



Best Health for Older People in Warwickshire 2015



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Foreword

Age UK Warwickshire and Warwickshire County Council believe that older people deserve the very best healthcare possible within the resources that are available. One of our greatest challenges today is to ensure that our rapidly ageing population live in the best possible health and receive the support they require to live full independent lives at home for as long as possible.

This report is an update to the Director of Public Health Annual Report 2009/10. We are delighted that it is being produced jointly with Age UK Warwickshire. It is a reminder to all agencies providing health and social care in Warwickshire to work innovatively and more collaboratively to meet this challenge.

Older people want and deserve services that are joined up, prevent reliance on the care system and respond to their wider needs. In order to reduce hospital admissions, and help to transform the health and care economy locally, we know that we must all put much more emphasis onto earlier intervention and prevention.

As we grow older, we all face new challenges but that doesn't stop us from wanting a fulfilling, independent life. Age UK and the County Council are both passionate that everyone should have the opportunity to be able to make the most of later life, whatever their circumstances, wants and needs.



A handwritten signature in black ink, appearing to read 'Elizabeth Phillips'.

Elizabeth Phillips MBE

Chief Executive Officer
Age UK Warwickshire



A handwritten signature in black ink, appearing to read 'John Linnane'.

Dr John Linnane

Director of Public Health
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Business and Commissioning Intelligence

Warwickshire Observatory

Executive Summary

- ❖ Warwickshire has an above average proportion of older people, with over 20% of the total population aged 65 and over. There is vast variation in the proportion of people aged 65 and over within localised areas of the County, ranging from 7-33%.
- ❖ Stratford-on-Avon District and North Warwickshire Borough have above average proportions of older populations compared to the County.
- ❖ Over the next ten years, there is a predicted 22.3% increase in the older population, with a projected 138,000 more people aged 65 and over.
- ❖ The majority (54%) of the 65 and over population is female; this majority increases to 70% in the 90 and over population.
- ❖ Life expectancy for males is 79.4 years and 83.1 for females.
- ❖ Females have longer life expectancies but a shorter healthy life expectancy (66.3 years) than males (67.0 years). Females are spending relatively less time (79.0%) than males (83.7%) in 'good' health.
- ❖ In 2014, 28% of deaths in the 65 and over population were from cancer, which has increased 12% in the last five years. 28% of deaths were from cardiovascular disease and 13% from respiratory disease; deaths from these diseases have decreased.
- ❖ The majority of deaths (48%) took place in hospital, 25% in residential care and 21% in their own homes.
- ❖ With an ageing population, the issue of loneliness and social isolation has emerged as a major public health challenge.
- ❖ Females are more likely to be living alone, widows and be carers.
- ❖ 40 areas are ranked in the 30% most income deprived affecting older people nationally. Half of these are from Nuneaton & Bedworth Borough.
- ❖ Long-term conditions are the 'invisible epidemic' for the older population.
- ❖ Warwickshire has a greater dementia prevalence projection than England; there will be an estimated 18.2% increase in cases by 2020 (3,200 new cases).
- ❖ Dislocation, fracture or joint injury was the most common reason for 65+ population attending A&E.
- ❖ Hip fractures in the 65-79 population have increased 6.1% and 11.7% in the 80+ population since 2010/11. Hip fractures in 80 and over population are almost 3 times higher than hip fractures in 65-79.
- ❖ Social care package provision to clients aged 65 and over has more than doubled over the last five years.
- ❖ During 2013/14, around 89% of individuals aged 65+ who received reablement support were still living in their own homes 91 days after leaving hospital.
- ❖ The number of carers has remained relatively stable, but the hours of care provided has increased.

Demographic Picture in Warwickshire

Warwickshire's Older Population

The latest total population estimate for Warwickshire suggests the County is home to 551,594 people¹. Warwickshire has a higher proportion of its population aged 65+ compared to the national average, 20.2% and 17.7% respectively. Of the 65+ population (110,439) in Warwickshire, 14,682 are aged 85+ (13.3%) and 5,523 are aged 90+ (5.0%). The 65+ population is 54.4% female and 45.6% male; in the 90+ population, this gender difference increases with 72.5% of the population being female and 27.5% male.

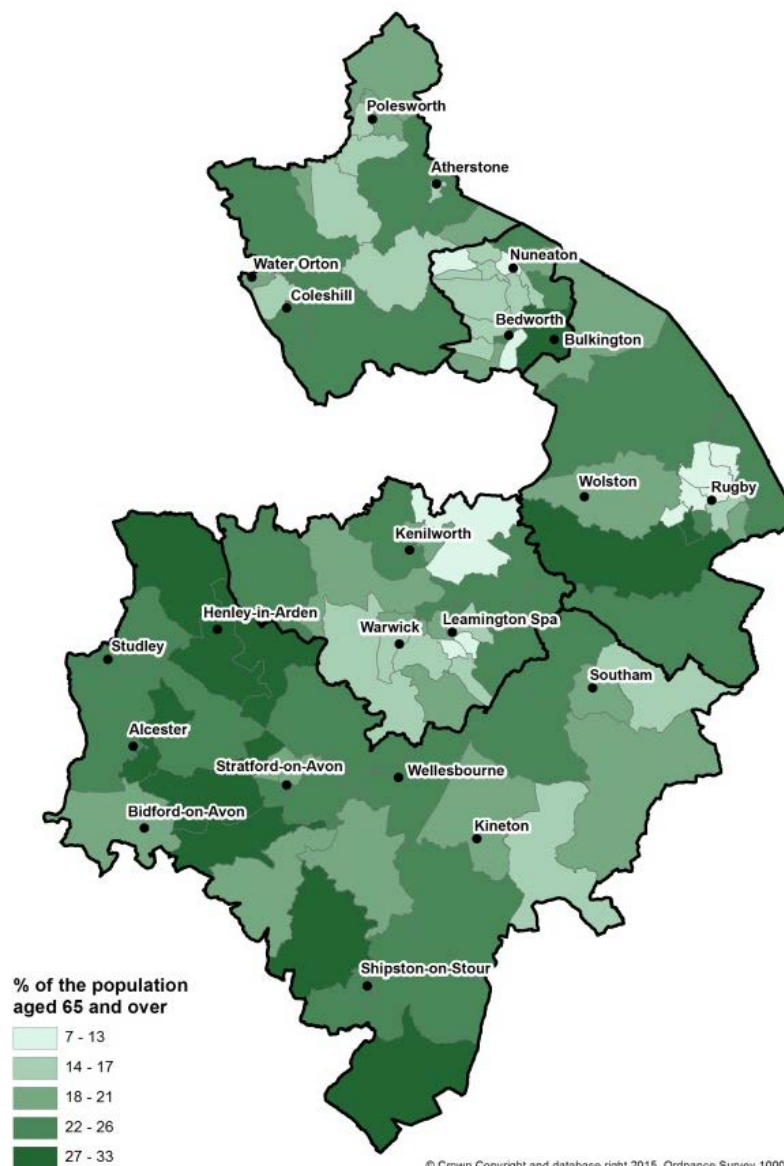
Figure 1: Warwickshire's Total 65+ population



Source: Office for National Statistics (ONS) mid-year population estimates

Warwickshire's older population distribution is more pronounced in some Districts and Boroughs. Stratford-upon-Avon District and North Warwickshire Borough are above the County average for proportions of the population aged 65+; 24.9% and 20.7% respectively. Nuneaton & Bedworth Borough and Rugby Borough are lower than the County average but still greater than the national average; 18.4% and 18.8% respectively. Warwick District has the smallest proportion of older people with 17.9%.

Map 1: Proportion of population aged 65+ by ward²



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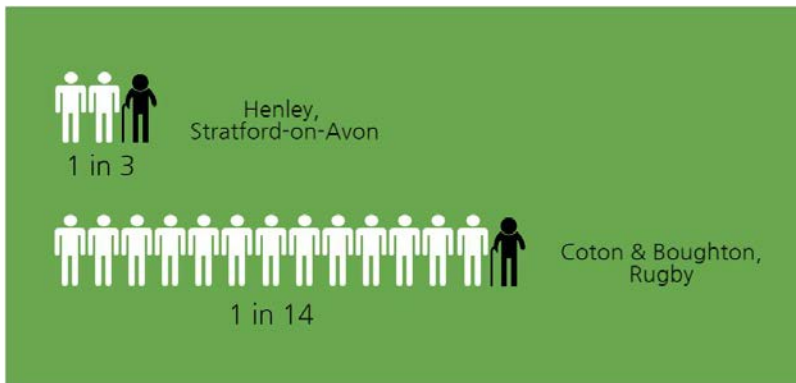
Source: Local Health, Public Health England (PHE) *2013 data available

¹ Office for National Statistics (ONS) mid-year population estimates (2014)

² Local Health, Public Health England (PHE)

At ward level, there is considerable variation in the percentage of people aged over 65. The ward with the highest proportion of people aged 65+ is Henley (33%), a largely rural area in west Warwickshire. The ward with the smallest proportion is Coton and Boughton (7%), an urban area in central Rugby. The urban wards Bulkington (Nuneaton & Bedworth) and Bilton (Rugby) have the second highest 65+ population proportions. The other high proportion wards tend to be more rural, including, Long Compton, Welford, Kinwarton, Bardon and Claverdon in Stratford-on-Avon.

Figure 2: Variation in Warwickshire’s 65+ Populations



Source: ONS mid-year population estimates (2014)

Warwickshire’s Population Trends

The population of Warwickshire is projected to increase to around 590,000 by 2025; an increase of almost 39,000 people or around 7.0% from the 2014 ONS mid-year estimate³. This increase over the 11 year period is similar to expected national growth (7.6%). However, population growth is not consistent across all age groups. The number of people aged 65+ in Warwickshire is projected to increase from around 110,000 to 139,000 people in the next ten years (2015-2025). This increase in the older population is greater than predicted national growth, with Stratford-upon-Avon District expected to experience the largest increase in the County.

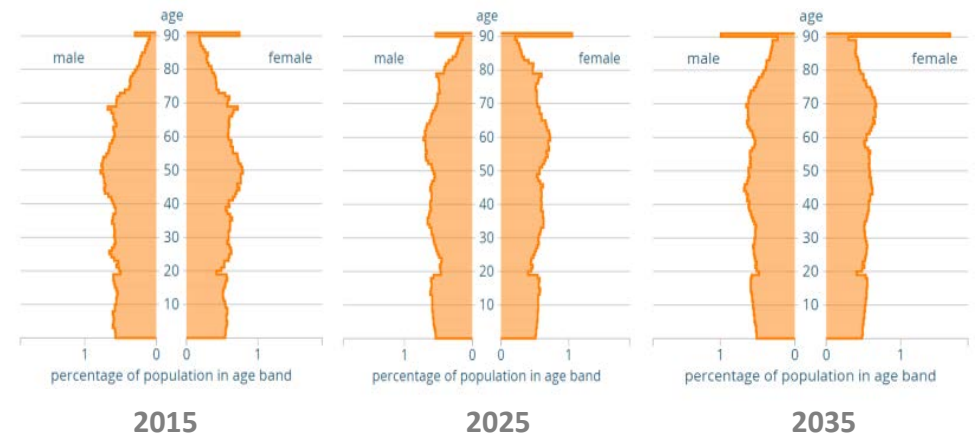
The number of people aged 90+ is expected to increase by around 3,000 people; Warwickshire’s most elderly population is potentially going to experience a 50% increase in the next ten years. There is also expected to be a 20% increase in the 85+ population.

Table 1: Projected increase in the 65+ population in Warwickshire, 2015-2025

	Percentage Increase in the 65+ population between 2015-2025	Total 65+ Population in 2025
England	21.2%	11,806,664
Warwickshire	22.3%	138,752
North Warwickshire	22.1%	16,026
Nuneaton & Bedworth	22.1%	29,211
Rugby	23.6%	24,310
Stratford-upon-Avon	24.5%	38,578
Warwick	19.1%	30,628

Source: ONS 2012-based subnational population projections

Graph 1: Projected Warwickshire Population, 2015-2035⁴



Source: Neighbourhood Statistics

³ ONS 2012-based subnational population projections

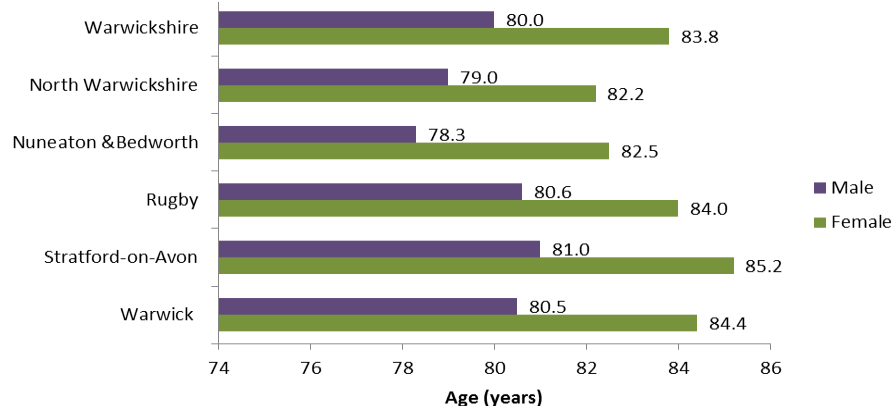
⁴ Neighbourhood Statistics

Life Expectancy and Healthy Life Expectancy

Life Expectancy at birth

Life expectancy is defined as the average number of years an individual is expected to live if the current mortality rates for their age persist throughout their lifetime. In England, at birth, male life expectancy is 79.4, while female life expectancy is 3.7 years longer at 83.1⁵. Nuneaton & Bedworth Borough has the lowest life expectancies for males in the County while North Warwickshire Borough has the lowest female life expectancy; Stratford-on-Avon District has the highest for both genders, with an average life expectancy 2.7 years longer for males and 3.0 for females.

Graph 2: Life expectancy at birth in Warwickshire (2011/13)

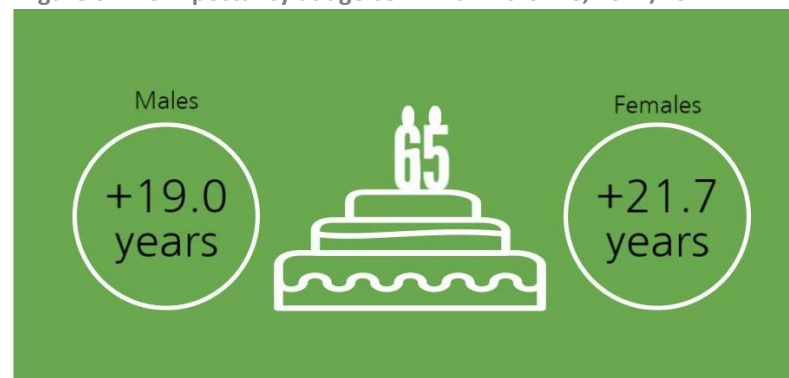


Source: Public Health Outcomes Framework (PHOF)

Life Expectancy at age 65

Life expectancy at age 65 is the average number of years an individual is expected to live if the current mortality rates for that area persist throughout their lifetime. Warwickshire's 65+ population are expected to live longer than England's male and female averages; 18.7 and 21.1 years respectively. Male and female life expectancy at age 65 years has increased in Warwickshire between 2000 and 2010 by 2.5 and 2.6 years respectively.

Figure 3: Life Expectancy at age 65 in Warwickshire, 2011/13

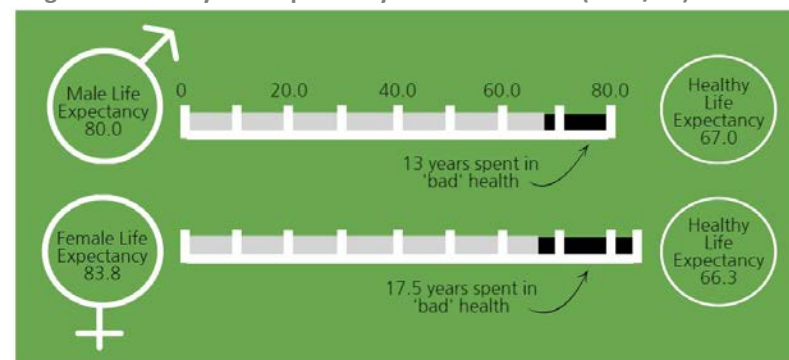


Source: PHOF

Healthy Life Expectancy

Although there have been significant improvements in life expectancy across the County, the proportion of time spent in good health is decreasing. Healthy life expectancy adds a quality of life dimension to life expectancy estimates by dividing expected lifespan into time spent in different states of health. It estimates lifetime spent in 'very good' or 'good' health, based on current mortality rates and how individuals self-report their general health. Females in Warwickshire have longer life expectancies but a shorter healthy life expectancy (66.3 years) than males (67.0 years). Females are spending relatively less time (79.0%) than males (83.7%) in 'good' health.

Figure 4: Healthy Life Expectancy in Warwickshire (2011/13)



Source: PHOF

⁵ Public Health Outcomes Framework (PHOF)

Mortality

Total Mortality in Warwickshire

A significant proportion of deaths occur in older age groups; Warwickshire has a large older population and is therefore likely to have higher levels of demand for palliative care and other end of life services. 86.1% of all deaths in Warwickshire in 2014 were in people aged 65+⁶.

In the period 2010-14, there were 24,790 deaths in Warwickshire; 21,106 of which were in the 65+ population (85.1%). Each year approximately 4,900 people die in Warwickshire; the crude mortality rate is 9.2 deaths per 1,000 population. Mortality rates vary between the Districts and Boroughs; the variation can be explained by differences in the age profiles.

Table 2: Crude Mortality rate (% of total population), 2013

	Crude Mortality Rate (%)
Warwickshire	0.92%
North Warwickshire	1.05%
Nuneaton & Bedworth	0.94%
Rugby	0.85%
Stratford-on-Avon	1.01%
Warwick	0.83%

Source: Primary Care Mortality Database

Areas with higher mortality rates tend to have a higher proportion of older residents, compared to areas with lower mortality rates. For example, around 24% of the population of Stratford-on-Avon District is aged 65+ and has a higher mortality rate. In Warwick District, around 17% of the population is aged 65+ and the mortality rate is lower at 0.83%.

In the last five years, on average, there have been 4,221 deaths per year in the 65+ population in Warwickshire. On average, 1,963 of these deaths each year are in the 85+ population, which accounts for 46.5% of annual deaths in the 65+ population. Table 3 shows the number of deaths in 2014, in the 65+ and 85+ populations in Warwickshire.

Table 3: Total mortalities in the 65+ population in Warwickshire, 2014

Number of Deaths per District and Borough	65+	85+
North Warwickshire	531	257
Nuneaton & Bedworth	1,010	454
Rugby	772	377
Stratford-on-Avon	1,050	520
Warwick	1,007	461

Source: Primary Care Mortality Database

The crude mortality rate has increased since 2010, by 7.9% in the population aged 65+. However, the crude mortality rate for the population aged 85+ has increased more than twice as fast, having increased by 16.2%, since 2010. These figures reflect Warwickshire's ageing population.

Figure 5: Total mortalities in the 65+ population in Warwickshire, 2014



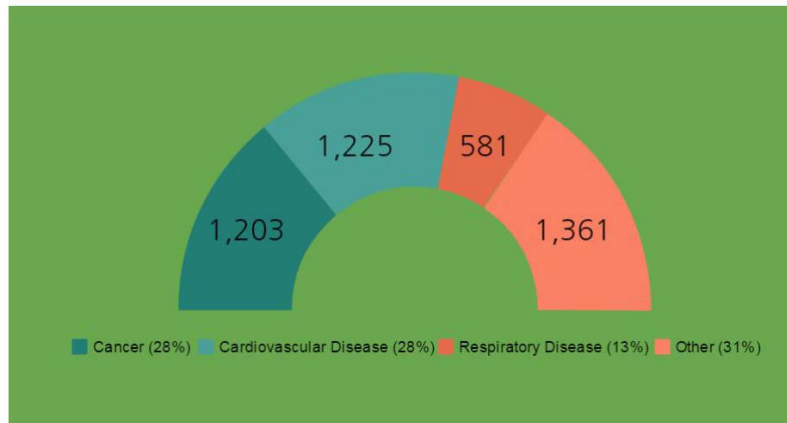
Source: Primary Care Mortality Database

⁶ Primary Care Mortality Database

Underlying Causes of Mortality

The most common underlying causes of death in the older population in Warwickshire are cancer and cardiovascular disease (CVD), making up around 56% of all deaths in the 65+ population. There has been an increase of around 12% in the total number of deaths from cancer in the past five years. In contrast, total deaths from the other leading causes, such as cardiovascular and respiratory disease, have slightly decreased.

Figure 6: Cause of mortality in the 65+ population in Warwickshire, 2014



Source: Primary Care Mortality Database

Place of Mortality

The dignity, health and wellbeing of older people in end of life care must be maintained. It is important that individuals receive appropriate provision, choice and quality in end of life care and are supported to die in the place of their choice. End of life care is provided by a range of organisations, including, hospitals, hospices, care/nursing homes, carers and families.

In 2014, of the 2,119 deaths in the 65+ population, just under half of total 65+ deaths (48.5%), took place in hospitals. 25.8% (1,129) took place in residential care homes and 21.0% (917) were in people's own homes.

Figure 7: Place of mortality in the 65+ population in Warwickshire, 2014



Source: Primary Care Mortality Database

The majority of deaths occurring in hospital (around 32%) were due to CVD. The majority of deaths occurring in own homes (around 43%) and hospices (91%) were due to cancer. In residential homes, the majority of deaths (around 54%) were attributed to 'other' causes from the leading causes of death.

Table 4: Place of death by cause, 2014

	Cancer	CVD	Respiratory	Other
Hospital	458	670	407	584
Residential Home	191	231	94	613
Home	391	309	75	142
Hospice	152	3	5	7
Elsewhere	11	12	-	15

Source: Primary Care Mortality Database

Wellbeing

With an ageing population, the issue of loneliness and social isolation has emerged as a major public health challenge; significant numbers of elderly people become detached from society, particularly those aged 75+. There are physical and mental health effects as a consequence of loneliness and isolation⁷. Loneliness is an individual’s subjective sense of lacking the social relationships that are desired. Isolation is a more objective separation from social contact, community involvement or service access⁸.

Loneliness and isolation can be experienced by any age, although older people are particularly vulnerable as they are often disproportionately affected by risk factors. Onset can happen gradually, sometimes by a specific life event, especially one associated with loss; retirement, bereavement, lower income, deteriorating health or recently stopping driving. These life events are more likely to occur with ageing; hence why the older population are especially susceptible to loneliness and isolation.

A recent insight into loneliness and wellbeing in older people suggests that the 65-79 population are generally satisfied with life, being more likely to report higher levels of life satisfaction, worthiness and happiness and lower feelings of anxiety when compared to the under 65s⁹. However, the 80+ population reported lower levels of these feelings and greater anxiety. Loneliness has a strong relationship with low personal wellbeing; those who report being lonely were seven times more likely to have low life satisfaction.

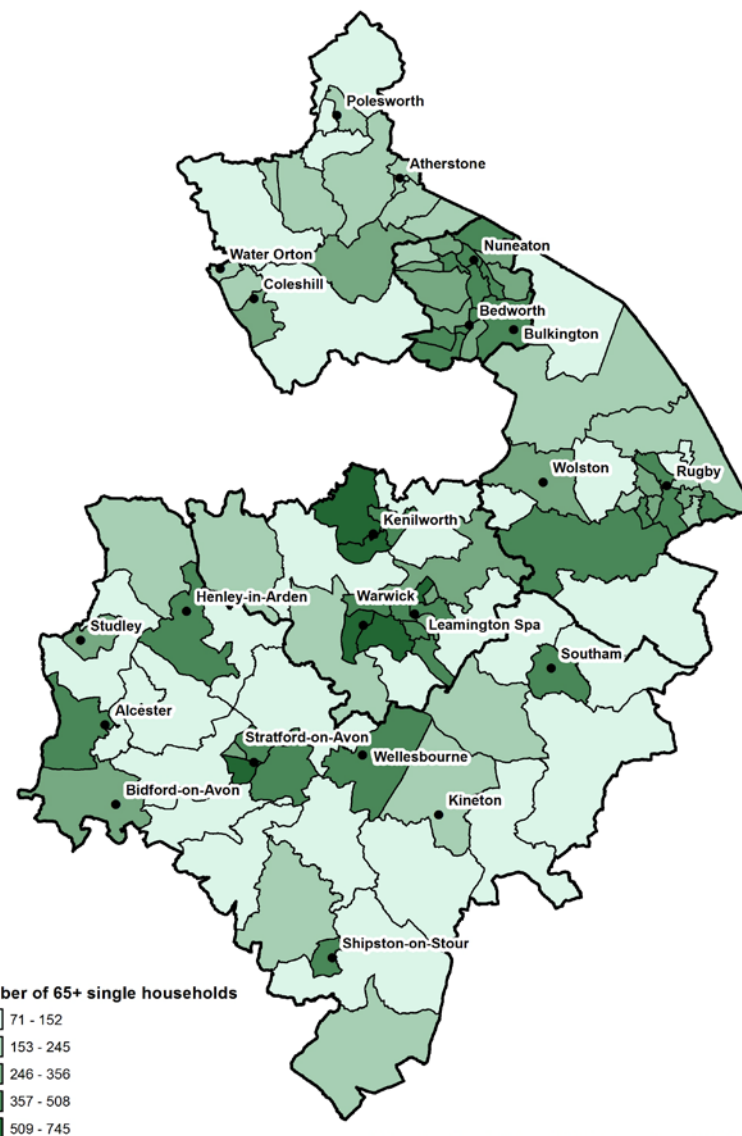
As there is no measure of loneliness and isolation, estimates of prevalence vary widely; research reports between 6-13% of the UK older population are described as ‘often or always lonely’. The below topics are not causal factors, but issues that can be considered when identifying potentially at risk individuals who may feel disconnected and vulnerable in their community.

⁷ NHS Choices – Loneliness in older people

⁸ AgeUK Review – Loneliness and Isolation Evidence Review

Single households

Map 2: Single Households aged 65+ Warwickshire by ward, 2011



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Source: 2011 Census

⁹ ONS - Insights into Loneliness, Older People and Well-being, 2015

¹⁰ 2011 Census

It is inevitable that numbers of older people living alone will increase with an ageing population. There are around 29,000 people aged 65+ living alone in Warwickshire, with the vast majority (around 20,300) being female¹⁰. Stratford-on-Avon District has the highest number of 65+ single households; the fewest exist in North Warwickshire Borough.

Widows

There are over 27,000 widows in Warwickshire aged 65+; 77.6% of whom are female and 22.4% are male. This gender difference exists throughout the County; with some District and Boroughs having three times as many female widowers than male.

Nuneaton & Bedworth Borough has the greatest proportion of its 65+ population widowed (29.9% or 6,252 people). 41.5% of females and 15.3% of males aged 65+ living in this Borough are widowed.

Table 5: Percentage of male and female widows in Warwickshire, 2011

	Males living as widows (%)	Females living as widows (%)
England	14.4%	40.1%
Warwickshire	13.7%	39.1%
North Warwickshire	14.1%	39.3%
Nuneaton & Bedworth	15.3%	41.5%
Rugby	14.3%	38.3%
Stratford-on-Avon	12.5%	37.3%
Warwick	13.3%	39.2%

Source: 2011 Census

Crime

A low level of crime continues to be the most important factor in making somewhere a good place to live. In 2014/15 there were 12,502 reported crimes in Warwickshire where the victims of crime were aged 18+ years old;

12.1% of these crimes were committed against individuals aged 65+ (1,504)¹¹. The most common crime the 65+ victims experienced was 'other thefts', which included blackmail, theft from an automatic machine and theft of mail. This type of crime was almost twice as likely to occur in the 65+ population compared to the rest of the adult population. It appears the older population may be more vulnerable to theft offences when compared to the rest of the adult population.

The 65+ population appear to have a lower fear of burglary compared to the rest of adult population even though they are more commonly victims to it. A Warwickshire sample of 1,633 65+ year olds were asked 'how worried are you having your home broken into and having something stolen', 45.6% reported to feeling 'fairly' to 'very worried' compared to 49.2% in the 18-64 year old population¹². Fear of other crime types in the 65+ population was also lower compared to the rest of the adult population; car theft 34.3%, being attacked by strangers 23.4% and being attacked by people you know 5.9%, compared to 37.2%, 25.1% and 6.8% respectively.

Table 6: Types of crime experienced by adult population in Warwickshire, 2014/15

Crime	Crimes occurring in 18-64 population (%)	Crimes occurring in 65+ population (%)
Other thefts	11.9%	23.0%
Other criminal damage	18.9%	18.5%
Burglary other than dwelling	7.8%	15.7%
Theft from vehicles	14.3%	11.3%
Burglary in dwelling	6.6%	11.0%
Theft from person	0.9%	3.2%
Common assault	6.7%	3.2%

Source: Crime Information System, Warwickshire Police

¹¹ Crime Information System, Warwickshire Police

¹² Living in Warwickshire Survey, 2013

Car availability

In Warwickshire, 23.1% of the 65+ population do not have a car/van in their households (22,176 people), with availability reducing with age.

Pension / benefits

Pension Credit was introduced in October 2003 and is a non-contributory, income-related benefit. Its purposes are:

- ❖ To lift the poorest pensioners out of poverty by providing a contribution to a minimum guaranteed income for those aged 60+ living in Great Britain.
- ❖ To reward those aged 65+ who have made modest provision/savings for their retirement.

The total number of pension credit claimants in Warwickshire (guarantee and savings credit) in 2014 was 16,700, with an average weekly payment of £50.88. Over 6,000 of these claimants received guarantee credit, i.e. the poorest pensioners, and received an average £83.22.

Income Deprivation Affecting Older People Index

The income deprivation affecting older people index (IDAOPi) represents the proportion of older people aged 60+ living in income deprived households. It is defined as those experiencing deprivation relating to low income due to being out-of-work and those in work but have low earnings.

Of the 339 lower super output areas (LSOAs) in Warwickshire, 40 of them are ranked in the 30% most income deprived nationally in the 2015 index¹³. Half (20) of these LSOAs are from Nuneaton & Bedworth Borough, 10 are in Warwick District, 7 in Rugby Borough and 3 in North Warwickshire Borough.

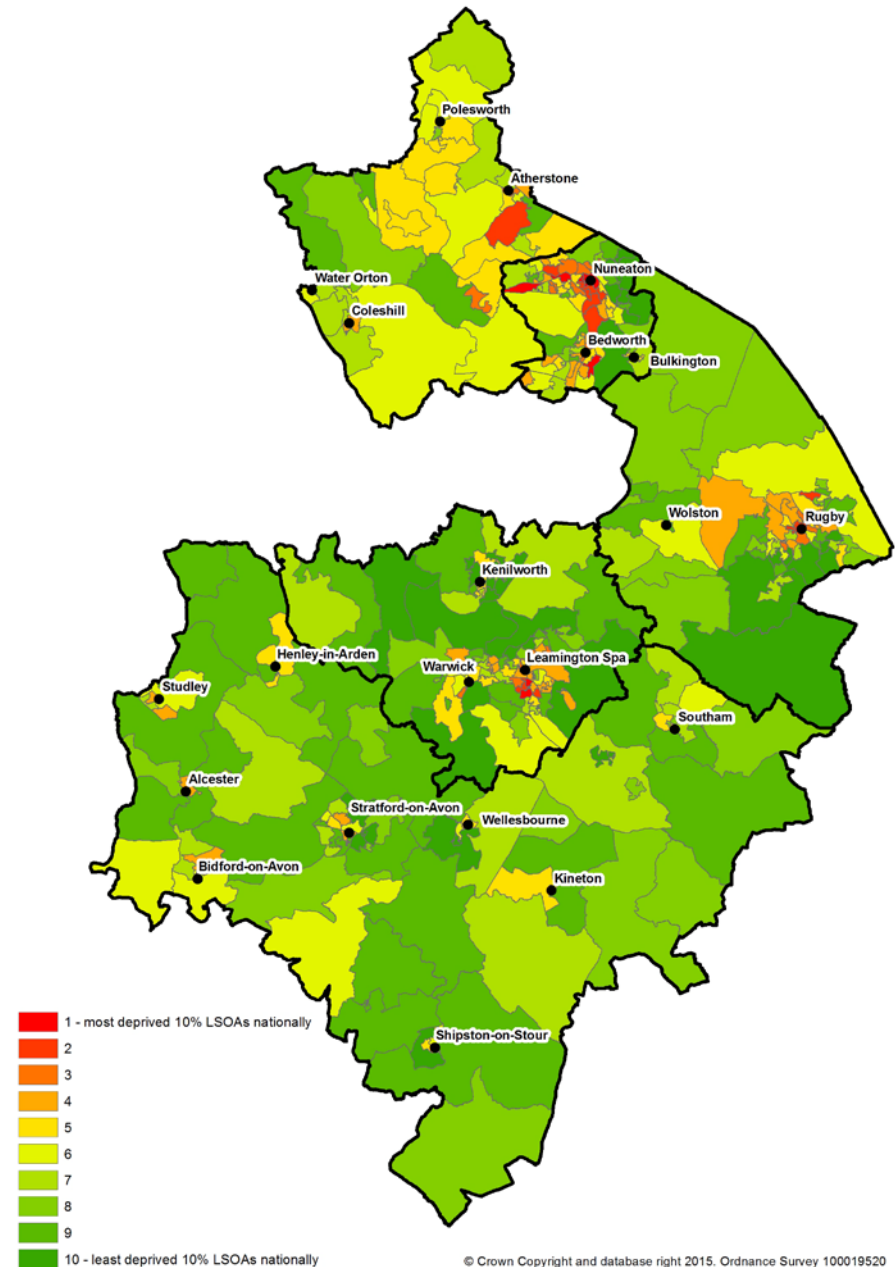
The number of LSOAs in Warwickshire in the top 10% most deprived areas nationally is 8; the majority (6) of these areas are located in Nuneaton & Bedworth Borough and the others are located in Warwick District. The LSOA ranked the highest in Warwickshire for the most income deprived older adults is Bar Pool North and Crescents in Nuneaton & Bedworth Borough, followed by Brunswick South and Cemetary in Warwick District.

Table 7: Warwickshire most deprived LSOAs, where 1 is most deprived, 2015

LSOA	District and Borough	IDAOPi national rank
Bar Pool North and Crescents	Nuneaton & Bedworth	1,590
Brunswick South and Cemetary	Warwick	2,085
Bede East	Nuneaton & Bedworth	2,096
Abbey Priory	Nuneaton & Bedworth	2,375
Kingswood Grove Farm and Rural	Nuneaton & Bedworth	2,844
Poplar Coalpit Field	Nuneaton & Bedworth	2,894
Old Town West and Railway Bridge	Warwick	3,058
Abbey Town Centre	Nuneaton & Bedworth	3,274
Brunswick South East	Warwick	4,251
Riversley	Nuneaton & Bedworth	5,068

Source: Department for Communities and Local Government

Map 3: Income deprivation affecting older people (60+) in Warwickshire, 2015



Source: Department for Communities and Local Government

¹³ Department for Communities and Local Government

Long-Term Health Conditions

People are living longer and early aged mortality is decreasing, however morbidity is increasing and more people are spending more time in poorer health and with long-term conditions (LTCs). LTCs are health conditions that cannot be cured but are managed with treatment. Examples include, hypertension, cancer, diabetes, cardiovascular disease, depression, respiratory conditions and dementia¹⁴. LTCs often require ongoing complex care and support so individuals can manage their symptoms and live as independently as possible. Approximately 15 million people in England have at least one LTC¹⁵.

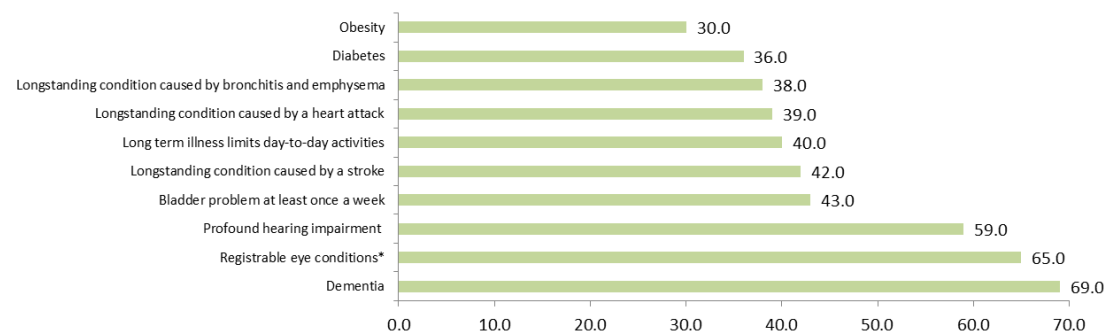
The key contributory factors to LTC development are lifestyle and ageing. LTCs are more prevalent in older people, with 58% of conditions existing in people aged 60+. It is therefore vital that with an increasingly ageing population comes the provision of continued care and support.

The 2011 Census found 95,931 individuals aged 65+ self-reporting themselves as living with a limiting LTC or disability in Warwickshire¹⁶. Over 25,000 of these individuals (around 26%) were in Stratford-on-Avon District and over 22,000 (around 23%) in Warwick District. The 2001 Census states there were previously 37,725 individuals aged 65+ experiencing a LTC; this is a 154.3% increase in ten years¹⁷. There are now over 46,000 people aged 65+ whose day-to-day activities are limited by a long-term illness or disability and over 13,000 who rate their health as 'bad' or 'very bad'.

The Warwickshire population aged 65+ with a LTC which affects daily activities is predicted to increase to over 76,000, or 65%, in the next ten years¹⁸. The graph 3 shows the estimated increase in the proportion of

older people with LTC over the next 15 years in Warwickshire. It shows the number of patients is likely to grow significantly, with the largest predicted increase in the number of people with dementia. These increases are in a single LTC; these conditions are not exclusive and many people will be experiencing multiple LTCs (multi-morbidity).

Graph 3: Predicted percentage increase in long-term conditions in Warwickshire (2015-2030), Populations aged 65+ except *75+



Source: Projecting Older People Population Information (Poppi)

Living with multiple conditions is the norm rather than the exception for many people. The impacts of multi-morbidity are profound, with individuals experiencing poorer life quality and clinical outcomes; the number of individuals living with multiple LTCs is anticipated to increase. The number of people with three or more LTCs in England was predicted to rise from 1.9 million in 2008 to 2.9 million in 2018. An increase in multi-morbidity will bring a greater demand for a focus on multiple disease prevention rather than an intervention emphasis on a single condition.

Graph 4 shows that at age 65, around 75% of people have at least one LTC and over 50% have at least two LTCs. At age 75, these increase to around 87% of people having at least one LTC and more than 70% with at least two LTCs.

¹⁴ NHS Choices – Long-term conditions and self-care

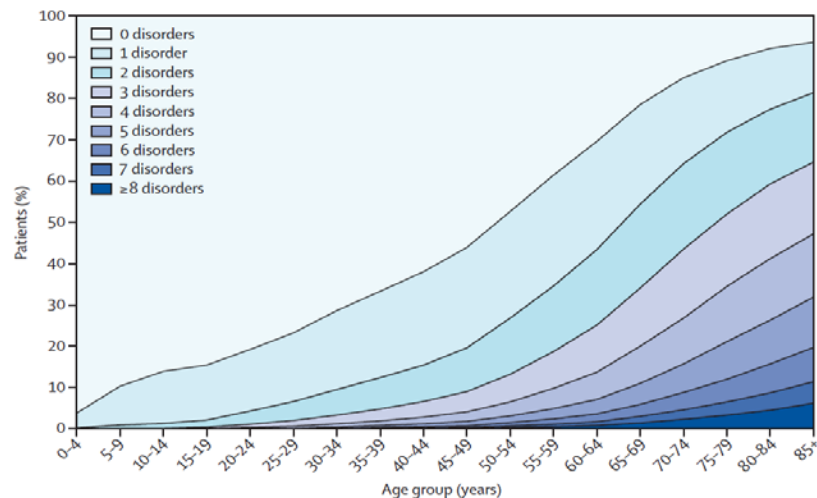
¹⁵ DoH Long-term Conditions Compendium of Information: Third Edition (2012)

¹⁶ 2011 Census

¹⁷ 2001 Census

¹⁸ Projecting Older People Population Information (Poppi)

Graph 4: Number of long-term conditions by age group, Scotland¹⁹



Source: The Scottish School of Primary Care, Multi-morbidity in Scotland

Disparities in the prevalence of LTCs exist between socio-economic groups. LTCs are more common in the poorest social class, with an estimated 60% of conditions affecting this group. Individuals from a lower socio-economic group are also more likely to experience the disease with around 30% more severity. Multi-morbidity is also more common in more deprived populations, particularly conditions that include a mental health problem. It has been reported that individuals in some more deprived areas will experience multiple health problems 10-15 years earlier than people in more affluent areas.

There are financial and societal impacts with the ongoing provision of LTC care. Treating people with LTCs is estimated to cost £7 out of every £10 of the total health and social care expenditure. This expenditure is expected to increase by £5 billion by 2018. Ongoing care for LTCs accounts for approximately 50% of all GP appointments, 64% of outpatient appointments and over 70% of inpatient bed stays. A projected increase in the number of patients with multi-morbidity in an ageing population means health and social care provision will continue to be pressured.

With people living longer lives but with the possibility of experiencing a LTC, effective health management is important to avert premature mortality. In 2011-13, there were 4,622 premature mortalities in Warwickshire where death occurred under the age of 75²⁰. Therefore a focus on prevention is vital to prevent potentially avoidable LTC development, poor condition management, condition severity and also reduce financial and societal costs.

The NHS Health Check Programme was formally introduced in April 2009, and in Warwickshire on a phased basis from 2011, as a key policy to reduce health inequalities and increase life expectancy from preventable conditions, including CVD, diabetes, high blood pressure and dementia. Individuals aged 40-74 are invited once every five years for to assess their risk, raise awareness and provide support with the management of their condition(s).

A high uptake of NHS Health Checks is important to identify early signs of poor health and provides the opportunity for early intervention. During 2014/15, 682 health checks resulted in the diagnosis of previously unknown LTC in Warwickshire. The disparity between diagnosed and estimated high blood pressure highlights the importance of endorsing health checks. An average 57.7% of estimated hypertension across Warwickshire CCG's was diagnosed in 2013/14, leaving 42.3% of cases undiagnosed and individuals unaware they are living with a major risk factor for many LTCs.

The predicted increase in LTCs in Warwickshire's ageing population highlights the importance of primary prevention in the adult population (18-64). This section of the report discusses Warwickshire's current number of LTCs in the older population and estimated projections. It is important to note that many LTCs remain undiagnosed, so the true scale of their impact remains unclear.

¹⁹ The Scottish School of Primary Care, Multi-morbidity in Scotland, The Lancet

²⁰ PHE – Healthier Lives

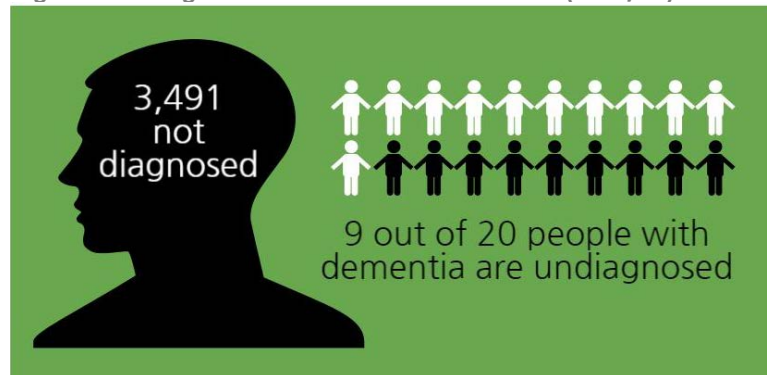
Dementia

Dementia is a condition associated with progressive brain degeneration and memory, language and mental awareness decline²¹. It is a common condition which usually occurs in people aged 65+. In England, there are an estimated 679,000 individuals with dementia²².

Diagnosing dementia is often difficult, particularly in early stages of the disease where symptoms are mild. Consequently, dementia diagnosis rates have historically been low, with many individuals remaining undiagnosed; the true scale of dementia prevalence is therefore underestimated. However, an early diagnosis is important to ensure individuals receive appropriate support which can potentially slow disease progression and allow future preparations for living with dementia to be made.

There are 4,143 people diagnosed with dementia in Warwickshire; however, it is estimated there are 7,634 people with the condition²³. This gives an estimated diagnosis rate of 54.3%, which is comparable to England's estimated diagnosis rate (52.5%)²⁴. However, this leaves thousands in Warwickshire without appropriate support for their deteriorating health.

Figure 8: Undiagnosed dementia in Warwickshire (2014/15)



Source: NHS England, Primary Care Tool (2014/15)

²¹ NHS Choices – Dementia

²² Poppi

²³ NHS England, Primary Care Tool (2014/15)

Table 8: Number of dementia diagnoses and estimated prevalence by CCG, 2014/15

CCG	Number Diagnosed	Estimated Prevalence	Diagnosis Rate
Coventry & Rugby CCG	2,831	5,086	55.7%
South Warwickshire CCG	2,206	4,134	53.4%
Warwickshire North CCG	1,232	2,219	55.5%
England	415,964	684,371	60.8%

Source: NHS England, Primary Care Tool (2014/15)

Over the next five years, the prevalence of dementia in England is projected to increase by 14.8%, or around new 100,400 cases. Similarly, the West Midlands projection increase is 15.2%. Prevalence is projected to grow at a greater rate in Warwickshire (18.2%). Stratford-on-Avon District is predicted to experience the greatest increase (20.4%) with around 500 new dementia cases; this prevalence increase is due to the District having the largest projected 65+ population in the County. In ten years, it is predicted there will be more than 3,200 new dementia cases in Warwickshire; it is unknown how many will be successfully diagnosed. Dementia is more prominent in females, a trend which is expected to continue in the future. However, below the age of 75, prevalence appears to be slightly higher in males.

Table 9: Predicted dementia prevalence % increase in Warwickshire, 2015-2020

	Dementia Prevalence Projection Increases, 2015-2020
England	14.8%
Warwickshire	18.2%
North Warwickshire	13.4%
Nuneaton & Bedworth	18.6%
Rugby	18.4%
Stratford-on-Avon	20.4%
Warwick	13.7%

Source: Poppi

Dementia costs society an estimated £26 billion each year, more than the costs of other leading long term conditions such as cancer, heart disease and stroke. In the next 30 years, costs are predicted to treble²⁵.

²⁴ Public Health Outcomes Framework

²⁵ DoH – Prime Minister's Challenge on Dementia 2020 (2015)

Cancer

In England, there were 292,680 invasive malignant cancer diagnoses registered in 2013; 142,862 new cases for females and 149,818 for males. Age-standardised rates were 542.2 cancer cases registered per 100,000 females and 683.1 cases per 100,000 males, an incidence rate 26.0% higher than females. These age-standardised cancer incidence rates have increased by 8.3% and 2.8% for females and males respectively²⁶.

In Warwickshire, there are approximately 2,500 new cancer cases diagnosed each year and around 1,400 deaths, representing 28.0% of all deaths in the County. In line with national trends, there continues to be an overall increase in the number and rate of new cases of cancer each year, but a falling rate of deaths.

Cancer cases in the young (ages 0-24) are uncommon, with diagnoses in this age group accounting for just 1.1% of total cancer registrations in 2013. Cancer registrations for those aged 70+ accounted for 49.9%. The age-specific cancer incidence rate significantly increases with age, showing that cancer is mainly a disease of the elderly.

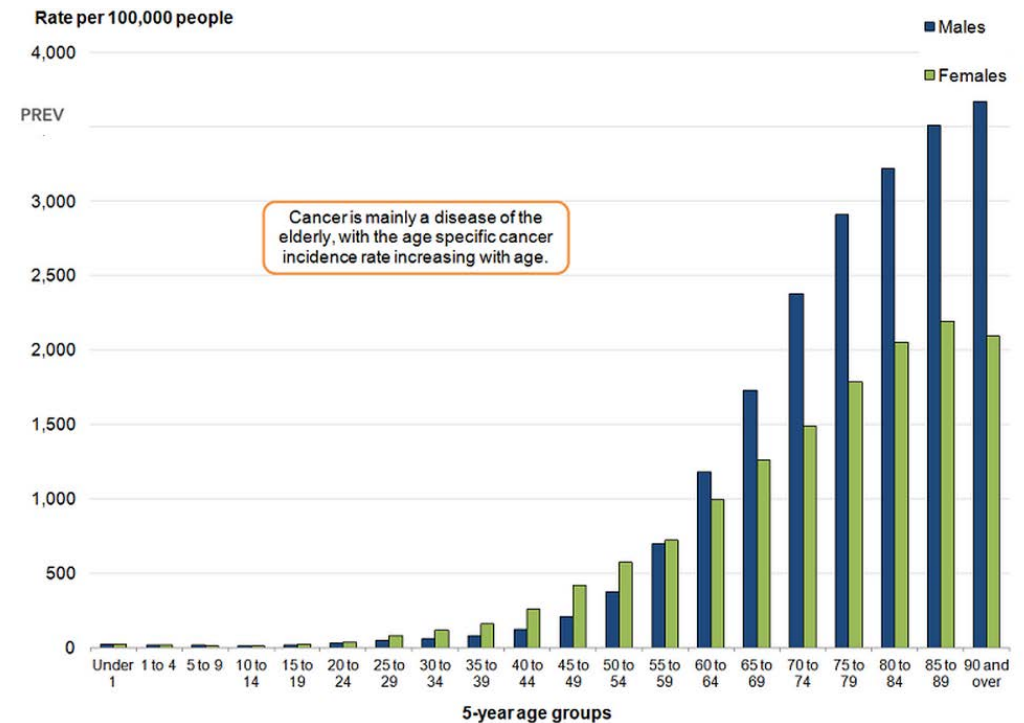
The cancer sites listed below accounted for over half of total cancer registrations in 2013 in England. From the age of 50, prostate and breast are the most common cancers for males and females respectively.

Table 10: Most prevalent cancer sites in males and females, England, 2013

Most common cancer registrations (2013) (% of all cancer registrations per gender)	
Male	Female
Prostate (26.9%)	Breast (31.2%)
Lung (13.2%)	Lung (11.8%)
Colorectal (12.6%)	Colorectal (10.4%)

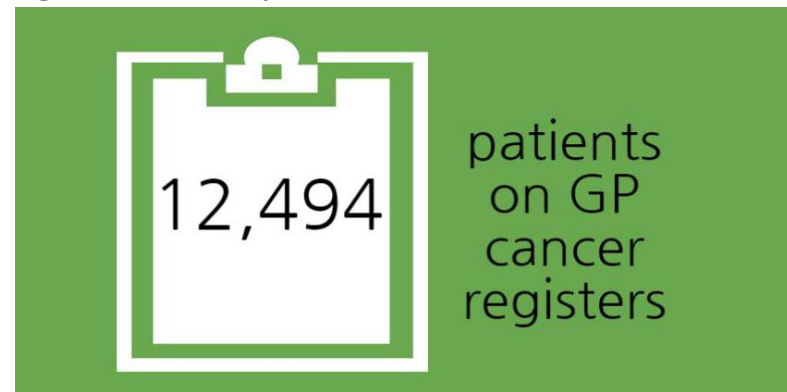
Source: ONS

Graph 5: Age-specific cancer incidence rates (per 100,000 people) in 2013, England



Source: ONS

Figure 9: Total cancer patients in Warwickshire, 2013/14



Source: ONS

²⁶ ONS Cancer Statistics Registrations (2013)

For the majority of cancer types, incidence is generally higher in people living in more deprived areas, particularly for smoking-related cancers. There are around 15,000 extra cases of cancer each year in England due to socio-economic variation.

Nationally, of the cancers with the highest incidence rates, only breast and colorectal cancer screening are regularly monitored and reported. 77.7% of eligible women aged 53-70 in Warwickshire have been screened for breast cancer within 3 years of their last test, which is statistically significantly higher than the England (75.9%) and West Midlands (76.5%) rates. 62.0% of people offered bowel cancer screening in Warwickshire were screened within 6 months of invite, which is higher than the England rate (55.3%)²⁷.

Figure 10: Cancer screening uptake in Warwickshire, 2014



Source: PHOF

There were 136,116 deaths from cancer in England in 2013. It is generally recognised that cancer causes more than 1 in 4 of all deaths and half of these occur in people aged 75+. The under 75 mortality rate from cancer in all persons in England is 144.4 per 100,000 people; 160.9 for males and 129.2 for females. Warwickshire’s age standardised rate is significantly

lower for all persons (131.2 per 100,000) and for males (144.2) and females (118.9). In the last five years, it is suggested almost 600,000 cancer cases in the UK could have potentially been prevented²⁸. Environmental and lifestyle factors such as smoking, alcohol consumption, obesity, lack of exercise and diet are linked to cancer. Around 42% of cancer cases may have been prevented through lifestyle changes.

186,644 people below the age of 75 died of cancer in England. However, it is suggested 108,314, or 58.0%, of these deaths could have been prevented. Similarly, in Warwickshire there were 1,928 deaths in people aged 75 and under from cancer, but it is suggested 1,049, or 54.4%, were preventable. Warwickshire has statistically fewer deaths from cancer which are considered preventable compared to the England average; 131.2 per 100,000 compared to 144.4 per 100,000 respectively. Stratford-on-Avon (113.1 per 100,000) and Warwick (127.0 per 100,000) Districts also have significantly fewer mortalities from cancer that are considered preventable.

Table 11: Under 75 mortality from cancer and those considered preventable, 2011/13

	Under 75 mortality from cancer	Mortalities considered preventable	% mortalities considered preventable
England	186,644	108,314	58.1%
Warwickshire	1,928	1,049	54.4%
North Warwickshire	261	141	54.0%
Nuneaton & Bedworth	459	260	56.6%
Rugby	360	205	56.9%
Stratford-on-Avon	427	221	51.8%
Warwick	421	222	52.7%

Source: PHOF

It is estimated that the annual NHS national costs for cancer services are £5 billion. The cost to society as a whole, is estimated to be £18.3 billion²⁹.

²⁷ PHOF

²⁸ Cancer Research UK

²⁹ DoH Policy Paper

Cardiovascular Disease

Cardiovascular disease (CVD) is an overarching term to describe all diseases affecting the heart and circulatory system, including; coronary heart disease (CHD), angina, heart attack, congenital heart disease and stroke³⁰. 12.2% (53,100) of the population aged 16+ in Warwickshire are estimated to be living with CVD³¹. Approximately 5.6% (24,600) are estimated to be living with CHD and 2.6% (11,300) with stroke.

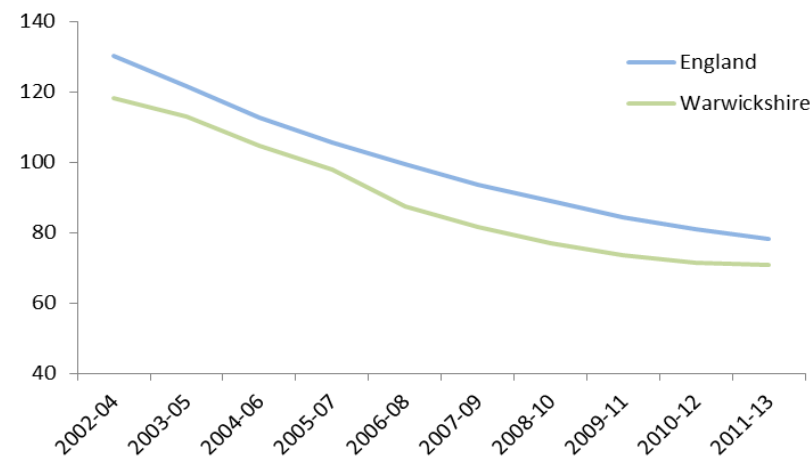
In 2013/14, there were over 27,000 patients on Warwickshire GP registers for CHD (17,484) and stroke (9,845); this suggests a notable discrepancy between estimated and observed CVD prevalence³².

CVD risk increases with age and men are more likely to develop CVD at an earlier age. The more CVD risk factors an individual has, the higher their risk of developing CVD. In Warwickshire, there are over 83,000 patients with high blood pressure, a common risk factor for CVD, equating to around 14.8% of the population and greater than the England proportion of 13.7%. There have been significant advancements in treating CVD and understanding the importance of lifestyle in CVD development. However, for a continued reduction in the rate of premature mortality from CVD, there must be a focus on prevention.

Overall, premature mortality rates for CVD in Warwickshire are significantly lower than the England average. From 2002/04 to 2011/13, under 75 mortality rates from CVD across Warwickshire have reduced by 30% or more, corresponding to the regional and national decreases³³. During 2002/04 the rate was 118.2 per 100,000 of the population, this decreased to 70.8 in 2011/13. These rates are both statistically lower than the England rates of 130.2 in 2002/04 and 78.2 in 2011/13. Rugby Borough and

Stratford-on-Avon and Warwick Districts under 75 CVD mortality rates have remained similar or statistically lower than the national rate since 2002/04. In Nuneaton & Bedworth Borough, the rate ceased being significantly higher in 2007/09. In North Warwickshire Borough, the rate has been similar to national average, although, the latest rate is statistically higher.

Graph 6: Under 75 mortality rate (per 100,000 population) from CVD, 2002/04-2011/13



Source: PHOF

Table 12: Under 75 mortality rate (per 100,000 population) from CVD, 2002/04-2011/13

	Under 75 CVD mortality rate per 100,000 of the population 2002-04	Under 75 CVD mortality rate per 100,000 of the population 2011-13
England	130.2	78.2
Warwickshire	118.2	70.8
North Warwickshire	131.1	95.4
Nuneaton & Bedworth	148.1	83.6
Rugby	115.2	62.6
Stratford-on-Avon	98.0	58.3
Warwick	107.2	65.4

Source: PHOF

³⁰ NHS Choices – Cardiovascular Disease

³¹ Modelled estimates of prevalence of CVD, East of England Public Health Observatory

³² NICE – Prevention of Cardiovascular Disease

³³PHOF

During 2009/13, there were nine wards where mortality rates were statistically higher than the Warwickshire rate; Camp Hill, Bar Pool, Abbey, Wem Brook (Nuneaton & Bedworth Borough), Newbold, Benn (Rugby Borough), Brunswick and Willes (Warwick District). Atherstone Central ward (North Warwickshire Borough) was more than double the County rate.

There were 55,221 deaths from CHD in people aged under 75 in England (2011/13); an age-standardised rate of 43.0 per 100,000 population. Similarly, the Warwickshire rate is 40.0, or 585 deaths. The North Warwickshire Borough rate is significantly worse than the national rate (55.6), while Stratford-on-Avon District is significantly better (31.9).

There were 18,143 deaths from stroke in persons aged less than 75 in England (2011/13); an aged-standardised rate of 14.2 per 100,000 population. The Warwickshire rate (11.3) is significantly lower than national rate and is the lowest in the West Midlands region. The Stratford-on-Avon District rate (8.8) is the lowest lower tier Local Authority in the West Midlands. The other District and Boroughs are statistically similar to the national rate.

Table 13: Under 75 mortality rates (per 100,000 population) from CHD and stroke, 2011/13

	Under 75 coronary heart disease mortality rate per 100,000 of the population	Under 75 stroke mortality rate per 100,000 of the population
England	43.0	14.2
Warwickshire	40.0	11.3
North Warwickshire	55.6	14.8
Nuneaton & Bedworth	46.2	12.4
Rugby	35.2	11.2
Stratford-on-Avon	31.9	8.8
Warwick	38.4	11.5

Source: PHOF

Many of the risk factors for CVD are modifiable behaviours; many deaths from CVD are premature and potentially preventable via lifestyle changes. In England during 2011/13, there were 100,449 deaths from CVD in people aged under 75; however, 65,325 of these deaths (63.1%) were considered preventable. Similarly, in Warwickshire there were 1,035 deaths from CVD in the under 75 population, yet 682 (65.8%) were believed preventable.

Table 14: Under 75 mortality from CVD and those considered preventable, 2011/13

	Under 75 mortality from CVD	Mortalities considered preventable	% mortalities considered preventable
England	100,449	65,325	65.1%
Warwickshire	1,035	682	65.9%
North Warwickshire	170	118	69.4%
Nuneaton & Bedworth	272	173	63.6%
Rugby	160	103	64.4%
Stratford-on-Avon	216	144	66.7%
Warwick	217	144	66.4%

Source: PHOF

Warwickshire has a higher proportion of deaths from CVD considered preventable compared to England; 65.9% and 65.1% respectively. However, when the age structure of the population is accounted for, age-standardised rates show Warwickshire compares favourably and has statistically fewer deaths from CVD considered preventable compared to the England average; 46.6 per 100,000 and 50.9 per 100,000 respectively. There appears to be a disparity in CVD between the north and south of the County. North Warwickshire Borough generally has higher and increasing mortality rates for CVD in the under 75 population and the greatest proportion of potentially preventable deaths.

Annually, the combined cost of CVD to the NHS and the UK economy is £30 billion annually. The cost of CVD to the UK healthcare system in 2006 was £14.4 billion and the cost of informal care of people with CVD is also £8 billion annually.

Respiratory Conditions

Respiratory disease is a leading cause of premature mortality in England in the under 75 population. Chronic obstructive pulmonary disease (COPD) is a major respiratory condition which limits airflow. COPD encompasses the conditions emphysema and bronchitis³⁴. The under 75 mortality rate from respiratory disease (2011/13) in England is 33.2 per 100,000 population³⁵. The Warwickshire rate (27.1) is statistically significantly lower than the national rate. The mortality rate in Nuneaton & Bedworth Borough (41.5) is significantly worse, while the Stratford-on-Avon (17.6) and Warwick (22.2) Districts rates are significantly better.

There were 392 deaths in the under 75 population from respiratory disease in 2011/13; however, 190 of these deaths were considered preventable (48.5% of deaths). Warwickshire has statistically fewer deaths from respiratory disease which are considered preventable compared to the England average; 13.2 per 100,000 compared to 17.9 per 100,000 respectively. Stratford-on-Avon (7.9) and Warwick (7.7) Districts also have significantly fewer mortalities from respiratory disease considered preventable.

Table 15: Under 75 mortality from respiratory conditions and those considered preventable, 2011/13

	Under 75 mortality from respiratory disease	Mortalities considered preventable	% mortalities considered preventable
England	42,039	22,471	53.5%
Warwickshire	392	190	48.5%
North Warwickshire	52	26	50.0%
Nuneaton & Bedworth	131	67	51.1%
Rugby	70	41	58.6%
Stratford-on-Avon	67	31	46.3%
Warwick	72	25	34.7%

Source: PHOF

³⁴ NHS Choices – Chronic obstructive pulmonary disease

³⁵ PHOF

³⁶ Poppi

The number of people aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema in Warwickshire is 1,915³⁶. In the next five years this is predicted to increase by 11.2% (2,130) and by 23.1% by 2025 (2,356). Rugby Borough is predicted to experience the greatest increase in the County (25.2%), followed by Stratford-on-Avon District (25.0%), Nuneaton & Bedworth Borough (22.7%), North Warwickshire Borough (21.8%) and Warwick District (19.2%).

Flu

Individuals with chronic respiratory conditions are more susceptible to severe cases of flu and potentially serious complications, such as pneumonia. During 2014/15, 75.2% of the 65+ population had their flu vaccination in Warwickshire (84,286 people). This is a significantly higher uptake than the England average (72.7%) and the highest in the West Midlands Region. Warwickshire vaccination coverage has increased by 2.7% since 2010/11.

Excess Winter Deaths

Excess winter deaths is measured as the ratio of extra deaths (from all causes) that occur in the winter months compared with the expected number of deaths. Most excess winter deaths are due to circulatory and respiratory diseases, with the majority occurring amongst the elderly. Total deaths depend on temperature, level of disease in the population and factors such as how well equipped people are with temperature drops. In the three year period from August 2010 to July 2013, there were 504 excess winter deaths in people aged 85+ in Warwickshire; a ratio value of 27.8 compared to the England value of 24.1. At lower tier Local Authority level, North Warwickshire Borough had the highest ratio (40.5) of excess death in the West Midlands. Stratford-on-Avon District had the lowest ratio (17.5) in the County even though they have an above average older population; this may suggest the older population in Stratford-on-Avon District are better equipped to prevent an excess of deaths during winter.

Diabetes

Diabetes is a condition which causes blood sugar levels to become too high. The majority (90%) of adult diabetes cases are type 2, which is often associated with obesity³⁷. Diabetes prevalence in Warwickshire in persons aged 17+, as recorded on GP disease registers, is 6.0%, which is the lowest rate in the West Midlands and significantly lower than the England value of 6.2% (2013/14)³⁸. This equates to 27,298 known patients on diabetes registers in Warwickshire (2013/14)³⁹. Within the County, Nuneaton & Bedworth Borough has the greatest percentage of diagnosed diabetes in persons aged 17+ (7.3%), followed by North Warwickshire Borough (6.5%), both of which are statistically higher than the England value. Rugby Borough (6.0%), Stratford-on-Avon District and Warwick District (5.3%) have the three lowest lower tier rates across the West Midlands. The number of people aged 65+ predicted to have diabetes in Warwickshire is 14,137, with the majority (54.3%) being male³⁶.

The percentage of diabetes patients who received all of the recommended check-ups including, blood glucose, BMI and foot surveillance was 51.8% in Warwickshire (2012). This is a significantly lower uptake than the England value (59.5%) and the lowest in the West Midlands Region. Additionally, people meeting treatment targets for blood glucose, blood pressure and cholesterol in Warwickshire (34.5%) are also below England (36.0%). Eye screening is a key part of diabetes care to prevent risk of diabetic retinopathy, which can lead to sight loss if left untreated. The percentage of patients with diabetes who have a record of retinal screening in the previous 12 months in Warwickshire (82.2%) is similar to England's value (82.6%).

By 2025 in Warwickshire, it is projected that 17,190 people aged 65+ will have diabetes; a 21.5% increase in ten years. Stratford-on-Avon District (23.8%) and Rugby Borough (23.6%) are predicted to experience the greatest increases.

³⁷ NHS Choices – Diabetes

³⁸ PHOF

³⁹ Quality Outcomes Framework

Eye Conditions

Common age-related eye health problems include macular degeneration, glaucoma and diabetic eye disease. If left undiagnosed and not treated early, they can lead to the loss and clarity of central vision or total blindness⁴⁰. Preventing sight loss will help people maintain independence and reduce social care support which would be necessary if sight was lost permanently.

Age-related macular degeneration is the most common cause of registerable sight loss in older people. Sight loss due to age-related macular degeneration in Warwickshire in those aged 65+ is 81.0 per 100,000 of the population, or around 87 people (2013/14)⁴¹. This is significantly lower than the England rate (118.8). Sight loss attributed to glaucoma in Warwickshire is 13.6 in those aged 40+ per 100,000 of the population, or around 40 people (2013/14). This is higher than the England rate (12.9) but is not statistically worse. Sight loss due to diabetic eye disease in those aged 12+ is 2.1 per 100,000 of the population, or around 10 people (2013/14). This is lower than the England rate (3.4), but is not statistically better. The above sight loss figures are seen as preventable through early diagnosis and appropriate treatment.

In Warwickshire, the number of people aged 65-74 predicted to have a moderate or severe visual impairment, or a visual clarity of less than 6/18, is 3,517⁴². In people aged 75+, the predicted figure is 6,274. By 2025, it is predicted that 3,595 individuals aged 65-74 and 9,250 aged 75+ will have moderate or severe visual impairment issues; increases of 2.3% and 47.4% respectively. These predictions highlight that eye health issues are experienced with ageing and emphasise the importance of early diagnosis.

⁴⁰ NHS – Macular Degeneration

⁴¹ Public Health Outcomes Framework

⁴² Poppi

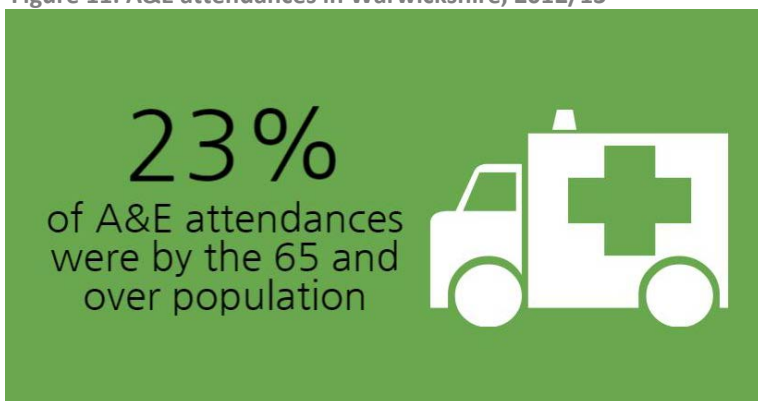
Hospital Admissions

Accident and Emergency (A&E) Attendances

Hospital activity is influenced by the nature of the population in relation to their demography, social circumstances and health behaviour. In Warwickshire, in the five years between 2008/09 – 2012/13, there were a total 733,447 A&E attendances⁴³. 162,934 of these attendances were from people aged 65+, accounting for 22.2% of total A&E attendances and 101,118 were from people aged 75+, accounting for 13.8%.

The number of A&E attendances by patients from the 65+ population increased by 79.3% between 2008 and 2013; increasing from 22,072 in 2008/09 to 39,573 in 2012/13. The number of A&E attendances in the 75+ population increased by 68.4%, increasing from 14,234 in 2008/09 to 23,972 in 2012/13. In 2012/13, of the 175,802 total A&E attendances, people aged 65+ accounted for just under a quarter (22.5%) and 75+ accounted for 13.6%.

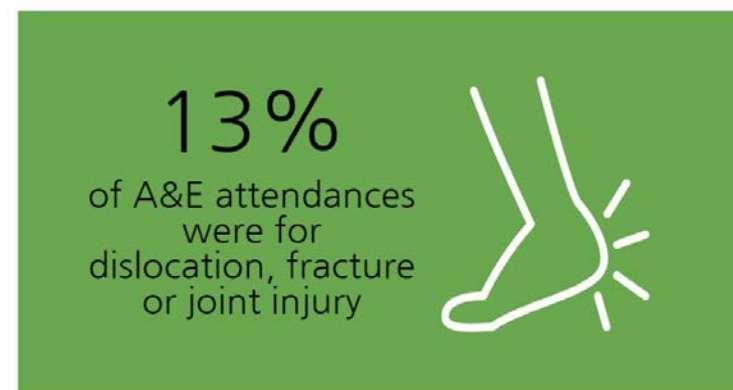
Figure 11: A&E attendances in Warwickshire, 2012/13



Source: NHS Arden & GEM CSU

In Warwickshire, the most common reason for the older population attending A&E was for dislocation, fracture or a joint injury. These types of attendance accounted for 13.0% of total attendances in the 65+ population. Other common reasons for admission included, respiratory conditions (12.5%), gastrointestinal conditions (12.1%) and cardiac conditions (10.8%). Of the 162,934 A&E attendances in the 65+ population, 80,679 resulted in inpatient admission (48.4%).

Figure 12: Top A&E attendance reason for patients aged 65+, 2012/13



Source: NHS Arden & GEM CSU

Inpatient Admissions

In the five years from 2008/09 – 2012/13, there were 597,144 inpatient admissions in Warwickshire. Of these admissions, 231,042 were patients aged 65+, accounting for 38.7% of all admissions. 97,351 of the 65+ inpatient admissions were non-elective; therefore, 42.1% of inpatient admissions were unplanned. 133,691 of the inpatient admissions were elective, suggesting 57.9% of inpatient admissions were planned.

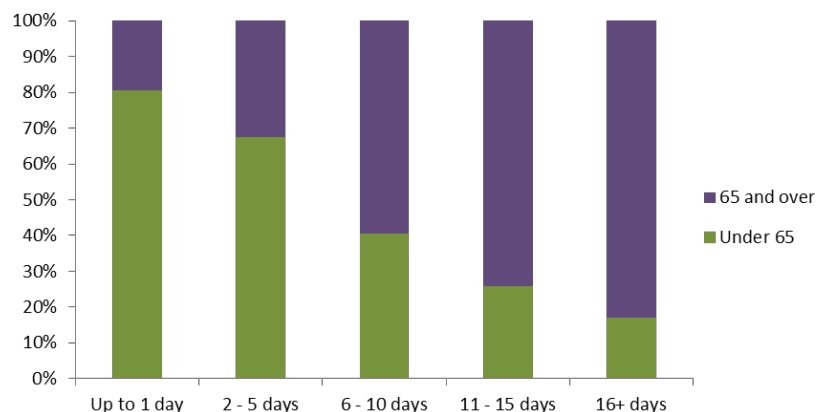
In 2008/09, 49.1% of 65+ A&E attendances became inpatient admissions compared to 50.8% in 2012/13. In 2008/09, 54.9% of 75+ A&E attendances became inpatient admissions compared to 59.3% in 2012/13. In 2012/13,

⁴³ NHS Arden & GEM CSU

the number of inpatient admissions from A&E attendances (14,199) was almost double those in 2008/09 (7,818).

Graph 7 shows that approximately 20% of inpatient admissions of one day were by patients aged 65+. This figure increases as the length of stay increases. Over 80% of patients whose inpatient stay lasted 16 days or more were aged 65+. In terms of numbers, between 2008/09 – 2012/13, the length of stay category with the most patients aged 65+ was 2-5 days and 11-15 days had the least.

Graph 7: Inpatient admission stays in Warwickshire, 2008/09-2012/13



Source: NHS Arden & GEM CSU

Between 2008/09 – 2012/13, on average approximately 48.5% of all inpatients aged 65+, were non-elective admissions. In the most recent year, 2012/13, 41.3% of inpatient admissions were non-elective (21,865).

The most common causes of non-elective inpatient stays for patients aged 65+ were for General Medicine, General Surgery and Accident & Emergency. In contrast, the most common causes of elective inpatient stays were for Urology, Ophthalmology and Trauma & Orthopaedics.

Falls

Anyone can have a fall; however, the older population has increased vulnerability to falling, predominantly due to long-term health conditions augmenting fall likelihood. Physical and psychological factors increase falling risk in the elderly by directly or indirectly influencing balance and coordination via; loss of flexibility, compromised gait, slow limited movement, stiff aching muscles, tremors, muscle weakness, sensory imbalances, shortness of breath, faintness and fatigue⁴⁴.

Falls are the most common injury in the 65+ population and the main cause of disability and leading cause of death in those 75+⁴⁵. Falling is associated with a reduction of life quality in those experiencing falls and their family members. Subsequent psychological impacts of falling include reduced confidence, increased isolation and fear of future falls among individuals and their family and carers. Consequently, approximately 9% of older people who have had a fall are too afraid to leave their homes. Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long-term outcomes such as moving into residential care. Fractures sustained as a result of falling are rising, exceeding the number of people suffering strokes and heart attacks.

The age-standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ in Warwickshire in 2013/14 was 2,118 per 100,000 population⁴⁶. This is similar to the national rate of 2,064 per 100,000 population. The rate for males in Warwickshire (1,655 per 100,000) is lower than for females (2,581 per 100,000). The Warwickshire rate has increased over the last four years since 2010/11 (1,769 per 100,000) by 19.7%. Nuneaton & Bedworth Borough rate (2,312 per 100,000) is significantly higher than national average while Stratford-on-Avon District

⁴⁴ NHS Choices – Falls

⁴⁵ AgeUK – Stop Falling, Start saving lives and money

⁴⁶ PHOF

(1,895 per 100,000) is significantly lower. The age-standardised rate in persons aged 80+ in Warwickshire has increased at a greater rate since 2010/11 (20.8%).

The age-standardised rate of emergency admissions for hip fractures in those aged 65+ per 100,000 in Warwickshire is 578. This is similar to the national rate of 580 per 100,000. North Warwickshire Borough has the highest rate in the County (687 per 100,000). The age-standardised rate for males in Warwickshire (399 per 100,000) is lower than for females (757 per 100,000). The rate of hip fractures has not significantly varied from the England average between 2010/11 and 2013/14, with total numbers showing little variation; 601 and 662 respectively. North Warwickshire Borough has seen the greatest increase in the number of hip fractures in those aged 65+ between 2010/11 and 2013/14 (45.7%), but it is Warwick District which experienced the highest number in 2013/14 (154).

6.1% compared to 11.7% in the 80+ population; in 2010/11, hip fractures in those aged 80+ is almost 3 times higher than hip fractures in 65-79.

Table 16: Hip fractures in the 65+ population, Warwickshire, 2010/11-2013/14

	Hip Fractures 2010/11	Hip Fractures 2013/14	% difference
Warwickshire	601	662	+10.2%
North Warwickshire	59	86	+45.7%
Nuneaton & Bedworth	124	147	+18.5%
Rugby	117	98	-16.3%
Stratford-on-Avon	156	177	+13.5%
Warwick	145	154	+6.2%

Source: PHOF

The number of hip fractures in the 65-79 population in 2013/14 (175) is slightly greater than the number in 2010/11 (165); similarly, the number in the 80+ population in 2013/14 (487) is higher than 2010/11 (436). During this four year time period, hip fractures in the 65-79 population increased

Social Care

Number of Social Care Packages

In Warwickshire, between 2010/11 and 2014/15, there were around 14,000 unique people aged 65+ starting their first Warwickshire County Council commissioned social care package⁴⁷. Around 42% of these people were aged 85+.

In the County, the number of people aged 65+ starting their first Warwickshire County Council commissioned social care package has slightly decreased over the last five years; from 2,683 starting in 2010/11 to 2,540 in 2014/15.

The number of people aged 65+ starting a social care packages peaked in 2012/13, with 3,115 new people entering the social care system. Nuneaton & Bedworth Borough has experienced the greatest increase in new social care starters amongst the older population (4.4%).

Table 17: New social care starters aged 65+ (number of people), 2010/11 and 2014/15

New Social Care Packages in 65+ population	2010/11	2014/15
North Warwickshire	357	300
Nuneaton & Bedworth	634	662
Rugby	487	434
Stratford-on-Avon	615	636
Warwick	590	508

Source: CareFirst

Reasons for Social Care Packages

The primary support reason of people aged 65+ starting a new Warwickshire County Council commissioned service during 2014/15 was for access and mobility issues (42.8%), followed by support with memory and cognition (22.8%), personal care support (7.1%), support for

carer (5.4%), mental health support (4.6%) and learning disability support (1.6%).

The most common reported health conditions in people aged 65+ starting a new Warwickshire County Council commissioned service during 2014/15 was for long term health conditions (physical) (27.5%), dementia (16.3%), stroke (4.5%), acquired physical injury (4.1%), parkinson’s disease (2.4%), cancer (2.3%) and chronic obstructive pulmonary disease (2.1%).

Of the 12,807 new packages starting in Warwickshire in the 2014/15 financial year, 91.9% were community, 6.0% residential and 2.1% were nursing based. Community-based packages are where people get support while living in their own homes. Residential care is accommodation with personal care supervision, while nursing is accommodation with often complex nursing care.

Figure 13: Type of New Social Care Starters aged 65+ in Warwickshire, 2014/15



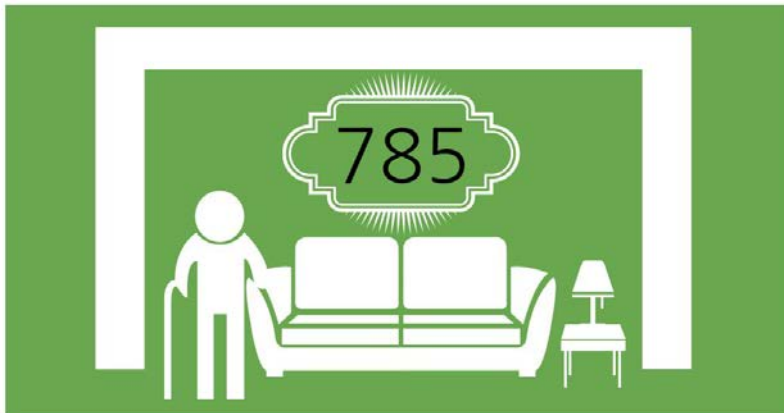
Source: CareFirst

⁴⁷ CareFirst

Reablement

Reablement involves providing support to an individual immediately after a hospital stay due to illness or injury. The aim is for people to be confident in looking after themselves and continue to live independently for as long as possible. During 2013/14 in Warwickshire, around 88% of individuals aged 65+ who received reablement support were still living in their own homes 91 days after leaving hospital⁴⁸. The effectiveness of reablement services in Warwickshire appears to be greater than England's average where 82.5% of individuals are still in their homes.

Figure 14: Number of older people supported with independent living, 2013/14



Source: PHOF

Reablement success in the 65+ population in Warwickshire has been around or above the England average for the past four years. The reablement/rehabilitation services in Warwickshire appear relatively effective in keeping the older population of Warwickshire independent. The 85+ population have experienced the greatest increase (+6%) in reablement success, with more individuals still living in their own homes 91 days after leaving hospital in 2013/14 compared to 2010/11⁴⁹.

Table 18: Individuals (%) living in their own homes 91 days after leaving hospital after receiving reablement, 2010/11-2013/14

	People aged 65-74	People aged 75-84	People aged 85+
2010/11	92%	87%	82%
2011/12	80%	82%	81%
2012/13	84%	86%	78%
2013/14	90%	89%	87%

Source: National Adult Social Care Intelligence Service

Delayed Transfers of Care

During 2014/15, there were 898 delayed transfers of care in Warwickshire; these patients were ready to return home or be transferred to another form of care but still occupied a bed. The greatest number of delayed transfers was from South Warwickshire CCG (282).

Care Homes

In 2014/15, there were 584 permanent admissions to care homes in people aged 65+; 75.3% in residential care and 24.7% in nursing care. Permanent admissions to care homes in Warwickshire's 65+ population have remained fairly consistent in the last 10 years, with an average of 595 admissions a year. However, residential care admissions increased by 20.5% and nursing care decreased by 44.6%. This suggests that in Warwickshire, there are fewer people in care homes requiring complex care and more people are being supported in less dependent care homes.

In Warwickshire, there 188 care homes; a rate of 4.3 care homes per 1,000 population aged 75+ which is just below the England rate (4.4). There are also fewer care home beds per 1,000 population aged 75+ in Warwickshire (105.0) compared to the England rate (114.1)⁵⁰.

⁴⁸ PHOF

⁴⁹ National Adult Social Care Intelligence Service, 2014/15 data from SALT

⁵⁰ National End of Life Care Profiles for Local Authorities – Warwickshire 2012

Carers and Support Arrangements

The Importance of Unpaid Care

Unpaid care is an important contribution in the provision of care. As Warwickshire's population ages and those with LTCs are living longer, more high level care will be needed. It is likely an increasing number of Warwickshire's population will continue to provide significant levels of unpaid care. There are currently around 37,400 people aged 65+ in Warwickshire, 64.7% being female and 35.3% male, unable to manage at least one self-care activity on their own, including; washing, dressing and feeding themselves⁵¹.

Figure 15: Predicted number of people aged 65+ unable to perform one self-care task



Source: Poppi

Unpaid Carers

The 2011 Census suggests there are 59,240 individuals, or 10.9% of Warwickshire's population, providing some unpaid care each week⁵². The number of carers remained relatively similar since the 2001 Census, with an absolute increase of 6,157 carers in 10 years. However, the total hours a week provided significantly increased; 1-19 hours increased the least (3.8%)

while those providing 20-49 hours and 50+ hours by 32.3% and 32.1% respectively.

North Warwickshire Borough residents report the highest rate of unpaid carers (12.1%) followed by Nuneaton & Bedworth Borough and Stratford-on-Avon District (both 11.6%). Residents of Rugby Borough and Warwick District are least likely to provide unpaid care; 10.4% and 9.8% respectively.

Figure 16: Number of people providing 50 hours+ of care in Warwickshire



Source: 2011 Census

Who are our Unpaid Carers?

In Warwickshire, 57.5% of the carer population is female and 42.5% male. The gender difference remains broadly similar irrespective of the number of hours of care undertaken each week. Rates of unpaid carers increase with age; individuals aged 50-64 are most likely to provide care (38.0% of total carer population), with women being more likely to do so than men.

There are 14,228 carers aged 65+; this is 12.6% of the total Warwickshire population aged 65+ and 24.0% of the total carer population. The gender disparity where more women provide unpaid care appears to diminish in

⁵¹ Poppi

⁵² 2011 Census

this age group. There are 7,498 unpaid carers aged 65+ providing 1-19 hours a week and 4,967 providing 50+ hours a week; 52.7% and 34.9% of total care provided by the 65+ population. In the next ten years, it is predicted there will be 19,800 carers aged 65+ in Warwickshire, an increase of around 39.0%.

Figure 17: Number of older carers in Warwickshire



Source: 2011 Census

Carer Health

It is important to recognise the potential impact of providing many hours of care on the carers' own quality of life. Caring responsibilities can have adverse impacts on the physical and mental health of those who care resulting in poorer health and quality of life outcomes. Additionally, caring can negatively affect employment opportunities and social and leisure activities. In Warwickshire, 5.7% of unpaid carers reported their health to be 'bad or very bad' (3,374) and 19.8% as only 'fair' (11,705).

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