8. OLDER PEOPLE

8.1 Frailty

This chapter looks at frailty and its implications for the health and social care services. Information in this chapter can help identify priorities for commissioning and provision of services for older people. This chapter should be read in conjunction with chapters on Dementia, Stroke and Falls.

8.1.1 The impact of frailty in older people

The population is ageing, which means we are living longer and there are more older people as a proportion of us all. Between 2005/06 and 2014/15 the number of people aged 65 or over in England increased by almost a fifth and the number aged 85 and over rose by nearly a third. The increase in the older population is projected to accelerate over the next twenty years[i]. The changing demography of the older population will increase demand for health and social care services. The specific areas where the increase in demand will be seen are in people affected by dementia and the prevalence of other long term conditions.

The term “frailty” is used commonly to describe a range of conditions in older people, including general debility and cognitive impairment. There is no clear consensus on the definition of frailty; however, it is proposed that frailty comprises a collection of biomedical factors which influences an individual's physiological state in a way that reduces his or her capacity to withstand environmental stresses.

Around 10% of people aged 65 and over are frail, rising to between 25% and 50% of those aged 85 and over. Older people living with frailty are at risk of adverse health events, such as a fall or infection, and will often experience dramatic changes in their physical and mental well-being even after an apparently minor incident.

The proportion of people who have difficulties with activities of daily living increases with age. The percentage of people with at least one difficulty increases from 21.2% at age 65 to more than half aged over 85. Around one in five people in their late 80s (85+) have difficulty undertaking five or more activities of daily living[ii,iii].

8.1.2 Information on frailty in older people

- 1 in 10 people aged 65 and over are ‘frail’, rising to one in four of those aged 85 and over. There are big inequalities, both in terms of how long we are likely to live (life expectancy), and in how well people are likely to be in older age (disability-free life expectancy).

- The rate of falls also increases with age; women are more likely to fall than men and in 2014, among those aged 85 to 89 nearly a quarter of men and a third of women had a fall in the last five years.
- The prevalence of dementia is very low (0.3%) for both men and women aged 60 to 64 and only four per cent for 75 to 79 year olds, but then rises sharply to more than one in four among women aged 95 to 99, and to one in five for men of the same age.
- Higher numbers of older people are unpaid carers compared to the population as a whole and their numbers are rising. As a result, one in five people aged 65 and over was caring in 2014; a quarter of them effectively full-time (more than 50 hours a week).

8.1.3 Numbers and prevalence

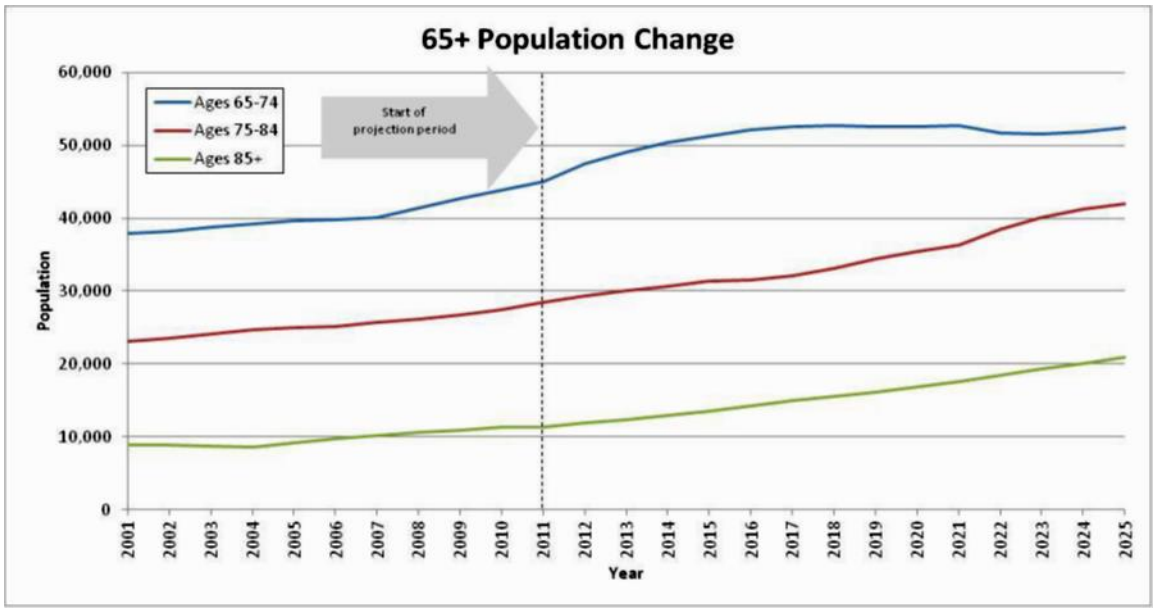
8.1.3.1 National context

- Total population of people aged 65 or over has increased from 4.5 million in 1951 to 8.7 million in 2011 and is forecast to increase to 16.6 million in 2051[iv].
- The number of people over 85 in the UK is predicted to double in the next 20 years and nearly treble in the next 30[v].
- The population over 75 is projected to double in the next 30 years[vi].

8.1.3.2 Local Context

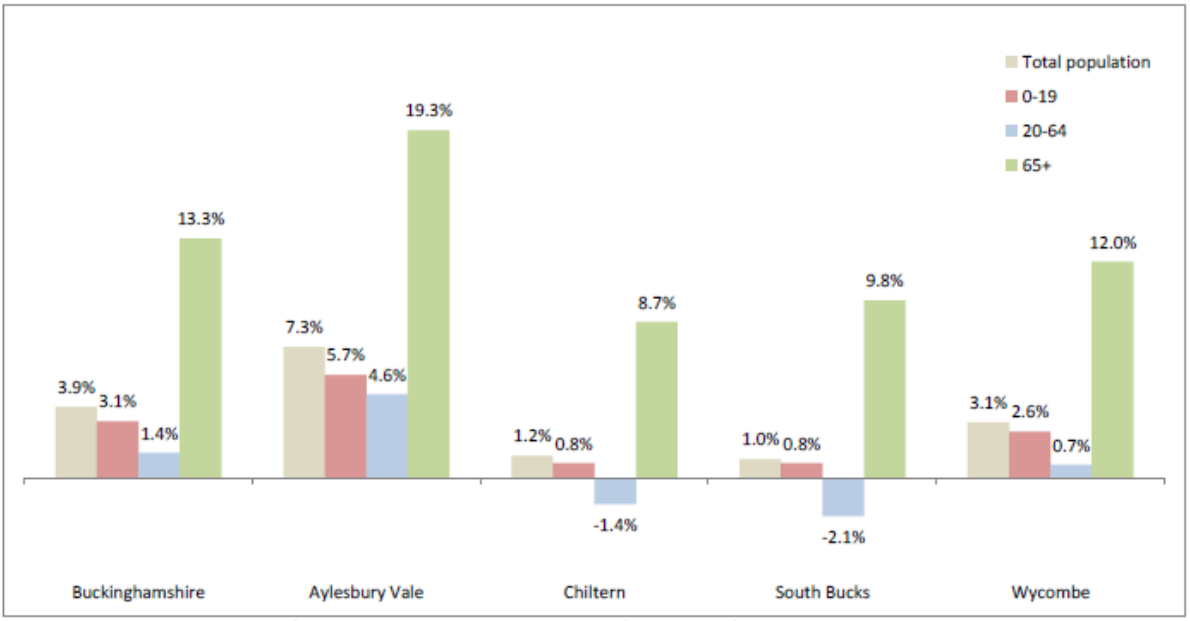
- The overall population in Buckinghamshire has increased by 5.7% between 2001 and 2011 from 479,024 to 505,283. The increase in population for children and young people (age 0-19) and adults (age 20-64) has been similar (3.3% and 2.9% respectively). The increase in older people (age 65+) has been much greater (21.9%).
- Whilst less than one per cent of the Buckinghamshire population in the 2011 census were aged 90+ (3,000 people) this figure will increase by almost 300 per cent to just under 12,000 people by 2025. Figures 1 and 2 below show population change for people aged 65 and over in Buckinghamshire between 2001 and 2025
- Currently in Buckinghamshire 16.8% of the population is aged 65+ (84,900). In 2025, it is expected that proportion will have risen to 21.7 % (115,300).
- In the next 5 years, the greatest percentage increase will be in the older people's population (13.3%). This will be most pronounced in Aylesbury Vale (projected 19.3% increase in older people)[vii].

Figure 1 Population change for those aged 65 and over in Buckinghamshire between 2001 and 2025



Source: 2001 to 2011 ONS mid-year population estimates and 2012 to 2025 provisional population projections (Dec 2012)

Figure 2 Projected Percentage Change in Age Groups in Buckinghamshire between 2013 and 2018



Source: 2013 ONS MYE data and Buckinghamshire population projections (December 2014)

8.1.3.3 Care and support of older people

Currently the council is purchasing just over 1,200 older peoples residential and nursing care beds split roughly 50:50 between residential and nursing. Of these around 170 are purchased out of the county.

Table 1 Number of older people unable to carry out self-care activity in Buckinghamshire

	2014	2015	% growth by 2015	2020
Number aged 65+	94,500	96,800	2.4%	107,900
Number aged 65+ unable to carry out at least one self-care activity on their own	31,480	32,339	2.7%	37,042
Number aged 65+ unable to carry out at least one domestic activity on their own	38,338	39,405	2.8%	45,249

More than 10,000 older people in the county need help looking after themselves, as indicated by the numbers claiming Attendance Allowance; more than one third (36%) of those aged 85-89, and more than half (56%) of those aged 90 and over claimed Attendance Allowance.

8.1.3.4 Dementia

Dementia mainly affects older people over the age of 65, but it can affect people who are younger. In Buckinghamshire it is estimated that nearly 7,000 people aged 65+ have dementia and this number is expected to rise to more than 8,000 in the next five years. The number of people on general practice dementia registers increased by 40% between 2006/07 and 2011/12. There were 2,444 people with a diagnosis of dementia recorded on Buckinghamshire general practice registers (March 2012) and it is predicted that Buckinghamshire will see a significant increase over time by 2020 to almost 8,000, almost half of whom will be aged 85 and over (table 2).

For more information on Dementia please see chapter 8.3 of the JSNA.

Table 2 Number of people aged 65+ living in Buckinghamshire estimated to have dementia

Year	2014	2015	2020
Number of people with dementia	6,588	6,826	8,123

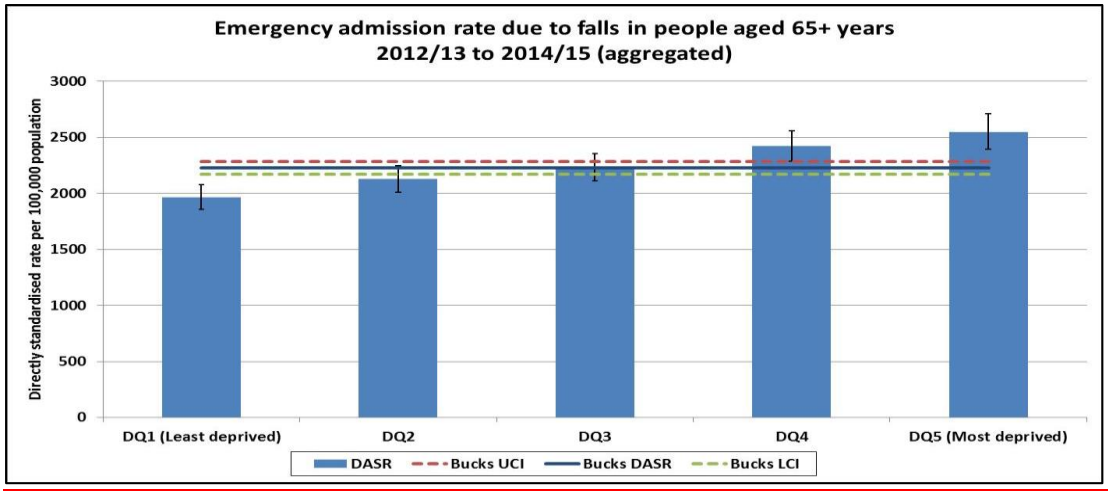
Source POPPI Database

8.1.3.5 Falls

Falls and the fear of falling can seriously impact on the quality of life of older people. In addition to physical injury, they can lead to social isolation, reductions in mobility and independence and increased need for institutional care. One in three people over the age of 65, and one in two of those over 80 fall each year[viii].

Figure 3 below shows the emergency admissions where a patient is recorded as having had a fall for people aged 65 years and over from 2012/13 to 2014/15 by deprivation quintile. The rate of emergency admissions for falls is lowest in the least deprived quintile (Q1) and highest in the most deprived quintile (Q5). For more information on falls please see section 8.2 of the JSNA.

Figure 3 Emergency admission rate due to falls in people aged 65+years 2012/13 to 2014/15 (aggregated)



8.1.3.6 Stroke

Stroke is the third most common cause of death in the UK and the most common cause of severe disabilities in adults. An estimated 150,000 people in the UK have a stroke every year[ix].

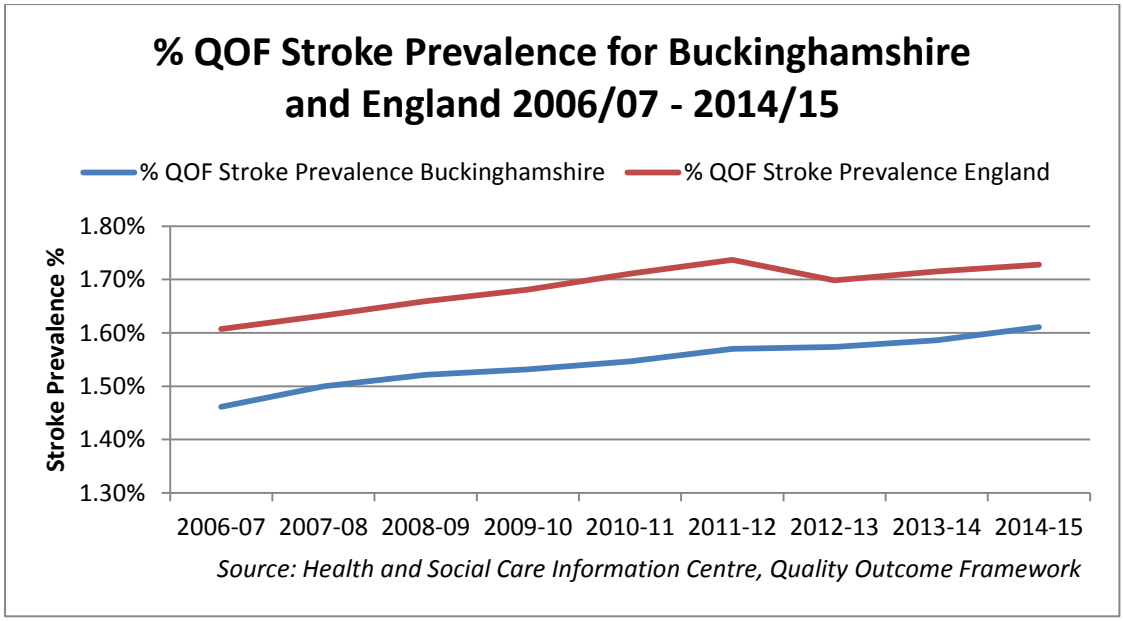
A stroke is a brain injury where the blood supply to the brain is suddenly cut off. This means that the blood cannot reach a particular part of the brain which then becomes damaged.

Stroke causes a greater range of disabilities than any other condition, of those who survive, approximately[x]:

- 42% will be independent
- 22% will have a mild disability
- 14% will have a moderate disability
- 12% will have a severe disability

Figure 4 below shows GP registered prevalence of stroke in Buckinghamshire compared with the England average. The data shows that prevalence of stroke in Buckinghamshire is below the England average.

Figure 4 Prevalence of stroke as per QOF register in Buckinghamshire 2006-15



8.1.3.7 Emergency admissions for people aged 65+ in Buckinghamshire

Figure 5 below shows the trend in emergency admissions for people aged 65+ in Buckinghamshire. The data shows an upward trend in emergency admissions since 2013/14 and rates are significantly higher in the most deprived areas compared with the least deprived areas (figure 5).

Figure 5 Trend in all emergency admissions for people aged 65+ in Buckinghamshire

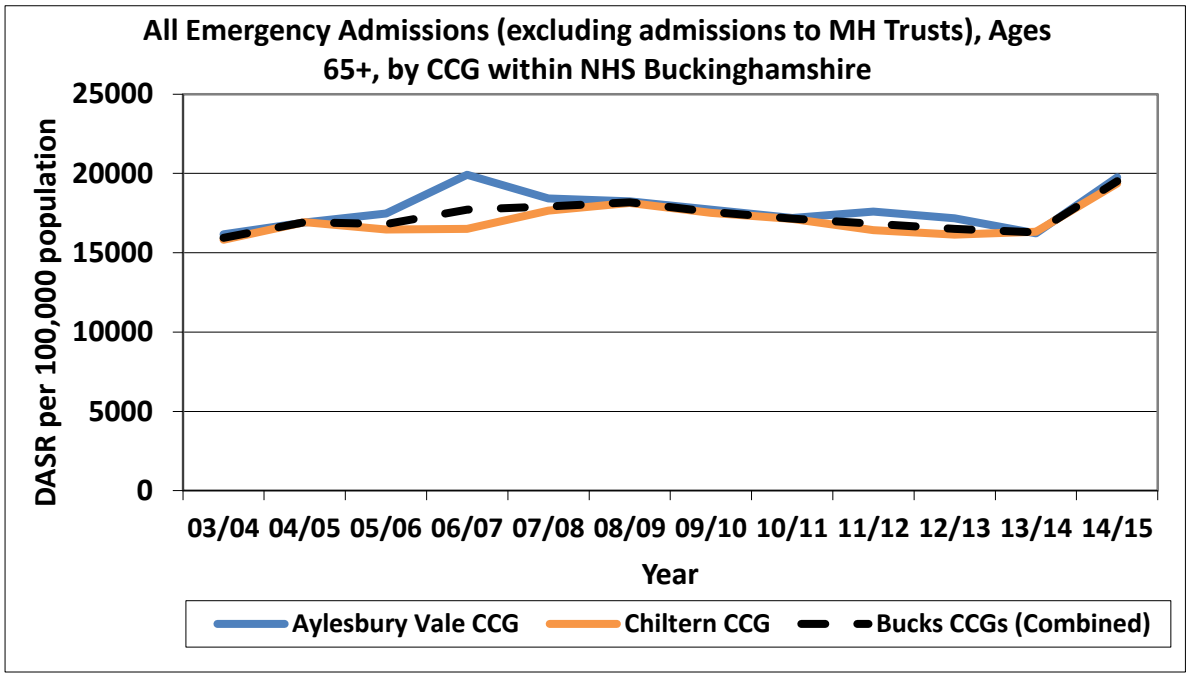
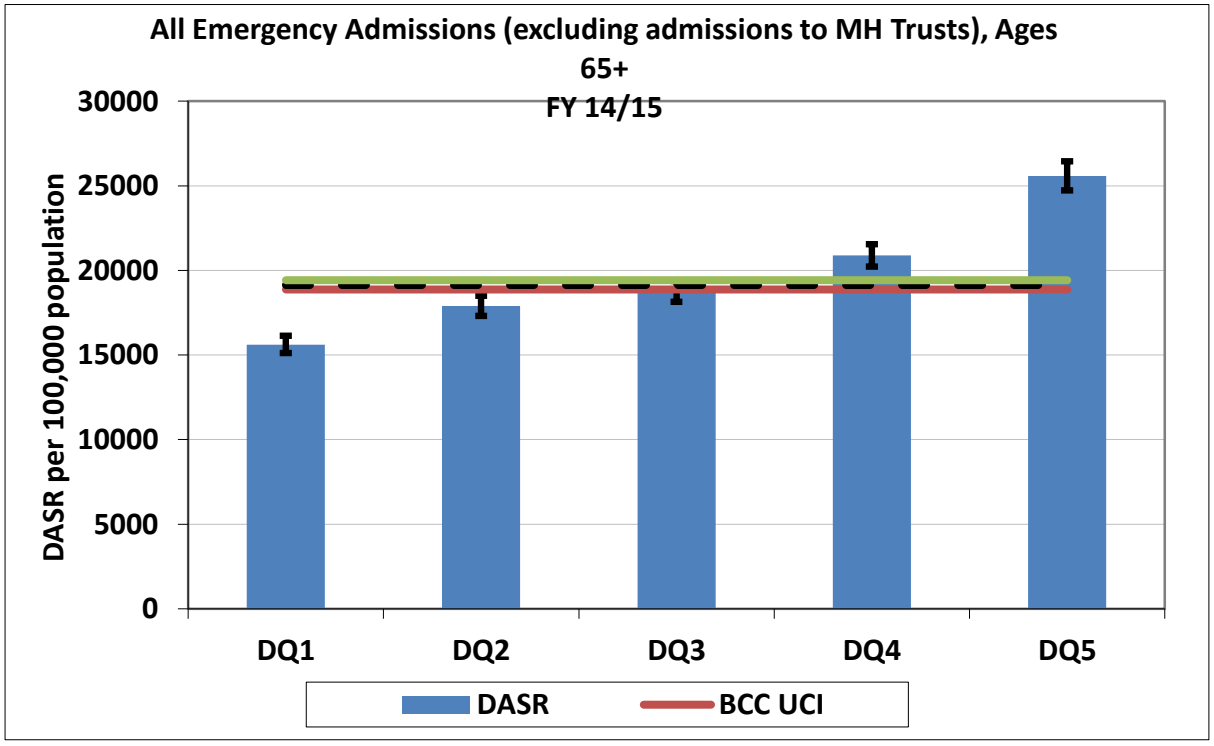


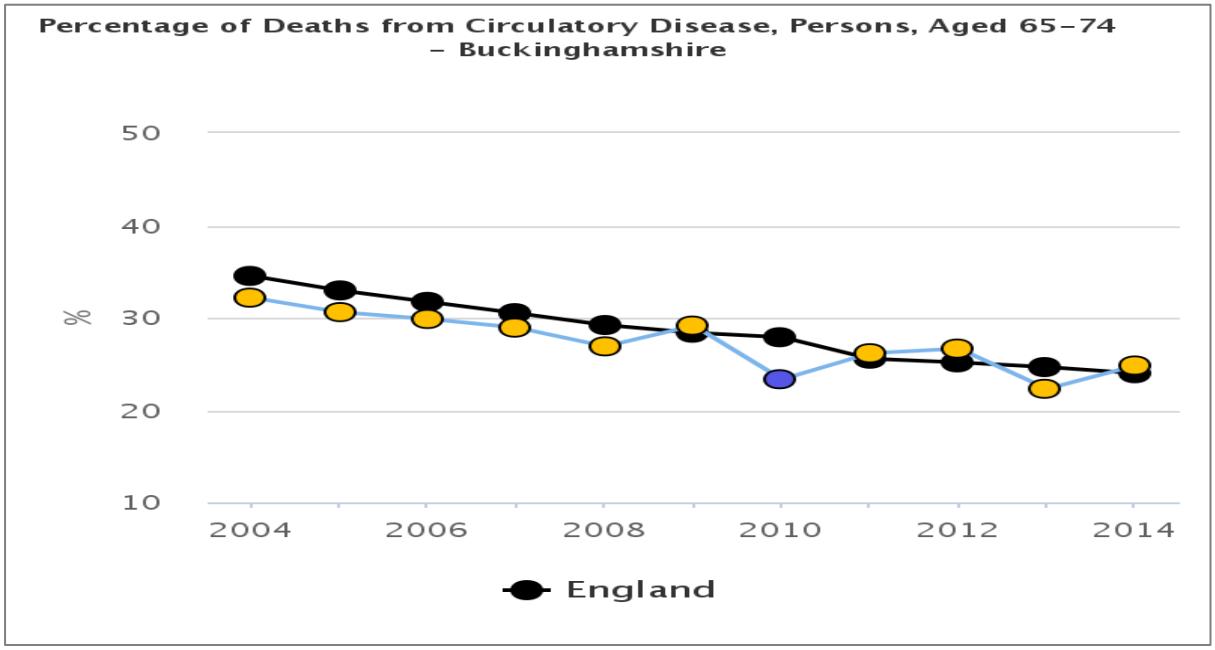
Figure 6 Emergency admissions for people aged 65+ by deprivation

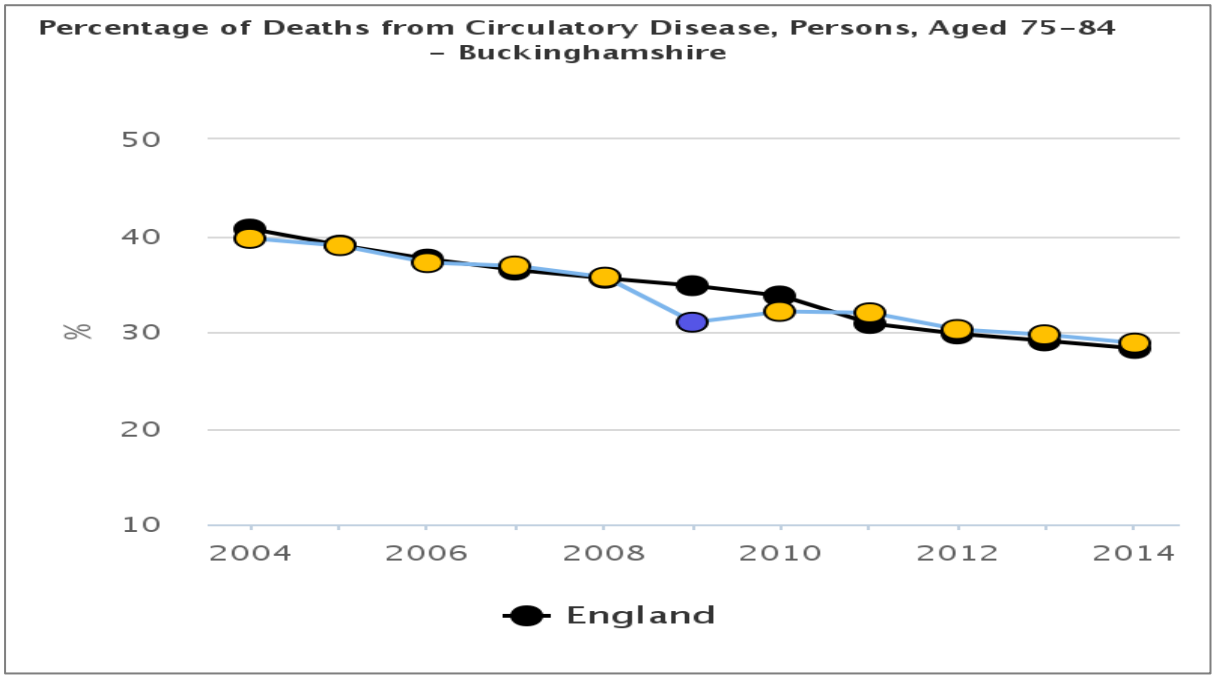


8.1.3.8 Mortality for older people in Buckinghamshire

Figure 7 below shows mortality from circulatory disease in people aged 65+. The data shows a downward trend in mortality for this age group.

Figure 7 Percentage of deaths from circulatory disease, persons, aged 65+





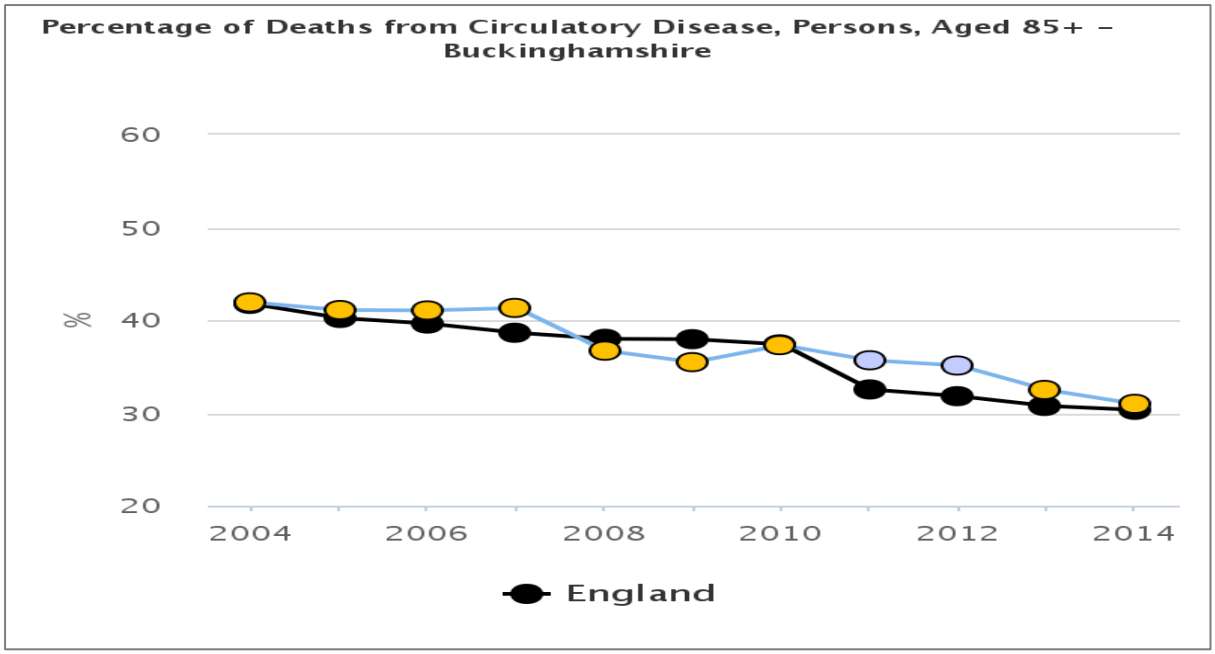
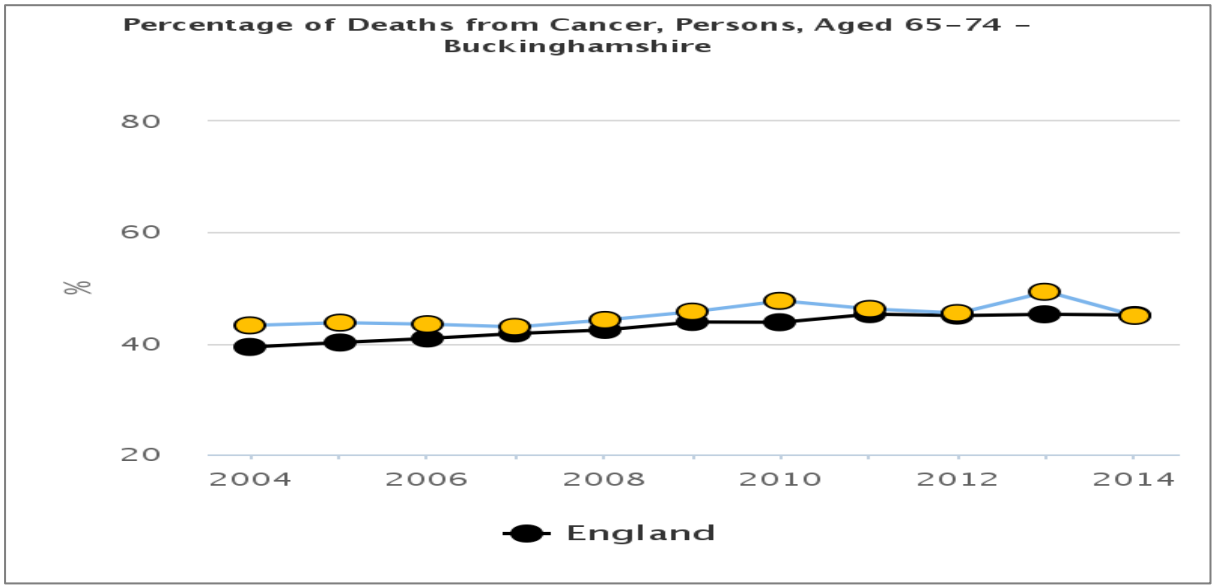
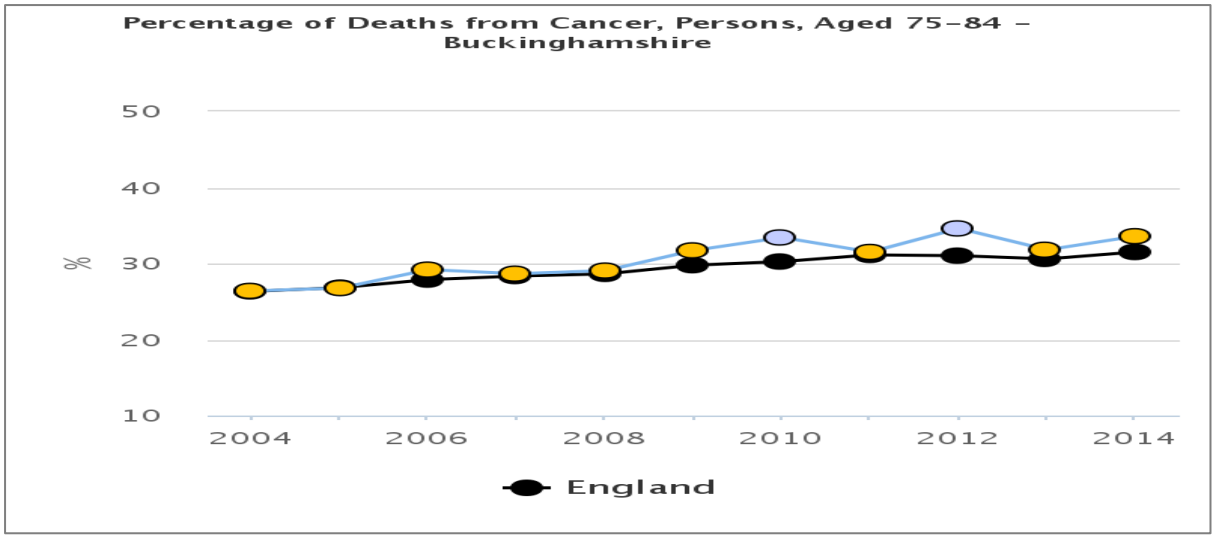
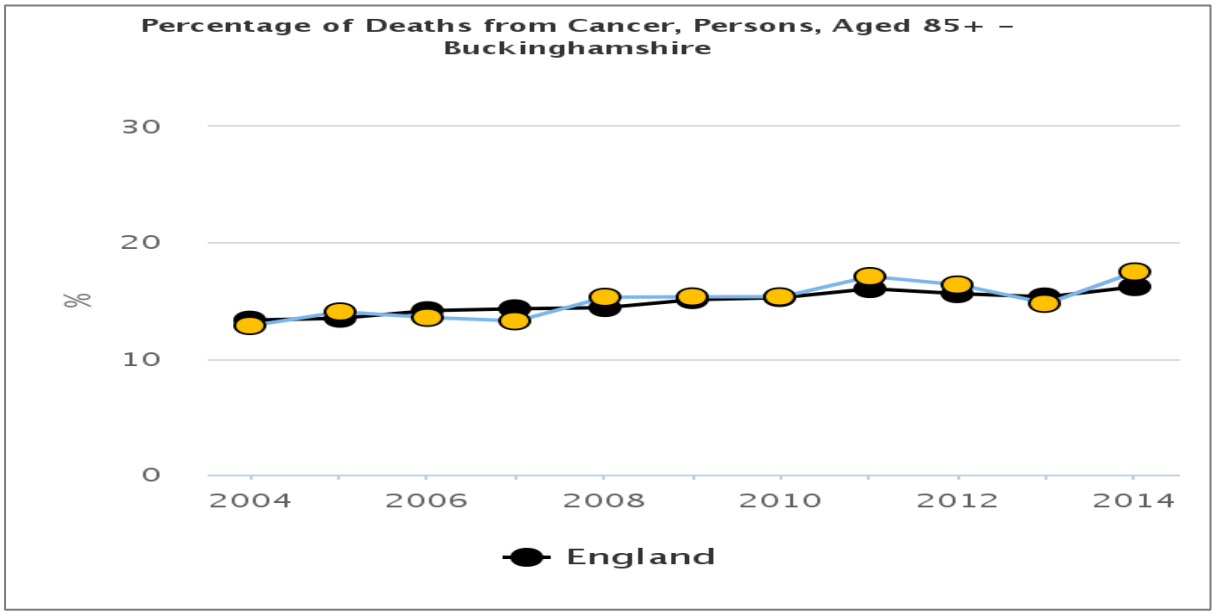


Figure 8, below shows mortality from cancer in people aged 65+. The data shows an upward trend in mortality for this age group.

Figure 8 Percentage of deaths from cancer, persons, aged 65+







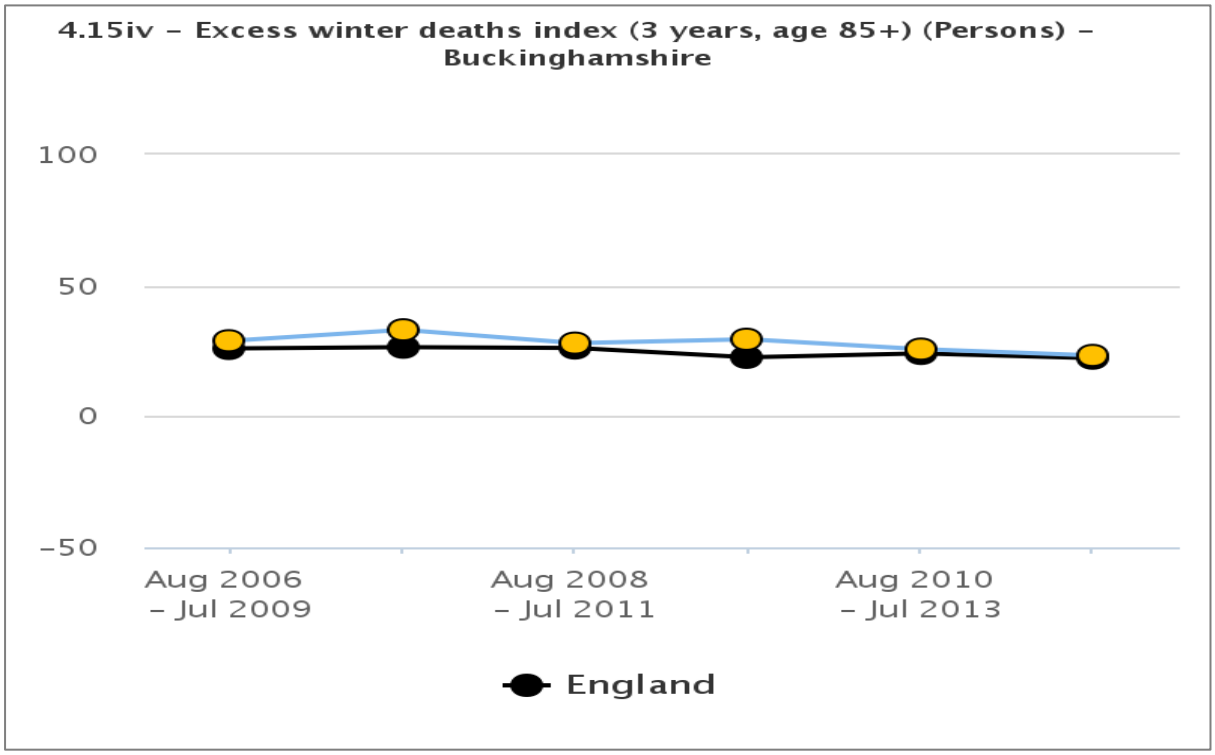
8.1.3.9 Excess winter deaths

The older population experiences the greatest increase in deaths each winter. The number of extra deaths occurring in winter varies depending on temperature, the level of disease in the population, and other factors. Increases in deaths from respiratory and circulatory diseases are responsible for most of the excess winter mortality. Influenza is often implicated in winter deaths as it can cause complications such as bronchitis and pneumonia, especially in older people. Although relatively few deaths are attributed to influenza itself, uptake of flu vaccine is important in reducing morbidity as well as mortality.

The excess winter deaths index is calculated as the percentage more deaths per average month during the winter period (December to March) compared to the summer period (August to November and April to July). Figure 9 below shows excess winter deaths index for people age 85+ in Buckinghamshire.

For more information on excess winter death see section 8.5 of the JSNA.

Figure 9 Excess winter deaths index (3 years, age 85+ persons in Buckinghamshire



8.1.4 Horizon Scanning

The changing demography of the older population will increase demand for health and social care services. The specific areas where the increase in demand will be seen are in people affected by dementia and multiple long term conditions and this will place additional burden on the health and care economy.

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October 2016

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