

# Joint Director of Public Health



## ANNUAL **REPORT**

**Best Health for  
Older People in  
Warwickshire**

**2009/2010**

# Joint Director of Public Health Annual Report

## Best Health for Older People in Warwickshire

The 2009/10 Annual Report of the Joint Director of Public Health and  
Section One of the Warwickshire Joint Strategic Needs Assessment

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**One of our greatest challenges in Warwickshire today is how together we can ensure that our rapidly ageing population live in the best possible health.**



To enable us to deliver this vision, we must first understand the complexity and diversity of our older population the age structure, the distribution of health and wealth and the implications for the future.

It is therefore both appropriate and timely to make this report, a chapter of the revised Joint Strategic Needs Assessment of Warwickshire and my first report as Joint Director of Public Health for Warwickshire, a theme based report on older people. It has three main aims: to make an independent statement about the healthcare needs of our older population in Warwickshire, review current service provision and provoke discussion with the public and partners about how together we can deliver the best health for older people in Warwickshire. This process will be supported by the production of more detailed localised profiles of our older population. Progress will be monitored in future reports and your comments and feedback are welcome. Please direct any comments to [publichealthintelligence@warwickshire.nhs.uk](mailto:publichealthintelligence@warwickshire.nhs.uk)

**Dr John Linnane, Joint Director of Public Health**

Older people in Warwickshire deserve the very best healthcare possible and as we enter a new decade, we are committed to ensuring that this is achieved.

There are a number of factors which contribute to achieving this vision: maintaining dignity in care; encouraging and supporting older people to stay healthy and independent; giving frail older people the opportunity to be cared for in their own homes; and ensuring health problems are tackled at the earliest possible stage. By addressing these key issues we will ensure that Warwickshire's older people will receive the very best healthcare.

**Professor Ian Philp, Medical Director, NHS Warwickshire**



We need to transform our social care system. The current system does not respond quickly enough or effectively enough when older people are in crisis e.g. after an episode in hospital. We need to help older people get back on their feet and regain confidence after a fall or a hip operation. The services are also inequitable across the county. In addition we are anticipating a significant reduction in the money available to spend on adult social care after the Government's Autumn Spending Review. We have started that process of change in Warwickshire. We are now building a special recovery service which will help older people when they come out of hospital. We want to further develop this service with health to have a single service which will prevent hospital admissions and help people return safely to their own homes. We are looking to make much wider use of the new technologies that are available to help people live independently in the community. We are also arranging for 20 new housing schemes to be built across the County which will serve older people in a safe and caring environment. We want services that will help both the wealthier members of our population and the poorer people.

We believe that together with our partners we can build a much more responsive and appropriate service for older people across Warwickshire. This is our urgent task - to create this new system whilst the money available to us reduces.

**John Bolton, Acting Director of Adult Services, Warwickshire County Council**



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**Warwickshire is facing a large scale demographic transition as the population ages at a faster rate than the national average. This is set against a background of persisting health inequalities and financial pressures.**

This shift will have significant implications for the provision of both health and social care services increasing strains already in the system. Understanding the health and social care needs of this population is crucial for service planning and helping us to work through together how we can do things differently to address this need.

Older people have consistently voiced concerns that they are not treated the same way as younger people. The National Service Framework (NSF) for Older People standard one: 'rooting out age discrimination' aims to prevent age discrimination and inequity in the treatment of older people within the NHS.<sup>1</sup> Since 2006, the Employment Equality (Age) Regulations made it illegal to discriminate against workers because of their age.<sup>2</sup> The Equality Bill in 2010 is an important step towards changing the culture around ageing and addressing stereotypes of older people, but legislation alone is not enough. Real cultural change to help us all benefit from the advantages of living longer needs action from all sections of society to change attitudes and behaviours.<sup>3</sup>

The 2010 report by the Audit Commission Under Pressure highlights the challenge of an ageing population, identifying potential costs and benefits of the changing demographic. The report is one of a number of key documents, strategies and guidance that have been produced nationally and locally to improve services for older people, beginning with the 2001 National Service Framework for Older People. A full list is given at the back of the report. It identifies a number of the challenges of an ageing population, for example Dementia currently costs the UK economy £17 billion a year;<sup>4</sup> in the next 30 years the number of people with Dementia will double, while cost could treble to £50billion. It also highlights the benefits of early intervention and the need for a strategic long term approach.

This report will seek to explore through Section 3, the health and social care needs of older people in Warwickshire. It will look at our current service provision and consider some of the implications of the aging demographic on future service planning. Section 5 will then move on to looking at some of joint initiatives across the NHS and Warwickshire County Council to tackle a number of priority areas. Finally the report contains some wide ranging recommendations for all agencies to help us all to achieve our vision of Best Health for Older People in Warwickshire.



### Who are 'older' and 'elderly' people?

There is no clear definition of older people in terms of actual age. The Government defines an older person as anybody over the age of 50. An Age Concern survey showed the average age which the public used to define the start of "old age" was 65. The NSF for Older People defined three groups of older people: those entering old age on completing paid employment and child rearing; those in transitional stage between healthy active life and frailty (typically seventh and eighth decade) and frail older people or social care needs. The Department of Work and Pensions generally refer to people aged 60 years and over as older people but also included people in their 50's as this is a period when many people take early, or prepare for retirement.

Cross-government action to tackle health inequalities stresses the importance of targeting people over 50 through co-ordinated, multi-disciplinary services to reduce the gap in life expectancy. To reach targets around inequalities in health and well being and to reduce the gap in life expectancy will require health improvement and prevention approaches to be directed at people in their 50's.

In Warwickshire, while our universal strategy is for over 50s, we have targeted some of our work on the 75 plus age group. This report contains information and data to reflect this.



## **In Warwickshire we are committed to ensuring that our older population have the best health possible.**

This report is for both the public and service commissioners. It aims to:

- Highlight some of the main health and social care needs of this population.
- Summarise current services and priority work programmes in place to meet these needs.
- Provide a starting point for talks with our local communities and partners around our older people's needs and how together we can address them.

### 2.1 Overview

#### **The population of Warwickshire is ageing at a faster rate than the national average**

- Almost 200,000 people in Warwickshire are aged over 50; of those over 45,000 are over 75.
- The highest rates of projected population growth are among the age groups 65 and over who are expected to account for over a quarter of the population by 2033.

#### **Inequalities continue to persist in this population**

- Poverty and ill health are more common in the north than the south of the county.
- Men living in North Warwickshire aged 65 can expect to live 2 years less than men who are 65 living in Warwick. For women the difference is 1.8 years.
- 13% of Warwickshire's population live in fuel poverty; 29,000 households in the county.

#### **There are number of specific challenges for people living in rural areas**

- The rural population of Warwickshire is ageing faster than in urban areas this means that their health needs are expected to grow more rapidly.
- While people living in rural areas are in general more affluent than those living in urban areas a similar number are living in poverty with a higher proportion of older people living alone, fuel poverty is also higher. Older people on low incomes in these areas experience greater difficulty accessing services.

### 2.2 Main findings

#### **1. Healthy lifestyle behaviours vary considerably within our over 50s population**

- There a number of screening programmes targeted at this group but uptake varies by age and depending on where people live.
- By 2030 it is estimated that more than 37,000 people over 65 in Warwickshire will be obese with greater risks for diabetes, heart disease and other health problems.

#### **2. Long term conditions are the 'invisible epidemic' for elderly people**

- An estimated two thirds of over 75 year olds in Warwickshire live with one or more long term conditions, many of which are not known to the older person's general practitioner.
- In the next 20 years new cancer cases are expected to increase by 70% in males over 70 years and 50% in females.
- Dementia is expected to increase by almost 90% in people over 60.

#### **3. Elderly people disproportionately use hospital care**

- Frail older people stay in hospital longer, occupy two thirds of hospital beds and are the main users of long term care services, much of which is unnecessary.
- 22% of all non planned emergency inpatient admissions are to people aged over 75.
- The proportion of spend for hospital activity on the over 75 population is 26% of all activity and 39% of non elective costs

### 2.3 Key challenges

#### **Three great challenges for health and care services arise from the ageing population in Warwickshire:**

##### **1. For the general population aged 50 and above, how do we promote health, independence and well-being?**

This is the challenge for Public Health.

##### **2. For the population aged 75 and above, how do we identify the problems which threaten health, independence and well-being at an early stage and respond appropriately?**

This is a challenge for Primary Care.

##### **3. For the population aged 75 plus, how do we reduce unnecessary needs for hospital care and long term care services.**

This is a challenge for hospital and community services, working together.



## 2.4 Our plans

### 1. Promoting health, independence and well-being

Older people need to “use it or risk losing it”. This means finding every opportunity to stay active, physically and mentally, and to strengthen networks with families and friends to avoid social isolation. Much work in this area is led by older people and older people’s organisations in Warwickshire such as the Ageing Well programme run by Age Concern Warwickshire.

### 2. Reducing unmet needs and risks

We are participating in a nationally funded project to ensure systematic identification and personalised response to older people’s health and care needs. The range of needs cover communication, mobility, self care, safety and relationships, accommodation and finance, mental health and health promotion. Specific items include, for example, hearing, getting to the shops, continence, falls, home warmth, loneliness and being up to date with vaccinations. Information once collated is shared with health and care practitioners involved in the person’s care, with the service response based on the top priorities of the older person for help.

### 3. Reducing the impact of frailty

This project involves four changes to the ways in which services respond to older people presenting in crisis with confusion, falls or “going off their legs”.

- An enhanced community response to support and assess the older person in their home, choosing to admit to hospital if required.
- Expert care to diagnose and treat underlying medical conditions.
- Early transfer for rehabilitation services.
- Comprehensive multi-disciplinary assessment of longer term care needs.

Experiences in other countries which have adopted those changes, have shown it is possible to reduce admissions of frail older people to hospital, reduce the length of time spent in hospital and reduce needs for long term care services, while improving outcomes for older people.

## 2.5 Recommendations

**Based on the challenges identified in this report and our current work programmes, I have identified the following priority recommendations for action:**

- 1. Life expectancy:** NHS Warwickshire, Warwickshire County Council and partners should develop an action plan to reduce the variation in life expectancy and healthy life expectancy at age 65 years across the county.
- 2. Health inequalities:** All NHS and local government strategies and action plans for Older People need to explicitly identify:
  - How they will tackle health inequalities in older age.
  - How they will address the needs of older ethnic minorities, disabled and other minority groups.
- 3. Prevention:** All the statutory agencies and services must develop a greater focus on disease prevention and health promotion among older people. This includes improving access to screening services and promoting healthy eating, physical activity and smoking cessation.
- 4. Fuel poverty:** There are over 300 excess winter deaths across Warwickshire each year. We need to clearly identify and action the role of Primary Care and Community Health Services working with local government to tackle this.
- 5. Rural Isolation:** Primary Care and Community Services need to clearly demonstrate how their plans and services tackle rural isolation and access to services in rural areas.
- 6. Dementia:** The health service and local government across Warwickshire must urgently ratify and implement a simple strategy and pathway of care and support for dementia.
- 7. End of life care:** The Gold Standards Framework (GSF) for palliative identification and support to improve skills around care planning and identification of patients in the last year of life needs to be fully embedded in primary care to enable support to more people to be cared for at home and die in a place of their choosing.

## Overview

The county of Warwickshire is mainly rural, with concentrations of urban areas within the five local authority districts and boroughs across the county. It borders nine Primary Care Organisations (PCOs). (See map 1).

## 3.1 Demography

### 3.1.1 Population Age

Warwickshire County is home to over 530,000 people. It has a higher population of people aged over 50 when compared to the national average, 38% and 34% respectively. Over 8% of the population are aged over 75 years<sup>1</sup>.

**There are over 200,000 people aged over 50 years old in Warwickshire; of those 45,000 are aged over 75. In addition a further 19,000 people over 50 are registered with Warwickshire GPs but live out of the county.**

The figure below illustrates this difference in the age structure of Warwickshire compared to that of England and Wales.

There are lower proportions of the very young and people aged 20-35 in Warwickshire compared with the rest of England. There are higher proportions of people in each 5 year age group over 40 years old.

Map 1: Warwickshire showing local health services

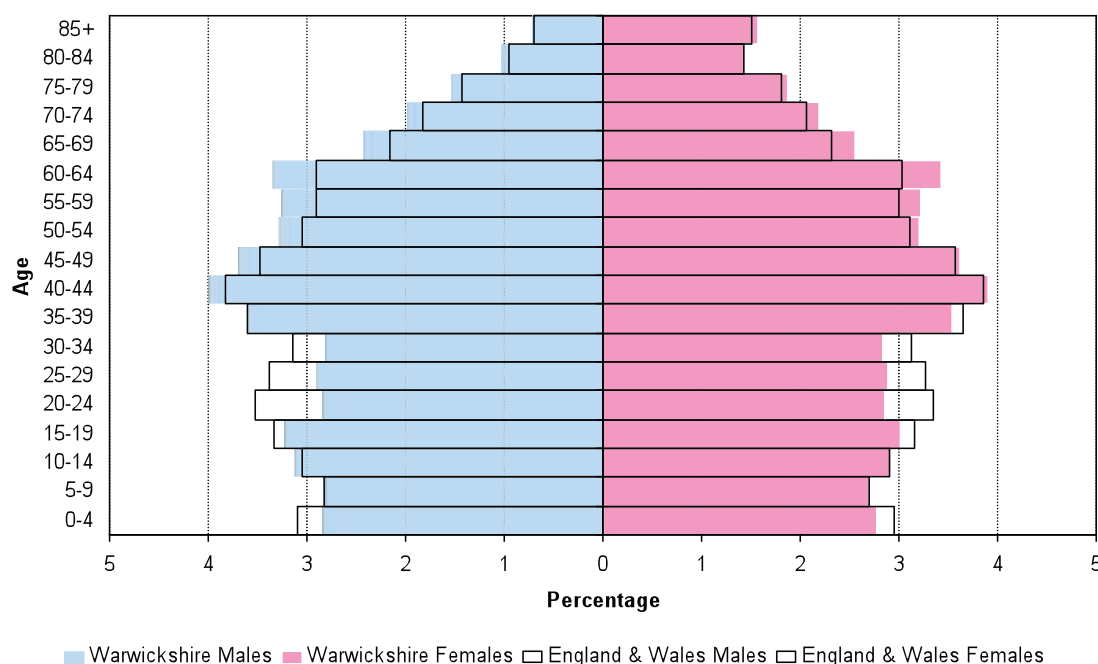


Figure 1: Warwickshire Population Pyramid, Mid Year Estimates, 2008

Source: NCHOD, ONS



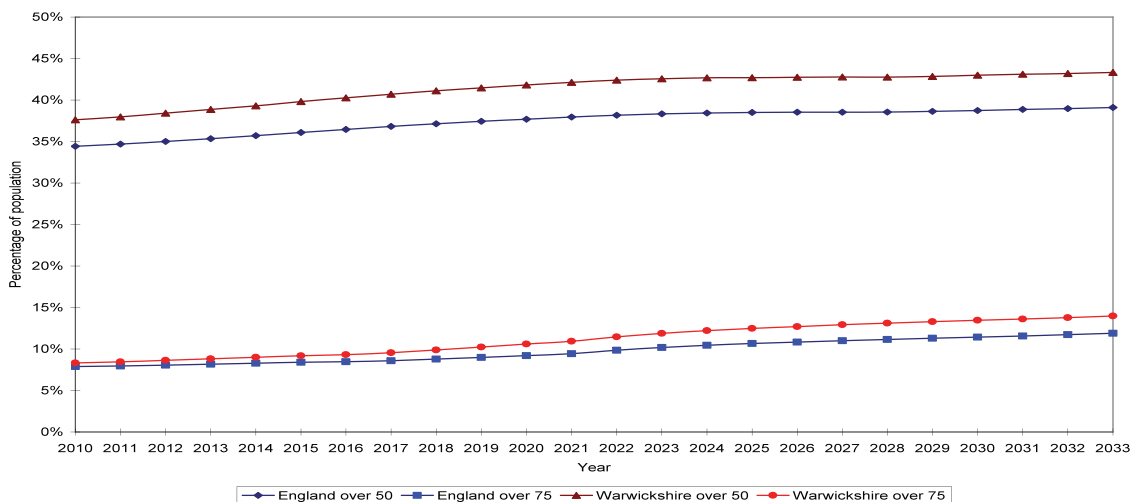
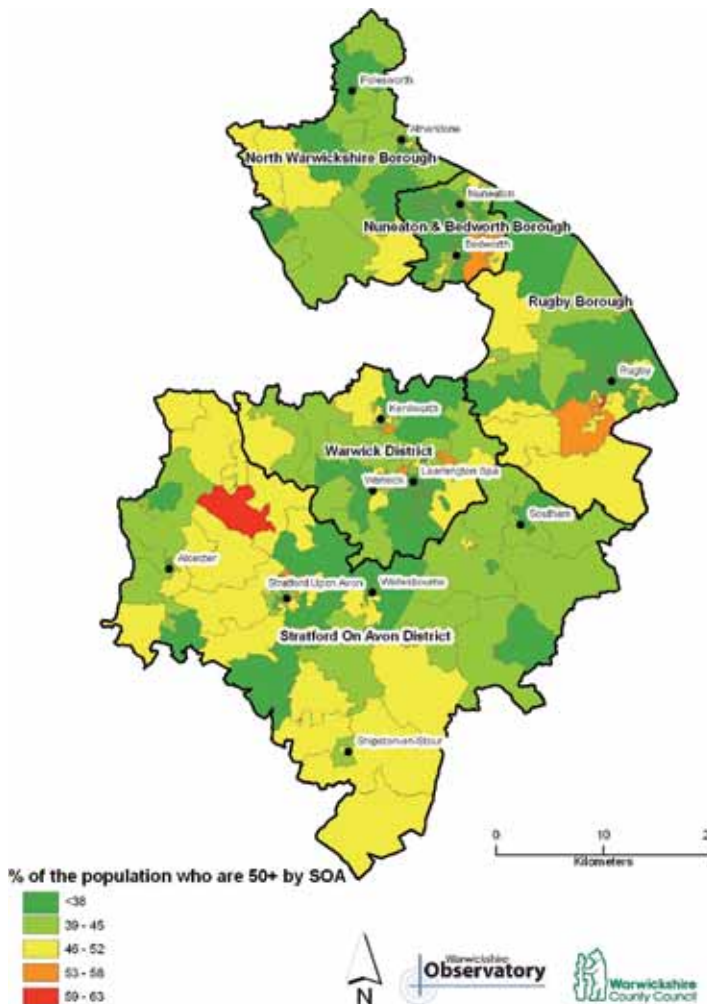
The difference in the age structure of the population is also more pronounced in some districts; in Stratford upon Avon 42% of the population are over 50 and in North Warwickshire 38%<sup>2</sup>, compared with the national average of 34%. Within the districts there are a number of pockets where the percentage of people aged over 50 is greater than the rest of the county. These tend to be around more urban areas such as Warwick, Kenilworth, Leamington, Bedworth, Stratford and south Rugby. However, the area with the highest proportion of people aged over 50 is Henley, a rural area in southwest Warwickshire.

**Map 2: Areas of Warwickshire with above average population over 50 years, 2008 Mid Year**

### 3.1.2 Population Trends

The population of Warwickshire is projected to reach a total of 634,900 by 2033; an increase of almost 100,000 people or 19% on the 2009 ONS mid-year estimate. This increase over the 24 year period is higher than the projected regional and national population growth rates of 13.0% and 18.0% respectively. Growth is not consistent across all age groups. The number of people aged 50 and over is projected to increase by 35% and those over 75 projected to increase by more than 100%. The highest rate of increase in older people is projected in Stratford on Avon.<sup>1</sup> Interestingly North Warwickshire Borough is projected to experience negative population growth for all age groups up to 65 during the period 2010 to 2033. Nuneaton & Bedworth is projected to experience negative population growth for those aged between 50-60 years. This may have implications for the local labour market and local economy.

Source: Warwickshire Observatory, ONS



**Figure 2: Estimate of the percentage of the population aged over 50, Warwickshire, West Midlands and England and Wales**

Source: ONS mid 2006 population estimates

## 3.1.3 Black and minority ethnic groups

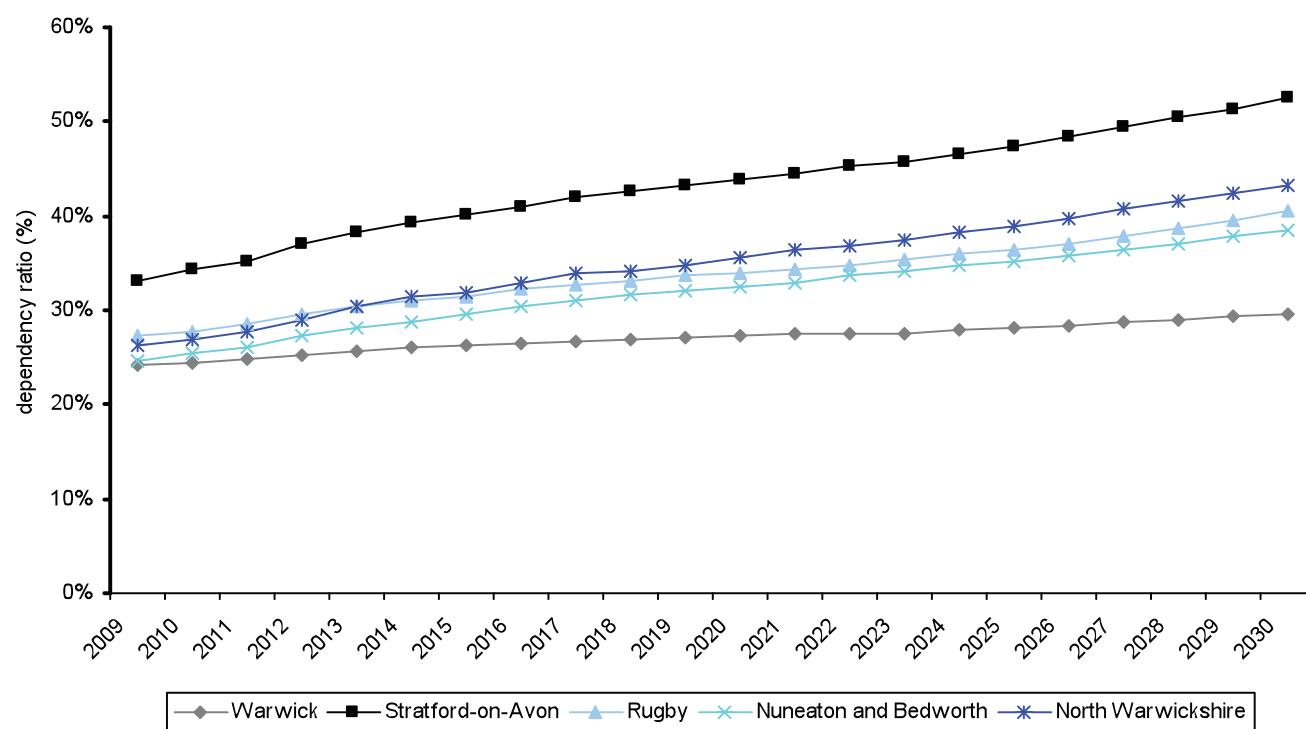
It is estimated there are 6,400 older people from black and minority ethnic backgrounds. Warwick has the highest proportion of non-White British residents, at 14.5%, with North Warwickshire having the lowest at 4.3%. Asian Indian is the largest non-White British ethnic group in the county.<sup>2</sup>

## 3.2 Income and Wealth

### 3.2.1 Dependency ratio

Over the next decade the dependency ratio for older people which is the proportion of the older age group depending on the working population is set to increase. As the ratio increases there may be an increased burden on the productive part of the population to maintain the upbringing and pensions of the economically dependent. In 2008, the ratio was around 26%, and set to increase to around 34% in 2020. By the year 2030, the dependency ratio of the over 65s in Warwickshire will be around 40%; with potentially less people paying tax, and more people that need health and social care services. The chart below shows the trend in these changes across the county, the greatest increase set to be in Stratford-on-Avon (50% by year 2030).

Figure 3: Proportion of over 65s depending on the working population in Warwickshire 2009–2030



Source: ONS

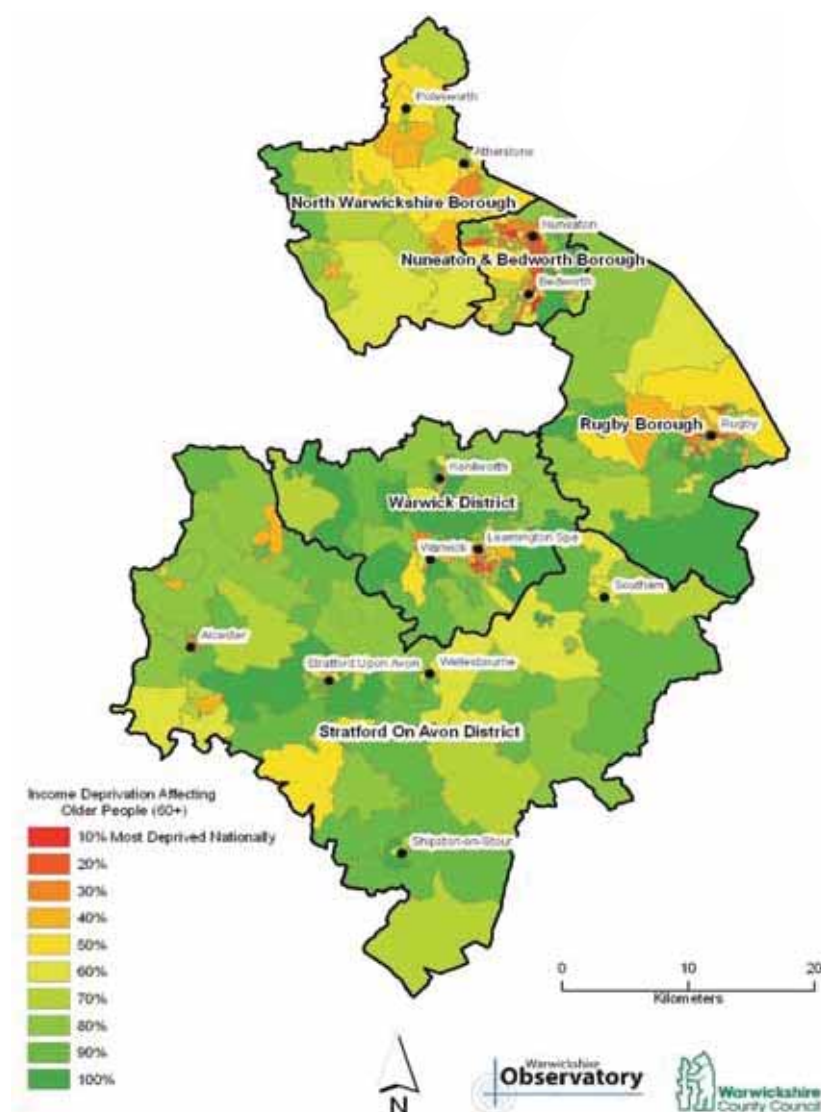
### 3.2.2 Income deprivation

Of the 332 Lower Super Output Areas (LSOAs) in Warwickshire, 49 of them are ranked in the 30% most income deprived nationally (based on income in those over 60). Half of these LSOAs are from the Nuneaton and Bedworth area. Likewise, 127 of the 332 LSOAs (38.2%) are ranked in the 30% least deprived nationally, with the majority of these LSOAs in the south Warwickshire area (Stratford-on-Avon and Warwick).

### 3.2.2 Benefits and pensions

In a recession those most at risk from its economic and social effects including falling standards of living and poorer health due to reduced spending on outgoings such as food and heating, are those on low incomes. This can be sub-divided into the elderly, the disabled and those with young children.<sup>3</sup>

**Map 3: Income deprivation affecting those over 60, Warwickshire, 2007**



Source: Warwickshire Observatory, Income Deprivation in 2007 IMD, ODPM

In the last five years, pension credit claims (income support for the over 60s) from the Warwickshire population have increased marginally with the proportion of the over 65 population estimated to be claiming rising from 20,950 claimants in 2005 to 21,270 claimants in 2009. Table 1 shows that there are differences in the numbers between the localities, for example in the year ending August 2009, pension credit claimants in the Nuneaton and Bedworth area (5,710) was about twice the number in North Warwickshire area (2,950), and this pattern was consistently recorded since 2005.

**Table 1: Pensions Credit claimants (thousands) by district, Warwickshire, Over 60s, 2005-9**

District	2005	2006	2007	2008	2009
North Warwickshire	2.82	2.83	2.87	2.91	2.95
Nuneaton and Bedworth	5.68	5.75	5.84	5.74	5.71
Rugby	3.4	3.48	3.5	3.43	3.44
Stratford-on-Avon	4.42	4.46	4.46	4.49	4.54
Warwick	4.63	4.69	4.73	4.66	4.63

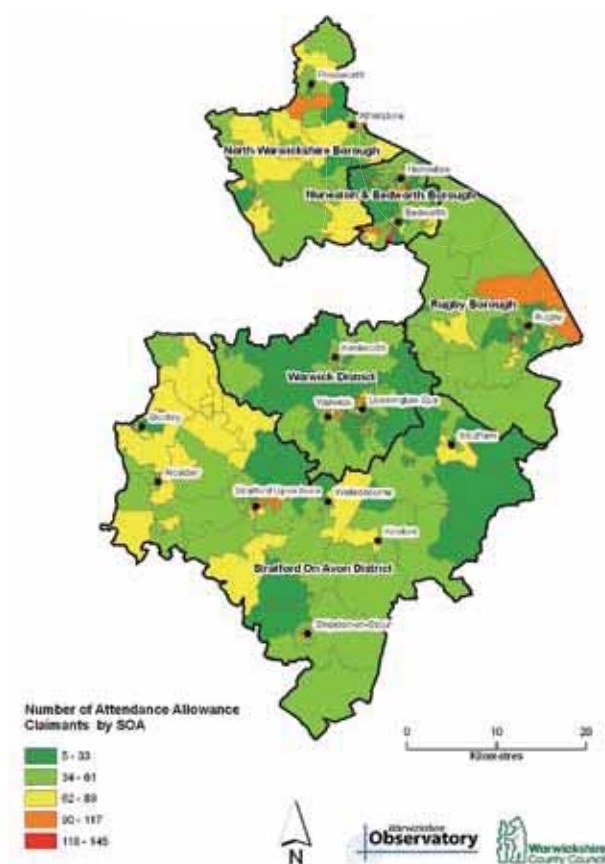
Source: ONS, 2008

**Map 4: Attendance Allowance Claimants in Warwickshire by SOA, aged over 65, May 2009**

The number of people claiming Attendance Allowance (a contribution towards the disability-related extra costs of severely disabled people who are aged 65 and over when they claim help with those costs) has shown an increase in Warwickshire over the last 3 years from 13,660 in 2007 to 14,110 in 2009; an increase of just over 3%.

There is variation across Warwickshire with the majority of claimants around Nuneaton and Bedworth, Rugby, to the east of Stratford and near Polesworth in North Warwickshire (see Map 4).

Source: ONS



## 3.3 Housing

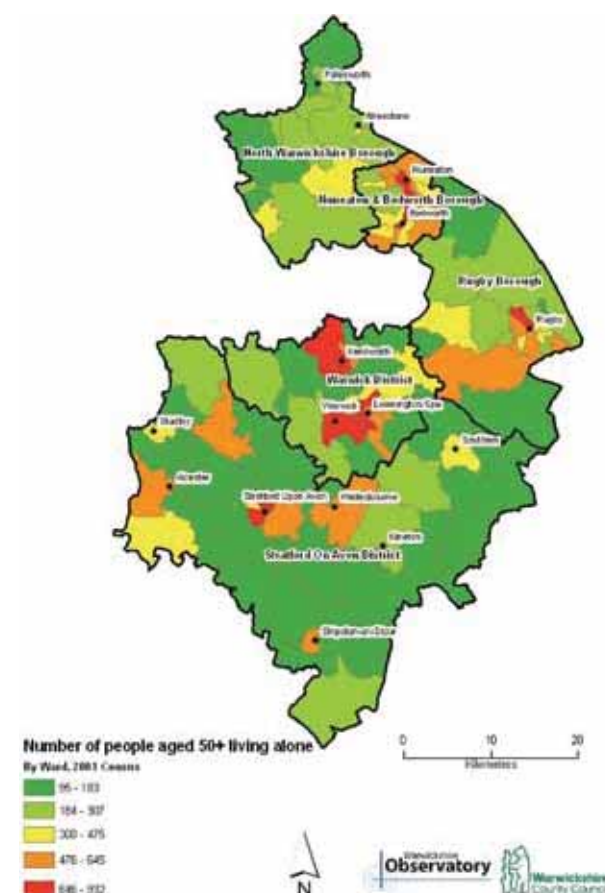
**Map 5: The proportion of over 50s living alone in Warwickshire, by Ward, 2001**

The majority of older people in Warwickshire live in homes they own, which accounts for 84% of the population over 50.<sup>4</sup> The highest numbers of owner occupiers live in Stratford district with the highest numbers living in social housing in Nuneaton & Bedworth.

In Warwickshire, as for England as a whole, older women are more likely than older men to live alone and the percentage increases as age increases. As women are more likely to be widowed, very few people over the age of 65 cohabit and the death of one spouse becomes increasingly more common at older ages. In over 50s, 20% of males and 30% of females live alone, compared to 34% of males aged over 75 and 61% of females. In Warwickshire this means approximately 22,000 people over 75 live alone. Map 5 shows those living alone in Warwickshire, the number is highest in the urban areas.

It is therefore inevitable that numbers of older people living alone will increase with the increase in the aging population in Warwickshire and with people having a longer life expectancy. There are many health issues which come with living alone including: not having a spouse or partner to provide care at home; having limited or no access to information and services including health services; social isolation, and deprivation due to a household having only one source of income to name but a few.<sup>5</sup>

Source: Warwickshire Observatory, ONS Living Arrangements





## 3.3.1 Fuel poverty/Affordable Warmth

Fuel poverty or affordable warmth, is usually defined as a household spending more than 10% of its income on total fuel use (including hot water, lights and appliances) in order to provide an adequate standard of warmth. This does not account for the actual spend on either fuel or the sum remaining once other costs have been met. Causes include; low income, high fuel prices, poor energy efficiency and under occupancy. Data from the Department for Energy and Climate Change in 2006, showed 13% of Warwickshire's total population lived in fuel poverty. This is higher than the UK average with numbers varying by district from 12% in Nuneaton and Bedworth to 13.9% in Stratford. Rates are highest in single person households, or where the occupiers are inactive, or where one person in the household is aged over 60 years.

**Table 2: Proportion of Households that are Fuel Poor, Warwick Districts 2006**

	No. households	No. fuel poor households	% of households fuel poor
North Warwickshire	25,372	3,445	13.6%
Nuneaton and Bedworth	50,901	6,110	12.0%
Rugby	39,046	4,996	12.8%
Stratford-on-Avon	49,961	6,933	13.9%
Warwick	55,981	7,465	13.3%
Warwickshire	221,261	28,949	13.1%
England	21,220,807	2,431,691	11.5%

Source: Department for Energy and Climate Change (DfECC)

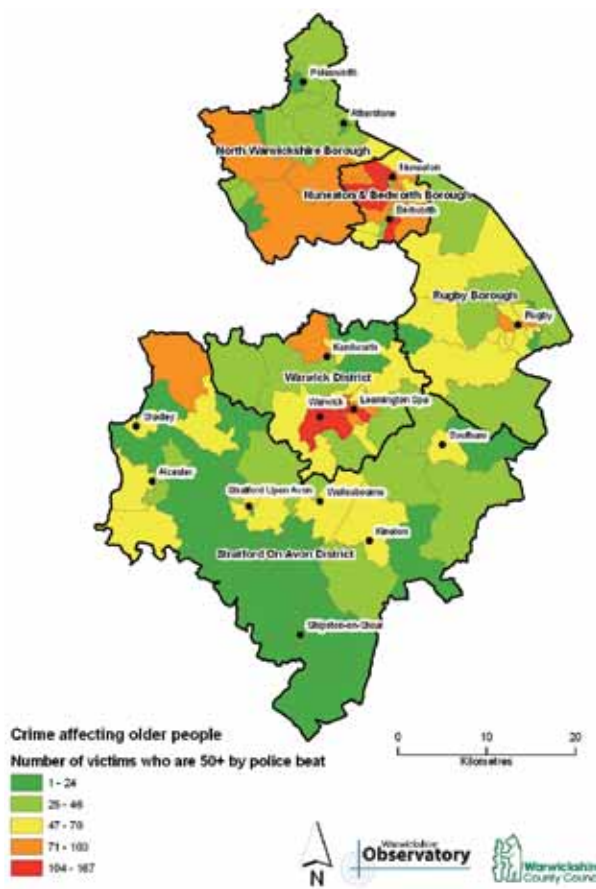
## 3.4 Crime

**Map 6: The number of people aged over 50 who were victims of crime, Warwickshire 2009**

A low level of crime continues to be the most important factor in making somewhere a good place to live. This is followed by health services, clean streets, education provision, parks and open spaces. The north of the county has a greater number of crimes than the south; particularly areas around Nuneaton and Bedworth, Warwick and Leamington Spa.

The Partnership Place Survey for Warwickshire contains questions relating to anti-social behaviour and fear of crime. The 2009/10 report shows a large decrease in the fear of car theft, domestic burglary and violence amongst residents in Warwickshire. Fear of crime is lower in Stratford-on-Avon and Warwick than in Rugby, North Warwickshire, and Nuneaton and Bedworth. The report shows that although there may be some relation between fear of crime and crime rates, high levels of fear still exist despite relatively low levels of crime. This suggests that many residents may have an inherent fear of crime that does not depend solely on the prevalence of crime.

People over 45 are most likely to fear domestic burglary (over 50% of those surveyed). Fear of car theft in the older population is highest in the 45-54 age group declining with age (46% to 37% in over 65s). Fear of physical attack is highest in the under 25s and peaks again in the 55 plus age groups, with over 40% of over 55 year olds surveyed fearing physical attack.



Source: Warwickshire Observatory, ONS

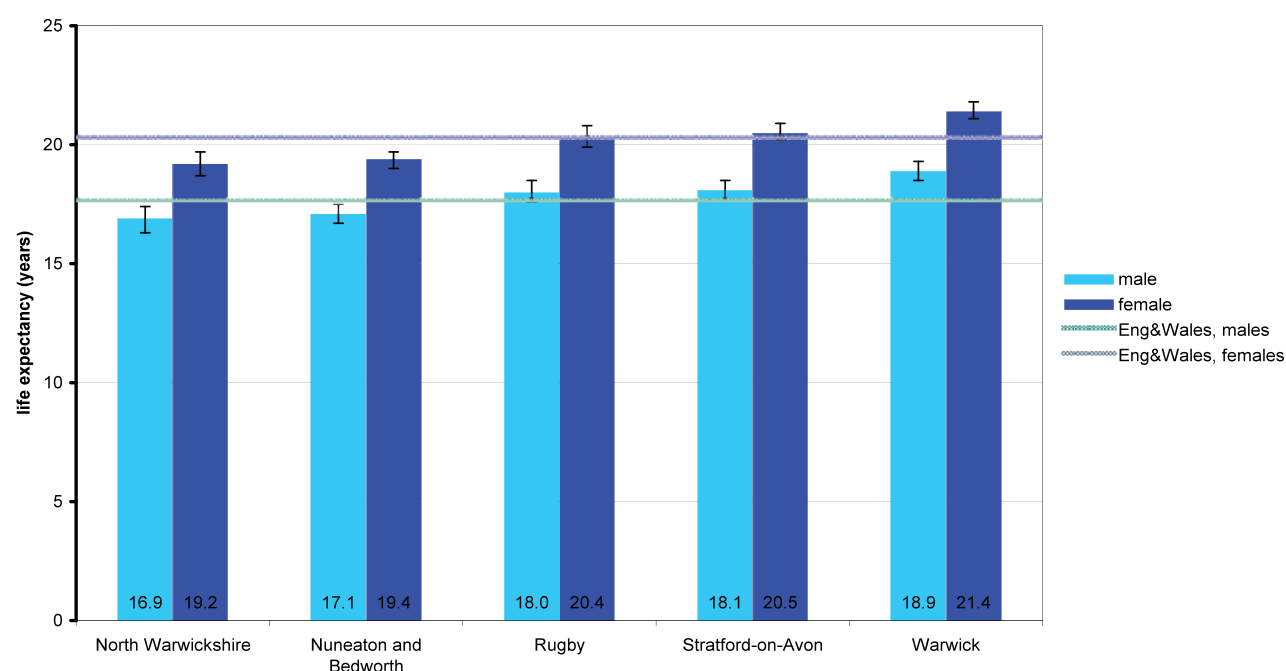
## 3.5 Morbidity and Life Expectancy

The majority of older people are well, suggesting a need for general prevention and health promotion messages. However, over 16% of the total population aged over 50, and 20% of the population over retirement age regard their health as not good. Moreover, across Warwickshire, 35% of the population aged over 50 have a Limiting Long Term Illness (LLI); nearly half (47%) of the population over retirement age have a LLI. Although these rates are below the national and regional rates, they are increasing and rates remain higher in the north than south of the County. In addition over 17% of the population over 50 provide some form of care on a weekly basis.<sup>2</sup> This data from the Census is now almost 10 years out of date, however it still gives an indication of overall patterns of health.

### 3.5.1 Life Expectancy

Life expectancy and mortality are commonly used summary indicators of health in a community. Life expectancy is defined as an estimated average number of years an individual is expected to survive if the current mortality conditions at that age group persist throughout lifetime. The pattern of north-south divide in Warwickshire commonly observed with the majority of other key health indicators is equally reflected at this age group. Life expectancy at 65 in Nuneaton and Bedworth and North Warwickshire for both males and females are significantly lower than that for England and Wales, whereas, the reverse is the case in Stratford-on-Avon and Warwick (fig 4).

**Figure 4: Life Expectancy at 65 in Warwickshire 2006-2008**



Source:ONS

Although the last eight years have seen significant improvements in the additional number of life years for those aged over 65 across the county, the proportion of that time in good health as measured by healthy life expectancy (estimated from self-reported questionnaires assessing health), has been on the decrease, with the female population spending relatively less time (72%) than males (74%) in good health, and the time in good health has not significantly improved in line with life expectancy. (Table 3) In addition, just over half of this time is spent with some form of disability in both groups which indicates a significant proportion of the lives of this population group are spent in poor health, a reflection of and contributory to the extra burden on health and social care services in the county.



**Table 3: Life expectancy, healthy life and disability-free life expectancies at age 65, 2000-2**

Females	Life Expectancy	Healthy Life Expectancy (Estimate)	Disability-free Life Expectancy (Estimate)
North Warwickshire	18.8	13.7	8.2
Nuneaton and Bedworth	16.4	13.3	7.8
Rugby	19	14.8	9.4
Stratford-on-Avon	19.6	15.6	10.5
Warwick	19.6	15.3	9.8

Males	Life Expectancy	Healthy Life Expectancy (Estimate)	Disability-free Life Expectancy (Estimate)
North Warwickshire	15.6	11.9	7.4
Nuneaton and Bedworth	15.5	11.5	6.8
Rugby	16.7	13.4	8.9
Stratford-on-Avon	16.8	13.9	9.4
Warwick	17.1	13.8	9.2

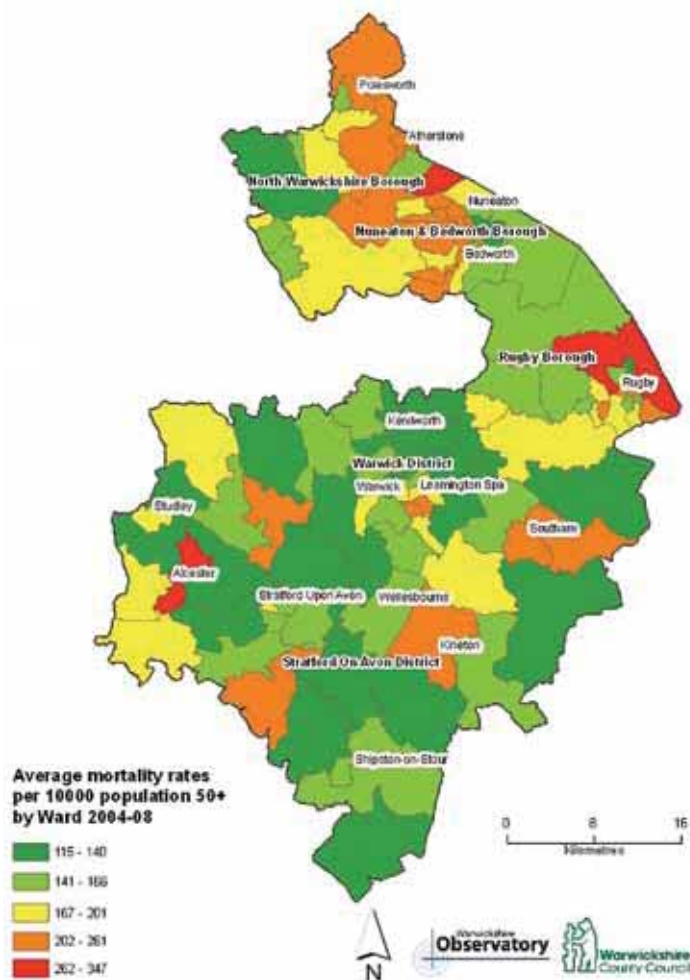
Source: ONS

## 3.5.2 Mortality

Each year approximately 4,700 people aged over 50 die, accounting for 95% of all the deaths in Warwickshire. Mortality rates are falling, for example in the 65-75 age group in last 15 years the rate has fallen by more than 40% across the county with the greatest fall in south.

### Map 7: Average Mortality Rates per 10,000 population in Warwickshire by Ward, over 50s, 2004-08

The pattern of mortality in the districts masks variations in the wards. Map 7 shows the variation in mortality by ward. The average death rates (2004-8) for people aged over 50 ranged from 115 to 350 per 10,000 population, the lowest in Park Hill (Warwick), and the highest in Avon and Swift wards in Rugby where the rates are significantly higher than the Warwickshire average. This is in contrast to rates for all ages (including under 50s) which ranged from 36 to 111 per 10,000 population, with the lowest rates in Bardon (Warwick). The presence of care homes within these wards is a contributing factor to these patterns.



Source: ONS

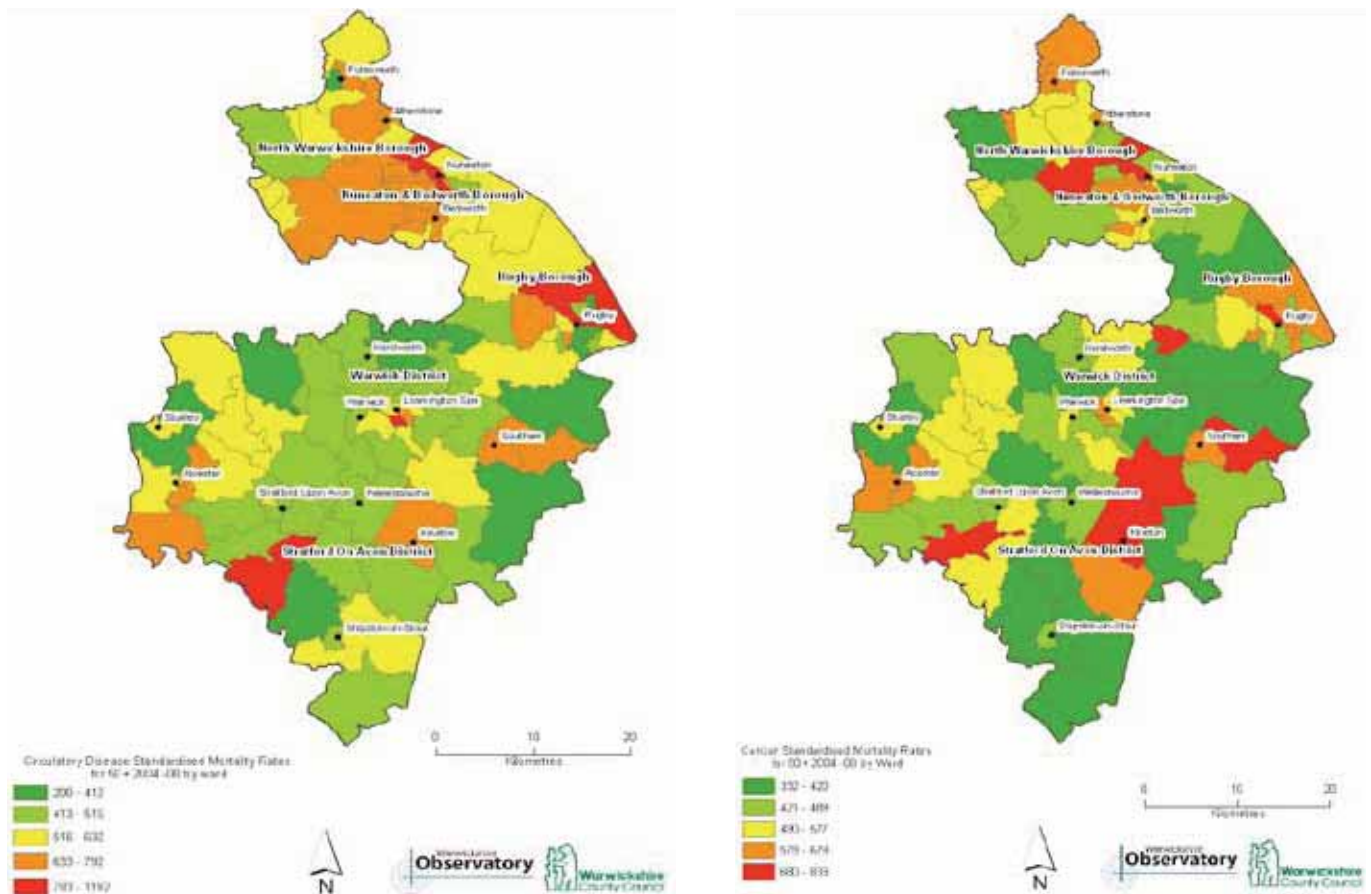
**Table 4: Main Causes of Death in for aged over 50 in Warwickshire, 2008**

Main Causes of Deaths	Number	Percent
All infectious diseases	89	1.9%
All malignant neoplasms	1290	27.1%
Lung	276	5.8%
Breast	104	2.2%
Prostate	88	1.9%
Endocrine/nutritional/metabolic systems	75	1.6%
Diabetes	61	1.3%
Mental/behavioural disorder	176	3.7%
Dementia	158	3.3%
Nervous system	184	3.9%
Parkinsons	59	1.2%
Alzheimers	48	1.0%
All circulatory systems	1489	31.3%
Coronary heart disease	599	12.6%
Cerebrovascular disease	436	9.2%
Stroke	207	4.4%
Respiratory systems	607	12.8%
Pneumonia	213	4.5%
Bronchitis	194	4.1%
Digestive systems	235	4.9%
Liver	69	1.5%
Genitourinary diseases	147	3.1%
Renal failure	52	1.1%
External causes of morbidity/mortality	199	4.2%
Accidents	164	3.5%
Falls	35	0.8%

Source: PHMF

The most common underlying causes of death in the older population are cancer and circulatory diseases. Deaths from cancers reduced by around a fifth over the last decade to an average of about 700 per 100,000 population in 2006-8, whereas rates for circulatory disease went down quicker - by more than half in the same period to just over 500 per 100,000 population. At national level, comparable death rates fell by around 18.3 percent to 751.6 per 100,000 and 51.8 percent to 510.6 per 100,000 population for cancers and circulatory diseases respectively.

**Maps 8 and 9: Cancer and Circulatory Disease Standardised Mortality Rates per 10,000 population in Warwickshire by Ward, 2004-08**



Source: ONS

Deaths from long term conditions show considerable variation at ward level - standardised deaths rates for all cancers ranged from 33.2-83.3/10,000 (Leam Valley and Ryton-on-Dusmore both in Rugby); all circulatory disease, ranged from 27.9-119.2/10,000 (Leam Valley and Hartshill in North Warwickshire).

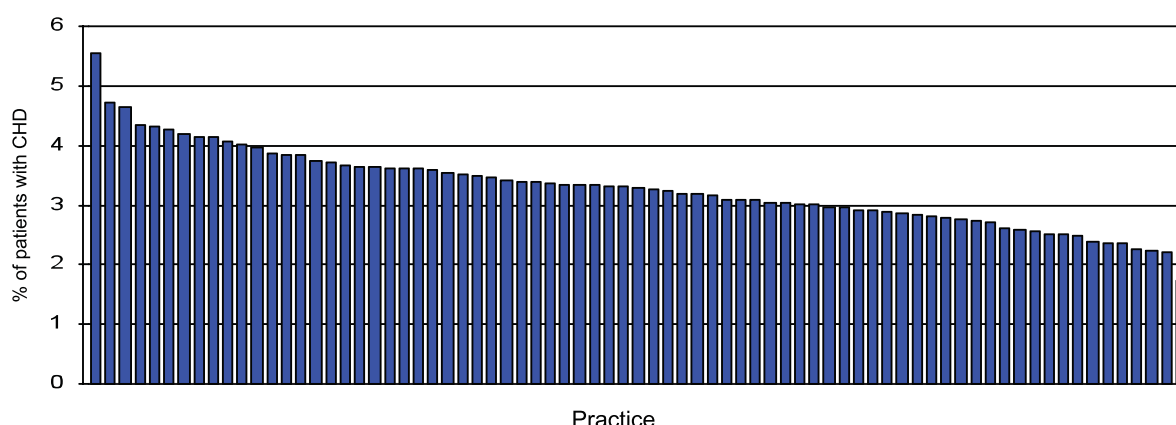
### 3.5.3 Ill health from long term conditions

An estimated 1 in 3 people in Warwickshire live with one or more long term conditions, in the population over 75 this rises to 2 in 3 people. These are diseases which in most cases can be controlled but at the moment cannot be cured. Evidence from the US suggests that 78% of healthcare spending is consumed by people with chronic conditions. The World Health Organisation has identified that these conditions will be the leading cause of morbidity by 2020, described as the "invisible epidemic".

## Coronary Heart Disease (CHD)

CHD is one of the most common long term conditions in the UK. The major risk factors are; smoking, diet, physical activity, alcohol, obesity, high blood pressure and diabetes. The Health Survey for England estimated the prevalence at 7.4% of men and 4.5% of women; prevalence increases with age. In Warwickshire the prevalence on practice CHD registers for 2009/10 was 3.3%, however figure 5 shows the variation at a practice level of between 5.7% and 1.7%. This data is not age standardised and therefore maybe skewed towards practices with larger older populations, also a number of practices specialise in treating CHD patients. However, the presence of risk factors in these populations is also important in determining higher prevalence.

**Figure 5: Prevalence of Coronary Heart Disease by Warwickshire Practices, 2009/10**



Source: QMAS, QOF

## Cancer prevalence

There are around 2,400 cases of new cancer diagnosed in Warwickshire residents each year. Breast, lung, large bowel (colorectal) and prostate cancer account for over half of all new cases of cancer. Cancer is predominantly a disease of the elderly. Cancers in those aged under 45 amounted to just over 5.5% of the total for males and 9.2% for females. Rates increase continuously across the age range for both males and females. The peak incidence occurs in the 75–79 age group.<sup>7</sup>

In the UK the age-standardised incidence trends for all cancers between 1993 and 2002 remained relatively stable in men (between 406 and 415 per 100,000), and increased by around 3% in women<sup>8</sup>. The total number of new cases of cancer, however is still increasing by 1.4% per year, mainly as a result of the ageing population, screening and earlier diagnosis.

Assuming cancer incidence rates remain stable, the projected increase in the total number of cases of cancer in Warwickshire by 2031 is:

- 100% increase in males aged over 70.
- 70% average increase in males across all ages.
- 50% increase in females aged over 70.
- 35% average increase in females across all ages.

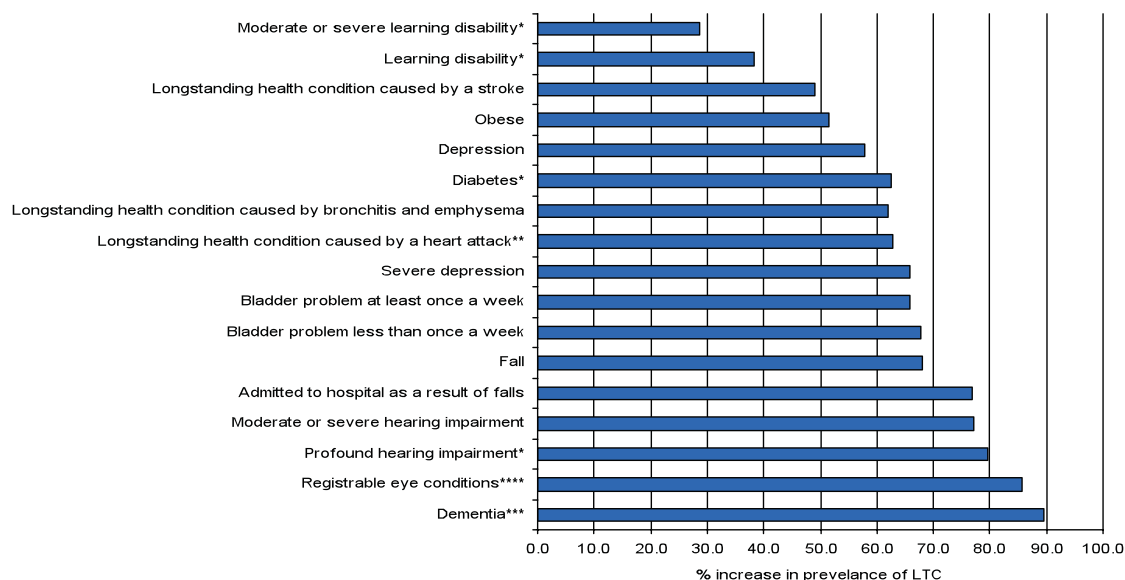
The growth in Warwickshire's elderly population in the next 20 years will mean a large increase in the number of cancers diagnosed in the area. Budgeting for this large increase in cases will need to be considered in order for sufficient care to be provided.

## Chronic Obstructive Pulmonary Disease (COPD)

Estimates for the prevalence of chronic obstructive pulmonary disease vary, but most studies estimate between 3% and 10% of the population have COPD. Prevalence is higher in men and increases with age. It is not usually noticeable until after the age of 40. However, COPD is under-diagnosed. In Warwickshire the prevalence rate is 1.4% - ranging between 2.8% in practices in the north of the County to just 0.6% in the south. The main risk factor for COPD is smoking although air pollution and social class are less significant risks.

## Projected Growth

**Figure 6: Percentage Increase in the number of older people (see note below) in Warwickshire predicted to have a Long Term Condition, between 2009 and 2030**



Source: POPPI and PANSI (Note populations are over aged 65 except \*over 55, \*\*over 45, \*\*\*over 60 and \*\*\*\*over 75)

Figure 6 shows the estimated increase in the proportion of people predicted to have a number of long term conditions over the next 20 years in Warwickshire. The data shows that the number of patients with a long term condition is likely to grow significantly over the next 2 decades. The largest increase is predicted in the number of people with dementia. Therefore, supporting and treating an ever-increasing burden of long-term conditions will not be sustainable if we continue delivering services in the current way. It is important to remember that these diseases are not exclusive and many patients (an estimated 45% of people) will have one or more conditions. Screening programmes such as the NHS Health Checks mentioned in the next chapter aim to reduce the prevalence of disease by tackling the underlying risk factors. The Quality Innovation Productivity and Prevention (QIPP) workstream for long term conditions will also help address some of these issues and deliver high quality care that meets the needs of people with long term conditions.

### 3.5.4 Care

The number of people providing and requiring care will also increase over the next 20 years, with predictions of more than a 70% increase in the total number of people who are unable to manage at least one activity on their own. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level and getting to the toilet.

**Table 5: Number and percent of over 65s in Warwickshire predicted to be providing or requiring support, between 2009 and 2030**

	Current (2009)		Estimates (2030)		
	Number	% of pop	Number	% of pop	% Increase 2009-2030
Population providing unpaid care to a partner, family member or other person	11,218	11.1	118,700	11.9	48.9
Population unable to manage at least one domestic task on their own	38,169	43.6	65,412	40.5	71.4
Population unable to manage at least one self-care activity on their own	31,333	35.7	53,614	33.3	71.1
Population unable to manage at least one activity on their own	17,157	20.1	30,208	18.2	76.1

Source: POPPI

## Overview

### Older people tend to have a much greater need for health and social care services.

The majority of healthcare resources are therefore directed at meeting their needs. For example, the NHS spent 60% of its budget on people aged 45 and over (£15 billion) and 40% on those over the age of 65 in 1998/99. In the same year social services spent nearly 50% of their budget on the over 65s, some £5.2 billion.<sup>1</sup>

In Warwickshire this equates to an estimated £474 million (60% of its £791million annual budget) which will be spent on health services for people over 45 each year (£316 million on over 65s). Personal Social Services Gross Expenditure on older people over 65 (including supporting people) in 2006/07 was £72 million (46% of the total budget).<sup>2</sup>

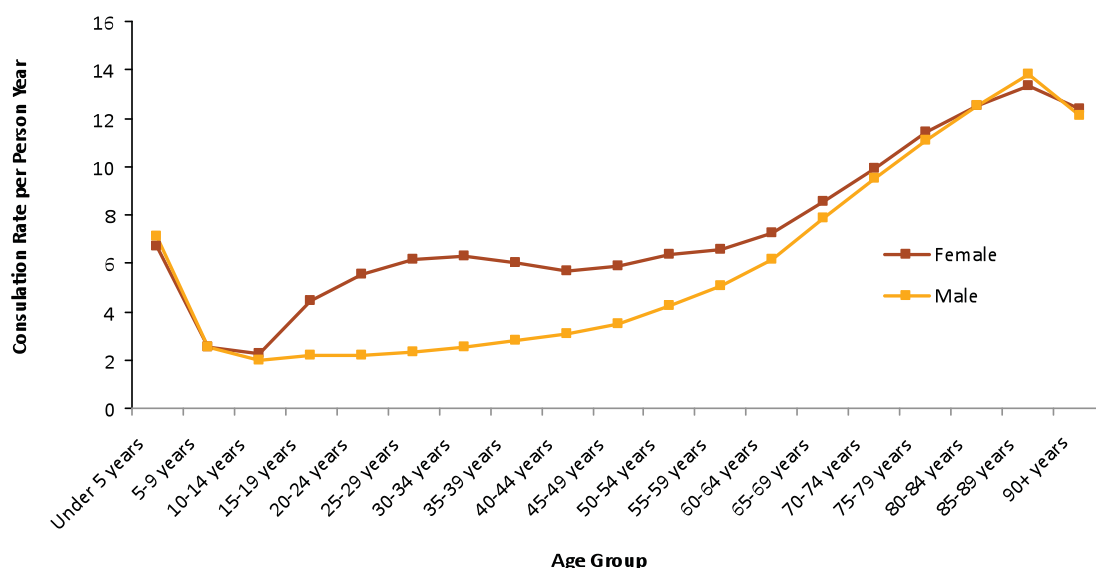
The ageing population also means that the impact on the future provision of these services will be significant. Although people are staying healthier for longer, a greater number of older people suggests that there will be greater numbers in ill health in absolute terms. Such developments are likely to place increased demands on care services. Health and social care providers will have to plan and adapt to the ageing population.<sup>3</sup>

This section of the report seeks to describe the patterns of use of health services by older people in Warwickshire.

## 4.1 Primary Care

Primary care describes the health services that play a central role in the local community including GPs, dentists and pharmacists. Primary care providers are usually the first point of contact for a patient. They also follow a patient throughout their care pathway.

**Figure 6: Crude Consultation Rates per person- year in 2008, all clinicians, England**



Source: QRESEARCH

Local data on consultation rates in primary care is difficult to obtain but national estimates based on QRESEARCH show that consultation rates peak in the older population with highest rates in 80-84 year olds (figure 6).

A crude local analysis of access to general practices across Warwickshire showed that 74% of over 50s live within 2.5km of a Warwickshire GP (approximately a 30 minute walk) and 96% live within 5km (approximately a 10-15 minute drive). Those who do not fit within these criteria live mainly within the rural South West and an area south of Stratford.

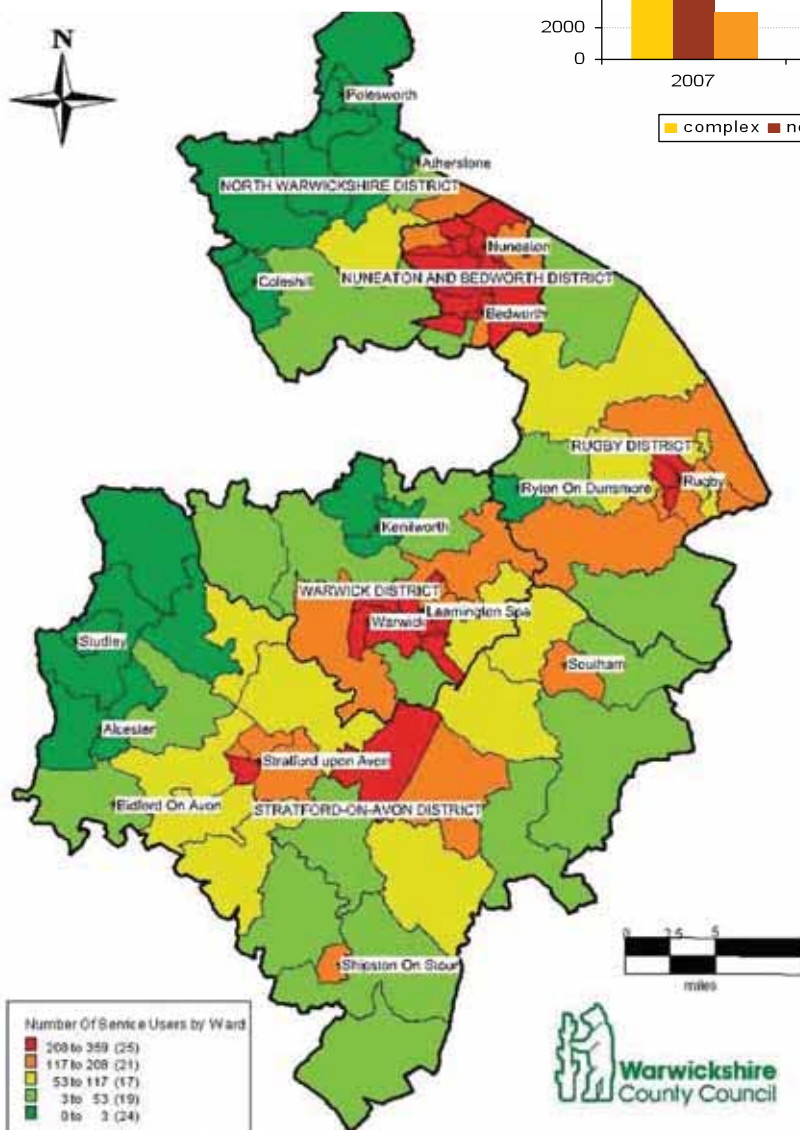
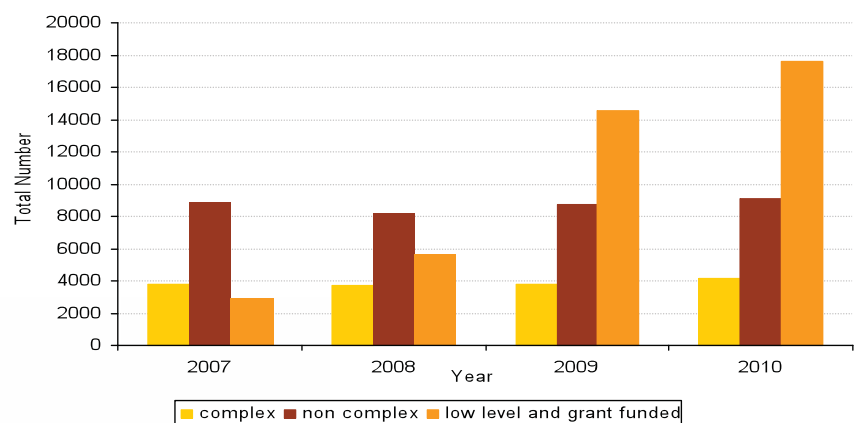


## 4.2 Social Care

In Warwickshire, the total number of clients over 50 has more than doubled over the past 4 years from over 8,200 at the year ending 31st March 2007 to more than 16,600 at the 31st March 2010. The largest increase has been seen in clients whose needs are classified as low level and grant funded (mainly early intervention/prevention day services for those who refer directly to voluntary sector organisations) and the introduction of the Promoting Health and Independence through Low Level Integrated Support service (PHILLIS) has been instrumental in this increase. The total cost of complex client services (those in residential or nursing care or those receiving 20 hours per week of home care or an equivalent direct payment to cover the costs of 20 hours home care) alone has risen from £860,000 to over £1 million for the same period. Of the clients over 50, more than 85% are over 65 years old.

**Figure 7: Total Number of Social Care Clients, in Warwickshire , over 50, 2006/07-2009/10**

Source: AHSC, Warwickshire County Council



**Map 10: The Distribution of Social Service Users, by Warwickshire Ward as at the end of June 2010**

Map 10 provides a snapshot of the distribution of social service users across the county. It shows that the largest numbers of clients are in Nuneaton and Bedworth District with large numbers also living around Rugby and Warwick. This is in part a reflection of population density and need.

Source: AHSC, Warwickshire County Council

#### 4.2.1 Carers

Carers are a key component of families and communities and therefore society as a whole. Estimates show that 3 in 5 of us will become carers at some point in our lives.<sup>4</sup> The 2001 Census found over 17% of the population aged over 50 and 13% of the population over retirement age, provided some form of care for friends, relatives or neighbours, on a weekly basis. Data from the County Council showed that, in March 2010 there were 2,694 carers aged 50+, and 1,855 carers aged 65 and over.

More recently, the business model for social care has changed emphasis to focus more on prevention, re-ablement and recovery. Through this approach we are likely to see fewer older people accessing social care support and for shorter periods. A further key change will be the roll out of personal budgets across the county over the coming months initially for new service users. More integrated intermediate care and re-ablement services are planned through our joint work on Cutting the Cost of Frailty.

#### 4.4 Acute Care

Hospital activity is influenced by the nature of the population in terms of their demography, social circumstances and health behaviour as well as the local health policy. It is only one piece of the jigsaw in terms of service use but accounts for around 28% of NHS expenditure and is often used as a proxy measure of health needs and morbidity within a population. Almost two thirds of general and acute beds are used by people over 65.

**Table 6: Summary of average proportion and cost of hospital activity for over 50s and over 75s amongst Warwickshire registered patients 2009/10**

	Over 50s		Over 75s	
	% of attendances	Total Cost	% of attendances	Total Cost
Population Baseline	37.5%	-	8.2%	-
A&E	36%	£5,350,511	14%	£2,132,554
Outpatients	58%	£30,147,335	17%	£8,753,750
All Inpatients	58%	£116,964,906	22%	£52,973,432

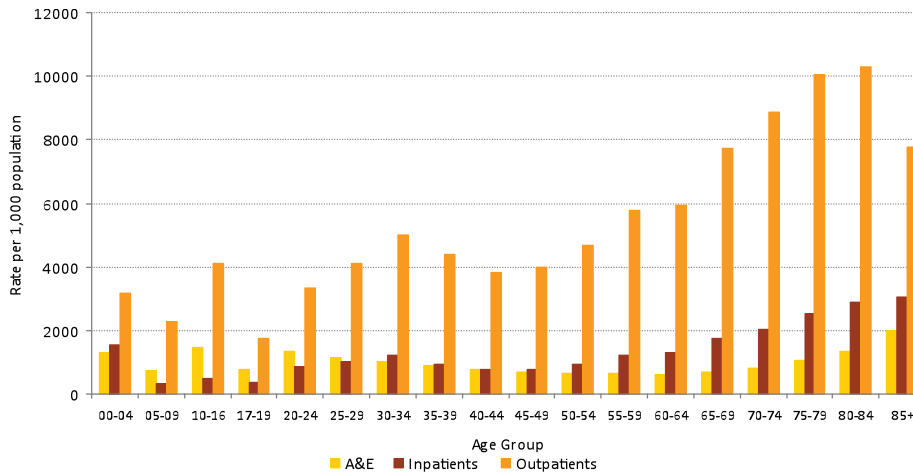
Source: HCS and SUS (Confidence intervals shown in brackets)

Table 6 shows that both outpatients (where a hospital bed for recovery is not required) and inpatients attendances (where a patient is admitted with the intention that they stay at least one night) in over 50s accounted for nearly 60% of all activity compared to a population baseline of 38%. In over 75s the proportion of hospital activity compared to the population is baseline is more than double for outpatients and inpatients use.

In the over 50s, 36% of inpatient admissions are non-elective (where the admission is not planned or is an emergency), in over 75s 50% of inpatient admissions are non elective or to put it another way; 22% of all non planned emergency inpatient admissions are to people aged over 75 years. The proportion of spend for hospital activity on the over 75 population is 26% of all activity and 39% of non elective costs.

**Figure 8: Age specific admission rates, Warwickshire registered patients, all providers 2008/09-2009/10**

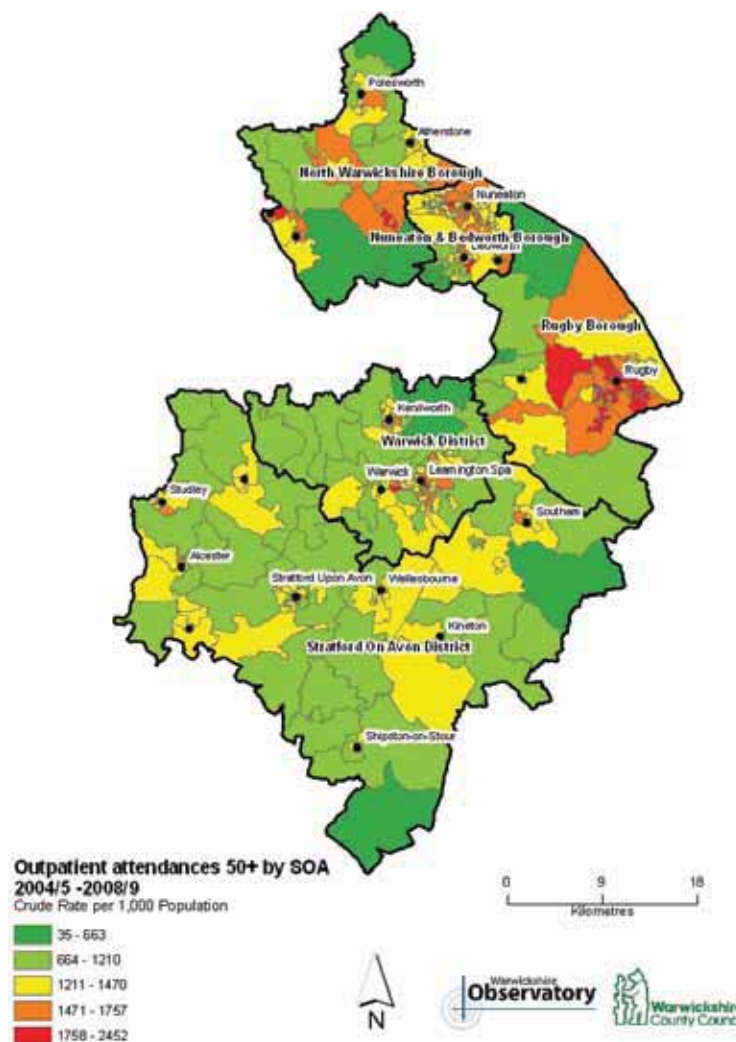
Source: HCS and SUS



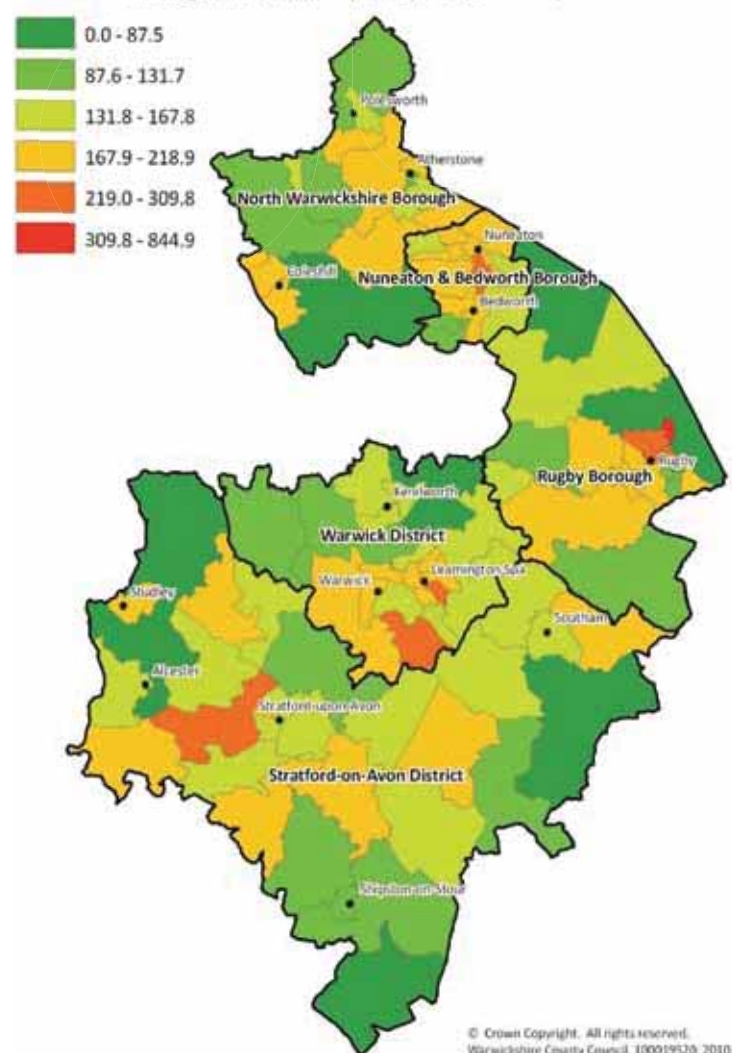
**4.4.1 A&E:** The most common reason for over 50s attending A&E during the last 2 years was for dislocation, fracture or joint injury. This was in 12% of attendances for this group. Other common reasons for admission (8-10% of patients) were for soft tissue inflammation, gastrointestinal conditions, cardiac and respiratory conditions. 36% of attendances were not classifiable. The highest rates of A&E attendances for over 50s were around the urban areas of Rugby, Leamington, Warwick and Nuneaton. Higher rates of admission were also seen in parts of Rugby Borough and North Warwickshire.

**Outpatients:** On average, Warwickshire patients over 50 attend more than a quarter of a million outpatient appointments each year, costing more than £25 million. The trends show that both the activity and cost in this age group is increasing. The major specialities were trauma and orthopaedics and ophthalmology accounting for 28% of appointments.

**Inpatient Admissions:** Over 60% of inpatient admissions for Warwickshire patients between 2004/05 and 2009/10 were elective in the over 50s age group rising to 50% in over 75s. This increased over the period from 61% to 66% in 2008/09. A total of 41% of inpatient admissions were classified as day cases. Therefore the majority of patients (61%) stayed between 0 and 1 day, although 8% had a length of stay lasting 16 days or more. Overall, the greatest activity in this age group was for cataracts (5%), endoscopic or intermediate large intestine procedures (5%), diagnostic and intermediate procedures on the upper GI tract (4%) and minor bladder procedures (3%) costing around £11 million over 5 years. The most costly activities were for hip fractures (£7.8 million) knee procedures (£5.4million), cataracts (£4.3million), Myocardial Infarctions (£3.7 million).



Non-Elective Inpatient Admissions, Crude Rate per 1,000 Population over 75, All Warwickshire Registered Patients by Ward, 2007/08 - 2009/10

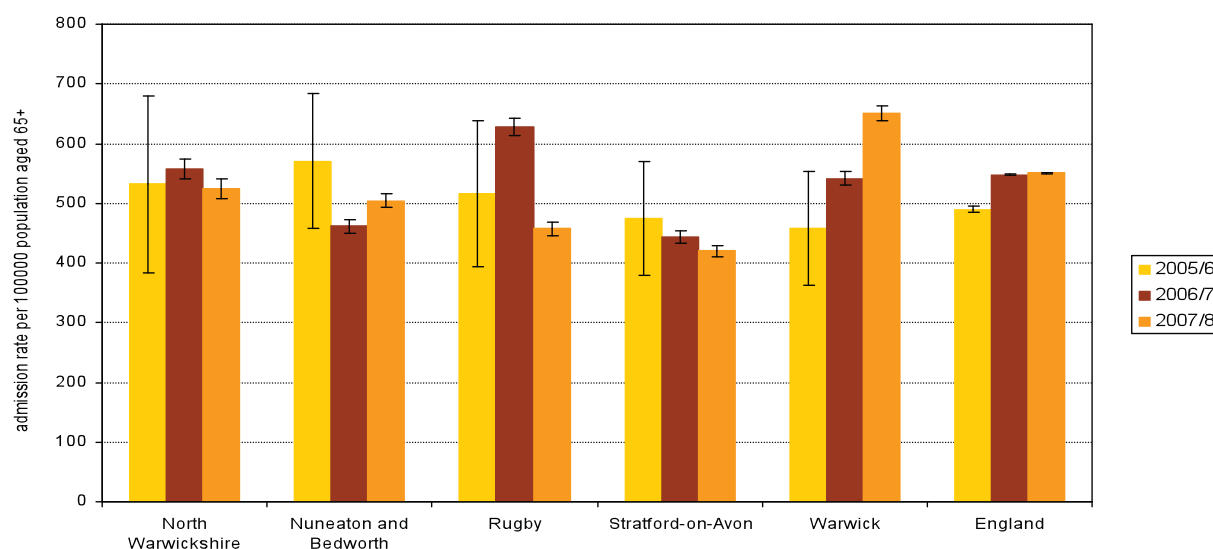


**Map 12: Non-Elective Inpatients admissions in people over 75s, 2007/08-2009/10** Source: HCS

Overall the highest inpatient attendances in people over 50 were in North Warwickshire and Nuneaton and Bedworth Boroughs although pockets of higher rates were also found in Wellsbourne near Stratford. This may be associated with the

Focusing on CHD as an example, shows the variation between need and demand at a district level. In the last three financial years, admissions have increased in the northern parts of the county (with highest standardised admission rates in Nuneaton and Bedworth, 882/100,000), and Rugby compared to decreases in admission rates for south Warwickshire residents (Stratford-on-Avon and Warwick) and those at national levels. In contrast, revascularisations are relatively higher in the southern areas of Warwickshire (fig 9). For example, procedures for Warwick residents went up 20% to a rate of about 640/100,000 in 2007/8 compared to an increase of less than 10% (510/100,000) in the Nuneaton and Bedworth area in the same period suggesting a level of inequity in service across the population in this age group. Figure 9 shows the variation which may account for the difference in admission rates.

**Fig 9: Age Standardised hospital episode rate for revascularisation in Warwickshire and England 2005/6 - 2007/8**



Source: SUS



Table 7 shows the hospital activity across the County. It highlights higher rates of A&E attendances and outpatient appointments are in Rugby and Nuneaton and Bedworth. The highest rates of elective inpatient attendances are in the South and Rugby while the higher rates of non elective inpatients attendances are in the north of the County and Rugby.

**Table 7: Crude rate per 1,000 population of hospital activity for over 75s by Borough amongst Warwickshire registered patients 2007/08-2009/10** Source: HCS

	A&E	Outpatient	Inpatient Elective	Inpatient Non Elective
North Warwickshire	405.7	1962.8	235.1	264.6
Nuneaton and Bedworth	477.3	2053.1	251.9	294.2
Rugby	513.4	2432.5	276.0	295.4
Stratford-on-Avon	349.0	2018.0	264.1	249.5
Warwick	452.3	2187.6	277.1	281.5
Warwickshire	435.6	2130.0	263.2	275.9

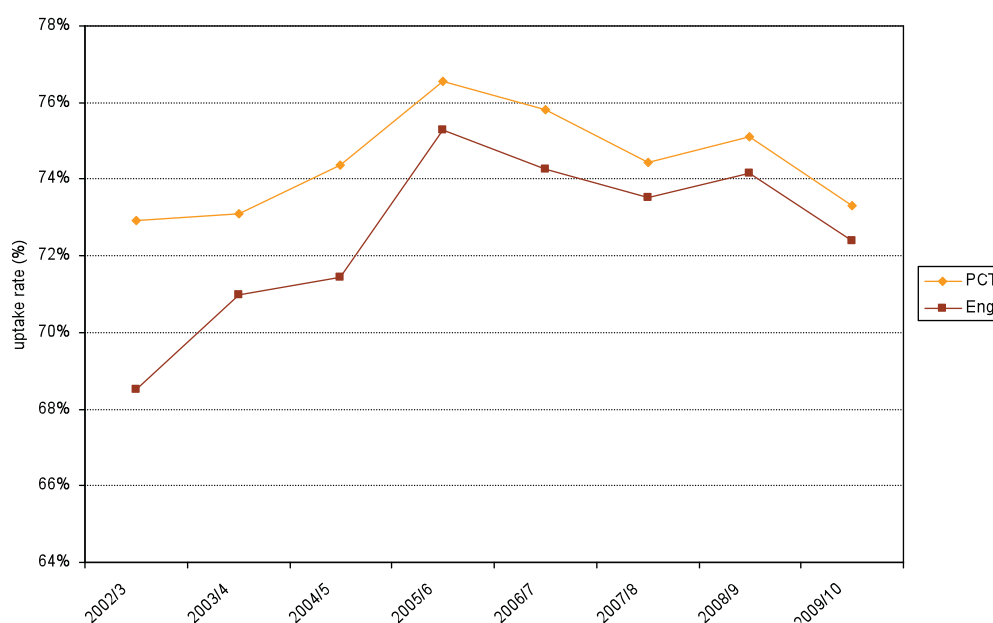
## 4.5 Vaccine Coverage

### 4.5.1 Flu Vaccine

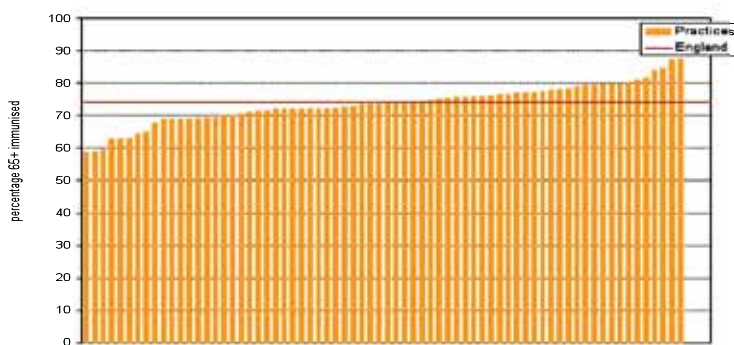
Immunisation against flu is especially important for the at risk population, mainly the elderly, and those with long term conditions such as diabetes and heart conditions. The seasonal uptake of the flu vaccine (commonly called winter flu) in the over 65s living in Warwickshire has been on an increase since 2002/3. The national target is for a 70% uptake. Coverage in Warwickshire peaked at 76.5% in 2005/06, most recent figures in 2009/10 have indicated decreased uptake (73.3%). Uptake across the PCT has remained consistently above that for England as shown in the charts, with a similar pattern in coverage after 2005/6 which may suggest a "common event" for example SARS that may have happened in these periods.

There is variation across the GP practices with some estimates just over half of this population group (57.6%) to as high as 89.1%. At national level, 72.4% of the 65+ age group were administered with this vaccine. Of all the practices in Warwickshire with below England uptake rates, two in three were either from the northern part of the county or Rugby.

**Fig 10: Uptake of Flu vaccine in 65+ during the winter months , Warwickshire and England 2002/3 - 2009/10**



Source: Department of Health

**Fig 11: Uptake of seasonal flu vaccine in the 65+. Warwickshire practices, 2009/10**

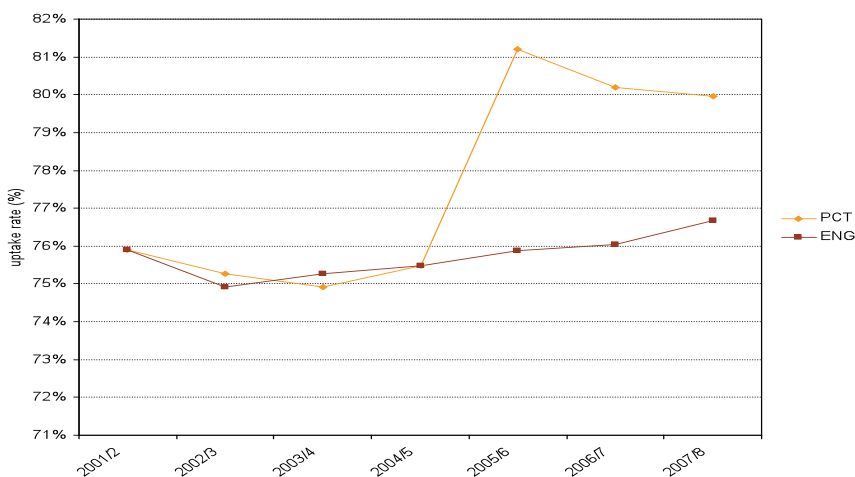
Source: Department of Health

#### 4.5.2 Swine Flu

Swine flu data for 2009/10 indicates that nearly two in five (39.6%) of the registered “at risk” from this population group were administered with the swine flu vaccine. However, coverage is more variable than that for the seasonal flu, with uptake rates ranging from 0% – 78.9% by practice. Anecdotal evidence suggests an association with higher uptake rates much more common in practices that were pro-active in their selective targeting of their “at risk” patients. In addition, the swine flu vaccination is offered to all those aged 65 years and over who are in Department of Health identified clinical risk groups. This is not the same as seasonal flu vaccination which targets all aged 65 years and over.

### 4.6 Screening Programmes

Screening programmes aim to find cancers or other illness as early as possible. The breast cancer programme for example is aimed at preventing breast cancer by detecting it early for prompt treatment.

**Fig 12: Percentage of women aged 53-64 screened for breast cancer**

Source: CIS, WMCIU

#### 4.6.1 Breast Cancer Screening Coverage

Warwickshire is ranked in the top half of PCTs in the region with screening coverage above that for the national average in 2008/9. The chart shows this trend over time. As with the other 10 consortia in the region, coverage in the PCT was slightly down by half a percentage point from the previous year.

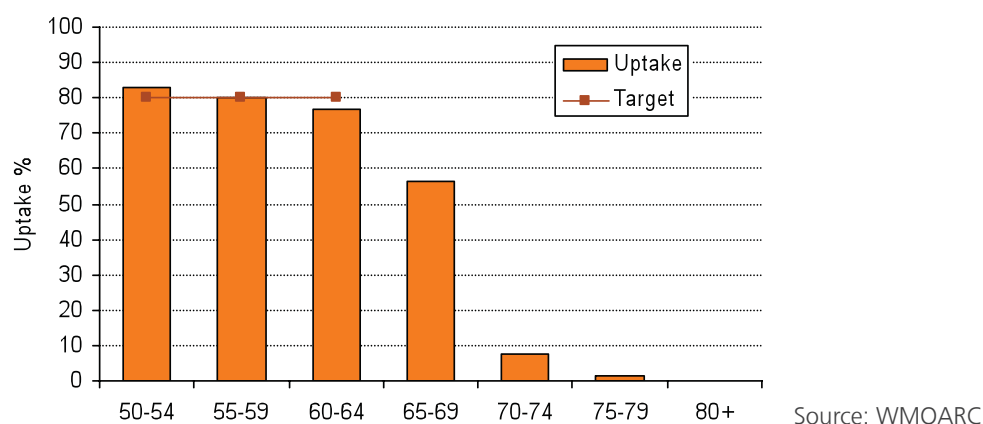
#### 4.6.2 Cervical Cancer Screening.

The NHS cervical screening programme is routinely offered to women aged 25 to 64 years and the Department of Health target is to achieve screening in 80% of the eligible population. From the age of 50, women with a negative screening history are offered the opportunity to have a cervical sample taken every five years which will cease at the age of 64 years if there have been three consecutive negative samples. Women with an incomplete or previously abnormal screening history continue to be offered cervical screening until three consecutive negative samples have been recorded. However, as can be seen from the graph below, uptake in the eligible population declines rapidly over the age of 69 years.



Cervical cancer is predominately a disease that occurs in women aged 30 to 39 years. However, the routine screening programme was only introduced in 1988 and there are cases of the disease found in older women who are part of the previously unscreened population. It is important that all women with an incomplete or abnormal screening history understand the need to continue with cervical screening and are given the opportunity to have the test undertaken when appropriate.

**Figure 13: Cervical Screening uptake in Warwickshire, over 50, 2009-10**



#### 4.6.3 Bowel Cancer Screening

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. From April 2010 there will be an extension of the age range for bowel cancer screening up to the age of 75. People over 75 can request a screening kit by calling a free phone helpline.

Warwickshire and Coventry began bowel cancer screening in July 2007. The PCT has a target to achieve 60% screening uptake for the programme. The most recent data from the start of the programme until January 2010 shows Warwickshire has the highest uptake in the region at 62.5%. The regional average was 52.5%. Uptake is highest in the 65-69 age group for males and females.

Gender	Age Group	Number invited	Completed Kits returned	Uptake within 30 days	Uptake within 30 days (%)	Uptake (%)
Female	60-64	14,373	9,285	6,330	44.04	<b>64.60</b>
	65-69	12,915	8,708	6,389	49.47	<b>67.43</b>
	70-74	5,669	3,721	2,881	50.82	65.64
	75+	1	0	0	0.00	0.00
Male	60-64	14,370	8,142	5,138	35.76	<b>56.66</b>
	65-69	12,751	7,753	5,292	41.50	<b>60.80</b>
	70-74	5,453	3,369	2,490	45.66	61.78
	75+	0	0	0	-	-
Warwickshire PCT		65,532	40,978	28,520	43.52	<b>62.53</b>
West Midlands		462,804	228,338	166,497	34.66	<b>52.54</b>

Source: WMQARC

#### 4.6.4 Prostate Cancer

Although evidence does not yet support population screening for prostate cancer there is considerable demand for the PSA test amongst men worried about the disease. In response to this the Government has introduced a PSA Informed Choice Programme.

#### 4.6.5 Health Checks

The NHS Health Check programme is a national programme offered to everyone eligible between 40 and 74. Warwickshire is currently beginning the roll out of the programme starting in the Nuneaton and Bedworth area. Modelling of the effects of the Checks is continually being undertaken as more knowledge is developed across the country. Using the Warrington model for example suggests that a 3-4% Risk Factor reduction leads to: 136 less acute admissions (MI, CVA, heart failure, kidney failure) per 5000 screens and 9 less deaths per 5000 screens.

## Overview

NHS Warwickshire and Warwickshire County Council are working closely to respond to the challenge of population ageing. We are undertaking joint activities to:

- Ensure early identification and response to 46 specific threats to older people's health, independence and well-being, identified using a common assessment framework of the health and care needs of older people
- Reduce the impact of frailty on the health, independence and well-being of older people, on the well-being of family carers, and on unnecessary need for admission to hospital or long-term care in a care home, through a fully integrated response by health and care services to crises caused by the sudden onset of confusion, falls or immobility in older people
- Improve end of life care (section 5.1)
- Transform care for people with dementia and their families (section 5.2)
- Reduce the risk of falls and fractures in older people (see section 5.3 below)
- Reduce excess deaths during winter months (section 5.4)
- Meet needs arising from social isolation and rural living (section 5.5)
- Encourage healthy living in old age (section 5.6)

## 5.1 End of Life Care

### 5.1.1 Overview

The NSF for End of Life Care (EoLC) was published in July 2008 securing it as a government and subsequently an NHS Warwickshire BEST Strategy priority, ensuring that people end their lives in dignity and with a choice of service provision including help to remain in their own homes until they die.

### 5.1.2 Setting the Scene

It is estimated that 0.88% of Warwickshire's population die each year (approximately 4765 deaths all ages). Of those deaths 29% occur in hospital on a length of stay of less than 14 days. This is the accepted measure of deaths to target for avoidance of EoLC admissions. The majority of deaths occur following a period of chronic illness related to conditions such as heart disease, liver disease, renal disease, diabetes, cancer, stroke, chronic respiratory disease, neurological disease or dementia. However, these patients were subject to multiple admissions in the last year of their life. The top 5 reasons for admission were:

- Pneumonia
- Urinary Tract Infection UTI
- Heart Failure
- Unspecified lower respiratory infection
- Fracture Femur

These spells of care are associated with an ageing population who are living with long term conditions and end their life with complex co-morbidities but general palliative care needs.

Nationally 80% of the public state a preference for dying to take place in their community setting. Currently in Warwickshire;

- 57% of deaths occur in acute hospitals
- 21% at home
- 22% in community/hospices setting.

Compared to the West Midlands, Warwickshire has more people dying in hospital and fewer at home. Approximately 2,400 Warwickshire residents die each year in acute hospitals and costs were estimated at just under £17million. Deaths in acute hospitals are likely to continue to rise with the ageing population unless alternative services are developed within community settings.

**Table 9: Place of death for all causes of death 2008/09, Warwickshire**

Recorded deaths from all causes		
4765		
Expected number of deaths in hospital Observed number of deaths in hospital	499 2430	(based on 11% of population wishing to die in hospital) (53% of total number of deaths for time period)
Expected number of deaths at home Observed number of deaths at home	2545 1128	(based on 56% of population wishing to die at home) (25% of total number of deaths for time period)
Expected number of deaths in a community hospice Observed number of deaths in a community hospice	1182 987	(based on 26% of population wishing to die in a community hospice) (22% of total number of deaths for time period)

Source: ONS

### 5.1.3 Priorities for action

NHS Warwickshire's vision is that "all people in Warwickshire at the end of life will be supported and cared for, feel safe and listened to and will be enabled to die with dignity and respect." The population of Warwickshire will have the opportunity to access an equitable, comprehensive and high quality range of EoLC and services. These will be person and family focused, promote choice, provide symptom control, respite, psychological, social, spiritual and practical support. They will be sensitive to the individual's needs and wishes and delivered in a timely, integrated and coordinated way. There are a number of areas where change is needed to develop best outcomes:

- Aligning pathways with primary care and acute settings and social care to ensure total coverage of support which will help people to be cared for in a place of their choosing.
- Improvements have been targeted to support GPs with Gold Standards Framework (GSF) for Palliative identification and support to improve skills around supportive care planning and identification of patients in the last year of life.
- Increasing the scope of nursing care into people's homes even if that is a residential home setting increasing the efficiency of current provision with the addition of telehealth residential settings and people's own homes.
- Closer working with Continuing Health Care patients.
- Reprioritise night sit services and increase access to prevent hospital admission.

### 5.1.4 Conclusions

Investment is required since these activities need to be in place before we can maximise our benefits from this pathway. GSF capability to level 3 will take 2-3 years to achieve but would be a platform which would make full use of any later investments in the system. Once care co-ordination is fully embedded in primary care additional investments will support more people to be cared for at home and die in a place of their choosing.

## 5.2 Dementia

### 5.2.1 Overview

Dementia is increasingly becoming one of the most important causes of disability in older people. In Warwickshire, dementia has been identified as a priority area within the PCT Strategy. In terms of Global Burden of Disease, it contributes 11.2% of all years lived with disability. This figure is higher than stroke, musculoskeletal disorders, heart disease and cancer.<sup>1</sup> Currently however, dementia care services are not as extensive and appropriate as other chronic conditions<sup>2</sup> and as our populations become older, it is essential that policies and services, both nationally and locally, are able to offer the best possible care and support to people with dementia, their carers and families.

Currently in the UK around two-thirds of people with dementia live in private households with the majority of their care provided by primary and community care teams.<sup>2</sup> However, the steady fall in the number of long-term care places available for people with dementia together with the rising numbers of older people generally, will lead to an increasing number of frail older people who will require complex care.<sup>3</sup> Timely and effective primary care to support and enable people to live independent and dignified lives in environments of their choice is necessary.

### 5.2.2 Setting the Scene

The greatest factor in the development of dementia is age so this suggests a major financial and commissioning challenge for the county, given the projected demographic growth.

- At present, 1 in 14 people over the age of 65 and 1 in 6 people over the age of 85, suffer from a form of dementia.
- Nationally prevalence is estimated to increase rapidly by over 150% from 1 million in 2010 to 1.7 million people in 2050<sup>2</sup> leading to 1 in 3 people over the age of 65 who will be suffering from dementia.<sup>4</sup>
- The most recent numbers of people currently living with dementia in Warwickshire are 6,013 with approximately 2,000 men and 4,000 women over 65 years of age (majority over 75 years) affected. This figure is estimated to increase by 27% in 2016 and by 90% by 2030 (the majority will be aged over 80 years).<sup>5</sup>

### 5.2.3 Priorities for action

As the prevalence of dementia increases with the growing ageing population and the current economic climate, this poses further challenges for provision of health and support services for those people diagnosed with dementia.

As part of a joint strategy, NHS Warwickshire and Warwickshire County Council have agreed five priority areas to be addressed over the next four years:

1. Timely identification and diagnosis: This includes jointly agreed communications so patients and carers receive high quality information when they need it. Awareness will be raised about prevention in the over 50s through vascular screening. Coventry and Warwickshire Partnership Trust have a county wide single point of entry for people who require a diagnosis.

2. A Quality Assured Pathway of Care: Organisations are working together to commission services. This includes work with GPs to review/remove the inappropriate use of this medication which is a particular issue in care homes and which poses medical risk in older people. Work is also underway with intermediate care so that people can remain in the community for as long as possible. This will require good carer support as well as the development of appropriate respite alternatives and crisis planning.

3. Care and Support for the Rest of Life: This is a key role for the voluntary sector so that patients and carers receive timely advice and support that they can access when they need and want it. Warwickshire is a National Demonstrator site for the new Dementia Care Advisor role and this pilot started in the north of the county, Nuneaton and Bedworth in March 2010.

4. Workforce Development: This ensures staff who look after people with dementia and their carers have the right skills and support to do this well. Work is underway to provide understand the capacity and skills profiles available currently; provide education and training support with both community services and service providers through a number of joint project with Universities; and GP training through online training programmes.

5. Accommodation, Housing and Assistive Technology: The needs of people with dementia and their carers feature highly in this work stream led by Warwickshire County Council on Care and Choice in Accommodation. Alongside developing new accommodation opportunities to support people to remain at home for longer, the uptake Assistive Technology will be increased over the life of the Strategy.

## 5.2.4 Conclusions

In partnership with Warwickshire County Council the aim is to transform the way in which dementia services are delivered across Warwickshire and to improve efficiency and patient/carer experience so that everyone with a diagnosis of dementia is treated with dignity and respect.

## 5.3 Falls and Bone Health

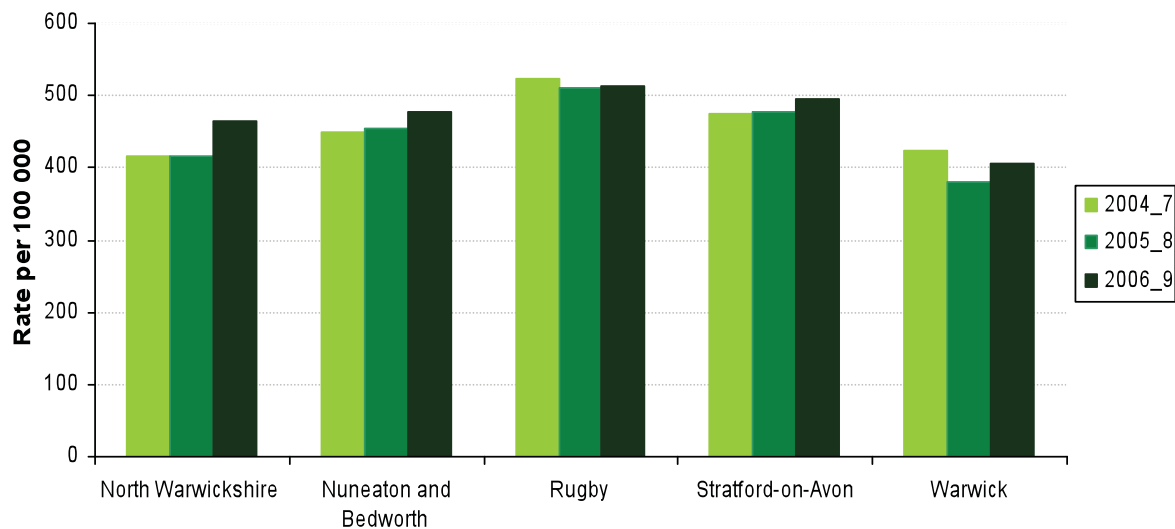
### 5.3.1 Overview

Falls are a major cause of both physical and emotional ill-health, decreased independence and mortality in older people. Osteoporosis is an important predictor of the risk of sustaining a fracture following a fall. However, both falls and fractures are preventable through using appropriate prevention and treatment strategies.

### 5.3.2 Setting the Scene

Approximately 30% of the population over-65, 50% of the population over 85s and 60% of nursing home residents in England will fall each year.<sup>1</sup> 20-30% of these falls will cause injury.<sup>2</sup> With 30% of admissions to hospital for hip fracture being from patients in care home.<sup>3</sup> Falls are the most common reason for A&E attendance and hospital admission in the elderly.<sup>4</sup> Fractures represent one of the most serious consequences of a falls and osteoporosis; hip fractures in particular. Following osteoporotic hip fracture 50% of people will no longer be able to live independently, with fewer than half returning to their initial place of residence.<sup>3</sup> 5 10% of people sustaining a hip fracture die within a month of admission, and 30% will have died at 1 year following admission.<sup>3</sup> 6

**Fig 14: Age Standardised rates per 100,000 registered over 65 population of hip fracture admissions in Warwickshire Districts, 2004-2006**



Source: Contract Minimum Data Set

In Warwickshire admission rates for fractured neck of femur are rising year on year, and although these changes are not statistically significant (please see Figure 1), there were 551 admissions for fractured neck of femur in 2008/9 compared with 483 in 2005/6. Rates are increasing in North Warwickshire, Nuneaton and Bedworth and Stratford, and decreasing in other districts. However, Rugby residents have the highest rates. Hip fracture admission rates are the most robust measure we have to use as a proxy indicator for falls, but are not reflective of total fall rates.

### 5.3.3 Priorities for action

The PCT's priority is to apply its resources where they gain the most benefit to people. Previously the evidence for Falls Service design was based on the publication of NICE guidelines (2004), the National Service Framework for Older People (2001) and the New Zealand study (Campbell). All of these supported the view that a specialist falls services were necessary. However a recent systematic review showed little evidence was found to support the effectiveness of multi-factorial interventions to prevent falls and injuries in older people in community and emergency settings. As the evidence has shifted the PCT have agreed that there are five effective, uni-factorial interventions we can do. They are:

1. Advice on exercise (balance and weight bearing)
2. Medication
3. Vision Check
4. Environmental scan of the home
5. Bone Health

We are planning three external stakeholder work groups. They are:

1. Primary Care Group working with GPs and other Primary Care professionals to use the uni-factorial prevention tools. This group will develop an education and communication strategy.
2. Targeting high risk settings such as Secondary Care, Nursing and Care Homes
3. Setting up an Evidence review group

### 5.3.4 Conclusions

We are on a rising trend of increasing older people and therefore an increase in fractures and falls. The rate of falls and fractures is increasing nationally and presents a major challenge. It is a fact that there are increasing incidences of falls and fractures due to larger numbers of older people and people's sedentary lifestyles. Our ambition is to slow the growth in falls and fractures in the growing older population.

## 5.4 Excess Winter Deaths

### 5.4.1 Overview

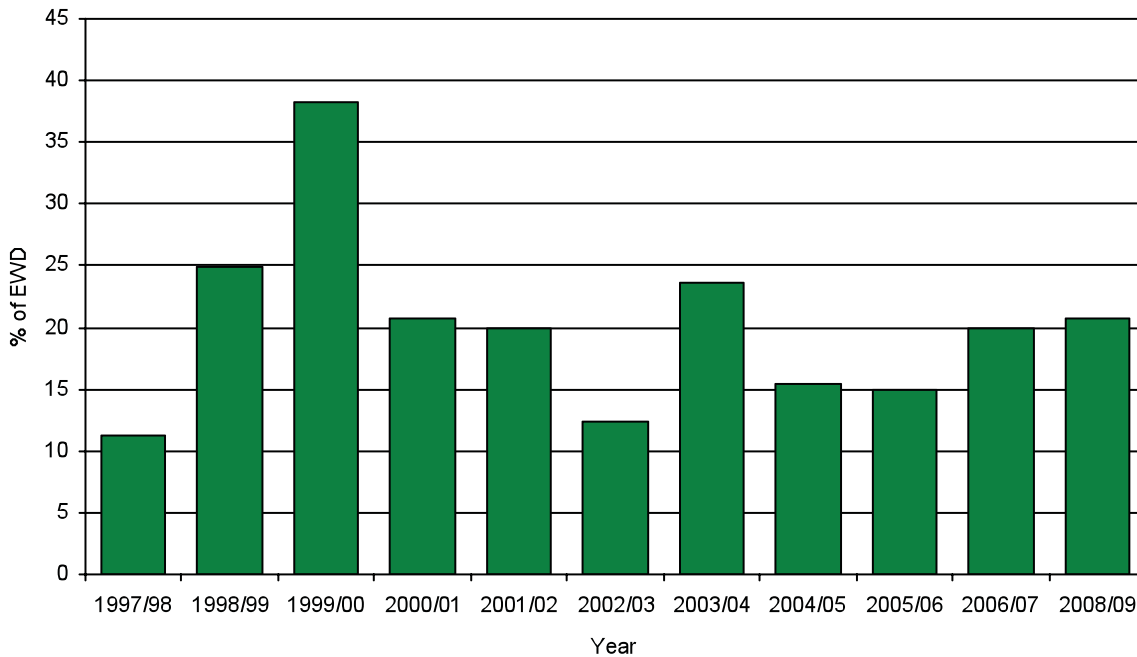
Proportionately, more deaths occur in the winter months than at other times. In this matter of likely preventable extra deaths the UK has a poor record, with the most recent data for Warwickshire suggesting a significantly high rate of winter deaths. High excess winter deaths are much more than that the cold tends to kill and make coping with illness difficult or of "our British climate". It is a matter of public policy about information, help, housing, health and care intervention, and financial support.

### 5.4.2 Setting the Scene

The public health threat of excess winter deaths in the West Midlands region was highlighted in the Chief Medical Officers Annual Report 2005, and nationally in his last report<sup>1,2</sup>. In 2005 the regional Excess Winter Death Index for those aged 85+ was the highest of any English region, but has since improved. In Warwickshire the same strong seasonal pattern in monthly deaths occurs as across the whole country. The contribution of the under 65 year olds is seen to be low, with some fluctuation.



**Figure 15: Percentage (index) of Excess Winter Deaths in Warwickshire 1997/98 to 2008/09**



Source: ONS

The actual number of excess deaths is considerable in absolute terms, especially as widespread evidence from the UK and elsewhere in Europe points to significant reductions in mortality and confirms good interagency co-operation to deal with prevention as a multifactorial problem. The number of excess winter deaths in Warwickshire has risen over recent years.

Across the county there are persistent wide fluctuations and a small degree of ranking (with North Warwickshire generally high and Rugby generally low) – a situation which statistically is not strongly significant.

We know with excess winter mortality that around 40% of these deaths are from cardiovascular disease and around 30% from respiratory disease. The greatest increase in deaths during the winter is seen in older people, particularly people over 85 years. In Warwickshire, as across all Britain, cold spells during a mild winter are generally followed:

- two days later by a rise in heart attacks
- five days later there is a rise in the number of strokes
- twelve days later by a rise in respiratory illness

## 5.4.3 Priorities for Action

Our priority in Warwickshire is to state clearly in a quantitative way to our partner agencies the continuing challenge, and the scale of the impact that can be achieved by early intervention, for example to identify the vulnerable elderly, especially those with long terms conditions e.g. chronic obstructive pulmonary disease (COPD) and coronary heart disease.

For some years now there has been a system in Warwickshire available through the community respiratory nurse service, whereby COPD patients are directly contact by phone from the Met Office when there is an imminent local cold snap. This is highly valued by patients, and may well benefit from more support and expansion to extend its impact.

The District and Borough Councils and the County Council run winter warm campaigns linking to the Department of Health's "keep warm keep well" campaign messages.

## 5.4.4 Conclusion

Excess winter deaths are a tractable issue where positive results can be achieved, but interagency working is essential. Preventing avoidable winter deaths is not the only, nor indeed the most demanding facet of the problem. Avoiding winter morbidity and escalating health costs by prompt intervention by GPs and community clinicians is an area that also needs renewed attention.

## 5.5 Isolation/rural issues

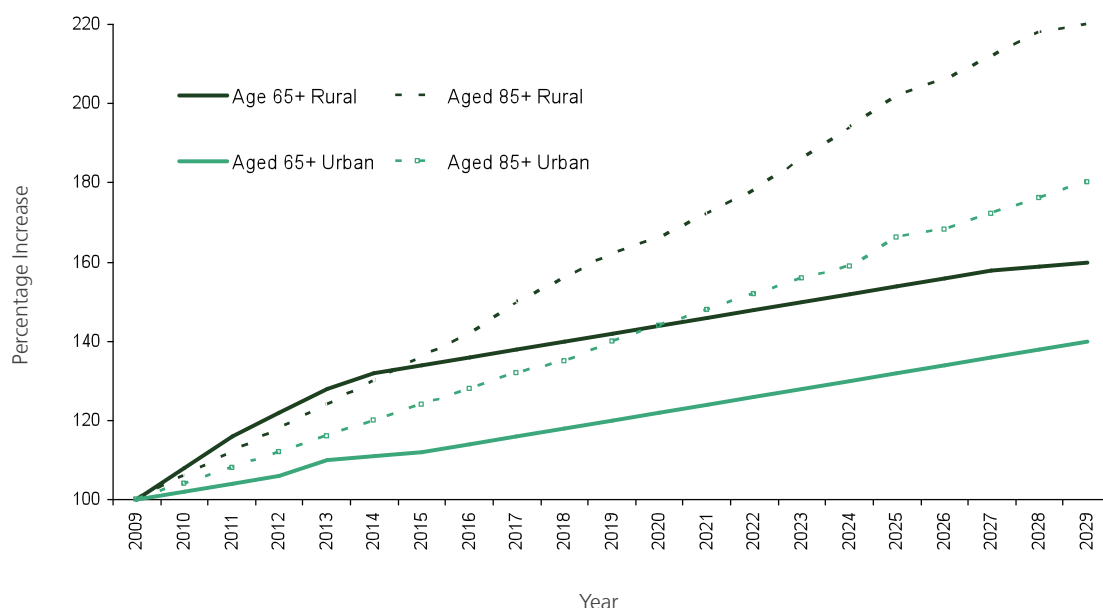
### 5.5.1 Overview

For a variety of reasons the average age in rural areas is growing faster than in urban areas, in fact they are some 20 years or more ahead of the rest of the country. As people get older there are a number of challenges to people's independence and well-being. People are more likely to become ill or live with a disability, lose a partner or have to reduce their expenditure. When this happens people may rely on others, including health and social services, the voluntary sector and family and friends. Some of these issues may be exacerbated or lessened by living in a rural area but we need to ensure that ageing in rural areas is a positive experience for all.

### 5.5.2 Setting the Scene

Rural areas have an older age profile than urban areas with the difference in average age between residents in rural and urban areas is nearly 6 years. Around 23% of all people in rural areas are of pension age compared with 18% of people in urban England. In England, around 2.2 million people of pension age live in rural areas, including 820,000 men (38%) and 1.35 million women (62%).

**Figure 16: Population projections show that rural areas will age faster than urban areas, Warwickshire**



Source: ONS

There are a number of issues of older people living in rural areas. Whilst older people in rural areas are on average more affluent but the proportion of older people in poverty is similar to urban areas. In general older people in rural areas are healthier than those in urban areas but the gap narrows significantly amongst the poorest older people.

- Between 2009 and 2025 older people's health and social care needs will grow more rapidly in rural areas. Depression, stroke, falls and dementia are projected to grow up to between 50% and 60%.
- By 2029 there will be around 930,000 people in England with social care needs living in rural areas. It is estimated that to meet these needs through publicly funded social care will require an additional £2.7m per year.
- A higher proportion of older people in the most rural areas live in poor housing and experience fuel poverty than in other areas.
- Although the number of pensioners in rural areas living alone is high, social support is higher than in urban areas. However, a significant number of pensioners living alone in rural England in 2001 were potentially at risk of social isolation.
- Older people and families with low incomes without access to a private car in rural areas are recognised to have greater difficulty accessing key services than those living in urban areas, this can be influenced by a range of factors, including the location of services, availability of private or public transport, cost of travel, health status and issues concerning safety and security.<sup>2</sup> Current Government proposals on reducing rural bus subsidies and concessionary fares for older people pose a risk for older people without access to a car.

#### 5.5.3 Priorities for action

The Warwickshire Accessibility Strategy outlines a number of ways in which accessibility planning can influence and improve access to health care:

- Improve the availability and awareness of mainstream public transport service to Warwickshire hospitals, through continuous improvement of the public transport network and further provision of Bus Information Points at key locations across the County.
- Improve the availability and awareness of Community Transport and Volunteer Schemes
- Where new health and housing developments are planned, Health and the County Council will work in partnership to ensure that accessibility considerations are taken into account
- A confident traveller programme would help counter the lack of confidence amongst specific groups around the use of public transport
- The County Council will continue to work towards ensuring that each community in Warwickshire has access to at least the minimum level of public transport service. This will help with the PCT's goal of ensuring access to fresh fruit and vegetables.

## 5.5.4 Conclusions

Older people are a key part of rural communities and contribute significantly to the sustainability of local community life. It is essential that older people have access to appropriate services and support to enable them to stay and remain active within their community.

## 5.6 Staying Healthy

### 5.6.1 Overview

"The adoption of a physically active lifestyle can add years to life for previously inactive older people and significantly enhance mobility and independence. Physical activity, even for very frail older people, can help build strength, improve mobility and balance, and reduce the risk of falling. Activities such as walking and cycling, in addition to improving physical health, can increase the sense of well being and promote social interaction, which in turn improve quality of life." Professor Ian Philp

### 5.6.2 Setting the Scene

A modification of risk factors for disease even late in life can have health benefits for the individual; longer life, increased or maintained levels of functional ability, disease prevention and an improved sense of well-being. Strong evidence exists that older people benefit from increased physical activity and improved diet and nutrition. It is estimated that up to half of the cases of cancers could be prevented by lifestyle changes such as not smoking, cutting back on alcohol and keeping active.

There are a number of financial issues of an ageing population. The evidence shows that small investments in services such as housing and leisure can reduce or delay care costs and improve well being and that early intervention can improve well being and save money. Primary prevention maintains and improves older people's physical, mental and social well being, reducing the demand for care services.

### Smoking

Smoking greatly increases the risk of numerous diseases including heart disease, stroke and several types of cancer. Although the earlier in life that smokers quit the better, older smokers still stand to gain extensive healthy benefits by quitting. The evidence shows that if people quit at age 50 they gain 6 years of life. If they quit at 60 they gain 3 years of life. Tobacco is the number one cause of premature death and disease in Warwickshire with over 900 deaths per year (1 in 5 deaths). Smoking related diseases cost the NHS in Warwickshire around £23 million to treat every year. Nationally smoking is lowest amongst the 60 plus age group at about 12% and around 40% of people who set a quit date with Warwickshire Stop Smoking Service in 2008/9 were over 45 years old. Of these 56% were still not smoking at the 4 week follow up.

### Physical Activity

Increasing physical activity can enhance mobility, independence, well being, mental health and quality of life. 38% of deaths from heart disease in women are associated with lack of physical activity. Nationally only 30% of 65-74 year olds, 18% of 75-84 year olds and 8% of 85 plus years of age undertake the minimal level of 30 minutes of moderate activity only once per week. People can gain benefits from becoming more active even if they previously have been inactive until middle age or beyond. Adult men aged 45-84 who exchanged an inactive adult lifestyle for a more active one over 11-15 years reduced their risk of coronary heart disease.

### Diet and Nutrition

Reducing obesity levels is one of the overarching priorities because of its association with heart disease, cancer, mental health, diabetes, stroke, high blood pressure and high cholesterol and osteoporosis. While obesity has many negative effects on health it must also be noted that being underweight can increase the risk of hip fracture in older women. And also, in 2008 32% of people aged 65 and over who were admitted to hospital were found to be malnourished at the time of admission. 47% of deaths from heart disease for women are linked to high cholesterol levels and 6% are caused by being overweight.

A recent local Partnership Place survey carried out on Warwickshire residents gave an indication of the lifestyle characteristics of the older population. Key findings of the survey indicate the following:

- A third of the older population aged 65 and over eats at least five or more portions of fruits and vegetables every day; this was estimated to be nearly 27% at national level.
- Almost a third of the population (27%) take at least 30 minutes of moderate physical activity five times a week. Nearly one in three (29%) older male population, and one in four (23% of the female population undertake similar activity at national level
- The majority of the population are either non-smokers or ex-smokers with around 90% of the population surveyed identified in this category. At national level, an estimated 87% of the older population do not smoke.
- Extrapolation of the national figures shows that by 2010 an estimated 25,500 people or 26% of Warwickshire's over 65 population will be obese. By 2030 the overall number will increase to more than 38,000.

The Health Survey for England shows that overall alcohol consumption decreases with age, with weekly alcohol consumption falling from 20 units per week in men under 65 to 14 units in over 65s. Similarly for women consumption fell from 10 units per week in under 65 year olds to 5 units in those over 65.

The adoption of healthy lifestyle behaviours varies considerably at a district level. Estimates by Mosaic show that the number of households with an older person likely to be obese and smoke is higher in the north than the South of the County. However, the proportion of households with older people likely to be drinking more than 3 times a week is highest in the south, particularly in Stratford District.

#### 5.6.3 Priorities for action

- To encourage and support older people in undertaking more physical activity.
- To encourage and support older people in consuming a healthy diet.
- To encourage and support older people to stop smoking.
- To encourage and support older people to participate in immunisation and screening programmes.

#### 5.6.4 Conclusion

Measures to improve health such as stopping smoking, eating a healthy diet, undertaking physical activity, drinking alcohol in moderation, taking part in screening and immunisation programmes are key for the over 50's age group to achieve the overall benefit of living a longer and healthier life.





GLOSSARY  
KEY DOCUMENTS  
REFERENCES

Admissions	Admission of patient into hospital. Used when calculating number of patient stays.
Admission rate	A measure of the annual rate of hospital admissions. Calculated as the number of persons admitted divided by the target population and expressed as a rate per thousand. e.g. $\frac{\text{Total Number of Admissions in 2007}}{\text{Population Estimate for 2007}} \times 1,000$ N.B. Sometimes expressed as rate per 100,000
Acute hospital	Acute hospitals provide a wide range of specialist care and treatment for patients. Typically, services offered in the NHS Acute sector are diverse. They include: consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals); emergency treatment following accidents; routine, complex and life saving surgery; specialist diagnostic procedures; and close observation and short-term care of patients with worrying health symptoms.
Algorithms	An organised procedure for performing a given type of calculation or solving a given type of problem. An example is long division.
All age all cause (AAAC) mortality	Mortality (death) rate from any cause at any age.
Attendance	Provides a non-contributory, non-means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who are aged 65 and over when they claim help with those costs. It can be awarded for a fixed or an indefinite period.
Allowance	
Chronic condition	A disease that persists for a long period of time longer than 3 months
Co-morbidities	Co morbidities or multiple conditions indicate the existence of two or more disease processes
Community hospital	Description of a community hospital's functions (from the Department of Health) <ul style="list-style-type: none"> <li>• A modern community hospital service aims to provide an integrated health and social care resource for the local population to which it belongs. These local facilities develop as a result of agreements between local people, service providers and the NHS.</li> <li>• Community hospitals are an effective extension to primary care with medical support provided largely by GPs.</li> <li>• The health and social care provided may include medical care, rehabilitation, palliative care, intermediate care, mental health, maternity, surgical care and emergency care.</li> </ul>
Confidence intervals	95% confidence interval. These indicate the level of uncertainty about each value. Longer/wider intervals mean more uncertainty. When the two intervals do not overlap it is reasonable certain that the two groups are truly different.
Complex Clients	Complex clients are defined as those in residential or nursing care or those receiving 20 hours per week of home care or an equivalent direct payment to cover the costs of 20 hours home care.
COPD	COPD (Chronic Obstructive Pulmonary Disease) is a general term that includes the conditions chronic bronchitis and emphysema.
Coterminous	Having matching boundaries.
CQUIN	Commissioning for Quality and Innovation
Crude rates	Unadjusted for age, gender or deprivation.
Day case	A patient admitted electively (i.e. from a waiting list) during the course of a day with the intention of receiving care without requiring the use of a hospital bed overnight. If the patient treatment then results in an unexpected overnight stay they are counted an Elective Inpatient
Demography	The study of populations - their size, structure and distribution and changes over time and place.
Denominator	The total number of people at risk in the population.i.e. for deaths, the whole of the population is at risk of dying in that time period therefore the whole population is used as the denominator, whereas for the stillbirth rate, only those babies being born are at risk of being stillborn, so total births is used as the denominator.
Discrete	Separate and distinct.
Elective admissions	Elective admission, when the decision to admit could be separated in time from the actual admission a planned admission to hospital (i.e. not an emergency) admitted from a waiting list
Emergency Admissions	Emergency admission, when admission is unpredictable and at short notice because of clinical need.
Excess Winter Deaths	The excess winter deaths percentage is: $(100 - \% \text{ (the average number of deaths in the winter (December to March) to the average number of deaths that in the remainder of the year)})$ . The year runs from August to July.
Exeter database	The Exeter system is a database of all patients registered with an NHS GP.
Grant Funded	The Council pay voluntary sector organisations grants to provide services to customer who would refer directly to the organisation. It tends to be day services and what we would badge as early intervention/prevention.

Healthcare Resource Groups	Healthcare Resource Groups (HRGs) are standard groupings of clinically similar treatments that use common levels of healthcare resource.
Fuel Poverty	When in order to heat its home to an adequate standard of warmth a household needs to spend more than 10% of its income on total fuel use
Hypertension	The medical term for high blood pressure.
ICD10	ICD-10 is an abbreviation for the International Statistical Classification of Disease and Related Health Problems (10th revision). It is used in the NHS acute sector to record diseases and health-related problems (the diagnosis or reason for a patient episode of healthcare). The codes are mandatory for use across England.
Incidence	The number of new events, e.g. new cases of a disease in a defined population, within a specified time period.
Index of Multiple Deprivation 2007 (IMD 2007)	Index of Multiple Deprivation 2007, Social Disadvantage Research Centre, University of Oxford, for The Department of Communities and Local Government. The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation.
Inequalities	Differences in people's health between geographical areas and between different groups of people
In patient	A patient admitted with the expectation that they will remain in hospital for at least one night. If the patient does not stay overnight after all they are still classed as an inpatient
LA	Local Authority / Council District
Long Term Conditions and Limiting Long Term Conditions	Long Term Conditions or chronic diseases are those which can be controlled but cannot be cured at present. They are health problems or disabilities which limit their daily activities or the work they can do, including problems that are due to old age
Life expectancy at birth	Life expectancy at birth is the mean number of years that a newborn child can expect to live if subjected throughout his life to the current mortality conditions
LSOA	Lower Layer Super Output Areas (LSOA) Minimum population 1000; mean 1500. Built from groups of OAs (typically 4 to 6) and constrained by the boundaries of the Standard Table (ST) wards used for 2001 Census outputs.
Matrix	A data array of two or more dimensions
Morbidity	Refers to the occurrence of diseases in a population
Mortality	Death; the mortality rate is the rate of death in a given population
Mosaic	Mosaic is a household-based consumer classification system used by organisations to analyse the socio-economic composition of UK consumers at household address or postcode, in order to analyse potential and existing markets for their products and services.
National Service Frameworks	National service frameworks (NSFs) are long term strategies for improving specific areas of care. They set national standards, identify key interventions and put in place agreed timescales for implementation
NCHOD	National Centre for Health Outcomes Development. The Clinical and Health Outcomes Knowledge Base is a one-stop source of all information on health outcomes generated by NCHOD. It includes comparative data for 700 health and local government organisations in England plus advice on how to measure health and the impact of healthcare.
NICE Guidelines	The NICE Guidelines provide guidance, set quality standards and manage a national database to improve people's health and prevent and treat ill health
Non Elective	A patient not admitted from a waiting list i.e. either admitted as an Emergency (e.g. A&E), Maternity or "Other" (e.g. transfers other than in an emergency).
ONS	Office for National Statistics
Palliative care	Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments
Payment by Results (PbR)	The funding system for care provided to NHS patients in England
Pension Credit	Income support given to UK residents aged 60 and over so as to ensure this group are able to live on an income of not less than a guaranteed amount of £109.45 a week, (£167.05 a week for pensioner couples).
Per capita	Per person
PHBF	Public Health Birth File
PHMF	Public Health Mortality File

Prevalence	Prevalence is how common a particular characteristic (for example a disease) is in a specific group of people or a specific population.
Primary Care Organisation	Primary Care Organisations (PCOs) e.g. Warwickshire PCT, are responsible for the management of independent primary care contractors and are central organisations in the NHS
Primary diagnosis	Primary diagnosis is the main condition treated or investigated during the relevant episode of healthcare.
POPPI	Projecting older people population information system
PANSI	Projecting Adult Need and Service information system
QOF	The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004.
Outpatient	An attendance at which a patient is seen and the patient does not use a hospital bed for recovery purposes. (If a bed or trolley is used for a specific short procedure rather than because of the patient's condition this does not count as a bed.
Quintile	A fifth portion or band of a set of data. A quintile is a proportion of a set of data that has been ranked and divided into five equal groups (or bands), where each group contains an equal number of data items.
Resident population	The population living within a specified geographical boundary.
Responsible population	People who are registered with the Primary Care Trust's General Practices. Also known as capitation.
SHA	Strategic Health Authority
Spearhead area	Fifth of areas with the worst health and deprivation compared to England as a whole.
Standardisation	Age standardisation facilitates comparisons across geographical areas by controlling allows comparisons to be made between local and neighbouring LAs.
Standardised	Indirect standardisation follows the same principle as direct standardisation with one very important difference. In indirect standardisation a standard population, e.g. England, is used to provide the age specific rates and these are applied to the local population. Indirectly standardised rates can only be compared with the original population used to define the rates i.e. NHS Warwickshire can be compared to England but not compared with other Primary Care Trusts.
Mortality Ratio (SMR)	The ratio of the number of deaths observed in a study population to the number that would be expected if the study population had the same specific rates as the standard population, multiplied by 100. England is usually taken as the standard population and its SMR is always 100. Areas with a value above 100 have a greater than expected number of deaths and those with a value below 100 have a lower than expected number of deaths. Derived using indirect standardisation.
Statistical significance	Statistical significance means that the results are not likely to have occurred by chance alone. In such cases, we can be more confident that we are observing a 'true' result.
Synthetic estimate	The synthetic estimates are not estimated counts of the number of people or prevalence of a behaviour, e.g. smoking in a ward. They are estimates based on a model and represent the expected prevalence of a behaviour for any area, given the demographic and social characteristics of that area.

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