

Older People in Tower Hamlets

Tower Hamlets Joint Strategic Needs Assessment 2016. SUMMARY FACTSHEET

Executive Summary

This factsheet covers “Ageing Well” and the Health and Wellbeing in older people in Tower Hamlets. It does not cover the “Last years of life”. Information on this subject is presented in the Tower Hamlets “Last years of life” factsheet 2016.

Older people are categorized into three groups:

- People entering old age: Those who are about to retire or are retired but active and independent. 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.

It is of note that in Tower Hamlets, many residents age earlier than expected developing long term conditions and disability by their mid-50s.

Age-related biological changes are only loosely associated with a person’s age in years. The speed of ageing can vary from person to person as biological changes can be made worse by personal, social and environmental circumstances. Studies show that although 25% of this variability is explained by genetic factors, the other 75% is largely explained by the cumulative impact of behaviours and exposures during the person’s life course.

- In 2015, there were an estimated 16,700 people aged 65 or over living in Tower Hamlets. This number is expected to increase to 26,700 by 2030.
- White older people make up a higher proportion of older people (64%) than in the general Tower Hamlets population. Asian/Asian British represent 25% of the older population (25%) which compares with 11% in London and 2.7% in England.

Doing well in Tower Hamlets

- TH has the lowest percentage of **fuel poverty** in London - 7.6% of the population (all ages).
- **The three year Excess winter deaths index at 16.7 is similar** to London and England
- Uptake of the **flu vaccine at 75.4%** is the highest in London and meets the uptake national standard of 75%.
- In 2014-15, the emergency admission rate for falls was similar than for London and England.
- There emergency admission rate for **fracture of the hip was** not significantly different than for London and England.
- Slightly less proportion (40.1%) of older residents are estimated to be unable to manage at least one **domestic task on their own** than in London.
- Slightly less proportion (32.7%) of residents was estimated to be unable to manage at least one **self-care activity on their own**, than in London and England.

- In 2015, less older people (36%; 5,948) were **living alone** in TH compared to in London (37%) but similar to England (36%).
- In 2015, 10.7% (1,795) of older people were providing **unpaid care** compared to 12.7% in London and 14.2% in England.

Doing not so well in Tower Hamlets

- **Life expectancy at 65** for men and women is lower than in London and England. Average life expectancy at 65 is 5 years greater in Bromley by Bow (21 years) compared to Limehouse (16.4 years).
- **Disability free life expectancy from age 50** is significantly lower for both men and women in Tower Hamlets than in England.
- **All-cause mortality rates for the 65-74** age group are higher than in London and England.
- Half of older people in the borough live in **income deprived households**.
- More older people live in social housing in Tower Hamlets than in London and England.
- There is a **shortage of good quality housing** accommodation in the borough that is appropriate to older people's needs.
- 90% do not eat the recommended amount of **fruit & vegetables**.
- There is no current data on number of older residents doing **physical activity** apart from those attending LinkAge Plus activities, however, research shows that it could be as low as 20%.
- Uptake of **breast cancer, bowel cancer and diabetic eye screening** are lower than in London and England. Coverage of screening for abdominal aortic aneurism is lower than in England.
- Incidence rates of **Glaucoma and Diabetic Retinopathy** are higher than in London and England. 1,442 older people are estimated to have moderate or severe visual impairment.
- 63% of older residents had a **limiting long-term condition** which limited their day-to-day activities "a little" (26%) or "a lot" (37.6%). A higher proportion of older residents had a long term illness which limited day-to-day activities "a lot" compared to London and England.

Mental Health in older people in Tower Hamlets

- **Depression:** is estimated at 10-15% of the older population and severe depression is estimated at 3%.
- Approximately 11.4% of the **Serious Mental Illness** register is made up of people aged 65 and over.
- **Dementia:** (as per September 2015):
 - There were 826 residents aged 65 and over with a diagnosis of dementia. The primary care recorded **prevalence of dementia** in Tower Hamlets was significantly higher (4.87%) than in London (4.27%) and England (4.27%).
 - There were 759 **emergency admissions** for residents aged 65 and over **with a mention of dementia** and the age standardised rate of emergency admissions was significantly higher (4,478 per 100,000 population) than for London and England.
 - However, the age standardised mortality rate in residents with a recorded mention of dementia (752 per 100,000 population) was similar to London (687) and England (750) in 2014.

There is a plethora of international and national policy documents, strategies, reports and briefings covering “ageing well” and older people health and wellbeing. These are presented in more detail on the Older People JSNA Report 2015.

There are a wide range of strategies, plans and partnership work that impact on wider determinants of health, healthy lives, early identification of illness and health and social services provision for older people in Tower Hamlets. Moreover, Public Health and Adult Social Care commission a wide range of services to support and provide care to older residents in the borough.

The Council’s “Ageing Well Strategy” is currently under development and shows a major commitment to improve the health and wellbeing of the older residents.

Healthy ageing requires a life course approach. As for the other age groups, improvements in socioeconomic status, housing quality, social and family networks, lifestyle and provision of integrated health and social care built around their needs are all factors that will improve older peoples’ health.

The 2016 Older People JSNA full report provides more in depth information on all these areas. Below is a summary of the full report.

1. Who are older people? What is ageing?

1.1 Who are older people?

The National Standard Framework for Older People¹ categorizes older people into three groups:

- People entering old age: Those who are about to retire or are retired but active and independent. 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.

It is of note that in Tower Hamlets, many residents age earlier than expected developing long term conditions and disability by their mid-50s².

This JSNA Factsheet does not cover the “Last years of Life”. Information on this subject is presented in the Tower Hamlets “Last years of Life” factsheet³.

1.2 What is ageing?

Ageing refers to the biological, psychological and social changes occurring in individuals as they get older⁴. Some of the biological changes can be already evident at mid-life⁵.

¹ Department of Health (2001) ‘National Service Framework for Older People’ [online].
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf

² ONS Healthy Life Expectancy at birth and age 65 by Clinical Commissioning Groups (CCG)

³ http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Lastyearsoflife_JSNA_2015_allparts.pdf

Age-related biological changes are inevitable however, the speed of ageing can vary from person to person as biological changes can be made worse by personal, social and environmental circumstances. Studies show that although 25 % of this variability is explained by genetic factors, the other 75% is largely explained by the cumulative impact of behaviours and exposures during the person's life course⁶. Health and wellbeing in older people is influenced like for people from other age groups, by the wider determinants of health, their lifestyle and a number of health conditions.

1.3 Health and wellbeing in older age

1.3.1 Wider determinants of health: Socioeconomic status, housing quality, social and family networks, lifestyle (throughout life) and provision of integrated health and social care built around their needs are all factors that influence older peoples' health. The environments that people live in as children – or even as developing foetuses – combined with their genetic characteristics, influence the ageing process at an early stage and have long-term effects on how they age.

Supportive environments are important as they enable people to do what is important to them, despite losses in capacity. The availability of safe and accessible housing, public buildings and transport, and environments that are easy to walk around are examples of supportive environments. Long term care and support can ensure that older people live dignified lives.

- **Poverty:** Having no significant financial problems is important through the life course, but it is even more important in older age when the ability to generate income decreases. Having up to a certain amount of money makes people happier and reduces depression and anxiety⁷. Moreover, poorer people are more likely to live in deprived neighbourhoods where there is less access to safe environments that stop them from being physically active and where there is less access to healthy food⁸.
- **Housing:** Housing and the built environments have a profound impact on human health. The home remains a major cause for ill health through exposure to, among other factors: inadequate protection from extreme weather, mould and damp, home injuries, noise, radon, pests and infestations, proximity to pollution sources, or flooding^{9 10}.

Cold houses are a risk factor for developing circulatory diseases, respiratory problems and mental ill-health. It also increases the risk of colds and flu and exacerbates existing

⁴ WHO, World Report on Ageing and Health, 2015;
http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

⁵ NICE(ng16) 2015 Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset;
<https://www.nice.org.uk/guidance/ng16/resources/dementia-disability-and-frailty-in-later-life-midlife-approaches-to-delay-or-prevent-onset-1837274790085>

⁶ WHO, World Report on Ageing and Health, 2015

⁷ Beard JR, Tracy M, Vlahov D, Galea S. Trajectory and socioeconomic predictors of depression in a prospective study of residents of New York City; *Ann Epidemiol.* 2008 Mar;18(3):235–43. doi: <http://dx.doi.org/10.1016/j.annepidem.2007.10.004> PMID: 18083544

⁸ Gibson M, Petticrew M, Bamba C, Sowden AJ, Wright KE, Whitehead M. Housing and health inequalities: a synthesis of systematic reviews of interventions aimed at different pathways linking housing and health; *Health Place.* 2011 Jan;17(1):175–84. doi: <http://dx.doi.org/10.1016/j.healthplace.2010.09.011> PMID: 21159542

⁹ WHO, World Report on Ageing and Health, 2015;

¹⁰ Housing LIN (Learning & Improvement Network), Briefing paper 2, Health, Wellbeing, and the Older People Housing Agenda, December 2012, http://www.housinglin.org.uk/_library/Resources/Housing/SHOP/HLIN_SHOPBriefing2_HWBv4.pdf

conditions such as arthritis and rheumatism¹¹. People living in damp, mouldy homes are more likely to experience health problems such as respiratory infections, allergic rhinitis, eczema and asthma.

Poorly designed housing predisposes to accidents with the elderly being particularly affected as they are more likely to suffer injuries. The characteristics of the neighbourhood such as the level of antisocial behaviour and fear of crime also have a major impact on older people health¹².

- **Fuel poverty:** It has been recognised as a major risk factor impacting on health. Half of all fuel poor households include at least one person aged over 60 years and a quarter of fuel poor households include an occupant over 75 years old¹³.
- **Excess winter deaths:** Excess winter deaths are almost three times higher in the coldest quarter of housing than in the warmest; around 40% of excess winter deaths are attributable to cardio-vascular diseases and around 33% to respiratory diseases¹⁴.
- **Loneliness and exclusion:** Older people are at particular risk of loneliness due to an accumulation of risk factors, such as the loss of friends and family, mobility and income. Loneliness increases blood pressure and diminishes the ability to refrain from risky behaviour. It can lead to cognitive decline in adults, and is associated with depression. Eleven per cent of people aged 65 or over are often or always lonely and neighbourhoods that exclude older people can exacerbate isolation and feelings of loneliness¹⁵.

The Tower Hamlets Loneliness and Isolation in Older People JSNA Factsheet provides more information on this subject¹⁶.

- **Elder abuse:** This is also an environmental risk factor for older people's health¹⁷. Prevalence of elder abuse ranges from 2.2% to 14%. There are many forms of elder abuse including physical, sexual, psychological, financial and material abuse, abandonment, neglect and serious losses of dignity and respect. Besides, older people with cognitive impairment and those living in nursing homes or long-term facilities have been found to be at higher risk of abuse¹⁸.

1.3.2 Lifestyle factors and older people: Maintaining healthy behaviours throughout life, and older age, particularly eating a balanced diet, engaging in regular physical activity, and refraining from tobacco use all contribute to reducing the risk of non-communicable

¹¹ Marmot Review Team (2011). The Health Impacts of Cold Homes and Fuel Poverty; Friends of the Earth; <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>

¹² Housing Corporation (2006), *Good Housing and Good Health? A review and recommendations for housing and health practitioners.*

¹³ Marmot Review Team (2011). The Health Impacts of Cold Homes and Fuel Poverty. Friends of the Earth; <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>

¹⁴ Marmot Review Team (2011). The Health Impacts of Cold Homes and Fuel Poverty. Friends of the Earth; <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>

¹⁵ Harrop A and Jopling K ; One Voice: Shaping our ageing society, Age UK 2009. [http://www.ageuk.org.uk/documents/eng/for-professionals/research/one%20voice%20\(2009\)_pro.pdf?dtrk=true](http://www.ageuk.org.uk/documents/eng/for-professionals/research/one%20voice%20(2009)_pro.pdf?dtrk=true)

¹⁶ <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Loneliness and Isolation in older people.pdf>

¹⁷ WHO, World Report on Ageing and Health, 2015; http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

¹⁸ Pillemer KA et al, 2016; cited in WHO, World Report on Ageing and Health, 2015; http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

diseases and improving physical and mental capacity. Strength training to maintain muscle mass and good nutrition can both help to preserve cognitive function, delay care dependency, and reverse frailty^{19 20}.

- **Diet/nutrition:** A decreased sense of smell or taste, or both in old age may lead to reduced appetite. Poor oral health and dental problems can result in difficulty chewing, inflammation of the gums and a poor quality diet all of which increase the risk of malnutrition²¹. Impaired gastric function can reduce absorption of iron and vitamin B12.

Moreover, older people with limited mobility will be less able to shop for food and prepare meals. These ageing changes may also be associated with profound psychosocial and environmental changes, such as isolation, loneliness, depression and inadequate finances, which may also have significant impact on diet²².

- **Physical activity** declines with age. Less than a third of English adults over age 65 do sufficient exercise. By the time people reach 75 years of age, only 1 in 10 men and 1 in 20 women meet the recommended physical activity for good health²³.
- **Smoking** is a major risk factor for many diseases including lung cancer, chronic obstructive pulmonary disease (COPD, bronchitis and emphysema) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat bladder kidney, stomach, liver and cervix²⁴. Besides, smoking is the leading behavioural risk factor for cardio vascular disease (CVD). In the UK, smoking prevalence is lower (11%) in those aged 60 than in those aged 25 to 34 years old²⁵.

The Tower Hamlets JSNA Factsheet: Health and Wellbeing Tobacco Control provides more information on this topic²⁶.

- **Alcohol and substance misuse:** As people age, the body metabolizes alcohol more slowly and therefore, becomes more sensitive to the effects of alcohol²⁷. Mortality rates linked to drug and alcohol use are higher in older people compared with younger people. High rates of mental health problems in older people (including a high prevalence of cognitive disorders) result in frequent, complex psychiatric comorbidity accompanying substance use disorders²⁸.

Alcohol can: (i) add to the effect of some medications, e.g. painkillers or sleeping tablets and (ii) reduce the effect of others, e.g. medication to thin the blood (warfarin) – this can increase the risk of bleeding or developing a clot or blockage in the bloodstream.

¹⁹ Kelaiditi E, van Kan GA, Cesari M. Frailty: role of nutrition and exercise. In: WHO, World Report on Ageing and Health, 2015

²⁰ Cesari M, Vellas B, Hsu FC, Newman AB, Doss H, King AC, et al.; LIFE Study Group. A physical activity intervention to treat the frailty syndrome in older persons. Results from the LIFE-P study. In: WHO, World Report on Ageing and Health, 2015

²¹ Kshetrimayum N, Reddy CV, Siddhana S, Manjunath M, Rudraswamy S, Sulavai S. Oral health-related quality of life and nutritional status of institutionalized elderly population aged 60 years and above in Mysore City, India. In WHO World Report on Ageing and Health, 2015;

²² WHO, World Report on Ageing and Health, 2015;
http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

²³ In: Every Body Active, every day. An evidence-based approach to physical activity, PHE, Sept 2014

²⁴ Seaton, B et al (2009). Source ASH fact sheet (2013) 'Smoking and Cancer'

²⁵ ASH, Smoking Statistics, November 2015; http://www.ash.org.uk/files/documents/ASH_93.pdf

²⁶ <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Tobacco-JSNA-July-2013-Final.pdf>

²⁷ Royal College of Psychiatrists, Alcohol and Older People;
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/alcoholandolderpeople.aspx>; accessed 11-04-2016

²⁸ Royal College of Psychiatrists; Our invisible addicts, 2011; <http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf>

Older people tend to drink less alcohol than younger people, but even so 1 in 5 older men and 1 in 10 older women are drinking enough to harm themselves²⁹. About a third of older people with drinking problems (mainly women) develop them for the first time in later life. Older men are at greater risk of developing alcohol and illicit substance use problems than older women. However, older women have a higher risk of developing problems related to the misuse of prescribed and over-the-counter medications³⁰.

Although illicit drug use is uncommon in the over-65 age group at present, there have already been significant increases in the over-40 age group in the UK. As this cohort ages, we should anticipate a significant increase in the number of older people using illicit drugs³¹.

Studies in the UK found that 40% of older homeless men are known to be heavy drinkers or to have alcohol related problems. The problems are most pronounced among men in their 50s and in particular in White British or Irish men, with only a small proportion from minority ethnic groups³²

More information on alcohol can be found in the Tower Hamlets Alcohol Consumption and Misuse JSNA Factsheet, 2010-11³³.

1.3.3 Common health conditions and syndromes in older age: Age increases the risk of many health disorders. However, many older adults maintain good functional ability and high levels of wellbeing despite the presence of one or more conditions. A description of these conditions is presented below.

- **Visual impairment:** About 8 in 10 people with sight loss are over the age of 60³⁴. Some of the most common causes of visual impairment include: age-related macular degeneration (AMD), cataracts, glaucoma, diabetic retinopathy and refractive errors.

Visual impairment can limit mobility, increases the risk of falls, affects interpersonal interactions, triggers depression, and becomes a barrier to access information. It is suggested that 50% of sight loss is avoidable if it is detected and treated early enough³⁵.

More information on visual health can be found at the Tower Hamlets Vision JSNA Factsheet³⁶

- **Hearing impairment:** Untreated hearing loss affects communication and can contribute to social isolation and loss of autonomy, with associated anxiety, depression and cognitive decline³⁷.

²⁹ Royal College of Psychiatrists, Alcohol and Older People; <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/alcoholandolderpeople.aspx>; re-accessed 30-09-2016

³⁰ Royal College of Psychiatrists; Our invisible addicts, 2011; <http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf>; accessed 30-09-16

³¹ Royal College of Psychiatrists; Our invisible addicts, 2011; <http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf>; re-accessed 30-9-16

³² Crane, 1998; Crane & Warnes, 200. In: Royal College of Psychiatrists; Our invisible addicts, 2011; <http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf>; accessed 30-09-16

³³ <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA-alcohol-adults.pdf>

³⁴ Tower Hamlets Vision JSNA Factsheet 2016 (in draft)

³⁵ Tower Hamlets Vision JSNA Factsheet 2016 (in draft)

³⁶ Tower Hamlets Vision JSNA Factsheet, 2015 (under revision)

- **Dental health:** Oral health, frequently neglected, can have a major impact on general health and well-being, through its influence on nutrition. Dental pain, and problems with eating, chewing, smiling, and communicating due to missing, discoloured or damaged teeth have a major impact on functional ability and older people's daily lives. Poor oral health among older people and diets rich in sugar are a cause of dental caries, gum disease tooth loss, dry mouth and oral pre-cancer or cancer³⁸.

More information on oral health in older people can be found in the Tower Hamlets JSNA Oral Health in Older People³⁹.

- **Musculoskeletal conditions:** With age, muscle mass tends to decline and it is usually associated with declines in strength and musculoskeletal function and risk of falls. Gait and balance disorders are common affecting around 20% to 50% of older people⁴⁰. Gait speed has been demonstrated to be one of the most powerful predictors of future outcomes in older age⁴¹.
- **Osteoporosis:** Osteoporosis is usually aged-related. It is characterised by low bone mass and deterioration of bone tissue which if untreated, it leads to susceptibility to fragility fractures. Fragility fractures are all associated with substantial disability, pain, reduced quality of life and severe consequences as in the case of hip fractures.

Osteoporosis affects both sexes although older women are at greater risk due to the menopause. It is often asymptomatic until the first fracture occurs and patients who suffer one fragility fracture are at a very high risk of sustaining another fracture. Bone density, smoking, high alcohol intake, prolonged immobility and type I diabetes are risk factors for osteoporosis.

More information on osteoporosis can be found in the Tower Hamlets Falls in Older People JSNA Factsheet, 2015⁴²

- **Immune function:** It declines with age and therefore the capacity to respond to infections and vaccination diminishes in later life⁴³.
- **Mental wellbeing:** Older people are particularly vulnerable to social isolation and loneliness, due in part, to loss of friends and family over time as they age⁴⁴.

More information on mental wellbeing can be found in the Tower Hamlets Mental Wellbeing JSNA Factsheet⁴⁵.

³⁷ Parham K, McKinnon BJ, Eibling D, Gates GA. Challenges and opportunities in presbycusis. *Otolaryngol Head Neck Surg.* 2011 Apr;144(4):491–5. doi: <http://dx.doi.org/10.1177/0194599810395079> PMID: 21493222

³⁸ WHO, World Report on Ageing and Health, 2015; http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

³⁹ Tower Hamlets JSNA Oral Health in Older People, 2015

⁴⁰ Alexander NB cited in: Rubenstein, L. Z. & Josephson, K. R. (2006); Falls and their prevention in elderly people: what does the evidence show?; *Medical Clinics of North America*, 90, 807–824.

⁴¹ Studenski S, Perera S, Patel K, Rosano C, Faulkner K, Inzitari M, et al. Gait speed and survival in older adults; *JAMA.* 2011 Jan 5;305 (1):50–8. doi: <http://dx.doi.org/10.1001/jama.2010.1923> PMID: 21205966

⁴² TH Falls in Older People JSNA Factsheet, 2015

⁴³ Castelo-Branco C, Soveral I; The immune system and aging: a review. *Gynecol Endocrinol.* 2014 Jan;30(1):16–22

⁴⁴ Faculty of Public Health. *Better Mental Health For All.* (2013). at http://www.fph.org.uk/better_mental_health_for_all

⁴⁵ Tower Hamlets Mental Wellbeing JSNA Factsheet 2016

- **Mental health conditions:** They include common mental health problems such as depression and anxiety (which often occur together), and severe and enduring mental illness such as schizophrenia⁴⁶. Mental health problems are under-reported by older people and under identified by health care professionals and the stigma surrounding mental illness makes people reluctant to seek help⁴⁷.
 - **Depression:** Women and those living under adverse socio-economic circumstances have consistently higher prevalence rates⁴⁸. Prevalence of major depressive disorders (10%) and depressive symptoms (29%) is higher on frail and vulnerable older adults living in long-term care facilities. Dementia, depression and anxiety disorders are the most common psychiatric disorders among older adults in long term care homes⁴⁹.
 - **Anxiety disorders**⁵⁰: They are a major clinical problem in older age with estimated prevalence rates varying from 6% to 10%. Anxiety disorders often remain undetected and untreated in older adults due to a combination of patient variables and current clinical practice. Treatment of affective disorders in older people has been shown to be effective.
 - **Serious Mental Illness (SMI):** It is a term used to refer to mental illnesses such as schizophrenia and bipolar disorder. When estimating prevalence, these two conditions are called “psychoses”. It is a relatively uncommon condition, with estimated prevalence of about 1% of the population. However, it results in high service and societal cost⁵¹.

More information on mental health is provided in the Tower Hamlets Mental Health JSNA⁵² and the Tower Hamlets Mental Wellbeing Factsheet⁵³.

- **Cognitive function/ dementia:** The variation from individual to individual in the decline in cognitive functions over the years is influenced by factors such socioeconomic status, lifestyle, concomitant chronic disease and the use of medication.

Dementia is a term used to describe symptoms including memory loss, problems with reasoning and communication, and a reduction in a person's ability to carry out daily activities such as washing, dressing and cooking. The degree of progression of these symptoms will vary from person to person and each will experience dementia in a

⁴⁶ Tower Hamlets Mental Wellbeing Factsheet 2016

⁴⁷ WHO Mental health and older adults Fact sheet; Updated April 2016; <http://www.who.int/mediacentre/factsheets/fs381/en/>; accessed 10-10-16

⁴⁸ Beekman AT1, Copeland JR, Prince MJ. Review of community prevalence of depression in later life. *The British Journal of Psychiatry*, Apr 1999, 174 (4) 307-311; DOI: 10.1192/bjp.174.4.307

⁴⁹ Seitz D1, Purandare N, Conn D. Prevalence of psychiatric disorders among older adults in long-term care homes: a systematic review. *Int Psychogeriatr*. 2010 Nov;22(7):1025-39

⁵⁰ Josien Schuurmans, Anton van Balkom. Late-life Anxiety Disorders: A Review; *Current Psychiatry Reports*; August 2011, Volume 13, Issue 4, pp 267-273

⁵¹ Forster K, Meltzer H, Gill B, Hinds K (1996) *Adults with a Psychotic Disorder living in the Community: OPCS Surveys of Psychiatric Morbidity in Great Britain, Report 8* Office for National Statistics: London. In: *Mental Health Joint Strategic Needs Assessment for Tower Hamlets. Part One: Mental Health Needs*; August 2013.

⁵² http://www.towerhamlets.gov.uk/ignl/health_social_care/joint_strategic_needs_assessme/cross-cutting.aspx

⁵³ Tower Hamlets Mental Wellbeing Factsheet 2015

http://www.towerhamlets.gov.uk/ignl/health_social_care/joint_strategic_needs_assessme/joint_strategic_needs_assessme.spx

different way⁵⁴. People can reduce their risk of dementia by living healthier lives⁵⁵. Interventions across the life course could ameliorate the deterioration rate⁵⁶.

- **Long Term Conditions:** These include:
 - **Type II diabetes:** This condition develops mostly in people over 40 years old. It is due to the insufficient production of insulin, or because the insulin produced does not work properly. Obesity is the primary risk factor for diabetes. Healthy diet and exercise can prevent the development of diabetes.

The Tower Hamlets Diabetes JSNA Factsheet⁵⁷ provides more information on diabetes.

- **Coronary heart disease and heart failure:** Risk factors for coronary heart disease therefore apply to heart failure i.e. smoking, diabetes and obesity. Prevention methods include lifestyle changes and optimal medical management post myocardial infarction. Most commonly, heart failure is caused by coronary artery disease.

The Tower Hamlets Coronary Heart Disease Factsheet⁵⁸ provides more information on these conditions.

- **Stroke & TIA:** Old age is a risk factor for ischaemic stroke. High blood pressure, obesity, high cholesterol levels, diabetes, atrial fibrillation, and excessive alcohol intake are all very important risk factors for developing strokes. Haemorrhagic strokes are less common and the main cause is high blood pressure. Other risk factors include: being overweight or obese, drinking excessive amounts of alcohol, smoking, a lack of exercise and stress, which may cause a temporary rise in blood pressure⁵⁹. It is estimated that 80 percent of strokes could be prevented through improvements in life style and interventions to prevent second and subsequent strokes⁶⁰.
- **Cancer:** Age is a major risk factor for cancer. Four in 10 UK cases of cancer can be prevented, largely through lifestyle changes⁶¹.

The Tower Hamlets Cancer JSNA Factsheet⁶² provides more information on cancer.

- **Comorbidity or Multimorbidity:** As people age, they are more likely to experience not only one of the above health condition but several conditions at the same time.

⁵⁴ NICE QS30 <http://www.nice.org.uk/guidance/qs30/resources/guidance-quality-standard-for-supporting-people-to-live-well-with-dementia-pdf> accessed 17-02-2015).

⁵⁵ Dementia Atlas; <https://shapeatlas.net/dementia/#8/52.600/-0.093/l-08V>

⁵⁶ WHO, World Report on Ageing and Health, 2015; http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

⁵⁷ Tower Hamlets Diabetes JSNA Factsheet; http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Type_2_diabetes.pdf

⁵⁸ Tower Hamlets Coronary Heart Disease Factsheet; <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/CHD-JSNA-Factsheet.pdf>

⁵⁹ NHS Choices; <http://www.nhs.uk/Conditions/Stroke/Pages/Whosatriskpage.aspx>

⁶⁰ The Richmond Group of Charities Report: What is preventing progress? Time to move from talk to action on reducing preventable illness; 2014.

⁶¹ Cancer Research UK; <http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Six>

⁶² <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Cancer-JSNA-Factsheet.pdf>

Comorbidity can lead to interactions among different conditions; between one condition and the recommended treatment for another condition; and among the medications prescribed for different conditions. As a result, the impact of comorbidity on functioning, quality of life and risk of mortality may be significantly greater than the sum of the individual effects that might be expected from these individual conditions.

More than half of older people are affected by multimorbidity, (with the prevalence increasing sharply in very old age) and that this is associated with low socioeconomic status, higher rates of health-care utilization, and higher costs⁶³. The onset of multimorbidity occurred 10–15 years earlier in people living in the most deprived areas compared with the most affluent⁶⁴.

- **Frailty:** Frailty is a clinically recognised state of increased vulnerability. It results from ageing associated with a decline in the body's physical and psychological reserves. In the UK, 1 in 10 of people age 65 and over are 'frail', rising to one in four of those aged 85 and over⁶⁵.

Older people living with frailty are at risk of dramatic deterioration in their physical and mental wellbeing after an apparently small event which challenges their health (e.g. infection, new medication, fall, constipation or urine retention). The presence of one or more of the following 5 syndromes should raise suspicions that the individual has frailty: falls, immobility/sudden change in mobility, delirium, incontinence, and susceptibility to side effects of medication.

- **Falls:** Falls and fall-related injuries are one of the 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 with devastating impact on their quality of life. It has major implications for morbidity, mortality, hospital and social care utilization.

Information on falls in older people can be found in the Tower Hamlets Falls in Older People JSNA Factsheet, 2015.

- **Urinary incontinence:** Urinary incontinence is the involuntary loss of urine associated with urgency or effort, sneezing or coughing. It 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. It has a major negative impact on quality of life on both the patient and the carer⁶⁶.

⁶³ Marengoni A, Angleman S, Melis R, Mangialasche F, Karp A, Garmen A, et al. Aging with multimorbidity: a systematic review of the literature. *Ageing Res Rev.* 2011 Sep;10(4):430–

9. http://www.goldcopd.it/gruppi_lavoro/2013/ageingmultimorbidityreviw2011.pdf; PMID: 21402176

⁶⁴ Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet.* 2012 Jul 7; 380(9836):37–43. doi: [http://dx.doi.org/10.1016/S0140-6736\(12\)60240-2](http://dx.doi.org/10.1016/S0140-6736(12)60240-2) PMID: 22579043

⁶⁵ Age UK 2015; http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Briefing-The_Health_and_Care_of_Older_People_in_England-2015.pdf?dtrk=true

⁶⁶ WHO (2015), World Report on Ageing and Health, 2015, (page 63) http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

2. What is the policy context?

There is a plethora of international, national and local policy documents, strategies, reports and briefings covering ageing well and older people. They are presented in more detail in the 2016 Older People JSNA full report. Below is a list of such documents:

2.1 International Policy on Ageing

Two international policy instruments have guided action on ageing since 2002

- The Madrid International Plan of Action on Ageing 2002⁶⁷
- Active Ageing: a policy framework 2002⁶⁸

2.2 National Policy

- The National Service Framework for Older People 2001⁶⁹; Next Steps: A new Ambition for Older Age⁷⁰ and Caring for our future, 2012⁷¹ set out standards for the delivery, support and outcomes of services for older people.
- The White Paper “Our Health, Our Care, Our Say”⁷² and “Putting People First”⁷³
- The Prime Minister Challenge on Dementia 2012⁷⁴
- The Commission on the Voluntary Sector and Ageing- Age of opportunity: Putting the ageing society of tomorrow on the agenda of the voluntary sector today⁷⁵
- The Health and Social Care Act (2012)⁷⁶
- Age-friendly Cities

2.3 Current National Strategies-Organising Principles

- The Better Care Fund, 2013⁷⁷
- The Care Act 2014⁷⁸
- The Department of Health End of Life Strategy

2.4 Local Policy

Tower Hamlets has developed a wide range of overarching strategies, action plans and programmes that impact on the wider determinants of health, healthy lives and early identification of illness including:

⁶⁷ Political declaration and Madrid international plan of action on ageing. New York: United Nations; 2002 (http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf).

⁶⁸ Active ageing: a policy framework. Geneva: World Health Organization; 2002 (WHO/NMH/NPH/02.8; http://whqlibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf).

⁶⁹ Department of Health (2001) National Service Framework for Older People (<https://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people>).

⁷⁰ http://webarchive.nationalarchives.gov.uk/20080814090418/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_4133941

⁷¹ <https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

⁷² Department of Health, Our health, our care, our say: a new direction for community services. January 2006 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272238/6737.pdf

⁷³ Department of Health; Putting People First- A shared vision and commitment to the transformation of Adult Social Care, 2007 http://www.cpa.org.uk/cpa/putting_people_first.pdf

⁷⁴ Prime minister challenge on Dementia, 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf access 17-02-2015

⁷⁵ NPC and ILC. Commission on the Voluntary Sector and Ageing. Age of opportunity: Putting the ageing society of tomorrow on the agenda of the voluntary sector today, April 2014 <http://www.cpa.org.uk/cpa/docs/NPC-ILCUK-Age-of-Opportunity-April14.pdf> (accessed 10-09-14)

⁷⁶ The Health and Social Care Act, 2012; http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

⁷⁷ Better Care Fund. http://www.local.gov.uk/web/guest/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE (accessed 22-09-14)

⁷⁸ The Care Act 2014. <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> (accessed 10 Sept 2014)

- London Borough of Tower Hamlets (LBTH) Strategic Plan 2015/16
- Tower Hamlets Health and Wellbeing Strategy 2017-2020⁷⁹
- Tower Hamlets Partnership Community Plan 2015⁸⁰
- LBTH Mental Health Strategy 2014-2019⁸¹
- LBTH Ageing Well Strategy (currently being developed)

3. WHAT ARE THE EFFECTIVE INTERVENTIONS?

Healthy ageing is the process of developing and maintaining the functional ability that enables well-being in older age. The functional ability of a person, particularly after the onset of disease, depends on supportive environments and effective management of long term conditions. In developing a public health response to ageing, it is important not just to consider approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth. 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 age⁸².

In 2001, the National Service Framework for Older People (2001) set out evidence based recommendations for improving health outcomes in older people. Since then, NICE have published a number of papers, guidelines, and quality standards to promote and improve health and wellbeing in older people, for example:

- NICE guidelines on: occupational therapy physical activity and mental wellbeing in the community and care homes; dementia; falls, social care needs and supporting OP to stay at home and how to avoid winter deaths.
- NICE NG16 cover approaches to delay or prevent the onset of dementia, disability and frailty in later life.
- NICE QS1 covers the care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.

Moreover, a variety of papers and reports from Royal Colleges related to the care of older people have also been published.

All these documents are presented in more detail on the 2016, Older People JSNA full report.

4. What is the local picture?

4.1 Characteristics of older people in Tower Hamlets-Demographics

- In 2015 estimates⁸³ there were 16,700 people aged 65 or over in Tower Hamlets. This represents 5.8% of the Tower Hamlets population and it is lower than 11.4 % in

⁷⁹ Tower Hamlets Together; Tower Hamlets Health and Wellbeing Strategy 2017- 2020

⁸⁰ <http://moderngov.towerhamlets.gov.uk/documents/s76153/5.1b%20App1%20TH%20Community%20Plan%202015.pdf>

⁸¹ <http://democracy.towerhamlets.gov.uk/documents/s53391/5%201%202014%201%2022%20Tower%20Hamlets%20Mental%20Health%20Strategy%20FINAL.pdf>

⁸² WHO World Report on Ageing and Health, 2015; <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/news/news/2015/09/healthy-ageing-requires-a-life-course-approach>

⁸³ GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015)

London and 17.8% in England. It is estimated that the number of older people will increase to 26,700 (7% of the total population) by 230 but still lower than London (14.0%) and England (22.0%) in 2030.

- The greatest increase will be within the group aged 90 years old- from 700 in 2015 to 141 in 2030.
- The area with the higher concentration of older people is St Peter's with 1,249 (7.3%) people aged 65 and over and the area with the lowest concentration is Limehouse with only 318 (1.9%) persons⁸⁴.
- Nearly two thirds of the older population in Tower Hamlets are White and 25.3% are Asian or Asian British which compares with only 11.4% in London and 2.7% in England⁸⁵.
- In 2011-13, life expectancy at 65 for men (17.3) and women (20.07) was lower than in London (19.1 in men and 21.9 in women) and England (18.7 in men and 21.1 in women)⁸⁶.
- There are inequalities in life expectancy at 65 in Tower Hamlets Neighborhoods with figures ranging from 16.4 extra years of life in Limehouse to 21 in Bromley-by-Bow⁸⁷.
- In Tower Hamlets, both men and women aged 50 and over, live significantly less years disability free (14.6 for men & 14.1 for women) than those in England (19.1 for men & 19.4 for women)⁸⁸.
- Mortality standardised rates for 65-74 years old in Tower Hamlets (3 year average 2010-12) are higher at 2,242.7 than for London (1,607.9) and England (1622.5). This applies to both males (TH 2846 vs 2025.1 in London and 1987.7 in England) and females (TH 1,688.6 vs 1,240.7 in London and 1,287.4 in England)⁸⁹.
- In Tower Hamlets, the two more common cause of death are diseases of the circulatory system (e.g.: stroke, heart attack, etc.) and cancer. This is similar than in England.
- Tower Hamlets has the second highest stroke age standardised mortality in London for residents aged 65 to 74 (123.3 per 100000 populations; 31 deaths) than in

⁸⁴ Source: ONS -Mid-year estimates for Wards 2014 -as per June 2016
(PH Health Intelligence, June 2016)

⁸⁵ Source: <http://www.poppi.org.uk/index.php?pageNo=319&areaID=8648&loc=8648> ; Percentages have been rounded up.

⁸⁶ PHE, Recent trends in life expectancy at older ages, DATA PACK, Published February 2015, PHE publications gateway number: 2014726. Data source is from ONS2015, <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2011-13/stb-life-expectancy-at-birth-2011-13.html>

⁸⁷ Life Expectancy at age 65 - source GLA datastore Ward Atlas ; <http://londondatastore-upload.s3.amazonaws.com/instant-atlas/ward-atlas-html/atlas.html>; latest accessed 15-06-17

⁸⁸ ONS, Disability-free life expectancy (DFLE) and life expectancy (LE) for females at age 50 by Clinical Commissioning Groups in England, 2010-2012, published 2014;

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/2011censusanalysisdisabilityfreelifeexpectancyatbirthatage50andatage65clinicalcommissioninggroupscgcs201012>; Latest accessed 12/10/16

⁸⁹ Data Source: <https://indicators.ic.nhs.uk/webview/>

London (77.2) and England (73.1)⁹⁰. The age standardised mortality rate from coronary heart disease is also higher at 370.4 per 100,000 population (96 deaths) than in London (229.6) and England (209.1)⁹¹.

- Also higher is the age standardised mortality rate from all cancers for residents aged 65-74 (811.36 per 10000 population; 211 deaths) when compared to London (655.2) and England (698.2)⁹².
- The percentage of deaths from Respiratory Disease in adults aged 65 and over is similar than in London and England⁹³.

4.2 Wider determinants of health and older people in Tower Hamlets

- Based on the **Index of Income deprivation** (IDAOPI) half of all older people in the borough live in income deprived households. This is the highest rate – by far – in England, and three times higher than the rate in England (16 per cent)⁹⁴.
- Less than a third in each of three old age groups (65-74; 75-84; 85 and over) in Tower Hamlets, **own their home** compared to London (62.7% to 66.0%) and England (68.2 to 76.3%)⁹⁵. Besides, there is a shortage of good quality housing accommodation appropriate to older people's needs in the borough. There are problems of overcrowding faced by older people living as part of extended families; There is a lack of good alternatives and a need for more assistance with moving, to persuade older people to consider a move. Many older people are isolated on upper floors because of inaccessible communal areas or lifts that don't work. Security and safety issues are also high on older people's agendas⁹⁶.
- Tower Hamlets is the Local Authority with the lowest percentage of **fuel poverty** in London and one of the lowest in England despite being the 7th most deprived borough in the country. In 2013, there were 7,813 households in Tower Hamlets experiencing fuel poverty. This represents 7.6% of the total (all ages) population and compares with 9.8% in London and 10.4 in England. However, these differences are not significant⁹⁷.
- Tower Hamlets **excess winter deaths index** for year period 2012-2015 was similar (16.7) to London (18.6) and England (19.6). The number of excess winter deaths depends on the temperature and the level of disease in the population, as well as other factors, such as how well equipped people are to cope with the drop in

⁹⁰ Source: <https://indicators.ic.nhs.uk/webview/> <https://indicators.hscic.gov.uk/webview/> accessed 13 June 2016

⁹¹ Compendium of Population Health Indicators <https://indicators.ic.nhs.uk/webview/> <https://indicators.hscic.gov.uk/webview/>; re-accessed 28-09-16

⁹² <https://indicators.hscic.gov.uk/webview/> re-accessed 29-09-16

⁹³ Older People's health and wellbeing; <http://fingertips.phe.org.uk/profile/older-people-health/data#page/4/gid/1938132930/pat/6/par/E12000007/ati/102/are/E09000030/iid/91650/age/161/sex/4> accessed 25-10-16

⁹⁴ Deprivation in Tower Hamlets, Analysis of the 2015 Indices of Deprivation data; Tower Hamlets Council, Corporate Strategy and Equality Service | Corporate Research Unit, http://www.towerhamlets.gov.uk/Documents/Borough_statistics/Income_poverty_and_welfare/Indices_of_Deprivation_Low_resolution.pdf

⁹⁵ POPPI; <http://www.poppi.org.uk/index.php?pageNo=325&areaID=8640&loc=8640>

⁹⁶ Older People's Housing Strategy Needs Assessment, 2010

⁹⁷ PHOF, 2013 data; <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000007/ati/102/are/E09000030/iid/90356/age/1/sex/4>; as per August 2016

temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population⁹⁸.

- In 2015, there were an estimated 5,948 **people 65 and over living alone** in Tower Hamlets. This represents a 36% of the older population and it compares to 37% in London and 36% in England. It is projected that this figure will increase to 8,482 by the year 2030, an increase of 41.8%⁹⁹.
- A national study among persons aged 52+ reported a prevalence rate of **feeling lonely** 'often' (chronic loneliness) as 9%, with reported loneliness being highest among those aged 80+ at 17%¹⁰⁰. Based on national estimates, 10% of the over 65 population feel lonely "all or most of the time" ("chronic loneliness"). However, studies show that rates of chronic loneliness are higher (16%) in deprived inner city boroughs. Given the characteristics of the Tower Hamlets population, the proportion of older residents who are chronically lonely is likely to reflect the higher rate of 16% equating to about 2,600 persons¹⁰¹.

The Tower Hamlets factsheet on loneliness¹⁰² provides more information and focuses on the needs of residents in Tower Hamlets aged 65 and over and the services currently provided.

- In the year 2015-2016, in Tower Hamlets, there were 303 (55%) out of 554 adults safeguarding referrals (**elder abuse**) or concerns which involved older people. Fifty eight percent of the referrals were women and 51% were for people aged 85 and over. Some of the clients had multiple types of abuse recorded. More white people had been referred (212; 70 %) than Asian (36; 12%) and black people (33; 11%). The main reasons for referral were neglect or act of omission (140), physical abuse (74), financial abuse (54) and psychological/emotional abuse. There were 8 referrals for sexual abuse. The most frequent sources of abuse came from the social care support or services providers (101 referrals) followed by a relative/family carer (72), individuals known or unknown to the client (47) primary care (25) and 22 at secondary care¹⁰³.
- In 2015, in Tower Hamlets a lower proportion (11%; 1,795) of older residents was providing **unpaid care** to a partner, family member or other person, than in London (12.7%) and England (14.2%). The number is estimated to increase to 2,699 in 2030 (16%)¹⁰⁴.

4.3 Lifestyle factors in older people in Tower Hamlets

⁹⁸ Public Health England; Public Health Outcomes Framework; <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000044/pat/6/par/E12000007/ati/102/are/E09000030/iid/90360/age/1/sex/4>

⁹⁹ POPPI; <http://www.poppi.org.uk/index.php?pageNo=324&PHPSESSID=a8tl38vt2lu6hffbjf2h9nl5m5&sc=1&loc=8362&np=1>

¹⁰⁰ Cattan M. Supporting Older People to Overcome Social Isolation and Loneliness.; 2001.

¹⁰¹ Tower Hamlets **Loneliness and Isolation in Older People Factsheet, 2015**

¹⁰² Tower Hamlets **Loneliness and Isolation in Older People Factsheet, 2015**

¹⁰³ LBTH Policy, Programmes and Community Insight Service, July 2016

¹⁰⁴ POPPI; <http://www.poppi.org.uk/index.php?pageNo=328&PHPSESSID=6qvk01l75s2nkrsnev7jh0d1&sc=1&loc=8362&np=1>
latest accessed 19 Sept 2016

- A locally designed Health and Lifestyle survey indicated that 90% of older people do not eat the recommended **five portions of fruit and vegetables** a day¹⁰⁵. Nine percent of people over the age of 65 years admitted to hospital had been found to have a micronutrient deficiency, of which 14% had a nutritional deficiency as the primary reason for admission to hospital. However, this is likely to be an underestimation as not all patients are likely to have their micronutrient status assessed during their hospital stay¹⁰⁶.
- Older adults have very low levels of **physical activity** with only 7% achieving the recommended minimum frequency of five times a week. There is no data on the number of older people in Tower Hamlets who do some kind of physical activity. Social Care Day Services reported that 4,396 people aged 50 and over attended physical activities sessions in 2015-16¹⁰⁷. These sessions include for example: Tai Chi & Yoga, tea dancing, chair Zumba, etc.
- As per April 2015, 2,592 patients out of total 52,579 **smokers** registered with a GP in Tower Hamlets, were aged 65 and over. This represented a 5% of the older population and it is a similar percentage as in neighbouring boroughs with 5% each.
- A snap shot audit in primary care in 2016, showed that 0.5% (91) of Tower Hamlets patients aged 65 and over registered with a GP were **drinking** high levels of alcohol (50 or more units per week if males and 35 or more per week if females); 1.6% (273) were drinking between 22-50 units per week (males) and 15-35 units (female) and 61.1% (10,342) were drinking the recommended amount of 0-21 units per week (males) or 0-14 units per week (females). The remaining patients (6210; 36.7%) did not have a record of their drinking habits¹⁰⁸.

4.4 Immunisation and screening in older people in Tower Hamlets

- Tower Hamlets uptake of **flu vaccination** has been for the last ten years the highest in London. In 2014-15, the uptake in people aged 65 and over was 75.4 %¹⁰⁹ which met the 75% national standard.
- The national minimum coverage standard for the **Breast screening programme** is 70% and the national coverage target is 80%. In Tower Hamlets, the breast screening coverage rate for women aged 53 to 70 was lower (62.2%) than England (75.5%) and London (69.2%)¹¹⁰.

¹⁰⁵ From: Tower Hamlets Health and Lifestyle Survey, 2009 referenced in Food and Nutrition in People Over 65-Tower Hamlets Joint Strategic Needs Assessment 2010-2011 Available from:

http://www.towerhamlets.gov.uk/ignl/health_and_social_care/joint_strategic_needs_assessme.aspx

¹⁰⁶ International Statistical Classification of Diseases and related health problems 10th Revision;

<http://apps.who.int/classifications/icd10/browse/2010/en15>. Referenced in TH Food and nutrition in Older people **JSNA 2010-11**)

¹⁰⁷ Adult Social Care Commissioning report; personal communication 2015-16; 07-10 16

¹⁰⁸ TH CEG data, personal communication, PH Team

¹⁰⁹ PHE Seasonal influenza vaccine uptake amongst GP patients in England; Final monthly data for 1 September 2014 to 31 January 2015;

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428971/Seasonal_Flu_Jan15_acc2.pdf

¹¹⁰ PHOF Indicators <http://www.phoutcomes.info/public-health-outcomes-2016>; re-accessed 13 March 2017
framework#page/4/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000030/iid/22001/age/225/sex/2

- The national target for the **Bowel screening programme** is 60%. Coverage in Tower Hamlets remains the lowest in the country at 40.9%. This compares to 57.9% in England and 48.8% in London¹¹¹.
- The national “acceptable standard for screening coverage for the **Abdominal Aortic Aneurysm screening programme (AAA)**: (the proportion of men eligible for abdominal aortic aneurysm screening who are conclusively tested) is ≥ 75% and the “achievable standard” is ≥ 85%. The 2014-15 coverage in Tower Hamlets (74.3%) was significantly lower than in England (79.4%) but similar to London (74.4%)¹¹².
- The national “acceptable standard” uptake for the **Diabetic Retinopathy screening programme** is =>70% and the “achievable” standard is =>80%. The annual uptake for 2014-15 in Tower Hamlets (all ages) was 72.0% compared to City and Hackney (85.8%), Newham (84.1%), Waltham Forest (79.4%), London (81.9%) and England (82.9%).

4.5 Common health conditions and syndromes in older age in Tower Hamlets

- **Visual impairment:** Information provided in this section has been extracted from the RNIB data tool local authority report for Tower Hamlets residents¹¹³.

As per 2016, there were an estimated 3,980 people living with some degree of sight loss. Of these, 2,620 were living with mild sight loss, 910 with moderate sight loss and 460 with severe sight loss (blindness). A lower percentage (1.3%) of the total population of Tower Hamlets was living with sight loss, compared to 2.2% in London and 3.1% in England.

By 2030, it is estimated that 5,780 people in Tower Hamlets will be living with sight loss (an increase of 45%) and 670 with severe sight loss (an increase of 46%).

However, the Tower Hamlets blind register (2013-14), shows that there are only 1,075 people registered as blind (51%) or partially blind (49%). This represents a rate of 392 people per 100,000 residents which is lower than the England rate (540).

Although age- related macular degeneration will remain the most common form of sight loss in the UK, Tower Hamlets forecast indicates that the number of people with diabetic retinopathy (including severe grade) is already higher (6,500) than people with all grades AMD and is predicted to rise by 15% to 7,480 cases by 2030. Of the 6,500 people having diabetic retinopathy, 550 have severe retinopathy, that is, a later stage of the disease likely to result in significant sight loss.

¹¹¹ <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000030/iid/91720/age/280/sex/4-2016>; re-accessed 13-03-17

¹¹² PHOF indicator 2.20iv – Abdominal Aortic Aneurysm Screening – Coverage Tower Hamlets;

<http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000030/iid/92317/age/94/sex/1>; accessed 17-10-16

¹¹³ RNIB. Sight Loss data tool Tower Hamlets report; January 2016; <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>; accessed 23-03-17

The condition affecting the second higher number of people (5,390) is age related macular degeneration with a total of 5,390 with 980 of these having being late stage AMD.

The prevalence of many eye conditions increases with age. It is estimated that Tower Hamlets population aged 45 and over will increase in the coming years. This suggests that the number of people with sight threatening conditions will increase in Tower Hamlets. This will increase the need for access to eye health care and support services in the future.

A Vision Tower Hamlets Factsheet is currently in draft form. Once published, it will provide comprehensive information on visual health in the Tower Hamlets population.

- **Hearing impairment:** In 2015, it was estimated that 7,023 aged 65 and over had a hearing impairment. 6,850 out of these had moderate or severe impairment and 173 had profound impairment. This figure is predicted to increase to 8,472 by 2025 (8,252 moderate & 220 profound)¹¹⁴. In 2015, the Tower Hamlets Hearing Impairment Register had 74 deaf and 171 “hard of hearing” older people registered¹¹⁵.

Currently there are between 86 and 100 people in TH with dual sensory loss and 95% are over the age of 65. These are people who have a substantial hearing and sight loss¹¹⁶

- **Dental Health:** Twenty seven per cent of older adults in Tower Hamlets have decayed teeth, 47% bleeding gums and 55% gum disease. The level of gum disease in older people in Tower Hamlets was comparable to that of older people in England. White and Black older people are more likely to have decayed teeth than Asians. The Tower Hamlets Factsheet “Oral health of older people” should be consulted for further information¹¹⁷.
- **Osteoporosis:** Information on osteoporosis in Tower Hamlets is provided in paragraph 6.2 below as part of indicators of quality of primary care.
- **Mental Wellbeing:** The Tower Hamlets Mental Wellbeing Factsheet 2015¹¹⁸ provides comprehensive evidence based information on mental wellbeing. Although it does not provide local data, it reports that subjective wellbeing has been shown to decline as the individual moves through the life course. National data on the subjective wellbeing of adults 16+ shows that it reaches its lowest point to age aged 45-54 and dips again among those over. A survey of Tower Hamlets residents aged 16+ using WEMWBS revealed a gradual decline in wellbeing as people get older¹¹⁹.

¹¹⁴ POPPI; <http://www.poppi.org.uk/index.php?pageNo=419&areaID=8640&loc=8640>

¹¹⁵ Performance, Data & Efficiency Analyst (Social Care); Policy, Programmes and Community Insight Service; Children’s’ and Adults Resources; LBTH

¹¹⁶ London Borough of Tower Hamlets, Services for Deaf & Hard of Hearing People

¹¹⁷ TH Oral health of older people Factsheet, August 2015; <http://www.towerhamlets.gov.uk/Documents/Public-Health/TH-JSNA-Factsheet-oral-health-older-people-2015.pdf>

¹¹⁸ Tower Hamlets Mental Wellbeing Factsheet 2015

¹¹⁹ Madelin, T. Tower Hamlets Population : Factsheet, 2011

- **Mental Health in older people in Tower Hamlets**
 - Around 1,412 (8.5%) are estimated to have **depression** and is similar with estimates for London and England. The projected estimate for Tower Hamlets for 2030 seems to be slightly lower at 8.5%¹²⁰.
 - Severe depression is estimated at 3% (474) %¹²¹.
 - Approximately 11.4% of the **serious mental illness (SMI)** register is made up of people aged 65 and over¹²².
 - It is estimated that depression affects 30% to 40% of all nursing home residents. Rates in nursing homes seem to be substantially higher than rates for community-dwelling elderly individuals¹²³.
 - 826 older residents had a diagnosis of **dementia** (Sept 2015)¹²⁴.
 - The recorded prevalence of dementia in Tower Hamlets was significantly higher (4.9%) than in London (4.4%) and England (4.3%).
 - The age standardised mortality rate in residents with a recorded mention of dementia (752 per 100,000 population) was similar to London (687) and England (750) in 2014¹²⁵.
 - Estimates suggested that in 2030 there will be around 1,550 people aged 65 with dementia in Tower Hamlets¹²⁶.

The Tower Hamlets Older People’s Mental Health Needs Assessment for Depression, Dementia and Severe Mental Illness¹²⁷ provides a summary of the mental health needs of older people in Tower Hamlets. Information on mental health can also be found in the Tower Hamlets Mental Health in the Tower Hamlets Mental Health JSNA, 2013¹²⁸.

- **Long Term Conditions for Tower Hamlets people aged 60 and over:**
 - Of all the Tower Hamlets registered with a GP in 2015, those aged 65 and over represented: 33% (5,251) of all patients with a diagnosis of **diabetes**; 45% (10,189) of those with **hypertension**; 56% (2,778) with **coronary heart disease**; 63% (1,380) with **stroke/TIA** and 60% (2,287) of those with **chronic obstructive pulmonary disease**¹²⁹.
 - Tower Hamlets had a lower percentage of older people with a diagnosis of diabetes and CHD than City and Hackney but similar than Newham and a similar percentage of older people with hypertension than City and Hackney but higher than Newham (39%).
 - More than half (60%) of all patients with COPD in Tower Hamlets were older people which compares with 58% in City and Hackney and 62% in Newham.

¹²⁰ POPPI <http://www.poppi.org.uk/index.php?pageNo=332&PHPSESSID=hv4lkcltsnrmlgoptnq9t3s5m5&sc=1&loc=8362&np=1>
¹²¹ In: Tower Hamlets Mental health JSNA, Part 1

http://www.towerhamlets.gov.uk/Documents/Borough_statistics/JSNA/Tower_Hamlets_Mental_Health_JSNA_Part_1_Population_Needs.pdf latest accessed 25-10-16

¹²² CEG JSNA data reports 2015

¹²³ Blazer DG. Depression in late life: review and commentary. J Gerontol A Biol Sci Med Sci. 2003;58(3):249–265.

¹²⁴ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/gid/1938133052/pat/6/par/E12000007/ati/102/are/E09000030> latest accessed 10-10-16

¹²⁵ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/gid/1938133052/pat/6/par/E12000007/ati/102/are/E09000030/iid/91891/age/27/sex/>

¹²⁶ POPPI data: <http://www.poppi.org.uk/index.php?pageNo=334&areaID=8640&loc=8640>; latest accessed 10-10-16

¹²⁷ Older People’s Mental Health Needs Assessment for Depression, Dementia and Severe Mental Illness, October 2009

¹²⁸ Mental Health Joint Strategic Needs Assessment for Tower Hamlets ,2013, Part One; http://www.towerhamlets.gov.uk/Documents/Borough_statistics/JSNA/Tower_Hamlets_Mental_Health_JSNA_Part_1_Population_Needs.pdf latest accessed 25-10-16

¹²⁹ Source: CEG JSNA report for East London and the City - April 2015

- Sixty three percent of all Tower Hamlets patients diagnosed with stroke/TIA were aged 65 or over-lower than in City and Hackney (64%) but higher than in Newham (59%)¹³⁰.
 - Hospital admission rates due to stroke for aged under 75 are significantly higher than the national average.¹³¹ Residents in Tower Hamlets are three times as likely as residents in the England local authority with the lowest admission rate to be admitted to hospital for a stroke before the age of 75 years. Moreover, standardised admissions rate (1406.2 per 100,000 65+ population) for Tower Hamlets residents aged 65 and over are also higher than for London (785.9) and England (759.8)¹³².
 - Tower Hamlets patients who survive a stroke receive an average standard of primary care despite below average levels of primary care spend on cerebrovascular disease¹³³.
 - **Cancer** is the largest cause of premature death in Tower Hamlets accounting for a third of deaths in people under 75 years old and has amongst the worst mortality and survival rates in the country.
The incidence of cancer in Tower Hamlets is higher than both London and England. As per April 2015 there were 1,699 people aged 65 and over registered with a GP with a diagnosis of cancer. This represented 48.7% (1,699/3,488) of all patients registered with cancer diagnosis and 10% (1,699/16,700) of all people aged 65 and over¹³⁴.
- **HIV in men who have sex with men (MSM):** In 2014, the estimated number of MSM residents in Tower Hamlets was 4,300 (16-44 years old). There were 96 new HIV diagnoses in MSM (representing 7.2% all the cases diagnosed in London). 971 MSM were accessing care for diagnosed HIV. Although this figure relate to men younger than 65 years of age, HIV has become a long term condition. Therefore, as this group of men age, their requirements for specific health and social care services will impact on Tower Hamlets services provision¹³⁵.
 - **Falls in older people:** In 2015, around 4,320 older people were estimated to have had a fall in Tower Hamlets in 2015 (2,578 women and 1742 men)¹³⁶. There were 394 emergency admissions for injuries due to falls (247 women and 147 men). The standardised admission rate (2,292 per 100,000 population) was similar to London (2,253) and England (2,125).

There were 105 emergency admissions for fracture of the hip (72 women and 33 men). The standardised admission rate (606 per 100,000 people) was no significantly different than in London (517) and England (571)¹³⁷.

¹³⁰ Source: CEG JSNA report for East London and the City - April 2015

¹³¹ Tower Hamlets Stroke Pathway, 2012; <http://www.londonhp.nhs.uk/wp-content/uploads/2012/12/Tower-Hamlets-stroke-2012.pdf>

¹³² Older People's Health and Wellbeing Atlas –extract Atlas, Publication date November 2012; <http://www.wmpho.org.uk/olderpeopleatlas/atlas/atlas.html>

¹³³ Tower Hamlets Stroke Pathway, 2012; <http://www.londonhp.nhs.uk/wp-content/uploads/2012/12/Tower-Hamlets-stroke-2012.pdf>

¹³⁴ Tower Hamlets Cancer JSNA Factsheet, 2010-11,

¹³⁵ PHE, Inequalities in sexual health: Update on HIV and STIs in men who have sex with men in London, February 2016

¹³⁶ POPPI, 2016

<http://www.poppi.org.uk/index.php?pageNo=338&PHPSESSID=6h0b8omeq611282kaf3vaft1e5&sc=1&loc=8362&np=1>

¹³⁷ PHOF indicators, 2014-15 data; <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000030/iid/22401/age/27/sex/4>

- Continence in older people:** It is estimated that 2,660 older people in Tower Hamlets experience a bladder problem at least once a week and another 523 experience the problem less than once a week in 2015. These figures are expected to increase to 3,846 and 771 respectively by 2030. The percentages of older people in Tower Hamlets predicted to have a bladder problem less than once a week (3%) is similar than for London and England. The percentage of those predicted to have a bladder problem at least once a week (16%) was also the same in the three areas¹³⁸.
- Limiting long term illness:** In 2015, there were an estimated 10,383 (63%) older people in Tower Hamlets with a limiting long-term condition in 2015. For 4,211 (26%) older people this long term illness limits their day-to-day activities “a little” and for 6,172 (38%) limits their activities “a lot”. By 2030, the total number is estimated to increase to 15,184¹³⁹. A higher proportion (38%) of older people in Tower Hamlets has a long term illness which limits their day-to-day activities “a lot” than in London (25%) and England (24%)¹⁴⁰.
- Managing domestic tasks:** In 2015, there were an estimated 6,571 older people in Tower Hamlets unable to manage at least one domestic task on their own, a lower proportion (40%) than in London (41%) but similar to England (40%). Sixty five percent (4,285) were women and 35% (2,276) were men. This number is expected to increase to 9,312 by 2030¹⁴¹. Domestic tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities.
- Self-care activities** (bath, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, and take medicines): 33% (5,368) of older people in Tower Hamlets were estimated to be unable to manage at least one self-care activity on their own in 2015. This proportion compares to London and England (both 33 %). This number is estimated to increase by 42% to 7,638 in 2030. The increase will be higher in men than women¹⁴².

4.6 Hospital attendance in older people: In 2014-15, there was a higher rate of hospital episodes per 100 people (91.76) in Tower Hamlets residents aged 65 and over than in London (84.10) and England (80.30) (Table 15)¹⁴³.

In 2012, the standardised rate for all hospital admissions (day case, elective and emergency) per 100, 000 people aged 65 and over in Tower Hamlets was significantly worse (57137.6)

¹³⁸ POPPI estimates as per July 2016:

<http://www.poppi.org.uk/index.php?pageNo=340&PHPSESSID=26hmnnda8npaorl5tdons1f06&sc=1&loc=8362&np=1>;

¹³⁹ POPPI estimates as per July 2016;

<http://www.poppi.org.uk/index.php?pageNo=331&PHPSESSID=0u2ci0s57mc65mjai1hdvt9v91&sc=1&loc=8362&np=1>

¹⁴⁰ POPPI <http://www.poppi.org.uk/index.php?pageNo=331&PHPSESSID=6qvkl0175s2nkrsnev7jh0d1&sc=1&loc=8640&np=1>

¹⁴¹ <http://www.poppi.org.uk/index.php?pageNo=329&areaID=8648&loc=8648>; latest accessed 19 September 2016

¹⁴² POPPY

<http://www.poppi.org.uk/index.php?pageNo=330&PHPSESSID=6qhu7fv9jtqvrk60dn88a782g3&sc=1&loc=8362&np=1>;

¹⁴³ The Health and Social Care Information Centre, Hospital Episode Statistics for England. Admitted Patient Care statistics, 2014-15- Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector (Provided by TH Public Health Intelligence).

than in London (56578.5) and England (54148.7). The rate of emergency admissions (30701.6) was also significantly higher than in London (23606.3) and England (20936.2)¹⁴⁴.

5. What is being done locally to address this issue?

5.1. Tower Hamlets overarching strategies

Tower Hamlets has developed a wide range of overarching strategies, action plans and programmes that impact on wider determinants of health, healthy lives and early identification of illness. These are discussed in the 2016, Older People JSNA full report.

Besides, there are a number of partnership working initiatives which will also impact on the health and wellbeing of the older population: (i) NHS Sustainability and Transformation Plans (East London); (ii) Transforming Services Together (East London); (iii) Tower Hamlets Together NHS Vanguard Programme. Besides, Public Health and Adult Social Care commission a wide range of services to support and provide care to older residents in the borough.

Other specific strategies/services/interventions which address individual specific topics are listed below and presented in more detail in the 2016 Older People JSNA full report:

5.2 Wider determinants of health- specific strategies/services/interventions

- **Housing:** “Towards a new Tower Hamlets Housing Strategy”¹⁴⁵
- **Loneliness:** Interventions to address loneliness are based on the Campaign to End Loneliness¹⁴⁶. Recommendations on how to address loneliness in older people in Tower Hamlets and the description of services involved can be found in the “Tower Hamlets Loneliness and Isolation in Older People Factsheet 2016”¹⁴⁷.
- **Elder abuse:** Tower Hamlets has had a Safeguarding Adults Board (SAB) since 2009. Information on safeguarding adults and the Safeguarding Adults Board can be obtained in the Tower Hamlets website¹⁴⁸.

5.3 Lifestyle factors- specific strategies/services/interventions

- **Diet and physical activity:** The Food and Nutrition in people over 65TH JSNA¹⁴⁹ describes the services available for older people in Tower Hamlets that may potentially impact food intake and nutritional status of older people and provides recommendations on what new activities should be implemented to improve the diet of older people. Below are three examples:
 - **Fit for Life programme**¹⁵⁰: The Fit 4 Life programme aims to improve health outcomes and the quality of life for adults (18+) with long term health

¹⁴⁴ Older People's Health and Wellbeing Atlas –extract Atlas, Publication date November 2012;
<http://www.wmpho.org.uk/olderpeopleatlas/atlas/atlas.html> (Provided by TH Public Health Intelligence, May 2016)

¹⁴⁵ http://www.towerhamlets.gov.uk/Documents/Housing/LBTH_Housing_Strategy_outline.pdf

¹⁴⁶ Campaign to End Loneliness. Briefing note : Services to reduce loneliness and isolation amongst older people. 2013:1.

¹⁴⁷ Tower Hamlets Loneliness and Isolation in Older People Factsheet 2016

http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Lonelinesss_and_Isolation_in_older_people.pdf

¹⁴⁸ http://www.towerhamlets.gov.uk/ignl/health_social_care/safeguarding_adults/Safeguarding_Adults_Board.aspx

¹⁴⁹ <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Food-and-nutrition-in-People-over-65.pdf>

¹⁵⁰ <http://www.bbbc.org.uk/fit-for-life>

conditions through sustainable improvements to their diet, physical activity levels and weight, prioritising those at high risk of, or with, type 2 diabetes and cardio vascular disease and those who are obese with co-morbidities or severely obese. People with other long term conditions e.g. mental illness and musculo-skeletal problems can also benefit from Fit4Life services. The Fit4Life programme is delivered in partnership by the Bromley by Bow Centre, Homerton University Hospital NHS Foundation Trust and Ability Bow.

- **Link Age Plus:** Link Age Plus provides among other services, a healthy living programme, falls screening and sessions on physical activity (including Tai Chi & Yoga) for people aged 50 and over.
- **Smoking:** The Tower Hamlets Joint Strategic Needs Assessment 2013-2015 Factsheet: Health and Wellbeing Tobacco Control¹⁵¹ describes the three approaches Tower Hamlets is taking to address smoking cessation: (1) Preventing the uptake of tobacco use, (ii) Commissioning a range of cessation services in order to meet the diverse needs of the community and (iii) Protecting people from the effects of tobacco and second hand smoke. It also describes the services involved and provides recommendations on what else should be doing.
- **Alcohol and drugs:** The Tower Hamlets Substance Misuse Strategy 2016—2019 has been developed to tackling drugs and alcohol through prevention and behaviour change; treatment; and enforcement and regulation¹⁵². A substance misuse strategy action plan 2016/2017 is also in place¹⁵³.

5.4 Common health conditions and syndromes of older age- specific strategies/services/interventions

- **Tower Hamlets Vision Strategy and Vision Plan¹⁵⁴:** The 2013-2016 Vision Strategy and the 2014- 2016 Vision Plan set out the current level of eye health and visual impairment support provision in Tower Hamlets, identifies service and delivery considerations, and sets out recommendations for current and future service provision. The Plan sets the stage for the development of seamless, cost effective and joined up prevention initiatives and service provision in Tower Hamlets.
- **Sight and Hearing Services in LBTH¹⁵⁵:** The service maintains a register of deaf and hard of hearing people who live in the Borough and provide advice and suitable equipment to those in need. The team works in partnership with the East London Vision (ELVis), a charity which helps to improve services for vision impaired people across the region.
- **Dental Health¹⁵⁶:** Current dental health programmes include a health promotion programme for older people, a rolling programme of screening older adults in

¹⁵¹ <http://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/Tobacco-JSNA-July-2013-Final.pdf>

¹⁵² LBTH Substance Misuse Strategy 2016-2019

¹⁵³ Substance Misuse Strategy Action Plan 2016/17 DRAFT

¹⁵⁴ Vision for Tower Hamlets: A Plan for Eye Care & Inclusion, 2013 – 2016

¹⁵⁵ http://www.towerhamlets.gov.uk/ignl/health__social_care/disabilities/sight_and_hearing_service.aspx

¹⁵⁶ TH Oral health of older people Factsheet, August 2015; <http://www.towerhamlets.gov.uk/Documents/Public-Health/TH-JSNA-Factsheet-oral-health-older-people-2015.pdf>

nursing and residential homes, domiciliary dental services for frail elderly and a mouth cancer awareness programme.

- **Mental Wellbeing:** TH Mental Wellbeing Factsheet 2015¹⁵⁷ provides extensive evidence based information on mental wellbeing across the life course and it describes in detail a series of evidence based interventions aimed to improve mental wellbeing in older people. The 2015 Older People JSNA full report describes a summary of those.
- **Mental Health:** The Mental Health Joint Strategic Needs Assessment 2012¹⁵⁸ provides a number of recommendations to improve mental health in Tower Hamlets. Some examples of those specifically related to older people are: the need to improve access to Psychological Therapies (IAPT); to determine the desirability and feasibility of improving information collection to determine the number of older people with depression, and the severity of their depression and the needs of the 275 older people identified with severe mental illness (i.e. psychosis) in the borough.

The Tower Hamlets Mental Health Strategy 2014 – 2019¹⁵⁹, presents the life course approach to mental health and considers the mental health needs of, and services for, the whole population of Tower Hamlets including the needs of, and services for, people with dementia.

- **Long Term Conditions:**
 - **Tower Hamlets NHS Health Checks:** The NHS Health Check is designed to identify and reduce cardiovascular risks in individuals through support for change in lifestyle including smoking cessation and improvement in diet and physical activity - as well as treatment where appropriate to lower blood pressure and cholesterol and to improve other newly identified co-morbidities. People aged 40-74 years are eligible for an NHS Health Check every 5 years unless they have pre-existing conditions such as diabetes, hypertension, stroke or heart disease, which are excluded from the NHS Checks programme because they are already managed by their doctor.

Tower Hamlets has one of the highest up-take rates of NHS Health Checks in London and England¹⁶⁰.

¹⁵⁷ TH Mental Wellbeing Factsheet 2015

¹⁵⁸ http://www.towerhamlets.gov.uk/ignl/health__social_care/joint_strategic_needs_assessme/cross-cutting.aspx

¹⁵⁹

<http://www.towerhamletscg.nhs.uk/4%20%202014%201%2022%20Tower%20Hamlets%20Mental%20Health%20Strategy%20FINAL.pdf>

¹⁶⁰ Luise Dawson; NHS Improving Quality; NHS HEALTH CHECKS CASE STUDY, Tower Hamlets NHS Health Checks, March 2014

- **Tower Hamlets Integrated Care Programme:** The TH person-centred programme is person-centred integrated care aims to deliver co-ordinated and person-centred care and to support and empower patients to self-care and self-manage. The vision is for people to live well for longer leading more socially active independent lives, reducing admissions to hospital, and enabling access to treatment more quickly. Decisions on the target population for Integrated Care are based on a detailed assessment of the patients ‘needs taking into account individuals’ perspectives and incorporating clinical judgement¹⁶¹.
- **Falls:** The 2015 Tower Hamlets “Falls in Older People” JSNA factsheet¹⁶² describes in detail all the different services and staff involved on the prevention, treatment and rehabilitation of falls in older people in Tower Hamlets.

5.5 Social Care services provision for older people in Tower Hamlets:

Evidence shows that more than 8 out of 10 people aged 65 will need some care and support in their later years¹⁶³. In England in 2012, people aged 65 or over made up one in six (17%) of the population and this group uses more than one sixth of health and social care resources¹⁶⁴.

The Council commission and provide a wide range of services to support independence, health and wellbeing for older people. Below is a list of them. The 2016 Older People’s JSNA full report provides ample detail on these services:

5.5.1 Social Care services: In Tower Hamlets 63% of people using Adult Social Care services are over the age of 65¹⁶⁵ and 2,238 out of 16,700 (13.4%) residents aged 65 and over are known to and receiving Social Care Services in 2016¹⁶⁶.

The following are services provided by the Adult Social Care Team:

- **Care in the home** (reablement and domiciliary care)
- **Day services** including reablement focused services for complex needs.
- **Respite care** (either at home or in a residential placement)
- Services to address loneliness and encourage wider **community engagement** (e.g. LinkAge Plus services and lunch clubs)
- **Prevention**, health and wellbeing focused services (e.g. those promoting physical activity and healthy lifestyle)
- Services that provide information and **signpost onto other services**.
- **Specialist Dementia Service:** This service support service users across a range of cultural and religious groups with moderate to severe dementia. A further recent Dementia Diagnostic Service and Memory Clinic through ELFT is also available in Tower Hamlets to help support those not known to adult social care with diagnosis, signposting and support.

¹⁶¹ Tower Hamlets CCG – Integrated Care NIS Service Specification (B1) 01-04-16 to 31-03-17

¹⁶² http://www.towerhamlets.gov.uk/IGN/health_social_care/joint_strategic_needs_assessme/joint_strategic_needs_assessme.spx

¹⁶³ Department of Health. Caring for our future: reforming care and support, 2012; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

¹⁶⁴ <http://www.hscic.gov.uk/catalogue/PUB14369>

¹⁶⁵ Review of Older People Days Services in the London Borough Of Tower Hamlets:

<http://modern.gov.towerhamlets.gov.uk/documents/s78718/5.8b%20Older%20Persons%20Day%20Services%20Review.pdf>

¹⁶⁶ TH Adult Social Care department - communication

The Council also provides the following services:

- **Care Homes (residential and nursing homes) and Sheltered Accommodation:** There are 6 care homes in Tower Hamlets with a total of 339 beds.
- **In-house services provision:** These are also social services provided by the council to which older people can access: (i) social work teams providing long term support; (ii) in-house domiciliary care; (iii) hospital social work team and (iv) assessment and support for carers.
- **Reablement service:** It provides short term support following a change in circumstances such as a fall, a stay in hospital or a stroke. The service is provided by a multidisciplinary team including occupational therapists, nurse advisor, social workers and front line officers.
- **Age UK Handyperson Service¹⁶⁷:** It provides home repairs and maintenance and raise awareness of home safety issues and risk factors amongst older people.
- **Home Improvement Agency¹⁶⁸:** The HIA can provide professional, technical and administrative services for people who have fallen or are at risk of falling by arranging or carrying out work to improve or repair their homes or adaptations to reduce the risk of falling.
- **Telecare Service and Assistive Technology Team:** This service 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 Store¹⁶⁹:** The five Tower Hamlets 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.
- **The Tower Hamlets Community Catalogue¹⁷⁰** in the London Borough of Tower Hamlets website, describes in detail the services, support and equipment that Tower Hamlets can provide to help older people to live more independently. However, this information is only provided on-line and this can be a problem for older people.
- **Digital Inclusion:** Estimates for 2012-13 indicated that around 87 per cent of adults in Tower Hamlets had used the internet, close to the London average (88 per cent), and a bit higher than the national average (85 per cent). However, internet access and use is strongly associated with age and while 97 per cent of the borough residents aged 18-34 had internet access only 42% of those aged 60 and over had access¹⁷¹.

¹⁶⁷ <https://www.ageuk.org.uk/eastlondon/home-care-services/tower-hamlets-handyperson-service/>

¹⁶⁸ http://www.towerhamlets.gov.uk/ignl/housing/grants/home_improvements_agency.aspx

¹⁶⁹ Idea Stores;

<http://www.ideastoreonlinedirectory.org/kb5/towerhamlets/cd/results.page?communitychannel=0&qt=Older+people+&term=Tower+Hamlets&sorttype=distance>

¹⁷⁰ <http://communitycatalogue.towerhamlets.gov.uk/marketplace/api/cms/search/doMenuSearch?ft=services>

¹⁷¹ Tower Hamlets Internet access and use: key statistics. Research Briefing 2014-04; June 2014

http://www.towerhamlets.gov.uk/Documents/Borough_statistics/Digital_inclusion/Internet-access-and-use-statistics-2014-06-17.pdf

Link Age Plus centres in Tower Hamlets and Age UK Tower Hamlets Digital Inclusion¹⁷² (computers, internet, smart phones, tablets) offer friendly dropping in sessions to help older people to increase their computer skills (word processing, internet, email, internet shopping, digital photography and social networking; They also provide help with gadgets use (mobile and iPad/tablet).

- **Roads, Highways & Pavements Tower Hamlets Department:** This department has responsibility for the maintenance of roads including pavements, footways and highways in the borough. Therefore, it can be considered a primary prevention service as the aim is to avoid accidents in particular, falls in older people¹⁷³.

The 2016 Older People JSNA full report provides more information on these services.

6. What evidence is there that we are making a difference?

6.1 Public Health Outcomes Framework (PHOF) Indicators

The Public Health Outcomes Framework Outcomes indicators¹⁷⁴ 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. Table 1 presents PHOF indicators which are related to older people.

There are only 3 indicators in which Tower Hamlets is doing better than London and England (in green): the percentage of households that experience fuel poverty, abdominal aortic aneurysm screening uptake and the population coverage of flu vaccine.

The coverage/uptake of the breast, bowel and diabetic retinopathy screening programmes are significantly lower (in red) than in London and England. Tower Hamlets is also doing significantly worse than London and England in the “Health related quality of life for older people”.

Tower Hamlets is doing similarly than London and England (in orange) for the rest of indicators. Regarding the indicator “Social Isolation”, the percentage of people who have as much social contact as they would like in Tower Hamlets is similar than in London but worse than in England (red).

There is no data available for the indicator “Older people's perception of community safety during the day” for Tower Hamlets.

Table 1: PHOF Indicators- TH, London and England




¹⁷² Age UK Eat London; Digital Inclusion; <http://www.ageuk.org.uk/eastlondon/activities--events/digital-inclusion/>

¹⁷³

http://www.towerhamlets.gov.uk/ignl/transport_and_streets/roads_highways_and_pavements/pavement_maintenance.aspx

¹⁷⁴ <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049>

PHOF Indicators	Period	Tower Hamlets	London	England
1.17 Percentage of households that experience fuel poverty	2013	7.6%	9.8%	10.4%
1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like Tower	2014-15	39.8%	41.8%	44.8%
1.18i Older people's perception of community safety during the day	2014-15	N/A	N/A	97.6%
2.20i Breast cancer screening coverage	2015	59.6%	68.3%	75.4%
2.20 iii Bowel cancer screening coverage	2014-15	37.3%	47.8%	57.1%
2.21 Non-cancer screening Diabetic Retinopathy- uptake of screening	2013	68.2%	77.0%	79.1%
2.21viii - Abdominal aortic aneurysm screening	2014-15	100%	99.1%	97.4%
2.24i - Injuries due to falls in people aged 65 and over (Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population)	2014-15	2,292	2,253	2,125
3.03xiv - Population vaccination coverage - Flu (aged 65+)	2014-15	75.4%	49.2%	72.7%
4.12i - Preventable sight loss - age related macular degeneration (AMD)- Crude rate per 100,000 population	2013-14	78.3	87.7	118.8
4.12ii - Preventable sight loss - glaucoma- Crude rate	2013-14	17.7	14.6	12.9
4.12iii - Preventable sight loss - diabetic eye disease- Crude rate	2013-14	4.8	4.2	3.4
4.13 - Health related quality of life for older people-Average health status score for adults aged 65 and over as measured using the EQ-5D scale	2013-14	0.665	0.717	0.727
4.14i - Hip fractures in people aged 65 and over (Persons)-Age-sex standardised rate		606	517	571
4.15i - Excess winter deaths index (single year, all ages) (Persons)	2013-14	1.7	11.8	11.6

 Results in Tower Hamlets significantly better than London and/or England
 Results in Tower Hamlets similar than London and/or England
 Results in Tower Hamlets significantly worse than London and/or England

6.2 The Quality and Outcomes Framework (QOF)¹⁷⁵

The QOF is a voluntary annual reward and incentive programme for all GP surgeries in England which gives an indication of the overall achievement of a surgery through a points system. Its aim is to reward good practice. Practices aim to deliver high quality care across a range of areas for which they score points. The higher the score, the higher the financial reward for the practice. There are 3 QOF indicators for osteoporosis and fragility fractures:

Data from the Health and Social Care Information Centre for the 36 Tower Hamlets practices shows the following results for the Osteoporosis QOFs - 2013/14ⁱ:

OST1: All practices in Tower Hamlets achieved the maximum score (3) for this indicator. In total, 114 patients out of the 43,923 estimated 50 years old and over registered with a TH GP, were recorded as having suffered an osteoporotic fracture.

OST2: 17 practices out of 36 had attained the maximum score (3) for recording the percentage of patients aged 50 and over and who have not attained the age of 75 with a fragility fracture in whom osteoporosis has been confirmed on a DXA scan, who are currently treated with an appropriate bone-sparing agent.

OST3: 32 practices out of 36 had attained the maximum score (3) for recording the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent, as per NICE 2011.

¹⁷⁵ Quality and Outcomes framework- GP practice results 2013-2014 <http://qof.hscic.gov.uk/>

However, it should be noted that a practice which has no patients who have a particular QOF-measured condition, cannot score any QOF points for that clinical area, and could wrongly be perceived as being a lower performer in any rank of points scored. This is particularly pertinent for centres with specific demographics, e.g. a university practice whose patients are primarily students.

6.3 The Adult Social Care Outcomes Framework (ASCOF) Indicators¹⁷⁶

Nationally, the ASCOF indicators give an indication of the strengths of social care and success in delivering better outcomes for people who use their services. The following are three ASCOF indicators related to older people.

- **ASCOF 2B (1): “Older people at home 91 days after leaving hospital into reablement”**
In 2014-15, Tower Hamlets had a higher percentage of older people at home 91 days after leaving hospital into reablement (90.2%) than London (79.4%), England (82.1%) and similar local authorities (89.9%)¹⁷⁷.
- **ASCOF 2B(2): “Older people receiving reablement services after leaving hospital”.** This indicator when read with the other measure of reablement (Older people at home 91 days after leaving hospital into reablement), demonstrates the coverage of reablement services on offer. A higher score is better. In 2014-15, there was a lower percentage of older adults receiving reablement services after leaving hospital (2.3) than in London (3%), England (3.3%) and other similar health authorities (4.4%)¹⁷⁸.
- **SCOF 2A (2) “Older Adults whose long-term needs were met by admission to residential and nursing homes”:** A lower rate per 100,000 population is better. In 2014-15 there was a higher rate of older adults in Tower Hamlets (591.0) whose long-term needs were met by admission to residential and nursing homes than in London (587.5) and similar local authorities (556.1) but lower than in England (668.8)¹⁷⁹.

¹⁷⁶ Adult Social Care Outcomes Indicators: <http://ascof.hscic.gov.uk/Outcome/711/>; accessed 9 September 2015

¹⁷⁷ : [http://ascof.hscic.gov.uk/Outcome/711/2B\(1\)](http://ascof.hscic.gov.uk/Outcome/711/2B(1))

[http://ascof.hscic.gov.uk/Outcome/711/2B\(2\)](http://ascof.hscic.gov.uk/Outcome/711/2B(2))

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¹⁷⁹ [http://ascof.hscic.gov.uk/Outcome/711/2A\(2\)](http://ascof.hscic.gov.uk/Outcome/711/2A(2))

7. What is the perspective of the public?

The report “I’m still me”¹⁸⁰ identified the following key themes as important to older people:

- **Independence:** people want to be able to ‘do what I want, when I want’ and ‘getting out and about’.
- **Community interactions:** people want to have control over the amount of social contact they had (ones like more others value time alone).
- **Decision making:** Individuals want to retain choice and control of decision making but also to have clear guidance and support from professionals and family.
- **Care and support:** People often describe their satisfaction or dissatisfaction with their care in terms of personal relationships rather than the actual care that was being delivered. Moreover, older people did not generally draw a distinction between health and social care support and were not very aware of discussion about their formal care plans.

The Joseph Rowntree Foundation reported¹⁸¹ that the most common mentioned messages for “a good life” when older people need a lot of support in their everyday life included:

- People knowing and caring about you.
- The importance of belonging – and relationships and links to local communities.
- Being able to contribute (to family, social and community life, and communal life too) and being valued for what you do.
- Being treated as an equal, as an adult.
- Respect for your routines and commitments.
- Being able to choose how to spend your time – pursuing interests, dreams and goals and who you spend your time with.
- Having and retaining your sense of self, your personal identity – including being able to express views and feelings (self-expression).
- Your surroundings – those that are shared and those that are private.
- Getting out and about.

The importance of personal identity and self-esteem were referred very frequently and are fundamental since without this element, all others will fail to deliver choice and control for older people.

A consultation on Day Care Services in Tower Hamlets was carried out in 2014¹⁸² to:

- Learn from service users experience of accessing services and support received in decision making.
- Help to define outcomes that service users aspire to in day to day services and support services.
- Help to determine priorities and outcomes to support service planning and redesign for specifications.
- Learn about the gaps from a user perspective as well as what works well and not.

¹⁸⁰ National Voices, Age UK, UCL Partners; I’m Still me a narrative for coordinated support for older, 2014 people http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/im_still_me.pdf

¹⁸¹ Joseph Rowntree Foundation; <https://www.jrf.org.uk/report/report-older-peoples-inquiry-bit-help>

¹⁸² DRAFT, 2014 REVIEW OF OLDER PEOPLES DAY SERVICES IN THE LONDON BOROUGH OF TOWER HAMLETS.

The contents of the consultation were agreed at Cabinet and enabled a new way forward for these services¹⁸³.

The 2013 Tower Hamlets Adult Social Care Older People Factsheet on People's Views: This Factsheet presented the views of older people residents in Tower Hamlets in the following areas: health and quality of life, housing, neighbourhood's and safety, independence and control; social life and activities; money issues, information and advice, and service user involvement. The following are just some examples of their findings:

- Top three areas of concern regarding health and quality of life were: waiting to get a GP appointment, rude attitudes from staff and poor medical care.
- Some older people are afraid of groups of young people. Many older residents feel isolated in their homes and do not have opportunities to meet their neighbours. Residents found costs were a concern overall in particular fuel poverty. Domestic help was a priority for older residents in a Tower Hamlets Homes consultation. Older people want communication that is respectful and not condescending. Having a central and informed contact is a priority.
- Residents liked having information in one place, were keen to have more training on computers, and stressed the focus should be on providing skills for independence in IT.
- However, not everyone has internet access. One-to-one teaching on this or teaching in small groups is helpful. The cost of internet use is prohibitive.
- Older people wanted the power to create change within the borough generally.

The Tower Hamlets Dignity Code states 14 points considered being important in contributing to personal dignity, how older people expect, have the right and deserve to be treated. It is based on the national 10 Dignity Do's¹⁸⁴, the National Pensioners' Convention Dignity Code (2012)¹⁸⁵ and the City and Hackney Older Peoples' Dignity Code (2007)¹⁸⁶. It was drawn up by older people in Tower Hamlets and the aim is that it is used by all statutory agencies in the borough when planning and delivering services for older people.

The 2016 Public Health Consultation with the Older People Reference Group on the proposals for next years' Public Health Savings identified the following issues:

- It should be made easier for people to access information and comment. Not many older people in Tower hamlets can access websites as they do not have access to or cannot use the internet.
- Public Health savings should be presented in a wider context of cuts in other areas e.g. mental health trust, threats to surgeries, other Council services.
- Better forward planning require in light of additional population pressures and other pressures on services across the board.
- Commission more services across a wider footprint e.g. with other boroughs
- Too much funding spent on promotional activities like Health Trainers when face to face services are more valued and being reduced; duplication of services sometimes. Make cuts here.
- Encourage more personal responsibility for issues such as being overweight.

¹⁸³ London Borough of Tower Hamlets- Record of the decisions of the cabinet, 0-11-15;

http://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Decisions_03_Nov_2015_17_30_Cabinet.pdf

¹⁸⁴ Dignity in Care- The 10 Dignity Do's; http://www.dignityincare.org.uk/About/The_10_Point_Dignity_Challenge/

¹⁸⁵ National Pensioners Convention; <http://npcuk.org/710>

¹⁸⁶ http://dignityincare.org.uk/_library/City_and_Hackney_Older_Peoples_Dignity_code.pdf

- Other valued services such as Young at Heart services at Leisure centres (GLL) are being cut back.
- Other cancers should be a focus for awareness rising such as prostate for men and thyroid cancer.
- PH focus on children should not be at expense of older adults. And parents are critical to children in any case.
- Mental health is an area that needs better attention.
- Value of centres such as Appian Court in combating loneliness. Concern about future of the centre and whether will be maintained.

8. What more do we need to know? Recommendations

- **Life course approach:** The speed of ageing varies from person to person with 25 % of this variability explained by genetic factors and the other 75% largely explained by the cumulative impact of behaviours and exposures during the person's life course. As such, healthy ageing requires a life course approach.
- **Improvements in socioeconomic status:** As for the other age groups, housing quality, social and family networks, lifestyle and provision of integrated health and social care built around their needs are all factors that will improve older peoples' health.
- **Service delivery and training of staff:** Services and initiatives for older people should take into account what older people value and staff should be trained to deliver in a way which meets those values: (i) independence (ii) to have community interactions and control over the amount of social contact they have; (iii) to retain choice and control of decision making but also want for clear guidance and support from professionals and family. Moreover, older people with high support needs value to: (i) people knowing and caring about them (ii) feeling they belong and have links to local communities; (iii) be able to contribute (to family, social and community life), and being valued for what they do, (iv) being treated with dignity, as an equal and as an adult; have and retain their sense of self, their personal identity – including being able to express views and feelings.
- **Information provision:** There is a clear need for information and signposting of services available to older people to be enhanced, well publicised and accessible to both staff and residents, in particular, preventative services. Older residents find access to health and social care information difficult and confusing and would like to have this information in a central place.
- **Information Technology:** Older residents are keen to have more training and support with accessing and using information technology. However, the private cost of internet access is prohibitive for a majority of older people in Tower Hamlets. Initiatives to free access IT facilities in the borough for use by older people are underway and should be supported.
- **Improve older people engagement** by exploring opportunities to include older people in the commissioning / grant making process to encourage co-production.
- **Facilitate access to services and social venues by older residents** not only by providing access to transport but by providing "helpers" to support them to get out and about.

- **Finance:** In the context of reduced public finances and changes to the welfare system, efforts should be made to avoid that the health of older people is not adversely affected through impact on social care services provision, housing and transport.
- **Engaging local businesses** in a ‘community awareness’ which could lead to the development of specific community schemes (e.g. allowing people to use cafe loos, etc) and provision of older people’s apprenticeships – to allow and encourage the younger working age to retrain.
- **Improvements in information gathering/ data issues:** Data is recorded in different ways by different services and access to data on service use and outcomes in older age groups is difficult or not available. Improving data collection and monitoring would allow tracking performance, outcomes and equity regarding service provision.
There is a need for data on the access and use of transport by older people and the also the need for “helpers” to support them to get out of the house.
There is a need of data on how older residents rate how services support them/their families by demographic factors so that we can identify and deal with inequality.
- **From a NHS perspective,** the low uptake of cancer and diabetic eye screening programmes should continue to be addressed.

9. CONTACTS / STAKEHOLDER INVOLVEMENT

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