

OLDER PEOPLE'S NEEDS ASSESSMENT

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Executive summary

This document describes the needs of older people in Wandsworth, including the provision of demographic and epidemiological information as well as service use data where possible. The purpose of this needs assessment is to support the refresh of Wandsworth's Older People's Strategy. The executive summary outlines the key messages from the needs assessment.

Population

- Nine percent (2014) of Wandsworth's resident population are people aged 65 and over (28,295).
- In the next 5 years the number of older people is projected to increase to 29,485.
- There will be a projected large increase in number (950) in the 70-74 years group by 2019. As the cohort ages beyond 2019, into older age, there will be a corresponding increase in the need for appropriate health services.

Health and healthy living

- The World Health Organisation (WHO) estimates that more than half of the burden of disease among people over 60 is potentially avoidable through changes to lifestyle.
- Age-related conditions such as vision and hearing loss will increase as the population ages. By 2020, there will be 1,055 extra older people with a hearing impairment totalling 13,530, and there will be 205 with sight loss totalling 2,715.
- Musculoskeletal conditions (e.g. osteoarthritis) now account for the largest cause of disability in the UK. Good nutrition and regular physical activity can negate its effect.
- Falls are a significant issue for older people in Wandsworth. Wandsworth has the fifth highest (from 33) rate in London of emergency hospital admissions due to an injury from a fall (Public Health Outcomes Framework indicator) and is significantly worse than the national and London averages. The emergency admission rate for hip fractures is the eighth highest (also a Public Health Outcomes Framework indicator).
- The risk of falls and hip fractures increases among those with impaired vision as well as a result of taking medicine or receiving treatment for other health problems.
- Co-morbidities are common among older people. An estimated fifty percent (38,000 registered patients) of people aged 50 years or older have at least one long-term condition while an estimated eighty percent (25,000) of people aged 65 years and older have at least one.

- People with more than one long term condition may require more intensive or on-going periods of care and support.
- Obesity prevalence reaches its peak around retirement age. This is also the key time for the onset of a range of long term conditions.
- Just over half (52.1%) of the older population have a long-term health problem or disability that limits them “a lot” or “a little”. Older people in the BME group have a slightly higher rate (55%).
- There are wide variations between practices in flu vaccination uptake rates which contribute to the vaccination rate (71.3%) being below the national average (73.4%), however the rate is in line with the London average (71.2%).
- Emergency admissions rates for people aged 65 and over are significantly worse than the national rate.
- Very often patients die in hospital when they may not wish or need to be there at the very end of their life. That said, for some patients, a hospital setting is where they feel safe and want to be and for some, it is also the safest place for them to be looked after clinically. Just under 40% of people die at home in Wandsworth, the highest rate in South West London.

Housing and the home

- Care homes are an important environment for frail older people in the borough. An estimated 80% of care home residents have dementia or significant memory problems and therefore is a significant need for those who live in a care home.
- Only half of care homes state that they have a geriatrician service available to them. Use of specialist nursing and other healthcare services is also variable, and co-ordination between specialist teams was reported to be poor.
- There is a lack of availability of multidisciplinary teams to provide care to care home residents. This is a major equity issue, as this is available to older people living in the community.
- There is a greater risk of death in cold homes. Low indoor temperature increases the risk of cardiovascular diseases, which is one of the main underlying causes of excess winter deaths.
- In Wandsworth between 36 and 48% of private households do not meet the Decent Homes Standards.
- Wandsworth has the highest 3-year (2009/12) excess winter deaths index (Public Health Outcomes Framework indicator) in London for all ages at 25.3%.

- For the latest year, 2011/12, there were 124 extra deaths for all ages and 68 in the 85 years and older group.

Neighbourhood

- While overall crime rates in Wandsworth are decreasing, older people are often targeted by specific crimes. For 2013/14, almost half (45.5%) of all fraud victims in Wandsworth were aged 65 and over.
- Recently there have been increases in telephone fraud where bank details and pin numbers are obtained. Over the last six months there has been an average of 10-12 reported instances per month.

Keeping connected

- Older people are at higher risk of social isolation. Keeping connected to the community is key to combating feelings of isolation and loneliness. Perceptions of safety, accessibility of transport, access to the internet and volunteering all impact on connectedness for this age group.
- Currently over 10,000 people aged 65 years and older are projected to live alone in Wandsworth. By 2020 those living alone aged 65-74 years are expected to increase by 3.9% and by 9.0% for those aged 75 years and older.
- Older people make a substantial contribution to society. Many older people are carer's themselves and save the health and social care sector significant resources by providing care for their loved ones. People providing high levels of care are twice as likely to be permanently sick or disabled.
- The 2011 Census showed that 9,000 people in Wandsworth aged 50 years and older recorded themselves as being unpaid carers.

Getting out and about

- Over four thousand people aged 60 years and older have a Blue Badge in Wandsworth.
- In 2013, over 35,000 residents had an Older Person's Freedom Pass enabling free travel on public transport across the capital.

Income

- In Wandsworth an estimated 26.4% of people aged 60 years and older can be described as income deprived, a figure which is significantly worse than the London

(23.8%) and national (18.1%) averages, but lower than the Inner London average of 31.8%.

- Between 17 and 19% of older people are receiving guarantee credit (pension credit) in Wandsworth.
- It is estimated that 45% of people who are in debt have mental health problems, compared with only 14% of those who are not in debt.

1. Introduction

This document describes the need for older people in Wandsworth, including the provision of demographic and epidemiological information as well as service use data where possible. The purpose of this needs assessment is to support the refresh of Wandsworth's Older People's Strategy. The strategy will be developed around seven dimensions, namely:

- Health and healthy living
- Housing and the home
- Neighbourhood
- Keeping connected (formerly Social Activities, Social Networks and Keeping Busy)
- Getting out and about
- Income
- Information

The needs assessment is presented in relation to these dimensions with the exception of the Information vision. Areas covered under each dimension are also relevant to other dimensions and should be considered when interpreting the content of the needs assessment. Issues related to the Information vision do not fall under the scope of a health needs assessment. Where appropriate evidence resultant from a literature review has been included within each section. 'Older people' is a term generally used to describe the population aged sixty-five and above. For the purposes of this report, older people will refer to this age group, unless otherwise stated. People aged over 65 are not a singular or homogeneous population.

2. General population characteristics and future growth

According to the 2011 census there were 26,911 people aged 65 years and older estimated to be living in Wandsworth, accounting for 8.8% of the borough's population (NOMIS, 2013). GLA projections show that there are 28,295 older people to be resident in 2014, a 2.7% increase since 2009 but slightly less than that estimated for the 2011 census (Greater London Authority 2014). By age group, the current projected population equates to 15,315 people aged 65-74 years, 9,220 aged 75-84 years and 3,760 aged 85 years and older, of which 1,510 aged 90 years and older. A more detailed breakdown is shown in Table 2 below.

The gender split is 13 females for every 10 males aged 65 years and older. Over the next 5 years, it is estimated there will be an additional 950 people in the 70-74 years cohort, and an additional 770 in those aged 80 and over. This is likely to have an impact on demand for services (Greater London Authority 2014).

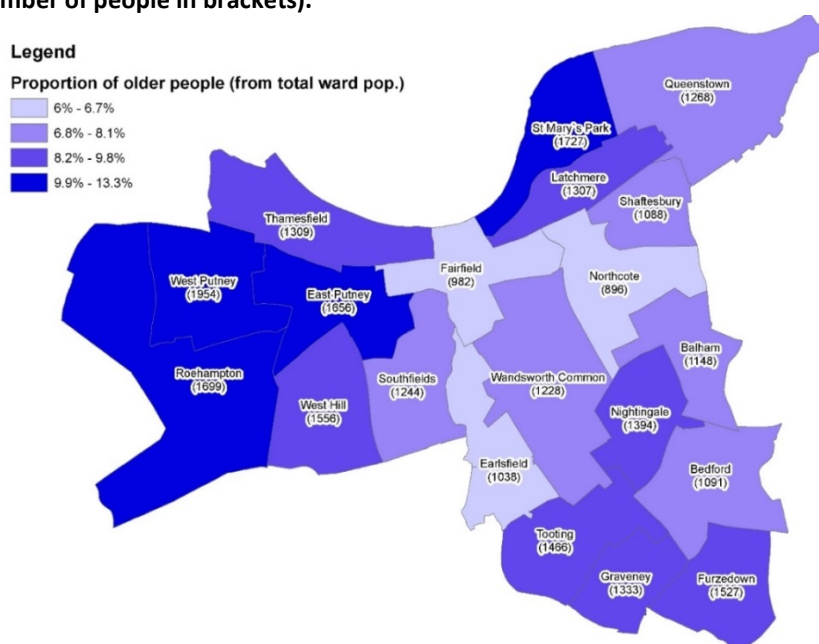
Table 1: Older (65+ years) population change 2009-2019 by 5-year age groups and gender.

Age Group	Males			Females			Persons			2014/19 change	
	2009	2014	2019	2009	2014	2019	2009	2014	2019	N	%
65-69	3,640	4,195	3,730	4,105	4,585	4,535	7,745	8,780	8,265	-515	-5.9%
70-74	3,090	2,980	3,535	3,760	3,555	3,950	6,850	6,535	7,485	950	14.5%
75-79	2,345	2,360	2,395	2,985	3,055	3,005	5,330	5,415	5,400	-15	-0.3%
80-84	1,490	1,590	1,765	2,340	2,215	2,390	3,830	3,805	4,155	350	9.2%
85-89	845	815	945	1,730	1,435	1,530	2,575	2,250	2,475	225	10.0%
90+	305	410	500	915	1,100	1,205	1,220	1,510	1,705	195	12.9%
65+	11,715	12,350	12,870	15,835	15,945	16,615	27,550	28,295	29,485	1,190	4.2%

Source: GLA 2013 round Trend-based population projections, GLA Demography Team.

The wards with the highest proportion of older people are East and West Putney, Roehampton and St. Mary's Park where more than one in ten of the population is aged 65 years and older. Map 1 below shows the distribution by ward across Wandsworth. Since 2009, the estimated number of older males living in Wandsworth has increased by 5.4% (635) and the number of older female residents has increased by 0.7% (110) (Greater London Authority 2014). The highest proportional increase in recent years (2009-14) has been for those aged 65-69 years, for both males (15.3%) and females (11.7%) and for those aged 90 years and older (34.4% - male, 20.2% - female). This increase accounts for the majority of the recent growth in the older population.

Map 1: Distribution of older people (65+ years) by ward, Census 2011 usually resident population (actual number of people in brackets).



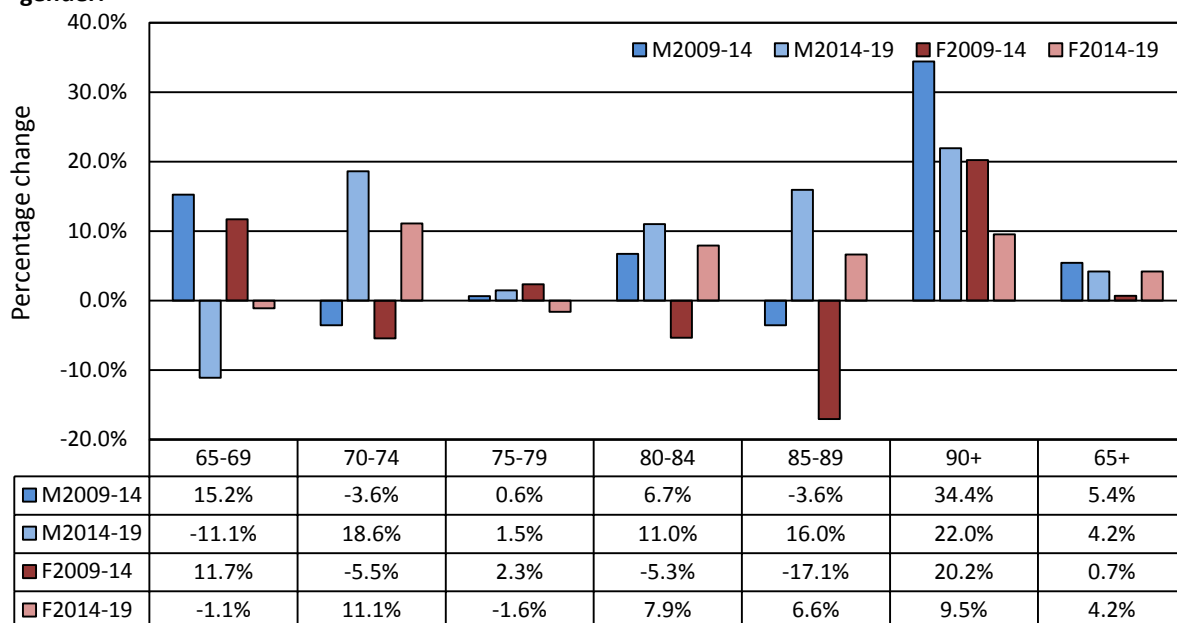
Source: NOMIS 2013. Official labour market statistics, <http://www.nomisweb.co.uk/census/2011>.

2.1 Future older people population growth

By 2019 the number of older people in Wandsworth is projected to increase by 4.9%, from 28,295 to 29,485 (Office for National Statistics, 2012a). The population in the 65-69 age group, for this period, is projected to decrease for both males (11.1%) and females (1.1%). As the current 65-69 years cohort age over the next five years, the largest increase in number in 2019 is seen in the 70-74 years group, 18.6% for males and 11.1% for females. While the strategy focuses on the next five years, it is worth highlighting this relatively large increase in number (950) for the 70-74 years group (in 2019). As the cohort ages beyond 2019, into older age there will be a corresponding increase in the need for appropriate services. Figure 1 shows the increases and decreases in the older population from 2009 to 2019.

Over the next five years the largest proportional increases are seen for males compared to females. Along with the 70-74 years group, large increases are projected for males aged 85-89 (16.0%) and 90+ years (22.0%). While these are the largest proportional increases the actual numbers are lower compared to females. The increase in these age groups for females is projected to increase at a slower rate, 6.6% (85-89 year) and 9.5% (90+ years).

Figure 1: Older (65+ years) percentage population change 2009-2014 and 2014-19 by 5-year age groups and gender.



Source: Office for National Statistics 2009-2012, Office for National Statistics 2012a.

2.2 Ethnicity

Census data shows that a quarter (25.3%), some 7,160, of the 2014 population aged 65 years and older, are from Black and Minority Ethnic (BME) groups. This is slightly lower than the proportion for all ages which is just under 30%. Further breakdown of the BME population reveals that the Black population account for 12.0%, Asian 10.3% and Other

(including mixed ethnicity) 3.0% of the older population in Wandsworth (NOMIS, 2013). The highest numbers of the older BME population live in the wards of Furzedown, Graveney and Tooting, while the wards of Latchmere and Queenstown have a predominantly Black older ethnic population.

3. Health and healthy living

This section outlines the key health issues related to older people in Wandsworth. While under the heading of *Health and healthy living*, the issues presented impact across all areas of the older people's strategy. Many older people's health issues impair their mobility, which is defined as 'the state in which an individual has a limitation in independent, purposeful physical movement of the body or of one or more extremities'. Related factors arising from within the person include pain or fear of discomfort, anxiety or depression, and physical limitations due to neuromuscular or musculoskeletal impairment. External factors include enforced rest for therapeutic purposes, as in the case of immobilisation of a fractured limb (North American Nursing Diagnosis Association 2012).

Locally, there are 1,395 people aged 65 and over receiving council services categorised as 'Physical and Sensory Disability and Frailty' (Frameworki, May 2014). The majority of these are women (974 compared to 421 men) and just under half (672/1,395) are aged 85 and over (Wandsworth Borough Council 2014a). Conditions that fall under the category 'Physical and Sensory Disability and Frailty' are broad and include people with hearing and sight loss as well as anyone assessed and deemed to have a physical or frailty disability (Wandsworth Borough Council 2014b).

The number of people who may have a physical and/or sensory disability or frailty within the over 65 population of Wandsworth is likely to be much higher than the number of individuals in receipt of social services. All local authorities use the Fair Access to Care Services (FACS) criteria to establish who has priority needs and qualifies for support from social services; there are four bands of eligibility. In Wandsworth social services are only provided to people whose needs are determined to be in the top two bands as critical or substantial. This means that people who are in the low or moderate eligibility bandings are not eligible for support. Furthermore, due to the affluent nature of Wandsworth, many individuals and families may choose to directly organise and pay for their care and support services without coming through social services.

Older people generally lose muscle strength as they age. There is some evidence to suggest that progressive strength training in older people can improve older people's physical abilities, including more complex daily tasks (Liu *et al*, 2009). Impaired physical mobility may also be linked to sensory loss (visual and hearing). Data related to these issues are presented in this section.

3.1 Vision loss

It is projected that there will be substantial relative increases in the over 80 age group in the borough, a factor particularly relevant to sight loss. Twenty per cent of people aged over 75 years and 50 per cent of people aged over 90 have significant sight loss and for many people correctly prescribed glasses could rectify this situation. Older people with sight loss are also much more likely to have additional health conditions or disabilities. In Wandsworth (2013/14) approximately 50% (704 people) of people registered blind or partially sighted in Wandsworth are aged 75 and over (certified visual impairment (CVI)) (Table 2). The RNIB estimates that those certified is likely to represent only 20% of people living in Wandsworth with sight loss. In total it is estimated that 5,470 people aged 65 years and older have sight loss (RNIB 2009).

Table 2: Number of Blind people registered with Wandsworth council, 2013/14.

Age group	Registered blind		Registered partially sighted		Total	% of total
	Total	New over year	Total	New over year		
Under 50	200	13	141	7	341	23.4%
50-64	125	<5	99	<5	224	15.4%
65-74	102	<5	85	<5	187	12.8%
75 and over	428	25	276	19	704	48.4%
Overall total	855	44	601	31	1,456	100.0%

Source: SSDA902 data provided by Wandsworth Borough Council 2014c.

It is known that there is a higher prevalence of visual impairment in older people living in care homes. In Wandsworth it is estimated that 9.7% of the population aged 85 and over live in care homes, compared to 7.3% in London and 8.4% in England (Office for National Statistics 2013, RNIB 2011). Using Census 2011 data there are approximately 1,200 people living in care homes, with 450 approximately without nursing and 750 with nursing (RNIB 2011). It is essential to ensure that all care homes routinely refer residents for eye tests and that those with significant sight conditions attend a low vision clinic once a year.

The leading causes of sight loss in the UK are refractive error (53.5%), age-related macular degeneration (16.7%), cataract (13.7%), glaucoma (5.3%), diabetic retinopathy (3.5%) and other eye diseases (7.4%). Of those with severe sight loss (blindness) the leading causes are age-related macular degeneration (50.5%), glaucoma (16.6%), cataract (12.5%), diabetic retinopathy (8.7%), refractive error (2.1%) and other eye diseases (9.7%).

The Public Health Outcomes Framework (PHOF) includes a set of indicators on the causes of preventable sight loss (Table 3). The data are based on CVI (certificate of visual impairment) registrations. Although this shows a substantial increase in the rate of glaucoma CVI registrations, these are based on small numbers. The crude age related macular degeneration (AMD) in Wandsworth was higher than the national average but has decreased substantially from 2010/11 to 2011/12 to be below the national rate. However,

these are based on small numbers as well as there being only two years of data available for preventable sight loss indicators. The change in rate could easily be random variation; more years of data is required to detect a trend.

Table 3: Public Health Outcomes Framework Preventable sight loss indicators, May 2014, crude rate per 100,000.

Preventable sight loss indicators	Age (yrs)	Wandsworth		England	
		2010/11	2011/12	2010/11	2011/12
Age related macular degeneration (AMD)	65+	119.58	84.94	109.97	110.51
Glaucoma	40+	14.71	24.01	11.83	12.84
Diabetic eye disease	12+	6.88	4.13	3.56	3.85
Sight loss certifications	All ages	40.31	37.37	42.74	44.47

Source: Public Health Outcomes Framework 2013a, data not available for London.

The overall national prevalence of all causes of visual impairment in those aged 65-74 years and over with visual acuity (VA) of less than 6/18 (moderate or severe) is 5.6%, and 12.4% for those aged over 75. VA of less than 6/18 is largely used as the point which approximates to the statutory threshold for qualifying as registered severely sight impaired (blind) or registered sight impaired (partially sighted) (Charles 2006). The figures in Table 4 are the national estimates applied to the Wandsworth projected population. Currently there are an estimated 2,510 people living with visual impairment (visual acuity of less than 6/18). This is projected to increase by 7.6% by 2020, an increase of 205 older people.

Table 4: People aged 65 years and older projected to have a moderate or severe as well as a registrable condition.

Gender/Age Group	2014	2016	2018	2020	2014-20
People aged 65-74, moderate or severe	860	870	875	880	2.3%
People aged 75 and over, moderate or severe	1,650	1,700	1,760	1,835	11.2%
People aged 75 and over, registrable condition*	850	885	910	945	11.2%
Total population 65+ with visual impairment	2,510	2,570	2,635	2,715	7.6%

Source: Projecting Older People Population Information System (POPPI), based on Charles (2006).

* Registrable conditions figures are a subset of the 75 and over, moderate or severe grouping and therefore don't additionally appear in the totals.

The RNIB Sight Loss Data Tool states that 3,767 people aged 65 years and older currently have sight loss in Wandsworth. This is different to the total of 2,510 shown in Table 4. The reason is there are different definitions between the two methods. However the reason for using the POPPI dataset over the RNIB tool is that the RNIB tool does not provide future projections for older people, only total population.

The risk factors for the development of visual impairment include smoking, which doubles the chances of developing AMD as well as earlier onset. The risk of developing glaucoma is higher in African and African-Caribbean populations. People from South-East Asia and China are at higher risk of angle-closure glaucoma. Evidence shows that people from the Asian population are at a higher risk of developing cataracts. African, African-Caribbean and Asian populations are at a higher risk of developing diabetic eye disease. Adults with learning

disabilities are 10 times more likely to be blind or partially sighted than the general population. Obesity has been linked to several eye conditions including cataracts and AMD. Obesity also has a strong link to diabetes and an exacerbation of sight deterioration in diabetic retinopathy. Furthermore, almost 70 per cent of people who experience strokes will also experience some form of vision dysfunction, yet 45 per cent of stroke services provide no formal vision assessment for stroke patients. In Wandsworth it is estimated that around 700 people aged 65 years and older experience a stroke in Wandsworth per year (RNIB 2013). Uncontrolled high blood pressure also increases the risk of both retinal vein and retinal artery occlusion. Both conditions can cause sudden loss of vision in one eye and can lead to further complications

When eye conditions go undiagnosed and untreated they can reduce independence and confidence and increase the risk of injury particularly in older people. Injuries due to falls in people aged 65 and over are the largest cause of emergency hospital admissions for older people, and have a significant impact on long-term outcomes, including being a major cause of people moving into long-term nursing or residential care. Older people with sight loss are much more prone to falls than their sighted peers. The risk of injury from falls is nearly twice as high (1.7 times) and the rate of hip fractures is also nearly twice (between 1.3 and 1.9 times) as high (Legood et al. 2002). When visual impairment is actively addressed as part of a falls reduction plan, falls can be reduced by up to 14 per cent (Day et al. 2002). The RNIB has estimated that of the 8,600 falls amongst Wandsworth residents, 670 (8%) occurred in blind and partially sighted people and 325 (3.8%) were directly attributable to sight loss. Of the 768 falls in Wandsworth that required hospital admission, it is estimated 60 (8%) occurred in blind and partially sighted people and 30 (3.8%) were directly attributable to sight loss (RNIB Sight loss data tool 2013).

It is estimated that over 100,000 people in the UK have both sight loss and dementia, and this figure is set to rise as the population ages. The high prevalence of sight loss and dementia in older people requires awareness, particularly in care homes, of the specific needs of people with this dual diagnosis. Most dementia in Wandsworth is late-onset and affects people aged 65 and over, with about one in 40 cases being early-onset and occurring before that age. Overall it is estimated that 718 men and 1,314 women have late onset dementia in Wandsworth (Wandsworth Borough Council 2012). The burden of dementia is two times higher in the Wandle locality compared to Battersea and West Wandsworth due to the higher number of older registered patients.

3.2 Hearing loss

Hearing loss has significant personal and social costs and can lead to high levels of social isolation and consequent mental ill health. It more than doubles the risk of depression in older people. People with mild hearing loss also have nearly double the chance of developing dementia and this risk increases significantly for those with moderate and

severe hearing loss. Hearing loss has a significant impact on education and employment (RNID 2011a). People with hearing loss are also highly likely to have problems such as tinnitus and balance disorders which contribute as risk factors for falls and other accidental injuries (Davis *et al*, 2007 cited by RNID 2011a).

There are approximately 10 million people in the UK with hearing loss. Age-related damage to the cochlea is the single biggest cause of hearing loss: 71.1% of over 70 year-olds and 41.7% of over 50 year-olds have some form of hearing loss. Around the age of 50 the proportion of people with hearing loss begins to increase sharply. From the age of 40 onwards, a higher proportion of men than women develop hearing loss. This is probably because more men have been exposed to high levels of industrial noise. Among people over the age of 80, more women than men have hearing loss, which is due to women living longer than men on average, not because women are more likely to become deaf (RNID 2011b).

There is a lack of local data available on hearing loss locally. Local authorities were previously required to compile a register of people who were deaf or hard of hearing, however a decision was made by the NHS Information Centre in 2011 to discontinue these statistical data collections. At April 2011 there were 78 'older persons' registered as hearing impaired. However since this time the register has not been updated, either through addition or removal of people (Wandsworth Borough Council 2014d).

Data from the Projecting Older People Population Information System (POPPI) shows that currently there is a projected 12,475 older people with a hearing impairment (Table 5). This accounts for a projected 43.6% of the older population. The largest increase, to 2020, in number and proportion is seen in the 85 years and older group. Overall, by 2020, there will be a projected 1,055 extra older people with a hearing impairment, an increase of 8.5%.

Table 5: People aged 65 years and older projected to have a moderate, severe or profound hearing impairment.

Gender/Age Group	2014	2016	2018	2020	2014-20
Moderate or severe aged 65-74	2,905	2,930	2,945	2,960	1.9%
Moderate or severe aged 75-84	5,850	5,970	6,035	6,220	6.3%
Moderate or severe aged 85+	3,395	3,480	3,735	3,990	17.5%
Total	12,150	12,380	12,715	13,170	8.4%
Profound aged 65-74	95	95	95	100	5.3%
Profound aged 75-84	60	60	60	65	8.3%
Profound 85+	170	175	190	200	15.0%
Total	325	335	345	360	10.8%
Total aged 65-74	3,000	3,025	3,040	3,060	2.0%
Total aged 75-84	5,910	6,030	6,095	6,285	6.4%
Total aged 85+	3,565	3,655	3,925	4,190	17.5%
Total aged 65+	12,475	12,715	13,060	13,530	8.5%

Source: Projecting Older People Population Information System (POPPI), based on the combined prevalence from two studies: Davis 1995, Davis *et al*. 2007.

Diagnosis of hearing loss in adults and older people is opportunistic and can lead to a delay in people seeking help for their hearing loss. Action on Hearing Loss (trading name for the Royal Institute for Deaf People) commissioned a cost benefit analysis of a hearing screening programme and report findings to suggest that the benefits of a hearing screening programme for older people would outweigh the costs. They propose that a screening programme would provide economic benefits and set out clear routes for referral and treatment for adults that would enable earlier access to hearing aids and other services and support (RNID 2011a).

3.3 Musculoskeletal conditions

People with good musculoskeletal health can carry out the activities they want to do with ease and without discomfort. According to Arthritis Research UK (2014), it is possible to have poor musculoskeletal health without having a specific musculoskeletal condition. Musculoskeletal conditions are disorders of the bones, joints, muscles and spine, as well as rarer autoimmune conditions and interfere with people's ability to carry out their normal activities. Common symptoms include pain, stiffness and a loss of mobility and dexterity. The commonest groups are osteoarthritis and osteoporosis (see next section). As well as causing pain and disability, musculoskeletal conditions affect general physical health such as CVD (Rahman et al. 2013).

Musculoskeletal conditions now account for the largest cause of disability in the UK, following a pattern that has emerged over the last two decades (Arthritis Research UK 2014). The burden of painful conditions also falls disproportionately on those that are more disadvantaged in society. Pain at its worst is most common in groups that are more deprived (Health and Social Care Information Centre 2012a). An aging population, alongside rising levels of obesity and physical inactivity, will increase the numbers of people living with a painful musculoskeletal condition. Increasing numbers of people of working age will struggle to work due to these conditions, particularly as the retirement age reaches 70 years. More people than ever before will depend on health and social care services to manage their pain disability (Arthritis Research UK 2014). In addition, as people live longer, many older people will develop morbidities, much of this caused by musculoskeletal disease including osteoarthritis, back pain, falls and fragility fractures due to weakened bone caused by osteoporosis.

Between two-fifths and half of people aged 75 years and older have sought treatment for osteoarthritis (Arthritis Research UK, 2013). Using national estimates, at the local level, an estimated 30,030 people aged 45 years and older have sought treatment for osteoarthritis in Wandsworth (Table 6). Those aged 55 years and older account for 20,705. The fact that national estimates have been used at the local level must be considered in the interpretation. National estimates used at the local level are less reliable and should be taken as an indication of possible numbers rather than exact figures.

Table 6: Estimated number of people having sought treatment for osteoarthritis in Wandsworth (2014) using UK estimates.

Age	Prevalence (%)		Number	
	Male	Female	Male	Female
45-54	23.0%	31.0%	3,950	5,375
55-74	35.0%	44.0%	6,125	8,580
75+	42.0%	49.0%	2,175	3,825
Total			12,250	17,780

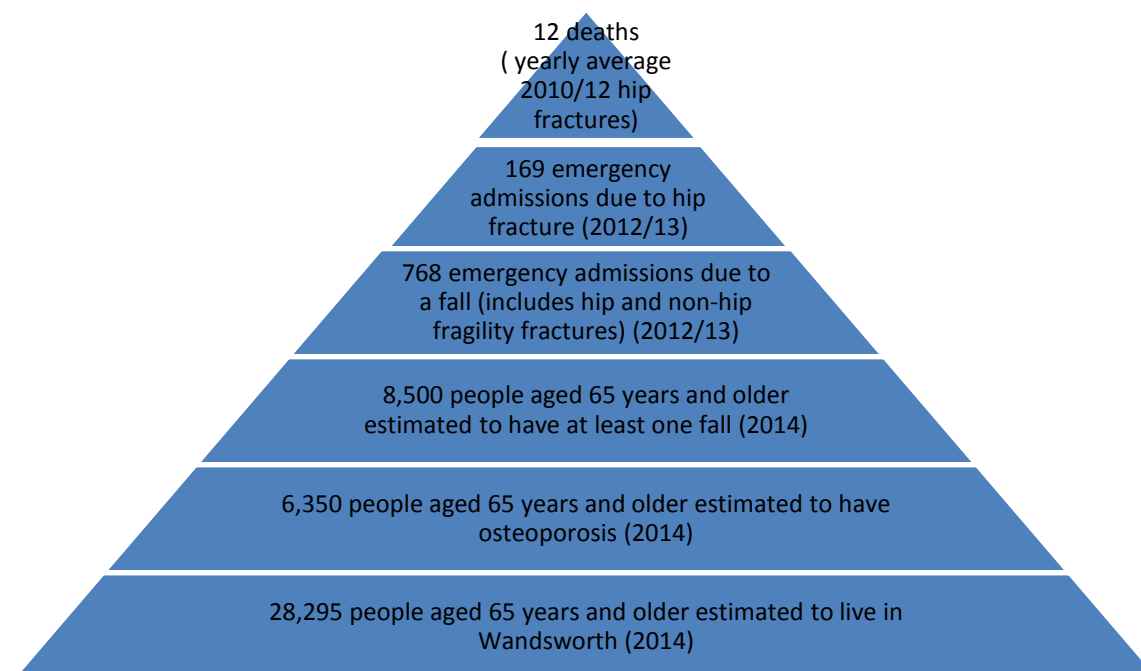
Source: Arthritis Research UK, 2013, using Office for National Statistics (2012a) projections.

At every stage of life people can take steps to improve their musculoskeletal health and reduce the risk of developing a musculoskeletal condition. For older people physical activity and nutrition are two important factors that can reduce the effects of musculoskeletal conditions. Exercise, particularly resistance exercise, builds muscle bulk and strengthens bones. Nutritional deficiencies and imbalances have a cumulative adverse impact throughout life and the process of ageing itself affects nutritional needs. Older people can increase opportunities for healthy ageing by ensuring a healthy and balanced diet (World Health Organisation 2002). Micronutrient deficiencies are often common in elderly people due to reduced food intake and a lack of variety in the foods consumed.

3.4 Falls and bone health

Falls and fall-related injuries are a common and serious problem for older people. Figure 2 below summarises key figures for a year around falls and bone health.

Figure 2: Pyramid of key figures per year on falls and bone health in Wandsworth, 65 years and older.



Sources: From top to bottom order, Health and Social Care Information Centre 2013a, Public Health England West Midlands 2014 (PHOF), Public Health England West Midlands 2014 (PHOF), NICE 2013, Department of Health 2009, Greater London Authority 2014.

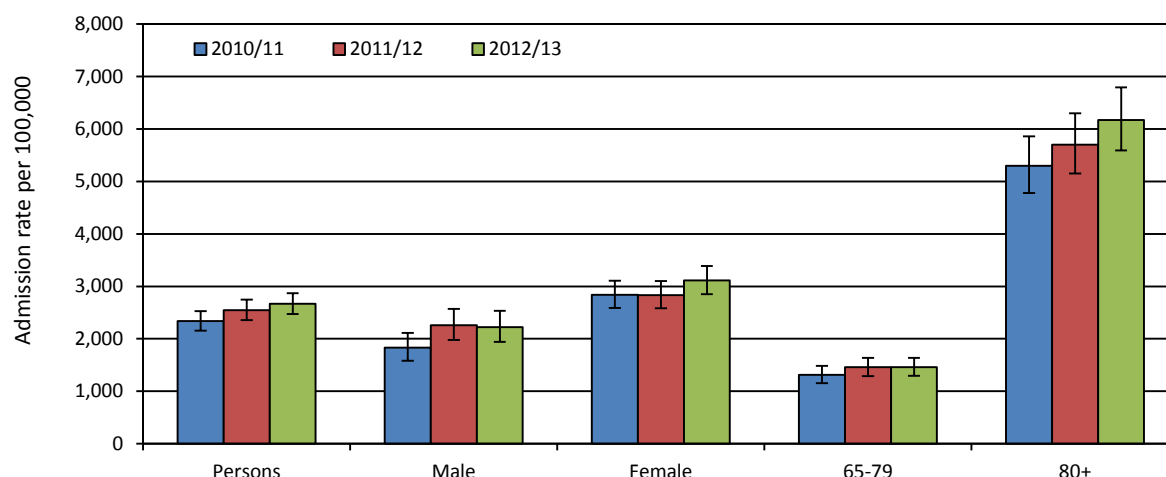
There are a number of factors which increase the risk of falling. These can be divided into factors which are intrinsic to the individual such as age, effects of being on multiple medications (physical and sensory), having visual impairments, having nutritional deficiencies and loss of muscle strength and power as well as extrinsic factors such as poor lighting and slippery or uneven surfaces. A recent analysis of the Annual Adult Social Care Survey for 2012/13 shows that for the period under review approximately 73% of people over 65 who had fallen had fallen in the home, 13% had fallen outside the home and 14% had fallen both inside and outside (Wandsworth Council Annual Adult Social care Survey 2012/13).

It is estimated that 20% of older adults will require medical attention for a fall and 5% will experience a serious injury, such as a broken bone (Kannus et al., 2005). Even when a fall does not result in serious injury it can destroy confidence, leading to increased social isolation, deterioration in mental health and erosion of independence. Underlying the risk factors for fracture following a fall is a common condition known as osteoporosis, which weakens bone strength, predisposing a person to an increased risk of fracture. On average 50% of people experiencing a non-hip fragility fracture (e.g. wrist, pelvis, vertebral and proximal humerus) will go on to sustain a hip fracture, this population group are a prime target for early intervention (Healthcare Quality Improvement Partnership 2009). Falling is also associated with increased mortality. It is the main cause of accidental death in people aged 85 and over. Hip fractures remain the most serious consequence of a fall and the commonest cause of accident-related death in older people – 20% die within four months and 30% within a year (NHS Institute for Innovation and Improvement 2006).

It estimated that 11,700 female and 2,545 male residents aged 50+ years (6,350 in the 65+ population) are estimated to have osteoporosis in Wandsworth (Department of Health figures, 2009). Furthermore an estimated 8,500 people aged 65 years and older are estimated to experience at least one fall in a year; 3,800 of these falls being people aged 80 years and older (NICE, 2013).

As reported under the Public Health Outcomes Framework the rates of emergency hospital admissions due to an injury sustained from a fall in Wandsworth have increased since 2010/11 for both males and females and by age group (Figure 3). The highest increase is seen in the 80+ years age group. A slight decrease has occurred in the male 65 years and older population from 2011/12 (2260 per 100,000) to 2012/13 (2224 per 100,000). Overall Wandsworth (65+) has the fifth highest (from 33) rate of emergency hospital admission due to an injury from a fall in London at 2667 per 100,000.

Figure 3: Wandsworth emergency hospital admission due to an injury from a fall rate per 100,000, age standardised by gender and age group, 2010/11 to 2012/13.



Source: Public Health England West Midlands for Public Health Outcomes Framework (PHOF) 2014.

In 2012/13 in Wandsworth there were 768¹ emergency hospital admissions for people aged 65 years and older; the gender split was 236 for males and 532 for females (Public Health England West Midlands 2014). This highlights the difficulty in determining the exact prevalence of falls with less than 10% (768 from an estimated 8,600 people experiencing a fall) ending in a hospital admission. The figures for Wandsworth (2012/13) translated to an age standardised admission rate of 2,224 per 100,000 for men and 3,111, per 100,000 for women. The male, female and age group admission rates as well as having increased are significantly higher than the national and London average rates for 2012/13 (Table 7).

Table 7: Number and rate of emergency admissions due to an injury from a fall for people by gender and age, 2012/13.

	Number	Admission rate per 100,000		
		Wandsworth	London	England
Persons	768	2,667	2,242	2,011
Males	236	2,224	1,873	1,602
Females	532	3,111	2,610	2,420
65-79	293	1,460	1,108	975
80+	475	6,170	5,528	5,015

Source: Public Health England West Midlands for Public Health Outcomes Framework (PHOF) 2014.

A proportion of these admissions will include non-hip fragility fractures. However the data captured are purely admissions to hospital. Instances where patients attend hospital for treatment and are discharged on the same day are not included; at the time of the original analysis it was not possible to extract the data in a useful format. This is an important point given the that on average 50% of people experiencing a non-hip fragility fracture (i.e. wrist,

¹ Prior to 2011/12, two types of emergency admissions due to a fall were recorded. One recording the type of injury (ICD-10 S00-T98) and cause of the fall (ICD-10 W00-W19) and one only recording the type of injury ((ICD-10 S00-T98). From 2011/12 only admissions with the type and cause is recorded. Previous work on falls have included work on the latter, which would have included more falls as not all falls have the cause recorded.

pelvis, vertebral and proximal humerus) will go on to sustain a hip fracture (Healthcare Quality Improvement Partnership 2009).

In 2012/13 there were 169 emergency hospital admissions for hip fractures of which 46 were in the 65-79 age group and 123 in the 80+ years group (Public Health England West Midlands 2014). The age standardised admission rate of 569 per 100,000 population was similar to the London and England averages. Over time, since 2010/11, the rates have remained constant with no variation. While the rates are similar to the regional and national averages, the rate for admissions due to a hip fracture is still the 8th highest in London.

Data on mortality from after hip fracture shows that Wandsworth rates (2010/12), at 8.09 per 100,000 for 65-84 years and 142.73 per 100,000 for 85+ years, were higher than the London and national averages, however these are based on small numbers and have wide confidence intervals.

3.5 Older people with a long-term health problem(s) or disability

Increasing frailty and decreased mobility will impact on the need for health and care services. Many people with long-term physical health conditions and/or disabilities also are more likely to have mental health problems which can lead to significantly poorer health outcomes and reduced quality of life (Naylor et al. 2012). As people age they are more likely to have multiple long-term conditions and patients with more than one long term condition, their situation may be less stable and as a result may require more intensive or on-going periods of care and support. Also there is evidence that the number of conditions can be a greater determinant of a patient's use of health service resources than the specific diseases (Barnett et al. 2012).

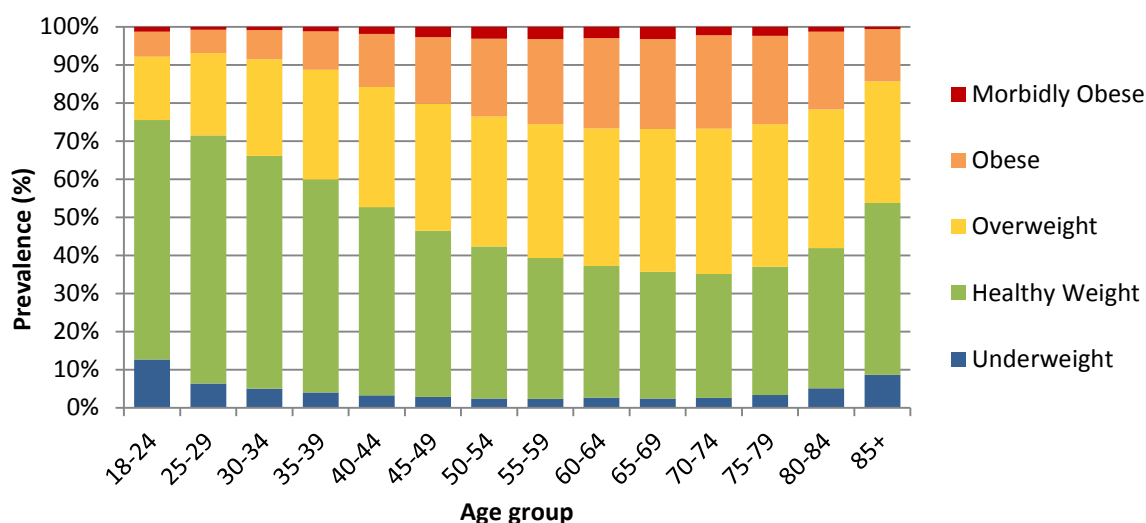
According to self-reported data from the 2011 census just over half (52.1%) of the older population in Wandsworth have a long-term health problem or disability that limits them “a lot” or “a little” (NOMIS 2013). By ethnicity, the census data shows that older people in the BME group have a slightly higher rate, at 55.0%, compared to the rest of the population which is at 51.2%. A higher proportion of the older population reported being limited “a lot” compared to “a little”, 27.3% and 24.9% respectively. Data from 2007-09 shows that the disability-free life expectancy at 65 years old for men in Wandsworth ranges from 8.2 years to 12.8 years and for women from 6.2 years to 11.6 years (Office for National Statistics, 2012b).

The distribution of BMI class by age group shows that the highest prevalence of obesity and morbid obesity is in the 65-69 years group (26.8% and 3.2% respectively) (Figure 4). Obesity prevalence reaches its peak around retirement age (60-74 years). This is also the key time for the development of Long Term Conditions (Wandsworth Borough Council 2013a). The number of women who are morbidly obese is at least double in almost every age-group. This may be due to weight gain during pregnancy. Weight gain during subsequent

pregnancies without weight loss in between may quickly lead to significant weight gain over a relatively short time period (Wandsworth Borough Council 2013a). The prevalence of morbid obesity peaks in women in the 55-59 age group (4.6%). The highest rate of morbid obesity in men is in the 50-54 and 65-69 age groups (2.1%).

In addition to weight gain, an issue related to older age is undernutrition or being underweight. The main cause for concern among older people in the UK is that they are not eating enough to maintain good nutrition (The Caroline Walker Trust 2004). Undernutrition is often associated with hospitalisation and poor health status (McWhirter & Pennington 1994, Pennington 1998, Margetts et al. 2003). The level of undernutrition among older people with dementia in residential care is likely to be even higher, with estimates that as many as 50% of older people with dementia have inadequate energy intakes (Bucht & Sandman 1990). Undernutrition is related to increased mortality, increased risk of fracture, increased risk of infections and increased risk of specific nutrient deficiencies leading to a variety of health-related conditions that can greatly affect the quality of life. The EMIS data below (Figure 4) shows that the prevalence of underweight increases in the older age groups in Wandsworth, from 75 years old and onwards.

Figure 4: Prevalence (%) of each BMI class by age group in adults (18+), 2012.



Source: Wandsworth Borough Council 2013a, primary care data obtained through EMIS.

In terms of the number of older people with long-term health conditions in Wandsworth, primary care data from June 2013 (latest available) shows that over 90,000 people registered with a Wandsworth GP have over 136,000 conditions requiring varying levels of care and management (Table 9). The figures in Table 8 and Table 9 are for all ages. The prevalence of long-term conditions rises with age, affecting about 50 per cent of people aged 50, and 80 per cent of those aged 65 (The King's Fund 2013). Using these proportions on the Wandsworth GP registered population, an estimated 38,000 people aged 50 years and older and 25,000 people aged 65 years and older have at least one long-term condition (2014). Therefore it is estimated that of the number recorded in primary care (90,571) with a long-term condition, just over a quarter (27.6%) are aged 65 years and older.

Table 8: Number of people (all ages) recorded with a long-term health condition and registered with a Wandsworth GP, 2013.

Long-term condition	No. of cases	Long-term condition	No. of cases
Asthma	31,538	COPD	3,130
Hypertension	29,895	Mental health	3,073
Depression	22,720	Stroke and TIA	2,787
Diabetes	11,972	Epilepsy	2,754
Hypothyroidism	7,980	Atrial fibrillation	2,700
Cancer	6,095	Heart failure	1,125
Ischaemic heart disease	5,287	Dementia	946
Chronic kidney disease	4,766	Total	136,768

Source: Local Enhanced Service (LES) agreement, Planning All Care Together (PACT), 2013.

Table 9: Number of people (all ages) recorded with multiple long-term health conditions and registered with a Wandsworth GP, 2013.

No. of conditions	No. of people	No. of cases
1	61,958	61,958
2	17,559	35,118
3	6,779	20,337
4	2,701	10,804
5	1,027	5,135
6	392	2,352
7	119	833
More than 7	36	288
Total	90,571	136,825

Source: Local Enhanced Service (LES) agreement, Planning All Care Together (PACT), 2013.

Over a six month period to the end of October 2013, 1,541 people with multiple long-term conditions had received a consultation under the Planning All Care Together programme (Wandsworth Borough Council 2013b).

3.6 Exercise and physical activity

Keeping physically active, particularly in later years, is important and has been shown to improve physical and mental health among individuals and reduce costs across the health system. The evidence is strong that physically active adults aged 65 years and over have higher levels of cardio-respiratory fitness and physical function, improved disease risk factor profiles and lower incidence of numerous chronic non-communicable diseases than those who are inactive. A clear relationship also exists between physical activity and reduced risk of depression and dementia (Department of Health 2011a).

The World Health Organisation (WHO) estimates that more than half of the burden of disease among people over 60 is potentially avoidable through changes to lifestyle (Oliver *et al*, King's Fund, 2014). Participation in physical activity declines significantly with age for both men and women and also varies between geographical areas of the UK and socio-economic position (Department of Health, 2011a). In addition, one of the most consistent findings of all research into the nutrition of older people is that they eat less while at the same time, and at least partly because, they *do* less (Cunningham *et al*. 1969). If older people could be encouraged to be more physically active, their energy requirements and their appetite would increase (The Caroline Walker Trust 2004). These two factors are particularly important in relation to musculoskeletal conditions (Age Research UK 2014).

The Wandsworth Physical Activity Needs Assessment (updated May 2013) highlighted the 55 years and older population as a group exhibiting low levels of participation in sport and physical activity and was also a group with a greater risk of poor health (Wandsworth Borough Council 2013c). The needs assessment recommended that steps to encourage participation amongst this group are included within the next physical activity strategy action plan.

In Wandsworth, an estimated 16.2% of people aged 55 years and older achieve a level of moderate physical activity three times a week for 30 minutes (Sport England 2014). This is an increase from 12.0% in 2008/09. For 2008/09 the rate of non-participation in moderate exercise was at 73.0% (Sport England 2011). Wandsworth runs an Active Lifestyles Programme that currently has 9 community exercise sessions for people aged 50+. In 2011/12, 3,575 people participated, followed by 3,293 in 2012/13 and 3,253 in 2013/14 (Wandsworth Borough Council 2014e).

3.7 Flu vaccination

The annual flu vaccination is the best protection against flu for people with underlying health problems that put them at risk of complications from influenza. The population aged 65 years and older are identified as an at-risk group who at greater risk of developing serious complications such as bronchitis and pneumonia if they catch flu. The Chief Medical Office advises that 75% of over 65s should be vaccinated (Department of Health 2012).

For the last three years (2010/11 to 2012/13) the flu vaccination uptake rate in Wandsworth for older people has been significantly lower than the national average while being similar to the London average for the last two years. There were wide variations between practices in the vaccination uptake rate which contribute to the lower level of uptake overall. The range of uptake rates for 2012/13 was 85.2% for the best performing practice to 50.0% in the worst performing practice. For the latest year (2012/13), 71.3% of the 65 years and older population received the flu vaccination in Wandsworth compared to 71.2% across London and 73.4% nationwide (Public Health Outcomes Framework 2013b).

3.8 Hospital admissions for older people

An admission to hospital is a disruptive and unsettling experience, particularly for older people, exposing them to new clinical and psychological risks and increasing their dependency. In Wandsworth the number and rates of admissions were as follows for those aged 65+ years:

- 8,111 emergency admissions (2011/12) at an age standardised rate of 26,674 per 100,000, a rate significantly worse than the national rate (21,466 per 100,000).
- 229 admissions for stroke (2011/12) at an age standardised rate of 816 per 100,000, a rate significantly worse than the national rate (696 per 100,000) (Public Health England West Midlands, 2013b).
- 552 admissions as a result of an accident (2008-09) at an age standardised rate of 1,593 per 100,000 (Health and Social Care Information Centre, 2012b).

3.9 Drug and alcohol consumption

Overall, the number of people in drug treatment is declining, as is the number of people starting treatment for heroin and crack cocaine. However, the number of people aged 40 and over in treatment is rising, as is the number of people in this age group who are 'new starters' (Drugscope 2014).

Public Health England (PHE) highlight that an 'ageing population' is now becoming "one of the key features of drug treatment in England" and overwhelmingly this ageing population is made up of heroin users (Public Health England 2013). While people aged sixty and over are not included in national official statistics (i.e. Crime Survey for England and Wales), a recent study examining illicit drug use in those aged 50 and over concluded that illicit drug use, particularly cannabis, has increased rapidly in mid- and later-life. This could mean the prevalence of drug use may rise as they become older as illicit drug use has been more common and acceptable to this population (Fahmy et al. 2012). In addition to illicit drugs, there is the issue of over the counter medications. The Royal College of Psychiatrists has noted that, while older men are at greater risk of developing alcohol and illicit substance use problems than older women, "older women have a higher risk of developing problems

related to the misuse of prescribed and over-the-counter medications” (Royal College of Psychiatrists 2011).

The age group of 55 years and older has seen the highest increase, between 2010/11 and 2013/14, in the number of people receiving treatment for drug misuse in Wandsworth (Table 10). During this period there has been an increase of 8.9% in the number receiving treatment however, this only represents 7 people. However, as a proportion of total number of people receiving treatment, the 55 years and older age group share has increased from 6.7% in 2010/11 to 9.6% in 2013/14.

Table 10: Number of Wandsworth residents receiving drug treatment, 2010/11 to 2013/14.

Age Group	2010/11	2011/12	2012/13	2013/14	Percent change 2010/14
18-44	854	732	526	556	-34.9%
45-54	249	257	236	254	2.0%
55+	79	83	79	86	8.9%
18+	1182	1072	841	896	-24.2%

Source: Wandsworth Borough Council, 2014f.

Overall, alcohol consumption tends to decline with age. This general pattern of declining average consumption, however, may conceal serious and often overlooked alcohol-related problems amongst some older people. Whilst older people on the whole are likely to drink alcohol for similar reasons to other age groups, some factors related to ageing may prompt increased alcohol use; such as disruption to lifestyle following retirement, increased social isolation, bereavement, long-term ill-health and/or pain and disrupted sleep (Alcohol Concern 2011).

In recent years, there has been considerable awareness surrounding the impact of alcohol misuse and dependence on physical health in older people, particularly on damage done to the liver. However, more recent trends, nationally, suggest that there needs to be an equal focus on mental health (Alcohol Concern 2013). The rise in the percentage of older people with mental and behavioural disorders associated with alcohol has now far surpassed their younger counterparts, with this trend becoming more pronounced over the past 5 years. Currently, in people aged 60 and over in England, hospital admissions for mental and behavioural disorders associated with alcohol use outnumber those with alcohol related liver disease.

In Wandsworth, from 2010/11 to 2013/14, there has been a 30.6% increase in the number of people aged 55 years and older receiving treatment for alcohol misuse (Table 11). For 2013/14, 162 people received treatment accounting for 18.9% of all people (aged 18+ years) having had treatment for alcohol misuse. This proportion has remained constant since 2010/11.

Table 11: Number of Wandsworth residents receiving alcohol treatment, 2010/11 to 2013/14.

Age Group	2010/11	2011/12	2012/13	2013/14	Percent change 2010/14
18-44	352	399	331	439	24.7%
45-54	186	200	167	258	38.7%
55+	124	128	108	162	30.6%
18+	662	727	606	859	29.8%

Source: Wandsworth Borough Council, 2014f.

3.10 Older people's mental health

It is estimated that around 2,400 people aged 65 years and older and living in Wandsworth experience depression at any given time, accounting for 8.7% of the older resident population; of these an estimated 800 experience severe depression (McDougall et al. 2007). Severe mental illness (which includes anxiety, phobias, hypochondriacal, obsessional, bipolar affective disorder, paranoia, mania and unspecified psychotic illness) affects an estimated 900 people (3.1%) in the older population (Saunders et al. 1993).

For older people, 75+ years, the number of referrals to Community Mental Health Teams has remained constant for the last two years with 845 referrals for 2012/13 and 816 referrals for 2011/12 (Table 12). From 2010/11 to 2011/12 there was an increase of 228 (38.8%) referrals for older people. A number of referrals to older people services had an age recorded that was under 75 years (e.g. 153 for 2012/13); and are listed separately in the table below. The number of hospital admissions for mental ill-health for older people have been decreasing each year since 2010/11, from 45, to 26 during 2011/12 and 23 in 2012/13. However, a further number, under the category of older people, were aged under 75 years; they were 32 in 2010/11, 14 for 2011/12 and 8 admissions for 2012/13.

Table 12: Older people (75+ years) accepted referrals to a Community Mental Health Team, Wandsworth CCG population.

CMHT	2012/13	2011/12	2010/11
Wandsworth Older People Liaison Service	77	80	
Wandsworth Older People's CMHT	720	547	367
Wandsworth West Older People's Team		160	179
Team outside Wandsworth but CCG patient	48	29	42
Total	845	816	588
Referrals aged under 75 years	153	177	127

Source: South West London & St George's Mental Health NHS Trust 2013.

For the year 2012/13 an estimated 2,220 older people in Wandsworth had dementia with the gender difference being almost two women to every man with dementia (Alzheimer's Society 2007, Dementia UK 2007). Dementia is currently under diagnosed as shown by the fact that only 1,153 people are on the dementia register in primary care in Wandsworth (Health and Social Care Information Centre 2013b). It is therefore a key priority to ensure that people living with dementia are properly diagnosed and supported. For the same year

(2012/13) in Wandsworth the diagnosis rate was 46.9%, with the target for diagnosis for 2014 being 57.0% (NHS England 2014).

3.11 End of life care

It has long been recognised that many people die in a place that is not their preferred choice. Very often patients die in hospital when they may not wish or need to be there at the very end of their life. The effect of this is 2-fold: patients and their families don't receive care in the way that they would choose to receive it and secondary care resources are utilised unnecessarily. That said, for some patients, a hospital setting is where they feel safe and want to be and for some, it is also the safest place for them to be looked after clinically.

Data from 2010/12 shows that Wandsworth is performing well against other South West London CCGs, having the lowest proportion of people dying in hospital, at 51.7%, and the highest proportion dying at home (39.0%) (Table 13). The split between people in their own home and care homes was 22.0% and 17.0%.

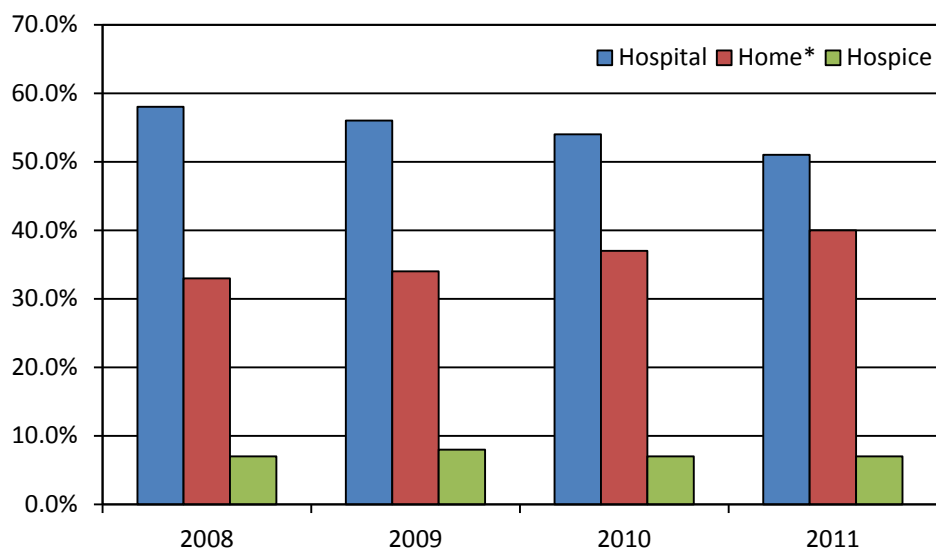
Table 13: Place of death, all deaths, average 2010/12.

CCG	% deaths in hospital	% deaths at Home*	% deaths in hospice
NHS Wandsworth CCG	51.7%	39.0%	7.4%
NHS Croydon CCG	53.9%	37.7%	6.6%
NHS Kingston CCG	53.6%	37.5%	7.5%
NHS Richmond CCG	53.8%	36.2%	7.2%
NHS Merton CCG	54.4%	36.5%	7.2%
NHS Sutton CCG	53.9%	35.4%	9.1%
England	50.9%	41.3%	5.6%

Source: Office for National Statistics (ONS) annual mortality extracts 2013. *Includes nursing, residential and care homes if that is an individual's usual place of residence.

Over time since 2008 the proportion of people dying at home has been increasing with a corresponding decrease in the proportion dying in hospital (Figure 5). In 2008 33% of people died at home rising to 40% by 2011 (individual 2012 data was not available). In hospital, deaths decreased from 58% to 51% over the same period.

Figure 5: Wandsworth place of death over time, 2008/11.



Source: Office for National Statistics (ONS) annual mortality extracts 2013. *Includes nursing, residential and care homes if that is an individual's usual place of residence.

3.12 Mortality

Data based on deaths in Wandsworth for the period 2010/12 shows that the estimated life expectancy at 65 years of age is 18.1 years for males and 20.9 years for females, both of which are ten months less than the London average (Office for National Statistics 2013a). Compared to the England average, the Wandsworth male life expectancy is 6 months less and the female 2 months.

Within Wandsworth the estimated life expectancy at 65 years old (based on deaths from 2008 to 2012) of males range from 14.7 years (95% confidence interval of 14.2 years to 16.0 years) in Nightingale to 19.8 years (95%CI 18.2 years to 21.3 years) in East Putney. The female range is from 17.9 years (95%CI 16.9 years to 18.8 years) again in Nightingale to 26.0 (95%CI 23.7 years to 28.3 years) in Thamesfield.

Mortality data for older people in Wandsworth is shown in Table 14 below.

Table 14: Age standard mortality rates for people aged 65-74 years, Wandsworth 2008-10.

Disease	Age group	Number of deaths	Rate per 100,000
Cancer	65-74 years	305	760
Circulatory	65-74 years	220	550
Stroke	65-74 years	41	101
COPD	65+ years	83 (2008 data only)	266

Source: NHS Information Centre for health and social care 2012b, Public Health England West Midlands 2013c.

4.0 Housing and the Home

Within this section care homes and excess winter deaths are reported on. As older people are increasingly supported to remain in their homes for as long as possible, the care home population has become older and frailer. With reductions in NHS long term care beds, the

care home sector is now an important source of care provision for older people living with complex clinical needs. Despite this it's widely acknowledged that they sometimes have less access to health services than older people who live in the community and that there is wide variation in how health care is delivered to care home residents.

Whilst excess winter deaths occur in both cold and warm housing, there is a greater risk in cold homes. The number of households in fuel poverty in England has been increasing steadily to 4 million in 2009 (18.4% of all households). Over 3 million of these were vulnerable households (containing children, older people or someone who is disabled or who has a long term illness). Just over half of all fuel poor households have an occupant over 60 years, whilst a quarter have an occupant over 75 years. The majority of these individuals live alone (Department of Climate Change and Energy 2011).

4.1 Care homes

There are approximately 800 care home residents in Wandsworth. The recent Care Home Needs Assessment shows that an estimated 80% of care home residents have dementia or significant memory problems, meaning that managing the care and supporting needs of people living with dementia is a key area of clinical practice in care homes (Wandsworth Borough Council 2014g). Published literature also suggests that diagnosis and management of long term conditions tends to be less among the care home population compared to older people living in the community. Specialist support and training on dementia was the most frequently requested area of support by care home staff. It was also evident from the interviews that in some care homes there was a need to improve skills and knowledge of staff on aspects of caring for people with dementia, which echoes recently published national findings. In addition, it has been found nationally that people with dementia are 30% more likely to have an avoidable admission and multiple avoidable admissions to hospital. Supporting care home staff to better manage dementia patients would therefore likely result in cost savings from avoidable admissions, one-to-one care costs and reductions in anti-psychotic prescribing, as well as improving the quality of life and quality of care for residents.

The recent needs assessment on care homes in Wandsworth reported on the difficulty accessing primary care from care homes and also limited specialist medical support provided to care home residents. Only half of care homes stated that a geriatrician service was available. Use of specialist nursing and other healthcare services was also variable, and co-ordination between specialist teams was reported to be poor. Improvements in how care homes are kept informed of available services and how to access these were felt to be needed. The lack of availability of a multidisciplinary team to provide care to care home residents was felt to be a major equity issue, as this is available to older people living in the community. Exploring how these services can be made available to address the particular healthcare needs of care home residents is essential.

Variations in the use of acute services among care homes in Wandsworth suggest that some care homes are better able to manage the health needs of residents. Suggested factors that contribute to this include how proactively primary care and care home managers are at managing health needs, and the access to and responsiveness of specialist and community health services. The needs assessment found a high rate of admissions for diseases of the genitourinary system which tied in with input from the stakeholder interviews that problems with continence care and catheterisation are a frequent reason for referral to hospital. The variations in the use of accident and emergency services and the London Ambulance Service suggests that there are some care homes that need greater enhanced clinical support than others. It may be that residents of these homes are more clinically complex and greater specialist care is required, or that primary care support to these homes is insufficient, or that more training of staff on specific aspects of care is required. Further investigation for the reasons for high use of emergency services is needed.

In stakeholder interviews further issues were raised concerning general nursing procedures in care homes. Nursing homes are paid a flat rate NHS funded nursing care contribution for the registered nursing services that they provide to residents. Occasionally care home nurses were not able to perform tasks that were felt to be expected nursing competencies, resulting in residents being admitted to hospital (for catheterisation as an example). However, it was noted that some tasks occurred too infrequently in the home for nurses to maintain their competency to perform these. This raised issues of how support could be provided to nursing staff in the event that a nursing task could not be performed.

4.2 Excess winter deaths

There is a higher proportion of Excess Winter Deaths (EWD) in the UK compared to other cold northern European countries which suggests that many of these deaths may be preventable (Public Health England, 2013). Excess winter deaths are defined as the number of deaths during the winter period (December to March) which occur over and above the expected number for that period. Excess winter deaths are calculated by comparing the number of deaths in the winter months with the average number of deaths during the non-winter months. Excess winter deaths have been highlighted in the Wandsworth JSNA (Joint Strategic Needs Assessment) as an important public health problem and are a key area for action. The Marmot Review team estimate that 21.5% of all EWDs can be “attributed to the coldest quarter of housing, due to it being cold, over and above the amount of deaths which would have occurred had these houses had the same winter excess as the warmest housing” (Marmot Review Team 2011). Low indoor temperature increases the risk of cardiovascular diseases, which is one of the main underlying causes of excess winter deaths (Wilkinson et al. 2001). Living in fuel poverty is an important risk factor for low indoor temperature.

Variations in outdoor temperature and seasonal influenza help explain some but not all of the fluctuations in EWD over time. Circulatory and respiratory diseases contribute to most EWD nationally. Other risk factors include increasing age, female gender and chronic conditions (particularly circulatory or respiratory). Isolation and homelessness may also be important, whilst there is an unclear relationship with deprivation. It is estimated that for every EWD, there are also around 8 admissions to hospital, 32 visits to outpatient care and 30 social services calls (Age UK 2011).

The underlying causes of death for EWD in Wandsworth (2003/10) were circulatory diseases (38%), respiratory diseases (30%), mental, behavioural and neurological (10%), external causes such as a fall (6%), cancers (5%) and infectious diseases (3%). The remaining 8% of deaths are classified as Other (Health and Social Care Information Centre, 2012c). For 2012/13 the proportion of older people (65+ years) in Wandsworth vaccinated for flu, at 71.3% was significantly lower than the national average at 73.4% but in line with the London average of 71.2% and below the target of 75% (Public Health Outcomes Framework , 2013b).

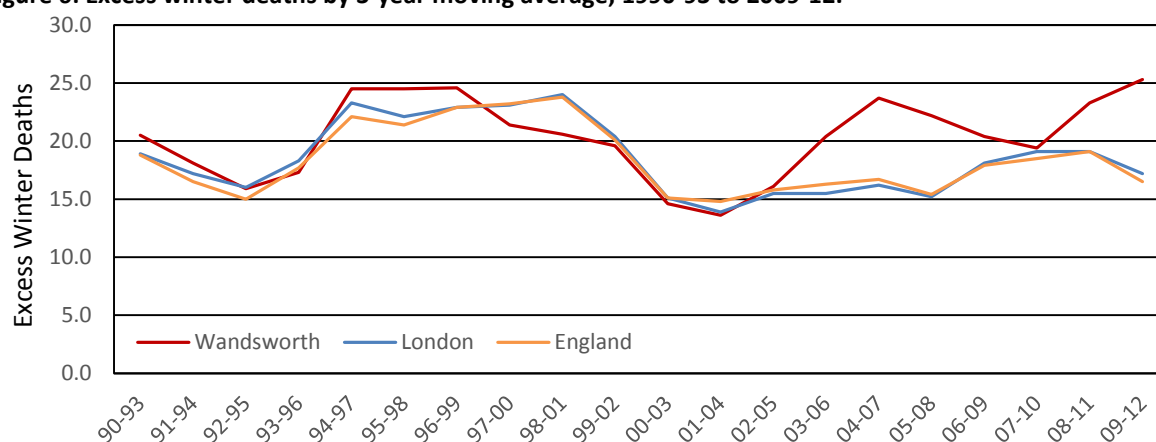
In Wandsworth 8.6% of households are estimated to live in fuel poverty (Public Health England London, 2013). Wards with a higher proportion of the population living in fuel poverty appear to have higher levels of EWD (Building and Research Establishment, 2008). Yet there is no clear relationship between EWD and deprivation at a ward or lower super output area level. This may be because the most deprived areas tend to have a greater proportion of residents in social housing, which tends to be newer stock, better insulated and may protect against EWD. With the available data it was not possible to prove or disprove a relationship between deprivation and EWD at the individual level.

In Wandsworth between 36 and 48% of private households do not meet the Decent Homes Standards (Building and Research Establishment, 2008). This is not atypical of an inner city borough with a high proportion of houses built before 1919. These tend to be susceptible to damp and coldness. It is not known how many older people or those in high risk groups are resident in these houses. Some older people in Wandsworth reported having to prioritise other needs above keeping warm. All Council housing in Wandsworth meets the Decent Homes Standards.

The latest figures as reported under the Public Health Outcomes Framework shows that Wandsworth has the highest 3-year (2009/12) excess winter deaths index in London for all ages at 25.3%. The index is significantly higher than the national (16.5%) and London 17.2% averages too. The index for those aged 85 years and older over the same period is the 8th highest in London at 30.2%. During this period there have been 363 extra deaths (156 deaths 85+ years). The graph below shows the Wandsworth, London and England trends from 1990-93 to 2009-12 for excess winter deaths by 3-year moving average. For

Wandsworth, over the past decade, since 2002-05, the excess winter death index has remained above the national and London averages (Figure 6).

Figure 6: Excess winter deaths by 3-year moving average, 1990-93 to 2009-12.



Source: Public Health England West Midlands for Public Health Outcome Framework (PHOF). 2013e.

The annual (2011/12) excess winter death index is similarly high, with the all age index being the 4th highest (26.7%) in London and the 85 years and older index being the 7th highest (40.2%) (Public Health England West Midlands 2013d). The number of extra deaths for this year was 124 for all ages and 68 in the 85 years and older group.

5.0 Neighbourhood

The perception of safety is an important factor helping older people to maintain their independence and activity and to avoid social isolation. Feeling safe in their home and community is key in older people’s health and well-being. Also contributing to this is the actual level of crime in the area.

5.1 Perception of the Council and Borough

The Council undertakes an annual survey to assess the public’s thoughts about their neighbourhood and how they think the local council is operating to make the Borough a good place to live in. In the most recent Residents Survey, 2013, residents were asked the question “I speak highly of the Council without being asked about it” or “I speak highly of the Council if I am asked about it” 63% of people aged 65 years and older agreed with this compared to 50% for all ages across the Borough (Wandsworth Borough Council 2013e). However, to the question of how they think the “Council runs things”, respondents aged 50-74 years showed a dissatisfaction level of 13%, compared to an average of 7% for all ages in the Borough.

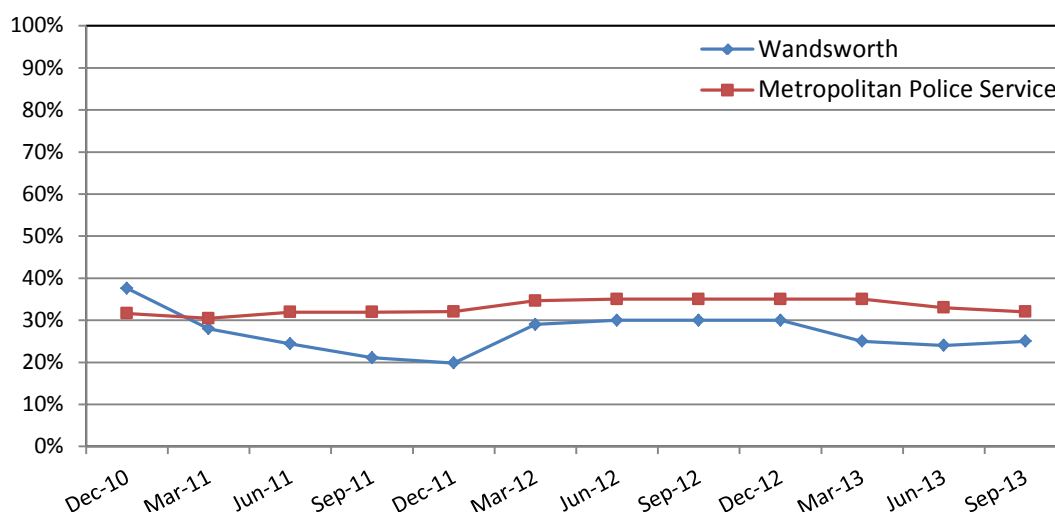
5.2 Perceptions of safety

Currently there is no local level information available on older people’s (65+) perception of safety in their community. However there is national level data and borough level data for all ages.

National data from the Crime Survey of England and Wales show that 97.5% (2012/13) of respondents aged 65 and older feel “fairly safe” or “very safe” walking alone in their local area during the day (a figure that has remained constant over the last 3 years). After dark this figure drops to 61.9% (2012/13). In terms of feeling “fairly safe” or “very safe” in their own home at night, nationally 94.3% felt so.

The proportion of the public in Wandsworth that are “worried” or “very worried” about crime in the borough has varied between 20 and 30% since March 2011, after decreasing from 38% in the year to December 2010 (the data presented is for the 12 months to the end of the quarter) (Figure 7). Since March 2011 the rate has remained below the average for the Metropolitan Police Service.

Figure 7: Public fear of crime in Wandsworth, all ages 2010 to 2013.

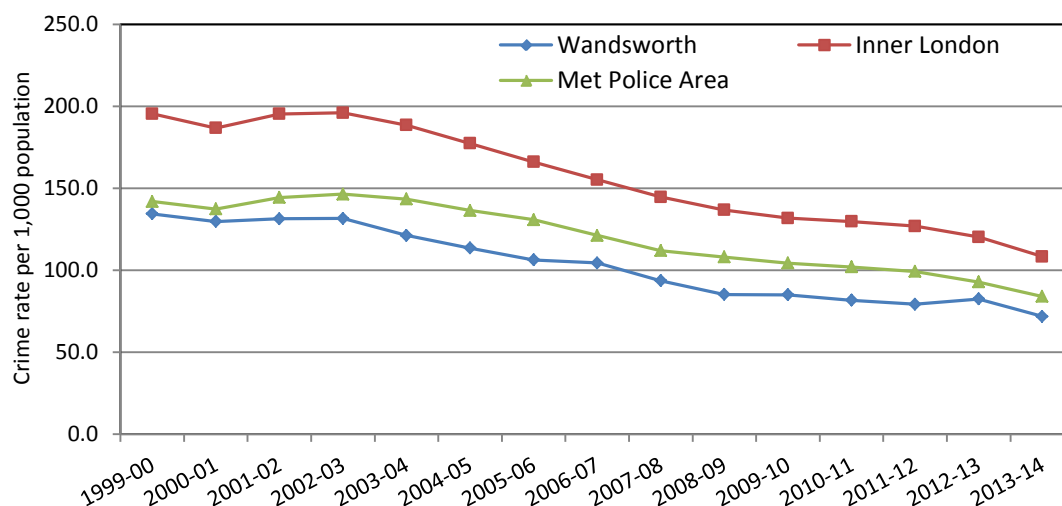


Source: GLA Intelligence Unit, Mayor of London Office for Policing and Crime, 2014.

5.3 General crime rate

Figure 8 shows that the crime rate for all offence types in Wandsworth has constantly remained below the Inner London and Met Police Area since 1999. Since 1999 the crime rates in Wandsworth has dropped by 46.5%, a higher decrease compared to Inner London (44.6%) and the Met Police Area (40.8%). The crime rate in Wandsworth has decreased from 134.5 per 1,000 population in 1999/00 to 71.9 per 1,000 in 2013/14.

Figure 8: Crime rate for all offence types in Wandsworth since 1999.



Source: Metropolitan Police, <http://maps.met.police.uk/tables.htm>.

5.4 Victims of crime aged 65 years and older

For those aged 65 years and older, 53.8% of 'notified' offences against them were incidents of theft (Table 15). Within this grouping, 'Other' Theft (item stolen but not in possession of victim at that moment e.g. phone left on table in a public house) and Theft from Vehicle were the main offence types. Almost one in four offences (23.3%) was Burglary, and one in ten each was for Violence (10.2%) and Criminal Damage (9.1%). Less than half of violent offences resulted in injury. Compared to the borough averages, there were higher proportional levels of Burglary, Criminal Damage, Theft from Vehicle and Other Theft victims among those aged 65 and above. There were proportionally lower levels of violence.

Table 15: Breakdown of offence type committed against people aged 65 years and older, 2013/14.

Offence	Victims	Proportion (%)
Burglary	199	23.3%
Criminal Damage	78	9.1%
Robbery	23	2.7%
Sexual Offences	6	0.7%
Theft Total	459	53.8%
- From Vehicle	174	20.4%
- Of Vehicle	30	3.5%
- From Person	46	5.4%
- Other	209	24.5%
Violence with Injury	33	3.9%
Violence without Injury	54	6.3%
Other	1	0.1%
Total	853	100.0%

Source: Metropolitan Police Service Crime reporting system data supplied by Community Safety, Wandsworth Borough Council, 2014h.

While overall the crime rate in Wandsworth is going down, it only reflects what crime has been reported (Wandsworth Borough Council 2014i). Traditionally, and for different

reasons, many older people do not report crime. This is possibly reflected in the fact that people aged 65 years and older account for 8.8% of the population but only make up 4.5% of all crime reported (Wandsworth Borough Council 2014h). Also, there are specific crimes targeted at older people that possibly get lost in the general crime figures. An example of this is distraction burglary, while they constitute relatively small figures of crime, the impact is very high. There is a suggestion that only one in ten distraction burglaries get reported (Wandsworth Borough Council 2014i).

There are small numbers of domestic violence crimes involving older people, ranging from 17 in 2011/12, followed by 25 in 2012/13 and 28 for the latest year of 2013/14 (Wandsworth Borough Council 2014h). When looking at these figures as a proportion of all violent crime against older people; what was previously a lower level of domestic violence, more recently has accounted for a higher proportion. For 2011/12, domestic violence accounted for 18.9% of all violent crime against older people compared to 32.2% in 2013/14.

Fraud crime is particularly targeted at older people. Fraud has been identified as an area of concern within Wandsworth, particularly affecting older people, with developing scams including 'Courier Fraud' receiving national attention. Data for 2013/14 shows that almost half (45.5%) of all fraud victims in Wandsworth were aged 65 and over. Recently there have been increases in telephone fraud where bank details and pin numbers are obtained. Over the last six months there has been an average of 10-12 reported instances per month, whereas two years ago there was no reported crime of this nature (Wandsworth Borough Council 2014i).

Fraud offences were recently removed from published Metropolitan Police Service performance figures as responsibility for investigation was taken on by a central unit. Where it is deemed relevant, instances of fraud continue to be reported back to police.

The impact of victimisation on the health and well-being of older people can be profound. It can cause loss of confidence and loss of peace of mind. Trauma and distress is common, especially in older people living alone, housebound, suffering from ill-health, or of an anxious disposition. Crime is likely to be a major concern for older people for a number of reasons, for example they are more likely to be on a reduced or low income and therefore may be less likely to install safety and security measures to deter crime against their property such as door and window locks or security lighting. Older people are also more likely to live alone, more likely to suffer from physical ailments and may be more physically fragile which could result in feelings of vulnerability and may in fact make those people an easier target for criminals (South Staffordshire Council 2012).

6.0 Keeping connected

Key areas of interest relating to keeping connected for older people reported on here include social isolation, internet use and older people as carers. Other aspects relevant to older people to this section is having the knowledge of where and how to find help if they need it. Results from the 2014 Adult Care Survey show that only a quarter (24%) of respondents aged 65 years and older “knew of ACIS” (Wandsworth’s Council Adult Care Information Service) (Wandsworth Borough Council 2014j).

6.1 Social isolation

Social isolation concerns the lack of structural and functional support a person may experience. This is distinct from ‘loneliness’ which relates specifically to one’s negative feelings about a situation (Dickens et al, 2011). Loneliness, social isolation and social exclusion are all important risk factors for ill health and mortality in older people (Oliver et al, 2014) and therefore targeting social isolation in older people is a growing public health concern. Risk factors for social isolation in older people include a lack of access to private transport, minimal or no contact with friends and family, low morale and living alone (Dickens et al, 2011). A recent systematic review examined the results of 32 studies which provided interventions to target social isolation in older people found that group level (as opposed to one-to-one) interventions (social, physical, support, education) in which the older people are active participants were more likely to be beneficial (Dickens et al, 2011). It is estimated that 10% of people over the age of 65 are socially isolated, the percentage increases with age (Institute for Public Policy Research 2011).

Loneliness and isolation are measured among adult social care users (via the Adult Social Care Users Survey²). In Wandsworth, 44.1% of adult social care users did not have as much social contact as they would like, this was similar to the England average but better than the London average. Data by age group was not available at local authority level. National estimates show that the proportion of users aged 55 years and older who have as much social contact as they would like is generally lower compared to younger age groups. The range for these older age groups is from 39.8% to 44.0% compared to 40.0% to 53.5% (Health and Social Care Information Centre 2013c). The survey also specifically measures social contact among adult carers. In 2012/13, figures for Wandsworth were 38.1%; similar to the London average (36.5%) and worse than the England average (41.3%) (Health and Social Care Information Centre 2013c).

Not all older people living alone are socially isolated but it is a risk factor for social isolation. By 2020 (2019 not available) the largest proportional increase in older people living alone is

² There are limitations using this data as the survey only includes adults who use social care services. Work is being done at a national level to develop a population-based measure of loneliness for inclusion in both the Public Health Outcomes Framework (2013c) and the Adult Social Care Outcomes Framework.

projected for men aged 75 years and over at 16.7%, representing some 300 extra men compared to current predictions (Table 16). Overall in 2020, the 65-74 years population living alone is expected to have increased by 3.9% (150) and the 75 years and older by 9.0% (600).

Table 16: Projected older population living alone, 2014-2020.

Gender/Age Group	2014	2016	2018	2020	2014-20
Males aged 65-74	1,400	1,400	1,400	1,400	0.0%
Males aged 75 and over	1,800	1,950	1,950	2,100	16.7%
Females aged 65-74	2,450	2,550	2,600	2,600	6.1%
Females aged 75 and over	4,900	4,950	5,050	5,200	6.1%
Total population aged 65-74	3,850	3,950	4,000	4,000	3.9%
Total population aged 75 and over	6,700	6,900	7,000	7,300	9.0%

Source: Projecting Older People Information (POPPI) system, based on prevalence rates from the General Household Survey 2007, table 3.4 Percentage of men and women living alone by age, Office for National Statistics.

6.2. Volunteering

Volunteering is defined as: “...an activity that involves spending time, unpaid, doing something that aims to benefit the environment or individual or groups other than (or in addition to) close relatives” (The Compact³ cited in Volunteering England 2010).

There are reciprocal benefits for older people who volunteer in their community. The older person remains active, connected and feels valued by society and in turn, society benefits from the skills and time of the older person. European Union policies give specific emphasis to encouraging volunteering to promote the social inclusion of older people (Active Age, 2010). An American study reports that older adults (60+) who volunteer and who engage in more hours of volunteering report high levels of wellbeing, irrespective of social integration (measured as contact with friends and family), ethnicity or gender (Morrow-Howell et al. 2003).

In general, volunteering levels among older people in the UK have increased between 2010/11 and 2012/13. No central source of information on volunteering in Wandsworth exists. The proportion of respondents, at an UK level, aged 65-74 who have undertaken any volunteering activity in the last year has increased from 65 to 68%, and among those aged 75 and over increased from 50 to 58%. As a region, levels of volunteering across all ages have increased from 58 - 69% (Community Life Survey 2013). This is probably not surprising given the London Olympics and the associated volunteering campaign.

³ The Compact is an agreement between the Coalition Government and their associated Non-Departmental Public Bodies, Arms Length Bodies and Executive Agencies, and civil society organisations (CSOS) in England.

6.3 Internet use

Perceived benefits to using the internet, particularly among older people include social inclusion, information gathering and financial savings. A Digital Inclusion Evidence Report by Age UK (2013) notes several benefits for internet use among older people including; alleviating loneliness and social isolation, educational attainment and lifelong learning, health and wellbeing and accessing public services. Barriers for older people not using the internet have also been explored and include; perceived lack of need, lack of awareness, previous experience, fear, reliability, lacking social networks, cost, skills and training, practicality and concerns about privacy and security. Age is the biggest determinant, with those at older ages (75+) are over five times more likely not to be using the internet than individuals aged 55 to 64. Older individuals living on their own are 1.75 times less likely to be using the internet than households consisting of two or more people (Age UK, 2013).

In the Wandsworth 2014 Adult Care Survey one of the questions asked was whether service users used the internet to find information (*“Do you use the internet to find out information?”*) (Wandsworth Borough Council 2014j). Only 12% of those aged 65 and over reported that they had used the internet to find information compared to 41% of residents aged 18-64 years.

Looking at figures for the general older population (as opposed to the older population receiving care from the Council described above), internet use is increasing. Since the beginning of 2013 (Quarter 1 January – March), the number of people aged 65+ who has used the internet has overtaken those who have never used it (Age UK 2013). Borough level data by age is not available, however applying these national proportions at the Wandsworth level shows an estimated 15,550 of older people have used the internet, compared to 12,715 having never used it (Table 17). Future trends suggest that by 2037, 10 per cent of those aged 55+ will not be using the internet (defined as having used in the last three months) down from 39.1 per cent in 2013 (Age UK 2013).

Table 17: Estimated older people's internet use in Wandsworth, general population.

Age Group	National rate		Local figures		
	Male	Female	Male	Female	Total
65-74	73.6%	67.7%	5,300	5,500	10,800
75+	47.1%	29.5%	2,450	2,300	4,750
Total 65+			7,750	7,800	15,550

Source: Office of National Statistics 2014, based on Greater London Authority projections, 2014.

6.4 Older people as carers

A carer is an adult who provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help due to frailty, illness, disability, a

mental health condition or substance misuse. The care they provide is unpaid (Wandsworth Borough Council 2009).

Carers are vital to the wellbeing and independence of thousands of people. The demands of being a carer can affect a person's quality of life, including their ability to study and work, their finances and their health. People providing high levels of care are twice as likely to be permanently sick or disabled, and 625,000 people have health problems because of their caring responsibilities (Department of Health 2013). Many people do not necessarily identify themselves as 'carer's' and there are examples across the UK of local initiatives implemented in General Practices and Community Pharmacies that have been successful in identifying people who care for others.

The number of carers is increasing. In the 2011 census, 5.8 million people in England and Wales identified themselves as carers, compared with 5.2 million people in 2001. As a borough, Wandsworth has the lowest provision of unpaid care (6.5%), as a proportion of total population. While the 25-49 years group account for the largest proportion of unpaid carers, substantial numbers of the older population are also unpaid carers. This is particularly true as the number of hours of care provided increases. More than one in four (26.9%) of people undertaking 50 or more hours of unpaid care a week in Wandsworth are aged 65 years and older (Table 18). The 50-64 years old group, accounts for 30.1% of all unpaid carers (of any length of hours) recorded in the census. In total, at the last census in Wandsworth there were just under 9,000 people age 50 years and older recording themselves as unpaid carers. However, the trend of increasing numbers of carers may be reversed given the planned increases in the retirement age.

Table 18: Older people as unpaid carers as recorded in the 2011 census.

Carer	Number of unpaid carers			Proportion of total unpaid carers	
	50-64	65+	All ages	50-64	65+
Provides 1 to 19 hours unpaid care a week	4,088	1,569	12,974	31.5%	12.1%
Provides 20 to 49 hours unpaid care a week	795	427	2,839	28.0%	15.0%
Provides 50 or more hours unpaid care a week	1,061	1,054	3,915	27.1%	26.9%
Total	5,944	3,050	19,728	30.1%	15.5%

Source: NOMIS 2013, Office for National Statistics 2013c.

In Wandsworth, the local authority offers carer assessments to carers who are providing regular and substantial care. In addition, a carer's grant scheme is available for up to £250 each financial year for carers to use towards something that will improve their quality of life. For 2013/14, 262 people aged 65 years and older received a carers grant, while 3,050 identified as an unpaid carer in the 2011 census (Wandsworth Borough Council, 2014i). Wandsworth Clinical Commissioning Group also encourages General Practices to identify carers from their registered patient list and offer them a 30 minutes 'Carer Consultation' to review medication, flu vaccination status, provide information and offer onward referral to

health, community and social care services. The Care Act 2014 outlines new rights to support for carers. Carers will now be entitled to an assessment from their local authority and if a carer is eligible for support for particular needs, they will have a legal right to receive this in the same way as those they are caring for (Department of Health, 2014).

7.0 Getting out and about

As part of the work done by the Mayor of London, key issues for older people using transport were identified and outlined in the 'Valuing Older People Strategy' (2006). These include personal safety, accessibility of public transport, access to adequate toilet provision, parking for disabled people, provision of service information and the street environment. (Mayor of London 2006). Transport for London (TfL) data from the Travel in London Report (2010) show that some groups in the population tend to be more fearful of crime than others; in particular, women, older people, people from ethnic minority groups and residents of deprived areas tend to be more fearful of crime and this constrains their travel choices accordingly. Anti-social behaviour, and a low level of respect for others, is a source of discomfort for all transport users (Wandsworth Borough Council, 2011).

An evaluation of the previous Older People's Strategy 2008/2013 in Wandsworth outlines a series of improvements for older people in relation to transport ranging from improved accessibility to public transport (including audio announcements on train platforms, 'declutter' of stations, maintenance of footpaths and step-free access to platforms) to pedestrian training to older people through theatre performances. The Council continues to support the Blue Badge parking scheme for disabled people and as at December 2013, 6,212 Wandsworth residents had Blue Badges. Seventy percent (4,343) of those residents were aged over 60. In 2013, 35,634 Wandsworth residents had an Older Person's Freedom Pass enabling free travel on public transport across the capital for those aged 60 and over (Wandsworth Borough Council 2013d).

The Council's Mobility Forum continues to meet every 6 months to enable older people and disabled people to engage directly with policy makers and transport operators.

8.0 Income

There is a well-established link between income, employment and general health, and significant evidence that additional mental health risks emerge at times of economic hardship and when income inequalities increase (Murali & Overbode 2004, Beddington et al. 2008, Pickett & Wilkinson 2010). It is estimated that 45% of people who are in debt have mental health problems, compared with only 14% of those who are not in debt (Fitch et al.

2011). The impact of a recession is complex, and can affect individuals and households in many different ways. Older people have been particularly affected by the reduction in pension values and the loss of interest on savings, in addition to the rising cost of utilities bills and the price of food means such that many older people now have reduced household budgets. Some may therefore be at greater risk of fuel poverty and poor diet, and the associated health impacts including depression and poorer mental health. This section describes income deprivation affecting older people and pension credits.

In Wandsworth 19,000 older people in Wandsworth rely on state pension only (Department of Work and Pensions 2008), 9% of households are in fuel poverty (Department of Energy Climate Change 2010) and one third of those eligible are not claiming Pension Credit (Department of Work and Pensions 2012).

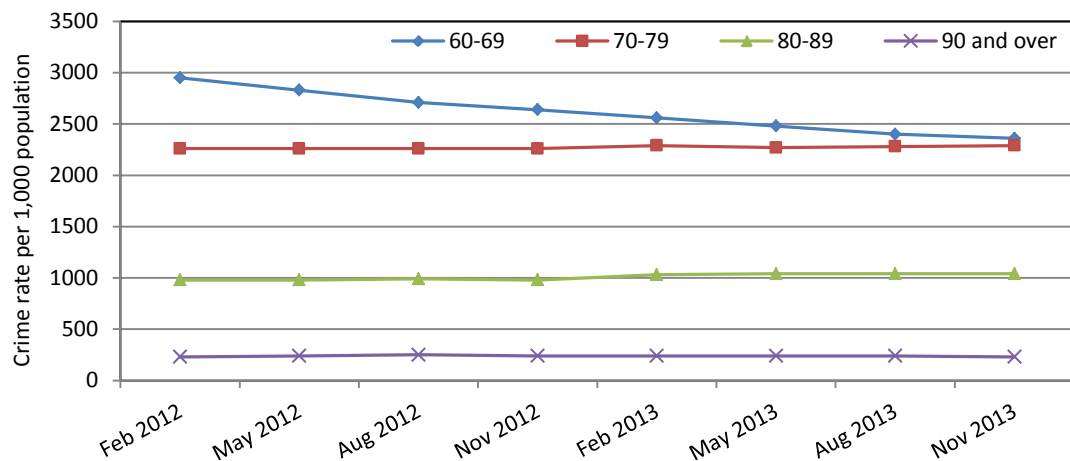
8.1 Income Deprivation Affecting Older People Index

The Income Deprivation Affecting Older People Index (IDAOPI) is an index that shows the proportion of adults aged 60 or over living in households where someone is claiming Income Support or income based Jobseeker's Allowance or Pension Credit. In Wandsworth an estimated 26.4% of people aged 60 years and older can be described as income deprived, a figure which is significantly worse than the London (23.8%) and national (18.1%) averages (Department for Communities and Local Government 2010). However, the Wandsworth figure is lower than the Inner London average of 31.8%.

8.2 Pension credit (Guarantee credit)

Pension Credit is an income-related benefit made up of 2 parts - Guarantee Credit and Savings Credit. Guarantee Credit tops up your weekly income if it's below £148.35 (for single people) or £226.50 (for couples). Data on the guarantee credit is presented here (Gov.uk 2014). Between February 2012 and November 2013 (latest available) the number of people receiving guarantee credit in Wandsworth has remained at a constant level except for the 60-69 years group. The number receiving the credit has decreased by 600 beneficiaries, from just under 3,000 to 2,350. This decrease is mostly represented by females in the 60-64 years group. The number of people aged 70-79 years receiving guarantee credit has remained at around 2,300, the 80-89 years group at 1,000 and the 90 years and older at around 240. Using population projections (Office for National Statistics 2012), for the quarter ending November 2013, 16.9% of people aged 60-69 years (only females 60-64), 18.9% of people aged 70-79 years and 16.5% of people aged 80 years and older were receiving guarantee credit.

Figure 9: Number of beneficiaries of guarantee credit (pension credit) by quarter, Wandsworth.



Source: Department of work & Pensions tabulation tool, <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html>.

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