530 | 9,700 | 10,260 | 11,610 |
| Aged 70 - 74 years | 7,670 | 10,470 | 9,470 | 10,000 |
| Aged 75 - 79 years | 10,580 | 12,010 | 15,660 | 14,290 |
| Aged 80 - 84 years | 8,550 | 9,390 | 10,500 | 13,780 |
| Aged 85 and over | 9,380 | 11,080 | 12,850 | 15,130 |
| Total | 46,710 | 52,650 | 58,740 | 64,810 |

Currently it is estimated that there are 47,000 people aged 65 years have a long term limiting illness or disability which acts to limit their day-to-day activities a little this is projected to increase to 65,000 within 15 years.

[3] Census 2011 – Prevalence Assumptions for West Sussex males and females taken from table DC3302EW.

# General Health of People Aged 65+ Projected to 2029

*The 2011 Census included a question realting to a self-reported assessment of general health. People were asked to assess their health as "very good or good", "fair" or "bad or very bad", this was an assessment at the time of the census and did not ask the respondent to consider their health over a longer period of time.*

## Very Good or Good Health

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 74 years | 62,670 | 69,450 | 67,920 | 74,410 |
| Aged 75 - 84 years | 31,080 | 34,820 | 42,650 | 45,730 |
| Aged 85 or over | 10,060 | 7,250 | 8,150 | 9,300 |
| Total | 103,810 | 111,520 | 118,720 | 129,440 |

Applying 2011 Census data (for West Sussex) to the current population a total of 103,810 people aged 65+ are estimated to be in very good or good health.

## Fair Health

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 74 years | 22,280 | 24,700 | 24,160 | 26,460 |
| Aged 75 - 84 years | 21,780 | 24,360 | 29,810 | 31,960 |
| Aged 85 or over | 12,500 | 8,930 | 10,010 | 11,400 |
| Total | 56,560 | 57,990 | 63,980 | 69,820 |

Applying 2011 Census data (for West Sussex) to the current population a total of 56,560 people aged 65+ are estimated to be in fair health.

## Bad or Very Bad Health

**West Sussex 2013, Projected to 2029**

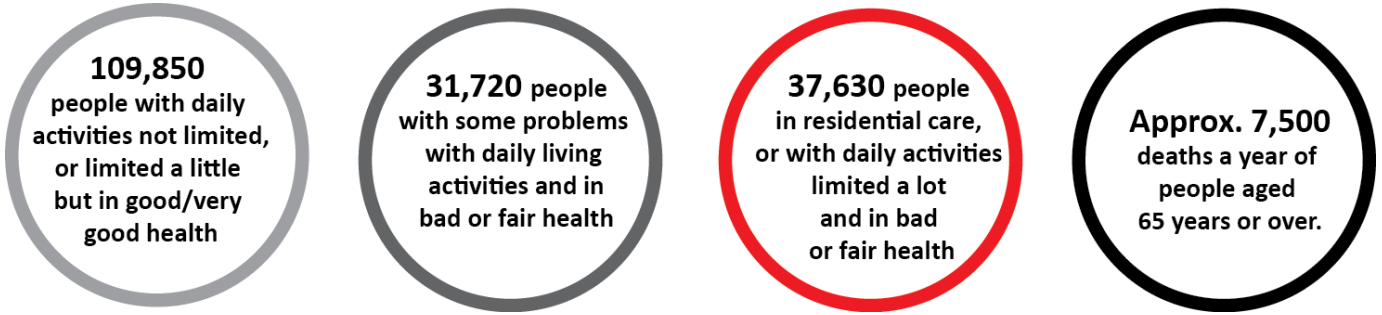
| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 74 years | 6,640 | 7,370 | 7,210 | 7,900 |
| Aged 75 - 84 years | 6,930 | 7,760 | 9,490 | 10,190 |
| Aged 85 or over | 5,140 | 3,660 | 4,090 | 4,650 |
| Total | 18,710 | 18,790 | 20,790 | 22,740 |

Applying 2011 Census data (for West Sussex) to the current population a total of 18,710 people aged 65+ are estimated to be in bad or very bad health.

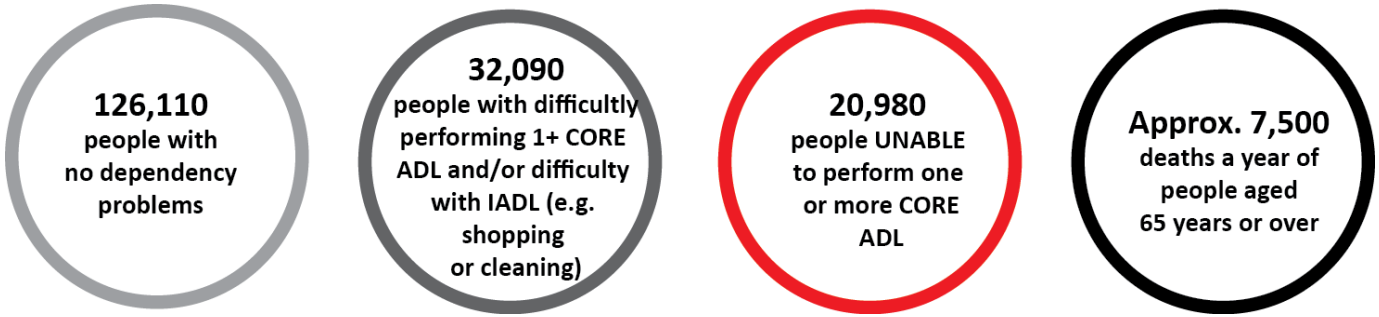
# Population Level Segmentation – OLDER PEOPLE

Segmentation of the West Sussex population aged 65+ years:-

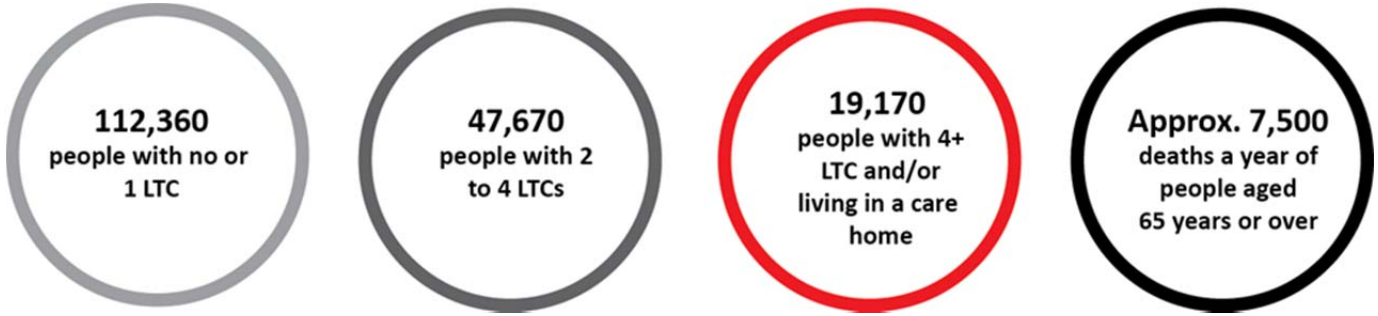
1. **OVERALL POPULATION LEVEL HALTH** – BASED ON SELF REPORTED HEALTH (CENSUS 2011)




2. **SOCIAL CARE NEED** – BASED ON ASSUMPTIONS OF ACTIVITIES OF DAILY LIVING




3. **MULTI MORBIDITY** – BASED ON LOCAL ANALYSIS OF SAMPLE OF WEST SUSSEX GP PATIENT DATA



## People Living with a Dementia[4] Projected to 2029

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 660 | 610 | 640 | 720 |
| Aged 70 - 74 years | 1,050 | 1,440 | 1,300 | 1,380 |
| Aged 75 - 79 years | 1,940 | 2,200 | 2,870 | 2,620 |
| Aged 80 - 84 years | 3,200 | 3,500 | 3,900 | 5,120 |
| Aged 85 and over | 6,620 | 7,750 | 8,940 | 10,470 |
| Total | 13,470 | 15,500 | 17,650 | 20,310 |

Currently it is estimated that there are 13,500 people aged 65 years living with dementia in West Sussex, applying current prevalence assumption to projected population it is estimated that this will rise to 20,300 within 15 years.

## People Living with a Depression or Severe Depression[5] Projected to 2029

**West Sussex 2013, Projected to 2029**

| Depression | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 4,490 | 4,130 | 4,370 | 4,950 |
| Aged 70 - 74 years | 3,200 | 4,360 | 3,940 | 4,150 |
| Aged 75 - 79 years | 2,830 | 3,180 | 4,160 | 3,790 |
| Aged 80 - 84 years | 2,520 | 2,760 | 3,100 | 4,060 |
| Aged 85 and over | 2,510 | 2,890 | 3,310 | 3,840 |
| Total | 15,550 | 17,320 | 18,880 | 20,790 |
| **Severe Depression** | 2013 | 2019 | 2024 | 2029 |
| Aged 65 - 69 years | 1,330 | 1,220 | 1,290 | 1,460 |
| Aged 70 - 74 years | 620 | 850 | 760 | 800 |
| Aged 75 - 79 years | 1,160 | 1,310 | 1,720 | 1,560 |
| Aged 80 - 84 years | 810 | 880 | 990 | 1,290 |
| Aged 85 and over | 1,080 | 1,280 | 1,480 | 1,740 |
| Total | 5,000 | 5,540 | 6,240 | 6,850 |

Currently it is estimated that there are 15,500 people aged 65 years have depression and 5,000 people have severe depression, rising to 20,790 and 6,850 in 2029 respectively.

[4] Using the POPPI model and WSCC population projections - prevalence based on data within the report - *Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007*

[5] Using the POPPI model Depression estimates based on figures - McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787–1795.

## People with a Visual Impairment[6] Projected to 2029

*People aged 65 and over predicted to have a moderate or severe visual impairment*

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 5,130 | 5,690 | 5,550 | 6,090 |
| Aged 70 - 74 years | 10,860 | 12,370 | 14,850 | 16,420 |
| Total | 15,990 | 18,060 | 20,400 | 22,510 |
| Aged 75 and over with a registrable eye conditions | 5,590 | 6,370 | 7,670 | 8,470 |

Currently it is estimated that there are 16,000 people aged 65 years with a moderate or severe visual impairment, projected to rise to 22,500 by 2029.
An estimated 5,600 have a "registrable" meeting the statutory threshold for qualifying as registered severely sight impaired (blind) or registered sight impaired (partially sighted).

## People with a Moderate / Severe Hearing Impairment[7] Projected to 2029

**Moderate or Severe West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 17,460 | 19,360 | 18,950 | 20,760 |
| Aged 70 - 74 years | 37,190 | 41,600 | 50,910 | 54,580 |
| Aged 75 - 79 years | 23,520 | 27,740 | 32,160 | 37,840 |
| Total | 78,170 | 88,700 | 102,020 | 113,180 |

**Profound Hearing Loss**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 570 | 630 | 620 | 670 |
| Aged 70 - 74 years | 380 | 410 | 500 | 550 |
| Aged 75 - 79 years | 1,190 | 1,390 | 1,600 | 1,880 |
| Total | 2,140 | 2,430 | 2,720 | 3,100 |

Currently it is estimated that there are 78,170 people aged 65 years living with moderate or severe hearing impairment in West Sussex, applying current prevalence assumption to projected population it is estimated that this will rise to 113,180 within 15 years.

2,140 people are estimated to have a profound hearing loss and this is projected to rise to 3,100 people by 2029.

[6] From the POPPI model – prevalence based on data in the report *'The number of people in the UK with a visual impairment: the use of research evidence and official statistics to estimate and describe the size of the visually impaired population', Nigel Charles, RNIB, July 2006.*

[7] *Moderate deafness:* People with moderate deafness have difficulty in following speech without a hearing aid. The quietest sounds they can hear in their better ear average between 35 and 49 decibels. / *Severe deafness:* People with severe deafness rely a lot on lip reading, even with a hearing aid. BSL may be their first or preferred language. The quietest sounds they can hear in their better ear average between 50 and 94 decibels. / *Profound deafness:* People who are profoundly deaf communicate by lip reading. BSL may be their first or preferred language. The quietest sounds they can hear in their better ear average 95 decibels or more.

## People with Mobility Problems Projected to 2029

*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.*

**West Sussex 2013, Projected to 2029[8]**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 4,520 | 4,170 | 4,400 | 4,980 |
| Aged 70 - 74 years | 5,090 | 6,940 | 6,270 | 6,620 |
| Aged 75 - 79 years | 5,610 | 6,330 | 8,260 | 7,510 |
| Aged 80 - 84 years | 6,520 | 7,090 | 7,890 | 10,340 |
| Aged 85 and over | 12,440 | 14,510 | 16,680 | 19,520 |
| Total | 34,180 | 39,040 | 43,500 | 48,970 |

Currently it is estimated that there are 34,000 people aged 65 years or over who have mobility problems. Applying currently assumptions to population projections it is estimated that this number will increase to over almost 49,000 by 2029.

## People with diabetes Projected to 2029

**West Sussex 2013, Projected to 2029[9]**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 69 years | 6,850 | 6,310 | 6,680 | 7,570 |
| Aged 70 - 74 years | 4,970 | 6,790 | 6,160 | 6,490 |
| Aged 75 - 79 years | 3,940 | 4,490 | 5,860 | 5,350 |
| Aged 80 - 84 years | 3,150 | 3,480 | 3,920 | 5,140 |
| Aged 85 and over | 3,210 | 2,340 | 2,630 | 3,010 |
| Total | 22,120 | 23,410 | 25,250 | 27,560 |

Over 22,000 over the age of 65 in West Sussex are estimated to have diabetes. Applying Current prevalence assumptions to population projections this is estimated to rise to over 27,500 within 15 years.

[8] Using the POPPI Model - This is based on the findings from the Living in Britain Survey report (2001) (Table 37) and applying findings to local population, 2013 we have used Mid-Year Estimates and for 2019, 2024 and 2029 we have used local population projections (2014 housing led WSCC projections).

[9] Taken from the POPPI model - prevalence rates are taken from the Health Survey for England 2006 Volume 1 Cardiovascular Disease and Risk Factors in Adults, The NHS Information Centre, 2008. The study provides prevalence data by age and gender, and by type of diabetes. The most significant factors for the onset of Type 2 diabetes are age and weight.

## Patient Survey Data – Managing Long Term Health Conditions

Twice a year (January and July) surveys are sent to GP patients. The patient survey includes questions ranging from ease of getting appointment, opening hours, quality of care and also includes questions on how well people feel supported to manage their own long term conditions. Data are published down to GP practice level, although sample size means results should be treated with some caution. Data (at CCG Level) relating to the following questions are shown in the tables below

- In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?
- How confident are you that you can manage your own health?

| *January 2015 Data* | Coastal | | Crawley | | Horsham and Mid Sussex | | England | |
|---|---|---|---|---|---|---|---|---|
| **Enough support** | % | No | % | No | % | No | % | No |
| Yes, definitely | 39% | 1,577 | 38% | 332 | 41% | 683 | 39% | 161,518 |
| Yes, to some extent | 23% | 921 | 23% | 207 | 25% | 418 | 25% | 103,120 |
| No | 12% | 482 | 13% | 116 | 8% | 142 | 12% | 50,829 |
| I have not needed such support | 24% | 959 | 23% | 202 | 24% | 398 | 21% | 88,971 |
| Don't know / can't say | 2% | 89 | 3% | 28 | 2% | 35 | 3% | 11,005 |
| *Survey Sample* | *4,028* | | *885* | | *1,675* | | *415,443* | |
| **Confidence in managing own health** | % | No | % | No | % | No | % | No |
| Very confident | 42% | 3,308 | 39% | 757 | 43% | 1,515 | 43% | 363,459 |
| Fairly confident | 51% | 3,972 | 52% | 1,008 | 52% | 1,811 | 50% | 423,468 |
| Not very confident | 6% | 449 | 7% | 140 | 4% | 147 | 6% | 52,240 |
| Not at all confident | 1% | 78 | 1% | 20 | 1% | 39 | 1% | 11,275 |
| *Survey Sample* | *7,807* | | *1,925* | | *3,512* | | *850,442* | |

# People Providing Unpaid Care

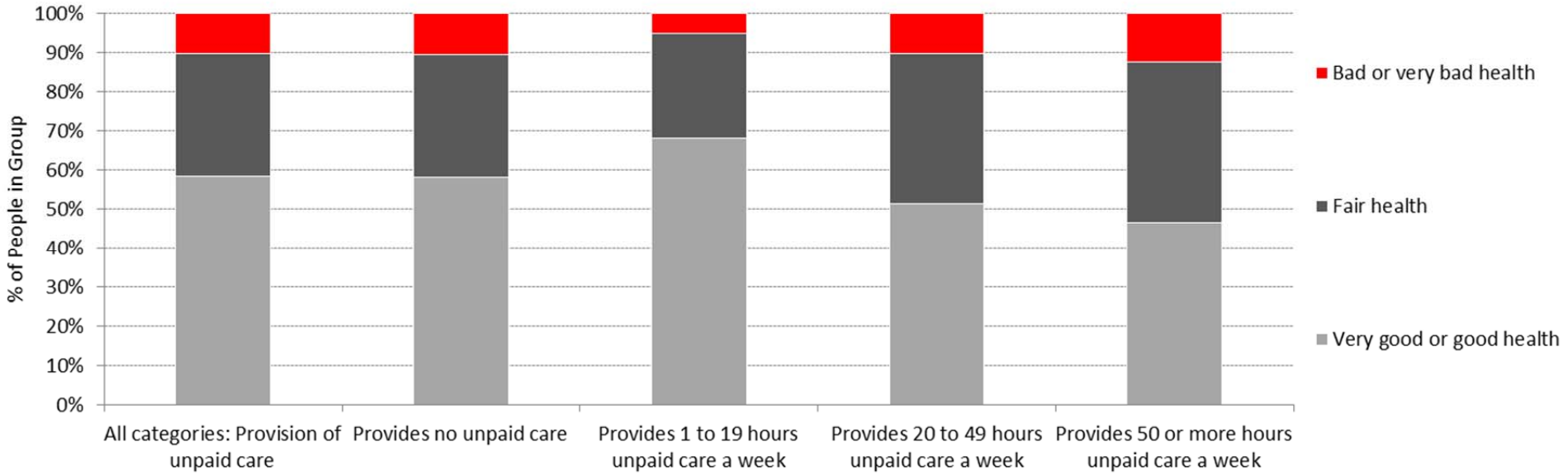
| | | |
|---|---|---|
| **People Aged 65+** | **166,580** | |
| Provides no unpaid care | 144,480 | 86.7% |
| **Provides unpaid care: Total** | **22,100** | **13.3%** |
| • Provides 1 to 19 hours unpaid care a week | 12,490 | 7.5% |
| • Provides 20 to 49 hours unpaid care a week | 2,370 | 1.4% |
| • Provides 50 or more hours unpaid care a week | 7,240 | 4.3% |

13.3% of people aged 65 or over are carers, with 4.3% (over 7,000 people) providing 50 hours a week or more of unpaid care.

## Carer Health

Using data from the Census, we know that carers who care for 19+ hours or more have poorer health. Of the people providing unpaid care for 50+ hours a week, 12.5% said their health was bad or very bad.

Carers Aged 65+ and General Health (Census 2011)



## People Living Alone[10] Projected to 2029

**West Sussex 2013, Projected to 2029**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Aged 65 - 74 years | 23,150 | 25,640 | 25,060 | 27,440 |
| Aged 75+ years | 43,800 | 49,270 | 58,830 | 64,840 |
| Total | 66,950 | 74,910 | 83,890 | 92,280 |

67,000 people aged 65 years or over are estimated to live alone, this is projected to rise to 92,280 by 2029.

## People Residence Type

(Data relate to 2011 and are taken from the Census 2011)

| | All | Lives in a household | Lives in a communal establishment | % of age (ALL) in communal est. | % of MEN in communal est. | % of WOMEN in communal est |
|---|---|---|---|---|---|---|
| Age 65 to 69 | 44,860 | 44,520 | 340 | 0.8% | 0.8% | 0.7% |
| Age 70 to 74 | 37,005 | 36,615 | 385 | 1.0% | 1.1% | 1.0% |
| Age 75 to 79 | 31,995 | 31,270 | 720 | 2.3% | 1.7% | 2.7% |
| Age 80 to 84 | 26,150 | 24,730 | 1,420 | 5.4% | 4.1% | 6.4% |
| Age 85 and over | 26,570 | 21,905 | 4,665 | 17.6% | 11.0% | 20.7% |
| Total Over 65 | 166,580 | 159,040 | 7,530 | 4.5% | 2.8% | 5.9% |

**Applying the age and sex specific rates to projected population**

| | 2013 | 2019 | 2024 | 2029 |
|---|---|---|---|---|
| Age 65-69 | 400 | 370 | 390 | 440 |
| Age 70-74 | 410 | 550 | 500 | 530 |
| Age 75-79 | 750 | 840 | 1,100 | 1,000 |
| Age 80-84 | 1,450 | 1,580 | 1,750 | 2,290 |
| Age 85-89 | 4,820 | 5,580 | 6,390 | 7,440 |
| All | 7,830 | 8,920 | 10,130 | 11,700 |

Applying existing rates (age and sex specific) to population projections, over 11,500 people are projected to live in residential care by 2029. We know from Census 2011 data that residential care population differ across West Sussex, with Worthing and Arun

[10] Using POPPI Model - Figures are taken from the General Household Survey 2007, table 3.4 Percentage of men and women living alone by age, ONS. The General Household Survey is a continuous survey which has been running since 1971, and is based each year on a sample of the general population resident in private households in Great Britain

## People claiming Attendance Allowance

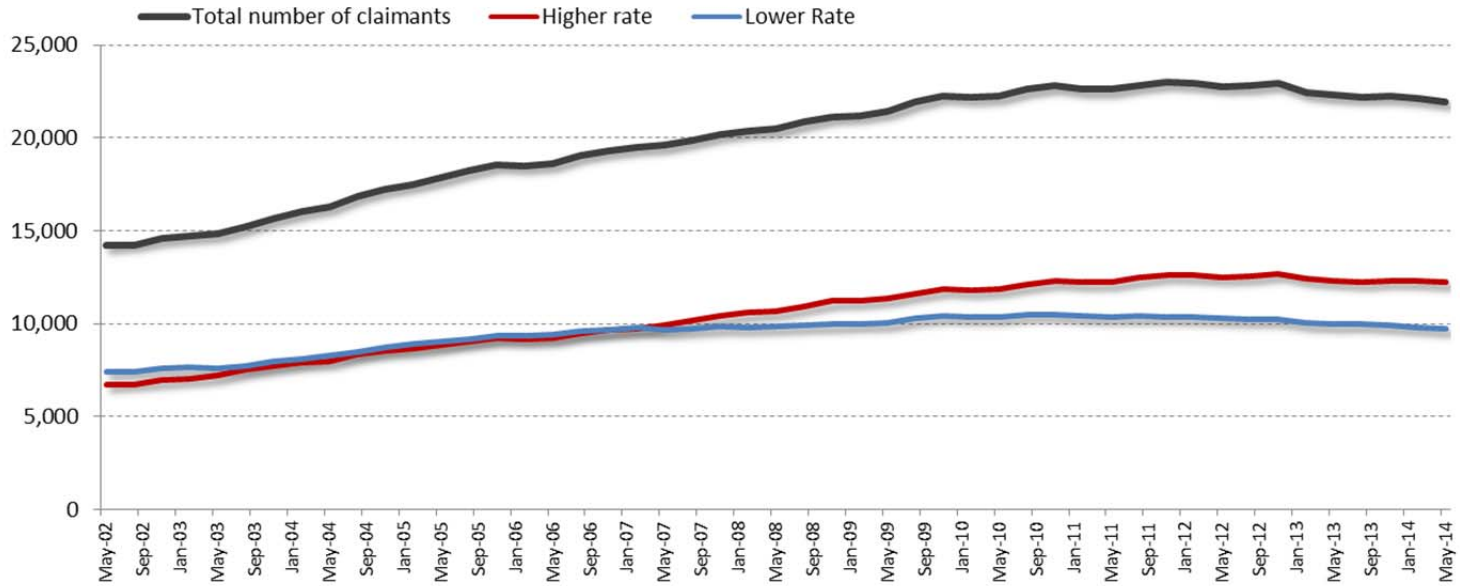
| MAY 2014 | Claimants | | Total Claimants |
|---|---|---|---|
| | Lower Rate | Upper Rate | |
| Adur | 930 | 990 | 1,920 |
| Arun | 2,310 | 3,160 | 5,470 |
| Chichester | 1,440 | 1,830 | 3,270 |
| Crawley | 910 | 1,120 | 2,020 |
| Horsham | 1,390 | 1,550 | 2,950 |
| Mid Sussex | 1,350 | 1,630 | 2,980 |
| Worthing | 1,390 | 1,960 | 3,350 |
| **West Sussex** | **9,720** | **12,240** | **21,960** |

**Attendance Allowance (AA)** supports people (aged 65 years or over) to meet additional disability-related costs of being severely disabled. People receive the benefit if they need help with personal care and/or continual supervision to "avoid substantial danger to themselves or others" for at least 6 months.
There are two rates:-

- **Lower rate** - for people who need help(frequent or constant) with personal care throughout the day or supervision at night;
- **Higher rate -** for people who need help with personal care throughout the day or during the night, or where a person is terminally ill.

The rates from April 2015 are £55.10 (Lower Rate) and £82.30 (Higher Rate)

## Attendance Allowance Claimants 2002 to 2014 – West Sussex

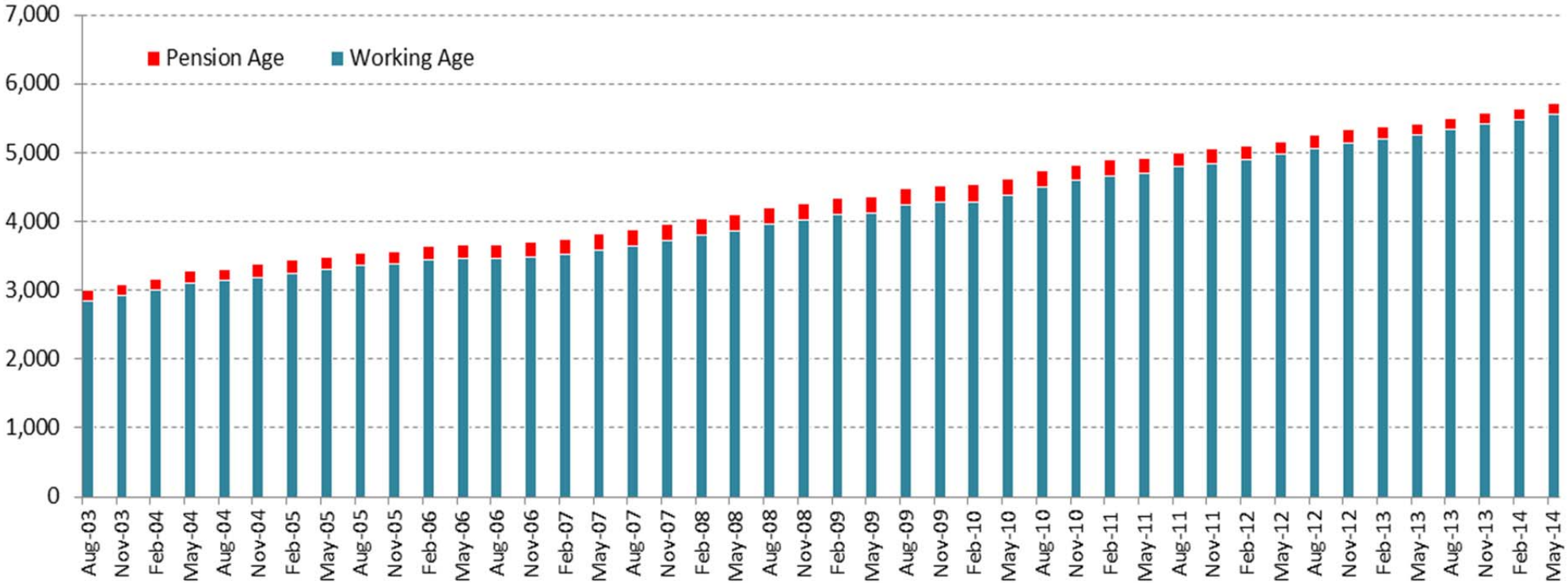



The total number of people claiming Attendance Allowance in West Sussex has fallen in recent years, this is surprising considering the increasing number of people aged 65+ and increasing number of very frail elderly people, and given that this benefit is not means tested. This is also evident at England level.

## People claiming Carer's Allowance

Carer's Allowance may be paid to people providing 35 hours a week (or more) of unpaid care to a person with substantial caring needs. Although not means-tested Carer's Allowance is taxable and can impact other Welfare Benefits which are. In March 2015 the rate of payment was £61.35 a week. The cared for person must be in receipt of disability related benefits. Over 5,500 people in West Sussex are now in receipt of Carer's Allowance and the numbers receiving this benefit have risen consistently over the last 10 years. The vast majority of people in receipt of Carer's Allowance are of working age.

### Number of People Receiving Carer's Allowance in West Sussex 2003 to 2014




Source: DWP

## People claiming Pension Credit

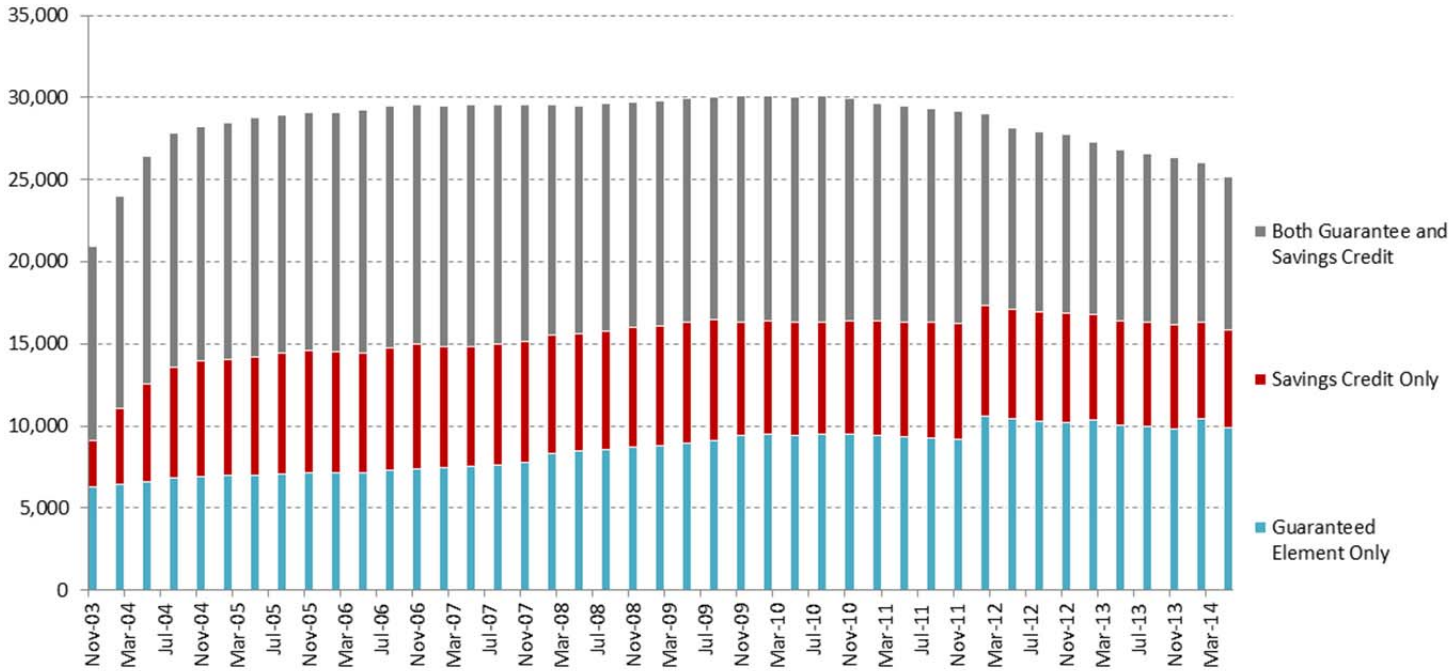
Pension Credit is a means tested benefit, and has two elements:-

*Guarantee Credit element* – this acts to top up the income of people on low income.

*Savings Credit* - is an extra payment for those who have some savings (including a pension).

People eligible for Pension Credit may also be eligible for additional benefits such as Housing Benefit and Council Tax Reduction. DWP research[11] estimates that nationally between 32% and 38% of people eligible for Pension Credit do not claim it, and that non take-up of this benefit maintains a large number of older people in poverty.

### Pension Credit Claimants in West Sussex 2003 to 2014




In West Sussex approximately 25,000 people take up Pension Credit. The number overall has fallen from a peak in November 2009 (when over 30,000 were in receipt of the benefit). Although the number of people in receipt of the Guarantee element alone has continued to increase.

[11] Quantitative Evaluation of the Pension Credit Payment Study (DWP 2012)

## People claiming Housing Benefit Aged 65 or Over

| NOVEMBER 2014 | Claimants | | Mean of Weekly Award Amount | |
|---|---|---|---|---|
| | 65 to 69 | 70 plus | 65 to 69 | 70 plus |
| Adur | 279 | 833 | £94.07 | £89.38 |
| Arun | 799 | 2,122 | £89.21 | £86.94 |
| Chichester | 556 | 1,758 | £99.03 | £98.67 |
| Crawley | 523 | 1,639 | £93.16 | £94.81 |
| Horsham | 431 | 1,483 | £101.80 | £102.93 |
| Mid Sussex | 430 | 1,374 | £108.26 | £112.18 |
| Worthing | 475 | 1,258 | £96.90 | £98.00 |

## REFERRALS, ASSESSMENTS AND PACKAGES (RAP) CARE DATA

This information is returned by social care departments to the Health and Social Care Information Centre (HSCIC)

### People aged 65 years or over in receipt of social care services (provided by or funded via WSCC) 2008/09 to 2013/14

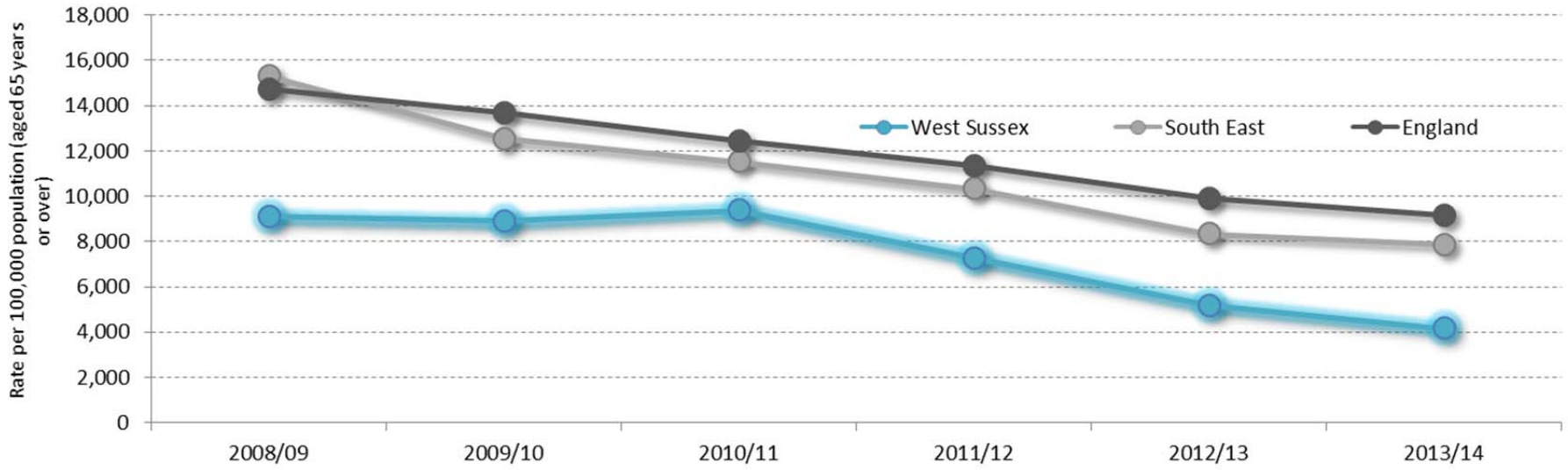
| | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|---|
| Community Based Services in own home | 11,905 | 12,030 | 13,070 | 9,010 | 5,930 | 4,690 |
| Residential Care | 2,985 | 2,890 | 2,815 | 2,510 | 2,485 | 2,170 |
| Nursing Care | 1,985 | 1,835 | 1,695 | 1,300 | 1,300 | 1,200 |
| **Total** | **14,480** | **14,370** | **15,465** | **12,255** | **9,080** | **7,475** |

Approximately 7,500 people (aged 65 years or over) were in receipt of care provided or commissioned by West Sussex County Council during the final year 2013/14. This has fallen from 14,480 people in 2008/09.

*Note from HSCIC - "Total of clients receiving services" is the number of clients receiving one or more services at some point during the year excluding double counting. The figures for the number of clients receiving the different services do not necessarily sum to the 'Total of clients' as a client may receive services of more than one type.*

### Number of Service Users (65+) as a Rate per 100,000 Population (65 years or over)

West Sussex Compared with South East and England



## REFERRALS, ASSESSMENTS AND PACKAGES (RAP) CARE DATA

**People aged 65 years or over in receipt of social care services (provided by or funded via WSCC) 2013/14**

Breakdown of Client Type of **Over 65s**

| | Community Based Services | Residential Care | Nursing Care | **Total** |
|---|---|---|---|---|
| **Physical Disability Total** | **3,220** | **1,095** | **830** | **4,830** |
| - Physical disability, frailty and / or temporary illness | 3,000 | 995 | 790 | 4,490 |
| - Hearing impairment | 70 | 30 | 10 | 105 |
| - Visual impairment | 130 | 55 | 30 | 200 |
| - Dual sensory loss | 20 | 10 | 0 | 30 |
| **Mental Health Total** | **1,295** | **975** | **350** | **2,395** |
| - Dementia | 990 | 740 | 265 | 1,805 |
| **Learning Disability** | **140** | **90** | **10** | **205** |
| **Substance Misuse** | **10** | **0** | **0** | **10** |
| **Other Vulnerable People** | **25** | **10** | **5** | **35** |
| **2013/14 Total** | **4,690** | **2,170** | **1,200** | **7,475** |

## Social Care Unit Costs in West Sussex (HSCIC)

| Nursing Care | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|---|---|---|---|---|---|---|---|---|---|
| WEST SUSSEX | £571 | £494 | £506 | £530 | £568 | £700 | £543 | £534 | £538 |
| England | £441 | £459 | £468 | £493 | £510 | £534 | £519 | £507 | £534 |
| **Residential Care** | **2005/06** | **2006/07** | **2007/08** | **2008/09** | **2009/10** | **2010/11** | **2011/12** | **2012/13** | **2013/14** |
| WEST SUSSEX | £470 | £528 | £549 | £564 | £671 | £641 | £461 | £505 | £538 |
| England | £431 | £453 | £467 | £498 | £520 | £522 | £522 | £528 | £538 |

# Adult Social Care Outcomes Framework (ASCOF)

*The table below provide a summary of the published data relating to outcomes relating to adult social care.*
*For more detailed information contact the WSCC Performance Team.*

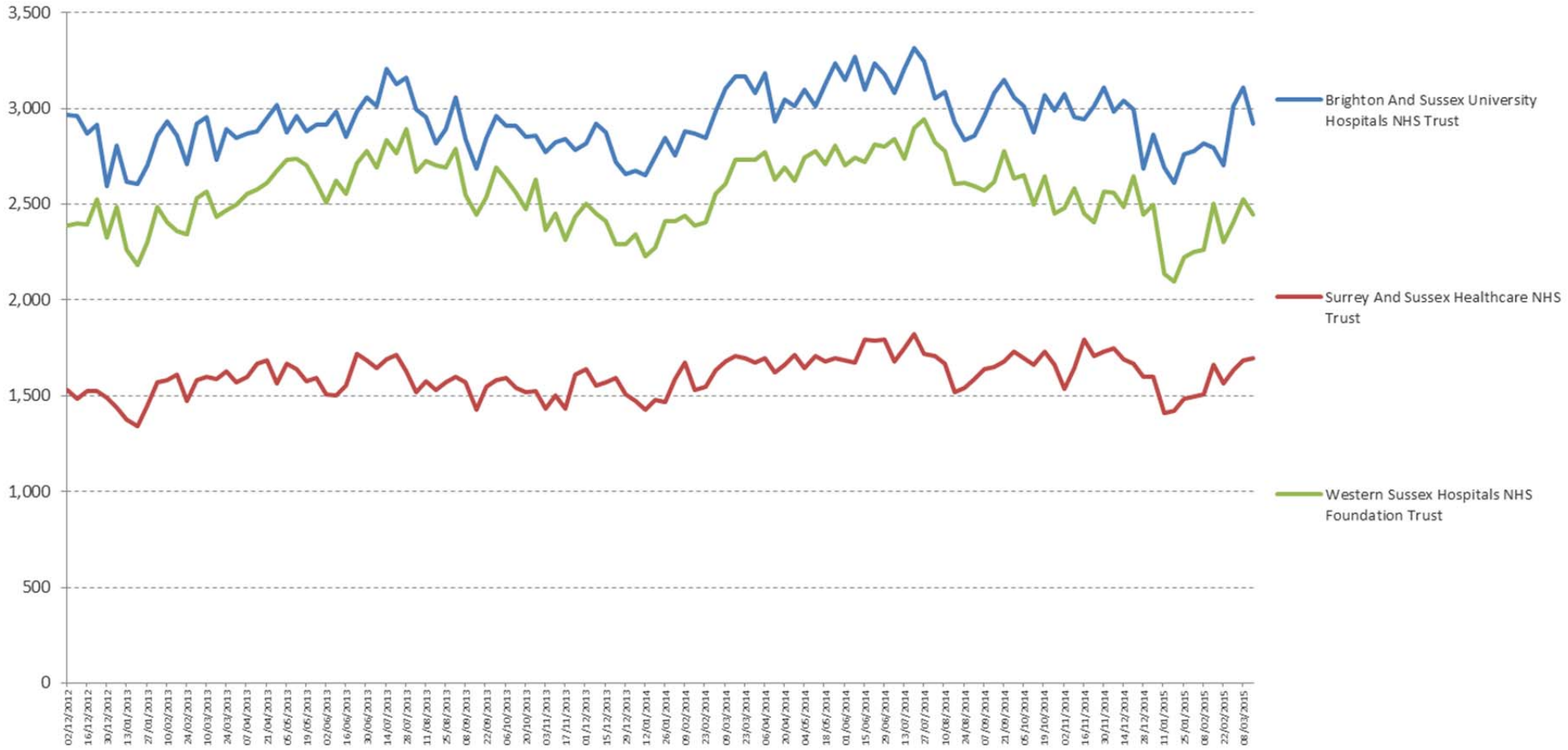
| REF | TITLE | UNITS | **2013/14** Confidence Interval shown where available | | 2013/14 | 2013/14 | 2013/14 | GENERAL TREND (n/a - lack of time series to provide trend) |
|---|---|---|---|---|---|---|---|---|
| | | | **WEST SUSSEX** | *CI* | ENGLAND | COMP LAs (CIPFA) | WEST SUSSEX RANKING | |
| 1A | Social care-related quality of life | Score out of 24 | **19.1** | *0.4* | 19.0 | 19.1 | * | ↔ |
| 1B | Proportion of people who use services who have control over their daily life | % | **79.0** | *3.6* | 76.8 | 78.1 | 39 / 150 | ↔ |
| 1C(1) | Proportion of people using social care who receive self-directed support | % | **54.0** | | 61.9 | 62.2 | 115 / 152 | ↑ |
| 1C(2) | Proportion of people using social care who receive direct payments | % | **15.8** | | 19.1 | 18.5 | 101 / 152 | ↑ |
| 1D** | Carer-reported quality of life | Score out of 12 | **7.8** | *0.4* | 8.1 | 8.0 | * | n/a |
| 1E | Proportion of adults with a learning disability in paid employment | % | **1.5** | | 6.7 | 6.8 | 144 / 147 | ↓ |
| 1F | Proportion of adults in contact with secondary mental health services in paid employment | % | **8.0** | | 7.0 | 8.0 | 45 / 151 | ↓ |
| 1G | Proportion of adults with a learning disability who live in their own home or with their family | % | **53.1** | | 74.9 | 71.9 | 149 / 151 | ↓ |
| 1H | Proportion of adults in contact with secondary mental health services who live independently, with or without support | % | **53.8** | | 60.8 | 50.2 | 105 / 152 | ↓ |
| 1I(1) | Proportion of people who use services who reported that they have as much social contact as they would like | % | **45.5** | *4.4* | 44.5 | 45.4 | | ↔ |
| 1I(2)** | Proportion of carers who reported that they have as much social contact as they would like | % | **31.9** | | 41.3 | | | n/a |

| REF | ***Adult Social Care Outcomes Framework (ASCOF) continued*** | UNITS | **2013/14** Confidence Interval shown where available | | 2013/14 | 2013/14 | 2013/14 | GENERAL TREND (n/a - lack of time series to provide trend) |
|---|---|---|---|---|---|---|---|---|
| | | | **WEST SUSSEX** | *CI* | ENGLAND | COMP LAs (CIPFA) | WEST SUSSEX RANKING | |
| 2A(1) | Permanent admissions to residential and nursing care homes for younger adults, per 100,000 population | Per 100,000 population | **18.8** | | 14.4 | 14.7 | 120 / 144 | ↔ |
| 2A(2) | Permanent admissions to residential and nursing care homes for older adults, per 100,000 population | Per 100,000 population | **610.8** | | 650.6 | 613.4 | 59 / 151 | ↔ |
| 2B(1) | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) | % | **74.4** | | 82.5 | 83 | 132 / 151 | ↔ |
| 2B(2) | Proportion of older people (65 and over) who were offered reablement services following discharge from hospital | % | **1.2** | | 3.3 | 3.3 | 142 / 152 | ↓ |
| 2C(1) | Delayed transfers of care from hospital | Per 100,000 population | **12.3** | | 9.6 | 11.4 | 121 / 151 | ↔ |
| 2C(2) | Delayed transfers of care from hospital, and those which are attributable to adult social care | Per 100,000 population | **2.8** | | 3.1 | 3.9 | 90 / 144 | ↔ |
| 3A | Overall satisfaction of people who use services with their care and support | % | **65.0** | *4.3* | 64.8 | 65.4 | 70 / 150 | ↔ |
| 3B* | Overall satisfaction of carers with social services | % | **43.0** | *3.8* | 42.7 | 43.3 | | n/a |
| 3C* | Proportion of carers who report that they have been included or consulted in discussion about the person they care for | % | **73.9** | *3.7* | 72.9 | 73.9 | | n/a |
| 3D(1) | Proportion of people who use services who find it easy to find information about services | % | **75.9** | *4.6* | 74.5 | 74.6 | 56 / 150 | ↔ |
| 3D(2) | Proportion of carers who find it easy to find information about services | % | **67.4** | | 68.7 | | | n/a |
| 4A | Proportion of people who use services who feel safe | % | **68.7** | *4.1* | 66.0 | 67.0 | 53 / 150 | ↔ |
| 4B | Proportion of people who use services who say that those services have made them feel safe and secure | % | **86.8** | *2.9* | 79.1 | 79.2 | 27 / 149 | ↓ |

** No ranking for indicators where there is little spread in the data.*
*** Collected every 2 years via the Carer Survey*
*Date: December 2014 (J Clay - West Sussex Public Health Research Unit. Rankings and trends analysed by West Sussex Public Health Research Unit*

## Accident and Emergency Attendances by Acute Provider

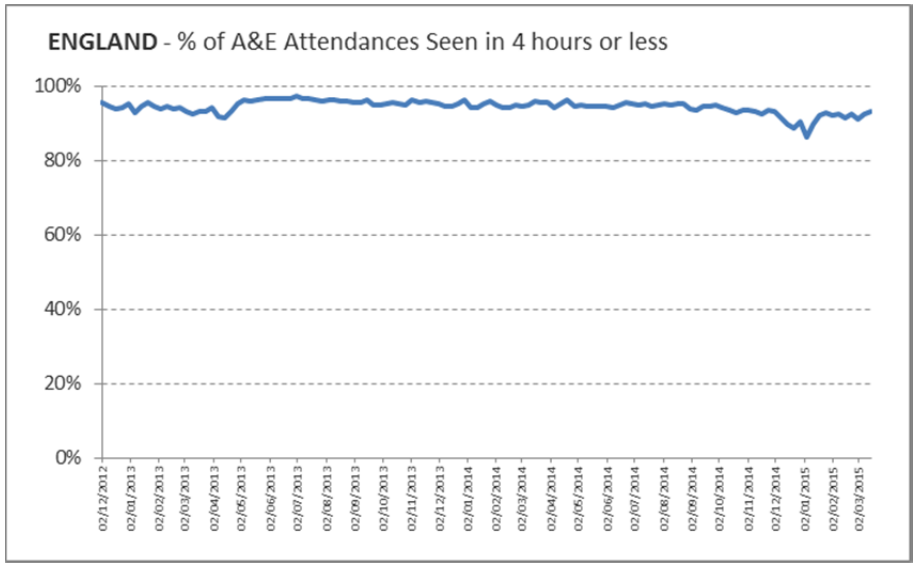
## Weekly A&E Attendance December 2012 to March 2015

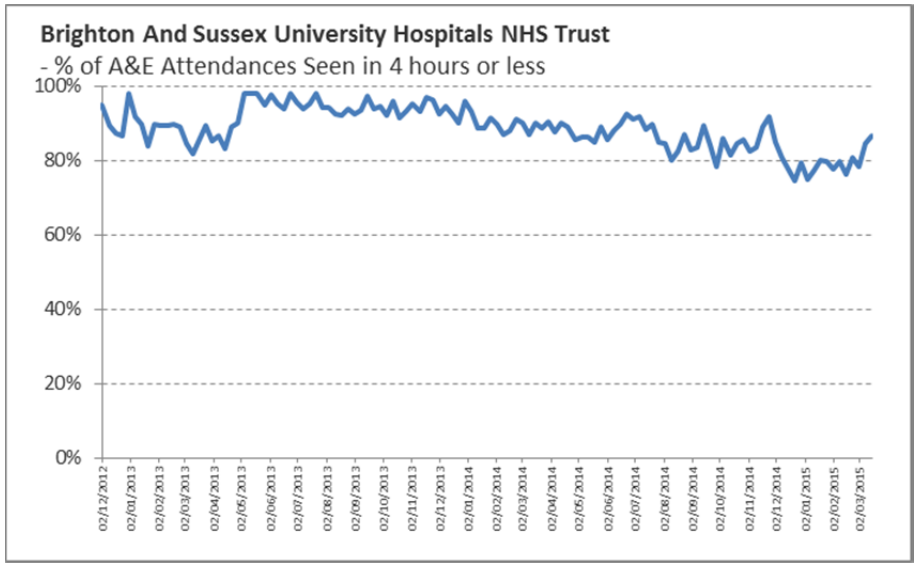


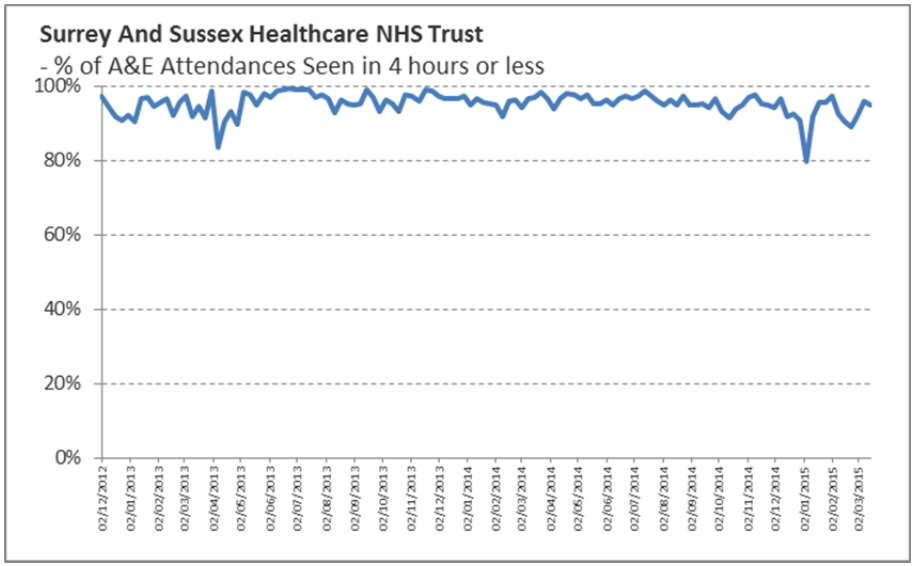

Source: NHS England – weekly data. *Data are published weekly (at Provider Trust level) in relation to A&E Attendances, Emergency Admissions. Collection includes the total number of attendances in the week for all A&E types, including Minor Injury Units and Walk-in Centres, and of these, the number discharged, admitted or transferred within four hours of arrival.*

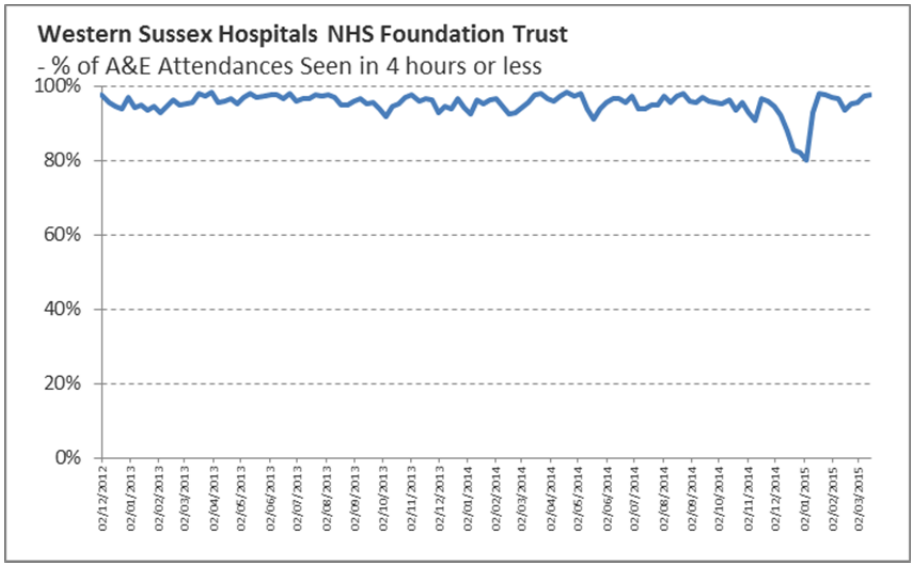
## Accident and Emergency Attendances Seen Within 4 Hours by Acute Provider

**Weekly Performance Data December 2012 to March 2015** *(Source: NHS England)*



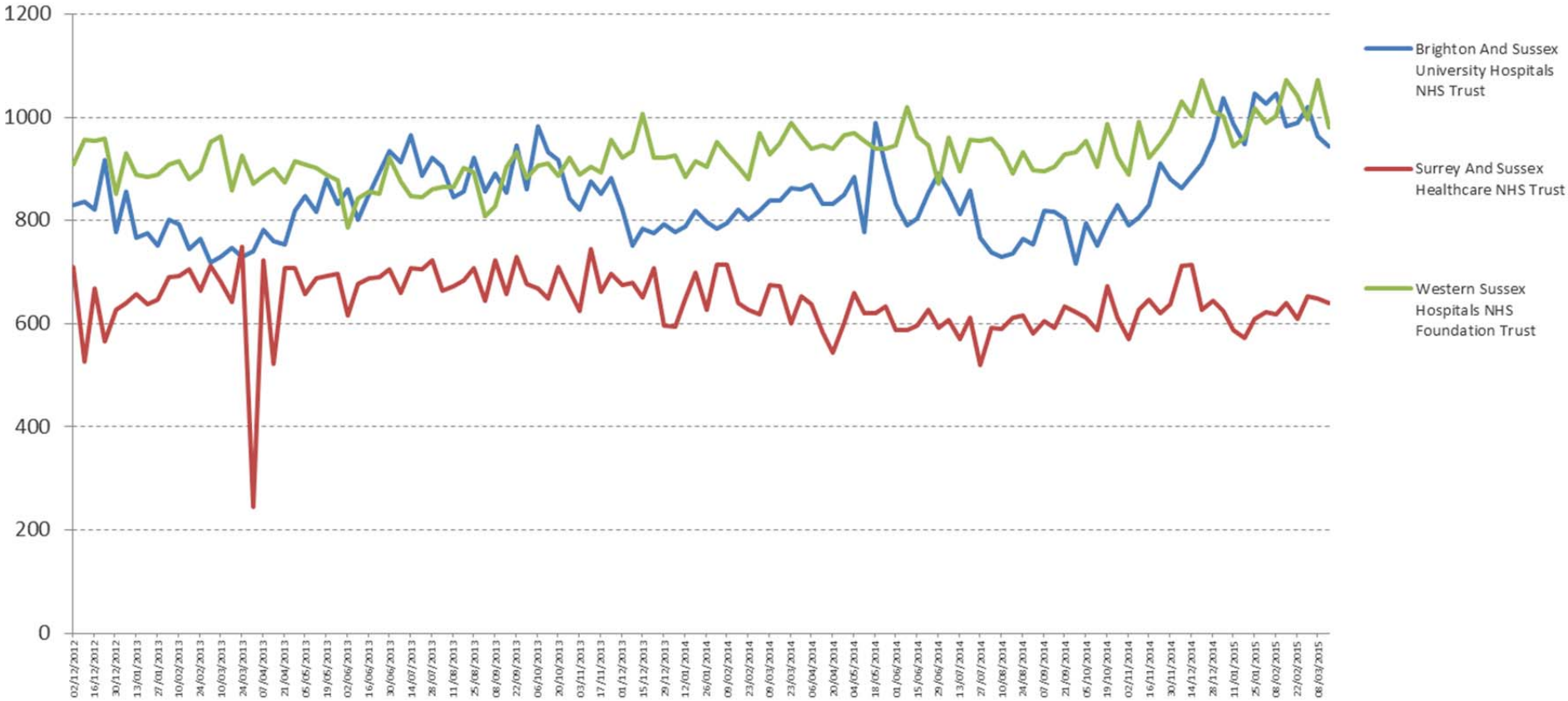



## Emergency Hospital Admissions by Acute Provider

## Weekly Admissions from December 2012 to March 2015

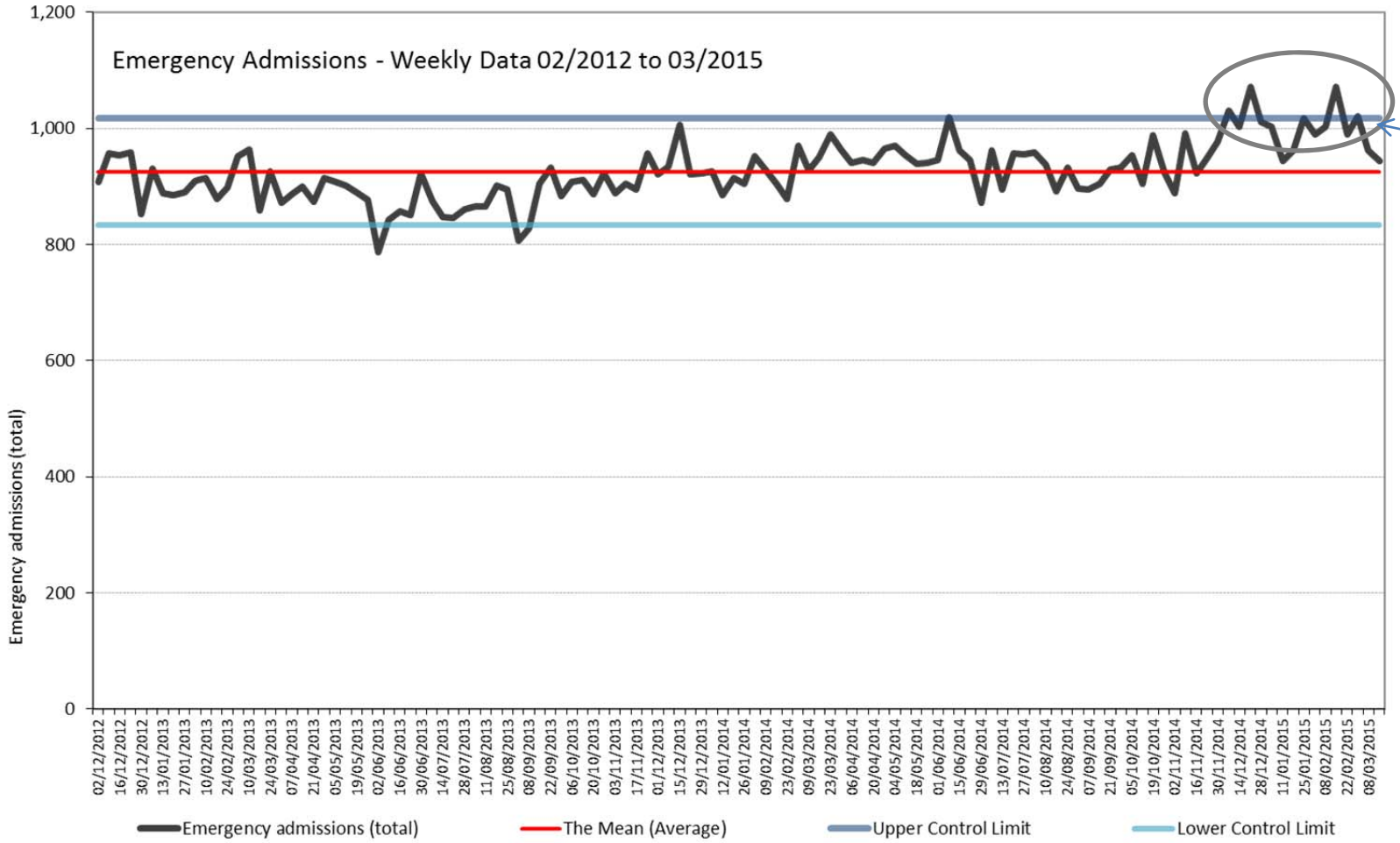
*(At present WSCC Public Health has not access to hospital data to identify emergency admissions of West Sussex residents but the majority of residents would be admitted to one of Trusts shown)*




Source: NHS England – weekly data. *Data are published weekly (at Provider Trust level) in relation to A&E Attendances, Emergency Admissions. Collection includes the total number of attendances in the week for all A&E types, including Minor Injury Units and Walk-in Centres, and of these, the number discharged, admitted or transferred within four hours of arrival.*

## Emergency Hospital Admissions by Acute Provider – Process Control Chart - WESTERN

This Process Control chart plots the number of emergency admissions each week into Western Sussex Hospitals NHS Trust for the period of February 2012 to March 2015. On the graph the long term median number of weekly admissions is shown alongside upper and lower control limits.




For a number of weeks in December 2014 to February 2015 the level of admissions were above the upper limit.

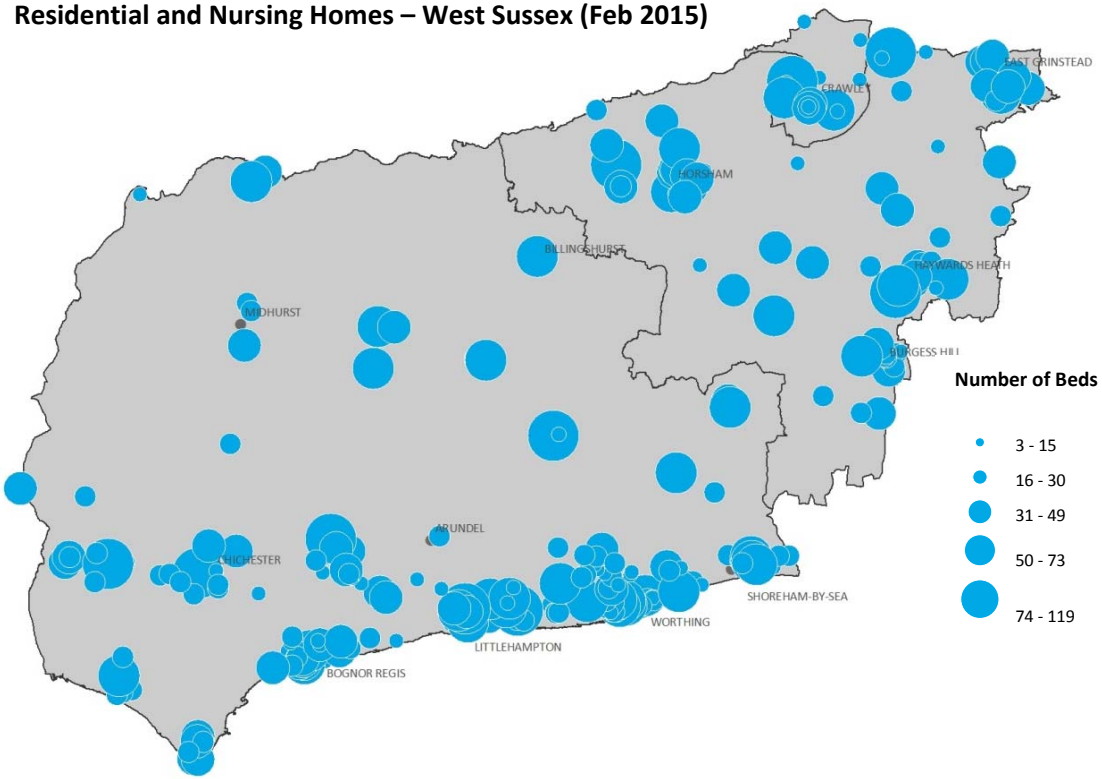
# Residential and Nursing Care in West Sussex

Using data from CQC (February 2015) there are 387 registered care homes in West Sussex, 132 of these provide care with nursing.

**Not all beds in care homes with nursing will be "nursing beds"*

| | NUMBER OF HOMES | | NUMBER OF BEDS | |
|---|---|---|---|---|
| | WITH NURSING | WITHOUT NURSING | WITH NURSING* | WITHOUT NURSING |
| Adur | 6 | 13 | 317 | 339 |
| Arun | 27 | 88 | 1,205 | 1,735 |
| Chichester | 19 | 31 | 806 | 795 |
| Crawley | 5 | 15 | 206 | 274 |
| Horsham | 22 | 17 | 1,090 | 458 |
| Mid Sussex | 30 | 30 | 1,170 | 617 |
| Worthing | 23 | 61 | 876 | 1,119 |
| **Total** | **132** | **255** | **5,670** | **5,337** |

**Residential and Nursing Homes – West Sussex (Feb 2015)**




Residential care homes are not evenly distributed in the county. There are a large number of homes concentrated along the coastal strip.

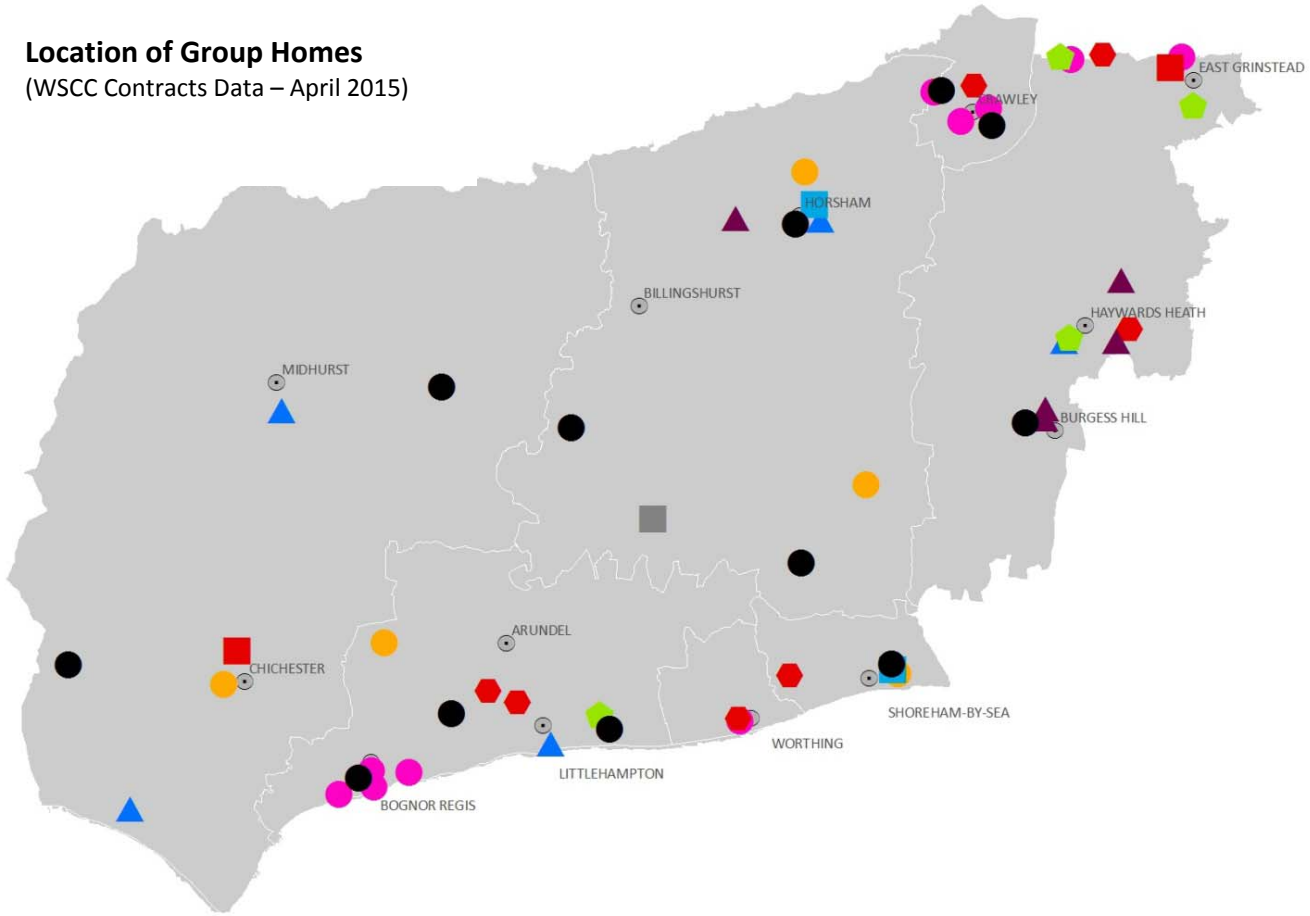
19% of all beds are based in Worthing alone.

**Note:** Data extracted from the CQC website and reflects homes registered with the CQC at the time.

# Care Home Provider Groups/Companies in West Sussex

| Care Homes "Brand" | Homes | Beds |
|---|---|---|
| Shaw | 12 | 750 |
| Sussex Health Care | 12 | 387 |
| *Consensus (LD)* | *7* | *54* |
| Barchester | 5 | 364 |
| Bupa | 5 | 242 |
| *Disabilities Trust (LD)* | *5* | *72* |
| Guild Care | 5 | 259 |
| South Coast | 5 | 184 |

**Location of Group Homes**
(WSCC Contracts Data – April 2015)




**Note:** Data extracted from the CQC website and reflects homes registered with the CQC at the time.

## Supported Housing in West Sussex

*The following table relates to snapshot provision data provided by the Elderly Accommodation Counsel.*

| | Sheltered | Enhanced Sheltered | Extra Care | Residential Care – Residential* | Residential Care - Nursing |
|---|---|---|---|---|---|
| Adur | 706 | 0 | 0 | 273 | 300 |
| Arun | 2,603 | 4 | 141 | 1,571 | 1,183 |
| Chichester | 1,340 | 106 | 28 | 834 | 681 |
| Crawley | 948 | 0 | 98 | 210 | 165 |
| Horsham | 1,882 | 21 | 108 | 278 | 1,047 |
| Mid Sussex | 1,449 | 104 | 210 | 617 | 1,044 |
| Worthing | 1,461 | 103 | 54 | 1,078 | 889 |
| Total | 10,389 | 338 | 639 | 4,910 | 5,489 |

**Residential and nursing bed provision relates to provision for older people and the most recent (April 2015) WSCC data have been used. This will include homes which have recently closed or have decommissioned beds and where details have still to be updated by CQC.*

### DESCRIPTIONS FROM THE ELDERLY ACCOMMODATION COUNSEL

**Sheltered housing:** Schemes / properties where some form of scheme manager (warden) service is provided on site on a regular basis but where no registered personal care is provided. A regularly visiting scheme manager service may qualify as long as s/he is available to all residents when on site. An on-call-only service does not qualify a scheme to be included in sheltered stats. In most cases schemes will also include traditional shared facilities - a residents' lounge and possibly laundry and garden.

**Enhanced sheltered housing:** Schemes / properties where service provision is higher than for sheltered housing but below extra care level. Typically there may be 24/7 staffing cover, at least one daily meal will be provided and there may be additional shared facilities.

**Extra care housing:** Schemes / properties where care (registered personal care) is available on site 24/7.

**Residential care:** Where a care home is registered with Care Quality Commission to provide residential (personal) care only, all beds are allocated to residential care.

**Nursing care:** Where a care homes is registered with Care Quality Commission to provide nursing care all beds are allocated to nursing care, although in practice not all residents might be in need of or receiving nursing care.

## Estimating the Gap - Supply of and Demand for Extra Care, Residential Care and Nursing Care[12]

The following assumptions have been used:-

- 25 units of Extra Care housing per 1,000 people aged 75 years or over (of which 79% are for sale, 21% for rent).
- 65 beds in Residential Care Homes per 1,000 people aged 75 years or over.
- 45 beds in Nursing Care Homes per 1,000 people aged 75 years or over.

| *Figures rounded to nearest 5* | EXTRA CARE | | | RESIDENTIAL CARE BEDS | | | NURSING HOME BEDS | | |
|---|---|---|---|---|---|---|---|---|---|
| | Estimated Demand | Supply | +/- | Estimated Demand | Supply | +/- | Estimated Demand | Supply | +/- |
| Adur | 170 | 0 | -170 | 445 | 273 | -172 | 310 | 300 | -10 |
| Arun | 520 | 141 | -379 | 1,355 | 1571 | 216 | 940 | 1,183 | 243 |
| Chichester | 365 | 28 | -337 | 950 | 834 | -116 | 660 | 681 | 21 |
| Crawley | 180 | 98 | -82 | 460 | 210 | -250 | 320 | 165 | -155 |
| Horsham | 330 | 108 | -222 | 855 | 278 | -577 | 595 | 1,047 | 452 |
| Mid Sussex | 325 | 210 | -115 | 850 | 617 | -233 | 590 | 1,044 | 454 |
| Worthing | 300 | 54 | -246 | 775 | 1078 | 303 | 535 | 889 | 354 |
| **WEST SUSSEX** | **2,190** | **639** | **-1,551** | **5,695** | **4,910** | **-785** | **3,940** | **5,489** | **1,549** |

*Source(s):*
*Estimated demand figures based on 2013 ONS MYE of Population Aged 75+*
*Supply figures relating to Extra Care Housing provided by EAC*
*Supply figures relating to residential and nursing beds provided by WSCC Contracts and reflect positions as of April 2015.*

[12] The SHOP Tool has been developed using the assumptions developed in More Choice Greater Choice http://www.cpa.org.uk/cpa/more_choice_greater_voice.pdf

# SUMMARY OF REPORTS

**MAKING INTEGRATED CARE HAPPEN AT SCALE AND PACE (MARCH 2013)**

**Provides a series of recommendations on how to make it most effective.**

http://www.kingsfund.org.uk/publications/making-integrated-care-happen-scale-and-pace

**Summary**

This report summarises the ways in which we can enhance integrated care and is very positive towards integrated care. It gives a guide to the benefits and possible pitfalls of it. The report tells us there is no one way to get integrated care right, however what seems to be paramount is clear communication and willingness to share expertise and information between organisations. The report also warns that integrated care tends to 'cost before it pays' but that it can pay, especially when used in line with specific targets and uses a multiple intervention approach. The report also warns that in the current climate small scale pilots are unlikely to create the savings and results needed. Overall very positive about integrated care but emphasises that it can be a long process to get it to work effectively; it often needs to be a strategy spanning 5 years or more.

**BRIEF REPORT ON RISK STRATIFICATION: UNDERSTANDING THE METHODOLOGY TO SUPPORT INTEGRATED COMMISSIONING (JUNE 2013)**

**Examines the possibilities of risk stratification and social care, however results in early stages/estimates.**

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.kmpho.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FalId%3D303863&ei=KVvbVI65KpfzavvFgugC&usg=AFQjCNHKws9pRTwH2NVAH0rXYQnP1yNN2g&bvm=bv.85761416,d.d2s

**Full report here -**

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CCgQFjAA&url=http%3A%2F%2Fwww.kmpho.nhs.uk%2FEasySiteWeb%2FGatewayLink.aspx%3FalId%3D382582&ei=aF3bVPHxO8PdaqyMgbgD&usg=AFQjCNF-0DsLg7OQDJxZxBUXNpkvchcXFw&bvm=bv.85761416,d.d2s

**Summary**

Explanation of the progress of risk stratification in the NHS, used to identify patients who may be at risk of future hospitalisation and re-hospitalisation. It summarises a need for the focus on targeted prevention of unnecessary hospitalisation of those with complex needs. Details of the Kent programme pioneering improved integrated commissioning between different health and social care services. Their results say that identifying the high risk patients will allow for GPs to identify those patients entering 'crisis' in the next year and develop preventative interventions. This will cause an estimated saving of 75 million by preventing non-elective 'crisis' admission at the top 5% of the 'at risk' population. However while this report advocates the potential benefits of this preventative integrated care system, these are estimated and predicted results rather than evidence that such an approach will reduce hospital admissions; although the report does emphasise the benefits of an effective integrated care service.

**NHS Integrated Care and Support Pioneer Programme (2014)**

**Examples of integrated care helping ease hospital admissions and positive about it while recognising possible downsides**

http://www.local.gov.uk/documents/10180/6927502/Integrated+Care+Pioneer+Programme+Annual+Report+2014/76d562c3-4f7d-4169-91bc-69f7a9be481c

This report is providing the evidence of a programme designed to test ways that health and social care services work together and provide better integrated care. It strongly advocates a holistic approach to people's health and care as a way of relieving pressure on the system. However it also recognises that the implementation of integrated care is not a 'silver bullet' and that to accelerate the pace of change is difficult because of the barriers of the various different organisations that need to work together. The results of the pilot programmes are promising – e.g. in Penwith in Cornwall has shown a fall in hospital admissions by nearly 50% and promising results elsewhere in Cornwall and Kent. They also emphasise a reported improvement in patient experience with care and anticipate savings of more than 33,000 emergency admissions. There is proof as far as the pilot schemes go that integrated care may be able to help reduce hospital admissions.

**Making best use of the Better Care Fund: Spending to save? (Jan 2014)**

**Cautiously positive on integrated care, specifically emphasises the need for lifestyle intervention and a holistic focus but more advice than concrete evidence.**

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-best-use-of-the-better-care-fund-kingsfund-jan14.pdf

This paper gives specific guidance on how to use the Better Care Fund, emphasising the difficulties of the financial squeeze it could put on existing services and therefore the importance of developing effective integrated care. Acknowledges that evidence of what works varies and has certain gaps; therefore we need to innovate and try out new approaches. The paper highlights the need for preventative interventions in lifestyle choices (smoking etc) in order to reap the rewards in the future. The importance of tailoring interventions to the person is emphasised as well as involving patients in their own care. It advocates the use of risk stratification in identifying preventative hospital visits and the targeting of specific high risk areas/patients. There is a need for a holistic focus in order for integrated care to be effective, as well as a single point of access. It does also support the importance of discharge planning in that those patients who return home can regain their independence better. Emphasises similar objectives to 'Making Integrated Care Happen at Scale and Pace' in terms of collaborative leadership and has a cautiously positive attitude towards the evidence for effective integrated care.

**Avoiding hospital admissions: What does the research evidence say? (December 2010)**

**Gives some useful evidence as to the effectiveness of integrated care in certain areas, not positive across the board though, emphasises need for further research.**

http://www.kingsfund.org.uk/sites/files/kf/Avoiding-Hospital-Admissions-Sarah-Purdy-December2010.pdf

Summary of available research (published in 2010 so will not be completely up to date) on the effectiveness of integrated care/telecare. Found that a lot of the evidence is conflicting, however did find that there is evidence in certain cases of an impact in hospital admissions; this is not the case for all interventions and in some cases may not be effective in reducing hospital admissions, although there may be other benefits. There is evidence for the benefits of - continuity of care with GP, hospital at home, assertive case management in mental health, self-management, early senior review in A&E, multidisciplinary interventions and telemonitioring in heart failure and integration of primary and secondary care. However the report also finds that there is little or no evidence to support – pharmacist home based medication review, intermediate care, community based case management, early discharge to hospital at home and nurse led interventions pre- and post-discharge for patients with COPD. It also finds many areas where more comprehensive research is needed in order to say whether interventions will be effective. The report also emphasises that the studies used as evidence may in some cases differ from the conditions in real life and therefore may not paint an accurate picture of the effectiveness of integrated care although it does re-iterate that there may be a need for multiple integrated interventions.

**Telecare Ready: Creating a universal entitlement to telecare (2011)**

**Advocates a specific type of integrated care as having potential benefits, summary of pros and cons.**

http://strategicsociety.org.uk/wp-content/uploads/2013/01/Telecare-Ready-Creating-a-universal-entitlement-to-telecare.pdf

This report advocates the possible benefits of telecare both financially and in the care experience received by patients. However it does also emphasise the need for overcoming barriers in integrated care, the need for a long term investment to see the rewards and need for a clear policy framework for it to be effective. Lists advantages of telecare as – allowing local authorities to choose where the money is spent and reap the rewards of that, the change management that is needed for integrated care is best overseen at a local level. However it also accounts for the disadvantages of – the benefits of telecare being highly dependent on political discretion, local authority budgeting constraints, local variation in terms of fairness and consistency of integrated care, limits to the private telecare market and the decision of who is entitled to telecare. It concludes that telecare can reduce demand for care and cost but will not necessarily do so without a consistent system.

**Good Governance Institute Summary Briefing of Care and Support at Home: An Audit of Telecare Services in England (2012)**

**An audit based on local figures, however has multiple definitions of telecare so is unable to be conclusive on any savings/hospital admissions.**

http://www.tunstall.co.uk/Uploads/Documents/GGI%20Telecare%20Audit%20Summary%20Briefing.pdf

This is an audit of the telecare provision of unitary and upper tier councils in the UK on the telecare they provide and its effectiveness/possible savings. The audit finds that the provision of telecare varies considerably across the UK and though the report finds that there is the potential for savings and effectiveness in hospital admission, it is not conclusive on the matter. It also emphasises the importance of reablement of patients following hospital discharge, in order to make effective investment in integrated care.

**Factors that promote and hinder joint and integrated working between health and social care services**

**Gives conflicting evidence, less positive on the effectiveness of integrated care.**

http://www.scie.org.uk/publications/briefings/files/briefing41.pdf

Evaluates the different results/effectiveness of integrated care, has a section on cost effectiveness however cannot be conclusive as the evidence for cost effectiveness in many projects is sketchy. However they do say that in a comparison between integrated care and a community hospital there was no difference found in the costs. The report does however say that there is some evidence that intermediate care such as hospital avoidance schemes does reduce costs as well as hospital admissions; however this may be at the cost of increasing residential care costs. Again this report gives a picture of conflicting evidence on the effectiveness of integrated care in reducing hospital admissions and costs.

**Reablement: a cost effective route to better outcomes**

**Positive about reablement however this only addresses one type of integrated care.**

http://www.scie.org.uk/publications/briefings/files/briefing36.pdf

This report focuses specifically on the reablement of patients and the results seen from it. They conclude that while overall people prefer to be cared for in their own home, negative attitudes towards reablement prevail. However in terms of outcomes it is significantly associated with better 'health related quality of life and social care outcomes compared with conventional homecare'. As the focus of this report is on reablement it does not really provide a comprehensive view of evidence for integrated care although provides some positive support for reablement as a particular type of integrated care.

**Commissioning Homecare for Older People**

**Positive about home care for older people however this only addresses one type of integrated care, but does not provide evidence for it reducing hospital admissions.**

http://www.scie.org.uk/publications/guides/guide54/files/guide54.pdf

Again a more specific report, focusing on the needs of older people and advocates the desire of older people to stay in their homes, retain a good quality of life, and develop good relationships with carers and to receive high quality, personal care. It re-iterates the need for effective integrated homecare as a result of these needs and gives individual case studies however does not provide evidence one way or another on the effect of this home care on hospitalisation. It certainly advocates home care as very helpful and desirable for older people when possible.

## Further Reading

**Understanding Barriers to Pension Credit Take Up**

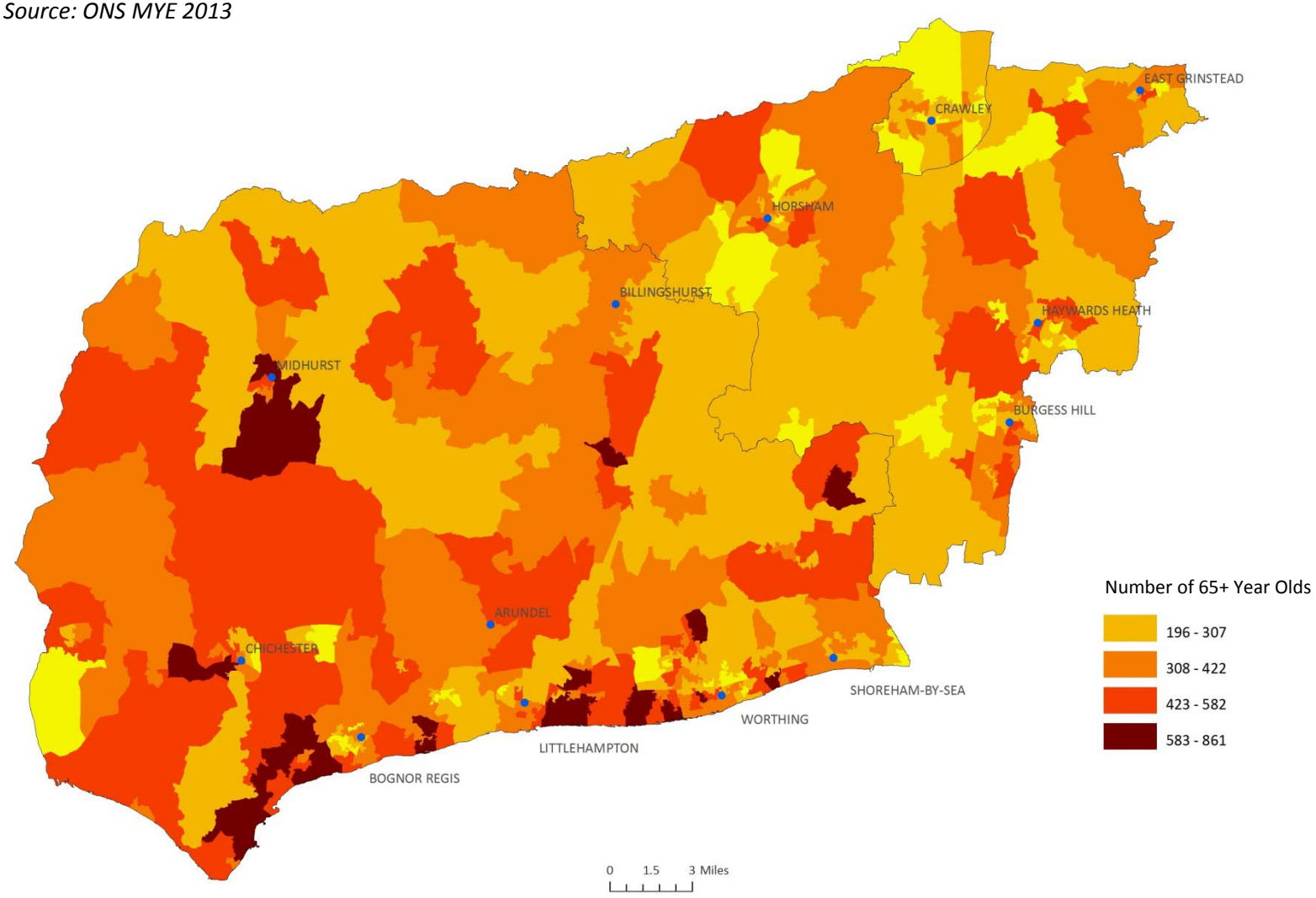
**Investigating the triggers into claiming Pension Credit by Darren Bhattachary and Zoe Slade (DWP 2012)**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214571/rrep785.pdf

## MAPS

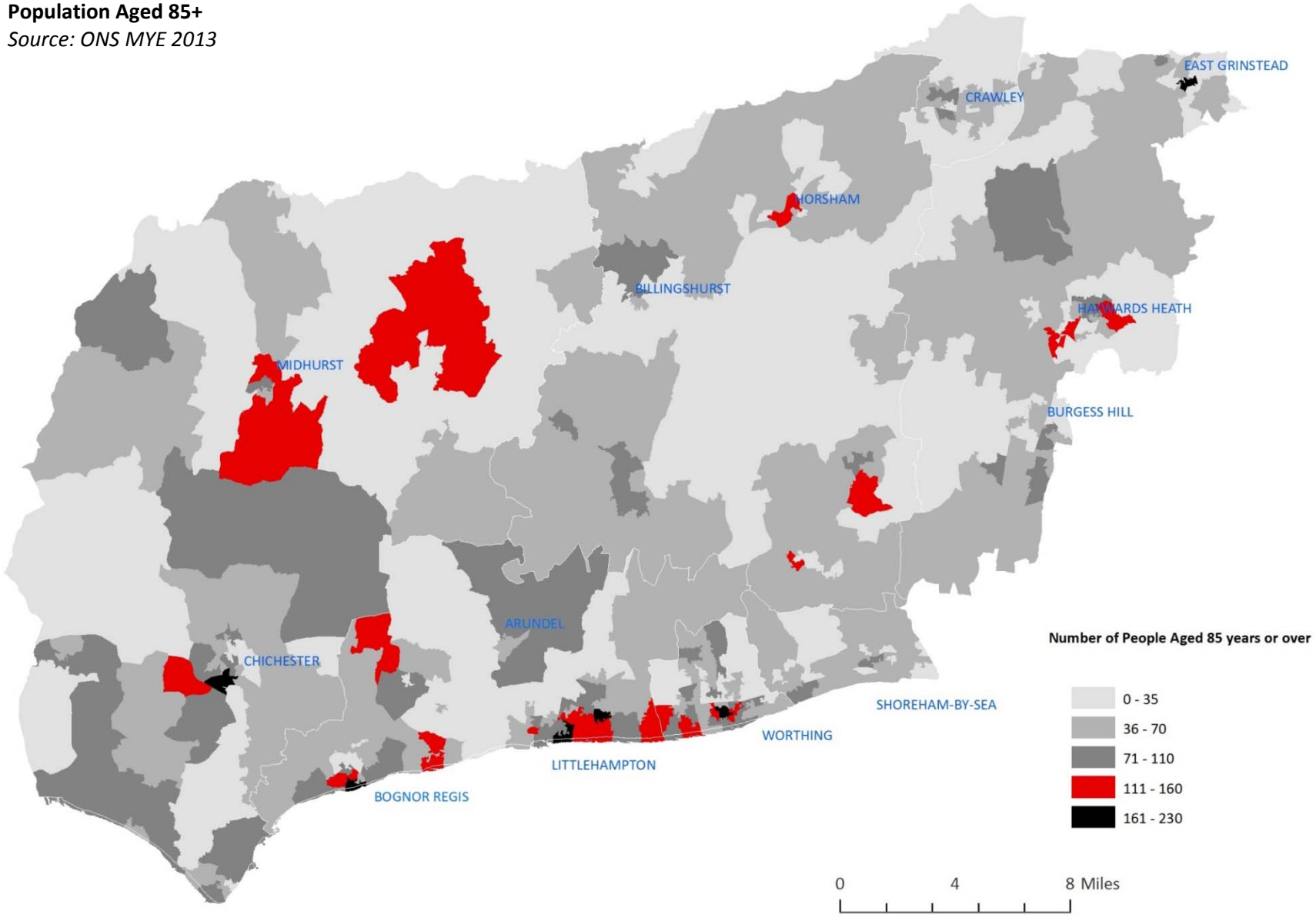
**Population Aged 65+**

*Source: ONS MYE 2013*



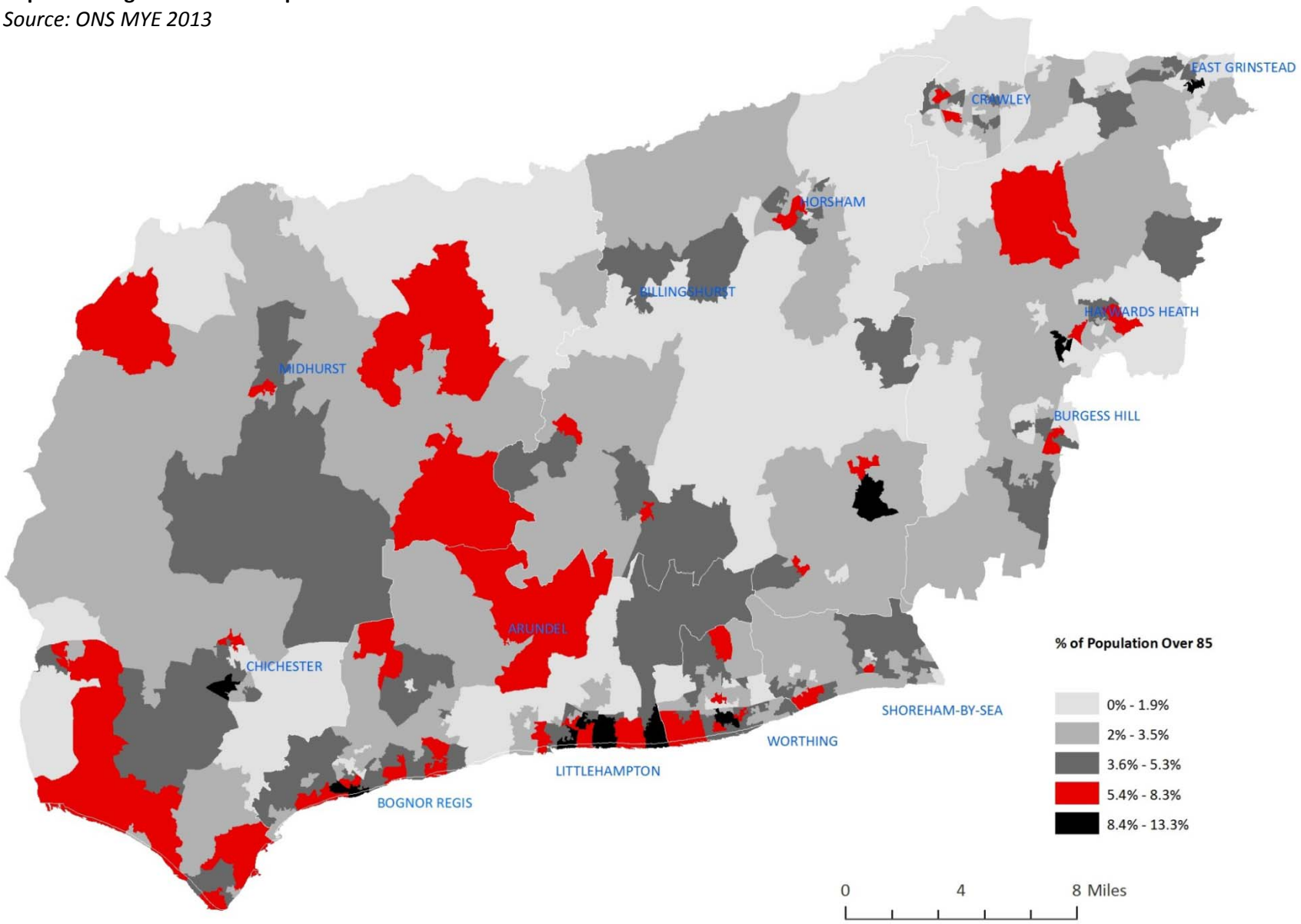
**Population Aged 85+**

*Source: ONS MYE 2013*



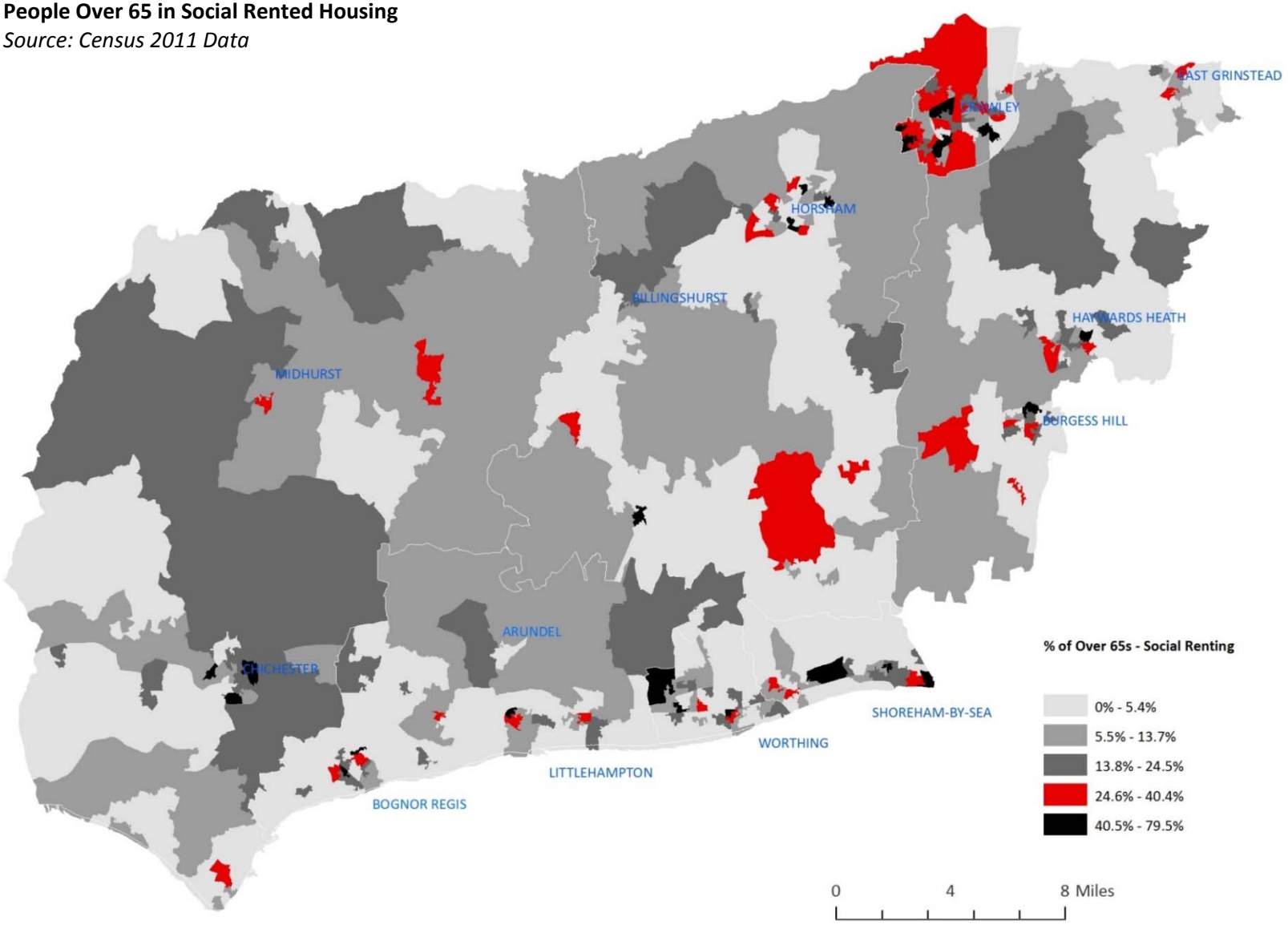
**Population Aged 85+ - % of Population**

*Source: ONS MYE 2013*



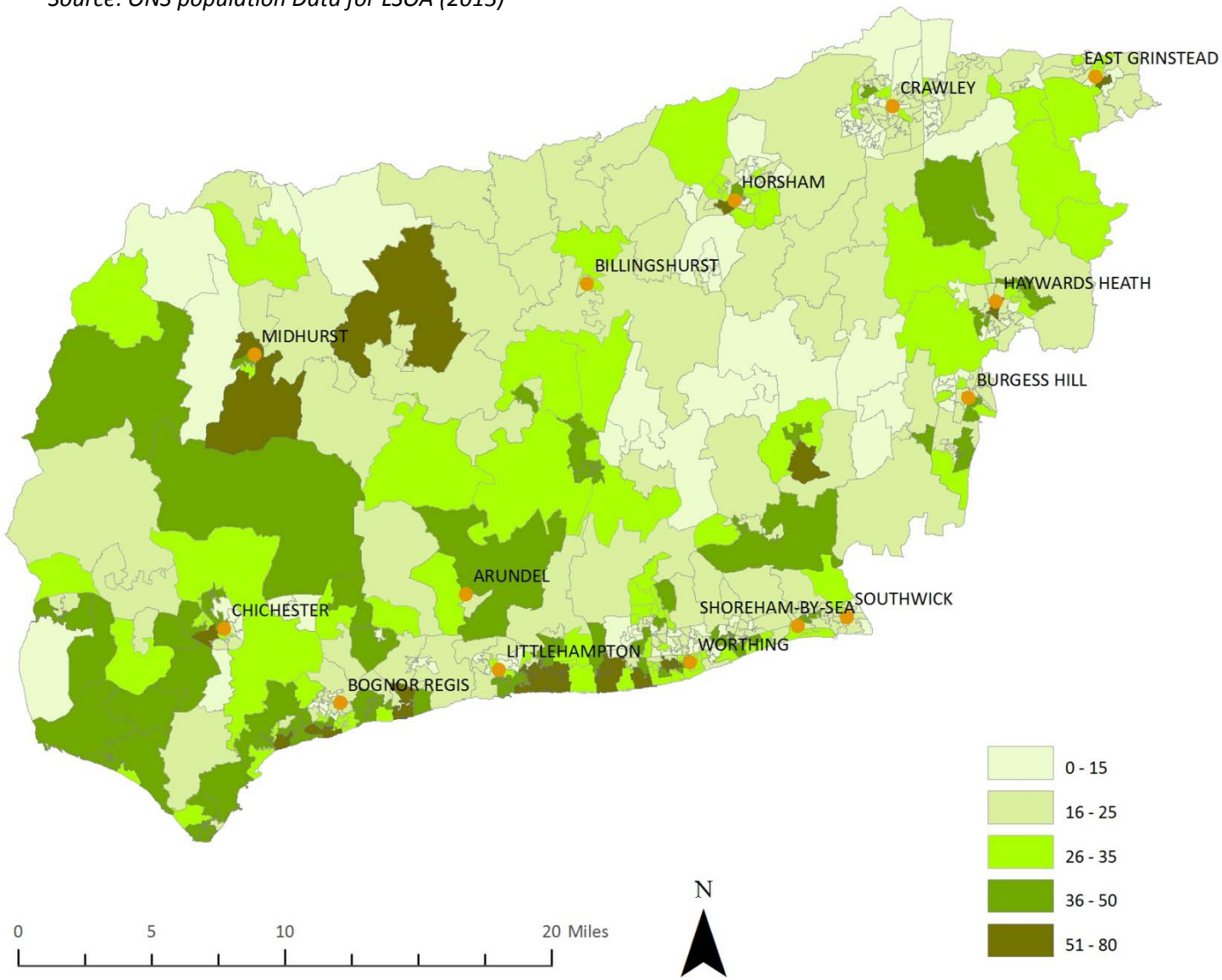
**People Over 65 in Social Rented Housing**

*Source: Census 2011 Data*



**Older People Dementia (Estimated from Prevalence)**

*Source: ONS population Data for LSOA (2013)*




**Key Points**

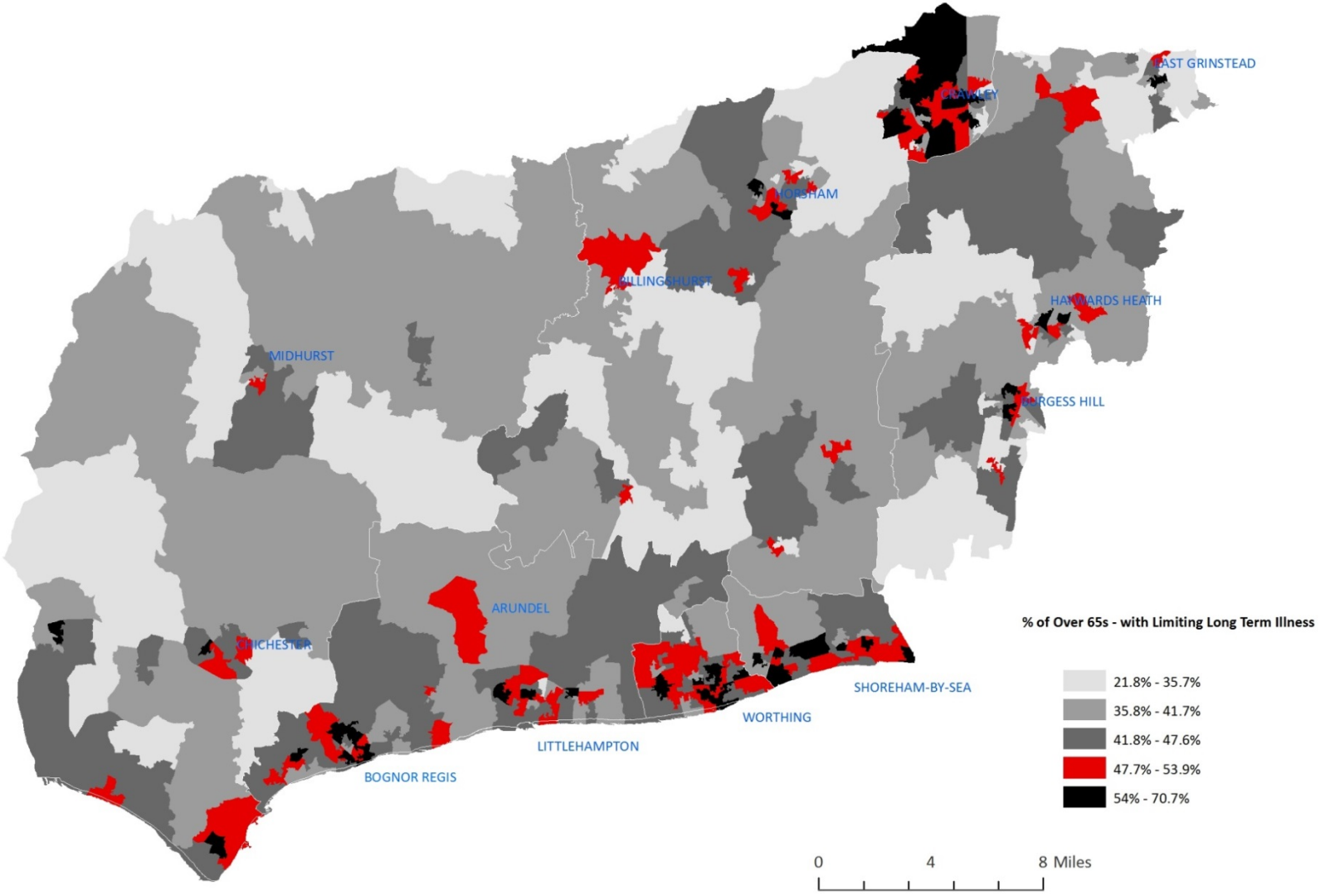
- Map shades areas of the county – applying prevalence assumptions (based on assumptions below).
- Higher numbers reflect older age structures of local areas.

*<u>Prevalence assumption:</u> Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.*

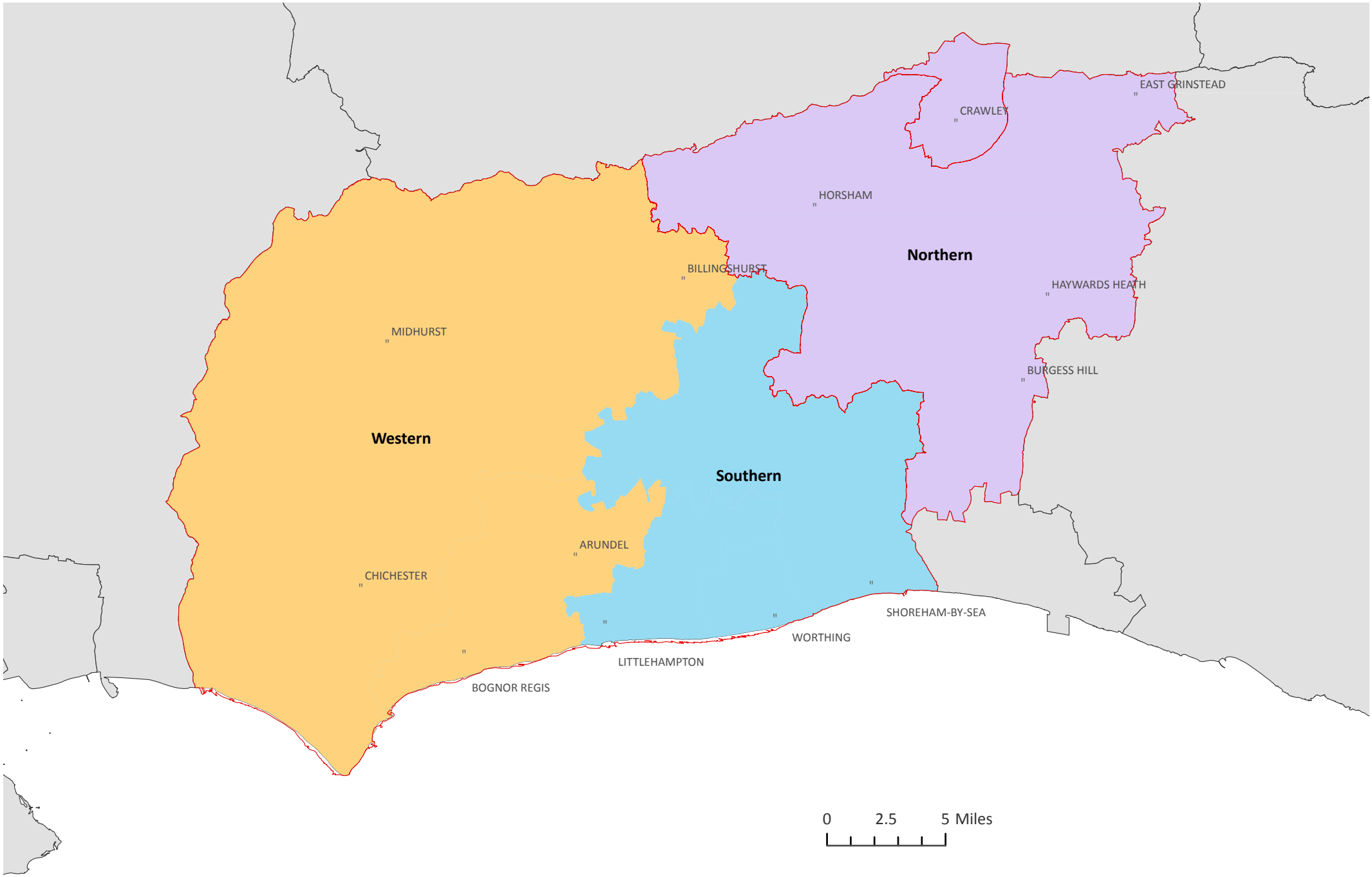
| Age range | % males | % females |
|---|---|---|
| 65-69 | 1.5 | 1 |
| 70-74 | 3.1 | 2.4 |
| 75-79 | 5.1 | 6.5 |
| 80-85 | 10.2 | 13.3 |
| 85-89 | 16.7 | 22.2 |
| 90+ | 27.9 | 30.7 |

**Older People % with Limiting Long Term Illness**

*Source: ONS population Data for LSOA (2013)*



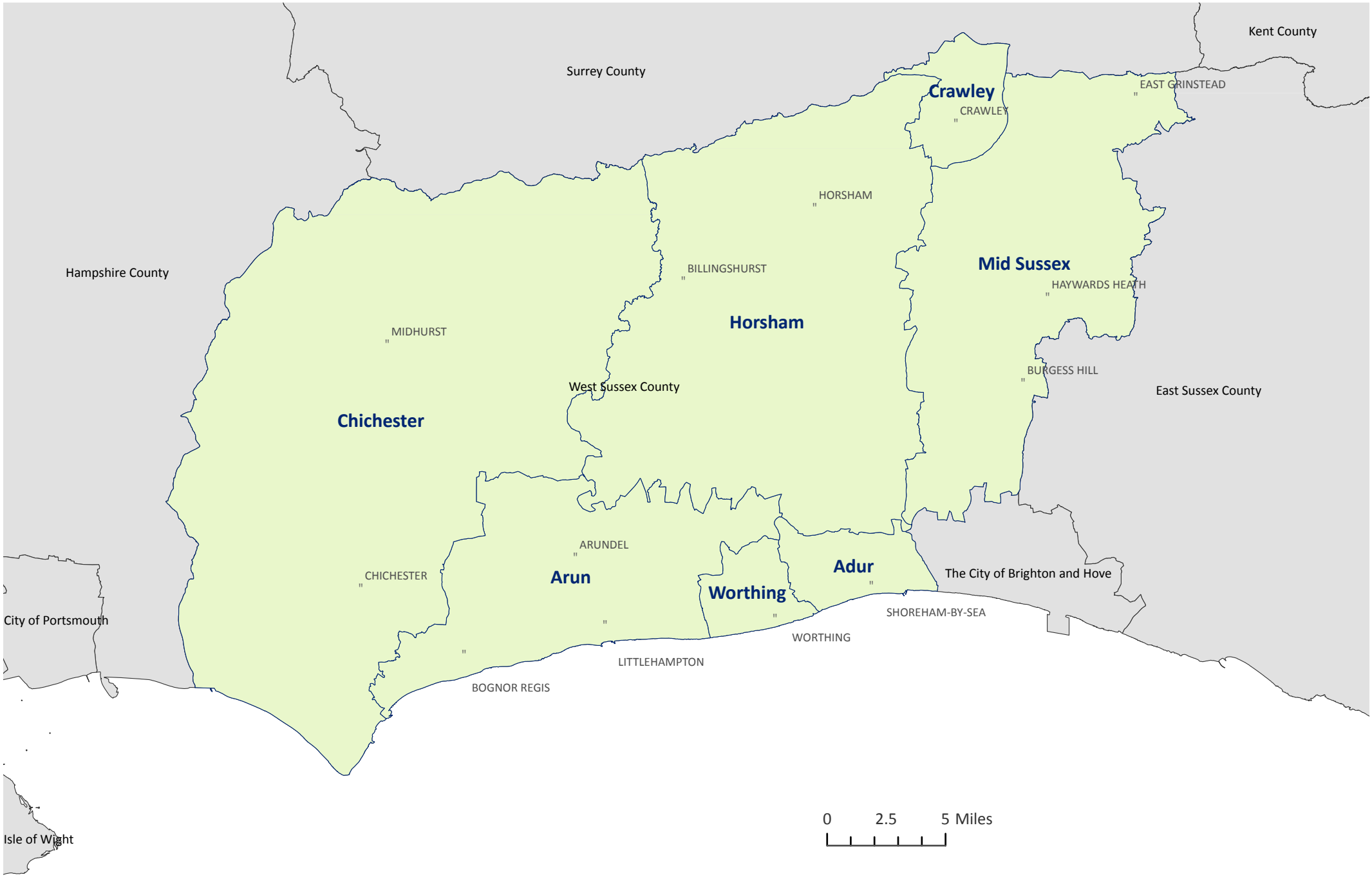
# West Sussex - Adult Social Care Areas and CCGs (Red Boundary Lines)



# West Sussex - CCGs and Districts

# West Sussex - CCGs - Hospital Locations

# West Sussex County Council - Districts



# West Sussex - CCGs