

# St.Helens

## Joint Strategic Needs Assessment

2018

### 5. Older People and Vulnerable Adults

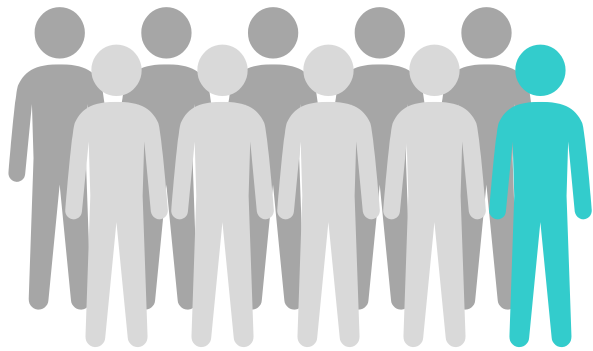


St.Helens  
Council

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*St Helens Clinical Commissioning Group*

## Older People



1 in 10 deaths in 2017 were due to Dementia or Alzheimer's



**St.Helens**  
2,845 per 100,000

The rate of injuries due to falls in 65+ year olds in St.Helens is higher than the England average



**England**  
2,114 per 100,000

## Learning Disabilities



2013-14

**559**



2014-15

**570**



2015-16

**615**

Number of people with a learning disability who receive long term support from the Local Authority



The number of people with dementia is predicted to rise by 67% in 2035

## Physical Disabilities



**2.4%** of 18-64 year olds are estimated to have a severe physical disability



**8.1%** of 18-64 year olds are estimated to have a moderate physical disability

People aged 75+ predicted to have a moderate or severe visual impairment



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# 1. Introduction

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The number of people in older age groups is projected to grow faster than those in younger age groups by mid-2026. St.Helens is projected to have a population where at least one-quarter of the population is aged 65 and over. This shift in demography is likely to increase the number of diseases linked with older age, such as dementia, and may put pressure on existing services.

The dependency ratio (see JSNA: Section 1: Demography and Wider Determinants<sup>1</sup>) predicts that the number of people dependant on those of a working age (i.e. children and older people) is set to increase.

This section of the JSNA considers key health and social care issues for older people such as falls and dementia, which may affect people of any age, but whose likelihood increases in later life. These conditions are major causes of death in St.Helens and have a major impact on health and social care services. The report considers issues in end of life care, which could also be needed for a patient of any age but is more likely at older ages. The needs of people who may have specific care requirement, such as those with learning disabilities or physical disabilities are also included.

Adult carers are a hugely valuable resource in St.Helens. This report contains information on the current and predicted numbers of carers as well as their views from the St.Helens Carers Survey.

In addition, this section also includes information on adult safeguarding, since reducing abuse and ensuring people are able to lead safe and happy lives is also an important public health objective.

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<sup>1</sup> <https://info4.sthelens.gov.uk/strategic-assessments/jsna>

## 2. Key Findings

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### a. Older People

- Based on data from POPPI it is estimated that the number of people living with dementia in St.Helens is 2,369. Based on information from GP registers, 1,908 people had actually been diagnosed with dementia.
- The proportion of people in St.Helens with dementia is expected to increase from 2,369 in 2017 up to 3,948 in 2035. This is an increase of 67% and will be a key public and clinical health challenge in future years.
- Overall injuries due to falls in those aged 65 years and over are the 5<sup>th</sup> highest in the North West for 2016/17, higher than the national average; but the St.Helens rate has been steadily decreasing since 2011/12.

### b. Learning disabilities

- The total number of the adult population in St.Helens who have a moderate or severe learning disability is estimated to be 2,566, which is predicted to reduce slightly by 2035.
- In 2015/16 there were 615 people with a learning disability who received long term services in Adult Social Care; this is a 7.9% increase on 2014/15.

### c. Physical disabilities

- It is estimated that there are 2,565 people with a serious physical disability in St.Helens and 8,561 people with a moderate physical disability.
- During 2017/18 for the age group 18-64 there were 391 people open to Adult Social Care where their primary support reason was identified as physical support, who were in receipt of a long term service.
- It is predicted that there will be a significant increase of people aged 75+ years in St.Helens who will experience moderate to severe visual impairment, as well as a significant increase in the number of 65+ people with a moderate to severe hearing impairment.

### d. Carers

- By the end of 2017/18, there were 12,015 active carers registered with St.Helens Carers Centre; 1,298 new carers registered in the last financial year. The majority were carers supporting partners who were frail and elderly or supporting someone with dementia.
- Compared to 2014/15, answers to questions in the 2016/17 Carers Survey indicate that carers are becoming older, have been a carer for longer with an increase in the number of hours of caring responsibility on a weekly basis and an increase in carers reporting health issues. The results indicate that the previous positive outcomes reported in 2012/13 and 2014/15 have deteriorated in terms of safety, satisfaction and reported quality of life.
- Although there has been deterioration in performance between survey periods, this trend is reflected regionally and nationally. Also, despite the drop in performance, St.Helens comparatively remains strong. In the area of carers finding it easy to find information about support, St.Helens scores much higher than the national average.

### e. Adult safeguarding

- There were 1,534 adult safeguarding concerns made to the Contact Centre/Front Door in 2017/18. Physical abuse is the most common form of abuse recorded.

## 3. Older People

### 3.1 Dementia

#### 3.1.1 Introduction

Dementia is a condition which can affect memory, thinking, behaviour and ability to perform everyday activities. It is a progressive illness and there are as yet no cures. It affects mainly people over the age of 65 but there are people that experience early onset dementia.

Two thirds of the cost of dementia is paid by people with dementia and their families. Unpaid carers supporting someone with dementia save the UK economy £11 billion a year.

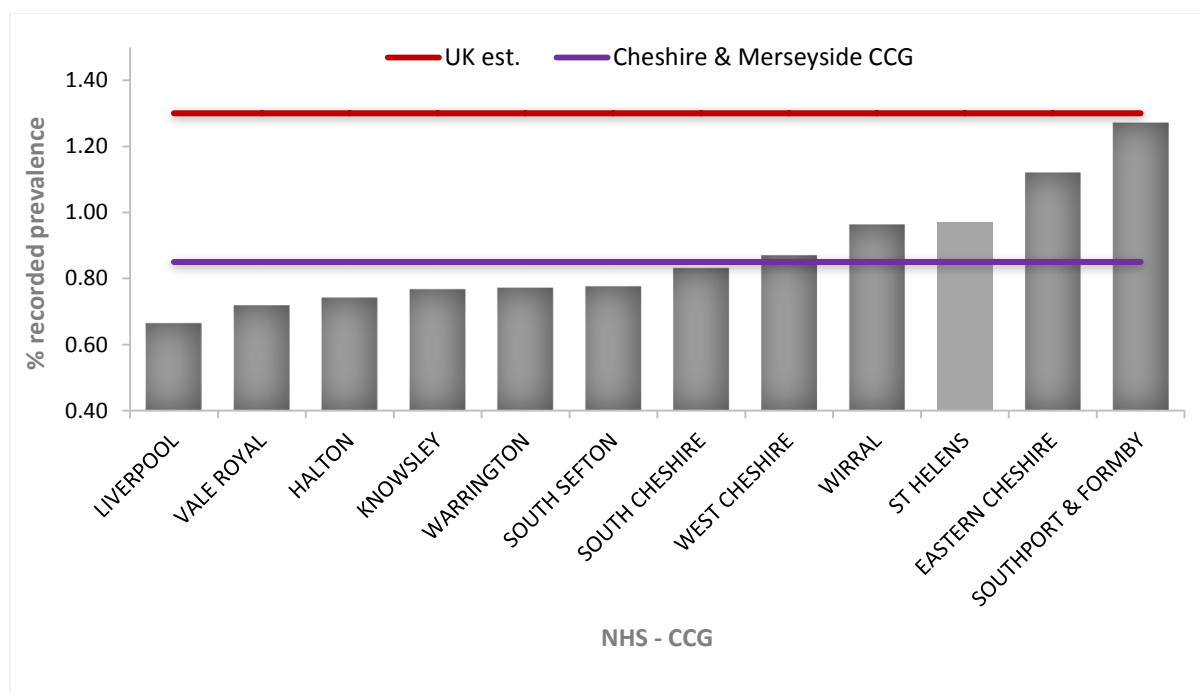
#### 3.1.2 Key Statistics

The number of people with dementia will increase in line with an expanding ageing population. Dementia now accounts for nearly 11% of all deaths in St.Helens (2017, n= 202). Whereas in the past people died earlier from other diseases, people are living longer and dying of and with dementia.

At the end of 2016/17, 0.97% of the population (GP registers) was diagnosed with dementia in St.Helens (1,908 people). It is estimated that 1.3% of the UK population will have dementia. The number of people with dementia in the UK is expected to grow rapidly over the next several decades.

The chart below shows that only Eastern Cheshire and Southport & Formby have higher diagnosis rates than St.Helens compared with all the areas in Cheshire & Merseyside. Higher rates in these areas may be due to their population structure, which has a greater number of older people.

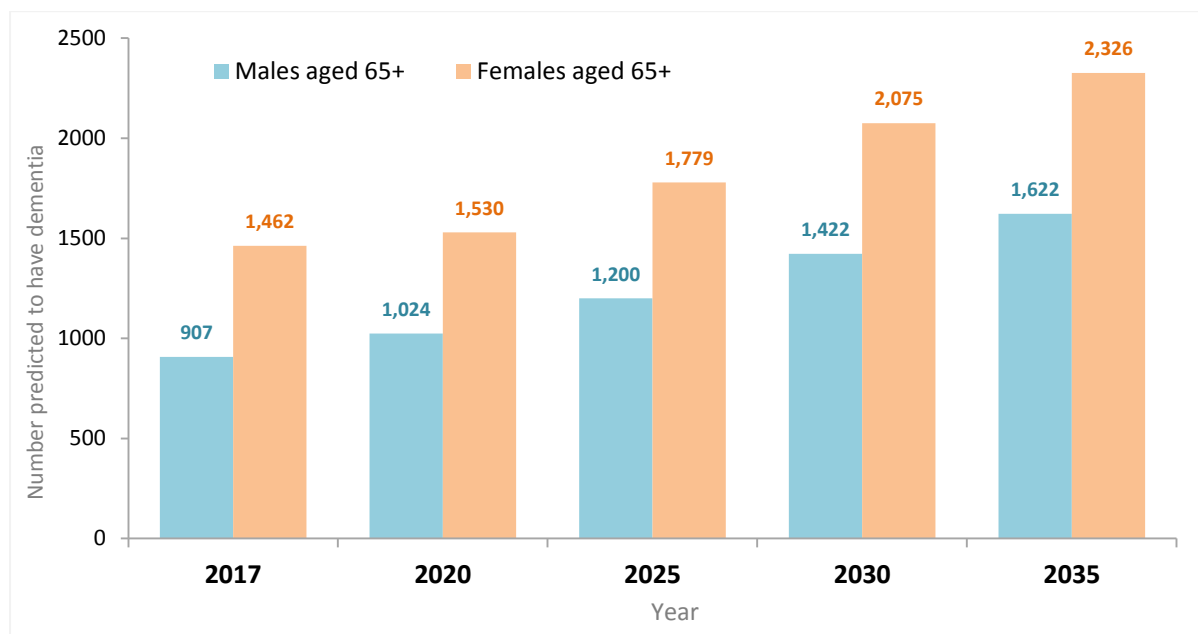
**Figure 1. Recorded Dementia prevalence - CCG level - 2016/17**



Source: Quality and Outcomes Framework (QOF) - 2018

Based on data from POPPI it is estimated that the number of people living with dementia in St.Helens is 2,369. However based on information from GP registers 1,881 people had actually been diagnosed. This means that potentially around 500 people have dementia and are not aware of it. Due to the ageing population, the proportion of people in St.Helens with dementia is expected to increase from 2,369 in 2017 up to 3,948 in 2035. This is an increase of 67% and likely to lead to increased demands on services. Deaths due to dementia have increased over recent years (see Mortality section) and this increase in dementia prevalence will be a key public and clinical health challenge in future years.

**Figure 2. People aged 65 and over predicted to have dementia, projected to 2035**



Source: POPPI

**Table 1. Number of people predicted to have dementia in St.Helens 2017 to 2035**

Age	2017		2020		2025		2030		2035	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65-69	78	56	74	52	78	54	89	62	86	62
70-74	146	125	155	134	140	120	149	125	174	144
75-79	163	247	184	260	224	332	204	293	219	312
80-84	224	372	255	399	296	439	367	572	347	505
85-89	184	355	217	377	267	466	334	533	434	688
90 +	112	307	140	307	195	368	279	491	363	614
<b>Total by Gender</b>	<b>907</b>	<b>1,462</b>	<b>1,024</b>	<b>1,530</b>	<b>1,200</b>	<b>1,779</b>	<b>1,422</b>	<b>2,075</b>	<b>1,622</b>	<b>2,326</b>
<b>Total</b>	<b>2,369</b>		<b>2,554</b>		<b>2,979</b>		<b>3,497</b>		<b>3,948</b>	

Source: POPPI

Table 1 and Figure 2 show the increasing prevalence of dementia over time and also that more women are affected than men.



### 3.1.3 What can help reduce the risk of dementia

Most forms of dementia begin after the age of 65 and have a mixed genetic and environmental component. Some forms are linked to genetic inheritance. However, emergent evidence shows that improving healthy lifestyles could help to reduce the risk of dementia by up to 36%, these are:

- eating a healthy, balanced diet
- maintaining a healthy weight
- exercising regularly
- keeping alcohol to a minimum
- stopping smoking
- keeping blood pressure at a healthy level

Whilst local data is not available on how this affects the prevalence by geographical area, it is likely, as many of these risk factors are, more prevalent in deprived wards. These risk factors are the same for cancer, cardiovascular disease and now dementia, therefore suggesting that an early detection and prevention strategy for the Borough would have an impact on overall prevalence of some of our major health conditions.

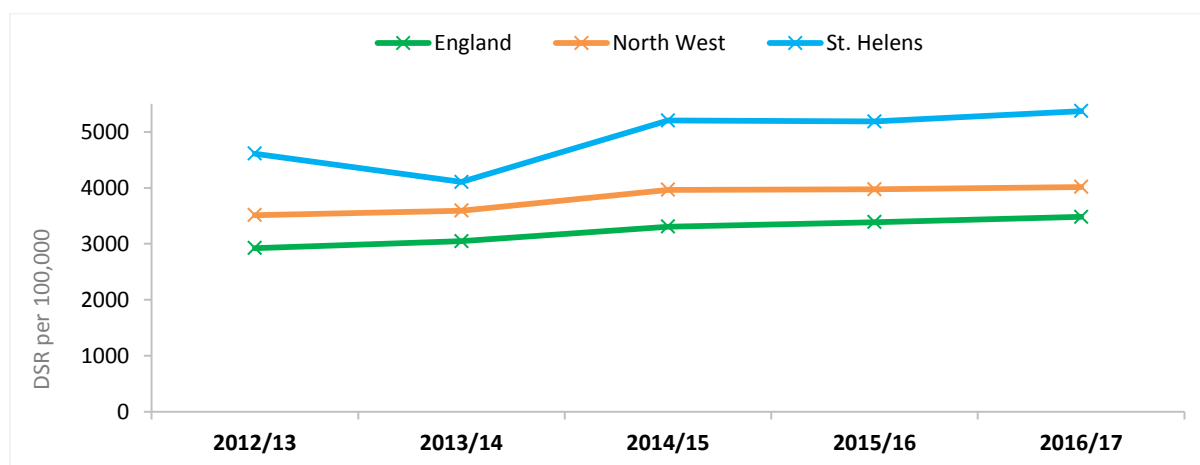
#### a. Local need

Dementia is screened by GP's and where dementia symptoms are indicated the individual is referred to the Older People's Community Mental Health Team at Peasley Cross, St.Helens (5 Boroughs Partnership). Due to the impact of improving diagnosis levels this has had an impact on the number of referrals seen by the team. There is no doubt that the level of need will remain high in the immediate future with GP's continuing to screen people for dementia and the increasing ageing population.

It is estimated that 25% of hospital beds are occupied by people with dementia, and people with dementia are more likely to stay in hospital for longer and be readmitted.

In 2016/17 there were 1,744 (DSR = 5,371 per 100,000) emergency admissions for dementia (aged 65+) which was higher than in the previous year. The direct standardised rate for the North West region in 2016/17 was 4,015 per 100,000 and the England rate was 3,482 per 100,000.

**Figure 3. Trend of emergency admissions to hospital with dementia**



Source: NHS Digital

## 3.2 Stroke

Three in four strokes happen to people over the age of 65 but the risk factors associated with stroke are often apparent in younger ages. Stroke however is a significant cause of disability in older ages; the injury to the brain can lead to long-lasting problems where people will need long-term support to manage their problems.

The period of recovery after a stroke means support from services such as physiotherapists, psychologists, occupational therapists, speech therapists, special stroke nurses and doctors. For more information on stroke please see under cardiovascular disease in Section 2: Life expectancy, Mortality and Major Long Term Conditions.

## 3.3 Falls

### 3.3.1 Introduction

Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the UK. Each year in Britain, a third of the population aged over 65 has a fall and half of these people fall at least twice. This prevalence rises to over 50% in persons aged over 80 years. Additionally, osteoporosis increases the risk of fractures when an older person falls and 1 in 3 women and 1 in 12 men aged over 50 are affected by osteoporosis and almost half of all women will experience an osteoporotic fracture by the time they reach the age of 70.

Falls can also have an adverse psychological impact on elderly people, for example, after having a fall a person can lose confidence, become withdrawn and may lose their independence.

In St.Helens, the Falls Prevention service is based at Whiston Hospital and sits within the multidiscipline and integrated service, Contact Cares<sup>2</sup>. This integration has allowed for the team to work closely with other health professionals to streamline and provide a more effective service.

To address the wider Falls agenda, a Falls strategy and action plan is in place. The Care Home Charter, Strength and Balance exercises for the community and Falls Champions are all initiatives that have been developed and implemented in recent years and the data suggests that the strategy has been successful in reducing falls.

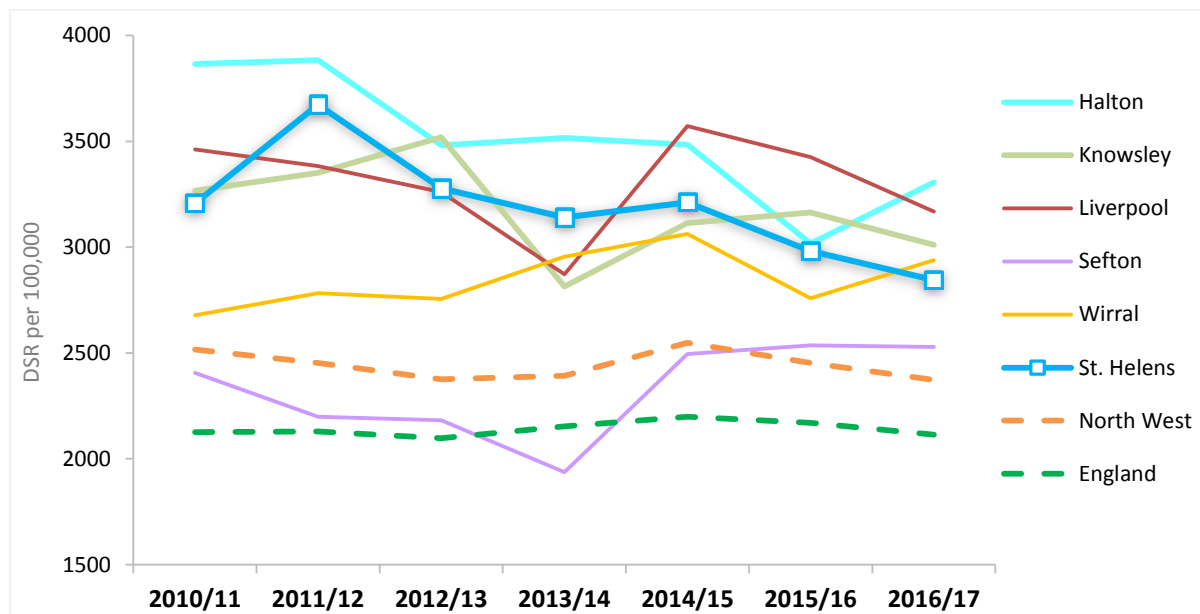
### 3.3.2 Key Statistics

Falls admissions in St.Helens over the last 5 years have reduced by 23% (125 fewer falls). In 2011/12 the rate was 3,673 per 100,000 (1,069 falls); the rate in 2016/17 was 2,845 per 100,000 (944 falls). Despite this the St.Helens rate is still above regional and national rates, though the gap between them has reduced.

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<sup>2</sup> <https://www.sthelens.gov.uk/social-care-health/adults/contact-cares/>

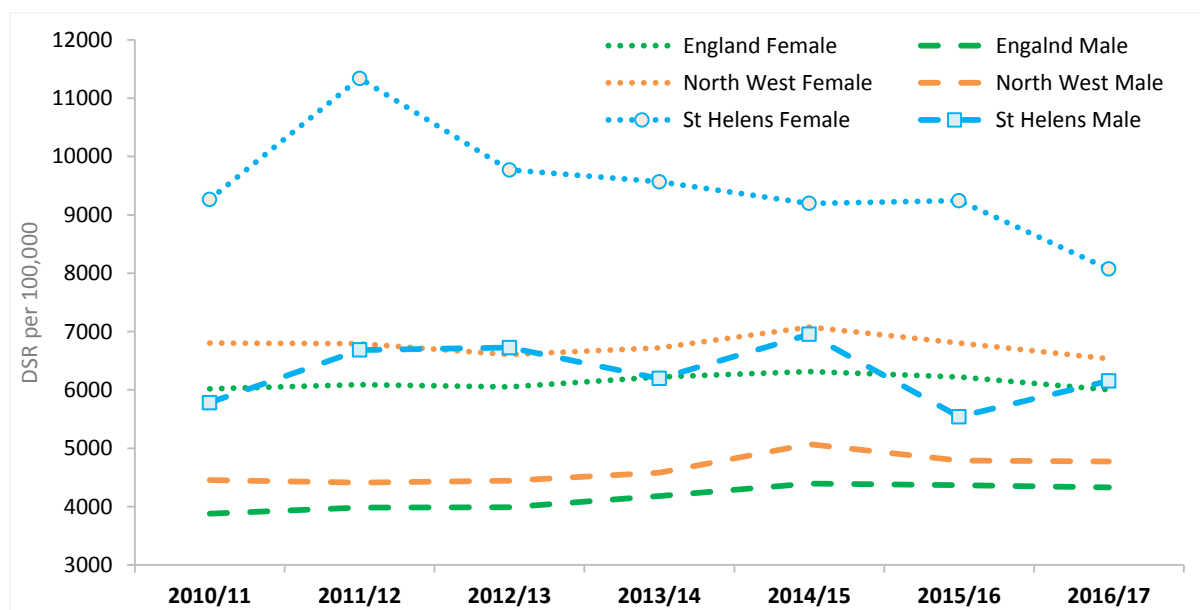
**Figure 4. Emergency hospital admissions due to falls: Persons aged 65+**



Source: Hospital Episode Statistics (HES) 2017

Public Outcomes Framework Data (2017/18) reveals that St.Helens has the fifth highest rate in the North West of injuries from falls for persons over 80 years, 7,295 per 100,000 (the England average is 5,363). Despite the female rate consistently decreasing in St Helens since 2011/12 (from 11,339 to 8,072) it is still above regional and national averages, but the gap is decreasing.

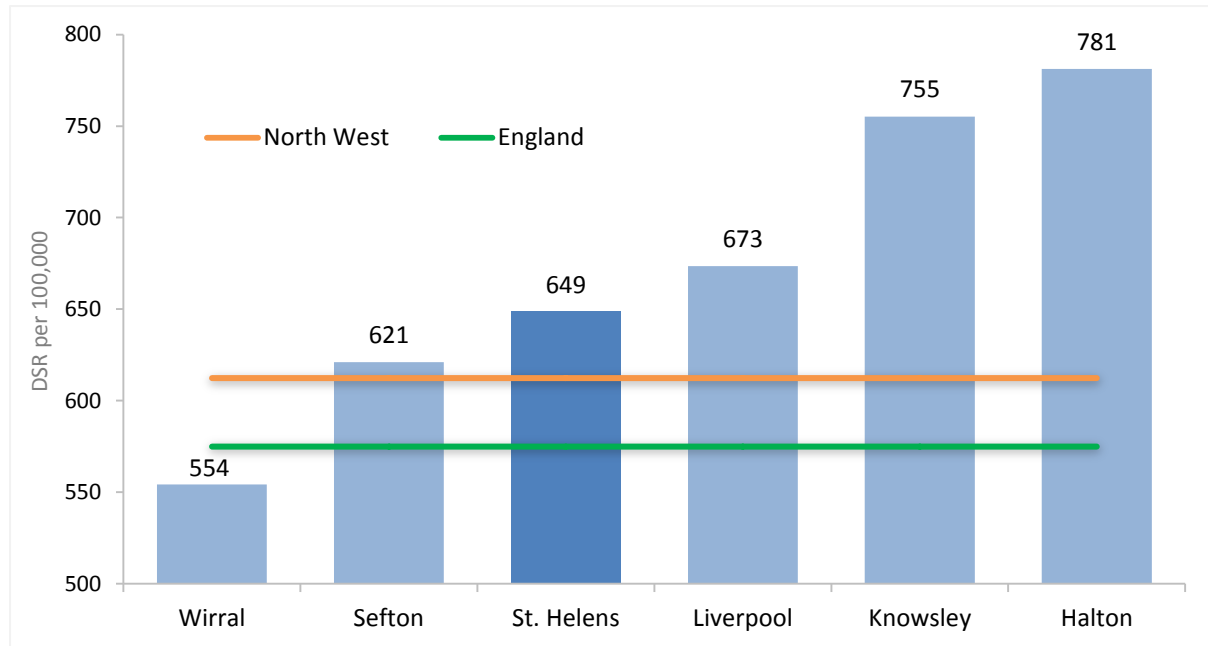
**Figure 5. Emergency hospital admission due to falls: Males/Females, aged 80+**



Source: PHOF, 2018

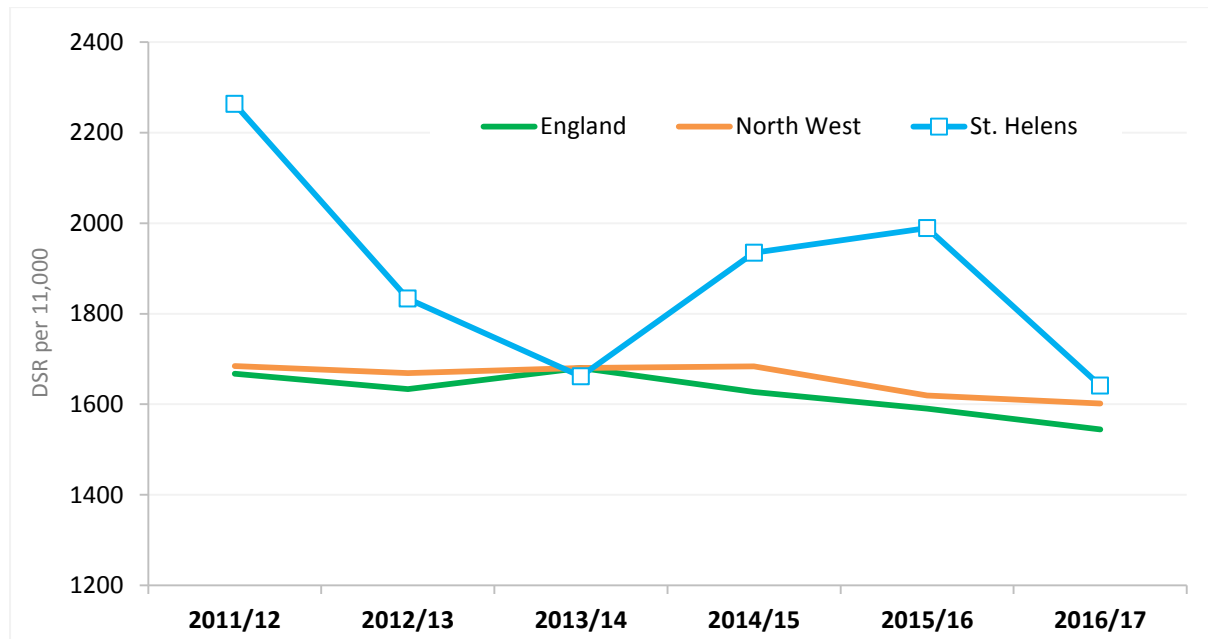
Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year. The incidence is projected to increase by 34% in 2020. The average age of a person with a hip fracture is about 83 years with about 73% of fractures occurring in women. In the St.Helens the rate for all people over 65 years was 649 per 100,000, above the regional rate of 612 and the national rate of 575. The St Helens rate was the 10<sup>th</sup> highest of 23 North West authorities in 2016/17.

**Figure 6. Hip fractures in people aged 65+ 2016/17**



Source: PHOF, 2018

**Figure 7. Hip fractures in people aged 80+, trend**



Source: PHOF, 2018

The majority of hip fractures occur in those aged 80+. In 2011/12 St.Helens rate of 2,263 per 100,000 was significantly above regional and national rates, but has reduced by 27% to 1,641 per 100,000 in 2016/17, bringing it almost in-line with regional and national averages. This reduction can be attributed to the implementation of the St.Helens Falls Strategy<sup>3</sup>.

<sup>3</sup> <http://moderngov.sthelens.gov.uk/documents/s37259/Falls%20Prevention%20Strategy%20Final-%20changes.pdf>

### 3.4 Frail and Elderly

Advancing age is associated with frailty. Frail and older people are likely to have co-morbidities including sensory and cognitive impairment. As the number of older people increases, demand for adult social care services is likely to increase. The number of older males is projected to rise more rapidly and the numbers of people with dementia is also predicted to be greater (see Figure 2 above). People with learning disabilities are living longer which means there will be a growth in the number of people with a learning disability and other conditions related to older age (see section 6.3 below).

Adult Social Care provided care packages for 7,512 people who are over 65 years old and 2,316 for people aged 18-64 in 2017/18; a total figure of 9,828 which includes people who are carers. Since 2014/15 there has been an 11.6% increase in the number of care packages for people over 65 years old, whilst those aged 18-64 has remained more or less constant (falling by less than 1%). Each year has seen on average a 3% increase in the number of care packages for people over 65 years old.

#### 3.4.1 Older people quality and efficiency indicators

The table below highlights a number of indicators relating to hospital admissions and social care for older people and provides a comparison with the North West averages.

**Table 2. St.Helens Clinical Commissioning Group Performance 2014 and 2017**

	2014		2017	
	St.Helens	North West	St.Helens	North West
Non-elective admissions aged 65+ per 1,000 population	278	269	298	244
Non-elective bed days aged 65+ per head of 1,000 population	2,360	2,379	2,199	1,650
Non-elective readmission rate within 30 days aged 65 and over	18.8%	18.2%	18.7%	17.7%
Non-elective readmission rate within 90 days aged 65 and over	29.7%	28.4%	28.8%	26.9%
Proportion of people aged 65+ discharge direct to residential care	2.1%	2.7%	1.7%	2.4%
Permanent admissions to residential / nursing care aged 65+ per 100,000	671	714	652	716

Source: ADASS/AQuA Quality and Efficiency Scorecard for Frail Elderly July 2016 to June 2017

St.Helens rates are worse than the North West averages for non-elective admissions and bed days; but a strong performance can be observed in the figures for St.Helens regarding the proportion and rate discharged to residential or nursing care.

### 3.5 Hospital Admissions for Patients aged 65 years plus

The National Service Framework for Older People stresses the importance of preventing unnecessary hospital admissions. Such admissions arise when there is inadequate health and social care support available in the community to meet the needs of this age group. The two tables below summarise the main causes of hospital admissions, both Emergency (Non-Elective) and Planned (Elective) between April 2017 and March 2018.

**Table 3. Emergency hospital admissions in 2017/18 for adults aged 65+ years**

Diagnosis Group (ICD-10 Chapter)	Number of Emergency Admission	As a % of Total
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified <sup>4</sup>	2,213	18.7%
Diseases of the respiratory system	1,758	14.9%
Diseases of the circulatory system	1,596	13.5%
Injury, poisoning and certain other consequences of external causes	1,466	12.4%
Certain infectious and parasitic diseases	973	8.2%
Diseases of the digestive system	808	6.8%
Diseases of the genitourinary system	713	6.0%
Diseases of the musculoskeletal system and connective tissue	709	6.0%
Diseases of the skin and subcutaneous tissue	334	2.8%
Endocrine, nutritional and metabolic diseases	322	2.7%
Neoplasms	240	2.0%
Mental and behavioural disorders	203	1.7%
Diseases of the nervous system	186	1.6%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	180	1.5%
<i>Other</i> <sup>5</sup>	113	1.0%

Source: SUS

<sup>4</sup> Categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body.

<sup>5</sup> 'Other' combines small numbers from other diagnosis groups, including: diseases of the eye and adnexa; the ear and mastoid process; Null fields; factors influencing health status and contact with health services; chromosomal abnormalities.

It can be observed that two of the highest rates of emergency admissions to hospital are for respiratory and circulatory diseases, which correlates with two of the main causes of premature mortality in St.Helens<sup>6</sup>.

In terms of planned admissions to hospital the biggest causes are eye conditions, followed by diseases of the digestive system, neoplasms and diseases of the musculoskeletal system.

**Table 4. Planned hospital admissions in 2017/18 for adults 65+ years**

Diagnosis Group (ICD-10 Chapter)	Number of Emergency Admission	As a % of Total
Diseases of the eye and adnexa	3,290	26.0%
Diseases of the digestive system	2,761	21.8%
Neoplasms	1,802	14.2%
Diseases of the musculoskeletal system and connective tissue	1,355	10.7%
Diseases of the circulatory system	628	5.0%
Diseases of the genitourinary system	603	4.8%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	517	4.1%
Factors influencing health status and contact with health services	446	3.5%
Injury, poisoning and certain other consequences of external causes	265	2.1%
Diseases of the skin and subcutaneous tissue	225	1.8%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	219	1.7%
Endocrine, nutritional and metabolic diseases	155	1.2%
Diseases of the nervous system	141	1.1%
Diseases of the respiratory system	137	1.1%
<i>Other</i> <sup>7</sup>	125	1.0%

Source: SUS

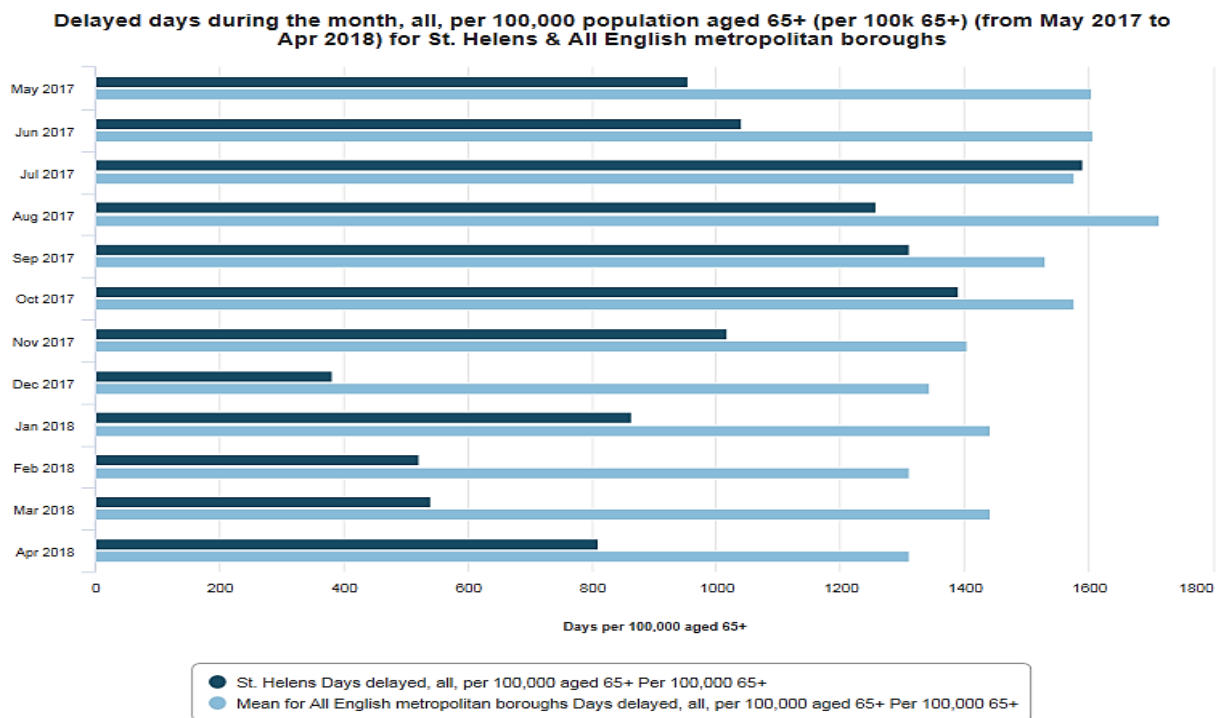
<sup>6</sup> JSNA 2018 Section 2: Life Expectancy, Mortality, and Major and Long Term Conditions - [https://info4.sthelens.gov.uk/Custom/Resources/JSNA%202018%20-%20Life\\_Expectancy\\_Mortality\\_Long\\_Term\\_Conditions.pdf](https://info4.sthelens.gov.uk/Custom/Resources/JSNA%202018%20-%20Life_Expectancy_Mortality_Long_Term_Conditions.pdf)

<sup>7</sup> 'Other' combines small numbers from other diagnosis groups, including: certain infectious and parasitic diseases; diseases of the ear and mastoid process; Null fields; mental and behavioural disorders; chromosomal abnormalities.

### 3.5.1 Delayed transfers of care aged 65 +

Figure 8 shows St.Helens (dark blue line) performing significantly better than the English Metropolitan Borough (light blue line) average in terms of delayed transfers in care per 100,000 of the population aged 65+. Good performance in this indicator reflects effective joint working of hospital services and community based care in facilitating timely and appropriate transfer of adults aged 65 and over.

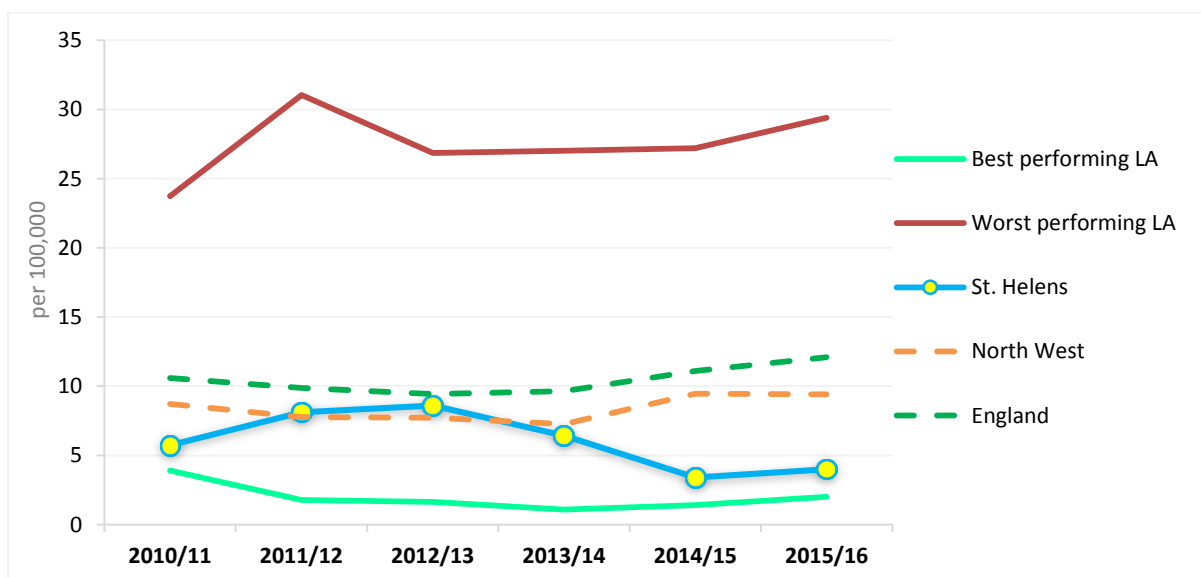
**Figure 8. Delayed transfers of care aged 65+**



Source LGA 2018 - NHS England

This is an area of very strong performance for St.Helens, being amongst the most effective local authorities in the North West and England. This is a result of effective integrated short-term services, such as Contact Cares Reablement<sup>8</sup>.

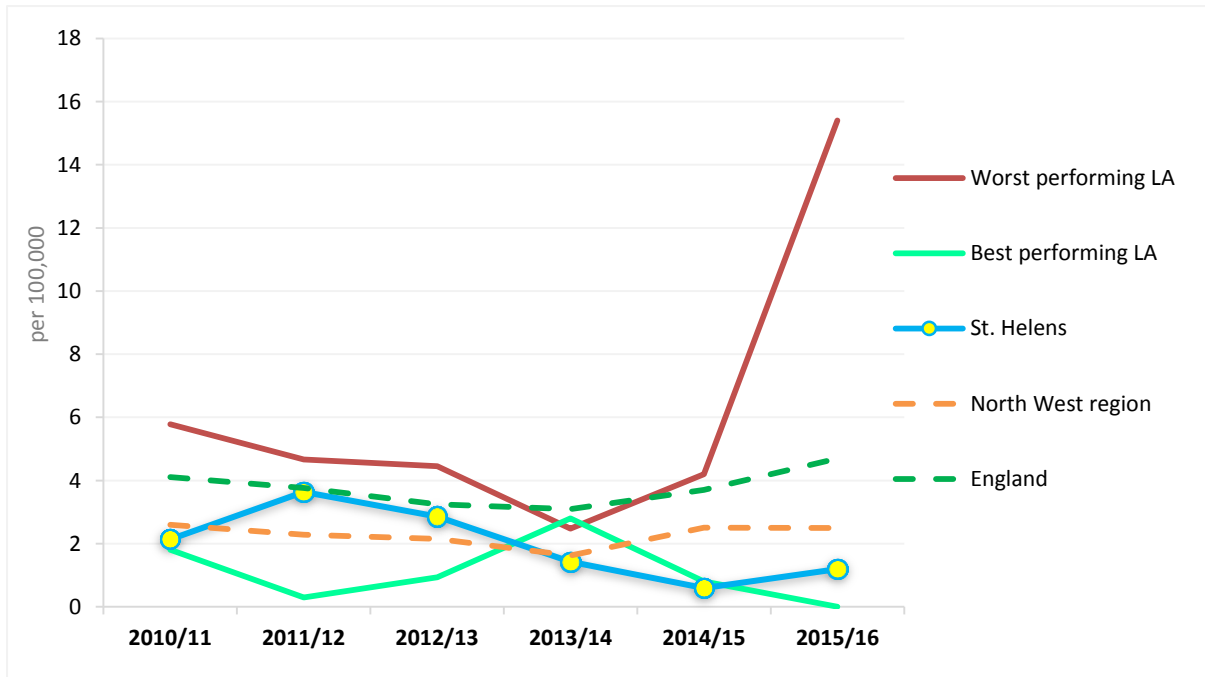
**Figure 9. Total delayed transfers of care, trend**



<sup>8</sup> <https://www.sthelens.gov.uk/social-care-health/adults/contact-cares/contact-cares-reablement/>



Figure 10. Delayed transfers of care attributable to adult social care, trend



## 4. End of Life

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### 4.1 Introduction

End of Life care is support for people who are approaching death. It helps them live as well as possible until they die, and to die with dignity. It also includes support for their family and carers. End of Life care includes palliative care. Palliative care supports people with an incurable illness by controlling pain and other distressing symptoms, whilst also providing psychological, social and spiritual support. When end of life care begins depends on people's individual needs. The General Medical Council considers patients to be approaching end of life when they are expected to die within the next 12 months. This includes people who are expected to die within the next few hours or days, and those with advanced incurable conditions. It can also include people who have;

- General frailty and co existing conditions means they are likely to die within 12 months
- Existing conditions, if they are at risk of dying from a sudden crisis in their condition
- Life-threatening acute conditions caused by sudden catastrophic events, such as an accident or stroke

It is vital that we support people in St.Helens to live well before dying with peace and dignity in the place of their choice. Further work on integrating and personalising services would further improve patient experience whilst also providing greater value for money.

### 4.2 Key statistics

In 2017 (January – December), there were 1,918 deaths in St.Helens. 823 deaths (43%) occurred in the persons' usual place of residence; this compares with 45% for England as a whole and 44% across the North West.

Detailed data for place of death is available covering annual averages for the period 2015-2017. There was an average of 1,945 deaths per annum in St.Helens during this period. The breakdown of place of death is as follows;

- Hospital: 51.0%
- Home: 24.3%
- Care Home: 19.5%
- Hospice: 4.7%
- Other Places: 0.4%

Please see the Mortality Section for further information regarding causes of death<sup>9</sup>.

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<sup>9</sup> JSNA 2018 Section 2: Life Expectancy, Mortality, and Major and Long Term Conditions - [https://info4.sthelens.gov.uk/Custom/Resources/JSNA%202018%20-%20Life Expectancy Mortality Long Term Conditions.pdf](https://info4.sthelens.gov.uk/Custom/Resources/JSNA%202018%20-%20Life%20Expectancy%20Mortality%20Long%20Term%20Conditions.pdf)

## 5. Carers and Older Carers

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### 5.1 Introduction

There is no single demographic for carers in St.Helens, however there is evidence of a high proportion of unpaid carers, a significant number of younger carers and a growing population of older informal carers (who it is predicted may increasingly have their own care needs alongside those of the person they care for).<sup>10</sup>

Carers have a vital role in providing support to someone they care about, who may have a long-term illness or disability. St.Helens Council recognises and appreciates the difficulties that many Carers face and therefore has focused on providing effective support for carers in order to optimise their general health and well-being and help them to sustain their caring role.

In order to meet the challenges raised by this, St.Helens reviewed the services provided to carers and has commissioned an inclusive and accessible carers service, which is provided by St.Helens Carers Centre to meet the needs of all carers within the Borough.

The service delivers an Integrated Carer Support Service for Adult Carers, Young Carers and Parent Carers incorporating the use of paid staff and volunteers to provide a comprehensive support service for all carers within St.Helens, including if requested, a Carers Assessment of their needs.

St.Helens Carers Centre also offers many other key services such as (non-exhaustive):

- Advice/information including emotional support
- A wide menu of training courses/events
- Therapy sessions (a Carer must meet the criteria as a result of an Assessment for Therapy support)
- Outreach support
- Support groups
- Carer Personal Budgets if eligible
- Income maximisation support (e.g. support with benefit queries and applications)
- Newsletter/publicity
- Carers Emergency Card
- Referrals to other services such as Advocacy or other preventative services

By the end of 2014/15, there were 10,061 active carers receiving a service from the Centre; by the end of 31st March 2018, there were 12,015 active Carers registered with the Carers Centre, 1,298 new carers registered in the year 2017/18. The majority were for carers supporting partners who were frail and elderly or supporting someone with dementia.

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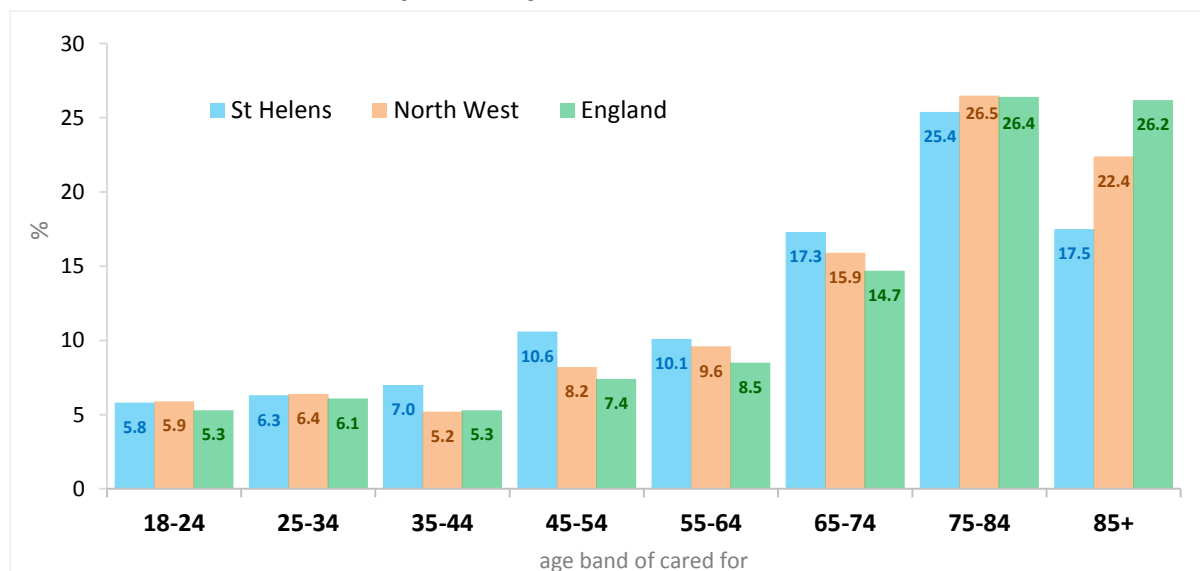
<sup>10</sup> For information on young carers, please see the JSNA Section 3 - Maternity, Children and Young People

## 5.2 Carers Survey - Survey of Adult Carers 2016/17

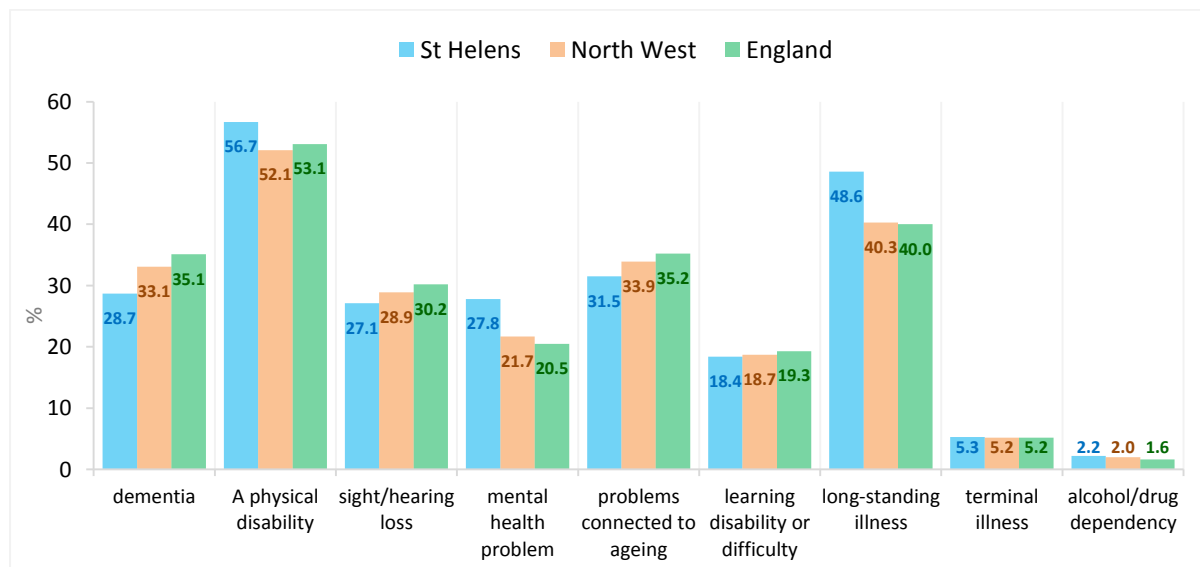
The Personal Social Services Survey of Adult Carers in England is a biennial survey, undertaken by Councils. Carers’ thoughts and opinions were sought via a survey on a number of topics that are considered to be indicative of a balanced life alongside their caring role. Carers completing the survey were all aged 18 or over, providing care for someone aged 18 or over and in receipt of services funded wholly or in part by Social Services during 2016/17.

The following information from the 2016/17 Carers Survey for St.Helens is compared to the national averages.

### 5.2.1 ‘How old is the person you care for?’



### 5.2.2 Condition of person cared for

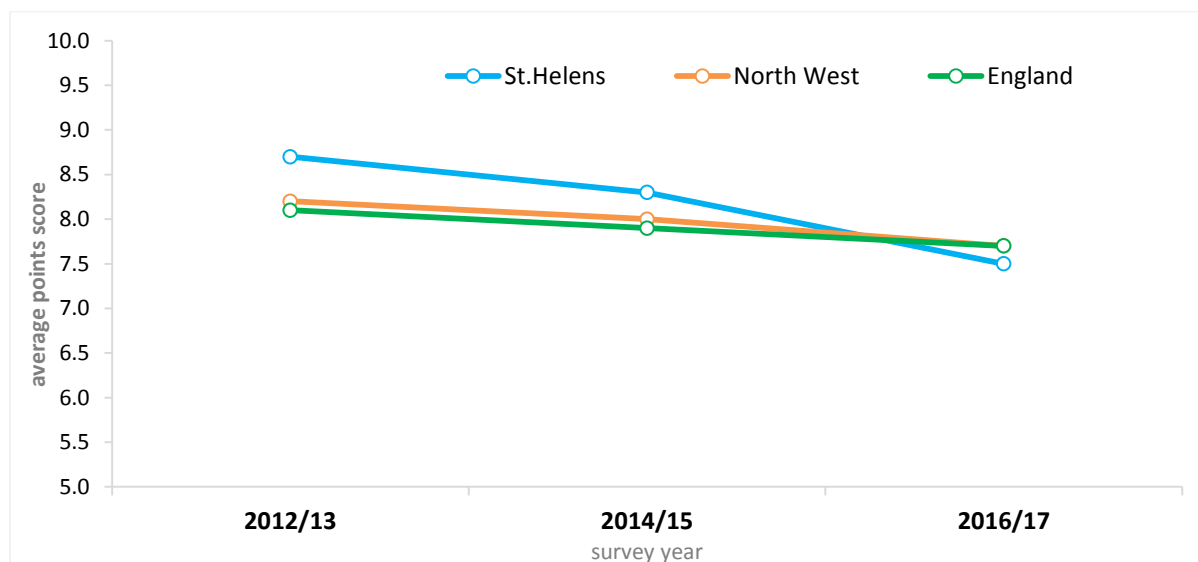


The information shows that there are a higher proportion of carers in St.Helens caring for people aged between 35 and 74, with long-standing illnesses, physical disabilities, or mental health problems. This suggests that in future years there will be more people who will require care by a cohort of older carers.

### 5.2.3 Overall quality of life

The quality of life score is a composite measure which combines individual responses to six questions in the survey. The score for carer related quality of life in St.Helens is broadly in-line with regionally and national averages.

**Figure 11. Carer-reported quality of life**



### 5.2.4 Control

19% of carers reported they have as much control as they want over their daily lives, which is over 6% lower than the regional average of 25% and the national average of 25%. This does suggest that over 4 out of 5 carers in St.Helens would like more control over their daily lives.

### 5.2.5 Safety

The majority of carers (82.7%) reported that they had no worries at all about their personal safety; this is slightly below the regional and national average of 84.1%.

### 5.2.6 Support and Encouragement

29% of all respondents said they had as much social contact as they wanted with people they liked (this was 46% in 2014/15), which is below the national average of 35.5%. This indicates that nearly three quarters of all respondents would like more social contact. However, this response is not particular to St.Helens but mirrored throughout local authorities nationally.

On a more positive note, the proportion of carers who find it easy to find information about support in St.Helens is 85.4% in 2017, compared to 64% in the North West and 64.2% in England.

### 5.2.7 Access and Quality of Services

St.Helens performance is also good when looking at the proportion of respondents who report that they have been included or consulted in discussions about the person they care for; 76.1% felt they were always or usually involved or consulted, compared to 70.8% in the North West and 70.6% in England.

### **5.2.8 Other information from the survey**

Compared to 2014/15, answers to other questions in the survey indicate that proportionally carers are becoming older, have been a carer for longer with an increase in the number of hours of caring responsibility on a weekly basis and an increase in carers reporting health issues.

### **5.2.9 Conclusion**

The results from the 2016/17 Carers Survey indicate that some of the more positive outcomes previously reported in 2012/13 and 2014/15 have deteriorated in terms of safety, satisfaction and reported quality of life. Although there has been deterioration in performance between survey periods, this trend is reflected regionally and nationally. Also, despite the drop in performance, St.Helens comparatively remains strong. Overall satisfaction of carers with services provided by the local authority has not changed significantly, remaining at around 46%, which is better than the North West (40%) and England (39%), suggesting that dissatisfaction is in areas such as social contact, getting out and about safely, and that the support services given to achieve this may be outside the Council's control.

Adult Social Care and Health will continue to work with St.Helens Carers Centre to improve outcomes for Carers.

## 6. Adult Social Care Services

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### 6.1 Introduction

Adult Social Care and Health provides care and support for vulnerable, eligible people over the age of 18, so they can continue to be supported in their daily lives to have the best outcomes possible.

Adults may be vulnerable due to old age and frailty, because they have a learning disability, mental health problems or because they have a physical or sensory impairment. Some people may only need advice and guidance whilst others will require a range of services to help them manage their daily lives.

The types of services Adult Social Care and Health provide or commission when people are assessed as eligible are:

- Personal care and support for vulnerable adults to remain living in their own homes. For example, help with washing, dressing and toileting
- Day Opportunities: Support for vulnerable people and their carers to access social and community activities such as with day opportunities at various sites across the borough
- Extra Care Housing: Social or private housing that has been modified or purpose built to help support people with long term conditions or disabilities to live independently
- Supported Living: Younger vulnerable adults with learning or physical disabilities can live independently with support in shared houses with their own tenancies
- Residential or Nursing Care: for people who need 24 hour care, either permanently or for a short period of time
- Contact Cares...
  - Community: multi-disciplinary team consisting of Care Managers, Occupational Therapy, Physiotherapy and General Nursing, who will co-ordinate and carry out assessments from referral request. The assessment will determine the most appropriate services to meet the presenting need and activate services
  - Reablement: to prevent inappropriate admission to acute hospital care, facilitate timely hospital discharge, prevent unnecessary admission to 24 hour care, enable people to remain in their own home environment, prevent the need for long term domiciliary care packages

Adult Social Care and Health commissions a full spectrum of adult social care and support services from preventative and community support aimed at those with emerging care needs through to highly specialised care. Some people might require support for a short period of time whilst others may have involvement for many years.

Some people will have lifelong conditions which impact on their ability to undertake tasks of daily living throughout their lives. These we refer to as younger vulnerable adults. Others may be vulnerable due to old age and frailty and may only require support in later life.

## 6.2 Adult Social Care Survey 2017

Adult Social Care and Health undertake an annual survey to learn more about how effectively services are supporting service users to live safely and independently in their own homes, and the impact of services on the quality of their life. All Councils complete the same survey at the same point in time.

The results from the 2017 Adult Survey demonstrate good performance in reported quality of life with a very high proportion of service users identifying they were extremely and very satisfied with services and reported a perception of safety.

The following information from the 2017 Adult Survey for St.Helens is compared to the national averages and some previous year's survey results (some new measures were introduced in 2017 and other measures suspended due to quality and completeness of data. 2014 comparisons were chosen as that was when this section of the JSNA was published last).

The quality of life score relates to control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation outcomes. The score for adult service users for quality of life in St.Helens was 19.0 out of a maximum possible score of 24, which is a slight decrease on 19.6 in the 2014 survey. The England score was 19.1 in 2017 and 19.4 in 2014.

**Table 5. ASCS survey results 2017 compared to 2014**

Measure Group Description	St Helens		England	
	2014	2017	2014	2017
The proportion of people who use services who have control over their daily life	81%	76%	77%	77%
The proportion of people who use services who feel safe	65%	72%	65%	70%
The proportion of people who use services who reported that they had as much social contact as they would like	47%	40%	44%	46%
The proportion of people who use services who find it easy to find information about support	83%	80%	75%	74%
The proportion of carers who report that they have been included or consulted in discussion about the person they care for	81%	76%	73%	71%
The proportion of people who use services who say that those services have made them feel safe and secure	75%	78%	79%	86%

NHS Digital 2018



## 6.3 Learning Disabilities

The total number of the adult population (aged 18 to 64) in St.Helens who have a learning disability is estimated to be 2,566, which is predicted to reduce slightly to 2,472 by 2035 (PANSI 2018). Life expectancy of people with a learning disability is increasing. There are significant demographic trends that will create pressures on care services, as people with learning disabilities are living longer and developing age related conditions such as dementia, epilepsy and sensory impairment, and consequently service provisions will need to adapt and make the necessary adjustments to meet the demographic changes.

**Table 6. Projected numbers of people with Learning Disabilities**

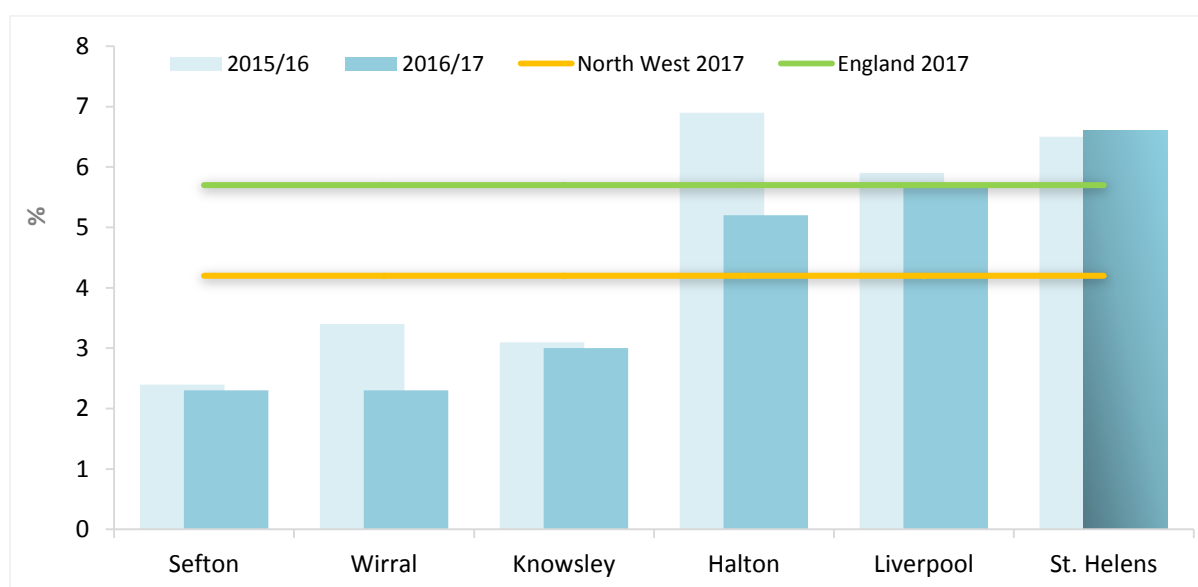
		2017	2025	2030	2035
<b>People age 18-64 predicted to have a learning disability</b>	<b>England</b>	<b>823,082</b>	839,368	848,518	855,914
	<b>St.Helens</b>	<b>2,566</b>	2,527	2,496	2,472
<b>People age 18-64 predicted to have a moderate or severe learning disability and hence likely to be in receipt of services</b>	<b>England</b>	<b>187,508</b>	191,859	194,818	196,861
	<b>St.Helens</b>	<b>583</b>	576	573	568
<b>People age 18-64 predicted to have a severe learning disability</b>	<b>England</b>	<b>49,739</b>	50,877	51,949	52,506
	<b>St.Helens</b>	<b>153</b>	151	152	150

Source: PANSI 2018

According to data from PANSI the projected numbers of people with a learning disability will remain stable if not decrease slightly in St.Helens, which would suggest no increased demand on services in future years. The reasoning/methodology behind the PANSI projection is difficult to decipher and is slightly at odds with some ONS projections, however positive the projection may be.

The proportion of adults with learning disabilities who are in paid employment in St.Helens is better than both regional and national and the highest rate amongst Merseyside neighbouring authorities.

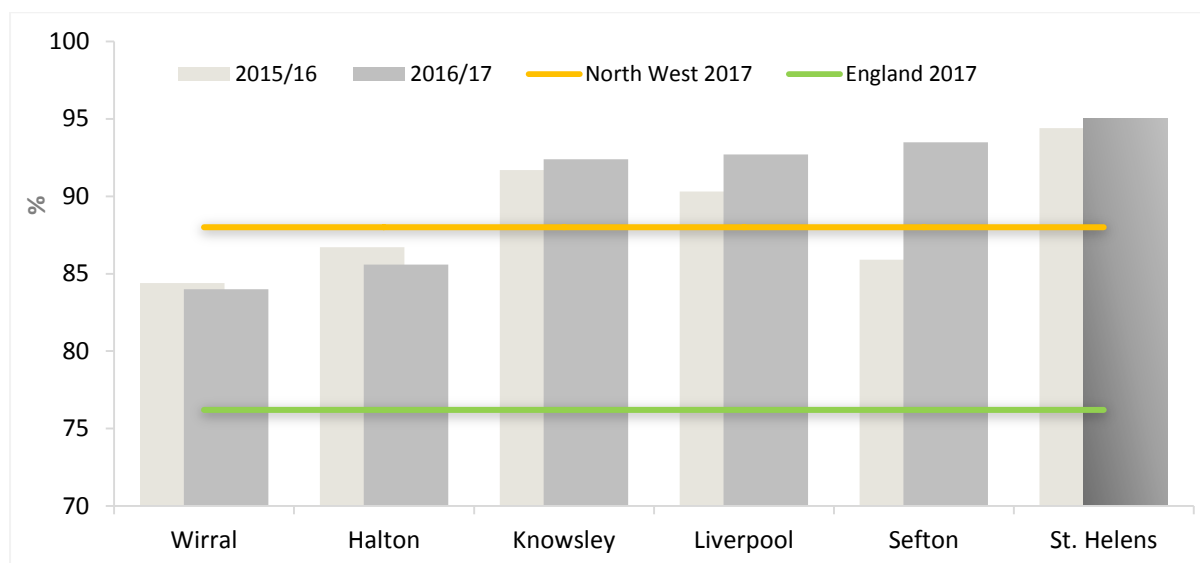
**Figure 12. % Adults (ages 18-64) with Learning disabilities in Paid Employment**



Source: NHS Digital Adult social care outcomes framework

Another area of strong performance in St.Helens is the proportion of those with learning disabilities in settled accommodation, which is higher than both regional and national averages and highest amongst Merseyside neighbouring authorities.

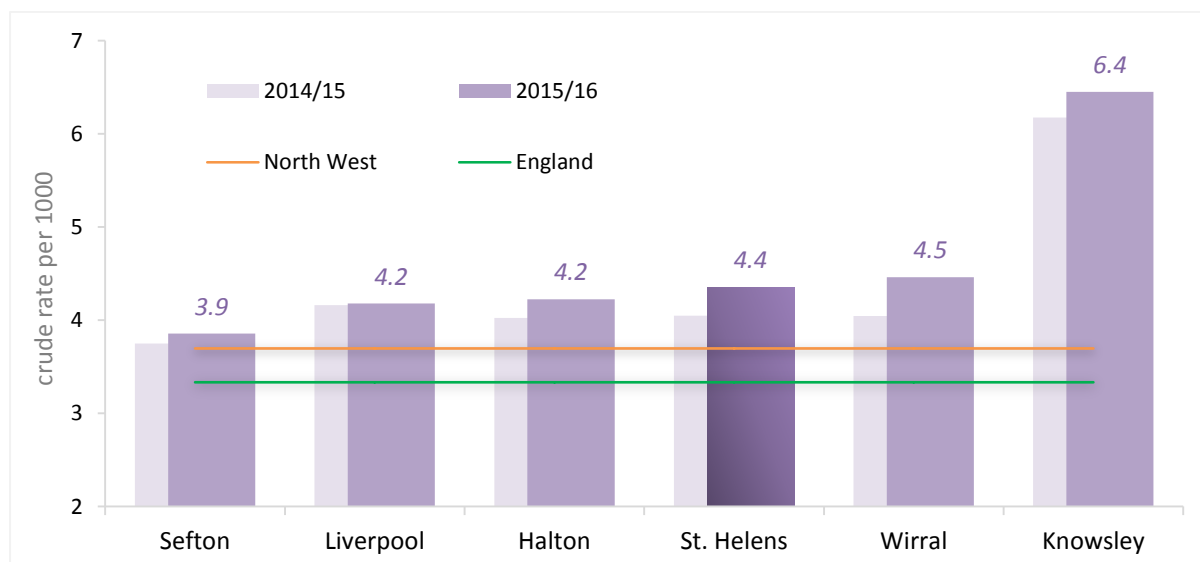
**Figure 13. % Adults (aged 18-69) with Learning Disabilities in Settled Accommodation**



Source: NHS Digital Adult social care outcomes framework

In 2015/16 there were 615 people with a learning disability who received long term services in Adult Social Care, a rate of 4.4 per thousand population; this is a 7.9% increase on 2014/15 and 45 more adults. In 2015/16 the regional rate was 3.7 and the national rate was 3.3.

**Figure 14. Adults (18+) with a Learning Disability receiving long term support from Local Authorities per 1,000 population**



Source: NHS Digital Adult social care activity and finance report

Health is a key area for people with Learning Disabilities. As of March 2017, in St.Helens 862 people aged 18+ on the GP Register were eligible for an enhanced Annual Health Check. The enhanced Annual Health Check lets the person with learning disabilities go to their GP practice and have aspects of their health checked; it also allows the person to talk about anything that is worrying them.

364 people (42.2%) aged 18+ registered with the GP (on the DES register) as having a learning disability had an annual health check. Of the 528 people who had their body mass index (BMI) checked, 226 (42.3%) had a BMI in the obese range of 30 or higher.

In relation to screening, there is comparative eligibility and uptake data between the general population and the Learning Disabilities population at individual practice level and at CCG level.

**Table 7. Uptake of Screening in St.Helens**

	General Population	People with a Learning Disability
% Uptake of Cervical screening (age 25-64)	77.2%	22.7%
% Uptake of Breast Screening (age 50-69)	68.1%	57.7%
% Uptake of Bowel Screening (age 60-69)	77.6%	65.1%

Source: NHS Digital, 2018

There are differences in the uptake of breast and bowel screening between the general population and the population of people who have a Learning Disability; however there is a marked difference in regards to cervical screening. People with learning disabilities are supported to access screening programmes. Not all service users cooperate and if distress is caused or challenging behaviour then sometimes screening is not completed. Willis House Learning Difficulties Nurses<sup>11</sup> provide support to staff in registered services.

### 6.3.1 Autism Spectrum Disorder

It is estimated that there are 1,050 people age 18-64 with a diagnosis of Autism Spectrum Disorder, with 90% being male. Not every newly diagnosed person requests a Social Care assessment, although they are all entitled to one under Autism Statutory Guidance<sup>12</sup>.

**Table 8. People age 18 -64 predicted to have an Autism Spectrum Disorder**

Age	2017		2020		2025		2030		2035	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-24	124	13	115	12	110	12	121	13	122	13
25-34	202	23	207	23	203	22	184	20	185	21
35-44	185	21	184	21	200	23	212	24	207	23
45-54	230	26	218	25	193	22	185	21	202	23
55-64	202	23	216	24	223	26	211	25	187	22
Total by Gender	943	107	940	106	929	105	913	103	904	102
Total	1,050		1,046		1,034		1,016		1,006	

Source: PANSI, 2018

As with the learning disability population projections above, the data predicts no increase up to 2035 in St.Helens apart from in the 35 to 44 age group.

<sup>11</sup> <http://www.nwbh.nhs.uk/learning-disability-st-helens>

<sup>12</sup> <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

## 6.4 Physical Disabilities

It is estimated that there are 2,565 people with a serious physical disability in St.Helens, aged 18-64 in 2017. This is projected to increase to 2,625 in 2025, but predicted to decrease to 2,433 by 2035<sup>13</sup>. It is also estimated that there are approximately 8,561 people with a moderate physical disability aged 18-64 in 2017, which will rise to 8,576 in 2025, but decrease to 8,089 by 2035. How this stability of population in St.Helens equates with population increases in some ONS data projections is currently unclear and will be monitored.

**Table 9. Predictions of Moderate Physical Disability, by year**

Age	2017	2020	2025	2030	2035
18-24	553	512	488	545	549
25-34	958	974	937	853	861
35-44	1,170	1,165	1,277	1,338	1,294
45-54	2,512	2,386	2,105	2,027	2,212
55-64	3,367	3,561	3,770	3,576	3,174
<b>Total</b>	<b>8,561</b>	<b>8,599</b>	<b>8,576</b>	<b>8,340</b>	<b>8,089</b>

Source: PANSI, 2018

**Table 10. Predictions of Serious Physical Disability, by year**

Age	2017	2020	2025	2030	2035
18-24	108	100	95	106	107
25-34	91	93	89	81	82
35-44	355	354	388	406	393
45-54	699	664	586	564	616
55-64	1,311	1,386	1,467	1,392	1,235
<b>Total</b>	<b>2,565</b>	<b>2,597</b>	<b>2,625</b>	<b>2,550</b>	<b>2,433</b>

Source: PANSI, 2018

Not all of the people who have a physical disability would be entitled to, or receive a package of care. For those that do, the Council works closely with a range of providers to ensure that services are available to support people to maximise their independence.

During 2017/18, **391** people aged 18-64 and **2,491** people aged 65+ were open to Adult Social Care where their primary support reason was identified as Physical Support and who were in receipt of a long term service, which can for example include day care, residential or nursing care.

There were a further **51** people aged 18-65 and **262** people aged 65+ in receipt of a short term service where the primary support reason is Physical Support, which can include respite care or the provision of equipment. Consideration is given to the specific needs of people with physical disabilities when new services are commissioned, such as short breaks, respite facility and recent supported housing schemes.

Adult Social Care and Health do not have any evidence that there is a current gap in provision for people with a physical disability.

<sup>13</sup> PANSI 2018

## 6.4.1 Sensory Impairment

### 6.4.1.i Visual Impairment

People are living longer and this increases the risk of them developing sensory loss. It is predicted that there will be an increase of people aged 75+ years in St.Helens who will experience moderate to severe visual impairment, with the estimated number rising from 1,984 in 2017 to 3,137 in 2035. The number of people aged 75+ predicted to have registered eye conditions is also estimated to increase by 58% between 2017 and 2035, from 1,024 to 1,619 people respectively.

**Table 11. Visual impairment estimates by year**

	2017	2025	2030	2035
<b>People aged 18-64 predicted to have a Serious Visual Impairment</b>	70	67	68	66
<b>People aged 65-74 predicted to have a Moderate or Severe Visual Impairment</b>	1,159	1,126	1,238	1,310
<b>People aged 75+ predicted to have a Moderate or Severe Visual Impairment</b>	1,984	2,654	2,902	3,137

Source: PANSI, 2018

### 6.4.1.ii Commissioned Visual Impairment Services

St.Helens Council People's Services Department assist people with sight impairment who reside within the borough of St.Helens; their aim is to help visually impaired people to remain or become as independent as possible. Based at the Millennium Centre, the Rehabilitation Centre offers information relating to living with a visual impairment, to support people with finding new ways of dealing with the practical and emotional difficulties they may have as a result of their sight loss.

Working together with their partnership organisations, the Royal National Institute of Blind People (RNIB) and Henshaws Society for Blind People, they are able to provide access to:

- Services for people interested in employment and training
- Information on benefits and services linked with registration as a blind or partially sighted person
- Housing related services
- Organisations for specific eye conditions
- Organisations providing specialist equipment for people with a visual impairment
- Organisations giving support to visually impaired people using ICT equipment
- Local support groups and national charities for visually impaired people
- An Eye Clinic Liaison Officer (ECLLO) based within the Eye Clinic at St.Helens Hospital. The ECLLO is available to speak with you following appointments with your consultant and is able to offer emotional support, information and advice on living with sight loss and maintaining independence. Information can also be provided in relation to eye conditions and the registration process.

The team also works in partnership with the Clinical Commissioning Group (CCG) to provide low vision aids. If a person's sight cannot be improved by medical treatment or ordinary spectacles, a low vision aid assessment will look at the best way of improving vision.

Prior to 1st April 2015 a total of 1,150 adults were identified as having a registerable visual impairment (information sourced via the IAS database). The Care Act 2014 placed a statutory requirement on all local authorities to maintain a register of visually impaired people. Since 1st April 2015 until July 2017 the Visual Impairment Service has registered the following numbers of people in line with the statutory requirement process:

- Severely Sight Impaired (Blind) = **389**
- Sight Impaired (Partially Sighted) = **303**

Of the **692** adults identified above **244** are registered as having dual sensory loss.

Within the last financial year (April 2017 - March 2018) the service has received the following number of referrals:

- Referrals requiring a complex Visual Impairment needs assessment & subsequent support provided by this service to meet the identified needs = **144**
- Referrals requesting a Low Vision Assessment (specialised assessment and support for people who cannot manage with the use of prescribed optical aids) = **324**

#### 6.4.1.iii Hearing Loss

The Royal National Institute for Deaf People, RNID estimate that the number of deaf and hard of hearing people is set to increase by about 14% every ten years. More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.

In 2017, it is predicted that 21,608 people aged 65+ in St.Helens have some hearing loss, and 2,675 to have severe hearing loss. These numbers are predicted to rise to 30,873 people and 4,390 people respectively, by 2035.

**Table 12. Hearing impairment estimates by year**

	2017	2025	2030	2035
<b>Total population age 18-64 predicted to have Some hearing loss</b>	10,805	11,175	10,724	10,352
<b>Total population age 18-64 predicted to have Severe hearing loss</b>	634	681	655	620
<b>Total population age 65+ predicted to have Some hearing loss</b>	21,608	25,572	28,503	30,873
<b>Total population age 65+ predicted to have Severe hearing loss</b>	2,675	3,367	4,003	4,390

Source: PANSI, 2018

## **6.5 Adult Safeguarding/Abuse**

### **6.5.1 Introduction**

The Council has lead responsibility for the management and coordination of the safety of vulnerable adults across St.Helens.

Safeguarding means protecting an adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

### **6.5.2 Aims of Adult Safeguarding**

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult, and address what has caused the abuse or neglect.

### **6.5.3 Safeguarding Partnerships**

Safeguarding individuals effectively can only be achieved by working together with statutory partners, the Police and NHS, through links with other partnerships and organisations, as well as awareness for the wider public. The Care Act 2014 has introduced a duty of cooperation between the Local Authority and its relevant partners in order to protect an adult who has care and support needs.

The overall volume of Safeguarding Concerns made to the Council has increased in the last two years. However, this increase coincides with a re-launch of the Council's Safeguarding Strategy, which includes holding regular workshops for practitioners, which also encourages people to report Concerns; it would be no coincidence that Concerns should increase. Greater awareness of safeguarding is translating into fewer Concerns progressing to full enquiries (see Table 14), because safeguarding practices are more effective.

**Table 13. Number of Safeguarding Concerns in St.Helens by year**

Year	Number of Concerns to Contact Centre
2013/14	1,241
2014/15	1,219
2015/16	1,296
2016/17	1,355
2017/18	1,534

Source: St.Helens Council - Safeguarding Adults Team

### 6.5.4 Closed Concerns and Full Enquiries

Every enquiry that comes into the Council is classed as a Concern but only some Concerns progress to become full safeguarding enquiries. Some concerns are closed to safeguarding following initial discussions between the safeguarding manager and the safeguarding coordinator. Data is collected regarding closed Concerns identifying how many progress to a full enquiry.

**Table 14. Number of Closed Concerns and Rate that progress to Full Enquiries**

Year	Total CLOSED Concerns	Number progressed to Full Enquiry	% progressed to Full Enquiry
2015/16	1,302	632	42%
2016/17	1,333	531	40%
2017/18	1,540	453	29%

Source: St.Helens Council - Safeguarding Adults Team

### 6.5.5 Age and Gender

The 2017/18 data confirms the ongoing trends of abuse being more likely to occur in females over 65 years.

**Table 15. Percentage of Alerts by Age Group over the last 8 years**

Year	% Age 65+	% Age Under 65
2010/11	63%	37%
2011/12	64%	36%
2012/13	64%	36%
2013/14	64.5%	35.5%
2014/15	62.5%	37.5%
2015/16	56.0%	44.0%
2016/17	61.3%	38.7%
2017/18	57.5%	42.5%

Source: St.Helens Council - Safeguarding Adults Team

**Table 16. Percentage of Alerts by Gender over the last 5 years**

Gender	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Female	62%	64.5%	62%	64.5%	61.8%	62.4%	64.8%	64.9%
Male	38%	35.5%	38%	35.5%	38.2%	37.6%	35.2%	34.1%

Source: St.Helens Council - Safeguarding Adults Team



## 6.5.6 Types of Abuse

Physical abuse has continued to be the most prevalent type of abuse. This includes unintentional harm as a result of medication error and altercations between vulnerable adults who may lack capacity.

The proportion of physical abuse cases has decreased by 6.5% since 2015/16, whereas Domestic Violence cases have increased by 7% in the same 2 year period (11.3% since 2016/17).

There has been a focus on improved accuracy of recording cases over the last year, including staff training and enhancements of the system's recording mechanism. Previously a small number of Domestic Violence abuse cases may have been categorised at Physical abuse, so the latest data provides a more accurate picture, i.e. the increase in domestic violence will be, in part, due to more accurate recording.

**Table 17. Proportion of Abuse cases by Type, 2015 to 2018**

Type of Abuse	2015/16	2016/17	2017/18
Physical	33.5%	32.5%	27.0%
Financial	15%	17%	15%
Psychological	16%	18%	17%
Neglect	16%	15%	14%
Sexual	5%	5%	4%
Discriminatory	0%	0.3%	0%
Organisational	0%	0.5%	0.5%
Sexual Exploitation	0%	0.3%	0%
Domestic Violence	15%	10.3%	22%
Self-Neglect	0%	1%	0.5%
Modern Slavery	0%	0%	0%

Source: St.Helens Council- Safeguarding Adults Team

Safeguarding Adults policy:

[https://www.sthelens.gov.uk/media/3514/1401235\\_st\\_helens\\_safeguarding\\_adults\\_edition\\_april\\_2015.pdf](https://www.sthelens.gov.uk/media/3514/1401235_st_helens_safeguarding_adults_edition_april_2015.pdf)


DV strategy:

<http://moderngov.sthelens.gov.uk/documents/s71823/Appendix%201%20Draft%20DA%20Strategy%20-%2018.1.2018.pdf>

## St.Helens People's Board

### Members:

St.Helens Council  
St Helens Clinical Commissioning Group  
Halton and St.Helens Voluntary and Community Action  
Healthwatch St.Helens  
NHS England  
Torus  
Bridgewater Community Healthcare NHS Trust  
North West Boroughs  
St.Helens and Knowsley Teaching Hospitals NHS Trust  
Merseyside Police  
Merseyside Fire and Rescue

St Helens and Knowsley Teaching Hospitals   
NHS Trust

  
St Helens

  
North West  
Boroughs Healthcare  
NHS Foundation Trust

  
St Helens  
Clinical Commissioning Group

  
Halton & St Helens  
Voluntary and Community Action



Bridgewater Community Healthcare   
NHS Foundation Trust

  
St.Helens  
Council



  
MERSEYSIDE  
POLICE

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