Joint Strategic Needs Assessment for People Over 50

WORKING TOWARDS A PARTNERSHIP OF PURPOSE

Committee *for* Health & Social Care

Contents

Foreword

On the 9th November 2017, the Committee *for* Health & Social Care published 'A Partnership of Purpose: Transforming Bailiwick Health and Care'. This innovative programme of transformation provides a strategic direction for the future provision of Health and Care Services in Guernsey and Alderney. Central to this is a focus on prevention and early intervention.[1]

A critical and enabling foundation to the new model of care was to develop an evidence base from which informed decisions could be taken in respect of the future care and associated services that will be needed by our community. To achieve this, the Committee *for* Health & Social Care directed our local Public Health Services to carry out a suite of Population Needs Assessments to provide them with regular updates on the population's health and care needs. The use of robust local and national evidence will ensure that local services are relevant for our population. The first Joint Strategic Needs Assessment (JSNA), which is the topic of this report, focuses on the health and care needs of people over 50 years of age. From here further programmes will focus on 18 to 50 year olds and then on children and young people (birth to the 18th birthday).

Whilst conducting this JSNA we have not considered the over 50s in a singular fashion. Rather we have considered a life course approach, from age 50 onwards, including those who are active and independent, to those who are frail. Understanding the size, structure and characteristics of our

population is essential to understanding the health and care needs of the over 50s locally. This JSNA provides us with this information.

Using quantitative (what we measure) and qualitative (what we were told) data we have mapped the health and wellbeing of older people in Guernsey and Alderney. We have identified what we are doing, what services we have but need to improve, and where our service gaps are. The output from the process is a list of projects which, if completed successfully, will match our needs with our service provision. Most importantly we must always take the views of the over 50s into account when planning these services.

Enabling older people to remain as healthy and independent as possible was reflected as a priority through our engagement in both Guernsey and Alderney. Here health and care services that are preventative, but also support re-ablement, are key to helping older people remain independent. Enhancing care in the community was identified as a top priority by both Guernsey and Alderney. This included greater social work provision for older people. Other projects included improved data sharing and a focus on frail older people. Social prescribing and the need to address polypharmacy were also thought to be important. In Alderney the accessibility of boats and aeroplanes was raised as a concern, as was the lack of rental properties for health and care staff. Maintaining connectivity was identified as being very important to the over 50s. The need for a centralised voluntary car service in Guernsey, as well as improved signposting to services and activities were identified as key enablers.

Our journey does not end here. The next steps in this process include communicating these results to the different operational and political Committees that comprise the States of Guernsey and Alderney, as well as to interested stakeholder groups. From there an implementation plan for the delivery of the proposed work streams will be developed to move toward matching our needs with our service provision.

We are very grateful to all the stakeholders from Primary and Secondary Care, Community Service providers, the Voluntary Sector and most importantly members of the public, all of whom gave so generously of their time to enable us to map the health and care needs of the over 50s in Guernsey and Alderney.

Deputy Heidi Soulsby
President of the Committee for Health & Social Care

Key Findings

0.31

Is the old age dependency ratio for Guernsey. This means that for every 100 people of working age (between ages 16 and 64), there were 31 older people of dependent age (aged 65 and over). This demographic distribution of Guernsey is typical for a developed nation.

0.68

Is the old age dependency ratio for Alderney; 0.37 higher than the dependency ratio in Guernsey.

81%

of people over the age of 65 years own their homes outright, compared to 7% of under 50s.

13%

of over 50s and 9% of over 65s have a health concern that they have not seen their GP about, compared to 24% of under 50s.

96%

of over 50s kept comfortably warm in their house last winer, compared to 90% of under 50s.

33%

of people over the age of 67 said they would benefit from at least one home adaptation.

80%

of over 65s said they could afford a necessary but unexpected expenditure of £100, compared to 65% of under 50s.

65%

of over 50s and 61% of over 65s described themselves as overweight or obese, compared to 48% of under 50s.

55%

of over 50s eat five or more portions of fruit and vegetables once a day, compared to 44% of under 50s.

8%

of over 65s and 10% of over 50s described themselves as intensely emotionally lonely, compared to 21% of under 50s.

27%

of over 50s and 15% of over 65s described themselves as experiencing large amounts of stress, compared to 45% of under 50s.

23%

of over 65s and 28% of over 50s described themselves as intensely socially lonely, compared to 35% of under 50s.

31%

of deaths are caused by diseases of the circulatory system, followed by cancers (29%).

6%

of over 50s smoke every day, compared to 12% of the under 50s.

30%

of over 50s and 65s regularly volunteer.

62%

of over 50s received the Influenza vaccine which is below the 75% target recommended by Public Health England.

44%

of over 50s and over 65s take part in activities that promote meaning and purpose, comapred to 40% of the under 50s.

27%

of over 50s drink alcohol four or more times per week, compared to 12% of under 50s. But under 50s drink in greater quantities when they do drink.

11%

of over 65s and 10% of over 50s describe themselves as carers to a family member, partner or friend.

What outcomes do the over 50s want?

The over 50s in Guernsey and Alderney are clear what outcomes they would like to see. These views were expressed during this Joint Strategic Needs Assessment and include:

- to stay healthy, active and independent for as long as possible;
- to be valued and respected;
- to have choice and control over how they manage their lives;
- to get access to the best quality care;
- to live how they choose;
- to be supported to manage long term conditions;
- to get more care and support tailored to their needs;
- to have support from professionals with specialist knowledge relevant to them;
- to be helped to be more independent;
- to stay in their own homes whenever it is possible, with customised support;
- to be active and able to get out and about;
- to have the right to continued opportunities for learning;
- to have the right to continued careers advice and flexible employment;
- to regain skills and capacity after an illness or accident; and
- to have financial control or help when required.

What projects do we need to fill the gaps in service provision?

Stakeholders from across Guernsey and Alderney prioritised the projects needed to fill gaps in service provision through a process of community prioritisation. This used a multi-criteria decision matrix and will work toward aligning service delivery with the desired outcomes.

The top five projects identified for Guernsey are to:

- scope the expansion of community services for older people;
- enhance the provision of social work services for older people;
- improve data collection and data sharing across Primary and Secondary Care, as well as with Community and Voluntary Providers;
- establish a community frailty multidisciplinary team assessment panel, to include a frailty intervention team; and
- provide emotional support, together with practical advice and information, for older people at key points of transition in life.

The top 5 projects identified for Alderney are to:

- investigate the development of a comprehensive home care package;
- investigate providing more staff accommodation or more rental properties for health and care staff;
- investigate the provision of greater physiotherapy provision and support on-island;
- develop video conferencing facilities to be more user friendly; and
- improve coordination of appointments in Guernsey.

Introduction

A Joint Strategic Needs Assessment (JSNA) considers the needs of a local population and to what extent those needs are being met, whilst identifying gaps in service provision. It looks at the wider determinants of health, working with health and care providers and the community, voluntary and third sector, to collate experiences and set priorities for collective action. A JSNA is a pillar of decision making which provides a strong base of evidence from which a prioritised list of actions can be formulated.[2, 3]

The proportion of older people in Guernsey and Alderney is increasing. Taking this into account we need to define the current level of need in our population and match this to our current service provision. It is also important to consider the future needs of our population and map this to our projected service needs. Most important is to consider the views of the over 50s and the outcomes they want from the services they require.

This JSNA, the first population-based Needs Assessment to be undertaken in Guernsey and Alderney, focuses on the needs of the over 50s[4] and will be the first in a suite of Needs Assessments to be used for ongoing service planning for our population. This JSNA considers the needs of the over 50s, from those who are active and independent to those who are frail.

We also need to focus on the wider determinants of health. This means better integration of health and care with transport, leisure, planning and housing, ensuring we keep people connected, active, independent and in

their own homes. Fostering strong partnerships between communities and the business and voluntary sector will help to address a range of health challenges, such as depression and frailty. Most importantly, we need to have an environment that supports people in making healthy choices, and that makes these choices easier.

Keeping the over 50s healthy in Guernsey and Alderney is becoming increasingly important, both from an individual and a societal point of view. These individual and societal rationales include:

- health is a basic right of (older) people;
- health is one of the most important predictors of life satisfaction in old age;
- health is a prerequisite for an independent life in old age;
- health is vital to maintaining an acceptable quality of life in older individuals and ensuring the continued contributions of older people to society;
- health is a determinant of economic growth and competitiveness (for example, decreasing the early retirement of older workers); and
- a healthy population reduces health-care spending and lowers the burden on the healthcare system.[5]

This Joint Strategic Needs Assessment maps the current and projected needs of the over 50s with a focus on active and healthy ageing.

Stages of Ageing

Stages of Ageing

The Department of Health's National Service Framework for Older People considers the process of ageing from 50 years.[4] They split this into three main tranches, each with their own range of needs. These are:

Entering old age

People who may have completed their career in paid employment / child rearing. This is a socially constructed definition of old age with these people usually being active and independent. Many may be still working and preparing for a healthy retirement.

Transitional Phase

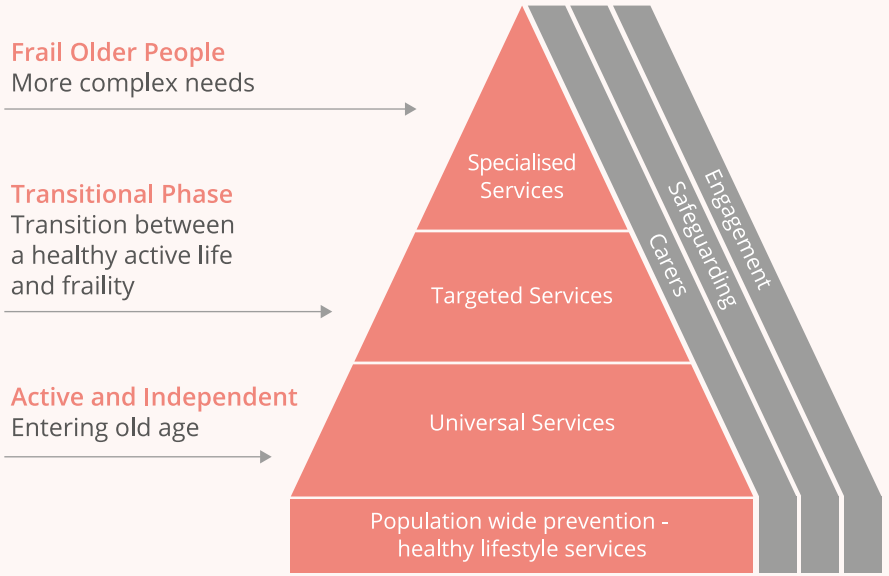
People who are in transition between a healthy and active lifestyle and moving towards frailty. This transition can occur at any stage of older life but usually occurs when people are in their 70s and 80s.

Frail older people

People who are vulnerable as a result of health problems, social care needs or a combination of both. Frailty is often experienced by those in late old age.

**** Throughout this report 'over 50s' indicates people aged 50+ and 'over 65s' indicates people aged 65+***

Figure 1
The Ageing Population [6]



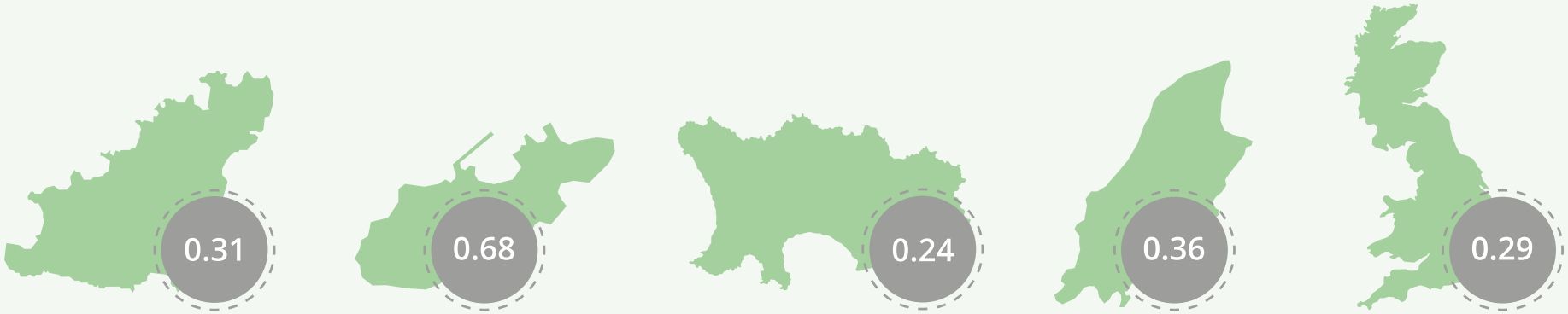
Our Population

Demographics

As of March 2018, Guernsey had a population of 62,307 with over 50s comprising 41.3% of the population, a 4.0% increase since March 2012.[7] The demographic distribution of Guernsey is typical for a developed nation and Guernsey faces similar challenges as other countries, such as the UK, if we do not adequately prepare to match services with increasing demand. This is especially important within health and care whereby people are more likely to require the use of these services as they age.

Alderney, a part of the Bailiwick of Guernsey, is an island of approximately 2000 inhabitants and, as of March 2018, had an old age dependency ratio of 0.68, meaning that for every 100 people of working age (between ages 16 and 64), there were 68 older people of dependent age (aged 65 and over). In March 2018, there were 739 people aged 65 and over living in Alderney.[8] This is higher than the old age dependency ratio in Guernsey, and many other jurisdictions, as displayed in Figure 2.

Figure 2
Old age dependency ratio in Guernsey, Alderney and comparable jurisdictions



Guernsey [7]
Data Published
March 2018

Alderney [8]
Data Published
March 2018

Jersey [9]
Data Published
March 2016

Isle of Man [10]
Data Published
April 2016

UK [11]
Data Published
November 2018

Figures 3 & 4

Age and Sex Distribution in Guernsey and Alderney (as of March 2018) [7]

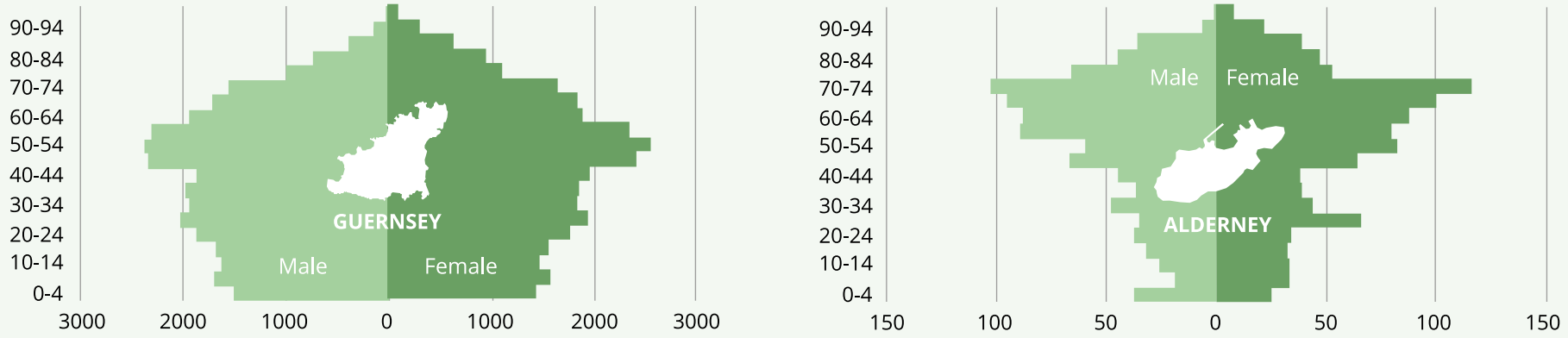
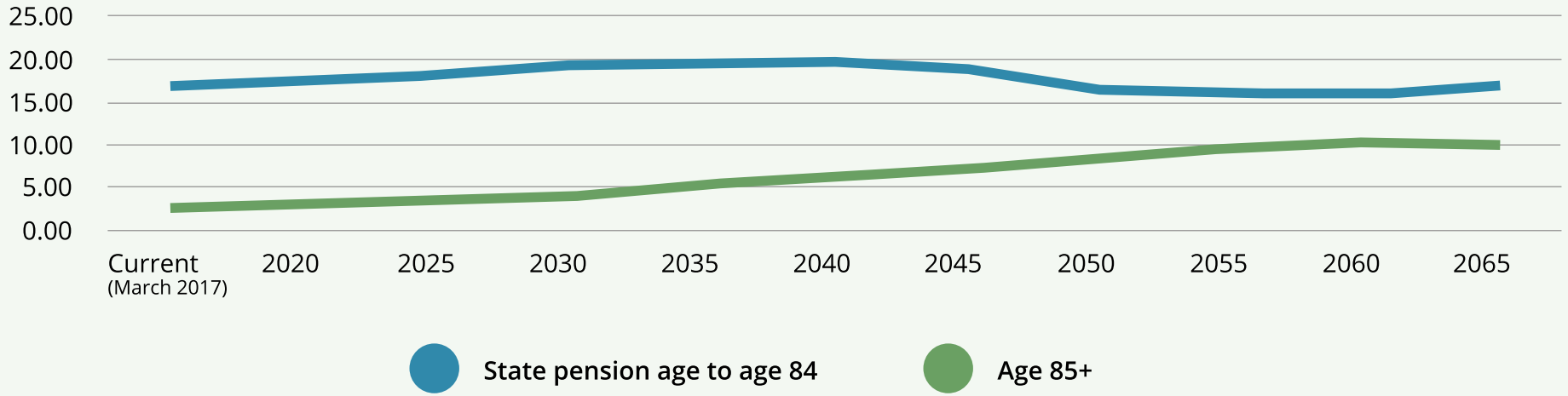


Figure 5

Population projection by age group as proportion of total population in Guernsey (assuming annual net migration of 100 people and fertility rate of 1.6) [7]



Life Expectancy

Life expectancy at birth is defined as the number of years a newborn baby could expect to live should they experience an area's current age-specific mortality rates throughout their lifetime. Similarly, life expectancy at, for example 65, is a measure of how long a person of that age could expect to live if they were to experience the current age and sex specific mortality rates of individuals older than themselves, for a given area.

Overall life expectancy at birth for Guernsey and Alderney residents for the period 2013–2015 was 83.1 years; 81.3 years for males and 84.8 years for females. Life expectancy at 65 was 21.0 years; 19.7 years for males and 22.1 years for females.[7] Data from the Health Profile 2015 showed that life expectancy at birth for Guernsey and Alderney residents was slightly higher than the England average for both males and females, and is in line with estimates for Jersey and for London, Southern and Eastern regions of England; the regions where life expectancy is highest.[12]

Future Needs

Projections up to 2065 indicate a limited change in the total size of the population of the Bailiwick of Guernsey. The population is forecast to increase to a maximum of approximately 64,000 people by 2034, 2.6% larger than the current population.

Beyond this point the population is projected to fall, declining to 59,000 by 2065. The makeup of the population is also projected to change over time. Fertility rates now are much lower than they were in the 1940s, 50s and 60s, so projections show a shift in the balance of the population in different age groups. It is expected that there will be a significant increase in the number of people over State Pension age in years to come. As a result, the dependency ratio, which compares number of children and older people in the community to the number of people between compulsory school age and the state pension age, is projected to rise over time.[7]

Methodology

Project Steering Group

A Project Steering Group was established, consisting of representatives from Primary and Secondary Care, the Community and Voluntary Sector, other States of Guernsey Departments and, most importantly representatives of people over the age of 50 years (Appendix A). This group provided strategic direction and oversaw the governance of the project.

Data Collection

This JSNA used a mixed methodology approach to data collection, using both quantitative and qualitative data.

Qualitative data collection consisted of:

- interviews with key stakeholder groups; and
- interviews with individuals over 50 years of age (Appendix B).

Quantitative data collection consisted of:

- collation of pre-existing data and reports; and
- data from the Wellbeing Survey for Guernsey and Alderney 2018.[13] (Appendix C).

The Guernsey and Alderney Wellbeing Survey 2018 was the prime source for quantitative data.[13] This survey was specifically promoted among hard-to-reach groups and people over the age of 50 years to help inform this JSNA.

Qualitative data was collected from a variety of stakeholders, including Primary and Secondary Care in Guernsey, Community and Voluntary Groups, other States of Guernsey Departments, the Third Sector, representatives from Alderney and, most importantly, from the over 50s themselves.

Stakeholders

Stakeholders were identified through a snowball approach. The project team first wrote an initial list of relevant stakeholders which was then circulated to steering group members, who expanded upon the list, ensuring the appropriate breadth of individuals were engaged with. When interviews took place, stakeholders were asked if there was anyone else who they felt the project team should speak to, so identifying further possible stakeholders.

Over 250 stakeholders, including individuals aged over 50 years of age, were directly engaged with over the duration of the project.
All participants were asked to fill out a consent form which detailed how they wish to be referred to within the body of the report, if quoted. This also made them aware of how their data was going to be stored in line with the Data Protection (Bailiwick of Guernsey) Law, 2017.[14]

Project Output

The output from this process is a list of recommended actions which, if completed successfully, will ensure the best match of needs and service provision for the over 50s in Guernsey and Alderney.

The needs of the over 50s in Alderney were considered separately to ensure that these were clearly identified.

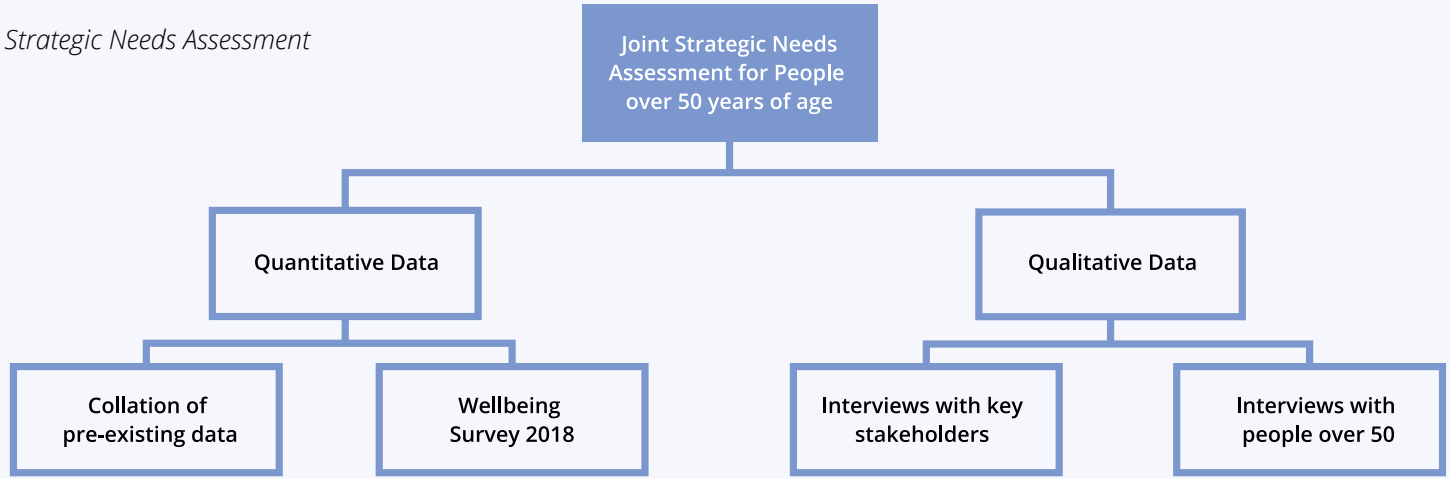
Community Prioritisation

Stakeholders' views, particularly those of the over 50s, are central to this JSNA. To ensure that these were clearly represented, two project prioritisation days took place for the community to prioritise the projects identified through stakeholder engagement. The first was in Alderney on the 23rd November 2018 and the second in Guernsey on the 4th December 2018. A separate Alderney prioritisation day was felt to be most appropriate to ensure that the Alderney voice was clearly represented.

Once potential projects had been identified through interviews with stakeholders, they were split into two categories; urgent and needed. Urgent projects are ones that were either mentioned by the majority of older people, or by many stakeholders with topic-specific technical expertise. Needed projects were mentioned by fewer people but were still required by the community or a specific team. There were 13 urgent and 17 needed Guernsey projects and 10 Alderney-specific projects, for which there was no distinction between urgent and needed.

Both in Alderney and, for the urgent Guernsey Projects, a multi-criteria decision matrix was used to prioritise the projects. Quantitative data was also used to identify need, as well as to 'sense check' the projects identified through qualitative engagement.

Figure 6
Approach to the Joint Strategic Needs Assessment



The Domains of Health and Wellbeing

As part of this JSNA, the health, care and social needs of the over 50s in Guernsey and Alderney across a number of domains were examined, including:

- the wider determinants of health (socioeconomic status, finances, physical environment and social environment);
- lifestyle and healthy living;
- physical and mental health;
- immunisation and screening;
- community; and
- communication.

Figure 7
The Domains of Health and Wellbeing

The Wider Determinants of Health

The wider determinants of health and wellbeing include:

- socioeconomic status and finances;
- physical environment; and
- social environment.

These will now be examined in detail in relation to the over 50s living in of Guernsey and Alderney.

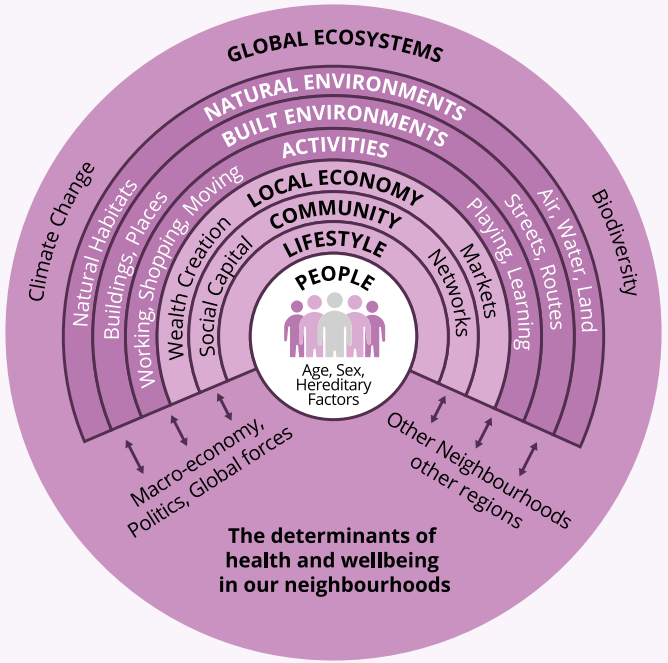


Figure 8
The Wider Determinants of Health [15]

Transport

Transport is a theme that was raised in almost every interview with the over 50s and many other stakeholders across health and care providers, including the community and voluntary sector.

The availability of affordable and accessible transport is essential for maintaining health and wellbeing. The ability to attend social events, clubs and activities, and not just medical appointments, is something many older people report that they are struggling to do. If the feasibility (either through cost or personal circumstances) to have one's own transport becomes untenable, the availability of other means to get around becomes vital. Whilst many people reported receiving help from family or friends, maintaining independence without need to 'bother' other people was valued highly.

The need for a centralised voluntary transport service, that not only serves to take people to appointments, but also to social events, was suggested as a service that could positively impact on the lives of older people. Stakeholders from Alderney and Sark reported that they would value access to a voluntary car service that could pick them up at the airport or harbour and take them to their medical appointments. Some reported that they could not afford the cost of a taxi, but felt too unwell to use public transport.

Not only is running a car considered expensive by many of those interviewed, the costs of medical fitness assessments were considered very high in view of these needing to be repeated more frequently with age. A Driving Licence Medical with a GP costs £62.20-£65 and a fitness to drive report around £32. Currently a charity Guernsey DriveAbility offers assessments on island for those who are referred or are unsure of their safety driving which costs £250. A comparative assessment in Southampton costs £95 with Wessex DriveAbility.[16,17]

Stakeholders reported that they felt that buses should also continue to improve their accessibility, whilst appreciating changes that have already been made. More work is needed to ensure the messages about bus accessibility, such as 'unseen disability' cards, are well known and recognisable by members of the public. The recognition of the central role of secure and accessible public transport was highlighted in data provided by the Traffic and Highways Service where over 500 special assistance disability cards are being used on the buses and the number of bus journeys taken by over 65s has been rising with a 12.4% increase since 2016 to 247,480 journeys in 2018.[18] Of 221 disabled people aged over 67, 12% said they had difficulty using public or private transport.[19]

'Driving is so important to me, I would become very isolated if I wasn't allowed to drive anywhere, and I don't like the idea of relying on friends and family to get to my activity groups'

'I'd love it if there was one voluntary car service. There are lots of different voluntary cars but it's often confusing what each one can take me to. It would make sense for them all to work together'

Information from the Wellbeing Survey 2018 showed that in the region of 1 in 3 people over 65 had been prevented from travelling because of a lack of transport. Of the over 65s, 11% felt unable to walk safely for fear of falling, lack of pavements or road traffic, compared to 7% of under 50s. Women aged over 50 were twice as likely to feel unable to walk safely compared to men.[13] A total of 16% said that they had been prevented from getting where they needed to due to unsuitable bus routes or timings.[13]

Housing

Self-reported data from the Wellbeing Survey 2018 showed that 81% of over 65s owned their homes outright, compared to 63% of over 50s and only 7% of under 50s. Rental properties account for 5% in the over 65s, with the remaining living in social housing, extra care housing, cohabiting with family or friends or living in residential or nursing homes.[3] Of those aged 50+ receiving domiciliary care, less than 10% receive supplementary benefit and less than 5% receive carer's allowance.[20]

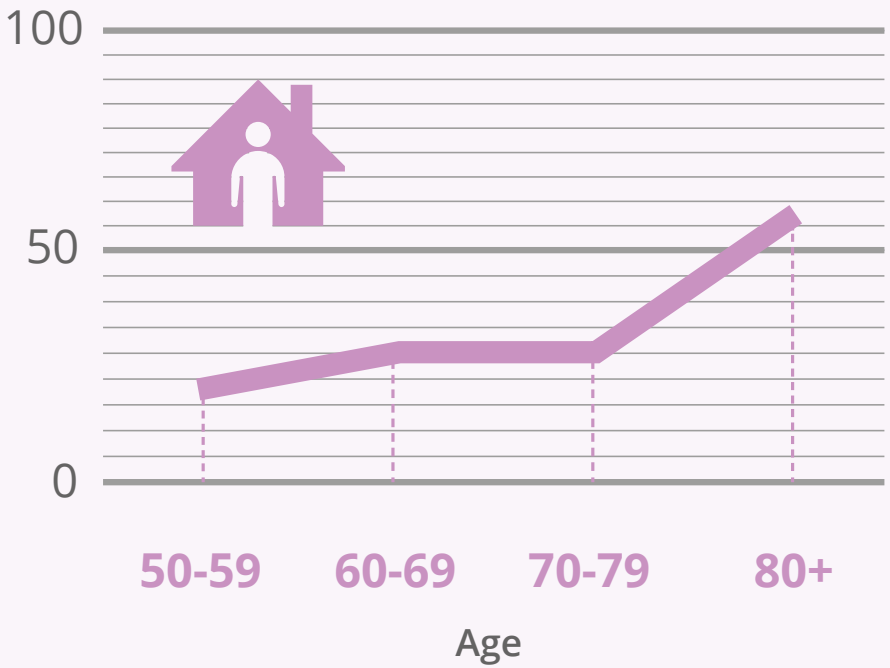
The percentage of people living in a single person household increases with age as illustrated in Figure 9.[13] During interviews with stakeholders many older people felt 'property rich but cash poor' and this caused issues for many care providers. Some were living in homes which have been family homes for generations but have not been modernised and are expensive to maintain and heat. There is a perceived lack of affordable options to down size to, or methods of releasing equity but maintaining ownership and life enjoyment. The impact on finances is significant and can affect the ability of people to access primary care medical services, dental care, opticians, and also the ability to fund activities and transport.

The distress caused by moving at an older age was expressed by many. For those in times of transition, such as after bereavement, a move necessitated by finances or other circumstances was especially distressing when also coping with loss. In the Disability Needs Survey 2012, 1 in 3 people over the age of 67 said they would benefit from at least one home adaptation, so enabling them to live at home.[19] Many older people interviewed expressed a desire to stay in their own homes. This was supported by the Community Care Teams who reported more people coming out of care settings and returning to their own homes or other appropriate housing. Stakeholders expressed the view that the process of assessment for care and housing, should be able to adapt to the changes in the needs and choices of older people. The over 50s reported that planning applications were unnecessarily complicated and bureaucratic, as well as being too expensive.

'I want to change the bathroom so my wife can stay home longer but the costs of plans makes it too expensive'

Older people in the Bailiwick suggested that an increased housing provision through social housing, greater opportunities for downsizing and equity release options would be beneficial. The Housing Department have consolidated waiting lists and, although the lists are not segregated by age, there are 139 new and existing tenants waiting for one bedroomed housing and, as 81 of these require ground floor or level access, it is likely many of these are older people. Stakeholders expressed the view that new builds should be fully accessible, future-proofing the building for long-term use and reducing the need for costly adaptations later on. Even in our existing extra care housing some of our older people are limited by a number of factors. For people with communication difficulties the

Figure 9
Percentage of people living in a single person household [13]



entrance buzzers are not helpful, as are emergency lift phones, so some people avoid having visitors or going in a lift unaided. The Occupational Therapists, Physiotherapists, Speech and Language Therapists and other key professionals reported that they are keen to be involved in any new developments or adaptations to improve accessibility and assist with future-proofing. The housing requirements of older people need to be established to ensure housing developments reflect the needs of our ageing population.

Exploring the benefits of inter-generational living was raised by stakeholders. In some countries younger people and families are housed in and amongst older people. In Holland, a project to allow students free accommodation in return for a few hours a week spending time with the older people in the residential complex in which they live has been very successful, socially for old and young, as well as financially for younger people.[21] This is an option which, with the relevant checks in place, could support keyworkers and younger people locally. Alternatives included supporting children or other family members to adapt their homes to provide housing for older relatives. Stakeholders expressed the view that inter-generational living should be the norm in Guernsey.

Finances

Self-reported household income, using data from the Wellbeing Survey 2018, indicated that 29% of over 65s had a total gross household income of less than £20,000, falling to 6% in the under 50s.[13]

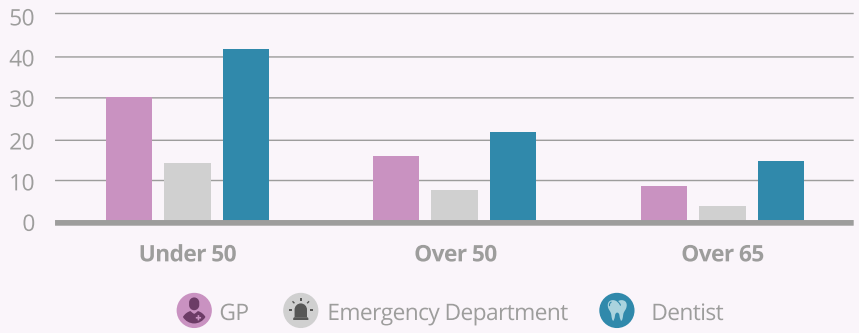
Of note is that almost 75% of over 65s felt financially better off when compared to 12 months ago. 80% of over 65s also said that they could afford a necessary, but unexpected, expenditure of over £100 with 59% saying that they could afford a similar expenditure of £1000. Financial barriers to accessing healthcare were also a less of a problem in the over 50s compared to the under 50s, although 13% of those over 50 and 9% of over 65s have a health concern they have not seen the GP about. People are less likely to have a health concern they have not seen a GP about as the household income rises, suggesting cost is a barrier to accessing primary care services.[13]

Older people face unique financial challenges as they need to manage financial resources over their entire retirement. They have to balance the need to make ends meet day to day, whilst preparing and managing expenditure related to life events such as ill health or care, which are often unexpected. Financial literacy among older people is important for many aspects of life including completing forms such as a tax returns, understanding the legal costs of drawing up or amending a will or claiming for state benefits. Data from the Citizens Advice Bureau found that 68% of calls from the over 65s concerned administration of financial matters such as wills and dealing with the estate and 7.8% were searching for advice and information regarding state benefits.[22] Of those aged 50+ receiving domiciliary care, less than 10% receive supplementary benefit and less than 5% receive carer's allowance.[20]

Local data also shows that 96% of over 50s and 92% of under 50s kept comfortably warm in at least one room in their house last winter.[13] In 2017, 111 pensioners were assisted with their fuel bills, with a charity paying out a total of £15,449.37 which, as well as paying for fuel, was utilised to improve energy efficiency of homes through activities such as fixing windows. Of these 29 were new applicants.[23]

'It was really hard when I first had to live alone. I had to use capital to afford to live and have had to downsize to do that, I really resent it as I loved my home.'

Figure 10
Percentage of people where cost has prevented access to any of the following in the last 12 months[13]



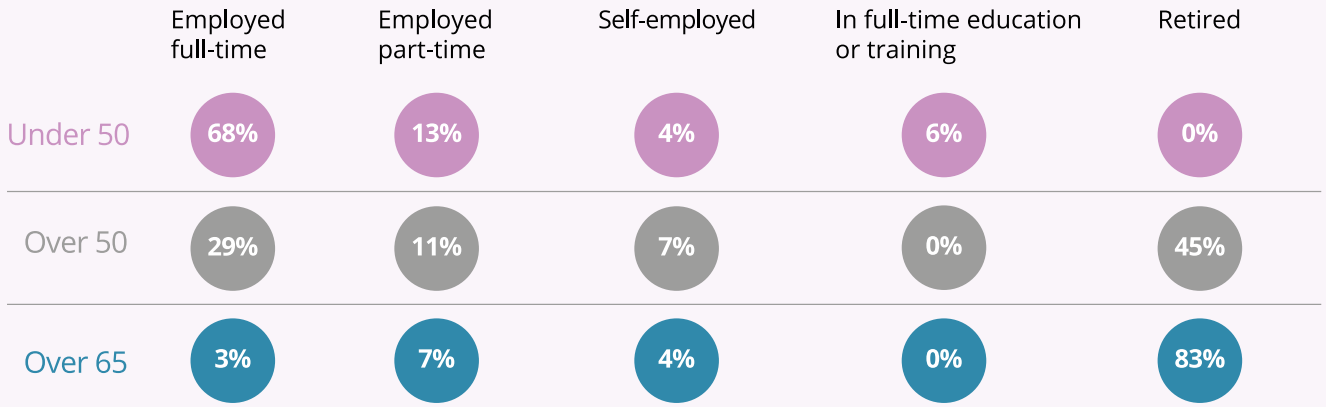
Employment

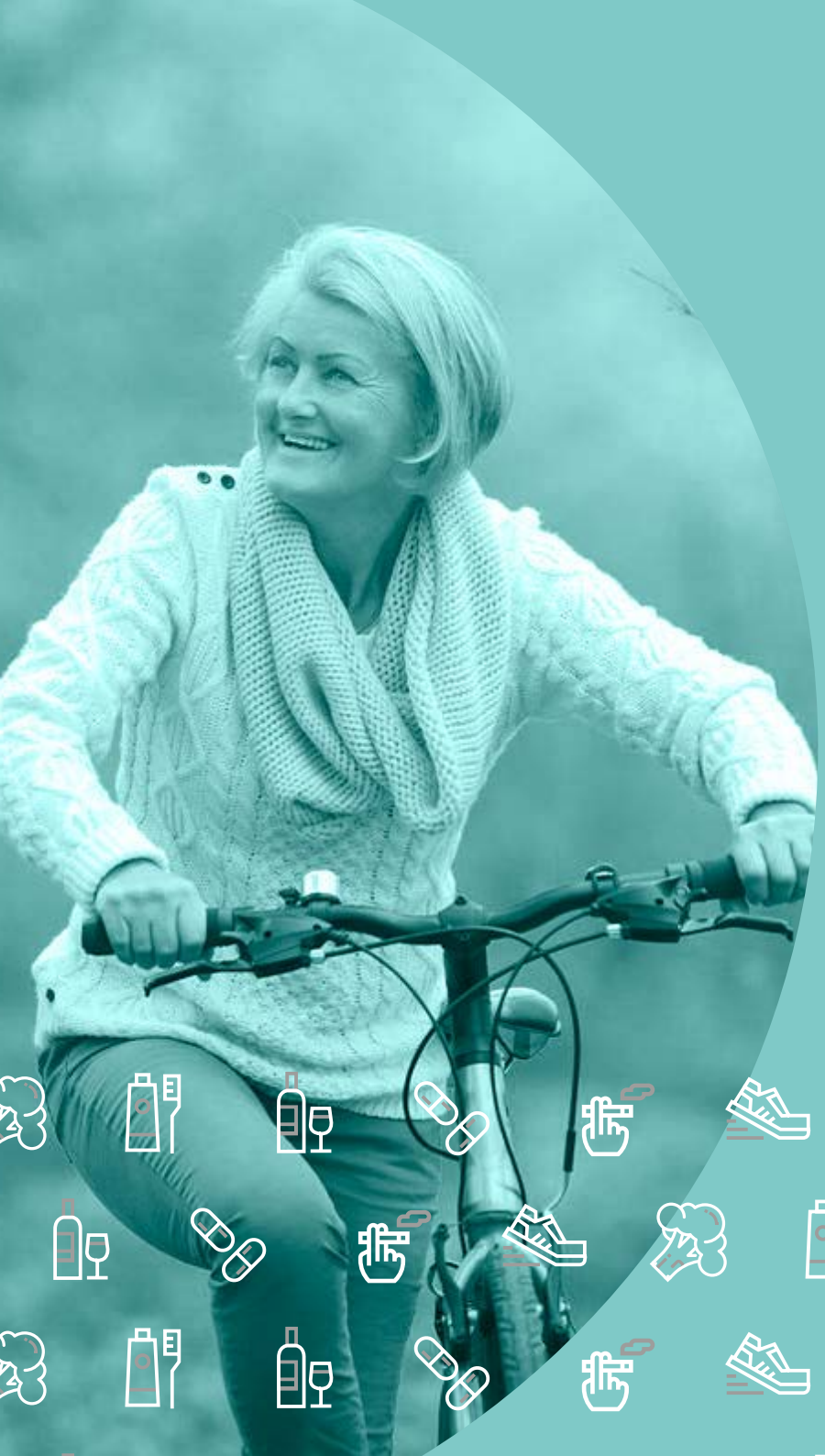
Working opportunities are important for physical and mental wellbeing as well as contributing to the economy of Guernsey and Alderney. Employment over the age of 50 is becoming increasingly important as the State Pension Age rises. However it is predicted that in spite of this, the number of working age people as a proportion of the population will reduce.[24] People may choose to continue working if they need or want to, but the islands also benefit from the considerable experience and skills the people over 50 have.

Options for retraining and part-time or flexible working are essential to maximise the potential of the workforce. People over 50 who were interviewed wanted to see that contribution to society recognised, both through paid employment and voluntary work. Evidence from the Guernsey Annual Electronic Census Report showed that of the 31,210 people that are working in Guernsey in September 2018, 817 were over 65 years old, either directly employed or self-employed.[7] Results from the Wellbeing Survey 2018 showed that although 83% of over 65s described themselves as retired, 3% were employed full time, 7% part time and 4% were self-employed.

Currently there are no States of Guernsey funded grants for older people. It was suggested that perhaps in future islanders could hold a lifetime credit for learning and opt to use this at any stage to retrain. The Committee *for* Employment & Social Security assists in retraining and guidance on alternative careers. A new charity, Bright Futures LBG, was launched in June 2018. It also aims to provide support for lifelong learning by removing funding barriers, providing careers advice and mapping for all ages. The aim is to produce a Skills Gap Analysis Report for Guernsey.[25] It is likely that the future of employment will focus on developing a portfolio of careers rather than long term employment in a single career. This is particularly important for intensely physical jobs which may become more difficult in later life.

Figure 11
Employment and Age[13]





Lifestyle and Healthy Living

Nutrition and Healthy Weight

Nutrition is the process of obtaining the food necessary for both health and growth, with good nutrition preventing a plethora of diseases such as cancer and cardiovascular disease.

As well as over-nutrition, malnutrition can be particularly problematic for older people, with malnutrition known to affect 30% of UK adults admitted to hospital, [26] 35% of adults admitted to care homes, 18% of adults admitted to mental health units [27] and 10% of adults visiting their GP. [28] As the population ages, the proportion of people with malnutrition is expected to rise. Malnutrition is associated with increased risk of infections, reduced wound healing and longer hospital stays. [29]

Currently Guernsey and Alderney's hospital care setting uses the screening tool 'MUST' to follow The National Institute for Health and Care Excellence (NICE) quality standard for nutrition support in adults. This is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. [30] This tool is recommended for use in community and hospital settings and ideally could be utilised by any care provider and actioned through defined care pathways. Implementation of the MUST tool has been shown to be effective at reducing the prevalence of malnutrition. [31]

A good nutritious diet containing protein, iron, fibre, folate, omega 3 oils, vitamin C, vitamin D and hydration should be standard. However, there are concerns that there is a tendency to offer low nutrient quality menus for older people. Data from qualitative interviews illustrated that many social activities include tea or coffee with cake or biscuits, with older people interviewed stating that, as well as preferring to do their own shopping and choose what they eat, they would also like healthier meals and snacks.

'I would like to do my own shopping, rather than have it done for me. This gets me out of the house'.

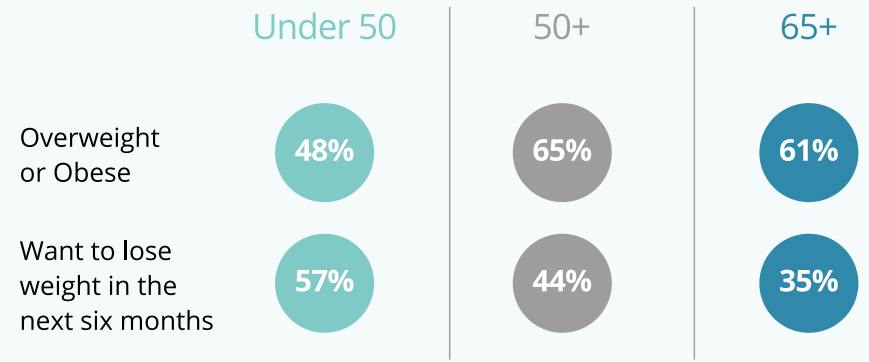
Stakeholders reported, however, that older people with limited mobility will be less able to shop for food and prepare meals. Assistance with transport to shops through a free voluntary car service, seating within shops and perhaps help to prepare meals in the home was suggested as possible solutions.

Data from the Wellbeing survey indicated that 65% of over 50s and 61% of over 65s self-reported as being overweight or obese, the majority of whom were men. Of these, over a third expressed the desire to lose weight. Of the over 50s, 55% (compared to 44% of the under 50s) ate five or more portions of fruit and vegetables each day. The greater household income the more likely over 50s are to eat five or more portions of fruit and vegetables a day.[13]

Older people are supported through the Nutrition and Dietetic Service who have 4550 contacts with service users annually, the majority of whom are in-patients at the Princess Elizabeth Hospital and most are over 50 years of age. [32] The Guernsey Voluntary Service provides 23,000 meals on wheels a year. This has reduced from 26,000 as more people attend Day Centres and may have a meal at these centres. [33]

Nutrition is also very important in older people with chronic conditions Here assessment of the person's ability to swallow is critical. For more complex swallowing problems, a speech and language therapist can refer an individual for a video fluoroscopy. This is where a person's swallow is observed through an x-ray. At present patients are required to stand up as there is no suitable chair for use locally, but many conditions that cause difficulties in swallowing, such as a stroke, also cause difficulties in standing. There is a need to provide a suitable video-fluoroscopy chair so people can sit whilst this procedure is carried out.

Figure 12
Self-reported rates of overweight and obesity[13]



Oral Health

Oral health depends on hygiene, but also methods to reduce dietary sugar intake, slow down plaque build-up, and support saliva production in older people.

Currently in Guernsey and Alderney, oral health care is provided by private dental practices. Stakeholders expressed a concern with regard to the cost of dental care. Evidence of cost as a barrier to accessing dentistry care also came from the Wellbeing Survey 2018 where 22% of those over 50 and 15% of those over 65 had been prevented from visiting the dentist due to cost.[13]

A simple solution to improve oral health in older people living in nursing homes was suggested by a local dentist. This involved training care workers in tooth brushing techniques, augmented by the use of a high fluoride toothpaste. This would impact on physical and mental wellbeing by reducing pain, encouraging good nutrition and improving communication.

Physical Activity

Physical activity can improve health and reduce risk of type 2 diabetes, cancer and cardiovascular disease and greatly improve mental health and wellbeing. For most people, the easiest way to increase physical activity is by incorporating it into everyday life, such as walking or cycling instead of travelling by car.

Again, the willingness of the over 50s to change their lifestyle was identified in the Wellbeing Survey 2018 which demonstrated that 43% of over 50s and 33% of over 65s would like to do more physical exercise or activities.[13] This was supported by interviews with older people who expressed an interest in physical activity and exercise and noted that it also provided opportunities to meet new people.

Physical activity is also important for rehabilitation purposes. Currently there are free six-week courses after a fall or cardiac event. However, after this initial six-week period, there are few easily accessible services, with older people stating that even a small fee can be a barrier to accessing activities, again highlighting issues of affordability.

For older people who do not feel able to regularly take such vigorous or moderate exercise it is important to break up long periods of sitting with light activity. In both Guernsey and Alderney there are regular walking groups which, as well as providing light exercise, also provide social interaction with most walkers joining together for a drink after the walk. However, accessibility to the groups could be improved, with many older people saying that for those who do not drive getting to and from the walks can be challenging.

'I really enjoying doing the walks, it gets me out of the house and I've made new friends. It's a great way to socialise.'

Drugs and Alcohol

Data from the Wellbeing Survey 2018 showed that 27% of people over 50 drink four or more times a week compared to only 12% of under 50s. However, although those who are over 50 years old drink more often, when people aged under 50 years drink, they tend to drink alcohol in greater quantities or 'binge drink'. Again, the desire to change was identified in some over 50s with 10% wanting to drink less alcohol in the next six months.[13]

Drug and alcohol misuse contribute significantly to the health, social and economic costs of our community. This includes the impact on illness, injury, crime, violence and anti-social behaviour, as well as family and relationship breakdown.

Of note is that substance misuse in the over 50s is often underdiagnosed, misdiagnosed, undertreated or untreated. Symptoms may, instead, be attributed to dementia/Alzheimer's disease, depression or other problems common among older adults. In fact, substance misuse in the over 50s has been referred to as the 'invisible epidemic' as prevalence studies have focused mainly on younger people. It has also been suggested that older adults are more likely to hide their substance misuse problems and are less likely to ask for help than younger adults.[34]

Data from the Emergency Department at the Princess Elizabeth Hospital showed that of a total of 16,413 Emergency Department attendances in 2017, 2.4% were thought to be alcohol-related, similar to the UK.[35, 36] Almost a third of these suspected alcohol-related admissions occurred in individuals over 50 years of age and, of these, just over two thirds were in men.[35] Information from the Mignot Memorial Hospital in Alderney showed that 3.6% of admissions were thought to be drug or alcohol related.[37]

In relation to drug use, the over 50s are far less likely than under 50s to have used cannabis in the last year at 0-1%, compared to 11% of under 50s.[13]

Looking at patterns of substance misuse, the Community Drug and Alcohol Team are more likely to see clients under 50 years of age in relation to drug misuse, whereas those over 50 years of age are more likely to attend for alcohol misuse.[38]

Smoking

The smoking prevalence in the adult population in Guernsey and Alderney is 13%, a figure that is lower than in Jersey and England (16% and 15.8% respectively).[39, 40, 41] Data from the Wellbeing Survey 2018 showed that 6% of over 50s and 5% of over 65s identified themselves as smoking every day, compared to 12% of under 50s. Over 50s are less likely to use e-cigarettes than under 50s.[13]

Although premature death from cardiovascular disease has decreased, diseases of the circulatory system are still our top cause of death, accounting for 31% of deaths in the 35+ age group.[12] Of the total deaths in individuals aged over 35 years, 16% were attributable to tobacco smoking.[12] Evidence from the UK suggests that the provision of smoking cessation services for older people should ensure that older smokers are not missing out on smoking cessation therapies and the health benefits of cessation at older ages.[42] This is supported by local data which showed that 3% of over 50s and 2% of over 65s would like to give up smoking tobacco, illustrating a small local pocket of need.[13] Local smoking cessation services and healthcare practitioners alike need to specifically consider asking older people if they would like to stop smoking and provide appropriate support, if indicated.

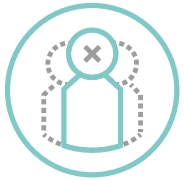
Sexual Health

Many people over 50 were born into the 'baby boom' generation which was a time of immense social change with more liberal attitudes towards sex.

Population rates for new sexually transmitted infections (STIs) diagnoses are published by Public Health England and demonstrate that diagnoses have risen by more than a third over the last decade.[43] There is a concern that this may represent an underestimate of the true prevalence as older people may be unwilling to seek treatment. In addition, changing social patterns may have contributed to the relative increase in STIs seen among people over 50. Rising divorce rates among the over 40s mean that older people may find themselves having sex with new partners.[44]

This trend is mirrored in Guernsey where the local genitourinary medicine clinic (the Orchard Centre) saw a doubling of over 50s attending the service over a 10-year period. The ageing demographic is reflected locally with 42% of people living with HIV in Guernsey and Alderney now being over 50 years of age. This compares to 25% in 2008.[45]

Older people's sexuality is often ignored or marginalised. Local services need to continue to promote a positive attitude towards older people's relationships and sexuality, ensuring that they are able to access appropriate sexual health advice, support and services.



Transitional Periods and Loneliness

Transitional Periods

Many stakeholders interviewed as part of the JSNA have suggested that support during periods of transition, for example through life coaching, may be beneficial. This may provide emotional support, together with practical advice and information, for older people at key point of transition.

These may include:

Those recently retired or preparing for retirement:

Many recently retired people said they had not been adequately prepared for their retirement, with some stakeholders suggesting a booklet of information to be sent to individuals on reaching their State Pension age informing them on topics such as their pension, local activity groups, educational courses or charitable organisations they may wish to be involved with. There are currently few courses for employees to prepare themselves for retirement. Employers should be encouraged to send employees on pre-retirement courses to provide information about practicalities such as pensions, but also how to live a healthy and active retirement.

When moving into care

Despite many people now preferring to stay in their own homes for as long as possible, when people do need to move into residential or nursing care stakeholders discussed how stressful the transition can be, particularly for couples who are separated due to differing care needs. The cost of care was a challenge for many families, with some anecdotally mentioning allowing their physical health to decline in order to be reunited with their partner. Such unintended consequences of moving into care are being discussed as part of the Supported Living and Ageing Well Strategy.[46]

Another complication of moving into care is the cost of continence products which are not covered through care costs. Family members may lose their carer's allowance when their partner moves into care, but still need to pay for these products. Stakeholders also struggled to know what care was available and where to find practical information relating to the transition of moving from their homes into care. Carers also expressed how they struggle once their partner has gone into care as they no longer spend as much of their time looking after them and can find the transition particularly challenging as they attempt to rebuild friendships and hobbies.

Bereavement

The experience of bereavement was highlighted by many stakeholders, particularly those who had been carers. The practicalities of not knowing what to do when a close family member died was discussed by many, with data from the Citizens Advice Bureau indicating that 4.4% of calls were directly related to bereavement and 68% to administration, including wills, arrangements before and after death and how to deal with an estate after a death.[22] This suggests that a gap in the availability of practical information for those experiencing a bereavement.

Some older people, who had been carers, found support amongst the carers' groups after experiencing a bereavement. This was highly valued. However, others reported that it was also a time of isolation and painful transition. At the time of bereavement, many carers reported that their lives had been so consumed by caring activities that they had lost friends, given up hobbies and interests so at the time of loss were suddenly left with a void in their lives. Some of these feelings were also present if a relative was taken into residential care, with the feeling of loss experienced being profound.

'Without my friends in this group I would have killed myself by now, they keep me going.'

'It was really hard when I first had to live alone. I had to use capital to afford to live and have had to downsize to do that, I really resent it as I loved my home.'

Loneliness

In Guernsey and Alderney, the Wellbeing Survey revealed that 11% of people over 50 are 'often' or 'always' lonely.[13] This is in line with studies from the UK, which suggest that 5–16% of the older population are lonely. Research has shown that loneliness and social isolation are as harmful to our health as smoking 15 cigarettes a day.[47] Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill.[48]

Stakeholders in Guernsey and Alderney spoke of times of transitions in life, for example going into care, losing a loved one or retirement, as particularly challenging. Whilst many people found support from family, there were others with no close relationships who struggled and found support groups invaluable. Many housebound older people described the radio or TV as their only company, sometimes speaking infrequently to a friend or visitor. Actions such as improving transport, volunteer befriending and local social activities, would all help tackle this issue.

The Wellbeing Survey 2018 uses the De Jong Gierveld Loneliness Scale as a tool to measure loneliness. This tool uses a combination of questions to assess both emotional and social loneliness. Over 65s and over 50s scored more favourable results than under 50s using this tool to assess loneliness. However, results from older people indicated that they were more

socially than emotionally lonely, with 23% of over 65s scoring themselves as intensely socially lonely with 8% scoring themselves as intensely emotionally lonely.[13]

Community initiatives such as the 'Meet your Neighbour' scheme, sponsored by the Co-Operative, Guernsey Press and Guernsey Post aims to break the silence of loneliness, giving people a sense of purpose and belonging. This should also help in reducing the prevalence of loneliness within the community by creating greater community cohesion.

Those with a hearing impairment felt that they could easily become lonely without the right support as their ability to communicate effectively deteriorates. Hearing aids are often very expensive with some struggling to cover the costs of a hearing aid that is suitable to address sometimes complex hearing problems. Replacing hearing aids at the correct time can also be expensive as some may have to be replaced as often as every 3-5 years as hearing gradually becomes worse with age. Stakeholders reported that cost could act as a disincentive to replacing a hearing aid, so increasing the risk of social and emotional isolation.

'I was finding it difficult to speak to my friends and couldn't have proper conversations. Now I've got a hearing aid that works for me, I can get much more involved and be more sociable'

Abuse and Exploitation

Abuse and exploitation can occur in various forms and includes, but is not limited to, psychological, physical, sexual, financial and emotional abuse.

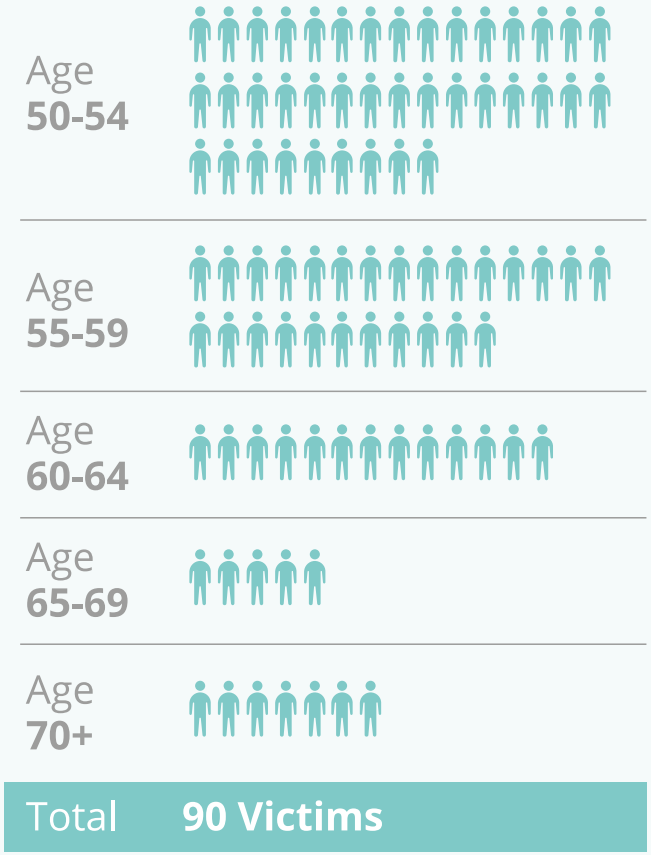
Data from the States of Guernsey Domestic Abuse Strategy showed that, in 2017, of the 619 calls to the Joint Emergency Control Centre in relation to domestic abuse, in almost one fifth of cases the victim was over 50 years of age.[49] This is almost certainly an underestimate, reflecting the reality of living in a small island with a close knit community. Furthermore, the Independent Domestic Violence Service supported 13 clients who were aged 50 or over in 2017. Females make up the majority of cases, although male victims generally make up around 4 - 7% of cases. Of note is minimal training for key service user-facing staff in relation to the recognition of, and response to, domestic abuse, which was identified as a service gap.

Many older people we spoke with during this research stated that they were worried or concerned about being scammed. For older people not using the internet this was a source of anxiety and a reason why many chose not to use the internet. However, people can become a target for fraud through many other avenues, including telephone and postal marketing, door to door salespeople, pension and romance scams.

There is limited local data on fraud in relation to older people, particularly as victims may often be reluctant to come forward due to embarrassment. In 2017 Action Fraud UK reported 72 online reports from 'Guernsey' victims, however it is unclear how many of these reports were made by people over 50.[51] Currently the States of Guernsey Library Services and the Digital Greenhouse are providing opportunities for older people to increase their knowledge on how to avoid being defrauded. This has been augmented by the Guernsey Police promoting general public awareness on this topic.

Another form of abuse is when a power of attorney or guardianship is abused. There have been situations known to services where the family of a vulnerable person has refused access to the funds for care, such as a GP visit or denture repairs, with a view to protect their inheritance. In England, concerns about the actions of an individual who holds a power of attorney can be referred to the Office of the Public Guardian who will then instigate an investigation. A similar process in Guernsey would be beneficial.[52]

Figure 13
Breakdown of domestic abuse victims over the age of 50 in 2017 [50]



Behaviour Change

Positively, a significant number of the over 50s expressed willingness to change and make healthier choices, particularly in relation to eating more healthily, losing weight and doing more physical exercise or activities.[13]

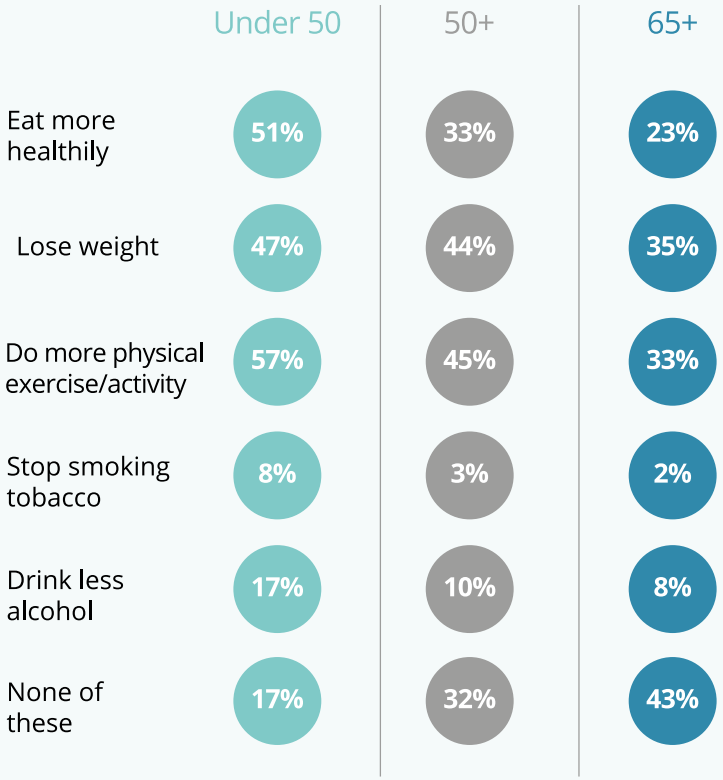
Stakeholders were generally aware of the importance of making healthy choices in relation to their diet, but wanted improved access to healthy choices, for example with the provision of healthy snacks at the day centres. Although only a minority of over 50s and over 65s indicated that they wished to stop smoking tobacco, it is important that smoking cessation support is offered to this group, when appropriate, as stopping smoking can have significant health benefits, even at an older age. Older people should not be considered 'beyond help' when planning and delivering smoking cessation services.

'I go to the day centre 3 mornings a week. I'm trying to lose a bit of weight and eat healthier but there's always cakes and biscuits available and not many healthy options'

The Wellbeing Survey 2018 asked people if they would like to make any lifestyle changes. The results are illustrated in Figure 14.[13]

Figure 14
Lifestyle changes

Which, if any, of the following changes to your lifestyle do you intend to make in the next six months [13]



Social Prescribing

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way, not simply by medical interventions.

Social prescribing enables health professionals to refer people to a range of local non-clinical services, which can impact positively on their mental and physical wellbeing, and aligns with the design principles of the Partnership of Purpose. These include a partnership approach, with a focus on prevention and early intervention and the delivery of user centred care.[1] There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support. Stakeholders were of the view that this would be beneficial locally. The need to identify specific funding streams to allow social prescribing to be integrated into health and care pathways was highlighted.

Social prescribing is designed to support people with social, emotional or practical needs.[53] Although measuring impact can be challenging, there are success stories from around Guernsey, including access to activities such as mindfulness basics, gardening, walking, Singing for Health, Tai Chi, Arts for Impact and yoga. [54, 55] Many stakeholders who were interviewed expressed a desire for these services to be expanded and further embedded into the community. Older people in Guernsey and Alderney also appreciated existing services, but expressed the need for clear signposting to these activities.

Physical and Mental Health

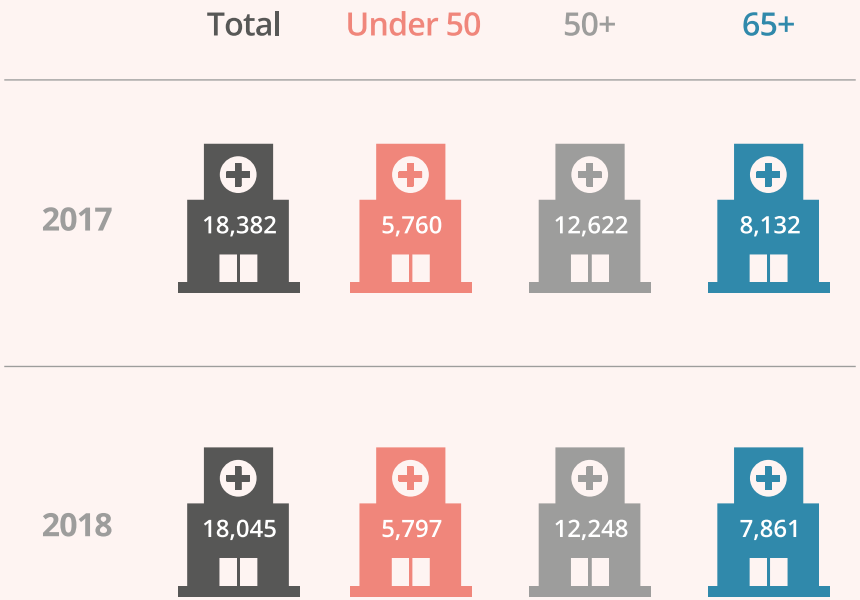
Health and Care provision in the Bailiwick

There are three GP practices in Guernsey, with services available 8h00 to 18h30 and collaborative out of hours cover located at the Princess Elizabeth Hospital. There is a fee associated with this consultation paid either by insurance or privately, with some older people receiving assistance from the States of Guernsey. GP practices may also provide, for example, osteopathy, chiropody, acupuncture and specialist ear microsuction services. Service users will usually pay for these services.

Access to radiology from Primary Care is free for patients. Many pathology tests are provided free by the States of Guernsey, but the patient will usually have to pay to have a blood sample taken.

Secondary Care is provided by consultants working for both the Medical Specialist Group and Health and Social Care, providing a comprehensive portfolio of Secondary Care Services. Closer integration between these two groups of doctors in recent years has been beneficial to enhancing services offered to older people. Consultant medical care provision for older people is through three consultant geriatricians with an interest in rehabilitation, stroke and post-acute orthogeriatric care and movement disorders. There is multidisciplinary input which includes rehabilitation and physiotherapy, stroke physiotherapy and occupational therapy provision. The need for multidisciplinary input for frailty was, however, identified as a need.

Figure 15
Admissions to the Princess Elizabeth Hospital in 2017 and 2018 [56]



Self-Perceived Health

Care of the elderly is delivered across a number of sites across Guernsey and Alderney. In-patient services are provided by the Princess Elizabeth Hospital, primarily from two long stay wards, with follow-up outpatient services kept to a minimum with a one-stop multi-disciplinary appointment. Older adults with dementia are supported by the Older Adult Mental Health Team and the Memory Clinic. This includes in-patient services located in the Lighthouse Wards, as well as providing community-based care.

Specialist nurses, directly employed by Health and Social Care support older people in, for example, diabetes care, incontinence issues and tissue viability. The Rapid Response team provides short term crisis care for up to two weeks. This is a nurse-led team, which supports people through packages of care at home, with some physiotherapy and occupational therapy and geriatric involvement, thus reducing the need for hospital admission. However, it was apparent that both the Rapid Response team and domiciliary care services are overwhelmed and there is a unanimous view from stakeholders that community care is insufficient.

Respondents to the Wellbeing Survey 2018 were asked how they rated their health in general with response options 'very good', 'good', 'fair', 'bad' or 'very bad'. 76% of respondents rated their health as 'good' or 'very good' with only 4% of respondents over all ages describing their health as 'bad' or 'very bad'.

These self-reported health figures suggest that although long-term conditions are relatively common, they need not automatically cause people to define their health as poor.[13]

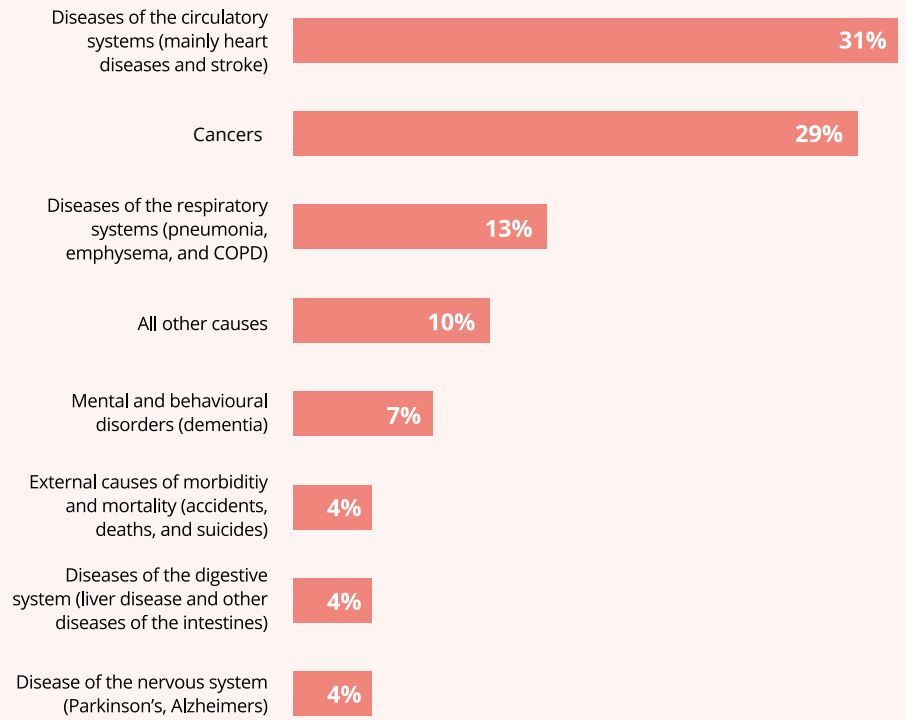
Chronic Conditions

Guernsey and Alderney have low age-standardised death rates compared to other English jurisdictions. There are approximately 550 deaths per year with diseases of the circulatory system (31%), cancers (29%) and respiratory disease (13%) being the top three leading broad causes of death. Other leading causes of death are illustrated in Figure 16.[12]

Leading causes of death were the same in Jersey and accounted for similar proportions of all deaths. The only notable difference between the islands was a 5% excess of cancer deaths in Jersey relative to Guernsey and Alderney and a 5% excess of circulatory disease deaths in Guernsey / Alderney relative to Jersey.[12]

More than half of older people are affected by multiple chronic conditions, (with the prevalence increasing sharply in very old age) and that this is associated with higher rates of health-care utilisation, and higher costs.[57] In Guernsey, at the age of 67+, 43 in 100 women have a long term condition compared to 31 in every 100 men. Of those who had long term conditions, 74% had a condition affecting them in multiple ways.[19] Information collected by the Health and Social Care Pathology Services in 2016/17 from the Primary Care Practices demonstrated that 2915 people were living with diabetes mellitus, 1518 with chronic obstructive pulmonary disorder (COPD) and 11450 with hypertension.[58] More specific age-related data would be beneficial in determining local disease prevalence and

Figure 16
Leading Causes of death in Guernsey and Alderney, 2013-15 [12]



informing the planning of services. This is particularly important as chronic conditions, for example diabetes mellitus, increase the risk of damage to the heart, eyes, kidneys, nerves, heart and blood vessels.

The need for improved data sharing between Primary and Secondary Care and Health and Social Care was highlighted by stakeholders. A secure evidence-base will improve the service user experience by refining care pathways and identifying gaps in service provision. Stakeholders also expressed the view that improving the management of chronic conditions, with a focus on prevention and early intervention, would be beneficial. An example given was for nurse-led diabetic checks in Primary Care.

Chronic conditions highlighted as part of this JSNA included:

- urinary incontinence;
- osteoporosis;
- dementia;
- frailty and falls; and
- stroke.

Urinary Incontinence

Urinary incontinence is a common problem which involves the involuntary leakage of urine. This means that a person may urinate when they do not want to. Increasing age may increase the chance of developing urinary

incontinence, due to age-related changes and chronic conditions, although incontinence is not an inevitable part of ageing.[59]

Self-reported data from the Wellbeing Survey 2018 shows that issues of incontinence increase with age with 15% of the total population experiencing urinary incontinence increasing to 27% of over 65s. Women are more likely to have issues of incontinence than men.[13] The Community Urology Service currently sees 30-40 referrals per month, with 90% of referrals being for those aged 50 or over.[60] Concern was expressed by stakeholders with regard to the cost of continence products, as well as the cost of disposal under the new 'pay-as-you-throw' rubbish disposal scheme. Furthermore, when a carer's partner goes into care, the carer loses their carer's allowance but is still required to pay for continence products. The cost of this can be £30 to £100 a month. All of these factors may impact on both the physical and emotional wellbeing of those being cared for, as well as their carers.

Osteoporosis

An ageing population in Guernsey and Alderney, along with the high levels of obesity and physical inactivity, impacts on bone health and may result in increased cases of osteoporosis.

Previously numbers of hip fractures were declining, from 64 in 2013 (0.54% of over 65s) to 42 in 2015 (0.34% of over 65s). However, in 2017 numbers rose to 76 constituting 0.59% of over 65s.[56] A group of drugs called the bisphosphonates slow the rate that bone is broken down in the body; one form of this is zoledronic acid which is given as an intravenous (IV) solution. This maintains bone density and reduces the risk of fracture. In Guernsey this is given in the Day Assessment Unit at the Princess Elizabeth Hospital which has seen an increase from 131 zoledronic acid infusions in 2016 to 142 in 2017 and 157 in 2018.[61] Planning for an increased capacity for these, and other new drugs that may be required to be delivered via an intravenous infusion, is important in mapping future health care needs.

Stakeholders suggested scoping the targeting of 65 year olds with a questionnaire, for example a fracture risk assessment tool, to screen for osteoporosis. If no risk factors for osteoporosis are present, the person can be given advice on bone health with no further investigations required. If risk factors are present, the person can then be referred for a dual energy X-ray absorptiometry scan (a DEXA scan or bone density scan). This can be used to diagnose and assess the risk of osteoporosis, allowing for appropriate advice or treatment to be offered, dependant on the result.

Dementia

It has been estimated that the number of people aged over 85 years in Guernsey and Alderney is expected to triple by 2050. This is the age range where the prevalence of dementia is most common; 1 in 3 people of this age group will develop dementia. Planning for the appropriate health and care needs is of paramount importance as dementia has significant health, social and economic significance to Guernsey and Alderney.[62] This is due to the fact that a high proportion of individuals with dementia are users of acute hospital, community care and long-term residential and nursing placements.[62] Forward financial planning needs to consider the health and social care costs for dementia in Guernsey and Alderney.

Currently it is estimated that 1200 people live with dementia in Guernsey and Alderney.[62] The Older Adult Mental Health Team focuses on service users over the age of 75 years, but also provides services to all dementia patients regardless of age. Approximately 80% of their caseload is dementia related. Future services need to ensure that they are able to cope with the growing number of people living with dementia in Guernsey and Alderney.

Local stakeholders report significant changes to the local service with the appointment of a team member to help the follow up and signposting of patients after dementia diagnosis. This is highly thought of by stakeholders, as those who had not received the service in the past had identified this as a gap. Further support from the voluntary sector has been invaluable to people who live with dementia and their carers. However, there also needs to be a focus on preventative measures in relation to dementia. The top three risk factors for dementia that are amenable to interventions are diabetes, high blood pressure in middle age and depression. Tackling these early will impact positively on our population.[63, 64]

Dementia also has a huge impact on family caregivers; emotionally, physically and financially. We need to recognise the enormous contribution made by carers and support them in their roles if we are to avoid premature and costly admission of people with dementia into long term care. We also need to recognise that people living with dementia need to use shops, hairdressers, banks, post offices, buses, the theatre and airlines. Our local community needs to be prepared to adapt to meet this need and to promote inclusivity.[62]

Frailty and Falls

Data from the UK suggests that more than half of older people are affected by multiple chronic conditions, also known as multimorbidity, with the prevalence increasing sharply in very old age. Multimorbidity is associated with higher rates of health-care utilisation and higher costs.[65] Frailty is a clinically recognised state of increased vulnerability and the most complex multimorbidity condition. It results from ageing associated with

a natural decline in the body's physical and psychological reserves. In the UK, 1 in 10 of people age 65 and over are 'frail', rising to one in four of those aged 85 and over.[66] Older people living with frailty are at risk of dramatic deterioration in their physical and mental wellbeing after an apparently small event which challenges their health; such as infection, new medication, constipation, urine retention or falls.

As the population ages and more people wish to stay in their own homes instead of moving into residential or care homes, community services in Guernsey and Alderney are being put under ever-increasing pressure. It is vital community care services for older people are expanded, including the provision of social care services to allow more preventative social interventions to take place. The physiotherapy and occupational therapy teams would like to move from a reactive service to providing a blend of preventative and reactive services. The aim of this is to facilitate older people to live independently in the community for as long as they are able to.

This is echoed by the Community Falls Working Party. Falls are a common, but often overlooked, cause of injury. Around 1 in 3 adults over 65 who live at home will have at least one fall a year, and about half of these will have more frequent falls.[67] Whilst most falls do not result in serious injury, there is always the risk of more serious consequences. This can cause the person to lose confidence, become withdrawn, and feel as if they have lost their independence. As such, the Community Falls Working Party is working to assess the risk of falls in older people using a Community Falls Multifactorial Risk Assessment. This includes a:

- frailty assessment (Edmonton Frailty Scale);
- lying and standing blood pressure (older people can fall if their blood pressure falls when they stand up);
- MUST (Malnutrition Universal Screening Tool);
- FRAX (Fracture risk assessment tool);
- TUGT (Timed Up and Go Test);
- Continence Assessment; and
- 4AT (assessment test for delirium and cognitive impairment).[67]

The Community Falls Working Party are also producing a falls leaflet and developing direct referral pathways to the Balance Clinic. Identifying the risk of a fall allows for the appropriate preventative measures to be put into place. Preventative work is also being explored through partnership working with community assets such as the Guernsey Fire and Rescue Service and the Occupational Therapy Service, an example if this is looking at the feasibility of 'Safe and Well Visits'. The Guilles Allès Library has purchased DVDs that are available for loan that promote physical activity ('Move it or lose it').

Many stakeholders interviewed expressed the opinion that they would like to see the establishment of a multidisciplinary team, to include at least a health visitor, occupational therapist, physiotherapist, geriatrician and a

General Practitioner, to better meet the needs of frail older adults in the community. This could also link to a programme promoting wellbeing in older people, including end of life planning.

Stroke

Stroke is also a major health problem. Although mortality and morbidity have fallen with the introduction of rapid identification and treatment, the burden of ill-health caused by stroke is likely to increase with the ageing population. In England, Wales and Northern Ireland the average age for a man to have a stroke is 72 and a woman 78 years.[68] Almost two thirds of stroke survivors leave hospital with a disability.[69] Mortality rates for stokes in Guernsey and Alderney are similar to the England average.[12]

The development of Stroke Units in England resulted in improvements in rehabilitation outcomes[70], however Guernsey does not have a Stroke Unit. The current ward is utilised for other acute medical services and as such is unable to provide an optimal service in rehabilitation. Key equipment is also lacking, such as orthoptic assessment tools and a video-fluoroscopy chair.

Stakeholders also expressed the view that delayed discharge from hospital is often caused by several factors, including waiting for a care package or appropriate housing. Data is collected but does not necessarily reflect the changing situation of the patients involved. Any delay causes the possibility of deskilling and reduced self-care activities.[70]

Mental Health and Wellbeing

Mental health conditions in older people have often been underreported despite the fact that the proportion of people with anxiety, depression and psychosis is likely to be similar to other age groups. Some mental health problems may be considered a 'normal' of part of old age, such as low mood and bereavement, but impact significantly on wellbeing. This view needs to be challenged as, whilst some people may develop depression in older age, this should not be considered an inevitable part of ageing.

Stress in older people was also identified as an issue by the Wellbeing Survey 2018, where 15% of over 65s and 27% of over 50s said that they were experiencing 'large amounts' of stress. Causes included financial concerns, worries about how they were perceived by others and worries about personal safety. Of particular importance here is that people who are over 50 and who self-described as having a mental or emotional health condition did worse in almost every metric, for example tobacco use, healthy weight, finances, self-perceived health, but were also the most likely to want to change poor lifestyle habits.[13]

The appropriate services need to be available for the over 50s. Local service provision reflects this need with services for the over 50s being enhanced by the recent availability of direct access to the Healthy Minds Service (previously the Primary Care Mental Health and Wellbeing Service),

as well as specialist support available through the Older Adult Team in Adult Mental Health

Times of transition may affect mental health and wellbeing. These include when moving into care or experiencing a bereavement. Stakeholders report that these may be periods of isolation and painful transition thus impacting on their mental health and wellbeing. Support should focus on ensuring that the appropriate help is available during these periods of transition.

Stakeholders also reported that there was a need to signpost to activities such as light to moderate exercise or creative activities such as crafting or choirs to improve their wellbeing. This could be achieved through a programme of Social Prescribing.

Figure 17
Percentage of people experiencing a moderate to large amount of stress in the last 12 months [13]

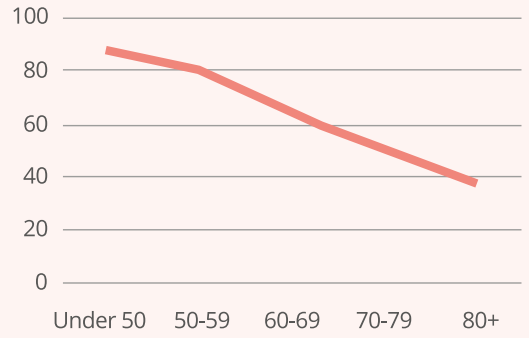


Figure 18
Causes of stress in older people [13]

	Under 50	50+	65+
Experiencing large amounts of stress	45%	27%	15%
Often and always - money or financial problems	43%	18%	10%
Often and always - personal safety and security concerns	7%	4%	3%
Often and always - worried about how you are perceived by others	29%	9%	7%
Often and always - concerned about global issues	14%	12%	11%

Excess Winter Mortality

Excess winter mortality (EWM) has been shown to vary widely across Europe and, contrary to what one might expect, countries with relatively mild winter temperatures tend to show much higher rates of EWM than countries where winter temperatures are very low. EWM, when seen locally is always among older people.

Low indoor temperature has been shown to correlate with EWM from cardiovascular disease in England.[71] The nature of the built environment may be one significant contributory factor to the observed EWM in Guernsey and Alderney.[12] Homes tend to have less heat-conserving design features like cavity wall insulation and double glazing, making them harder to heat where winters are milder.[72]

End of Life Care

Population studies in the UK suggest 60% of people would like to die in their own home.[73] In Guernsey in 2015, 109 people over 75 died in hospital following an admission to the Emergency Department (20% of the deaths in that year). Of those who died in hospital, 30% died within three days of admission, 62% were over the age of 85.[74]

Stakeholders expressed the view that the End of Life Care Pathways need to be further considered, with a specific reference to the preferred place of dying for an older person.

Polypharmacy

The use of multiple medicines, also known as polypharmacy, is a challenge for many older people. Inappropriate polypharmacy, especially in older people, may cause adverse drug events leading to ill health, admission to hospital and even death.

In the United Kingdom, adverse drug events contributed to 6.5% of hospital admissions and 4% of bed capacity over a six-month period, with most occurring in older patients.[75] Regular drug reviews have been promoted and encouraged. A recent 'Think Frailty' Audit of the Princess Elizabeth Hospital (PEH) noted that over 60% of patients met the first criteria to be considered frail, frequently because they were on more than six prescribed drugs.[76] Patients who are considered frail benefit from geriatric and pharmacist reviews to reduce the burden of medication with potential side effects.

People tend to receive information about their medication from multiple sources with many raising concerns after reading articles in the media. Education and guidance for users of medication is often written in leaflets, which are in small print, difficult to understand, and can cause confusion. Stakeholders suggested that more accessible advice would be beneficial for many older people. In Alderney many people use the pharmacist as a source of information, which could easily be promoted in Guernsey, together with the addition of a community pharmacist post, who could also assist in hospital discharge settings. A further suggestion was for the States of Guernsey to fund a GP appointment for all over 50s on six or more medications to ascertain if all of the drugs being prescribed are still indicated. The reduction in polypharmacy is likely to benefit patients, as well as being potentially cost-saving.

Regulation of Care

The States of Guernsey is to introduce an appropriate and proportionate system which will regulate all providers of health and care services. This will be overseen by an independent Commission which will monitor activities through accreditation schemes and other regulatory standards that are set. It will have powers of inspection and enforcement where appropriate. This move was broadly welcomed by stakeholders interviewed as part of the JSNA and work to implement the regulation of care is currently in progress.

Immunisation and Screening

Immunisation

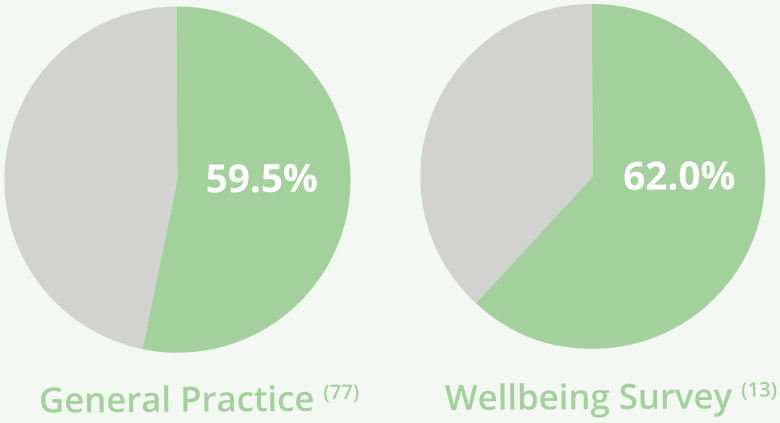
Vaccines are especially important for older adults as the immune system weakens with age and it may therefore be more difficult for older people to fight off infections. Older people may also be more susceptible to infections such as influenza, pneumonia, and shingles. They are also more prone to developing complications that can lead to long-term illness, hospitalisation, and even death.

This is particularly important in people with an on-going health condition, for example diabetes or a heart condition. Vaccines can therefore protect older people from serious diseases (and related complications), helping them to stay healthy as they age.

The Guernsey and Alderney Immunisation Programme recognises the importance of this and includes vaccines that are specifically targeted at older people. These include the shingles, pneumococcal and seasonal influenza vaccines. The island-wide influenza vaccine uptake in the over 65s was reported as 62.0% in the Wellbeing Survey 2018 [13] and 59.5% by Primary Care.[77] This small difference is probably due to some older people receiving their vaccine through a local pharmacy, as opposed to their General Practitioner. This compares favourably to the uptake rate in those aged 65 or over in England which is estimated to be 45.2%.[78] However, this is below the minimum 75% uptake recommended by Public Health England.[79]

Stakeholders reported that data collection and sharing on the uptake of population-based immunisation programmes needs to be improved. This includes data on the uptake of the influenza, shingles and pneumococcal vaccine.

Figure 19
Influenza vaccine coverage in the over 65s



Screening

Screening is the process of identifying individuals who appear healthy but may be at increased risk of a disease or condition. There are three cancer screening programmes delivered by the States of Guernsey: bowel, breast, and cervical.

All three population-based cancer screening programmes are provided free of charge to people living in Guernsey and Alderney, with free cervical screening having been introduced on the 1st January 2019.

Cervical Screening

Cervical screening saves lives by detecting abnormalities of the cervix early and referring women for effective treatment. Guernsey and Alderney women aged 25–64 years are invited to attend for cervical screening through a three or five year rolling programme (dependent on age). The aim of the Guernsey and Alderney Cervical Screening Programme is to reduce the risk of cervical cancer by detecting and treating early abnormalities, which if left untreated, could develop into invasive cervical cancer.

The estimated uptake of cervical screening in Guernsey and Alderney is between 70% and 75%. This is similar to the coverage in England, estimated to be 71.4%,[80] although both are below the UK National Screening Target of 80%. [81] More precise data on the uptake by age is required locally.

Fewer than five people are diagnosed with cervical cancer each year in Guernsey and Alderney. The combination of an effective cervical cancer screening programme, together with a programme of immunising young people with HPV vaccine, will be key as Guernsey and Alderney embark on a programme of the elimination of cervical cancer.

Breast Screening

After non-melanoma skin cancer, the three most commonly registered cancers in Guernsey and Alderney are prostate, breast and lung cancer. The incidence of breast cancer, as reported in the Channel Islands Cancer Report 2017, is similar in Guernsey and Alderney, Jersey, the South West of England and England as a whole. However, the death rate from breast cancer in Guernsey and Alderney is lower than in Jersey, the South West of England and England as a whole and is even lower than the lowest age standardised rate in the England regions. This indicates effective detection of breast cancer in Guernsey and Alderney.

Around nine women die from breast cancer each year with a mean age of diagnosis is 63.6 years.[82] Awareness of the symptoms of breast cancer, 'being breast aware', together with the Breast Screening Programme, are key to improving outcomes for women diagnosed with breast cancer. Screening is intended to reduce mortality by detecting breast cancer at an early stage when there is a better chance of successful treatment. In

Guernsey and Alderney women between 50 and up to the age of 75 years are invited for screening every two years. After the age of 75 years women can self-refer for screening every two years.

The uptake of breast screening in Guernsey and Alderney is estimated to be in the region of 70% of eligible women, which is comparable to rates in England.[83]

Bowel Cancer

Bowel cancer is the fifth most common cancer in Guernsey and Alderney and the fifth most common cancer cause of death. The mean age at diagnosis in Guernsey and Alderney is 71 years. The incidence and mortality associated with bowel cancer is similar in Jersey, the South west of England and England as a whole.[84]

The Bowel Cancer Screening Programme (BCSP) was initially introduced in Guernsey in 2012 using flexible endoscopy. The initial Guernsey BCSP selected 60 as the optimum age to invite men and women to undergo a flexible sigmoidoscopy. The aim of this screening process is to detect and remove precancerous polyps before they develop into cancer rather than detect cancer.

Between 2013 and 2016 the coverage of the eligible population, using flexible sigmoidoscopy was 62%.

In 2017, it was decided to replace the bowel cancer screening using flexible sigmoidoscopy with a simple stool test called a Faecal Immunochemical Test (FIT). The rationale for this was that flexible sigmoidoscopy prevents any pre-cancerous polyps developing into cancer by removing them through an invasive procedure that requires patients to undergo unpleasant pre-screening treatment in the form of an enema. It is also limited to detecting polyps in the lower third of the bowel. In contrast, FIT detects early cancers and advanced pre-cancerous polyps using a non-invasive method by detecting blood in the stool from cancers and large pre-cancerous polyps. Converting to FIT will allow the Bowel Cancer Screening Programme to screen approximately 4,100 people per annum, compared with the current 500 per annum using flexible sigmoidoscopy. FIT will also be offered to the high risk population with a family history of cancer. This programme is currently being rolled out across Guernsey and Alderney with those who are FIT positive invited to undergo a colonoscopy which examines the entire bowel.

Other population-based and targeted screening programmes

The NHS abdominal aortic aneurysm (AAA) screening programme is available for all men aged 65 and over in England. The programme aims to reduce AAA related mortality among men aged 65 to 74 using a simple

ultrasound test to detect AAA. The UK National Screening Target for initial AAA screening is 80% of all eligible men.[81] No comparable programme currently exists in Guernsey and Alderney. Evidence from the UK suggests that 4% of men aged 65-74 have an AAA and it accounts for approximately 2% of deaths of men aged over 65. If an AAA ruptures, 8 out of 10 people die before they reach hospital.[85] Between the years of 2001 and 2015, 25 people in Guernsey died from a ruptured AAA.[86]

The Diabetic Eye Screening Programme offers the eligible population of type 1 and type 2 diabetics, aged 12 or over, screening for diabetic eye disease through local optometrists. The rationale for this is to allow for the early identification and treatment of diabetic eye disease, one of the most important causes of preventable sight loss. The main treatment for diabetic retinopathy is laser surgery which is provided locally in Guernsey. Currently 21% of diabetics receive diabetic eye screening funded by the States of Guernsey. This is significantly below the UK National Target of 80% and the programme is currently under review.[81]

The NHS Health Check is a health check-up for adults in England aged 40-74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As people age, they are at an increasing risk of developing one of these conditions. Individuals in the 40-74 age group, without a pre-existing health conditions, receive a letter from their GP or local authority inviting them for free NHS Health Check every five years.[87] Representatives from Primary Care were of the opinion that proactive detection of health problems would be beneficial to the patients in Guernsey and Alderney. At present the Chest and Heart Clinic in Guernsey offers free screening to assess risk of a heart or circulatory condition between the ages of 25 and 75. In 2011 they screened 2008 individuals. Of these 13% had raised blood pressure, 13% had raised cholesterol and 17% were overweight. This suggests an attendance bias due to lower than average prevalence of these indicators, particularly being overweight. The importance of prevention and early intervention is therefore highlighted by this programme.[88]

Community

Activities Promoting Meaning and Purpose

Our sense of community was raised as a key attribute by stakeholders across Guernsey and Alderney. For many older people maintaining access to the community was vital.

By being active in the community, either by improved transport systems or using technology, older people have the opportunity to maintain existing relationships, make new connections and promote a sense of purpose and meaning. Volunteering and caring roles are some of the ways older people in Guernsey and Alderney make considerable contributions to our community.

For many older people, maintaining the ability to take part in activities that provide meaning and purpose was very important for their overall wellbeing. This is reflected in research which has suggested that 'as time committed to productive activities increases, life satisfaction increases' with 'both increasing numbers of productive activities and increasing time commitment predicting higher levels of happiness.'[89]

There are a wide range of activities that people in Guernsey and Alderney take part in, ranging from volunteering and charitable work, dancing groups, choirs and day centres, to continued learning via organisations such as University of the Third Age and the College of Further Education. The Wellbeing Survey 2018 showed that a quarter of over 65s regularly attend church, with 25% of over 50s and 18% of over 65s taking part in a sports club, team or exercise class.[13]

Despite the wide array of activities available, older people reported that they find it difficult to access these due to:

- lack of signposting to groups or activities available;
- financial difficulty – particularly in terms of funding activities which require payment and the lack of a States of Guernsey educational grant for older people to continue their learning or support a career change; or
- lack of appropriate transport for some older people.

The need for improved signposting to activities and services was highlighted on numerous occasions by stakeholders. There is also a need for clearer signposting to community-based activities as part of a programme of social prescribing. Improving the transport available to older people through a centrally coordinated voluntary car service that enables those people to get to social and community events, as well as medical appointments, would be of great benefit.

'I went to my doctor because I was feeling quite lonely. He suggested I take part in some more activities at the local community centre. At first, I wasn't convinced it would help, but the regular meetings and group of friends I've made have really helped me.'

Pets, in particular, can provide a purpose for people by acting as a social catalyst, leading to greater social contact between people. This

can be particularly relevant for older people who may lack many of the opportunities of social interaction.[90, 91]

'Dogs have always been a part of my family, even more so when my husband died. It's lovely to have someone else to look after at my age, and you're never lonely with them around.'

The importance of empowering older people to remain in control of their lives, as well as enabling them to do so, was recognised by stakeholders. For example, the ability to continue to do simple tasks, such as shopping, is important for wellbeing.

Volunteering

This links closely to activities that promote meaning and purpose. There are many forms of unpaid work carried out by people aged 50 and over, including but not limited to, formal and informal volunteering roles, childcare and caring responsibilities that were estimated to contribute £796bn to the UK economy in 2016/17.[92]

Of the older people interviewed for this report, many expressed their frustration at how they are consistently undervalued in terms of their contributions to the community after retirement. They felt that the dominant narrative of older people as a burden on society, who are a drain on resources, was inaccurate. In light of this, it was felt appropriate and necessary to include data regarding some of the many contributions of older people in the form of caring and volunteering.

Data from the Wellbeing Survey 2018 indicated that 51% of over 65s volunteer in varying capacities, compared to only 29% of people under 50.[13] Furthermore, the Guernsey Voluntary Service has 500 volunteers the majority of whom are over 50 years of age.[93]

'I'm fed up of being called a burden. Lots of older people contribute enormously to the community'

Caring

Almost all charitable and voluntary organisations consulted for this report had regular volunteers and stated that their volunteer pool was exclusively or overwhelmingly made up of people over 50, with many services being provided by volunteers well into their 70s and 80s. The reasons people choose to volunteer are diverse, however common themes have emerged including:

- having meaning and purpose: many people enjoy the purposeful work they do as volunteers and enjoy the fact that they are making a positive impact in their local community;
- people like being busy: people often find it challenging to retire and then not have a regular commitment such as work; volunteering allows people the flexibility to contribute when they want to and for causes that mean the most to them; and
- social interaction: the social aspect of volunteering was often brought up as people make friends through volunteering; those who volunteer report greater mental wellbeing than those who do not.

One suggestion of a volunteering opportunity which does not currently exist within Guernsey is for people to befriend and take a person who lives in a residential home out for an afternoon. This would increase social contact for both the volunteer and resident, as residential homes often only have group activities, so limiting individual contact.

Unpaid carers also form an important, and often under-recognised, part of the local infrastructure. Data to support the critical role that carers play comes from the Wellbeing Survey 2018.

Here, when asked 'Do you care for a family member, partner or friend who needs help because of long-term ill health OR problems related to old age, other than as part of your job?', 11% of over 65s and 10% of over 50s replied 'yes', compared to 5% of under 50s.

When asked 'Do you receive care or help at home from a family member, partner, friend or a paid carer', 12% of over 65s and 8% of over 50s replied 'yes', compared to 2% of under 50s.[13]

Furthermore:

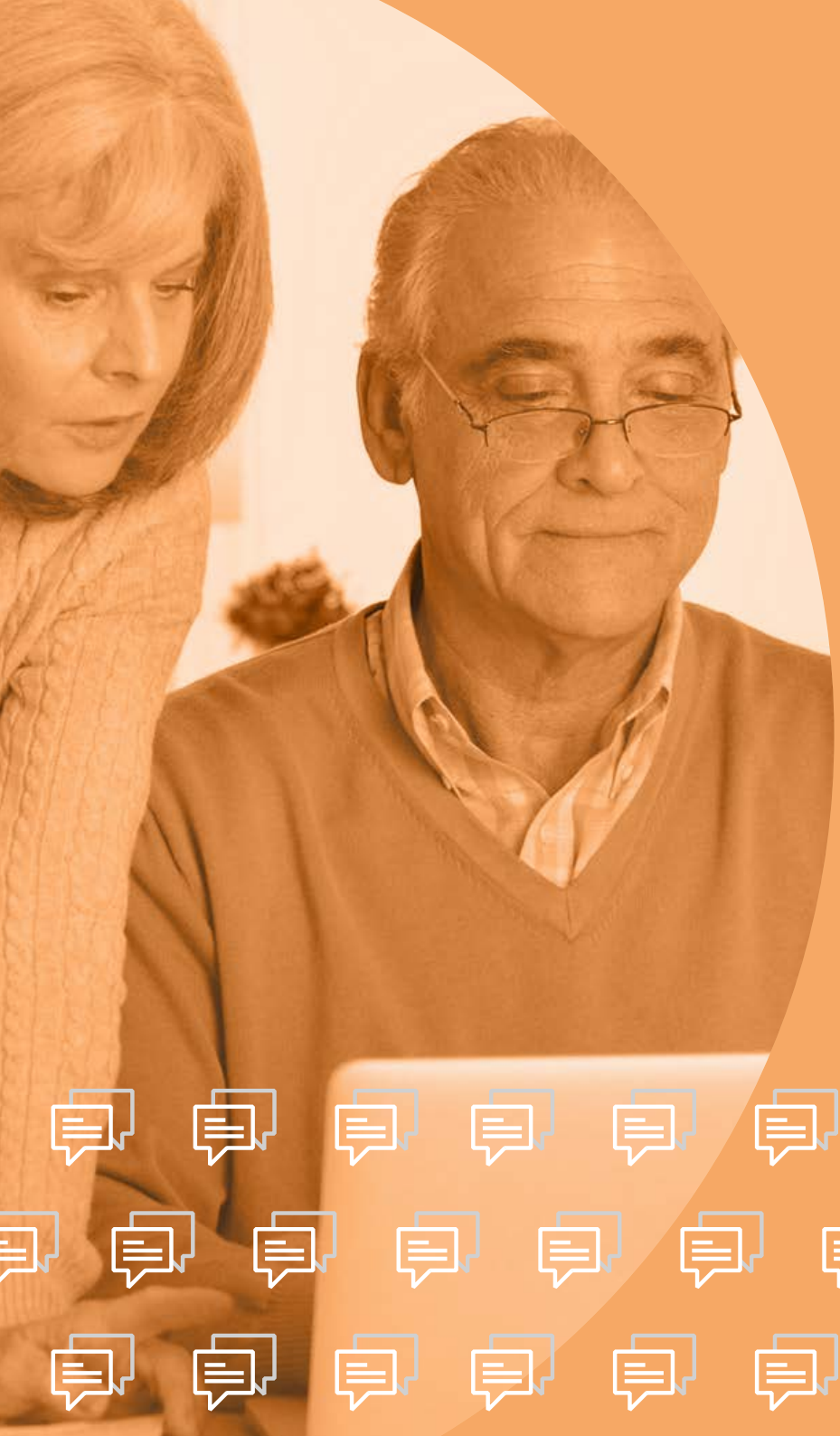
- those in the 60-69 age group were most likely to care for a family member, partner or friend with a long-term health condition or problems related to old age;
- those in the 80+ age group were 4 times more likely to receive care then people who are 70-79, with 28% of over 80s receiving care, compared to only 2% of under 50s; and
- those living in single person households were more likely to self-describe as being in receipt of care than those in households of multiple occupation.

The Carers Survey conducted in 2018 to inform the development of the States of Guernsey's Carers' Action Plan also highlighted some important issues in relation to carers. Carers were asked the following questions:[94]

- if they agreed or disagreed with the statement 'I know where to go for information and advice about support for carers', more than half (56%) of those that responded disagreed or strongly disagreed;
- if they agreed or disagreed with 'I have enough time-off', 55% of those who responded disagreed or strongly disagreed; and
- if they agreed or disagreed with the statement 'I have choice about when I have time off and can plan in advance', 50% of those who responded disagreed or strongly disagreed.
- If they agreed or disagreed with the statement 'I have good information about short-break services', 59% of those who responded to the question disagreed or strongly disagreed

Signposting to information and advice was therefore raised as an issue, as well as respite for carers.

This JSNA for the over 50s links closely to work done as part of the Supported Living and Ageing Well Strategy (SLAWS).[46] In order to take this commitment forward, the States of Guernsey has developed a Carers' Action Plan which identifies actions for change that can be delivered during this term of government to improve the services and support for people in Guernsey and Alderney who care for family members and friends. In order to avoid duplication, feedback regarding carers that has been identified through this JSNA has been discussed as part of this Carers' Action Plan, which was published in April 2019. Further information is available at **gov.gg/carersactionplan.**



Communication

Speech and Language Services

Speech and language therapy services provide access to intervention for communication and for swallowing disorders. It is important that these services are adequately resourced to provide quality care for people with a number of clinical conditions, including dementia. This is particularly important in light of our ageing demographic.

Stakeholders expressed concern that, whilst there are currently some services for people living with stroke and dementia, there are insufficient resources to fully support individual patients. They highlighted that currently there are not enough resources to provide optimal speech and language support to individual dementia patients. If the Speech and Language Therapists were able to provide a service in early dementia, this would assist communication as the disease progresses, for example using pictures from an early stage. The Speech and Language Team report that they are also insufficiently resourced to be able to assist with patients with chronic cough.

The 'Right to Speak',[95] which supports individuals who use alternative and augmentative methods of communication, was also raised by stakeholders as something that may be useful for Guernsey and Alderney. This uses an integrated group of components, including the symbols, aids, strategies and techniques by an individual to enhance communication. This can include using a symbol book or gestures. The ability to communicate clearly impacts on an individual's health and wellbeing, particularly in relation to loneliness and social isolation.

Signposting and Accessible Information

One of the most pervasive themes from speaking with stakeholders from all sectors, including older people, is the current lack of effective and easily accessible signposting.

It is felt that there is a considerable amount of good work going on within Guernsey and Alderney, but finding the right information for a particular condition or situation, at the right time, can often be challenging, despite the small geographies of the islands. Effective signposting has been challenging due to a historical lack of meaningful collaboration between government, private and charitable sectors, which has led to a reliance on informal connections being made between services.

This has resulted in fragmented services and confusion amongst service users, who may not know the criteria required to access many groups, or are not aware that these groups exist. Many of the older people interviewed felt that there was a need for a single point of contact to receive information, such as a comprehensive directory of services, which is continuously updated. They recognised that in the first instance this would be online, however also stressed the importance of information being available in other formats, such as a phone number to call or information contained in leaflets, so that those who do not use the internet can still access the information. Connecting people

through a single platform would encourage greater community and service cohesion, seeking a truly collaborative and partnership approach to working.

Older people also expressed a strong desire for 'parish-specific' information to be available locally through, for example, GP surgeries and community centres. This could link to a programme for social prescribing.

'I only found out about the support group because my neighbour had been through a similar experience. There must be so many people who just don't know about all the support that is out there'

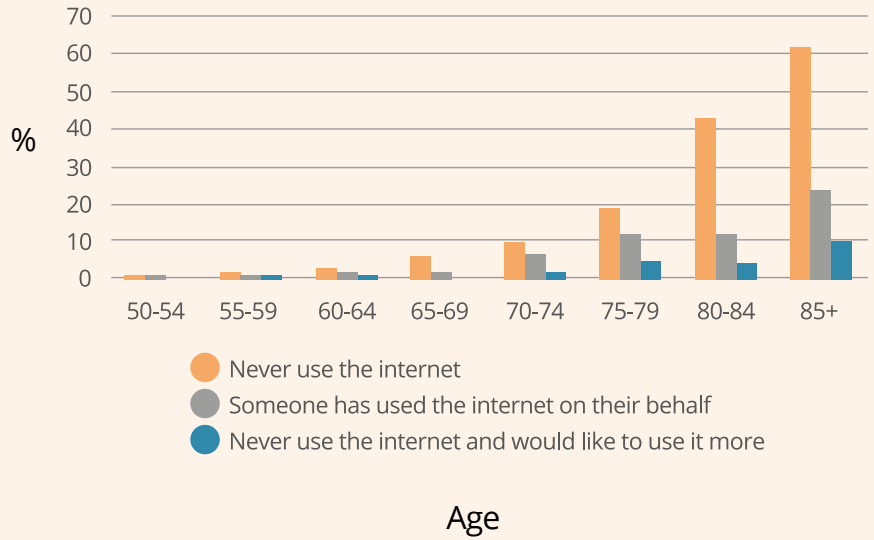
The need for information to be communicated clearly in relation to prescription medications was also highlighted. Many stakeholders expressed concerns that they did not understand what their tablets were for and that the writing in the pack was too small or difficult to understand. This could be solved by a States of Guernsey liaison community pharmacist, greater links with pharmacists working in the private sector and a States of Guernsey-funded polypharmacy review for over 50s on six or more different medications.

Hearing Impairment is a common condition in older people, which can severely impact on the ability to connect with others and access the community. A survey by The Hard of Hearing Association in Guernsey estimates 9000 people live with a hearing impairment in the island. Stakeholders reported considerable concern regarding the affordability of hearing aids and communication devices with many people reporting they were unable to afford to purchase them. This risks the development of isolation and loneliness.[96] Stakeholders raised the need to consider optimal ways of communicating for those that seek assistance for 999 emergencies. These may include phones that have a louder ring and are hearing aid compatible. The people interviewed were not aware of the emergency services text service.

Digital Connectivity

Internet use declines with age, but despite this approximately 10% of people of 85 years and over described themselves as 'never using the internet and would like to use it more.'[13]

Figure 20
Digital connectivity of Older People[13]



Many older people interviewed stated that they enjoy keeping in touch with family and friends, allowing them to feel connected to the community within their own homes by using phones, tablets and laptops to email and video chat. It is important to note that online and digital communication is not a replacement for personal contact with networks of friends and family within the community, but is a meaningful supplement for many. Of the older people engaged with there was a consensus that digital connectivity should not be the only option, especially for essential services such as filling out a tax return or other interactions with government. However, stakeholders acknowledged that, particularly for those with poor mobility, the internet can become an enabler with the option of doing certain tasks online, such as paying bills and filling out forms, thus having a positive impact on day to day life.

Despite digital services set to become the channel of choice, our research has indicated that this cannot be the only channel. Easily accessible non-digital pathways are important to encourage community participation and to enable older people to maintain their independence. Older people should be supported and encouraged to get online, but those who cannot, or do not want to do so, should be able to access services and support in a way that suits them.

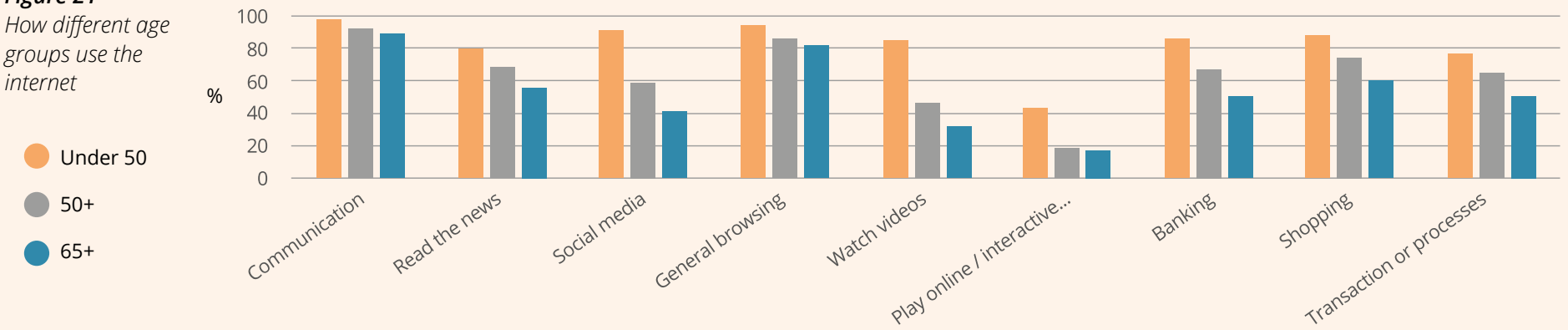
Even non-digital forms can be complex to fill out, particularly those relating to benefits. Health and care staff, such as health care assistants and

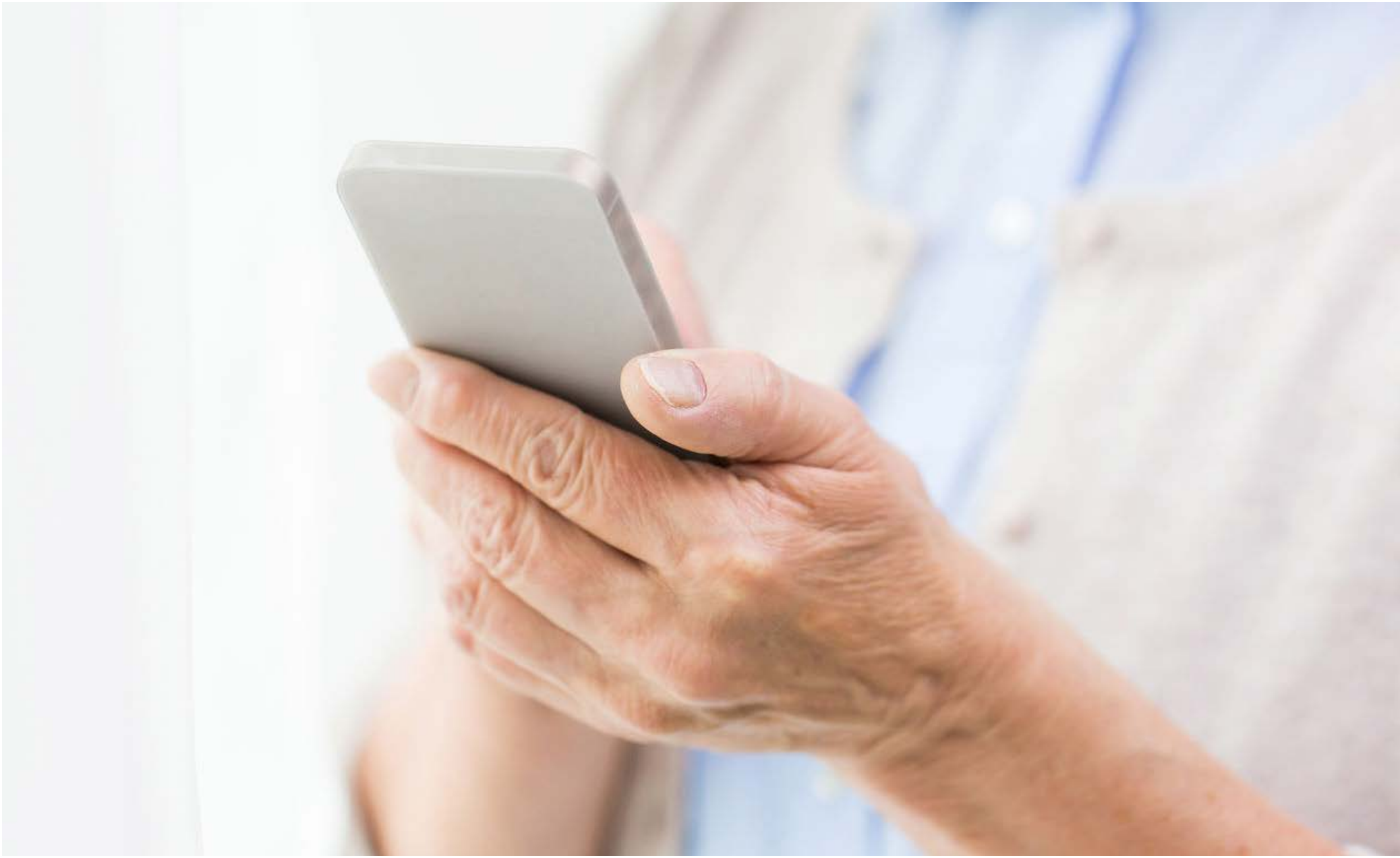
social workers, are often asked for assistance in filling out forms which is not a productive use of clinical and social care time. Stakeholders have suggested that the department who gives out the forms should provide assistance, or find another unbiased party to assist customers.

'I don't like online but everything is on the internet now. I don't want to learn, I've managed for decades without it. What's wrong with wanting to pick up the telephone to talk with somebody rather than sending an email?'

'I love using my phone to keep in contact with my family and up to date with what's going on in the world. But digital shouldn't be the only option. It should be digital first, but not digital only'

Figure 21
How different age groups use the internet





Alderney

Demographics and Engagement

This section focuses specifically on the requirements of Alderney to ensure that the views of the people of Alderney are represented. To achieve this, specific stakeholder engagement was conducted with the people of Alderney and this information, together with quantitative data collected that is specific to Alderney, is presented as part of this report.

In 2016, a report was commissioned to conduct a baseline exercise to identify health and care service challenges in Alderney, not just for older people, but the entire population. Similar service gaps were identified, including the need for greater co-ordination between services and more accessible information and signposting. [97,98]

Alderney is an island of approximately 2000 inhabitants and, as of March 2018 had an old age dependency ratio of 0.68, so that for every 100 people of working age (between ages 16 and 64), there were 68 older people of dependent age (age 65 and over).[8]

This means that Alderney is further along the demographic transition than Guernsey which had an old age dependency ratio of 0.31 as of March 2018. [7, 8] In light of this it was felt that although many of the projects identified within this JSNA in relation to Guernsey will be similar to service gaps identified in Alderney, Alderney will also have its own specific issues related to its small population, geographical isolation and high dependency ratio. This is not to say that projects conducted in Guernsey are not relevant to the Alderney population, and consideration will need to be given to each 'Guernsey' project in terms of similar services to be provided within Alderney. The projects detailed within this chapter are relevant exclusively to Alderney.

The project team spoke with 38 people over two days in June 2018 , including States Members and representatives from the Connaught Care Home, Mignot Memorial Hospital and Island Medical Centre, as well as the over 50s and Age Concern day centre attendees.

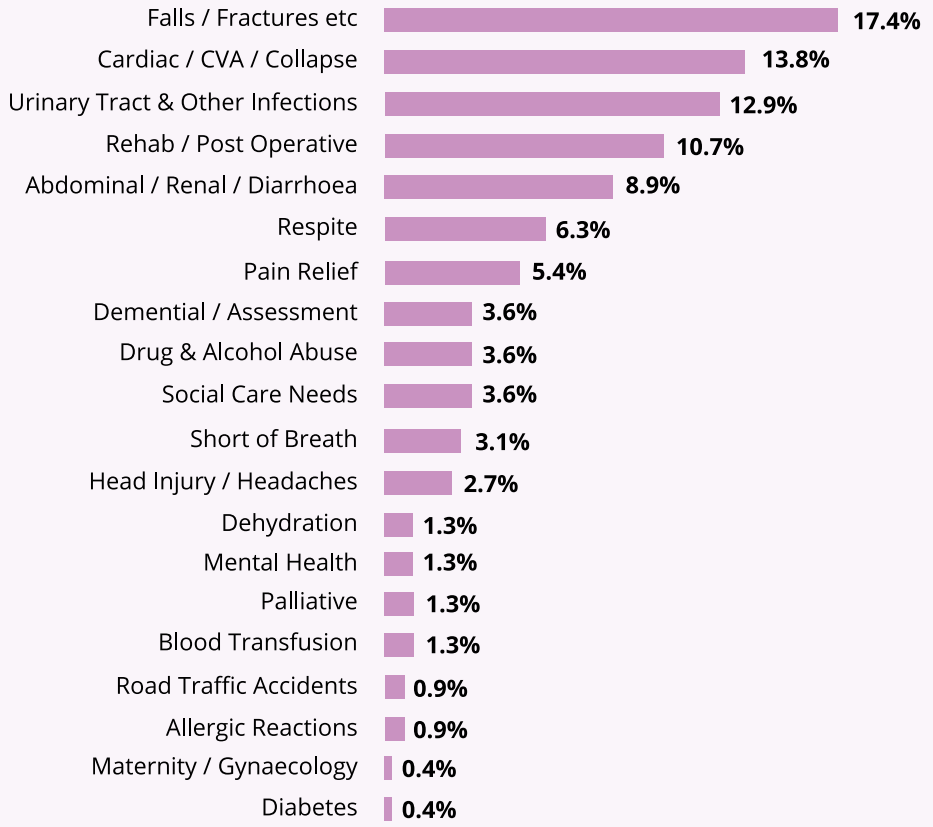
Health and Care Services

Primary Care Services in Alderney are provided by the Island Medical Centre which provides a diverse service to local people. There is a focus on acute care, but also on the need to have preventative services that improve the health of the population. General Practitioners working at the Island Medical Centre also provide medical services for the Mignot Memorial Hospital.

The Mignot Memorial Hospital provides a variety of services to the people of Alderney. During 2018, 218 people were admitted to the hospital compared to 208 in 2017, an increase of 4.8%. The reasons for admissions are illustrated in Figure 23.[37]

This report also showed that the demand for acute patient care during 2018 increased by 24% , compared to 2017, whilst the bed night occupancy figures for continuing care beds increased by just 1.6%. The continued demand for acute services will have to be carefully monitored to ensure that demand does not exceed the ability to provide a responsive service. Nursing staff from the hospital continued to provide care and services to patients living within the community. Visits decreased from 305 visits in 2017 to 260 visits in 2018.[37] This decrease was attributed to the successful implementation of the Home Help & Carer Service, as well as patients being referred to the Island Medical Centre for routine dressings. However, staffing shortages at the hospital also impact on community services.

Figure 22
Hospital Admissions at the Mignot Memorial Hospital in Alderney, 2018 as percentage of total admissions. [37]



Older people spoke very highly of the Connaught Care Home where occupancy rates are fairly constantly at 100%. It is planned to extend the Home's capacity by 10 rooms during 2019. Staff providing services were very responsive and keen to embrace new ideas to promote healthy ageing in Alderney.

The number of specialist clinics held on Alderney during 2018 decreased from 27 in 2017 to 24 in 2018. However, in 2018 two visits were made by anaesthetists for pre-operative assessment clinics and these were well received by Alderney residents. The input from the visiting Consultant Orthopaedic Surgeon was also greatly appreciated, but concern was expressed about the waiting times for orthopaedic surgery. Issues identified in the 2018 Annual Report were also identified in this JSNA. These include:

- Lack of emergency transfer options when no scheduled flights are operating; and
- Staff recruitment and retention issues.[37]

Other professionals visiting Alderney include a weekly visit from a Health Visitor and regular visits by a Social Worker from Guernsey. Regular visits by a Community Mental Health Nurse and remote consultations by other professionals utilising the hospital's video conferencing equipment also took place. Occupational therapists visited Alderney, as required, to assess patients' homes and needs.

The lack of physiotherapy services is a cause of concern. The Guernsey Therapy Group physiotherapists visited Alderney once per week throughout 2018 as part of the States of Guernsey contract for in patient care. This service was improved during the year by changing the day of the visits from Mondays to Thursdays so as to not clash with the majority of Bank Holidays. However, stakeholders reported difficulties in obtaining appointments with some reporting having to use a private physiotherapist.

Strong sense of Community

A key theme that came through from discussions with Alderney residents is the strong sense of community on the island. Many people run an informal service whereby they will either phone or visit a friend every morning to check on them.

Some stakeholders felt that men in particular may be more isolated as they may not wish to bring attention to their loneliness or take part in certain organised activities. Despite this, isolation and loneliness seem to be far less pervasive in Alderney than in Guernsey. Friends and relatives will also offer lifts to those who cannot access transport and for those without such connections, taxi charges were considered reasonable with examples cited of taxi drivers 'going the extra mile' for older people.

Off-Island Transport

A key issue that was raised by many stakeholders was travel links and the problems faced when patients are required to travel off island for medical appointments.

Identified issues include:

- it is difficult for people with mobility issues to get on to the aeroplane as only one person is allowed on the steps to enter the plane at any one time which makes it difficult for airline staff to provide assistance;
- the hand rail on entering the plane is made of rope and is not stable enough to provide support for people with mobility issues;
- it is difficult for people to access the ferry service due to the need to climb a ladder or walk on a slippery slipway at low tide;
- problems with transport off the island for emergency medical care out of hours is concerning for residents;
- the cost of escorts was of concern with many people being required to pay for their own escort to medical appointments, acting as a disincentive to receive medical care; and
- once arriving at Guernsey airport, many people can struggle to get to their appointments.

Older people in Alderney suggested use of a centralised voluntary car service in Guernsey to assist them in getting to medical appointments from the airport would be most helpful.

Co-ordination of Off-Island Appointments

Many stakeholders also raised the issue of coordination of off-island medical appointments in Guernsey. This is in regard to several factors including:

- co-ordination of appointments in Guernsey with times of incoming and outgoing Alderney flights;
- co-ordination of appointments within a short time frame to reduce number of flights required. For example having to attend a pre-operative assessment, flying back to Alderney and then returning to Guernsey two days later for surgery can be stressful for many patients and may not to be the most cost effective way of delivering care; and
- co-ordination of appointments between the Princess Elizabeth Hospital and Medical Specialist Group (MSG).

Improving On-island Services in Alderney

There was a desire for more consultants and physiotherapists to visit Alderney from Guernsey. This would help patients who find travel difficult and reduce the expense with one person flying to Alderney rather than several people flying to Guernsey.

At the moment, some consultants visit on a regular basis but if the flight is cancelled, patients have to wait until their next scheduled visit. A specific preference, with regard to visiting consultants in Alderney, was for more geriatric, anaesthetic and ophthalmology visits. However, it was noted that visits by ophthalmologists may be more limited due to the need for specialist equipment. It would also be helpful if the visiting Rheumatologist from England could run a few clinics each year in Alderney.

In 2016 videoconferencing equipment was installed at the Mignot Memorial Hospital. This technology has proven to be useful for certain medical consultations, however its usefulness has been limited by poor reliability of the network connection, and difficulties in medical staff accessing the equipment in Guernsey. Staff in Alderney would like to see increased use of this technology where possible so that fewer patients need to travel to Guernsey. These appointments could be run in conjunction with a nurse in Alderney supporting the patient and, for example, providing blood pressure readings. This would help patients who find it difficult to travel to Guernsey due to their frail condition.

Healthcare practitioners also wanted more key laboratory tests available on island. This will not only improve turnaround time, as samples are not sent to Guernsey for analysis, but could also prevent extra cost to patients who are often required to pay for a second sample to be taken if the first is delayed and not usable due to transport difficulties.

Housing for Health and Care Professionals

Alderney has found the difficulty in the recruitment and retention of clinical staff, particularly nurses, acutely problematic.

In 2017, agency nursing staff were engaged at a 'considerable cost premium' due to high staff turnover of 37.3% of total agreed establishment.[37] Problems in recruitment may be due to a combination of factors including the following:

- the lack of private rental accommodation; and
- the lack of allocated staff accommodation as there are currently only six self-contained flats available near the hospital for staff.

Despite house prices being relatively affordable compared to Guernsey, health and care staff do not necessarily want to purchase a property until they are sure they want to live in Alderney. Stakeholders reported that this lack of affordable rental property was possibly impacting on the recruitment of staff.

Community Care

Staffing shortages has meant that there is currently no comprehensive home care package, which many stakeholders felt would facilitate older people to live in their homes for as long as possible. It is also a barrier to development of sheltered accommodation for older people who are not unwell enough for the Connaught Residential Home, but are struggling to cope in their own homes.

At present the Connaught Care Home provides a home help service but when nurses are required, staff from the Mignot Memorial Hospital (MMH) help cover district nursing responsibilities. This leaves the MMH short staffed, and lacking resilience. Numerous stakeholders, including health and care staff and older people, expressed the need for a comprehensive home care package to be available to meet the needs of the ageing population in Alderney. The focus would be to provide community care services, as well as preventative care to enable people to stay in their own homes for longer.


WALL'S
Love Ice Cream
LOUISE
SUNNYSIDE
SORT SHOES
WEIRD FISH

Community Prioritisation

Community Prioritisation

Once potential projects had been identified through interviews with stakeholders and older people, these were split into two categories; urgent and needed. Urgent projects are ones that were either mentioned by the majority of older people, or by many stakeholders with topic-specific technical expertise.

Needed projects were mentioned by fewer people but were still required by the community or a specific team. There were 13 urgent and 17 needed Guernsey projects and 10 Alderney-specific projects, for which there was no distinction between urgent and needed.

Both in Alderney and for the urgent Guernsey Projects a multi-criteria decision matrix was used to prioritise the projects. The six criteria were voted on using dot voting. Each participant was given three 'dots' to vote for which criteria they felt were the most important. Each project was then ranked according to each criterion so that there was a single line of projects underneath each criterion. A small brief for each project was provided, outlining what the project was, how it would benefit different groups and how it would fit within organisational objectives. These projects were added to once the quantitative data became available from a variety of data sources.

In Alderney, the attendees all worked as one group, however in Guernsey due to a larger number of attendees the group was split into 8 tables who worked together, discussing each project's merits and where it should sit within the matrix. Each table was mixed so there was a wide array of representatives. This was to encourage diverse conversations and was well received by attendees.

Using a weighting formula, each project was given a value based on both, where it sat in the rankings of each criteria and how heavily weighted each of those criteria were. In Guernsey a mean score was calculated giving the overall score for each project. This gave an overall 'value' to each project allowing them to be ranked in an order as decided by the community. Feedback from both prioritisation days was overwhelmingly positive.

'Loved the pre-arranged tables and multi-disciplinary membership'

'Really enjoyable, great that the community is working together to identify projects'

'Enjoyed the interaction and the fact that Alderney's views are being taken into account'

Figure 23
Multi-Criteria Decision Making Table

ORGANISATION	STAFF	OLDER PEOPLE	VALUE FOR MONEY	EASE OF IMPLEMENTATION	RISK
Will deliver tangible progress towards organisational objectives	Will have a positive impact on a large number of employees	Significant long term impact on the services delivered for older people	Significantly reduce cost, increase efficiency or increase quality	Requires input from one function, little or no cultural change and little project management oversight	Risks to delivery are understood, documented and mitigated
Will deliver incremental change to organisational objectives	Will have a positive impact on a small number of employees	Minimal short term positive impact on a small number of people	Will have some positive impact on cost, efficiency and quality	Requires input from multiple functions, large cultural change and strong programme / project management	Risks to successful delivery are unknown and unidentifiable

Outcomes

Guernsey: Urgent Projects

The over 50s in Guernsey and Alderney are clear what they want from services and these are the outcomes we should aim to achieve. They told us they want:

- to stay healthy, active and independent for as long as possible;
- to be valued and respected;
- to have choice and control over how they manage their lives;
- to get access to the best quality care;
- to live how they choose;
- to be supported to manage long term conditions;
- to get more care and support tailored to their needs;
- to have support from professionals with specialist knowledge relevant to them;
- to be helped to be more independent;
- to stay in their own homes whenever it is possible, with customised support;
- to be active and able to get out and about;
- to have the right to continued opportunities for learning;
- to have the right to continued careers advice and flexible employment
- to regain skills and capacity after an illness or accident; and
- to have financial control or help when required.

As part of this JSNA the views of older people were aligned with different services and were used to identify service gaps, whilst considering the outcomes that the over 50s told us they want from services provided.

1 **Scope the expansion of community care services for older people.**

As the population ages and more people wish to stay in their own homes instead of moving into residential or care homes, community services in Guernsey and Alderney are being put under ever-increasing pressure.

The physiotherapy and occupational therapy teams would like to move from a reactive service to providing a blend of preventative and reactive services. The aim of this is to facilitate older people to live independently in the community for as long as they are able to and wish to do so. This project links with project 2, enhancing the provision of social work services for older people.

This project will look at providing sufficient levels of community services such that service users are enabled to stay in their own homes. Stakeholders expressed their desire to provide more care at home and in the community, including outreach physiotherapy, occupational therapy, dieticians and other home care services.

2 Enhance provision of social work services for older people.

It is vital community care services are expanded, particularly the provision of social work services for older people to allow more preventative social care interventions to take place.

There is currently inadequate social work provision for older people in the community. Consequently, there is little time for preventative and case review work to be carried out. Enhancing social work provision for older people means that social issues can be resolved before older people come into the care of hospital or care services.

The current high caseload and volume of work also has the potential to adversely affect staff morale as such preventative work cannot be carried out at present.

3 Improve data collection and sharing in the following areas

- **Primary care,**
- **Secondary care,**
- **Health & Social Care,**
- **Community and Voluntary Providers.**

Reliable and accurate data collection and collation is vital in order to plan and improve services. More specific age-related data would be beneficial in the planning of services. This is particularly important as chronic conditions, for example diabetes mellitus increases the risk of damage to the heart, eyes, kidneys, nerves, heart and blood vessels.

The need for improved data sharing between Primary and Secondary Care and Health & Social Care, taking into account current data protection legislation, was highlighted by stakeholders as it will improve patient experience by gaining a better understanding of the patient pathway to identify gaps in service provision.

Current delayed discharge data is difficult to understand and it has been suggested that this could be further improved to enhance the service user journey.

4 Establish a community frailty multidisciplinary team (MDT) assessment panel, to include a frailty intervention team.

Several stakeholders would like to see the establishment of a multidisciplinary team to include at least health visitor, occupational therapists, physiotherapists, geriatrician and primary care. There is currently a gap in service provision for the frail elderly. Specific diseases such as cancers and heart failure have defined end of life care pathways.

Stakeholders expressed concerns that the needs of children in the community were assessed but similar multidisciplinary services were not available for older people, particularly for those fulfilling the definition of frailty.

This could be linked to a programme promoting wellbeing in older people, including end of life planning.

5 **Provide emotional support, together with practical advice and information, for older people at key points of transition. This includes the provision of Life Coaching.**

This could include providing life coaching training to key staff members in HSC, charities and employers who are in touch with people at the following points of transition:

- retirement planning;
- moving into care;
- becoming unwell; and
- bereavement.

Stakeholders told us that improving emotional support and combining it with practical advice and information at times of transition, such as bereavement and moving into care settings, is needed. The service is not about the transition specifically, but adapting to change and providing practical advice and links to improving signposting to appropriate services. Other benefits include improving mental wellbeing and resilience among older people.

6 **Work with stakeholders to establish the housing needs of older people in Guernsey.**

Stakeholders frequently spoke about the problem of being 'property rich but cash poor'. Stakeholders also suggested the need to explore ways of downsizing, equity release and home adaptation for older people.

Enabling older people to stay in their own homes was identified as important and encouraging home adaptions to support this was considered to be desirable. Here, exploring making planning applications for these adaptations affordable or exempt from planning charges would be welcomed by older people. The Planning Department should consider amending their fees, minimising bureaucracy and streamlining their processes to help older people stay in their homes.

Building plans and required levels of social housing stock need to be examined. New builds should be fully accessible, future-proofing the building for long-term use and thus reducing the need for costly adaptations later on. These need to consider the requirements of people with communication difficulties. Proposed developments should include the Occupational Therapists, Physiotherapists and Speech and Language Therapists and other key stakeholders to ensure any new developments are future proofed.

Exploring the benefits of inter-generational living was raised by stakeholders. This could include considering models of

supporting the housing needs of key workers and younger people by providing housing for them alongside older people, so developing a system of mutual support. Alternatives included supporting children to adapt their homes to provide housing for their parents. Stakeholders expressed the view that inter-generational living should be the norm in Guernsey.

Scoping the current and future housing needs of older people will ensure that demand matches supply.

7 Create a Stroke Unit.

Stroke is a major cause of mortality and morbidity, with approximately 100 people per year having a stroke in Guernsey and Alderney.

Stroke units improve rehabilitation outcomes. Guernsey currently does not have a dedicated Stroke Unit. This unit would benefit from physiotherapy, occupational therapy and speech and language therapy input as well as specific orthoptic equipment for assessing early the visual impact of stroke to aid rehabilitation.

8 Improve signposting.

Many stakeholders, both from the community, as well as service providers, expressed the need for more coordinated and effective signposting services, particularly regarding:

- services for the people of Alderney;
- bereavement,
- physical and social activities;
- access to different modes of transport; and
- financial assistance.

Currently, many stakeholders said they only know where to go for help and assistance for their situation if they hear by word of mouth through family or networks of friends. Stakeholders also expressed that they wished for signposting to be to local services when possible. For example, a GP surgery signposting to activities in the same parish.

9 Consolidate / improve coordination of voluntary transport services to improve efficiency and increase use of vehicles.

Currently a service exists whereby voluntary care drivers are paid a mileage allowance to drive service users to medical appointments. Service users expressed the value of accessing these services, not only for medical appointments but also to improve social connectivity.

This project would assess the available resources to provide a service for those who need it and set criteria for the use of the service. It would also extend the service to support patients travelling from Alderney and Sark for medical appointments. There is likely to be a need for a centralised voluntary car service coordinator.

10 **Ensure all States of Guernsey Services are available as a non-digital option to improve accessibility for those who do not use the internet.**

Stakeholders understood the move toward digital government services but felt that non-digital options should still be available for those who do not use digital services. This was mentioned particularly regarding driving licenses applications and population management documents. Many older people expressed fear that with the push to digital they wouldn't be able to access essential services. This may change over time as a greater proportion of the population will be comfortable using the internet.

11 **Enhance the services provided by the Community Speech and Language Therapy Team.**

Whilst there are currently some services for people living with stroke and dementia stakeholders told us there are insufficient resources to fully support individual patients, particularly for those with dementia.

If the Speech and Language Therapists were able to provide a service in early dementia, this would assist communication as the disease progresses, for example using pictures from an early stage. The Speech and Language Team are also insufficiently resourced to be able to assist with patients with chronic cough.

The 'Right to Speak' which supports individuals who use alternative and augmentative methods of communication was also raised by stakeholders as something that may be useful for the Bailiwick. This uses an integrated group of components, including the symbols, aids, strategies and techniques by an individual to enhance communication. This can include using a symbol book or gestures. Stakeholders suggested that a similar programme should be considered for the Bailiwick.

Consider optimal ways of communicating for those that seek assistance for 999 emergencies. These may include phones that have a louder ring and are hearing aid compatible.

12 **Increase resources to enhance the management of incontinence.**

Concern was expressed by stakeholders about the cost of continence products. This has a significant impact on the wellbeing of service users and carers. This project includes engaging with primary care to promote continence services in primary and secondary care as well as increased resources in the community urology clinic to optimise the use of continence products. The project will also include discussion regarding the

continuing responsibilities of carers when the person they care for moves into residential or nursing care in regards to carers allowance.

13 **Consider amending the funding or implementing exemptions for hearing aids.**

Currently if a person has £5000 or more in savings, they are deemed as being able to afford their hearing aid and are not assisted. However, for many older people this can cause issues as they may, for example, see this money as savings for their funeral or another unexpected expenditure. Hearing aids can be very expensive, on average about £3000 which does not leave older people with much money if they have limited savings.

Older people are also anxious about how long their resources are meant to last and are therefore reluctant to spend large amounts of money. This represents a critical arm of social isolation, creating greater cost in future - should hearing aids be exempt from assessment or perhaps a higher threshold in place?

Guernsey: Needed Projects

1 Consider the optimal management of polypharmacy in older people.

Having more than six regular medicines is associated with a much higher incidence of adverse side effects of medication, especially with increasing age. The States of Guernsey, in partnership with the Committee *for* Health & Social Care, could fund an annual review with the older person's GP or, alternatively with a community pharmacist for patients who are on six or more medications. This could reduce costs as some medications may be stopped.

2 Provision of programmes and facilities for long-term exercise for older people.

Currently there are free six-week courses after a fall or cardiac event however after this initial six-week period there are few services available that are easy to access and free.

Stakeholders found that even a small fee could be a barrier to accessing activities. Some stakeholders expressed a wish to continue being active after the support provided by life fit, cardiac rehabilitation or the falls clinic had ceased.

3 Development of a programme of social prescribing.

Social prescribing enables health professionals to refer people to a range of local non-clinical services, such as walking, gardening, Singing for Health or Tai Chi. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way, not simply medical. Social prescribing has been linked to improvements in quality of life and emotional wellbeing, levels of depression and anxiety and has also led to a reduction in use of NHS services.

Older people in Guernsey and Alderney appreciated existing services but expressed the need for clear signposting to these activities. There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support. Stakeholders were of the view that this would be beneficial locally.

4 Investigate the establishment of osteoporosis screening.

This project scopes the targeting of 65-year olds with a questionnaire, for example a fracture risk assessment tool, to screen for osteoporosis. If no risk factors for osteoporosis are present, the person can be given advice on bone health with no further investigations required. If risk factors are present, the person can then be referred for a dual energy X-ray absorptiometry scan (a DEXA scan or bone density scan). This can be used to diagnose and assess the risk of osteoporosis allowing for appropriate advice or treatment offered dependant on the result.

5 Continue to improve bus accessibility and communications regarding initiatives that encourage bus use.

Whilst the considerable progress in bus accessibility was noted, stakeholders told us that the lack of seating at stops and lack of routes in the directions required were barriers to using the service.

Continued consideration to the needs of the population including seating, routes, bus stops, accessibility cards and hidden disability lanyards signposting would increase the ability of many to access the bus service.

Active Travel has already provided some new bus shelters and some solar lighting but these require planning permission. Stakeholders reported that some bus shelters' planning applications have been rejected in spite of a need identified by Active Travel.

6 Establish processes for pathways, signposting and staff training to identify domestic abuse and sexual violence.

The training budget for the domestic abuse strategy is too small to be able to currently provide the training to a large group of professionals and a need was identified for wider staff training.

This project could tie into signposting and training for the safeguarding of older people in order to be more effectively embedded into the organisation. This will facilitate appropriate response to domestic abuse and offer efficient and effective interventions earlier.

7 Improve oral hygiene and dental care in older people.

There is evidence that the people most likely to have dental need, are often the most vulnerable. Oral health is an important factor for happiness, general health, nutrition and quality of life, with oral health conditions threatening the quality of life particularly in older adults. If activities of daily living are impaired and cognition is reduced by dementia, the ability to continue good oral hygiene is reduced and oral health related quality of life reduces.

Implementing a dental care/oral hygiene education and service package for older people in care and residential settings would improve oral health.

This should include the use of high fluoride toothpaste and encouraging an improvement in oral hygiene. This would improve physical wellbeing, reduce pain and improve communication.

It has been proposed to pilot this within Lighthouse Wards.

8 **Complete a business case for community pharmacist to liaise with community dietician and hospital discharge settings.**

Many stakeholders expressed concerns that they did not understand what their tablets were for and that the writing in the pack was too small or difficult to understand. They have expressed the wish to have somewhere to go to ask questions about why they are on medications. This could be solved by a liaison community pharmacist, employed by States of Guernsey, who can provide this service as well as link hospital discharge medication and oral nutrition plans with community discharge settings. Other options include greater involvement of pharmacists working in the private sector.

9 **Investigate the establishment of Abdominal Aortic Aneurysm screening and other targeted health screening programmes.**

Abdominal Aortic aneurysm (AAA) is a dilation of the main abdominal artery called aorta. There are few or no symptoms of the condition but if it ruptures 8 out of 10 people die before they reach hospital.

Screening can pick up an AAA before it ruptures so that it can be monitored or surgically corrected. This would be in line with the screening service operating in UK. Estimates suggest 4% of men aged 65-74 have a AAA and it accounts for approximately 2% of deaths of men aged over 65.

The NHS Health Check is a health check-up for adults in England aged 40-74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As people age, they are at an increasing risk of developing one of these conditions. Individuals in the 40-74 age group, without pre-existing health conditions, receive a letter from their GP or local authority inviting them for free NHS Health Check every five years. Proactive detection of health problems, through targeted health checks, would be beneficial to patients in Guernsey and Alderney.

10 **Consider amending funding of DriveAbility assessments and driving assessments to encourage people to ensure they are safe to drive.**

Currently when someone is unsure if they are safe to continue driving, they are required to undertake a DriveAbility assessment. DriveAbility assessments cost £250, with medical assessments for driving licences costing approximately £65. Such high costs can put people off checking they are safe to drive, especially if they are likely to take the test or assessment and then not pass.

This can adversely affect social connectivity and emotional wellbeing as well as encourage people to continue driving even if they are unsure they should be doing so.

11 **Set up a befriending scheme whereby volunteers could take a person, or a small group of people, who live in residential and nursing homes out for activities.**

Individual one on one contact enriches a person's life and a scheme of volunteers taking people out of nursing and residential homes would be beneficial for residents. Although some activities take place outside of the home, these are often group based for practical reasons. It would be of benefit if volunteers were available to take smaller groups of more able residents, or even individual residents, out for activities such as getting a coffee or doing some shopping.

12 **Provide support for older people to fill in states of Guernsey related forms.**

Carers, nurses and health care assistants are being asked to help fill in forms for benefits applications. This is not an appropriate use of clinical time. The department giving out the form should provide support or find an unbiased party to assist.

Both stakeholders and service providers expressed concern that older people feel overwhelmed by filling in forms and do not access benefits due to completion of forms being a barrier.

13 **Improve signposting for information on nursing and residential home and care agencies.**

Currently it is up to each residential and nursing home whether they make their annual report available on their website or notice boards. People who wish to look for the reports need to access these for each individual care or residential home. The same applies for care agencies, providing help and support in the home.

Stakeholders reported that coordinated signposting to the relevant information would be beneficial.

14 Encourage improved transport to, and accessibility of, supermarkets.

Stakeholders expressed their concern about maintaining their independence, particularly in terms of food shopping. It was felt that supermarkets could do more to make shopping more accessible for older people. Encouraging more seating in shops and initiatives to bring people who require assistance to shops, could go some way to improving accessibility. This will also enhance social connectivity, access to choice and healthy food, as well as physical activity.

The shopping service which used to take individuals into the shops has now stopped, with food instead being brought to the person in their home. Whilst some stakeholders expressed appreciation for this service, others wished to maintain their independence in doing their own shopping.

Stakeholders reported that access to shops through a free voluntary car service would also empower them to stay within their homes, encouraging independence, choice and social connectivity.

15 Develop food and hydration standards for care settings.

A good nutritious diet containing protein, iron, fibre, folate, omega 3 oils, vitamin C, vitamin D and hydration should be standard.

However, there are concerns that there is a tendency to offer low nutrient quality menus for older people. Many social activities include tea or coffee with cake or biscuits. Portion size is also standard, when different genders and health conditions require more or less protein or carbohydrate, for example.

Some older people interviewed commented that they feel obliged to eat these less nutritious or larger portions even though they know it is best for their health to have a more nutritious alternative.

Standards for care providers on optimising nutrition, with the subsequent impact on the health and wellbeing of older people,

16 Provide a suitable video-fluoroscopy chair.

Nutrition is also very important in older people with chronic conditions. Here assessment of the person's ability to swallow is critical. For more complex swallowing problems, a speech and language therapist can refer an individual for a video fluoroscopy. This is where a person's swallow is observed through an x-ray. At present patients are required to stand up as there is no suitable chair for use locally, but many conditions that cause difficulties in swallowing, such as a stroke, also cause difficulties in standing. There is therefore a need to provide a suitable video-fluoroscopy chair so people can sit whilst this procedure is carried out.

17 Extend a malnutrition screening tool to community settings.

Currently, a MUST (malnutrition assessment tool) is used in all acute and long stay facilities including the Lighthouse wards, Duchess of Kent and hospitals in Alderney and Guernsey for all inpatients.

Stakeholders proposed extending the use of a malnutrition assessment tool, such as MUST, to community settings. There is evidence this is cost effective and that good nutrition and reduction in malnutrition improves morbidity, reduces risk of infection and reduces falls.

This could link to project 15.

18 Scope the introduction of opportunities for retraining in older people.

Currently there are no grants for retraining for older people. This may be particularly relevant when a person has, for example, had a more physical job that is not commensurate with ageing. Alternative working opportunities are important for physical and mental wellbeing as well as contributing to the economy of the Bailiwick.

Prioritised Projects for Alderney

1 Investigate development of a comprehensive home care package.

Currently there is no district nursing service in Alderney. The Connaught Care Home provides a home help service but when nurses are required, staff are taken from the Mignot Memorial Hospital (MMH) to cover district nursing responsibilities. This leaves the MMH short staffed, and lacking resilience.

Development of a comprehensive home care package for varying needs would provide preventative care and enable people to stay in their own homes for longer.

2 Investigate providing more staff accommodation or more rental properties for health and care staff.

It is currently difficult to recruit staff due to a lack of staff accommodation and rental properties available in Alderney. Staff coming to work in Alderney for the first time are unlikely to want to buy a house straight away, despite reasonable house

prices. By providing more staff accommodation and rental properties this will encourage the recruitment and retention of permanent staff.

3 Investigate the increase of greater physiotherapy provision and support on-island.

Many stakeholders felt that there needed to be more physiotherapy-led services available in Alderney.

Medical professionals also want the ability to refer to physiotherapy services directly without going through the Medical Specialist Group (MSG), which costs extra money in flights and off-island appointments. Physiotherapy is free if referred via MSG, otherwise patients are required to cover the costs. This could be linked to into the Guernsey falls clinic initiative.

4 Develop video-conferencing facilities to be more user friendly.

Currently video conferencing facilities are not used regularly due to slow internet and consultants from the MSG needing to travel to the Institute to access the video conferencing suite.

It has been suggested that these be developed into a Skype-like service so consultations can be done from a laptop removing the need for consultants to travel between sites and maximising clinic time. However, the appropriate safeguards to protect patient confidentiality would need to be put into place. The project will also benefit patients with mobility issues who may find it difficult to travel.

5 Improve co-ordination of appointments in Guernsey.

Many stakeholders requested that appointments in Guernsey be coordinated more effectively to limit the number of off-island visits required by Alderney residents. Stakeholders have also asked, when attending multiple appointments in Guernsey on one day, that these could be coordinated to prevent unnecessary waiting. This would require a system to co-ordinate appointments between Alderney, the MSG and Princess Elizabeth Hospital.

People living in Alderney also suggested that the availability of a voluntary car service to pick them up from the airport to take them to appointments would be very helpful, as patients may be too unwell to use the bus but find the taxi fares too expensive.

6 More visiting consultants; geriatrician, ophthalmologist and off-island rheumatologist.

Clinicians in Alderney feel that residents would benefit from more visiting consultants, specifically a geriatrician, ophthalmologist (although this may depend on the equipment required) and the

off-island rheumatologist, in light of Alderney's ageing population. Some stakeholders said that they feel that when services in Guernsey become pressured these appointments in Alderney may be lost.

7 Investigate providing more sheltered accommodation.

There is currently a gap in housing provision between people living in their own (often large) homes and those moving into the Connaught Care Home for residential or nursing care.

Many stakeholders expressed a wish for smaller properties close to the Connaught Care Home enabling them to maintain their independence for as long as possible.

8 Investigate options for making planes and boats to and from Alderney more accessible.

Currently, the planes travelling to and from Alderney, the Dornier 228 and 228NG, have poor accessibility. Only one person is permitted on the steps to enter the plane at any one time and the absence of a fixed hand rail makes entering and exiting the aircraft challenging for those with mobility issues. Accessibility on the boats could also be improved.

Poor accessibility is a disincentive for people to travel off-island for treatment and can lead to off-island treatment refusal.

9 Investigate the wider availability of key laboratory tests available in Alderney.

There is currently no ability to do a full blood count, liver profile or INR testing in Alderney. Instead patients must pay to have their blood taken. The blood samples then need to be sent to Guernsey for analysis which delays results of the test.

When the planes do not fly due to poor weather or technical issues the blood sample can no longer be used and the patient is required to pay for another blood test.

Health professionals in Alderney felt, with the wider availability of modern technologies, it would be beneficial to review the availability of on-Island testing in Alderney.

10 Research issues surrounding means testing for off-island escorts.

Many stakeholders have said that they are required to pay for their own escort to travel with them to attend medical appointments off-island. Social security has a means testing system for people who need an escort, however it is not clear whether people are unaware of this, if the threshold to receive assistance is deemed too low, whether the service is felt to be sufficient or if patients find it simply too complex to navigate. These issues need to be considered.

Conclusions and Next Steps

Conclusions and Next Steps

This is the first population-based Joint Strategic Needs Assessment that has been conducted in Guernsey and Alderney . This forms part of the work mandated by the Partnership of Purpose which directed Public Health Services to conduct a suite of Health Needs Assessment to map the current and future needs of our population.[1]

We all need to endorse a 'whole islands' approach to ageing well, promoting a positive view of 'healthy ageing'. We need to recognise and celebrate the enormous contribution made to our society by the over 50s and respect their position as active members of the community. At the same time, we must ensure that our health and care needs meet the requirements of our ageing demographic. We need to ensure that our services for the most vulnerable older people safeguards their dignity and rights.

Efforts to prevent ill-health should be equitable across the life course and all providers of services and community support should help to disseminate the message that 'it is never too late' to make lifestyle changes. We need to personalise health and wellbeing needs for individuals, ensuring that we do not adopt a 'one size fits all' approach. We need to promote awareness of the risks of physical inactivity, poor diet, malnutrition and smoking, whilst emphasising the benefits of making a change, at any stage in life. We need to provide an environment where older people can live and thrive.

To do this we need:

- **person centred care**: joint services should involve people who use services, and their carers, in designing and delivering them;
- **an outcome focus:** joint services should ensure people get the outcomes they need, and services should be able to evidence their ability to deliver these better outcomes; and
- **whole system working for health, housing and care services:** to assist local partnerships tackle complex problems such as delayed transfers of care from hospital.

A focus on outcomes will ensure that our services achieve their desired goals which include that older people are able to:

- stay healthy, active and independent for as long as possible;
- be valued and respected;
- have choice and control over how they manage their lives;
- get access to the best quality care;
- live how they choose;
- be supported to manage long term conditions;
- get more care and support tailored to their needs;

- have support from professionals with specialist knowledge relevant to them;
- be helped to be more independent;
- stay in their own homes whenever it is possible, with customised support;
- be active and able to get out and about;
- have the right to continued opportunities for learning;
- have the right to continued careers advice and flexible employment
- regain skills and capacity after an illness or accident; and
- have financial control or help when required.

Collaborative working will mean a better integration of health and care with transport, leisure, planning and housing, ensuring we keep people connected, active, independent and in their own homes. This focus on the wider determinants of health will be made possible by better integration of health and care with transport, leisure, planning and housing.

The next steps in this process will include communicating the results of this population-based JSNA to the different operational and political Committees that comprise the States of Guernsey and Alderney, as well as to interested stakeholder groups. From there an implementation plan for the delivery of the proposed work streams will be developed. This provision of high quality health and care services for the over 50s, and indeed for the whole of the population of our islands, resonates across our entire community. Implementation of the recommendations of this JSNA will require ownership by us all.

Appendices

Appendix A
Project Steering Group

The Steering Group from this Joint Strategic Needs Assessment consisted of:

Dr Nicola Brink - Director of Public Health and Senior Responsible Officer
Dr Joanne Le Noury - Associate Specialist in Public Health and Programme Manager
Heather Ewert - Public Health Practitioner and Programme Manager
Dr Robert Gallagher - Representative from Primary Care
David Inglis - Representative from Age Concern Guernsey LBG
Dominic Wheatley - Representative from Ageing Well in the Bailiwick
Fiona Robertson - Service Manager, Services for Older People
Geoff Colclough - Independent Advisor
Judy Hayman - Older Person's Representative
Niki Cleal - Representative from Supported Living and Ageing Well Strategy (SLAWS)
Dr Aneurin Matthews - Consultant Geriatrician and representative from the Medical Specialist Group (Secondary Care)
Dr Steve Evans - Consultant Geriatrician and representative from the Medical Specialist Group (Secondary Care)
Theresa Prince - Community Services Representative

Appendix B Contributors

The Committee *for* Health & Social Care's Public Health Services would like to thank all of the contributors who gave so generously of their time to enable us to conduct this first population-based Needs Assessment. Without this engagement we would not have been able to complete this project.

We have gained an insight into the lives of older people, the current services provided and the gaps in health and care services in Guernsey and Alderney.

We are also very grateful to the invited members of the Project Steering Group who provided invaluable expert guidance and advice throughout this process.

- Active Health Manager, Beau Sejour
- Adult Community Services
- Advanced Hearing Services
- Age Concern Guernsey LBG
- Age Concern Winter Fuel Fund
- Ageing Well in the Bailiwick
- Alderney Age Concern
- Alderney States Members
- Allied Health Services Review
- Alzheimer's Society
- Browhill Nursing Home
- Carers coming together
- Chateau du Village
- Chief Nurse
- Chief Secretary of the Committee *for* Health & Social Care
- Children's Dentistry
- Church of England Representative
- Citizens Advice Guernsey
- Committee *for* Employment & Social Security
- Committee *for* the Environment and Infrastructure
- Community Services Manager
- Connaught Care Home
- Connie's Carers
- Culture, Arts and Health Managers
- Day Centre Manager
- Dentists
- Department of Transport
- Digital Greenhouse
- Director of Housing
- Discharge Planning
- Domestic Abuse Strategy
- End of Life Care Facilitator
- Environmental Health
- Evangelical Congregation
- Greenacres Residential Home
- GSPCA

- Guernsey Alzheimer's Association Group
- Guernsey Blind Association
- Guernsey Dental Lab
- Guernsey Hard of Hearing Association Group
- Guernsey Optometrists
- Guernsey Voluntary Service
- Guille-Alles Library
- Head of Hospital Services
- Head of Recreation Services, Sport and Recreation
- Headway
- Health Connections Guernsey
- Health Promotion Walker
- Health Visitor
- Hospital Chaplain
- Institute of Directors
- Island Medical Centre
- Jubilee Day Centre
- Les Danceurs de L'Assembllaie D'Guernesais
- Liberate
- Lifelong Learning
- Maison de Beauvoir
- Mignot Memorial Hospital
- Nurse Representatives
- Occupational therapy
- Older Adult Mental Health Services
- Orthoptics
- Osteoporosis Service
- Pet Concern
- Physiotherapy
- Prescribing Advisor
- Primary Care
- Registration and Inspection Officer
- Retired Trade Union and OAP Association
- Russell's Day Centre
- Salvation Army
- Secondary Care
- Service Manager for Older People
- Speech and Language Therapy
- Spurgeon Baptist Church
- St Johns Residential Home
- States Vet
- Styx Centre
- University of the Third Age

A special thanks also goes to Katie Connolly, Sixth Form Student at the Ladies' College in Guernsey who joined the project team for work experience on our engagement with Alderney.

Appendix C

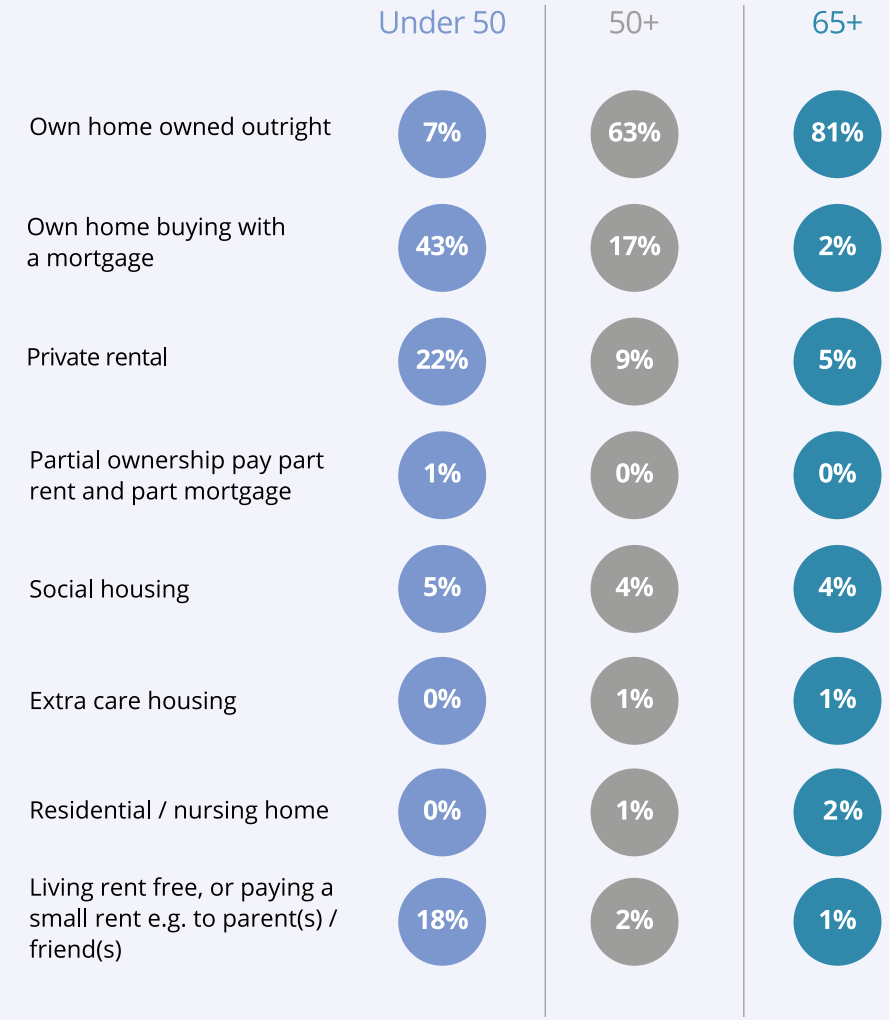
a) Bailiwick Facts and Figures[3]

Wider Determinants of Health - Transport

When asked 'Within the last 12 months have any of the following prevented you from getting where you need to go, or would like to go?'

	Under 50	50+	65+
The cost of owning and running a car	14%	4%	9%
The cost of using local taxis	19%	10%	9%
The cost of getting a bus	1%	0%	0%
The bus routes or timings are not suitable	21%	12%	9%
Having to stand to wait for a bus	8%	6%	6%
Feeling unable to walk safely (e.g. fear of falling, lack of pavements, road traffic)	7%	7%	11%
Feeling unable to cycle safely	9%	8%	8%
No transport available that suits my physical needs (e.g. accessible taxi)	1%	2%	2%
Unable to get there by myself and would need to ask for help (e.g. from family or friends)	6%	6%	7%
Prevented from travelling due to any of the listed categories	41%	30%	31%

Wider Determinants of Health - Housing
When asked 'What type of housing do you live in?'



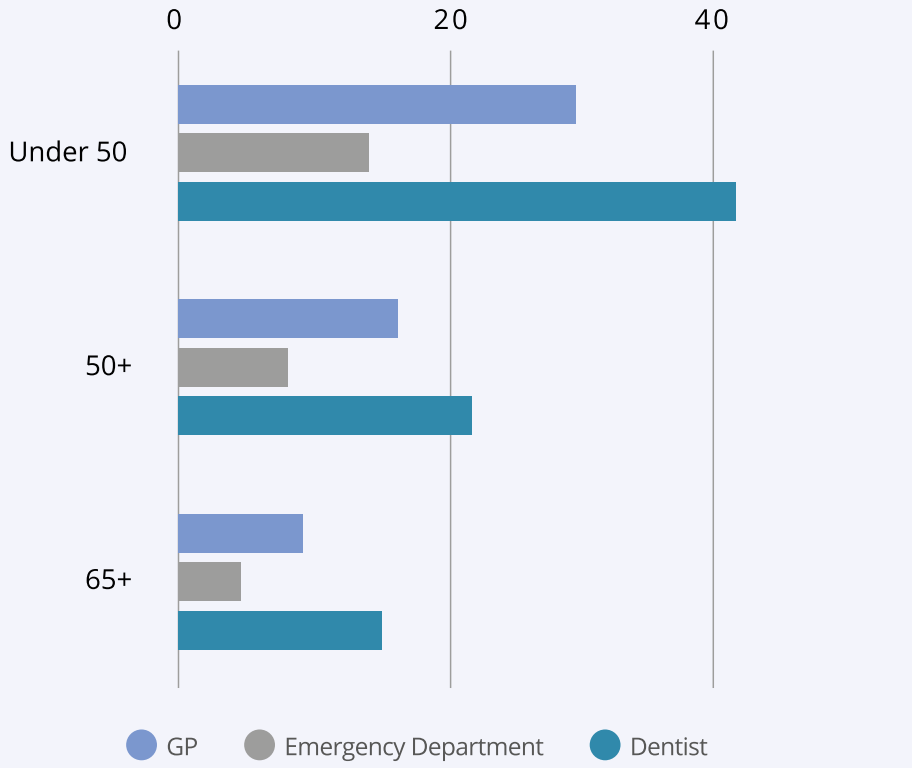
Wider Determinants of Health - Finance

- Those in the 50-59 age group are most likely to be self-employed, with men twice as likely to be self-employed than women.
- 13% of those over 50 and 9% of over 65s have a health concern they have not seen the GP about, with this figure rising to 24% in the under 50s.
- People are less likely to have a health concern they haven't seen a GP about as household income rises, suggesting cost is a barrier to primary care services.
- The % of people who have visited the GP 5 times or more in the last year increases with age with 35% of over 80s visiting the GP 5 or more times in the last 12 months, compared to 21% of those aged 50+ and 14% of under 50s.
- A third of over 50s said cost had stopped them from using a health service in the last 12 months, rising to two thirds of under 50s.
- 22% of those over 50, 15% of those over 65, and 42% of people under 50 have been prevented from visiting the dentist due to cost.

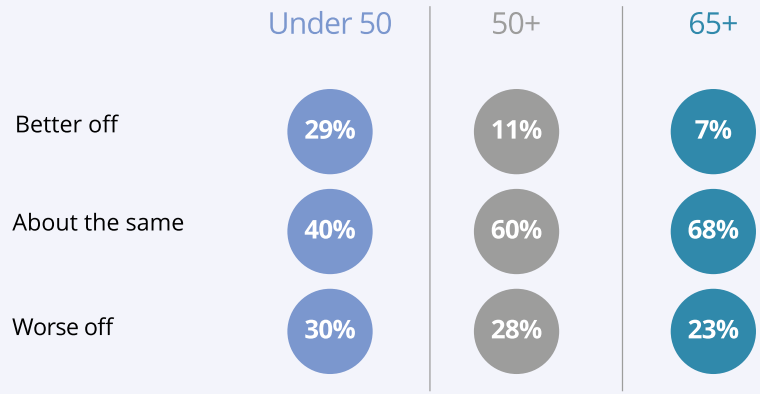
When asked 'What is your total gross household income?'

	Under 50	50+	65+
Less than £20,000	6%	18%	29%
£20,000 - £39,999	17%	25%	31%
£40,000 - £59,999	18%	17%	12%
£60,000 - £79,999	15%	11%	7%
£80,000 - £99,999	12%	6%	3%
£100,000 +	19%	13%	5%

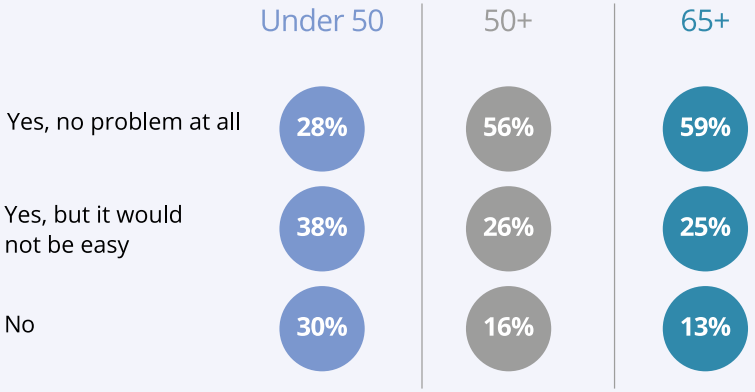
Percentage of people where cost has prevented access to any of the following services in the last 12 months



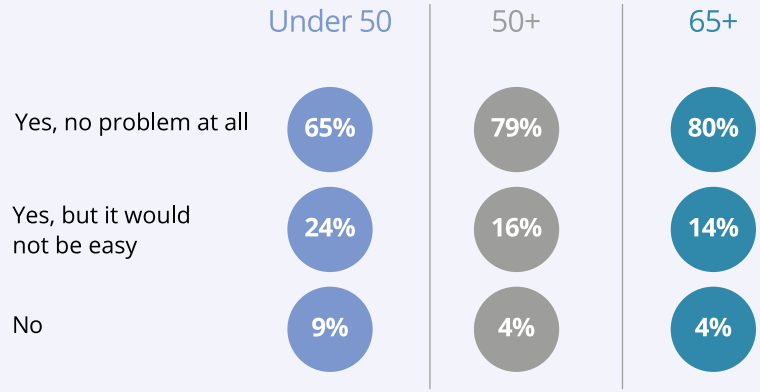
When asked 'Do you feel better off, worse off, or about the same financially as you did 12 months ago?'



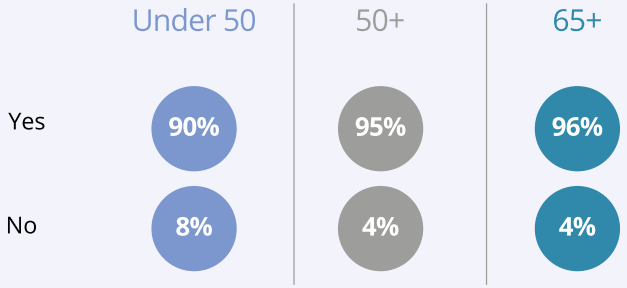
When asked 'Could your household afford an unexpected, but necessary expense of £100?



When asked 'Could your household afford an unexpected, but necessary expense of £1000?

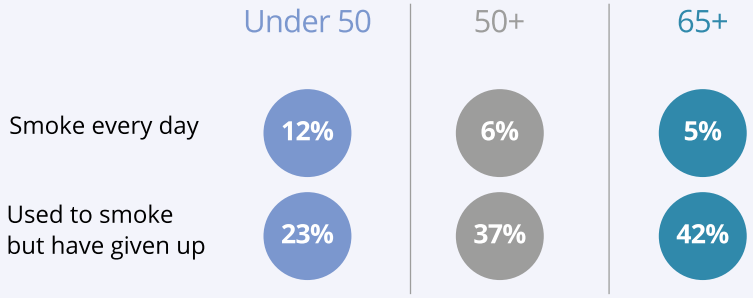


When asked 'Thinking about last winter, did you keep comfortably warm in at least one room in your house?'



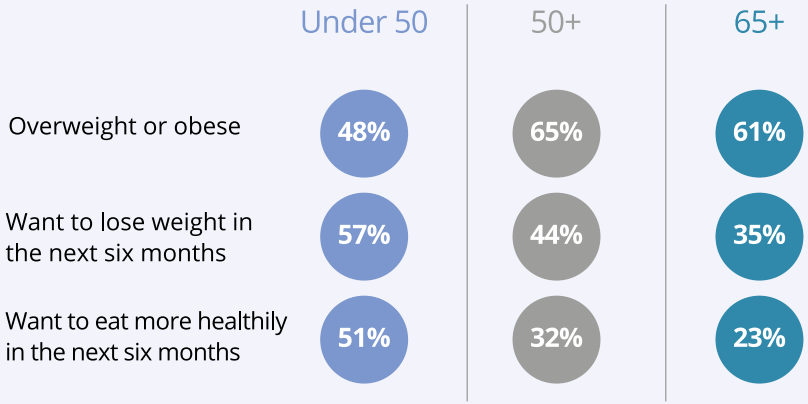
- Of people retiring, 40% have only the State Pension as income.
- In 2017, 111 pensioners were assisted with their fuel bills, with a charity paying out a total of £15,449.37 which as well as paying for fuel was utilised to improve energy efficiency of homes through activities such as fixing windows. Of these 29 were new applicants. [19]
- 68% of calls from older people (aged 65 and over) to the Guernsey Citizens Advice Bureau concerned administration of financial matters such as wills and dealing with the estate and 7.8% searching for advice and information regarding state benefits. [20]
- Of those aged 50+ receiving domiciliary care less than 10% receive supplementary benefit, less than 5% receive a carer's allowance. [17]

Lifestyle and Healthy Living - Smoking



- Over 50s are less likely to use e-cigarettes than those under 50.
- 8% of those under 50 want to stop smoking tobacco, compared to only 4% of people aged 50-69 and 2% of those aged 70+.

Lifestyle and Healthy Living - Healthy Weight

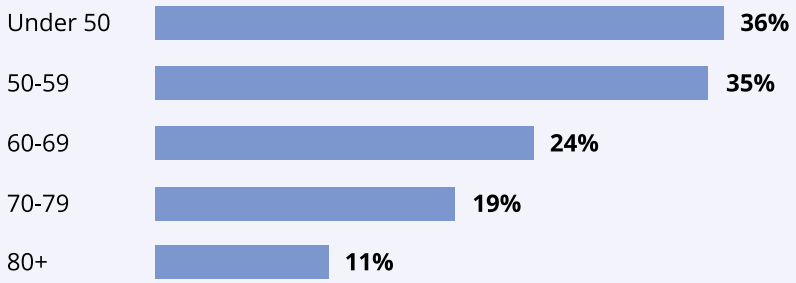


- Men are more likely to be overweight or obese than women.
- Older people aged 50 – 69 are more likely than those aged 70+ to be overweight or obese.
- People over 50 are more likely to be overweight or obese as their household increases in size.
- Over 50s who were employed were more likely to be overweight or obese than those who were retired or not working.

Lifestyle and Healthy Living - Nutrition

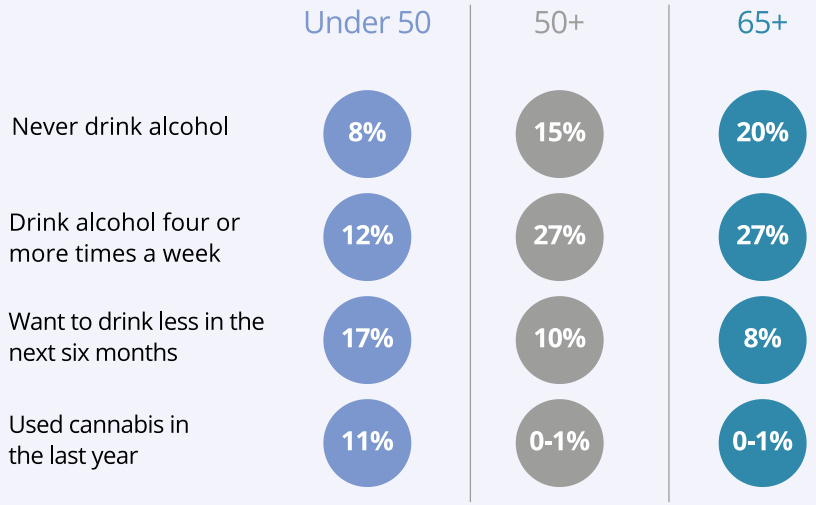
- Over 50s are more likely than under 50s to eat five or more portions of fruit and vegetables a day, 55% compared to 44% of under 50s.
- The greater household income the more likely over 50s are to eat five or more portions of fruit and vegetables a day.
- The nutrition and dietetic service make 4550 patient contacts annually, the majority are inpatients and anecdotally most are over 50 years of age. (32)
- Of the 2902 blood tests for Vitamin D over 2017, 35% were low, and of the low results 46% were for people over the age of 50. (64)
- The Guernsey Voluntary Service provides 23,000 meals on wheels a year. This has reduced from 26,000 as more people attend Day Centres. (33)

Lifestyle and Healthy Living - Physical Activity



- 61% of those with a self-described emotional or mental health condition want to do more physical exercise or activity in the next six months.

Lifestyle and Healthy Living - Drugs and Alcohol



- Although those over 50 drink more often, when people aged under 50 drink, they tend to drink alcohol in greater quantities.
- In Guernsey, of a total of 16,413 Emergency Department attendances in 2017, 2.4% were thought to be alcohol-related. Almost a third of these suspected alcohol-related admissions occurred in individuals over 50 years of age and, of these, just over two thirds were in men. (43)

- The impact of alcohol on the lives of people over the age of 50 years is further evidenced by attendances at the Guernsey Alcohol Advisory Service (GAAS). This service is free to service users and open for anyone who feels alcohol is negatively affecting their life. In 2017 they saw 60 new clients, 27% of which were over 50. GAAS also owns a rehabilitation dry house and in 2017 about one third of residents were over 50 years of age. [45]

- The Community Drug and Alcohol Team are more likely to see clients under 50 related to drug use, whereas those over 50 are more likely to attend for alcohol use. [46]

- In Alderney in 2017, 3.7% of admissions to hospital were alcohol or drugs related. [44]

Lifestyle and Healthy Living - Sexual Health

- The Orchard Centre provides sexual health services on behalf of the Committee for Health & Social Care. In 2017, 15% of service users were over 50 years of age. This has doubled when compared to 2007 when 6% of consultations were for over 50s. [101]

- The ageing demographic is reflected locally with 42% of people living with HIV in Guernsey and Alderney now being over 50 years of age. This compares to 25% 10 years ago in 2008. [101]

Lifestyle and Healthy Living - Elder Abuse and Exploitation

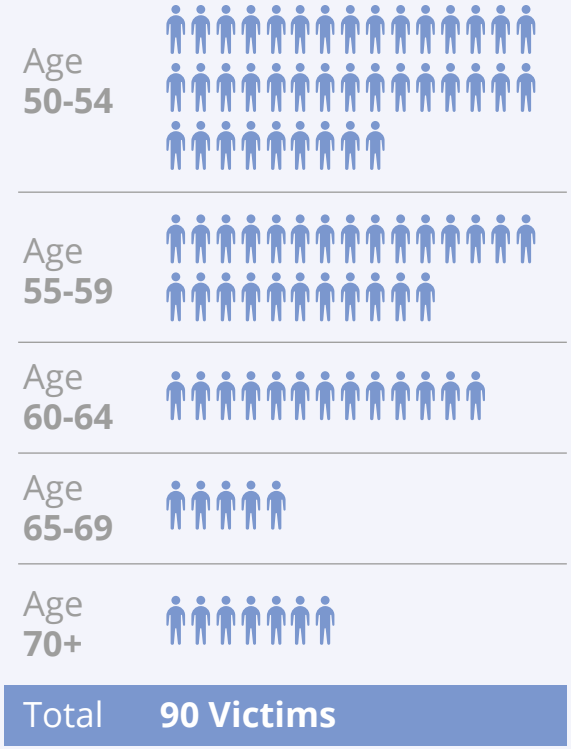
- There was a total of 619 call outs to incidents for domestic abuse in 2017, although these are most likely significantly underreported due to due to the nature of domestic violence and living in a small island with a close knit community. The percentage of incidents where the victim was over 50 was 19.5%. [57]

- The most common type of incident call out was for verbal abuse (49%) followed by assault (31%) with most cases (19%) occurring between male and female ex-partners, followed by male and female partners (17%). [57]

- The Independent Domestic Violence Service (IDVS) supports high risk victims of domestic abuse. In 2017 it supported 13 clients who were aged 50 or over. Females make up the majority of cases although male victims generally make up around 4-7% of cases for the IDVS and Multi Agency Risk Assessment Conferences (MARAC). The over 50s represent just under 10% of the service's total clients.

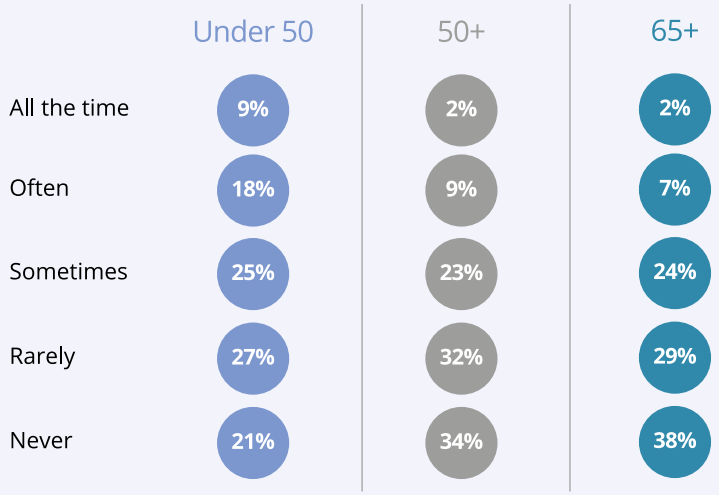
- There is evidence of elder abuse in data from the Domestic Abuse Strategy however there is minimal training for staff in relation to domestic abuse.

Breakdown of domestic abuse victims over 50 in 2017 [57]

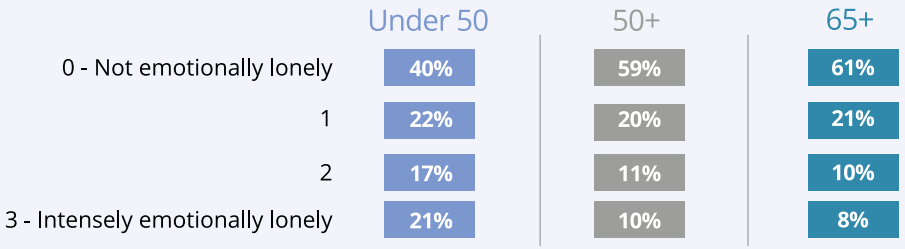


Lifestyle and Healthy Living - Loneliness

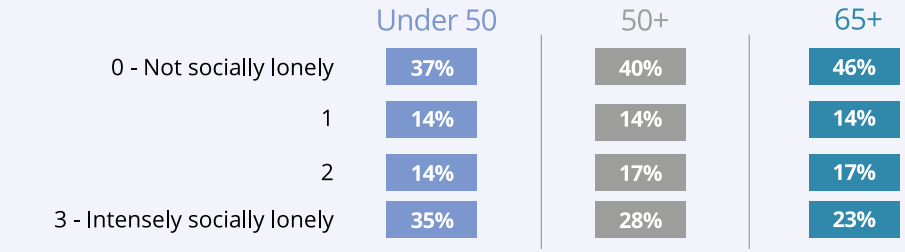
When asked 'How often do you feel lonely, isolated or that you lack companionship?'



De Jong Giervald Loneliness scale – Emotional loneliness



De Jong Giervald Loneliness scale – Social loneliness



Physical and Mental Health – Chronic conditions

- Issues of incontinence increase with age with 12% of over 65s leaking urine once a week or less but are highest among the 70-79 age group at 15% compared to 5% in the under 50s.

- Women are more likely to have issues of incontinence than men.

- More than half of older people are affected by multiple chronic conditions, (with the prevalence increasing sharply in very old age) and that this is associated with higher rates of health-care utilisation, and higher costs. [63]

- At the age of 67+, 43 in 100 women have a long term condition compared to 31 in every 100 men. Of those who had long-term conditions, 74% had a condition affecting them in multiple ways. [16]

- Delayed discharge from hospital is often caused by several factors, including waiting for a care package or appropriate housing. Data is collected but does not necessarily reflect the changing situation of the patients involved. Any delay causes the possibility of deskilling and reduced self-care activities. [74]

- Information collected by pathology from primary care demonstrates that in 2016/17, 2915 people live with diabetes mellitus, 1518 with chronic obstructive pulmonary disorder (COPD) and 11450 with hypertension. [64]

- Approximately 500 people who are blind or are visually impaired choose to be supported by the Guernsey Blind Association. This is likely to be an underestimate of the true figure of those who are visually impaired in the Bailiwick. Eye tests are funded up to £120 per year for those on supplementary benefit, the GBA can add to this as glasses may cost much more than £120. [25]

Physical and Mental Health – Polypharmacy

- People aged over 65 receive free prescriptions and with current population ageing trends, the costs to the drug fund will be set to increase.

- In 2017 1,519,547 prescription items were dispensed. Of these 65% were exempt from prescription charges. The combined costs of drugs medicines and appliances was £18.05 million. Islanders paid £2.19 million in prescription charges. [102]

Physical and Mental Health – Mental Health

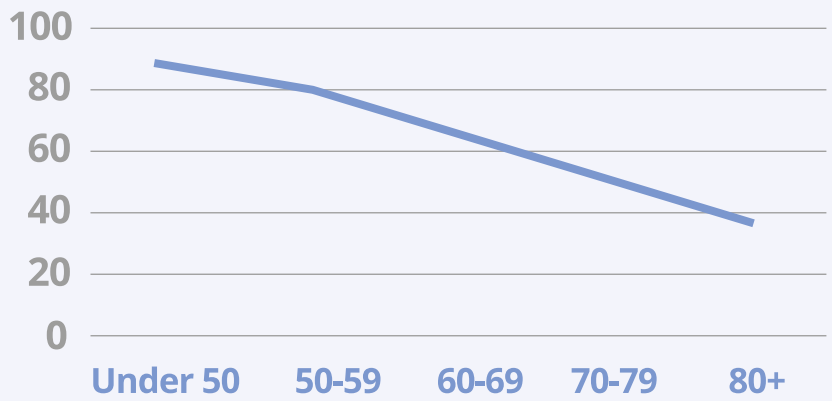
- 63% of over 50s and 49% of over 65s have experienced a moderate or large amount of stress in the last 12 months, compared to 87% of under 50s.

- 87% over 50s with a self-described mental or emotional health condition have also experienced a moerate or large amount of stress in the last 12 months.

- The proportion of people experiencing a moderate or large amount of stress in the last 12 months decreases with age. Older people experienced less stress in all aspects of their life than under 50s, including personal safety and security, global issues, their own health, the health of others and money and finanical pressures

- It is estimated that 1250 people live with dementia in Guernsey and Alderney. [75]

% of people experiencing a moderate to large amount of stress in the last 12 months



Physical and Mental Health – Osteoporosis

- Previously numbers of hip fractures were declining, from 64 in 2013 (0.54% of over 65s) to 42 in 2015 (0.34% of over 65s). However, in 2017 numbers rose to 76 constituting 0.59% of over 65s. [43]

Physical and Mental Health – Outpatient Appointments

- There were almost 40,000 consultations in the MSG in 2017 for those over 50. The most frequent consultations are nurse appointments (8152) including change of dressings, blood tests and taking out stitches; ophthalmology (6760), orthopaedics (3600) and general surgery (3210). [103] This does not include the MSG consultant consultations that take place within the PEH such as oncology and geriatric care and also gastroenterology and neurology appointments.

- The Day Assessment Unit sees approximately 165 patients per month with the number of IV infusions for treatments for conditions such as osteoporosis rising from 131 Zoledronic acid infusions in 2016, 142 in 2017 and 157 in 2018. [67]

- Occupational therapy workload is dominated by treating those over 50. 100% of the falls clinic and rehabilitation consultations are for those over 50. The stroke and rapid response work is comprised of 91% by over 50s with the greatest proportion of patients aged over 70. [62]

- The continence service currently sees 30-40 referrals per month with 90% of referrals being for those aged 50 or over. [66]

Physical and Mental Health – End of Life Care

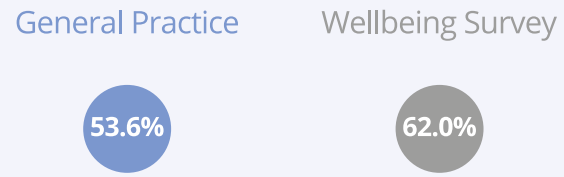
- Population studies in the UK suggest 60% of people would like to die in their own home. (79) In 2015, 109 people over 75 died in hospital following an admission to the Emergency Department (20% of the deaths in that year). Of those who died in hospital, 30% died within three days of admission, 62% were over the age of 85. [80]

Immunisation

- Flu vaccine uptake was reported as 62.0% in the Wellbeing Survey and 53.6% by Primary Care.

- The difference in coverage reported for those aged 65+ is likely due to people receiving their flu vaccine in pharmacies instead of general practice.

Over 65 flu vaccine coverage



Screening

- The estimated uptake of cervical screening in Guernsey and Alderney is between 70 and 75 %. This is similar to the coverage in England, estimated to be 71.4%, [83] although both are below the UK National Target of 80%. [84]

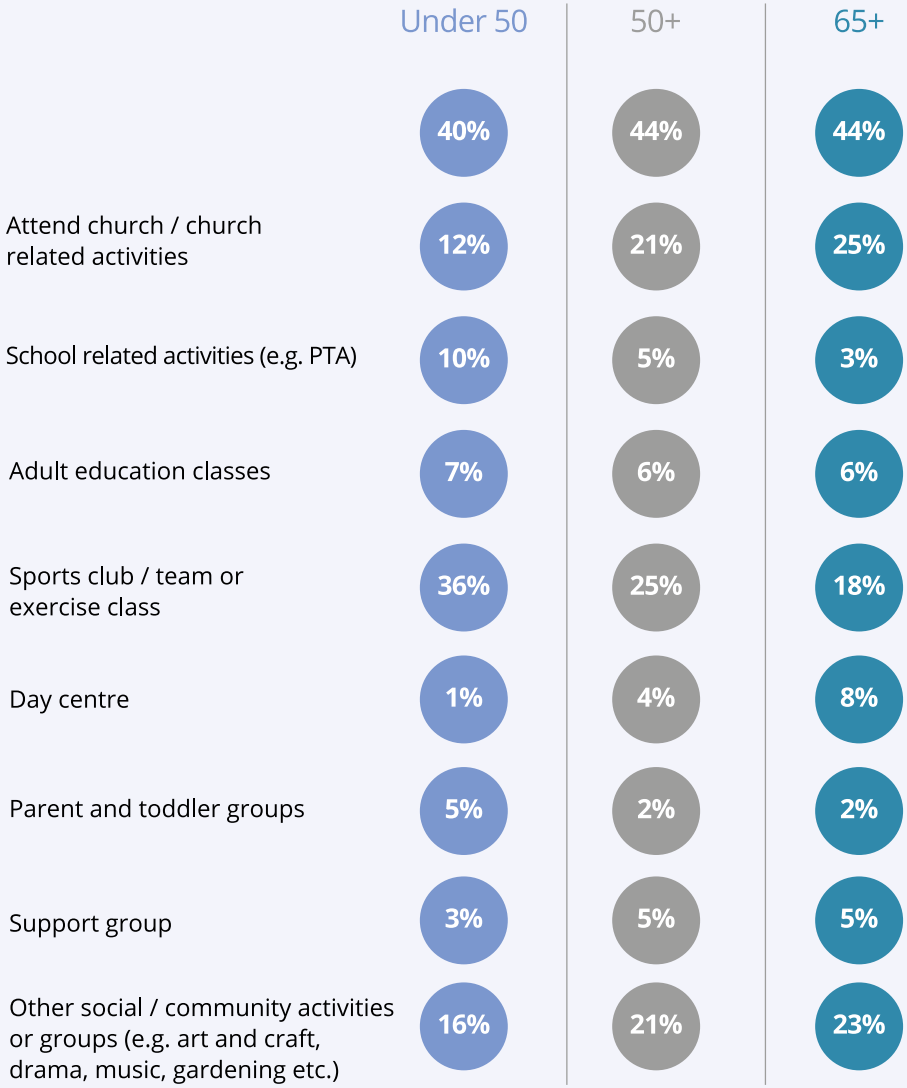
- Breast screening starts as a woman reaches the age of 50. In Guernsey the uptake of screening is approximately 70%, comparable to UK rates and below the UK National Target of 80%. [84]

- 21% of diabetics currently receive diabetic retinopathy screening funded by the states of Guernsey. This is below the UK National Target of 80%.

- There is currently no Abdominal Aortic Aneurysm (AAA) screening in the Bailiwick. Evidence from the UK suggests that 4% of men aged 65-74 have an AAA and it accounts for approximately 2% of deaths of men aged over 65. The UK National Screening Target for initial AAA screening is 80% of all eligible men. (84) If an AAA ruptures 8 out of 10 people die before they reach hospital. [87] Between the years of 2001 and 2015, 25 people in Guernsey died from a ruptured AAA. [88]

Community – Activities promoting meaning and purpose

When asked 'Have you regularly taken part in any of the following social or community activities or groups in the last 12 months?



Community - Caring

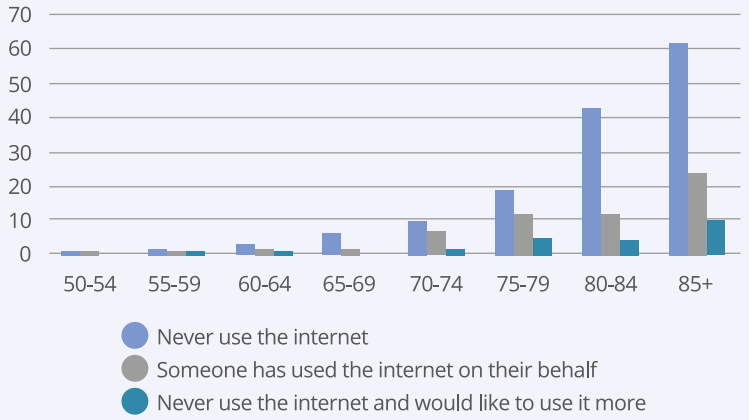
- Those in the 60-69 age group were most likely to care for a family member, partner or friend with a long-term health condition or problems related to old age.
- Those in the 80+ age group were 4 times more likely to receive care then people who are 70-79, with 28% of over 80s receiving care, compared to only 2% of under 50s.
- Those living in single person households were more likely to self-describe as being in receipt of care than those in households of multiple occupation.
- Carers were asked the following questions: [96]
    - When asked whether they agreed or disagreed with the statement 'I know where to go for or information and advice about support for carers' more than half (56%) of those that responded disagreed or strongly disagreed.
    - When asked whether they agreed or disagreed with 'I have enough time-off' 55% of those who responded disagreed or strongly disagreed.
    - With the statement 'I have choice about when I have time off and can plan in advance' 50% of those who responded disagreed or strongly disagreed.
    - With the statement 'I have good information about short-break services' 59% of those who responded to the question disagreed or strongly disagreed.

Community - Volunteering

- 30% of over 50s and over 65s regularly volunteer, compared to only 21% of people under 50. Volunteering is also integral to life in the Bailiwick.
- 51% of over 65s volunteer in varying capacities, compared to only 29% of people under 50.
- Those aged 60-79 are the most likely age group to regularly volunteer.
- The Guernsey Voluntary Service has 500 volunteers the majority over 50 years of age. [33]

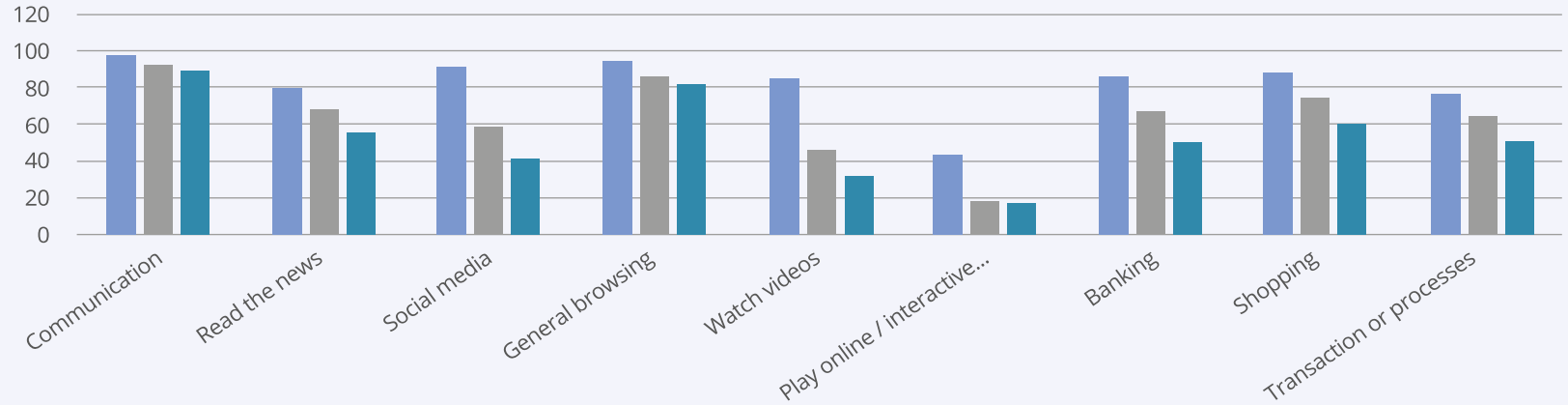
Communication – Digital

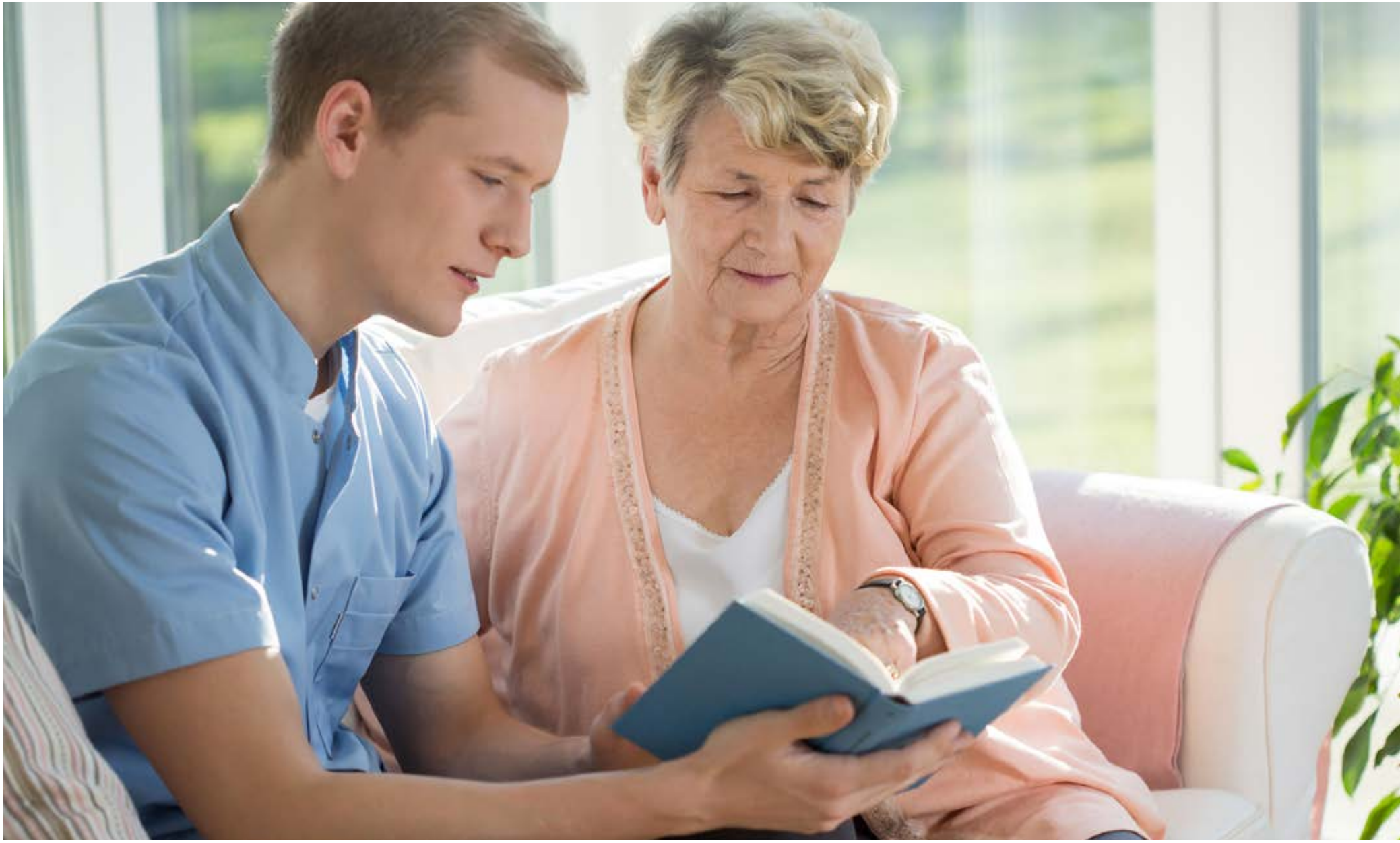
Internet usage by age



Communication – Digital

How different age groups use the internet





References

1. **Committee for Health & Social Care.** A Partnership of Purpose: Transforming Bailiwick Health and Care (P.2017/114) : The States of Deliberation of the Island of Guernsey, 2017.

2. **NHS Confederation.** The Joint Strategic Needs Assessment. NHS confederation. [Online] July 2011. [Cited: 22 October 2018.] https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Briefing_221_JSNAs.PDF.

3. **Department of Health.** Joint Strategic Needs Assessment and joint health and wellbeing strategies explained, commissioning for populations. [Online] 5 December 2011. [Cited: 22 October 2018.]

4. D**epartment of Health.** National Service Framework for Older People. London : Department of Health, 2001.

5. **Lis, K, et al.** Evidence-Based Guidelines on Health Promotion for Older People. Vienna : Austrian Red Cross, 2008.

6. Preparing clinical support workers for the long -term conditions agenda: Kasier triangle. **Randall, S**. 25: Nursing Standard, 2011, Vol. 25.

7. **States of Guernsey Data and Analysis**. Rolling Electronic Census.

8. **States of Alderney.** Alderney Electronic Census Report 14th June 2018: States of Alderney, 2018.

9. **States of Jersey.** Jersey population projections 2016 release: States of Jersey, 2016.

10. **Isle of Man Government.** 2016 Isle of Man Census Report: Isle of Man Government, 2017.

11. **Office for National Statistics.** Overview of the UK population: November 2018. [Online] 1 November 2018. [Cited: 30 January 2019.] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/november2018.

12. **States of Guernsey Public Health Services.** Health Profile for Guernsey and Alderney: States of Guernsey Public Health Services, 2016.

13. **States of Guernsey Public Health Services.** Wellbeing Survey 2018. 2019.

14. **States of Guernsey.** Data Protection (Bailiwick of Guernsey) Law, 2017. Guernsey Legal Resources.

15. **Dahlgren, G and Whitehead, M.** Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden : Institute for Futures Studies, 1991.

16. **Guernsey DriveAbility.** [Online] 2014. [Cited: 28 January 2019.] http://www.guernseydriveability.org.gg/index.html.

17. **Wessex DriveAblity.** [Online] [Cited: 28 January 2019.] https://www.wessexdriveability.org.uk/.

18. **Data from Traffic and Highway Services**, 2018.

19. **BMG Research and the University of Nottingham.** Disability Needs Survey: Review of prevalence across Guernsey and Alderney. States of Guernsey, 2012.

20. **States of Guernsey.** Domicillary Care Survey . 2018.

21. **Humanitas Deventer.** Humanitas: fingerprint for long-term care. [Online] [Cited: 1 February 2019.] https://www.madeindeventer.com/exportcompany/Humanitas.

22. **Data from Guernsey Citizens Advice Bureau**, 2018.

23. **Data from Age Concern Fuel Fund,** 2018.

24. **States of Guernsey.** Longer Working Lives [Online] [Cited: 24 April 2019.] www.gov.gg/longerworkinglives

25. **Bright Futures.** [Online] [Cited: 24 April 2019.] https://www.brightfutures.org.gg/

26. **Russell CA, Elia M.** Nutrition Screening Surveys in Hospitals in England, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011. BAPEN, 2014.

27. **Russell CA, Elia M.** Nutrition Screening Survey in the UK and Republic of Ireland in 2011. BAPEN, 2012.

28. The burden of malnutrition in general practice. **McGurk P, Cawood A, Walters E, Stratton RJ, Elia M.** Gut, 2012, Vol. 61 (Suppl 2).

29. Prognostic impact of disease-related malnutrition. **Norman K, Pichard C, Lochs H, Pirlich M.** 1, Clinical Nutrition, 2008, Vol. 27.

30. **NICE.** Nutrition Support in Adults. NICE Guidance. [Online] November 2012. [Cited: 23 October 2018.] https://www.nice.org.uk/guidance/QS24.]

31. Clinical and economic outcomes of nutrition interventions across the continuum of care. de van der Schueren M1, **Elia M, Gramlich L, Johnson MP, Lim SL, Philipson T, Jaferi A, Prado CM**. Ann N Y Acad Sci, 2014, Vol. 1321.

32. Data from the **Nutrition and Dietetic Service**, 2018.

33. Data from the **Guernsey Voluntary Service**, 2018.

34. Substance use disorder among older adults in the United States in 2020. **Han, B, Gfroerer, J and Colliver, J' Penne, M.** 1, : Addiction, 2008, Vol. 104.

35. Data from **Guernsey Emergency Department**, 2018

36. **NHS Digital**. Statistics on Alcohol, England, 2018 . [Online] 1 May 20108. [Cited: 20 February 2019.] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2018/part-1.

37. **Mignot Memorial Hospital**. Mignot Memorial Hospital Annual Report 2017: States of Alderney, 2017.

38. Data from the **Community Drug and Alcohol Team**, 2018.

39. **States of Guernsey Public Health Services.** Healthy Lifestyle Survey 2013.: States of Guernsey Public Health Services, 2013.

40. S**tatistics Jersey** (Public Health). Jersey Smoking Profile 2017 . Statistics Jersey. [Online] 21 March 2018. [Cited: 13 February 2019.] https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=3550.

41. **Office for National Statistics.** Adult smoking habits in the UK: 2017. Office for National Statistics, 2018.

42. What are older smokers' attitudes to quitting and how are they managed in primary care? An analysis of the cross-sectional English Smoking Toolkit Study . **Jordan, H, et al. 11,**: BMJ, Vol. 7.

43. **Public Health England**. Sexually transmitted infections (STIs): annual data tables: Public Health England, 2018.

44. **Chief Medical Officer**. Annual Report of the Chief Medical Officer 2015: On the State of the Public's Health, Baby Boomers: Fit for the Future. 2015.

45. Data from the **Orchard Centre**, 2018.

46. **States of Guernsey.** Supported Living and Ageing Well Strategy (SLAWS). [Online] 2019. [Cited: 04 02, 2019.] https://www.gov.gg/slaws.

47. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. **Holt-Lunstad, J, et al.** 2, Perspect Psychol Sci, 2015, Vol. 10.

48. **M, Marmot.** Fair Society, Healthy Lives: The Marmot Review. Strategic review of Health Inequalities in England, 2010.

49. **States of Guernsey**. Domestic abuse Strategy 2016- 2020.

50. Data from **Guernsey Police,** 2018.

51. **Bailiwick of Guernsey Law Enforcement.** Annual Report 2017. Bailiwick of Guernsey Law Enforcement, 2018.

52. **Office of the Public Guardian.** About us [Online] [Cited: 24 April 2019] https://www.gov.uk/government/organisations/office-of-the-public-guardian/about

53. **King's Fund.** What is social prescribing. [Online] 2 February 2017. [Cited: 23 January 2019.] https://www.kingsfund.org.uk/publications/social-prescribing?gclid=Cj0KCQiAvqDiBRDAARIsADWh5TfQx53qfb7YpEBmmQ9iG9ydQRp8HVbYBqiVycsGRRoppj__1gRKyQkaAgiSEALw_wcB.

54. Social Prescribing: where is the evidence? **Husk, K, et al.** 678, BJGP, 2019, Vol. 69.

55. Information from **Styx Centre**, 2018.

56. Data from **States of Guernsey Business Intelligence Unit,** 2019.

57. Ageing with multimorbidity: a systematic review of the literature. **Marengoni A, Angleman S, Melis R, Mangialasche F, Karp A, Garmen A, et al.** 4, Ageing Res Rev, 2011, Vol. 10.

58. Data collected by **Pathology Services** from Primary Care, 2018.

59. The co-occurrence of chronic diseases and geriatric syndromes: the health and retirement study. **Lee, PG, Ciqolle, C and Blaum, C**. 3,: J Am Geriatr Soc, 2009, Vol. 57.

60. Data from the **Continence Service**, 2018.

61. Data from the **Day Assessment Unit**, 2018.

62. **States of Guernsey Adult Community Services.** Dementia Framework for the Bailiwick of Guernsey : States of Guernsey Adult Community Services, 2017.

63. Aging with multimorbidity: a systematic review of the literature. **Marengoni A, Angleman S, Melis R, Mangialasche F, Karp A, Garmen A, et al.** 4, Ageing Res Rev, 2011, Vol. 10.

64. **International Longevity Centre.** Preventing dementia: a provocation How can we do more to prevent dementia, save lives and reduce avoidable costs. London : International Longevity Centre, 2014.

65. The Health and Care of Older People in England. **Age UK**. Age UK, 2015.

66. **NHS.** Falls. Health A-Z. [Online] NHS, 24 April 2018. [Cited: 13 February 2019.] https://www.nhs.uk/conditions/Falls/.

67. **NICE.** Falls in older people: assessing risk and prevention: Clinical guideline [CG161]. [Online] June 2013. [Cited: 20 February 2019.] https://www.nice.org.uk/guidance/cg161/chapter/recommendations#multifactorial-assessment-or-multifactorial-falls-risk-assessment.

68. State of the Nation: Stroke Statistics. **Stroke Association**. Stroke Association, 2018.

69. Collaborative systematic review of the randomised trials of organised inpatient (stroke unit) care after stroke. **Stroke Unit Trialists'** Collaboration. BMJ (Clinical Research Ed), 1997, Vol. 314.

70. **House of Commons Library.** Briefing Paper 7415: Delayed transfers of Care in the NHS. House of Commons Library, 2017.

71. **Wilkinson, P, Armstrong, B and Landon, M.** Cold comfort: The social and environmental determinants of excess winter deaths in England, 1986-1996. s.l. : Joseph Rowntree Foundation, 2001.

72. Excess winter mortality in Europe: a cross country analysis identifying key risk factors. **Healy, JD.** 10: Epidemiology and Community Health, 2003, Vol. 57.

73. A**geUK.** End of Life Review: AgeUK, 2013.

74. **States of Guernsey Adult Community Services.** Audit of people aged over 75 years in their last year of life who died in hospital after admission to the Emergency Department in 2015 : States of Guernsey Adult Community Services, 2017.

75. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18 820 patients. **Pirmohamed M, James S, Meakin S, Green C, Scott AK, Walley TJ, Farrar K,** Park BK, Breckenridge AM. 7456: BMJ, 2004, Vol. 329.

76. **Evans, S; Mullins, D**. Think Frailty: Improving the care for older people in acute hospitals, 2018.

77. Data from **Primary Care**, 2018.

78. **NHS England**. Over 65s urged to take advantage of record flu vaccination programme. [Online] 19 November 2018. [Cited: 13 February 2019.] https://www.england.nhs.uk/2018/11/over-65s-urged-to-take-advantage-of-record-flu-vaccination-programme/.

79. **NHS England**; Public Health England. The national flu immunisation programme 2018/19: NHS England, 2018.

80. **NHS Digital**. Cervical screening programme 2017-18 [NS]. [Online] 27 November 2018. [Cited: 4 February 2019.] https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-programme/england---2017-18.

81. **Public Health England**. Screening key performance indicators: publication of the annual 2017 to 2018 data. PHE Screening. [Online] 11 January 2019. [Cited: 4 February 2019.] https://phescreening.blog.gov.uk/2019/01/11/screening-key-performance-indicators-publication-of-the-annual-2017-to-2018-data/.

82. **Public Health England National Cancer Registration and Analysis Service for the Guernsey and Jersey Medical Officers of Health.** Channel Islands Cancer Report. 2017.

83. **NHS Digital**. Breast Screening Programme, England - 2016-17 . [Online] 31 January 2018. [Cited: 2 November 2018.] https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/breast-screening-programme-england---2016-17.

84. **NHS Digital**. Bowel cancer screening. NHS Digital, 2018.

85. **Public Health England.** Abdominal Aortic Aneurysm Screening Programme. : NHS, 2018.

86. Data from Public Health Services, **Health Intelligence Unit**, 2018.

87. **NHS**. NHS Health Check. Health A-Z. [Online] NHS, 01 11 2016. [Cited: 14 02 2019.] https://www.nhs.uk/conditions/nhs-health-check/.

88. **Guernsey Chest and Heart.** Guernsey Chest and Heart. [Online] 2012. [Cited: 14 02 2019.] http://www.chestandheart.org.gg/.

89. Productive Activities And Subjective Well-Being Among Older Adults: The Influence Of Number Of Activities And Time Commitment. **Lindsey A. Baker, Lawrence P. Cahalin, Kerstin Gerst, Jeffrey A.** Burr. 3: Social Indicators Research, 2005, Vol. 73.

90. Dogs as catalysts for social interactions: robustness of the effect. **McNicholas J, Collis GM. Br J Psychol** , 2000, Vol. 91.

91. Pet ownership and human health: a brief review of evidence and issues. **McNicholas, J, et al.** BMJ, 2005, Vol. 331.

92. Iparraguirre, Prof José. The Economic Contribution of Older People in the United Kingdom – An Update to 2017. **AgeUK.** [Online] 2017. [Cited: 23 October 2018.] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/the_economic_contribution_of_older_-people_-update_-to_-2017.pdf.

93. Data from the **Guernsey Voluntary Service**, 2018.

94. Data from the **Carers Survey** conducted to inform the development of the States of Guernsey's Carers Action Plan, 2019. The Carers Action Plan and a Summary of Carers Views expressed during the consultation are available at the following link: https://gov.gg/carersactionplan

95. **The Scottish Government.** A Right to Speak: Suporting individuals who use Augmentive and Alternative Communication. Edinburgh : Healthier Scotland, 2012.

96. Data from the **Hard of Hearing Association**.

97. **Taylor, S and Trudgeon, A.** Care and Support for adults with long-term needs in Alderney: Summary of current services and needs assessment. States of Alderney, 2016.

98. **Wilson, P and Thompson, L.** Independent Review of Health and Social Care Need, Provision and Governance in Alderney: University of Aberdeen, 2017.