NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date of the meeting: 29 November 2024

Executive Lead: Sarah Stanley, Chief Nurse ICB

Report Author: Philippa Dent, Public Health Registrar, Population Health Intelligence Unit

Report to the: Quality and Performance Committee

Item: Strategic Priorities Deep Dive – Age Well

Reason for report to the Committee

c) follow up report from previous meeting/action log

1.0 Executive Summary

1.1 This Age Well report presents data on morbidity and mortality in the older adult population of Bedfordshire, Luton, and Milton Keynes (BLMK). Adults aged 65 years and over are estimated to make up almost one sixth of the BLMK population, and this is projected to rise in the coming years.

Analysis of morbidity - calculated in Years Lived with Disability (YLD) - showed that musculoskeletal disorders were the leading cause of morbidity in those aged 70+, followed by sense organ diseases, and diabetes and kidney disease. The greatest risk factors for YLD were high fasting plasma glucose, high body-mass index, and tobacco use.

In 2022/23, there were 2,780 emergency admissions for falls in people aged 65+. Admission rates are higher in the oldest age groups, and almost two thirds of hip fractures were in people aged 80 and over.

In 2023/24, there were over 7,000 people in BLMK with a recorded dementia diagnosis, equivalent to 3.8% of the population aged 65+ years. Not all people living with dementia have a formal diagnosis; in BLMK it is estimated that those with a diagnosis represent just over two thirds of the population living with dementia.

There is limited data available related to mental health and wellbeing in older adults. Social isolation data are available for adult social care users and carers aged 65. Among this age group, 30% of carers in BLMK report having as much social contact as they would like. Among service users, between 30% and 40% of people report having as much contact as they would like.

Leading causes of death in those aged 65+ in BLMK include cancer, dementia and Alzheimer disease, and ischaemic heart disease. Cancers accounted for a quarter of deaths, and Dementia and Alzheimer's disease were the cause of 13% of deaths overall, though they accounted for a higher count and proportion of deaths in females than in males.

The ICB commissions services for the prevention, early detection, and treatment of the conditions that most affect older adults. Key programmes of work are described in the body of this report, including those which address frailty, falls, dementia, mental health, and palliative and end of life care. In-depth information on Palliative and End of Life Care (PEoLC) services across BLMK care is presented elsewhere in the recent 'Dying Well' report.

2.0 Recommendations

2.1 *The Committee is asked to **note** the report.*

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓
BAF Risk	✓

3.1 The relevant SROs should take into account the information identified in this report into their workplans.

4.0 Report

4.1 Population Health Data: Age Well

Local analyses estimate that in 2023, there were 159,000 people aged 65+ in BLMK, representing 15.6% of the population. This is projected to rise by almost a third to 213,000 people in 2033, making up 20.2% of the BLMK population. Thinking of the 'oldest old', in 2023 there were around 40,500 people aged 80 and over, and this is projected to increase to around 61,900 by 2033 (a 53% increase).

At age 65, life expectancy (LE) is 17-19 years for males, and 20-21 years in females in BLMK. There are significant inequalities in life expectancy, with a gap in LE between the most and least deprived areas of 4-6 years in males, and 3-6 years in females. Healthy life expectancy at age 65 – the number of years a person would expect to live in good health – is 8-12 years in males, and 10-12 years in females in BLMK.

Health conditions and hospital admissions

Burden of disease

Burden of disease can be represented by *years of healthy life lost due to disability* (YLD), where one YLD represents the equivalent of one full year of healthy life lost due to disability or ill-health.

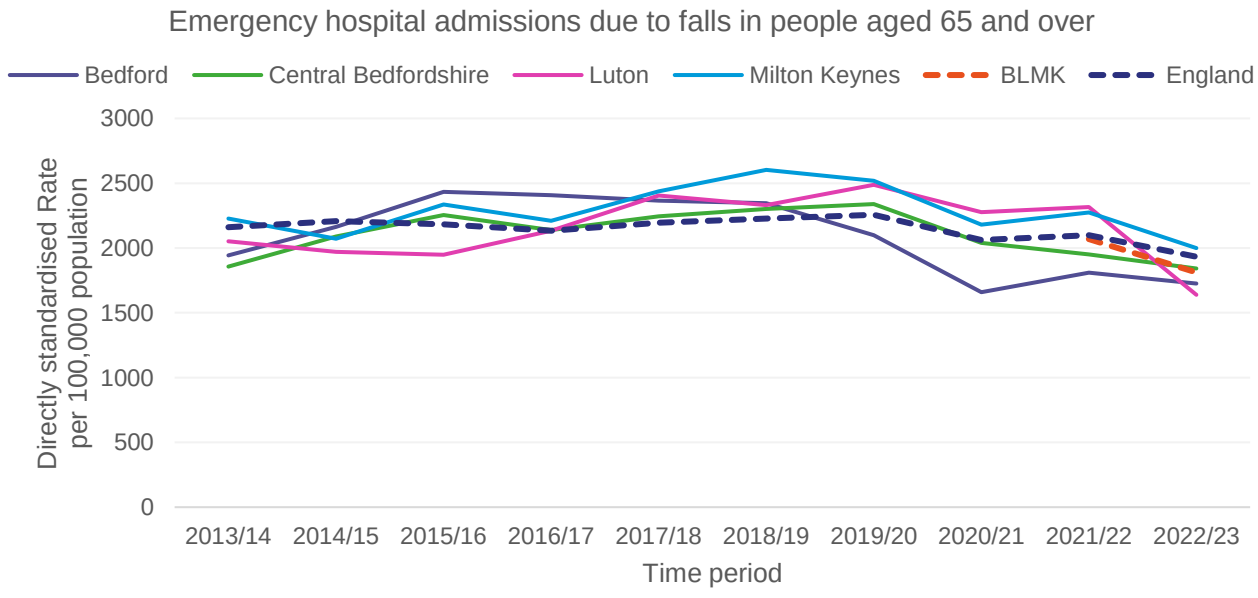
Data from the Global Burden of Disease Study 2021 estimate that in 2021, there were 29,500 YLDs among people aged 70+ in BLMK. Over one fifth of YLDs (21%) were attributed to musculoskeletal disorders, 12% to sense organ diseases[i], and 10% to diabetes and kidney diseases.

Analysis of these data over time show that while rates of YLDs have remained relatively consistent between 2016 and 2021, the number of YLDs has increased by 18% over the period. Similar increases are seen across the leading causes of YLDs in this age group, with the exception of diabetes and kidney disease, which saw an increase of 43%.

In 2021, 14,600 YLDs in people 70 and over were attributable to a specific risk factor; of these, 22% were due to high fasting plasma glucose, 21% to high body-mass index, and 10% to tobacco use. Dietary risks, and low bone mineral density each accounted for 9% of YLDs attributable to a specific risk factor.

Falls and fractures

National data show that falls are the largest cause of emergency hospital admissions for older people. They significantly impact on long term outcomes, and are a major cause of people moving from their own home to long term nursing or residential care. It is estimated that about 30% of people aged 65+ living at home will experience a fall at least once a year. Approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall.



Source: OHID Fingertips

[i] These include blindness and vision loss, age-related and other hearing loss, and other sense organ diseases

Rates of emergency admissions for falls in people aged 65+ have decreased in all four BLMK places in recent years in line with the national trend. In 2022/23, the BLMK admission rate was 1,812 per 100,000 population (equivalent to 2,780 emergency admissions), statistically significantly lower than the England average. Admission rates are higher in the oldest age groups; the rate of admissions in people aged 80+ was 4,535 per 100,000 population. In the same year, there were 815 hip fractures in people aged 65 and over in BLMK (equivalent to a rate of 531 per 100,000 population), almost two thirds of which were in people aged 80 and over. Almost 2,400 BLMK adults aged 50+ have diagnosed osteoporosis.

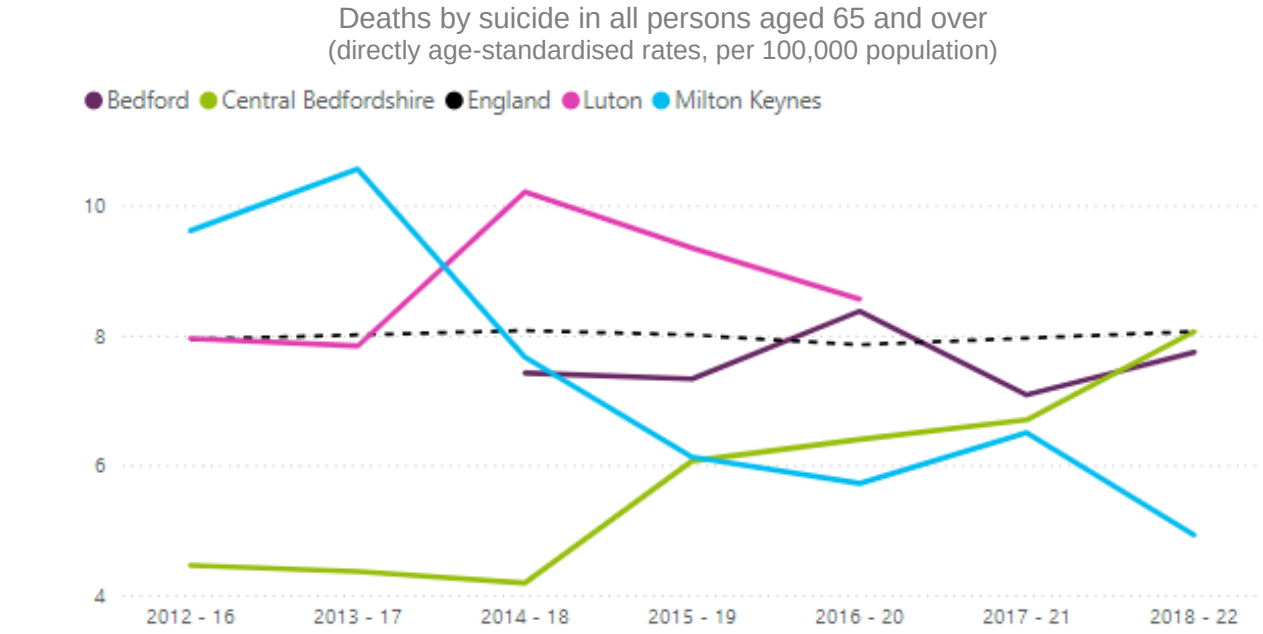
Alcohol-related hospital admissions

In 2022/23, there were 1,260 hospital admissions due to alcohol-related conditions[ii] in BLMK residents aged 65+, 7 in 10 of which were in males. The rate of admissions for alcohol-related conditions has risen sharply in Bedford, and is now statistically significantly higher than the England rate. Similar rises are not seen in other BLMK places, and analysis is being carried out locally to understand what is driving Bedford's recent increase.

Mental health

In 2017, OHID estimated that in BLMK local authorities, between 8% and 11% of the population aged 65 and over have a common mental health disorder (defined as any type of depression or anxiety)[iii].

Suicide rates in older adults are lower than in younger age groups, but fluctuate over time and vary across our area.



Source: OHID Fingertips tool

Dementia

In 2023/24, there were 7,280 people in BLMK with a recorded dementia diagnosis, equivalent to 0.6% of the registered all-age population. Dementia is of course much more common in the older population and in 2020, 3.8% of the 65+ BLMK population had a diagnosis of dementia (this ranges from 3.4% in Central Bedfordshire to 4.4% in Luton).

Not all people living with dementia have a formal diagnosis; in BLMK it is estimated that those with a diagnosis represent 68.4% of the population living with dementia, given the characteristics of the local registered population. At Place level, estimated diagnosis rate ranges between 62% and 78% (2024 estimates).

In 2022/23, 72% of BLMK patients with registered dementia received a dementia care plan review in the preceding 12 months, statistically significantly lower than the national average (74%).

[ii] Narrow definition

[iii] Indicator based on Adult Psychiatric Morbidity Survey (APMS) source data

Adult social care & independent living support

According to the Adult Social Care and Outcomes Framework, 71% of adult social care service users aged 65+ in BLMK have control over their daily lives[iv], statistically significantly lower than in England overall (73%). Within BLMK, this is lowest in Luton (64%); the other three Places are statistically similar to the national value. The percentage of service users satisfied with care and support services ranges from 52% - 67% within BLMK.

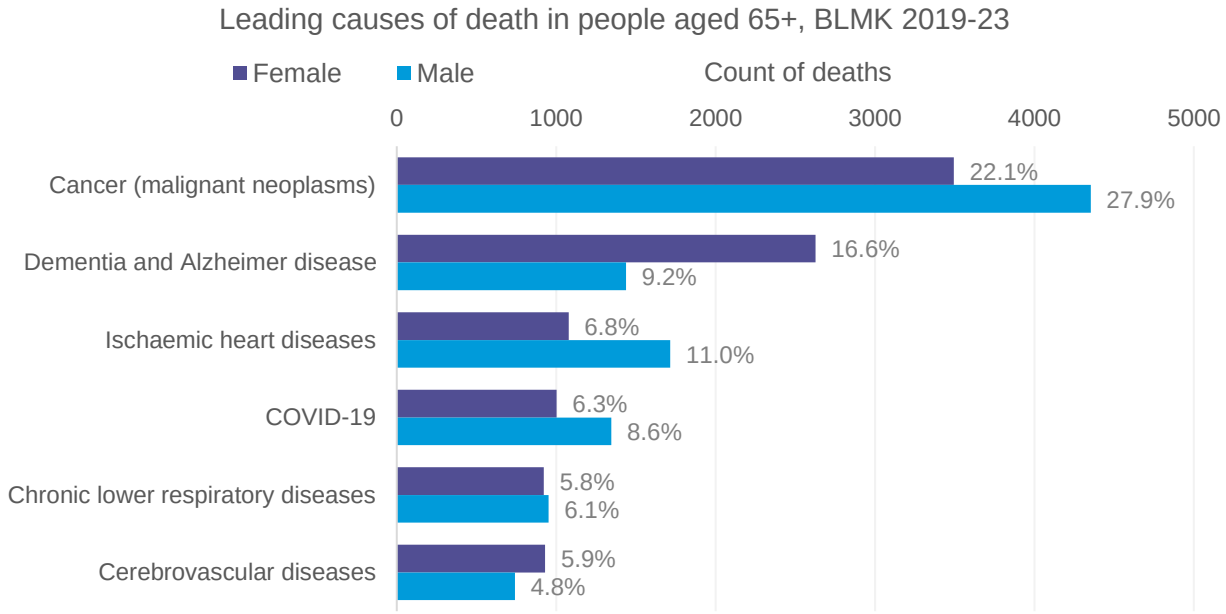
Social isolation data are available for adult social care users and carers aged 65. Among this age group, 30% of carers in BLMK report having as much social contact as they would like. This ranges from 24% in Central Bedfordshire to 37% in Milton Keynes. Among service users, between 30% and 40% of people report having as much contact as they would like.

In 2021/22, 2.5% of people aged 65+ were offered reablement services following discharge from hospital. Among those discharged into reablement, 81% of people aged 65+ were at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.

End of Life

Deaths

Leading causes of death in those aged 65+ in BLMK include cancer, dementia and Alzheimer disease, and ischaemic heart disease. The six causes of death presented below accounted for almost two thirds of all deaths in the 65+ population during the 5 years from 2019 to 2023. Cancers accounted for a quarter of deaths (22% in females, and 28% in males), and trend data show this remained relatively stable over the time period. While Dementia and Alzheimer's disease were the cause of 13% of deaths overall, they accounted for a higher count and proportion of deaths in females (2600, 17%) than in males (1400, 9%). The proportion of deaths due to COVID-19 peaked in 2020 and 2021 (14.4% and 15.1% of all deaths, respectively), and has since decreased to account for 2% of all deaths in 2023.



Source: Nomis mortality statistics
Note: data labels show percentage of all deaths within each sex.

End of Life Care

Local data show that of BLMK residents who died in 2023-24, 43% of people died in hospital, 29% died at home, and 20% in a Care Home. 32% of people who died were under palliative care, and 19% had a Gold Standard Framework for care.

In-depth data on end of life care is presented elsewhere in the recent 'Dying Well' report.

[iv] Defined as people responding either "I have as much control over my daily life as I want' or "I have adequate control over my daily life".

4.2 **Actions the ICB is taking to address these issues**

Within the ICS, Local Authorities lead on primary prevention including tobacco control and smoking cessation, alcohol and substance misuse and obesity prevention. This report focuses specifically on the role that the ICB and its commissioned services are making towards the prevention, early detection, and treatment of the conditions that most affect older adults.

Falls prevention

ICB Lead: Sarah Pearson

In 2022-24 improving the Falls pathway was a priority workstream within the Bedfordshire Care Alliance (BCA) Complex Care and Frailty Programme, with the aim of ensuring a consistent and integrated falls pathway offer within each local authority area within BLMK.

There has been good progress with enhancing the infrastructure of falls prevention services in Luton, Bedford and Milton Keynes. All have muti disciplinary teams providing assessment and intervention including strength and balance programmes in line with NICE guidance, and all offer self-referral. There are plans in place to implement a service for Central Bedfordshire. The majority of the referrals received are for secondary prevention for patients, following a fall that has often involved the ambulance service and/or hospital admission.

There is an opportunity for more proactive prevention work by the services at a place level e.g. reducing variation, working with high-risk groups and repeat fallers - the Luton service is taking this more proactive approach. There is also opportunity for prevention work at a system level to raise awareness of the risk factors for falls and the actions people can take themselves, both to prevent a first fall and more broadly to stay active and maintain their independence.

As an example GaitSmart (a digital tool to assess gait and generate a personalised exercise plan) is being piloted in BLMK as part of health checks and in other community settings. The initial results are positive, improving people's walking capability and their confidence.

People with osteoporosis are more likely to suffer a fragility fracture. Fracture Liaison Services are currently provided in Bedford and Milton Keynes but there is a gap in service provision for Luton and Central Bedfordshire.

Frailty

Frailty patient cohorts continue to be the majority of the patients cared for by the virtual ward team and most of these are admission avoidance. The virtual ward teams have established and continue to develop good referral relationships with ambulance, UCR and SDEC teams. They also intend to pursue GP teams and care homes to further expand their catchment. There is also a national aim to increase the number of patients with acuity levels 3 and 4 that are cared for by the Virtual Ward teams.

Dementia

ICB Lead: Simon Hardcastle

Public Health has recently completed a deep dive analysis of dementia diagnosis rates in Central Bedfordshire, which highlights the following areas of prevention:

- Primary prevention: reduction of risk factors related to dementia
- Secondary prevention: detection of prodromal and pre-clinical states (early detection)
- Tertiary prevention: best possible care for individuals with manifest dementia

The Diagnosing Advanced Dementia Mandate (DiADeM) in Care Homes project was piloted by ELFT from November 2022, to increase and improve access to memory assessments for people living in care homes in Central Bedfordshire. Alzheimer's society has also run a project in Central Beds to raise awareness, and voluntary sector colleagues raise awareness through events including PCN awareness days.

Post-diagnostic support continues to be delivered as a commissioned service by Carers in Bedfordshire, Tibbs Dementia Foundation and the Dementia Intensive Support Service (DISS). DISS operate in Bedford Borough, Central Bedfordshire and Luton from 9am-8pm year-round and provide urgent care to people living with dementia in their own homes (excluding Luton) and care settings. Post-diagnostic support is offered by Carers MK and the Alzheimer's Society in MK and in Luton the Alzheimer's Society and MK Carers offer this. Admiral nurse support is also available in all areas except Bedford Borough.

Mental health

ICB Lead: Simon Hardcastle

In October 2024, a refreshed 'BLMK Suicide Prevention Action Plan (2024-2028)' was published outlining a joined up approach to suicide prevention across BLMK system partners. The aim of the plan is to reduce the rate of suicide across BLMK over the next four years and ensure those bereaved by suicide have access to appropriate support. A multi-agency suicide prevention steering group with shared accountability across health and care partners, with strong voluntary and community sector involvement provides high level oversight of the plan. Older adults are included in the plan as a priority group for action.

The plan has three key areas for action over the next four years for older adult:

- Increase education and awareness raising among professionals, general population, and older adults on suicide risk in later life.
- Raising awareness of the importance of considering comorbidities and prescription medication in older adults.
- Support the development of approaches to promote positive mental wellbeing in older adults.

The ICB and Public Health have committed to continue to fund evidence-based suicide prevention interventions that target groups at higher risk of suicide including a suicide prevention pathways service, bereavement by suicide support services, real time suicide surveillance and place-based community prevention.

End of Life Care

ICB Lead: Joanna Morris

In May 2024, the Chief Nurse of BLMK ICB commissioned a comprehensive review of Palliative and End of Life Care (PEoLC) services across BLMK, involving numerous healthcare providers, colleagues, and stakeholders. The report supports the recognition of End of Life as a strategic priority for BLMK. The report will highlight the variations in access, quality, and levels of Palliative and End of Life Care Services and will seek to describe some of the benefits that a change in approach to end of life care might deliver.

Key ICB/system partner work on palliative and end of life care:

- Two place-based PEoLC groups (The Bedfordshire Care Alliance EOL working group and the Milton Keynes EOL working group) have been established and it is the intention that their priorities will be mirrored at PEoLC Board. Their meetings are beginning to be structured around 4 pillars of improvement: Quality, Communication, Digital/Technology, Informed Workforce and Medicine Management. The pillars will be informed by local priorities. If approved, the place-based groups will be responsible for delivering on the recommendations of the Dying Well report.
- There is a strong commitment to achieving the best patient outcomes through partnership working, and the groups already are working on locally determined ambitions. The Milton Keynes End of Life working group is seeking to improve collaborative working between community and hospice services and also has a focused QI improvement group looking at supporting care homes to choose more appropriate pathways at times of crisis.
- The Bedfordshire Care Alliance End of Life working group is looking to develop a new model of EOL care for Bedfordshire and is working with system partners to describe their proposal
- Both Groups are using the ICB EOL dashboard and the Ambitions Framework to steer their direction