5 Older people

Contents

5.1 Introduction

Older people are included as a ‘vulnerable group’ in the JSNA because the risk of many health conditions, disability and multimorbidity increases with age. [1]

We have defined ‘older age’ as 65 and over in this section, as this is a standard classification for much of the available data and also reflects the caseload and/or eligibility criteria for many of the services and best practice guidelines described.

This cut-off does not, of course, imply that all local residents in the 65+ age group have higher health and wellbeing needs.

It is not possible to cover all health risks affecting older people within the scope of the JSNA. The following areas, covering some of the more common risks, form the scope of this section:

- common preventable long-term conditions in which risk increases with age – coronary heart disease (CHD), stroke, diabetes and chronic obstructive pulmonary disease (COPD)
- specific conditions affecting older people – continence problems, frailty and falls
- excess winter deaths (including cold homes as a contributing factor)[1]
- social isolation in older people – covered in more detail in the 'Society and environment' (community cohesion and social networks) JSNA chapter.

Older people's mental health and dementia are covered in the separate 'Mental health and substance misuse' JSNA chapter. Similarly, although the risks of physical inactivity and under-nutrition also increase with age, these are not covered here – instead, please see the 'Lifestyle and behaviour' chapter of the JSNA. Vaccine-preventable infections affecting older people (including seasonal influenza, or flu) are also covered in a separate JSNA chapter.

5.2 Local data and unmet need

5.2.1 Demographic characteristics of the older population

The majority of older people living in Hackney and the City are between the ages of 65 and 74 (Table 1). There 65 and 74 (Table 1). There are more women than men above the age of 65 in Hackney and the City of London (Table 2
Table 2).

In Hackney, there are nearly 9,000 older residents of Black, Asian and Minority Ethnic (BAME) origin. In the City Ethnic (BAME) origin. In the City of London, older residents are predominantly White, reflecting the ethnic profile reflecting the ethnic profile of the wider resident population (Table 3

Table 3).

Table 1: Estimated number of older people living in Hackney and the City of London, by age (2017)

Age of residents	Hackney	City of London
65 to 74	11,600	700
75 to 84	6,300	400
85 and over	2,400	200

[1] The Office for National Statistics (ONS) calculates excess winter mortality as the deaths in the period between December and March compared to the average number of deaths occurring during the rest of the year. The figure is then rounded to the nearest 10.

Total: 65 and over	20,300	1,300

Source: Greater London Authority population projections.

Table 2: Estimated number of older people living in Hackney and the City of London, by gender (age 65+, 2017)

Gender of residents	Hackney	City of London
Male	9,300	600
Female	11,000	700

Source: Greater London Authority population projections.

Table 3: Estimated number of older people living in Hackney and the City of London, by ethnicity (age 65+, 2017)

Ethnicity of residents	Hackney	City of London
Asian	1,880	80
Black	5,270	20
Mixed	650	0
Other	880	40
White	11,580	1,130

Source: Greater London Authority population projections.

Table 4 summarises the characteristics of older people living locally, produced by Connect Hackney[2].

Table 4: Profile in Hackney (based on data from the 2011 Census):

- Over 7,000 people aged over 65 live alone (42%).
- Nearly two thirds of older people in Hackney live in social housing.
- Older people in Hackney are more likely to be carers; 11% provide some unpaid care, compared with 7% of the population overall. There are approximately 17,385 older carers in the borough.
- Over 60% of Hackney's residents aged over 65 describe themselves as disabled, rising to 85% of those aged over 85.
- Hackney has the second highest score for income deprivation among older people in England (2015). Hackney Wick, King's Park and Woodberry Down are the most deprived areas.
- Black, Asian and Minority Ethnic (BAME) people aged over 50 will make up 22% of the total 50+ population in England and Wales by 2051.
- Around 8% of Hackney's adult population (around 16,500 people) are currently likely to identify themselves as lesbian, gay, bisexual or transgender (LGBT). The proportion of people identifying as LGBT tends to decline with age.

Source: Connect Hackney. [2] [3] , Profile of social isolation among older people in Hackney (January 2018)

[2] Connect Hackney is a programme aimed at improving the wellbeing of people aged over 50 by preventing loneliness and isolation.

5.2.2 Health and wellbeing of the older population

A summary of some of the available data on the health of residents aged 65+ in Hackney and the City is presented below.[3]

- Cardiovascular disease (CVD): as of April 2017, 2,721 Hackney residents and 125 City residents aged 65+ were recorded by their GP to have coronary heart disease (CHD); and 1,553 Hackney residents and 67 City residents aged 65+ were recorded to have experienced stroke or a transient ischaemic attack (TIA).
- Type 2 diabetes: 5,330 Hackney residents and 107 City residents over the age of 65 were diagnosed with type 2 diabetes (April 2017).
- Respiratory disease: 1,806 older Hackney residents and 35 City residents were diagnosed with COPD (April 2017).
- Bladder problems: an estimated 3,231 older residents in Hackney, and 228 in the City of London, experienced bladder problems at least once a week (2017).
- Falls: in Hackney and the City of London combined, there were 554 emergency hospital admissions due to falls in those aged 65+ in 2016/17; estimates (from a different source) suggest that over 5,000 Hackney residents and almost 40 City residents had a fall in 2017.
- Excess winter mortality (EWM): there were 90 cases of excess winter deaths in Hackney in 2015/16 in all age groups; the EWM index was 25.8, which indicates that there were approximately 26% more deaths in winter compared to the non-winter period (data for the City of London are not available).[4]

In addition, social isolation is prevalent among older people locally. In 2014, 59% of Hackney residents aged 50 and over (data are not available for the 65+ age group) felt they lacked companionship sometimes or often (see Table 5). Table 6 summarises research, also from Connect Hackney, on the risk factors for social isolation in older people (age 50+).

Table 5: Indicators of social isolation reported by Hackney residents (age 50+, 2014)

	Never	Hardly ever	Sometimes	Often
How often do you feel that you lack companionship?	130 (25%)	81 (16%)	214 (41%)	96 (18%)
How often do you feel happy with your social life?	29 (6%)	43 (8%)	249 (47%)	207 (39%)
How often do you feel part of your neighbourhood?	81 (16%)	89 (17%)	206 (39%)	148 (28%)

Source: Connect Hackney *2014 older people's survey*.

[3] Extracted from the local GP register by the Clinical Effectiveness Group (CEG), Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

[4] The excess winter mortality index is calculated as the excess winter mortality divided by the average non-winter deaths.

Table 6: Profile of social isolation among older people in Hackney

Connect Hackney defines social isolation as 'someone who sees friends and family in person once a week or less (this doesn't include seeing paid carers or people they live with)'.

Barriers and risks to keeping and maintaining social connections include:

- frailty and physical mobility; transport was often felt to be inaccessible
- feelings of vulnerability and the perception of society as unfriendly, unfamiliar and unsafe
- perception of ageing, and low expectations due to living in a youth-centred society where many older people feel invisible
- most community projects and events for older people feeling aimed at heterosexual people, and LGBT venues perceived to be for younger gay people
- lack of respite for carers.

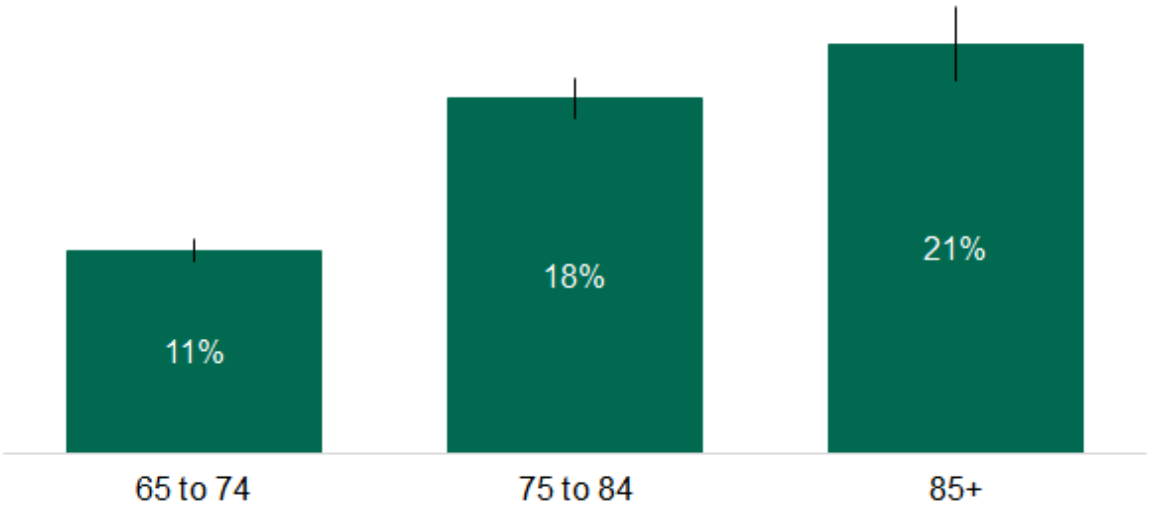
Source: Connect Hackney. [2], Profile of social isolation among older people in Hackney (January 2018)

5.3 Inequalities

5.3.1 Age

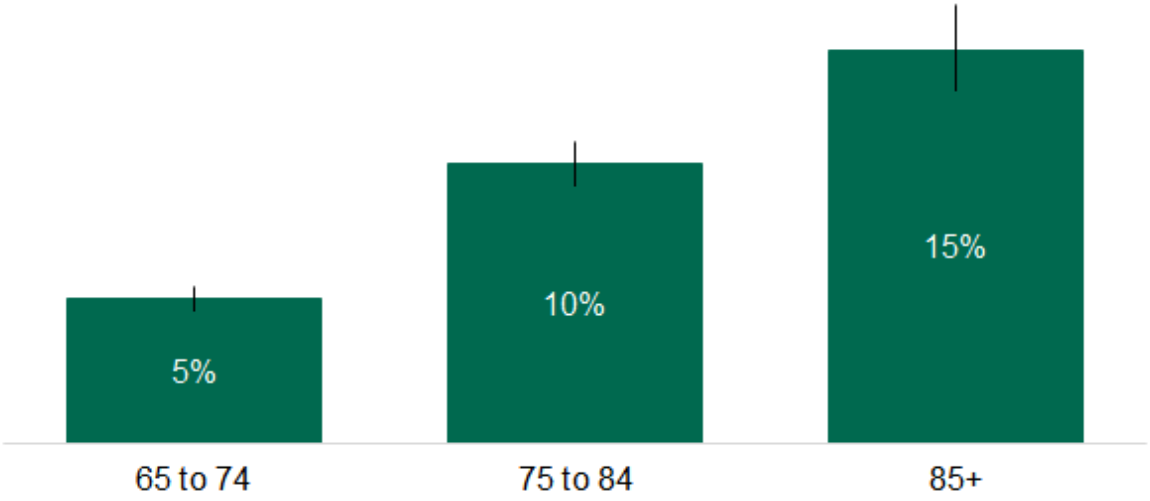
The risk of CVD continues to increase in older age. In Figure 1 and Figure 2, the proportion of people in Hackney and the City of London with CHD and stroke/TIA is shown to be highest in the 85+ age group.

Figure 1: Proportion of older Hackney and City of London residents with GP-recorded CHD, by age (65+, 2017)



Source: Extracted from the local GP register by Clinical Effectiveness Group (CEG), Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

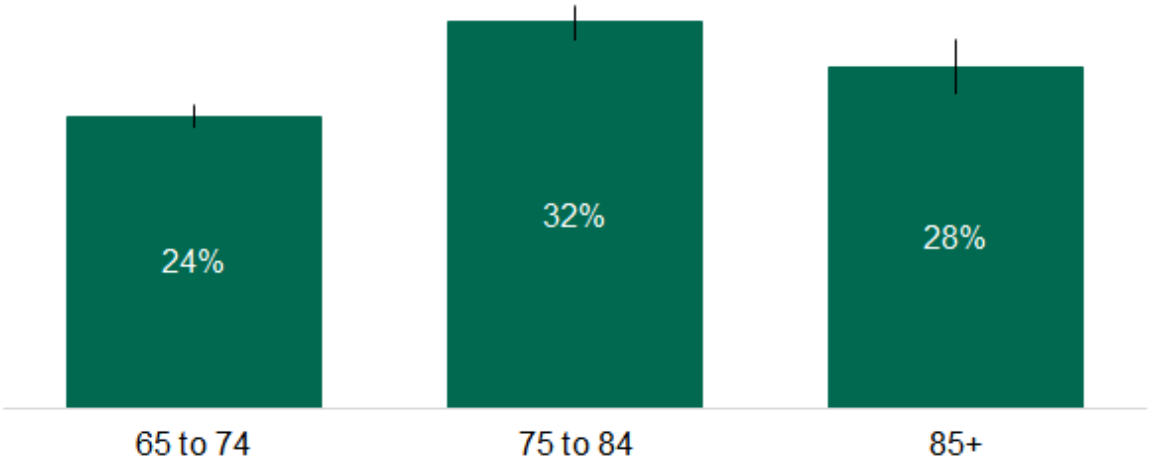
Figure 2: Proportion of older Hackney and City of London residents with GP-recorded stroke or TIA, by age (65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

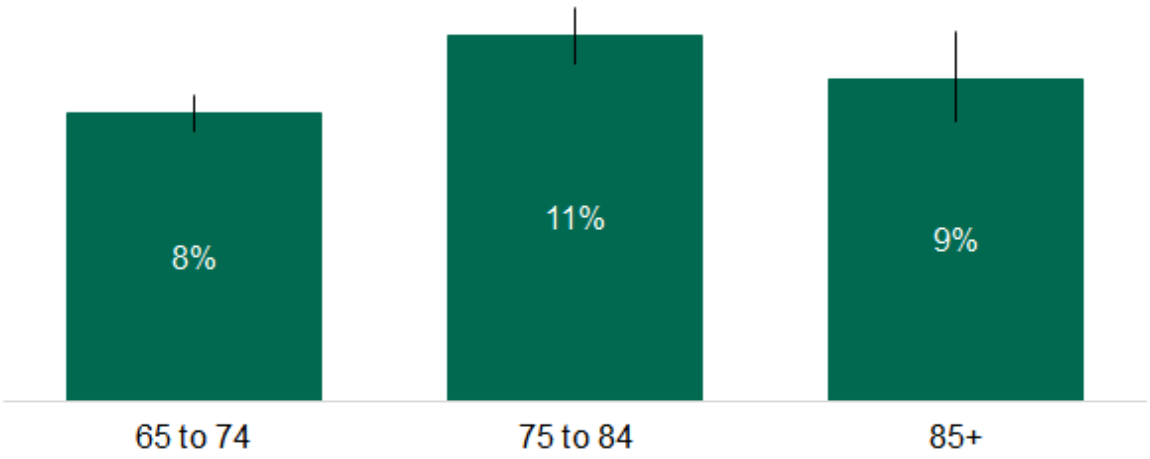
The proportion of older residents with GP-recorded type 2 diabetes peaks between the ages of 75 and 84 (Figure 3). This may be in part due to the shorter life expectancy of people with type 2 diabetes locally. [4] A similar pattern is observed for GP-recorded COPD prevalence (Figure 4).

Figure 3: Proportion of older Hackney and City of London residents with GP-recorded type 2 diabetes, by age (65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 4: Proportion of older Hackney and City of London residents with GP-recorded COPD, by age (65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data covers residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Among those aged 65–69, an estimated 14% of women and 12% of men experience bladder problems at least once a week. In those aged 85 and over, it is estimated that nearly a third of women (28%) and one in five men (19%) experience bladder problems with this frequency (see Table 7).

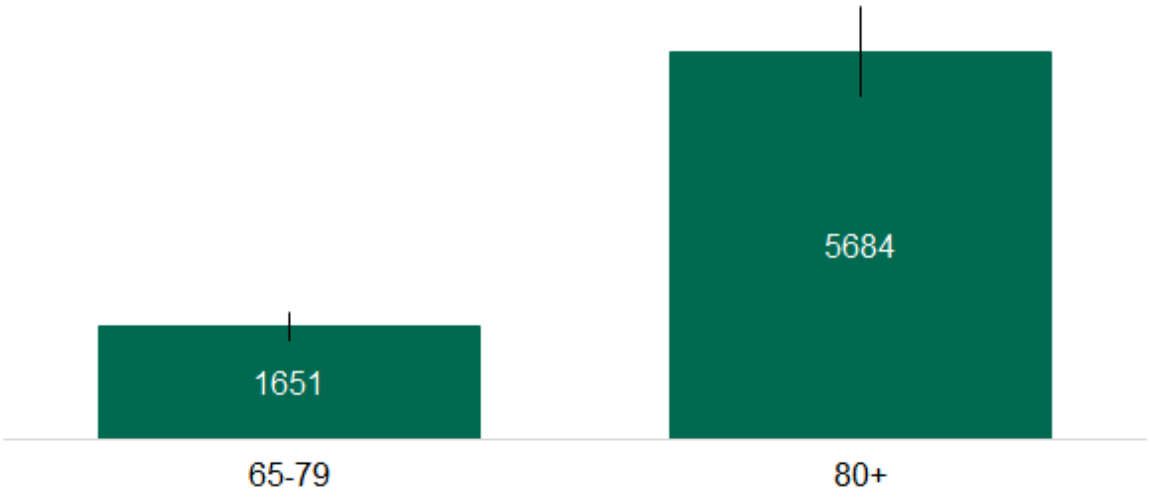
Table 7: Estimated percentage and number of older Hackney and City of London residents affected by bladder problems at least once a week, by age (65+ 2017)

Age range	Estimated percentage (male)	Estimated percentage (female)	Estimated number (total)
Aged 65–69	12%	14%	916
Aged 70–74	15%	12%	684
Aged 75–79	18%	17%	664
Aged 80–84	21%	17%	566
Aged 85 and over	19%	28%	629

Source: Projecting Older People Population Information (POPPI) system.
Note: Estimates are based on national data from *Health Survey for England* (2005) and have been applied to ONS population projections. Confidence intervals are not available.

The rate of emergency hospital admissions due to falls is significantly higher in those aged 80 and over compared to those aged 65 to 79 (Figure 5).

Figure 5: Rate of emergency hospital admissions due to falls in Hackney and City of London residents, by age (per 100,000, age 65+, 2016/17)



Source: Public Health England, Public Health Outcomes Framework.

5.3.2 Gender

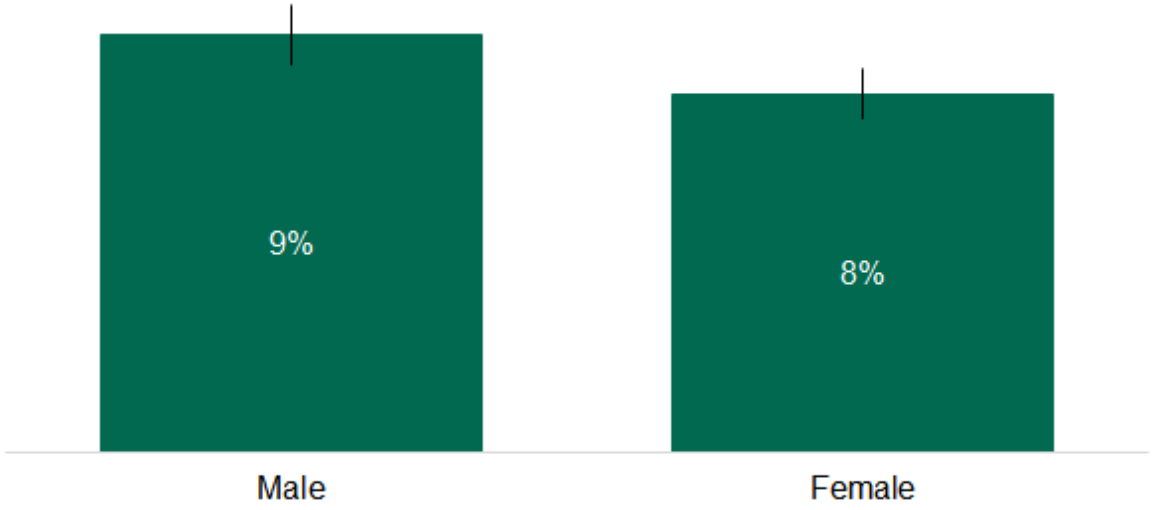
Men over the age of 65 are more likely to be diagnosed with CHD than women in this age group (Figure 1Figure 6). The gender disparity for patients who have experienced stroke or TIA is narrower, but still evident (Figure 7).

Older men (aged 65+) living in Hackney and the City of London are also more likely to be diagnosed with type 2 diabetes (Figure 8) and COPD compared to older women (Figure 9).

Figure 6: Proportion of older Hackney and City of London residents with GP-recorded CHD, by gender (age 65+, 2017)

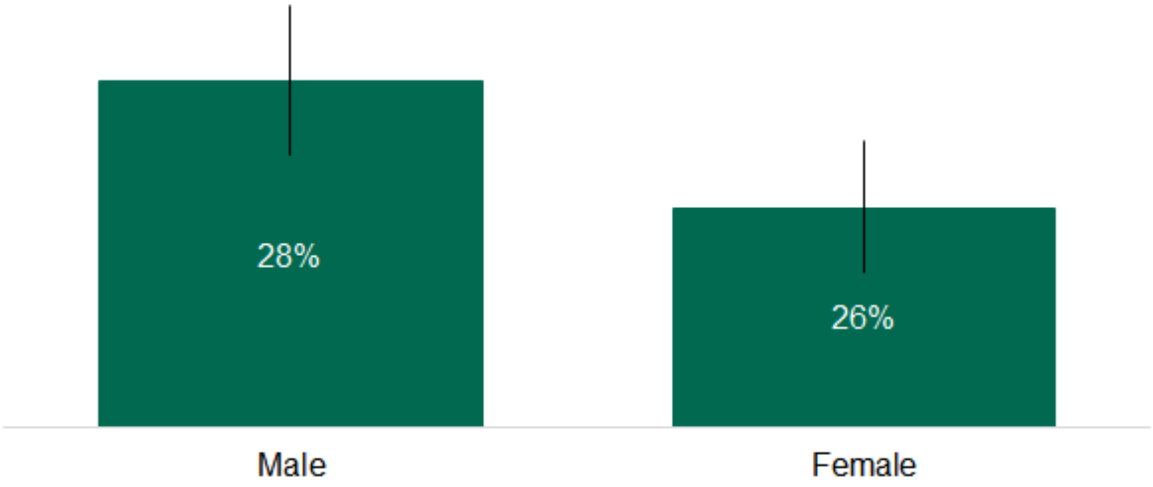
Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 7: Proportion of older Hackney and City of London residents with GP-recorded stroke or TIA, by gender (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 8: Proportion of older Hackney and City of London residents with GP-recorded stroke or TIA, by gender (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 9: Proportion of older Hackney and City of London residents with GP-recorded COPD, by gender (age 65+, 2017)

Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

A different pattern emerges for estimated prevalence of bladder problems locally – more women than men aged 65+ are predicted to experience frequent bladder problems (Table 8). This is attributed to multiple factors, including physiological differences between men and women and increased muscle deterioration in women as they age. [5] Furthermore, having given birth increases the risk of experiencing bladder problems in later life. [6] In the oldest age groups, longer life expectancy of women is also likely to play a factor in explaining these differences.

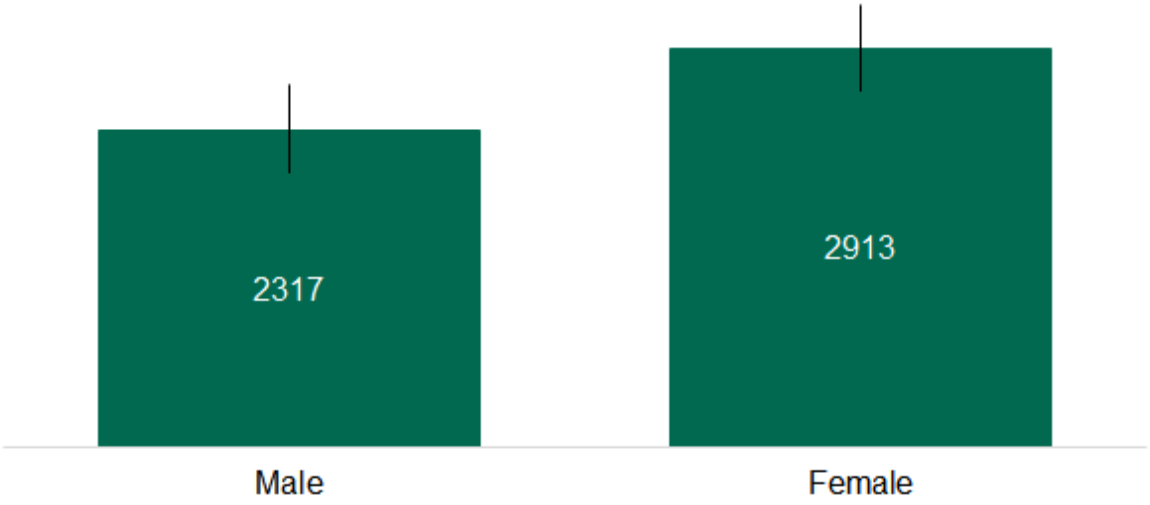
Table 8: Estimated number of older Hackney and City of London residents experiencing bladder problems at least once a week, by age (65+, 2017)

Age range	Estimated number (male)	Estimated number (female)
Aged 65–69	384	532
Aged 70–74	360	324
Aged 75–79	324	340
Aged 80–84	294	272
Aged 85 and over	171	420
Total aged 65 and over	1,533	1,888

Source: Projecting Older People Population Information (POPPI) system.
Note: Estimates are based on national data from *Health Survey for England* (2005) and have been applied to ONS population projections.

In Hackney and the City of London, women have a higher rate of emergency hospital admissions due to falls compared to men (Figure 10). This is likely to be attributed to multiple factors, including physiological differences between men and women and increased muscle deterioration in women as they age. [7]

Figure 10: Rate of emergency hospital admissions due to falls in older Hackney and City of London residents, by gender (per 100,000, age 65+, 2016/17)



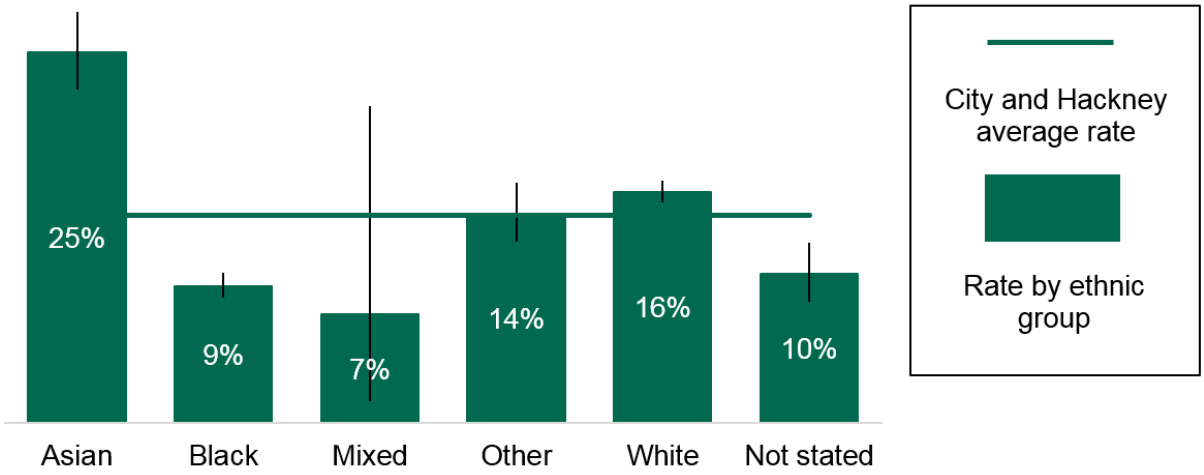
Source: Public Health England, Public Health Outcomes Framework

Finally, in terms of social isolation, local evidence suggests that men are slightly more likely to feel socially isolated than women. In the 2014 Connect Hackney *older people's survey* referenced previously, 66% of men aged 50+ felt they lacked companionship, compared with 56% of women in this age range.

5.3.3 Ethnicity

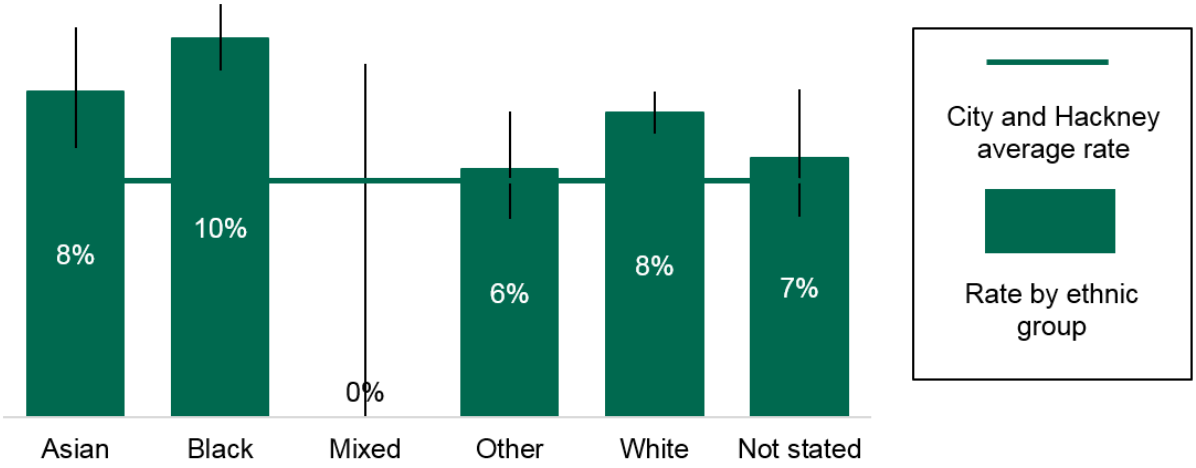
Among those over the age of 65, Asian residents are more likely to be recorded by their GP to have CHD than other ethnic groups (Figure 11); and older Black residents are more likely to have had a stroke or TIA than those of White or Other ethnicity (Figure 12).

Figure 11: Proportion of older Hackney and City of London residents with GP-recorded CHD, by ethnicity (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

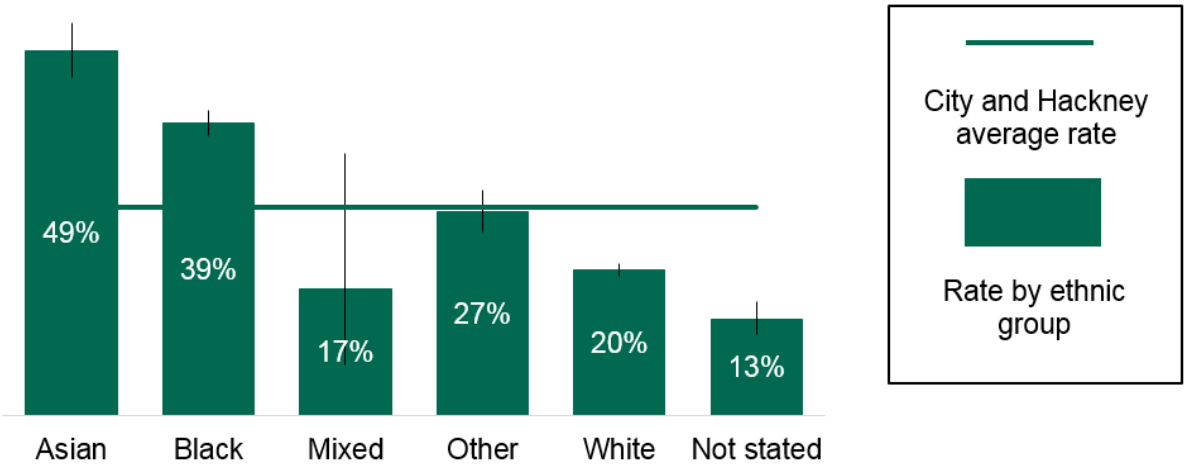
Figure 12: Proportion of older Hackney and City of London residents with GP-recorded stroke or TIA, by ethnicity (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Almost half of older Asian residents living in Hackney and the City of London are diagnosed with type 2 diabetes. This compares with two in five Black residents and one in five White residents (Figure 13).

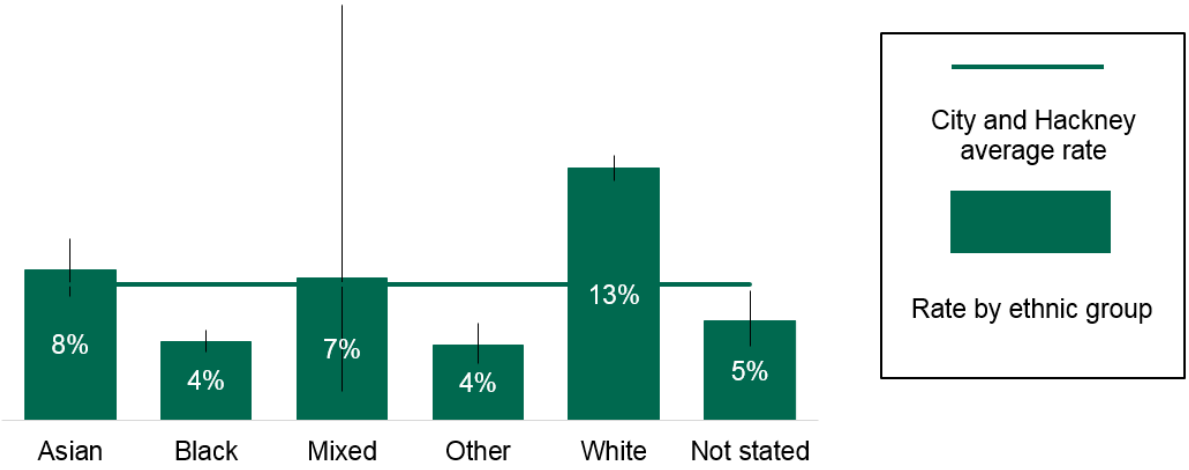
Figure 13: Proportion of older Hackney and City of London residents with GP-recorded type 2 diabetes, by ethnicity (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Older White residents are more likely to be diagnosed with COPD than other ethnic groups (Figure 14). Smoking is a key risk factor for COPD, which may help to explain these patterns. See the 'Lifestyle and behaviour' JSNA chapter for more information.

Figure 14: Proportion of Hackney and City of London residents with GP-recorded COPD, by ethnicity (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

There are a few existing studies that suggests older minority ethnic people and older women are more likely to say that they feel lonely. [8] Another study focusing on loneliness in BAME origin groups in Britain found that experiences of loneliness varied across minority ethnic groups, with older people originating from China, Africa, the Caribbean, Pakistan and Bangladesh reporting high rates of loneliness compared to those originating from India. [9]

5.3.4 Disability

Older people who have a disability are significantly more likely to feel socially isolated compared with those without a disability. Table 9 shows that people aged 50+ with a disability are: much more likely to report lacking companionship; less likely to report feeling happy with their social life; and less likely to feel a part of their neighbourhood (no data available for age 65+).

Table 9: Indicators of social isolation reported by older Hackney residents, by disability status (age 50+, 2014)

		Never	Hardly ever	Sometimes	Often
How often do you feel that you lack companionship?	Disability	39 (18%)	27 (13%)	99 (44%)	49 (23%)
	No disability	45 (29%)	30 (19%)	59% (37%)	24 (15%)
How often do you feel happy with your social life?	Disability	15 (7%)	24 (11%)	122 (56%)	57 (26%)
	No disability	5 (3%)	6 (4%)	73 (46%)	74 (47%)
How often do you feel part of your neighbourhood?	Disability	40 (18%)	38 (17%)	90 (41%)	50 (23%)
	No disability	21 (13%)	23 (15%)	61 (38%)	54 (34%)

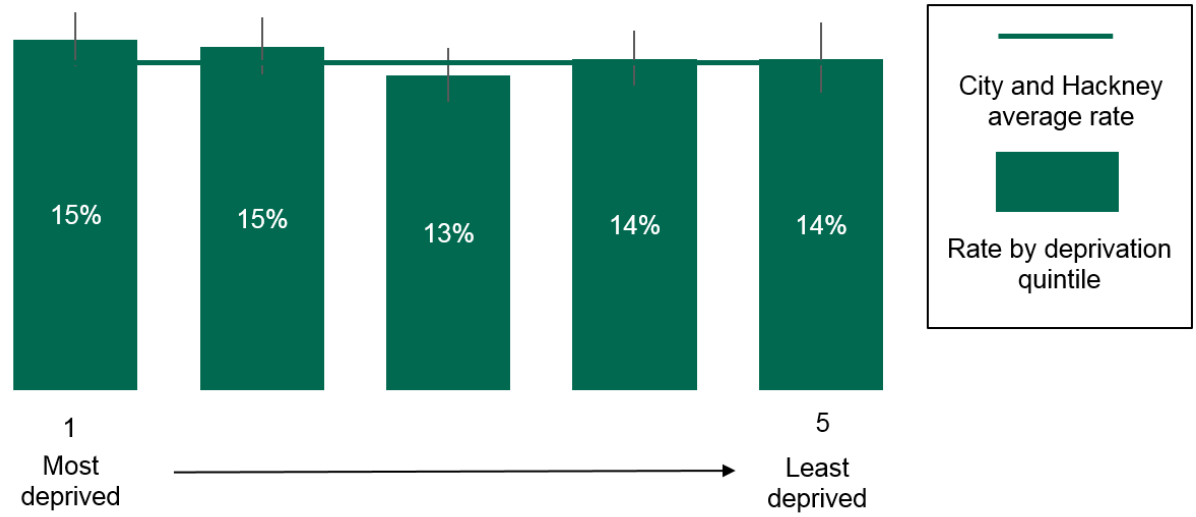
Source: Connect Hackney *2014 older people's survey*.

5.3.5 Socio-economic disadvantage

There does not appear to be a strong relationship between area deprivation and either CHD (Figure 15) or stroke/TIA (Figure 16) among older people in Hackney and the City. This may in part be because those living in more deprived areas with these long-term conditions have a lower life expectancy.

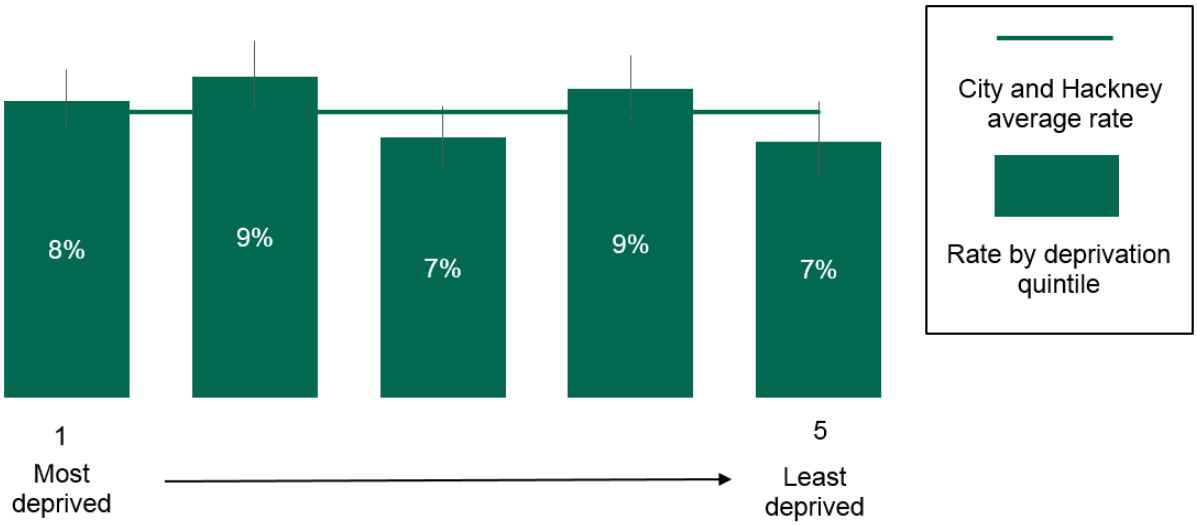
However, older people living in the most deprived areas locally are more likely to be diagnosed with type 2 diabetes than those living in the least deprived areas (Figure 17), based on the Index of Multiple Deprivation (IMD). IMD is a measure of relative deprivation for small areas that combines 37 separate indicators, each reflecting a different aspect of deprivation experienced by individuals living in an area. Deprivation groupings are reported from 1 (most deprived) to 5 (least deprived).

Figure 15: Proportion of older Hackney and City of London residents with GP-recorded CHD, by deprivation (age 65+, 2017)



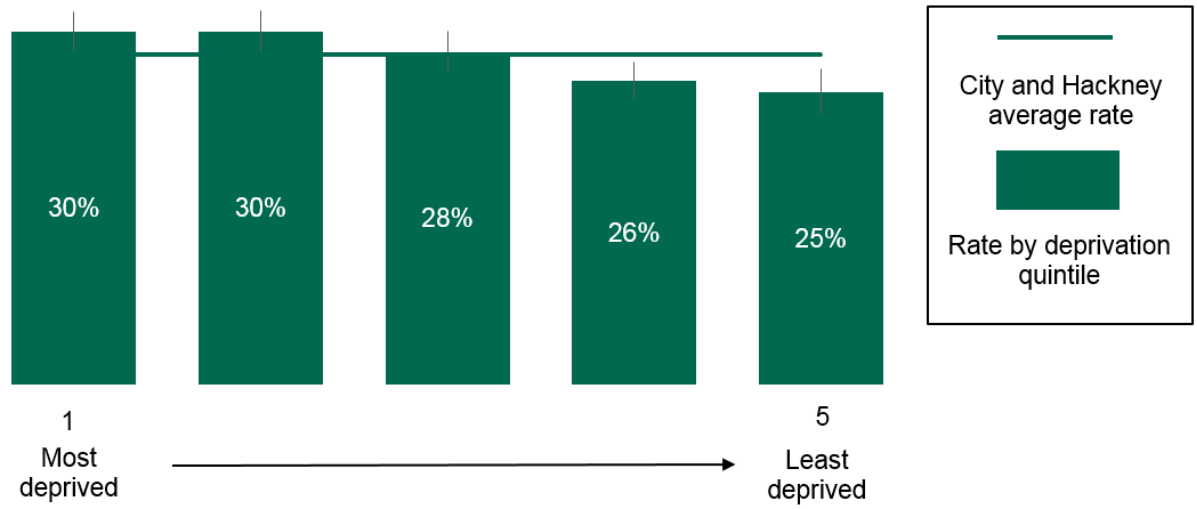
Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 16: Proportion of older Hackney and City of London residents with GP-recorded stroke or TIA, by deprivation (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

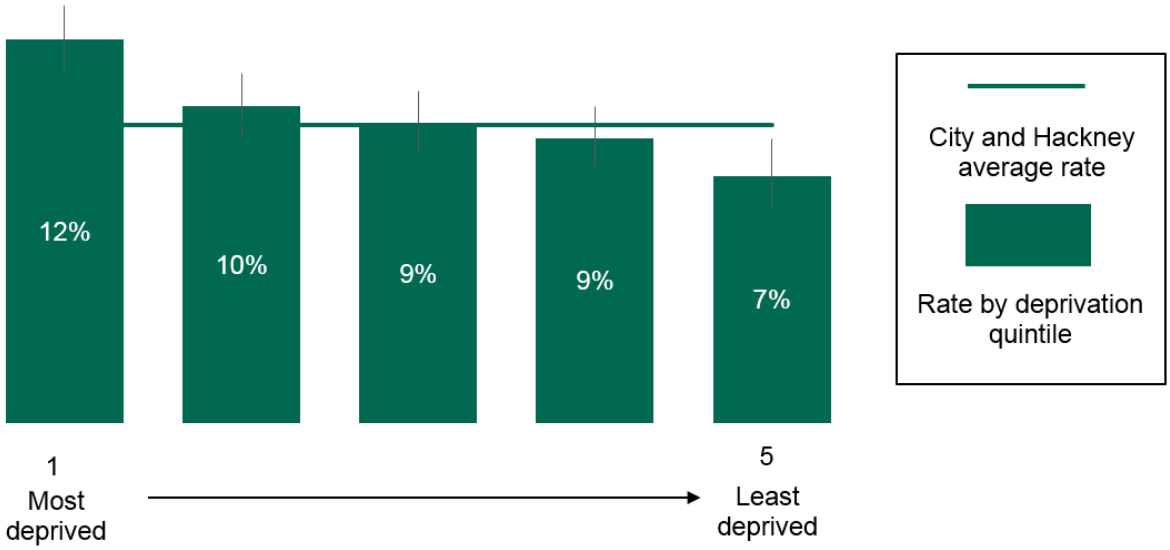
Figure 17: Proportion of older Hackney and City of London residents with GP-recorded type 2 diabetes, by deprivation (age 65+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

There is a clear association between COPD prevalence and deprivation among older people in Hackney and the City, with those living in the most deprived areas more likely to be diagnosed with the disease compared to those living in the least deprived areas (Figure 18). This is linked to higher prevalence of risk factors associated with COPD in more deprived communities – including smoking behaviour, occupational risk and substandard housing. See the 'Smoking' section of the 'Lifestyle and behaviour' JSNA chapter and the 'Respiratory disease' section of the 'Adult health' chapter for more information.

Figure 18: Proportion of older Hackney and City of London residents with GP-recorded COPD, by deprivation (age 65+, 2017)



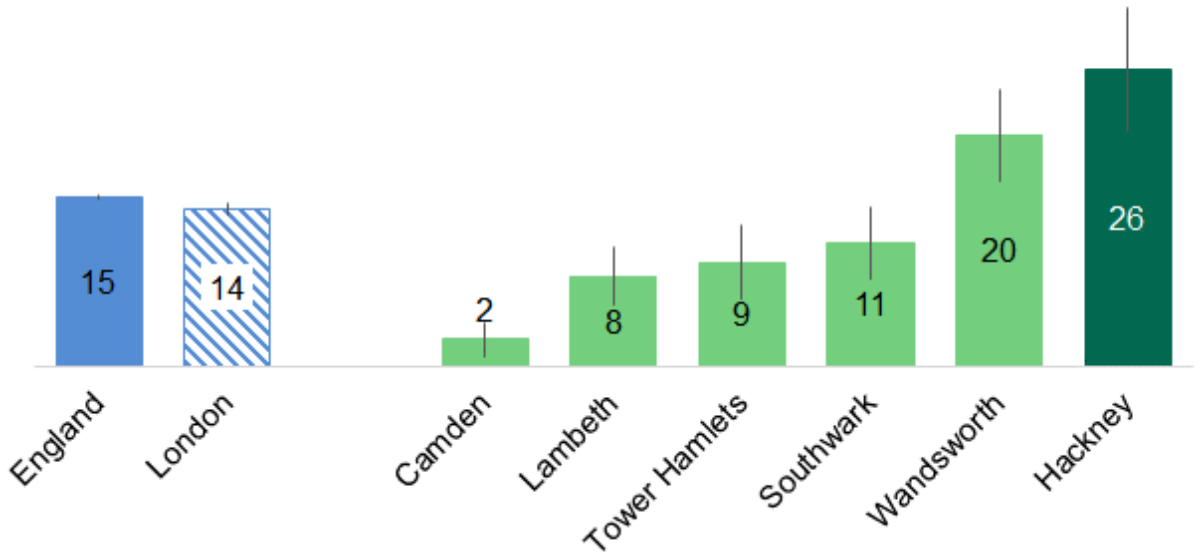
Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

5.4 Comparisons with other areas and over time

Hackney's latest excess winter mortality index shows the borough performing significantly worse than most similar areas, London and England (Figure 19). Since 2011/12, excess winter deaths have been increasing locally (Figure 20).

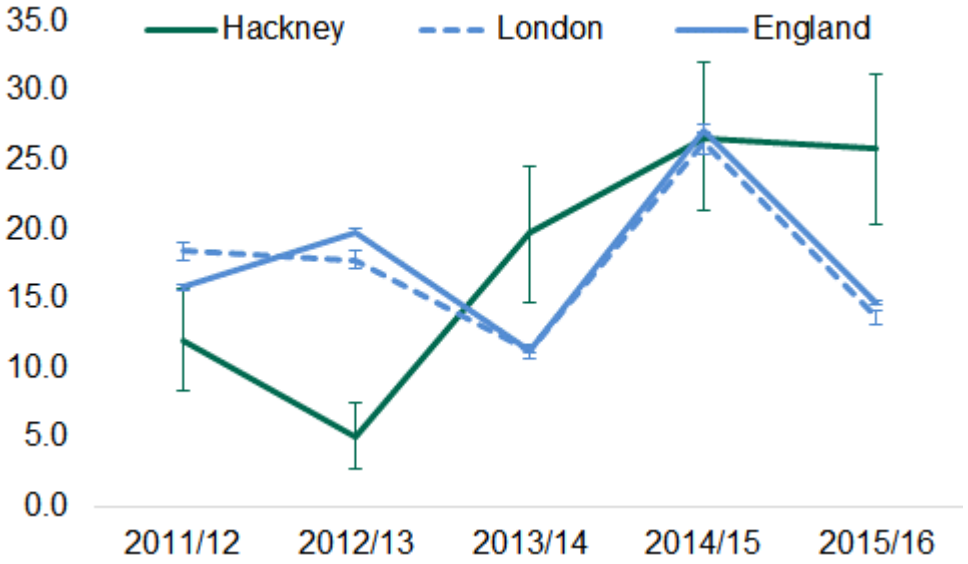
Comparable data are not available for the City.

Figure 19: Excess winter mortality index (all ages; 2015/16)



Source: Office for National Statistics.
Note: Data for Hammersmith and Fulham, Islington and the City of London were not available.

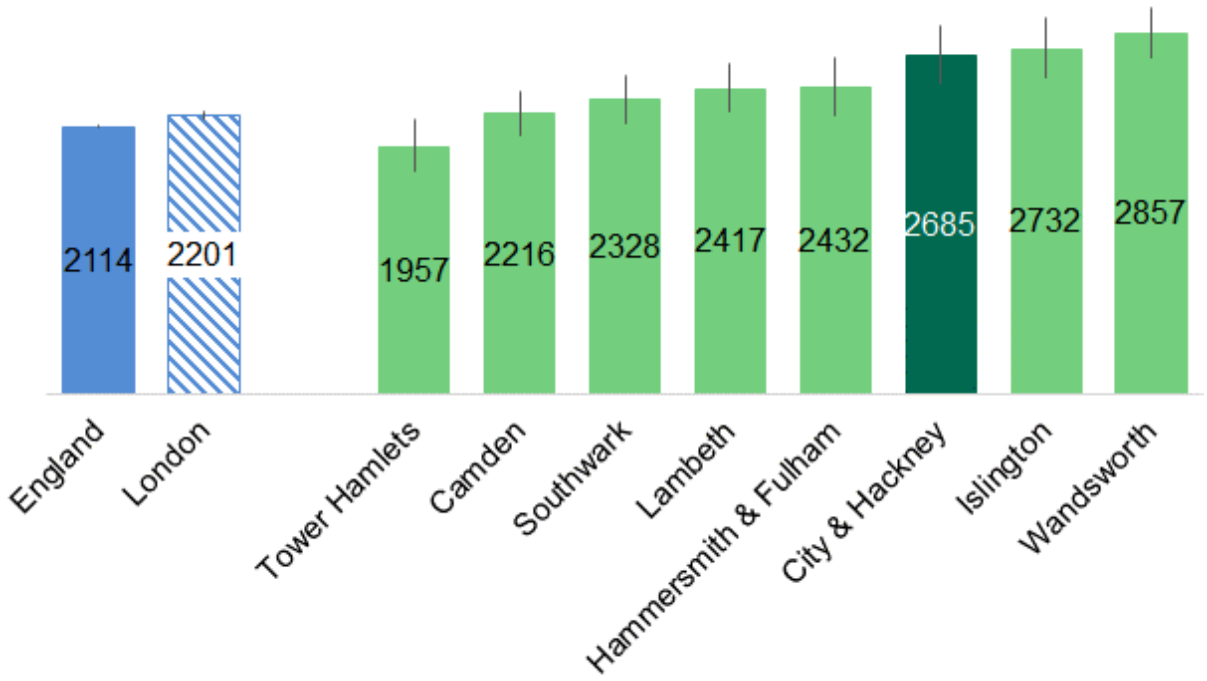
Figure 20: Excess winter mortality index over time (all ages; 2011/12 — 2015/16)



Source: Office for National Statistics.

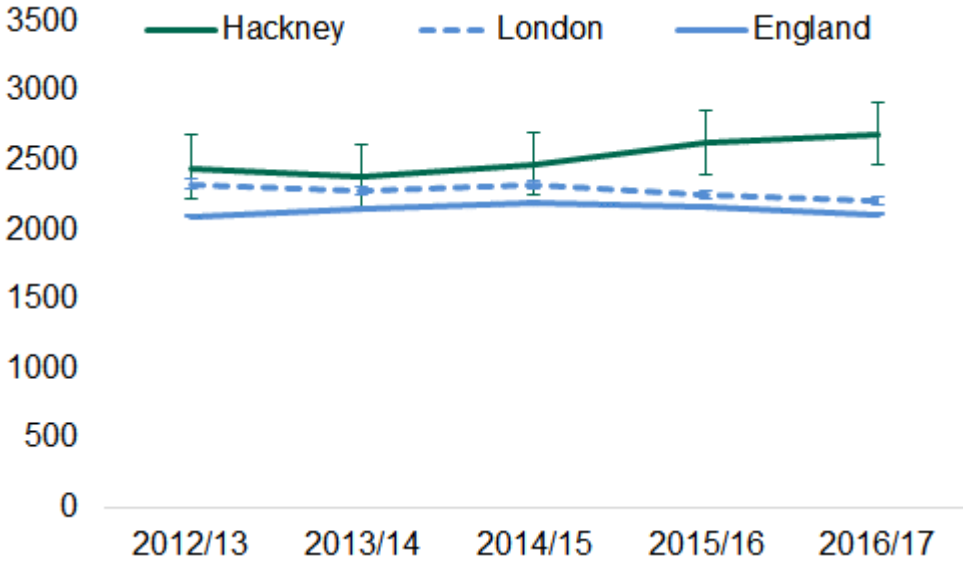
The rate of emergency hospital admissions due to falls in older people is higher in Hackney and the City than London, England and some of Hackney's statistical peers (Figure 21). Locally, rates also appear to be increasing over time, although the trend is not statistically significant (Figure 22).

Figure 21: Rate of emergency hospital admissions due to falls in older Hackney and City of London residents (per 100,000 aged 65+, 2016/17)



Source: Public Health England, Public Health Outcomes Framework.

Figure 22: Rate of emergency hospital admissions due to falls in older Hackney and City of London residents over time (per 100,000 aged 65+, 2012/13 — 2016/17)



Source: Public Health England, Public Health Outcomes Framework.

5.5 Evidence and good practice

Cardiovascular disease (including CHD and stroke), diabetes and respiratory disease (including COPD) are covered in separate sections in the 'Adult health' chapter of the JSNA – evidence and good practice in relation to these long-term conditions are described there.

Here, the focus is on evidence and good practice in relation to specific health and wellbeing needs associated with older age – continence problems, frailty and falls, excess winter deaths, and social isolation in older people.

5.5.1 Continence problems

The National Institute for Health and Care Excellence (NICE) has produced detailed clinical guidelines on urinary incontinence in people with neurological disease and urinary incontinence in women. [10] [11] As these focus on management, not prevention, and contain a great deal of clinical detail beyond the scope of the JSNA, general advice from NHS Choices is presented in Table 10. [12]

Table 10: NHS guidance: preventing and treating urinary incontinence

Prevention of urinary incontinence	Treatment of urinary incontinence
Although it is not possible to prevent urinary incontinence in all cases, the risks of suffering can be reduced by: • staying a healthy weight (obesity can increase the risk of urinary incontinence) • abstaining from, or drinking less, alcohol and caffeine, and drinking less fluid in the hours before bedtime • keeping fit, particularly practising pelvic floor muscle exercises.	Initial suggested measures: • lifestyle changes – losing weight and limiting caffeine and alcohol intake • pelvic floor exercises • bladder training supported by a health professional. If the above measures do not help with symptom management, medication may be recommended. The following surgical procedures may also be recommended: • tape or sling procedures that decrease pressure on the bladder or build up the muscles that control urination • enlarging the bladder or inserting a device that activates the nerve controlling the detrusor muscle.[5]

Source: NHS Choices, Overview of urinary incontinence.

5.5.2 Frailty and falls

NICE has also produced guidance on prevention and risk assessment of falls among people aged over 65. [13] The key recommendations are summarised in Table 11 and Table 12.

[5] The detrusor muscle is the smooth muscle found in the wall of the bladder. It remains relaxed to allow the bladder to store urine, and contracts during urination to release urine.

Table 11: NICE recommendations: preventing (recurrent) falls in older people

Case/risk identification	• Older people in contact with health services should be routinely asked about any falls in the past year. Those who report a fall should have their balance and gait observed to see if they would benefit from balance and strength training.
Multifactorial falls risk assessment	• Multifactorial falls risk assessment should be conducted for those who attend health services because of a fall, those who have fallen within the last year and those who have abnormal gait/balance. This would normally be conducted by a specialist falls service. • The assessment may include: - falls history - gait, balance, mobility and muscle weakness - osteoporosis risk - perceived functional ability and fear relating to falling - visual impairment - cognitive impairment and neurological examination - urinary incontinence - home hazards - cardiovascular examination - medication review.
Multifactorial interventions	• Older people with recurrent falls or those deemed to be at risk should be offered a multifactorial intervention. Components usually include: - strength and balance training - home hazard assessment and intervention - vision assessment and referral - medication review with modification/withdrawal. • Following a fall, older people should be offered a multi-disciplinary assessment to identify and mitigate against future risk, and be offered an intervention tailored to their needs to promote independence and improve function.
Strength and balance training	• Muscle strength and balance training should be offered and monitored by an appropriate professional. This is particularly relevant to older people living in the community who have had recurrent falls and/or balance/gait deficits.
Exercise in extended care settings	• Interventions with an exercise component are recommended for people in care settings at risk of falls.
Home hazard and safety intervention	• Following time in hospital as the result of a fall, older people should be offered a home hazard assessment and safety interventions or modifications from a trained health professional. • Home hazard assessments must be accompanied by follow-up and intervention.

Psychotropic medications[6]	• Older people should have psychotropic medication reviewed, with specialist input if needed, and should be taken off it if possible as this reduces the risk of falling.
Cardiac pacing[7]	• Cardiac pacing should be considered for older people with cardioinhibitory carotid sinus hypersensitivity (which can cause dizziness or temporary loss of consciousness) who have experienced unexplained falls.
Encouraging the participation of older people in falls prevention programmes	• To promote participation: - health professionals should discuss what changes older people are willing to make to prevent falls - information should be available in alternative languages - falls prevention programmes should address issues which could prevent people from taking part, such as low self-efficacy and fear of falling. • Falls prevention programmes should ensure flexibility so they meet participants' needs and wishes, and promote their social value.
Education and information giving	- Health professionals working with service users at risk of falling should have, and maintain, a basic level of competence in falls assessment and prevention. - Those at risk of falling and their relatives/carers should be offered verbal and written information on: - how to prevent further falls - how to stay motivated in doing muscle strengthening, exercise or balancing - benefits of reducing falls risk - where to go for further advice and support - what to do in the case of a fall.

Source: National Institute for Health and Care Excellence. [13]

[6] Psychotropic drugs are medications that affect the central nervous system, changing how the brain processes information (such as altering mood, thoughts, perceptions, emotions, and behaviours).
[7] Cardiac pacing involves the fitting of a pacemaker to regulate the heart rate.

Table 12: NICE recommendations: preventing falls in older people during a hospital stay

Predicting patients' risk of falling in hospital	• Do not use fall risk prediction tools to predict inpatients' risk of falling in hospital. • The following groups have been identified as at risk of falls: - aged 65 and over - aged 50 to 64 and have an underlying condition that a clinician assesses to increase risk of falling.
Assessment and interventions	• Undertake an assessment of the hospital environment (including flooring, lighting, furniture and fittings such as hand holds) and address these if they pose a risk of falls. • For patients at risk of falling in hospital, consider multifactorial assessments and interventions. • Multifactorial assessments should identify individual risk factors for falling in patients and treat, improve or manage them. This could include: - cognitive impairment - continence problems - falls history, including causes and consequences (such as injury and fear of falling) - footwear that is unsuitable or missing - health problems that may increase their risk of falling - medication - postural instability, mobility problems and/or balance problems - syncope syndrome - visual impairment. • Multifactorial interventions should: - quickly address individual risk factors for falling in hospital - take into account whether the risk factors can be treated, improved or managed during the patient's expected stay. • Do not offer interventions that are not tailored to individuals' risk factors.
Information and support	- Patients and carers should be offered verbal and written information tailored to their understanding, including: - explaining the patient's individual risk factors for a fall in hospital - explaining how and when to use the nurse-call system to get help - explaining to carers how and when to raise and lower bed rails - giving consistent messages about when a patient needs to ask for help before getting up or moving around - helping the patient to engage in their multifactorial intervention. - Ensure relevant information sharing across services.

Source: National Institute for Health and Care Excellence. [13]

5.5.3 Excess winter deaths

NICE has produced guidance on reducing the health risks (including excess winter deaths) of cold homes. [14] This includes recommendations for a variety of organisations and individuals, summarised as follows:

- Joint health and wellbeing boards should: develop a strategy, informed by evidence of the health risks of cold homes from local JSNAs; ensure there is a single point of contact health and housing referral service for people living in cold homes; and provide tailored solutions via the single point of contact health and housing referral service for people living in cold homes.
- Primary health and home care practitioners should: identify people at risk of ill health from living in a cold home; and make every contact count, by assessing the heating needs of people who use primary health and home care services.
- Non-health and social care workers who visit people at home should assess their heating needs.
- Those responsible for arranging and helping with vulnerable people's discharge from health or social care settings should ensure this is to a warm home.
- Training providers should support health and social care practitioners, and also housing professionals and faith and voluntary sector workers, to help people whose homes may be too cold for their health and wellbeing.
- Heating engineers, meter installers and those providing building insulation should be trained by their employers to help vulnerable people at home.
- Health and wellbeing boards, Public Health England and relevant government departments should raise awareness among practitioners and the public about how to keep warm at home.
- Building control officers, housing officers, environmental health officers and trading standards officers should ensure buildings meet ventilation and other building and trading standards.

5.5.4 Social isolation

NICE has produced guidance on independence and mental wellbeing in older people, both of which help to tackle social isolation. The key recommendations are summarised in Table 13. [15]

Table 13: NICE recommendations: guidance on independence and mental wellbeing in older people

Principles of good practice	- **Support, promote and (if needed) provide group, one-to-one and volunteering activities.** - **Ensure co-production of activities with older people.** - **Ensure activity descriptions are clear, there is consistency of time and place, and there are opportunities to socialise and link with other activities aimed at older people (such as physical activity sessions).** - **Ensure inclusivity and accessibility.**
Group-based activities	- Provide multi-component activities including one or more of the following: singing groups, creative activities, tailored physical activity programmes, intergenerational activities.
One-to-one activities	- Provide interventions that help older people to make and maintain friendships. - Provide befriending opportunities (including brief visits, phone calls and use of other media). - Provide information on other services that offer support and advice.
Volunteering	- Publicise the value of volunteering. - Provide opportunities for volunteering. - Adapt volunteering opportunities so that older people can take part by varying length and times, provide skills training and provide ongoing supervision and support. - Diversify recruitment techniques to ensure older people are reached.
Identifying those most at risk of a decline in their independence and mental wellbeing	- Increase service providers' knowledge about the impact of poor mental wellbeing and lack of independence, and the importance of encouraging wellbeing and independence. - Ensure service providers are aware of those older people who are most at risk of a decline in their mental wellbeing and independence, and are publicising activities to them.

Source: National Institute for Health and Care Excellence. [15]

Key recommendations from Connect Hackney research on how to support individuals to keep and maintain social connections are summarised in Table 14.

Table 14: Opportunities for keeping and maintaining social connections

- Work with partners, such as health professionals and sheltered housing providers, to target hard-to-reach cohorts of people.
- Develop programmes that integrate the use of information technology (IT) into other provision, so that individuals can learn how to use IT to maintain social connections.
- Increase emotional support and improve mental health.
- Create spaces and provision that are culturally appropriate and may attract more service users, such as men or older LGBT people.
- Meet demand for leisure, arts and creative activities (such as music, dance, painting and crafts) as well was outings both in and outside London.
- Safe and supported means of getting out, such as side-by-side cycling, befriending and an extension of the personal alarm 'pendant' scheme, giving more people a wearable personal alarm button that they could use when out and about.
- Volunteering as a means to maintain a social network and a sense of purpose.

Source: Connect Hackney. [3]

5.6 Services and support available locally

Local services and support for long-term conditions that may affect older people, particularly cardiovascular disease (including CHD and stroke), diabetes and respiratory disease (including COPD), are described in relevant sections of the JSNA 'Adult health' chapter.

Here, the focus is on local services and support addressing specific health and wellbeing needs associated with older age – continence problems, frailty and falls, excess winter deaths, and social isolation.

5.6.1 Continence problems

Homerton University Hospital NHS Foundation Trust (HUHFT) has an adult integrated continence service to treat people with bladder, bowel and prolapse problems.[8] The service assesses patients using analysis, scans and diary information, and offers initial treatments including pelvic floor exercises, bladder retraining, biofeedback and muscle stimulation.[9] The service also provides advice, a range of group sessions and medication if needed.

A female incontinence pathway for Hackney and the City was developed in 2017, based on NICE guidance. [16]

[8] For details of this service, see http://www.homerton.nhs.uk/our-services/services-a-z/a/adult-integrated-continence-service/?from=1160.

[9] Biofeedback is a non-invasive technique used for measuring electrical activity that occurs during muscle contraction and relaxation.

5.6.2 Frailty and falls

An evidence-based falls and osteoporosis integrated care pathway has been developed to support the management of people presenting to Hackney and the City services who have had (or who are at high risk of) falls, osteoporosis and osteoporotic fractures. The pathway includes:

- a falls and osteoporosis risk assessment tool
- an algorithm for the management of falls.

City and Hackney Clinical Commissioning Group (CCG) commissions ParaDoc (an emergency GP and paramedic provider) to deliver an urgent community falls service to manage patients who have fallen between midnight and 8am. It aims to provide a responsive and integrated paramedic and therapist-led service to people in their own home, reducing unnecessary conveyance to A&E via ambulance.

The Integrated Independence Team (IIT) at HUHFT includes a rapid response and acute geriatrician assessment service that provides urgent assessment for those at risk of admission from a fall.

The IIT also provides rapid access to intermediate care for patients who have fallen with a high risk of a repeat fall. The team provides a home-based, therapies-led reablement intervention, including strength and balance support, aids and adaptations and advice, all aimed at reducing the risk of further falls.

Alongside the above, the Bryning Unit at HUHFT (based at Homerton Hospital) offers a specialist outpatient service primarily for older people – a multi-disciplinary team of occupational therapists, physiotherapists, speech and language therapists, social workers and nursing staff. Falls services within the unit include the following:

- a specialist falls clinic that provides full medical assessment by a geriatrician and multi-disciplinary team for patients at high risk of falling or with recurrent unexplained falls
- physiotherapist and occupational therapist-led falls groups that provide specific advice and a twice-weekly strength and balance programme.

In addition, the HUHFT Adult Community Rehabilitation Team offers community-based rehabilitation for lower risk patients who do not require immediate intervention.

In the City of London, an in-house reablement service provides short-term support, supplemented by commissioned services. The City of London Corporation also provide a ‘reablement-plus’ service to ensure a rapid response to residents in their own home to prevent hospital admission or to support hospital discharge.

Hackney Council commissions MRS Independent Living to deliver the Staying Steady falls prevention service for all older people in Hackney who are experiencing problems with their balance and strength, who have fallen or who have become fearful of having a fall. The service runs exercise classes for those who can travel and who have the mental ability to remember the exercise routines, and also provides a free home safety check to the over-65s, along with an education

programme for older people, their carers and frontline workers. Housebound people aged over 75 are supported through home-based exercise programmes.

Hackney Council also commissions a telecare service that provides a 24-hour, seven days a week community alarm response, which enables older, vulnerable and disabled people in Hackney to live independently in their own homes. The borough is also developing an assistive technology programme for older people and vulnerable residents.

Six elements of the Hackney Accessible Homes Service, a home improvement agency, contribute towards preventing frailty and falls:

- information and signposting on home improvement issues, including advice on maintenance and upkeep relating to properties
- property-based repairs and improvements, including assistance and support with management of repair grants
- major housing adaptations for eligible residents (via Disabled Facilities Grants) and self-funding adaptations
- minor housing adaptations (value of £1,000 and below) for eligible residents
- 'home from hospital' handyperson service, including organising home improvement interventions to facilitate a safe discharge
- general handyperson service, including providing a range of services to support disabled and vulnerable people to maintain a safe and habitable home environment.

Finally, the Hackney Integrated Community Equipment Service (ICES) also supports older and disabled people to remain living independently. ICES delivers and maintains equipment that supports Hackney residents' daily living activities, such as grab rails, chair raisers, bath seats and hoists. An assessment carried out by an occupational therapist is required to access this service. A similar service providing equipment, aids and minor adaptations operates in the City of London.

5.6.3 Excess winter deaths

Hackney SHINE energy advice service helps residents to keep well and warm throughout the year, and also to avoid cold-related conditions during winter and anxiety over paying fuel bills. Hackney SHINE is for people over 65, low-income families with children aged under five, people with disabilities and those with respiratory and cardiovascular conditions – but anyone who thinks that they need help can contact the service. SHINE provides the support detailed in Table 15.

Table 15: Support offered by SHINE energy service

	Support provided
Energy advice and affordable warmth	• Home energy and bills advice (including on tariff and supplier switching) and support to manage utility debts • Free home energy visits (for those eligible) • Eligibility checks for the government's Warm Home Discount Scheme • Sign up for priority service registers for power, gas and water suppliers
Making the most of income	• Home benefit checks for disabled and older residents to ensure they claim all the benefits they're entitled to • Signposting to other advice and support on benefits and entitlements • Signposting to help and support with other debts and financial problems • London Taxicard – subsidised taxi journeys for those with severe mobility or visual impairments • Eligibility checks for the Thames Water WaterSure scheme, providing help with water bills
Housing-related services	• Handyperson service – low-cost repairs in the home for disabled residents and over-55s • Heating and condensation surveys for council tenants • Action on damp and cold hazards for private sector tenants • Private sector housing grants for vulnerable home owners • Disabled Facilities Grant – funding for adaptations in the home • Falls assessment – reducing falls risk among vulnerable individuals • Floating support to help vulnerable residents with housing issues
Health and wellbeing	• Information and advice on staying cool and well during hot weather • Telecare and community alarm service – helping maintain safety and independence in the home • Fire safety check – free checks and smoke detector installations from the London Fire Brigade • Medication review – ensuring that vulnerable residents are on the right medication • *air*TEXT – air pollution alerts for residents with respiratory illnesses • Free eye tests for housebound people • Befriending – various services, including home visiting and escorting service for housebound and isolated residents • Signposting to flu jabs and NHS Health Checks for those aged 40 to 74

Source: Hackney SHINE energy service[10].

[10] For more information on SHINE, see https://hackney.gov.uk/shine.

5.6.4 Social isolation

Connect Hackney provides a range of services for people over 50 with the aim of creating opportunities for older people to socialise and reduce isolation. These include a varied range of physical activity opportunities (from walks to tai chi to tennis), media opportunities such as digital journalism training, and craft sessions such as art groups.

The Outward charity provides a volunteer and befriending service, including for people who are severely socially isolated or who have age-related frailty. This involves phone calls, home visits and help getting to appointments.

In addition, Hackney Council funds Targeted Preventative Services (TPS), a package of help for vulnerable adults to prevent or delay the need for intensive health or social care support. The services are for up to one year and a large proportion of service users are aged over 55. TPS is made up of three elements: floating support to help residents with specific housing-related needs; health and wellbeing activities; and a volunteering and befriending service. TPS covers activities such as:

- reducing social isolation
- managing at home
- accessing specialist services for issues (such as substance misuse and mental health problems)
- maximising income
- being healthy and safe
- improving employability (where relevant).

There are 16 lunch clubs currently funded for people aged 55+ in Hackney, with a focus on maintaining and improving users' health and wellbeing, increasing their social inclusion and delaying their need for social care services when possible. The service is provided by a mix of charity organisations and volunteers across the borough to offer a range of activities, enable older people to socialise, and provide them with nutritious meals. This service provides a good forum to raise awareness of other services and initiatives within the borough.

In Hackney, the council's community library service provides free book delivery and facilitates a telephone reading group for people who are at risk of social isolation, including carers, people with mobility problems and residents of sheltered housing, nursing homes and homeless hostels.

The City of London's 'Social wellbeing strategy 2017: Reducing loneliness and building communities' outlines its approach to preventing and tackling social isolation and loneliness. The City of London Corporation provides a number of services to tackle social isolation including:

- the Reach Out Network of groups for older people, carers and those with a diagnosis of dementia
- a befriending service
- a range of classes, groups and events – delivered through the City libraries, Golden Lane Sport & Fitness, the adult skills and learning service, Tempo Time Credits and the Neighbourhood Development Team.

5.7 References

[1] World Health Organisation, “Risk factors of ill health among older people,” [Online]. Available: http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/data-and-statistics/risk-factors-of-ill-health-among-older-people. [Accessed 10 August 2018].

[2] Connect Hackney, “Profile of social isolation among older people,” 2018.

[3] Connect Hackney, “Community Conversations- social connections as we age,” 2018.

[4] J. Walker, H. Colhoun and S. Livingstone, “Type 2 diabetes, socioeconomic status and life expectancy in Scotland (2012–2014): a population-based observational study,” *Diabetologia,* vol. 61, p. 108, 2017.

[5] M. Wilson, “Urinary incontinence: Bridging the gender gap,” *The Journals of Gerontology,* vol. 58A, p. 752–755, 2003.

[6] NHS Choices , “Causes of urinary incontinence,” [Online]. Available: https://www.nhs.uk/conditions/urinary-incontinence/causes/. [Accessed 8 August 2018].

[7] World Health Organisation, “Global Report on falls prevention in older age,” 2007.

[8] Age UK, “Evidence Review: Loneliness in later life,” 2015.

[9] C. Victor, V. Burlholt and W. Martin, “Loneliness and ethnic minority elders in Great Britain: an exploratory study,” *J Cross Cult Gerontol. ,* vol. 27(1), pp. 65-78, 2012 .

[10] National Institute for Health Care and Excellence, “Urinary incontinence in neurological disease: assessment and management,” 2012. [Online]. Available: https://www.nice.org.uk/guidance/cg148. [Accessed 8 August 2018].

[11] National Institute for Health Care and Excellence, “Urinary incontinence in women: management,” 2015. [Online]. Available: https://www.nice.org.uk/guidance/cg171. [Accessed 8 August 2018].

[12] NHS Choices , “Overview of urinary incontinence,” [Online]. Available: https://www.nhs.uk/conditions/urinary-incontinence/ . [Accessed 8 August 2018].

[13] National Institute for Health Care and Excellence, “Falls in older people: assessing risk and prevention,” 2013. [Online]. Available: https://www.nice.org.uk/guidance/CG161. [Accessed 20 August 2018].

[14] National Institute for Health Care and Excellence, “Excess winter deaths and illness and the health risks associated with cold homes,” 2015. [Online]. Available: https://www.nice.org.uk/guidance/ng6. [Accessed 8 August 2018].

[15] National Institute for Health Care and Excellence, “Older people: independence and mental wellbeing,” 2015. [Online]. Available: https://www.nice.org.uk/guidance/ng32. [Accessed 8 August 2018].

[16] National Institute for Health Care and Excellence, “Urinary incontinence in women: management,” 2015. [Online]. Available: https://www.nice.org.uk/guidance/cg171. [Accessed 8 August 2018].