



# Wiltshire Health and Wellbeing Joint Strategic Needs Assessment for older people

2017/18



Wiltshire Health and Wellbeing JSNA



**Wiltshire Council**  
Where everybody matters

# Summary

This document is a supplementary report of the Health and Wellbeing Joint Strategic Needs Assessment (JSNA). It focuses on the health and wellbeing of those aged 65 and over. The aim of this report is to increase people's understanding of the health and wellbeing of older people in Wiltshire so they can continue to enjoy the benefits of an independent and active life.

The population aged 65 and over in Wiltshire is growing rapidly and will continue to grow for many years to come, while the working age population is likely to reduce. This is going to place additional pressures on the services offered by government agencies, the NHS and the Council. Within Wiltshire the older population is generally more active and more financially secure than their counterparts in the rest of England.

Increases in the age of retirement will create challenges in keeping an older age range economically active for longer. There is also an opportunity to enable older people to support the growing population of the very elderly, thus helping to manage the demand for services in the future.



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# Background and scope

In recent years advances in medical technology, changes in working patterns and reductions in risky lifestyle behaviours have led to dramatic improvements in life expectancy within the population. In addition, people are making different choices as they move into older age; such as staying in the family home for longer to support children and grandchildren or at least initially retiring to rural communities to pursue a more active lifestyle than might have been the case historically.

This has led to speculation about the impact of a future dependency resulting from fewer people of working age with a more elderly population with complex health and care needs. The population projections show that the proportion of the population aged 65 or over will increase substantially over the coming years. As a consequence the demand for services to provide for the needs of this population is also likely to increase. It is also true that more people are choosing or needing to delay retirement and consequently greater numbers of older people are working, caring for an elderly relative or providing childcare support to the next generation. The role of services in the future will be to support older people to actively manage their health at home but also to support the very elderly population, ensuring that people remain fit and well to work to the increased retirement age and continue to support others around them.

This report pulls together details from the other sections of the JSNA and focuses on the health needs and the services that this older population access. It identifies gaps in current service provision to enable commissioners of services to develop new and existing services.

Within Wiltshire we define older people as those aged 65 or over for both males and females.

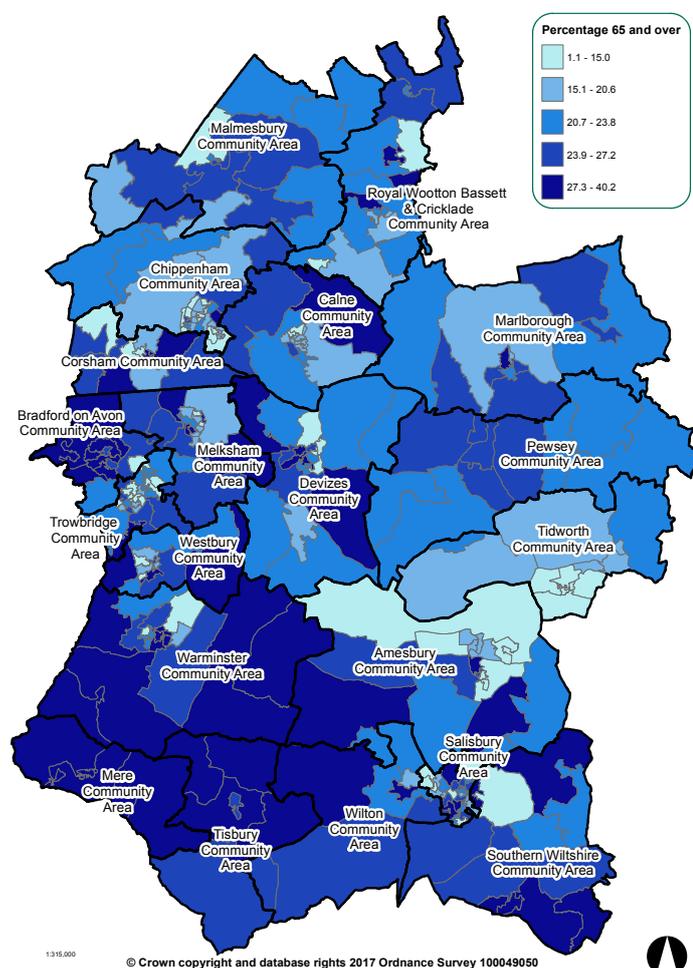


# Demographics and overarching indicators

According to Census data from the Office for National Statistics (ONS) Wiltshire had 86,434 people aged 65 or over<sup>1</sup> in 2011. The latest ONS mid-year estimates of population for 2016 show an increase of 17.5% to 101,588 and the ONS produced population projections show a further increase of 64.4% to 167,100 by 2039<sup>2</sup>.

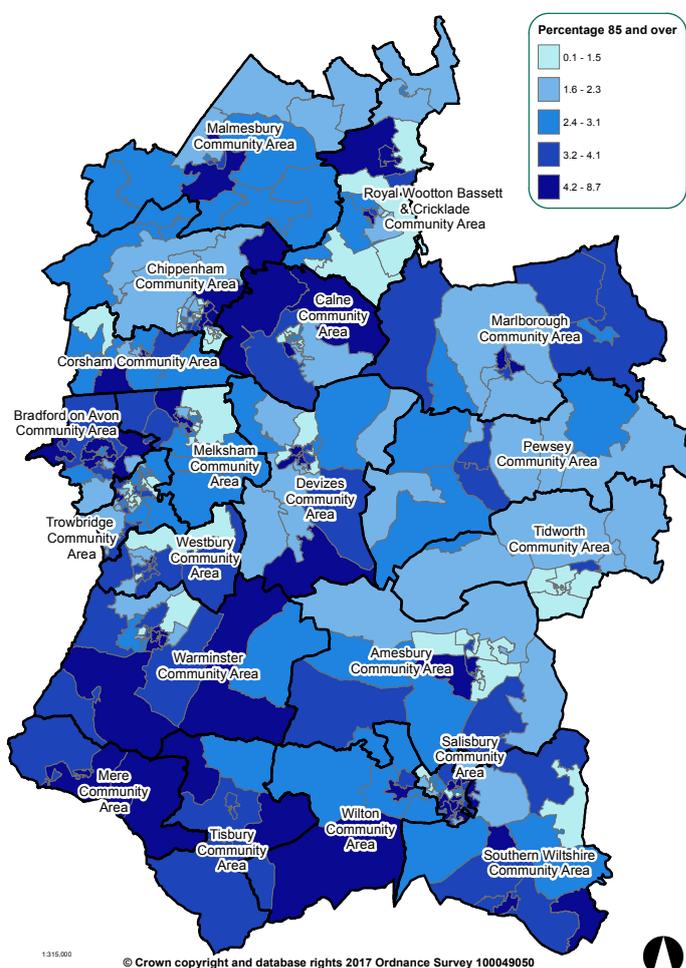
Figure 1 shows the percentage of people aged 65 and over in each lower super output area (LSOA). Figure 2 shows the percentage of the population aged 85 and over in each LSOA.

Figure 1: Percentage of Population aged 65 or over by LSOA



Source: ONS 2016 Population MYE

Figure 2: Percentage of Population aged 85 or over by LSOA



Source: ONS 2016 Population MYE

For ages 65 and over the highest proportion of the population generally live within rural parts of the south and west of Wiltshire. For those aged 85 and over the picture changes slightly with higher percentages more likely in the towns of Wiltshire.

<sup>1</sup> [www.nomisweb.co.uk](http://www.nomisweb.co.uk)

<sup>2</sup> [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2)

Figure 3 shows the population pyramid by five year age band for the Wiltshire population compared to England based on the latest mid-year population estimates from the Office for National Statistics. Wiltshire has a higher proportion in all age bands and for both genders when compared to England.

Figure 3: Population Pyramid for Wiltshire and England; Source: ONS 2016 Population MYE

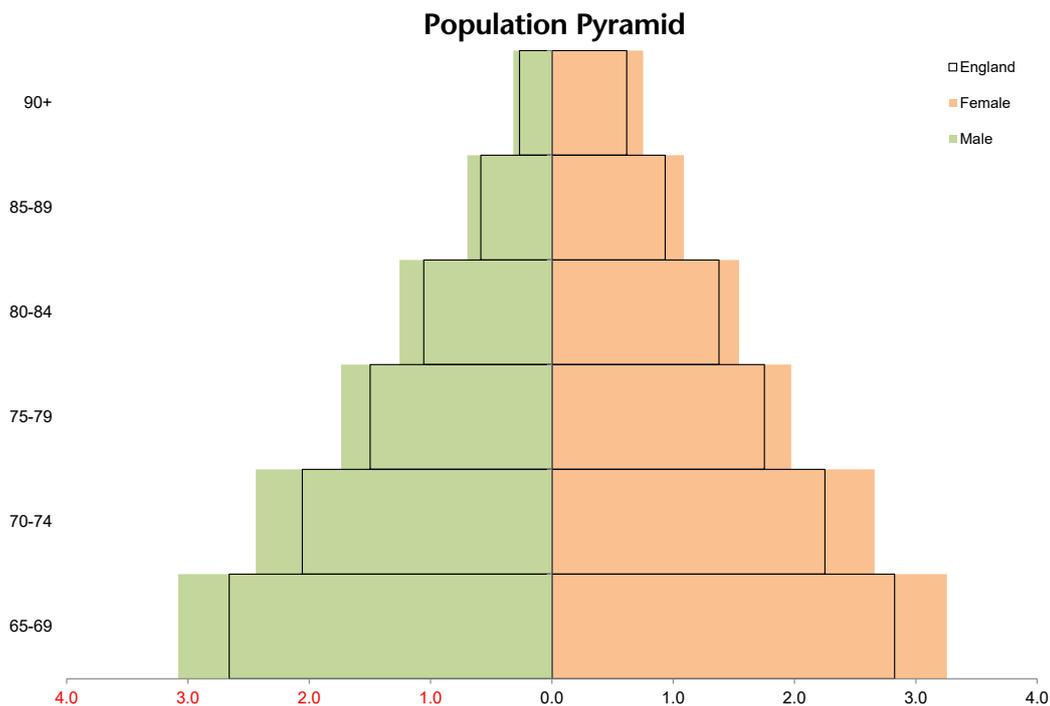
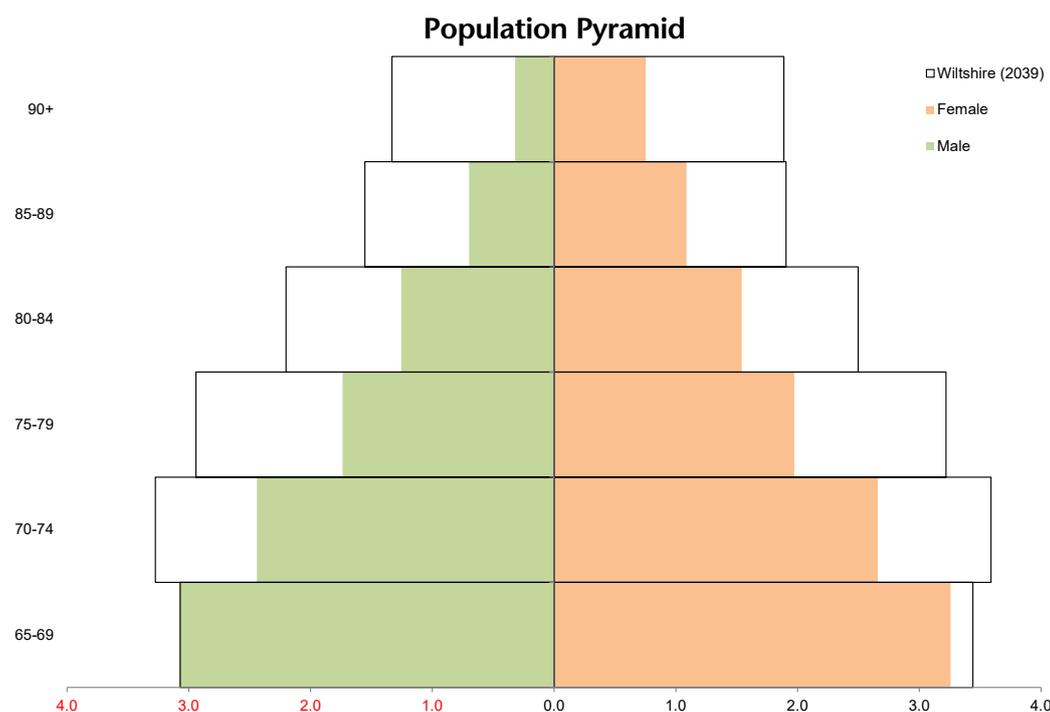


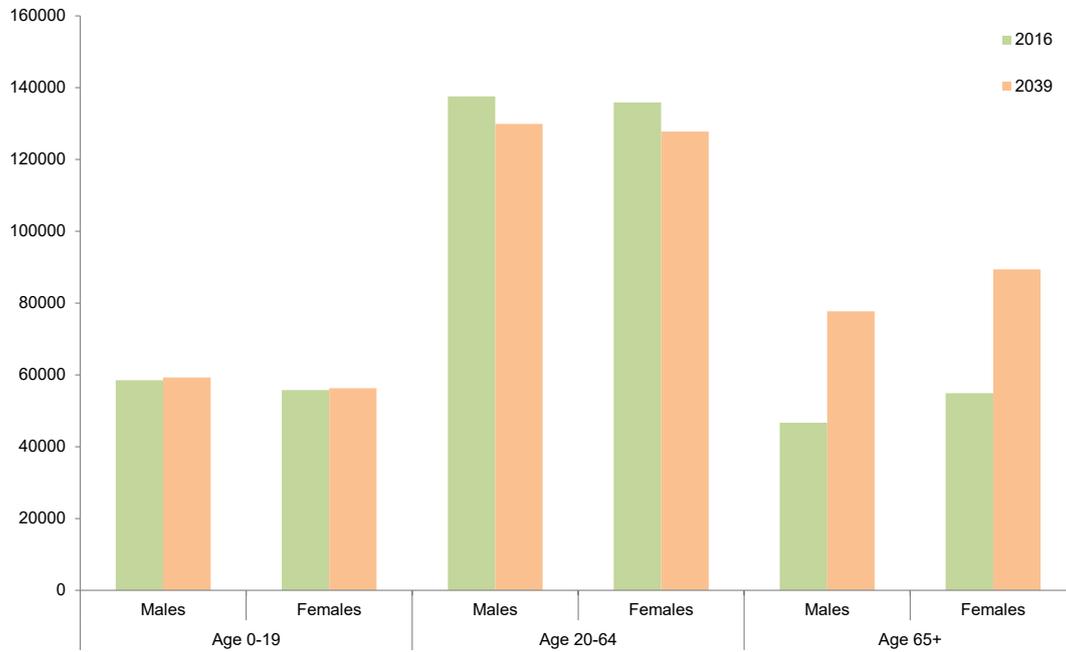
Figure 4 shows the population pyramid for Wiltshire for the current ONS 2016 mid-year estimate population compared to the ONS estimated sub-national population projection (SNPP) for Wiltshire in 2039. This suggests the increase will come in the older age bands as the proportion of those aged 65-69 will be broadly similar, while the proportion of those aged 85 and over will almost treble for males and double for females.

Figure 4: Population Pyramid for Wiltshire now and Future; Source: ONS 2016 SNPP



The increase in the older population is greater than the increase in the total population. Figure 5 shows the comparison between the numbers in the population now and in 2039 by gender and broad age band. As explained above, the population aged 65 and over will increase by around 40%. The number of young people remains broadly similar, while the numbers in the working age population actually falls. This is going to increase the level of dependency within Wiltshire as a smaller working age population will need to support the larger older population and similar numbers of children. This may provide a major challenge to local services.

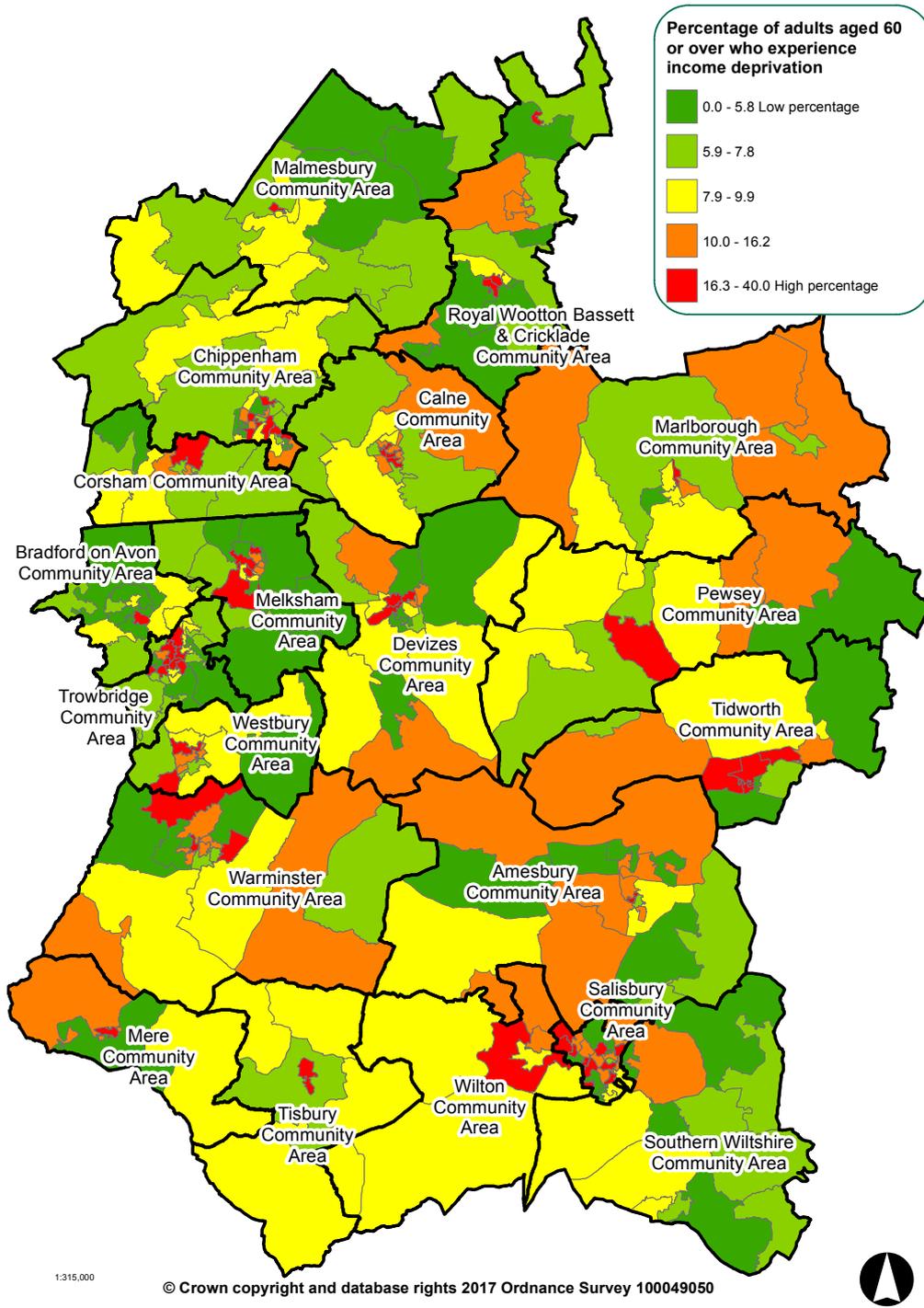
Figure 5: Population numbers for Wiltshire now and future; Source: ONS SNPP



# Deprivation

The inequalities in health outcomes due to deprivation have been well documented<sup>3</sup>. The Income Deprivation Affecting Older People Index (IDAOPi) is the proportion of all those aged 60 or over who experience income deprivation. This includes adults aged 60 or over receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee). The England average for IDAOPi is 16.2%, while in Wiltshire it is 10.5%, suggesting older people in Wiltshire are perhaps more financially affluent than those in the rest of England. Figure 6 shows the LSOA scores for IDAOPi from the Index of Multiple Deprivation 2015 (IMD2015).

Figure 6: Income Deprivation Affecting Older People by LSOA; Source: IMD2015



The areas with higher levels of deprivation among older people are in the towns, while areas in the north and west of Wiltshire seem to be more affluent.

<sup>3</sup> Fair Society, Healthy Lives (2010)

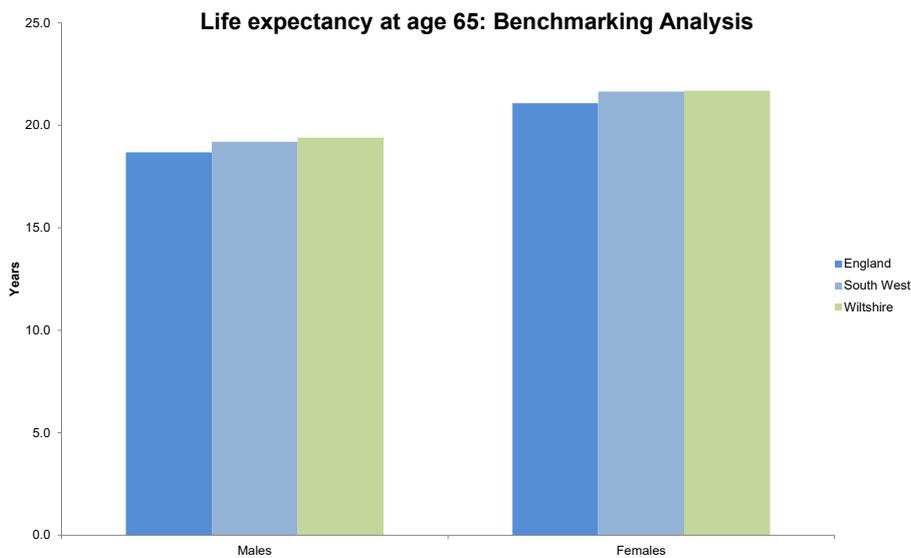


# Life expectancy

Life expectancy has seen dramatic increases over the last 20 years as advances in the treatment of conditions such as cancer and circulatory disease have improved the survival chances of the population generally. While inequalities in life expectancy remain, all sections of the population have witnessed improvements in life expectancy. With this improvement in life expectancy the focus now looks at quality of life and the measure of Healthy Life Expectancy. This is the proportion of life expectancy in which people believe their health is good or very good.

In Wiltshire using 2013-15 mortality rates, males at age 65 have a life expectancy of 19.4 years and females at age 65 have a life expectancy of 21.7 years. Figure 7 shows the life expectancy at age 65 in Wiltshire, the South West and England. Life expectancy in Wiltshire at age 65 is higher on average than in England and broadly similar to the South West for both males and females.

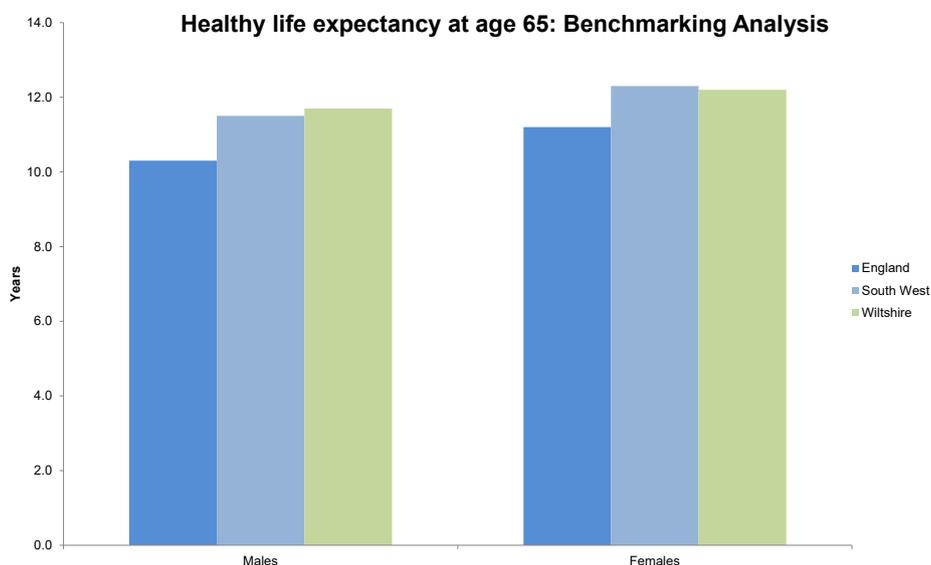
Figure 7: Life Expectancy at Age 65, England, South West and Wiltshire; Source: ONS



# Healthy life expectancy

Healthy life expectancy is calculated using self-reported good health. Males at age 65 in Wiltshire are likely to have 11.7 years of healthy life and females at age 65 are likely to have 12.2 years of healthy life. Figure 8 shows the healthy life expectancy at age 65 in Wiltshire, the South West and England. Healthy life expectancy in Wiltshire at age 65 is higher on average than in England and broadly similar to the South West for both males and females.

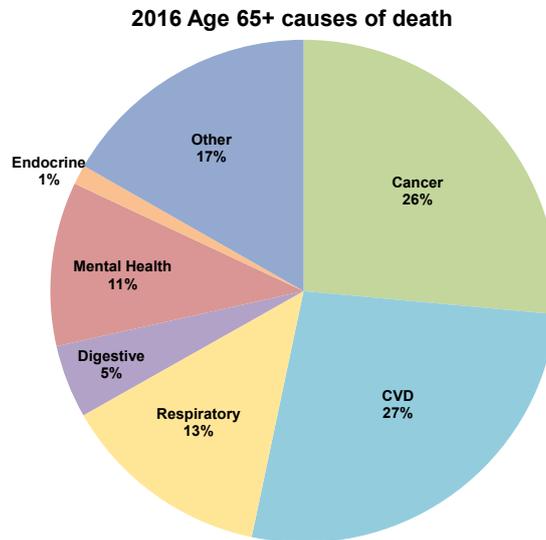
Figure 8: Healthy Life Expectancy at Age 65, England, South West and Wiltshire; Source: ONS



# Causes of death

In 2016 4,611 people died in Wiltshire<sup>4</sup>. 88% of these deaths were of people aged 65 and over. Circulatory disease remains the leading cause of death accounting for around 27% of deaths in 2016. Cancer was the second biggest cause of death causing 26% of deaths. Figure 9 shows the proportion of deaths by cause.

Figure 9: Age 65 and over, Causes of Death; Source: PCMD

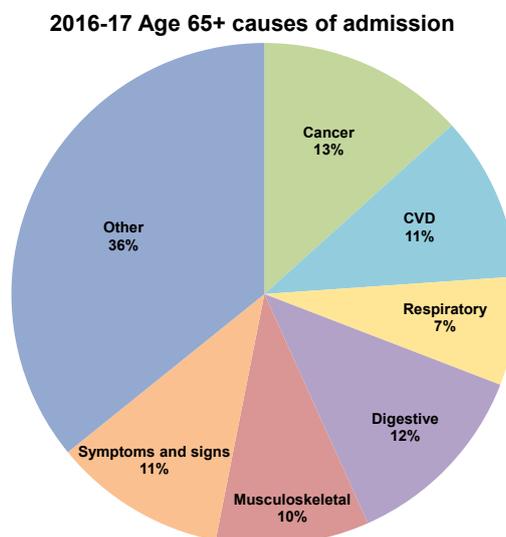


# Burden of ill health

## Hospital admissions

In 2016-17 there were around 50,000 admissions to hospital for patients aged 65 and over registered to a GP practice in Wiltshire. Around 40% (20,000) of these were Emergency Admissions while the remaining 60% (30,000) were for planned procedures. Figure 10 shows the causes of admission for all admissions in those aged 65 and over. Admissions relating to cancer account for the largest proportion of admissions, digestive disease (such as appendicitis or liver cirrhosis) is the second highest and circulatory diseases (such as stroke or heart attack) are the third highest. The other category includes conditions relating to other areas such as the eye, ear or skin which have a small number of admissions. Signs and Symptoms are generic categories used for an initial diagnosis when the primary reason for admission is not clear.

Figure 10: Age 65 and over, Causes of admission to hospital; Source: NHS Digital



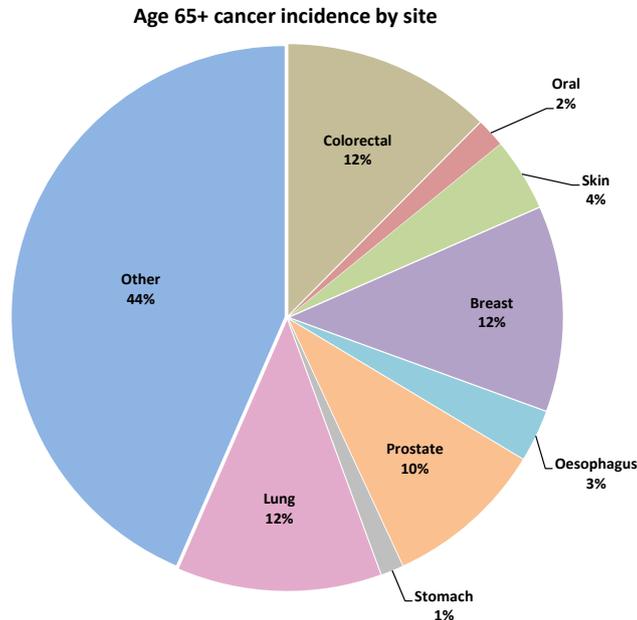
<sup>4</sup>Primary Care Mortality Database 2016



# Cancer incidence

During 2014 in Wiltshire there were 11,600 people diagnosed with cancer. 3,798 (32.7%) of these were aged 65 and over. Figure 11 shows the breakdown of these diagnoses by the main cancer sites. Colorectal cancer has the largest number at 470 or around 12% of all cancer diagnoses. Breast (464) and lung (458) cancer were also around 12%.

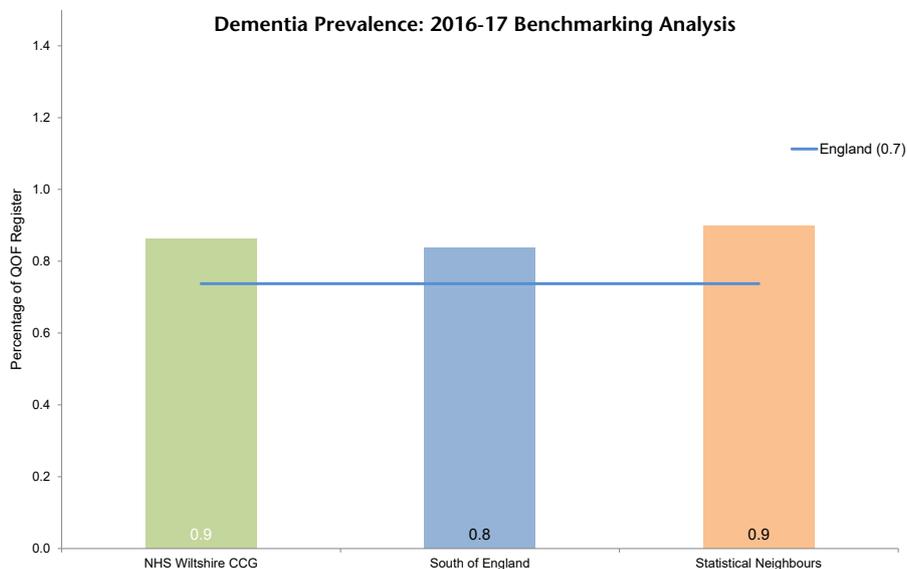
Figure 11: Age 65 and over, Cancer Incidence by site; Source: CancerStats



# Dementia

Dementia can affect people of any age, but is most common in older people. Nationally, one in 14 people over 65 has a form of dementia and one in six people over 80 is anticipated to have some form of dementia. There is strong evidence to show the benefit of early diagnosis of dementia to individuals and families, as well as the wider community and economy. Figure 12 outlines the registered prevalence for dementia. The prevalence of dementia in Wiltshire is predicted to rise because of an ageing population. Current estimates suggest there are around 6,800 people with dementia in Wiltshire and 65.4% (4,472 people) are diagnosed on a GP register. The number of people with dementia is predicted to double by 2035 to 13,713.

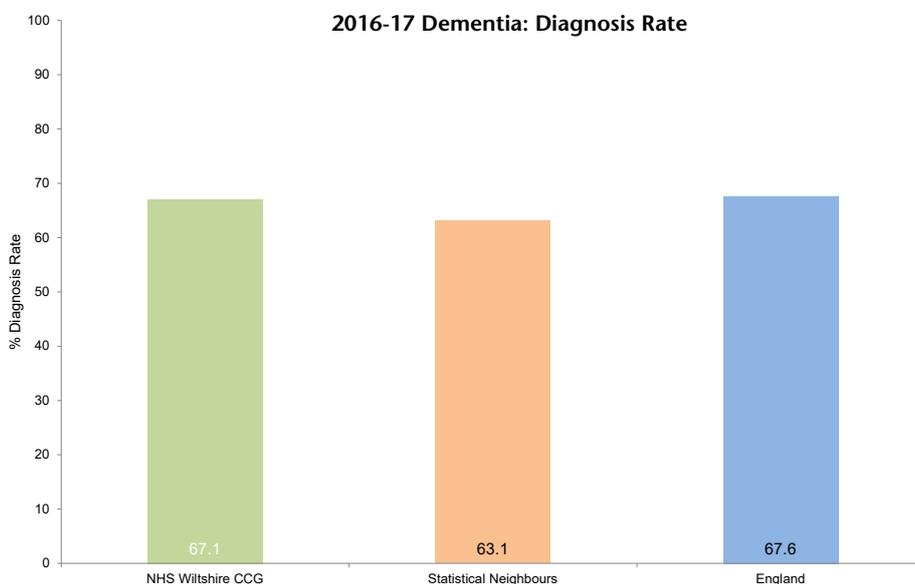
Figure 12: Registered Dementia Prevalence; Source: NHS Digital



Early diagnosis is important to ensure effective and appropriate care is provided to people living with dementia. The diagnosis rate for dementia measures the actual number of people known to have dementia as a percentage of the expected number of people with dementia.

Figure 13 outlines the current dementia diagnosis rate for Wiltshire, England and our statistical neighbours. The Prime Minister’s Challenge is to achieve a diagnosis rate of 67% and Wiltshire achieved this in March 2017. Wiltshire has a diagnosis rate which is marginally lower than the England average but higher than its statistical neighbours.

Figure 13: Dementia Diagnosis Rate (March 2017); Source: NHS Digital



## Multi-morbidity

An estimated 15 million people in England live with long-term physical and mental health conditions such as hypertension, diabetes, asthma, depression and coronary heart disease. The management of these conditions and their rising prevalence are major challenges facing healthcare systems worldwide.

Historically treatment guidelines and clinical practice have focussed on the management of the individual long-term condition in isolation from other long-term conditions people may suffer. For the patient, the use of many services to manage individual conditions can be duplicative, inefficient, burdensome and unsafe due to poor coordination and integration. From a service provision perspective, frequent contact with the healthcare system for the management of individual conditions leads to higher healthcare utilisation, for example more hospital admissions and outpatient visits, and higher costs. As a result, it is now widely accepted that the delivery of healthcare for people with multiple long-term conditions or ‘multi-morbidity’ needs to shift from the current single-disease model, which tends to focus on the management of individual conditions, to a more integrated approach, which puts the needs of patients at the heart of service delivery.

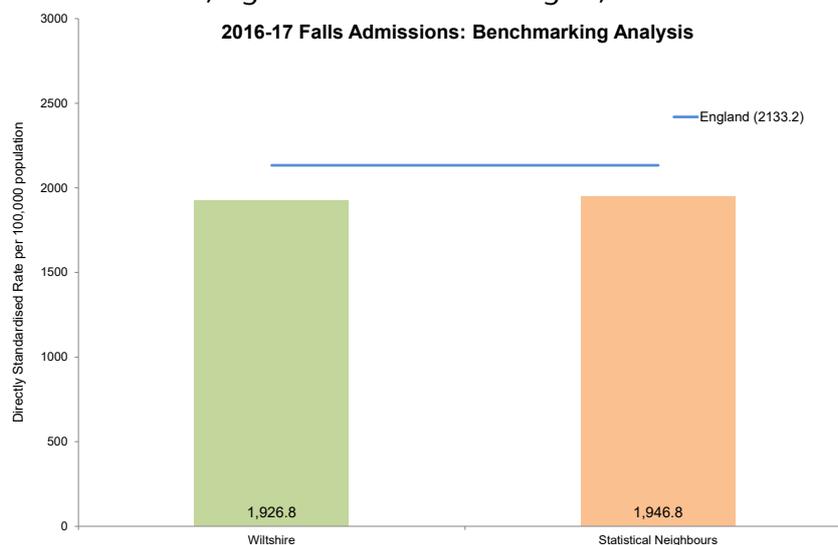
Public Health England are currently developing a model which will enable us to compare levels of multi-morbidity. The CCG also run a risk stratification model which aims to identify patients with a high probability of multiple admissions, this may provide more detail within Wiltshire on levels of multi-morbidity to give a better understanding of how we support these patients and how we might target prevention.

## Falls

In 2016-17 there were almost 2,000 admissions to hospital for people aged 65 and over who had fallen. Around a third of these were men and two thirds were women. Figure 14 shows the rate of admissions for falls for persons aged 65 and over compared to our statistical neighbours and the England average. Wiltshire has a rate lower than the England average and broadly similar to our statistical neighbours. It is also worth noting that the rate of admissions for falls is higher in females than males.



Figure 14: Rate of Admissions for Falls, Age 65+ Source: NHS Digital, NHS Data



# Health behaviours and services

## Weight management

The consequences of excess weight are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health, including:

- Increased risk of type 2 diabetes
- Hypertension
- Cardiovascular disease
- Kidney and liver disease
- Lower quality of life
- Premature mortality

Moderate obesity (BMI 30–35 kg/m<sup>2</sup>) reduces life expectancy by an average of three years, whilst people with morbid obesity (BMI 40–45 kg/m<sup>2</sup>) live on average 8–10 years less than people who are a healthy weight; similar to the effects of life-long smoking<sup>5</sup>.

Figure 15 – Proportion of Great Britain Population Overweight or Obese

	Males	Females
Age 65-74	78.0%	65.0%
Age 75-84	77.0%	69.0%
Age 85+	73.0%	61.0%

Source: [cruk.org/cancerstats](http://cruk.org/cancerstats)

Figure 15 shows the majority of people aged 65 or over are likely to have a BMI greater than 25kg/m<sup>2</sup> which is overweight. This is likely to lead to complications with care going forward unless action is taken to address this. To support action on obesity Wiltshire Council runs the Active Health programme which allows a GP to refer patients to a health centre for an activity of their choice. In 2016/17 there were around 3,171 referrals to the Active Health programme and 1,245 (39.3%) of these were aged 60 or over.

<sup>5</sup>Wiltshire Obesity Strategy 2016 – [www.wiltshire.gov.uk/downloads/3397](http://www.wiltshire.gov.uk/downloads/3397)

Active Health also incorporates 4 specialist classes: Strength & Balance, Cardiac Phase 4, Exercise after stroke and Long term conditions. In addition to Active Health as part of a slimming referral programme GPs can refer patients with a BMI over 30 to Slimming World or Weight Watchers. Slimming World received 1,774 referrals and around 17% (298) of these were aged 65 or over.

Further information about these services and advice on weight management can be found on the Healthy Weight 4 Life e-toolkit<sup>6</sup>.

## Alcohol

In 2015-16 there were 2,674 alcohol related admissions (narrow definition) to hospital in Wiltshire, just under a third (31.2%) were for people aged 65 or over. Based on the national data the majority of these admissions will be attributable to alcohol rather than directly related. Alcohol related admissions (narrow definition) include all admissions where the main reason or cause of admissions is potentially attributable to excess consumption of alcohol. These causes of admission were defined as a result of research to draw up a definitive list of conditions and the proportion of admissions which are attributable to alcohol<sup>7</sup>. There is little data currently available on the levels of consumption in those aged 65 or over.

## Smoking

Nationally, around 8.8% of the population aged over 65 are smokers; historically in Wiltshire smoking rates in this age group have been lower than the national average. However, older smokers are the least likely to want to give up.

## Social care activity

In Wiltshire the overriding vision for Adult Social Care services is to provide care as close to home as possible, with home always the first option. This vision is delivered by a 2-stage transition.

Stage 1 focuses on discharging people from hospital to home as soon as they are medically stable, usually through an integrated package of care employing Home First and reablement service. This will enable the long-term independence of the service user.

Stage 2 retains the focus on long term independence with the aim being to reduce dependency on care and maximise people's independence in their own home.

In 2016-17 support was provided to 4,670 clients with domiciliary care at home. This was either through the Council funded Help to Live at Home providers or through other domiciliary care providers.

To help those admitted to hospital return to as independent a life as possible the Council support community reablement, provided by Wiltshire Health and Care and the Council funded Help to Live at Home providers. In 2016-17 2,671 people were discharged from hospital into this community based reablement service which is a 75% increase on the numbers in 2015-16.

In 2016-17 there were 434 permanent admissions to residential or nursing care for clients aged 65 and over in Wiltshire. This is a rate per 100,000 population of around 450, which is lower than the average for England and our statistical neighbours. In addition to these council funded placements the council and NHS Wiltshire CCG supported many self-funding families to find placements in care homes.

During 2017-18 Adult Social Care Services are undertaking a transformation of services which includes the development of an integrated reablement service to help people remain independent. This will support the avoidance of admission to hospital as well as supporting discharge from hospital. This new service is intended to be operational in early 2018-19.

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<sup>6</sup> [www.wiltshire.gov.uk/public-health-weight](http://www.wiltshire.gov.uk/public-health-weight)

<sup>7</sup> [www.cph.org.uk/publication/updating-england-specific-alcohol-attributable-fractions/](http://www.cph.org.uk/publication/updating-england-specific-alcohol-attributable-fractions/)



# End of life care

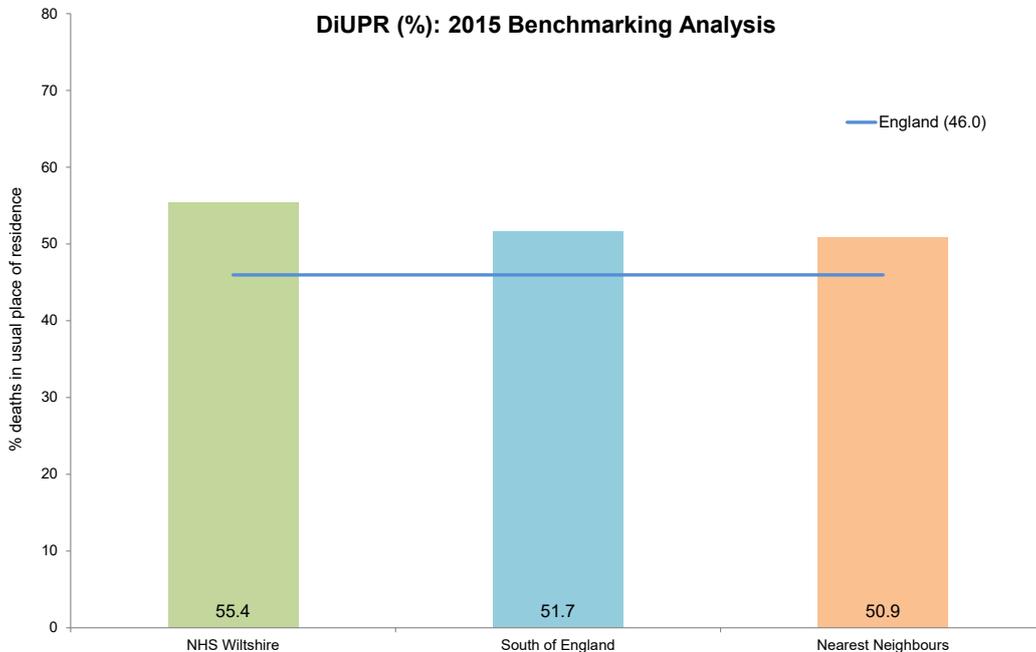
End of life care is care that helps all those with advanced, progressive, incurable conditions to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes physical care, management of pain and other symptoms, and provision of psychological, social, spiritual and practical support.

Many people are unable to die where they choose (usually in their own home, a care home or in a hospice). Wiltshire’s End of Life care strategy was adopted by NHS Wiltshire CCG and Wiltshire Council in collaboration with Wiltshire’s statutory and voluntary partners and local stakeholders and sets out a vision for high quality care across Wiltshire for all adults approaching the end of life. The vision it encapsulates is:

‘The patient and their family/carer receive the care and support that meets their identified needs and preferences through the delivery of high quality, timely, effective individualised services. Ensuring respect and dignity is preserved both during and after the patient’s life.’

Figure 16 shows the 2015 percentage of deaths in the usual place of residence. In Wiltshire it is around 55% which is higher than the England average and our statistical neighbours.

Figure 16: Percentage of deaths in usual place of residence



# Health protection

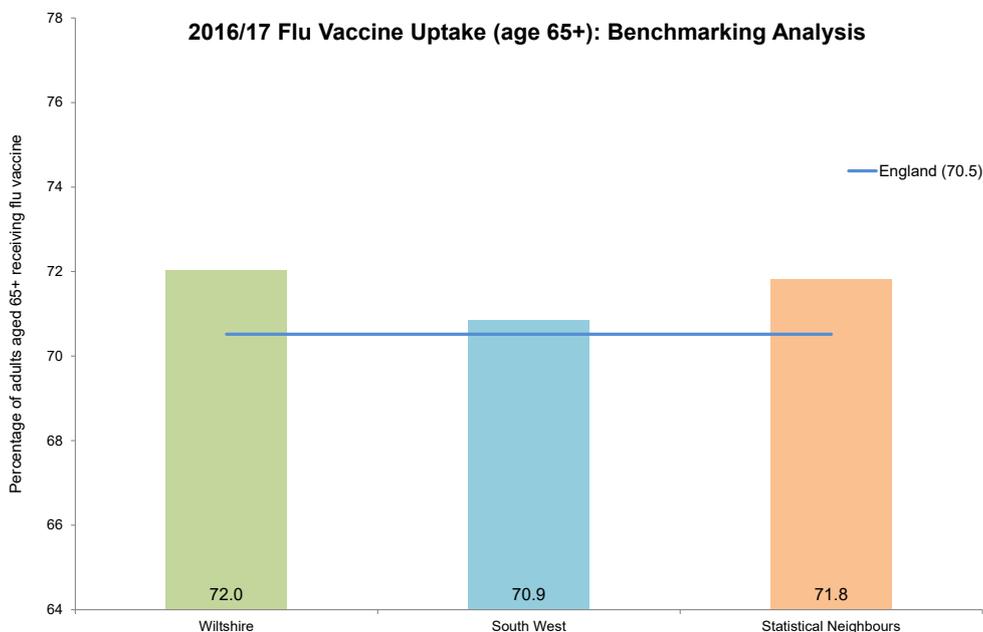
## Vaccination

The pneumococcal vaccination programme offers a single dose of pneumococcal polysaccharide vaccine (PPV) to all those aged over 65. PPV offers protection from infections caused by the bacterium *Streptococcus pneumoniae* which can lead to pneumonia, septicaemia and meningitis. At their worst, these can cause permanent brain damage, or even kill. Overall in 2015-16 PPV vaccine uptake in persons aged 65 plus in Wiltshire (70.0%) was broadly similar to the levels observed in the South West (69.7%) and England (70.1%). Currently the Public Health England benchmark is a target of 75% coverage.

The shingles vaccine was introduced in September 2013 for adults aged 70 with catch up programmes for different ages. In 2016-17 uptake was 56.6% which is broadly similar to the South West (56.5%) and the England average (54.9%).

Seasonal flu particularly threatens vulnerable groups in the population, and it is these groups that are targeted in the vaccination programme. Figure 17 shows the uptake of seasonal flu vaccine in those aged 65 or over. In 2016/17 in Wiltshire uptake was 72% which is similar to the South West and England. Currently the Public Health England benchmark is a target of 75% coverage.

Figure 17: Seasonal flu vaccine uptake



## Cancer screening

Breast screening is a method of identifying breast cancer at a very early stage. The national NHS breast screening programme invites all women aged 50-70 for screening every three years. Coverage of women aged 50-70 in Wiltshire in 2016 was 78.2% which is slightly higher than that seen in England (75.5%) and broadly similar to the South West (78.3%).

Bowel cancer screening aims to identify bowel cancer at an early stage when treatment is most likely to be effective. It is an effective and safe screening test that targets those most at risk and is thus made available to people aged 60-74 every 2 and a half years. It is the first national screening programme available to men as well as women. People over 74 are currently able to request screening themselves. Uptake in 2016 in Wiltshire was 62.3% which is higher than in 2015 (60.0%), broadly similar to the South West (61.5%) and higher than the England average (57.9%)

In Wiltshire the Abdominal aortic aneurysm (AAA) Screening Programme is provided by Salisbury NHS Foundation Trust. It aims to reduce deaths from ruptured abdominal aortic aneurysms by up to 50% by detecting them early and monitoring and treating them appropriately. Women are not invited for screening because 95% of ruptured AAAs occur in men over 65. During the year in which they turn 65 all men in Wiltshire will receive a letter from the NHS inviting them for AAA screening, provided they are registered with a doctor. Screening involves an ultrasound scan that takes around 10 minutes. Scans are carried out at different locations around the county. Men over 65 who have not been screened previously can arrange a screening appointment by contacting their local programme directly. Uptake in Wiltshire in 2015-16 was 83.9% which is broadly similar to the South West (83.7%) and slightly higher than the England average (79.9%).



# Wider determinants

## Fuel poverty

We know that older people in general are at greatest risk of fuel poverty. The cost of fuel is one of the main contributors to fuel poverty. In 2012/13 Wiltshire Council launched Warm & Safe Wiltshire which offers all residents across the county free and impartial energy saving advice either over the phone or in free home visits. In 2016-17 this service helped 650 individuals or families of which 45.5% (296 individuals or families) were aged 60 and over.

## Extra care housing

An extra care home is self-contained accommodation for older people within a purpose built scheme. It is not a care home, but people who move into an extra care scheme may need support. Occupants purchase or rent their apartment and then purchase the care package to suit their needs. That care is then provided by external providers who come to the home, and many extra care developments have a scheme manager on site to assist residents, as well as on-site care available for emergency situations. An extra care scheme also often has a range of community facilities such as a café and hairdressers, and these can assist in reducing social isolation amongst older people. An affordable extra care unit refers to an extra care unit for those who meet certain criteria including having a low income. Through recent new build programmes, 184 new units of affordable extra care have been provided across Wiltshire, with a further 93 units completed through remodelling and another 60 due for completion by March 2018.

## Welfare

In Wiltshire the number of people aged over 65 in receipt of a state pension is over 104,000. Pensioners who have a low income can receive Pension Credit<sup>8</sup>. Of Wiltshire pensioners only 9.8% are in receipt of Pension Credit – compared with 14.4% nationally. This may indicate that the Wiltshire population is more financially secure than elsewhere. However, it could also be that they are simply not aware they can claim this benefit. National research has suggested that 1 in 3 pensioners in poverty do not claim Pension Credit<sup>9</sup> and this rate of non-claiming might apply in Wiltshire.

The majority of older people are retired. However, around 15% of over 65 year olds in Wiltshire are still economically active (compared with 10.6% nationally).

## Carers

A key element of support that enables people to remain at home is the support that is provided by families and friends. The need to support unpaid carers is recognised within Wiltshire. Carers provide a vital service which complements the services provided by the Council and others. The majority of services for carers are provided through a partnership organisation – Carer Support Wiltshire. In addition GPs are able to 'prescribe' Carer Breaks and the Council also provides a Carers Emergency Card and response service so that carers can have confidence that the person for whom they are caring will get care should something happen to the carer.

During 2016-17 Wiltshire Council supported 1,427 carers. In 2017 there are around 4,300 people in Wiltshire receiving Carers Allowance from the Department of Work and Pensions.

Carer Support Wiltshire has just over 12,000 individuals registered as carers with their organisation, of which around 35.1% are aged 65 or over. Carer Support Wiltshire carries out Carer Assessments if requested. In the last year around 51.7% (1,498 assessments) of the assessments carried out were for carers aged 65 or over.

<sup>8</sup> [www.gov.uk/pension-credit](http://www.gov.uk/pension-credit)

<sup>9</sup> Radford L et al. (2012) Pension Credit eligible non-recipients: Barriers to claiming, DWP, London

# Social isolation

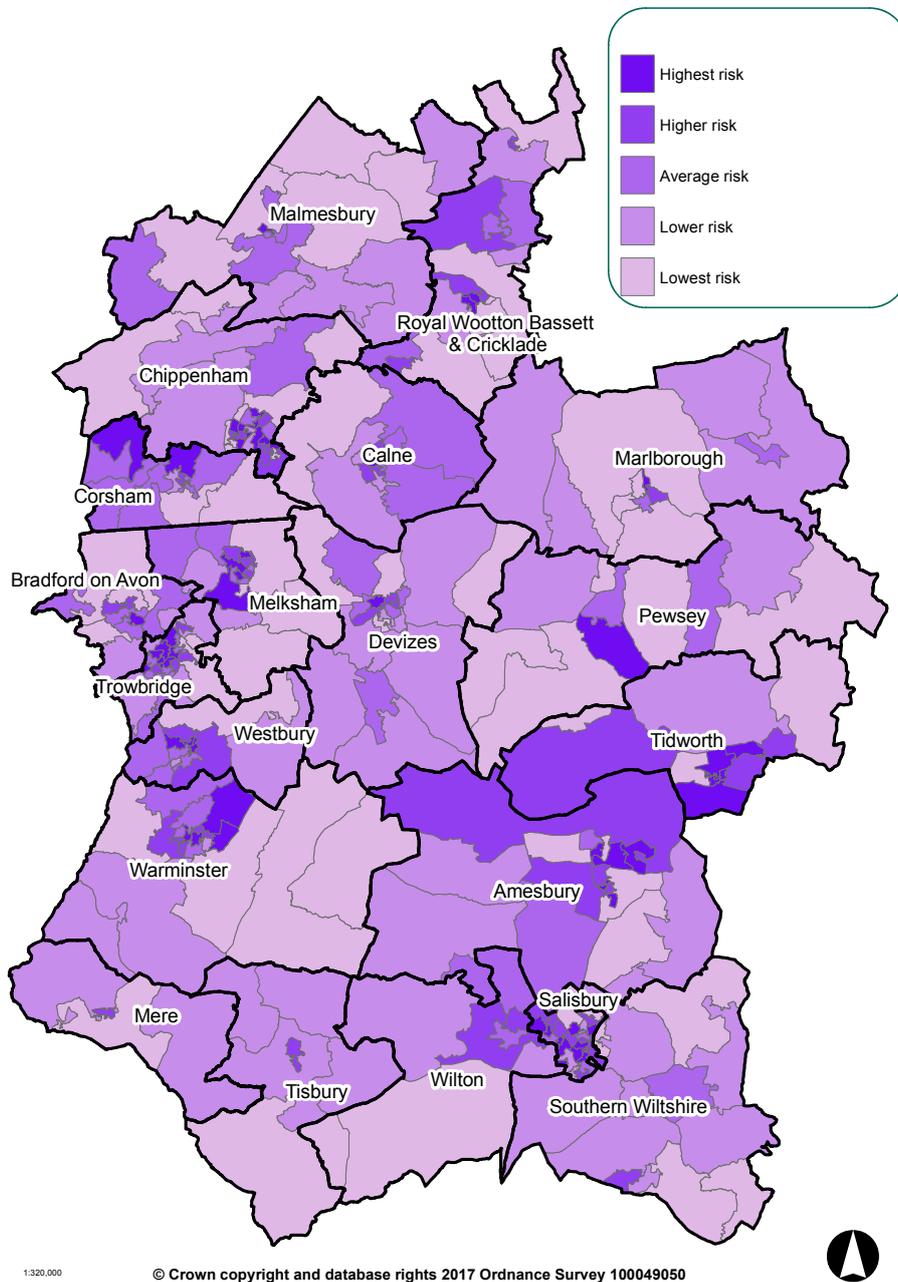
Social isolation is an important factor in older people being able to manage their needs at home.

The Personal Social Services Adult Social Care Survey for England carried out in 2016-17 showed that in Wiltshire 48% of social care clients had enough social contact. This is not significantly different to the national and regional average.

The Personal Social Services Survey of Adult Carers in England carried out in 2016-17 shows the Wiltshire percentage of people who have enough contact with other people as 24.9%. This is significantly worse than the national and regional average.

The Wiltshire Older Peoples Collaborative and the Adult Social Care transformation delivery group are looking at ways of connecting clients and carers to local services to try and improve the position with respect to social isolation. This work has been informed by the Age UK Map of Loneliness, Figure 18, which identifies areas at higher risk of social isolation across Wiltshire.

Figure 18: Map of Risk of Loneliness in Wiltshire



# Conclusions

The population aged 65 and over in Wiltshire is growing rapidly and will continue to grow for many years to come, while the working age population is likely to reduce. This is going to place additional pressures on the services offered by government agencies, the NHS and the Council. Within Wiltshire the older population is generally more active and more financially secure than in the rest of England. Increases in the age of retirement mean the challenge is to maintain and support this and ensure the population is able to remain economically active for longer. There is also an opportunity to enable older people to support the growing population of the very elderly, thus helping to manage the demand for services in the future.

The affluence of the population in Wiltshire means large numbers of older people begin the process of managing their ongoing care through self-funding mainly in residential or care homes. Many people do not require this level of support and we are keen to ensure this message is conveyed so that older people are aware of the wide range of options that are available to support them to remain within their own communities. It is important that the public understand the range of options available to them and the benefits of planning ahead in terms of any future care requirements. Ensuring people are able to access the information and advice they require when they need it is vital.

As the number of people with dementia and other complex care needs increases it is increasingly important to ensure that there are a range of services able to support people within their own communities. These make best use of all existing resources including housing, voluntary sector, care and support services and universal services.

There are a large number of people who identify themselves as carers who are not known to the support services available to them. These carers provide a vital service to those for whom they provide care. The challenge is to ensure that carers are aware of the support available to them and can use that to allow them to carry on effectively providing care.

Social isolation is a key issue in Wiltshire, while this is so for some adult social care clients it is more worryingly true for those caring for clients. Work is ongoing, through the Wiltshire Older Peoples collaborative, to ensure clients and their carers are signposted to community assets and services which can help to address these issues.

Fuel poverty work is ongoing through Warm & Safe Wiltshire to help tackle some of the causes of fuel poverty through the update of equipment and the co-operative purchase of fuel which the council supports.

Maintaining the independence of older people into very old age will challenge the Council to ensure that there are services able to meet the diverse needs of this population. Through the Better Care Fund, Wiltshire Council and NHS Wiltshire CCG are developing ways of reducing admissions to hospital for older people and ensuring they can be supported at home for as long as possible.

Wiltshire Council through its current and planned services is in a good position to fully harness the potential of the large increases in the older population to support each other and the wider population. The challenge is to further reduce risky lifestyle behaviours and encourage healthier lifestyles for those in their 30s and 40s so they remain as healthy as the current population aged 65 or over.

# Glossary

**Deprivation** analysis gives an understanding of how well areas at different levels of deprivation are performing in Wiltshire. Deprivation analysis uses the Indices of Multiple Deprivation published by Department for Communities and Local Government (DCLG) in conjunction with Oxford Consultants for Social Inclusion (OCSI). The indices of deprivation provide an indication as to the relative levels of deprivation between small geographies within England. Most of the time in this report deprivation is broken into quintiles of deprivation within Wiltshire.

**Directly (age) standardised** rates apply age-specific rates from the population being studied to a standard population structure, in this JSNA the European Standard Population 2013. This gives the overall rate that would have occurred in the subject population if it had the standard age-profile. The main advantage of directly standardised rates is that they allow comparisons between multiple populations and between time periods. However, if the age-specific rates are based on small numbers, directly standardised rates may not be reliable and in some datasets age is not provided preventing directly standardised calculations.

**Incidence** is the number or rate of new cases of a disease.

**NHS Wiltshire**- Sometimes it is not possible to provide a figure for Wiltshire residents but it is possible to provide a figure for those registered at a Wiltshire GP surgery. When this is possible it is called NHS Wiltshire.

**Nearest neighbours** are a group of local authorities who have similar characteristics to NHS Wiltshire. The definition and groupings were created by NHS Rightcare. NHS Wiltshire's nearest neighbours are NHS Ipswich and East Suffolk, NHS Somerset, NHS South Worcestershire, NHS West Kent, NHS East Leicestershire and Rutland, NHS E and N Hertfordshire, NHS Mid Essex, NHS Bedfordshire, NHS Gloucestershire, NHS West Hampshire. Comparing NHS Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

**Prevalence** is the proportion of a population who have a specific disease.

**Statistical neighbours** are a group of local authorities who have similar characteristics to Wiltshire. The definition and groupings were created by the Office for National Statistics. Wiltshire's statistical neighbours are BANES, Cambridgeshire, Devon, Dorset, Gloucestershire, Hampshire, Oxfordshire, Shropshire, West Sussex and Worcestershire. Comparing Wiltshire to these areas gives a better indication as to how well services in Wiltshire are doing.

## Resources and further information

For more information on any of the indicators mentioned in this report please visit [www.wiltshireintelligence.org.uk](http://www.wiltshireintelligence.org.uk) where you will find five data packs full of the indicators present in this report and additional indicators. The indicators in the data packs will often be presented with trend, gender or inequalities information and all items are sourced so you can explore the original data sources if you wish.

The Public Health Outcomes Framework ([www.phoutcomes.info](http://www.phoutcomes.info)) published and updated regularly by Public Health England provides a vast amount of public health data and is a useful starting point if you wish to explore public health data beyond Wiltshire.

# Acknowledgements

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Wiltshire Health and Wellbeing JSNA



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