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ISLINGTON

Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held on **7 March 2019 at 7.30 pm.**
PLEASE NOTE THAT THERE WILL BE A PRE-MEETING FOR MEMBERS OF THE COMMITTEE AT 7.00P.M. IN COMMITTEE ROOM 3

Yinka Owa
Director of Law and Governance

Enquiries to : Peter Moore
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Despatched : 27 February 2019

Membership

Councillors:
Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Martin Klute
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Anjna Khurana
Councillor Kadeema Woodbyrne
Councillor Sara Hyde

Co-opted Member:
Janna Witt - Healthwatch

Substitute Members

Substitutes:
Councillor Satnam Gill OBE
Councillor Mouna Hamitouche MBE
Councillor Angela Picknell

Substitutes:

Quorum: is 4 Councillors

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5.	Order of business	
6.	Confirmation of minutes of the previous meeting	1 - 8
7.	Chair's Report	

The Chair will update the Committee on recent events.

8. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

9. Health and Wellbeing Board Update - Verbal

B.	**Items for Decision/Discussion**	**Page**
10.	Moorfields NHS Trust - Performance Update	9 - 34
11.	Scrutiny Review - GP Surgeries witness evidence	35 - 46
12.	Annual Health Public Report	47 - 176
13.	Scrutiny Review - Adult Social Carers /Green Paper Social Care - Revised SID	177 - 178

The next meeting of the Health and Care Scrutiny Committee will be on 1 April 2019

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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London Borough of Islington

Health and Care Scrutiny Committee - Monday, 28 January 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 28 January 2019 at 7.30 pm.

Present:	**Councillors:**	Gantly (Chair), Turan (Vice-Chair), Klute, Chowdhury, Clarke and Khurana
Also Present:	**Councillor:**	Burgess

Councillor Osh Gantly in the Chair

27 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

28 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor Woodbyrne and Hyde

29 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

30 DECLARATIONS OF INTEREST (ITEM NO. 4)

The Chair declared a personal interest in that she worked for NHS Digital

31 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as follows –
UCLH
Health and Wellbeing update
Executive Member Annual Report
Performance update
Local Account
Scrutiny Review – GP Surgeries
Scrutiny Review – Adult Social Carers
Work Programme

32 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:

That the minutes of the meeting of the Committee held on 15 November 2018 be confirmed and the Chair be authorised to sign them

33 APPROVAL OF MINUTES OF JOINT COMMITTEE WITH CAMDEN (ITEM NO. 7)

A Member enquired in relation to the Moorfields consultation how this would take place and where consultation on the St.Pancras Estates strategy would also take place

The Chair stated that the Moorfields consultation, as it has a number of satellite sites where it provides services, would be carried out at the JOHSC, however she would clarify the position and inform the Committee thereon

RESOLVED:
That the minutes of the Joint Committee with L..B.Camden be confirmed as a correct record of the proceedings and that the Chair be authorised to sign them

34 CHAIR'S REPORT (ITEM NO. 8)

None

35 PUBLIC QUESTIONS (ITEM NO. 9)

The Chair outlined the procedure for Public questions, filming and recording of meetings, and fire evacuation procedures

36 HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 10)

Councillor Janet Burgess, Executive Member Health and Social Care, was present and provided an update on the work of the Health and Wellbeing Board, during which the following main points were made –

- A meeting had been held with Haringey in December, however the Haringey Chair was no longer in post, and that although it had been a useful meeting new relationships were being developed. It was noted that officers from the 2 boroughs were still working together on the development of a number of services

37 UCLH PERFORMANCE UPDATE (ITEM NO. 11)

Simon Knight, Director of Planning and Performance, UCLH Foundation Trust was present and made a presentation to the Committee, copy interleaved

During discussion the following main points were made –

- UCLH services are provided from a number of sites
- MRSA bacteraemia cases have reduced significantly since 2006 to a very low level in 207/18. There are none to date in 2018/19
- Clostridium difficile – 43 cases reported as at the end of November 2018 against year to date threshold of 62. 1 case was found to be a lapse of care by the Trust. The current worst case position is 22 cases, against the November year to year threshold of 62
- The 2017 in patient survey rated UCLH as the best provider as measured against its peers
- Referral to treatment time – the % of patients who have been waiting less than 18 weeks – the standard was not met in 2018, however UCLH continue to perform above the national average. Performance has been challenging, by longer waiting times at Eastmans Dental Hospital and national specialist services in neurosurgery and uro-gynaecology. A recovery plan is in place to achieve the standard overall at trust level by March 2019
- Diagnostic waits – the % of diagnostic waiting list within 6 months – this was driven by a combination of patient cancellations an DNA's, due to the severe weather in March and scanner breakdown, as well as technical issues following upgrade of imaging software. UCLH regained compliance in October 2018
- Access to timely patient cancer care % of patients seen within 14 days of referral – the trust sustained performance against the two week wait standard

- In terms of the % of patients treated on cancer care within 31 days of decision to treat, the trust met the standard in most months of the year, and months of underperformance were driven by sector wide surge in demand for robotic prostate cancer surgery. The urology team increased capacity to reduce waiting times following a surge and robots had been introduced that had improved the waiting times for treatment
- UCLH has continued to experience challenges in delivering the 62 day treatment service standard. An action plan is in place
- With regard to A&E access times, waiting times continue to be challenging, as is the case for many Trusts and work is taking place with partners to address the multi factorial issues. Key actions are in place to deal with these
- Delayed transfers of care in 2018 – Camden and UCLH have improved shared understanding of demand for out of hospital services, there is good joint working on discharge to assess pathways and improved collaborative working with external partners to identify and resolve external delays
- There are significant financial challenges and in 2018/19 the Trust is forecasting a defecit of £6.2m before sustainability funding of £14.5m, a net position of an £8.3m surplus. The financial challenge for 2020/21 is significant as there are estimated costs of £20m for the introduction of the new patient administration system, costs relating to moving services, loss of transitional funding following the move of cardiac services to Barts, loss of undergraduate training and an efficiency factor of 1.6% built into the income received. An in depth review is currently being looked at in relation to new expenditure in 2019/20
- The Trust has also been working closely with NHSI to obtain relief (through reduced financial targets), to reflect some of the further funding losses
- Reference was made to the loss of undergraduate funding and its effect on the Trust, and UCLH stated that they would provide further details on this for Members
- The introduction of a new patient administration system would be a significant change
- In response to a question, it was stated that the Trust had not pursued the proposal to buy out the PFI funding provider

The Chair thanked Simon Knight for his presentation

38 **EXECUTIVE MEMBER HEALTH AND SOCIAL CARE - ANNUAL REPORT (ITEM NO.)**

Councillor Janet Burgess, Executive Member Health and Social Care, was present and made a presentation to the Committee, copy interleaved.

During the discussion the following main points were made –

- Life expectancy has increased in Islington for both men and women
- Men and women spend on average the last 18.6 and 20.5 years of life respectively in poor health
- Key achievements – Best start in life – Bright Start conference celebrated a year of the launch of a more holistic integrated early childhood and family services
- Child health clinics are now open access and health visiting services have maintained good coverage and successful antenatal programme
- There are a number of key challenges including tackling childhood obesity and poor mental health of parents, which have a profound impact on children
- Key achievement include a reduction in early deaths from heart disease, cancer and respiratory disease and adult participation in physical activity is

higher in Islington than the national rate. Stop smoking campaign has successfully supported residents

- Transformation programmes on substance misuse are showing improvements as well as the sexual health transformation
- The areas of focus for the forthcoming year include addressing high levels of alcohol related harm, promotion of physical activity, improving physical health of those with mental health conditions, tacking social isolation and parents mental health etc.
- In response to a question Councillor Burgess stated that she would look into whether the use of anti-psychotic drugs for younger people on a regular basis, had led to reduced life expectancy in this age group and Councillor Burgess stated that she would investigate and provide this information
- It was noted that there would be a transfer of mental health beds from the St. Pancras site to the Whittington and a new treatment centre would also be provided
- Reference was made to the excellent progress made in relation to smoking and enquired if the measures put in place could be used in relation to drug and alcohol services. Councillor Burgess stated that she would investigate this
- Discussion also took place as to progress in relation to suicide bridge at the Archway and it was stated that there had been objections from residents to the proposals and discussions were still ongoing. A Member enquired whether figures were available for the number of suicides of residents whilst on medication and Councillor Burgess stated that she would investigate if these figures were available

RESOLVED:
That Councillor Burgess be requested to provide –
Details on the number of residents on medication who had committed suicide
Details of the number of the number of young people on regular anti-psychotic drugs that had reduced life expectancy in this age group
Whether the same techniques successfully used to reduce smoking can be used in other programmes, such as the alcohol and drug programmes

39 QUARTERS 1/2 PERFORMANCE INDICATORS (ITEM NO. 12)

Councillor Janet Burgess, Executive Member Health and Social Care, was present for discussion of this item and made a presentation to the Committee (copy interleaved)

During her presentation the following main points were made –

- Members welcomed the good figures in relation to support for residents who have been discharged from hospital into enablement settings and the delayed days for transfer of care had reduced
- The number of new admissions to care had also reduced

RESOLVED:

That the report be noted

40 SCRUTINY REVIEW - GP SURGERIES - WITNESS EVIDENCE - VERBAL (ITEM NO. 14)

Clare Henderson, Director of Commissioning, Islington and Haringey CCG, was in attendance, and was accompanied by Sarah McIlwayne, Programme Director, Health and Care Closer to Home, North London Partners, and made a presentation to the Committee, a copy of which is interleaved

During discussion the following main points were made –

- North Central London had made progress in some areas of primary care, however there is still a number of areas still to be developed
- There are significant challenges in recruiting/retaining GP's – there is an ageing workforce, fewer Doctors and nurses and demographic changes
- There are 4 key areas that need to be addressed – improving access, partnership working, integrated working now the long term NHS plan has been agreed and developing the alignment of GP practices in networks. It was noted that a local plan would be prepared to develop a priority plan, and work is taking place with Healthwatch
- Reference was made to social prescribing and that this has been extremely positive, and that there is a need to develop how to build capacity in GP practices. This could include pharmacists based in GP surgeries, upskilling of practice nurses, and benchmarking exercises were taking place. Work is taking place with GP's on social prescribing and the management of this
- In addition, it was noted that a focus would be providing new community mental health services
- Reference was made to the need to understand the benefits of social prescribing and to look where services are over-subscribed and the outcomes
- In response to a question it was stated that NHS England had provided funding for recruitment of GP's and there are training GP practices in the borough. Retention of GP's is also an important issue, and it is important to develop teams at GP practices, such as pharmacists, physiotherapists, apprenticeships for health care assistants, to develop more integrated team working
- In response to a question it was stated that GP practices were individual businesses and they could employ staff on their own terms and conditions
- Reference was made to the need to look at how staff can rotate between practices, and this should assist in rationalising terms and conditions of staff. The Federation of Islington GP's presents an opportunity to employ staff on terms and conditions applicable across the network

The Chair thanked Clare Henderson and Sarah Mcilwayne for their presentation

41 NEW SCRUTINY TOPIC - ADULT SOCIAL CARERS/GREEN PAPER SOCIAL CARE - PRESENTATION/SID (ITEM NO. 15)

Katherine Willmette, Director Adult Social Care, was in attendance and made a presentation to the Committee and outlined the Scrutiny Initiation Document for the review

During consideration of the presentation the following main points were made –

- Islington has contracts with 4 home care agencies from 1 April 2018 to 31 March 2022, with options to extend. Our current contract agencies are – MiHomecare, London Care, Mayfair Homecare and Castlerock Recruitment Group
- Packages of care are determined by social workers, in conjunction with service users and carers. Service users step down into home care from hospital or intermediate beds, or step up from no previous package of care. Officers in the financial assessment team determine each service user's financial contribution
- Packages of care are brokered via the Resource team. The four contracted block providers are prioritised, however spot packages are individually

commissioned by Brokerage officers, where necessary. Currently 70% of all packages of care are provided by block agencies. Currently there are 1079 packages of care, with the weekly cost of £264,349.81

- Contract management – Islington's four block home care providers are subject to the following contract monitoring processes – quarterly KPI returns, including details of service issues, safeguarding alerts, and other incidents, quarterly contract review meetings and quarterly punctuality audits generated by the Contracts team. There are also bi-annual branch audits by the Contracts team, looking at service user care plans, and risk assessments, staff files, and supervision notes, complaint and safeguarding reports, service user feedback, and rostering, DBS, and payroll reviews. There are also bi annual provider forums to advise of key developments and promote the sharing of best practice. Service issues raised by health and social care partners, such as social workers, paramedics, GP's, and Occupational therapists are reviewed by the Contracts team to identify trends and challenge issues at formal reviews or when they arise
- Service provision – Islington's four block home care providers predominately support older adults, however service users also include adults under 65 with learning and physical disabilities, and mental health issues. Support is mainly personal care, although domestic and shopping calls are also common
- The vast majority of calls are between 7.30a.m to 9.30p.m with late night calls and 24 hours packages of care much less common. LBI do not commission visits of less than 30 minutes
- Contracted care workers provide support for service users, and may also provide respite services for informal carers. The current service specification requires providers to pay care workers the London Living Wage (£10.55), for all work delivered, and for travel time between calls. Providers are required to provide consistent care workers to each service user and to ensure care workers are trained to a minimum of NVQ2
- In response to a question it was stated that it was difficult for local providers to bid for work, due to the block contracts and the capacity needed, however providers needed to have an office in the borough. Block contracts share the risk and reduce costs
- It was noted that Care UK is no longer a block provider for Adult Social Carers
- It was stated that block provider contracts supplied 70% of the capacity, with the other 30% being provided by spot contracts
- Members noted that the Green Paper on Social Care had not yet been published and therefore the scrutiny process may take longer than envisaged
- Members were of the view that the following additions should be made to the SID – the addition of Professor Segal Birkbeck University, to the list of witnesses, and the addition to the list of witnesses, carers who can detail experiences of conditions/employment. In addition, block providers should be requested to provide information as to why more residents were not employed locally as carers

RESOLVED:
That, subject to the above amendments, the Scrutiny Initiation Document be approved

42 LOCAL ACCOUNT (ITEM NO. 16)

Councillor Janet Burgess, Executive Member Health and Social Care, was present for discussion of this item and was accompanied by Julie Billett, Director of Public Health

During discussion the following main points were made –

- Carer numbers had fallen, however this is felt to be due to a reduction in them being able to be reached
- Good progress has been made on re-enablement and in residents being able to remain at home, rather than being in hospital
- In response to a question in relation to direct payments, it was stated that evidence has shown that residents were happier being on a direct payment scheme as it enables them to choose, however take up needed to improve
- In response to a question as to social isolation and support for disabilities and those with mental health conditions, it was stated that Age UK and Manor Gardens organised a number of support facilities for residents

RESOLVED:
That the report be noted

The Chair thanked Councillor Burgess for her presentations and for attending

43 WORK PROGRAMME 2018/19 (ITEM NO. 17)

RESOLVED:
That the report be noted

MEETING CLOSED AT 9.55 p.m.

Chair

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Moorfields Eye Hospital NHS
NHS Foundation Trust

Islington Health and Care Scrutiny Committee

Review of progress in 2018/19

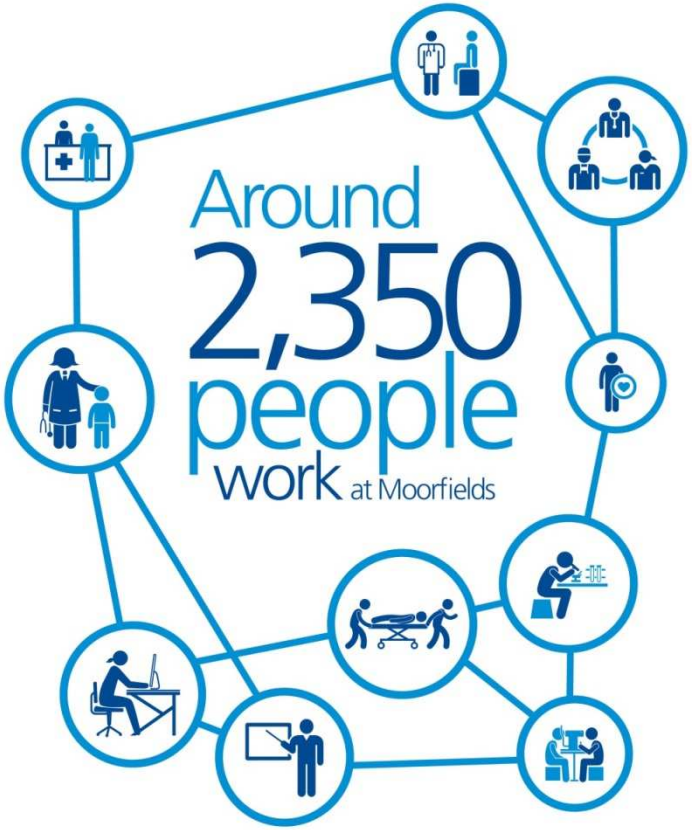
Tracy Luckett
Director of Nursing and Allied Health Professions

Ian Tombleson
Director of Quality and Safety

7 March 2019

Contents

Who we are



Confidence in our services

Staff **recommending** Moorfields as a place to receive treatment

95%

Staff **recommending** Moorfields as a place to work

77.97%

Moorfields ranks first in:

- **Staff satisfaction with the quality of work and care they are able to deliver**
- **Staff motivation at work**
- **Staff satisfaction with resourcing and support**

***Compared to other acute specialist trusts**

Patients and productivity

730,000 patient contacts

Across our 31 NHS sites

586,000 outpatients

100,000+ visits to A&E

Almost 112,000 patients told us what they think

Turnover: @£229m

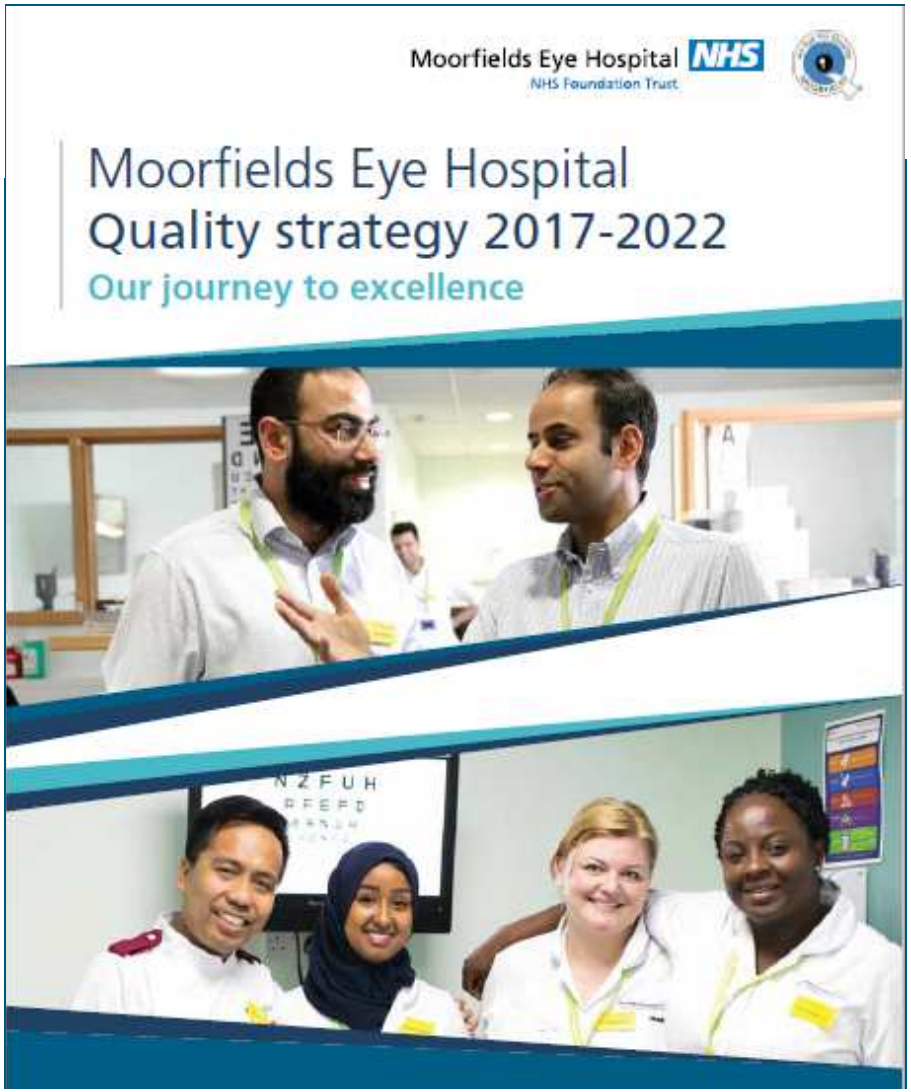
The CQC rate Moorfields as:

The CQC rate our services for children and young people as:

The CQC rate Moorfields at City Road:

CQC inspections

- **Overall rating: 'Good' (January 2017)**
- **CQC Core inspection November 2018**
- **CQC Well-led inspection December 2018**
- **Report expected in March/April 2019**


Moorfields Eye Hospital NHS
NHS Foundation Trust
Moorfields Eye Hospital
Quality strategy 2017-2022
Our journey to excellence

5 year Quality Strategy
'Our journey to excellence' - November 2017

Year 1 delivery examples include:

- Check-in kiosks have reduced waiting times in clinics and improved experiences
- Customer care training for our administrative teams
- Quality improvement projects and methods embedded
- Patient participation strategy launched. Completed year 1 delivery plan focused on patient participation across sites
- Created a quality governance framework increasing our integrated, consistent and proactive quality network approach

Compliance with national targets 2018/19

- Key national targets (Month 9 performance):

  A&E: 73,022 seen this year, slightly less than last year. Consistently achieving >98% within four hours (often >99%)

  RTT 18 (incomplete treatment pathway): Excellent performance against national target: achieving 94.6% against target = 92%

  Cancer: Meeting 3 of 3 national targets; cancer 2 week wait – first appointment from urgent GP referral; cancer 31 day wait – diagnosis to first appointment; cancer 31 day waits – subsequent treatment just below target

  Six week diagnostic tests: 100%

  Infection control: Year on year no cases of MRSA or C Diff

Quality: Patient experience (1)

National Cancer Patient Experience Survey: 2017 Results

Where Moorfields did particularly well (90% or above):

- Patients being given the name of a clinical nurse specialist who would support them through their treatment and who gave them clear answers to important questions, all or most of the time.
- Patients felt there were always enough nurses on duty when they attended as an inpatient
- Patients felt they were told sensitively that they had cancer and felt that they always had privacy when discussing their condition or treatment
- Patients felt that their GP received enough information about their condition and treatment

Quality: Patient experience (2)

National Cancer Patient Experience Survey: 2017 Results

Areas for improvement:

- Practical advice about the side effects of treatment and how side effects could affect them in the future
- Patients being able to discuss worries or fears during visits
- Feeling length of time for attending clinics and appointments was not right
- Giving family or carers all the information needed to help them at home
- Patients not being given a care plan

Quality: Patient experience (3)

- **Friends and Family test**

  Overall continues to be very good:

  Inpatient score – month 9 = 99.4%

  A&E score – month 9 = 94.1%

  Outpatient score – month 9 = 96.8%

  Paediatric score – month 9 = 98%

Financial update

- **Finances**

  Currently on target to deliver a surplus of £6.71M

- **Use of resources rating (NHSI) remains 1 (best)**

Outlook for 2019/20

- Expectations continue to be challenging for 2019/20

Moorfields Eye Hospital NHS
NHS Foundation Trust

Thank you

Any questions?

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Oriel
Creating the centre for advancing eye health

Oriel involvement and consultation

Islington Health and Care Scrutiny Committee

Johanna Moss
Director of strategy and business development
Moorfields Eye Hospital
7 March 2019

Moorfields Eye Charity

Moorfields Eye Hospital NHS Foundation Trust

UCL INSTITUTE OF OPHTHALMOLOGY

Our proposal

Oriel
Creating the centre for advancing eye health

Oriel is our proposal to build a new facility at the site of St Pancras Hospital in Camden, subject to consultation.

If approved, we would then relocate all services from Moorfields Eye Hospital on City Road and UCL Institute of Ophthalmology on Bath Street in Islington to bring together high quality eye care, leading-edge research and the world's best education in ophthalmology.

Oriel
Creating the centre for advancing eye health

Our proposal

People's sight matters – 88% people surveyed considered good vision vital for overall health and wellbeing

Sight loss an increasing reality for many people – major eye diseases are expected to increase over next 15 years

Major advances bring new benefits – diagnostics, treatments, information sharing, new ways of working, fewer hospital visits

Planning for the future – current site in City Road outdated and overcrowded, hinders rather than supports innovation

We have an opportunity to build – a new purpose-built centre for world class research, education and excellent care

Oriel
Creating the centre for advancing eye health

Drivers for change

- **More patients will need treatment in the future** - need to adapt, treat at earlier stage, avoid unnecessary hospital visits, improve treatment pathway
- **New techniques and technology to diagnose and treat conditions** - e.g. smarter scans, more effective treatments, but ageing facilities constrain developments
- **Blocks in the system** – e.g. diagnostics at a distance from consultation, professionals limited in ability to interact
- **Patient feedback -** problems with overcrowding, privacy and dignity and long waits Care Quality Commission (CQC) highlighted impact on patient experience
- **"Getting in Right First Time" and other guidance** – clinical evidence and service design tools need flexible space to offer greater care quality and efficiency
- **Potential benefits from new location** – e.g. emerging MedCity* knowledge zone, links to research, education and patient support / voluntary sector.

* MedCity London:, a collaboration between Mayor of London and London's health science centres of Imperial College London, King's College London and University College London.

Oriel
Creating the centre for advancing eye health

Potential benefits

- Brings together eye care, research, education and links to the wider network of care and social support
- Partnership approach will ensure designs around patient needs and informed by communities of residents and professionals
- Would support greater collaboration between patients, clinicians, students and researchers

Benefits for residents, patients and carers	**Benefits for staff**:	**Benefits for future research**	**Benefits for training and education**	**Benefits for the NHS**:
Improved, easier and more comfortable patient experience Better access to high quality care Access to other care and support Improved care pathway	Better working environment to deliver best care Attractive workplace will improve recruitment and retention New pathways offer new job opportunities and career progression	New facilities would broaden scope and scale of research Attractive to top talent Research translated more easily into patient care. Patients to join clinical trials	Teaching facilities alongside UCL and service delivery would enhance and expand education and training. Supports workforce development to meet future demands	Greater operating efficiency to meet increasing demands Support to developments in primary and social care.

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Part of the wider picture for North London

- **Moorfields and NLP seek to improve the health and wellbeing of our population through reduced health inequalities**, addressing wider determinants of health and supporting care closer to home. When needed, hospital care takes place in high quality buildings in the right configuration
- **The STP workstream is looking at ophthalmology** - how to improve patient and staff experience, deliver better inpatient and outpatient services, reduce variation
- **Estates is a core enabler**. NLP wants high quality, flexible and accessible estate, appropriately utilised. Estates can have a truly positive impact on physical and mental health and wellbeing of communities and staff

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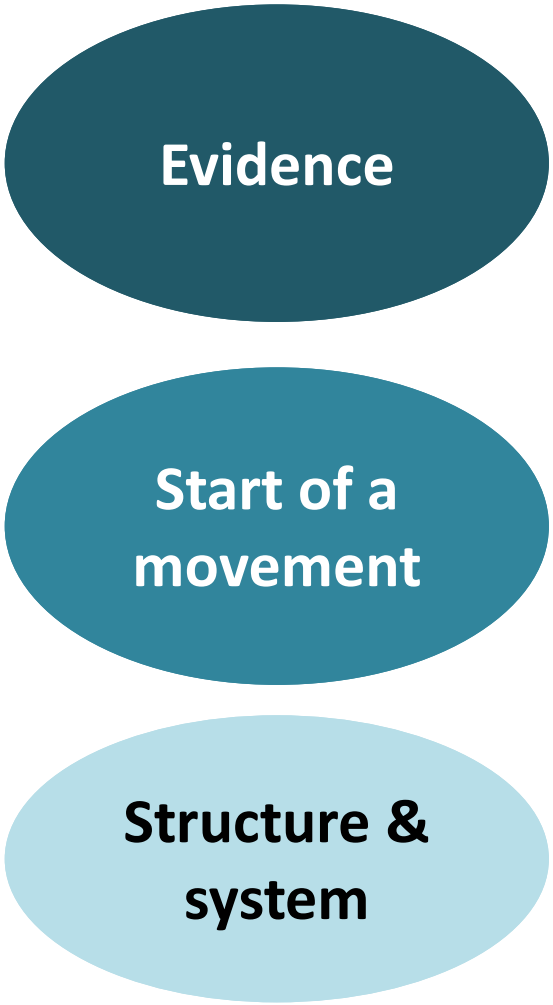
Part of the wider picture for North London

- **Services at St Pancras Hospital for Camden and Islington Mental Health NHS Trust would move to Whittington Hospital site, plus investment in community hubs**. Then long lease/sale of part of St Pancras Hospital site and construction of new clinical (outpatient) facility for the trust at St Pancras Hospital, along with development of Institute of Mental Health in partnership between Trust and University College London
- **Up to 2 acres of St Pancras site could be sold to Moorfields Eye Hospital** for development of new eye care, research and education facility with UCL Institute of Ophthalmology (IoO) and Moorfields Eye Charity – proposal known as Oriel. Moorfields would partially fund the move from the release of the City Road site
- St Pancras Transformation Programme not reliant on Oriel, but Oriel is reliant on St Pancras Transformation programme.

Oriel
Creating the centre for advancing eye health

What have we gained so far?



- Repeating pattern of response - over 80% supportive
- Accessibility – top priority for public and patients
- Moorfields perceived centre of excellence, but need to improve patient experience

- Growing database of people who want to be involved
- Developing partnerships for action – charities, CCGs, Oriel Advisory Group
- "*We need spaces that will improve our lives, that build independence and confidence. We want to leave a building feeling empowered.*"

- Clear channels and process to have a say
- Direct link from feedback to action - service improvement, designs and plans
- Disciplined, coordinated management

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Brief headlines from discussion groups

"The patient journey needs to be thought through in every way from getting the first referral to attending each appointment."

"Getting people to change their mind-set is a challenge. We could interact with services online in future."

"We need to make sure that we get a humanised design with the best possible functionality."

"This is a chance to develop best practice for eye hospitals. We should be the leading model of accessibility and need to consult patients all the way along to make that happen."

"It's always easy to see the things that we shouldn't do. We should be thinking about new and innovative solutions to problems."

"The new centre needs to be a place of hope and optimism – showing people, this is what you CAN do."

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Listening and learning

Five phases of engagement leading to consultation

Phase 1 (2012-2014) - Early discussions and consultation on the future of Moorfields

Phase 2 (2014-15) - Consideration of options for a future integrated centre for eye care, research and education

Phase 3 (2017/18) – Discussions to develop the design potential for a new centre

Phase 4 (2018/19) - Pre-consultation engagement

Phase 5 (2019) – Consultation

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Creating the centre for advancing eye health

What comes next?

Our involvement and consultation programme has an emphasis on action and participating, and not just the passive process of responding to written proposals.

A dedicated Oriel website and podcasts will help to publish and coordinate the many opportunities and channels for involvement and feedback.

Opportunities to get involved

- Open workshops for deliberative discussion
- Deeper-dive discussions on the key themes
- Proactive discussions with protected groups
- Discussions at regular and existing forums
- Oriel Advisory Group to advise and challenge the involvement and consultation process
- Service user and carer experts to work closely with design team and other workstreams

Opportunities to give views

- Online feedback questionnaire, also available in audio format exploiting latest artificial intelligence technology
- Recorded notes at workshops, meetings or drop-ins
- By individual letter or email

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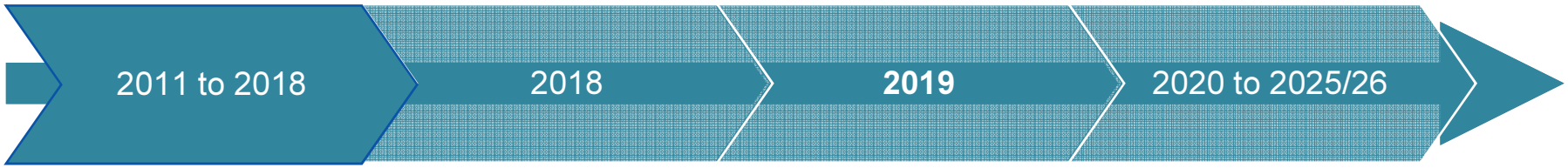
Timeline and next steps



Trust-led activities to initiate the proposed Oriel programme

Public and patient engagement to test potential options.

Strengthened programme leadership with commissioner involvement

London Clinical Senate review concludes there is clear, clinical evidence for the proposals.

Strengthened patient public and stakeholder engagement

Consulting and involving a wide range of patients, local residents and national service users who use the specialist services, including them in developing the design criteria for the potential site.

Development of preferred option from engagement and consultation feedback

Subject to consultation outcome, implementation of proposed move to create a centre for eye care, research and education.

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Islington
Clinical Commissioning Group

General practice in Islington: Update on GP contract, workforce, technology

Dr Imogen Bloor, GP and Primary Care Clinical Lead
Becky Kingsnorth, Assistant Director, Primary Care
Islington CCG

Purpose of the presentation

- The Health and Care Overview and Scrutiny Committee has previously received presentations on:
  - An overview of the programme of work underway in Islington to support the sustainability of general practice;
  - Place-based care, integration with other services and social prescribing, as ways to embed general practice in, and draw resources from, the wider system;
  - General practice at scale, and the work of Islington GP Federation;
  - The North Central London strategy for General Practice.
- This is understood to be the final meeting at which this scrutiny topic will be considered.
- At this final meeting we have included information about:
  - The new GP contract launched nationally, since the last meeting;
  - Digital enablers;
  - Workforce projects.

Five-year framework for GP contract reform to implement The NHS Long Term Plan

Summary:

Announced on 31 January 2019 NHS England and the General Practitioners Committee (GPC) England have negotiated a deal spanning the next five years. Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating Networks and starting to expand the workforce; 2020 onwards will see the workforce increase further, additional funding and services reconfigured (as decided by the networks).

The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increasing funding, retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care.

NB: This summary version has been taken from the BMA website here https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england

The full framework is available here https://www.england.nhs.uk/publication/gp-contract-five-year-framework/

Key headlines are outlined below.

Primary Care Networks (1):

Practices will form Primary Care Networks through a new Network "Directed Enhanced Service" (DES). Networks will facilitate shared decision making between practices for their total network populations (typically 30-50,000), around funding and workforce distribution, and augmented service provision. Networks will need to be geographically contiguous.

Network requirements and services

- Practices will sign a network agreement which outlines what decisions the network has made about how they will work together, which practice will deliver what (for specific packages of care), how funding will be allocated between practices, how new workforce (see later slides) will be shared (including who will employ them) etc.
- Practices will be expected to work together in Networks to provide extended opening hours (currently provided on an individual practice basis)
- In full from 2020/21, the DES specification will require networks to outline how they will provide specific support for those in care homes, undertake medication reviews
- From 2020/21 commence the delivery of personalised care, support early cancer diagnosis and anticipatory care, and how data will be shared within the network.
- From 2021/22 onwards, additional requirements will be added Cardiovascular disease, prevention and inequalities, although the details of these are still to be negotiated. These areas will be linked to the expanded workforce employed by the network.

Primary Care Networks (2):

Network workforce

- Additional workforce will be introduced and partially-funded through the Network. The number will build up over the five years.
- NHS England will fund 70% of each professional including their on-costs. Networks will need to fund the additional 30% themselves. The exception is social prescribers, which NHS England will fund 100% including on-costs.
- The network will decide how the additional workforce is employed (i.e. by a single lead practice, by an organisation (e.g. a Federation or community trust) on behalf of the network, or different professionals employed by different practices within the network).
- The workforce and network will be led by a Clinical Director, chosen from within the GPs of each network. This Clinical Director will be funded – an average of a day a week for a network of 40,000 patients (including on-costs) from new funding provided by NHS England.

New workforce	Per network
2019	1 x clinical pharmacist 1 x social prescriber
2020	First contact physiotherapists and physician associates
2021	All of the above will increase and community paramedics will be introduced.
2022-2023	All of the above workforce will be increased
2024	By 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), three social prescribers, three first contact physiotherapists, two physicians associates and one community paramedic.

IT and Digital

- Changes to support electronic access, to appointment booking, to consultations and to information, will be phased across the years. A programme to digitalise paper records will commence to enable the creation of a complete electronic record for each patient.
- Practices will be required to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage. These are existing appointments as decided by the practice, but should be spaced evenly throughout the day.
- Practices will no longer use fax machines for either NHS or patient communications.

Practice funding & pay

- For 2019, the GP contract will increase by 1.4% (in addition to the funding through networks). This includes:
  - 2% uplift for GP and staff pay and expenses.
  - Uplift for practices to establish and develop networks (via an additional service within global sum).
  - Uplift due to population increase.
  - Adjustment for indemnity state-backed scheme.
  - Increase to value of giving some vaccinations and immunisations, including influenza
  - £20m recurrent for costs associated with Subject Access Requests.
  - £30m for practices to make appointments available to NHS 111.

GP Quality Outcomes Framework

- Changes to the GP Quality and Outcomes framework through which practices receive payment for achievement against specified indicators.
- Introduction of Quality Improvement programme at Network level.

Local implications:

- The new GP contract supports and accelerates many aspects of our work in Islington and the North Central London Primary Care Strategy

- Further detail is awaited on many aspects of the contract and the timescales are ambitious.

- We are having encouraging conversations with the Islington GP Federation and Local Medical Committee about working jointly to support practices as the existing network arrangements become more formalised through the contract.

- The following slides give brief information about selected digital developments and workforce developments which are also aligned to the strategy.

Digital developments

NHS App:

- NHS Digital has developed an **NHS App**, which will be activated in Islington in April 2019 enabling patients to access their GP records, book appointments online, request repeat prescriptions, undertake a symptom checker and register their organ donation preferences.
- This will be actively promoted nationally from September 2019.
- In Islington we will be working with practices to 'switch on' the link between the App and individual practices over the coming months in preparation for the April go live date.
- For practices the key change will be the focus, through the contract, on having 25% of appointments available online – this may lead practices to make changes to booking systems and consider their triage processes.

Digital developments

Online consultations:

- Three-years funding through the GP Forward View (GPFV) was made available from 17/18 to develop local solutions for providing online GP consultations.
- A small number of Islington practices have expressed an interest to implement online GP consultations.
- NCL recently completed a procurement to identify a successful supplier for the GPFV Online Consultations. The solution is an online symptom checker which has the potential to release capacity in general practice.
- Due diligence process is underway, including testing in a live practice environment (e.g. direct integration into EMIS for appointment booking).
- Video consultation functionality will be available from mid March 2019. The NCL supplier is piloting this in another area. An app version of the solution is expected to be available in February 2019 and so will be available in those practices who have expressed and interest to offer this service once this solution has been implemented.
- Initial discussions with the supplier have indicated they have the capability and interest in aligning their product with the NHS app over time.

Workforce
North Central London wide projects:

Project	Narrative	Impact / benefits
NCL Workforce action plan / GP Strategy implementation	NCL HCCH Workforce Action Plan is currently being drafted. It will be taken to a variety of groups for engagement, including the IEPB and HCCH Board.	• Will articulate how the workforce elements of the GP strategy will be implemented • Will align our local strategy for workforce with a variety of national and local policies including the 'NHS Long Term Plan' and NLP strategic priorities
International GP Recruitment	National & regional programme to recruit international GPs. Candidates are identified by NHS England, NCL are responsible for interviewing candidates and finding placements for them. Have secured 5 practice placements for the 5 recruits. The federations are coordinating these placements.	Increased numbers of GPs in hard to recruit areas. Increased training capacity across primary care with increased numbers of GP trainers and supervisors
GP Retention Schemes	Targeting newly qualified or close to retiring GPs by supporting portfolio working and opportunities to receive training / deliver mentoring. Funded through Health Education England, GPFV funding, and through National retainer scheme. In Islington this is managed by the Federation	Increase of retention rates amongst target GP cohort i.e. primarily newly qualified or close to retiring GPs. Building up skills and capacity.
New employment models in Primary Care	Work on standardising guidance on employment T&Cs for all primary care staff; to scope the possibility of a 'collaborative bank' to address some of the supply and demand issues. This is common to all sectors, but needs tailored solutions for primary care.	Engagement across NCL – facilitating system wide discussions identifying quick wins and opportunities for collaboration on T&C for staff groups in primary and community care. Links to delivery of GPFV.
Practice Educator Team development (formerly superhub)	This is to support NCL wide education and training – 1 x NCL nurse advisor role, 1 x NCL nurse educator role, project management support, mentoring & education support. Host organisation has been confirmed as Whittington Health.	Support the retention of nurse trainees by providing them with a NCL point of contact to support with their studies.
GP Nursing 10 Point Plan	Local delivery of the GP Nursing 10 point plan. To date the funding has been used to pay for nurse leads' time to develop a business case for recruiting a team of nurse education advisors / supervisors (3k). CCGs have been trying different schemes. In Islington the GP Federation employs a lead practice nurse adviser, funded by the CCG, who is developing this work.	• Building a whole systems approach to learning and development will encourage cross-organisational communication and working. • A practice educator team has greater potential to address current variation in practice. • Opportunities to offer experienced nurses paid sessions to mentor less experienced staff could help retain them for longer.

Workforce

Local projects:

Project	Narrative / update	Impact / benefits
Physicans' associates in primary care	New role to support doctors in diagnosis and management of patients. 11 associates started training in October 2018 within NCL (Camden). Secondary care rotations are being planned for 19/20. Some practices employ Physician's Associates directly though none yet in Islington.	• Developing new roles to fill workforce vacancies.
Super-admin	Delivered through Islington GP Federation. Training for existing or new staff to follow up coding letters, missed appointments etc. GPFV funding in place.	• Aims to free up clinical capacity by reducing clinician's administrative burden • Increased efficiency of admin functions such as correspondence and referrals
Care navigation	Developing care navigators within practices – aim is to get all reception staff within practices to 'bronze level' competency on HEE framework. The Federation has initiated work on this with sign-posting training for receptionists.	• Patients are enabled to see the right person or service first time • Reduces wasted appointments • Increases capacity and access
Clinical pharmacists in general practice	Implemented locally – led by federations or CCG. For Islington there are eight clinical pharmacists each shared across a primary care network.	• Patient access to specialist advice re medicines • Reduces wastage of inappropriate medication • Patient safety
Trainee Nursing Associates (TNAs)	Funded apprenticeship training roles. Two TNAs started this apprenticeship pilot in Islington, in December (there are another three in social care settings). Some candidates were assessed as not academically suitable for the programme, and this is now being addressed with offers of study skills training, and Maths and English courses.	Add to the number of nursing associates across NCL. Development of a career pathway for HCAs with potential to move into more senior roles and take on additional clinical responsibilities. Reduce workload for other clinical staff.
General practice nurse training	Historically, training of practice nurses has been very variable. Health Education England are now trying to ensure that the training offer for practice nurses is consistent, with a more equitable offer across London.	• Increase of general practice nurses within NCL. The long term aim is for a reduction in GP workload as nursing staff can take on clinical responsibilities unsuitable for HCAs.
The Learn & Earn pathway (apprenticeship scheme)	Health Care Assistants (HCA) are not a regulated workforce and therefore have inconsistent training to carry out their role. We have developed a training and career pathway based upon an apprenticeship model, so that it is sustainable, but that also includes the requirements of the 'Care Certificate' and other clinical skills necessary for the job. We have started with HCAs but intend to create similar pathways for a variety of roles within a primary care team, including administrators.	• Greater consistency of training and education particularly in relation to non-regulated staff such as HCAs and admin staff in primary and social care • Access to apprenticeship funding stream to train practice and social care staff

Conclusion

NHS Islington Clinical Commissioning Group

- Over the past five meetings we have covered the topics below – whether as an overview or in more detail.
- The North Central London Strategy for General Practice and the new GP contract will see further development in each of these areas in the coming years
- We would like to thank-you for your input throughout this scrutiny review, and look forward to working with you on the recommendations that result from the review and on further development of general practice in the coming years.

ISLINGTON

Public Health, Islington Council
222 Upper St, London N1 1XR

Report of: Director of Public Health

Meeting of:	**Date:**	**Ward(s):**
Health and Care Scrutiny Committee	7/3/19	All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: ANNUAL PUBLIC HEALTH REPORT 2018

1. Synopsis

1.1 In England, every Director of Public Health is required to produce an independent Annual Public Health Report (APHR) about the health of their local community. The focus of the 2018 APHR for Islington is 'Healthy Ageing: Working together to improve wellbeing in later life'.

1.2 The concept of healthy ageing captures the broad range of factors that influence the health and wellbeing of older adults, including the wider determinants of wellbeing. This year's annual report summarises what we know about older adults living in Camden and Islington, and their health, wellbeing and quality of life.

2. Recommendations

The Committee is asked to:

2.1 Note and discuss the key recommendations and messages within the annual public health report

2.2 Consider its role in supporting dissemination of the report's key messages and recommendations.

3. Background

3.1 This year's Annual Public Health Report considers how we can work together to improve health and wellbeing in later life, with a particular focus on the key issues and themes that residents have told us are important to them:

- Quality of life, including being connected and feeling valued
- Environments that promote and support healthy ageing
- Key life transitions into and during older age
- Accessible, responsive and joined up health and care services when needed

4. Implications

4.1 **Financial Implications: N/A**

4.2 **Legal Implications: N/A**

4.3 **Environmental Implications N/A**

4.4 **Resident Impact Assessment:**

A Resident Impact Assessment is not required as the report does now change or create new policy, function, procedure, service activity or financial decision.

5. Conclusion and reasons for recommendations

5.1 To note the key recommendations and messages within the annual public health report.

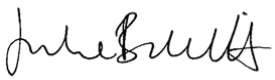
Appendices

- *Appendix 1: Annual Public Health Report 2018 Summary Slides*
- *Appendix 2: Annual Public Health Report 2018 – Full Report*

Background papers:

- None

Signed by:



Julie Billett, Director of Public Health Date 25/2/19

Report Author: Aparna Keegan
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HEALTHY AGEING: WORKING TOGETHER TO IMPROVE WELLBEING IN LATER LIFE

ISLINGTON

ANNUAL PUBLIC HEALTH REPORT 2018

Julie Billett

Director of Public Health

What do we mean by healthy ageing?

Healthy Ageing, as defined by the World Health Organisation, is “the process of developing and maintaining the **functional ability** that enables **wellbeing** in older age”.

- Not just about physical and mental health, although health is a crucial foundation for ageing well
- But also about wider determinants and environmental factors
- Age friendly environments maximise the potential of older adults to age well and remain healthy and independent

What's important to residents?

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Quality of life

- More involvement in decisions affecting us
- Having a voice that's valued
- People listening to what is needed
- Rising cost of living
- Oppurtunitues for intergenerational connection.
- Feeling valued as neighbours

Health and care

- Shared care records
- Getting to know people who provide care, continuity
- Person-centred care
- Supporting community based activities
- Reducing out-of-pocket expenses

Environments

- Accessibility is key to independence
- Air quality is a key concern
- Consider impact of transport policies on older adults
- Imporved safety in some areas

Key Transitions

- Support integration into new groups
- Need for pre-retirement support
- Recognise the needs and provide services for different groups e.g. older men

Islington's Corporate plan (2018-22): BUILDING A FAIRER ISLINGTON

APHR is a call to action aligned with Islington's vision to "**make Islington fairer and create a place where everyone, whatever their background, has the same opportunity to reach their potential and enjoy a good quality of life**", including older adults.

The APHR highlights the opportunities for working together so that older adults (and residents of all other ages) in our community lead **healthy and independent lives**, a key objective within Islington's corporate plan.

Islington's Joint Health and Wellbeing Strategy 2017-20

APHR also aligns with our JHWS, with its focus on best start in life, preventing and managing long term conditions, mental health and wellbeing, and its overarching focus on tackling health inequalities. Supporting physical and mental health and wellbeing across the life course is vitally important to a good later life.

Chapters

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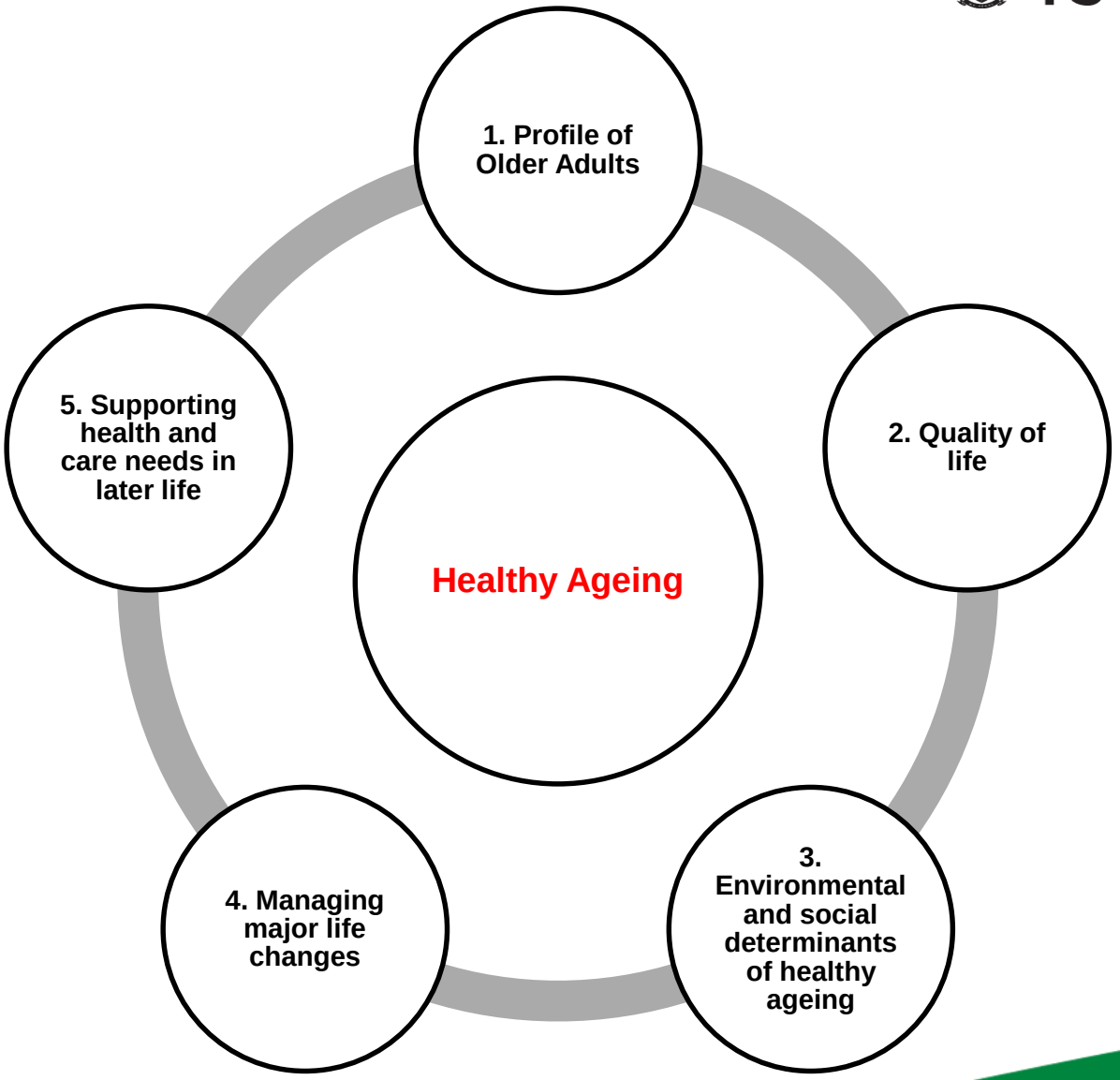
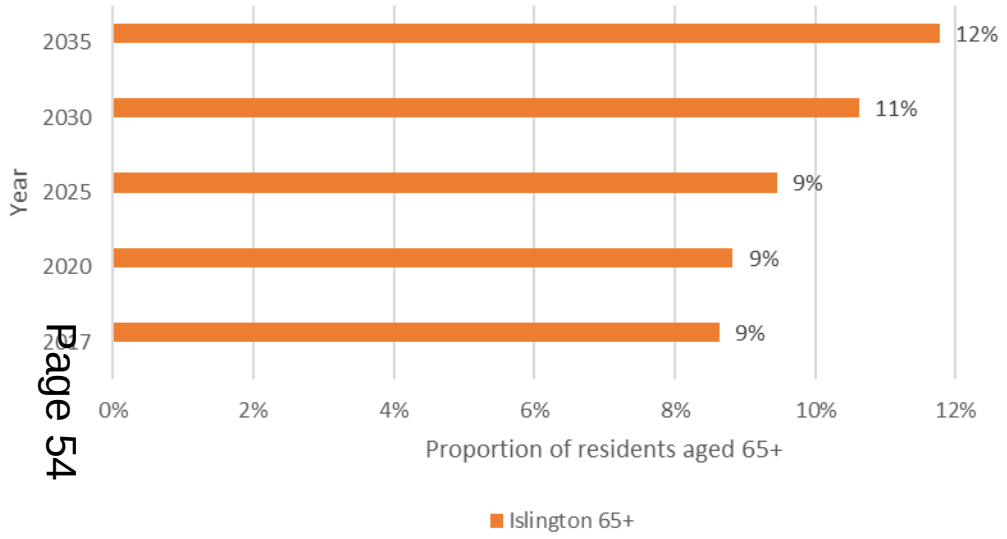
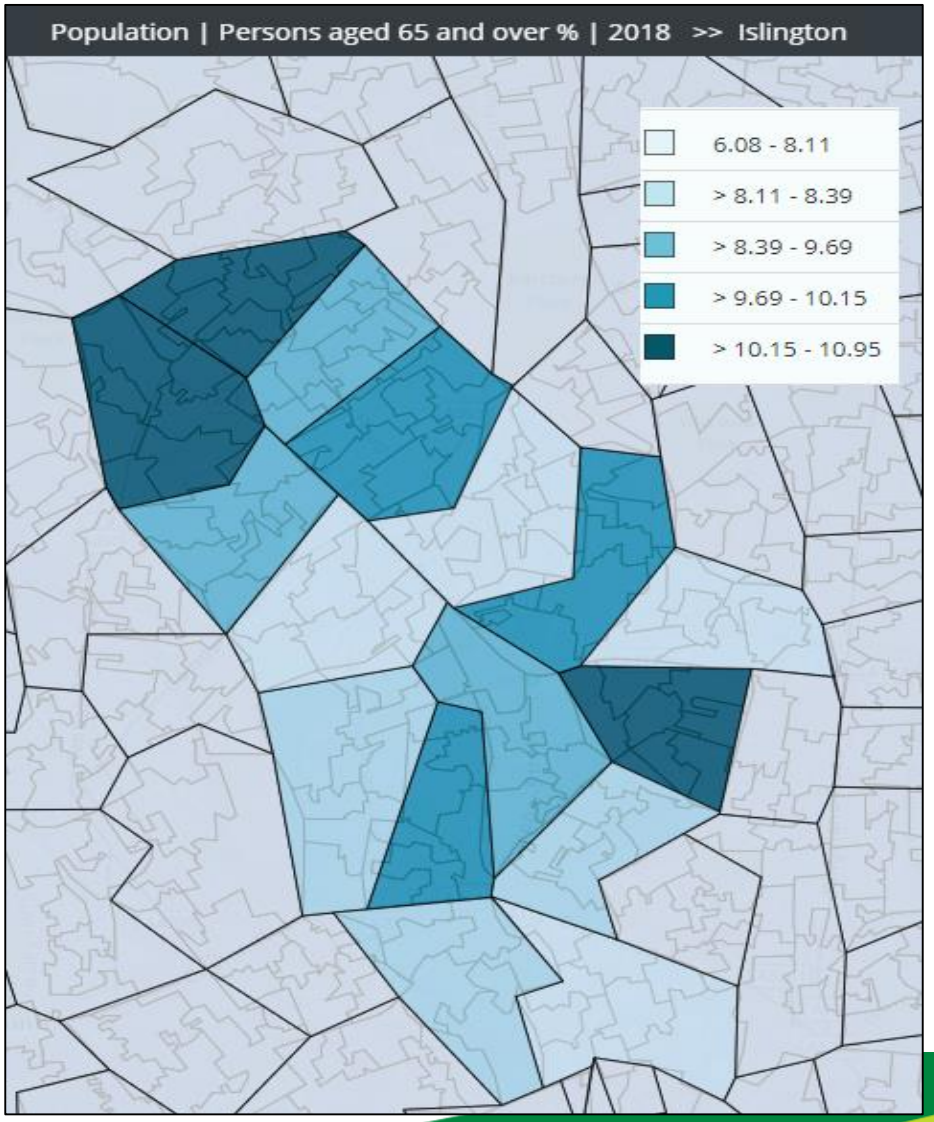


Profile of Older Adults

Estimated projected change in the proportion of older adults in the population ,Islington 2017 to 2035



- In 2017, there were an estimated 20,786 older adults in Islington.
- 9% of the total population is aged 65 years and over and 1% is 85 years and over.
- The sharpest projected population increase is expected in the ‘very old’ (persons aged 85 an above).

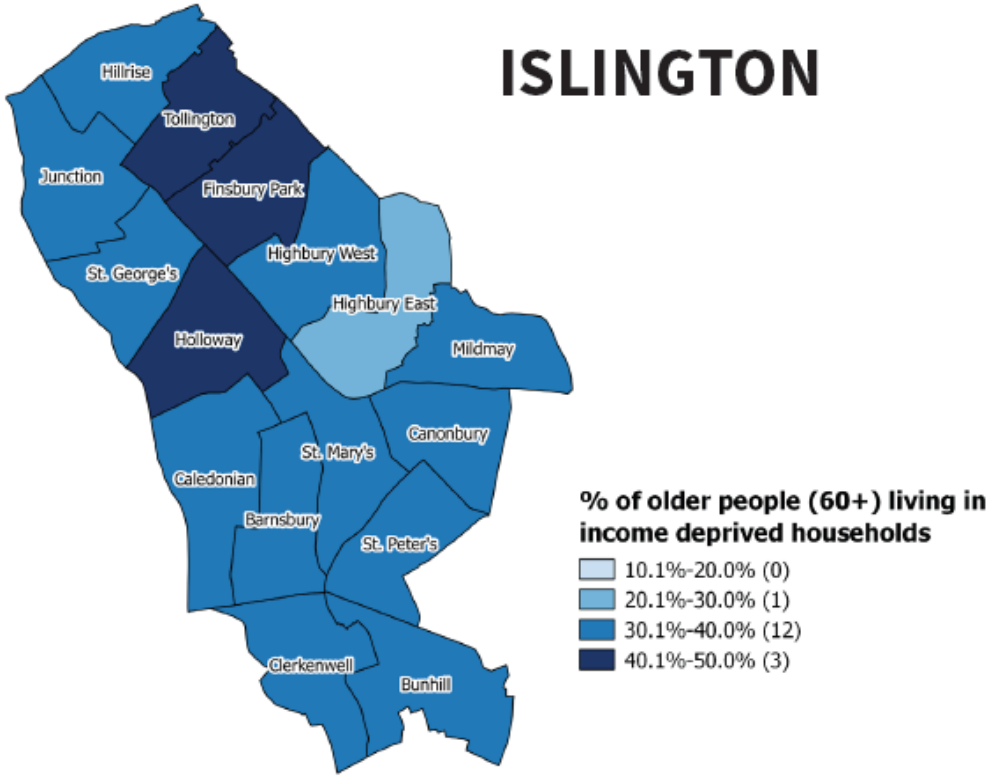


Inequalities in later life

- Significant inequalities between and within our older adult population in terms of their experience of healthy ageing

- Many people live long, healthy and independent lives, many have significant needs that impact on their quality of life

Income deprivation affecting older adults index, by ward, Islington



Examples of inequalities in physical health and dementia

Physical health

- **Deprivation-** People living in the most deprived areas develop multi-morbidity 10-15 years earlier

- **Gender-** Women (65+) are twice as likely to have a severe frailty than older men (6% vs 3% in Islington)

- **Ethnicity**- Asian women (26%) and men (31%) are more likely to have a moderate/severe frailty compared to the Camden average (20%), meanwhile in Islington the most affected group are Black women (38%) and Black and Asian men (37%)

Dementia

- **Gender-** Dementia is an issue that disproportionately affects women, with two-thirds of people living with dementia in the UK being female; three quarters of carers for people with dementia are women. This is partially explained by the fact that women outlive men on average. Locally women account for 62% of all dementia cases in Camden and 64% in Islington

- **Ethnicity-** The Black African-Caribbean population experience a higher prevalence of early onset dementia and have a greater number of risk factors for vascular dementia

Quality of Life

Quality of life

Quality of life at any age or life stage is subjective, yet there are some **common issues** that have significant potential to impact on quality of life as we age, including: our **social networks and feeling connected** to our communities; **feeling valued and respected**; and being **financially secure.**

Key Messages:

- Social isolation and loneliness have an adverse impact on health and wellbeing**. Islington ranks 5th** highest of all London boroughs in terms of estimated risk of loneliness in the population.

- Fuel poverty is one aspect of financial insecurity in older age that can significantly impact on a person's health, wellbeing and quality of life. It is estimated that around **8% of Islington** households with residents aged 60 and over are fuel-poor. These numbers are predicted to increase by between 30-35% between 2018- 2028 in both boroughs.

- There are significant **inequalities** in quality of life amongst older residents in Islington.

Quality of life

Key Recommendations:

- Everyone has a role to play in **enhancing community connectedness**. Small acts of neighbourliness and connecting with others not only builds a more cohesive, connected community but is also one of our five steps to wellbeing that benefit everyone.

- Identify all opportunities and levers that can be used to address social isolation and loneliness through **services commissioned and delivered by the Council**, including maximising **social value** through our supply chain to promote and support quality of life in older age.

- The **social prescribing** model and service presents a key opportunity and means for linking people into VCS and community assets and services to tackle isolation and loneliness, and other key determinants.

- Take a **holistic** and approach to wellbeing and quality of life in older age, through care pathways and services focused **person centred** on older people.

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Case study: North London Cares
Bridging the intergenerational gap to reduce social isolation and loneliness

- North London Cares is a charity based in Camden and Islington, which introduces young professionals to their older neighbours in an effort to help Londoners feel less isolated.

- During the winter of 2016/17, the team knocked on the door of Jane*; an older adult. Jane is a born and bred Londoner but health concerns in recent years had impacted on the connection she has to her community. North London Cares introduced her to Jill*, a young working professional. While Jill had lived in the city for several years, she also felt a disconnect, thanks to the relentless pace of the capital.

- Jill now visits Jane every week to catch up over a cup of tea. Jane offers Jill roots in London and a whole host of stories about the local area in which they live, whilst Jill shares her stories from work and her weekly adventures.

- The friends may have 56 years which separate them but they have a borough, a shared sense of humour and a common desire to connect which keeps them united, celebrating a year and a half of friendship in October.

Environmental and social determinants of healthy ageing

Environmental and social determinants of healthy ageing

Age-friendly environments, places and settings are key to ageing well and supporting independence. This includes housing, the public realm, transport and workplaces.

Key Messages:

- The proportion of **older residents who live in social housing** is particularly high in Islington; this presents both the Council and local housing associations with a significant opportunity to support many of our residents to remain independent and well in later life.

- The **quality of our public places and spaces** is important for everyone; things that make a particular difference to older people include even paving, sufficient road crossing times, places to stop and rest, and access to public toilets.

- In boroughs such as Islington, with low proportions of car ownership, **accessible, affordable, safe and comfortable public transport** is a key enabler encouraging older people to access services, maintain active lives, and take part in leisure and social activities.

Environmental and social determinants of healthy ageing

Key recommendations:

- As social landlords, the Council should **develop its relationships with older tenants** to promote and support wellbeing in later life, tackling social isolation as well as connecting older residents into key services and support in the community.

- The **healthy streets approach** should be embraced in the planning and design of all open spaces, including areas in and around housing estates and other public open spaces.

- Other aspects of **age-friendly cities** should be incorporated into policies, plans, and local schemes, including, for example, an appropriate balance between the needs of older people as pedestrians and other users of space, such as cyclists.

Case study: Affordable and accessible social homes in Islington

- New-build housing presents an obvious opportunity to design age-friendly home environments
- New homes may be built on estates where there is under-developed, unloved or unusual space, such as the Dover Court estate. Here, 81 unsightly disused garages and the existing Romford House were demolished to make way for the New Romford House, with an additional 70 homes for Islington residents.
- They have facilities designed to support independent living, such as wide passages, wide entrances, a sink and a cooking hob which move up and down, allowing people living with disabilities to be able to cook their own meals in safety.
- One long-term older resident of Dover Court said “I have all of the facilities here I need to live independently, in safety, which is very reassuring.”

Managing major life changes

Managing major life changes

Later life can be a time of major life changes, including retirement, new caring responsibilities, bereavement and changes in mental and physical health. Early support and building older people's resilience can improve their independence and wellbeing during major life changes.

Key Messages:

- As people live longer, **career planning and retirement** will undoubtedly look different in the future. Employers can play an important role in supporting older people through developing strategies and policies to support older workers in the workplaces.

- **Lifelong learning and participation** in employment for longer not only brings economic dividends to society, but also financial, health and wellbeing benefits to individuals.

- **Supporting carers** to remain physically and mentally well supports both the carer and the people they care for.

Managing major life changes

Key Recommendations:

- Employers, including the Council, should develop strategies and policies to **support older workers in the workplace**. This includes providing support for employees to assist with retirement planning, including emotional as well as financial preparedness.

- **Opportunities to get involved and volunteer** should be inclusive, welcoming and accessible to older people. Older people's involvement in a broad range of voluntary and community organisations, and not just those targeted specifically towards older people, helps to break down intergenerational barriers, combat ageism and foster cohesion.

- Voluntary and community services, and primary and community health services have a key role to play in the **identification of carers**, ensuring carers are proactively supported to access information, advice and support. Community pharmacies can also support the identification and support of carers.

Case study: Bereavement services in Islington

- St Joseph's Hospice is commissioned by Islington Council to provide bereavement support.
- This service offers volunteer-led bereavement support to adults who have experienced (or are anticipating) the death of someone they love or care about.
- They run an informal monthly bereavement support group so that bereaved individuals can meet others and share their experiences.

  It is promoted through GP practices and demand for the service is increasing.
- The service provides peer to peer support for 6-12 weeks, and those finishing the service can then take part in supporting others in their bereavement.

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Health and Care Systems

Health and care systems

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The experience of old age varies significantly from individual to individual and a lot can be done throughout the life course and in later life to prevent ill-health and maintain wellbeing. As people live longer, and have health and care needs that span both physical and mental health, NHS and social care, integration has become an important priority.

Key Messages:

- Almost one in two older people in Islington have **more than one LTC** (compared to only one in twenty in people aged 16-64).

- There are around 500 older adults living with a **serious mental illness** in Islington. The physical health needs of this group are particularly high.

- Over half of older people in Islington experience a degree of frailty. There are over 6,000 falls in older adults in Islington each year.

- In 2017/18, 2,010 older adults in Islington (9,725 per 100,000 older adults) were **accessing long term support** from adult social care during the year.

Health and Care Systems

Key Recommendations:

- Health and care professionals and providers across the whole system should consider how more of a **strengths based approach** could be developed in their services, learning from the strengths based approach in adult social care.

- The NHS and health professionals should **systematically prioritise and promote prevention,** and prevention interventions across the life course, including to adults in mid and later life, in order to delay or reduce the risk of disability, dementia and frailty.

- **Social prescribing** and other approaches to **connecting older adults with the rich and diverse community assets** in our two boroughs (and in the voluntary and community sector in particular) should be prioritised, adequately resourced and embedded locally, to support prevention, early intervention and the social determinants of healthy ageing.

Case study: Choice and Control programme

ISLINGTON

- Islington CCG's 'Choice and Control' programme for adults provides peer coaching for residents with long-term conditions, mental health needs and social care needs.

- This is the story of John,* a local resident who is nearly 65. John developed a number of physical LTCs including liver problems (due to heavy alcohol use) and high blood pressure. John had experienced abuse in the past and more recently his mental health deteriorated.

- Through the 'Choice and Control' programme, John began to work with a peer coach who linked in with other care providers. He says "The peer coach asked me about my goals, I said I only had one goal, I didn't want to end up in hospital. She helped me to see that I am going to end up in hospital. My physical health probably won't get any better, but I don't want it to get any worse, and it's up to me to manage that. She's nagged me in a nice way to be more proactive." This flexibility and joined up working made John feel in control.

- John said "I found it refreshing, just someone talking with me and listening, and interested in my physical and mental health at the same time. I'm enjoying the feeling that I am in control of my health and that I'm doing everything I can to stay out of hospital".

Overarching themes and messages

- Good health is a key foundation of a good later life, but **ageing well is much more than just good physical and mental health** in older age.
- The circumstances and conditions in which we are born, grow, and live determine how we age – therefore we need a **whole life course approach** to healthy ageing.
- It's **never too late** – people in mid and later life can benefit from interventions that promote wellbeing, prevent poor health or deterioration, detect problems early, and build resilience.
- Age-friendly communities are **inclusive communities**, and can benefit everyone.

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Camden and Islington
Annual Public Health Report 2018

HEALTHY AGEING:
WORKING TOGETHER TO IMPROVE WELLBEING IN LATER LIFE

Camden ISLINGTON

CONTENTS

FOREWORD

People in Camden and Islington are living longer lives than ever before, and older people are the fastest growing age group in both our boroughs. Longer lives, thanks to improvements over time in public health, occupational health and safety, healthier lifestyles and advances in health care, should be celebrated and the contribution that older people make to every aspect of society – in work, in civic society, in the arts, as caregivers and beyond – should be valued locally as a major asset and opportunity.

Being healthy and independent is fundamental to ageing well and to a good quality of life in later life. Extending the number of years people live free from disability and poor health has to be an essential part of our response to population ageing, and to improving quality of life for all our older residents. Creating the conditions in which our residents can age well and thrive is a key part of delivering both Camden and Islington Councils' clear ambitions for residents to live healthy, independent lives.

Yet we also need to have a specific focus on tackling the gap in healthy life expectancy between the richest and poorest in our two boroughs, and on the inequalities experienced by other specific population groups as they age – too many people are missing out on a happy, healthy and fulfilling later life. Men and women living in the most affluent parts of Islington can expect to live 10 more years in good health compared to those living in the least affluent parts; in Camden, the gap is even greater, at 18 and 19 years for men and women respectively.

This year's Annual Public Health Report considers the ways in which we can work together to improve health and wellbeing in later life, with a particular focus on those key issues and themes that residents have told us are important to them:

- Quality of life, including being connected and feeling valued
- Environments that promote and support healthy ageing
- Key life transitions into and during older age
- Accessible, responsive and joined up health and care services when needed

All too often, poor health and disability are seen as an inevitable part of ageing. However much of the poor health experienced in later life can be prevented, or substantially delayed into very old age – it is how we live throughout our lives and the conditions in which we live them that make a big difference to our health and wellbeing in later life. We also know there is a great deal we can do in middle and later life to promote, protect and improve health, wellbeing and independence – 'it's never too late' is a key message emerging from this report.

Supporting our residents to age well and addressing stark inequalities in health, wellbeing and quality of life in older age requires a collective effort. In this shared endeavour, there is a role for everyone and every sector, from individuals themselves and their families to businesses and employers, from housing providers and landlords to town planners and transport operators, and of course health and care services and the voluntary and community sector. This report, as well as providing a profile of older adults in our two boroughs and the key issues that impact on their health, wellbeing and quality of life, sets out a wide ranging set of recommendations for making Camden and Islington truly age-friendly

boroughs, and for driving a more systematic consideration of ageing and of older people in everything we do.

Many of the recommended actions and changes in the report, whilst clearly focused on improving the experience and quality of life for older adults in our two boroughs, would also deliver benefits to other population groups. For example, changes to the design of our built environments to make them more liveable and accessible to older people, or changes in employment practices that support more flexible working and take account of older employees' changing needs and responsibilities, bring benefits that extend far beyond older adults and have the potential to create more inclusive communities.

I would like to thank all the partners, stakeholders and individuals who have contributed their time and ideas to the writing of this year's report (see acknowledgements). I would particularly like to thank those residents who shared with us their views and experiences of ageing in Camden and Islington, and who told us what matters to them. This insight was invaluable in shaping the focus of the report. Finally I would like to thank Dr Aparna Keegan for her overall leadership, coordination and work on this year's report.

Julie Billett
Director of Public Health
Camden and Islington

1. INTRODUCTION

1.1 A FOCUS ON HEALTHY AGEING

Globally, nationally and locally, people are living longer lives than ever before. In Camden and Islington, a boy born today can expect to live to 82 and 80 years of age respectively, whilst a girl can expect to live to 87 and 83 years old.[1]

Nearly 50,000 residents across Camden and Islington are aged 65 years and above, and this age group is set to grow by 60% by 2035, the fastest rate of growth of any age group[2]. These extra years of life present great opportunities for society, for the economy and for us all as individuals. We see this today in our two boroughs, with older adults playing a vital and active role in all aspects of community life, within the local economy and within their families.

Yet we also know that not all older people in Camden and Islington enjoy a happy and healthy later life. Residents living in our most affluent areas not only enjoy longer lives than residents living in our least affluent areas, but also enjoy more of those years in good health.

Our health as we grow older is fundamental to our quality of life, enabling us to remain independent, to work, to maintain social connections, to be involved in family and community life and to take part in all the other things that give us meaning and purpose. Too often, poor health and disability are seen as an inevitable part of ageing. Yet we know that much of the poor health experienced in later life can be prevented, or substantially delayed into very old age.

Healthy ageing in many ways can be thought of as starting at conception, as it is the cumulative impact of individual, family, community and social factors throughout our lives which impact on our health and wellbeing in older age. It is how we live throughout our lives, and the conditions in which we live it, that make the biggest difference to our health and wellbeing in later life. However, we also know there is a great deal we can do in middle and later life to promote, protect and improve health, wellbeing and independence.

Exhibit 1.1: Case Study – Communities supporting older adults when needed

Many older adults live independently in Camden and Islington; however, as with all of us, older adults too may need support at times. This is the story of Jane* an older adult who has lived independently in Islington for 29 years. After falling ill with pneumonia Jane lost confidence in going out and about. She had begun to feel lonely when a neighbour invited her along to a St Luke's Community History Group outing.

St Luke's Community History Group is a project run by older people, which aims to engage isolated and vulnerable older people in south Islington, through individual invitations from existing members, to join outings to places of historical interest. The local history-themed outings are free, and people are offered support to help them to travel to the outing. Participants report feeling better connected and more involved in their community.

Jane joined the group on a trip to Windsor Castle, which she recalls as being such a highlight. The outings encouraged her to get out more and meet people. She said "the trips have given me a lifeline. It's great to be on the go again and to meet new friends."

Source: Photograph reproduced with permission from 'St Luke's Community History Group'

*not her real name

Whilst health can be seen as a lynchpin or foundation for ageing well, other factors and aspects of our lives, communities and environments are also crucial. The World Health Organisation's (WHO) concept of healthy ageing (see exhibit 1.2) captures these broader determinants and aspects.

Financial security, being socially connected, feeling safe and secure in our home, and having access to quality services and support when needed are important to all of us, but are particularly important as we get older.

Exhibit 1.2: WHO definition of healthy ageing

The WHO's concept of healthy ageing captures the factors influencing health and wellbeing of older adults beyond physical and mental health, including the wider determinants of wellbeing. With an emphasis on creating age-friendly environments that maximise the potential for every older adult to remain healthy and independent, the WHO concept recognises that healthy ageing is determined by both individual and environmental factors[3].

1.2 WHAT MATTERS TO RESIDENTS?

What does healthy ageing mean to older adults in Camden and Islington? We spoke with older residents across our two boroughs to find out what is important to them. What they told us is described in exhibit 1.3. Unsurprisingly, residents spoke of all the key issues described earlier, but some particularly important themes emerged from these conversations with residents, as follows:

- The importance of being heard and feeling valued
- Wanting to maintain or find ways to become more connected intergenerationally; living in two boroughs, which have predominantly young and highly mobile populations
- When health and care support is needed, having access to joined-up, responsive and person centred services ; and
- The need for the environments and places in which we live to consider and support residents of all ages

Exhibit 1.3: Residents' feedback on key facilitators for healthy ageing and independence in Camden and Islington

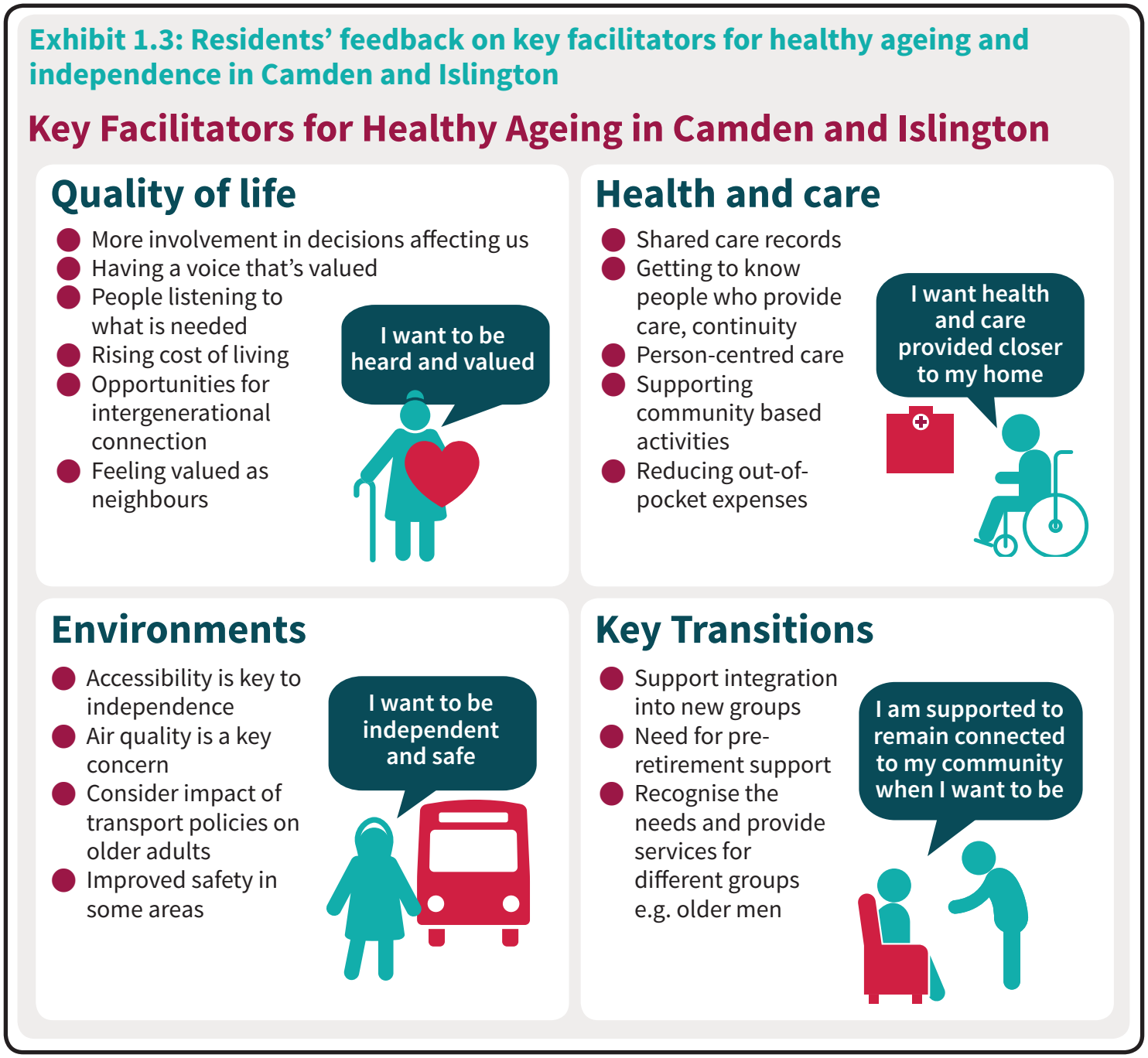


Exhibit 1.4: Views from Bengali older adults on healthy ageing in Camden

It is also important to recognise that older adults are not a homogenous group and inequalities exist. For example, older adults from the Bengali community in Camden provided some additional insights from their perspective on the opportunities and challenges for healthy ageing. Older Bengali adults focused on the importance of promoting good health, including mental health, and prevention activities. Issues around strengthening community support to prevent social isolation and loneliness, community safety and the need to consider language barriers were also highlighted.

1.3 OVERVIEW OF THE REPORT

This report considers how we can work together to improve health and wellbeing in later life, with a particular focus on those key issues and themes that residents have told us are important to them:

- Quality of life, including being connected and feeling valued (chapter 3)
- Environments that promote and support healthy ageing (chapter 4)
- Key life transitions into and during older age (chapter 5)
- Accessible, responsive and joined up health and care services when needed (chapter 6)

In addition to these chapters, chapter 2 provides a summary profile of older residents in Camden and Islington.

The report brings together data and evidence from national and local sources, and triangulates this with information, intelligence and insights gathered from key stakeholders and most importantly residents, in order to highlight the key challenges and opportunities for healthy ageing in our two boroughs. Older adults in both boroughs, voluntary and community sector organisations, health partners, as well as a wide range of council services, from housing to adult social care, have shared their views on what's important and priorities for action.

1.4 LINKS TO CAMDEN 2025 AND ISLINGTON'S CORPORATE PLAN 2018-22

Camden and Islington Councils are both committed to ensuring that everyone, whatever their background, has the opportunity to reach their potential and enjoy a good quality of life. They share an ambition of working in partnership with residents, the voluntary and community sector, statutory sector partners and others to tackle key social and community challenges. Prevention, early intervention and building resilience lie at the heart of this approach in both boroughs.

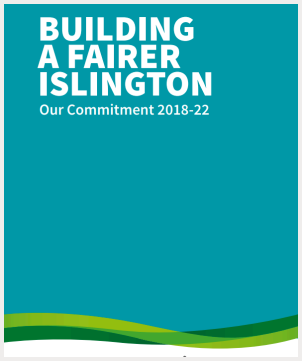
Both Camden and Islington Councils shine a particular spotlight on health, wellbeing and quality of life in their respective visions for their boroughs over the next 5-7 years, articulating a clear commitment or ambition for improving health and promoting independence (exhibit 1.5).

The important contribution of other key determinants of health and wellbeing, such as housing, an inclusive economy, safe and cohesive communities, and welcome and attractive places are also prioritised in both boroughs' plans.

This report seeks to support the implementation and delivery of these ambitions as they relate to older residents in both our boroughs, with particular attention paid to those key population groups or communities (and the associated factors and determinants) that are at greatest risk of missing out on a good life in older age. The recommendations contained in this report endeavour to build on existing approaches and work already underway in both boroughs to recognise and harness the assets and strengths that exist in our residents and our vibrant and diverse communities. In terms of healthy ageing, this also means shifting the conversation away from one focused generally on deficits and the consumption of resources in older age, to one that values and seeks to harness the strengths and contribution of older residents. Through this approach we can help unlock the opportunities and full potential of our growing population of older adults in Camden and Islington.

Exhibit 1.5: Key commitments for health and independence in Camden and Islington council plans

'Camden 2025' reaffirms the Council's commitment to health and independence: "We will focus on intervening early and doing what we can to prevent long-term conditions arising that impact on people's quality of life later on"[4]



A key objective for Islington Council is "Health and independence- Ensuring our residents can lead healthy and independent lives"[5]

Source: Images taken from the Camden plan[4] and Islington's corporate plan[5]

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2. PROFILE OF OLDER ADULTS IN CAMDEN AND ISLINGTON

KEY MESSAGES

- There are various definitions for older adults; this report adopts the Office of National Statistics (ONS) classification of persons aged 65 years and above
- Older adults make up 12% of the population in Camden and 9% of the population in Islington
- Older adults are one of the fastest growing population groups
- There are significant inequalities between and within our older adult population in terms of their experience of healthy ageing; whilst many older adults live healthy and independent lives, some have significant needs that impact on their quality of life

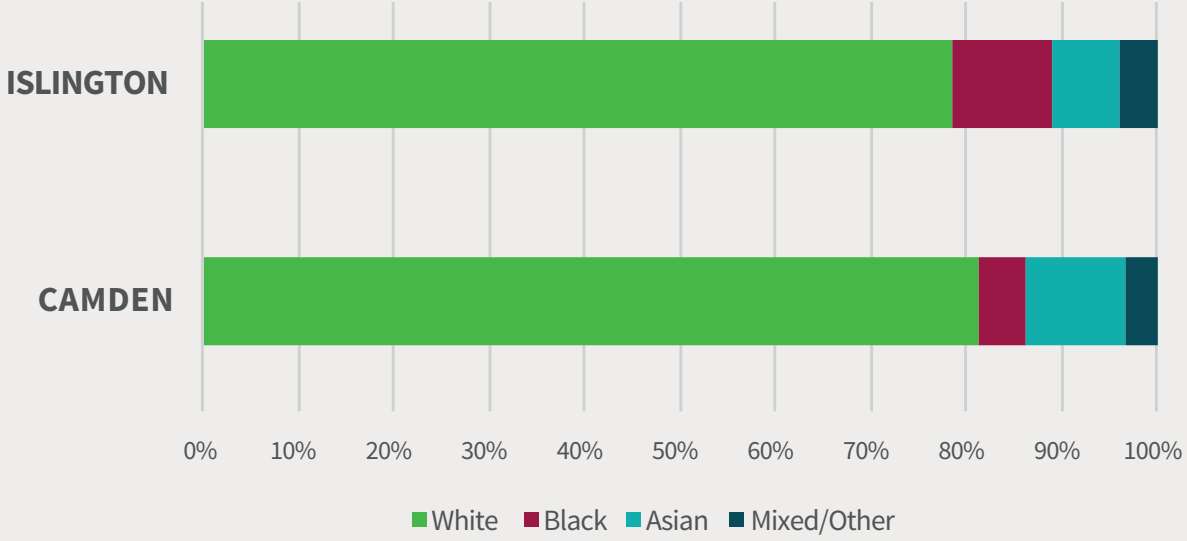
2.1 DEMOGRAPHIC PROFILE

There is no strict definition of an "older" adult. People age biologically at different rates – someone aged 70 can be healthier than another person aged 40 – as the old adage says, "you're only as old as you feel". Therefore, any definition based on chronological age will inevitably be somewhat arbitrary. For the purposes of presenting a profile of older adults in Camden and Islington, this report adopts the widely used ONS classification of persons aged 65 years and above.

In 2017, there are an estimated 29,739 older adults in Camden and 20,786 older adults in Islington. Nearly 55% of residents aged 65 and above are female. 12% of Camden's population is made up of people aged 65 and over, whilst 2% of the population is aged 85 and over. Certain wards have a higher proportion of older adults, such as Highgate (19%) and Hampstead town (18%) (see exhibit 2.1). In Islington, 9% of the total population is aged 65 and over, and 1% is 85 years and over. The wards with the highest proportion of older adults are Hillrise (11%) and Junction (11%) (see exhibit 2.2).[1]

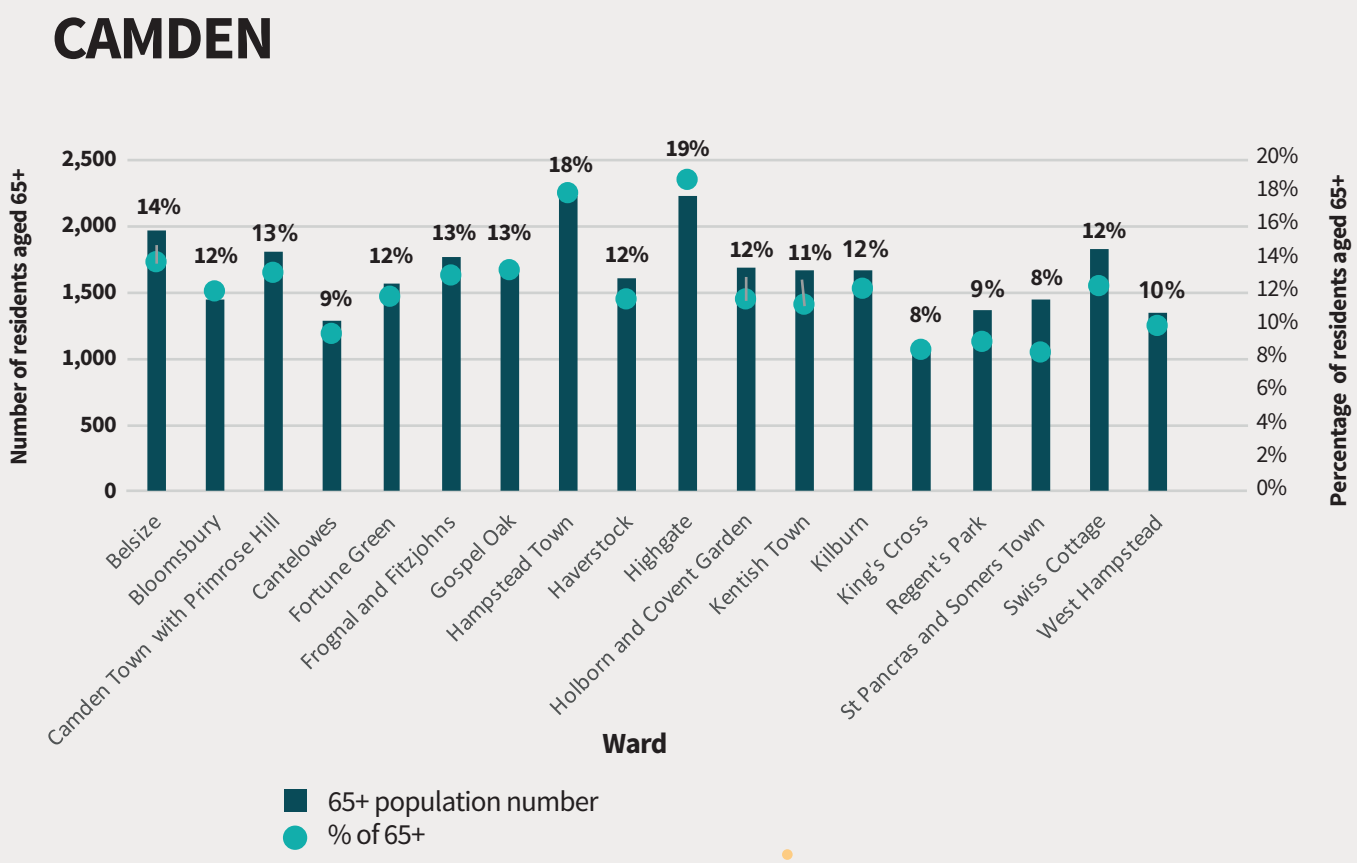
An estimated fifth of older adults in Camden and Islington are from black and minority ethnic (BAME) communities (see exhibit 2.1); lower than in the general population in both boroughs where a third of the population are from BAME communities. It is important that services and support for older adults in our two boroughs take into account differences in language, beliefs and culture, given the diversity of our older populations.[2]

Exhibit 2.1: Ethnicity breakdown of older adults; Islington and Camden



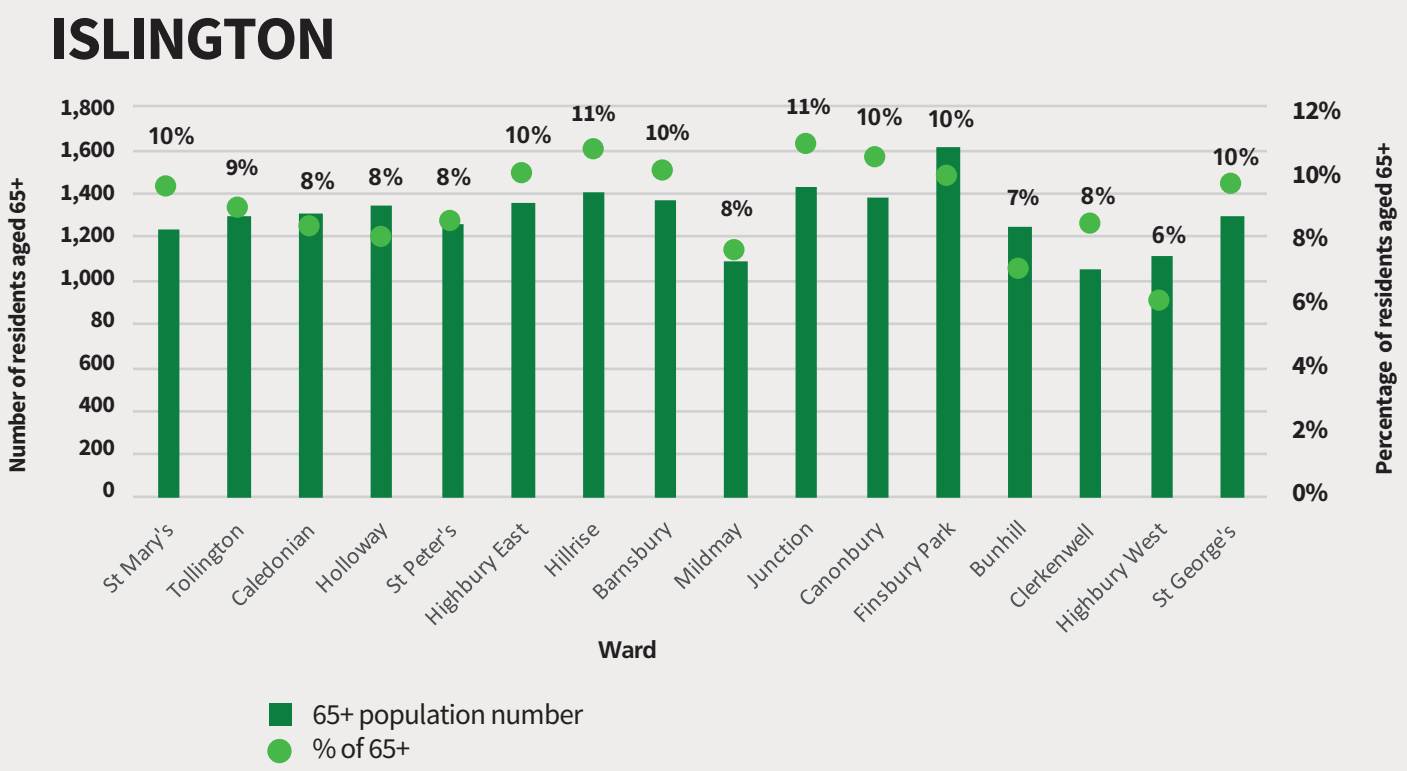
Source: GLA, 2016

Exhibit 2.2: Number and proportion of older adults by wards; Camden and Islington



Source: GLA, 2016

Exhibit 2.2: Number and proportion of older adults by wards; Camden and Islington



Source: GLA, 2016

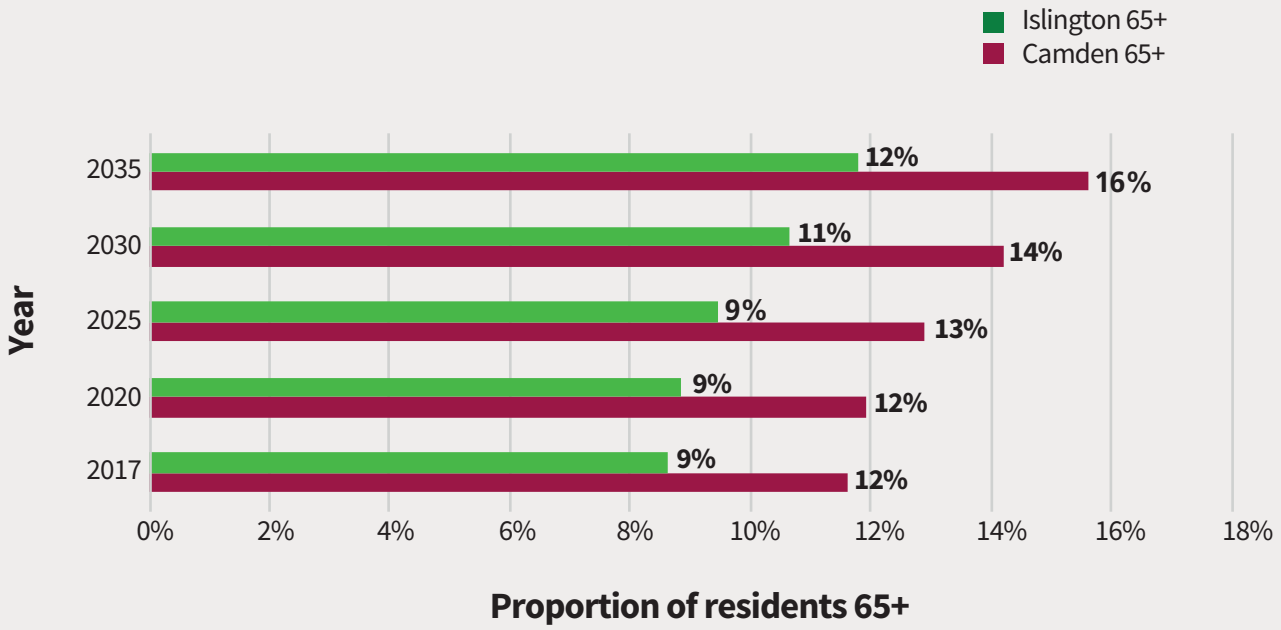
2.2 THE CHANGING AGE PROFILE OF OUR BOROUGHS

By 2035 there is expected to be a 60% increase in the number of older adults, rising from 9% to 12% of the total borough population in Islington, and from 12% to 16% in Camden (see exhibit 2.3). The sharpest percentage increase is expected in the 'very old' (persons aged 85 an above). Enabling older people to lead fulfilling, happy, productive lives in older age becomes increasingly important in the context of these significant demographic changes.[3]

2.3 LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY

Life expectancy at 65 is the average number of years that a person at that age can be expected to live. In Camden, life expectancy at 65 is 20.7 years for men and 24.4 years for women. Islington has a slightly lower life expectancy at 65 - 19.0 years for men and 21.3 years for women[4]. How many of those years are we spending in good health? Healthy life expectancy (HLE) at 65 is the average number of years a person at that age can expect to live in "good" or "very good" health (based on self-reported measures of health).[4] Exhibit 2.4 shows the average healthy life expectancy for men and women aged 65 in Camden and Islington.

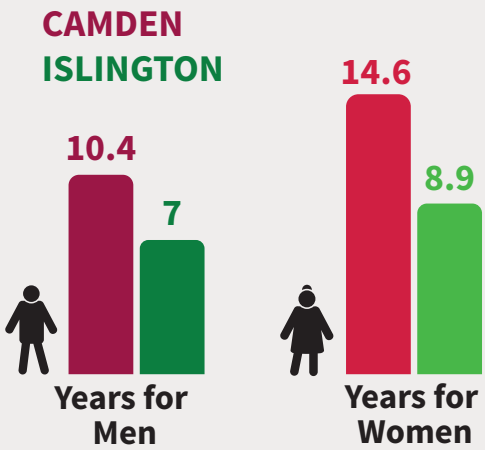
Exhibit 2.3: Projected change in the proportion of older adults in the population; Camden and Islington



Source: POPPI, 2017

Exhibit 2.4: Healthy Life expectancy at 65 and at birth in Camden and Islington

Healthy life expectancy at 65 years of age, Camden and Islington (2014-16)



Inequalities in healthy life expectancy at birth in Camden and Islington (2009-13)

Men and women living in the most affluent parts of Islington can expect to live 10.4 more years in good health compared to those living in the least affluent parts; in Camden, the gap is even greater, at 17.6 and 19.3 years for men and women respectively.

Source: ONS

National data indicates a recent slowing down or a stalling of the steady increases in life expectancy we have seen over the past century in England. Mortality rates are no longer falling steadily, as we have come to expect, and have levelled off or are even increasing in some age groups, particularly at older ages. When comparing life expectancy for the period 2012-2014 with the period 2013-2015, life expectancy has decreased for women at 75, and for both men and women at 85. Further analysis is needed to understand what sits behind this national data and it remains to be seen whether this signals the start of a longer term trend or pattern.[5]

2.4 HEALTHY BEHAVIOURS

Smoking is a key risk factor for premature mortality (deaths under age 75) and morbidity. Nearly half of older adults in both boroughs have never smoked. In 2015, only 15% of older adults in Camden and 18% in Islington are current smokers, lower when compared to the rates in the general adult population (ages 16-64) in Camden (20 %) and Islington (23%). In part, these lower rates of smoking in the older population reflect the fact that smokers are less likely to survive into older age. Over half of older adults in Camden (54%) and Islington (59%) are overweight or obese, higher when compared to the rates in the general adult population (Camden 31%, Islington 33%). Nearly 14% and 11% of older adults in Camden and Islington consume a level of alcohol that puts them at increased or higher risk of poor health, higher when compared with rates in the general adult population (8% in both boroughs).[6]

Based on the Active Lives Survey (2016/17), over 50% of adults aged 75+ in inner London boroughs are inactive (less than 30 minutes exercise per week) which is similar to the England average for 75+. However, this is higher than the general adult population in Camden (16%) or Islington (18%)[7].

2.5 MATERIAL DEPRIVATION

Out of 326 local authorities in England, Islington has the 5th highest and Camden has the 20th highest proportion of older people aged 60 and over living in income deprived households [i]. There are wide inequalities in income deprivation levels as measured by the 'Rank of Income Deprivation Affecting Older People Index' (IDAOPI) [ii] in both boroughs. The map below ranks the wards in both boroughs by the IDAOPI score. In 2015, the wards with the highest IDOPI score in Camden are St Pancras and Somers Town (40.8%), Kilburn (39.6%) and Regent's Park (36%.0). While in Islington the wards with the highest IDAOPI scores are Finsbury Park (47.4%), Holloway (42.4%) and Tollington (41.9%)[8].

Fuel poverty is an indication that people cannot afford to heat their homes adequately, which can impact on health and wellbeing and is a significant contributor to excess winter deaths. It is estimated that around 8% of Camden and Islington households with residents aged 60 and over are fuel-poor. Just 80% of Camden residents aged 65 and over received their winter fuel repayment in 2016, which is lower than Greater London at 94%. 93% of residents aged 65 and over in Islington were in receipt of the payment[9].

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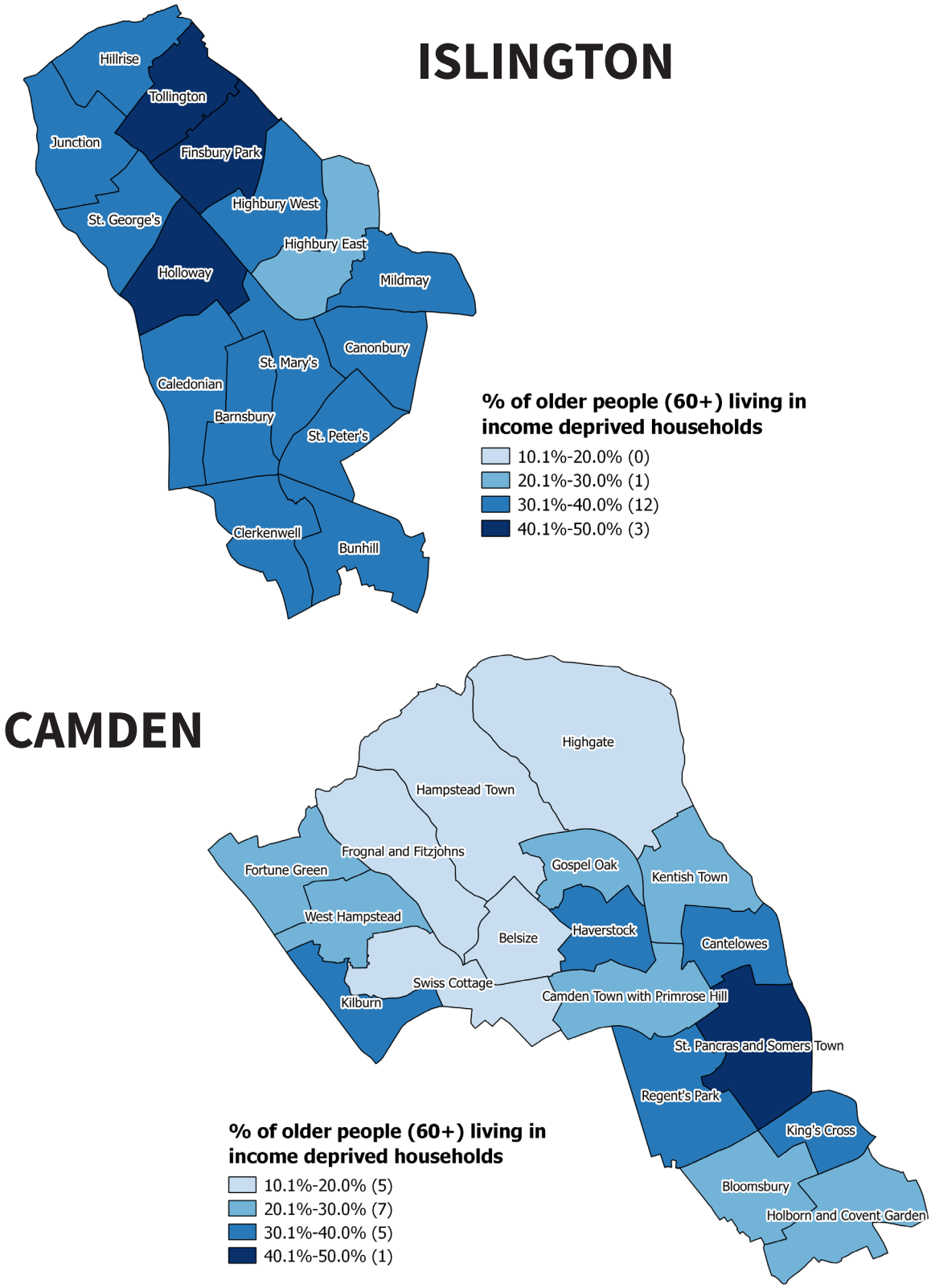
i Income deprivation is a measure of people who are out of work or earn low incomes. It has two sub-indices including income deprivation affecting older people and another affecting children.[15]

ii The Income Deprivation Affecting Older People Index (IDAOPI) is a measure of older adults (over age 60) who are in receipt of income support, income based job seekers allowance, pension credit or child tax credit.[15]

Exhibit 2.5: Levels of IDAOPI within wards in Camden and Islington



Source: Department for Communities and Local Government, 2015

In the past decade, the Excess Winter Deaths Index (EWDI) has been similar or better than the London average in Camden and Islington, although numbers have fluctuated across the decade. Based on a three year rolling average for the period 2013/14 to 2015/16 the EWDI in people aged 85 and above was 4.9 in Camden and 16.1 in Islington. Camden's index is significantly higher better than London or England (26.3 and 24.3 respectively) whereas Islington's score is broadly in line with his London and national picture[10].

2.6 HOUSING AND HOUSEHOLD CIRCUMSTANCES

The vast majority of older adults in Camden and Islington live independently in the community, with only a small proportion of adults living in some form of supported accommodation, such as sheltered accommodation, or residential or nursing homes.

Nearly half of women and 4 in 10 men aged 65 and above in both boroughs live alone; this compares to 17% (women) and 22% (men) in the general adult population. Living alone is a risk factor for social isolation[11].

In Camden, 44% of older adults live in social housing, and 62% do so in Islington; both these figures are higher than the London average. The proportion of older adults from BAME backgrounds who live in social housing is higher than for older adults from white backgrounds[12]. Generally, our residents living in social housing are less likely to move than residents in other forms of tenure. This presents a key opportunity for both councils as landlord, and for other social housing landlords in the boroughs, to support older adults over the longer term from mid-life into older age.

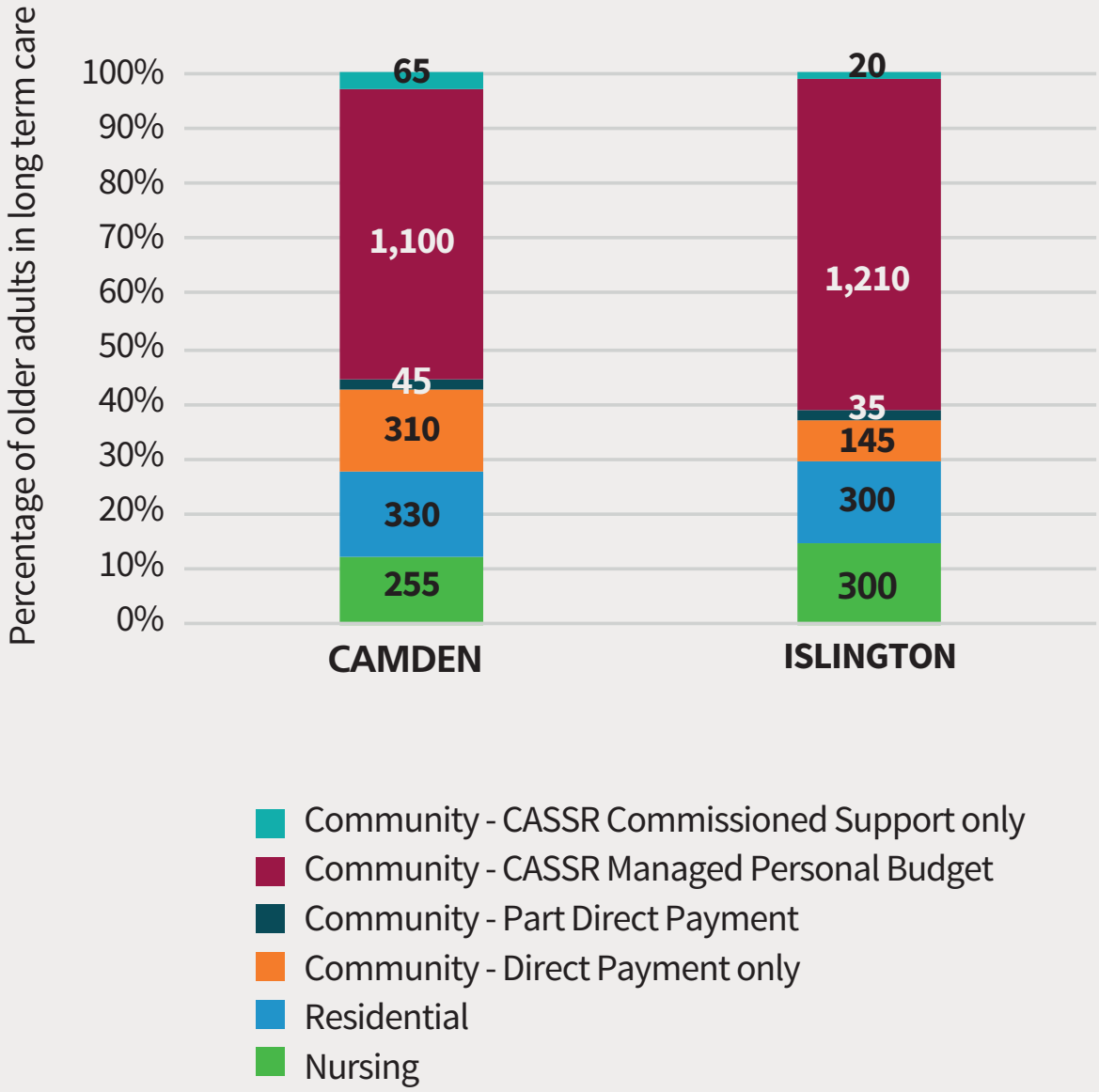
2.7 GIVING AND RECEIVING CARE

In 2017/18 within Camden, 3,300 per 100,000 new clients (995 people) over the age of 65 made a request for support from adult social care. Of these 57% required short term care, 16% required low level ongoing support and 12% went onto to receive long term care (60% of which was community based long term support). In 2017/18 within Islington, 32,540 per 100,000 new clients (6,725 people) over the age of 65 made a request for support from adult social care. Of these for 45% no services were provided, 23% were provided with long term care (95% of which was community based long term support) and 17% received universal support or were signposted to other services. In comparison, within the same period in England on average Councils with Adult Social Care Responsibilities (CASSRs) received new client requests from 13,160 per 100,000 older adults.

In 2017/18, 2,105 older adults in Camden (6,995 per 100,000 older adults) and 2,010 older adults in Islington (9,725 per 100,000 older adults) were accessing long term support during the year. Exhibit 2.6 shows the breakdown of the number of clients accessing long term care from adult social care during the year, by support setting in 2017/18. In both Camden and Islington, only 3 in 10 older adults required long term care in a nursing or residential care setting, while the majority were supported in the community[13].

In addition to adult social care, a number of older adults also receive support from friends and family, and older adults also make up a significant proportion of those who provide unpaid care (see exhibit 2.7). The 2011 census estimated that 12% of older adults in both boroughs provided unpaid care (2,722 older adults in Camden and 2,131 in Islington). Carers, and in particular those providing over 50 hours of unpaid care per week, are disproportionately impacted by health, social and financial issues, which impact on the quality of life of both carer and cared-

Exhibit 2.6: Number of older adults receiving long term care during the year by support setting



Source: SALT Collection, 2017-18, NHS Digital

for. The proportion of carers providing more than 50 hours of unpaid care per week is higher in the age group 65 years and above than in any other age group of carer[14].

2.8 LONG TERM HEALTH NEEDS

It is estimated that 72% of older adults in both boroughs have one or more long term condition (LTC). More than a fifth of residents aged 65 and over have two co-existing LTCs, and a further 1 in 10 have 4 or more LTCs[6].

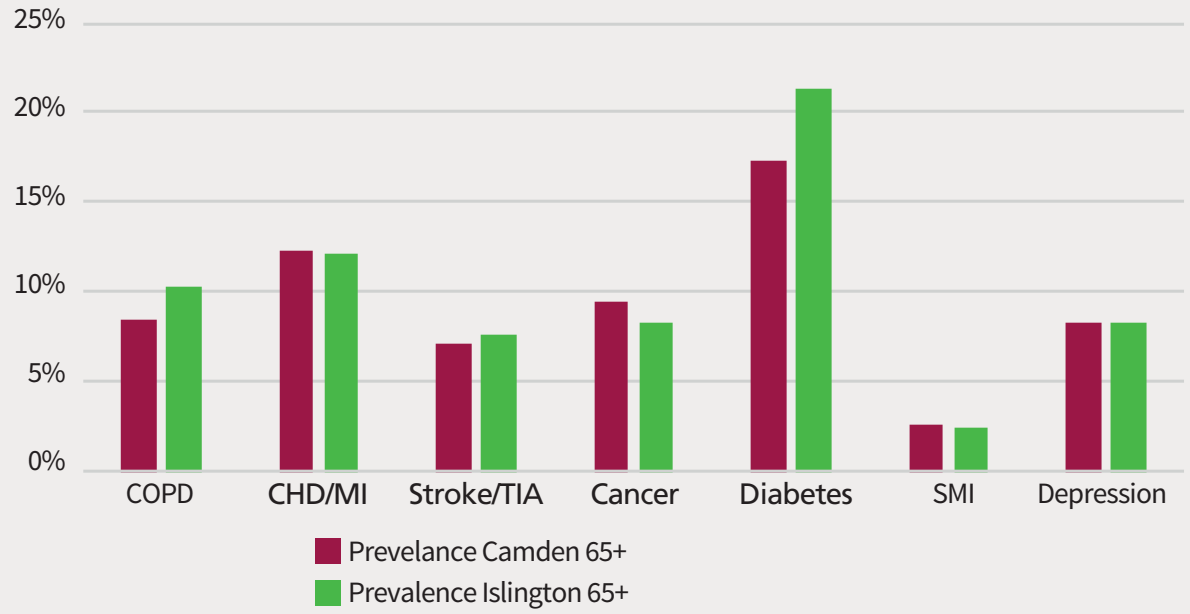
Exhibit 2.7: Unpaid carers provision by age group; Camden and Islington

Source: Census, 2011

8% of the older adult population in both boroughs have a recorded diagnosis of depression, whilst 3% of Camden's older adults and 2% of Islington's older adults have a serious mental illness; this means more than 1,000 older residents across our two boroughs are living with a serious mental illness[6].

Some of the key physical health conditions that are most common in older adults are: diabetes, heart disease, COPD and cancer. Lifestyle factors play an important role in the development and progression of all of these conditions.

Exhibit 2.8: Prevalence of key long term health conditions in Camden and Islington



Source: Camden and Islington GP PH Dataset, 2015

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3. QUALITY OF LIFE

KEY MESSAGES

- Quality of life at any age or life stage is subjective, and will be defined by individual perceptions, goals, expectations and concerns, as well as by the context and culture in which people live
- There are, however, some common issues that have significant potential to impact on quality of life as we age, including: our social networks and feeling connected to our communities; feeling valued and respected; and being financially secure
- The experience of social isolation and loneliness, whilst in no way a challenge exclusive to older adults, tends to be more common in older age, and social isolation and loneliness have an adverse impact on health and wellbeing. Islington ranks 5th highest of all London boroughs in terms of estimated risk of loneliness in the population, whilst Camden ranks 16th
- Fuel poverty is one aspect of financial insecurity in older age that can significantly impact on a person's health, wellbeing and quality of life. It is estimated that around 8% of Camden and Islington households with residents aged 60 and over are fuel-poor. These numbers are predicted to increase by between 30-35% between 2018-2028 in both boroughs
- There are significant inequalities in quality of life amongst older residents in Camden and Islington

3.1 INTRODUCTION

Quality of life means something different to all of us. It is based on an individual's perceptions, goals, expectations and concerns, which in turn are dependent on a person's context, circumstances and culture. Quality of life can be thought of as a concept made up of several domains, including physical and mental health, social functioning and emotional wellbeing (WHO, Measuring Quality of Life: The development of WHO's QoL instrument, 1993). Indeed, all of the issues covered in subsequent chapters in this report are important factors or domains which impact on quality of life in older age, and most of them intersect and are highly interdependent. Social and environmental enablers and barriers to healthy ageing are as crucial to people's experience of quality of life in older age as physical or mental health-related changes in functional capacity. This chapter specifically looks in more detail at some key issues that older residents have told us impact or have the potential to impact on their quality of life, or which emerge as key issues from the literature: social isolation, loneliness, social cohesion and fuel poverty.

This chapter describes what we know about these issues in our two boroughs, which older population groups are most likely to experience them or be affected, why they are important, and what action is (and could be) taken to enhance quality of life in older age, and tackle inequalities.

3.2 SOCIAL ISOLATION, LONELINESS AND SOCIAL COHESION

We know that having social networks and staying connected to our communities is good for our health and wellbeing at any age. Growing numbers of older people are remaining in employment beyond state pension age, and for many residents, later life provides the opportunity to maintain or increase their contribution to, and participation in, civic life in a broad range of ways. In these ways, as well as contributing economically and socially to the borough and to our communities, many older residents are also maintaining those important social bonds and networks which are key to health and wellbeing.

Yet we also know that social isolation and loneliness is more common in older age, as for many older residents their social networks become "thinner". Long-term health problems are also associated with increased levels of loneliness and isolation. The amount of time spent at home can impact on isolation and loneliness. Some residents talked of sometimes feeling like their home was a "jail" where they are trapped, and leading to feelings of isolation, and the importance of accessible activities to draw then into the community.

Exhibit 3.1: Definition of social isolation and loneliness

Social isolation refers to a lack of contact with family or friends, community involvement or access to services. It is different from loneliness which is a personal, subjective feeling, and described as a lack or loss of companionship. Social isolation is a predictor of loneliness, although it is possible to be isolated without being lonely.

What is the impact of social isolation and loneliness on health and wellbeing?

There is now a substantial body of evidence which shows that social isolation and loneliness are associated with a higher risk of a range of adverse health and wellbeing outcomes, including:

- Early death[1]
- Cardiovascular disease
- Depression, anxiety and poor mental health
- Perceived poor quality of life
- Early entry into homecare services (residential and domiciliary care)
- Increased GP visits and longer hospital stays[2]
- Three times higher risk of entering local authority funded care

Research shows that having a lack of social connections is as damaging to one's health as smoking 15 cigarettes a day.[3]

What factors are associated with social isolation and loneliness?

There are individual, community and societal level factors which impact on social isolation and loneliness. In older age, bereavement, loss of employment, financial hardship, becoming a carer or giving up caring, poorly managed long-term conditions, declining health and mobility impairments can all be triggers for social isolation and loneliness. Falls and frailty can lead to social isolation because they result in reduced independence, pain, loss of confidence and mobility and a reduced ability to bounce back quickly after an illness.

Exhibit 3.2: Risk of Loneliness in Camden and Islington

Islington ranks 5th highest in London and 8th nationally for estimated risk of loneliness. Camden ranks 16th highest (out of 33 boroughs, which is average for London) and 74th nationally (out of 326 boroughs). It should be noted this is a prediction of the prevalence of loneliness amongst residents, living in households, aged 65 and over. The prediction is based on marital status, living alone, and general health at the time of the 2011 Census. It is likely that these estimates underestimate the true level of loneliness.

Source: Office of National Statistics, 2011 Census

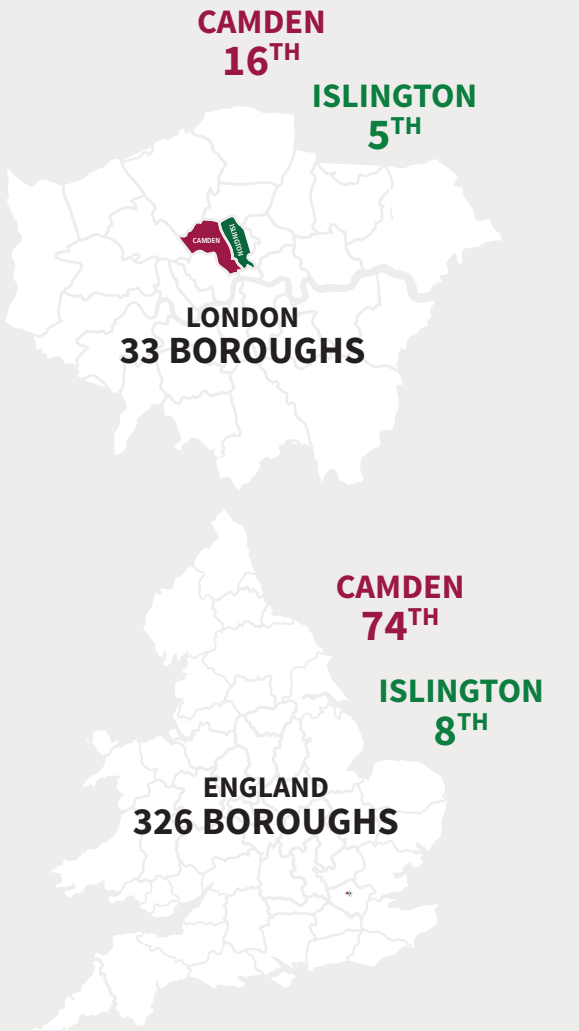
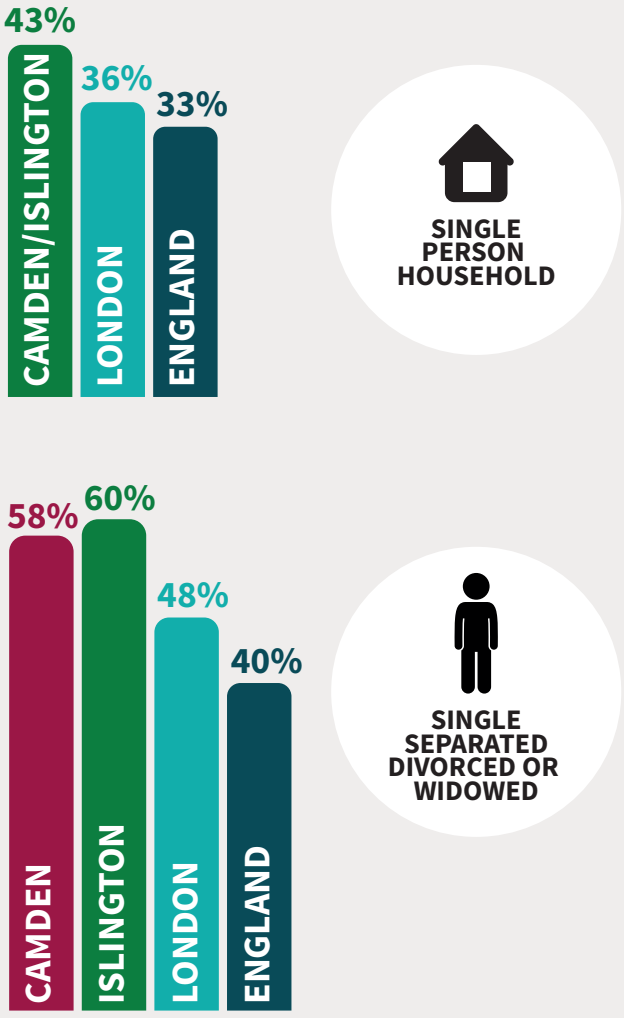


Exhibit 3.3: Household status amongst older residents

43% of Camden and Islington residents aged 65 and older live in one-person households. This is higher than in the rest of London (36%) and England (33%). There are significantly more women than men living alone in both boroughs (47% of women compared with 38% of men).

58% of Camden residents and 60% of Islington residents aged 65 and older are single, separated, divorced or widowed, which is significantly higher than London (48%) and England (40%).[1]



Source: Office of National Statistics, 2011 Census

The amount of time spent alone is also a factor associated with risk of social isolation and loneliness.

People from BAME groups with limited English language skills may also be at higher risk of experiencing social isolation and loneliness. Alongside language barriers, housing problems and social disadvantage may also contribute to an increased risk of social isolation in BAME older adults.[4] One study found that older people from BAME backgrounds experience higher levels of loneliness than the general population, possibly due to higher levels of poverty and language barriers.[5] Amongst those aged 65 and over, 85% of Camden residents and 84% of Islington residents have English as their main language. This is similar to London (86%) but lower than in the rest of England (97%). In both boroughs, fewer females aged 65 and over had English as their main language compared with males in the same age group (83% of females vs 86% of males).

Societal factors can also impact on social isolation. Living in areas of high material deprivation, and in areas where crime is an issue (or a perceived issue) is also associated with social isolation in older age. A 2017 survey of residents in Islington found that 86% of respondents over the age of 65 reported feeling very or fairly safe during the day.[6] This dropped to 64% feeling very or fairly safe after dark. However, the perception of safety may not be experienced equally across wards or boroughs. Insights from previous research carried out with older Camden residents indicate that some residents living on estates do not feel safe, with specific concerns expressed about drug use and burglary. Residents felt a stronger police presence and even a weekly dog patrol would help them feel able to leave the house in safety. Residents stressed that a safe community is a connected community, where everyone keeps an eye out for each other and helps each other.

It is important to note that not everyone who experiences these risk factors will also experience social isolation or loneliness. It is also difficult to determine the direction of association between these variables and their relationship; it is not necessarily the case that one causes the other. Research does however point to some preventative factors that can help alleviate the risk of someone experiencing social isolation and loneliness. These include access to community assets like parks, good public transport, the accessibility of public toilets, employment and income, living with others, and high perceived quality of life and health.

What is social cohesion?

Put simply, social cohesion refers to the strength of relationships and the sense of solidarity in society. A willingness to cooperate means that people freely choose to form partnerships to achieve common societal goals.[7] The notion of social cohesion embraces the following elements:

- Social inclusion: the process of improving the terms for individuals and groups taking part in society. It aims to empower poor and marginalised people to take advantage of opportunities arising in society
- Social capital: the resources that result from people cooperating towards a common end
- Social mobility: the ability of individuals or groups to move upward (or downward) in status based on wealth, occupation, education or other social variables

In the context of healthy ageing, strong bonds and meaningful connections and relationships between generations are an important feature of a socially cohesive society, and social cohesion can be seen as central to an age-friendly society. Moreover, evidence shows that young and old benefit from intergenerational connections and activities, including increased wellbeing, confidence, and a greater sense of belonging.

Older residents in Camden and Islington identified bridging the intergenerational gap as a key priority, particularly in the context of living in two boroughs with a younger population age profile. It was felt that the environment can support the experience of healthy ageing when communities mix across generational lines and people feel valued as neighbours regardless of their age. Concern was expressed by some local residents however, that some intergenerational or other activities can pose a risk of increasing social isolation. This can occur when people attend groups or events where friendship networks are already established and new people can feel unwelcome.

What are we doing locally about these issues?

CAMDEN

Tackling social isolation and loneliness and taking a proactive approach to developing social cohesion are at the heart of the work being delivered by Camden Council. Conversations and engagement with residents in Camden as part of developing the new vision for the borough, Camden 2025, highlighted several key community challenges that can only be tackled if the Council, statutory partners, voluntary partners and the community work together to develop new solutions. Reducing social isolation and loneliness was identified as one of these key community challenges.[8]

The Council's strategy for living and ageing well in Camden, "Supporting People, Connecting Communities" reflects a new relationship between the Council and residents that will build on individual and community assets and strengths, foster resilience, and continue to focus on supporting social connectedness, tackling social isolation and maximising independence. The ethos of these plans underpin the way in which services are delivered and commissioned within Camden, including:

- **Strengths-based practice:** Camden's adult social care teams are developing a strengths based model of practice based around neighbourhood teams. Practitioners can now spend more time with residents, really getting to understand the person and their local community and building connections
- **Camden Care Choices (CCC):** This online directory of services offers advice and signposting for residents and those who care for them, including activities and resources to help reduce social isolation
- **Improving spatial planning** to make the community more accessible – Camden's Community Toilet Scheme in Chalk Farm, the West End Project, and the to redesign of some areas in Camden to improve community safety are all examples
- **Day services** at the newly refurbished Kingsgate Resource Centre for older people

Exhibit 3.4: Health in All Policies (HiAP) approach to reducing social isolation in Camden

At the end of 2017, the Council's Health and Adult Social Care Scrutiny Committee undertook a deep dive into the issue of social isolation, but exploring it through the lens of HiAP. Specifically the committee considered four areas of council activity to understand current approaches and future opportunities to tackling social isolation.

These four areas were spatial planning, parks and open spaces, estate services (housing), and procurement. This deep dive highlighted a broad range of positive contributions to addressing social isolation.

In spatial planning, the Local Plan specifically considers how the full range of planning policies can influence health and wellbeing.

In parks and open spaces, the Green Gym programme has over 400 individual volunteers (with more than a quarter aged over 55) contributing more than 7000 volunteer hours to improve the green spaces in Camden. Parks and open spaces are working with housing, highways, planning and regeneration colleagues to help extend activities in parks and other green spaces into other areas of the public realm.

In estates services, caretakers offer a regular fortnightly visit to tenants and leaseholders. The service is for council tenants and leaseholders who live alone, are isolated or at risk of becoming isolated, would benefit from a regular home visit and do not receive regular home visits from other agencies.

In procurement, the Social Value Act was seen as a key mechanism for driving further action on isolation among older residents. Resident involvement in procurement processes, and in particular into the development of service specifications helped to ensure their needs and requirements are understood.

The deep dive helped a range of council services to systematically consider their role in improving the wellbeing of local people and opportunities for doing things better. The next steps recommended by the Scrutiny Committee included the development of a strategic action plan covering the work of the whole Council, building on existing good practice, to deliver change across the organisation. This Committee emphasised the importance of council staff understanding that improving the health and wellbeing of Camden residents, including addressing issues such as social isolation, is everyone's business and a part of everyone's role.

The voluntary and community sector in Camden plays a critical role in reducing social isolation, providing a range of opportunities to build and enhance older people's social connections, and reduce social isolation and loneliness. This includes advice, navigation and signposting, a broad range of social activities, support to navigate the health and social care system, IT training, intergenerational activities, dementia support, befriending services, and counselling. Many local organisations are making positive contributions towards addressing isolation, including:

- Ageing Better Camden is a six-year partnership programme between the Council, the CCG, the voluntary and community sector (VCS) and older people themselves. The programme has a particular focus on supporting isolated older people by enabling them to have an active role in strengthening their community. 3,500 older people in Camden have been supported to date, including BAME and LGBT (lesbian/gay/bisexual/trans) communities, as well as some older people who may be hard to engage because of complex and chaotic needs
- Age UK Camden offer a variety of services to reduce social isolation including advice, day care, support to navigate the health and social care system, IT training, intergenerational activities, services for LGBT older people, dementia support, befriending services, and counselling
- North London Cares has three programmes focused on reducing isolation by connecting residents across generational boundaries through common interests. This is done through social clubs, the Love Your Neighbour friendship matching scheme and outreach
- A variety of initiatives delivered by the VCS help older people to stay well and connected to their communities including:
  - Befriending/Good Neighbours schemes run by Age UK Camden, community associations and community centres
  - Intergenerational services run by North London Cares and community centres
  - Local community/neighbourhood self-help and action projects such as Kilburn Older Voices Exchange
  - Services involving or targeting particular communities of interest (e.g. BAME; LGBT; older men) such as Hopscotch and Opening Doors London

Exhibit 3.5: Case study - The Camden Intergenerational Network

The Camden Intergenerational Network is run in association with Ageing Better in Camden and promotes discussion and development of a more age-integrated way of life among people living and working in the borough of Camden. It encourages associations and organisation in the borough to adopt policies with respect to age relations which are as appropriate, fair and sustainable as possible.

Every two years the network hosts Camden Intergenerational Week, during which Camden's diverse communities come together to forge and strengthen intercultural and personal relationships, with a focus on intergenerational connections. An organisation involved in the Camden Intergeneration Week 2017 was Kilburn Older Voices Exchange (KOVE).

KOVE is a community action group of older people based in the Kilburn, West Hampstead, Finchley Road and Swiss Cottage areas of Camden, which aims to improve quality of life for older people through both organising activities and campaigning on policy issues. One example is KOVE's initiative with Belsize library - older walkers and young mothers meet regularly to go on a walk and share lunch, building mutually beneficial relationships and support networks.

ISLINGTON

Islington Council has also identified tackling social isolation as key a component of its broader ambition to support residents to live healthy and independent lives, and is seeking to embed a strategic approach to the issue across the council and with partners. Recognising the vital role of the voluntary and community sectors in reducing loneliness and promoting community connectedness, a focus on alleviating isolation and promoting social inclusion is being built into service specifications and funding agreements with VCS organisations, and Islington Council is working closely with partners across the borough to develop and harness the assets and support within the local community, to improve residents' quality of life and promote connectedness. Healthy Generations is an example of one such partnership, which aims to keep vulnerable older people fit, healthy, involved in their community and out of hospital, and to reduce isolation to improve health. Other projects which are actively promoting community connectedness include Islington's estate choir, the Singing Well Community Choir, and the St Luke's Community History Group which provides a wide range of free activities to local, mostly older people, building on the local knowledge older residents have of the area and offering a way for them to give back to those in their community.

Exhibit 3.6: Case Study – North London Cares – Bridging the intergenerational gap to reduce social isolation and loneliness

North London Cares is a charity based in Camden and Islington, which introduces young professionals to their older neighbours in an effort to help Londoners feel less isolated. Each winter the team knock on the doors of council residents aged 65 or over, to check they are keeping well, warm, active and connected during a particularly isolating season.

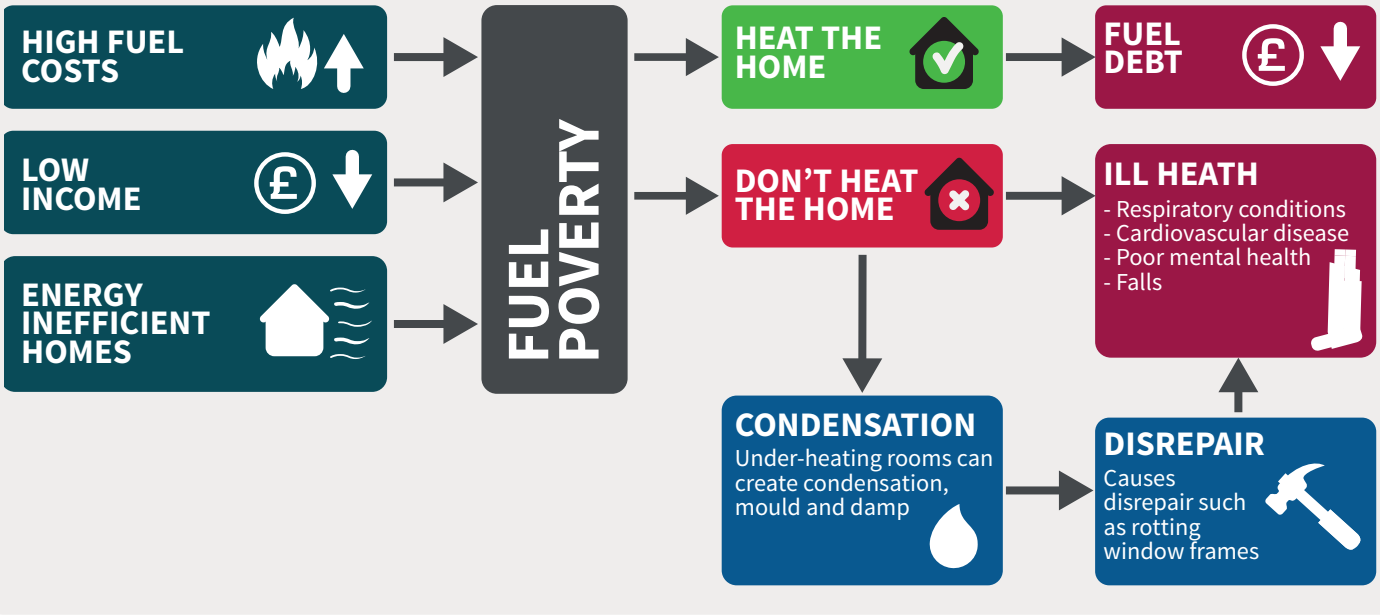
During the winter of 2016/17, the team knocked on the door of Jane*; an older adult. Jane is a born and bred Londoner but health concerns in recent years had impacted on the connection she has to her community. North London Cares introduced her to Jill*, a young working professional. While Jill had lived in the city for several years, she also felt a disconnect, thanks to the relentless pace of the capital.

Jill now visits Jane every week to catch up over a cup of tea. Jane offers Jill roots in London and a whole host of stories about the local area in which they live, whilst Jill shares her stories from work and her weekly adventures - bringing the outside in and keeping Jane in touch with the city she calls home.

They've also ventured out into the community, visiting the local pub and exchanging tales at the nearby burger joint. Jill shares "We always have so much to talk about" and Jane feels the same - "I can always talk to Jill, she's a terrific person." The friends may have 56 years which separate them but they have a borough, a shared sense of humour and a common desire to connect which keeps them united, celebrating a year and a half of friendship in October.

Source: Photograph reproduced with permission from 'North London Cares'
*not their real names

Exhibit 3.7: Main causes and effects of fuel poverty



Help on Your Doorstep is another community programme that aims to improve the health and wellbeing of vulnerable and isolated people in Islington, by working with residents to find solutions to life's challenges, strengthening communities to do more for themselves and enabling people to take steps to improve their lives.

Age UK Islington acts a connector service which helps people identify their needs and interests and then supports them to engage with existing services. They offer support such as advice, goal planning, and 'Get Togethers' centred on a programme of activities such as skills sharing, dinner clubs, and volunteering.

Manor Gardens Centre offer befriending services and other services to promote wellbeing and social inclusion.

3.3 FUEL POVERTY

Poverty and material deprivation at any age and life stage have important adverse consequences for health, wellbeing and quality of life.[9] Chapters 4 and 5 consider the potential to tackle poverty and strengthen financial security in later life through older adults remaining in fulfilling work for longer, and through improved financial planning. This chapter considers a very specific aspect of poverty that carries very direct risks to health and wellbeing in older age; namely fuel poverty.

Fuel poverty is when an individual is unable to afford to heat their home to a comfortable level. The key elements in determining whether a household is fuel poor are: income, fuel prices, and household energy requirements. Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator. Under the LIHC indicator, a household is considered to be fuel poor if they have required fuel costs which are above average (the national median level) and were they to spend that amount, they would be left with a residual income below the official poverty line.[10]

What are the impacts of fuel poverty and who is at risk?

The negative health impacts of cold temperatures are experienced most by older people, the very young, and by those with existing health conditions. Older people are at higher risk of increased blood pressure and blood coagulation, both of which are exacerbated by low temperatures and can ultimately lead to cardiovascular and respiratory problems.[11] Fuel poverty also impacts on a person's mental health and wellbeing, and increases social isolation. Fuel poverty is a known contributor to excess winter deaths (EWD).

EWD measures the ratio of extra deaths from all causes which occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. The number of excess deaths in winter depends on temperature, the level of existing ill health in the population, as well as other factors, such as how well equipped people are to cope with a drop in temperature. The majority of EWDs occur amongst the elderly population.[12]

Extreme cold can kill people through hypothermia, however this is rare. Diseases of the circulation such as heart attack and stroke account for around 40% of excess winter deaths, with approximately another third of excess winter deaths due to respiratory illness.[13] Although excess winter deaths can be due to housing and economic factors, behavioural factors such as self-care are also important.

Exhibit 3.8: Excess Winter Deaths in Camden and Islington

In the past decade, the Excess Winter Deaths Index (EDWI) has been similar or better than the London average in Camden and Islington, although numbers have fluctuated across the decade. The EWDI, which is measured by a three year rolling average, was measured between 2013-2016, and indicated an EWDI of **7.4** and **13.7** across **Camden** and **Islington** respectively across all ages, with Camden averages better than London and England, and Islington averages similar to the London (17.2) and England (17.9) averages.

The EWDI for Camden and Islington varies; for those aged 85 and over between 2013-2016 the EWDI was **4.9** in Camden and **16.1** in **Islington**, with **Camden** averages better than London and England averages (which were 26.3 and 24.6 respectively) and Islington figures averaging similar.

Source: Public Health England Fingertips, 2017

What's the local picture?

It is estimated that around 8% of Camden and Islington households with residents aged 60 and over are fuel poor, which is similar to the England average prevalence of 7.9%.[13] This figure may be an underestimate given what we know about higher level of general income deprivation in older age in our two boroughs compared to England. The absolute number of older adults living in fuel poverty is predicted to increase by between 30-35% between 2018- 2028 in Camden and Islington[15]. About 3% of residents aged 65 and over in Camden and 4% of residents in Islington are living without central heating.[16]

80% of Camden residents aged 65 and over received their winter fuel payment in 2016, which is lower than Greater London at 94%. 93% of residents aged 65 and over in Islington were in receipt of the payment.[17]

What are we doing locally to tackle fuel poverty?

As income and energy prices are fluid, improving the energy efficiency of homes is the most effective long-term way to reduce the risk of households falling into fuel poverty. Both Camden and Islington have strategic plans to improve energy efficiency in homes, as well as maximising income and reducing energy bills. Older households are entitled to a Winter Fuel Payment, and low income homes receive a Warm Home Discount and Cold Weather Payment. A range of fuel poverty and energy efficiency services are also provided in both boroughs, ensuring that residents are aware of how to maximise their income, and reduce or mitigate fuel poverty. The VCS plays an important role in signposting residents to income maximisation support, debt management and energy related referrals across Camden and Islington.

Making Every Contact Count programmes in both boroughs, which upskill frontline staff across the statutory sector and in VCS organisations to make the most of everyday encounters with residents to improve health and wellbeing, include within them a specific focus on reducing fuel poverty, and advice on staying warm and well.

CAMDEN

Camden's 'Green Action for Change'[18] strategy sets out a long term environmental sustainability plan. It outlines the key actions being taken forward in the borough to address fuel poverty, with specific objectives focused on:

- Supporting the most vulnerable households in the borough
- Continuing to use Decent Homes Standard definitions and duties or powers to mitigate excess cold and excess heat hazards, through general publicity and the London Landlord Accreditation Scheme
- Supplying loans, grants or assistance to increase household efficiency and energy production measures in the private sector, especially the private rented sector

Exhibit 3.9: Local schemes in Camden to tackle fuel poverty

Green Camden Helpline
Green Camden Helpline provides advice to residents on issues such as energy saving, grants and discounts for energy saving measures such as insulation, reducing fuel bills, switching suppliers, preventing damp and mould, and renewable energy. Eligibility checks for a variety of services such as Well and Warm, or utility bill discounts for energy and water are also carried out, with onward referrals made at the caller's request. 8,880 residents called the helpline during 2016-18, with 1,155 callers referred to the Warm Home Discount leading to an estimated combined fuel bill saving of £141,700.

Well and Warm
Well and Warm service provides free home energy advice visits to help make the homes of residents in or at risk of fuel poverty warmer, more comfortable and reduce energy bills. Small energy saving measures are also installed and a WISH Plus (see below) assessment carried out during the visit. 1,598 visits were carried out during 2016-18 across all tenures.

WISH+
WISH+ referral hub enables Camden residents to access a wide range of health and wellbeing services across the borough through one single referral. This service has seen over 1500 referrals from those aged 65 and over from 2015/16-2017/18.

Exhibit 3.10: Local schemes in Islington to tackle fuel poverty

Bunhill Energy Centre
Bunhill Energy Centre and the district-wide heat network provide cheaper, greener heat to homes on several estates and buildings in the Bunhill Ward. Launched in November 2012, the heat network is fed by the local energy centre on Central Street which produces both electricity and heat. It is now bringing cheaper energy to over 700 homes.

The Warm Healthy Homes Programme
The Warm Healthy Homes Programme is an umbrella programme bringing together a number of projects to deliver energy efficiency and seasonal health improvements to at least 3,000 home annually.

Seasonal Health Interventions Network (SHINE)
Seasonal Health Interventions Network (SHINE): a referral hub for a number of seasonal health interventions, including fuel poverty work. This service has had 775 referrals from those aged 65 and over, between 2015/16 and 2017/18.

Angelic Energy
Angelic Energy the not-for-profit energy provider started by Islington Council exceeded targets for the first year, bringing a fairer deal to thousands of Londoners. Nearly 4,000 homes are now signed up and Angelic Energy offers green electricity as part of their package. Angelic Energy also offers the Warm Home Discount to eligible pensioners who are most vulnerable to fuel poverty.

ISLINGTON

As part of Islington Council's corporate plan 'Towards a Fairer Islington', there is a clear ambition to reduce energy bills for residents, provide advice on fuel debt and help to reduce fuel poverty, as well as support residents to secure the best energy deal. Exhibit 3.10 sets out a range of ways this is being taken forward locally.

3.4 INEQUALITIES

Quality of life

Inequalities later in life can result from experiences that occur throughout someone's lifetime (i.e. across the whole life course) resulting in cumulative advantage or disadvantage. Circumstances such as poor education and work opportunities, weak social connections, where someone lives, health and disability can all impact on income, health and wellbeing in later life.[18] The consequences of disadvantage earlier in life can be compounded in older age, for example through reduced income in retirement or added complications of multiple long-term health conditions. Conversely, protective factors such as maintaining strong relationships, community connectedness, and good access to parks and public spaces can support wellbeing and quality of life in later years.

One measure of quality of life is the health-related quality of life for older people indicator, which measures health status in adults aged over 65. In 2016/17 the average measure in Camden was 0.74 which is similar to the London and England averages (0.73 and 0.74). Islington was significantly lower that London and England averages at 0.69, indicating that health-related quality of life for older people is worse in Islington than in Camden, London and England.[20]

Precisely and accurately measuring social isolation and loneliness is a challenge. While we have poor systematic and population level measures for this, we do know the risk factors. It is likely that the experience of loneliness and social isolation will be highly unequal in Camden and Islington, given the distribution of key risk factors and in particular the patterns of deprivation across the boroughs. A variety of factors combine and overlap to affect quality of life experienced in later life, including gender, poverty, disadvantage and health.

Evidence suggests that levels of loneliness are higher among older adults from ethnic minorities (with the exception of the Indian population).[21] Older people from BAME communities may also experience language barriers and higher levels of poverty than the general population.[22] There is also some local evidence that take up of services or participation in activities aimed at older people is lower amongst people from BAME backgrounds. An evaluation of services by Ageing Better in Camden shows that less than 10% of people attending programmes aimed at older people came from BAME backgrounds.[23]

Older men are often under-represented in terms of participating in VCS delivered community programmes. The majority of older people attending such activities and programmes are female. Whilst this is unsurprising given that women tend to outlive men, organisations delivering initiatives in the community frequently find it more challenging to engage men. The VCS is seeking to address this locally by trialling men-only projects. More women than men live in one-person households in both Camden and Islington, but it is not clear if this directly leads to increased levels of loneliness amongst older women, in part because women tend to engage more within their communities.

Programmes and activities for older people may often be aimed at those with a reasonable level of mobility. This approach may not be suitable for older people with underlying health and mobility problems, those experiencing chronic loneliness, and those with complex needs. These groups are potentially disproportionately at risk of poorer quality of life than their more mobile peers, underlining the importance of considering the needs of these groups of older adults when providing local services and support.

3.5 RECOMMENDATIONS

For local authorities, clinical commissioning groups, statutory and private industry partners:

- Identify all opportunities and levers that can be used to address social isolation and loneliness through services commissioned and delivered by the Council, ensuring they are equitable and that residents have been engaged in helping shape the offer of services and support
- Actively promote and refer older residents experiencing fuel poverty to the range of services and support available locally
- Take a holistic and person-centred approach to wellbeing and quality of life in older age through care pathways and services focused on older people
- Social prescribing should focus on addressing social isolation and loneliness, and enhancing community connectedness
- Through Making Every Contact Count training, support frontline staff to identify and support older adults to connect with the services, support and assets in their community that help maintain or improve quality of life, and tackle key issues like social isolation and fuel poverty
- Provide older people with the space and opportunities to make their voices heard, helping to play an active role in shaping their environment and in the local community

Recommendations for VCS partners and individuals:

- Everyone has a role to play in enhancing community connectedness. Small acts of neighbourliness and connecting with others not only builds a more cohesive, connected community but is also one of our five steps to wellbeing that benefit everyone
- Seek out ways for organisations supporting older people to work together better, cross referring into services and promoting awareness of the wide variety of services available in both boroughs, in order to offer a person-centred approach

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4. ENVIRONMENTS

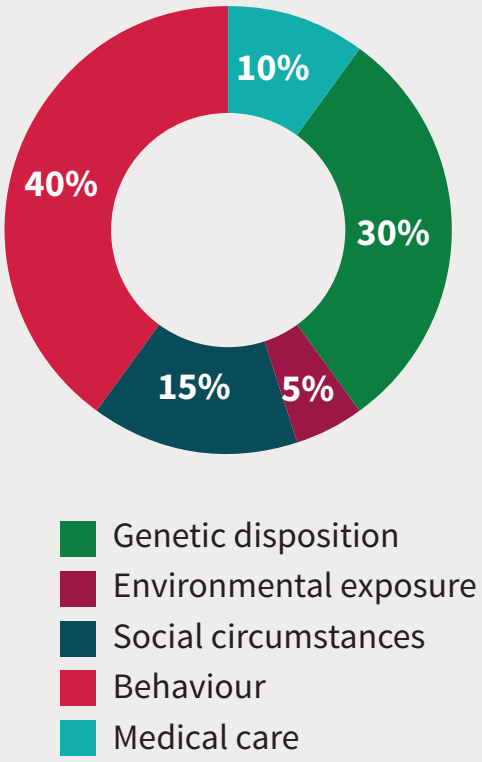
KEY MESSAGES

- Age-friendly environments, places and settings are key to ageing well and supporting independence. This includes housing, the public realm, transport and workplaces
- The proportion of older residents who live in social housing is particularly high in Camden and Islington; this presents both Councils and local housing associations with a significant opportunity to support many of our residents to remain independent and well in later life
- Both Camden and Islington have ambitious programmes to build new housing, providing an important opportunity to consider the needs of older people. Much of the existing housing stock brings particular challenges in terms of adaptability and energy efficiency
- New connected technologies are starting to play a key role in enabling people to age well in their own homes, increasing security, tracking health data, providing personal alarms, and increasing social connectedness
- The quality of our public places and spaces is important for everyone; things that make a particular difference to older people include even paving, sufficient road crossing times, places to stop and rest, and access to public toilets
- Creating truly age-friendly environments requires action across a broad range of partners and sectors, and brings benefits that extend far beyond older people
- In boroughs such as Camden and Islington, with low proportions of car ownership, accessible, affordable, safe and comfortable public transport is a key enabler in encouraging older people to access services, maintain active lives, and take part in leisure and social activities

4.1 INTRODUCTION

We know that the influence of environmental and social factors on our health, quality of life, and ultimately life expectancy outweighs the influence of individual level factors (exhibit 4.1).[1]

Exhibit 4.1: Factors influencing our health and wellbeing



Source: McGinnis et al, 2002

These wider influences on our health and wellbeing may impact directly, for example poor air quality, or indirectly, for example low quality open space, discouraging physical activity and social interaction.

Age-friendly environments and places that are inclusive and responsive to the needs of older people are crucial to healthy ageing, and to building more inclusive, cohesive societies that leave no one behind. Drawing on the WHO's guide to age-friendly cities[2], and its active ageing framework[3], this chapter focuses on a number of key aspects or features of the physical and social environment that strongly influence healthy ageing – housing, public places and spaces, and transport and identifies where there are opportunities locally to become more age-friendly.

Exhibit 4.2: Age friendly Cities - London

In 2018, the Mayor signed London up to the World Health Organisation (WHO)'s Global Network of Age-friendly Cities and Communities.

An age-friendly city is one that:

- recognises the great diversity among older persons
- promotes their inclusion in all areas of community life
- respects their decisions and lifestyle choices; and
- anticipates and responds flexibly to ageing-related needs and preferences

Age-friendly cities demonstrate that urban environments are an important factor mediating the experiences and opportunities open to older citizens.

Through the network the Mayor works with other age-friendly cities and communities in both the UK and internationally to share learning and best practice, to make London a more age-friendly city.

Key actions the Mayor has already committed to include reducing barriers to decent jobs for older workers, reducing digital exclusion, providing more accessible and adaptable homes, and ensuring sports, the arts and the transport system across the city are inclusive and responsive to the needs of older people.

To support the huge contribution older Londoners make to our city, the Mayor is ensuring that older Londoners are having their say on London's big issues using Talk London, and holds focus groups and events targeted specifically at older people and older people's organisations.[4]

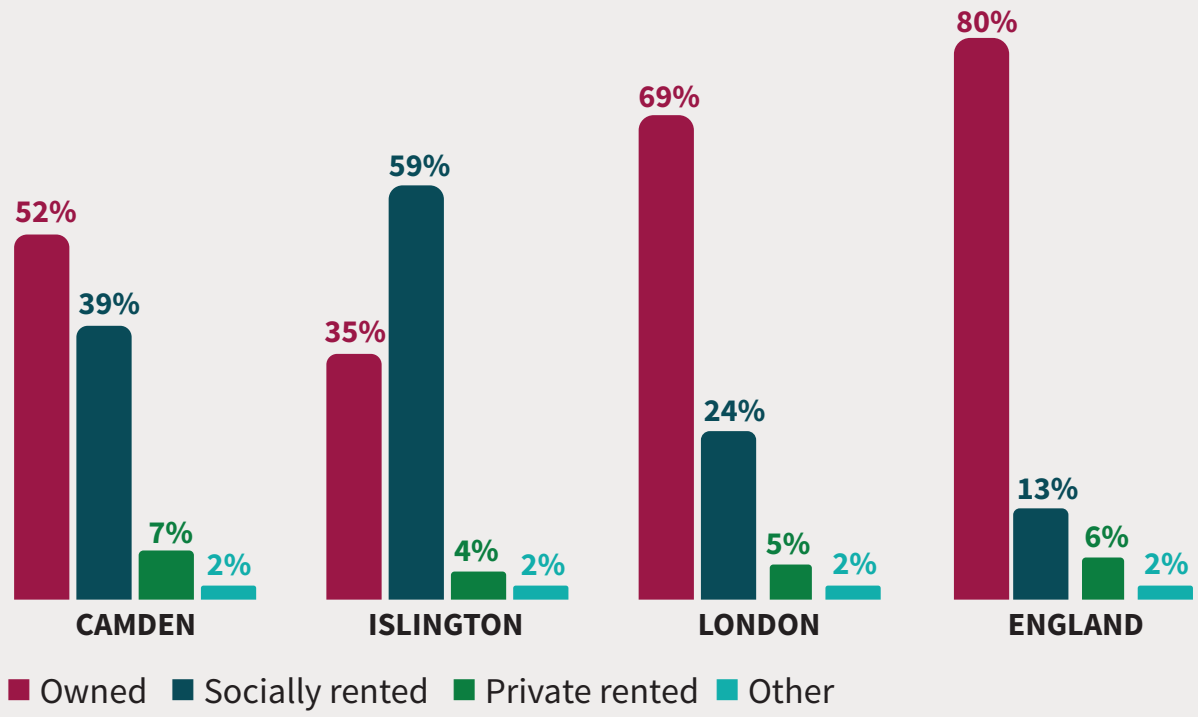
4.2 HOUSING

Nationally, the vast majority of people aged 65 years and over live independently in the community in mainstream housing, either as a homeowner (with or without a mortgage) as a social tenant (renting from the Council or a housing association) or renting privately. Only a small proportion of older people live in supported or specialist accommodation, and most older people want to stay in their own home as they age.

The mix of housing tenure amongst older residents is Camden and Islington looks significantly different to London as a whole or nationally, with a far greater proportion of older people in both boroughs living in social rented housing and a smaller proportion of owner occupiers (see exhibit 4.3).

People in later life spend more time in their homes and in their immediate neighbourhoods than any other age group, with older people typically spending 70-90% of their time at home.[5] The quality of housing and age-friendly environments are crucial to health, wellbeing and quality of life in older age – helping people to stay warm, safe and healthy, and enabling them to do the things that are important to them, and stay connected to their communities. Evidence shows that older people who are satisfied with their home have a greater sense of belonging in their neighbourhood, and have higher levels of social participation,[6] both of which are key factors in older adults wanting to stay in their own home and not wishing to move. Nationally, the cost of poor housing to the NHS are estimated to be £1.4 billion per annum,[7] with nearly half this amount linked to poor housing among older people.[8]

Exhibit 4.3: Housing tenure, people aged 65 and over, Camden, Islington, London and England, 2011



Source: Census, 2011

Older people's housing needs are as diverse as older people themselves, reflecting their personal circumstances, health, tenure, geographical location, income and equity. However, as we age, the likelihood of experiencing some physical impairments or disabilities that make day-to-day life more difficult increases, as does the likelihood of frailty and risk of falling. The suitability of the home environment to these changing needs is a key determinant of how long someone can remain independent in their home. Familiar features in the home environment, such as stairs, steps, and baths, can present particular challenges or indeed hazards as mobility decreases.

The Camden 2025 plan[9] and the Housing Strategy in Islington[10] both recognise the role that decent, secure and affordable housing plays in enabling health, wellbeing and independence and shaping healthy places and communities. To meet the needs of all older people we need to consider the supply of specialist housing types (e.g. sheltered and extra care) alongside mainstream housing. In response, each Council has ambitious plans to increase housing supply, as shown in exhibit 4.4 and 4.5 below.

Exhibit 4.4: Affordable and accessible social homes in Islington

New-build housing presents an obvious opportunity to design age-friendly home environments and features which extend the accessibility and usability of the home environment across the life course, and both Camden and Islington Councils' planning policies require new homes to be built to accessible and adaptable standards wherever possible.

Islington Council is committed to building 1,900 genuinely affordable homes between 2018 and 2022, including at least 550 new Council homes. New homes may be built on estates where there is under-developed, unloved or unusual space, such as the Dover Court estate (below left). Here, 81 unsightly disused garages and the existing Romford House were demolished to make way for the New Romford House, with an additional 70 homes for Islington residents.

One long-term resident of Dover Court, who recently moved into New Romford House, remarked on the facilities designed to support independent living, such as wide passages, wide entrances, a sink and a cooking hob which move up and down, allowing people living with disabilities to be able to cook their own meals in safety. He said "I have all of the facilities here I need to live independently, in safety, which is very reassuring." For another resident it was very important for her to stay in the area where she has friends close by, and her home is also close to her family church.

Source: Photos reproduced with permission from Islington Council

Exhibit 4.5: New extra care housing supporting Camden residents to live independently

In early 2019, construction will start on 38 new extra-care homes for people who need support to live independently. The development will also include a shared garden, ground floor lounge and dining areas for residents, and a new base for the Camden Carers Service.

Part of the Council's Homes For Older People programme, the new development will be built on Crogsland Road in Chalk Farm, opposite the site of the current Charlie Ratchford Day Centre. Until recently, the site has been vacant with occasional use as a car park (top right).

The pioneering plans will provide new, modern and fit-for-purpose support for Camden's most vulnerable residents, while meeting an increasing demand for accommodation which supports the borough's ageing population to lead independent, active and fulfilling lives and preventing the need for more expensive residential care and hospital admissions.

Extra care accommodation has been designed to support residents to live independently for as long as possible, with features such as level access showers, eye-level ovens and grab rails, alongside a 24-hour staff presence. Shared indoor and outdoor spaces will also ensure that residents are able to socialise with each other and with users of the new day centre. The new building (above bottom) also includes a day centre for older people.

The development is part of Camden's Community Investment Programme, an ambitious 15-year plan to invest over £1 billion in 3,050 new homes in Camden, including 1,100 Council homes and 300 genuinely affordable homes to rent, alongside schools and community facilities in the borough.

Source: Photos reproduced with permission from PRP Architects LLP (picture on the bottom is a computer generated image)

Despite ambitious plans for new homes, the majority of homes in Camden and Islington have already been built, with a large proportion now very old. In Camden over half of homes are over 100 years old, as are over four in ten in Islington.[11] For existing housing, there is strong evidence that even minor home adaptations are an effective and cost-effective way to prevent falls and injuries, enable older people to perform everyday activities, and improve mental health.[12] Home adaptations also help keep people out of hospital and delay or prevent the need to move into residential care. However, awareness of the availability of home adaptations, and specifically the availability of funding through, for example, the Disabled Facilities Grant, is low and the option of home adaptation is often only pursued once health or mobility have become a problem.[13]

The Disabled Facilities Grant is a means-tested grant for homeowners and tenants to pay for necessary adaptations to their home, enabling them to remain living at home independently. Both Camden and Islington Councils will arrange for an assessment of the home and recommend adaptions, which are necessary and appropriate. Family members, landlords and Home Improvement Agencies (Origin Housing in Camden and Care & Repair in Islington) can apply for a Disabled Facilities Grant on the householder's behalf. As well as adult social services, voluntary sector organisations such as Age UK Camden and Age UK Islington also promote the grant to older residents.

The WISH+ service in Camden and SHINE service in Islington can both arrange for home assessments to be undertaken.

As well as home adaptations, handyperson services also play an important role in helping older people maintain their homes, undertaking minor repairs, and contributing to the safety and comfort of the home environment. Minor repairs and housing work in Camden are provided by the Handyperson service at Origin Housing, and in Islington by the Housing Repairs Team at the Council at subsidised costs. The service is available to all residents in Camden who are aged 65 years or over and are vulnerable or have a disability, whilst the Islington service is available to residents aged 60 and over with needs.

Exhibit 4.6: Case Study- Islington's Handyperson service

A 92-year old Islington resident needed the Telecare service installed in their home, but required a telephone extension so that the alarm could be connected to both the telephone line and electricity supply. The Telecare team made a referral to Islington's Handyperson service, which quickly responded and completed the works. This simple solution meant that the resident was able to continue living independently within their own home in the community.

Maintaining a warm home is an important part of healthy ageing. As well as helping to maintain good physical and mental health, warm homes also contribute to reducing social isolation.[14] Both Councils offer energy advice and grants and discounts to maintain warm homes, as well as helping to reduce fuel debt.

The national Decent Homes Standard describes a national minimum standard of housing, free of hazards, in a reasonable state of repair, with reasonably modern facilities and energy efficient. Nationally, and locally, private rented sector accommodation has the highest proportion of

non-decent homes of any sector[15]. Currently, all of Islington Council owned housing meets the decent homes standard, compared to a national average of 95%. However, 24% of Camden's stock did not met the standard in March 2017 (down from 37% in 2011/12) although the Council's Better Homes programme is actively addressing this (see exhibit 4.7).

Exhibit 4.7: Improving council homes in Camden

Camden Council's community investment programme (CIP) is a 15-year programme, launched in 2011, which is supporting improvements in existing housing stock, as well as investing in new homes, schools and community infrastructure. The CIP helps to fund the Council's Better Homes Programme, which so far has helped pay for internal and external works to more than 22,500 homes, bringing them up to the 'Decent Homes' standards.

The Council is ensuring that residents are at the heart of the CIP to deliver homes that are safe, warm and genuinely affordable. As CIP is delivered directly by the Council, this allows the Council to work with residents from the start to the end of any scheme, building relationships with residents in order to understand their priorities for their communities.

Although only a small proportion of older residents in Camden and Islington live in private rented sector accommodation, national research shows they are a group who may be at greatest risk of poor health and wellbeing associated with living in poor or unsuitable housing conditions.[16]

Although there is little data on the condition of homes where residents rent directly from a private landlord, privately-rented homes are more likely than other tenure groups to have a hazard that is a risk to health. One reason for this is that privately rented homes tend to be older.[17] There is also some evidence that landlords also find access to adaptations particularly difficult, particularly those that offer short-term lets.[18] Both Camden and Islington Councils expect all privately rented accommodation to be free from hazards and in good repair, and both Councils provide services to support tenants where housing conditions are poor. Both Councils also run lettings schemes, managing properties on behalf of landlords, ensuring that homes are of a good standard before renting to local residents.

Exhibit 4.8: Camden's Landlord Services Review

In 2018, Camden's Landlord Services Review tested a new way of working in the Highgate, Cantelowes and Kentish Town wards. The pilot tested ways of providing prevention and early help and being more responsive to tenants, particularly in the light of increasing vulnerability.

Informed by the views of over 600 tenants and residents, it was clear that the role of Tenancy Services needed to change so that officers could better support tenants' needs. Problems presented to the Council were often only one of many issues residents needed help with, but residents were often passed over to a number of different staff and services rather than receiving a holistic response. Issues included money management issues, neighbour disputes and housing needs.

A pilot team was set up to test out a new approach, whereby a member of staff would lead on resolving the whole needs identified by the tenant, and pull in additional support when necessary rather than resolving just the specific issue they were responsible for, then passing them onto another member of staff to address other concerns. With staff having increased understanding of the area, the property the person lived in, and their specific circumstances, the intention is not only to provide the tenant with a better service, but also for the Council to resolve issues before they escalated, embedding a prevention approach.

Through this process of redesign, the team have the freedom to move beyond their current roles – the aim is to learn from each other's knowledge and experience and provide a holistic service. The Council has developed a virtual team with named contacts in other key departments and service areas to enable collaborative problem-solving and access to specialist workers, including a psychologist, funded by Public Health, who is helping develop a more psychologically informed approach.

The value that residents place on trusted local housing staff, such as caretakers and neighbourhood housing officers, as a point of contact and gateway to more specialist provision when needed, emerged strongly from the Landlord's Services review.

Following further engagement with residents, a new model will be implemented across the borough by Spring 2019.

The large proportion of older adults who live in Council or other social rented housing in both Camden and Islington presents a key opportunity to promote and maintain the health, wellbeing and independence of older adults in both boroughs (see exhibit 4.9). Closer working between housing, health and social care (including housing officers being part of multi-disciplinary integrated care teams) being able to make referrals for care and support services, promoting the health and wellbeing agenda among tenants and helping plan for and facilitate hospital discharge, all has the potential to deliver real benefits to the health and care system, and most importantly help improve outcomes and the experience of residents.

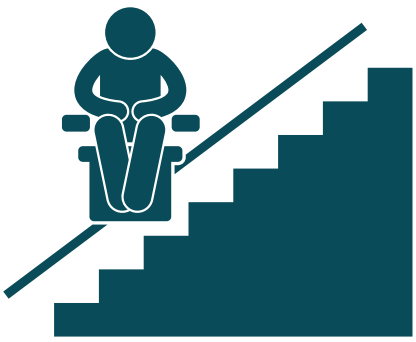


Exhibit 4.9: Case study- Social Housing and health improvement[19]

In 2016, Family Mosaic (now merged with Peabody Housing Association) published results of a three-year health study, Health Begins at Home, which took place in several London boroughs, including Islington. The study found that health and wellbeing interventions for older people in a housing context resulted in reduced demand on the NHS and improved health outcomes, especially for the most vulnerable. However, it also identified that some residents became very dependent on staff delivering these interventions, rather than helping build more resilience and independence.

Following this, Peabody wanted to test whether more focused, person-centred health and wellbeing interventions could address this potential dependency issue, by improving people's ability to manage their own health more effectively. Peabody developed a service using health navigators and volunteers to coach and connect residents with the relevant health, housing and VCS organisations they needed. This approach mirrors those used in health and care service contexts, so Peabody wanted to see if this would work in a housing context.

They found that recipients of their service gained the skills and confidence to effectively manage their health without ongoing support after the initial intensive intervention. The research highlighted the importance of understanding and helping develop residents' confidence, skills and knowledge as well as needs, and consequently, Peabody has incorporated co-production into how they develop and provide their wider floating support services.

4.3 TECHNOLOGY AS AN ENABLER

As well as maintaining and adapting the physical fabric and environment of people's homes, technology can play a key role in enabling older people to live well in their own homes. Both Camden and Islington Councils are embracing new technology that helps people remain safely and independently in their own homes within their own communities (see exhibit 4.10).

Essentially, assistive technology is part of the "smart home" family of connected devices. Connected homes allow assistive technology to communicate using an internet connection and apps via telephone lines, smartphones or smart televisions. This technology can be used to monitor the opening and closing of, for example fridge doors, or doors and windows more generally. Wearable devices can track movement and body position, which can alert family members or services if a user has fallen and needs help. Wearable devices can also track important health data, like blood pressure, heart rate and blood sugar, alerting health professionals to measures that exceed normal ranges and require intervention. And of course the internet can be used to keep in touch with family and friends via smartphones, tablets, or computers.

Exhibit 4.10: Assistive technology in Camden

Camden is currently developing and expanding its assistive technology service, Careline, to provide an offer to a wider range of users, such as younger adults, people with learning disabilities and people with mental health issues.

Assistive technology can support people to achieve a range of outcomes including living independently, remaining safe in the home and increased reassurance and support for carers. It can also be used to manage risks such as falls, wandering, or forgetting to take medication.

The Council wants to achieve a culture change whereby assistive technology is seen as a key part of a person's care package, which can prevent, reduce and delay the need for traditional care and support services, whilst maintaining independence and quality of life. To do this, the Council is making a number of changes to develop its assistive technology offer and increase the number of people using assistive technology as a key part of their support. This involves:

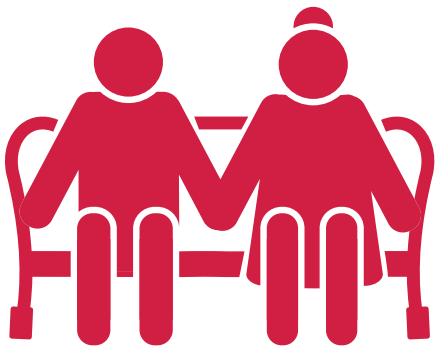
- A more efficient referral processes with clear guidance and support for referrers
- A learning and development programme and better communications around Careline and the benefits of assistive technology
- A robust approach to tracking the benefits of assistive technology and using this information to continuously improve the service
- A formalised process for how Careline adopts new technologies and innovation to meet the needs of Camden's residents

Exhibit 4.11: Islington Telecare

Islington Telecare offers services which help residents live independently at home. Simple, safe equipment connects residents to the Telecare Team, when help is needed.

There are two different levels of service. A monitoring service lets residents choose three people who they know and trust and who live nearby, to have a set of keys to their home. When the alarm is activated, the Telecare team will contact their key holders. In the full service, the Telecare team itself holds a set of keys safely and securely so they can access a home when the alarm is activated. If necessary, Telecare also contact the relevant emergency service.

In both levels of service, a range of sensors is also available depending on the resident's needs, enabling people to remain living independently in the comfort of their own homes. The most common reasons that people are referred to Telecare are to increase residents' peace of mind, reduce avoidable admissions to hospital, and to reduce carer stress.



4.4 OUTSIDE SPACES

The nature and quality of the wider environment beyond people's homes has a major impact on independence, health, wellbeing and quality of life of older people. As people grow older, the immediate neighbourhood environment becomes more important. Mobility issues may limit how far people are able to walk or actively travel.[20] Walking is the predominant way in which older people get around their local neighbourhood,[21] and the proximity of shops and essential services encourages mobility among older adults, more so than recreational destinations[22]. Planning policies that seek to preserve a diverse local retail offer are therefore important in helping shape age-friendly environments.

Accessibility of the urban environment, including seating to stop and rest, public toilets, and safe places to cross the road, are also important for older people.[23] Street environments that encourage walking and cycling and which prioritise pedestrians and cyclists over cars are more inclusive, offering opportunities for people to encounter each other, reducing social isolation, and supporting people to be more physically active. Creating environments that support and encourage older people to walk more is an important component of healthy ageing, given we know physical activity, and walking specifically, declines with age.[24] Local residents told us they want their local environments, spaces and place to be accessible, and less car dominated, but also noted that sometimes the needs of older people do not seem adequately balanced against the needs of other users of the space. A particular example of this was "mixed use" space between pedestrians and cyclists.

Transport for *London's Healthy Streets*[25] for London describes ten indicators to improve the experience of our streets, and the extent to which they promote health, wellbeing and connected, thriving communities - not only for older people but for everyone (exhibit 4.12).

Exhibit 4.12: Healthy Streets Approach

Source: Transport for London

The healthy streets approach is a keystone in the Mayor of London's Transport Strategy, and supports both Camden's and Islington's visions to put health at the forefront of the environment. To date, Camden had consulted on a new Transport Strategy with the Healthy Streets approach at its centre, whilst in Islington the Healthy Streets approach is driving a proposal for a "liveable neighbourhood" in the south of Caledonian ward, with consultation on a new transport strategy expected in 2019.

Although national data shows that older people are less likely to be a victim of crime than other age groups,[26] fear of crime or perceptions of being unsafe can act as a barrier to the maintenance of a 'normal' daily life for many older people.[27] As a result, older people may be less likely to leave their

Exhibit 4.13: Healthy Streets in Camden

In September 2018 Age UK London and Ageing Better in Camden (a partnership of groups concentrating on the needs of older people) held an age-friendly London event. This event focused on two key components of the WHO's Age Friendly Cities – transport and public spaces/streets. The discussions, which focused on barriers to using the street for older people and suggestions for improvements, have informed the draft Camden Transport Strategy. This strategy recognises that a much higher percentage of journeys taken by older people are walked, compared to younger people (although the distance they cover is much shorter) and also that people are more likely to keep mobile and independent as they get older if the environment around them is conducive to active travel, and if public transport networks are accessible.

Camden's draft Transport Strategy signals Camden's intention to be at the forefront of efforts to transform the transport system through bold action and innovation, tackling not only key transport challenges but creating Healthy Streets and environments. It is expected to be formally approved in April 2019.

By creating public spaces that are both safe and social, cities can facilitate natural interactions between people, reducing isolation and improving wellbeing. The Council has been working with Kilburn Older Voices Exchange (KOVE), a local stakeholder group representing older people in the borough, in order to ensure the views of older residents are heard and shape local environments. With support from Camden, KOVE has commissioned films looking at the barriers faced by older people and by those living with a disability using our streets. Barriers identified included lack of seating, availability of public toilets, inadequate crossing times and street clutter as barriers. Camden Council also worked directly with KOVE to help develop an area-based scheme in Kilburn, particularly focusing on changes that will help people cross the busy and wide Kilburn High Road.

homes at certain times of the day, and this may erode their sense of feeling part of their community and contribute to feelings of isolation and loneliness.[28]

In a 2016 independent crime survey in Islington, older residents raised a number of concerns in relation to their age, including uneven pavements and other hazards, anti-social behaviour (particularly noise), and feeling targeted as a vulnerable group (see exhibit 4.14 for Islington's ambitions to make a liveable neighbourhood). Age and disability are linked in this respect – disabled people also felt that they are more frequently targeted and face particular hazards. In contrast, young people were seen as a cause of anti-social behaviour (congregating in groups).[29]

'Designing out' crime, for example avoiding blind spots, good lighting, keeping spaces clean, well maintained and free from graffiti, alongside a proactive approach to tackling nuisance and anti-social behaviour, can help address these issues.[30]

There is also an emerging body of evidence that certain community environments and settings serve as positive focal points for intergenerational contact and activities, enabling different generations to meet, interact, build relationships, and work together to address issues of local concern or build on shared interests. Examples include schools, parks, libraries, museums, community gardens, and multi-service community centres.[31]

Exhibit 4.14: Ambitions for a liveable neighbourhood in Islington

The role that streets play in virtually every aspect of our lives is seen as an enormous opportunity to improve Islington residents' broader experience of their neighbourhood. This is particularly the case for older people, who disproportionately feel the negative impacts of poor street environments.

With a bid in for the Mayor's Liveable Neighbourhoods programme, Islington's ambition is to transform the Cally Neighbourhood – an area that lies between King's Cross and Pentonville – through a coherent programme to create high quality streets in line with the Mayor's Healthy Streets approach, reduce car dependency and enable residents to walk and cycle more. A revitalised local retail offer on Caledonian Road will increase the number of people using the area, increasing opportunities to meet and interact socially. Roads will be easier to cross, and attractive places to stop and chat will be introduced.

Other funding is contributing to improvements to local public open spaces and parks in Islington such as Edward Square, Joseph Grimaldi Park, Barnard Park and Bingfield Park, all of which are valuable local resources for all ages.

Transport for London will announce successful bids in February 2019.

Source: Photo of Caledonian neighbourhoods reproduced with permission from Islington Council

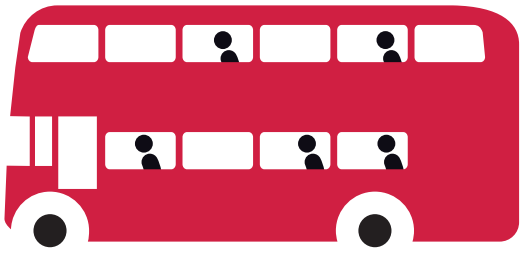
4.5 PUBLIC TRANSPORT

As we age, unsurprisingly the ways in which we access and move around our environments also change - family moving away, retirement, changing health needs and mobility are just some of the drivers.[32] In general, car use tends to decrease amongst older age groups, so reliable, accessible, and affordable public transport is essential for enabling older people to participate fully in the community, whether for employment or volunteering, meeting friends, or accessing shops, services, and leisure opportunities.[33] Levels of car ownership in general in Islington and Camden are significantly lower than London and national rates; consequently, access to reliable and affordable public transport is arguably even more important to our older residents. In focus groups across both Camden and Islington, older residents told us how important access to good and affordable public transport is to them.

Frequent public transport use in older people (who are able to use public transport) is associated with a decrease in age-related decline in physical capability and an increase in leg muscle strength, compared to older people who could, but chose not to use public transport.[34] Affordability is a key issue for many older people, although concessionary schemes in London mean that this is less of an issue for older people locally.[35] Concessionary fares for older people offer users more choice when shopping (helping to reduce costs) enable people to shop more frequently thus lightening the load, and enable older people to access social and recreational activities that reduce isolation.[36] Free or concessionary bus use also encourages physical activity and underpins people's sense of belonging to and being able to contribute to community life.[37]

Other factors beyond accessibility and affordability also encourage older people to stay active and use public transport. These include wider factors such as comfort (including being able to sit), perceptions of safety, and the attitudes of other commuters. Overcrowding on public transport is a key issue in London, not just for older people but all age groups,[38] but is cited as a factor in older people avoiding using the tube. As well as being uncomfortable, not being able to sit down can act as a deterrent. Encouraging a shift to walking and cycling among all age groups will free up space on public transport for those who need it.

Increasing provision of accessibility and safety features on public transport, such as step free access, ramps, and bus driver training, for example, to allow older passengers more time to hold on or get to a seat before driving off, also serve to create more age-friendly transport options for our residents. Interestingly in London, although an increasing number of rail and tube stations are becoming step-free, buses remain the preferred public transport option amongst older people, as tube trains are not only perceived as being more crowded and dirty, but also are viewed as being less sociable than the bus.[39] Both Camden and Islington Councils continue to work with Transport for London to improve accessibility to public transport, and both Councils consult with older people and organisations in the development of new area-based schemes, to understand and respond to the needs of excluded and more vulnerable groups.



4.6 RECOMMENDATIONS

Housing

- Council housing and planning strategies, and in particular the availability of homes that are adaptable to changing needs over the life course, should be seen as key to how we plan for and respond to the needs of an ageing population. Housing strategies play a key role in supporting healthy ageing and in maintaining independent living, reducing the need for more specialist accommodation in the future
- As social landlords, both Councils should develop their relationships with older people to promote and support wellbeing in later life, tackling social isolation as well as connecting older residents into key services and support in the community
- Both Councils should capitalise on their position as civic leaders, and encourage registered housing associations to similarly play a role in adaptable housing and supporting wellbeing and independence in later life
- WISH+ in Camden and SHINE in Islington are key gateways to home adaptation and handyperson services regardless of tenure, and should be promoted widely across all services

Technology

- Assistive technology is developing rapidly and already offers a number of ways to support older residents to live independently in their own homes. As technology continues to evolve, both Councils should monitor technological developments and capitalise on their benefits to healthy ageing

Outside spaces

- Embedding the healthy streets approach into planning, and public realm design into both large and small scale developments, offers benefits to everyone but particularly older people who may need more time to cross the street and more places to stop and rest
- The healthy streets approach should be embraced in all open spaces, including areas in and around housing estates and other public open spaces
- Other aspects of age-friendly cities should be incorporated into policies, plans, and local schemes, including, for example, an appropriate balance between the needs of older people as pedestrians and other users of space, such as cyclists
- Local neighbourhood shops provide a convenient and important service for older people in particular, and should be supported, including through improvements in public realm around the neighbourhood – parades and shopping areas
- Crime and fear of crime continue to be barriers to older persons' use of and enjoyment of outside spaces, and keeping spaces clean and well maintained alongside a proactive approach to tackling anti-social behaviour should remain as key priorities for both Councils
- Older people should be consulted on their specific needs to ensure that key barriers to mobility are removed, taking the healthy streets approach not only for streets but also public realm and estates

Public transport

- Good quality, safe and accessible public transport is key to enabling full participation in society for older people. The Freedom Pass is extremely important to older people and both Councils should continue to promote and support this. Equally, working with Transport for London on accessibility, including step-free access at stations but also safe bus stops with reliable information, remains key to supporting older people's use of public transport

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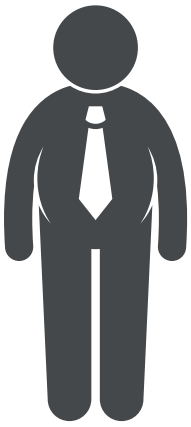
5. MANAGING MAJOR LIFE CHANGES

KEY MESSAGES

- Early support and building older people's resilience can improve their independence and wellbeing during major life changes
- As people live longer, career planning and retirement will undoubtedly look different in the future. Employers can play an important role in supporting older people through developing strategies and policies to support older workers in the workplace
- Community organisations could play a key role in helping those who are approaching retirement to plan financially and emotionally
- Lifelong learning and participation in employment for longer not only brings economic dividends to society, but also financial, health and wellbeing benefits to individuals
- Supporting carers to remain physically and mentally well supports both the carer and the people they care for
- As the population of older people with long term conditions and complex care needs grows in Camden and Islington, personalised care planning will be of increasing importance, including end of life care



5.1 INTRODUCTION

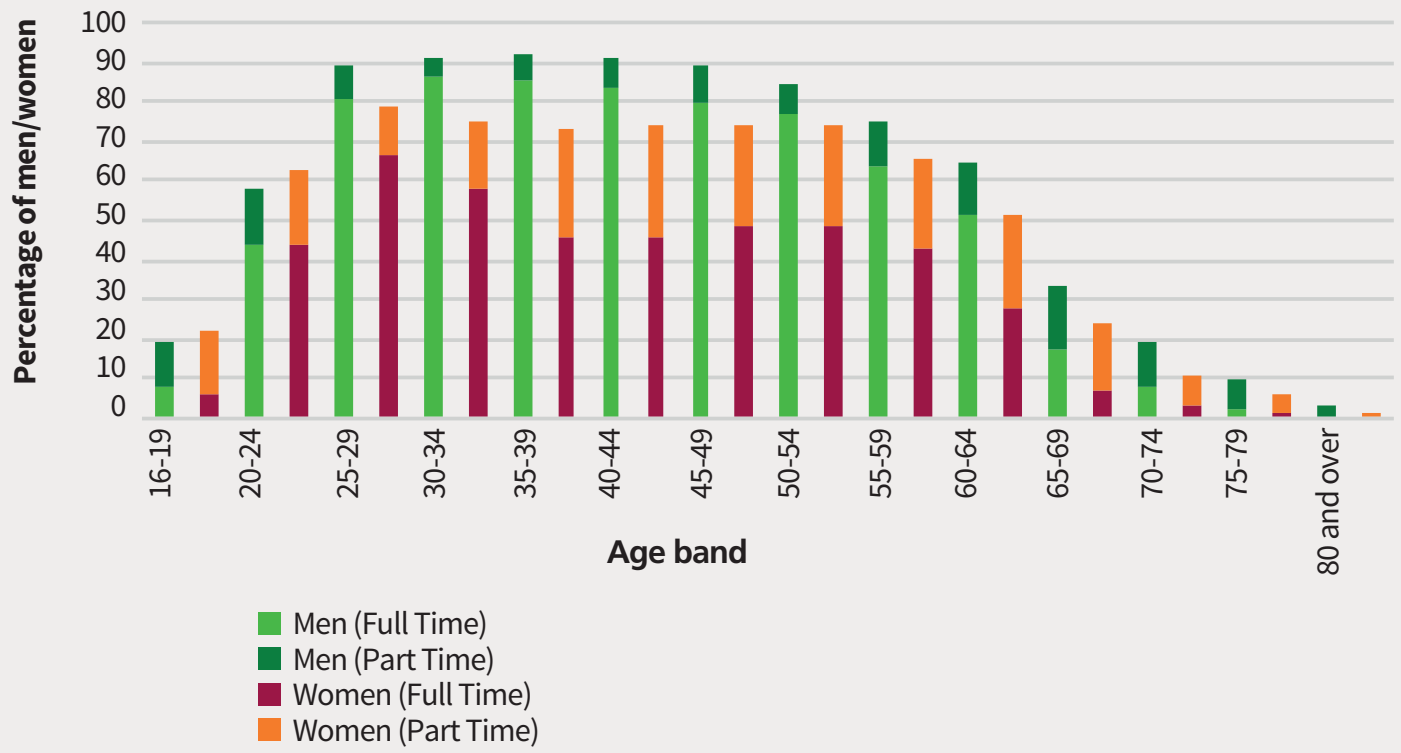
Later life can be a time of major life changes, including retirement, new caring responsibilities, bereavement and changes in mental and physical health. For some people, older age can be an increased time of stress and worry, and of disconnection from networks and support systems, leading to loneliness and isolation.

However, with early support and preparation, these life changes provide opportunities for older people to build personal resilience, improving their independence and wellbeing, increasing their choice and control and preventing or delaying the need for care and ongoing support. Volunteering is a key means of staying connected to community life as we grow older, helping to strengthen social connections, building personal resilience whilst helping to build that of local communities, and increasing life satisfaction, happiness and wellbeing.

5.2 WORKING IN LATER LIFE

Most people spend at least a third of their day at work, with the average person spending 90,000 hours at work over a lifetime.[1] According to the ONS[2], the proportion of people aged 65 and over who work has almost doubled since records were first collected in 1992. This will continue to increase and the economy may come to rely increasingly on older workers by 2039.[3] In London, 11.9% of men aged 65 and over were employed in 2009; by 2018 this had risen to 18.0%. In 2009, 6.7% of London women aged 65 and over were employed, rising to 11.0% in 2018. The increasing average age of people leaving the labour market suggests that there is and will be more older people in work, and workplaces will need to ensure they provide support for their older employees. Chartered Institute of Personnel and Development

Exhibit 5.1: Percentage of population in full time and part time employment, London, 2018



Source: Office of National Statistics, Annual Population Survey, 2018

(CIPD) research has found that only one in four employees believe that their employer is prepared to meet the needs of workers aged 65 and over.[4]

For those who can work, the contribution of employment to healthy ageing is in part financial, but work can also be a major source of social connections, giving people a sense of purpose and helping keep people physically and mentally active. Remaining in work for longer also delivers important societal as well as individual benefits, in terms of economic productivity, increased tax revenues and reduced welfare spending.

The proportion of people who are economically active begins to fall from the age of 50, and the proportion of economically active people in part-time work, particularly men, starts to increase (exhibit 5.1).[5] By the year before people reach state pension age, over half are not in work.

The National Institute for Health and Care Excellence (NICE) updated its guidance on Workplace Health in 2016 to include explicit recommendations for employers to support older employees (50 and over). These include avoiding making stereotypical assumptions, offering older employees the same opportunities as other employees (e.g. training, development, support with role changes) supporting upskilling if necessary and addressing the needs of older employees in relation to key life stages and life events in order to support the retention of older employees.[6] Beyond offering more flexible working arrangements and policies[7], small adaptations in the workplace can also help people to remain in employment for longer.[8] Workplace adjustments and specialised equipment to reduce more physical occupational demands are examples of such adaptations that can help support people to remain in work for longer.[9] Recruitment processes, training

and development opportunities and developing workplace cultures and practices that value the contribution of older workers are all important components of creating age-friendly workplace environments. Some examples of the ways in which employers can help create more age friendly workplaces are described in exhibit 5.2.

Exhibit 5.2: Ways of making workplaces more age friendly[10]

Employers can:

- Provide timely and appropriate support, for example, flexible working policies or carer's leave
- Communicate working time options and eligibility clearly without jargon, and providing information on the financial implications of flexible working if relevant
- Plan and resource the policy effectively, including early liaison between HR and pensions fund staff if appropriate[4]

Consider the specific needs of older adults in the workplace environment, such as :

- Controllable lighting so that older workers can compensate for vision deterioration at low light levels
- Provision of a range of adjustable furniture including height-adjustable desks and ergonomic office chairs that compensate for muscular and joint deterioration
- Separating activities that create a lot of noise, for example printing and photocopying, from quieter work areas to support mental concentration
- Designate some open-plan areas as quiet work zones with protocols discouraging phone calls, informal meetings and other interruptions

The Timewise Foundation works to promote the social benefits of quality part-time work and aims to build a high quality part-time and flexible job market to create greater choice for everyone who needs flexibility in their career. Flexible working is important among older people, and the benefits to Camden Council (which became the first Timewise Council in 2014) and to Islington Council (the third Timewise Council nationally) are clear. Flexible working allows both to retain skilled workforces and, by leading by example, Timewise accreditation gives both authorities a stronger voice in their civic leadership capacity, working with local businesses and suppliers to encourage flexible working practices and age-friendly working environments.

The London Healthy Workplace Charter, backed by the Mayor of London, provides clear and easy steps for employers to make their workplaces healthier and happier – and more age friendly. The Healthy Workplace Charter is the first pan-London framework that supports and recognises investment in staff health and wellbeing, partnering local public health resource with employers and supporting them to meet a set of standards in order to receive an official accreditation and award. Both Camden and Islington Councils support businesses to achieve this award, through which employers demonstrate good practice in a number of areas, including:

- Putting training plans in place to help develop employees' potential, with training opportunities identified in individuals' appraisals
- Ensuring workplace stress risk assessments are in place and have been carried out
- Ensuring the organisation provides, labels and promotes healthy options in its canteen and any other catering provided for staff, and employees are aware that healthy options are available
- Ensuring a good proportion of managers have attended mental health awareness training

Exhibit 5.3: Employment support for older people in Camden and Islington

Journey 2 Work is a voluntary employment project that gives personalised support to reignite employment goals for over 40s and helps transfer work experiences into new opportunities.

The scheme offers up to a year of 1-2-1 support to help people plan, transfer their skills into employment, gain qualifications and improve their health and wellbeing. Journey 2 Work, funded by the Department for Work and Pensions and the European Social Fund, is delivered across Camden, Islington, Westminster and the City of London.[42]

5.3 PREPARING FOR RETIREMENT

The estimated average age of withdrawal from the labour market in 2017 is 65.0 years for men and 63.3 years for women.[11] In Camden, 74.2% of over 65s are likely to be in retirement, based on the numbers claiming state pension, and in Islington 88.9% of over 65s are likely to be in retirement.[12, 13] Policies and employment practices that promote employees' control of their retirement decisions will likely enhance wellbeing in later life and facilitate longer workforce participation.[13]

Evidence points to retirement planning as almost doubling the percentage of people who enjoy a retirement free from financial worries. However, around a third of people nearing retirement have done nothing to prepare.[4] People in lower socio-economic groups are less likely to prepare for retirement than those with a high socio-economic status.[16] 26% of those aged 55 and over claim that they do not know that the state pension age will increase from 65 to 66 between 2018 and 2020. Similarly, 48% of 35-54 year olds are still unaware that the state pension age is going to increase from 66 to 67 between 2026 and 2028.[4]

Thinking about retirement and active planning can have a significant positive impact on retirement satisfaction, even after taking account of income, wealth, marital status and health.[14]

Local financial information and advice on retirement is available, through both Councils and via respective local Age UK organisations. However, as well as support focusing on the financial aspects of retirement, initiatives that also focus on the emotional aspects and emotional preparedness are also found to be effective at building resilience. 'Own Your Future' is an example from the USA of a public awareness initiative that encourages people to plan for all aspects of their planning for older age, including where to live, care needs and arrangements and finances. It is based on evidence of improved wellbeing and resilience in later life associated with proactive planning.[15]

Locally, a wide range of opportunities to stay involved in the community, including social and interest-based activities, social clubs and volunteering are available for older residents. Further promotion and signposting of these activities to retirees, may help people find and navigate more easily what is available.[16]

5.4 VOLUNTEERING AND LIFELONG LEARNING

Keeping mentally active and engaged, whether through volunteering or lifelong learning, is important for wellbeing at any age, but is an aspect of what people regard as ageing well.

People in later life make a vital contribution to their communities, and in many ways, older people are the mainstay of much of the formal and informal volunteering that happens locally in Camden and Islington. Older people bring their life experiences, skills and talents to make a huge difference to their communities, many in formal volunteering capacities, or through participation in civic life, and others through informal ways, such as befriending, caring for neighbours and providing peer support. Ensuring that all older residents feel able to get involved and take up opportunities for participation in their communities is important, if we want to maintain and grow this vital contribution to helping

Exhibit 5.4: Ten learning needs in later life

1. Managing transitions
To prepare for and respond positively to major life changes, including retirement, moving house, giving up driving, loss, bereavement, and death.

2. Getting involved
To encourage and support people to play an active role in their communities.

3. Accessing the digital world
To enable people to make effective use of current and emerging technologies, in order to maintain independence, access information and sustain social networks.

4. Managing Caring
To enable people to carry out their caring responsibilities for partners and others, and to provide personal support in managing the pressures of such roles.

5. Maintaining health
To help people to maintain their physical and mental health.

6. Ensuring financial security
To ensure that people understand and can manage their personal finances, and avoid being exploited by others in later life.

7. Maintaining employability
To encourage and enable people to extend their working lives, through paid and unpaid work, and to improve the quality of those working lives.

8. Developing interests, curiosity and knowledge
To enable people to take up, develop and maintain interests and creativity across a range of fields.

9. Cultural engagement
To enjoy, understand and contribute to a diverse, shared and evolving culture. This includes passing on skills and knowledge to younger generations.

10. Maintaining basic skills
To ensure that people have, and can maintain, the basic skills of language (including English for speakers of other languages), literacy and numeracy they need, in order to manage their changing lives.

Source: McNair S. Older people, learning and education; what do we know? NIACE, 2011

our communities thrive, but also ensures all older people can benefit from the increased wellbeing and social connections associated with community contributions.

Participation in learning declines throughout life. Around 42% of people aged between 25 and 49 participate in some form of learning, which falls to 11% of people aged 75 and over.[c] Part of this decline is that older people's learning needs are not well met. This may be a combination of factors, including a greater focus on work related learning that is unappealing to retirees, market mismatch (for example, financial education being targeted at more affluent individuals), or that learning opportunities focused on formal outcomes such as qualifications undervalue the factors which make learning important to many older learners. There is also evidence that people with higher levels of educational qualification are more likely to continue to learn throughout life. Learning in later life clearly has a different function compared to formal learning in early life, and the National Institute of Adult Continuing Education (NIACE) has identified ten learning needs in later life.

Vocational education and training is a factor in people remaining in work for longer, and helping older people to maintain employment, their income and social connections; non-vocational learning is associated with reduced social isolation, strengthened social bonds and improved quality of life.[18] In fact, research suggests that informal learning has a greater effect on older people's wellbeing than formal learning, and that it is the intrinsic interest in learning and the associated opportunities for socialising that are likely to be behind the associated increases in wellbeing.[19]

Exhibit 5.5: Adult learning in Camden and Islington

Learning for later life is beneficial for many reasons, not only for helping develop or improve skills needed in the modern workplace, but also learning keeps your brain active, and increases social interaction. Across Camden and Islington, there is a rich offer of adult learning opportunities, which acknowledges that adults and older people are not a homogenous group, and they have a diversity of needs and interests.

Both Camden and Islington Council offer a range of adult learning classes, usually in accessible community venues through the 'Camden Community Adult Learning' and 'Islington Adult Community Learning' programmes.

The University of the Third Age consists of local groups of older people whose members run informal courses, study groups, talks, and outings. A Camden group is based at Hampstead Old Town Hall in Haverstock Hill and in Islington at Resource for London, Holloway Road.

Ensuring our adult community learning offers are appealing and accessible to older residents with less prior experience of formal learning and education is important, if we want to ensure the wellbeing and quality of life benefits of lifelong learning are available to everyone. Similarly, there is some evidence that suggests ensuring volunteering and community contribution opportunities become more age-friendly and inclusive, rather than creating bespoke or tailored volunteering or participation opportunities for older people, can be more effective in breaking down barriers, tackling ageism and supporting older people's participation.[20]

5.5 CARING FOR OTHERS

Exhibit 5.6: Case Study - a carer's story

Mrs C* is nearly 60 years old and made the decision to be a full time carer for her parents, one of whom has Alzheimer's disease. She had been in paid employment previously but gave up work to care for her parents 24 hours a day. Initially, when she gave up work she did not apply for any welfare benefits, feeling embarrassed and that it was wrong to get money from the state. With support and reassurance from Camden Carers Service (CCS) she was linked in with a welfare rights worker at Mary Ward Legal Centre who helped her access the benefits to which she was entitled.

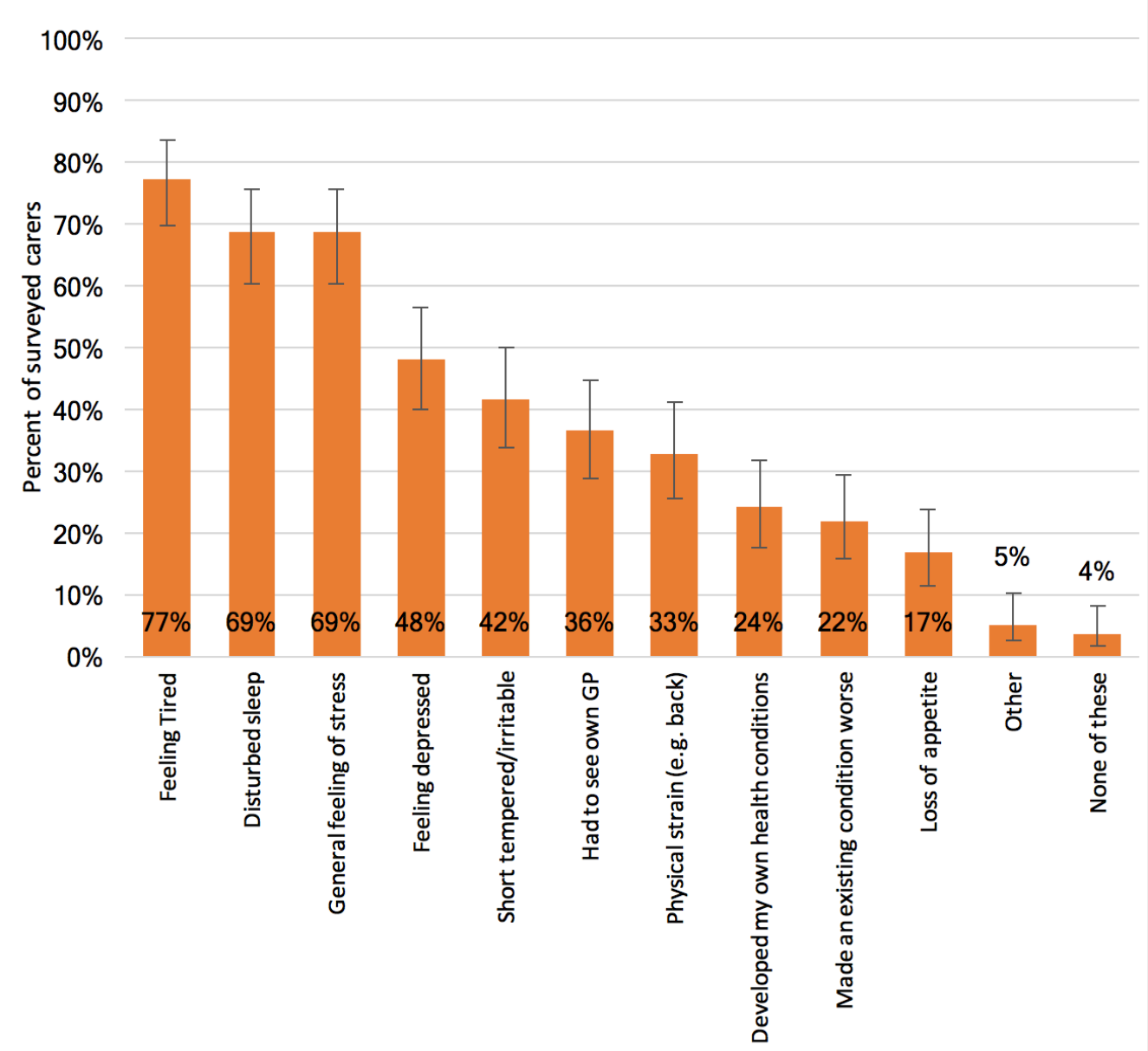
Over the 9 years or so of caring for her parents, Mrs C lost a great deal of confidence in her own skills and abilities. She became isolated with no social life and friends and she rarely participated in activities for herself. She feared that if she started to open up she would break down and not be able to continue caring. Her Support & Wellbeing Worker supported her to go and speak to her doctor, and for the first time, share how she was feeling. Mrs C then began seeing a counsellor from CCS on a weekly basis for 12 weeks and took up CCS's offer of a Health & Lifestyle Consultation. Respite care was arranged for her parents to enable her to take up this support, and she was also encouraged to come along to CCS Dementia Carers Group so that she could meet other carers experiencing similar things. This helped her to feel less alone. Other members of the group encouraged Mrs C to participate in CCS's Dementia Carers Training course, which has given her greater strength and resilience.

*not her real name

A carer is a person who provides support for a partner, relative, child, grandchild or friend who is frail, disabled, has a long-term illness, mental health issue or substance misuse problem and who cannot manage on their own. Carers provide this support without pay, and this role is different from a care worker or a volunteer from an organisation.[21] Providing care can have a substantial impact on a carer's current and future quality of life and there is recognition that carers as a group are at a disproportionate risk of experiencing health inequalities.[22] Research suggests that caring can have a detrimental impact on mental and physical health and increased mortality, especially on older carers.[23, 24] Supporting carers to remain physically and mentally well supports both the carer and the people they care for. A carer's role and relationship to the person being cared for is also an intrinsic component of the more formal caring relationship between health and care professionals and the patient or person.

Based on figures from the 2011 Census, the proportion of the population aged 65 and over in both Camden (11.3%) and Islington (11.8%) who are unpaid carers is greater than in any other age group, except residents age 50 to 64. If the proportions from the 2011 Census are assumed to be unchanged, there are an estimated 3,430 unpaid carers aged 65+ in Camden in 2018 and 2,490 unpaid carers in Islington.[25] The reported quality of life score among carers aged 65+ in Camden and Islington is not significantly different from the London average.[26] Based on the Personal Social Services Survey of Adult Carers in England, feeling tired, having disturbed sleep and general feelings of stress are the top three impacts that affected the health of carers over 65 in Camden and Islington (see exhibit 5.7).[27]

Exhibit 5.7: Responses of surveyed carers age 65+ in Camden and Islington regarding ways their health has been affected by their caring role



Source: Personal Social services Survey of Adult Carers in England, 2016-17

Carers with mental health problems of their own, carers from Asian/British Asian communities, and carers caring for 15-20 years report higher levels of health and care needs of their own than other carers.[21] Research shows that LGBT carers and carers from BAME backgrounds may be less likely to be identified as carers by health and social care professionals, and therefore less likely to receive support.

In Camden, Camden Carers Centre, commissioned by the Council, provides a wide range of support for carers. This includes Carers Assessments, health and lifestyle consultations, counselling, access to training, breaks from caring, volunteering opportunities, grants, support for carers through the hospital discharge process, advice and emotional support.[28] The service currently reaches approximately 4000 carers of all ages.

In Islington, the Islington Carers Hub[29], run by Age UK Islington and commissioned by the Council, similarly provides advice, information, support groups, carers assessments, events and volunteering opportunities for carers who are resident in Islington or who care for someone who lives in Islington. There are currently approximately 2,500 carers of all ages registered with the Islington Carers Hub, although the number of carers known to the Council who are registered on social care systems is higher.

Older carers may be more reluctant to ask for help, than younger carers, perceiving the acceptance of help as a failure, or being fearful of someone else taking over or removing the person they care for.[21] Feedback from the carers survey[30] suggests that carers often have to be proactive to stay involved in decisions affecting the cared-for person, and involvement may not occur as often as they would like. Only a minority of carers (40.9% in Camden, and 27.3% in Islington) report having as much social contact as they would like.[22] Social isolation linked to caring responsibilities is most likely to affect older carers providing 50 hours or more per week of care, carers for people with mental health conditions (and dementia), and those who do not receive respite support or breaks. Less mobile carers, older male carers, carers for people at the end of life and bereaved carers are also at greater risk of being isolated.[43]

5.6 BEREAVEMENT

Bereavement is a time when people experience the death of a family member, relative or another important person in their life. For older carers, it usually also combines the loss of the person with the loss of their caring role and the relationships built up with the professionals involved with the person they cared for.[21] Given the demands of being a carer, some people lose touch with friends and family over time, and getting back in contact or meeting new people may be difficult during a time of bereavement.

A UK survey of bereaved adults aged 65 over found that more than one in four did not turn to anyone for emotional or practical support following the death of a family member.[30] Older men were less likely than women to speak to people following bereavement, possibly due to long journey times, waiting lists, stigma from seeking support and not knowing about the available services.[33]

Bereavement may contribute to poor mental or physical health. In a poll of bereaved people over 65, just one in five made sure they were getting enough sleep and fewer than one in four made an effort to eat healthily.[33] Moreover, bereaved adults over 65 found feelings of loneliness the most difficult following bereavement, lasting for an average of eight months after being bereaved, and up to a year for people aged 81-85.[28] While the majority of people find that other family members, friends and support networks provide the support that they need following bereavement, some people may not have this support available or may have longer and more complex grief that could benefit from more intensive and/or specialist support.[31] Primary care

Exhibit 5.8: Bereavement services in Islington and Camden

St Joseph's Hospice is commissioned by Islington Council to provide bereavement support. This service offers volunteer-led bereavement support to adults who have experienced (or are anticipating) the death of someone they love or care about. They run an informal monthly bereavement support group so that bereaved individuals can meet others and share their experiences. It is promoted through GP practices and demand for the service is increasing. The service provides peer to peer support for 6-12 weeks, and those finishing the service can then take part in supporting others in their bereavement.

In Camden, bereavement services are provided through Camden, City, Islington & Westminster Bereavement Service (CCIWBS). The service provides pre-bereavement counselling, group bereavement counselling and loss counselling.

professionals play a crucial role in identifying risk factors for complex grief, even before the death of a family member occurs, and may consider referring individuals to dedicated bereavement services (see Exhibit 5.6). Risk factors include old age, carer stress, low socio-economic status and poor social support.[32]

Whilst professionals who work frequently with people who are bereaved need to have a deeper understanding of grief and bereavement in order to provide the right support, basic training for others around bereavement and grief reactions can enable a wide range of staff to feel more confident in responding to people who are bereaved, and in providing the right advice and referral.[31] Early identification of those at risk of depression related to bereavement, or in some cases, suicide risk is key to helping people access the right support.

5.7 END OF LIFE PLANNING

People can be considered to be 'approaching the end of life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with advanced, progressive, incurable conditions, general frailty and co-existing conditions that mean they are expected to die within 12 months or existing conditions that carry a risk of dying from a sudden acute crisis in their condition as well as life threatening acute conditions caused by sudden catastrophic events[33].

National evidence and guidance point to the following features of a 'good death': being treated as an individual, with dignity and respect; being free from pain and other symptoms; being in familiar surroundings; and being in the company of close family and/or friends.[34] There is extensive and consistent evidence that most people would prefer to die at home, with the hospital considered to be the place where people would least like to die.[35] Trends in place of death in Camden and Islington indicate that more people are being supported to die in their place of choosing. In Camden, deaths in hospital as a percentage of all deaths have decreased for all older age groups (65-74, 74-84 and 85+) from 57.1%, 62.1%, and 62.9% in 2006 to 45.7%, 47.4% and 48.1% in 2016 respectively. Deaths in the usual place of residence have correspondingly increased over the period of 2006-2016.[36] In Islington, deaths in hospital have decreased for all older age groups (65-74, 74-84 and 85+) from 61.2%, 62.5%, and 63.5% in 2006 to 50%, 54.5% and 48.1% in 2016 respectively, while deaths in the usual place of residence have similarly increased over the same period.[37] The social and health care needs of an individual must be considered in the development of personalised care plans, including any advance decisions of where someone wants to be cared for and die, as part of proactive end of life care planning.

Common triggers or prompts for people to start thinking about and planning for end of life include: when someone close has died; following a diagnosis of a life-limiting illness; having health conditions that are likely to get worse; or having strong opinions about their preferences.[38] However, for many people, conversations about death and end of life planning remain very challenging. While many people believe that the taboo around death is lessening[39], a survey commissioned by Independent Age, found that 46% of respondents reported that discussing end of life care was one of their top three most difficult topics[40]. Some of the barriers to having these conversations include families lacking the knowledge and confidence to have the conversation, the anticipated reaction of family members, the avoidance of undesired possibilities (especially residential care), feeling the time is not right, and the distance and lack of time for discussion.[42]

The benefits of planning for the end of life include making things easier for friends and family, ensuring the individual's opinions and wishes are respected, and older people feeling in more control of the situation.[40] Planning for end of life may take the form of more formal steps, such as preparing an advance decision, advance statement, arranging of power of attorney or a living will, although people also report the desire to have a more informal and frank conversation, in a confidential and safe environment, with signposting or support for further information as needed.[41] In Camden, the Carers Centre runs a number of events and sessions in conjunction with two hospices in Camden. These include a regular Death Café, which provides an opportunity for attendees to discuss death in an informal setting with refreshments. In Islington, the Future Matters programme, delivered by Gentle Dusk, offers support and empowers those approaching their end of life or in their last years of life.

5.8 RECOMMENDATIONS

Employers

- Employers should develop strategies and policies to support older workers in the workplace. This includes providing support for employees to assist with retirement planning, including emotional as well as financial preparedness
- Employers can support older carers at work and provide adaptations and flexible arrangements for employees who need extra support to manage their caring responsibilities[31]

Voluntary and community organisations

- VCS organisations are well placed to support people approaching retirement age (aged 50 and over) with planning for their future, to help build resilience in older age and prevent problems arising. The group-based retirement transitions care provided by the Centre for Ageing Better is an example of one such approach[8]
- Opportunities to get involved and volunteer should be inclusive, welcoming and accessible to older people. Older people's involvement in a board range of voluntary and community organisations, and not just those targeted specifically towards older people, helps to break down intergenerational barriers, combat ageism and foster cohesion
- VCS organisations can play a key role in the identification of people with caring responsibilities and help ensure carers are linked into local services and support that is available. They may be able to play a particular role in identifying and supporting carers from certain groups, such as certain BAME groups, or LGBT carers
- Increased awareness and understanding of bereavement and grief amongst voluntary and community organisations, and of the support available locally, can help more residents access support with bereavement and loss

Health care professionals

- Primary and community health services have a key role to play in the identification of carers, ensuring carers are proactively supported to access information, advice and support. Systematic and proactive identification of carers is the cornerstone of being able to then support carers to manage their health and wellbeing, including carers health checks and flu immunisations. Community pharmacies can also support the identification and support of carers
- Health and care professionals can enable and support people and their families to access information and have informed, meaningful end of life care planning conversations. Better sharing of relevant end of life patient information is particularly important as it enables health and care partners to support the development and delivery of personalised care plans, and means that difficult and sensitive conversations only need to happen once

Council

- Continue to promote the availability of carer resources and support in both boroughs to all carers, as well as providing specific information and support (such as personal budgets, respite care, etc.) to those in receipt of social care services[27]
- Continue to lead by example in terms of age-friendly employment practices, ensuring the continuation and needs of older employees are systematically considered in workplace policies and programmes

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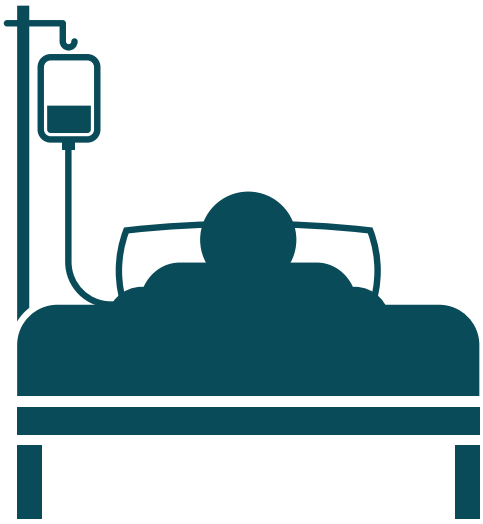
6. HEALTH AND CARE SYSTEMS

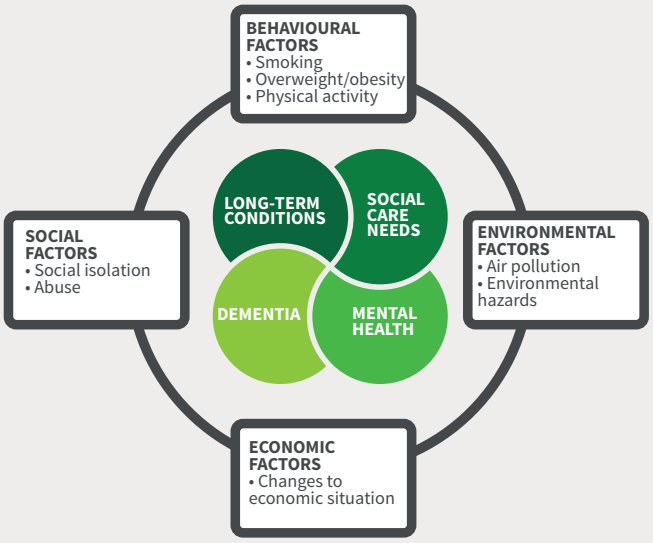
KEY MESSAGES

- Almost one in two older people in Camden and Islington have more than one long term condition or LTC (compared to only one in twenty in people aged 16-64)
- Over half of older people in Camden and Islington experience a degree of frailty. There are over 10,000 falls in older adults in Camden each year and over 6,000 in Islington
- There are around 1,000 older adults living with a serious mental illness (SMI) in Camden and Islington. The physical health needs of this group are particularly high
- Common mental health (CMH) conditions such as anxiety and depression are more likely to go undiagnosed and untreated in older people
- Islington and Camden have the first and second highest rates of dementia diagnosis nationally
- In 2017/18, 2,105 older adults in Camden (6,995 per 100,000 older adults) and 2,010 older adults in Islington (9,725 per 100,000 older adults) were accessing long term support from adult social care during the year



6.1 INTRODUCTION

Exhibit 6.1: Potential complex needs of older adults and their risk factors



In comparison with the national picture, people in Camden and Islington on average live longer lives. As people are living longer, people are also living longer with complex needs, including multiple LTCs, mental health conditions and social care needs.

Poor physical and mental health and dementia are not an inevitable part of ageing. The experience of old age varies significantly from individual to individual and a lot can be done throughout the life course and in later life to prevent ill-health and maintain wellbeing. A healthy lifestyle, such as not smoking, regular exercise and physical activity and a healthy diet are all important for good mental health and physical wellbeing. Control of blood pressure, blood sugar and cholesterol levels are also key since they are linked to increased risk of both physical and mental health conditions.

Furthermore, physical health, mental health and social care needs are interlinked. For example, mental health conditions such as depression are much more common in people with long-term conditions such as diabetes and COPD[1]. Older people with physical and mental health conditions are more likely to have social care needs. Adult social care services offer help, care and support to people with a wide range of needs arising from disability, illness or other life situations. Adult social care helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with individual's rights and offers essential help at times of crisis.

Helping people to stay well, supporting those with multiple or complex needs as required, and addressing inequalities are key aspects of both council's ambitions for residents to live healthy, independent lives. One of the key areas of focus for both health and care partners locally is providing person-centred, joined up care using a strengths-based approach (see Case Study in exhibit 6.2). This chapter highlights key issues and priorities for older adults in relation to physical health, mental health (and dementia), social care needs and integrated care.

Exhibit 6.2: Case Study – Choice and Control programme

Islington CCG's 'Choice and Control' programme for adults provides peer coaching for residents with long-term conditions, mental health needs and social care needs. It empowers residents with complex needs to be more engaged with their health and wellbeing. This is the story of John,* a local resident who is nearly 65. He moved to Islington when he was a teenager to escape the sexual and physical abuse that he suffered growing up. He used to play sports regularly, but when he stopped his mental health worsened and he became a heavy drinker.

John developed a number of physical LTCs including liver problems and high blood pressure. After a particular low point, he began working with a drug and alcohol worker. However, John's depression and anxiety got worse and he was diagnosed with complex post-traumatic stress disorder.

Through the 'Choice and Control' programme, John began to work with a peer coach. He says "The peer coach asked me about my goals, I said I only had one goal, I didn't want to end up in hospital. She helped me to see that I am going to end up in hospital. My physical health probably won't get any better, but I don't want it to get any worse, and it's up to me to manage that. She's nagged me in a nice way to be more proactive."

Halfway through their sessions he didn't feel able to disclose the abuse he had experienced, and contemplated giving up on the service. He then decided to set up a meeting between his peer coach and his clinical psychologist, without him. Through this meeting the peer coach gained a fuller picture of his history and they were able to continue with sessions. This flexibility and joined up working made John feel in control.

John said "I found it refreshing, just someone talking with me and listening, and interested in my physical and mental health at the same time. I'm enjoying the feeling that I am in control of my health and that I'm doing everything I can to stay out of hospital".

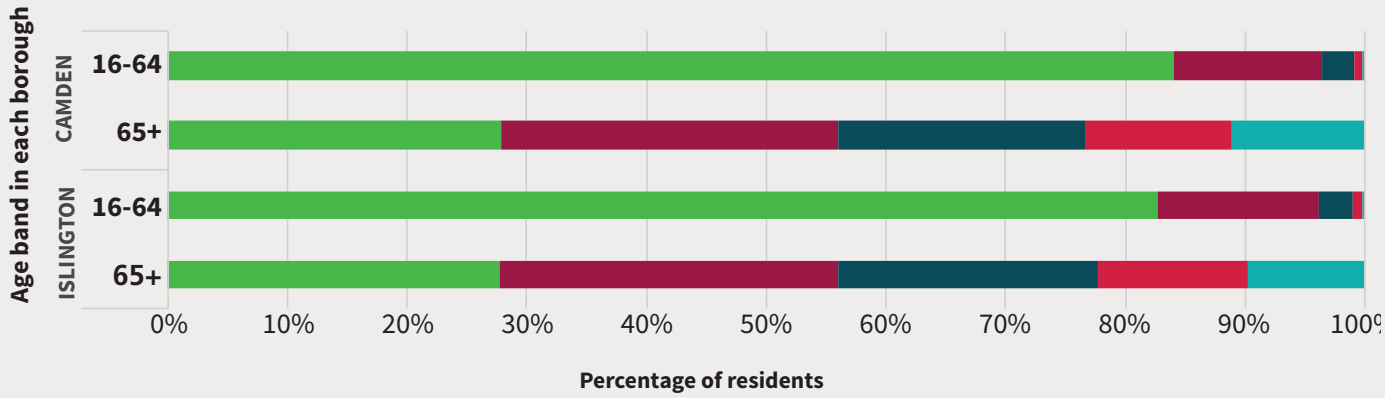
*not his real name

6.2 PHYSICAL HEALTH

As we get older we are more likely to develop LTCs, often more than one at a time, and increasing levels of disability including sensory impairment. In 2014, there were 20 people aged 65+ registered blind in Camden and 40 in Islington. There were 50 older people registered as deaf in Camden in 2010 and 170 in Islington.[2]

Supporting people with LTCs is estimated to account for 70% of health and social care costs[3]. In 2015, nearly 15,000 older adults in Islington and 16,000 older adults in Camden have one or more LTC. Three quarters of older people in Camden and Islington have one or more LTC, as opposed to one in six in the working age population (see exhibit 6.3). Additionally, almost half of older adults have more than one condition (compared to one in twenty amongst working age adults)[20]. In individuals with multiple conditions, a focus on treating each condition individually can result in contradictory treatment and lifestyle advice, and polypharmacy. In particular, older adults with multiple conditions are susceptible to 'problematic polypharmacy' (when they are prescribed multiple medications inappropriately) which in itself can create morbidity and complications[4].

Exhibit 6.3: Number and proportion of people with LTCs by age group; Camden and Islington



	ISLINGTON		CAMDEN	
	65+	16-64	65+	16-64
No LTC	5,656	140,151	6,135	144,892
1 LTC	5,786	23,048	6,219	21,509
2 LTCs	4,461	4,801	4,551	4,545
3 LTCs	2,542	1,183	2,715	1,153
4 LTCs	2,007	439	2,457	425

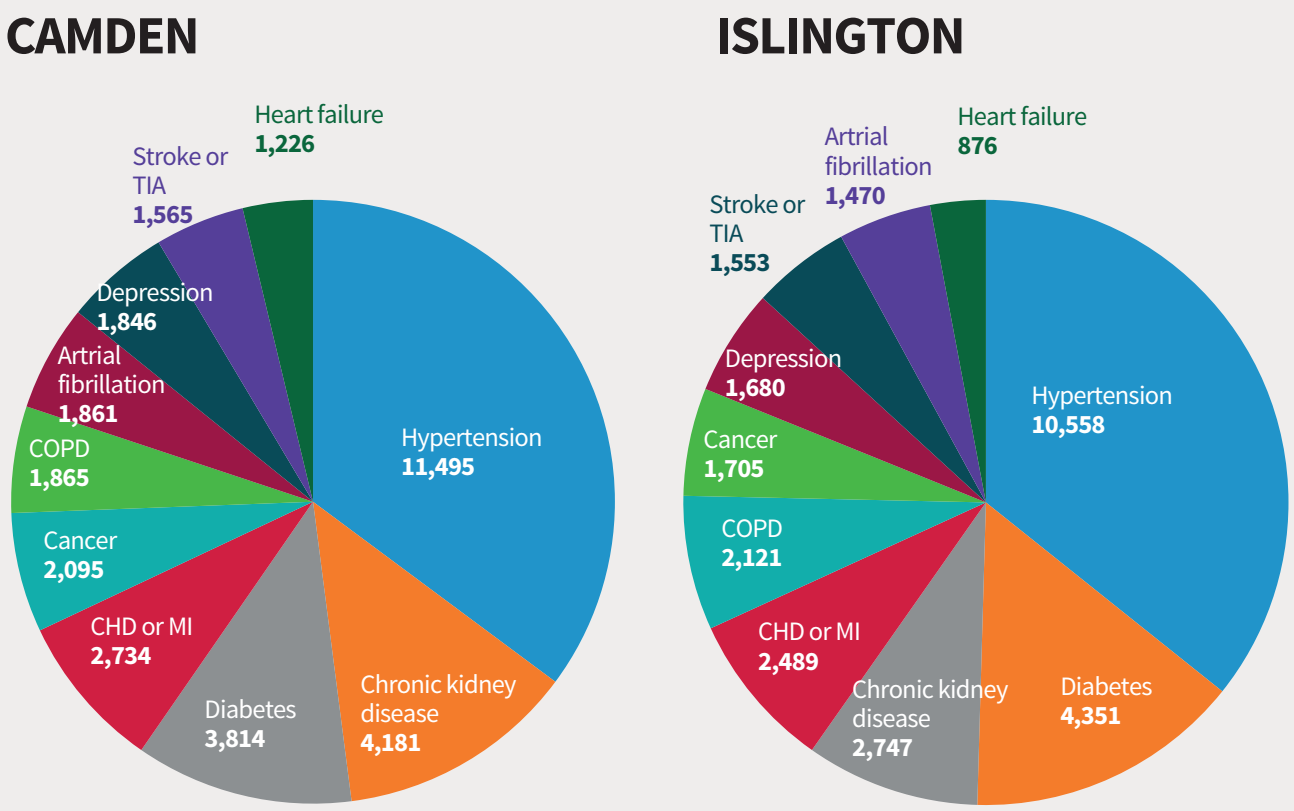
Source: GP linked data set,2015

According to NICE, the average cost of health and social care for people who do not have a LTC is around £1,000 per year; this rises to around £8,000 per year for people who have 3 or more LTCs[5].

The most prevalent condition among older people is high blood pressure, affecting over half of people aged 65+, followed by diabetes and chronic kidney disease. Depression, which is the most common LTC in working age adults (8% in Camden and 9% in Islington) also affects around 8% of older people (see exhibit 6.4).[20]

Mortality data also provides an insight into the diseases that are important in older age. Cancer is the key underlying cause of death among Camden and Islington residents aged 65 years or over, with 925 and 1,130 deaths per 100,000 population, respectively, reported in 2014-16[6]. In that same period, rates of death from cardiovascular disease, the second most common cause of death in Camden and Islington, were at 790 and 1,120 per 100,000 people, respectively. This local picture is different from the national picture, where cardiovascular diseases is the main cause of death in the over 65s, ahead of cancer.

Exhibit 6.4: Top ten most prevalent LTCs in Older adults; Camden and Islington



Source: GP linked data set,2015

Exhibit 6.5: Focus on older people with autism and learning disabilities

Although life expectancy in people with learning disabilities is increasing, people living with learning disabilities have a significantly lower life expectancy than the general population. Consequently, older people with autism and learning disabilities constitute a small proportion of the older adult population. While estimated numbers of people aged 65+ with autism (266 in Camden and 187 in Islington) and with learning disabilities (84 in Camden and 58 in Islington)[7] are low, the care needs of this particular group are frequently complex.

People with learning disabilities are at a higher risk of developing mental health conditions. A 2007 study in the UK found that 54% of people with learning disabilities had a mental health condition. People with autism have higher rates of many physical health conditions than the general population, including epilepsy, diabetes, stroke, respiratory conditions and heart disease. Adults with autism have a lower life expectancy (on average 16 years) than the population average, and there is a 30 year lower life expectancy for people with autism and a learning disability[8]. As many as 70% of people with autism also meet the diagnostic criteria for at least one other (often unrecognised) mental health and behavioural condition[9].

It is estimated that 1 in 5 people with learning disabilities who are over the age of 65 will develop dementia and 1 in 50 people with Down's Syndrome will develop dementia in their 30s[10]. As people living with learning disabilities or autism grow older so do their carers and therefore additional support, including with housing, may be required.

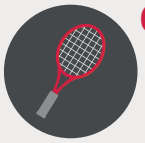
Healthy behaviours

Locally, just 15% of older people in Camden and 18% in Islington are smokers (compared to 20%-23% in the working age population)[20]. National data suggest that those aged 65+ are the group most likely to meet the 5-a-day target for fruit and vegetable consumption (c. 35%) and report the lowest levels of sugar consumption (a quarter of the amount consumed by those aged 19-64). However people aged 60+ also have the highest proportion of excess daily calorie intake.[11]

Exhibit 6.6: Healthy behaviours in older adults

54% of GP–registered older people in Camden and **59%** in Islington are **overweight or obese**. This rate is higher than the working age population (31% and 33% respectively)[20]

Camden and Islington residents aged 65 and over have a **high rate** of **alcohol-specific admissions** to **hospital**, higher than people aged 40-64[12]



66% of older people in the UK have not engaged in any moderate **physical activity** lasting 30 minutes or longer in the past month[13]. By the age of 75 years only one in ten men and one in 20 women are active enough for good health

Adopting healthy behaviours delivers benefits to health at any age, preventing the development or worsening of a wide range of health conditions, or in the case of screening programmes, enabling early diagnosis and treatment. One way to start conversations around healthy behaviours is via a NHS Health Check, offered every five years to people aged 40-74 and designed to detect and support people with their cardiovascular health risks. 58% of eligible people in Camden and 70% in Islington have taken up the offer in the recent years, higher than the national average of 44%.[14] On the other hand, coverage of cancer screening programmes targeting older adults remains significantly low in both boroughs. Low cancer screening uptake rates remain a cause for concern locally. Factors associated with low screening uptake in our populations include population mobility, ethnicity and socio-economic deprivation. A continued focus on increasing population awareness of screening programmes and on initiatives and programmes designed to increase uptake is essential.

Exhibit 6.7: Cancer screening rates in older adults

62% of eligible women aged 50-70 in Camden and **65**% in Islington were screened adequately for breast cancer within the previous 3 years on the 31st March 2017 (nationally **75%**)[15]

48% of eligible people aged 60–74 had a bowel cancer screening test result recorded in the previous 2½ years in March 2017 (nationally **59%**)[19]

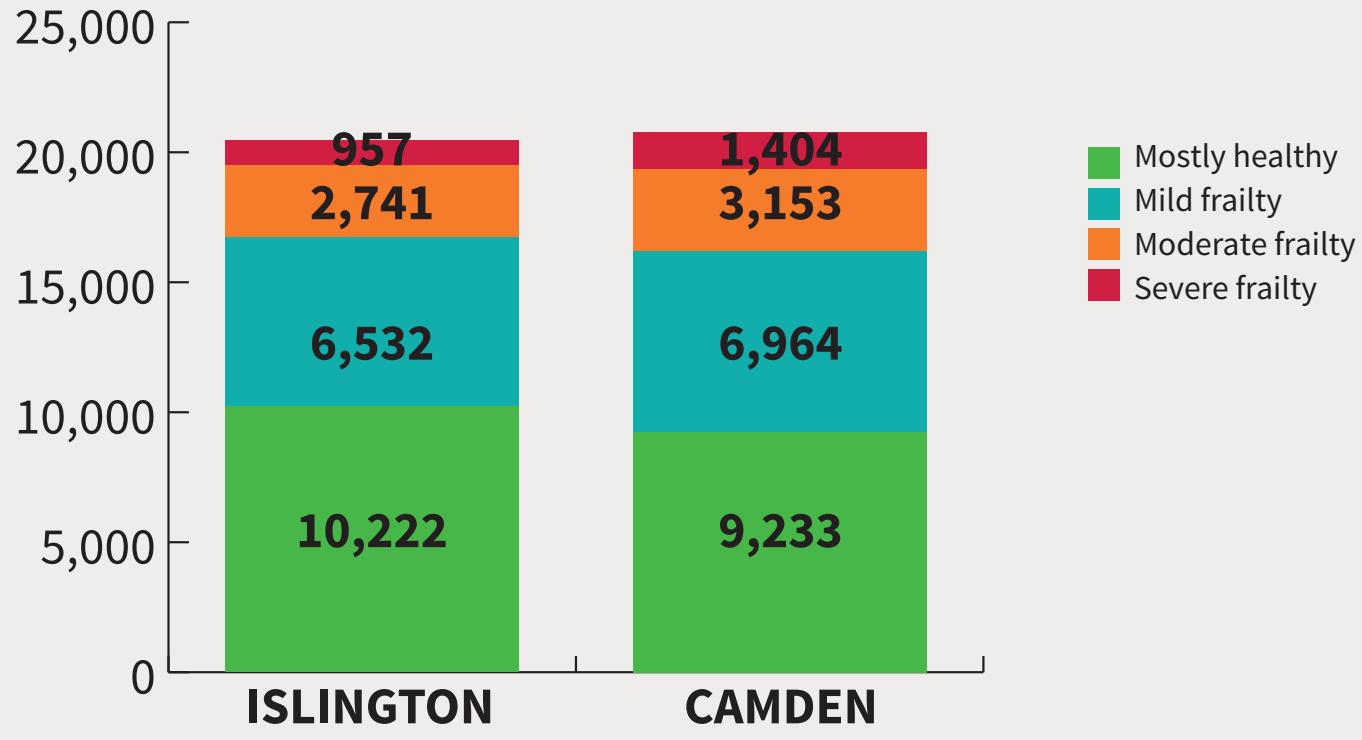
Falls and Frailty

Older age is also characterised by the emergence of other complex health issues, including falls and frailty. The risk of falls and frailty rises steadily with age and is linked to physiological changes and risk factors.

Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves. Therefore, people living with frailty, when exposed to even mild illness or changes, are more likely to decompensate and take longer to recover; significantly impacting their independence[16]. Multiple conditions (co-morbidity), disability and frailty are linked. One hypothesis is that co-morbidity is a risk factor for frailty, while disability is the end outcome[17]. The degree of frailty in individuals can vary over time and is a better indicator of increased healthcare utilisation, increased care needs and risk of falls than chronological age. Although not all older adults are living with frailty, the occurrence of frailty does increase with age.

One method of classifying frailty is using the 'cumulative deficit model' such as the electronic Frailty Index (eFI) which classifies frailty into 4 categories: fit (mostly healthy), mild, moderate or severe (dependent on the number of deficits that are present). Analysis of local GP data indicates that around 56% of the registered population aged 65 or over in Camden and 50% in Islington are classified as frail (either mild, moderate or severe), using the eFI. The majority of these cases are ranked as mild (a third of all older adults in both boroughs)[18]. In Camden, older people with severe frailty are twice as likely to have a falls-related hospital admission (31%) compared to those who are mostly healthy (16%). However in Islington, a higher percentage of falls-related hospital admissions is found in older people with mild or moderate frailty (31% and 33% respectively) compared to those who are mostly healthy (18%).[20]

Exhibit 6.8: Prevalence of frailty in older adults, Camden and Islington



Source: GP linked data set,2015

While the causes of falls are complex, frail older people are particularly vulnerable. Falling and fear of falling increases the risk of a further fall and can lead to a reduction in social participation, which in turn increases isolation and depression. Falls also make a person vulnerable to further negative events such as infections, disability and death. Falls cause 95% of hip fractures. An estimated one in three people aged 65 to 79 fall each year, rising to one in two people aged 80 or over[19] – that's around 10,100 falls per year in Camden and 6,150 falls in Islington[20]. Falls are the single largest cause of emergency admissions and hip fractures in older people, with as many as 6% of all falls in Camden and 9% of all falls in Islington resulting in a hospital admission in 2016[21]. Those who experience a fall are likely to fall again, with between 60% - 70% of people having recurrent falls[22].

Increased frailty and complex health needs inevitability lead to increased health and care costs. The estimated cost to the NHS of one year of patient care for frail people varies from £1,700 to £4,200, depending on the frailty category[23]. Assuming similar costs apply locally, this translates to over £22 million in Islington and £26 million in Camden per year. The cost of ambulance call-outs for falls as above, amounts to £500,000 per year in Camden and £400,000 in Islington[24].

Falls prevention interventions can be highly cost-effective and protective. A multi-pronged falls prevention offer is recommended by NICE for people who have repeated falls or are at risk of falls, which includes: strength and balance training, home safety risk assessment, eye-sight testing and review of medication[25]. Falls prevention is a significant focus of

Exhibit 6.9: Focus on inequalities in physical health

The experience of older adults in terms of physical health is not the same across all groups. Specific groups within the population of older people experience significantly worse outcomes or health status a range of issues. A few examples include:

- **Deprivation** - People living in the most deprived areas develop multi-morbidity 10-15 years earlier[2]
- **Gender** - Women (65+) are twice as likely to have a severe frailty than older men (6% vs 3% in Islington)[20]
- **Ethnicity** - Asian women (26%) and men (31%) are more likely to have a moderate/ severe frailty compared to the Camden average (20%)[20], meanwhile in Islington the most affected group are Black women (38%) and Black and Asian men (37%)

work in both boroughs. For example, Islington CCG is working with Cloudesley, an Islington based charity addressing physical and mental health issues and financial hardship in Islington, on a falls pilot project. The project commenced in Islington in September 2018 and will continue until August 2019. Through the programme nearly 300 patients will be provided with home based multifactorial assessment and intervention, overcoming some of the barriers to challenges accessing local clinic and hospital based falls services. The project aims to improve older adults' health and wellbeing at home by reducing their fear of falling, reducing the number of falls and falls-related emergency admissions into hospital.

6.3 MENTAL HEALTH AND DEMENTIA

Most older adults have good mental health, with older adults aged 60-79 reporting the highest levels of wellbeing when compared to other age groups, although there is evidence that wellbeing sharply decreases again in people over 75.[26] At least 10-20% of older adults will experience a short or long term mental health issue, most commonly anxiety or depression. The prevalence of mental health conditions is significantly higher in care homes and general hospital wards, where it is estimated to be up to one-third[27]. However, we know that mental health symptoms in older people are far less likely to be detected or treated than in younger age groups.

Common Mental Health (CMH) conditions include depression, anxiety and panic disorders. Serious Mental Illnesses (SMIs) include psychoses, such as schizophrenia and bi-polar disorder and are associated with significantly reduced life expectancy.

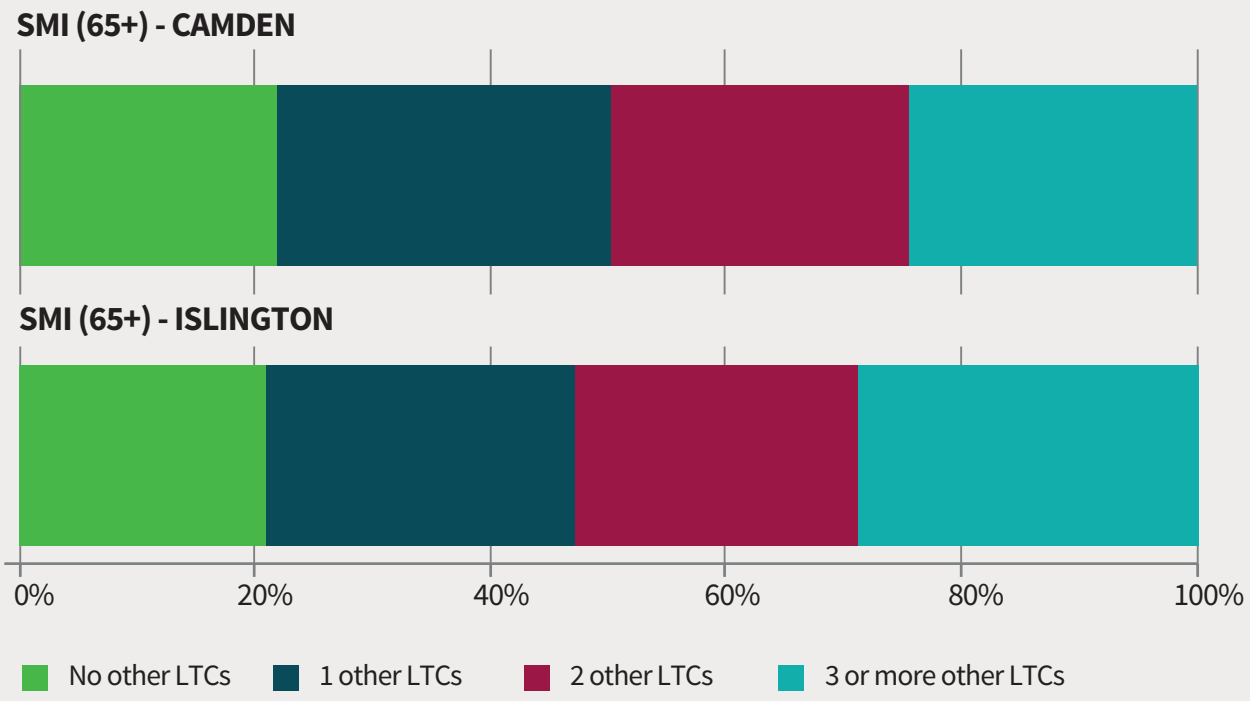
CMH conditions in particular are more likely to go undiagnosed and untreated in older people. In 2015, around 17% of older adults in both boroughs had a diagnosis of a CMH condition; 3,808 in Camden and 3,447 older adults in Islington[17]. This is likely to be an underestimate of the true prevalence of CMH conditions in older adults, as national evidence indicates that only 1 in 6 older adults with depression speak to their GP about it[28]. Camden and Islington NHS Foundation Trust provides the 'Improving Access to Psychological Therapies' (IAPT) services locally, through the well-established iCope service which offers talking therapies across a range of settings, including GP surgeries and community centres. iCope provides a number of services for older people which includes a dedicated long term conditions team, which is linked in with many of the hospital-based physical LTC teams.

There are an estimated 582 (2.6%) older adults in Camden and 503 (2.5%) older adults in Islington living with SMI. About 24% of older people in Islington and

29% of older people in Camden with SMI have an additional 3 or more LTCs (see exhibit 6.10).[17] The provision of holistic support focusing on physical as well as mental health needs is particularly important for people living with SMI.

One example of mental health services targeted at older adults is the 'Care Home Liaison Service' (CHLS) provided by the Camden and Islington Foundations Trust's 'Services for Ageing and Mental Health' (SAMH). This service is a multi-disciplinary team, with consultant psychiatrist, mental health nursing and psychologist input, which works with care homes to provide consultation, support and staff training around patients with symptoms that staff find difficult to manage and care for. In Islington CHLS holds regular (1-2 monthly) MDT meetings in the care homes. These meetings are chaired by the lead General Practitioner (GP) for the care home, coordinated by the Integrated Community Ageing Team (ICAT), and attended by care home staff, ICAT consultant geriatrician and pharmacists, a specialist palliative care nurse and a CHLS professional. The team has specifically focused on reducing the prescribing of anti-psychotic medication to residents living in 24-hour care. From 2015 to 2016, 66% of clients with dementia on antipsychotics had their dose reduced successfully with no emerging symptoms in the audit period (service audit figures). It is thought that enabling care home staff to discuss non-pharmacological strategies for managing agitation and supporting them to implement these has contributed to this decrease.

Exhibit 6.10: Prevalence of long term conditions in people with SMI



Source: GP linked data set,2015

In 2015, Camden and Islington NHS Foundation Trust also established a Home Treatment Team (HTT) for older adults in Camden and Islington in response to an audit that showed older adults were more likely to be admitted to hospital when in crisis, had longer lengths of stays and had a 33% chance of being discharged into a care home as a consequence. The HTT works with older people in mental health crisis or with dementia who are at risk of hospital admission. They provide intensive treatment in the patient's own home and provide support to carers. Over the last 3 years their work has expanded into the acute hospitals. The HTT now also works closely to support patients in this setting and facilitate early discharge. As a result, there has been a reduction in the number of older adults occupying acute psychiatric beds and also a reduction in length of stay. The service receives excellent feedback from GPs, service users and their families as it enables people to remain in their own home whilst gaining access to appropriate, evidence-based services delivered by skilled clinicians.

Suicides in older people

Suicide often represents the end point of a complex history of risk factors, distressing events and adversity. Unlike some causes of death, suicide is not the result of a single disease process or cause. It is sometimes the consequence of a mental health condition, but may also be a response to serious physical illness, pain, loss of independence or quality of life, or a range of socio-economic problems. Nationally about one fifth of all suicides happen in older people. The most common method is overdose. Between 2011-15 the suicide rates (per 100,000 population) in the 65+ age groups for males was 17.3 in Camden (statistically similar to the London and England average) and 16.2 in Islington (statistically similar to the London and England average). For females aged 65+ years suicide rates cannot be published due to small numbers. In common with all age groups, rates of suicide in older men in both boroughs is more than twice the rates in older women. Suicide attempts in the older population are a clear risk factor for completed suicide. Other risk factors include: being male, being widowed, increasing age, social isolation, physical illness, pain, alcohol misuse and depressive illness (past or present).[28]

Exhibit 6.11: Focus on inequalities in mental health

The prevalence of mental health problems varies across different population groups.

CMH conditions:

- Gender - CMH issues are more common in women than men. Local data shows that women are significantly more likely to be diagnosed with CMH issues than men in both boroughs, accounting for almost two thirds of those diagnosed

SMI:

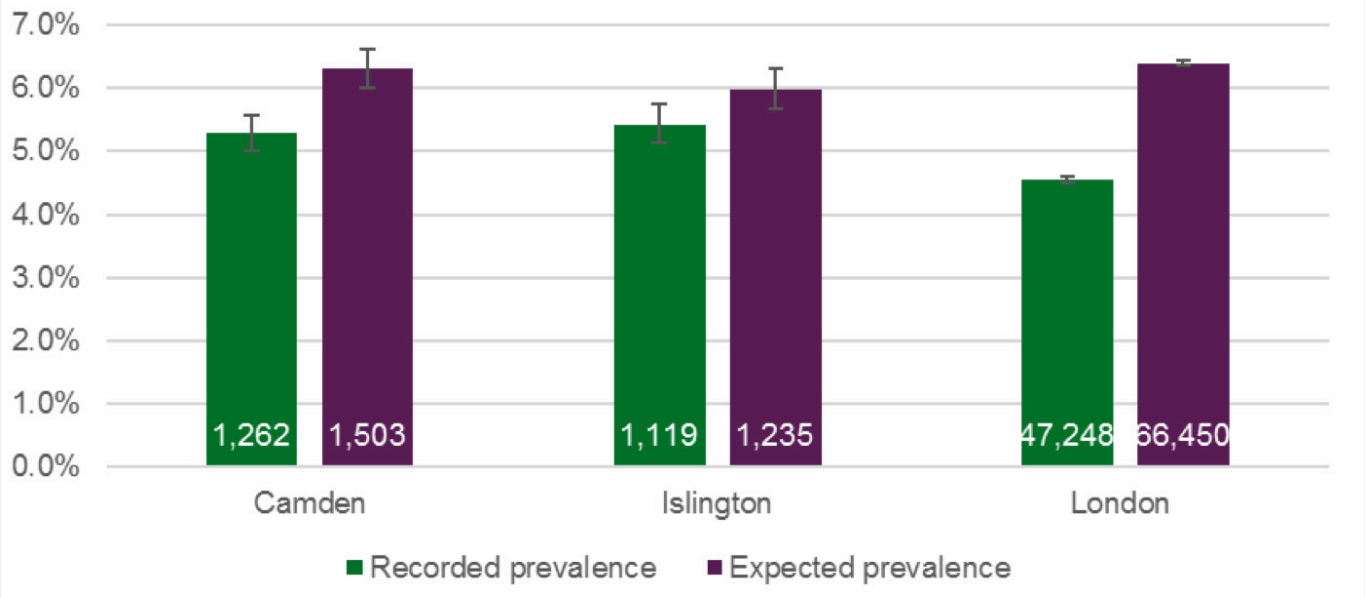
- Gender- SMI is more common in men than women. Local data shows that men account for more than half the cases of SMI in both Camden and Islington, 56% and 57% respectively
- Ethnic groups: People from a Black Caribbean ethnic group are more likely to be diagnosed with SMI than the average rate in both Camden and Islington (2.5x more likely in Islington and 3.6x more likely in Camden)

Dementia

There are currently 850,000 people living with dementia in the UK[29], more than ever before, and this number is projected to increase. 'Dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is affected by certain conditions, such as Alzheimer's disease or by a series of strokes (vascular dementia). Alzheimer's disease is the most common cause of dementia, but not the only one.

Those affected are more likely to be over 65; one in 14 people in this age group have dementia. After 65, the likelihood of developing dementia roughly doubles every five years. Locally, in both boroughs, nearly 1% of adults aged 65-74 are diagnosed with dementia; in contrast, 18% of adults over 85 are diagnosed with dementia in Camden, and 15% in Islington. Islington and Camden both perform extremely well in terms of dementia diagnosis rates, having the first and second best diagnosis rates nationally (see exhibit 6.12). A timely diagnosis ensures that residents and their families get the right information, support and treatment early. It allows people living with dementia and their families (or carers) to plan ahead, which can help people stay longer in their own homes and make arrangements (e.g. around crisis support) for the future. Although dementia is progressive, medicines and other interventions can lessen symptoms and people may live with their dementia for a further 7-12 years after diagnosis[29]. However, dementia is not an inevitable part of ageing and it is important to remember that dementia can also affect younger people.

Exhibit 6.12: Estimated vs recorded dementia prevalence in older adults; Camden and Islington



Source: Public Health Outcomes Framework (NHS Digital), 2017

Older people with dementia often have other long term physical health and co-morbid conditions. The prognosis for their long term conditions and for their quality of life can both be negatively affected by co-morbidity with dementia[30]. In Camden, hypertension and CKD are the most common co-morbidities in older people diagnosed with dementia. In Islington, hypertension, diabetes and CKD are the most common co-morbidities.

An example of local services supporting people with dementia is the Memory Service run by Camden and Islington NHS Foundation Trust. This service has contributed to Islington having the highest dementia diagnosis rate in England and Wales. It provides an assessment and treatment service, but also delivers psychological interventions such as Cognitive Stimulation Therapy for people with dementia and START (STrAtegies for RelaTives). Alongside the Memory Service, the Trust also provides the Dementia Navigator service which provides signposting and regular reviews for people with dementia and support to their informal carers. The service has close links to both non-statutory and statutory dementia services in the borough and also provides a post-diagnostic support review to all patients receiving a diagnosis through the Memory Service.

In Camden, a Dementia Action Alliance (DAA) has been established and continues to grow, with 40 members now signed up. When signing up to the alliance, organisations create an action plan with a minimum of three pledges to work towards becoming 'dementia friendly'. In the near future, there will be a specific focus on encouraging schools to engage with and sign up to the alliance.

Exhibit 6.13: Focus on inequalities in dementia

The prevalence of mental health problems varies across different population groups.

Gender:

- Dementia is an issue that disproportionately affects women, with two-thirds of people living with dementia in the UK being female; three quarters of carers for people with dementia are women. This is partially explained by the fact that women outlive men on average. Locally women account for 62% of all dementia cases in Camden and 64% in Islington

Ethnicity:

- The Black African-Caribbean population experience a higher prevalence of early onset dementia and have a greater number of risk factors for vascular dementia

6.4 SOCIAL CARE SUPPORT

Adult social care support is offered in people's own homes, residential and nursing homes or other community settings either in the short or long term depending on people's needs (some examples in exhibit 6.14). Although older adults are more likely to require social care support, adult social care also support adults of all ages with needs. The Care Act 2014 introduced a major shift in how local authorities support their residents. In particular, the Care Act places residents at the centre of decision making, with an increased emphasis on providing better information and advice, and promoting wellbeing, and prevention.[31]

Both Camden and Islington Councils are embedding a strengths-based approach to supporting residents, working with what people can do, building on their strengths, focusing on the things that can help overcome the barriers which are preventing people from reaching their full potential and having the best possible lives they can. This means social care practitioners are working in partnership with service users, taking what people can do as a starting point and building on their strengths and goals, as well as

Exhibit 6.14: Examples of adult social care services available for older people in Camden and Islington

Information and advice
Providing information and advice for residents, their families, carers and professionals, who want to find information on care and support.

Support from the community for older people
Opportunities, activities, events and groups for older people to get involved, provided by voluntary and community organisations.

Assessing your needs
Free assessment to look at what support people need to stay safe, healthy and independent. This may then lead to a referral to reablement services or other care services (e.g. residential care).

Direct payments
For those eligible for social care and support from the Council, direct payment is a way to receive money to arrange for care and support with more flexibility and freedom.

Safeguarding
People and organisations working together to safeguard those who are in need of care and support (whether or not those needs are being met) and who are less able to protect themselves because of those needs (mental health, physical disability, age or illness). Protecting everyone's right to live in safety, free from abuse or neglect.

Day centres
Day centres provide meals and an opportunity to socialise and participate in activities that might not be available at home and may provide respite for family carers.

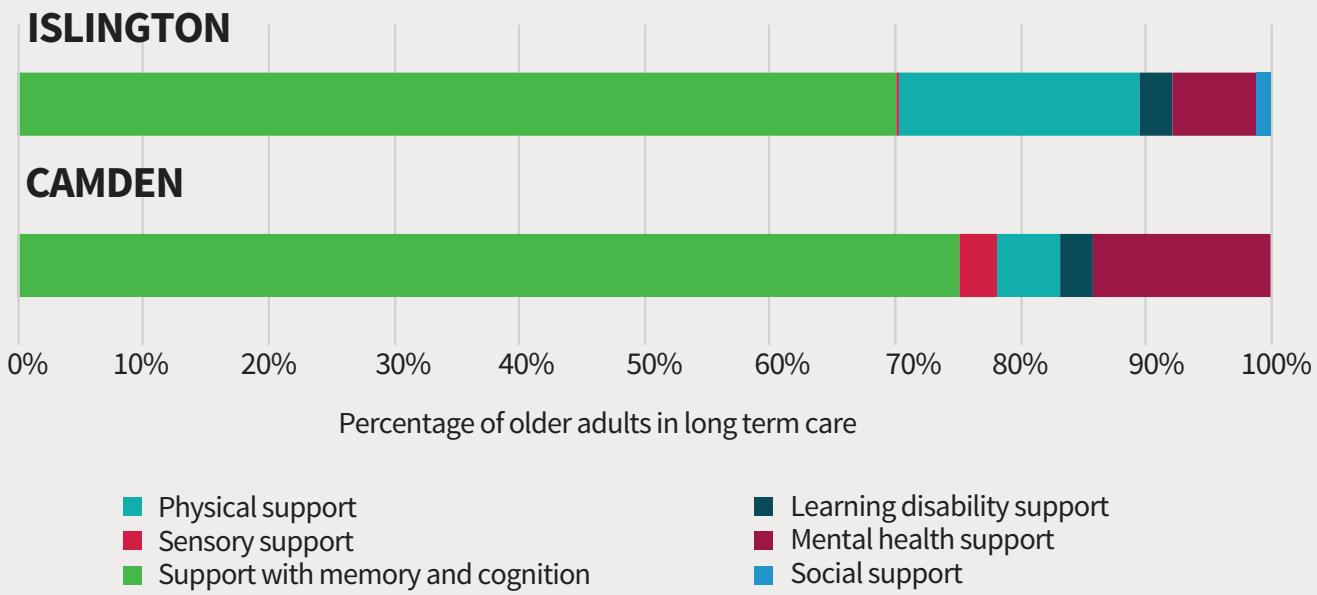
Reablement
A short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury.

understanding what is already happening in their lives. Social care practitioners have developed a detailed understanding of, and confidence, in the community resources and services available, in order to better support service users to access these resources and assets.

Some adults may require long-term support from adult social care services. The majority of those requiring long-term care are older adults. In 2017/18, the most common primary reason documented for long-term support in older adults is physical support (including access, mobility and personal care). This accounts for 70-75% of older adults needing long-term support in both boroughs (74% in England). This is followed by support with memory and cognition in Islington and in England (19% in Islington and 13% in England). However, in Camden the second most commonly documented primary reason for long-term support was mental health (14%).[32]

In Camden (2017/18), 405 per 100,000 older adults and in Islington 455 per 100,000 older adults have long-term support needs met by admission to residential and nursing care homes (the average for London is 406 per 100,000 older adults)[33]. Based on population projections, it is estimated that older adults living in care homes with or without nursing support alone, is expected to increase by 80% in Camden and by 66% in Islington by 2035[34].

Exhibit 6.15: Primary support reasons for older adults needing long term support; Camden and Islington



Source: SALT Collection, 2017-18, NHS Digital

One of the short-term services helping people regain their independence is reablement. Reablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury. Reablement may also include equipment and adaptations in peoples' homes and therapy intervention to support improvements in mobility and function. The purpose of reablement is to help people who have new or changed adult social care support needs to relearn the skills required to keep them safe and independent at home and prevent unnecessary admissions to hospitals and residential care. People using reablement experience greater improvements in physical functioning and improved quality of life compared with using standard home care.[35] Intermediate care services such as reablement, delivered by a multidisciplinary team, can prevent hospital admissions, facilitate an earlier, smoother discharge, or be an alternative to residential care. It can also offer people living at home, who experience difficulties with daily activities, support with maintaining their independence.[36] Currently, the proportion of older people (aged 65 and over) discharged from acute or community hospitals to their own home (including residential, nursing home or extra care housing for rehabilitation) who are at home 91 days after the date of their discharge from hospital, is 86.2% and 94.7% in Camden and Islington respectively, both of which are higher than the London average (85.5%).[33]

Exhibit 6.16: Camden and Islington reablement services

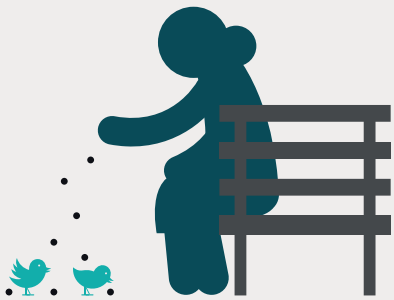
In Camden, the Council provides up to six weeks of reablement for those in the community and for those discharged from hospital.[1] The service includes support with personal care, assisting in preparation and cooking of meals, enabling people to carry out household chores and relearn tasks and support for family member care-givers. Camden's Care Navigator service based out of 36 GP practices, works alongside reablement services to support clients to access the services they need in order to live more independently at home.

The service offer in Islington is similar to that in Camden, and is therapy-led. Service users are reviewed regularly throughout their period in the service to ensure their support plan is updated in line with their progress towards their reablement goals. The service delivers up to 6 weeks reablement intervention and works closely with Age UK Islington social enablement services, as well as the Islington integrated GP networks. Representatives from both attend weekly multi-disciplinary team meetings for the service. Where service users reach the end of their reablement period and require further ongoing care, the service completes a full assessment of their needs and works with them to arrange appropriate ongoing support.

Exhibit 6.17: Wellbeing of people being supported by adult social care

In **Camden**, the average reported quality of life score among those age 65+ receiving care was **19.0** (out of a possible 24) in 2016/17, and 72.0% felt they had control over their daily life.

In **Islington**, the average reported quality of life score among those age 65+ receiving care was **19.1** (out of a possible 24), and 78.9% felt they had control over their daily life (significantly higher compared to London, which is 69.8%)[32].



The importance of listening to, learning from and co-producing services and support with residents and clients is strongly acknowledged in both boroughs, and underpins how adult social care services are being developed and transformed. The outputs and ideas that emerged from recent workshops held by adult social care with residents and service users in Camden are captured in graphic form in exhibit 6.18- it powerfully conveys what matters most to local people. Camden's adult social care service is seeking to develop a set of more qualitative indicators to reflect what matters to residents and clients, for use alongside more 'traditional' quantitative performance measures.

Exhibit 6.18: Snapshot of feedback from residents involved with adult social care in Camden

Source: Picture reproduced with permission from Adult Social Care, Camden Council 2018

6.5 INTEGRATED CARE

As people live longer, and have health and care needs that span both physical and mental health, NHS and social care, as well as needs relating to much wider determinants of health and wellbeing, integration has become an important priority for improving outcomes and people's experience of health and care. Integrated care between health and social care was also highlighted as a key priority during focus groups with older adults in both boroughs (for example see exhibit 6.18).

Integrated care is not a new concept. In line with national policy, guidance and best practice, health and care systems in Camden and Islington have been moving towards more integrated, coordinated care for older people for some time:

- The Health and Social Care Act 2012 established Health and Wellbeing Boards to facilitate better integration between health and social care partners
- Initially announced in the 2013 spending round; the Better Care Fund (BCF) is a pooled budget between CCGs and local authorities that supports integrated care delivery
- Integrated care strategies and partnerships have been developed in both boroughs in order to support the development and delivery of more integrated services in the community, closer to home, with a strong focus on prevention and early intervention- the local care strategy in Camden and the wellbeing partnership in Islington, jointly with Haringey

Here are a few recent examples local integrated care developments supporting older adults living with frailty, mental health conditions or dementia.

Integrated care networks supporting older adults with frailty

Care Closer to Home Integrated Networks (CHINs) are being developed across both Camden and Islington, as part of a programme of work focused on 'care closer to home' across North Central London (NCL). CHINs or 'neighbourhoods' in Camden are networks of services based around clusters of GP practices that are delivering more coordinated, person-centred care in response to the particular needs of the local population of around 50,000 residents.

Frailty is a focus of CHINs or neighbourhoods in both Islington and Camden. Supported by Quality Improvement Support Teams (QISTs), these networks are developing new models of care for frail older people, from improved early identification and diagnosis through to proactive management and social prescribing for frail people.

Camden's frailty work is putting particular emphasis on developing the Camden Whole System Working Model, built around the multi-disciplinary team (MDT) hub for complex care as well as Neighbourhood complex care MDTs. This MDT approach enables close working with mental health services, the voluntary sector and secondary and social care. There is specific funding for GPs to proactively review patients on the frailty register and to contribute to the Neighbourhood MDTs when multidisciplinary needs are identified.

The North Islington CHIN, with support from the Islington QIST, is focused on identifying and providing proactive care from a MDT (including a pharmacist, physiotherapist and community navigator) to older adults with moderate frailty, in order to prevent further escalation of need.

Integrated care within secondary care supporting older adults with frailty

Three hospital trusts in NCL (Whittington Hospital, Royal Free Hospital and University College Hospital) are currently developing or implementing A&E services that enable the identification of frailty and appropriate signposting and management. Delivered by multidisciplinary teams (MDTs) in the acute hospital setting, they are now strategically aligning their work to that of the CHINs or neighbourhoods to ensure a common language, clear points of contact, and breaking down boundaries between secondary, primary and community services, especially around information technology.

Integrated care supporting the physical health of older adults with SMI

Work is underway in both Camden and Islington to improve the physical health of patients with SMI, in order to address the significant health inequalities and gaps in life expectancy that exist between people living with SMI and the general population.

In Islington the GP Federation has been working collaboratively with the Camden and Islington NHS Foundation Trust to develop a primary care service targeting these inequalities. A pilot project has been running across seven practices since January 2018, in which patients living with SMI are invited to an hour-long mental and physical health review. An experienced mental health nurse who has dual training in general nursing has been seconded from the mental health trust to undertake the reviews. The nurse personally invites patients for the review in their usual general practice, and where this is not possible, reviews may take place at the patient's home. The mental health review includes a psychiatric medication and mental state review and formulation of a shared care plan. The physical health review screens patients for cardiovascular disease risk factors including high blood pressure, cholesterol and blood sugar levels. Where indicated further tests may be undertaken during the appointment as a "one stop" service. Social issues including support networks, housing and employment are also discussed. Patients may be referred to a range of local services (e.g. weight management, mental health services, social services), and to a peer coach or care navigator. Any abnormal results and new physical health diagnoses are followed up by the patient's GP.

Another example, of an integrated service seeking to proactively join up physical and mental health is the Integrated Practice Unit for Psychosis. Camden and Islington NHS Foundation Trust's innovative approach focuses on the coordination and treatment of physical and mental health needs of people with psychosis and bipolar disorders. Physical health tests and assessments are undertaken at special health and wellbeing clinics, using a specially designed physical health screening tool for more rigorous, systematic assessment, as well as a programme of physical health training options for mental health staff.

Integrated care supporting older adults living with dementia

In 2014, a review of the dementia pathway in Camden identified a number of areas for improvement including system leadership, better integration, and people with dementia and their carers identifying the need for a clear first point of contact and continuity of support throughout the course of the illness. As a consequence, and building on the success of the Dementia Navigator model in Islington (section 6.3), the Memory Service in Camden was remodelled. The service now provides follow-up from diagnosis to end of life or entry into residential care. The service is aligned to the local neighbourhood teams and works closely with GPs and physical health community nurses. The service also works closely with adult social care. The service provides regular reviews, carer support including psychological interventions,

skilled occupational therapy, and signposting and specialist dementia nursing interventions to support people and their networks in times of crisis. In addition, the service also provides a consultant psychiatrist-led assessment and diagnosis service. All people with dementia on the caseload are reviewed at a minimum frequency of six months and this may be increased depending on their needs.

By introducing this model, the service has positively responded to patients' and carers' needs by providing skilled wrap-around care throughout the duration of a person's condition, and has received overwhelmingly positive feedback. Camden has a dementia diagnosis rate of 90% which is the second-highest diagnosis rate nationally. Improvements to the dementia pathway have also improved GP confidence in the support offered to people with dementia, leading to an increase in referrals to the Memory Service, which in turn has led to the increase in Camden's diagnosis rate.

Current challenges for integrated care

Whilst there are many examples of good practice in both boroughs, local stakeholders identify a number of challenges that must be overcome in order to deliver on the promise of a more integrated health system. The following table summarises some of the key barriers and implications for the current and future state of local health and care systems.

Exhibit 6.19: Summary of current challenges for integrated care locally

Challenge	Drivers
System-wide, holistic approach	● The impact and importance of the wider determinants of health is not yet adequately programmed into local integrated care developments. Links between physical health, adult social care, mental health and voluntary sectors can be further strengthened ● There is significant variation in resources and care provision based on geography and organisations
Funding and sustainability	● Separate health and social care budgets ● Lack of aligned incentives ● Limited or shrinking resources ● Identification of new patients with health and care needs (against a backdrop of limited resources) ● Unknown cost-effectiveness and sustainability of certain comprehensive and intensive care models
Data transfer	● Speed at which an integrated health and care record system for primary, secondary and social care can be implemented and limitations in adapting existing solutions
Cross-referrals	● Limited number of referrals to social prescribing hubs and services providing 'social' as opposed to clinical support from the health providers and professionals
Shared language	● Lack of common language and shared definitions; some patients reject the classification of 'frail', which impacts on their willingness to engage with services for frail people
Measuring impact	● Difficulty in defining and measuring outcomes of time-limited pilots, impacting on the ability to demonstrate cost-effectiveness of solutions to commissioners ● Similarly, challenges exist when measuring the impact of both mental health and preventative interventions when benefits are expected to accrue over the longer term
Changing nature of the community offer	● Diverse, dispersed and changing nature of the community sector offer, with limited formal referral processes for health and care providers
Citizen and patient engagement	● Camden and Islington are diverse boroughs with marked inequalities. There are cultural and practical barriers to engaging all residents in the development of truly people-centred care ● Enhanced shared decision making can sometimes lead to preference and choices that do not align with wider system priorities

6.6 RECOMMENDATIONS

For health, care and community partners

- Older people should be at the heart of planning, developing and shaping health and care services locally. By involving and engaging older people and their carers from the outset, not only should we "get it right" for them, but for many other users of health and care services
- Health and care professionals and providers across the whole system should consider how more of a strengths based approach could be developed in their services, learning from the strengths based approach in adult social care in both boroughs
- The NHS and health professionals should systematically prioritise and promote prevention, and prevention interventions across the life course, including to adults in mid and later life, in order to delay or reduce the risk of disability, dementia and frailty. It is never too late for people to benefit from physical activity, smoking cessation, reduced alcohol consumption, a healthy weight and balanced diet, helping protect and maintain wellbeing and independence. Certain transition points, such as retirement or taking on new caring responsibilities, may present good opportunities for conversations about behaviour change
- Both Councils and NHS partners should work together to increase the take up and coverage of key prevention and screening programmes targeting people in mid and later life, such as cancer screening, NHS Health Checks and influenza and pneumococcal vaccination
- Further progress locally towards integration and a holistic approach to health and care, which recognises and brings together people's health, care and social needs, will deliver particular benefit to older residents, many of whom have multiple and sometimes complex needs. Care planning, holistic needs assessments and multidisciplinary care are key tools and approaches for ensuring care is joined up, person centred and considers older people's needs in the round
- Early detection, diagnosis and proactive, optimised management of physical and mental health conditions in older age improves outcomes and quality of life and can prevent or delay deterioration and loss of independence. Particular attention should be paid to certain groups, who are at greater risk of poor health in older age and/or experiencing poorer health at an earlier age, in particular older adults with learning disabilities and/or autism, serious mental health problems and dementia
- Social prescribing and other approaches to connecting older adults with the rich and diverse community assets in our two boroughs (and in the voluntary and community sector in particular) should be prioritised, adequately resourced and embedded locally, to support prevention, early intervention and the social determinants of healthy ageing
- Standardised and holistic care pathways should be developed for the prevention and management of falls and frailty, as two major drivers of morbidity, loss of independence and health and care service use in Camden and Islington
- Learning from Camden's Dementia Action Alliance, Islington should also develop an Alliance to bring partners together to make Islington a dementia friendly borough. Dementia Friends training should continue to be promoted and available widely across the local NHS, in both Councils and the VCS

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ACRONYMS

A&E	Accident and Emergency
ASC	Adult Social Care
BAME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CIPD	Chartered Institute of Personnel and Development
CHINs	Care Closer to Home Integrated Networks
CHLS	Care Home Liaison Service
CKD	Chronic Kidney Disease
CMH	Common Mental Health
CNWL	Central and North West London NHS Foundation Trust
COPD	Chronic Obstructive Pulmonary Disease
DAA	Dementia Action Alliance
eFI	electronic Frailty Index
EWD	Excess Winter Deaths
EDWI	Excess Winter Deaths Index
GLA	Greater London Authority
GP	General Practitioner
HiAP	Health in All Policies
HLE	Healthy Life Expectancy
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IDAOPI	Income Deprivation Affecting Older People Index
I'DGO	Inclusive Design for Getting Outdoors
ICAT	Integrated Community Ageing Team
LGBT	Lesbian, Gay, Bisexual and Transgender
LIHC	Low Income High Costs
LTC	Long Term Conditions
MDT	Multidisciplinary Team
MH	Mental Health
NCL	North Central London
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
ONS	Office for National Statistics
PHE	Public Health England
POPPI	Projecting Older People Population Information System
PTSD	Post Traumatic Stress Disorder
QIST	Quality Improvement Support Team
SHINE	Seasonal Health Intervention Network
SMI	Serious Mental Illness
START	STrAtegies for RelaTives (carers)
VCS	Voluntary and Community Sector
WISH+	Warmth, Income, Safety and Health Services plus
WHO	World Health Organisation
SAMH	Services for Ageing and Mental Health

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- Islington Council Departments: Adult Social Care, Planning and Development, Employment Skills and Culture, Housing needs and Strategy and Homes and Communities
- Camden Council Departments: Adult Social Care, Regeneration and Planning, Transport Policy Team, Strategy and Change and Housing
- Islington CCG
- Camden CCG
- Age UK Islington
- Age UK Camden
- Ageing Better in Camden
- North London Cares
- Camden Carers Service
- Bengali Workers' Association
- St Luke's Community History Group
- Dementia Action Alliance (Camden)
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- Camden and Islington NHS Foundation Trust
- Whittington Hospital
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SCRUTINY INITIATION DOCUMENT (SID)
Review: Adult (paid) Carers and the implications of the social care green paper on L.B.Islington
Scrutiny Review Committee: Health and Care
Director leading the review: Katharine Willmette
Lead officers: Jon Tomlinson Assistant Director Commissioning
Overall aim: To review current position regarding paid Adult carers in Islington – funding, numbers, available support and effectiveness of services to properly support carers. To consider and assess the likely impact on paid carers of the (forthcoming) Green paper on Social Care and other implications on social care as a result of this Green Paper To advise on any changes that need to be implemented to the strategic direction and support for paid carers in Islington
Objectives of the review: • To consider numbers and profile of paid Carers in Islington and consider any benchmarking data • To examine the requirements of contractors in respect of Adult Carers in terms of remuneration, risk assessment analysis for Adult Carers and users of the service, training, travel time, payment of LLW, and how specialist cultural /specialist needs are being met • To examine the area of Direct Payments • To examine current arrangements in place to support Islington carers. • To examine the effectiveness of the current arrangements • To examine the potential implications of the proposals within the social care green paper on carers in Islington • To consider any actions that may need to be taken in the light of the green paper or generally to ensure the Islington offer continues to properly support Islington carers who provide significant input to care and support within the borough. • To consider how local providers can be assisted to bid for contracts for Adult Social Care
How is the review to be carried out: <u>Scope of the review</u> The review will focus on the overall support provided to paid Adult carers and its effectiveness in supporting them to provide care that is appropriate whilst maintain their own health and wellbeing. It will also focus on workforce challenges and how to encourage increased local employment of carers. It will then focus on the possible implications for this support or otherwise of the forthcoming Green Paper and the implications of the Green Paper on other aspects on Islington social care provision <u>Types of evidence</u>

1. Documentary evidence including:
    a. DH guidance, advice and findings from reports published by specialist carer organisations
    b. Service information in relation commissioned and directly delivered provision.
2. Witness evidence including presentations from:
    a. Paid Carers
    b. Professor Lyn Segal Birkbeck University
    c. Providers of services
    d. LBI Commissioners/Telecare service
    e. The NHS
    f. Service users who are cared for within Islington as appropriate
    g. Other Local /national subject matter experts, including
    h. CQC
    i. Robbie Rainbird – Charging Policy
    j. Clarion Housing Association/Sheltered housing representative
    k. Evidence on Direct Payments

Additional information:
Timescales: (*to be confirmed*)

28/01/2019 Initial Presentation and sign off of SID
March to September 2019 Witness Presentations
October to December 2019
January 2020 Final Report

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.