Preventing or delaying the need for older adult social care – a needs assessment

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Aims and objectives

Aim: to provide evidence on which to base commissioning of health- and social-care services to prevent or delay older adults' need for social care in Buckinghamshire. The needs assessment had the following objectives: describe the current and project-ed need for council-funded social care of older adults (social care in Buckinghamshire today and tomorrow); identify the drivers of need for social care in Buckinghamshire; identify the priorities and interventions for action, and opportunities for change to help prevent or delay the need for social care; make recommendations to ensure public health and social care prevention ser-vices meet identified needs
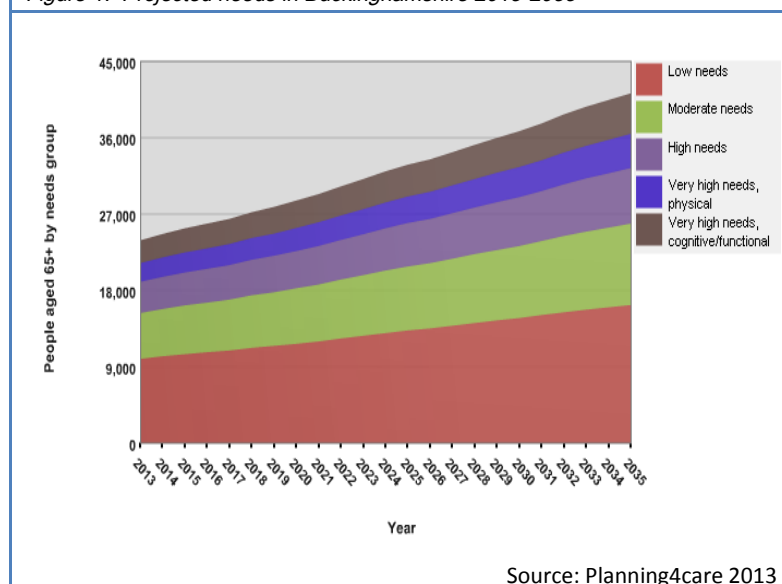
Social care in Buckinghamshire today and tomorrow

Council social services provide vital support for nearly 10,000 older people in the county, around 2,500 of which receive care at home and 1,250 in care homes. Most clients supported are older people, for instance 60% of care home residents were aged over 85 in 2013/14, and most have multiple health problems. Net total expenditure (after accounting for income from self-funders) on older adult social care was £58.4 million in 2013/14, of which provision of residential and nursing care and domiciliary services accounted for £38 million.

Buckinghamshire will have a larger, but older popu-lation from now to beyond 2030, with only a mod-est increase in the under 75 population. The older population is also set to become more ethnically diverse. People at the oldest ages are more likely to need social care, therefore, the number of people with high or very high care needs requiring support from the council is set to increase:

- 66% rise in older adults requiring any social care between 2013-2033,

- 67% increase in older adults with moderate needs, and a 71% increase in the number of 'very high need' older adults,

- Nearly double the current number of home care hours and care home placements pro-vided by the council by 2033,

- Currently only 1% of over 85s in Buckinghamshire are of non-white ethnicity, but this will rise to over 10% of 40-65s.

Figure 1. Projected needs in Buckinghamshire 2013-2033

Source: Planning4care 2013

What is driving the need for social care in older adults in Buckinghamshire?

Figure 2. Prevalence of diseases and conditions with the highest impact on care need in Buckinghamshire 2014, by care setting (ASC: Adult Social Care home care & institutional clients)
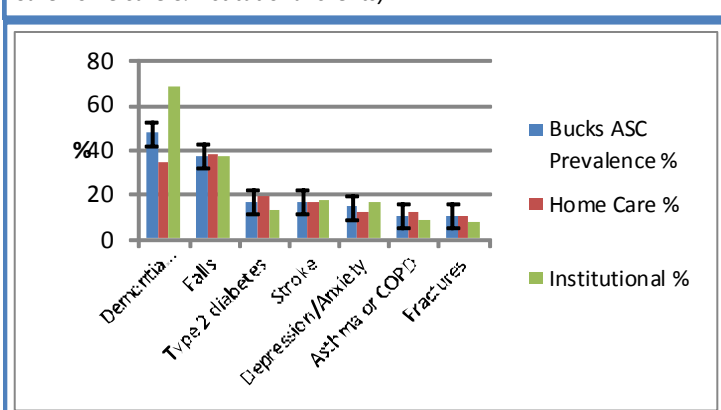
Diseases lead to impaired function, causing decreased ability to self-care (functional ability) and ultimately the need for social care. Impairment in functional ability in old age is not inevitable: it is most often caused by ill-ness rather than simply old age or social factors such as inappropriate housing, but these factors can also make it more likely to occur. Figure 2 shows an estimate of the how commonly older social care clients have diseases and conditions with the highest impact on care need in the county, by care setting. Dementia has the greatest impact. Impairments of cognition (thought and memory), mobility and incontinence resulting from these diseases and conditions, and their associated stress and burden on family and friends also contribute locally.

What are the priorities?

1.   Prevent or delay the onset of chronic disease, including dementia

A significant proportion of chronic diseases are preventable by acting on the four main risk factors: tobacco use, physical inactivity, hazardous alcohol intake and unhealthy diet. Early action (from mid-life at least) can decrease this risk. Dementia risk is also influenced by the same risk factors.

2.   Focus on dementia diagnosis and support

Dementia is likely the single biggest driver of social care need, yet in many cases diagnosis may be delayed or absent, preventing timely access to client and carer support services that can help to keep people independent for longer.

3.   Help people to stay healthy and independent for longer in old age, including living with chronic disease

Early detection and management of diseases, such as diabetes or stroke, could prevent their deterioration or recurrence, but many at-risk people are unaware they may have a condition. Even once diseases and impairments are present, services such as continence support, exercise programmes for preventing falls and improving mobility have been shown to be beneficial even in frail, older adults. Preventing or decreasing loneliness can prevent depression and improve quality of life.

4.   Reach diverse populations and low-income areas

The population of Buckinghamshire is becoming more diverse. Risk of poor health varies by gender, income and ethnicity, e.g. diabetes is 5x more common in people of South Asian ethnic background than the white population. Prevention interventions and services must reach and be accessible to all groups to have most effect.

What are the opportunities for change?

The *Care Act* places a duty on the council to prevent or delay the impact of care needs on individuals. Loosened eligibility criteria and a cap on contributions will likely increase demand for council social care assessment, increasing the opportunity to influence the behaviour of a greater number of people seeking care at an early stage.

Greater health and social care integration, and co-commissioning of services by health– and social-care will allow services to be designed around users needs, allow easier referrals and signposting to preventive services, and prevent duplication. For example, previously separate health and social care reablement services are now more aligned, with more streamlined referral and shared workload, and Multi Agency Group (MAGS) case discussions are bringing GPs and social workers together to manage people with complex needs.

Healthy Places—Communities and workplaces can help to promote and maintain health in 3 key areas: healthy environments and design, ensuring the built environment supports healthy lifestyles and independence, e.g. road design that prioritises cyclists and pedestrians as well as cars; supporting social inclusion of vulnerable groups, e.g. by design of health and social services and improving health knowledge amongst the population (health 'literacy') such as PHE's dementia friends campaign; and creating social and economic environments for healthy living such as by decreasing tobacco use by discouraging smoking in public areas.

Greater access to and use of **internet-based technologies** enable people to be more informed about their health and lifestyles and to receive important public health messages, such as by using the Lifestyle Hub, as well as use technologies that may help them stay independent for longer.

Key recommendations—how we can meet these needs

1.   **Public health, adult social care, the voluntary sector, and clinical commissioning groups must take every opportunity to work together** to prevent disease occurring by: passing information, advice and guidance on how people can improve their health to all current and prospective service users and their families, and by sign-posting to public health services

2.   Help people to keep their independence by **overcoming barriers to timely diagnosis of chronic diseases** like diabetes and dementia, and co-commission services to prevent cognitive impairment, poor mobility and falls, and incontinence robbing people of their independence

3.   **Maximise the health potential of communities and workplaces** using public health expertise to empower and build capacity for healthy change