Shropshire Council	Committee and Date Health & Wellbeing Board 5 July 2013 9.30 am	Item **9** Public

JSNA – DATA TO SUPPORT PREVENTING ISOLATION AND LONLINESS AND INDEPENDENT LIVING

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1. Summary

1.1   The Shropshire Health and Well-being Strategy has identified 'Older people and those with long term conditions will remain independent for longer' as one of the five main outcomes. Under this overarching outcome there are two priorities which include:

- Increase the availability and use of aids and adaptations, including remote support over the telephone or internet
- Prevent isolation and loneliness amongst older people, those with long term conditions and their carers

1.2   It has been decided that a number of outcome theme based Health and Wellbeing Boards will be held in order to address the priorities that have been identified. This report highlights information around the outcome on older people remaining independent for longer.

2. Recommendations

A.   The report is for information to support the board in current and future decision making.

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1   There is a risk that obtaining the appropriate information in future may be difficult due to information governance restrictions.

3.2   Any analytical work that is undertaken will need to be supported by a resource to ensure that appropriate surveillance and monitoring can be undertaken.

4. Financial Implications

4.1   Improved information would enable more accurate informed decision making and support for commissioning.

5.   Current information to support preventing isolation and loneliness and support independent living

Demographic, socio-economic and geographic data

5.1   There is currently a wealth of data and information available on the Shropshire population in terms of where people live, their ages, gender and forecasts of increase in populations at different ages. This information is useful to identify where older populations currently live and expected increases in populations where interventions to prevent isolation and support independent living may be best targeted, e.g. we know that there are more older people living in the south of the county and we know that there is a projected increase of around 30% of people aged 65+ years in Shropshire within the next 10 years.

5.2   Information from the national Index of Multiple Deprivation also highlights that where there are inequalities in terms of overall deprivation and also older people living in poverty, access to housing and services, etc. This enables the identification of areas where people are more vulnerable to isolation and potential loss of independence. E.g. although Shropshire is relatively affluent we know that there is higher prevalence of disease in more deprived areas.

5.3   The rural and urban classification defines the rurality of very small geographies by identifying areas that are sparsely populated or population dense. Overall Shropshire is a rural county with around 60% of the population living in villages, hamlets, isolated dwellings and small market towns. This information can be used to identify potential areas of geographical isolation.

5.4   Collectively the information above can provide valuable insight into which areas have populations that are more vulnerable to isolation, loneliness and remaining independent.

Reported well-being in the population

5.5   ONS have recently published national measures of well-being. These measures are included in the Public Health Outcomes Framework. They measure people's responses to questions on happiness, worthwhileness, satisfaction in life and anxiety. The measures are at local authority level and overall Shropshire has high levels of happiness, satisfaction in life and worthwhileness. The anxiety scores for Shropshire were slightly lower.

5.6   The 2011 Census asked two self-reported questions on general health and limiting long term illness or disability. Overall Shropshire had similar levels of people stating that they had poor or very poor general health compared to national and similar numbers of people stating that their day to day activities were limited a little or a lot. Although this information is at Shropshire level, analysis of the previous Census showed that there were more people stating poorer general health and limiting long term illness in areas where there were older populations in Shropshire.

5.7   The Census also asks about car ownership, household tenure and people living in communal establishments, which would be useful information in relation to preventing loneliness and remaining independent.

5.8   Information about prevalence of disease, lifestyle risk factors and mortality would be useful to understand which parts of the population are more vulnerable to loneliness and remaining independent. We know in Shropshire people living in the most deprived areas are more at risk from poor lifestyles, disease prevalence and premature mortality. We also know that as people age they are more likely to have higher risks of disease prevalence and certain lifestyle risk factors, e.g. obesity, less physical activity.

Data from service providers

5.9   There is great potential to use service data to identify opportunities to prevent the types of conditions that lead to loss of independence. Information on admissions to hospital, A&E attendance, rehabilitation services, some adult social care services, community services, GP practice and voluntary services would help identify populations at particular risk.

5.10   Currently governance issues are making accessing much of the health data difficult, which restricts the ability to gain valuable insight form this information.

5.11   There are also gaps in data from adult social care and some community services. Work needs to be undertaken to establish what potential exists for using information from these sources to inform intelligence collectively.

Additional information from various sources

5.12   There are currently projects which are being undertaken that could be a potential source of intelligence. Particularly GUSTO which aims to keep older people connected in Shrewsbury and compassionate communities which help communities develop their own supportive networks. The project also measures the impact it is having by looking at the change in contacts with different health services.

5.13   The rural health survey that is currently being undertaken will hopefully be another source of information to inform both work on preventing isolation and mental health.

5.14   There are currently voluntary organisations which are undertaking projects to support preventing isolation and loneliness, such as the friendly neighbour scheme and the dementia friends by the Alzheimer's society. There could be potential information from these sources that may be useful in building the understanding around isolation and loneliness.

Building an intelligence resource to support work on preventing isolation and loneliness and maintaining independent living

5.15   Much of the information to support this work already exists as outlined above. Utilising this information in a combined way would enable a better understanding of the needs of this population locally.

5.16   Information and data from various organisations is required to undertake analysis to get a clear picture of the needs of this population.

5.17   The information obtained could be used to be included in the JSNA. This knowledge could then be used to support commissioning.

6. Stakeholder Engagement

6.1   Stakeholder engagement has been undertaken by Shropshire Together.

7. Next steps

7.1   If there is support from the Health and Wellbeing Board and data and information can be obtained then analysis can begin and information can be brought together to support work on this area.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Councillor Karen Calder
Local Member All
Appendices None