



# **Vale of Glamorgan Local Service Board Unified Needs Assessment**

## **Priority Outcome Four – Older People**

**December 2013**

**Produced by the  
Business Intelligence Group**

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## Priority Outcome Four

**Older people are valued and empowered to remain independent, healthy and active. They have equality of opportunity and receive high quality services to meet their diverse needs.**

### Approach

In order to explore the extent to which older people are supported to remain independent, healthy and active and receive the necessary services to meet their diverse and changing needs, and the appropriateness of this outcome as a priority, we need to identify suitable indicators upon which to make a judgement. Since no single direct indicator exists to measure this outcome we have identified a number of proxy indicators which might serve to assess the position in the Vale.

To help inform this chapter and understand the story behind the data a consultation was held with representatives from a number of voluntary sector organisations including Age Concern, Care and Repair, Vale 50+ Forum (V50+SF), Cardiff and Vale Action for Mental Health and was organised through Vale Centre for Voluntary Services (VCSV).

### Indicators

We have considered indicators in the following areas:

- Population of older people;
- Social care service provision for older people, including the timeliness of this provision;
- Delayed Transfers of Care for older people;
- Health of older people, including life expectancy of adults aged 65+;
- Housing provision for older people;
- Education and employment for older people; and
- Social isolation.

## Population of older people

**Table 1: Percentage of population of the Vale aged 65 and over.**

	Age 65 and over	All ages	Percentage over 65
Conwy	28162	115228	24.44
Powys	30246	132976	22.75
Isle of Anglesey	15646	69751	22.43
Pembrokeshire	26693	122439	21.80
Denbighshire	19690	93734	21.01
Monmouthshire	19043	91323	20.85
Carmarthenshire	38176	183777	20.77
Ceredigion	15705	75922	20.69
Gwynedd	25140	121874	20.63
Neath Port Talbot	26051	139812	18.63
The Vale of Glamorgan	23055	126336	18.25
Torfaen	16370	91075	17.97
Swansea	42812	239023	17.91
Blaenau Gwent	12477	69814	17.87
Bridgend	24854	139178	17.86
Flintshire	26836	152506	17.60
Rhondda Cynon Taf	40073	234410	17.10
Wrexham	22851	134844	16.95
Merthyr Tydfil	9796	58802	16.66
Caerphilly	29565	178806	16.53
Newport	23751	145736	16.30
Cardiff	45552	346090	13.16
Wales	562544	3063456	

Source: Census 2011, Stats Wales.

The above table shows that at the 2011 Census, 18.25% of the Vale of Glamorgan's population were aged 65+. It also shows that the local authorities in Wales whose % of population aged 65+ is higher than in the Vale are more 'rural' areas with the exception of Neath Port Talbot. More urban areas of Wales are below the Vale in the table. As Barry, the largest town in Wales is situated in the Vale this may suggest that the percentage of people aged 65+ living in a large urban centre (Barry) is one of the highest in Wales. This may suggest that the Vale faces a unique challenge in planning services, and allocating budgets for services, for older people across both urban and rural areas.

The Vale has recently been reclassified by Welsh Government in its area classifications as 'other' and the effect of this on eligibility to apply for grants concerning rural areas etc. is something which should be considered.

**Table 2: Number of people aged over 50, by age bands, in the Vale of Glamorgan**

Vale of Glamorgan	Persons	Males	Females
Age 50-54	8,883	4,296	4,587
Age 55-59	8,211	3,964	4,247
Age 60-64	8,487	4,088	4,399
Age 65-69	6,824	3,244	3,580
Age 70-74	5,543	2,585	2,958
Age 75-79	4,260	1,936	2,324
Age 80-84	3,275	1,337	1,938
Age 85-89	2,134	764	1,370
Age 90-94	778	192	586
Age 95-99	205	37	168
Age 100 and over	36	10	26

*Source: Census 2011, Stats Wales.*

A number of services class older people as age 50+ or age 55+. The Strategy for Older People in Wales also uses the age range 50+. Therefore this analysis will consider services aimed at people age 65+, 55+ or 50+. The above table shows the breakdown of over 50s in the Vale by five-year age band. This shows that ages 50-54 and ages 60-64 have the largest populations in the Vale. In total there were 48,636 people aged over 50 in the Vale at the time of the 2011 Census, 22,453 of which were male and 26,183 were female.

The following table shows the estimated number of people in each 5-year age band broken down by ward along with the percentage of the population aged over 50 based on the total population for that ward. The table shows that Cowbridge has the highest % of population of over 50s with 52% of people living in Cowbridge being aged 50+. St. Athan has the lowest % of its population aged 50+ with 23.3%. The table shows that for all wards in the Vale at least 23% of the population are aged over 50.

**Table 3: 2011 Ward Population Estimates for England and Wales, mid-2011 (experimental statistics); based on the results of the 2011 Census**

Ward Name <sup>1</sup>	All Ages	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90plus	Total over 50	% over 50
<b>Cowbridge</b>	6,175	432	486	596	512	415	309	222	160	83	3215	52.06
<b>St. Bride's Major</b>	2,636	204	236	249	228	131	103	79	45	21	1296	49.17
<b>Wenvoe</b>	2,649	202	194	212	215	159	110	115	52	22	1281	48.36
<b>Plymouth</b>	5,829	418	345	396	382	275	310	266	202	129	2723	46.71
<b>Dinas Powys</b>	7,811	499	548	621	586	476	361	306	162	86	3645	46.66
<b>Sully</b>	4,546	358	371	336	295	255	203	141	99	30	2088	45.93
<b>Llandow/Ewenny</b>	2,647	231	223	224	187	130	98	63	38	11	1205	45.52
<b>Peterston-super-Ely</b>	2,302	173	177	201	191	117	63	52	26	6	1006	43.70
<b>Llandough</b>	1,976	142	150	136	127	119	68	71	23	17	853	43.17
<b>Dyfan</b>	5,165	366	372	333	313	247	215	134	119	70	2169	41.99
<b>Baruc</b>	6,281	486	426	407	332	262	217	209	151	73	2563	40.81
<b>Rhosee</b>	6,913	572	541	474	364	302	219	156	91	26	2745	39.71
<b>Llantwit Major</b>	10,635	739	676	770	667	498	361	266	164	50	4191	39.41
<b>Illtyd</b>	8,203	593	566	518	401	368	276	192	131	66	3111	37.93
<b>Cornerswell</b>	5,363	350	321	376	289	250	180	108	102	37	2013	37.53
<b>St. Augustine's</b>	6,479	454	393	435	303	244	178	164	121	78	2370	36.58
<b>Stanwell</b>	4,417	343	228	265	184	170	120	123	94	46	1573	35.61
<b>Buttrills</b>	6,343	409	390	333	250	199	162	152	112	64	2071	32.65
<b>Gibbonsdown</b>	5,925	350	309	324	277	214	181	119	76	17	1867	31.51
<b>Court</b>	4,755	290	247	270	167	177	126	92	55	24	1448	30.45
<b>Cadoc</b>	10,055	732	587	563	381	281	236	128	73	27	3008	29.92
<b>Castleland</b>	4,874	305	247	237	167	110	85	74	42	16	1283	26.32
<b>St. Athan</b>	4,700	256	196	186	133	111	96	63	30	26	1097	23.34

Source: Office for National Statistics (ONS)

The table below shows the 5 year age band for each Ward which had the highest % of people over 50 in. The table shows that for more urban wards such as the Castleland, Cadoc, Gibbonsdown and Court areas of Barry, of the ward's total population aged over 50, the highest proportion of these were in the 50-54 age range. For more rural areas such as Cowbridge, St. Bride's Major and Peterson-super-Ely the highest proportions were in the 60-64 age category. Wenvoe had a joint highest proportion of 60-64 and 65-69 showing that for all the wards in the Vale, Wenvoe has the highest percentage of its over 50s in the oldest age range. Wenvoe also had the third highest percentage of its population over 50 overall with 48.3% of Wenvoe's population aged over 50.

**Table 4: Age bands with highest percentage of population, by ward**

Ward name	5 year age band with highest % of total over 50s for each ward
Cowbridge	60-64
St. Bride's Major	60-64
Wenvoe	60-64/65-69
Plymouth	50-54
Dinas Powys	60-64
Sully	55-59
Llandow/Ewenny	50-54/55-59/60-64
Peterston-super-Ely	60-64
Llandough	55-59
Dyfan	50-54/55-59
Baruc	50-54
Rhose	50-54
Llantwit Major	50-54/60-64
Illtyd	50-54
Cornerswell	60-64
St. Augustine's	50-54
Stanwell	50-54
Buttrills	50-54
Gibbonsdown	50-54
Court	50-54
Cadoc	50-54
Castleland	50-54
St. Athan	50-54

Source: Office for National Statistics (ONS).

The following table shows for each age band, the ward with the highest proportion of over 50s in that age category. This again reflects that more urban wards have a higher proportion of its over 50s in the lower age range brackets and more rural wards have a more elderly population. For all the age ranges



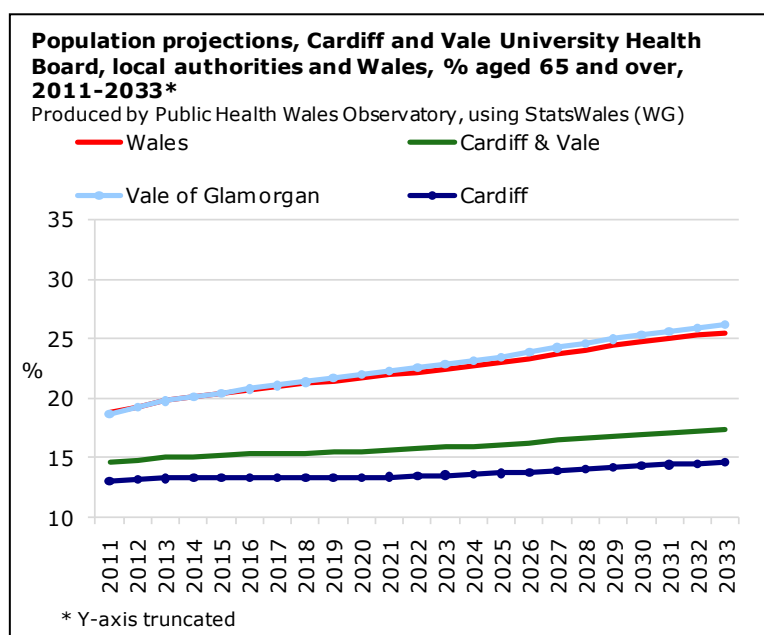
above 75-79, the ward of Plymouth in the Eastern Vale was the ward with the highest proportion of its 50+ population in these categories. When analysing the figures a number of other more rural wards also had a high proportion of the 50+ population found in that ward in the older age categories including Cowbridge, St. Brides Major and Wenvoe.

**Table 5: Highest percentage population by age band and ward**

5 Year Age Band	Ward with highest % of over 50s in this band
50-54	Cadoc
55-59	Cadoc/Rhose
60-64	Peterston-super-Ely
65-69	Peterston-super-Ely
70-74	Llandough
75-79	Plymouth
80-84	Plymouth
85-89	Plymouth
90 Plus	Plymouth

Source: Office for National Statistics (ONS)

**Figure 1: Future population of older people in the Vale**



Source: Public Health Wales Observatory

The above chart shows population projections for Cardiff and Vale University Health Board (UHB) and shows that by 2033, over 25% of the Vale’s population is predicted to be aged over 65. It is important to remember that these figures are estimated projections only; also the chart does not take into account the number of people aged 50+, which certain older people’s services are geared towards. It is clear that in 20 years time a significant proportion of the Vale’s

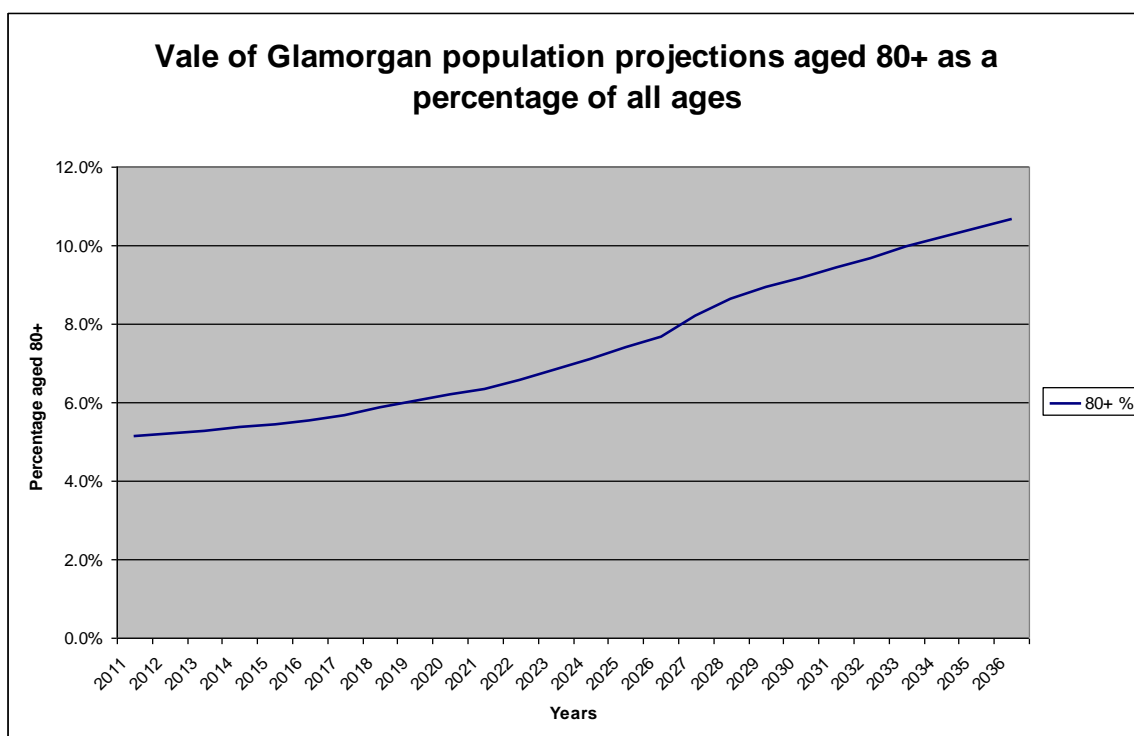
population will be aged over 50 and planning for older people’s services needs to be prioritised.

As shown in the previous population tables, at the 2011 Census the highest numbers of over 50s were in the lower age ranges i.e. 50-54, 55-59 and 60-64. The above graph shows that over the next 20 years there will be larger numbers of people in the higher age range brackets as the population in the Vale begin to age. One emerging point from a consultation event held with representatives from the third sector to inform this analysis was that it is important to recognise that the age range covered by older people’s services (50 -100+) is large and the needs of people in the category of older people will therefore vary significantly.

In light of this it is important to consider the population within the Vale who are aged 80+ as when health and social care services are required, people in these age categories are likely to have more complex and long term needs and therefore a rise in the population aged 80+ will place more demand on such services.

As seen, the population of older people is expected to rise significantly in the Vale of Glamorgan over the next 20 years and the following graph shows that by 2033, approximately 10% of the Vale’s population will be aged 80+ and this equates to approximately 13,000 people.

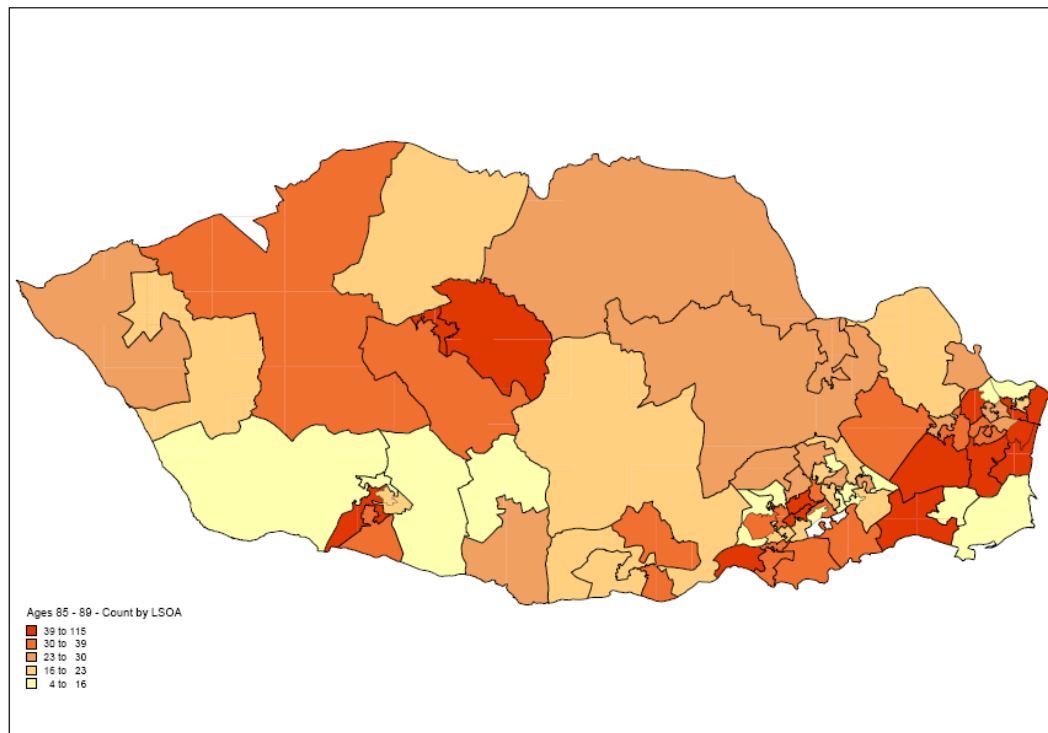
**Figure 2: Vale of Glamorgan population projections aged 80+ as a percentage of all ages**



Source: Vale of Glamorgan Council

The following graphic shows the density of population aged 85-89 in the Vale of Glamorgan in 2013 by LSOA and emphasises the earlier findings that the highest numbers of those in the more ‘elderly’ age ranges are found particularly in the Eastern Vale and more rural areas in the Western Vale. This is important when considering the location of services and access to them as people in these age categories may be less mobile and find themselves more isolated.

**Figure 3: Density of population aged 85-89 by LSOA , Vale of Glamorgan 2013.**

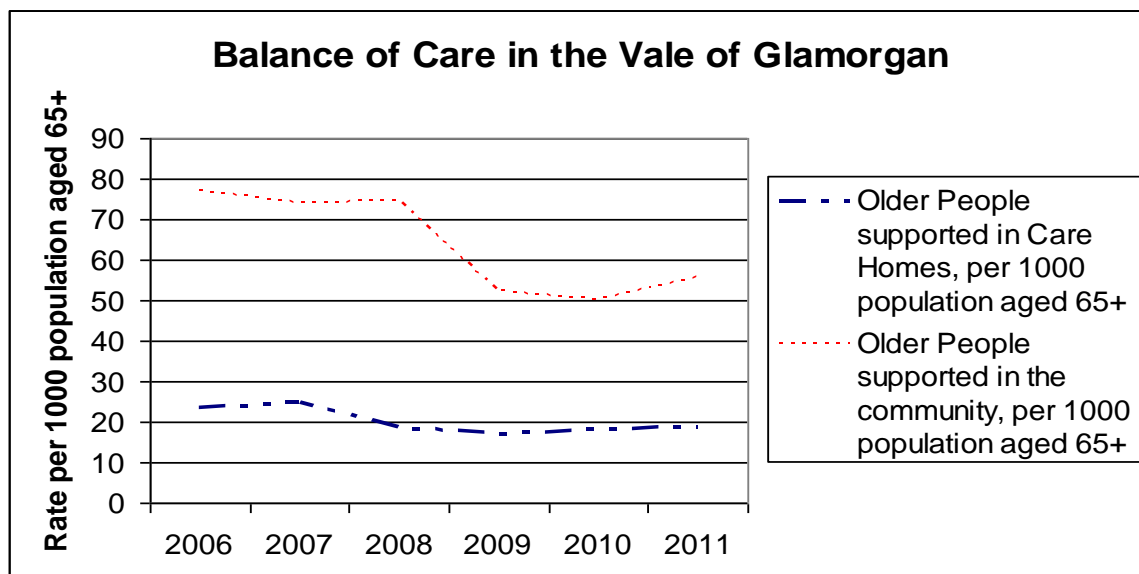


Source: Vale of Glamorgan Council

In light of the ageing population found in the Vale, the Vale of Glamorgan Council has signed the Dublin Declaration on Age Friendly Cities and Communities and partners will need to work together to ensure the Vale is an age friendly environment both now and in the future.

## Social care service provision for older people

**Figure 4: Balance of care in the Vale of Glamorgan**

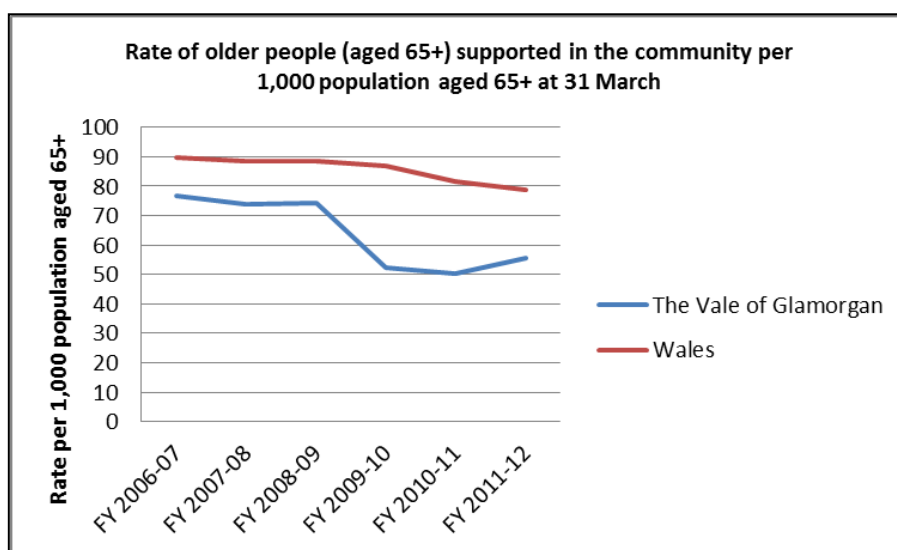


Source: Stats Wales

The previous needs assessment stated: "Effective community support provision helps to enable people to live more independently in their own home. There was a considerable decrease in the rate of older people supported in the community in 2009-10 and a slight fall in the rate of those supported in care homes." Since this needs assessment, the figures have begun to increase again. The rate per 1000 population aged 65+ supported in the community in the Vale of Glamorgan rose from 50.1 in 2010 to 55.62 in 2011. The rate per 1000 population aged 65+ supported in care homes increased slightly from 18.27 to 18.61.

The following chart shows that Wales also saw a decrease in the rate of clients aged 65+ supported in the community in 2009-10, albeit less sharply than the Vale of Glamorgan. In 2011, the rate of older people supported in the community for Wales was 78.60. We can see that the figure for Wales has dropped from 2009-10 to 2011-12 whereas it has risen in the Vale of Glamorgan, therefore the increase in the Vale from 50.1 in 2010-11 to 55.62 in 2011-12 may be attributable to work that has taken place at a local level where a focus has been on enabling people to live independently for as long as possible. The Vale continues to provide a wide variety of services to support people to remain living independently in the community and it is important to consider the population figures discussed previously that show an ageing population in the Vale and that the increase in the number of people aged 65+ and 80+ in the Vale will naturally place more strain on services.

**Figure 5: Rate of older people (aged 65+) supported in the community**



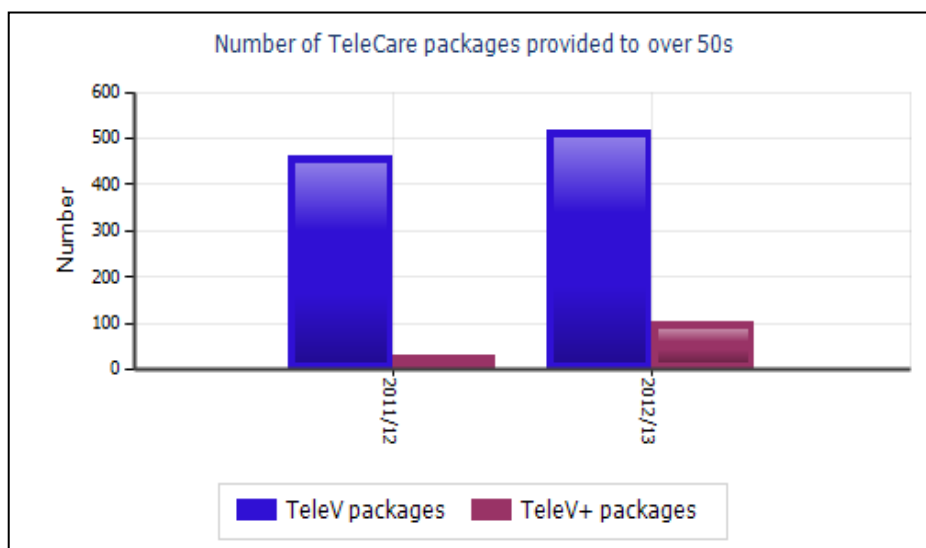
Source: Local Government Data Unit

Figures for 'older people supported in the community' only include clients who receive a package of care provided or commissioned by social services following an assessment. This includes self-funding clients who pay all the direct costs for services but whose care is managed at the expense of the local authority.

The increase in the number of clients supported in the community since 2010 may be attributable to a number of things. Firstly the number of older people in the Vale has increased therefore it is expected that the numbers of clients supported to live at home would increase also. The recent rise may also be attributable to the introduction of Unified Assessment Panels from social services which conduct assessments and make decisions on what support should be provided.

Although not included in the figures above regarding clients supported in the community, another service which assists older people in the Vale to remain living as independently as possible is the introduction of TeleCare packages in 2010. As the graph below shows the number of TeleV packages provided has increased to just over 500 in 2012/13, also the number of TeleV+ packages provided rose considerably from 30 in 2011/12 to 104 in 2012/13.

**Figure 6: Number of TeleCare packages provided to people aged over 50s**

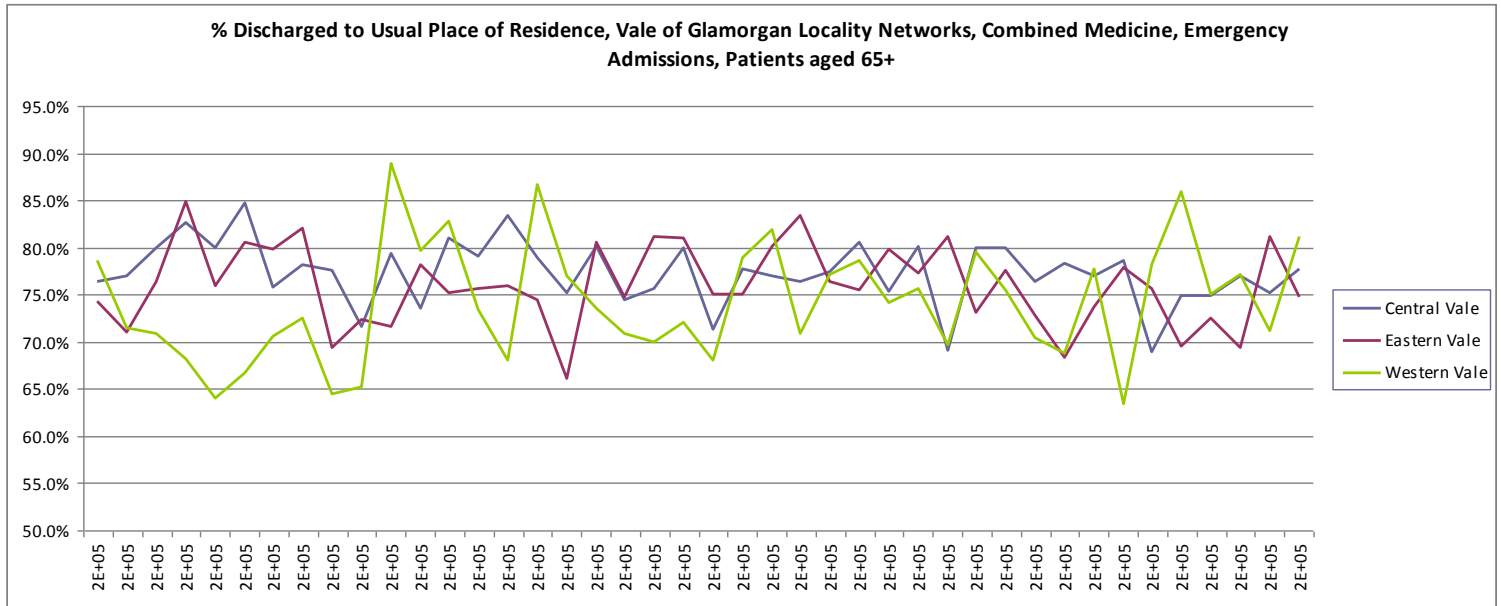


*Data from Vale of Glamorgan Council*

It is also important to remember that these figures only include those supported in the community by the local authority and that voluntary sector organisations provide a vast amount of support. There are also a number of other support channels not accessed directly through social services, for example the introduction of the Armed Forces Community Covenant in the Vale in 2011 provides an additional point of access to community services for ex-servicemen and women.

With regards to numbers supported in the community, the following graph shows the percentage of people discharged to their usual place of residence following an emergency admission to hospital by Western Vale, Eastern Vale and Central Vale. Although the graph does not show whether these people are accessing support services, the graph may highlight that work should be undertaken to examine whether people in a certain neighbourhood find it easier to access services than others.

**Figure 7: Percentage of people aged 65 + years, discharged to usual place of residence**



Source: Vale Locality Neighbourhood Outcomes Baseline Report (Primary, Community and Intermediate Care Division) January 2012

The graph shows that residents (over 65s) from the Central Vale (77.3%) are most likely to be discharged to their normal place of residence, followed by the Eastern Vale (76%) and finally the Western Vale (74.1%). Further work may be required to investigate whether the hospital from which patients are discharged affects these figures as Eastern Vale residents could be more likely to be discharged from University Hospital Wales or Llandough and Western Vale residents may be more likely to be discharged from Princess of Wales hospital in Bridgend. A link may be found between how well linkages between patients being discharged from hospital and having support services put in place work dependant upon which health board area the hospital is located in.

## Provision of community services

**Table 6: Numbers of older people accessing community services in the Vale of Glamorgan by the type of service.**

	2009-10	2010-11	2011-12
Homecare	673	635	805
Daycare	366	345	331
Community Support Daycare	84	89	70
Respite Care	52	4	23
Meals	167	147	78
Equipment	699	682	843
Adaptions	132	274	269
Direct Payments	85	91	103
Supported Accommodation	74	71	78
Adult Placements	29	33	28

*Source: Stats Wales*

As expected, due to the rise in the rate of people supported in the community in the Vale of Glamorgan shown earlier, the number of people accessing most of the above services has also increased or remained at a similar level to previous years. The number of people accessing homecare packages increased significantly in 2011/12 compared to previous years. One suggested reason for this is the introduction of the Wyn Campaign which focuses on helping people to remain independent and which saw a reorganisation of homecare staff. From the Wyn Campaign, Community Resource Teams have been set up, with one based in Barry Hospital. The teams are comprised of health, social services and third sector staff. The Community Resource Team has been issued with electronic notebooks in an attempt to share data and store information regarding unified assessments for social care more easily. This should allow for greater, quicker and easier communication between healthcare and social services staff along with avoiding duplication which may increase the future numbers of clients accessing homecare services rather than be supported in a care home.

Also following the change in social services criteria in 2005 to supporting only those who are recognised as having 'critical or substantial' needs, it may have been expected that the numbers of people provided with services would decrease. However, as the table shows this is not the case and may show that many older people in the Vale are assessed as having 'critical or substantial needs'. This shows the strain that such services are now under due to the ageing population and the ever growing demand for social services to provide community support services. Clients with low to moderate needs are often referred to voluntary sector agencies such as Age Concern or directed to other sources of information and support. However with the ever growing demand for services in the Vale both social services and voluntary sector agencies are under an ever growing pressure to provide support to clients. Care and Repair completed 1,002 service requests in the Vale between April 2013 and June 2013, 771 handyperson referrals were completed which supported 52 people to return

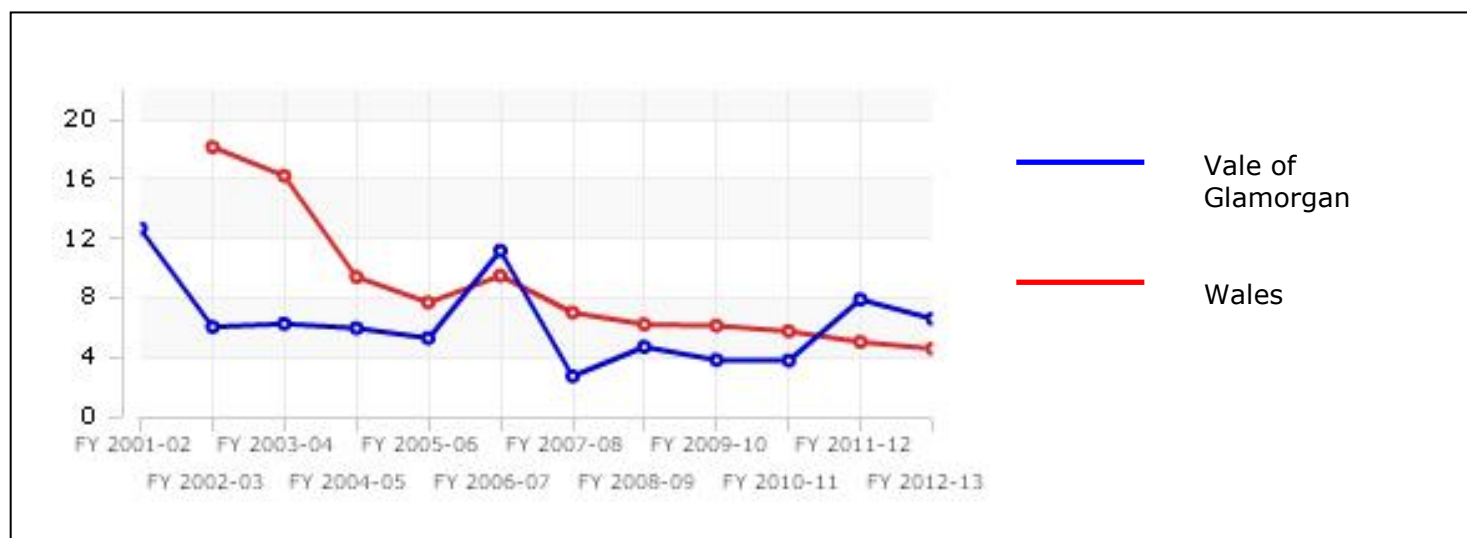
to their homes from hospital. 87 Healthy Homes checks were also completed in this short period. Voluntary sector organisations have a limited capacity to support such services and with the ageing population found in the Vale there may be even more referrals to such organisations who are already working at capacity to provide community support services.

The table also shows that the numbers accessing meals has nearly halved from 167 in 2009-10 to 78 in 2011-12. This may be attributed to the temporary closure of Rondel House and therefore reduced Meals on Wheels service being offered at the time. A data cleansing exercise has also taken place since 2009-10 as records on clients receiving meals on wheels services were not accurate and this may account for the substantial decrease in figures.

## Delayed Transfers of Care (DToC) for older people

A Delayed Transfer of Care (DToC) is experienced by an inpatient in hospital that is ready to move to the next stage of care but is prevented from doing so.

**Figure 8: Rate of Delayed Transfers of Care for social care reasons per 1000 population aged 75+**



Source: Vale of Glamorgan Council

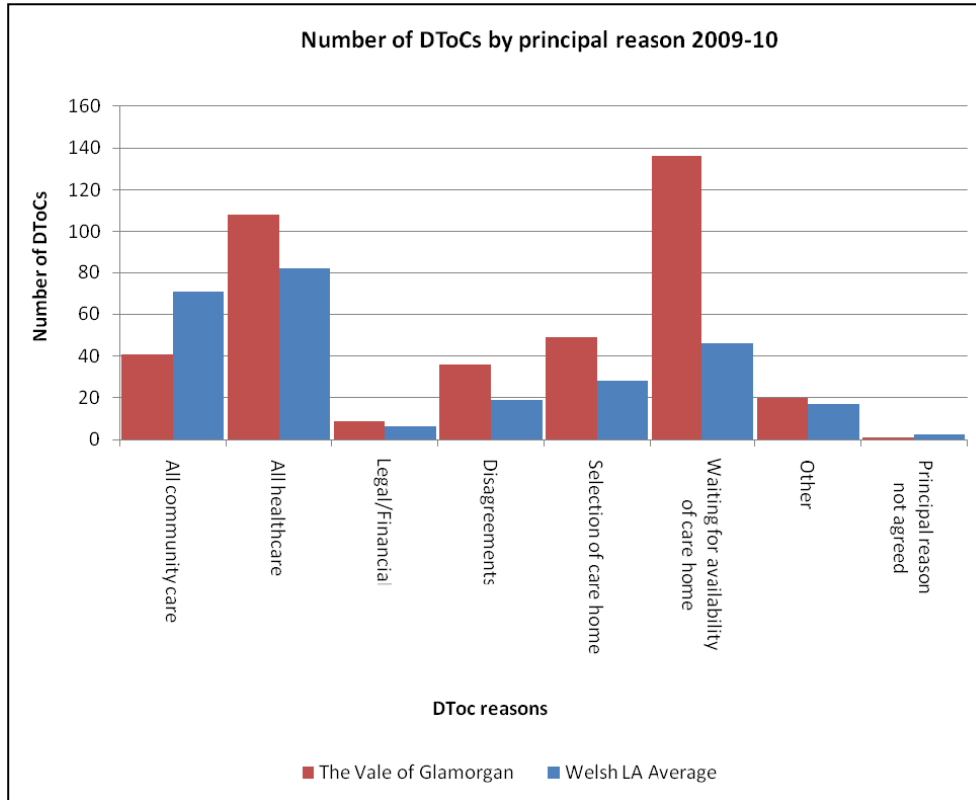
The above graph shows that in the Vale there was a slight improvement in the rate of DToC in 2009-10 when the rate fell to 3.8. This was below the Welsh rate of 6. The rate of DToC in the Vale increased considerably in 2011-12, peaking at 7.9. This is nearly a +4 increase between 2009-10 and 2011-12, whereas for Wales the rate went down over this timeframe showing that performance in the Vale concerning Delayed Transfers of Care was lower than in Wales. In 2012-13 the Vale rate for DToC went down, but is still higher than in 2009-10.

There may be a number of factors contributing to this. A fall in the Vale rate of DToC for 2012-13 may be attributed to the Integrated Discharge Service and the implementation of Community Resource Teams and these improved social work processes along with a greater awareness amongst staff may have caused the rate of DToC to fall in the Vale in 2012/13. Despite the increase in 2011/12, the Vale performs consistently well when compared to the Welsh average and overall recent figures show a substantial decrease in the rate of DToC since 2006/07. It

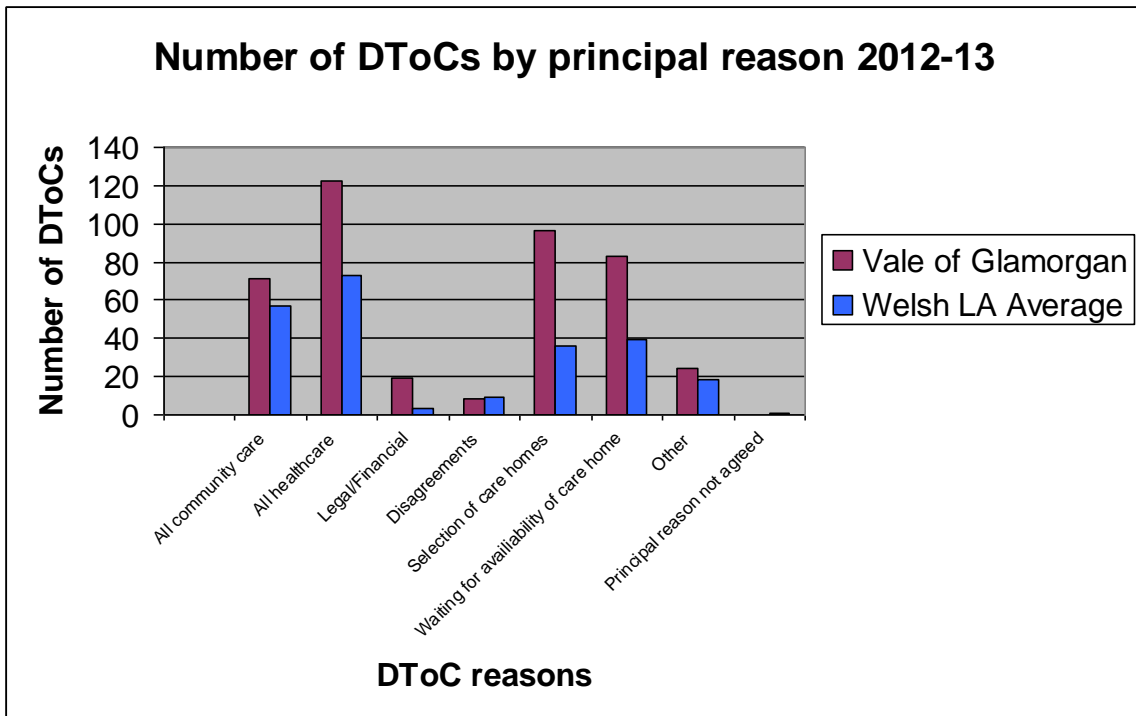


is important to remember that DToC is not an exact science and there are many factors which can affect DToC and affect performance.

**Figure 9: Delayed Transfers of Care by Principal Reason, 2009-10 and 2012-13**



Source: Stats Wales



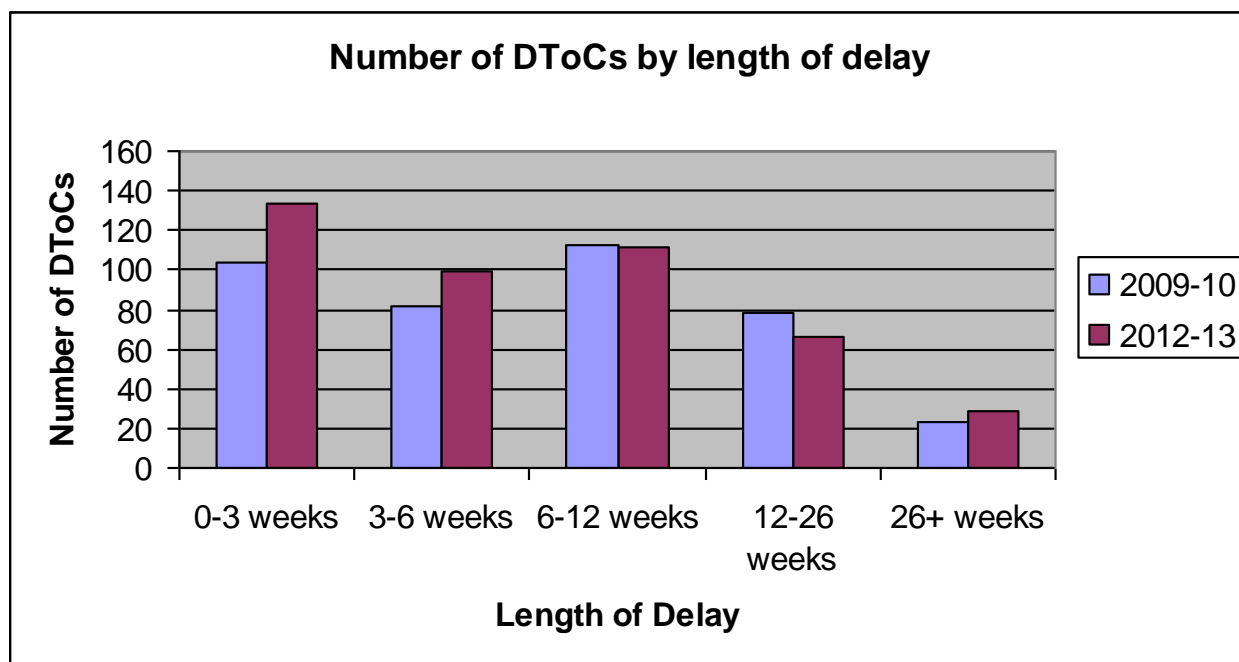
Source: Stats Wales

The above graphs show the principal reasons for Delayed Transfers of Care in the Vale of Glamorgan in 2009/10 compared to 2012/13. The graphs also compare the Vale figure to the Welsh average. The age range included in these figures is not specified although it is generally thought that the majority of DToC are for clients in older age categories.

The number of DToC for all community care reasons nearly doubled in the Vale of Glamorgan from approximately 40 in 2009/10 to 71 in 2012/13, whereas the Welsh local authority average has slightly dropped to 56.8 in 2012/13. We can also see that the figure has dropped in the Vale for “waiting for availability of care home” to 83 in 2012/13 whereas the Welsh average has remained consistent.

The figures above may be explained due to the shift in focus in the Vale to providing community support to allow older people to continue living in the community for as long as possible. Therefore increases in the population of older people coupled with this shift in focus may result in a larger caseload of patients waiting for community support services to be put in place causing a larger number of DToCs for this reason. This also explains why the numbers waiting for care home places has dropped as, in line with social services policy of promoting independence, there are now less service users in care homes. The Wyn Campaign is implementing joint working between health, social services and third sector staff attempting to reduce the delay in providing community support services.

**Figure 10: Length of Delayed Transfers of Care**



Source: Stats Wales

From comparing the numbers of DToC by length of delay in 2012-13 to in 2009-10 when the original needs assessment was undertaken, we can see that for each category there are more numbers of DToCs, however this is attributable to the fact that there were more Delayed Transfers of Care overall. There is a trend however that the increase in numbers is higher in the shorter categories of 0-3 and 3-6 weeks. Delays between 12 and 26 weeks in 2012/13 have fallen despite there being a larger number of delays overall. It may therefore be seen as a

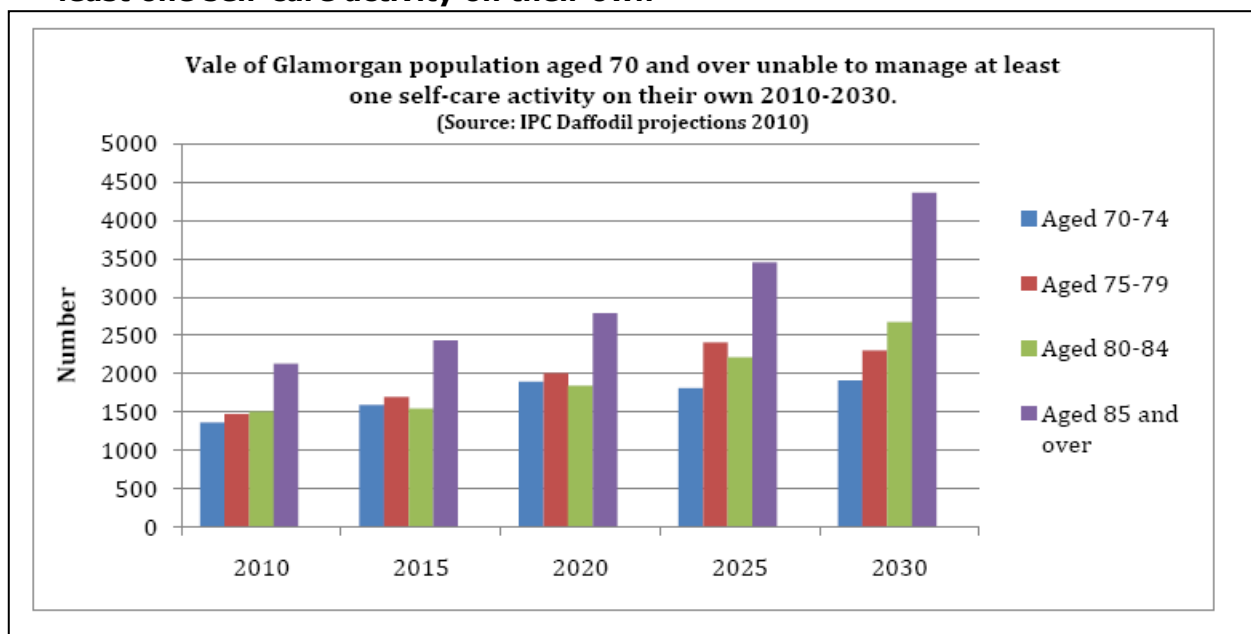
positive that despite an increase in the overall numbers, the majority of the increase is in the 0-3 weeks category.

Through the Wyn Campaign work will take place to try and decrease overall numbers along with shortening the length of delay. As previously discussed it is hoped the co-location of staff through Community Resource Teams will contribute to this. The Wyn Campaign and the frail elderly is also a priority for the newly formed Health & Social Care Integrated Services Strategic Team, a high level team under which an operational team will sit, to focus on improving services for the coming winter period. One issue which may have contributed to a high number of DToCs is the incompatibility between social services IT systems and health IT systems. To address this, work will take place under the Wyn Campaign on sharing information, including proposals to allow GPs read-only access to systems. On a national level, a new IT system is currently being procured to cover all of health and social care across Wales in order to join up data and information sharing when making unified assessments. This fits with the Integrated Services Strategic Team’s aim to simplify and speed up the assessment process. It is essential that the new IT system is compatible with current ways of working to allow an easy transfer of data between the systems.

## Unpaid carers

Along with community support services, unpaid carers also play a large part in helping older people to remain independent in their own homes. The graph below shows projections of the number of people aged 70+ in the Vale of Glamorgan who will be unable to manage at least one self-care activity on their own.

**Figure 11: Projected number of people aged 70+ years unable to manage at least one self-care activity on their own**



Source: Cardiff and Vale Public Health Team assessment of the future health and social care needs of older people in Cardiff and the Vale of Glamorgan 2010-2030.

Self-care projections are based on data from the General Household Survey (GHS) relating to respondents' ability to perform the following activities:

Bathing, showering, washing all over

Dressing and undressing

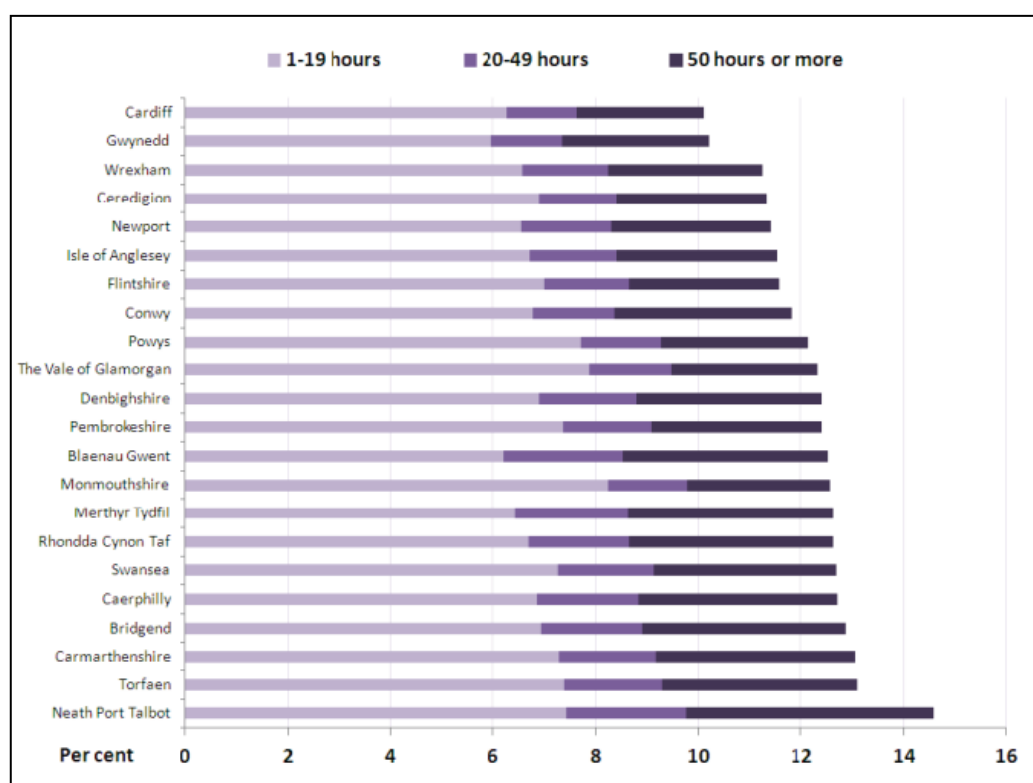
Cutting toenails

Taking medicines.

In the Vale of Glamorgan the number of people aged 85 and over unable to manage at least one self-care activity on their own is projected to increase by nearly one third from 2,130 in 2010 to 2,790 in 2020, and to more than double to 4,360 in 2030.

This will place more strain on unpaid carers in the Vale and the graph below shows that in 2011, there were already a large number of unpaid carers in the Vale and in light of the predictions above this is set to increase. In 2011, 12.3% of all care in the Vale was unpaid, 7.9% of this was for 1-19 hours per week, 1.6% was for 20-49 hours per week and 2.8% was for more than 50 hours a week unpaid care. Currently Age Concern provides a sitting service for carers of people ages 60+ with an illness or disability who live in the Vale of Glamorgan. The service provides short breaks for carers on a regular basis and in 2012/13 provided 287 hours of direct support to carers.

**Figure 12: Provision of unpaid care by duration category and unitary authority in Wales, 2011**

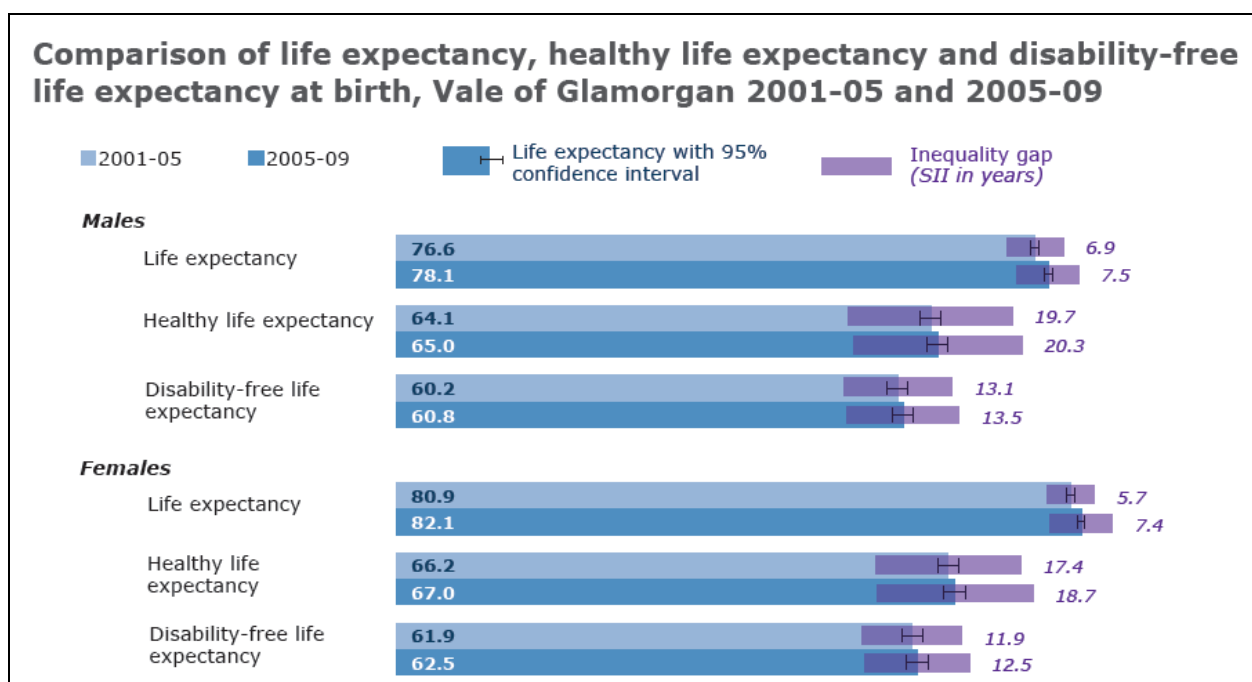


Source: Census - Office for National Statistics

## Health of older people

### Life expectancy

**Figure 13: Comparison of life expectancy, healthy life expectancy and disability-free life expectancy at birth**

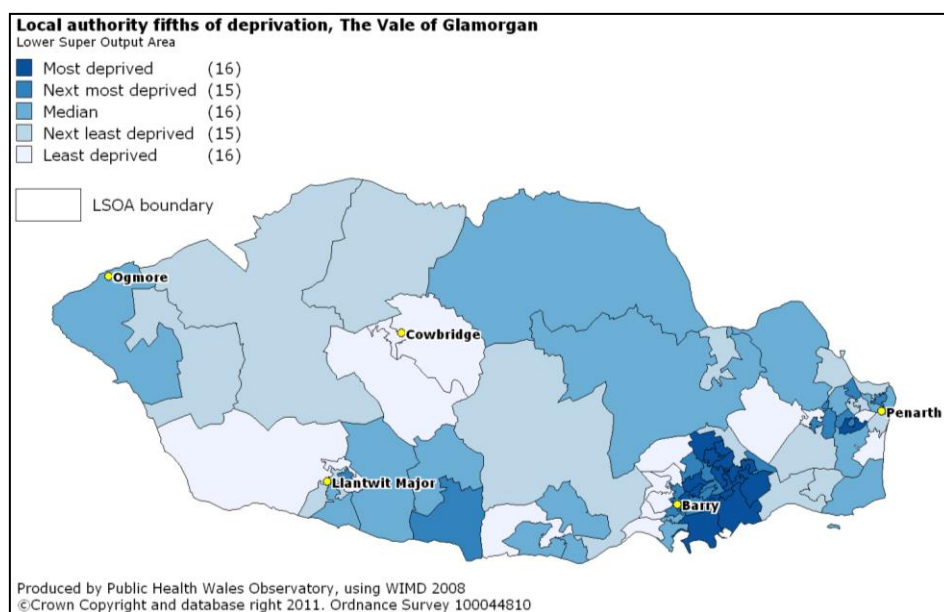


Source: Public Health Wales Observatory

The above graph shows the difference in life expectancy from 2001-05 and 2005-09. The graph shows that for both males and females, life expectancy, healthy life expectancy and disability-free life expectancy has risen over this time period in the Vale. This shows that on average, work has been successful to increase life expectancy. However the graph shows that the gap in life expectancy (Slope Index of Inequality) between those in the most deprived wards and those in the least deprived wards is increasing across all categories in the Vale. In 2001-05 the gap in life expectancy for males was 6.9, in 2005-09 this widened to 7.5.

Similarly for females, the gap in life expectancy in 2001-05 was 5.7 and by 2005-09 this had widened to 7.4. The inequality gap for healthy life expectancy is even starker with males in the most deprived wards living on average 20.3 years less and females 18.7 years less. This inequality gap shows that there is a group of people being left behind and this issue needs to be addressed. The map below shows levels of deprivation across the Vale of Glamorgan and reflects which areas in the Vale have such significantly lower life expectancy.

**Figure 14: Deprivation by fifths, by LSOA**



Source: Public Health Wales Observatory

## Dementia

The table below estimates the number of people aged 65+ in Cardiff and the Vale who are predicted to suffer from dementia over the next 20 years. The table shows that the numbers suffering from dementia are expected to increase considerably particularly in the female population. The table shows the population estimated to have dementia and this projection includes the estimated 50% of sufferers who are not officially diagnosed as having the illness.

**Figure 15: Estimated numbers of dementia sufferers in Cardiff and Vale LHB area, aged over 65 years, 2011-30.**

<b>Population estimated to have dementia*, Cardiff and Vale University Health Board, males and females aged 65 and over, 2011-2030</b>						
		<b>Males</b>				
		<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80-84</b>	<b>85+</b>
<b>2011</b>	Population	9,100	7,300	5,700	4,200	3,500
	Sufferers (95% CI)	137 (114 - 160)	225 (196 - 254)	293 (260 - 325)	425 (387 - 464)	682 (637 - 728)
<b>2015</b>	Population	11,100	8,000	6,200	4,400	4,000
	Sufferers (95% CI)	166 (141 - 191)	246 (216 - 277)	316 (282 - 350)	453 (413 - 492)	774 (725 - 823)
<b>2020</b>	Population	10,500	10,100	6,900	5,000	4,800
	Sufferers (95% CI)	157 (132 - 181)	312 (278 - 346)	354 (318 - 390)	510 (468 - 552)	939 (885 - 993)
<b>2025</b>	Population	11,200	9,600	8,900	5,700	5,900
	Sufferers (95% CI)	168 (143 - 194)	297 (264 - 330)	453 (412 - 494)	583 (538 - 628)	1,159 (1099 - 1218)
<b>2030</b>	Population	12,500	10,300	8,500	7,400	7,300
	Sufferers (95% CI)	187 (161 - 214)	320 (286 - 355)	434 (395 - 474)	754 (703 - 805)	1,424 (1357 - 1490)
		<b>Females</b>				
		<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80-84</b>	<b>85+</b>
<b>2011</b>	Population	9,900	8,500	7,400	6,100	6,900
	Sufferers (95% CI)	99 (80 - 119)	203 (176 - 231)	478 (437 - 520)	810 (758 - 862)	1,721 (1650 - 1791)
<b>2015</b>	Population	11,600	9,100	7,600	6,100	7,200
	Sufferers (95% CI)	116 (95 - 137)	218 (190 - 247)	497 (454 - 539)	810 (758 - 862)	1,791 (1719 - 1863)
<b>2020</b>	Population	11,200	11,000	8,300	6,500	7,700
	Sufferers (95% CI)	112 (92 - 133)	264 (232 - 295)	540 (496 - 584)	865 (811 - 919)	1,936 (1861 - 2011)
<b>2025</b>	Population	12,300	10,700	10,100	7,200	8,800
	Sufferers (95% CI)	123 (101 - 145)	257 (226 - 288)	657 (608 - 705)	957 (900 - 1013)	2,196 (2117 - 2276)
<b>2030</b>	Population	14,000	11,700	9,900	8,800	10,300
	Sufferers (95% CI)	140 (117 - 163)	282 (249 - 314)	643 (595 - 691)	1,175 (1112 - 1237)	2,568 (2482 - 2654)
Produced by Public Health Wales Observatory, using data from Daffodil (WG) & 2008 LA Population Projections (WG)						
*Population rounded to the nearest 100 persons						

Source: Public Health Wales Observatory

In total, the number of males in Cardiff and the Vale suffering from dementia is expected to rise from 1,762 in 2011 to 3,119 in 2030. For females the figure is expected to rise from 3,311 in 2011 to 4,948 in 2030. Clearly these figures are alarming and show that work needs to take place now in an attempt to plan for this increase. Along with the obvious significant strain that will be placed on health services, these figures will also impact on issues such as Delayed Transfers of Care.

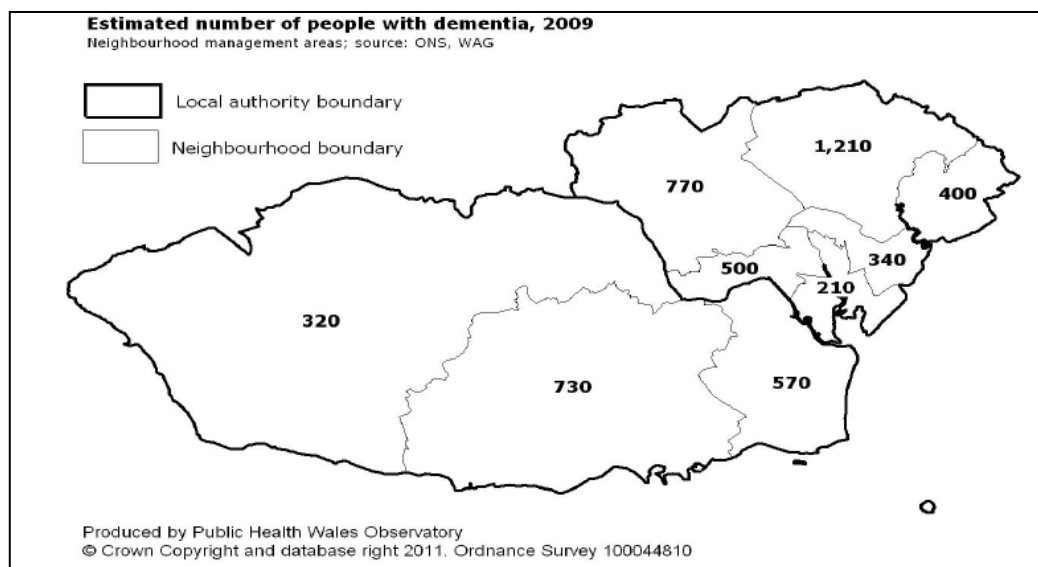
There may be an issue that a person becomes labelled as having dementia and have to wait for an EMI (Elderly Mentally Impaired) care home place when in reality the level of care required and needs of a patient vary on an individual basis. It is important to recognise that dementia can affect sufferers at varying degrees and individual patient needs can vary. It is important that patients do not become 'tagged' with a label and that cases are considered on an individual basis. This was discussed at the third sector consultation meeting held and representatives agreed that raising awareness on the issue of dementia needs to take place. This has also been highlighted through focus groups with BME (Black Minority Ethnic) communities where mental illness can sometimes be thought of in a deprecatory manner.

Dementia has been recognised as an issue in the Vale and the Vale of Glamorgan recently pledged to become a dementia supportive community and work to raise awareness of the illness and change attitudes towards dementia patients. As part of the Wyn Campaign Delivery Plan 2013/14, dementia champions will be established in each Community Resource Team. Cardiff and Vale Mental Health Group has set up a Veteran Mental Health Support Group and a Service User and Carer Network Group is being set up to report directly to the Cardiff and Vale Mental Health Partnership Board.

The following map shows the estimated number of people suffering with dementia in 2009 broken down by neighbourhood across Cardiff and the Vale of Glamorgan. The map shows that for the Vale of Glamorgan, there were more people suffering with dementia in the Central Vale (730), than the Eastern Vale (570). There were fewer sufferers in the Western Vale, with an estimated 320 people with dementia. This may be down to a larger number of people living in the Central Vale area, however there may be a link to the fact that the Central Vale contains some of the most deprived wards in the Vale. It is also worth referring to earlier figures on the proportion of over 50s in each ward by 5 year age category. These figures showed that there was a higher proportion of over 50s in areas of Barry i.e. Central Vale, in the lower age bands of 50-54 and 55-59. The wards with the highest proportion of over 50s in more elderly age bands tended to be found in the more rural wards in the Western Vale. Although the map below does not show the estimated number of people suffering with dementia by age range, it is generally assumed that there are more sufferers in older age ranges. Therefore it is interesting to note that although some of the least deprived wards in the Western Vale have a higher number of people in older age bands, there are less dementia sufferers in the Western Vale than in the more deprived urban areas in the Central Vale. This may show a link between deprivation and mental illness in older people.



**Figure 16: Estimated number of dementia sufferers, by neighbourhood management area, 2009.**



Source: Cardiff and Vale Public Health Team assessment of the future health and social care needs of older people in Cardiff and the Vale of Glamorgan 2010-2030.

## Health status

**Figure 17: Number of patients aged 65+ currently being treated for selected conditions in the Vale of Glamorgan, Cardiff and Wales.**

**Welsh Health Survey results (observed) for selected conditions, Cardiff and Vale University Health Board residents by local authority, health board and Wales, persons aged 65 and over, 2008-2010**

Indicator	Vale of Glamorgan	Cardiff	Cardiff & Vale	Wales
Currently treated for (%):				
High blood pressure	48	51	50	51
Heart condition	26	30	29	29
Respiratory condition	19	22	21	22
COPD (proxy)*	5	7	6	7
Mental illness	11	9	10	10
Arthritis	29	34	32	33
Diabetes	15	15	15	15

Produced by Public Health Wales Observatory, using Welsh Health Survey data (WG)

\* reports of currently being treated for emphysema and/or bronchitis is used as a proxy for COPD

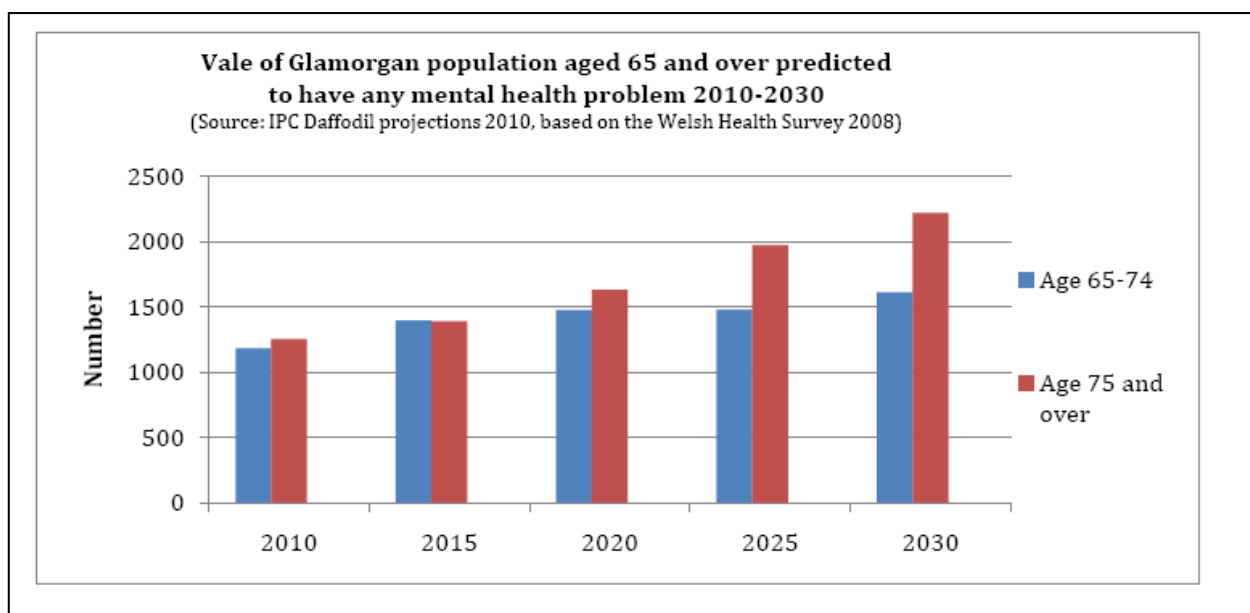
Source: Public Health Wales Observatory, Cardiff and Vale UHB Older People Indicators Report 2012.

The table shows that the % of over 65s being treated for high blood pressure, heart conditions, respiratory conditions and arthritis in the Vale is lower than both Cardiff and the Welsh average. It is level for diabetes.

However the % being treated for mental illnesses is higher in the Vale than Cardiff and the Welsh average. This is in line with the figures shown above of the rise in older people suffering with dementia. Although the figure is higher in the Vale than in Cardiff and the Welsh average, it should be considered whether this reflects that services in the Vale are more effective and accessible for sufferers and whether the awareness of mental health issues is higher in the Vale. If so, this work needs to continue to develop in light of the estimated rising numbers of dementia sufferers in the Vale. However numbers may also be higher simply because the Vale has an ageing population among which the prevalence of mental illness is high, in which case awareness raising of mental health issues and early intervention should be a priority.

The graph below shows that the numbers of people aged 65+ in the Vale being treated for mental illness are expected to rise and that the prevalence of mental illness in older people in the Vale is set to continue being an issue. The predictions in the graph are based on figures for those 'currently being treated for depression, anxiety or other mental illness' excluding dementia. The graph shows that in the Vale of Glamorgan the number of those aged 65-74 with a mental health problem is predicted to rise by nearly a quarter from 1,180 in 2010 to 1,470 in 2020 and by over a third to 1,611 in 2030. The number of those aged 75 and over is predicted to rise by nearly a third from 1,253 in 2010 to 1,628 in 2020 and by three-quarters to 2,220 in 2030.

**Figure 18: Predicted numbers of people aged 65+ years to have mental health problems, 2010-30.**

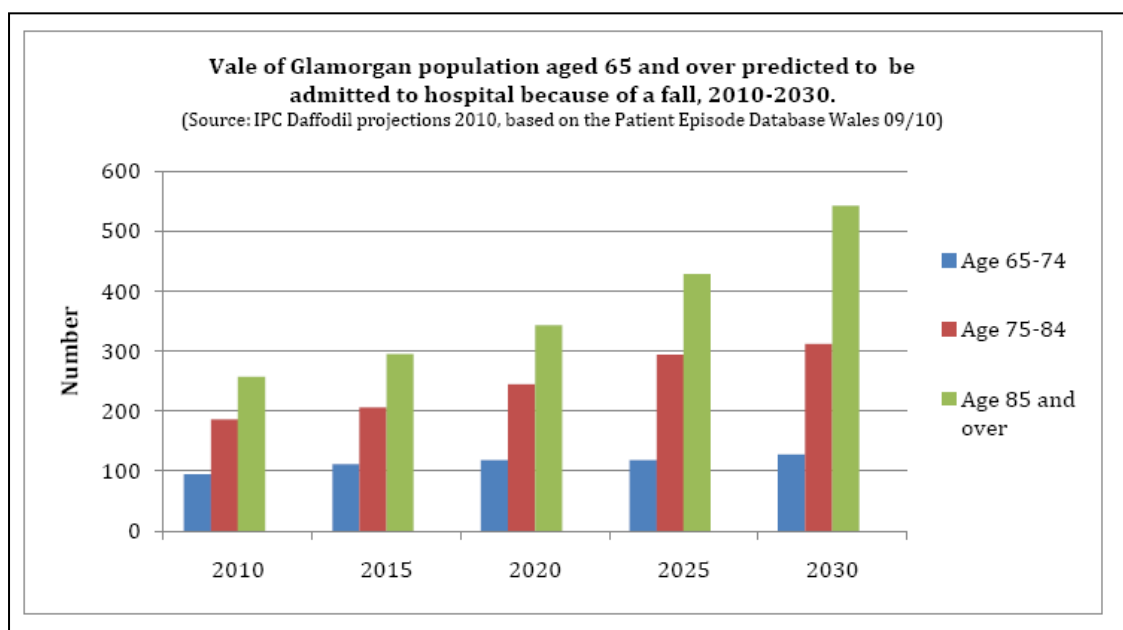


Source: Cardiff and Vale Public Health Team assessment of the future health and social care needs of older people in Cardiff and the Vale of Glamorgan 2010-2030.

## Falls and bone health (or fractures)

Falls prevention is currently a focus of work in the Vale of Glamorgan particularly in light of the Wyn Campaign, where The Falls and Bone Health Programme is a targeted intervention work stream. Due to the ageing population in the Vale, the numbers of people aged 65+ attending the Emergency Unit at University Hospital of Wales (UHW); the Princess of Wales Hospital Bridgend (PoWH) or the Minor Injuries Unit (MIU) at Barry Hospital as a result of a fall are predicted to rise, as are numbers of fallers subsequently admitted to hospital.

**Figure 19: Predicted number of people aged 65+ years admitted to hospital because of a fall, 2010-30.**



Source: Cardiff and Vale Public Health Team assessment of the future health and social care needs of older people in Cardiff and the Vale of Glamorgan 2010-2030.

Falls risk increases with age, for example 1:3 people over 65 years will experience a fall each year and 1:2 people over 80 years. Falls associated with frailty are often caused by interplay of risks. Strength and balance is reduced with age and effects of hypnotic medication and poor vision increase risk. Having a chronic condition also increases risk, particularly cognitive impairment. This is relevant given the predicted rise in the number of people having a cognitive impairment in the Vale of Glamorgan.

Falls and fractures are a major cause of disability and the leading cause of mortality resulting from injury in people aged 75 and over in the UK. Depression, fear of falling and social withdrawal are all common effects of repeated falls and people who have rarely or never fallen may fear doing so. Approximately half of all people who fracture their hips are never functional walkers again. Falls and fractures are a major reason for admission to hospital or a residential care setting. If an older person has osteoporosis, often called the 'silent epidemic' because people do not realise that they have fragile bones, they are more at risk of a fracture. 1:2 women and 1:5 men over 50 years have the disease. Screening is provided for patients attending UHW, aged over 50 years, with a fracture sustained from standing height or below. Following assessment and diagnosis, treatment is commenced with medication. Healthy lifestyle support is also offered

together with falls screening. Treatment reduces the risk of a second such fracture by up to a half.

In place for patients registered with Cardiff and Vale University Health Board GPs, who attend UHW or MIU with a fall, is screening for on-going falls risk. The GP is notified of results and manages the further individualised assessment, treatment and referrals to specialist services, such as the Day Hospital at University Hospital Llandough. The aim is to modify risks and reduce harm from a fall.

Sharp rises in the number of people aged 65+ admitted to hospital because of a fall or fall and fracture are predicted in the Vale of Glamorgan, where admissions in those aged 85 and over are predicted to rise by a third from 260 in 2010 to 340 in 2020, and to more than double to 540 in 2030.

This will further increase the demand on community support services, such as adaptations to allow people to return to their own homes; falls prevention and bone strengthening exercise programmes and healthy ageing support.

## Quality of life indicators

**Table 7: Selected quality of life indicators for people aged 65+ in the Vale, Cardiff and Wales.**

<b>Welsh Health Survey results (observed) for selected quality of life indicators, Cardiff and Vale University Health Board residents by local authority, health board and Wales, persons aged 65 and over, 2008-2010</b>				
<b>Indicator</b>	<b>Vale of Glamorgan</b>	<b>Cardiff</b>	<b>Cardiff &amp; Vale</b>	<b>Wales</b>
General health status: fair or poor (%)	38	39	38	40
Limiting long-term illness (%)	55	55	55	56
Mean SF-36 physical component summary score <sup>1</sup>	39	39	39	39
Mean SF-36 mental component summary score <sup>1</sup>	51	51	51	51
Daily or occasional smoker (%)	8	10	10	12
Drinking above guidelines on at least one day in past week (%) <sup>2</sup>	30	24	26	24
Consumed five or more portions of fruit and vegetables on previous day (%)	36	38	37	36
Meeting physical activity guidelines during past week (%) <sup>3</sup>	17	12	14	16
Overweight or obese (%)	60	59	59	59

Produced by Public Health Wales Observatory, using Welsh Health Survey data (WG)

<sup>1</sup> Higher scores indicate better health or well-being

<sup>2</sup> Men drinking more than 4 units, women more than 3 units

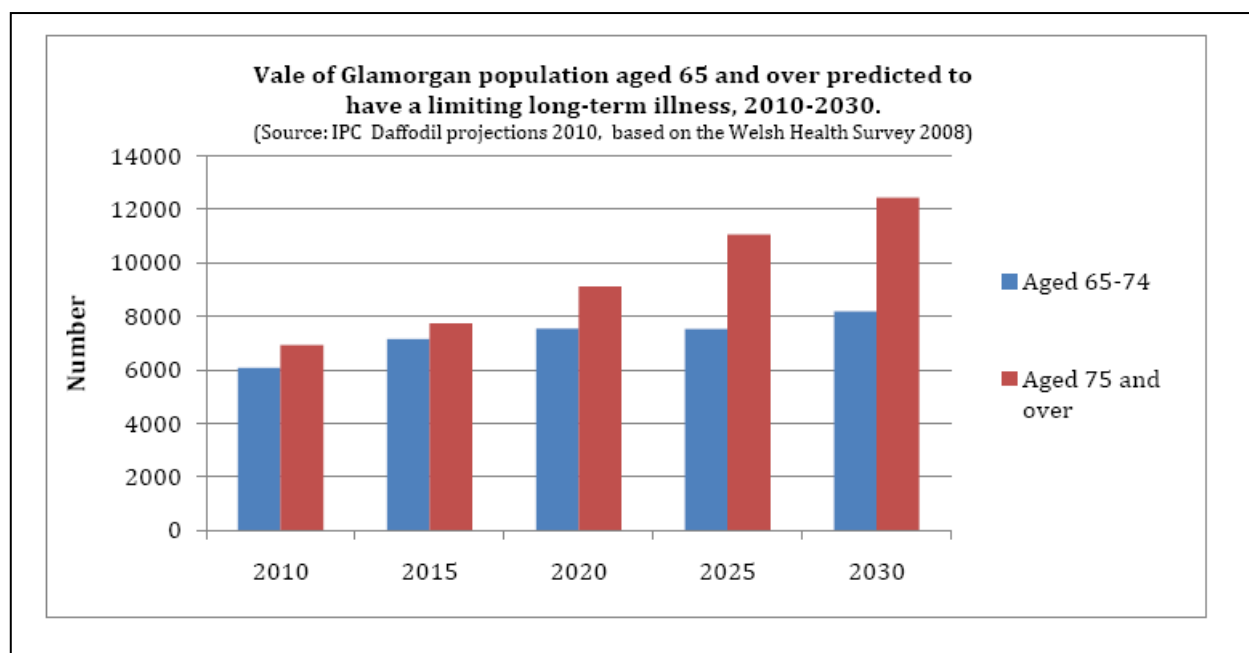
<sup>3</sup> At least 30 minutes of at least moderate intensity physical activity on five or more days

Source: Public Health Wales Observatory, Cardiff and Vale UHB Older People Indicators Report 2012.

In the Vale 8% of over 65s are daily or occasional smokers compared to 10% in Cardiff and 12% in Wales as a whole. The percentage of over 65s meeting physical activity guidelines in the past week was 17% which is significantly higher than 12% in Cardiff, the Welsh average was 16%. One reason for this may be that the National Exercise Scheme which GPs can refer patients to has a good uptake in the Vale. The numbers starting the scheme and the numbers completing the scheme have continued to increase annually in the Vale.

The table shows that the percentage of people aged over 65 in the Vale living with a limiting long term illness are approximately the same as the percentage living in Cardiff and Wales as a whole. The graph below shows how the numbers living with a limiting long term illness are expected to rise in the Vale.

**Figure 20: Predicted number of people aged 65+ to have a limiting long-term illness, 2010-2030.**



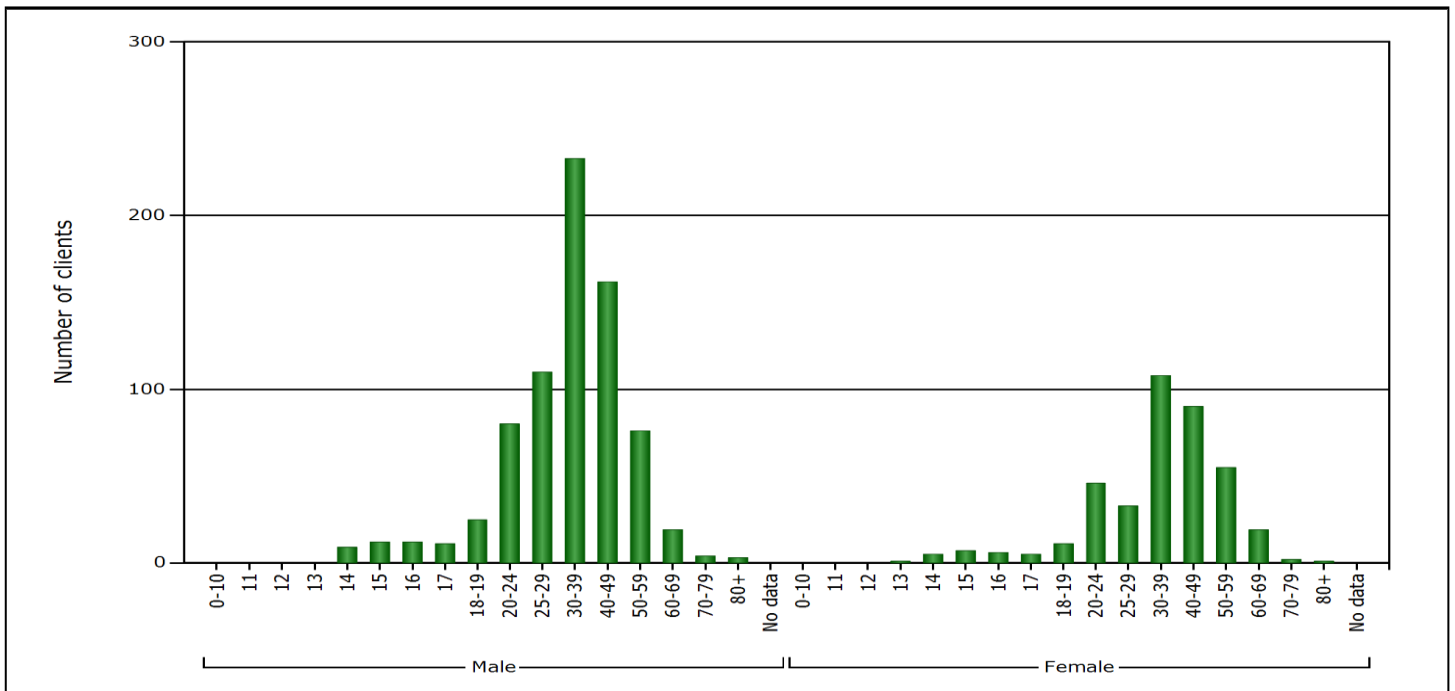
Source: Cardiff and Vale Public Health Team assessment of the future health and social care needs of older people in Cardiff and the Vale of Glamorgan 2010-2030.

Limiting long-term illness is widely used as a measure of health status and has been shown to be an accurate predictor of early mortality, psychological health and hospital utilisation. The projections above are based on responses to the Welsh Health Survey question which asks respondents if they have 'any long-term illness, health problem or disability which limits their daily activities or the work they can do.' In the age group 65-74 the numbers are predicted to rise by just under a quarter from 6,070 in 2010 to 7,540 in 2020, and by a third to 8170 in 2030. In the age group 75 and over there is a much sharper increase in numbers than in Cardiff, with a rise of a third from 6,930 in 2010 to 9,110 in 2020, and over three quarters to 12,440 in 2030.

One area for concern highlighted by the table on quality of life indicators above is that 30% of over 65s in the Vale of Glamorgan drank above guidelines on at least one day in the past week. This is significantly higher than 24% of over 65s in Cardiff, the Welsh average was also 24%. Figures discussed under priority outcome 10 show that excessive alcohol consumption is particularly an issue for males in the Vale of Glamorgan.

The graph below shows the number of referrals to substance misuse support services in the Vale of Glamorgan for 2012-2013 broken down by gender and age category. This shows that for the age range 60-69, there are a low number of both male and female clients accessing the services. The number of clients accessing services in age categories 70-79 and 80+ are lower still, and the number of females accessing the services is lower than males. There is an issue that the majority of people accessing services have referred themselves or have been referred by a GP after seeking advice and there may be a lifestyle outlook from older people in the Vale that the amount of alcohol which is above the guidelines is not an excessive amount. People may not recognise the amount of alcohol they consume as being too much and may therefore not look to access services.

**Figure 21: Number of clients referred by age and sex for period: 01-Apr-2012 to 31-Mar-2013**



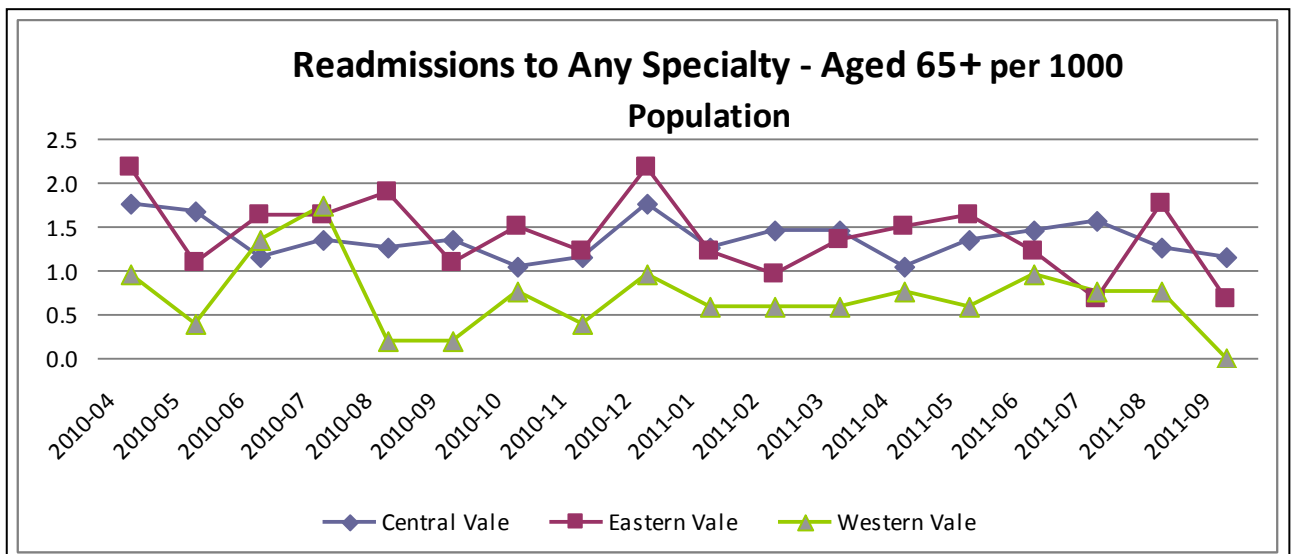
Source: Vale of Glamorgan Council

Further information on the health status of the Vale of Glamorgan’s population can be found under priority outcome 10.

### Unscheduled care – readmission rates

The graph below highlights the number of re-admissions to hospital within seven days of being discharged for over 65s in the Vale broken down by neighbourhood per 1000 population. The data covers an 18 month period from April 2010 to September 2011.

**Figure 22: Readmissions rates to any speciality for population, aged 65+ years.**



Source: Vale Locality Neighbourhood Outcomes Baseline Report (Primary, Community and Intermediate Care Division) January 2012

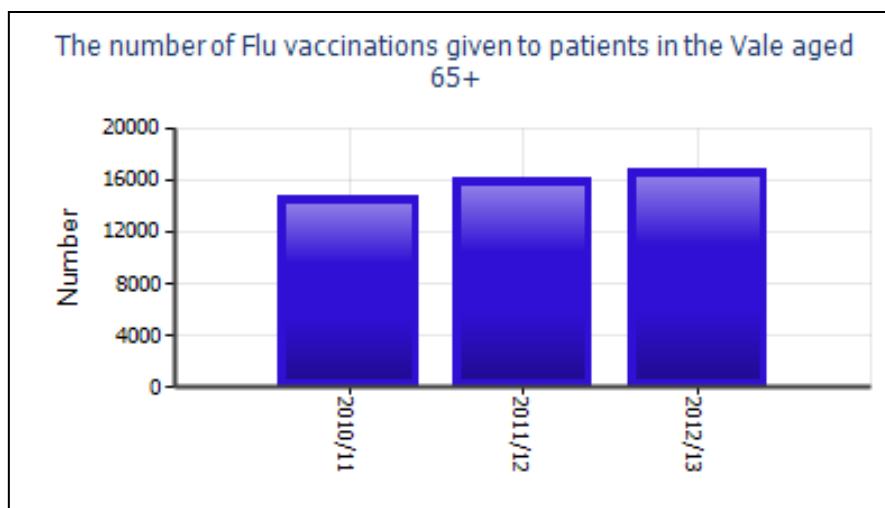
Readmissions to hospital may be a reflection on how well community services are working in certain areas to ensure patients are supported to return to living in the community. The graph shows that readmission rates for over 65s are consistently lower in the Western Vale than for those in Central and Eastern areas. A number of issues should be considered when addressing why. This may reflect that community services are working better in the Western Vale or a number of other factors could also affect this.

As shown previously healthy life expectancy varies considerably across the Vale, with those in the least deprived wards expected to live healthy for longer, the map accompanying life expectancy figures reflects that the least deprived wards tend to be found in the Western Vale so readmission rates could be lower here due to a generally healthier population. There may also be an issue that those living in the most deprived areas, which tend to be found in the Central and Eastern Vale, may not have the financial means or the level of awareness to ensure they have all the support services in place which they will require.

Readmission rates for the Central and Eastern Vale could start to decrease from 2013 due to the set up of a Community Resource Team based at Barry Hospital. The Wyn Campaign Delivery Plan 2013/14 also looks to provide pharmacy support to these teams in order to manage over 65s medicines which may help improve readmission rates. In addition Age Concern A&E service contacts those aged over 70 who have attended A&E at the University Hospital of Wales to ensure they are managing at home and have adequate support in place. In 2012/13, the service contacted 3,168 people and the average age of those contacted was 78.

## Flu vaccinations

**Figure 23: Number of Flu vaccinations given to patients in the Vale aged 65+ in 2012/13.**



Source: Vale of Glamorgan Council collected from Public Health Wales

The graph shows that since 2010/11 the number of patients aged 65+ in the Vale receiving the Flu vaccination has consistently increased. For 2012/13 16,814 patients aged 65+ received the vaccination from 23,843 people eligible. This is an uptake of 70.5% and only 4 local authorities achieved a higher percentage with the Welsh average being 67.7%.

The percentage uptake of the Flu vaccination varies across the Vale and the following shows the uptake of Flu vaccination broken down by neighbourhood for the year 2012-13.

**Table 8: Number of Flu vaccinations given to patients in the Vale aged 65+ in 2012/13, by neighbourhood.**

<b>Neighbourhood</b>	<b>% Uptake of Vaccination in Over 65s (Target = 75%, Welsh Average = 67.7%)</b>
Eastern Vale	69.3%
Western Vale	75%
Central Vale	69.2%

*Source: Public Health Wales*

The table shows that the average uptake of Flu vaccination for over 65s in the Eastern Vale during 2012-13 was 69.2%, this was above the 67.7% average for Wales as a whole. The Eastern Vale includes 5 GP practices and all but one exceeded the Welsh average of 67.7%. The highest performing GP practice in the neighbourhood achieved 72.5% and the lowest performing achieved 60.3% showing that uptake varies considerably across this neighbourhood.

The average uptake of Flu vaccination of over 65s in the Western Vale during 2012-13 was 75% thereby achieving the 75% target and far exceeding the Welsh average of 67.7%. The Western Vale includes 3 GP practices and all exceeded the Welsh average with the highest performing GP practice in the neighbourhood achieving a 78.1% uptake and the lowest achieving 71.9%.

Finally the table shows that the uptake of Flu vaccination for over 65s in the Central Vale during 2012-13 was 69.2%. The Central Vale neighbourhood contains 8 GP practices. The highest performing GP practice in the neighbourhood achieved 73.7% and the lowest performing practice achieved 64.3%, this practice is located in a Communities First area.

On the whole, Flu vaccination uptake in the over 65s is far higher in the Western Vale (75%) than the Eastern Vale (69.3%) and uptake is marginally lower again in the Central Vale (69.2%). This may suggest that Flu awareness campaigns are more effective at reaching residents in the Western Vale than other areas. This is also interesting when compared with the previous data showing that hospital readmission rates are lower in the Western Vale along with this neighbourhood having the least deprived wards and therefore longer life expectancy. There was a 13.8% difference in Flu vaccination uptake between a practice located in Cowbridge, one of the wealthiest wards in the Vale which achieved an uptake of 78.1%, and a practice located in a Communities First ward which achieved only 64.3%.

Earlier population figures also show that 28% of people in Cowbridge are aged over 65. This is the highest percentage of all the wards in the Vale followed by Wenvoe with 25% aged over 65 and St. Bride's Major with 23% aged over 65. It is interesting that Cowbridge and St. Bride's Major are located in the Western Vale where Flu immunisation uptake was highest. This may reflect that there is more awareness of the importance of Flu immunisations in these areas. It is important to remember that the Vale as a whole is an ageing population and there are still a high number of over 65s in other areas.

It is also interesting to consider that uptake in rural areas in the Western Vale is high even though there is a much smaller number of GP surgeries categorised in this area and patients may have had to travel further to receive the vaccination.



We know a number of factors contribute to the uptake of seasonal Flu vaccine, including deprivation levels and given the different uptake across the Vale, it would make sense for future Flu awareness campaigns to focus in particular on Central Vale for any targeted work.

Further immunisation data is available under priority outcome 10.

## Housing provision for older people

In the Vale of Glamorgan there are 86 units of floating (housing related) support provided to those over the age of 55 and 627 units of sheltered accommodation. In addition to sheltered accommodation the local authority have 638 flats and bungalows which are currently allocated to those over the age of 55. Housing is also provided to over 55s in the Vale through Registered Social Landlords. Hafod Housing Association has a block of 32 flats in Barry and Newydd have 4 blocks in and around Barry amounting to 43 units of accommodation. In addition a 42 bed Extracare housing scheme will open in Barry in May 2014.

The Council's Local Housing Market Assessment (LHMA) includes a chapter on a balanced housing market over 25 years which acknowledges the ageing population. Housing to meet the needs of older people is included in the assessment and development of affordable housing and is in-line with the size/tenures stated in the LHMA.

Adapted properties are included on all new developments of affordable housing. All homes are built to the Lifetime Homes standards to ensure people are able to remain in their homes, i.e. they are adaptable, have space for a downstairs bathroom and bedroom etc.

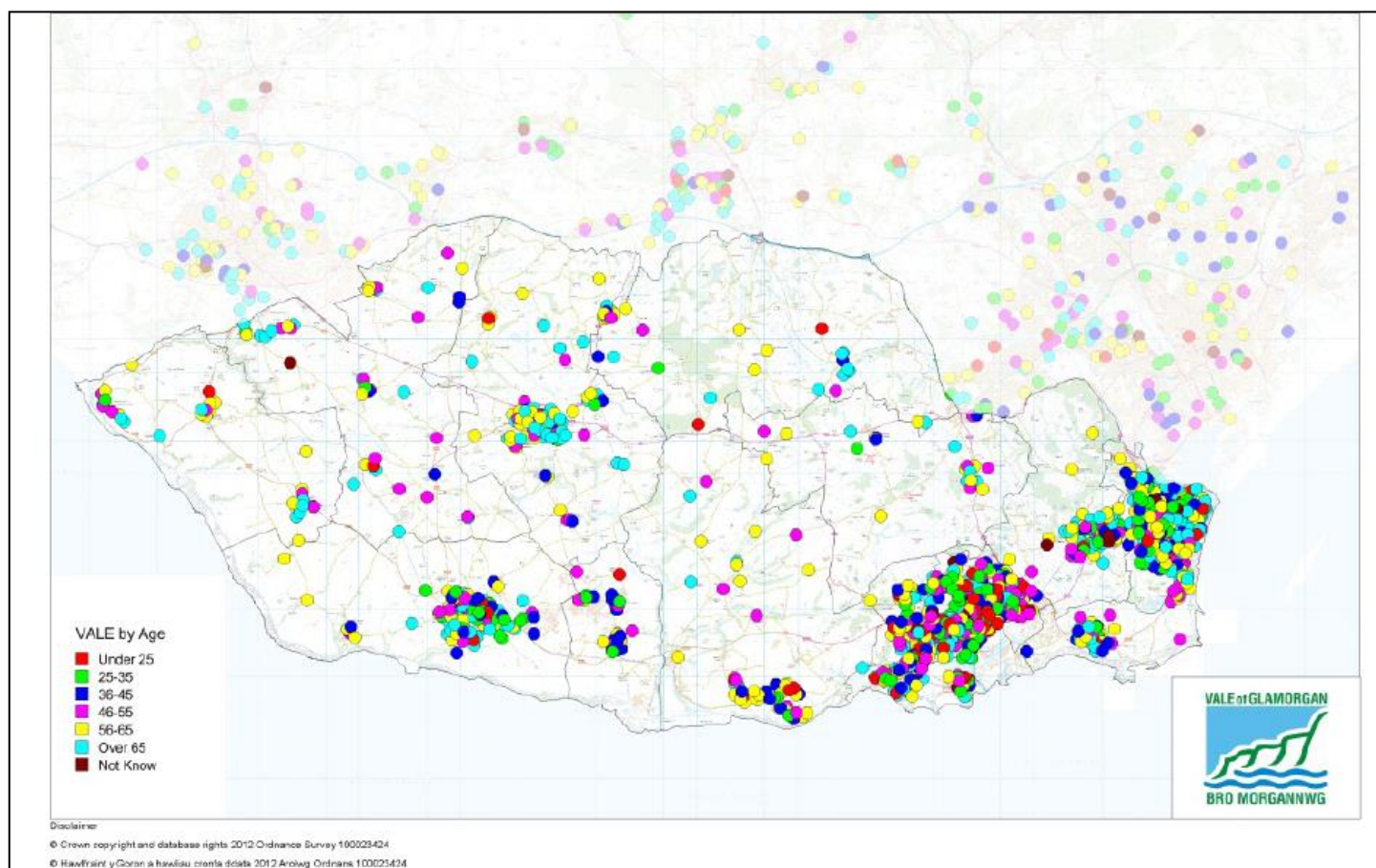
The Council offers an 'incentive to move' scheme for older people in Council housing to enable them to downsize or move to more appropriate accommodation.

Finally the Supporting People Programme in the Vale funds units of floating support and supported housing specifically for people with mental health issues. They also fund units of floating support specifically for people (of any age) with drug or alcohol issues.

One issue arising when considering housing provision for over 50s in the Vale is the changes implemented by the Welfare Reform Act 2013 and the under-occupancy rules. It is important to remember that there is a high population of over 50s in the Vale who are still of working age and may be claiming a number of benefits including housing benefit. Under the changes, if social housing tenants are deemed to have one spare room, the amount of rent eligible for housing benefit will be cut by 14%. If they have two or more spare rooms, the cut will be 25%. A number of tenants may be unable to make up this shortfall and need to downsize. Therefore there is a need for more one and two bedroom properties in the Vale and it is important to remember that older people may also need to downsize their property. However they may have different needs than younger people in the Vale and may not be able to navigate staircases in apartment blocks for example.

## Education and employment for older people

**Figure 24: Geographical representation of learners in the Vale**



*Source: Vale of Glamorgan Council Adult Community Based Learning in the VoG Self-Assessment Report*

The above map shows the distribution of learners across the Vale broken down by age range. The map shows a concentration of learners over 65 around Penarth and Cowbridge in particular. There is also a concentration in Barry and Llantwit Major. Across rural areas of the Vale the age ranges where there are most learners are 46-55, 56-65 and over 65s. This may be reflected by the fact that these areas have an older population base, however the map shows that there are older learners from all areas across the Vale.

Although there is a small concentration of learners in the older age ranges in Barry, the map shows that there are higher concentrations of older people enrolled in Adult Community Learning courses in rural areas in the Vale and around Penarth. One explanation for this may be that older people living in more deprived areas in the Vale do not have the financial means available to enrol on courses although they are offered at a concessionary rate for over 60s.

**Table 9: Learners in the Vale of Glamorgan, by age**

Age Group	Number of Learners
Under 25	133
25 – 35	306
36 – 45	383
46 – 55	532
56 – 65	966
Over 65	950
Not known	71

Source: Vale of Glamorgan Council

In addition to this the above table taken from the same report shows that there were more learners aged 56-65 and aged over 65 than in any other age categories. In 2012/13, a total of 2046 learners aged over 50 were enrolled on Vale community adult learning courses. Data also shows that there is a wide gender gap, with the majority of participants being female. Therefore one area of focus may be to attract more males to participate in community learning courses.

It is also important to recognise that older learners represent a diverse group and include those who wish to pursue work-related skills as many people aged 50+ are still in employment. This is shown in the table below.

**Figure 25: Employment rate in the Vale of Glamorgan by age group**

			Employment rate
Aged 16 and over			56.3
Aged 16 and over	Aged 16 to 64		70.0
	Aged 16 to 64	Aged 16 to 24	47.7
		Aged 25 to 49	83.0
		Aged 50 to 64	61.1
	Aged 50 and over	Aged 50 and over	36.6
	Aged 65 and over	Aged 65 and over	10.0
Working age (1)			72.2

Source: Stats Wales

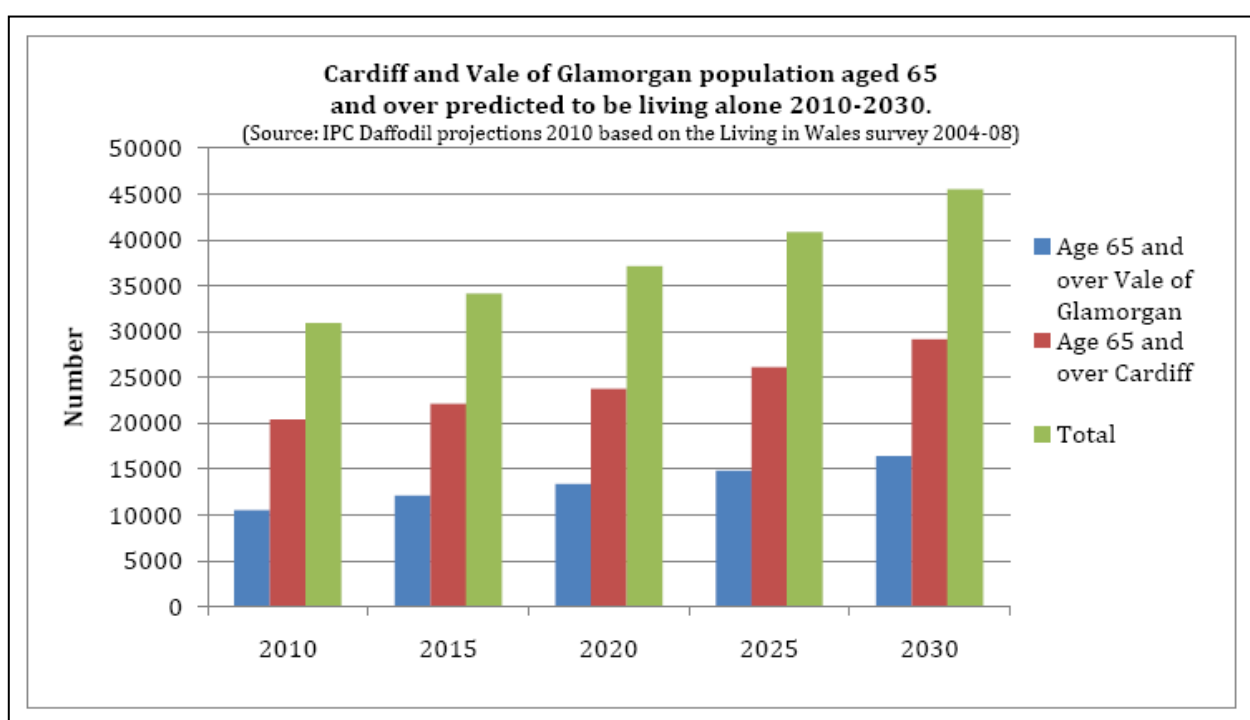
The table shows that the employment rate was 61.1 for those aged 50 to 64. When planning services for older people it is important to remember that a high percentage of over 50s are still in work.

## Social isolation

The Vale of Glamorgan has a relatively high percentage of people aged 65+ living alone, at the Census 2011, 13.2% of households in the Vale were comprised of one person aged 65+. Social isolation may be an issue in the Vale and a Wyn Campaign Equality Assessment found that one of the top 6 requirements residents felt they should gain from the campaign was not feeling lonely.

The graph below shows that the numbers of people aged 65+ living alone in the Vale are expected to increase by over a quarter from 10,520 in 2010 to 13,390 in 2020, and by over half to 16,400 in 2030. The increase in numbers of older people living alone, with no co-residential informal carers clearly has implications for the provision of domiciliary and residential care services in the future.

**Figure 26: Predicted number of people aged 65+ years living alone, 2010-30.**



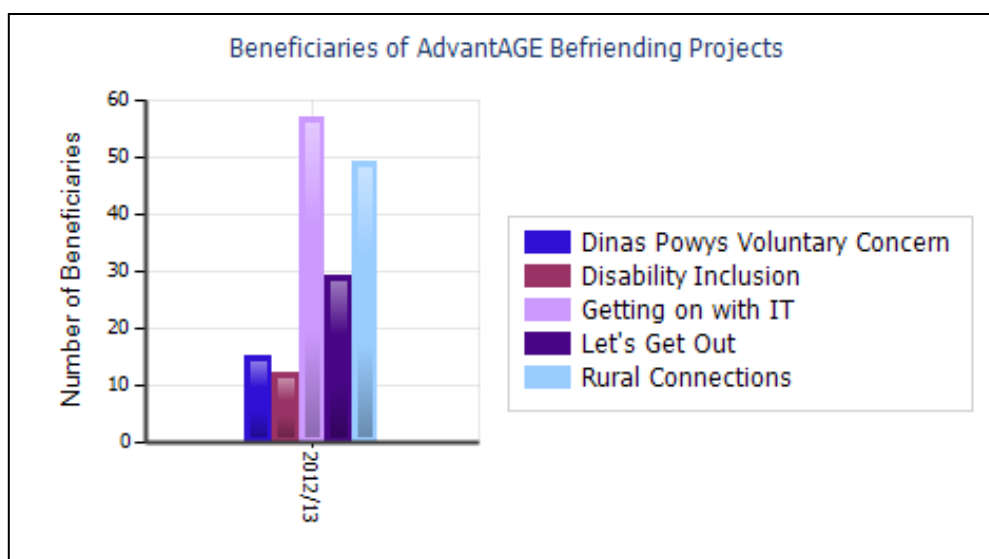
Source: Cardiff and Vale Public Health Team assessment of the future health and social care needs of older people in Cardiff and the Vale of Glamorgan 2010-2030.

The increased numbers of people living alone may also lead to increased social isolation and people feeling isolated and lonely can be a cause of mental health issues, which as we have seen are an issue amongst the older population in the Vale.

Friendly AdvantAGE led by Vale Centre for Voluntary Services offers a range of befriending services to reduce loneliness and isolation and improve the wellbeing of people including carers aged 50+. At the end of its first year the project has reached 182 individual beneficiaries exceeding its target of reaching 100 beneficiaries and had over 50 volunteers. Projects include Rural Connections, Let's Get Out, Long Term Befriending, Getting on With IT and Disability Inclusion. The high demand for the project may indicate that older people in the Vale are lonely and are keen to become involved in befriending projects.

The graph below shows the number of beneficiaries for each project and shows that "Getting on with IT" had the highest number of participants. This may suggest that older people in the Vale feel they need to improve their IT skills. This may be particularly relevant in light of the Welfare Reform Act 2013 which will require all benefit claim forms to be completed online through Universal Credit. Although the changes do not affect those claiming their pension, it is important to remember that older people's services and the beneficiaries of this project includes those aged 50+, many of whom may be still be claiming benefits such as Job Seekers Allowance and Housing Benefit. In quarter one of 2012-13, 42 people aged over 65 visited the Vale of Glamorgan Citizen's Advice Bureau specifically for advice on a benefits issue. This is only a few higher than the same period in the previous year.

**Figure 27: Beneficiaries of AdvantAGE befriending projects**



Source: Vale Centre for Voluntary Services

A report on the Friendly AdvantAGE project by the Welsh Institute for Health and Social Care: University of South Wales showed that 62% of participants in the projects were female and more females participated in all the 5 projects with the exception of Disability Inclusion. The previous figures on education indicated that older females were more likely to participate than male counterparts also, again suggesting more work should be done to engage with older males in the Vale. With regards to referrals, 24% of people were referred to the projects through care homes, followed by 16% who self referred. Interestingly 57% of people participating in the Long-Term Befriending project had referred themselves. With regards to living status, figures also show that 54% of participants in the project lived alone again indicating that isolation can be an issue for older people in the Vale.

With regards to the success of the befriending project, figures show that when participating in the project scores increased for people who agreed that they felt lonely less often than they used to and scores again increased when people were asked three months into the project showing that the project had been positive in reducing loneliness in the medium term. However scores had decreased three months after participation in the project had ended, for agreement with statements such as "I am confident dealing with others everyday" which may suggest that work needs to take place to tackle social isolation in the long term.

## Conclusions

One of the major trends identified from the datasets above is that a large proportion of the Vale's population are aged over 50 and population projections show that the number of people aged 65+ in the Vale is set to rise considerably over the next 20 years. Currently at least 23% of people in all Wards in the Vale are aged over 50 with wards in the Western Vale having a particularly large proportion of their population in this age range.

With regards to social care services provision, the focus in the Vale is very much based on helping people to remain independent in their own homes for as long as possible and this is reflected in the rise of people supported in the community in the Vale. Initiatives such as the Wyn Campaign and the co-location of staff through Community Resource Teams have contributed to the rise of people supported in the community. However this may be expected due to the increasing older population in the Vale. Despite the change to social services criteria in 2005 to only supporting those assessed as having critical or substantial needs, the numbers supported in the community in the Vale have still risen which demonstrates the considerable need for such services and that a large number of older people in the Vale do have 'critical or substantial needs'.

The rate of Delayed Transfers of Care are beginning to fall again in the Vale in 2012-13 following a rise in 2011-12 although they are still not as low as the rates seen before 2009. Although the 2012-13 rates show an increase since 2009, with regards to the length of delay the largest increase was in the 0-3 weeks category showing that the 'extra' cases have tended to fall in the shorter delay categories which may be seen as a positive.

However, with regards to reasons for the delay, community care reasons saw the largest increase. The focus of providing community support services coupled with the higher number of cases overall shows that community care services are in high demand and the capacity of such services to meet the demand is already being stretched. With the population of people aged 65+ in the Vale set to rise significantly this strain on community services is set to escalate. Figures showing the estimated number of people aged 65+ admitted to hospital because of a fall are also set to increase, which will place further demand on services such as adaptations in the future. It is also important to consider the large amount of unpaid care that is provided to older people in the Vale and that with an ageing population the ability of younger generations to continue providing this amount of care may be stretched with more older people in need of care and less younger people to provide it.

Another key message demonstrated through the datasets above is the health and social inequalities that exist between older people in the Vale. Life expectancy figures show a large difference between those living in the most and least deprived wards in the Vale. As the least deprived wards tend to be found in the rural areas of the Western Vale it is also interesting that hospital readmission rates are also lower here. This may reflect that residents in these areas have the financial means of having adequate support services put in place following a hospital stay and also that they are more aware of the services available. However residents in the Western Vale are also least likely to be discharged to their usual place of residence following a hospital stay. This may be reflected in the fact that residents in the Western Vale tend to fall into the more elderly age bands when compared to Central Vale residents. Therefore it may be suggested that Western Vale residents are more likely to have adequate support services in place following a discharge from hospital although overall they are least likely to be discharged to their usual place of residence. On the other hand Central Vale residents are more likely to be discharged to their usual place of residence but are also less likely to have adequate support in place leading to readmission at a

later date. It may be summarised that there is a smaller number of people being discharged to the Western Vale who have community support in place and a larger number of people being discharged to the Central Vale without community support services in place.

Similarly, Flu vaccination uptake rates in over 65s are far higher in the Western Vale suggesting that awareness and understanding of the importance of the vaccination is higher here. Health awareness campaigns aimed at older residents in more deprived areas may therefore be identified as a priority.

On the issue of awareness, figures show that mental illness in older people is an issue in the Vale and that the numbers expected to suffer with dementia are set to rise considerably. Figures show a larger number of sufferers with mental illness are located in deprived areas and awareness raising on mental health issues in these areas may also be a priority. The issue of dementia is also relevant to Delayed Transfers of Care and the availability of EMI care home places. It is important that the individual needs of patients are considered and that patients do not become labelled the same. This again points to the need to raise awareness of illnesses such as dementia and the various levels at which it can affect people.

One final emerging trend in relation to older people in the Vale is the high numbers who regularly drink above guidelines compared to the number accessing substance misuse services. Many older people who regularly drink above guidelines do not consider the amount of alcohol they consume as excessive or an issue and again this may point to a need for further awareness raising amongst older people in the Vale on alcohol misuse to change attitudes towards alcohol consumption.