CHAPTER 5: WORKING ADULTS AND OLDER PEOPLE

As set out in Chapter 1, Essex's changing demographic profile will see more residents reaching retirement while fewer workers will be supporting them. Demands on services will increase as the resources to provide these same services diminish. More staff or radically different models of service delivery will be needed to meet increasing demands. In addition, as people get older they can become less mobile and many could become isolated and unable to access the services they need. Parts of Essex – particularly rural areas – already suffer problems of service access and there is evidence to suggest that this is getting worse[28].

5.1 Older People Living Alone

The living circumstances of older people affect both opportunities for social interaction and the need for additional support from formal and informal services. It is estimated that the number of people aged 65+ living on their own will have increased by 44% by 2025 and by 53% for those aged 75+. This is likely to impact on feelings of isolation and, in rural areas particularly, on the cost of providing services as levels of travel for support staff increase.

Figure 5.1: Essex population projections for people aged 65+ living alone by age band and gender

	2008	2010	2015	2020	2025
Men aged 65-74 living alone	12,036	12,852	15,368	15,963	15,827
Men aged 75+ living alone	15,680	16,408	18,844	21,868	26,684
Women aged 65-74 living alone	25,905	27,621	33,099	34,452	33,462
Women aged 75+ living alone	50,976	51,566	55,283	61,714	73,750
Total aged 65-74 living alone	*37,941*	*40,473*	*48,467*	*50,415*	*49,289*
Total aged 75+ living alone	*66,656*	*67,974*	*74,127*	*83,582*	*100,434*

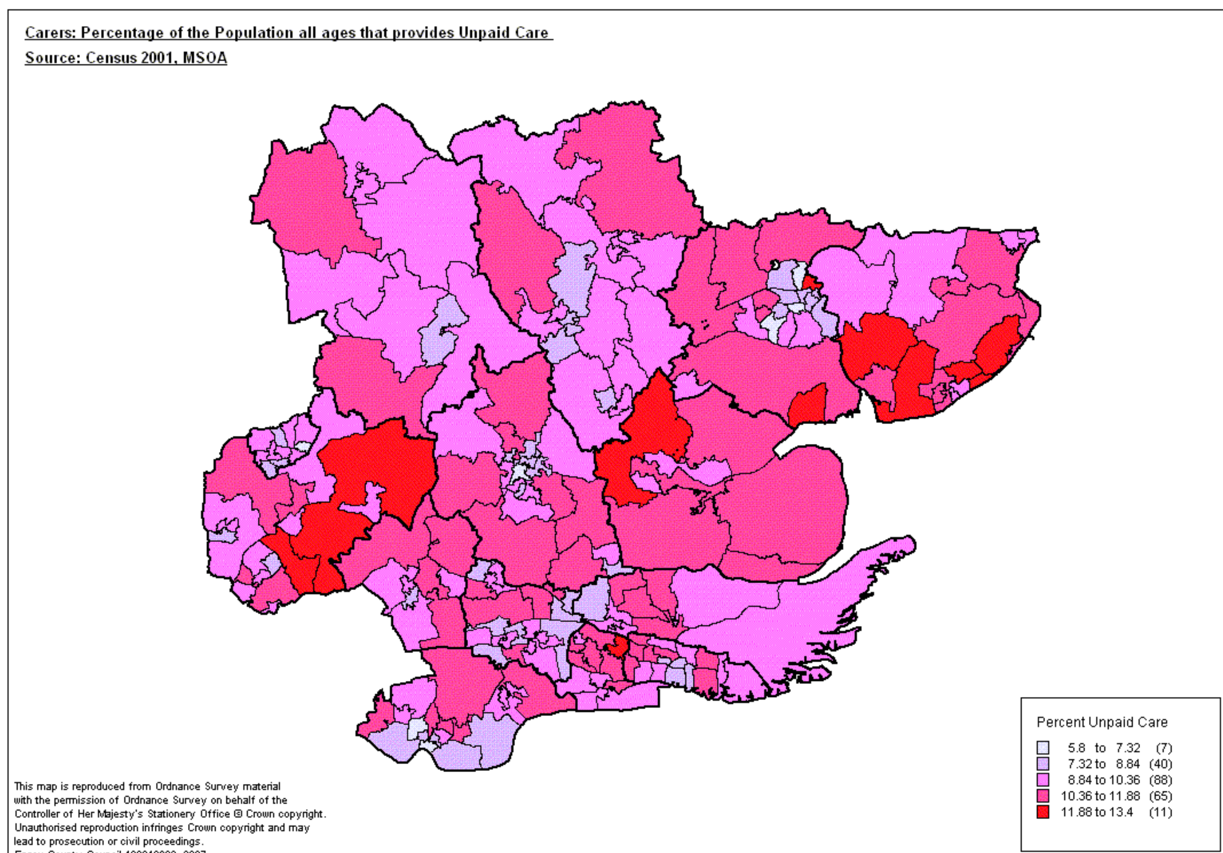
Source: POPPI, 2007 (based on Census 2001)

5.2 Carers

As our residents grow older, levels of impairment and disability will rise. Many people with long-term health problems are already cared for by family members – often a child or partner. The number of unpaid carers in the county is staggering; in 2001 approximately 159,000 – almost 10% of the Essex population. Some 30,000 of these spend 50 hours or more on caring tasks every week and almost half of this group are themselves aged over 60. Although the majority of unpaid carers receive some form of support either from the local authority or from the voluntary sector, a third do not appear to receive any support at all and just over a third are not satisfied with the support that they get [29].

[28] based on rural services series 2001 and 2005, Countryside Agency
[29] Evaluating Services and Support for Carers (2004) Essex County Council

Figure 5.2: Essex unpaid carers, Census 2001



58% of carers currently receive support from social services for themselves or the person they look after in the form of day care, home care or respite breaks. 14% think these services are 'completely sufficient', 41% 'mostly sufficient' and 32% 'partly sufficient'.[30]

In 2005-06 the number of carers assessed / reviewed by social services was 6.9 per 1,000 adults in ECC, 9.4 per 1,000 in Southend and 4.8 per 1,000 in Thurrock. The national rate is 8.9 per 1,000 adults.

The following table shows both the total number of carers identified through the Census and those assessed / reviewed by ECC social services in 2006-07. Both measures show high rates of carers in Tendring. The lowest rate according to Census information is in Harlow whereas for those supported by social services it is in Chelmsford and Epping Forest.

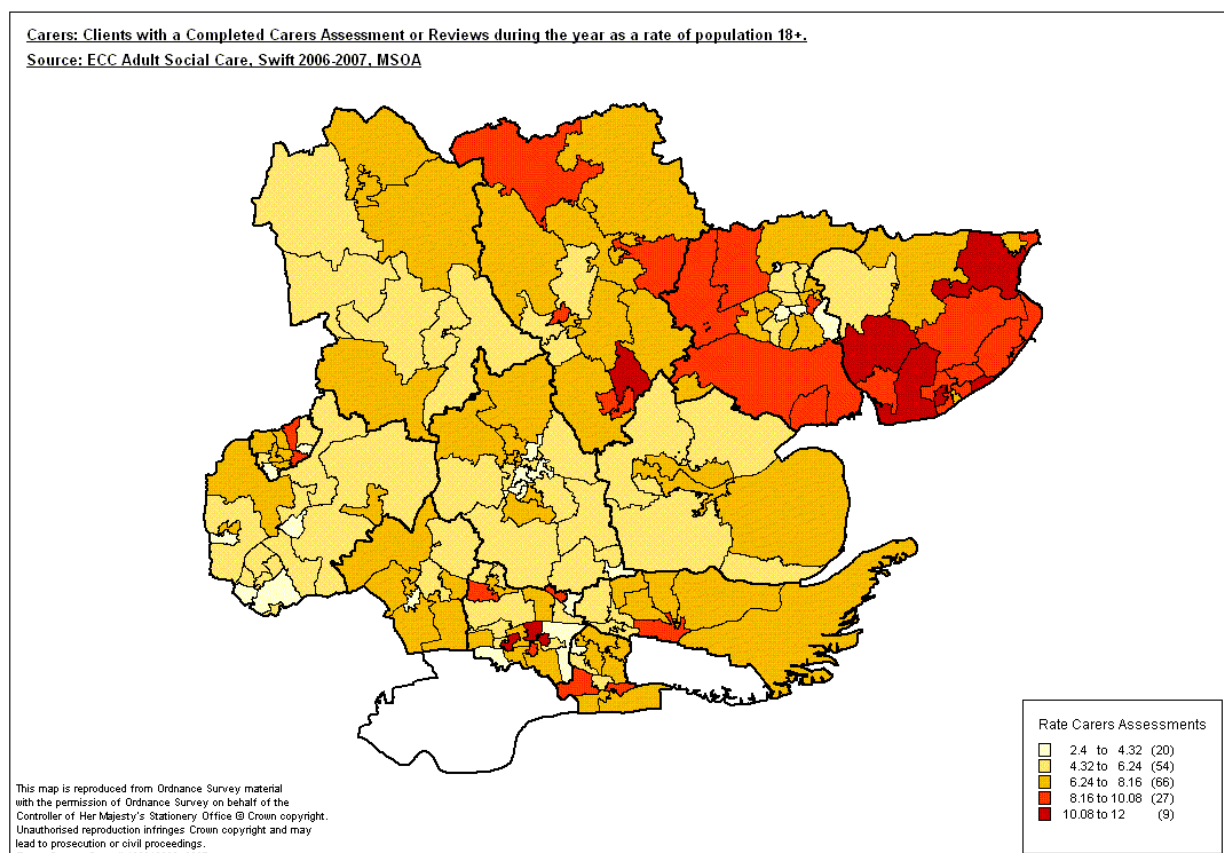
[30] Evaluating Services and Support for Carers (2004) Essex County Council

Figure 5.3: ECC carers in the general population and known to social services

	General population		Known to social services	
	N (unpaid carers)	Rate per 1,000 18+	N (carers)	Rate per 1,000 18+
Basildon	15685	124.3	860	6.8
Braintree	12396	122.3	782	7.7
Brentwood	6902	128.5	356	6.6
Castle Point	8998	133.0	459	6.8
Chelmsford	15009	123.4	631	5.2
Colchester	14516	119.9	785	6.5
Epping Forest	12247	129.8	494	5.2
Harlow	7022	117.3	392	6.6
Maldon	6211	135.5	278	6.1
Rochford	8022	131.4	407	6.7
Tendring	15581	140.0	1,051	9.4
Uttlesford	6647	125.5	303	5.7
ECC	129236	127.1	6,798	6.7
Outside ECC		-	524	-
TOTAL	129,236	127.1	7,322	7.2

Source: Census 2001 / Swift 2006-07

Figure 5.4: ECC carers known to social services, 2006-07



Comparable data unavailable for the two UAs. Please refer to local JSNAs for further information.

5.3 Housing Related Support

Housing-related support is required for a wide range of vulnerable groups. Supporting People – a programme concerned with housing-related support – aims to help vulnerable people live independently in their homes. It offers a range of services, including:

- life skills training
- assisting people in dealing with landlords, neighbours etc
- assisting people with personal budgeting
- support with moving to more independent accommodation.

In Essex, over 17,000 units of Supporting People services are provided across a range of client groups.

Figure 5.5: Essex provision of housing-related support

Client group		Units supplied
Older people	with support needs	13,295
	frail elderly	322
	with mental health problems / dementia	38
Homeless people	single with support needs	937
	rough sleepers	0
	families with support needs	243
Young people	teenage parents	97
	leaving care	31
	at risk	435
Others	travellers	155
	refugees	0
	offenders / at risk of offending	4
	mentally disordered offenders	0
	people with mental health problems	475
	people with learning disabilities	905
	people with a physical or sensory disability	69
	women at risk of domestic abuse	238
	people with HIV / AIDS	0
	people with alcohol problems	7
	people with drug problems	26
TOTAL		*17,277*

Source: Supporting People 5 Year Strategy for Essex, 2005-2010

Although the need for housing-related support for different client groups is often hard to quantify, benchmark analysis suggests that the main gaps in Essex services are for:

- frail elderly people
- homeless families and single homeless people (especially young people and those with chaotic lifestyles)
- young people leaving care

5.3.1 Older people

Housing is, in many ways, the cornerstone of older people remaining within the community. Of those living in social rented housing, just under a third live in sheltered housing but for most older people, staying in their own home and being cared for by members of their family is their preferred housing option[31]. According to the Census (2001), 73% of Essex older people live in owner-occupied accommodation but many cannot afford to adapt their home or keep it in good repair[32]. This highlights the importance of care and repair services, private sector renewal, Disabled Facilities Grants and of developing new homes to the Lifetime Homes Standard.

Older people are the largest Supporting People service group both nationally and in Essex. They currently make up more than 90% of service users in the county. As our population ages, we can expect to see 24% more frail elderly people, more age-related mental health problems and a dramatic rise in the need for housing-related support.

5.3.2 Chaotic lifestyles

Drugs, alcohol and mental health problems are inextricably linked with a large section of the homeless client group. The Regional Housing Strategy quotes the following recent research findings:

- 83% of homeless people had taken some form of drug (other than alcohol) in the previous month
- 66% of those surveyed said that drug or alcohol use had contributed to their becoming homeless
- 80% said that they had started using at least one new drug since becoming homeless
- there is a close relationship between drug and alcohol misuse and mental health problems.

In addition, *Mental Health and Social Exclusion* (SEU, 2004) found that one in four tenants with mental health problems have serious rent arrears and risks losing their home and NACRO estimate that 25% of the offenders they work with have mental health problems.

5.3.3 Young people

Young people with housing needs tend to have multiple and complex problems. Typically they are homeless and can have substance misuse issues, mental health needs, low-life skills (bordering on learning disability) and a history of care and anti-social behaviour / offending. Figures for NE Essex show that 1 in 12 young people leaving care has an issue with class A drugs with a further 1 in 6 experiencing alcohol problems. Moreover, 1 in 5 of Essex care leavers has been involved with the criminal justice system.

5.4 Mental Health

One in four British adults experiences at least one diagnosable mental health problem in any one year, and one in six experiences this at any given time[33]. These findings suggest that almost 150,000 people across Essex are experiencing mental health problems.

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[31] Our homes, our lives: choice in later life living arrangements (2002) Housing Corporation and Centre for Policy on Ageing

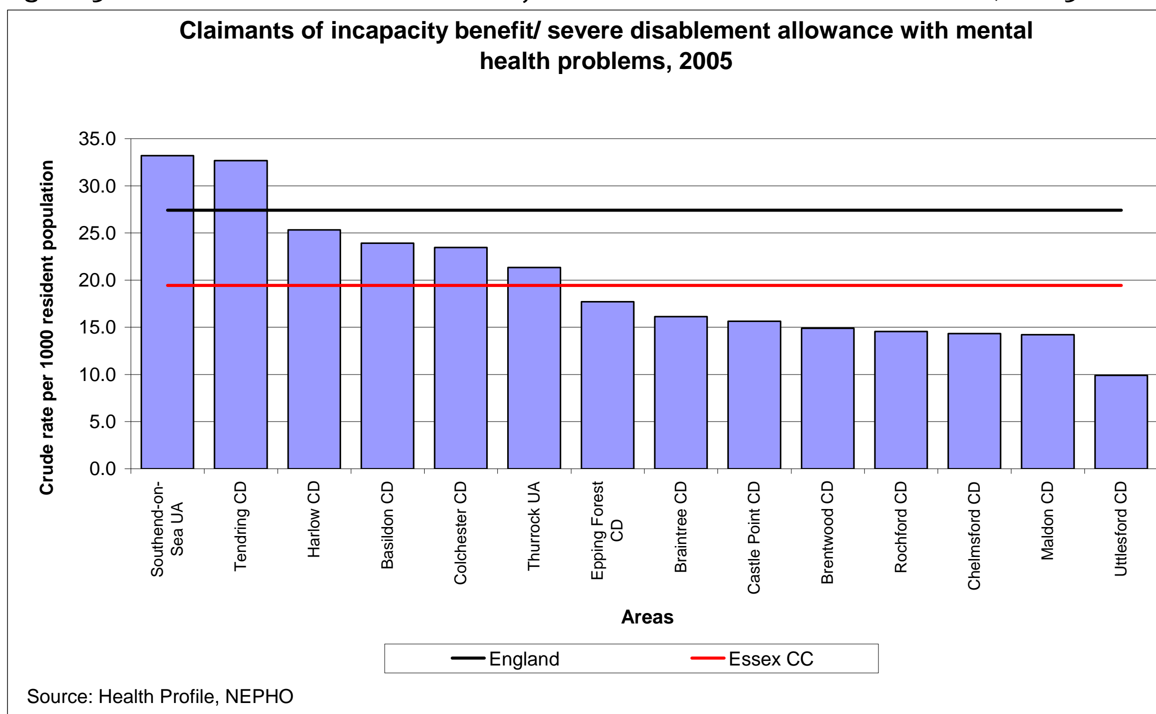
[32] Housing and health: building for the future (2003) British Medical Association

[33] Office for National Statistics Psychiatric Morbidity Report, 2001

5.4.1 Claiming benefit

Incapacity Benefit claimants make up the largest group of economically inactive people of working age in Britain and almost 40% are on Incapacity Benefit because of mental health conditions[34]. Previous research has shown that, once on Incapacity Benefit, this group is less likely to return to work and more likely to experience detrimental effects to their well-being in terms of financial circumstances and general health. The following chart details the rate per 1,000 working age population who were claiming Incapacity Benefit or Severe Disablement Allowance with a diagnosis in the mental and behavioural disorders category.

Figure 5.6: Essex claimants of disability benefit for mental health reasons, 2005



Six areas have more than the Essex average proportions of their working age population claiming benefit / allowances for a mental or behavioural disorder. Southend and Tendring have the highest claimant rates. Uttlesford has the lowest proportion claiming benefit of this type.

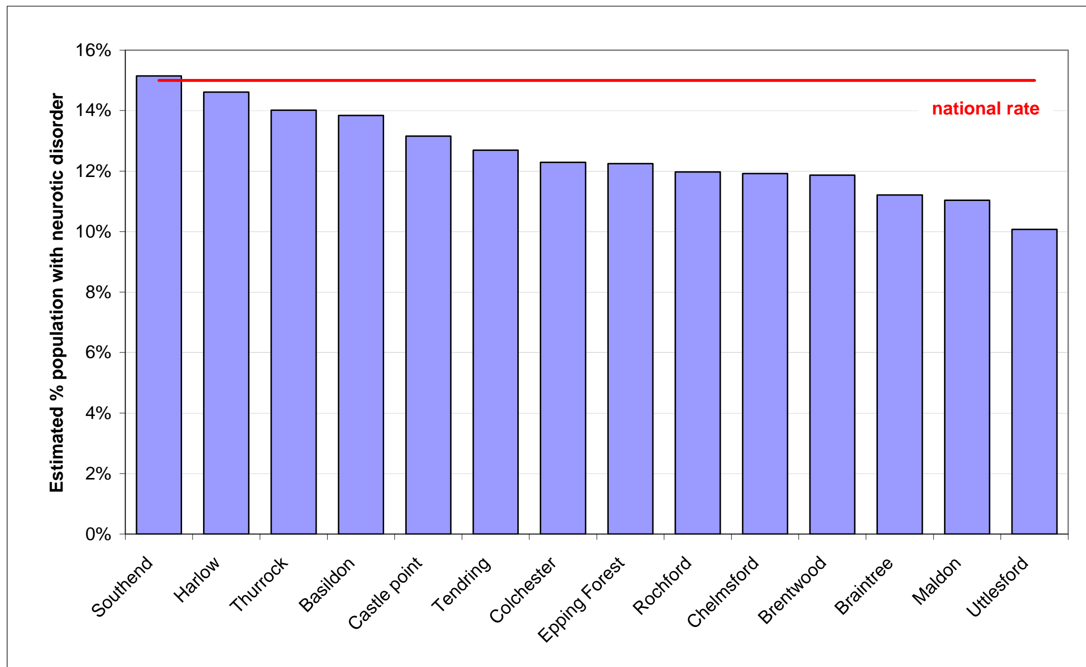
5.4.2 Neurotic disorder and depression

The following charts present estimates of the percentage of the working age population that is experiencing any type of neurotic disorder / depression. The data is derived from the ONS national epidemiology survey, *Psychiatric morbidity among adults living in private households (2000)*, modelled using an ONS mathematical model that factors in four variables that were found to best explain variation in psychiatric morbidity.

As can be seen from the following charts, there is significant variation across Essex in the prevalence of neurotic disorders but, with the exception of Southend, all are below the national estimate. The prevalence of depression shows a similar pattern.

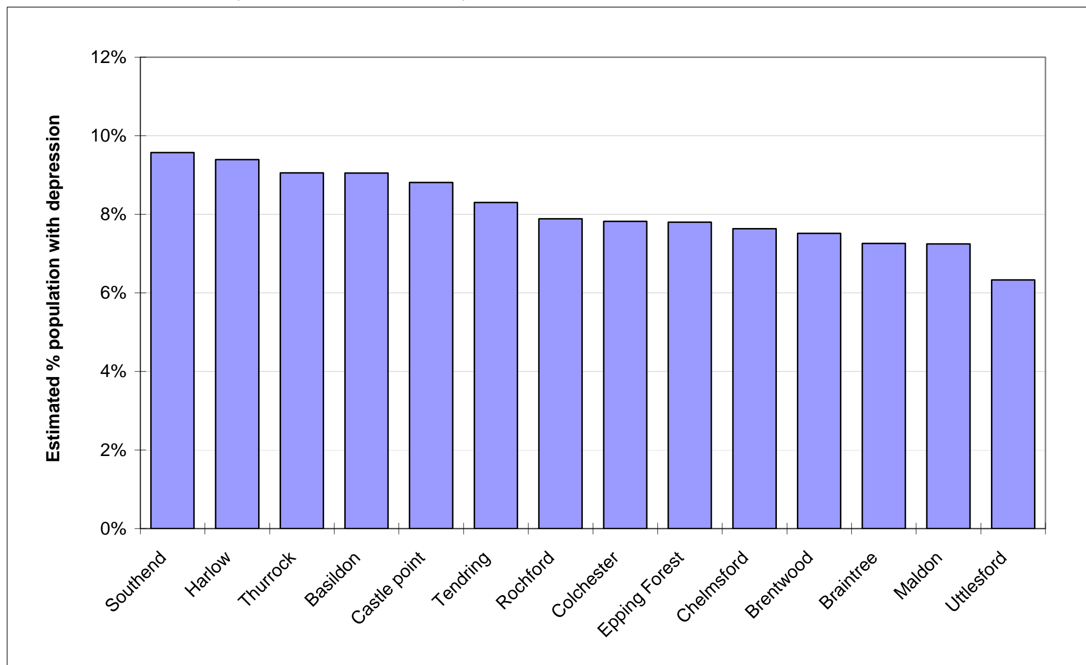
[34] http://www.york.ac.uk/inst/spru/research/summs/mentalhealth.html

Figure 5.7: Essex prevalence of neurotic disorder, 2000



Source: Centre for Mental Public Health

Figure 5.8: Essex prevalence of depression, 2000

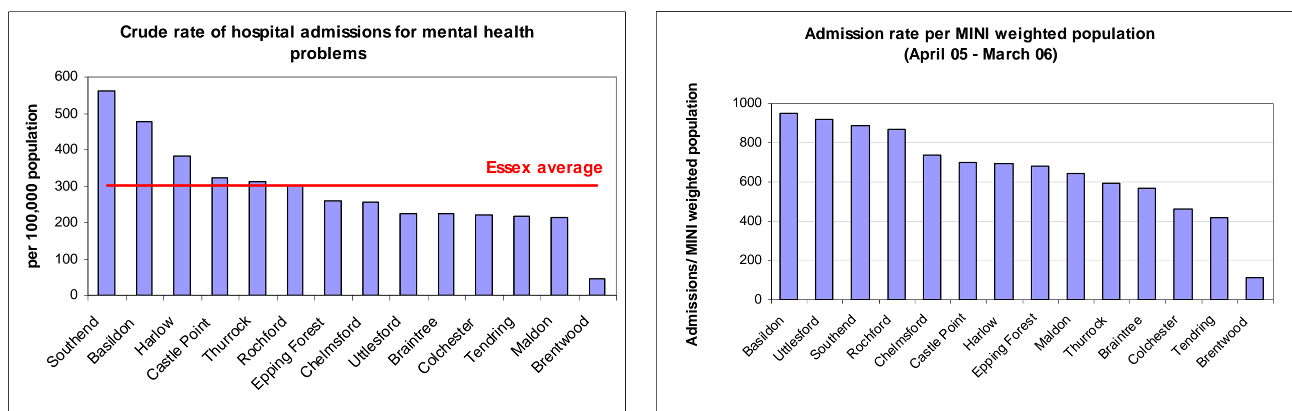


Source: Centre for Mental Public Health

5.4.3 Hospital Admission Rates

Hospital admission rates for mental health problems also show significant variation across the county with the crude rate in Southend nearly twelve times higher than that in Brentwood. In order to even out the effects of deprivation and allow for better comparison, MINI-adjusted figures can be used. This gives a slightly different picture across Essex (although still characterised by large variation).

Figure 5.9: Hospital admission rates for mental health problems, 2005/06



Source: Dr Foster Mental Health Activity Tracker / ONS population estimates

As set out in the appendix, male suicide mortality rates are considerably higher than for females and both have started to increase in recent years. Harlow has a considerably higher male rate than other areas in Essex and the national average. However, caution needs to be exercised in interpreting these figures as small numbers can cause wide fluctuation.

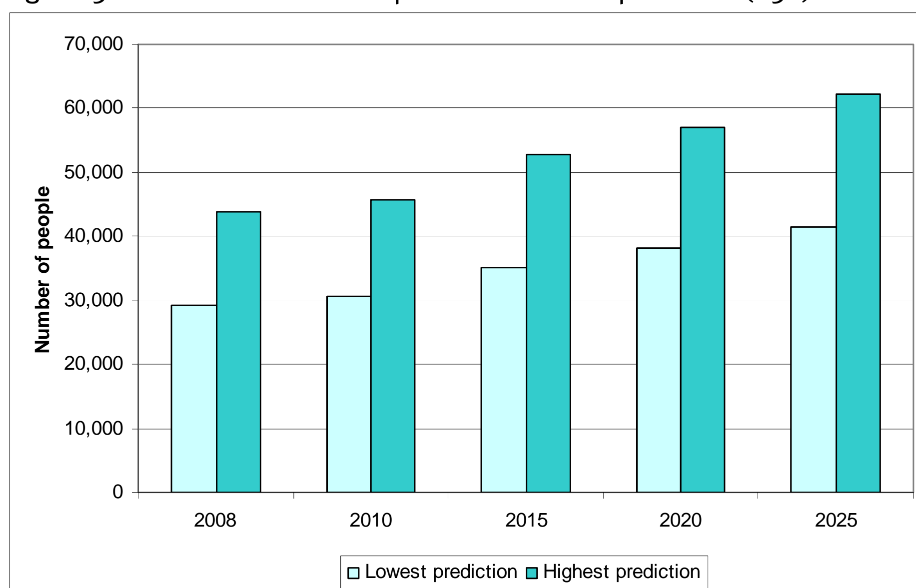
5.4.4 Depression among older people

Depression is the most common mental illness found in older people and the second most common single underlying cause for all GP consultations for people over 70 years of age[35].

Figure 5.10 shows the future impact of depression among older people in Essex using highest and lowest prevalence estimates (taken from POPPI). According to the highest estimate, there are currently nearly 44,000 people aged 65+ in Essex suffering from depression. Come 2025, it is predicted that this figure will rise to over 62,000. This represents a higher rate of increase than in England – 42% compared to 37%.

[35] http://www.netdoctor.co.uk/diseases/depression/depressionintheelderly_000602.htm

Figure 5.10: Essex estimated prevalence of depression (65+)



Source: Depressive Illness (1996) Baldwin, R

5.4.5 Dementia

The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities. These symptoms are caused by structural and chemical changes in the brain as a result of physical diseases such as Alzheimer's disease. The following findings are taken from *Dementia UK (2007)* published by the Alzheimer's Society.

5.4.5.1 Prevalence

Dementia can affect people of any age, but is most common in older people. One in six people over 80 has a form of dementia and one in 14 people over 65 has a form of dementia. Alzheimer's disease is considered to be the dominant subtype, particularly among older people, and in women. The prevalence of both early onset and late onset dementia increases with age, doubling with every five-year increase across the entire age range from 30 to 95+.

Figure 5.11: UK consensus estimates of population prevalence of late onset dementia by age and gender, 2007

Age (years)	*F (%)*	*M (%)*	*Total (%)*
65–69	1.0	1.5	1.3
70–74	2.4	3.1	2.9
75–79	6.5	5.1	5.9
80–84	13.3	10.2	12.2
85–89	22.2	16.7	20.3
90–94	29.6	27.5	28.6
95	34.4	30.0	32.5

Early onset dementia is comparatively rare, accounting for 2.2% of all people with dementia in the UK. Its prevalence is adjudged to be higher in men than in women for those aged 50-65, while late onset dementia is considered to be marginally more prevalent in women than in men. Among those with late onset dementia, 55.4% have mild dementia, 32.1% have moderate dementia and 12.5% have severe dementia. The proportion considered to have

severe dementia increases with increasing age, from 6.3% for those aged 65-69 to 23.3% for those aged 95 years and over.

The prevalence of dementia in institutions varies little by age or gender, increasing from 55.6% among those aged 65-69 to 64.8% in those aged 95+. Estimated prevalence of dementia among those aged 65+ living in EMI (elderly mentally infirm) homes is 79.9% compared to 66.9% in nursing homes and 52.2% in residential care homes.

Local authorities with larger proportions of older inhabitants and with a higher relative density of institutional places will tend to have a higher whole population prevalence of dementia. Rural authorities with dispersed populations may face increased costs and logistical difficulties in providing home-based care in the community. The following table sets out variations in the estimated prevalence of dementia across the county of Essex. For comparison, it is estimated that 1.1% of the total UK population has dementia.

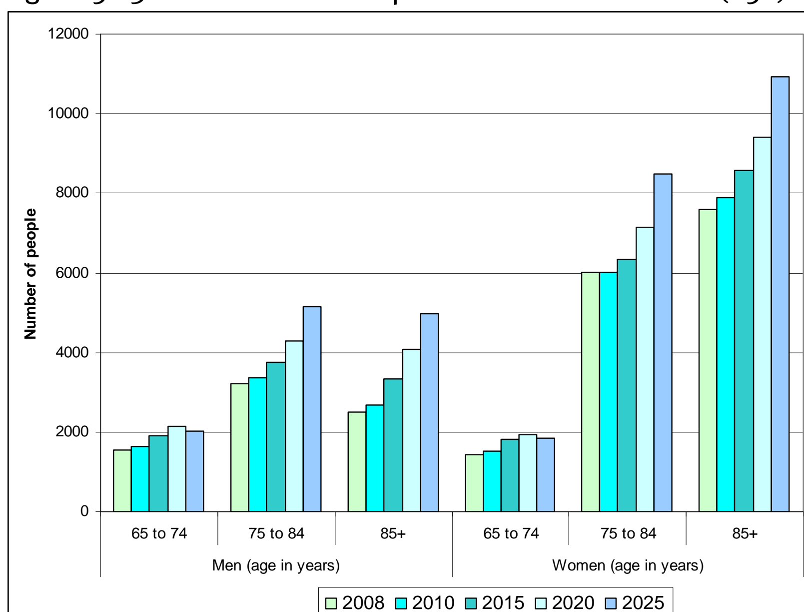
Figure 5.12: Essex consensus estimate of dementia prevalence

	Men			Women			Total
Area	Total	% over 65s with dementia	% total pop with dementia	Total	% over 65s with dementia	% total pop with dementia	% total pop with dementia
ECC	5,273	5.0	0.8	9,994	7.5	1.5	1.14
Southend	783	6.2	1.0	1,779	1.0	2.2	1.61
Thurrock	354	4.2	0.5	692	6.0	0.9	0.71

5.4.5.2 Expected Growth

Dementia is a fast-growing problem which is likely to put a huge strain on local authorities and the NHS as people are living longer and surviving common forms of cancer and heart disease. According to POPPI, around 22,300 people aged 65+ in Essex currently have dementia and this figure is expected to increase to just under 33,500 by 2025. This is a greater rate of increase than in England – 50% compared to 44%.

Figure 5.13: Essex estimated prevalence of dementia (65+)



Source: Cognitive Function and Ageing Study (2002) Medical Research Council

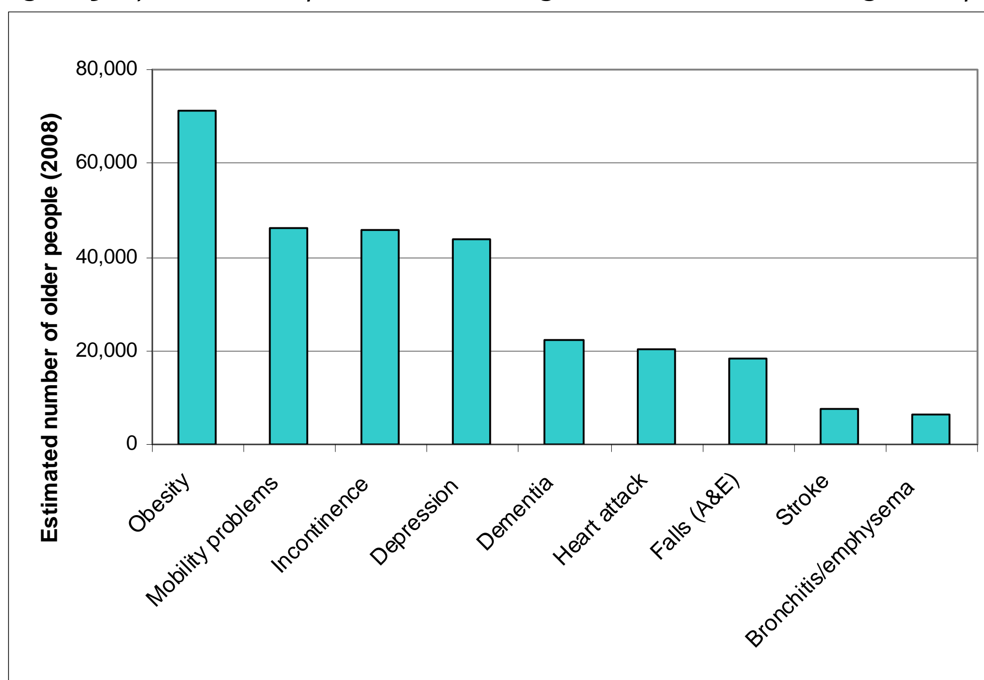
5.5 Older People and Long-term Conditions

The World Health Organisation has identified that long-term conditions will be the leading cause of disability by 2020 and that, if not successfully managed, will become the most expensive problem for health care systems[36]. Long-term conditions are those that can only be controlled and not, at present, cured. They include diabetes, asthma, arthritis, heart failure, dementia and other neurological diseases.

Long-term conditions can have a huge impact on quality of life both for those living with the condition and their close family. As we get older the likelihood of developing a long-term condition increases and people often find themselves living with more than one such condition and facing particular medical and social challenges.

Looking after patients with long-term conditions is very costly and uses a large proportion of health and social care resources. People with long-term conditions are significantly more likely to see their GP (accounting for about 80% of GP consultations), to be admitted as in-patients and to use more in-patient days than those without such conditions[37]. Figure 5.14 shows the number of over-65s estimated to have a range of long-term conditions[38].

Figure 5.14: Estimated prevalence of long-term conditions among older people (2008)



Source: POPPI

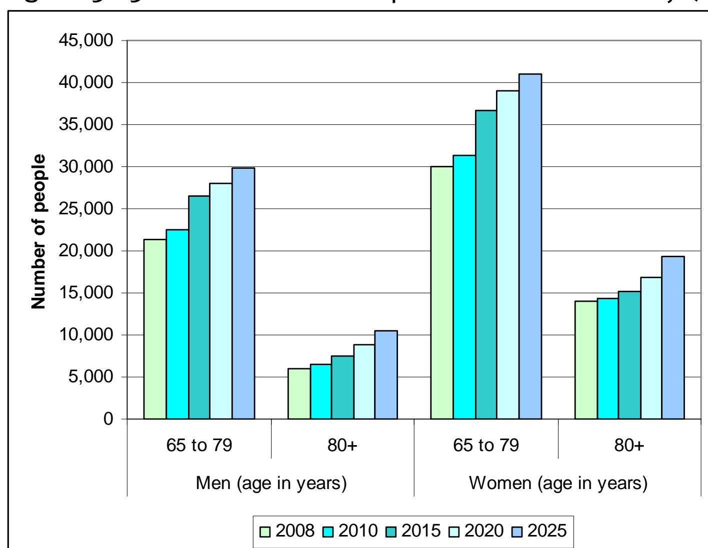
5.5.1 Obesity

Obesity is such a problem in the young today that the future impact over the next 20 years will have serious implications for the health service. Obesity is already known to have serious health implications (eg diabetes, hypertension and heart attacks) and, long-term, can reduce

[36] www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=9015&Rendition=Web
[37] Improving the management of long-term conditions in the face of system reform. BMA, June 2006
[38] The information contained in this section uses data taken from POPPI (Projecting Older People Population Information System www.poppi.org.uk).

life expectancy by up to nine years. In Essex the number of people currently thought to be obese is around 71,300 and by 2025 it is estimated this will have topped 100,000. This is a higher rate of increase than nationally – 41% compared to 36%.

Figure 5.15: Essex estimated prevalence of obesity (65+)

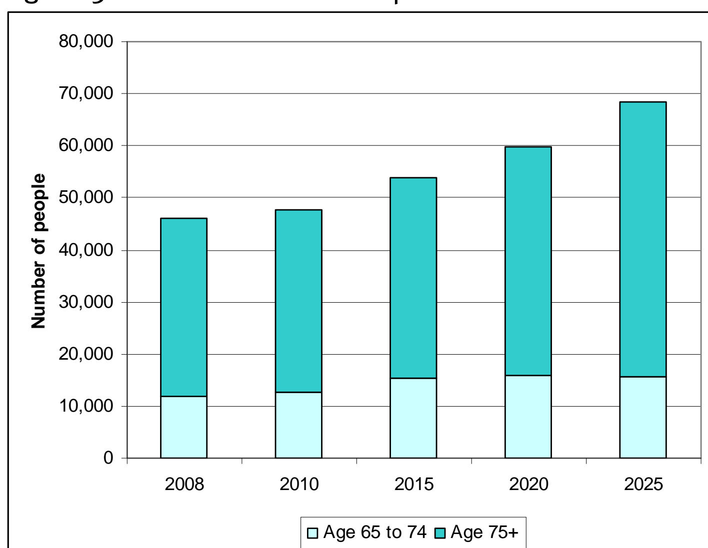


Source: Health Survey for England 2000

5.5.2 Lack of mobility

Mobility is the ability and willingness to move freely. Mobility can depend on motor skills but is known to decrease with age. Special tools such as a walking stick, walker, mobile standing frame or wheelchair maybe used to aid mobility. In Essex the current number of people unable to manage at least one mobility activity[39] on their own among those aged 65+ is over 46,100 and is likely to increase to over 68,400 by 2025. The rate of increase is higher than that for England – 48% compared to 42%.

Figure 5.16: Essex estimated prevalence of lack of mobility (65+)



Source: Department of Health (part of the 1998 General Household Survey)

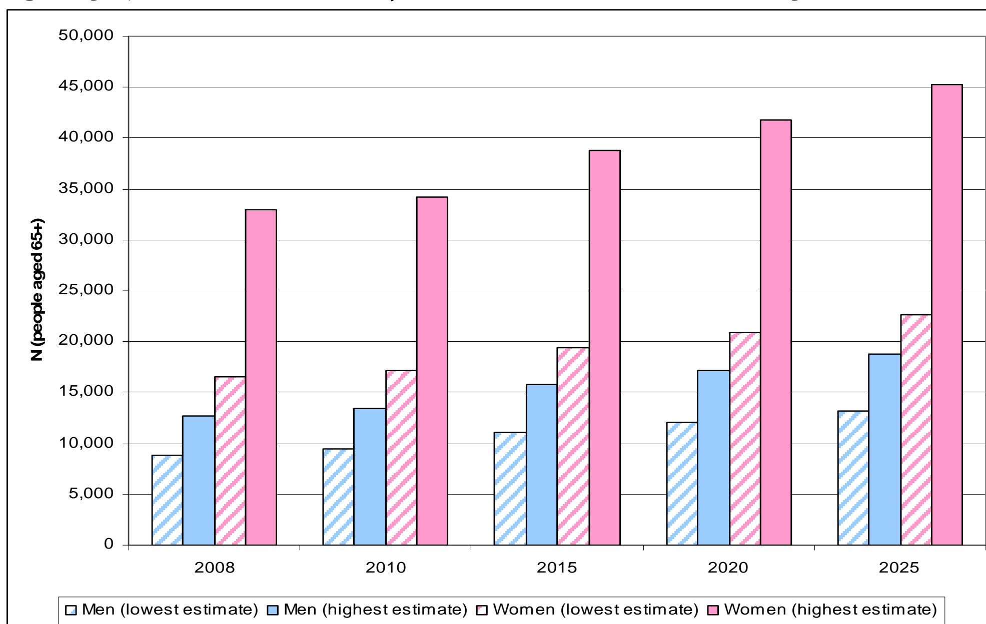
[39] Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

5.5.3 Incontinence

Incontinence is an issue that is hidden but as we get older is one that we may have to face. Prevalence rates of urinary incontinence in the UK vary from between 5% and 20% among women and between 3% and 10% among men, particularly affecting those who are aged 65+ (Royal College of Physicians 1995).

The chart below shows levels of continence problems among those aged 65+ living in the community according to the highest and lowest predictions. The highest estimate for men in Essex is 12,700 rising to 18,800 by 2025. That for women is 33,000 predicted to rise to 45,300 by 2025. These increases are roughly in line with those for England, although slightly higher for women (37% increase compared to 32%).

Figure 5.17: Essex estimated prevalence of incontinence (65+)

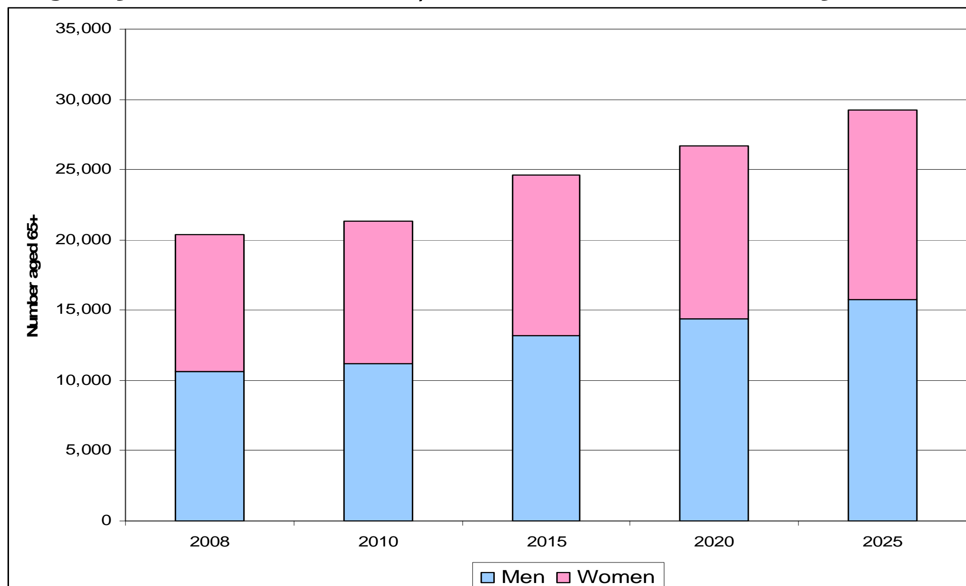


Source: Good Practice in Continence Services (2000) Department of Health

5.5.4 Cardiovascular disease

As the body ages, the risk of suffering from heart disease increases as lifestyle effects take their toll on the heart and arteries. Co-morbidities such as diabetes also increase the risk of having heart disease or associated illnesses. In Essex the number of heart attacks in the over 65s is almost 20,400 rising to 29,300 by 2025. This is significantly higher than national rate of increase – 44% compared to 28%.

Figure 5.18: Essex estimated prevalence of heart attacks (65+)



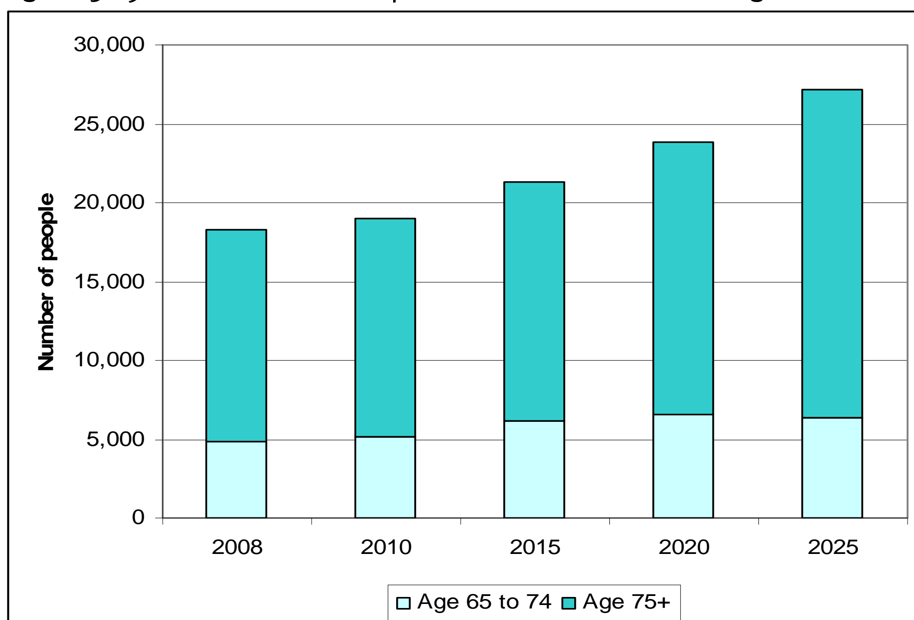
Source: 2004/05 General Household Survey

5.5.5 Falls

Falls are a common problem amongst the older population as they are more likely to happen due to reduced mobility and eyesight. The outcome of falls in the elderly is also likely to be more severe and often results in either fracture of the wrists or fracture of the femur. An elderly patient can take a long time to recover from these injuries and are at further risk if they have to undergo an operation.

Currently there are 18,300 attendances at Accident & Emergency (A&E) departments as a result of falls among those aged 65+. The majority (13,500) are among those aged 75+. By 2025, these figures are expected to have risen to 27,100 and 20,800 respectively. The rates of increase are higher than for England: 48% compared to 42% for the 65+ and 54% compared to 47% for the 75+.

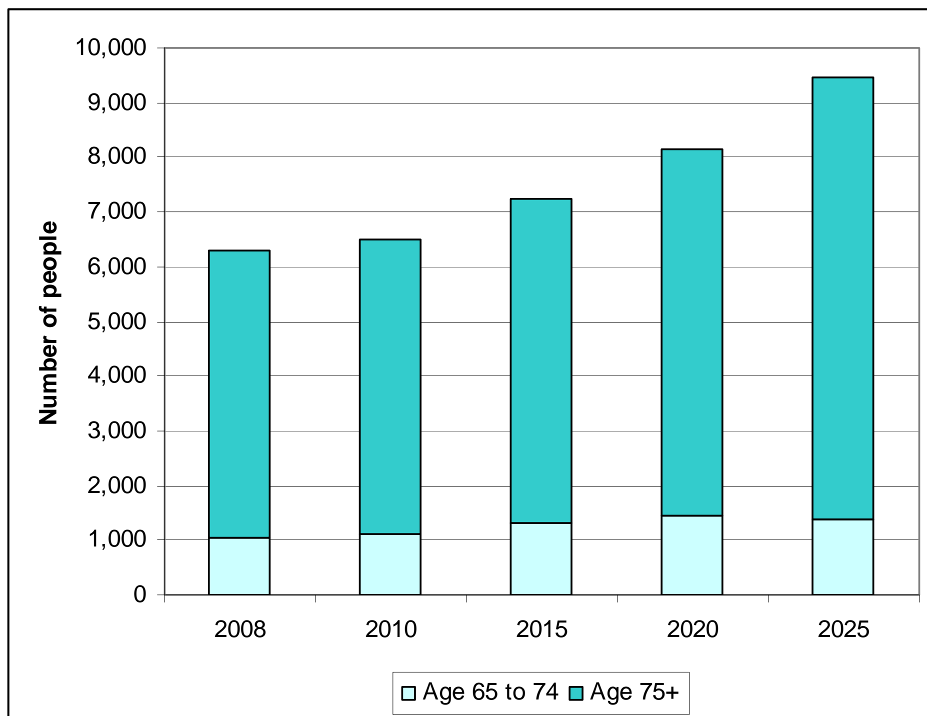
Figure 5.19: Essex estimated prevalence of falls resulting in A&E attendance (65+)



Source: Journal of Epidemiology and Community Health, 2003

Of those that attend an A&E department for a fall, it is likely that a third of them will be admitted as an inpatient. Current estimates for admission after a fall among the 65+ are 6,300 rising to 9,500 admissions by 2025. Again this is a greater increase for Essex than for England – 51% compared to 44%.

Figure 5.20: Essex estimated prevalence of falls resulting in hospital admission (65+)



Source: Journal of Epidemiology and Community Health, 2003

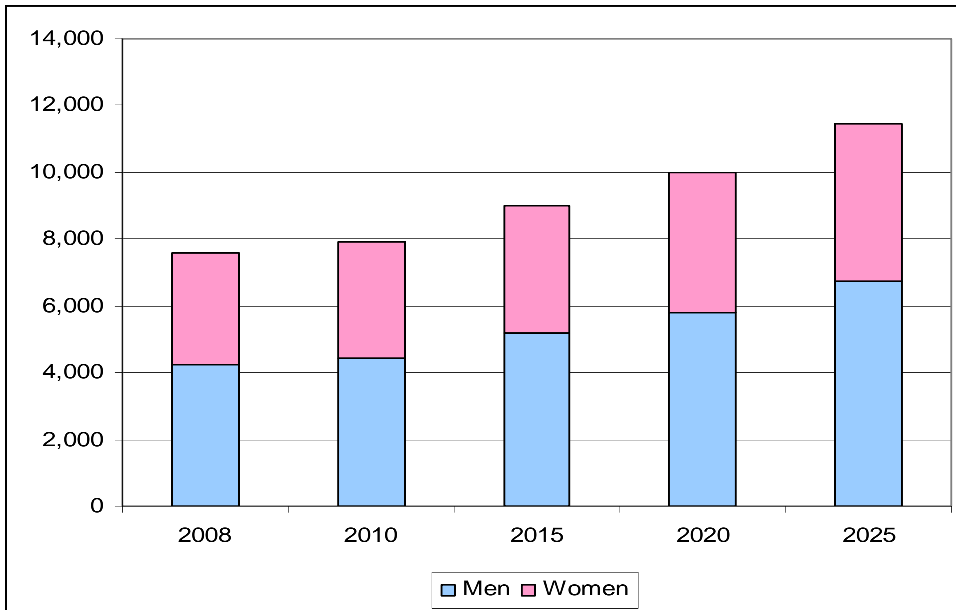
5.5.6 Stroke

Stroke is the most common cause of severe disability and is often fatal[40]. Every year in the UK, around 130,000 people have a first stroke - about one person every five minutes. Although stroke can affect people of any age, nine out of ten occur in people over the age of 55. Men are more often affected than women, as are people from Asian, African and Afro-Caribbean backgrounds. High blood pressure, smoking, diabetes, atrial fibrillation, a previous mini-stroke, binge drinking and a family history of stroke also increase risk.

The current number of strokes in Essex is just over 7,500 and is likely to increase to just under 11,500 by 2025. Again, this is a higher rate of increase than for England – 53% compared to 45%.

[40] http://www.bbc.co.uk/health/conditions/stroke1.shtml

Figure 5.21: Essex estimated prevalence of stroke (65+)

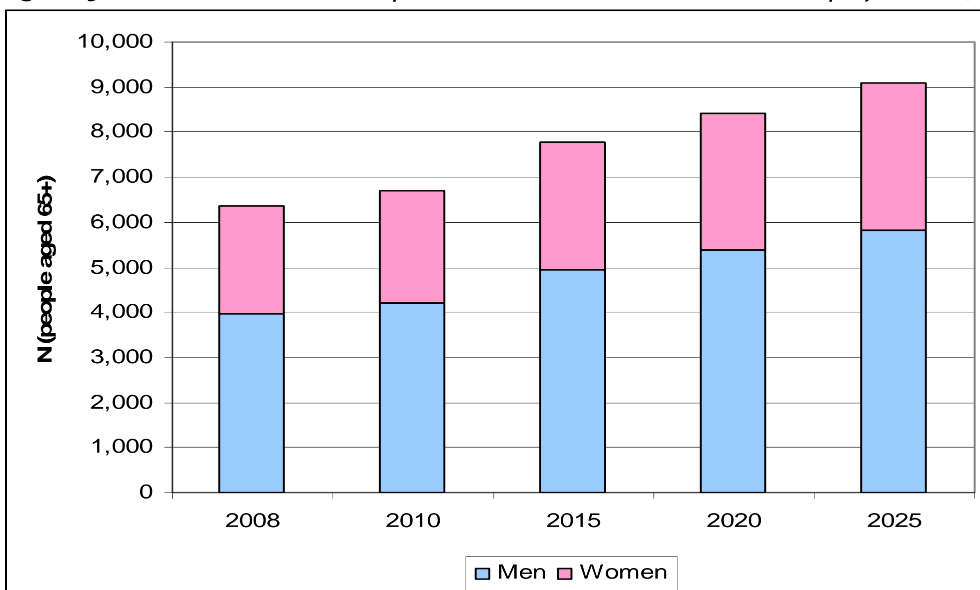


Source: 2004/05 General Household Survey

5.5.7 Bronchitis and emphysema

Figure 5.22 shows those aged 65+ predicted to have a long-standing health condition caused by bronchitis and emphysema. By 2025 it is estimated that there will be over 250,000 people aged over 65 in England with a chronic respiratory condition and Essex will be home to just over 9,000.

Figure 5.22: Essex estimated prevalence of bronchitis and emphysema (65+)



Source: 2004/05 General Household Survey

5.6 Care and Support for Older People

A substantial number of older people receive care and support from a range of agencies including local authorities, health services, mental health services and the voluntary sector.

Each individual has different needs and will require different levels of support at different stages of their life.

In 2005-06 the rate of older people receiving social care services was 151.1 per 1,000 of the population aged 65+ in ECC, 147.1 per 1,000 in Southend and 106.5 per 1,000 in Thurrock. Each of these rates is below the England rate of 157.7 per 1,000[41].

In 2006-07 ECC had 22,800 clients known to an older person's team[42]. Converting numbers into rates shows that the lowest rate is in Harlow and the highest in Braintree, with a variance between areas of 40.2 per 1,000 aged 65+.

Figure 5.23: ECC numbers and rates of service users open to OP team

	Open to Older People's Team	
	N	Rate per 1,000 65+
Basildon	2,447	100.3
Braintree	2,233	113.0
Brentwood	1,228	97.4
Castle Point	1,645	111.3
Chelmsford	2,040	88.8
Colchester	2,232	97.3
Epping Forest	1,981	97.1
Harlow	843	72.8
Maldon	1,008	110.7
Rochford	1,242	90.6
Tendring	3,540	98.2
Uttlesford	1,114	105.8
ECC	21,553	98.5

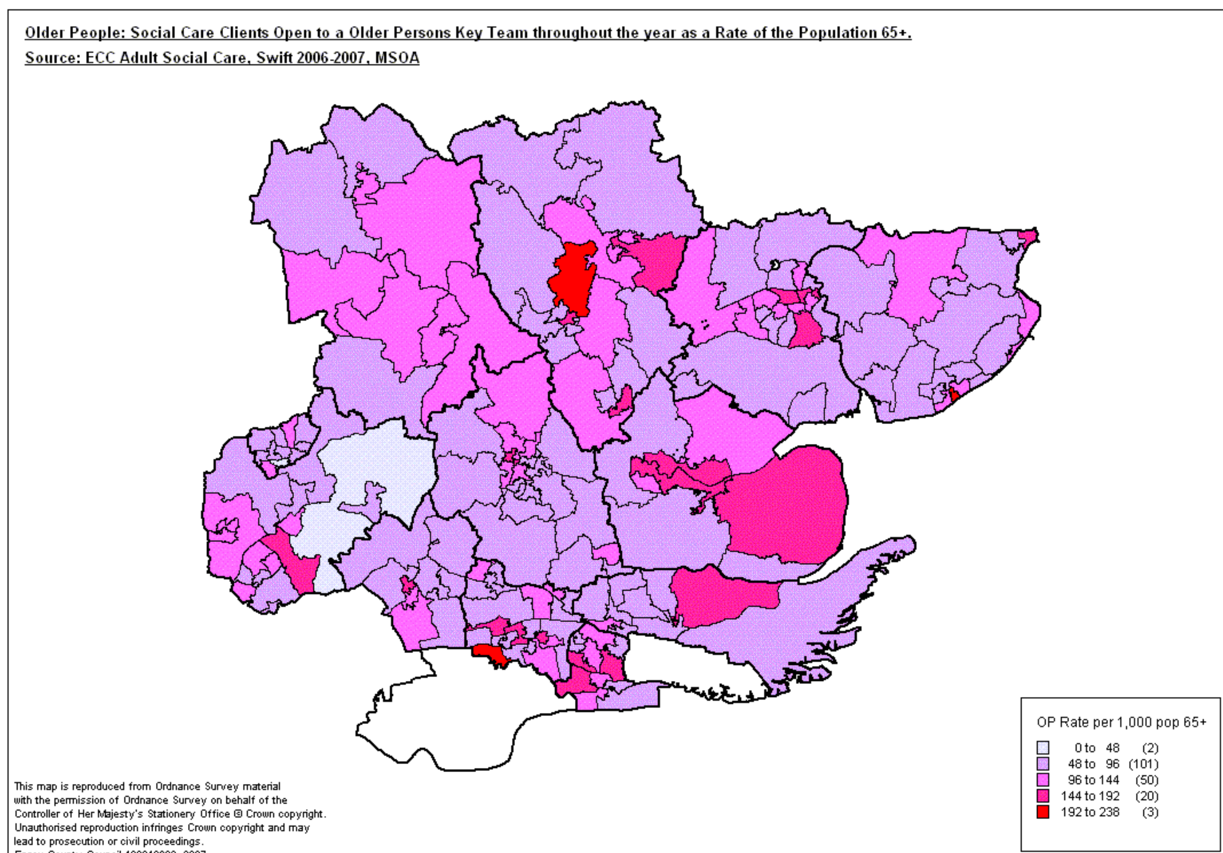
Outside ECC	1,247	-
TOTAL	22,800	104.2

38% of MSOAs in ECC show rates above that for ECC (104.2 per 1,000 aged 65+) and 2% have at least double. These are located in Braintree, Tendring and Basildon. The highest rate is in Braintree at 237.9 per 1,000 aged 65+.

[41] RAP 2005-06

[42] Clients open to a key team during 2006-07. Comparable data unavailable for two UAs.

Figure 5.24: ECC rates of service users open to OP team by MSOA, 2006-07



Comparable data unavailable for the two UAs. Please refer to local JSNAs for further information.

5.7 Conclusion

Essex's ageing population presents one of our most significant challenges and will require radically different models of service delivery. The shift in national and local policy towards independence, choice and control means we must make better use of technology to support people and provide a wide range of supported housing options. We know also that as we get older, the likelihood of developing long-term conditions increases and that people with these conditions already account for around 80% of GP consultations. In the future, we will see dramatic increases in the numbers of older residents with, for example, mobility problems, suffering from depression or dementia.

The number of people with mental health problems is also set to increase. Already, six districts / boroughs have higher than average proportions of their working age population claiming benefit / allowances for a mental or behavioural disorder.

Almost 10% of our residents provide informal care to relatives, friends or neighbours. Approximately one third receive no support from either social services or the voluntary sector and just over a third are not satisfied with the support that they get.