LAMBETH JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

HEALTH OF 65+ POPULATION IN LAMBETH

FACTS AND FIGURES
UPDATE 2011

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**POPULATION**

**RESIDENT POPULATION**

- 65+ population = 22,700 (8%).
- 65+ Males = 10,000; 65+ Females = 12,700.

- 8% of Lambeth’s population is 65+ compared to 16.5% in England and 12% in London.

**PROJECTION**

- The 65+ population is expected to increase by up to 16.5% and 85+ population by 18% by 2030.

**GP REGISTERED POPULATION**

- 28,630 people aged 65+ are registered with Lambeth General Practices (GP).

**ETHNICITY**

- 66% of older population in Lambeth is White.
- 17.5% population is Black African.
- 6% population is Black Caribbean.

**WARD DISTRIBUTION**

- Higher % of 65+ population is estimated to be resident in Gipsy Hill, Thornton and Streatham Hill wards in the southern half of Lambeth.

Lambeth Joint Strategic Needs Assessment

*Older People (65+): Facts and Figures*
HEALTH & LIFESTYLE

HOUSING

Inappropriate housing is a principal cause of poor outcomes for older people.
- A third (8000+) of 65+ is estimated to live alone.
- 40% of 65+ live in owned home.
- 35% live in council rented homes.
- 12% living in private rented or rent-free homes.

BEHAVIOUR

Smoking: Prevalence in 60+ has increased from 12% in 2007 to 14.3% in 2009. Lambeth ranks 9th highest amongst London boroughs for smoking related deaths.

Drinking: 1 in 6 men & 1 in 15 women (65+) drink more than the recommended limit.

Obesity: 1 in 4 older adults are predicted to be obese or morbidly obese. The projections show an expected rise in obesity in the ageing population which is a major risk factor for diabetes and heart disease.

ILL HEALTH (MORBIDITY)

- Out of 28,630 65+ persons on Lambeth GP registers, the long term condition (LTC) register counts are below.

FALLS

- 1 in 4 (6000) older adults are predicted to have a fall
- 10% likely to be admitted & need long term care.
- In 2009-10 Lambeth ranked 7th highest amongst London PCTs for fall related hospital admissions; higher than both England and London average.

MENTAL HEALTH

BEHAVIOUR

Smokers


Hazardous Drinking in 65+


Obesity in 65+


Predicted to have Depression


Have Dementia


Have Severe Mental Illness (SMI)


Known to Learning Disability services


Note: % Prevalence for the above conditions is lower in Lambeth compared to London and may mean under-detection.

FRAIL ELDERLY

Man-Son-Hing et.al (1997) defines frail elderly population as those who are dependant for assistance in their activities of daily living (ADL); those who are at high risk of losing functional status; those who are at risk of cognitive impairment, falls, incontinence and immobility; and who rely or would benefit from specialised geriatric services.

Estimating frail elderly population is difficult, and as a proxy measure, the following graph shows the ethnic breakdown of patients with one or more LTC in Lambeth.

LIFE EXPECTANCY (LE)

LE is rising but gap in England and Lambeth exists.

Lambeth Male LE = 77 & Female LE = 81.1 years

<table>
<thead>
<tr>
<th>Age</th>
<th>Lambeth</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male LE</td>
<td>16.9</td>
<td>18.1</td>
<td>17.5</td>
</tr>
<tr>
<td>Female LE</td>
<td>19.9</td>
<td>20.9</td>
<td>20.2</td>
</tr>
<tr>
<td>Male DFLE*</td>
<td>9.8</td>
<td>9.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Female DFLE</td>
<td>9.8</td>
<td>10.8</td>
<td>11.4</td>
</tr>
</tbody>
</table>

*Disability Free Life Expectancy
MORTALITY

CAUSE OF DEATH

- Top four causes of death in 65+ population.

![Chart showing top four causes of death](image)

EXCESS WINTER MORTALITY

According to the WMPHO, Lambeth ranks 10th in London in terms of excess winter deaths (EWM) index with values higher than London and England average for 65+ population.

![Diagram showing EWM](image)

HEALTH SERVICES

FLU IMMUNISATION

- Flu immunization uptake is 65% with Lambeth ranking 9th lowest in London.

SCREENING

- Breast, cervical and bowel cancer screening uptake is reportedly lower in Lambeth compared to London and England average.

HOSPITAL ADMISSIONS

FALLS

- Accidental falls admissions are high in Lambeth – 7th out of 31 PCTs in London.
- Oval, Prince’s & Streatham Wells have higher rates compared to local and national average.

EMERGENCY ADMISSION (75+)

The ‘Atlas of variation’ published by ‘Right Care’ programme for the NHS, identified that people older than 75 years account for:
- 40% of emergency admissions;
- 50% of bed-days;
- >50% of re-admissions
- >80% of delayed transfers of care

In Lambeth high rates of 75+ emergency admissions are seen in:
- Larkhall and Stockwell wards in North locality;
- Ferndale, Vassall, Pulse hill wards in Southeast locality;
- Streatham Wells and Clapham Town wards in Southwest locality.

(Lambeth was in the worst quintile in the country in 2008-09 - similar to Lewisham but worse than Southwark)

END OF LIFE CARE (EoL)

EoL care pathway includes IDENTIFY – ASSESS – PLAN – DELIVER – MANAGE – SUPPORT. GSTT charity funded a 3 year project to improve EoL care and a lot of work has gone into developing exceptional care for patient with dementia.

EoL care profiles show that in Lambeth, of all deaths in population over 65 years 60% occur in the hospital and 21% of deaths occur at home (2007-09). Please see Appendix 1 on Age-specific mortality spine chart.
SOCIAL CARE

LIVING STATUS

Among the 65+ population resident in Lambeth,

48% = (14,180) receive state pension
37% = (8300) Predicted to live alone.
17% = (4100) With no or limited central heating
17% = (3806) Receiving community based services commissioning by CSR
9% = (2074) Providing unpaid care to a partner
4.7% = (1062) Carers receiving services as an outcome of a review

*Council with Social Services Responsibilities

CARER SUPPORT

According to LBL, 973 service users aged 65 and over in Lambeth have an informal carer and who received a carer’s assessment during 2010-11 compared to 1040 in 2009-10.

ILL HEALTH

Based on resident’s surveys, the % 65 population in Lambeth, London & England stating their condition as ‘Not in good health’ is shown in the table below;

<table>
<thead>
<tr>
<th></th>
<th>Lambeth</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26%</td>
<td>22%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Limiting Long term condition

49% = (11,050) Individuals 65 and over have a self reported limiting long-term condition in Lambeth.*

Self care

Characteristics of 65+ population in Lambeth:

33% = (7603) Unable to manage 1 self-care activity
9% = (2065) Helped to live independently through social services
2.5% = (575) Living in a care home with or without nursing

PATIENT & RESIDENTS SURVEY

RESIDENTS’ SURVEY

Main findings

- 1 in 4 people aged 65 and over assess their general health as “not good” compared to 1 in 5 in London.
- 62% of 65+ residents reported ‘good’ or ‘very good’ health. 65+ population tends to have a lower % reporting ‘good’ or ‘very good’ health.
- 14% 65+ residents reported ‘bad’ or ‘very bad’ health compared to 7% adults aged 65 or less.

The results from positive aging consultation revealed that older people felt that they did not know what services were available to them. Older people in Lambeth also stated that they preferred to be able to remain in their own home rather than going into a care home or hospital. The older people also described themselves as isolated and expressed that greater provision of community activities would improve their quality of life.

GP ACCESS

77% residents of all ages have expressed satisfaction to 48 hour GP access compared to 76% in London. Results for 65 and over population were not available. The primary reason for accessing GP services by the 65+ population in Lambeth is not available; but research done by King’s fund in London shows that the main reason is usually for the management of their long term conditions.

*Please also refer to the Appendix 2 summary of older people’s profile for Lambeth published by the WMPHO (West Midlands Public Health Observatory. Note that the findings are based on 2008 results.
### Appendix 1

Spine Chart - Age specific mortality, 2007-2009, Lambeth residents aged 65+

**Key:**

- Green: Significantly better than England average
- Blue: Not significantly different from England average
- Red: Significantly worse than England average
- Black: No significance can be calculated

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local Number</th>
<th>Local Value</th>
<th>Eng Avg</th>
<th>Eng Worst</th>
<th>England Range</th>
<th>Eng Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 All causes</td>
<td>3276</td>
<td>4700.1</td>
<td>4571.1</td>
<td>5738.0</td>
<td></td>
<td>2902.9</td>
</tr>
<tr>
<td>2 Infectious and parasitic</td>
<td>48</td>
<td>68.9</td>
<td>59.7</td>
<td>125.6</td>
<td></td>
<td>21.4</td>
</tr>
<tr>
<td>3 All cancers</td>
<td>881</td>
<td>1264.0</td>
<td>1160.3</td>
<td>1590.7</td>
<td></td>
<td>737.7</td>
</tr>
<tr>
<td>4 Oesophageal cancer</td>
<td>34</td>
<td>48.8</td>
<td>53.7</td>
<td>82.9</td>
<td></td>
<td>21.7</td>
</tr>
<tr>
<td>5 Stomach cancer</td>
<td>33</td>
<td>47.3</td>
<td>39.2</td>
<td>89.3</td>
<td></td>
<td>12.5</td>
</tr>
<tr>
<td>6 Colorectal cancer</td>
<td>90</td>
<td>129.1</td>
<td>127.2</td>
<td>186.3</td>
<td></td>
<td>80.2</td>
</tr>
<tr>
<td>7 Lung cancer</td>
<td>233</td>
<td>334.3</td>
<td>250.1</td>
<td>479.4</td>
<td></td>
<td>120.8</td>
</tr>
<tr>
<td>8 Breast cancer</td>
<td>47</td>
<td>120.5</td>
<td>135.2</td>
<td>201.1</td>
<td></td>
<td>72.0</td>
</tr>
<tr>
<td>9 Prostate cancer</td>
<td>78</td>
<td>254.1</td>
<td>221.3</td>
<td>324.3</td>
<td></td>
<td>128.9</td>
</tr>
<tr>
<td>10 Bladder cancer</td>
<td>26</td>
<td>37.3</td>
<td>43.9</td>
<td>80.1</td>
<td></td>
<td>19.1</td>
</tr>
<tr>
<td>11 Leukaemia</td>
<td>23</td>
<td>33.0</td>
<td>34.0</td>
<td>65.0</td>
<td></td>
<td>9.5</td>
</tr>
<tr>
<td>12 Diabetes</td>
<td>61</td>
<td>87.5</td>
<td>51.9</td>
<td>104.6</td>
<td></td>
<td>10.4</td>
</tr>
<tr>
<td>13 Circulatory diseases</td>
<td>1123</td>
<td>1611.2</td>
<td>1625.5</td>
<td>2192.6</td>
<td></td>
<td>1003.6</td>
</tr>
<tr>
<td>14 Hypertensive disease</td>
<td>49</td>
<td>70.3</td>
<td>43.4</td>
<td>96.8</td>
<td></td>
<td>11.8</td>
</tr>
<tr>
<td>15 Coronary heart disease</td>
<td>499</td>
<td>715.9</td>
<td>718.4</td>
<td>1225.5</td>
<td></td>
<td>397.1</td>
</tr>
<tr>
<td>16 Stroke</td>
<td>300</td>
<td>430.4</td>
<td>468.2</td>
<td>664.8</td>
<td></td>
<td>246.2</td>
</tr>
<tr>
<td>17 Pneumonia</td>
<td>182</td>
<td>261.1</td>
<td>291.8</td>
<td>527.9</td>
<td></td>
<td>145.6</td>
</tr>
<tr>
<td>18 B&amp;E and other COPD*</td>
<td>205</td>
<td>294.1</td>
<td>232.1</td>
<td>440.9</td>
<td></td>
<td>120.7</td>
</tr>
<tr>
<td>19 GD&amp;PU*</td>
<td>24</td>
<td>34.4</td>
<td>26.5</td>
<td>64.1</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>20 Chronic liver disease*</td>
<td>24</td>
<td>34.4</td>
<td>19.7</td>
<td>48.8</td>
<td></td>
<td>2.9</td>
</tr>
<tr>
<td>21 Chronic renal failure</td>
<td>19</td>
<td>27.3</td>
<td>16.3</td>
<td>43.1</td>
<td></td>
<td>2.1</td>
</tr>
<tr>
<td>22 Accidental falls</td>
<td>16</td>
<td>23.0</td>
<td>29.0</td>
<td>111.0</td>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td>23 Land transport accidents</td>
<td>12</td>
<td>10.0</td>
<td>5.7</td>
<td>23.6</td>
<td></td>
<td>0.0</td>
</tr>
</tbody>
</table>

Source of data: NCHOD

*18 Mortality from bronchitis and emphysema and other COPD, 19 Mortality from gastric, duodenal and peptic ulcers, 20 Mortality from chronic liver disease including cirrhosis*
### Appendix 2

**SUMMARY OF OLDER PEOPLE’S PROFILE FOR LAMBETH**

**SOURCE:** WMPHO (WEST MIDLANDS PUBLIC HEALTH OBSERVATORY)

Table showing performance status for several public health indicators for Lambeth 65+ population

*(Please note that the following indicative performance is based on 2008 data)*

<table>
<thead>
<tr>
<th>NO.</th>
<th>INDICATOR (65+ population)</th>
<th>Lambeth Trend - Direction</th>
<th>LAMBETH Benchmark Performance (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Life expectancy – Male</td>
<td>Improving</td>
<td>Quartile 4</td>
</tr>
<tr>
<td>2.</td>
<td>Life expectancy – Female</td>
<td>Improving</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>3.</td>
<td>Healthy Life expectancy - Male</td>
<td>Improving</td>
<td>Quartile 4</td>
</tr>
<tr>
<td>4.</td>
<td>Healthy Life expectancy - Female</td>
<td>Improving</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>5.</td>
<td>Excess winter mortality – Persons</td>
<td>Worsening</td>
<td>Quartile 2</td>
</tr>
<tr>
<td>6.</td>
<td>Emergency admissions – Persons</td>
<td>Worsening</td>
<td>Quartile 4</td>
</tr>
<tr>
<td>7.</td>
<td>Primary knee replacement</td>
<td>n/a</td>
<td>Quartile 2</td>
</tr>
<tr>
<td>8.</td>
<td>Cataract operations</td>
<td>n/a</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>9.</td>
<td>Primary hip replacement</td>
<td>n/a</td>
<td>Quartile 2</td>
</tr>
<tr>
<td>10.</td>
<td>Stroke – Persons</td>
<td>-</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>11.</td>
<td>All falls – Persons</td>
<td>No change</td>
<td>Quartile 4</td>
</tr>
<tr>
<td>12.</td>
<td>Hip fracture - Persons</td>
<td>n/a</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>13.</td>
<td>All cause all deaths – Persons</td>
<td>Improving</td>
<td>Quartile 4</td>
</tr>
<tr>
<td>14.</td>
<td>All cancers deaths – Persons</td>
<td>No change</td>
<td>Quartile 4</td>
</tr>
<tr>
<td>15.</td>
<td>All circulatory deaths - Persons</td>
<td>Improving</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>16.</td>
<td>Stroke deaths</td>
<td>No change</td>
<td>Quartile 3</td>
</tr>
<tr>
<td>17.</td>
<td>COPD deaths</td>
<td>No change</td>
<td>Quartile 3</td>
</tr>
</tbody>
</table>

*Quartile 4 is the worst performing and Quartile 1 means good performance*

**Note:** The rate of primary knee and hip replacement surgery was lower in Lambeth compared to England average so is rated which does not mean good and reasons need to be investigated. Local access issues and availability of certain procedures can result in lower uptake of certain surgical procedures. Similarly high rate (e.g. cataract operations) may not mean a problem but may denote better access and availability of expertise of service in a urban area.

**SOURCES**

Office for National Statistics (ONS), National Adult and Social Care Information Service (NASCIS), Projecting Older People’s Population Information System (POPP), Secondary Uses Services (SUS), Association of Public Health Observatories (APHO), Greater London Authority (GLA), London Health Observatory (LHO), Lambeth Quality Management Analysis System (QMAS), NHS Information Centre (NHISC) for Health & Social care, National Compendium for Health Outcomes Development (NCHOD), National Obesity Observatory, Lambeth Datanet, End of life care Intelligence Service

**Note:** Data is obtained from different sources and should be interpreted with caution. Please do not publish data without prior permission from NHS Lambeth (Directorate of Public Health). Detailed information for all indicators and sources will be made available upon request. For further details please contact ash.more@lambethpct.nhs.uk or 02030494236.