SOMERSET JSNA 2011
Section 7

HEALTH AND WELLBEING IN THE OLDER POPULATION

7.1 HEALTH AND WELLBEING IN THE OLDER POPULATION

Introduction

In comparison with many other areas, Somerset has a relatively old population. In addition, there is a rise in the very elderly – those aged 85 years or older - and this is expected to rise dramatically over the next 25-30 years. It is vital that service providers and those planning for services understand the needs of this population in respect of their health and wellbeing, so that the likely demands on public services in the future can be estimated.

Summary

In 2010, there were 17,076 people aged 85 years and over living in Somerset. South Somerset has the largest resident population aged 85 years or older, whilst West Somerset has the highest proportion of 85 + relative to the whole population. More than two-thirds of those aged 85 years and over live in a home they own, although they also account for the largest portion of those living in care or residential homes – 3,126 of the total 4,751. About a third of all those aged 85 years and over are living on low incomes and claim pension tax credit.

In 2033, Somerset's population is projected to be 619,400, an increase of 18% from 2008. The largest increase is projected to be in Somerset's older population, in particular, the 90+ population, which will increase by 267% from 5,100 in 2008 to 18,700 in 2033.

In the 65 years and over population, 16% are economically active, which is twice the national average. With the phasing out of the default retirement age of 65 years, this is set to rise.

The ONS 2009 mid-year population estimates by ethnic group indicate that 96% of Somerset's older population is White British. The largest ethnic group after white British is 'white other' accounting for 1,800 people or 1% of Somerset's older population. This is followed by White Irish which accounts for 1,300 people or 1% of Somerset's population. Numbers of older people in the remaining ethnic groups is relatively low.

Somerset saw a net inflow of older people in 2010. In total, 2,400 people aged 65 years and over moved here from outside of the county. 700 of these moved into South Somerset.

HEALTH AND WELLBEING IN THE OLDER POPULATION

The projected increases in the older population have significant implications for carers as they become older themselves. There are issues with accurate estimates of the numbers, as many of them do not identify themselves as carers, but solely as a family member. Older people in households may be both carers and cared for and an event such as hospital illness means a solution has to be found for both. Independence is valued by this group and to address their future needs, issues such as raising awareness of their entitlements and ensuring they are accessed are important.

The average life expectancy at age 65 for people in Somerset is similar to that in the region and better than the national average. There is little difference depending on deprivation once someone has reached the age of 85. Amongst the very elderly, circulatory diseases remain the single largest cause of death. Men are most likely to die in hospital and, although only 15% of them do, more likely than women to die at home. Women are more likely than men to die in a care or nursing home. The Excess Winter Deaths Index (EWDI) is higher for women than for men and older women appear to have the highest rate of excess winter deaths

Amongst those in the very elderly group (aged 85 years and over) circulatory disease and cancer account for a significant proportion of the burden of disease. Projected estimates suggest that the number of those over 85 years with limiting long-term illness will increase by almost 15% by 2015. A similar figure is expected for those aged over 85 years living in a care home (with or without nursing care). There are increases predicted for diabetes, obesity, heart attacks, stroke and chronic obstructive pulmonary disease (COPD) as well as conditions such as falls, dementia, depression, visual and auditory impairments.

During 2010/11 in Somerset there were 14,333 admissions to hospital amongst those aged 85 years and over – a substantial number when considered alongside the total 85+ population of 17,076. More than a half of these (8,172) were emergency admissions. The growing population of those aged 85 years and over is likely to place very heavy demands on all types of hospital activity in the future. Projections show that there are likely to be considerable increases in most conditions which would increase in an ageing population. Admissions (both non-emergency and emergency) for respiratory, ‘other disorders or urinary’ and infectious diseases are set to rise at a slightly higher rate than other cases, whilst musculoskeletal and circulatory diseases show marked rises in respect of emergency admissions.

There are also a number of proactive initiatives aimed at older people to support the maintenance of good health, including screening and health checks, promoting ‘active living’ and falls prevention – these initiatives will assume increasing importance as the population ages.

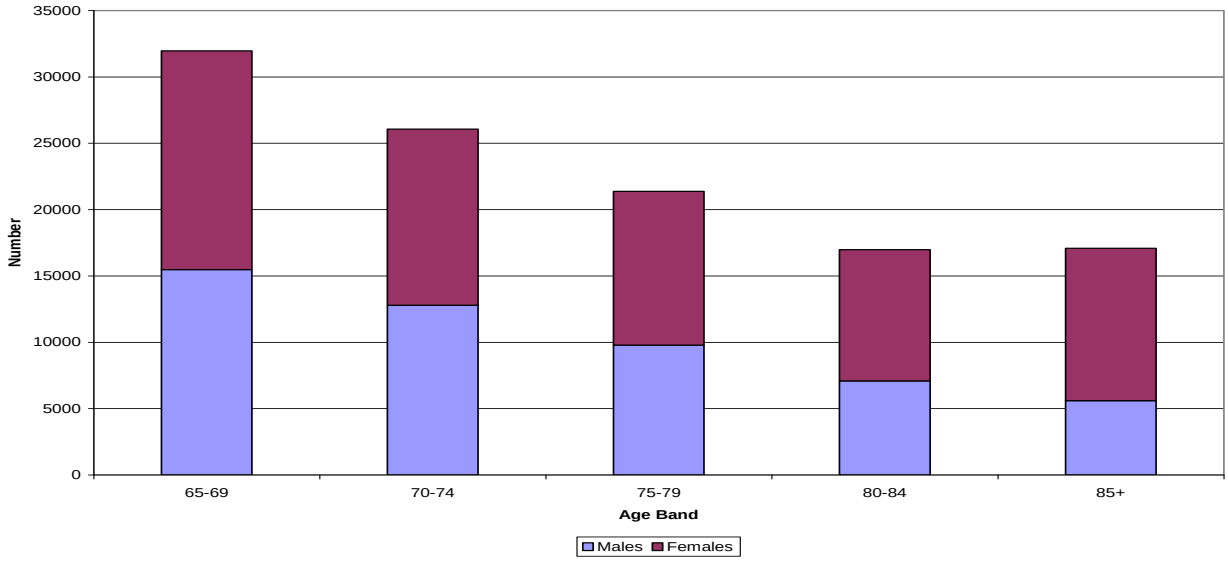
HEALTH AND WELLBEING IN THE OLDER POPULATION

7.2 THE OVER 85s

Demographic overview

This section looks specifically at the very elderly in Somerset – for instance, those aged 85 years and older. In 2010, 17,076 people in Somerset were aged 85 and over, equating to 3% of Somerset's population. 55% of Somerset's 65 and over population is female; this figure rises to 67% in the 85 and over age group because females live longer than males.

Figure 7.1: Somerset's 65 and over population by age and gender breakdown, 2010



Source: NHS Somerset 2010 population estimates

At district level, South Somerset has the largest number of people aged 85 and over at 5,000; this is 3% of the South Somerset population. Although West Somerset has the lowest number of 85s and over in the county at 1,795, 5% of the district's population falls into this age group.

At ward level, Minehead North has the highest percentage of 85 year olds and over in the county at 10%; Norton Fitzwarren has the lowest percentage at 1%.

Population density maps for Somerset can be found on the INFORM Somerset website:

http://inform.sine.org.uk/byTheme?themeId=27

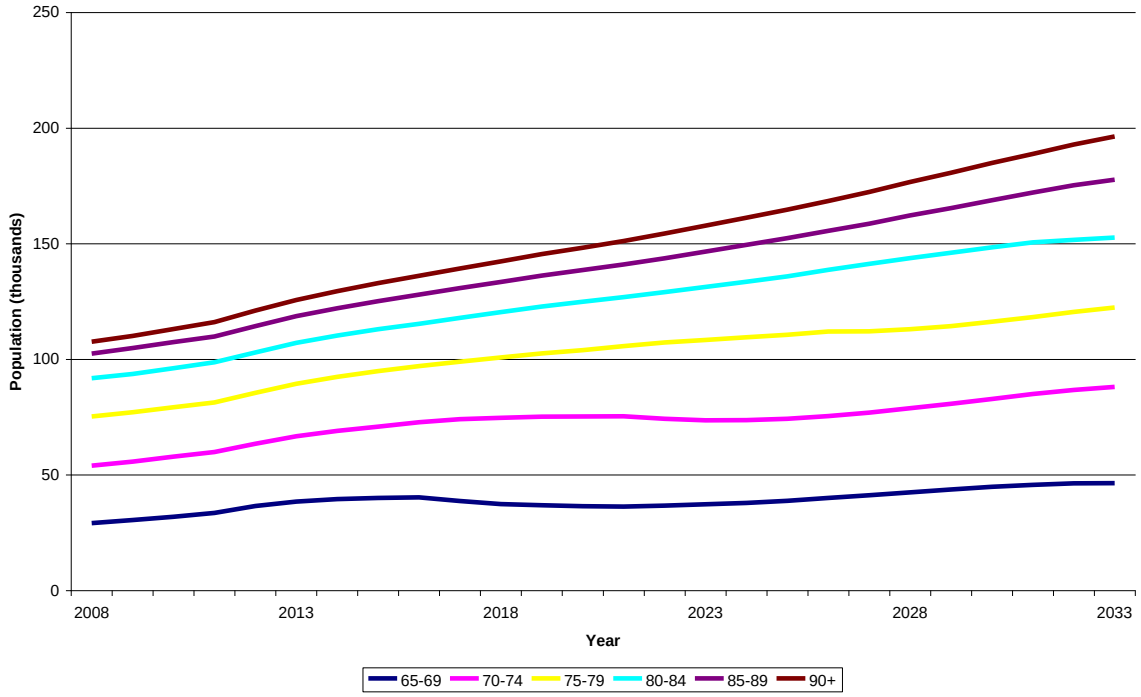
HEALTH AND WELLBEING IN THE OLDER POPULATION

Population projections

The Office for National Statistics (ONS) 2008-based sub-national Population Projections for England (SNPP)[1] give an indication of future trends in population for the period 2008-2033.

In 2033, Somerset's population is projected to be 619,400, an increase of 18% from 2008. The largest increase is projected to be in Somerset's older population, in particular the 90+ population, which will increase by 267% from 5,100 in 2008 to 18,700 in 2033.

Figure 7.2: Somerset older people population projections for 2008 to 2033, by age



Source: ONS 2008-based Sub-national Population Projections for England (SNPP) 2008 to 2033

Religion

In 2001, 77% of Somerset's population were Christian. This figure rises in the older age groups with 87% of Somerset's residents aged 75-84 (now 85+) Christian[2].

[1] http://www.statistics.gov.uk/statbase/Product.asp?vlnk=997
[2] 2001 Census
http://www.neighbourhood.statistics.gov.uk/dissemination/filesetSelection.do?step=5&datasetFamilyId=17&instanceSelectio

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.1: Religion by age, 2001

	People aged 65-74	People aged 75-84	People aged 85+	Total
Christians	42,924	30,496	10,961	84,381
Buddhists	29	14	5	48
Hindus	21	7	3	31
Jews	44	29	12	85
Muslims	18	9	3	30
Sikhs	3	3	0	6
Any other religion	92	40	9	141
No religion	2,599	1,460	449	4,508
Religion not stated	3,303	2,837	1,313	7,453
Total	**49,033**	**34,895**	**12,755**	**96,683**

Source: 2001 census

Social and place

Housing

In 2001 the majority (68%) of people living in Somerset aged 85 and over lived in a house they owned. People aged 85 and over are less likely to live in a house they own than people aged 65-84 and are more likely to live in rented accommodation or live in households rent free.

Table 7.2: Percentage of the population by household tenure and age

	% aged 65-74	% aged 75-84	% aged 85+
Owned	81.2	74.5	68.0
Rented from council	7.3	9.1	10.0
Other social rented	5.7	8.3	9.9
Private rented or living rent free	5.8	8.1	12.1

Source: Projecting Older People Population Information System (POPPI)

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HEALTH AND WELLBEING IN THE OLDER POPULATION

Household projections from POPPI[3], which are based on the 2001 census, estimate that in 2010:

- 42,306 people aged 65 and over lived alone in Somerset, accounting for 14,560 people aged 65-74 and 27,746 people aged 75 and over

- 4,751 people in Somerset aged 65 and over lived in a care home with or without nursing (3,126 of these were aged 85 and over)

Pension credit allows older people on low incomes to top up their pensions. In Somerset 33% of people aged 85 and over, equivalent to 5,650 people, claimed pension credit. Age UK estimate that nationally one in three people who are entitled to the pension credit do not claim it. It is therefore likely that within Somerset the number of people aged 85 years and over on low incomes could be higher.

Winter Fuel Payment is a tax-free payment to help older people keep warm in the winter. In Somerset, 85% of people aged 85 and over claim Winter Fuel Payment.

Table 7.3: Number of claimants aged 85 years old and over, by benefit type in Somerset

Benefit	number	%
Winter Fuel Payment*	14500	85
Housing Benefit**	2150	13
Council Tax Benefit**	4260	25
State Pension***	16460	96
Attendance Allowance***	12700	74
Pension Credit***	5650	33
Number of 85+	17076	100

Source: DWP *2009/10, **Feb 2011, ***November 2010

[3] Projecting Older People Population Information System www.poppi.org.uk

HEALTH AND WELLBEING IN THE OLDER POPULATION

2008 Place Survey

In 2008, 297 people aged 85 and over completed the Place Survey. Respondents were asked what is most important in making somewhere a good place to live: the top three responses were health services, clean streets and public transport.

Respondents were also asked what most needs improving: the top three responses were road and pavement repairs, activities for teenagers and traffic congestion.

The results from the 2008 place survey can be found on the Somerset Intelligence Network (SINe) website www.sine.org.uk

Community safety

In 2008, 76% of people living in Somerset aged 85 and over felt safe in their local area during the day. This figure fell to 35% after dark. This is lower than the Somerset average (all ages), where 92% of residents felt safe during the day and 62% after dark.

29% of people living in Somerset aged 85 and over felt that police and other local public services dealt successfully with anti-social behaviour and crime in their local area. This is higher than the Somerset average (all ages) of 25%.

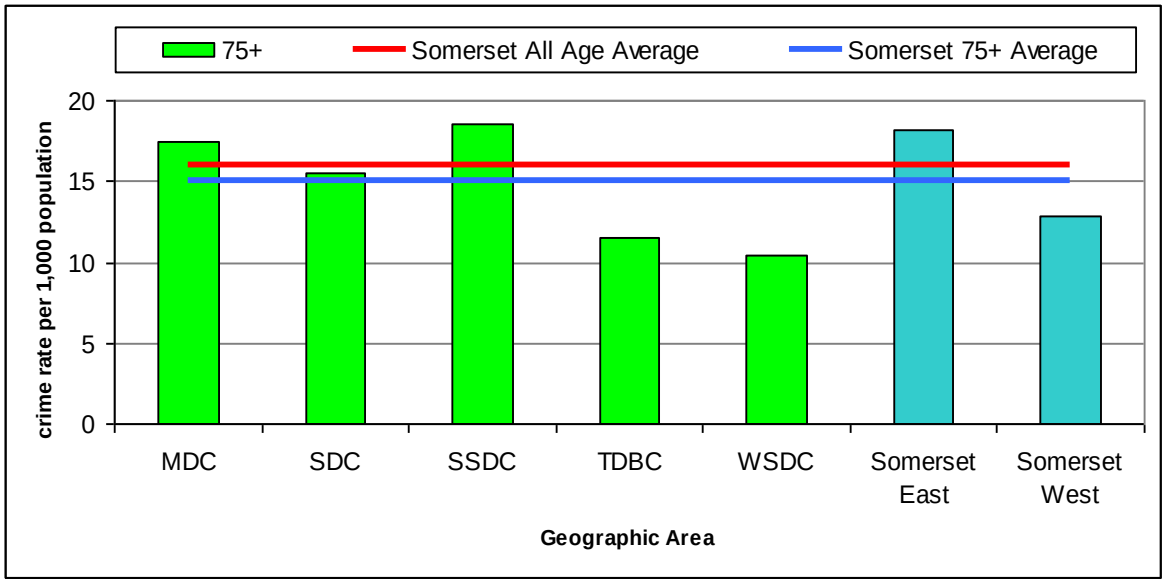
Crime[4]

In Somerset during 2010/11, there were 856 victims of crime aged 75 years and over. Figure 7.4 shows that Somerset East (Mendip and South Somerset) has a slightly higher number of offences where the victim is 75 years and older than Somerset West (West Somerset, Taunton Deane and Sedgemoor).

[4] Source: Avon and Somerset Constabulary

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.3: 2010/11 Crime rates per 1,000 population aged 75 years old and over, by district



Source: Signal from Noise, A&S Constabulary.

Victims of crime in the 75 and over age group are more represented in certain types of crimes, specifically:

- distraction burglaries
- domestic burglaries
- theft from the person
- fraud and forgery

Table 7.4 shows that 83% of victims aged 75 years and over were victims of distraction burglaries[5].

Table 7.4: Percentage of individuals aged 75 years and over who have been victims of crime in Somerset during 2010/11 per crime type

Crime Types	%
Distraction Burglary	82.6
Domestic Burglary	10.4
Theft from the Person	9.0

[5] Burglaries where offenders use methods to distract victim so other offender can enter property and steal valuables

Crime Types	%
Fraud & Forgery	5.8
Non domestic Burglary	3.8
Criminal Damage	3.6
Robbery	2.4
Theft from Motor Vehicle	2.2
Theft of Motor Vehicle	1.9
Overall violence against the person	0.4
Sexual Offences	0.0

Source: Avon and Somerset Constabulary

Levels of distraction burglaries are low across Somerset and have been consistently falling since 2001. Despite preconceptions, repeat victimisation (same offence) is very low (0.5%) and again follows a downward trend.

Intelligence from Avon and Somerset Constabulary suggests that offenders usually target elderly vulnerable people, using environmental external factors to identify their victims (e.g. ramp, neglected gardens, etc).

Offences are usually committed by a team of two males operating in the late morning/early afternoon, targeting elderly victims in the assumption that they keep cash in their homes, using the motive of looking for gardening work, water checks or asking for directions.

7.3 THE OLDER POPULATION (AGED 65 YEARS AND OVER)

This section relates more broadly to Somerset's older population aged 65 years and over.

Ethnicity

The ONS 2009 mid-year population estimates by ethnic group[6] indicate that 96% of Somerset's older population[7] is White British. The largest ethnic group after White British is 'White Other' accounting for 1,800 people or 1% of Somerset's older population. This is followed by White Irish which accounts for 1,300 people or 1% of Somerset's population.

[6] http://www.statistics.gov.uk/statbase/product.asp?vlnk=14238
[7] Women aged 60 and over and men aged 65 and over

HEALTH AND WELLBEING IN THE OLDER POPULATION

Numbers of older people in the remaining ethnic groups is fairly low:

- approximately 400 Indian older people are spread evenly across, Mendip, Sedgemoor, South Somerset and Taunton Deane
- approximately 200 Black Caribbean older people within Sedgemoor and South Somerset
- approximately 100 Chinese older people in South Somerset

>>Link to Inform/table

Migration

In 2010, 2,400 people aged 65 and over migrated into one of Somerset's five districts from another local authority within England and Wales[8].

60% of people migrated into one of the districts from a local authority within the South West. Of these, 530 or 22, were internal migrations within Somerset e.g. residents moving from West Somerset to Taunton Deane

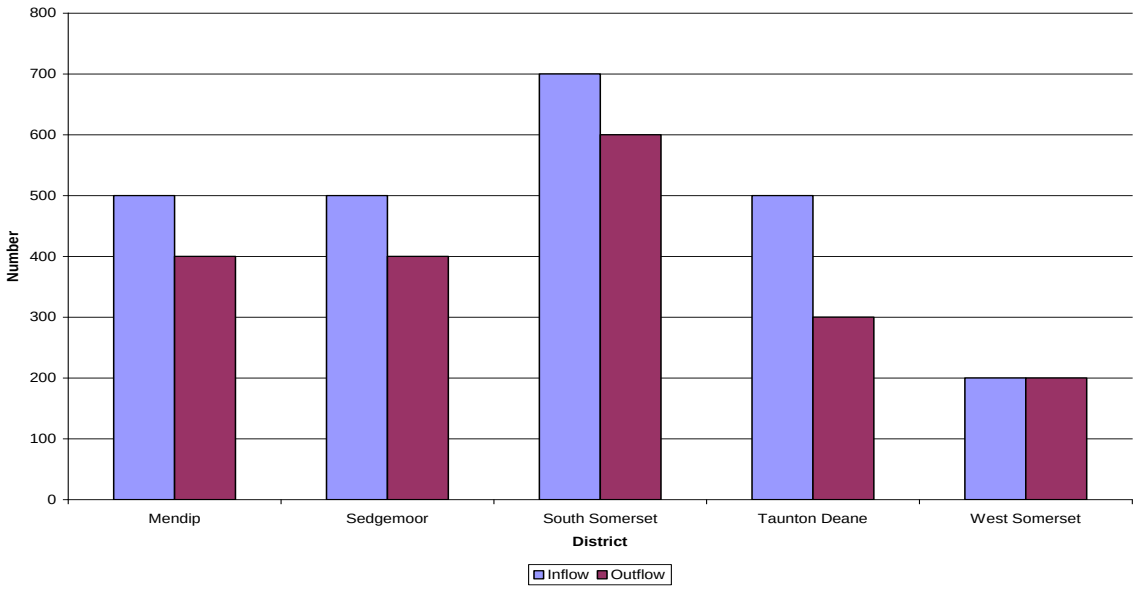
After the South West, people aged 65 and over were mostly likely to migrate to a Somerset district from the South East (15%), followed by London (6%), the East (5%) and the West Midlands (5%).

South Somerset has the largest inflow of people aged 65 and over with 700 people entering the district in 2010. West Somerset had the lowest at 200 people. Figure 7.4 shows that all of the districts except West Somerset had more people entering than leaving.

[8] http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15148

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.4: Inflow and outflow migration in Somerset in the 65 and over population



Source: ONS Internal Migration Statistics 2010

In 2010, 7% of people migrating into a South West local authority were aged 65 and over; this is joint highest regionally (east and south east also 7%). Higher proportions of people migrating into one of Somerset's districts were aged 65 and over compared to the regional average:

- Mendip 9%
- Sedgemoor 10%
- South Somerset 11%
- Taunton Deane 9%
- West Somerset 10%

Economy and employment

In 2010, 16% of people aged 65 years and over in Somerset were 'economically active[9]'. This is twice the national average of 8% and above the regional average of 10%[10].

[9] People who have worked in the last week and people who are unemployed but have been looking for work during the last month and/or due to start work in the next two weeks.
[10] http://www.nomisweb.co.uk/query/construct/submit.asp?menuopt=201&subcomp= NOMIS

HEALTH AND WELLBEING IN THE OLDER POPULATION

The default retirement age of 65 years is being phased out in 2011, giving people aged 65 years and over the option to continue working if they choose to do so. It is therefore likely that the number of older people working in the county will rise in the future.

Deprivation

The 2010 Income Deprivation Affecting Older People Index looks at the proportion of older people aged 60 and over living in income deprived households in each LSOA[11] in England.

Twelve LSOAs in Somerset fall within the 20% most deprived nationally; 4,100[12] people aged 60 and over live in these LSOAs.

One LSOA (E01029293), within Taunton Halcon, falls into the 10% most deprived nationally; 180 people aged 60 and over live in this LSOA.

>>Link to Inform

[11] An LSOA is a statistical boundary comprising approximately 1500 people in 2001
[12] NHS Somerset 2010 population estimates

HEALTH AND WELLBEING IN THE OLDER POPULATION

7.4 HEALTH NEED OVER 85s

Prevalence 85+

Table 7.5: On disease registers in primary care

Condition	Somerset	
	Number	Prevalence
Asthma	930	55.1
Atrial Fibrillation	2,680	159.0
Cancer	n/a	n/a
Chronic Kidney Disease	5,650	335.6
COPD	1,060	63.2
Coronary Heart Disease	3,430	204.0
Dementia	1,460	86.7
Depression	3,060	181.6
Diabetes	1,970	116.9
Epilepsy	150	8.7
Heart Failure	1,600	94.8
Hypertension	10,160	603.7
Learning Disabilities	10	0.4
Mental Health	150	8.7
Obesity	1,080	64.4
Palliative Care	210	12.7
Stroke	2,960	175.8
Thyroid	1,950	115.7

Source: Crude prevalence per 1000 population aged 85 and over MIQUEST April 2010

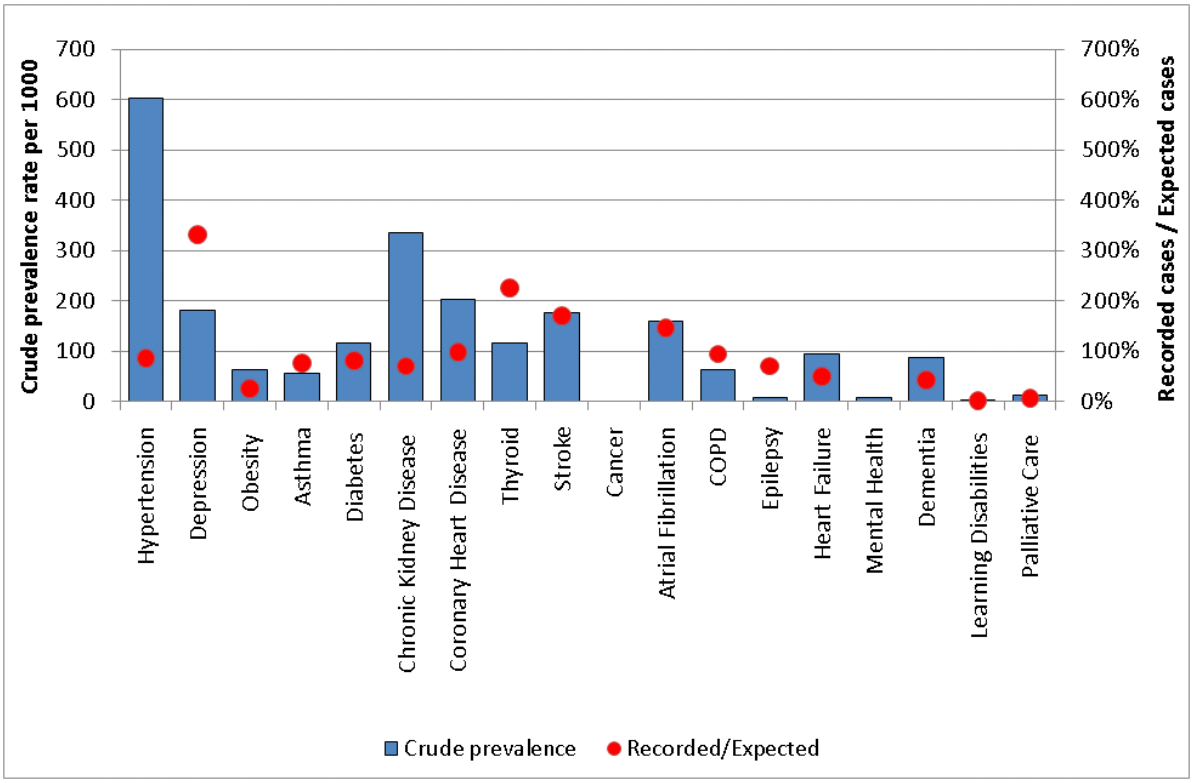
No comparison is possible with the region or England because this data was obtained locally through interrogating the clinical systems of the GP practices.

The definition for identifying cancers used in different GP clinical systems meant that a consistent estimate of cancer cases could not be produced. However, see below for estimates based on the incidence and prevalence of cancers recorded by the Cancer Registry.

As would be expected, circulatory disease accounts for a significant proportion of the burden of disease in this age group.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.5: Recorded number of cases/expected number of cases compared to the crude prevalence



Source: based on models in NHS Comparators

A comparison with the expected numbers of cases amongst this group suggests that some conditions are 'over-diagnosed', with more observed cases than the model predicts and some are 'under-diagnosed'. Some of this could be due to issues with the models being used in the prediction. The under-diagnosis could also reflect 'unmet' need and could suggest a need for efforts to increase the number of cases diagnosed. Depression and thyroid are the most obvious examples of this.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.6: Projected numbers of recorded cases

Numbers in thousands	April 2010	2015	2020	2025	2030
Asthma	0.9	1.1	1.3	1.6	2.0
Atrial Fibrillation	2.7	3.2	3.8	4.7	6.0
Cancer	-	-	-	-	-
Chronic Kidney Disease	5.5	6.5	7.6	9.3	11.8
COPD	1.1	1.3	1.5	1.9	2.4
Coronary Heart Disease	3.4	4.2	4.9	6.1	7.8
[13]Dementia	1.5	1.8	2.1	2.5	3.2
Depression	3.1	3.6	4.2	5.2	6.5
Diabetes	2.0	2.4	2.8	3.4	4.3
Epilepsy	0.1	0.2	0.2	0.2	0.3
Heart Failure	1.6	2.0	2.3	2.9	3.6
Hypertension	10.2	12.0	13.9	17.0	21.4
Learning Disabilities	0.01	0.01	0.01	0.01	0.01
Mental Health	0.1	0.2	0.2	0.2	0.3
Obesity	1.1	1.3	1.5	1.8	2.2
Palliative Care	0.2	0.2	0.3	0.3	0.4
Stroke	3.0	3.6	4.2	5.2	6.6
Thyroid	1.9	2.3	2.6	3.2	4.0

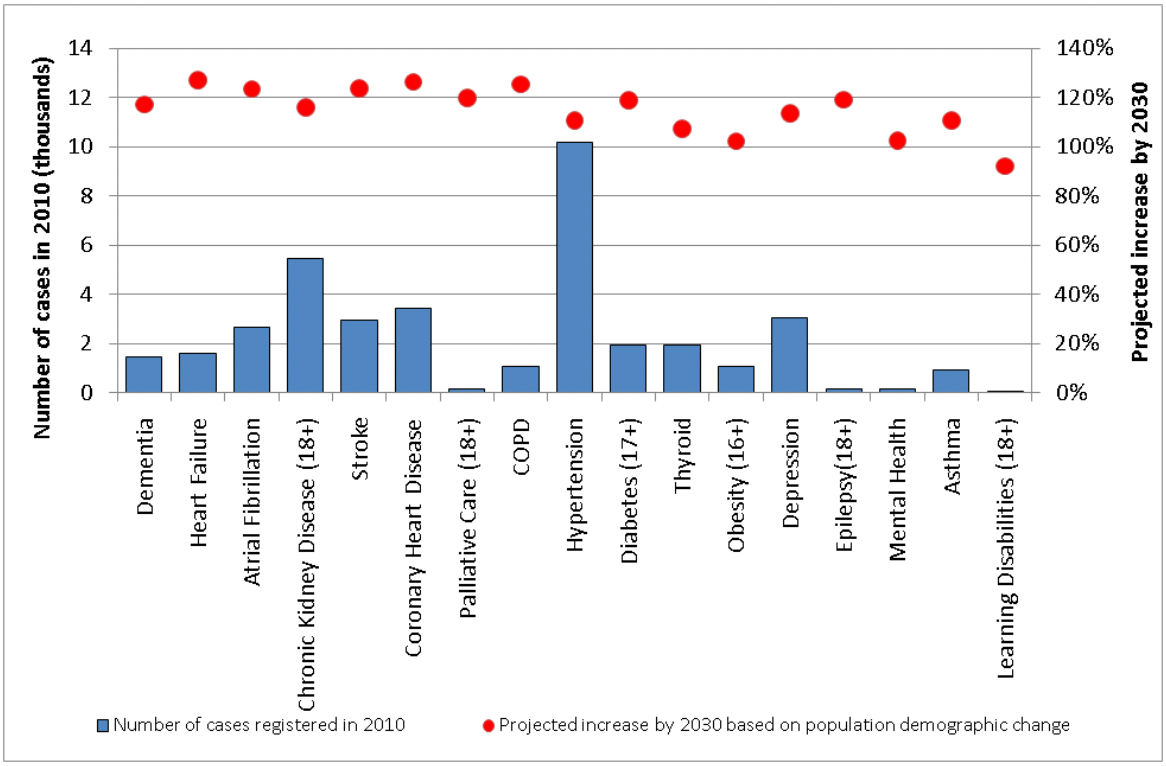
Source: MIQUEST 2010 and ONS 2008 based population projections

In absolute terms, the number of cases of hypertension are projected to rise to 21,400 by 2030 if diagnosis continues at its current pace. Chronic kidney disease will rise to 11,800 and Coronary Heart Disease to 7,800 amongst those aged 85 and over.

[13] GP register data on dementia gives relatively low rates however, only 36% of people (in line with national rates) are diagnosed with the condition at present

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.6: Number of cases in 2010 and projected increase in cases by 2030



QOF and ONS Population Projections

The projections, based solely on demographic change, suggest very large increases in prevalence with more than doubling of numbers for most conditions. Note that these increases do not make any assumptions about the effects of changes in factors affecting health and wellbeing, such as weight and physical activity, or changes in completeness of case finding or new treatments.

The ageing population has particular implications for services in Somerset. In 2015 it is projected that there will be 562 new cases of cancer amongst the 85 years and older group, with this rising to 1,077 by 2030. This means that services will be treating 1,435 very elderly residents for cancer by 2015 and 2,738 in 2030.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.7: Projected number of new cases of cancer 85+

Incidence	Actual (crude) rate per 1000 in 2009	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
All cancers	26.3	462	562	673	837	1,077	21.8%	5.1%
Breast (females only)	4.8	56	64	71	84	107	12.8%	3.1%
Prostate (males only)	8.4	48	63	80	104	135	31.6%	7.1%
Lung	2.9	52	64	78	98	126	24.2%	5.6%
Colorectal	3.9	67	81	96	118	152	20.3%	4.7%
Other	13.6	238	291	348	433	557	21.9%	5.1%

Source: South West Public Health Observatory and ONS population projections

Table 7.8: Projected number of prevalent cases of cancer 85+

Period prevalence (during a year)	Actual (crude) rate per 1000 in 2009	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
All cancers	67.4	1,181	1,435	1,713	2,128	2,738	21.5%	5.0%
Breast (females only)	19.1	223	252	283	334	424	12.8%	3.1%
Prostate (males only)	33.3	190	250	317	410	533	31.6%	7.1%
Lung	4.3	75	93	112	141	182	23.4%	5.4%
Colorectal	11.7	205	247	293	361	464	20.4%	4.7%
Other	29.3	514	626	750	933	1,201	21.9%	5.1%

Source: South West Public Health Observatory and ONS population projections

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.9: Projected number of deaths from cancer 85+

Mortality	Actual (crude) rate per 1000 in 2009	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
All invasive malignant neoplasms excluding non melanoma skin	22.5	391	463	552	692	877	18.5%	4.3%
Breast (females only)	1.7	30	33	37	43	54	10.3%	2.5%
Prostate (males only)	2.8	50	63	78	103	132	26.3%	6.0%
Trachea, bronchus and lung	3.4	58	70	83	105	133	19.1%	4.5%
Colorectal	2.9	49	58	68	84	106	16.7%	3.9%
Other cancers	11.7	201	237	282	351	445	17.9%	4.2%

Source: South West Public Health Observatory and ONS population projections

Predicted numbers

All the projections that follow have been calculated using models describing prevalence and population projections to 2030 and published on the 'Projecting Older People Population Information' System (POPPI).

Projected estimates suggest that the number of those over 85 years with limiting long-term illness will increase by almost 15% by 2015. A similar figure is expected for those aged over 85 years living in a care home (with or without nursing care). There are increases predicted for diabetes, obesity, heart attacks, stroke and COPD as well as conditions such as falls, dementia, depression, visual and auditory impairments.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.10: Long-term limiting illness

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Persons 85+ with a limiting long-term illness	534	9,300	10,690	12,507	15,394	19,509	14.9%	3.5%

Table 7.11: Diabetes

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Males 85+	135	770	972	1,215	1,593	2,039	26.3%	6.0%
Females 85+	106	1,240	1,367	1,537	1,802	2,258	10.3%	2.5%
Persons 85+	116	2,010	2,339	2,752	3,395	4,296	16.4%	3.9%

Table 7.12: Visual impairment

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Persons 85+ predicted to have a moderate or severe visual impairment	124	2,158	2,492	2,914	3,571	4,514	15.5%	3.7%
Persons 85+ predicted to have a registerable eye conditions	64	1,114	1,286	1,504	1,843	2,330	15.5%	3.7%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.13: Hearing impairment

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Males 85+ predicted to have a moderate or severe hearing impairment	851	4,848	6,124	7,655	10,036	12,843	26.3%	6.0%
Females 85+ predicted to have a moderate or severe hearing impairment	848	9,922	10,939	12,296	14,416	18,062	10.2%	2.5%
Persons 85+ predicted to have a moderate or severe hearing impairment	849	14,769	17,063	19,951	24,452	30,905	15.5%	3.7%
Males 85+ predicted to have a profound hearing impairment	34.6	197	248	311	407	521	25.9%	5.9%
Females 85+ predicted to have a profound hearing impairment	47.3	553	610	686	804	1,007	10.3%	2.5%
Persons 85+ predicted to have a profound hearing impairment	43.1	750	859	996	1,211	1,528	14.5%	3.5%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.14: Depression

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Males 85+ with depression	51	291	367	459	602	770	26.1%	6.0%
Females 85+ with depression	111	1,299	1,432	1,610	1,887	2,364	10.2%	2.5%
Persons 85+ with depression	91	1,589	1,799	2,069	2,489	3,134	13.2%	3.2%
Persons 85+ with severe depression	39	679	780	913	1,123	1,424	14.9%	3.5%

Table 7.15: Dementia

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Persons 85+	237	4,122	4,802	5,644	6,912	8,786	16.5%	3.9%

Table 7.16: Obesity

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Males 85+ with a BMI of 30 or more	100	570	720	900	1,180	1,510	26.3%	6.0%
Females 85+ with a BMI of 30 or more	190	2,223	2,451	2,755	3,230	4,047	10.3%	2.5%
Persons 85+ with a BMI of 30 or more	161	2,793	3,171	3,655	4,410	5,557	13.5%	3.2%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.17: Heart attack

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Persons 85+ with a long-standing health condition caused by a heart attack	53	922	1,068	1,253	1,540	1,947	15.9%	3.8%

Table 7.18: Stroke

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Males 85+ with a long-standing health condition caused by a stroke	38	217	274	342	448	574	26.3%	6.0%
Females 85+ with a long-standing health condition caused by a stroke	19	222	245	276	323	405	10.3%	2.5%
Persons 85+ with a long-standing health condition caused by a stroke	25	439	519	618	771	979	18.2%	4.3%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.19: Bronchitis/Emphysema

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Persons 85+ with a long-standing health condition caused by bronchitis and emphysema	16	284	332	392	486	615	17.0%	4.0%

Table 7.20: Falls

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Males 85+ having a fall	430	2,451	3,096	3,870	5,074	6,493	26.3%	6.0%
Females 85+ having a fall	430	5,031	5,547	6,235	7,310	9,159	10.3%	2.5%
Persons 85+ having a fall	430	7,482	8,643	10,105	12,384	15,652	15.5%	3.7%
Persons 85+ admitted to hospital as a result of falls	37	640	740	865	1,060	1,340	15.5%	3.7%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.21: Living alone/in care home

	Estimated rate per 1000 in 2011	Predicted numbers					Increase from 2011 to 2015	Increase year on year from 2011 to 2015
		2011	2015	2020	2025	2030		
Persons 85+ living alone	522	9,075	10,317	11,905	14,382	18,127	13.7%	3.3%
Persons 85+ living in a care home with or without nursing	185	3,218	3,699	4,328	5,327	6,751	14.9%	3.5%

Table 7.22: Unpaid care

	Estimated rate per 1000 in 2010	Predicted numbers					Increase from 2010 to 2015	Increase year on year from 2010 to 2015
		2010	2015	2020	2025	2030		
Persons 85+ providing unpaid care to a partner, family member or other person	45	779	895	1,048	1,289	1,634	14.9%	3.5%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.23: Independence

	Estimated rate per 1000 in 2010	Predicted numbers					Increase from 2010 to 2015	Increase year on year from 2010 to 2015
		2010	2015	2020	2025	2030		
Males 85+ unable to manage at least one mobility activity on their own	350	1,995	2,520	3,150	4,130	5,285	26.3%	6.0%
Females 85+ unable to manage at least one mobility activity on their own	500	5,850	6,450	7,250	8,500	10,650	10.3%	2.5%
Persons 85+ unable to manage at least one mobility activity on their own	451	7,845	8,970	10,400	12,630	15,935	14.3%	3.4%
Persons 85+ unable to manage at least one self-care activity on their own	665	11,565	13,218	15,320	18,598	23,463	14.3%	3.4%
Persons 85+ unable to manage at least one domestic task on their own	774	13,470	15,474	18,010	21,964	27,734	14.9%	3.5%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.24: Learning disability

	Estimated rate per 1000 in 2010	Predicted numbers					Increase from 2010 to 2015	Increase year on year from 2010 to 2015
		2010	2015	2020	2025	2030		
People aged 85 and over predicted to have a learning disability	18.9	329	381	451	560	718	15.8%	3.7%
People aged 85 and over predicted to have a moderate or severe learning disability	1.8	31	36	42	52	66	16.1%	3.8%

Hospital activity

During 2010/11, there were 14,333 admissions to hospital amongst those aged 85 years or over. When considered against the total number of residents in Somerset aged 85 years and over (17,076), this is a substantial number. More than half of the admissions were emergencies.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.7: Number of admissions by cause, for those aged 85 and over, 2010/11

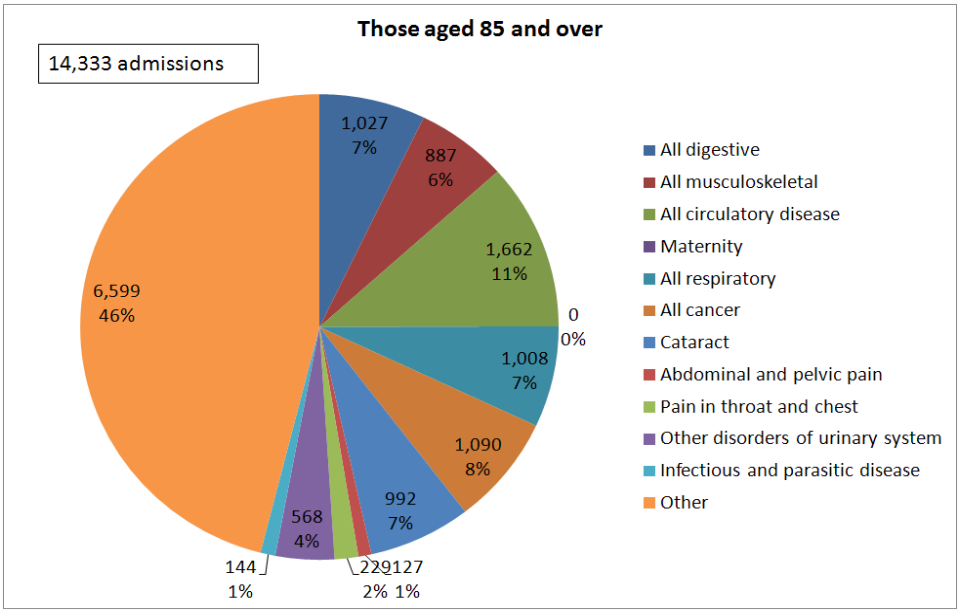
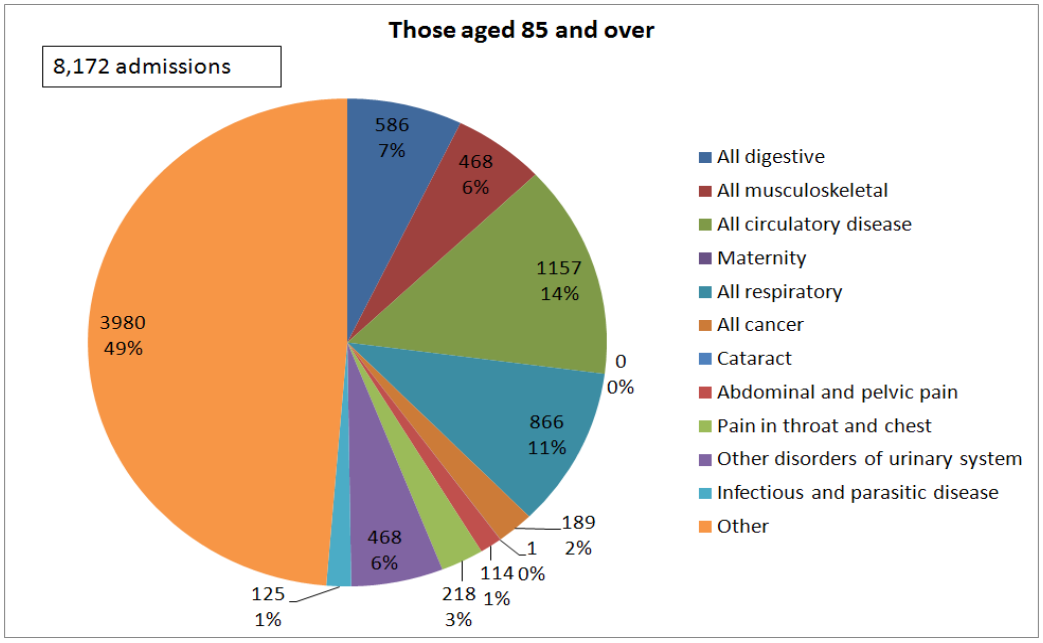


Figure 7.8: Number of emergency admissions by cause, for those aged 85 and over, 2010/11



HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.25 shows the expected increase in hospital activity between 2010/11 and 2030/31; this has significant implications for the planning of services and their provision. Already high, the number of admissions to hospital for the over 85s is set to rise to 31,549 by 2030.

Table 7.25: Projections of hospital activity

Hospital activity		Estimated rate per 1000 in 2010/11	Predicted numbers					Increase from 2010/11 to 2015/16	Increase year on year from 2010/11 to 2015/16
			2010/11	2015/16	2020/21	2025/26	2030/31		
All ages	First Outpatient attendances	612.8	10,417	12,190	14,231	17,489	22,033	17.0%	3.2%
	All admissions	846.4	14,389	17,186	20,217	24,928	31,549	19.4%	3.6%
	Emergency admissions	483.0	8,211	9,952	11,759	14,505	18,424	21.2%	3.9%
	Day cases	209.1	3,555	4,139	4,834	5,959	7,503	16.4%	3.1%
	Elective Inpatients	50.6	861	1,004	1,173	1,450	1,818	16.7%	3.1%
	Other non-elective admissions	103.6	1,762	2,091	2,450	3,015	3,803	18.7%	3.5%

Table 7. 26: Projections of hospital activity by cause

Hospital activity		Estimated rate per 1000 in 2010/11	Predicted numbers					Increase from 2010/11 to 2015/16	Increase year on year from 2010/11 to 2015/16
			2010/11	2015/16	2020/21	2025/26	2030/31		
All admissions	All digestive	60.4	1,027	1,205	1,405	1,720	2,170	17.4%	3.3%
	All musculoskeletal	52.2	887	1,044	1,218	1,491	1,883	17.7%	3.3%
	All circulatory disease	97.8	1,662	1,970	2,306	2,827	3,576	18.6%	3.5%
	All respiratory	59.3	1,008	1,215	1,431	1,759	2,233	20.5%	3.8%
	All cancer	64.1	1,090	1,249	1,443	1,760	2,207	14.6%	2.8%

HEALTH AND WELLBEING IN THE OLDER POPULATION

	Hospital activity	Estimated rate per 1000 in 2010/11	Predicted numbers					Increase from 2010/11 to 2015/16	Increase year on year from 2010/11 to 2015/16
			2010/11	2015/16	2020/21	2025/26	2030/31		
	Cataract	58.4	992	1,143	1,323	1,615	2,028	15.2%	2.9%
	Abdominal and pelvic pain	7.5	127	147	171	209	262	15.9%	3.0%
	Pain in throat and chest	13.5	229	272	319	391	494	18.8%	3.5%
	Other disorders or urinary system	33.4	568	692	819	1,008	1,283	21.9%	4.0%
	Infectious and parasitic disease	8.5	144	177	209	258	329	22.6%	4.2%
	Other	388.2	6,599	7,855	9,206	11,294	14,297	19.0%	3.5%
Emergency admissions	All digestive	34.5	586	702	825	1,014	1,285	19.9%	3.7%
	All musculoskeletal	27.5	468	569	673	828	1,053	21.6%	4.0%
	All circulatory disease	68.1	1,157	1,385	1,626	1,997	2,531	19.7%	3.7%
	All respiratory	50.9	866	1,041	1,224	1,504	1,908	20.2%	3.7%
	All cancer	11.1	189	220	256	313	393	16.4%	3.1%
	Cataract	0.1	1	1	1	1	2	7.0%	1.4%
	Abdominal and pelvic pain	6.7	114	133	154	188	237	16.3%	3.1%
	Pain in throat and chest	12.8	218	259	304	372	471	18.9%	3.5%
	Other disorders or urinary system	27.5	468	573	678	835	1,064	22.4%	4.1%
	Infectious and parasitic disease	7.4	125	152	180	221	282	21.7%	4.0%
	Other	234.1	3,980	4,817	5,680	6,987	8,879	21.0%	3.9%

HEALTH AND WELLBEING IN THE OLDER POPULATION

These projections show that there are likely to be considerable increases in most conditions which would increase in an ageing population. Admissions (both non-emergency and emergency) for respiratory, 'other disorders or urinary' and infectious diseases are set to rise at a slightly higher rate than other cases, whilst musculoskeletal and circulatory diseases show marked rises in respect of emergency admissions.

Life expectancy

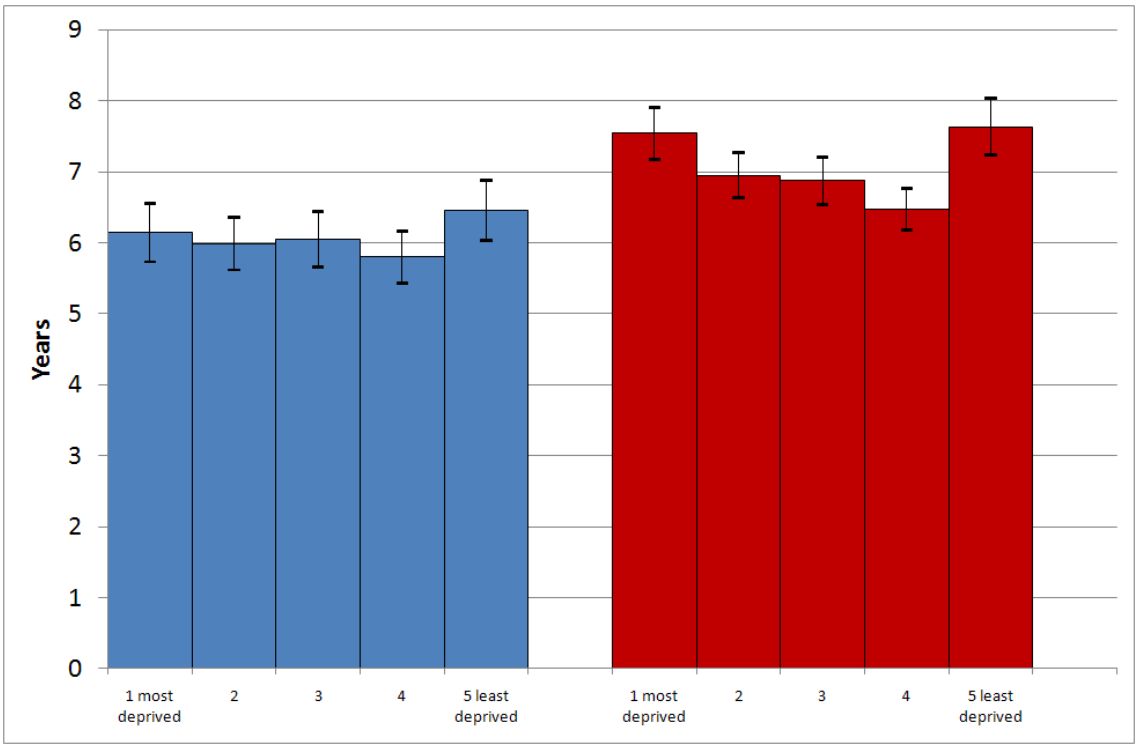
The average life expectancy at age 65 for people in Somerset is similar to that in the region and better than the national average. There is little difference depending on deprivation once someone has reached the age of 85.

Table 7.27: Life expectancy at age 65 (years)

	Somerset	South West	ENGLAND
Males	18.7	18.6	18.0
Females	21.5	21.3	20.6

Source: 2007-9, NCHOD website

Figure 7.9: Life expectancy at 85 by IMD2007 quintile within Somerset 2005-9 (blue for males, red for females)

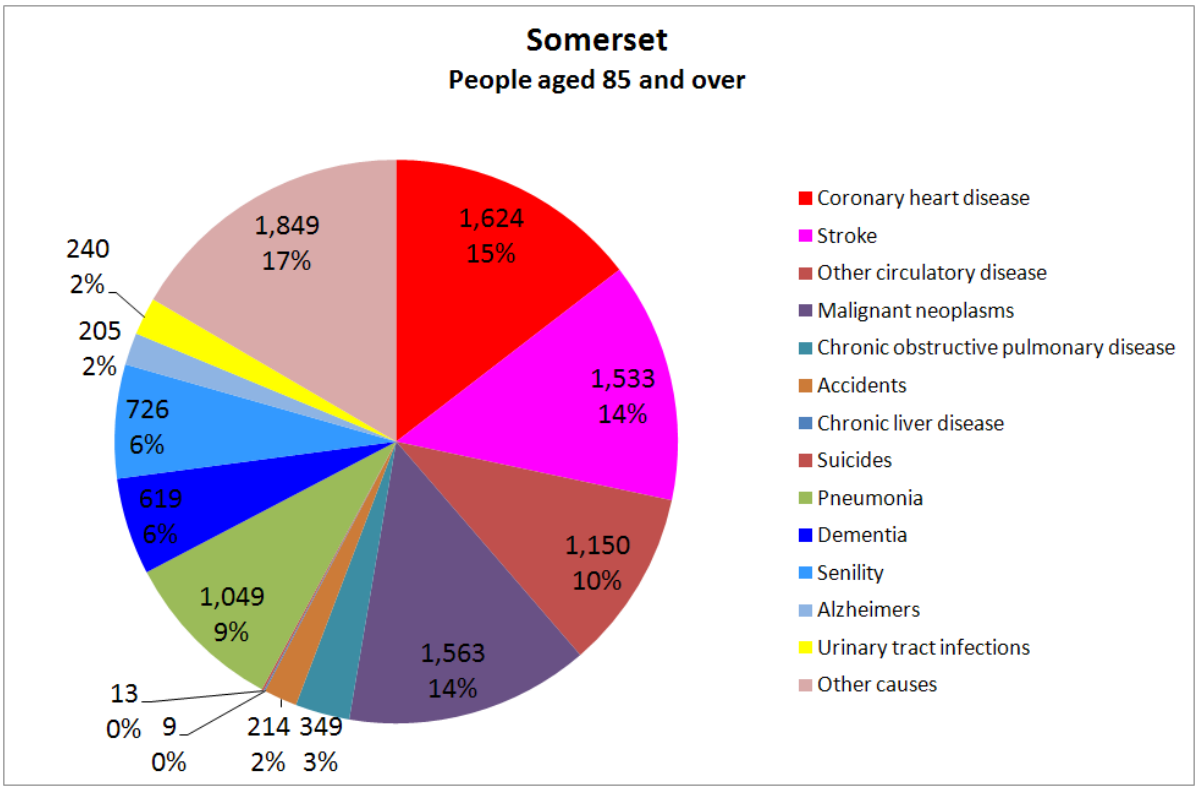


HEALTH AND WELLBEING IN THE OLDER POPULATION

Mortality

Circulatory diseases as a group account for the single largest cause of death, followed by cancer.

Figure 7.10: Deaths by cause, all ages, 2005-9



Source: ONS Annual mortality files

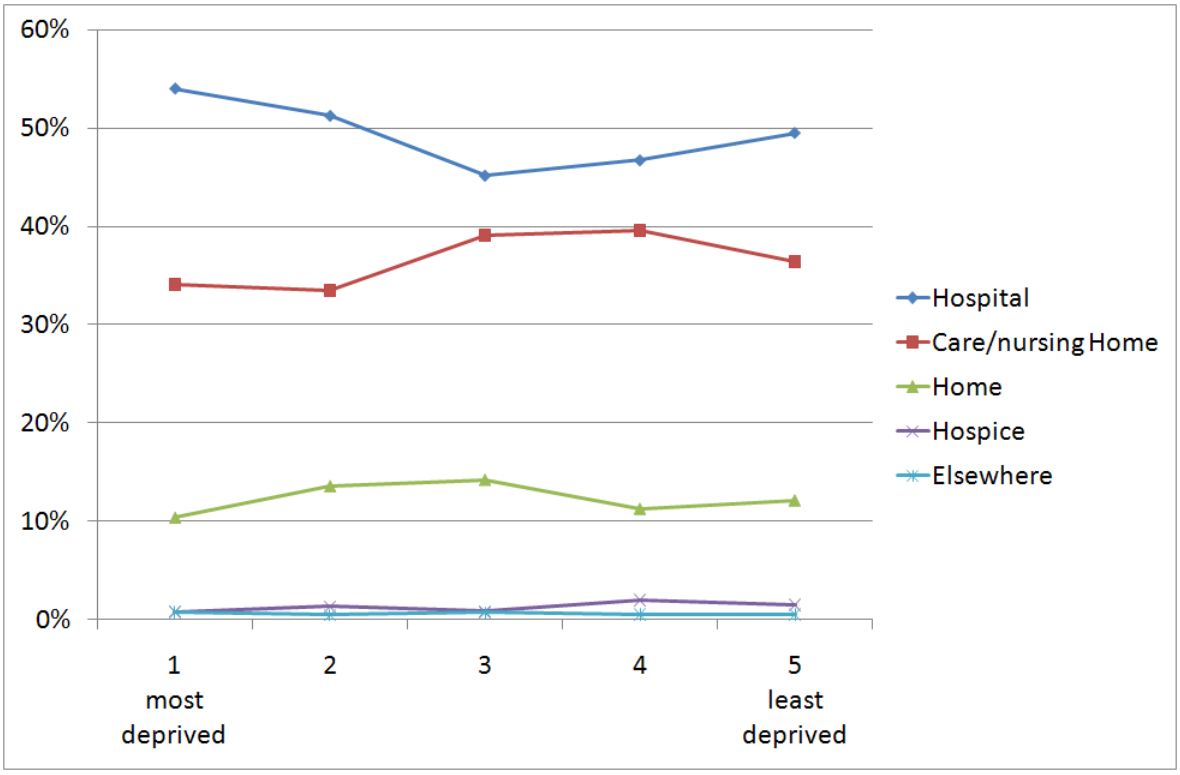
Men are most likely to die in hospital. However, more men die at home than women. Women are more likely than men to die in a care or nursing home.

Table 7.28: Where people die 2005-9

	Care/nursing Home	Elsewhere	Home	Hospice	Hospital
Males	26%	1%	15%	2%	57%
Females	42%	0%	11%	1%	46%
Persons	37%	1%	12%	1%	49%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.11: Where people die by deprivation quintile 2005-9



The Excess Winter Deaths Index (EWDI) is higher for women than for men and older women appear to have the highest rate of excess winter deaths.

Table 7.29: Excess winter deaths 2002/3 to 2009/10

	Men	Women
Winter deaths (December to March)	4,409	8,721
Summer deaths (preceding August to November and following April to July)	6,921	13,417
Excess winter deaths	948.5	2,012.5
Excess winter deaths indicator	27.4%	30.0%
lower confidence limit	22.7%	26.5%
upper confidence limit	32.3%	33.6%

Source: ONS Annual mortality files and Primary Care Mortality Database

HEALTH AND WELLBEING IN THE OLDER POPULATION

Lifestyle

Somerset figures are estimated using the England rates for those aged **over 75** from the Health Survey for England 2009 and the estimated population aged 85 and over in 2011.

Table 7.30: Lifestyle estimates 85+

Condition		Somerset	England
BP	Adults with high blood pressure	11,850	68%
Body weight and size	Adults that are underweight	250	1%
	Adults that are healthy weight	5,700	33%
	Adults that are overweight	7,250	42%
	Adults that are obese	4,250	24%
	Adults that are morbidly obese	200	1%
	Adults with raised waist circumference	10,650	61%
Smoking	Adults that are current cigarette smokers	1,600	9%
	Adults that used to smoke cigarette regularly	7,500	43%
	Adults that have never smoked	8,300	48%
Alcohol consumption	Adults drinking no alcohol on the heaviest drinking day the previous week	8,550	49%
	Adults drinking up to and including 3/4 units on the heaviest drinking day the previous week	7,000	40%
	Adults drinking more than 3/4, up to and including 6/8 units on the heaviest drinking day the previous week	1,550	9%
	Adults drinking more than 6/8 units on the heaviest drinking day the previous week	300	2%
	Adults drinking more than 3/4 units on the heaviest drinking day the previous week	1,850	11%
Number of fruit and veg portions eaten in a day	None	550	3%
	Less than 1 portion	450	3%
	1 portion or more but less than 2	2,400	14%
	2 portions or more but less than 3	3,350	19%
	3 portions or more but less than 4	3,300	19%
	4 portions or more but less than 5	3,200	18%
	5 portions or more	4,150	24%

HEALTH AND WELLBEING IN THE OLDER POPULATION

Condition		Somerset	England
Prevalence	Prevalence of IHD, stroke, IHD or stroke (ever)	5,450	31%
	Prevalence of diabetes	2,700	15%
Physical Activity	Meets recommended level of physical activity	1,300	7%
	Some level of physical activity	3,300	19%
	Low level of physical activity	12,850	74%

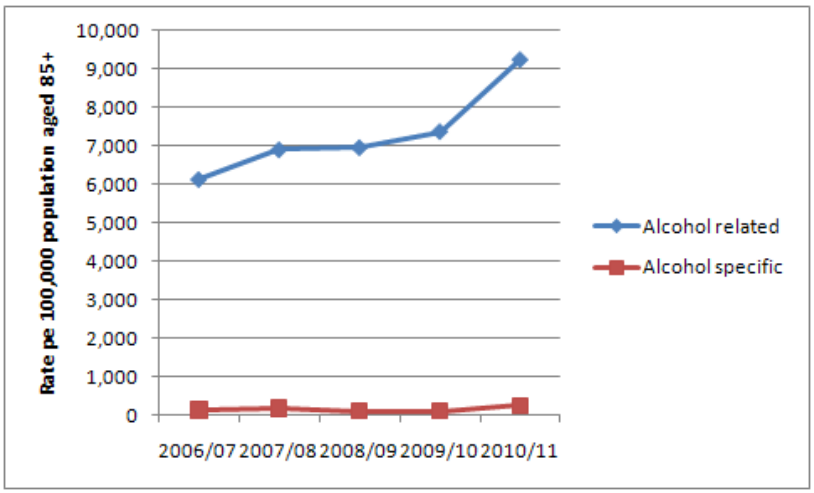
Based on England estimated rates for those aged 75 and over in the Health Survey for England and applied to Somerset population aged 85 and over.

Table 7.31: Alcohol-related admissions 2002/3 to 2010/11, aged 85+

Rate per 100,000 population	2006/07	2007/08	2008/09	2009/10	2010/11
Alcohol related	6,132	6,905	6,961	7,376	9,242
Alcohol specific	135	186	116	113	253

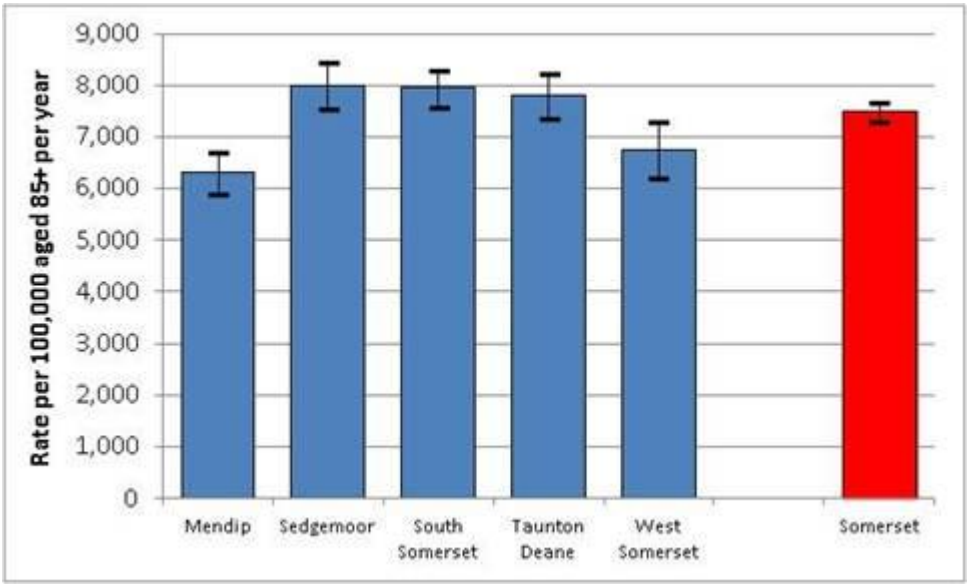
Source: Locally estimated values from SUS.

Figure 7.12: Alcohol-related admissions, aged 85+



Both alcohol-related and latterly alcohol-specific admissions are increasing.

Figure 7.13: Alcohol related admissions by district 2005/6 to 2010/1, aged 85+



Mendip appears to have a lower alcohol-related admission rate than the other districts. However, it is known that the likelihood of being admitted is related to the distance from home to a hospital and some of the observed differences could reflect that likelihood.

7.5 PREVENTION AND MAINTAINING GOOD HEALTH

Introduction

An ageing society is too often wrongly seen in terms of increasing dependency. The reality is that, as older people become an ever more significant proportion of the population, society will become increasingly depend upon the contribution they can make.

In services which are crucial to retaining independence, older people are sometimes treated as passive recipients rather than active consumers with their own views about their needs. People have the right to make decisions about their lives and the power to influence them. Expectations are changing and services will need to change to meet these demands. Many older people are already enjoying life to the full – making the most of the opportunities of age and contributing significantly to their families, friends, communities and neighbourhoods. This should be the vision for all older people in Somerset.

HEALTH AND WELLBEING IN THE OLDER POPULATION

7.6 NHS HEALTH CHECKS

The NHS Health Checks Programme is a national initiative, aimed at screening individuals to assess their risk of developing vascular disease and providing support to enable individuals to manage and reduce this risk.

Vascular diseases include heart disease, stroke, diabetes and kidney disease. A significant amount of vascular morbidity and mortality could be prevented through primary prevention, early detection of these diseases and by targeting modifiable risk factors such as smoking, physical inactivity, hypertension, raised cholesterol and obesity.

Cardiovascular disease (CVD) is the biggest cause of mortality in the UK accounting for 198,000 (or over a third) of all deaths each year. Coronary heart disease (CHD) and stroke are major contributors to CVD mortality, accounting for 50% and 25% respectively of all deaths due to CVD. This represents a significant cost to the UK economy.

Detailed information on the risks and implications of developing CVD can be found in the health inequalities section of the full JSNA, under the heading Coronary Heart Disease and Stroke.

The aim of the national NHS Health Check Programme is to identify an individual's risk of developing CVD over the next 10 years and to reduce their risk. The programme is offered to those aged 40 to 74 (inclusive), who are not known to have established vascular disease. During a 30-minute appointment, the individual's risk profile is developed and where appropriate the individual will be offered lifestyle advice to help them reduce their longer-term risk. The individual will be referred to their GP if they appear to have a previously undiagnosed vascular condition or are considered to have an imminent high risk of developing CVD.

There are just over 247,000 people (half the total population) in Somerset aged between 40 and 74 in the target group to receive a NHS Health Check. However, of these individuals, 28% (or over 68,000 people) are currently receiving treatment for CVD.

HEALTH AND WELLBEING IN THE OLDER POPULATION

The association between increasing age and risk of developing CVD is highlighted in Table 7.32. By the time they are between 40 to 44 years of age, 7% of people in Somerset have been diagnosed with some form of CVD and this rises steadily through the age bands, reaching 61% of people aged 70 to 74.

Table 7.32: Somerset population aged 40-74 and prevalence of CVD

Age Group		On CVD Register		Size of Population Eligible for NHS Health Check
Range	Pop Size	Pop Size	%	
40-44	38,464	2,603	7%	35,861
45-49	40,448	4,355	11%	36,093
50-54	36,578	6,607	18%	29,971
55-59	34,823	9,154	26%	25,669
60-64	39,348	14,733	37%	24,615
65-69	32,054	15,737	49%	16,317
70-74	25,304	15,356	61%	9,948
TOTALS	247,019	68,545	28%	178,474

Source: MIQUEST

This increasing prevalence for developing CVD, while linked to increasing age, is primarily due to the accumulated effects of an unhealthy lifestyle. Changes in lifestyle choices such as quitting smoking or losing weight will have a significant impact on reducing CVD. The earlier the lifestyle changes are made, the greater the long-term health benefits for the individual.

In line with the national impetus for 2011/12, NHS Somerset will expand delivery of NHS Health Checks from pilot status to full roll-out. The programme will establish a call/recall system that will offer health checks to over 36,000 people in Somerset each year, with eligible individuals, not on a disease register, being recalled for a follow-up assessment every five years up to the age of 74.

In addition to the above programme, Somerset recognises the burden placed on those who care for relatives or friends who are too ill to care for themselves and the increased risk these carers face in developing CVD. During 2011/12 priority has been placed on offering NHS Health Checks to these carers to ensure they receive the necessary health and lifestyle support.

Whilst an individual's risk of developing CVD will increase with age, much of this 'ageing risk' is modifiable. The NHS Health Checks Programme aims to highlight this risk to the individual and to provide them with the advice and guidance to help them adopt a healthier lifestyle, thereby reducing the long-term risk of developing CVD.

7.7 CANCER SCREENING IN THE OVER 65s

There are three national cancer screening programmes operating within the NHS. These programmes cover different ages although each has implications for the over 65s.

Cervical screening

The NHS Cervical Screening Programme invites women aged 25 to 50 for screening every three years and those aged 50 to 64 every five years. Women aged 65 and over are taken out of the call/recall system unless they need ongoing surveillance or follow up or have never had a test, in which case they are entitled to one. Somerset has higher uptake figures than both the South West and England (see Table 7.32) although it has fallen during recent years.

Table 7.33: Cervical Screening uptake 25-64 year olds

Area	2006/07	2007/08	2008/09	2009/10
Somerset	82.61%	81.78%	81.98%	81.60%
South West	81.01%	80.43%	80.89%	80.89%
England	79.16%	78.58%	78.94%	78.88%

Source: The Information Centre, Somerset Patient & Practitioner Services

A recently undertaken health equity audit across Somerset identified a number of inequalities in terms of uptake, with lower uptake observed in deprived practices, younger women, ethnic minority groups and women with learning disability. Surgery visits have since taken place to raise awareness of these inequalities and to promote good practice across all surgeries.

The recent Human Papilloma Virus (HPV) pilots also have implications for the screening programme. High risk HPV types have been found to be present in close to 100% of all cervical cancers, with experience from the HPV pilots suggesting that the introduction of HPV testing as a triage approach reduces anxiety for some women, is cost-effective and should be implemented across the NHS.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Breast screening

The NHS Breast Screening Programme provides free breast screening every three years for all women in the UK aged 50 and over. Across Somerset women aged 50-70 are routinely invited for a mammogram every three years. This programme is currently being extended to include those age 47-49 and 71-73, whilst women over this age are able to opt into the programme and request a mammogram. The percentage of women aged 53-70 being screened for breast cancer has remained constant during the last three years and is higher than both the South West and England figures (see Table 7.34).

Table 7.34: Breast screening uptake 53-70 year olds

Area	2006/07	2007/08	2008/09	2009/10
Somerset	80.97%	82.10%	82.06%	82.10%
South West	77.04%	79.65%	79.63%	79.48%
England	73.78%	75.92%	76.53%	76.95%

Source: The Information Centre, Somerset Patient & Practitioner Services

A breast screening health equity audit across Somerset also identified lower uptake in deprived practices and a limited awareness from practices in terms of when the breast screening van was visiting their area. The proposed age extension of the breast screening programme to include women aged 47-49 and 71-73 and the incorporation of women with familial breast cancer into the screening programme will increase the workload of the screening service and will need careful planning for local services.

Bowel screening

The NHS Bowel Screening Programme is co-ordinated regionally and offers screening every two years to all men and women aged 60 to 74 across Somerset. People over 74 can request a screening kit and opt into the programme. As with the cervical and breast screening programmes, Somerset performs well in terms of uptake for bowel screening. Between November 2009 and October 2010 63.5% of those invited across Somerset were screened, compared to 56.3% nationally.

Similar inequalities were identified around deprivation, whilst there is also a much lower uptake for men than women. During early 2011, an extensive regional media campaign took place to promote awareness of the signs and symptoms of bowel cancer and raised awareness of the screening programme. It is likely that such

campaigns will be repeated in the coming months and local campaigns will need to be targeted to ensure Somerset wide inequalities are addressed.

7.8 ABDOMINAL AORTIC ANEURYSM SCREENING

An abdominal aortic aneurysm or AAA is an enlargement of a section of the aorta, the main blood vessel that takes blood from the heart to the rest of the body. If a large aneurysm forms and remains undetected, it could burst and may result in death. Each year there are approximately 6,000 deaths in England and Wales from ruptured AAAs.

The risk of having an AAA is six times more common in men than women. The risk of developing an AAA increases with age (especially in men aged 65 and over) and is further increased by smoking, high blood pressure or through a close family history.

The national NHS Abdominal Aortic Aneurysm Screening Programme was introduced in 2009 as a phased roll-out of screening programmes, aimed at screening men aged 65. Screening programmes are expected to be fully implemented in England by 2013.

The Somerset and North Devon AAA Screening Programme completed its first screenings in February 2011. Screenings are delivered primarily at the individual's GP practice and last for approximately 10 minutes. The invitation is for a one-time ultrasound scan with the results given at the time of the appointment. If an aneurysm is found then the man will be given further information about the condition and scheduled for follow-up scans or a consultant appointment depending on the size of the aneurysm.

As of early June, the programme had screened 1,000 men, achieving an overall attendance rate of 80%. To date, 18 aneurysms (a prevalence of 1.8%) have been found. Nationally around 4% of men aged between 65 and 74 have an AAA.

It is still too early in the programme to identify if there are specific groups or areas that require special attention. However, the programme team is undertaking a number of activities to promote AAA screening, such as visits to Lions Clubs and radio interviews. Increased awareness of the programme is evidenced through the growing number of self-referrals for AAA screening, which is available to men over the age of 65 who have not previously been screened.

HEALTH AND WELLBEING IN THE OLDER POPULATION

7.9 DEMENTIA

The term 'dementia' is used to describe various brain disorders which have in common a loss of brain function, including a decline in memory, reasoning, communication skills and the ability to carry out daily activities. In addition, people may develop behavioural and psychological symptoms such as depression, psychosis, aggression and the need to walk (this can create a risk for the person's safety) which can complicate care.

There are many types of dementia. The most common are Alzheimer's disease and vascular dementia, while rarer types include Lewy body dementia, dementia in Parkinson's disease and fronto-temporal dementia. The term 'Alzheimer's disease' is used sometimes as a shorthand term to cover all forms of dementia.

The numbers of people living with dementia is set to double over the next 30 years as we are all living longer; in 2007[14] it was estimated there were approximately 570,000 people with dementia in England. Although dementia is usually associated with older age, there are at least 15,000 people in the UK under the age of 65 who have the condition.

Within Somerset, it is estimated there are 8,600 people with dementia, of which 155 are aged under 65 (2011). This also reflects the fact that demographically we have a relatively high proportion of older people in Somerset. By 2021 the expectation is that there will be almost 11,500 people with the condition, impacting significantly on carers and services.

Currently only 36% of people in Somerset with dementia will have a diagnosis and this is also reflected nationally. Work is taking place to actively increase this percentage, as early diagnosis enables people to plan for their futures, improves their quality of life and enables them and their families to seek the services and support they need.

Across Somerset, family members provide the majority of care for people with dementia. Family carers may themselves be older and frail, experience depression and have various health conditions which make their caring role more difficult.

Existing services supporting those with memory loss and dementia are mainly provided by Somerset Partnership NHS Foundation Trust. This includes a specialist

[14] Knapp M, Prince M, Albanese E et al (2007). *Dementia UK: The full report*. London: Alzheimer's Society.

mental health service covering Somerset with access to memory assessment and memory clinic services, Community Mental Health teams, psychiatric and psychological support, specialist social work, as well as day and in-patient services. In addition some services are provided by the Alzheimer's Society and other voluntary sector providers. Within Somerset there are also specialist residential and nursing care homes available for people who require this level of care and support.

A Somerset Dementia Strategy (2010) has been developed and aims to provide a framework to implement improved, responsive and quality services for people with dementia and their carers across Somerset. It follows the National Dementia Strategy in its objectives. The strategy focuses on the following three themes:

- to raise awareness and understanding of dementia within the general public
- ensure there is early diagnosis, support and intervention for people with dementia and their family carers
- provide a higher quality of care to enable people to live well with dementia

The strategy is a partnership approach to ensure that a seamless service is provided as it is recognised that dementia is a key priority for all agencies concerned. The Somerset Health and Social Care Community, comprising of NHS Somerset, Somerset County Council, Somerset Partnership NHS Foundation Trust (including the former Somerset Community Health), Care Focus Somerset and Alzheimer's Society, have contributed to its development.

Detailed action plans are being implemented for each of the four major work streams contained within the strategy:

- raising awareness and understanding
- early diagnosis and support
- living well with dementia
- workforce and training

Some of the work achieved so far is outlined below:

- raising awareness and promoting early diagnosis
- 'Look After Your Memory' week held annually
- volunteer 'Memory Loss' Champions recruited
- Early Case Finding Service (GP Liaison and Awareness Raising Workers) through the Alzheimer's Society

- Somerset Dementia Website developed www.dementiasomerset.org.uk
- ongoing promotion of the benefits of early diagnosis
- guidelines on the diagnosis and management of dementia have been sent to all GP practices in Somerset
- programme is in place to deliver individual GP practice training for all members of the practice
- Memory Assessment Services across the county
- Somerset Dementia Adviser Service in place
- Memory Cafés and Singing for the Brain sessions across the county run by the Alzheimer's Society

7.10 PATIENT PARTICIPATION GROUPS

Patient Participation Groups (PPGs) are groups of patients belonging to a GP surgery. Having a PPG enables the GP practice to have a better understanding of how, for example, greater patient engagement can contribute in areas such as communicating, self-care, tackling health inequalities and health promotion. There are now 42 PPGs in Somerset and the following information gives some examples of what they have been doing.

Oaklands Surgery, Yeovil

The surgery initially arranged two Saturday morning flu immunisation clinics and the PPG suggested holding an evening session to accommodate working people. A Thursday night session was held and 70 people attended. The PPG helped with tea and coffee and had discussions with patients which gave them a lot of feedback.

Cards had been printed for patients to complete giving feedback with smiley or unhappy faces on them.

Wincanton Surgery

The group have helped with flu immunisation clinics and have been involved with the setting up of the new telephone appointment system. It has held some very success patient information presentations on including dementia, diabetes and living with Parkinson's. These have been detailed in previous Somerset PPG newsletters. The first turf was cut for the new Health Centre in January 2011.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Axbridge and Wedmore

The PPG have worked with the local Health Centre to get a weekly 50+ club up and running which takes place on Friday afternoons. The PPG health fund, in partnership with South West Ambulance and donations from other organisations, has funded two Defibrillators. They have also done a project with carers which was funded by money from the LINk.

West Somerset Healthcare

Two flu jab sessions were held and 1,700 people attended over two days. The PPG group had t-shirts printed and directed patients. They also used these sessions to gather patient feedback.

The PPG are holding a Healthy Living Spring Fair which will cover topics from antenatal to golden oldies and is being held in partnership with the Children's Centre. Minehead Cycling Club is going to bring bikes along to promote cycling.

7.11 ACTIVE LIVING

There are over 100 Active Living groups across Somerset providing an opportunity for anyone over the age of 50 to take part in a range of activities.

The key elements of Somerset Active Living are to improve access to services and information, including preventative services, alongside promoting healthy lifestyles and social opportunities, therefore enabling people to maintain independence in later life.

The groups are run and supported by nearly 900 volunteers who are a very important part of its success. Activities on offer range from Tai Chi, dance, walking, using a Wii, singing, history groups and art based activities. Additionally, information on a range of topics is available through network partners, including advice on health and wellbeing, access to benefits, housing advice and details of other useful services.

The benefits of staying physically active are promoted widely, with a high percentage of people accessing physical activities, once again with support from the network partners providing opportunities to do so.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Somerset Active Living partnership organisations include Somerset County Council, NHS Somerset, Age UK Somerset, leisure providers and district council active lifestyle teams, as well as the wider voluntary and community sector. Somerset Active Living volunteers are provided with support and guidance on running their group and the opportunity to network with other group organisers.

In 2010 nearly 8,000 people aged 50 and over accessed Active Living opportunities across Somerset. Most people attending were aged between 70-74, with the next highest group aged between 50-59 (however, there were also a small proportion of people attending who were well into their 90s). The majority of those attending were female.

The Active Living website www.somersetactiveliving.org.uk provides full details of all the groups across Somerset.

7.12 FALLS

Sustaining a fall is a major cause of disability and leads to loss of independence amongst older people. A fall is also the leading cause of mortality due to injury in older people and the risk of falling increases with age, as does the risk of fracture[15]. Approximately 35% of those over 65 and 45% of those over 80 will have a fall each year.

It is estimated that in Somerset more than 31,300 people over the age of 65 will have a fall in 2011 and in 2020 this will be 40,300. Falls do not always result in serious injury, but complications can arise from being unable to get up after a fall or through loss of confidence and subsequent fear of falling, which can in turn lead to people becoming socially isolated. Therefore, older people are actively encouraged to report having a fall, however minor, to ensure the reasons can be identified before a more serious fall is experienced.

In addition, osteoporosis, which is a common bone disease affecting both men and women, can increase the risk of a fracture if someone has a fall. Women have a higher risk of developing osteoporosis – one in two, compared to one in five men.

[15] Falls and fractures: effective interventions in health and social care. Department of Health (2009) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_109122.pdf

HEALTH AND WELLBEING IN THE OLDER POPULATION

Falls and osteoporosis are inextricably linked and with the continuing rise in the older population in Somerset services are being developed to address these issues to help keep people independent, improve quality of life and save lives.

The Somerset Bone Health and Falls Prevention Commissioning Strategy (2009-2014) aims to reduce the occurrence of falls, osteoporosis and fractures for Somerset residents through increased identification of people who may fall, by reducing fracture rates, increasing activity levels and identifying those with osteoporosis or those who are at risk of developing it.

Falls awareness is very important and is promoted throughout the county through various health, social care and voluntary providers who have contact with older people and groups, including Somerset Active Living. A leaflet 'A self-help guide to reduce your risk of falling' which has been produced recently is a useful tool. In addition, a DVD entitled 'Head Over Heels' developed by NHS Somerset, is also used for awareness raising.

Many falls can be prevented through simple measures which include:

- awareness of hazards in the home
- modifications to the home environment for those at risk
- remaining physically active
- regular sight checks
- reporting of side-effects from medication such as dizziness
- awareness of appropriate footwear
- seeking help for foot problems and continence problems

The Somerset Falls Service, provided by Somerset Partnership NHS Foundation Trust (formerly provided by Somerset Community Health), offers support and rehabilitation for people who have had falls, or who have balance and mobility problems. Across Somerset, Balance and Safety groups are run in community hospitals. These eight week courses enable people to improve their balance and strength through weight bearing exercise and help address other issues which may place them at risk of a fall. This may include hazards in the home, the need for podiatry support and increased risk factors for people taking four or more types of medication. At the end of the course people are signposted to other physical activity opportunities and groups such as Somerset Active Living. Other support is available through a toe nail cutting service provided by Age UK and home repairs and adaptations through a Home Improvement Agency.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Another aim of the strategy is to ensure effective links between different services and agencies – currently work is being carried out with colleagues from the South West Ambulance Service to help identify those most at risk of falling or who are repeated fallers and users of emergency services. This will more effectively link vulnerable people into the Falls Service and subsequent proactive support.

As mentioned, increasing the identification of those with osteoporosis or those who are at risk of developing it, is also a priority. An osteoporosis pathway has been designed to assist with this in collaboration with various health colleagues, including Somerset Partnership NHS Foundation Trust (which has now acquired Somerset Community Health), GPs and the acute hospital trusts in Somerset.

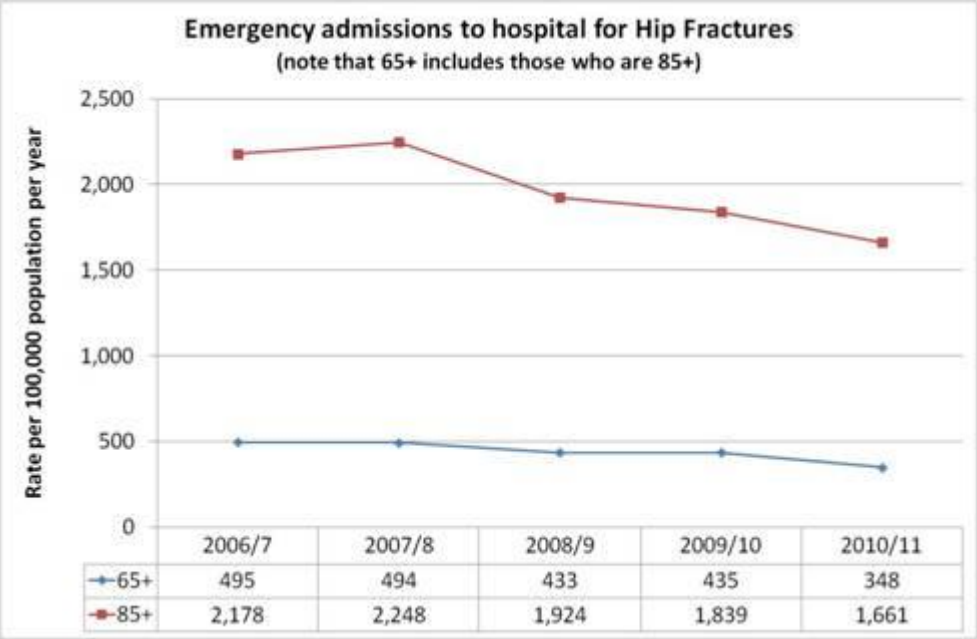
In addition, a Fracture Liaison Service is being developed, to ensure those who have sustained a fragility fracture are identified and assessed. This service will enable patients to more readily receive appropriate support and may involve a DXA scan (bone density scan) or to be prescribed medication. Referral to other agencies (for example podiatry) and guidance on self-help including the benefits of physical activity and a healthy diet can also be provided.

The importance of reducing the rate of hip fracture in the older person is paramount as research shows that approximately 30% of frail older people will die within a year following a fracture and that only 50% will regain their former level of independence. In Somerset in 2010-2011, over 1,100 people over the age of 65 sustained a hip fracture.

Figure 7.14 illustrates a reduction in the number of hip fractures experienced by Somerset residents from 2010-2011, expressed as a rate per 100,000 population. However, work is ongoing to continue to improve these figures, which as can be seen have a particular significance for people aged over 85.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Figure 7.14: Emergency admissions to hospital for hip fractures



Source; Secondary Uses Service (SUS)

Research[16] shows that physical activity is very important in reducing the risk of an older person experiencing a fall, as it can help to increase balance, strength and flexibility. There is also evidence to show the risk of hip fracture is up to 40% lower in those who are most active[17].

Various physical activity opportunities are commissioned across Somerset, tailored to meet the needs of the older population, including tai chi, gentle exercise, walking groups and dance sessions. In addition more specialist exercise sessions are available which focus on strength and balance for people at high risk of falling.

Falling is not an inevitable part of ageing and in Somerset a proactive approach is taken to ensuring the health and wellbeing of our older residents, helping people maximise their enjoyment of older age.

[16] Gregg EW, Pereira MA, Caspersen CJ. Physical activity, falls, and fractures among older adults: a review of the epidemiologic evidence. *J Am Geriatr Soc* 2000; 48:883-93.
[17] World Health Organisation Europe (2004a) What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? *Health Evidence Network.* Available from http://www.euro.who.int/document/E82552.pdf [Accessed August 2011]

HEALTH AND WELLBEING IN THE OLDER POPULATION

7.13 REABLEMENT

The Department of Health definition of reablement is *'the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long term independence by enabling them to remain or return to live in their own homes within the community. This approach focuses on reabling people within their homes … so they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care'.*

Reablement was identified as a key priority for both NHS Somerset and Somerset County Council within the 'You First' and 'QIPP' Programmes and a Programme Board was established to oversee the work programme.

The overall aims of the programme are as follows:

- to identify opportunities for reducing health inequalities, supporting people to regain life skills and control, enabling them or their carers to be experts in their own care and avoid care solutions which foster dependence, supporting people to remain within their own homes for as long as possible

- to achieve significant gains in terms of service quality, patient outcomes and productivity together with increased partnership working with both private sector and voluntary and community sector organisations

The key principles underpinning the service are:

- clarity of purpose (supporting the management of expectations)
- measures in place that indicate how well the purpose is being met
- service users are listened to when they first enter the system and there is good understanding of their real needs
- hand-offs are minimised
- there is accountability/responsibility for the end to end service user journey
- service users know what is going to happen and why and have a plan which they own
- things that do not add value to the service user are eliminated
- expertise is pulled / mobilised as required

The programme has been piloted and is currently being formally evaluated.

HEALTH AND WELLBEING IN THE OLDER POPULATION

7.14 OLDER CARERS

Introduction

In a growing elderly population, more people become ill, frail or disabled and will need help from family, neighbours and friends to help them to carry out everyday tasks. Increasingly, the people who provide this unpaid care are becoming older themselves, and in some households older people are both carers and cared for in a mutually supportive way. There is growing concern that as people live longer, the number of carers aged over 65 years and over 85 years is increasing, but the numbers estimated may not be accurate as many people do not identify themselves as ‘carers’, instead seeing their role as a husband, wife, son or daughter.

As people with disabilities are living longer, particularly people with learning difficulties (LD), there are a number of older parents or siblings who still have a caring role for their family member and would be classified as an older carer.

Breakdowns in situations where older people are carers are often due to an event such as illness or a hospital admission to one of them that means a solution has to be found for both them and the person they care for. There is anecdotal evidence that due to their caring role, many older people are refusing the care and medical help that they need for themselves, leading to emergency and critical needs when an event occurs.

Carers of all ages need emotional and practical support to give them a break from their caring role and to avoid social isolation. This is very important to older carers, although many do not come forward and find out what help may be available for themselves that will also support the person they care for.

The key areas for the future are to identify who are older carers, ensure there is good information and advice easily accessible for them and to listen to what they want so that services are developed that will help them, e.g. support groups, training, and respite.

HEALTH AND WELLBEING IN THE OLDER POPULATION

Attendance allowance claimants

Attendance Allowance (AA) is a state benefit that helps with the extra costs of long-term illness or disability, which can be either physical and/or mental. It is available to new claimants aged 65 and over and is not means tested (under 65 years old, new claimants apply for Disability Living Allowance – DLA). The carer of a person in receipt of AA or DLA can apply for a Carers' Allowance if they provide 35 hours caring per week. It is also not means tested but can be taxable. There are no restrictions on what AA, DLA or Carers' Allowance can pay for.

In November 2010[18], 19,590 people claimed Attendance Allowance in Somerset. 65% of claimants, 12,700 people were aged 85 and over; this accounts for 74% of Somerset's 85 and over population.

There are two levels of Attendance Allowance: a higher rate and a lower rate which are based on the individual's level of need either for personal care or needing to have regular checks. In Somerset 10,400 people were awarded the lower rate and 9,190 people the higher rate.

At district level, Table 7.35 shows that South Somerset has the largest number of people claiming Attendance Allowance. However, as a percentage of the population, there is little variation between the districts.

52% of Attendance Allowance claimants in Sedgemoor claim the higher rate compared to a county average of 47%.

Table 7.35: Attendance allowance claimants, by district

	AA award type		Total
	Higher Rate	Lower Rate	
Mendip	1,670	2,020	3,690
Sedgemoor	2,170	2,030	4,200
South Somerset	2,630	3,190	5,820
Taunton Deane	1,850	2,200	4,050
West Somerset	870	960	1,830
Somerset	9,190	10,400	19,590

[18] Source: Department for Work and Pensions

HEALTH AND WELLBEING IN THE OLDER POPULATION

Provision of unpaid care

The term 'unpaid care' covers any unpaid help, looking after or supporting family members, friends, neighbours or others because they are ill, frail or disabled.

This data is modelled from the 2001 census.

In 2010, 757 over 85 year olds were providing unpaid care to someone else. The number of 85 year olds and over who provide unpaid care is predicted to increase in Somerset to 1,634 by 2030 in line with increases in population[19]. The current rate of people with dementia over 85 is 237 per 1,000. This figure is expected to increase significantly which will result in additional need particularly in terms of caring.

Table 7.36: Number of people who provide unpaid care in Somerset by age

Age Band	2010	2015	2020	2025	2030
65-74	8,266	10,122	10,750	10,608	11,835
75-84	3,793	4,170	4,912	6,101	6,487
85+	757	895	1,048	1,289	1,634
Total population 65+	**12,816**	**15,187**	**16,710**	**17,998**	**19,957**

Source: Projecting Older People Population Information System (POPPI)

Domestic tasks and self-care

Data from POPPI shows the number of people in Somerset who are unable to manage at least one domestic task[20], such as shopping or washing up and the number of people who are unable to manage at least one self-care task, such as dressing or washing themselves[21].

This data is modelled from the 2001 census.

In 2010, 77% of people aged 85 and over (13,170 people) were unable to manage at least one domestic task and 66% of people aged 85 and over (11,315) were unable to manage at least one self-care task.

[19] Source: Poppi
[20] Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities
[21] Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines

Table 7.37: Percentage of people aged 65 and over unable to manage at least one self care or domestic task

	Domestic Tasks		Self-care	
	no	%	no	%
65-69	7,084	22.2	6,237	19.5
70-74	7,987	30.6	6,403	24.6
75-79	9,560	44.7	7,366	34.5
80-84	9,544	56.2	7,590	44.7
85 and over	13,170	77.1	11,315	66.3
Total 65 and over	**47,345**	**41.7**	**38,911**	**34.3**

Source: Projecting Older People Population Information System (POPPI)

Somerset County Council and NHS Somerset commissioned Peter Fletcher Associates[22] to undertake an appraisal of services for carers against the Somerset Multi-agency Carer's Strategy 2008 - 2011. This took place between September 2009 and May 2010 and covered carers of all ages who were supporting all service user groups.

The review undertook a widespread consultation and appraisal of carer services with approximately 1,500 carers being contacted and in the region of 850 direct responses via questionnaire and face to face meetings, as well as feedback from voluntary and community organisations and staff involved in the provision of services to carers.

The older people population in Somerset is set to grow markedly in the future with a 35% projected increase in people with dementia over the next 10 years. Similarly, the numbers of carers aged 85-plus providing unpaid care will increase by an average of 41%.

Transition planning for young people with a learning disability and those with older parents is an issue, with often very different services available for adults and children. Moving from one department to another can be confusing. Somerset County Council is aware that there is a gap in supplying services for older carers in transition and they are assessing how this can be addressed.

[22] Appraisal of Carer Services in Somerset July 2010

HEALTH AND WELLBEING IN THE OLDER POPULATION

The age profile of carers would suggest older carers may look to their GP for information and advice, but younger carers would not. In 2010 – 11 there was a successful pilot to have Carers' Champions identified in GP practices who would encourage carers to join the carers register so that their needs as carers would be known to GPs and they could access targeted services such as 'flu vaccinations and good quality information about their role. This pilot has been extended to March 2012 with funding from NHS Somerset.

Older age is a very significant demographic characteristic of the Somerset population profile and has an impact upon carers, both due to the fact that older people are more likely to need caring for and that many carers are also older people themselves.

Table 7.38 demonstrates that the older people's population in Somerset is set to grow markedly in the future.

In absolute terms, the 65-plus population increases from 110,200 in 2009, to 148,900 in 2020 (35% increase), to 186,200 in 2030 (69% increase).

Table 7.38: Detailed breakdown of population projections in Somerset over the next 30 years with 28.5% over 65 and 5.4% over 85 by 2030

	2009	2015	2020	2025	2030
Total population	534,100	567,200	596,500	626,200	652,800
Population aged 65 and over	110,200	132,900	148,900	165,700	186,200
Population aged 85 and over	16,200	19,500	22,900	28,100	35,500
Population aged 65 and over as a proportion of the total population	20.63%	23.43%	24.96%	26.46%	28.52%
Population aged 85 and over as a proportion of the total population	3.03%	3.44%	3.84%	4.49%	5.44%

Source: POPPI information system, Department of Health

HEALTH AND WELLBEING IN THE OLDER POPULATION

In comparative terms, Somerset's increasing numbers of over-65s by 35% in 2020 and by 69% in 2030, compares to increases in the South West of 27% and 53% and 22% and 46% for the country as a whole for 2020 and 2030. The proportion of over 85s of the Somerset population increases from 3.03% in 2009 to 5.44% in 2030.

The number of older carers aged 65 years plus will increase by 35% over the next ten years. Over the same timescale the number of 85 year olds providing unpaid care will rise by 42%.

Table 7.39: People aged 65 and over in Somerset providing unpaid care to a partner, family member or other person, by age, projected to 2030

	2009	2015	2020	2025	2030
People aged 65-74 providing unpaid care to a partner, family member or other person	7,995	10,179	10,879	10,793	12,078
People aged 75-84 providing unpaid care to a partner, family member or other person	3,764	4,170	4,932	6,140	6,547

Similarly, the numbers of carers aged 85 plus providing unpaid care will increase by on average 41% across each of the three groups highlighted above between 2009 and 2020 as shown in Table 7.40.

Table 7.40: People aged 85 and over in Somerset providing unpaid care to a partner, family member or other person, by age and by hours of care provided, projected to 2030

	2009	2015	2020	2025	2030
People aged 85 and over – not providing any care	11,912	14,338	16,838	20,662	26,103
Peopled aged 85 and over – provide care for between 1 and 19 hours per week	286	344	404	496	626
People aged 85 and over – provide care for between 20 and 49 hours per week	84	101	119	145	184
People aged 85 and over – provide care for 50 or more hours per week	356	428	503	617	779

Source: POPPI information system – Department of Health

HEALTH AND WELLBEING IN THE OLDER POPULATION

Table 7.41 shows the projected population increase of people with dementia in Somerset amounting to an approximate 35% increase in the incidence of dementia in the county over the next 10 years to 2020. This will have a major impact upon carers as this condition places a huge strain often on older carers who are often required to provide care on a 24 hour basis.

Table 7.41: Projected population increase of people with dementia in Somerset

	2009	2015	2020	2025	2030
People aged 85 and over predicted to have dementia	3,796	4,535	5,287	6,474	8,112
Total population aged 65 and over predicted to have dementia	8,125	9,437	10,973	13,088	15,541

Source: POPPI information system – Department of Health

This brief outline of relevant demographic projections for Somerset clearly demonstrates the existing high numbers of older people and those with limiting long-term illness, dementia and learning disability and the significant increases in all these areas that the county will experience in the years ahead. These increases are proportionately greater than the South West overall position and much greater than the country as a whole.

It is likely that these projected increases will have an impact on unpaid/family carers across Somerset. The likely increase in the number of carers will increase demand for support as more and more carers become aware of their rights and entitlements. Without the relevant support and preventive measures in place to enable carers to sustain their caring role, there will be a significant increase in demand for Adult Social Care and NHS services.

It is in the mostly rural areas where there is a high proportion of people aged over 65 and in particular, some areas of West Somerset, Sedgemoor and South Somerset and also on the outskirts of Taunton. It is interesting to note that although more rural areas have the highest proportion of older people overall, it is in urban areas where many older people live alone.

Comments from carers responding to the questionnaire, able to be identified as over 65 are being included in this extract from the final report by Peter Fletcher Associates.

HEALTH AND WELLBEING IN THE OLDER POPULATION

In all, 32.9% (109) respondents were between 66 – 80 years and 8.2% (27) were 80+ years.

- *I have had two operations including eleven days in intensive care – soon I may need help. I am 84 years old.*
- *I am 74, have angina and arthritis and worry about coping in the future.*
- *I am not a registered carer. I am a wife with a husband who is registered blind and is immobile – housebound. __ ____ has a state pension and attendance allowance. I am also 85 years of age.*
- *I have just been in hospital and there was no help at all to look after my disabled wife. My son had to come from Dorset and leave his family and take time off work to look after her. I am out of hospital, my son's had to go home and I've received NO HELP at all. I have had two operations, had no help and try to look after my wife as best I could being a poorly man. Also, I am 81 years old.*
- *We are like many elderly couples who care for one another and who try to manage and be independent and do not get any recognition. I am on mobility and have a blue badge for parking as we use the car to get shopping etc. So I feel there are many couples like ourselves and we do not get any support. We put in for carers' allowance but were turned down because of my pension, like a lot of other couples we know.*

(NOTE: See interviews with carers over 85 in the 'Voice' section of the JSNA)

Ongoing work

Somerset County Council and NHS Somerset are working towards the development of a pooled budget to support the commissioning of an organisation to provide universal services to carers, i.e. services available to all carers irrespective of income and without the need for an assessment. It is proposed that the new service is linked to the nine GP Federation areas in Somerset. GP practices are in most instances the first port of call for carers who need advice and support to maintain their caring role and responsibilities. Older carers in particular identify themselves to their GP and as GP practices will become the focal point for carers' services, there will be an improved opportunity to improve the health and wellbeing outcomes for older carers.

HEALTH AND WELLBEING IN THE OLDER POPULATION

The five themes for the proposed new services to carers will be to provide:

- good quality information and advice, including newsletters and accessible local information
- interface with statutory and voluntary organisations, including good links with health and social care and voluntary groups
- training, that is practical and supportive to carers and also that raises awareness of carers needs with other agencies and organisations
- emotional support, including local information and support groups, and signposting to other services
- prevention, including finding innovative and local solutions to unmet needs

It is intended that this service will be tendered and established in Somerset in 2012. The new service will not will not affect the statutory rights of carers or replace the statutory duty of the local authority to provide carers assessments.