There are estimated to be 20,122 residents aged 65 and over in Tower Hamlets and this is projected to increase to nearly 29,000 by 2030. The borough, however, has the lowest proportion of over 60s out of the 391 local authorities in the UK. In Tower Hamlets 9% of residents are aged 60 or over, compared with 15% in London and 23% in England. Though there have been improvements in the health of residents over 65, the health of older people in Tower Hamlets is still worse than the London average.

**Who are**

- Often people aged over 65 are classed as older people, but since people can biologically age at different rates, an ‘older person’ may be healthier than someone who is 60.
- Hence, frailty rather than age is a more useful indication of whether someone will require care and support.

**What is being done locally?**

- A strategy for older people in the borough has been developed to enhance the health, wellbeing and quality of life of people growing older in Tower Hamlets.
- To meet this aim the local authority, CCG, community and voluntary sector provide a range of services for older people.

**What is the local picture?**

- Though there have been improvements in life expectancy, mortality rates and healthy life expectancy, older people in Tower Hamlets still die earlier than in other parts of London and spend more of their lives in poor health.
- There are high levels of deprivation, loneliness and social care needs.

**Considerations**

- With the projected increase in the number of older people living in Tower Hamlets, there will be an increase in the need for services for older people.
- Activities should focus on improving the health and wellbeing of older people but also of people who will move into this age group.
Setting the scene: Who are older people?

People aged over 65 are usually classed as older people but frailty is a more useful indication of whether someone will require care and support.

Often people aged over 65 are classed as older people, and historically the state pension age was 65 for men and 60 for women. Though this has increased to reflect increasing life expectancy it does not reflect how people age and the support that they may need. People can biologically age at different rates, so an ‘older person’ may be healthier than someone who is 60. These biological changes can be made worse by personal, social and environmental circumstances. Hence, frailty rather than age is a more useful indication of whether someone will require care and support.[1]

What is frailty?

Frailty means a person is more vulnerable to a sudden deterioration in their physical or mental health after a small health challenging event, for example taking a new medication or constipation. Frailty varies in its severity and can vary over time, getting better or worse.[2] It is a long-term condition and is not an inevitable part of ageing.[3]

Categories of older age and need

We can think of older age as being categorised into three groups with different needs:[4]

- **People entering old age**: Those who are about to retire or are retired, but active and independent and may remain so into late old age. People as young as 50, can be included in this group
- **Transitional phase**: Those who are between healthy and active life and frailty and most commonly comprise those in their 70s and 80s
- **Frail older people**: Those who are vulnerable due to health problems, social care needs, or both. This is often experienced in late old age.
Setting the scene: Older people in the UK – population trends

The UK’s population is growing and the proportion aged 65 or over is projected to increase to one in five by 2027.

- In mid-2017 the population in the UK was estimated to be 66 million, of which 18.2% of the population was aged 65 or over. This is the largest the population has been and it is expected to continue growing to almost 73 million by 2041.[5]
- The proportion of the population aged 65 or over was 15.9% in 2007 and is expected to continue growing to 20.7% in 2027, which will mean one in five people is aged 65 and over.[5]
- The old-age dependency ratio (OADR) will continue to increase. This is the number of people of State Pension age (those aged 65 years and older) per every 1,000 of the working-age population (those aged 16 to 64 years old). It is now 289, up from 244 in 2007, and is projected to increase to 419 in 2041.[5]

- Ethnicity – 8% of the population aged 60+ are from a minority ethnic group compared with 14% of the total population. However, the most recent data for this is from 2011 census data so this age group is likely to have become more diverse as the population ages[6]
- LGBT – There is limited demographic data on the UK’s Lesbian, Gay, Bisexual and Trans (LGBT) population but it is estimated that 2.1% (about 260,000 people) aged 50+ identify as lesbian, gay or bisexual[6]
- Living alone – 3.8 million people aged 65 or over were living alone in 2017, with the majority female (66.5%). One explanation for this is that women are more likely to be widowed due to longer life expectancies and because they tend to be younger than their husbands[6]
- Where older people live – Populations in rural areas tend to have more older people than urban areas.[6]
Setting the scene: Older people in the UK health trends

The UK has seen declining mortality rates and increasing life expectancies over the past century, but as life expectancy has increased so has the time spent in poor health. In recent years, increases in life expectancy have stalled.

Life expectancy trends
Life expectancy has increased over the past century for both men and women, but has plateaued in recent years. In England [7]:

- Life expectancy at birth in 2015-17 for men was 79.6 years (up from 79.5 in 2014-16), and for women was 83.1 years (unchanged)
- Life expectancy at age 65 in 2015-17 for men was 18.8 years, unchanged from 2014-16, and for women it was 21.1 years, also unchanged.

Healthy life expectancy trends
The increases in healthy life expectancy (the amount of a life spent in good health) have not been as great as those seen for life expectancy. Healthy life expectancy at birth in 2015-17 was 63.4 for men and 63.8 for women.[7] Since women have longer life expectancies then men but similar healthy life expectancies, they spend a greater proportion of their life in not good health (23% compared with 20%). These years of poor health can be at any point during a person’s life but are usually at the later stages of life. [See the Annual Public Health Report 2018 for more information]

Why has improvement slowed?
Life expectancy is lower in the UK than in many comparable countries and in recent years life expectancy improvements in the UK have been lower than the EU average. There is no clear reason why but some researchers point to austerity, health system changes and the increased levels of some diseases like obesity and dementia.[8][9][10] The following slides will look at some of the key areas that affect health in older people.
Setting the scene: What affects health in older people

**SENSORY LOSS:** Ageing increases the likelihood of developing a condition which causes loss of vision. Vision loss can limit mobility, increases the risk of falls, affects interpersonal interactions, triggers depression, and becomes a barrier to access information. 1 in 5 people aged 75+ have sight loss, but there is research that 50% of blindness/serious sight loss could be prevented if detected and treated in time. 71% of people over 70 and 75% of people in care homes have hearing loss, affecting wellbeing and social isolation.\[6\]

**DEMENTIA:** Dementia is a term for some types of progressive terminal conditions that affect the brain. Alzheimer's is the most common (62%) type followed by vascular (17%). One in six people over 80 have dementia. 850,000 people are estimated to have dementia in the UK and this is predicted to rise to 2 million in 2051.\[6\]

**MENTAL HEALTH:** 40% of older people in GP clinics are estimated to have mental health problems, rising to 60% in care homes. Depression is the most common mental health condition affecting 22% of older men and 28% of older people. Mental health problems are thought to be under-diagnosed in this age group.\[13\]

**FALLS:** They are a major causes of loss of independence, disability or death in older people. Thirty percent of older people and 50% of people older than 80, suffer a fall at least once a year. Fracture of the hip is a serious outcome of a fall in older people affection quality of life, morbidity, mortality, hospital and social care utilization. Falls may be a complex interaction of risk factors and the risk of falling increases with the number of risk factors. Falls prevention is usually based on assessing multiple risk factors.\[12\]

**LONG-TERM ILLNESS:** These are conditions for which there is no cure, such as COPD and diabetes. As people age they are more likely to have long-term illnesses. 4 million people aged 65+ (40% of this group) are thought to have a long-term illness in the UK.\[6\] As people age, they are also more likely to experience several conditions at the same time. This is called multimorbidity. And can lead to interactions between conditions and treatments.

**ACTIVITIES OF DAILY LIVING (ADLs):** These are activities that relate to personal care and mobility and are necessary for daily living e.g. eating, bathing, dressing, toileting etc. Older people are most likely to need help with are getting up and down stairs, having a bath or shower, dressing and undressing. Instrumental activities of daily living (IADLs) are activities which are important to living independently e.g. cooking and shopping. ADLs and IADLs are useful for measuring functional status and health. The number of people unable to perform one ADL is projected to rise by 116% from 2015 to 2070 (to 7.6 million).\[6\]

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**FRAILTY:** It is a long term condition related to ageing in which the body gradually loses its reserve. Older people living with frailty are at risk of dramatic deterioration in their physical and mental wellbeing after an apparently small health challenging event (e.g. new medication, fall, constipation/urine retention, infection). It occurs more frequently in women than men and 3% of the population aged 65+ in England live with severe frailty, 12% with moderate frailty and 35% with mild frailty.\[6\][11]
Setting the scene: What else affects health in older people

CRIME AND SAFETY: Older people are less likely to be victims of crime but have a disproportionately higher perception of their risk of crime than any other age group. However, they are more likely to be victims of certain types of crime, such as distraction burglary, due to their perceived vulnerability. [16] Older people may also be victims of elder abuse and it is estimated that 2.6% of people aged over 65 have been maltreated by family member, friend or care worker in the UK. This rises to 4.1% for those aged over 85. [15]

EMPLOYMENT: The number and proportion of men and women aged over 65 who are working have risen over the past two decades to about 10% in 2018. Half of people working past the state pension age said it was because they were not ready to stop work. The second most common reason was to pay for essential items, such as bills (15%). Over two thirds of people were working part time and 36% were self-employed, compared with 15% of people below 65. [16]

POVERTY: Retired people have average lower incomes than when they were working but report finding it easier to get by financially than younger people. Those with private pensions have on average £10,000 higher incomes than those without, but there is lower income inequality amongst retired households. [16] However, whilst pensioner poverty rates have been falling 1.9 million (16%) still live in poverty. [6] Those pensioners who are single, non-white ethnicity or in rented accommodation have seen increases in poverty. [17]

CARE RESPONSIBILITIES: Three in five people are anticipated to become carers at some point in their lives. Many older people are carers – 12% of those aged 65 to 74, 9% of those aged 75 to 84, and 8% of those aged 85 and over. Women are more likely to provide care up to age 85, and after 85 men are more likely to provide care. More than half of carers aged 65+ care for someone they live with. Unpaid caring can have a negative impact on the carer’s health, leading in to increased healthcare costs, and 65% of older carers have long-term health problems or disabilities. [16] [6]

HOUSING: 6.5 million households (approximately one third) are headed by someone aged over 65 and this is expected to increase to 10 million by 2041. 78% of these households are in privately owned homes. Around a fifth of households aged 65+ (1.2 million homes) live in poor quality housing. Poor quality, un-adapted and poorly heated homes can lead to reduced mobility, depression, chronic and acute illness, falls, social isolation and loneliness. [6] As of June 2018 there has been a rise of over 40% in the last five years in homelessness in the over 60s to 2,520. [18]

CONNECTION AND LONELINESS: 3.8 million people aged 65 or over live alone, and two thirds of these are female. [19] 24% of people aged 50+ feel lonely some of the time. [6] Three out of four GPs say they see one to five people each day mainly for loneliness. [6] Persistent loneliness can have significant negative impacts on wellbeing and quality of life. Older people who are lonely or social isolated are at greater risk of mental health problems, dementia and premature death. [20] [6]
Setting the scene: Lifestyle factors for older people

SMOKING: Smoking is the leading cause of preventable death and disease in the UK. It exacerbates existing health problems and causes many long-term conditions. Smokers die on average 10 years earlier than non-smokers and approximately 50% die prematurely. It also worsens health status with smokers being more likely to report having very bad health. In the over 65s, 8% are currently smokers and 41% are ex-smokers.

Diet: Only 31% of people aged 65+ eat 5 or more portions of fruit and vegetables a day, with 4 being the average number eaten. Older people are disproportionately represented in the malnourished, with 43% (1.3 million people) being in the 65+. Malnourishment occurs when someone’s diet does not include the correct amounts of nutrients, and people can become malnourished from not eating for 2-3 days. It increases vulnerability to illness and can lead to death. 93% of cases of malnourishment in the 65+ occur in the community.

Smoking in England costs the NHS approximately £2.5 billion per year. Many smokers and ex-smokers need extra support because of smoking related illnesses, costing £1.4 billion a year. £760 million of this cost is paid for by local authorities.

Exercise: Older adults should do 150 minutes a week of moderate intensity exercise. 10% of men and women aged 50+ do one exercise activity at least once a week. This reduces to 9% of men and 4% of women over 80. Physical activity is a key factor in enhancing overall health related quality of life for older people. Inactivity has strong links to serious illness and reduced healthy life expectancy.

Alcohol: Adults should consume no more than 14 units/week but due to physical changes the safe limit for older adults is likely to be less. 1 in 5 older men and 1 in 10 older women drink enough alcohol to harm themselves, and 1 in 3 adults over 65 with an alcohol problem developed this in later life. Reported reasons include retirement, bereavement, loss of purpose, lack of socialising opportunities and changes in financial circumstances. Alcohol increases the risks of falls and can accelerate the onset of issues linked to old age, such as cognitive impairment and hypertension.

Drugs: Older people with substance misuse problems may be those with a long history of substance use which persists into later life, or they may start later in life as a consequence of stressful life events or changes. Nearly half of people receiving treatment of opiate use are aged 40 or older. Mortality rates for substance misuse are higher for older people.

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Setting the scene: Pensions and benefits

Men and women aged 65 and over are eligible for the state pension and a range of other benefits. However, there is evidence that people do not claim all the benefits that they are entitled to.

The age that people can collect a state pension is now 65 years for both men and women, and further increases in the state pension age are planned. The new full state pension is £168.60 a week (August 2019) and how much people receive depends on their National Insurance record. 35 years of national insurance contributions will result in the full amount and at least 10 years is needed to claim any of the state pension. The basic state pension is £129.20. Many people (67%) will also receive a private pension from their previous employment.

Benefits
Older people may be entitled to the following benefits:
• TV licence concession – free TV licence for those aged 75 and over on pension credit
• Bereavement support payment – welfare benefit if a husband, wife or civil partner has died
• Attendance allowance – for those who need help with personal care or supervision due to illness or disability
• Pension credit – for people over the state pension age struggling to make ends meet
• Carer’s allowance – for those people providing care
• Council tax reduction
• Disability Living Allowance (changing to Personal Independence Payment)
• Housing benefit – if struggling to pay rent
• Winter fuel payment – to help with heating costs
• Free prescriptions for the over 60s
• Cold Weather Payment – extra money for those receiving certain other benefits
• Transport concessions

Poverty and unclaimed benefits
Nearly 2 million pensioners live in poverty, with an income 60% below the median household income. 1.1 million pensioners are estimated to live in severe poverty with an income of less than 50% of the median household income.

It is estimated that 22% of single pensioners have no other income that the state pension and benefits.

However, there are unclaimed benefits by eligible pensioners:
• Approximately £3 billion of pension credit was unclaimed in 2016/17
  • 40% of eligible families (1.2 million families) did not claim it
  • The mean weekly amount of unclaimed credit was £49
• Approximately £750 million of pension age housing benefit was unclaimed in 2016/17
  • 16% of eligible pensioners did not claim it

Adapted from Later Life UK Factsheet, Age UK 2019
Policy context: current guidelines

There are many international, national and local policy documents, strategies and reports covering ageing well and older people.

**International**

Recognising that populations around the world are rapidly ageing which will require health systems that meet the needs of older people, the WHO published a *Global Strategy and Action plan on Ageing and Health 2016-2020 (2017)*.[23] This sets out a framework to achieve the vision that everyone can live long and healthy lives. This is supported by the *WHO Guidelines on Integrated Care for Older People (2017)*,[24] which provides evidence-based recommendations to prevent, slow or reverse the decline in the physical or mental capabilities of older people. The WHO’s *World Report on Ageing and Health (2015)*[25] describes a framework for action to foster Healthy Ageing built around the concept of functional ability. The *Madrid International Plan of Action on Ageing*[26] published by the UN in 2002 is now quite dated but marked a turning point in how the world should address the key challenge of “building a society for all ages.”

**National**

NHS England published the *NHS Long Term Plan in 2019*[27] and one of its priority areas was to help people age well with a focus on integration and personalised care for older people. The builds on the *NHS Five Year Forward View*[28] published in 2014 which recognised that the NHS needed to adapt to the needs of a population living longer, to help frail and older people stay healthy and independent, and to avoid hospital stays where possible. It called for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. NHS England published a range of resources to support this and help improve the care of older people.[29] The *Health and Social Care Act*[30] published by the Department of Health in 2012 brought in wide ranging reforms and introduced the first legal duties about health inequalities. The *Care Act*[31] from the Department of Health in 2014 sets out in one place local authorities’ duties in relation to assessing people’s needs and their eligibility for publicly funded care and support.

Local policies and strategies are included in the local actions section.
## Policy context: current guidelines

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<tr>
<td>Global Strategy and Action plan on ageing and Health (WHO, 2017)</td>
<td>Establishes a framework to help member states achieve the vision that everyone can live long and healthy lives. The strategy (2016-2020) has two goals: five years of evidence-based action to maximize functional ability that reaches every person; and by 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030. This is supported by five strategic objectives: commitment to action on Healthy Ageing in every country; developing age-friendly environments; aligning health systems to the needs of older populations; developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and improving measurement, monitoring and research on Healthy Ageing.</td>
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<td>WHO Guidelines on Integrated Care for Older People (ICOPE) (WHO, 2017)</td>
<td>Proposes evidence-based recommendations for health care professionals to prevent, slow or reverse declines in the physical and mental capacities of older people. These recommendations require countries to place the needs and preferences of older adults at the centre and to coordinate care.</td>
</tr>
<tr>
<td>World report on ageing and health (WHO, 2015)</td>
<td>Outlines a framework for action to foster healthy ageing built around the concept of functional ability. Making these investments will have valuable social and economic returns, both in terms of health and wellbeing of older people and in enabling their on-going participation in society.</td>
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<td>Madrid International Plan of Action on Ageing (UN, 2002)</td>
<td>Now quite dated, the UN describes this report as marking a turning point in how the world addresses the key challenge of “building a society for all ages.” It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It is a resource for policymaking, suggesting ways for governments, non-governmental organizations, and other actors to reorient the ways in which their societies perceive, interact with and care for their older citizens.</td>
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### Policy context: current guidelines

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<td>NHS Long Term Plan (NHSE, 2019)</td>
<td>One of the priority areas in the new Long Term Plan is helping people to age well with a focus on integration and personalised care for older people. A national working group has been formed to develop this further.</td>
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<tr>
<td>Older people (NHS England, online resources)</td>
<td>A selection of resources and guidance on Improving care for older people, Ageing well and supporting people living with frailty, Healthy ageing and caring, Working together to improve public health and wellbeing.</td>
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<tr>
<td>The Care Act 2014 (DOH, 2014)</td>
<td>Sets out in one place, local authorities’ duties in relation to assessing people’s needs and their eligibility for publicly funded care and support</td>
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| The Care Act (DOH, 2014) continued | Under the Care Act 2014, local authorities must:  
  • carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care  
  • focus the assessment on the person’s needs and how they impact on their wellbeing, and the outcomes they want to achieve  
  • involve the person in the assessment and, where appropriate, their carer or someone else they nominate  
  • provide access to an independent advocate to support the person’s involvement in the assessment if required  
  • consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)  
| The Health and Social Care Act (DOH, 2012) | Brought in the most wide ranging reforms since it was founded in 1948 including CCGs, Health and Wellbeing Boards, the move of public health from primary care trusts to local authorities, economic regulation and providers. It introduced the first legal duties about health inequalities and legislated for a greater voice for patients through new Healthwatch organisations locally and nationally. |
| The National Service Framework for Older People 2001 (DOH, 2001) | Now very dated, it set quality standards for older people to help older people to stay as healthy, active and independent as possible for as long as possible. Its aims were to:  
  • ensure that older people are treated with respect  
  • prevent unnecessary hospital admission, and support early discharge  
  • reduce long term illness by providing specialist care  
  • promote healthy lifestyles and independence for those in older age |
What works: effective interventions

Healthy ageing is the process of developing and maintaining the functional ability that enables well-being in older age. Actions to promote healthy ageing go beyond the elimination of disease to the promotion of health throughout the life-course and support for continued functioning into old age. The WHO states that there are five key areas of functional ability that are essential for older people, and these are that they should be able to:

1) Meet their basic needs
2) Learn, grow and make decisions
3) Be mobile
4) Build and maintain relationships and
5) Contribute

A comprehensive public health approach to population ageing must:

- Maximise the number of people who experience a positive trajectory of ageing and help to break the barriers that limit their ongoing participation and contribution to society.
- Address the needs of those whose capacity declines at much younger age.
- Address the needs of the frailest.

Any interventions should be evidence based and promote and improve health and wellbeing in older people.

National guidelines

NICE produces a range of guidelines and quality standards relevant to older people, all of which are evidence based. All of these can be found at the link below – any new information is also added at this link:

https://www.nice.org.uk/guidance/population-groups/older-people
What works: effective interventions

National guidelines (continued)
NICE guidance found at this link https://www.nice.org.uk/guidance/population-groups/older-people includes:
• Dementia
• Older people with learning disabilities
• Home care and social care
• Falls
• Multi-morbidity
• Mental wellbeing
• Information relevant to frailty
• Delirium and transient loss of consciousness
• Medicines optimisation
• Excess winter deaths and health risks associated with cold homes

There is also guidance on specific medical conditions which may also be relevant to older people such as hypertension, diabetes, cardiovascular disease (CVD), stroke, atrial fibrillation, chronic obstructive pulmonary disease (COPD), peripheral arterial disease, heart failure, and incontinence.

A number of other organisations have also produced guidance relevant to older people:
• The British Geriatric Society: frailty, comprehensive geriatric assessment toolkit
• The Royal College of Physicians: delirium
• The Royal College of Psychiatrists: delirium
• NHS Right Care: falls and fragility pathway
What works: effective interventions

Spotlight on: Dementia, NICE guideline

This guideline covers diagnosing and managing dementia (including Alzheimer’s disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia. The recommendations cover:

- Involving people living with dementia in decisions about their care
- Diagnosis
- Care coordination
- Interventions to promote cognition, independence and wellbeing
- Pharmacological interventions for dementia
- Medicines that may cause cognitive impairment
- Managing non-cognitive symptoms
- Assessing and managing other long-term conditions in people living with dementia
- Risks during hospital admission
- Palliative care
- Supporting carers
- Moving to different care settings
- Staff training and education

For care coordination it recommends that people with dementia should have a single named health or social care professional who is responsible for coordinating their care. It recommends what this professional should do, such as developing a care and support plan which should be reviewed and agreed with the person, their family members or carers and relevant professionals. It also makes recommendations about transferring information between services and about making services accessible.
What works: effective interventions

Spotlight on: Home Care for Older People, Quality Standard 123, NICE

This quality standard covers care and support for older people living in their own homes (known as home care or domiciliary care). It covers people aged over 65 using home care services, and may also cover some people under 65 with complex needs. It describes high-quality care in priority areas for improvement. This quality standard is supported by the following organisations: Royal College of General Practitioners, Royal College of Occupational Therapists, and United Kingdom Homecare Association.

There are six quality statements:

- **Statement 1.** Older people using home care services have a home care plan that identifies how their personal priorities and outcomes will be met.
- **Statement 2.** Older people using home care services have a home care plan that identifies how their home care provider will respond to missed or late visits.
- **Statement 3.** Older people using home care services receive care from a consistent team of home care workers who are familiar with their needs.
- **Statement 4.** Older people using home care services have visits of at least 30 minutes except when short visits for specific tasks or checks have been agreed as part of a wider package of support.
- **Statement 5.** Older people using home care services have a review of the outcomes of their home care plan within 6 weeks of starting to use the service and then at least annually.
- **Statement 6.** Home care providers have practice-based supervision discussions with home care workers at least every 3 months.

For each of these statements they describe how it should be measured and what the expected outcomes is. They also explain what it means for services providers, social care providers, commissioners and older people using the services. For example focusing on statement, Social care practitioners (such as home care managers, support workers and social workers) should develop a home care plan that identifies how personal priorities and outcomes will be met for older people using home care services. This will include identifying and agreeing how any needs arising from physical problems, mental health conditions or sensory loss will be met.
What works: effective interventions

Spotlight on: Comprehensive Geriatric Assessment Toolkit for Primary Care Practitioners, British Geriatrics Society

The Comprehensive Geriatric Assessment (CGA) toolkit for General Practitioners and medical and healthcare professionals working in primary care settings explains what a CGA is, in what circumstances to use it and how it is done together with planning and involvement of social services. In addition, the series includes guides on specific medical issues that older patients may present with.

This toolkit will support the aims of the NHS Long Term Plan to help older people living with frailty stay healthy and independent for as long as possible.

It provides information on the elements of a CGA and how to integrate it with personalised care planning, and how it applies to specific situations and clinical presentations:

- Patients presenting with mobility and balance issues
- Bone health
- Patients at risk of falls and fractures
- Patients presenting with depression
- Patients presenting with confusion and delirium
- Mental capacity issues
- Patients presenting with urinary incontinence
- Weight loss and nutrition issues
- End of life care issues
The local picture: Tower Hamlets context

Tower Hamlets is a densely populated inner city borough. It has an ethnically diverse young population and there are high levels of deprivation in the borough.

- Tower Hamlets is an inner city borough in North East London
- In 2019 Tower Hamlets was estimated to have a population of over 323,000 people. It is the fastest growing local authority in the UK, with the population nearly doubling in the last 30 years and population growth being particularly fast in the last decade. The population is estimated to grow to almost 400,000 by 2041[32]
- There are high levels of population turnover in the borough and Tower Hamlets is ranked 11th highest nationally. The fast population growth has also led to increasing population density and Tower Hamlets is ranked the 2nd most densely populated local authority in the country[33]
- Tower Hamlets has a young population – the median age in 2017 was 31, the 4th youngest of all local authorities in the UK, and 4.1 years younger than the median age of 35.1 in London[33]
- There are approximately 12,900 more male residents than female and the borough has the 5th highest proportion of male residents in the country[33]
- It is ethnically diverse and is the 16th most ethnically diverse borough in the country, with more than two thirds of the population belonging to an ethnic minority. The largest minority ethnic group are the ethnic Bangladeshi population at 32% (according to 2011 census)
- Tower Hamlets has the highest proportion of Muslim residents in the country[33]
- There are high levels of deprivation, with the borough ranked the 10th most deprived in the country. It has the highest levels of child and pensioner poverty in the country. Deprivation varies across the borough, with the most deprived areas mainly in the East of the borough.[34]
- Although information sources are not comprehensive there is good evidence that Tower Hamlets has the 3rd highest population of gay/ bisexual men in the country. There are not reliable data sources for the number of lesbian/ bisexual women or trans people. The forthcoming census will provide a more comprehensive picture of the sexual and gender identity of the local population.
The local picture: Tower Hamlets population

Tower Hamlets has the lowest proportion of over 60s in the UK but this is projected to increase and nearly two thirds of over 65s are white.

There are estimated to be 20,122 residents aged 65 and over in Tower Hamlets in 2019 and this is projected to rise to 28,923 by 2030.[32] The borough, however, has the lowest proportion of over 60s out of the 391 local authorities in the UK. In Tower Hamlets 6.3% of residents are aged 65 or over, compared with 11.9% in London and 18.2% in England.[7] It may be that residents move out of the borough when they get older but it is unclear if older people also move into the borough.

Where do older people live in Tower Hamlets?
There is variation across the borough as to where older people live. The ward with the highest concentration of people aged over 65 and above is Bow West with 7.7% and the area with the lowest concentration is Millwall with only 3.7%.[35]

Ethnicity and gender
57% of the over 65s population in Tower Hamlets is white and the next largest ethnic group is British Bangladeshi at 21%, which is a very different ethnic composition to the younger age groups in the borough.[33]

Of people aged over 65 and over in Tower Hamlets, 54.1% are women, which is less than London at 55.1%.[32]
The local picture: Life and health expectancies

Despite improvements in life expectancy, life expectancy in Tower Hamlets is amongst the worst in London, and residents spend more of their lives in poor health.

Life expectancy

Life expectancies at birth have improved for both men and women in Tower Hamlets (79 years for men and 82.9 years for women in 2015-17) but are still lower than for London and England. Life expectancy at aged 65 has also improved but are still some of the lowest in London. In 2015-17 it was 18.2 years men (2nd lowest in London) and 20.9 years for women (3rd lowest in London).[7]

Healthy life expectancy

The healthy life expectancy, how much of a person’s life is lived in good health, is usually much lower in Tower Hamlets. This is also true for healthy life expectancy at age 65 (data 2014-16).[7]

However, the most recent data for 2014-16 shows a big improvement in healthy life expectancy for men at birth and at age 65. We should be cautious in interpreting this as an improvement for men from as the calculation of healthy life expectancy in a single year can be influenced by lots of factors. If this trend is sustained in subsequent years, then it will provide further confidence that there has been sustained improvement.
The local picture: Mortality rates

Improvements in death rates have been seen in the over 65s from cardiovascular disease, cancer and respiratory disease, but are still amongst the worst in London. Tower Hamlets has amongst the worst excess winter death rate in the over 85s.

Historically, Tower Hamlets has had a lot of early deaths (deaths in the under 75s) from the major killers: cancer, cardiovascular disease and respiratory disease. However there have been improvements in recent years and Tower Hamlets is no longer in the bottom quartile nationally for early deaths from cancer and respiratory disease. For the other 65s, similar improvements have also been seen (data 2015-17 per 100,000):[7]

- **Cardiovascular disease:** Tower hamlets 1193.9, London 1079.8, England 1121.0
  - Down from 2,169.6 in 2001-03
  - Tower Hamlets still has the 4th highest rate in London

- **Cancer:** Tower Hamlets 1,158.6, London 1011.3, England 1105.7
  - Down from 1,669 in 2001-03
  - Tower Hamlets has the 2nd highest rate in London

- **Respiratory disease:** Tower Hamlets 678.1, London 580.3, England 637.7
  - Down from 1,020 in 2001-03
  - Tower Hamlets has the 4th highest rate in London

Looking across all of England, Tower Hamlets is no longer in the bottom quartile for deaths from these diseases in the over 65s. The mortality rates for 65-74 years in Tower Hamlets in 2017 was 1,714 per 100,000, which is higher than England (1495) and London (1412) but has improved from 2,788 per 100,000 in 2008. **Tower Hamlets has the 4th highest excess winter death rate in London** for August 2014 – July 2017 in the 85+.[7]
The local picture: Long-term conditions

Prevalence of long-term conditions increases with age but as the older people’s population is small in Tower Hamlets, actual numbers of people with conditions in this age group may be smaller than in other age groups. However, older people in the borough have amongst the worst health related quality of life in London.

The prevalence of many long-term conditions (LTCs) increases with age. However, since Tower Hamlets has the lowest proportion of older residents in the UK, many conditions have higher numbers of younger people with these conditions.

If we look at cancer in more detail, we can see that prevalence increases with age. Just over 16% of men and nearly 14% of women aged 85+ have cancer in Tower Hamlets. MacMillan estimates that by 2040 23% of older people in the UK will have had a cancer diagnosis, which will be almost double the proportion in 2010.[36]

How unwell are people with long-term conditions in Tower Hamlets?

Older people in the borough have the 2nd worse health related quality of life (0.664) in London, which has a score of 0.728. The health related quality of life is the average health status score for adults over 65 and considers the following domains: mobility, self-care, usual activities, pain/discomfort, anxiety/depression.[7]
The local picture: Dementia and mental health

Older people in Tower Hamlets have low levels of health related quality of life and have high levels of loneliness, common mental health problems and dementia.

- Older residents in the borough have the 2nd lowest health related quality of life score in London, which considers anxiety and depression in its calculation[7]
- A model by Age UK, which estimates loneliness, ranks Tower Hamlets as having the highest levels of loneliness in London and England. Age UK have also produced a heat map showing the significant variation in the risk of loneliness in different LSOAs of Tower Hamlets. This is particularly important as older people who are lonely are at greater risk of mental health problems and dementia[37]
- Tower Hamlets has a higher percentage of people living alone aged over 65 than in London and England and only 45% of social care users aged over 65 feel that they have as much social contact as they would like[7]
- In 2017 the estimated prevalence of common mental health conditions in the 65+ was 14.6%, the second highest in London, which had a prevalence of 11.3%[7]
- But the suicide rate in the borough is the 8th lowest in London (all ages). The crude rate for suicide in people over 65+ was 9.9/100,000 (2013-17) which was lower than the London rate of 14/100,000[7]
- Now considering dementia in the borough:[7]
  - The recorded prevalence of dementia in the 65+ in Tower Hamlets is 4.93%, the 7th highest in London. This is higher than the London prevalence of 4.5% and the England prevalence of 4.33%
  - The estimated diagnosis rate for those aged 65 and over with dementia was 83.8%, the fourth highest in London
  - In 2017-18, Tower Hamlets had a rate of 5,030/100,000 of people aged 65 and over who were an emergency inpatient hospital admission with dementia. This was the 9th highest in London and was higher than the London rate of 4356/100,000 and the England rate of 3609/100,000.
The local picture: Falls and sensory loss

The number of older people who have a fall is projected to increase, as is the number of older people with vision or hearing loss. Falls, vision loss and hearing impairment can all have a serious impact on people’s quality of life and independence.

Falls
There were estimated to be 4,851 falls in people aged 65 and over in Tower Hamlets in 2017, and 375 people were admitted to hospital as a result of their fall. This is estimated to rise to 7,367 falls in 2030, with 553 admitted to hospital.[38] In 2017 the emergency admission standardised rate to hospital following a fall was 1,896/100,000, which was the 7th lowest in London. Fractures, especially hip fractures, are a serious outcome in older people, especially women due to osteoporosis. Hip fractures have a devastating impact on quality of life and are comparable in terms of health impact to a heart attack. In the year following a hip fracture death rates increase by 33%. The rate of hip fractures in people aged 65 and over in Tower Hamlets for 2017-18 was 532/100,000, which was 12th highest in London and higher than the London average rate of 512/100,000.[7]

Visual loss
Tower Hamlets had a higher age standardised rate of 917/100,000 people aged 65-74 who are registered as blind or partially sighted compared with 777/100,000 in London and 555/100,000 in England in 2016/17.[7]

Tower Hamlets has an age standardised rate of 120.6/100,000 for age related macular degeneration in 2017/18, which is classed as preventable sight loss. The average London rate is 85.7/100,000 and the England average is 106.7/100,000. This rate is the 4th highest in London.[7]

Hearing impairment
There are estimated to be 10,898 people 65 and over in Tower Hamlets in 2017 with some hearing loss, and a further 1,401 people with severe hearing loss. This figure is projected to increase to 16,758 for some hearing loss and to 2,033 for severe hearing loss by 2030.[38]
The local picture: Independence and care

Older residents in Tower Hamlets require high levels of social care support and this is projected to increase.

Activities of daily living
- In 2017 there were estimated to be 6,007 people in Tower Hamlets aged 65 and over, who were unable to manage at least one self-care activity. This is projected to rise to 8,973 in 2030.[38] It was also estimated that 7,346 residents aged 65 and over were unable to manage at least one domestic task on their own. This is projected to rise to 10,917 in 2030.[38]
- Projecting Older People Population Information (POPPI) estimates that 6,992 people in Tower Hamlets aged 65 and over in 2017 had a limiting long-term illness which limited their day-to-day activities a lot. They estimated that this would rise to 10,644 in 2030.[38]
- Urinary incontinence is one of the commonest impairments in older age and a strong predictor of care needs. The prevalence increases with age and is higher in women, and it has a major negative impact on quality of life. In 2017, there were estimated to be 2,982 people aged 65 and over who had bladder problems at least once a week. This is projected to rise to 4,554 by 2030.[38]

Social care
- Tower Hamlets has the 8th highest rate in London at 493/100,000 in 2017-18 of permanent admissions to residential or nursing homes. The London rate was 406/100,000. Data from 2013-14 showed that the borough also has the 2nd highest rate in London of people aged 65 and over who are supported throughout the year at 16,767/100,000. The London wide rate was 10,976/100,000, but unfortunately there is no more recent data.[7]
- The proportion of people using social care who receive self-directed support and those receiving direct payments is the lowest in London at 76.6% in 2017/18. The London average was 94.8% and the England wide average was 91.4%. Research has indicated that personal budgets improve well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have also shown that direct payments increase satisfaction with services and are the purest form of personalisation.[7]

Hospital attendances
- The proportion of people aged 65 and over who were offered reablement services following discharge from hospital in 2017-18 was the 15th lowest in London at 3.8%, higher than the England average of 2.9% and the same as the London average of 3.8%. [7]
- The proportion of people aged 65 and over who were still at home 91 days after discharge from hospital in 2017-18 is the 5th lowest in London at 77.3% compared with a London wide proportion of 87.2% and an England wide proportion of 82.9%[7]
The local picture: End of life care

Deaths in usual place of residence is lower than the London and England rates.

In Tower Hamlets deaths in usual place of residence is amongst the lowest in London for older people. Deaths in hospital are higher than the London averages and deaths at home are generally lower than the London average. It is unclear why this is so, and it may point to cultural factors or a lack of advance planning.

Deaths in hospital (2017)
• 65-74 years: 64.7% (2nd highest in London); London average is 53.7%
• 75-84 years: 55.9% (14th highest in London); London average 55.7%
• 85+ years: 54.8% (10th highest in London); London average 51%

Deaths at home (2017)
• 65-74 years: 21.4% (lowest in London); London average is 27.5%
• 75-84 years: 24.8% (9th highest in London); London average 23.6%
• 85+ years: 17.4% (12th lowest in London); London average 18.8%

Deaths in usual place of residence (2017)
• 65-74 years: 27.4% (2nd lowest in London); London average is 34.8%
• 75-84 years: 30.1% (2nd lowest in London); London average 37%
• 85+ years: 35.4% (2nd lowest in London); London average 45.5%
The local picture: Prevention of ill health

The higher rates of immunisations in older people in Tower Hamlets than the London average should be maintained but there is room for improvement in the uptake of screening programmes in the borough

Immunisations

- Tower Hamlets had the 2\textsuperscript{nd} highest rate of the PPV vaccine in 65 years and over in London in 2017-18 at 71.5%. The London wide rate was 64.4% and the England wide rate was 69.5%\cite{7}
- It had the highest rate of the flu vaccination in 65 years and over in London in 2017-18 at 72.9%. The London wide rate was 66.9% and the England wide uptake was 72.6%.\cite{7}

Screening

- Tower Hamlets has the 4\textsuperscript{th} highest uptake in London of NHS health checks for ages 40-74 from 2013/14 to 2017/18 at 76.4%, compared with a London wide uptake of 49.3% and an England uptake of 44.3%\cite{7}
- For breast cancer screening for women aged 53-70, Tower Hamlets had the 16\textsuperscript{th} lowest uptake proportion in London at 68.7%. This was lower than the London wide uptake at 69.4% and the England uptake at 75.4%\cite{7}
- The same situation of lower than average uptake of screening is also true for bowel cancer screening, which was 43% for people aged 60-74 in 2017 and the 4\textsuperscript{th} lowest in London. This was lower than the London wide uptake of 49.6% and the England wide uptake of 58.8%\cite{7}
- However, the uptake of screening for abdominal aortic aneurysm in 2016/17 is better with the 12\textsuperscript{th} highest uptake in London at 77.9%. This is higher than the London uptake of 76% and lower than the England wide uptake of 80.9%.\cite{7}
POVERTY: Tower Hamlets has the highest rates of pensioner poverty in England, with approximately 50% of residents aged over 60 (12,500 people) living below the poverty line. The national rate is 16%. In 2016 it was estimated that 9.2% of Tower Hamlet households (all ages) were fuel poor (facing higher than average energy costs) compared with 10% in London. [34] 84.6% of residents aged 65+ received winter fuel payments in 2017/18, which was lower than the London average of 93.6% and England average of 96.5%. [7]

CRIME AND SAFETY: Crime was the top concern for people in the borough in the Annual Residents survey 2018 – 41% rated it in one of their top 3 concerns. [39] The borough ranks the 12th highest nationally on the Crime Deprivation Indicator, which looks at violence, theft, burglary and criminal damage in an area with a score of 0.76 compared to a score of 0.01 for England. [7] Seven wards in the borough are in the bottom 30% for most vulnerable areas for community safety. [40]

CARING RESPONSIBILITIES: Tower Hamlets specific data is difficult to find but national data shows that many older people are caring for a partner. 2011 data estimated that 1.93% of the borough’s population were unpaid carers, compared with 1.83% London wide. [7] In 2016/17 the carer reported quality of life score for people caring for someone with dementia was 6.9, which was lower than the London wide score of 7.4. [7]

EMPLOYMENT: The borough’s employment rate was 68% in 2014-17, the national rate is 74%. The employment rate for older workers in Tower Hamlets is relatively low: 58% of borough residents aged 50-64 were in work compared with 69% across London. This group has a relatively high level of out of work benefits: 25% of those aged 55-64 were in receipt of out-of-work benefits compared with just 14% across London. The employment rate in Tower Hamlets is also lower for those aged 65 and over: around 8% of these residents are still in work compared with 13% in London. [41]

HOUSING: Social renting at 40% is higher in Tower Hamlets than nationally at 18%. Rates of private renting are also higher at 33% compared with 17% nationally. [42] There is also a recognition that there is insufficient housing to meet the needs of pensioners. In 2011 it was estimated that less than a third of older people owned their own homes compared to approximately two thirds in London. [38]

CONNECTION AND LONELINESS: A model by Age UK, which estimates loneliness, ranks Tower Hamlets as having the highest levels of loneliness in London and England. Age UK have also produced a heat map showing the significant variation in the risk of loneliness in different LSOAs of Tower Hamlets. [37] This is particularly important as older people who are lonely are at greater risk of mental health problems and dementia. Tower Hamlets has a higher percentage of people living alone aged over 65 than in London and England and only 45% of social care users aged over 65 feel that they have as much social contact as they would like. [7]
### The local picture: Lifestyle factors in Tower Hamlets

**DIET:** 51.4% of adults are estimated to eat the recommended ‘five a day’ on a usual day which is less than the London wide proportion of 54.1%. Tower Hamlets has one of the highest rates for density of fast food outlets. The crude rate for density of fast food outlets is 124.6/100,000 compared to the London rate of 1010.4/100,000. [7]

**SMOKING:** According to the Annual Population Survey 20.3% of adults smoked in Tower Hamlets, which was the second highest prevalence in London and higher than the England prevalence of 14.4%. For those with a serious mental illness it was estimated to be 43.2% in 2014/15. [7] Data from Tower Hamlets CCG indicates that 5% of smokers in the borough are aged 65+ and that 15% of patients aged 65+ smoke. [36]

**PHYSICAL EXERCISE:** Utilisation of outdoor space for health/exercise reasons was estimated to be 15.7% in Tower Hamlets compared with 18% London wide. 68.1% of adults were estimated to walk at least five times a week in the borough compared with 57.4% London wide. [7]

**ALCOHOL:** The estimated proportion of Tower Hamlets residents (aged 18+) who reported to never drink alcohol (48%) was twice the proportion in London (24.3%) and more than three times the England percentage (15.5%). 20.4% of population drink over 14 units a week which is similar to London and England and 32% drink less than 14 units a week. [7]

**DRUGS:** The estimated prevalence of opiate and crack users in Tower Hamlets in 2016-17 was 14.4 per 1,000 population which is higher than in London (9.3) and England (8.9). Overall, Tower Hamlets had the highest opiate or crack users in London. The estimated number of users was 3244 (all ages). In 2018-19, 1.5% of people receiving treatment for substance misuse (alcohol and drugs) were 65 years or older. [7,43]

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Local actions: what is being done to address the issue?

STRATEGIES RELEVANT TO OLDER PEOPLE IN TOWER HAMLETS

- There are a range of services for older people from the local authority, healthcare providers and voluntary organisations. The delivery of many of these services help achieve the aims of strategies relevant to older people in the borough.

- **Tower Hamlets Strategic Plan 2019-22**
  - This is a rolling three plan which is updated annually to reflect the council’s priorities. Some of the activities that will directly affect older people are integrating health and care so that people get a better joined-up experience of both systems, doing more to empower social care users, helping people to have control over the care they receive by promoting direct payments.
    - Measure by: people who are independent after being supported by reablement, delayed discharges from hospital due to council social care services, proportion of social care users who are receiving a direct payment.
  - Improving cleanliness, work with housing associations and other partners to provide more affordable housing, activities to reduce crime, ASB, abuse and community tensions.
  - Working across boundaries – number of people who do not return to hospital after being supported by reablement services.

- **Health and Wellbeing board strategy 2017-20**
  - The Health and Wellbeing board brings together councillors, community leaders, GPs, public health, social care, housing providers, Healthwatch and the community voluntary sector in one forum. Its strategic priorities are to benefit residents in the borough and the priority of developing an Integrated System to help join up services so they are easier to understand and access.
    - New community model with GPs, local hospitals, social care and mental health providers working together.
    - Integrated personalised commissioning pilot.
    - Social prescribing.
    - Single point of access on information on health living, health and care services.
Local actions: what is being done to address the issue?

STRATEGIES RELEVANT TO OLDER PEOPLE IN TOWER HAMLETS

• **Ageing Well in Tower Hamlets 2017 – 2020**
  – This is the first ‘Ageing Well’ strategy in Tower Hamlets and complements the Health and Wellbeing strategy. Its aim is to enhance the health, wellbeing and quality of life of people growing older in Tower Hamlets. It has identified 10 key themes to help realise this aim, which have been co-produced with older people:
    • Ensuring that people with longer term health and social care needs experience care and support that is truly personalised to their individual circumstances, strengths and needs, and that optimises their independence.
    • Keeping people informed in accessible ways.
    • Ensuring that the right housing and accommodation options are available to people as they age.
    • Optimising independence and wellbeing: employment, welfare benefit take-up and reducing poverty.
    • Optimising independence and wellbeing: Supporting people, as they age, to continue making a positive contribution in our communities.
    • Optimising independence and wellbeing: staying healthy and active.
    • Living well with dementia.
    • Optimising independence and wellbeing: Reducing isolation and loneliness.
    • Optimising independence and wellbeing: Getting the help and support I need as close to home as possible.
    • Optimising independence and wellbeing: Last years of life.
  – The strategy explains how partners can work together on these themes and how progress will be measured

• **Tower Hamlets Carers’ Strategy 2016-19**
  – To recognise and support the work of carers in Tower Hamlets, a strategy has been co-produced with carers to understand how best to work and support local carers.
STRATEGIES RELEVANT TO OLDER PEOPLE IN TOWER HAMLETS

- Tower Hamlets Community Plan 2015
  - This plan articulates the vision for the borough and how to realise it. They set out the ambition to make the borough (i) a great place to live (ii) a fair and prosperous community; (iii) a safe and cohesive community and (iv) a healthy and supportive community.
- A range of other strategies will also be relevant to older people including the Tower Hamlets Housing Strategy, Community Safety Plan, Fuel Poverty Strategy Action Plan, Substance Misuse Strategy, Mental Health Strategy.

PARTNERSHIP WORKING
- Tower Hamlets Together (THT) is a partnership of the health and social care organisations working in the borough and includes: the local authority, the GP care group, the CCG, local health and mental health organisations, and voluntary organisations.
- It aims to improve cross-system working, provide better integrated care and avoid duplication of services. To this end there are three workstreams to coordinate programmes of work: Born Well, Growing Well; Living Well; and Promoting Independence.
- Promoting Independence is the workstream for adults with complex health and care needs and for those aged 65 and over.
- There are other groups which oversee work and services relating to older people including Older People’s Partnership Board, Older People’s Delivery Group and Care Home Strategic Group.

WORKING WITH OLDER PEOPLE
- There is also an Older People’s Reference Group in Tower Hamlets, run by Age UK, which inputs into service development and provides feedback on issues that affect older people in the borough.
  - Developed Tower Hamlet’s Older People Dignity Code: aimed at providers of services to older people to help improve the provision of services specifically around dignity.
  - The code has been endorsed by the Tower Hamlets Clinical Commissioning Group, the London Borough of Tower Hamlets, Healthwatch Tower Hamlets, Barts Health NHS Trust and the East London NHS Foundation Trust.
Local actions: what is being done to address the issue?

HEALTH

- **NHS Health Checks**: The aim is to identify and reduce cardiovascular risks by supporting lifestyle change, such as smoking cessation, and if necessary by starting treatment to reduce the risk of a stroke or heart attack. People aged 40-74 years are eligible for an NHS Health Check every 5 years unless they already have conditions such as diabetes, hypertension, stroke or heart disease.

- **Integrated Care Programme for adults with complex needs**: This is to ensure that elderly, frail and/or adults with multiple health conditions have access to: a: personalised care plan; a case manager to help coordinate care; a multi-disciplinary team of health and social care professionals in the community, including psychiatrists and care of the elderly consultants; and services that are able to respond rapidly should people’s conditions deteriorate rapidly.

  This has helped to reduce A&E attendances and hospital admissions, and aims to help people with long-term conditions to manage their own health, supported by voluntary organisations. **Additional mental health support** has been provided for people with long-term conditions.

- **Integrated Personalised Commissioning** – this is a national programme to enable people, carers and families to have greater choice, flexibility and control over the resources and funding available to them, allowing them to organise their own care.

- **Social prescribing** – Tower Hamlets has a long history of social prescribing and after a successful pilot of social prescribing in two GP practices, the approach has now been rolled out to every GP practice. There is a link worker in each GP practice and the aim is to link people with activities in their local area that they may benefit from, such as support for housing, loneliness and physical activity.

  There are a range of clinical services provided that may be relevant to some older people:

  - **Falls Prevention Clinic**: multi-disciplinary clinic for those at risk or afraid of falling. The clinic may also refer people to the **Safe and Steady Group** which is a twelve-week programmes focused on balance and strength exercises.

  - **Mental Health Services for Older People** including the **Community Mental Health Team** and **Community Dementia Care Team** which are integrated mental health and social services team, providing psychiatric and social needs assessment, intervention and treatment.

  - Clinical services, such as diabetes and cardiovascular disease, will have many patients who are over 65+ due to increasing prevalence with age. There are also sight and hearing services available in the borough.
SOCIAL CARE

• Tower Hamlets provides a range of services to help older people to live as independently as possible:
  – Care in a residential or nursing home is available, if this best meets an individual's needs
  – For some residents, sheltered housing is a more appropriate option and for others caring support in their home (domiciliary care) may be best
  – Short term support, known as reablement, is also available to help residents regain skills and confidence following an accident or a stay in hospital, allowing them to live as independently as possible. This is usually for a period of up to 6 weeks and people will be reassessed at the end of this time if they require ongoing support
  – Respite care is offered either at home or in a residential placement
  – Support can also be offered on adapting homes for people with disabilities to live as independently as possible, or help with applying for grants to do this. Help can also be provided to help repair or adapt homes for people who have fallen or are at risk of falling to reduce this risk of falling
    • Age UK also provide a Handy Person Service to improve the home safety of older people; minimise risks of accidents including falls and avoidable hospital admissions; provide home repairs and maintenance and raise awareness of home safety issues and risk factors amongst older people
  
• There are also a range of Day Services provided in the borough:
  – Day Centres such as the Riverside Centre, which provide care, support and stimulation for older people of retirement age, whether frail, physically disabled or experiencing isolation or emotional difficulties. All people are provided with a key worker to help achieve the aims of their care plan. The centre provides a range of interesting activities as well as a chiropodist, optician and dentist, all of whom visit on a regular basis, and assistance with personal care i.e. assisting with washing and toileting
  – There are also specialist Dementia Day Centres such as Russia Lane Day Centre for people with moderate to severe dementia, which aim to help people maintain their independence in a stimulating environment whilst supporting their carers.
Local actions: what is being done to address the issue?

SOCIAL CARE AND OTHER SERVICES
• **Day services continued:**
  – The council fund a range of **lunch clubs** across Tower Hamlets. Some are aimed at the general population whilst others are aimed specifically at the Bangladeshi, Somali, Chinese and Vietnamese communities. These services operate between two and five days per week, up to 50 weeks a year. In addition to providing a lunch, these services also deliver a range of support and social activities. Age UK also provide lunch clubs
  – **LinkAge+ Programme** is aimed at reducing isolation among residents over the age of 50, helping them to achieve a **better quality of life and improved physical and mental well-being**. It is an outreach service delivered in partnership by five main local partner organisations: Peabody, Age UK, St Hilda’s, Toynbee Hall and Neighbours in Poplar. It focuses on: falls prevention, reducing depression, health promotion, reducing social isolation, volunteering, and maximising income through advice services and advocacy. Further information on initiatives to tackle loneliness in older people can be found in the **Tower Hamlets Loneliness and Isolation in Older People Factsheet 2016**
• **Telecare Service and Assistive Technology Team:** This services supports people to live more independently and to manage risks at home by providing them with devices that raise alarms in case of incidents such as fire, floods and falls.
• **Idea Stores and community navigators:** The Idea Stores provide a directory of the different services specific for older people. They also offer a wide range of adult learning courses and an extensive activities and events programme
  – Health zone providing a wide range of self-help and health information
  – Fitness, health and wellbeing courses such as Tai Chi, Yoga, Pilates and fitness classes
  – **Wellbeing Wheel** has been designed to help people set clear goals, find support to improve wellbeing and provide useful information to help achieve them
  – **Community navigators** provide support and information on health and wellbeing as well as finances, employment, education, housing and social activities

*There are a wide range of services available to older people in the borough, some of which have been included here. A full list of services can be found in the [Community Care Catalogue](#). There are also a wide range of voluntary organisations providing services.*
Impact on indicators: evidence we are making a difference

Public health outcomes framework
The Public Health Outcomes Framework Outcomes indicators help us understand how well public health is being improved and protected and allows us to compare our borough with other boroughs, London and England.

It has data specifically collected for healthy ageing which is updated regularly and can be found at this link: https://fingertips.phe.org.uk/profile/older-people-health

Tower Hamlets is performing well in these areas:
- Flu vaccination coverage
- PPV vaccination coverage
- NHS health checks
- Fuel poverty
- Preventable sight loss

Improvement was needed in the following areas:
- Death rates from cardiovascular disease, respiratory disease and cancer in the over 65s
- Excess winter deaths
- Older people supported throughout the year
- Permanent admissions to residential and care homes
- Health related quality of life
- Proportion of people using social care who receive self-directed support (no recent data), and those receiving direct payments
Public perspective

Annual Residents Survey 2018 (Tower Hamlets Local Authority (LA)) [39]
- 1,100 residents interviewed (12% 60+)
- 79% felt satisfied with Tower Hamlets as a place to live
- 41% ranked crime as one of their top three areas of concern – 60% felt that drug dealing/drug abuse was a big problem
- Those who were struggling financially were generally more negative
- Older people:
  - Lower levels of internet access (57 vs 92%)
  - Less likely to use internet banking (38 vs 65%) or paying online for council services (27 vs 41%)
  - Preferred to access council information via paper-based (51 vs 40%)

Community insights 2019 (Healthwatch) [44]
- Engaged with 162 people aged 65+ to understand experiences of health and social care services
- Broadly satisfied with Tower Hamlets as a place to live
- Walking preferred activity
- Barriers to activity are air pollution, community safety and transport
- Difficulty accessing GP appointments (via telephone appointments)
- Would like:
  - More information on medical, social and community services available to them
  - Access more health and social care services at home
  - Improved transport and accessibility to public spaces
  - Financial workshops

You don’t really know people ‘till you talk to them: Participatory Action Research on the needs of older people, 2018 (Tower Hamlets LA & Toynbee Hall) [45]
- 500 residents interviewed by peer researchers about how services for older people can be more responsive, more relevant and strengthen the community
- Access to and information about services is critical – even more so in some instances than developing new opportunities
- Older people want to feel safer in their own communities
- There is a real desire from older people to be digitally active citizens
- Communities will embrace being properly engaged in shaping their communities
Public perspective

Older people are broadly happy with living in Tower Hamlets but are concerned about crime, safety, accessing information and accessing services.

Overlapping themes from the three reports [39, 44] [45]

• Older people are broadly happy with living in the borough (Healthwatch, TH survey)
• They would like better transport and accessibility of public places for older people
• They have concerns around safety (TH survey, Toynbee Hall)
  – Alongside actual physical wellbeing the fear of crime prevents people from actively engaging in volunteering and social projects
  – Assistance to avoid falling and access to community toilets are also important to creating a sense of safe mobility
• Some older people find it difficult to access information
  – Lower levels of internet access than younger residents (TH survey)
  – People didn’t know where services were based or how to access them (Toynbee Hall)
  – Rather than increasing service provision many people require integrated, holistic support and so service providers connecting with other services and providing additional support when people need it (Toynbee Hall)
  – With support, older people were keen to use technology and saw it as a tool to keep in touch with family, friends and wider social networks (Toynbee Hall)
• Older people are keen to engage in their communities (Toynbee Hall)
  – As well as more traditional volunteering, older people want to play a role in shaping their communities such as by learning new technical skills like questionnaire design
  – The growing network of citizen advocates will be a resource for the local authority and wider community
Knowledge gaps: what more do we need to know?

Qualitative

- Population churn as it relates to older people:
  - If older people move out of the borough, where do they go and why do they leave?
  - Do older people move back into the borough and if so why?
- Why do many residents not die in their usual place of residence?
  - Is this a lack of support or advance planning, especially if the death is expected?
  - Are there any cultural factors that need to be considered?
  - The borough has high levels of overcrowding, does this have an impact?
- Unclaimed benefits, for example the winter fuel allowance
  - Is this due to a lack of awareness?
  - Are services inaccessible e.g. language or mobility barriers
- What are the barriers to improved screening rates?
  - Awareness? Accessibility of services?
- What are the caring responsibilities of older people in Tower Hamlets, and how can they best be supported?
- What are the causes of Tower Hamlets high excess winter deaths rate

Quantitative

- Specific data on lifestyle factors for older people
- Age specific population churn data
- Data on unclaimed benefits
### Priorities: what are the priorities for improvement?

#### OLDER PEOPLE

**Context:** *There are estimated to be 20,122 residents aged 65 and over in Tower Hamlets and this is projected to increase to nearly 29,000 by 2030*

<table>
<thead>
<tr>
<th>Priority Recommendation</th>
<th>Reason for this recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services, such as social care, should plan for an increase in the number of older people who will require their services.</td>
<td>Tower Hamlets has the lowest proportion of over 60s in England but the numbers are projected to increase.</td>
</tr>
<tr>
<td>Continue to explore ways to reduce poverty in older people and ensure that people access the benefits that they are entitled to.</td>
<td><strong>Income deprivation</strong> – Tower Hamlets has the highest levels of income deprivation affecting older people in England.</td>
</tr>
<tr>
<td>Investigate why more people are not dying at home and encourage long-term planning around care and end of life.</td>
<td><strong>Deaths in usual place of residence</strong> is lower than the England and London average.</td>
</tr>
<tr>
<td>Continue work on increasing screening uptake including NHS Health Check so that health conditions are identified early, managed appropriately and referrals made to encourage healthy lifestyles.</td>
<td>Tower Hamlets has a high disease burden, with some of the highest rates of premature mortality in London for cancer, CVD and respiratory disease and has a higher age standardised prevalence of dementia in the over 65s than in London and England.</td>
</tr>
<tr>
<td>Explore ways of enabling greater independence in older people and reducing loneliness.</td>
<td>Age UK ranks Tower Hamlets as the loneliest place in England and the borough has a higher percentage of people living alone aged over 65 than in London and England. Only 45% of social care users aged over 65 feel that they have as much social contact as they would like.</td>
</tr>
</tbody>
</table>
Key contacts and stakeholder involvement

- This publication was produced by Dr Sara Williams, Public Health Registrar, and was approved by Chris Lovitt, Associate Director in Public Health in October 2019
- It is an update of Older People in Tower Hamlets JSNA 2016
- Any queries regarding this publication should be sent to ibrahim.khan@towerhamlets.gov.uk
Appendices

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5. ONS (2018). Overview of the UK population [link]
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