

# Adult Social Care JSNA

September 2022

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# Areas for consideration: summary

## • Adult social care expenditure

- Although ASC gross current expenditure in 2020/21 improved compared to previous year (and England), amongst its peers Southend was ranked the 3<sup>rd</sup> lowest on ASC spend per 100K population.
- Most of the spend was in long term support

## • Adult social care activity (measure of demand)

- In 2020/21, around a third of the requests from new service users were referred for long term support, and it is the most common request
- In contrast to the White population, Asians and other mixed groups appear to have a disproportional lower level of access to care relative to their resident population.
- Requests for support from new service users aged 18-64 continues to fall, at a faster rate than its CIPFA local authority peers

## • Carers – **to review**

## • Population and demography

- Most of the increased population growths in the 85+ appear to be driven by the 90+ population.
  - Thorpe (898), Belfairs (861) and Eastwood Park (807) wards are the top three largest populations aged 80+.
- Currently, the number of people of state pension age is estimated to be around 300 per 1,000 working age population. In another decade (2032), this is expected to reach around 319 per 1,000 working age population
- Of the 7 wards in the 10% most deprived nationally, around 16% (13,082/79,842) are aged 18+. One of the wards, Kursaal ward has the highest aged 18+ (27.9%).
- Whilst most of the life expectancy metrics are comparably better in women than men, a key metric, disability free life expectancy in women aged 65+ is lower than males
- 

## • Health Status and Inequalities

- In the East/Mid South Essex area, Southend is ranked the second highest with premature mortality from all causes, and the highest from that caused by CVD (including that attributable to socio-economic inequality)

## • Falls and Fractures

- The last 5 years has seen an increasing number of Southend residents admitted to hospitals as an emergency due to falls
- The high rate of emergency hospital admissions appear to be driven by those aged 80+, as the rates are significantly higher than England compared to those aged 65-70 (similar to England)
- In contrast, hospital admissions due to hip fractures has been on a decline in Southend, following a similar pattern to that seen nationally. Areas to monitor because of significantly high rates are Kursall, Charkwell, Victoria, Prittiwell and Milton

## • Multimorbidity

- Multimorbidity is highest in the 85+ age groups; prevalence of both physical and mental health multimorbidity is higher in females than males

## • Learning Disability

- Although QoF register suggest 1,1177 individuals are registered with GPs, the LD population could be as high as 2,146 individuals in Southend. By 2035, the LD population could reach around 3,750 people,
- Working age adults with LD, receiving long term support from the local authority and living in stable and appropriate accommodation continues to significantly improve.. In 2021, around 88% (430) of adults with LDs and known to the council live either in their homes or their with their family, which is significantly higher than England (77.3%) and the East (74%), and slightly up from 83% in 2014/15
- LD population receiving direct payments have fallen - from around 37% in 2014/15 to 32.5% in 2019/20, although Southend compares favourably than the England average (30.3%), but lower than the average for its CIPFA peers (35%).
- The LD population in employment is greater than that for its CIPFA peers and England. In 2019/20, around 10% were in paid employment, almost twice the rate in East of England 95.8%), England (5.6%), and its CIPFA peers (5.1%)
- The average age of death for adults with a LD in SET in 2021/22 was 65.5 years. In comparison, for the rest of the population average age is 82.3 years

# ASC Expenditure

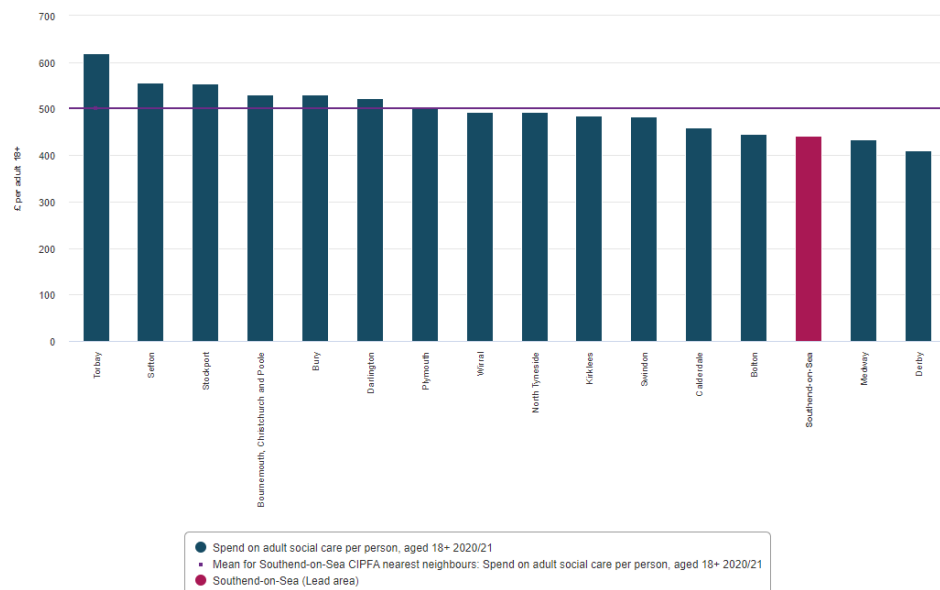
# ASC Spend in Southend. 2019/20 and 2020/21

- In 2020, the adult population of Southend was 143,387, which represented around three (78.3%) in every four residents of Southend (182,773).
  - In 2022, the projected number of people of adult age is 146,346, and in another 3 years (2025), this could reach almost 150,000. By 2032, the adult population is projected to be around 157,000.
  - People of state pension age is estimated to be around 300 per 1,000 working age population; and by 2032, this is projected to be around 319 per 1,000 working age population.
- In 2020/21, Southend spent £63,2m on adult social care, a 15.3% increase on previous year, compared to an 8.1% for England.
- Around 62% of the gross expenditure (38.89m) in 2020/21 was spent on long term support, a marginal 1.3% fall from previous year, similar to the fall in England.
- Expenditure on short term support was down 44.3% to £1.21M, in contrast to an 11.8% increase for England.
- Expenditure on other support went up 74.3% to £23.17M compared to previous year. The rise in England (35.2%) was just about half of that for Southend

	2019/20 £ (000)	2020/21 £ (000)	£ diff £ (000)	% change (and England's)
Total Expenditure (incl. capital)	73,769	83,181	+9,412	+12.8 (+11.8)
Gross Current Expenditure (income from client contributions and LA spend)	54,861	63,271	+8,410	+15.3 (+8.1)
Long term Support	39,392	38,889	-503	-1.3 (+1.5)
Short term support	2,172	1,210	-962	-44.3 (+11.8)
ST-Max	285	-715	-1,000	-350.9 (+5.5)
Other short term client	1,887	1,925	+38	+2 (+20.4)
Other support	13,297	23,172	+9,875	+74.3 (+35.2)

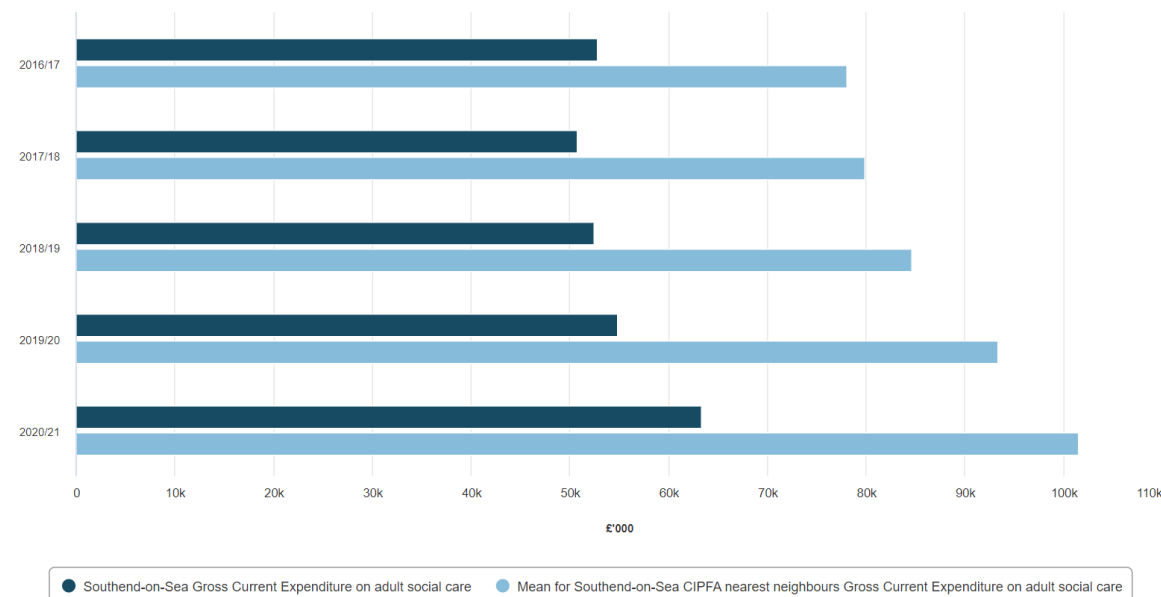
NHS Digital

# ASC Gross Current Expenditure, Southend, CIPFA neighbours, (Eastern) and England



Source:  
NHS Digital

## Southend and CIPFA nearest neighbours



- In 2021, ASC spend per 100K Southend residents aged 18+ was £442.34, compared to £500 and £478m per adult person in Eastern region and England. In the last 5 years, ASC spend grew by around 20%
- However ASC spend in Southend appears to be one of the lowest amongst its CIPFA peers. In 2020//21, ASC spend was ranked third lowest, which appeared to be a pattern seen over a much longer period, In the last y5 years, ASC spend in Southend was comparably lower than the average across its CIPFA peers.

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# ASC activity (measure of demand)

# Estimated request for social care support.

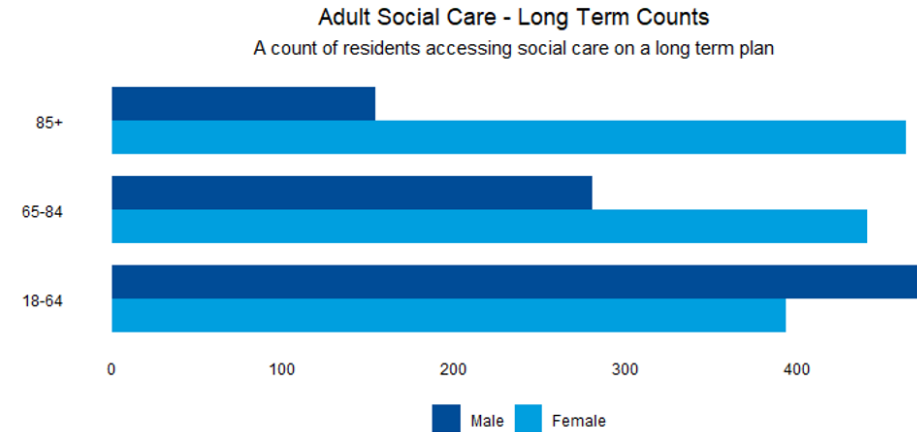
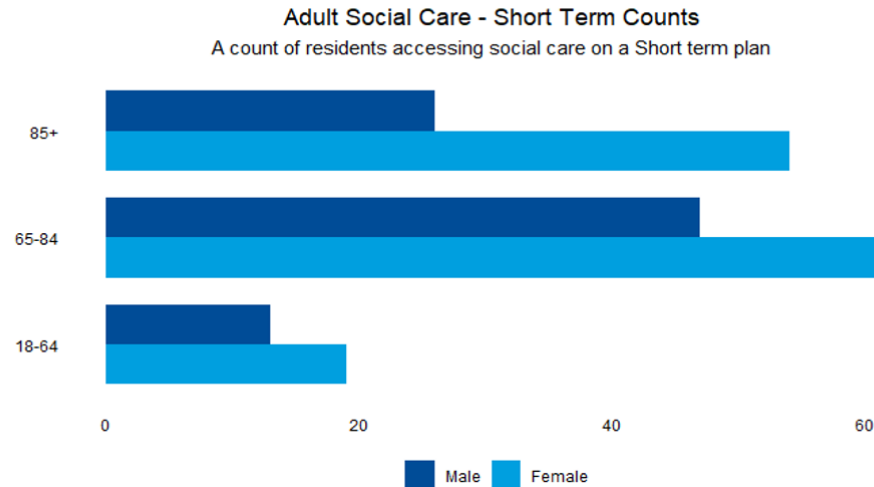
- Number of new clients in request of support from ASC had fallen by almost a quarter, from 8,600 in 2019/20 to 6,575 in 2020/21, on average, falling to around 18 requests a day, from 24 a day in 2019/20.
  - The 65+ account for 74% of requests from new clients compared to 70% nationally
- Although long term support expenditure had slightly dropped from previous year, it still accounted for most ASC expenditure. Relative to this, there had been a fall in long term support users in the 18-64 age group, from 1345 to 910 users, and in contrast the 65+ numbers were up, 25%, to 1990 users in 2020/21.
- Support provided to carers had also marginally dropped 2.4% from previous year; most of the support were for carers to those in the 18-64 age group. (830 in 2020/21)

NHS Digital

Social care Demand	2019/20	2020/21	difference	% change
<b>Number of requests for social care support received from new clients</b>	<b>8600</b>	<b>6575</b>	<b>-2025</b>	<b>-23.5%</b>
18-64	2430	1680		
65+	6170	4895		
<b>ST-MAX (short term support to maximise independence)</b>				
<b>New clients</b>	<b>1955</b>	<b>1745</b>	<b>-210</b>	<b>-10.7%</b>
18-64	360	210		
65+	1595	1535		
<b>Existing clients</b>	<b>120</b>	<b>70</b>	<b>-50</b>	<b>-41.7%</b>
18-64	10	10		
65+	110	60		
<b>Long term support</b>	<b>2835</b>	<b>2900</b>	<b>65</b>	<b>2.3%</b>
18-64	1345	910		
65+	1490	1990		
<b>Support provided to carers</b>	<b>1424</b>	<b>1390</b>	<b>-34</b>	<b>-2.4%</b>
18-64	839	830		
65-84	470	455		
85+	115	105		



# Gender of residents accessing social care in Southend



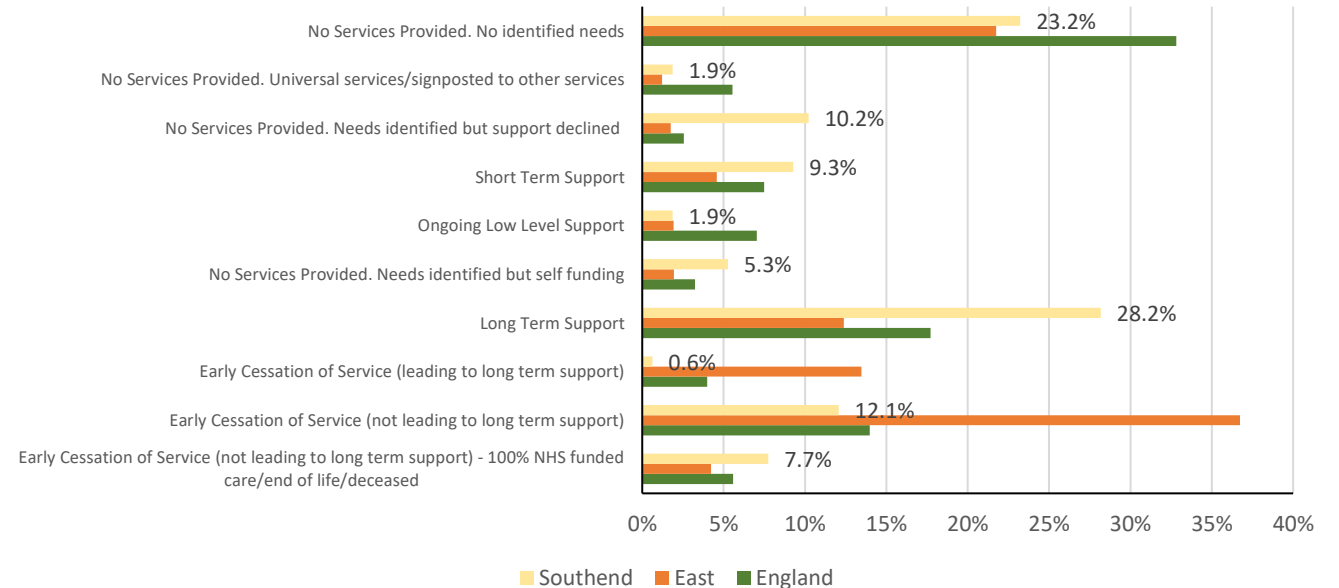
Source: Southend Borough Council

- As with other parts of the country, number of adult residents accessing social care on a long term are greater than those accessing on a shorter term
- The main difference between the age bands is in the 18–64 age band, in the short-term type there are more females, while in long term there are more males
- Similar pattern is also seen when the 65+ are split, there are more females in the 65-84 age group and 85+ whereas there are more males in the 18-64 age group.

# Types of support provided to new clients (following a request for support)

- Around a third (28.2%) of requests for support from new Southend clients were passed on for long term support in 2020/21. This was higher than both East region (12.4%) and England (17.7%).
- Just under a quarter (23.3%) of requests for support from new clients were provided with no services, and needs were also not identified, higher than that for the East region (21.7%), but much lower than the average for England (32.8%)

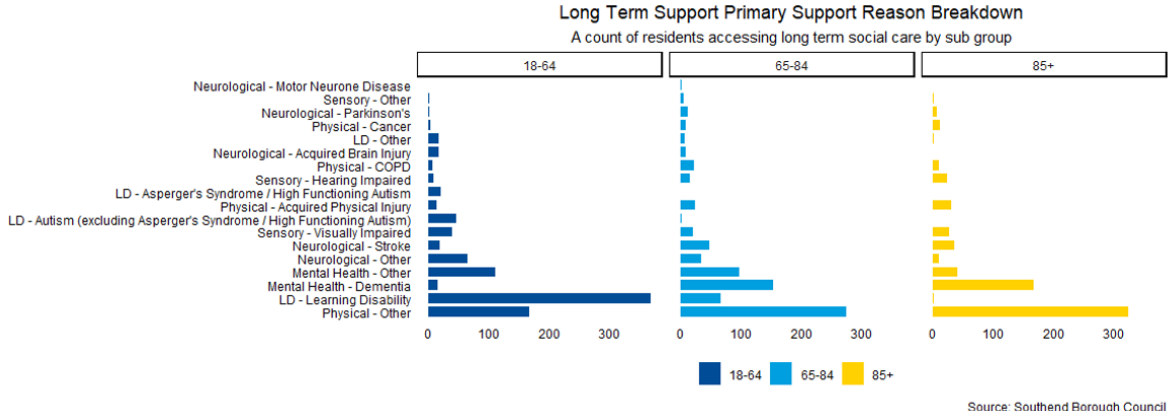
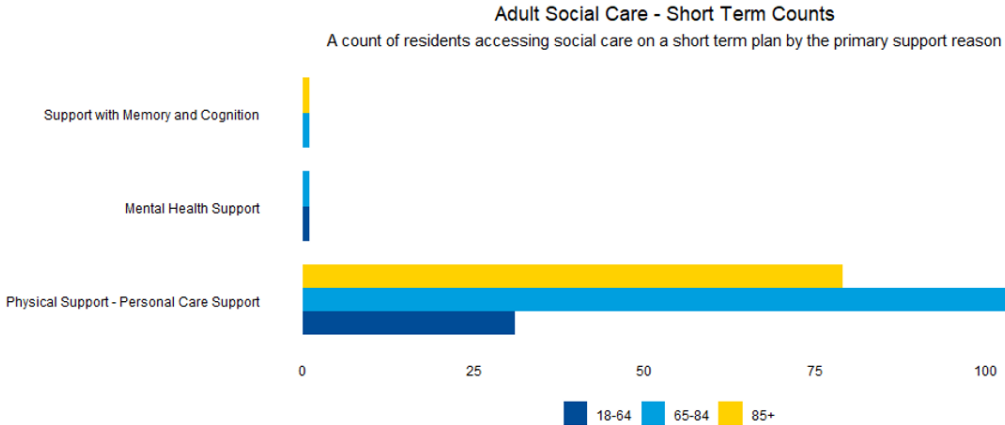
Number of completed episodes of ST-Max for new clients, by what happened next, 2020-21



Short Term Support to Maximise Independence” (ST-Max) is designed to be time limited and aims to make users as independent as possible, before a review or formal assessment determines the next steps

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# Number of clients accessing short and long term support, and the most common causes of support, by age.



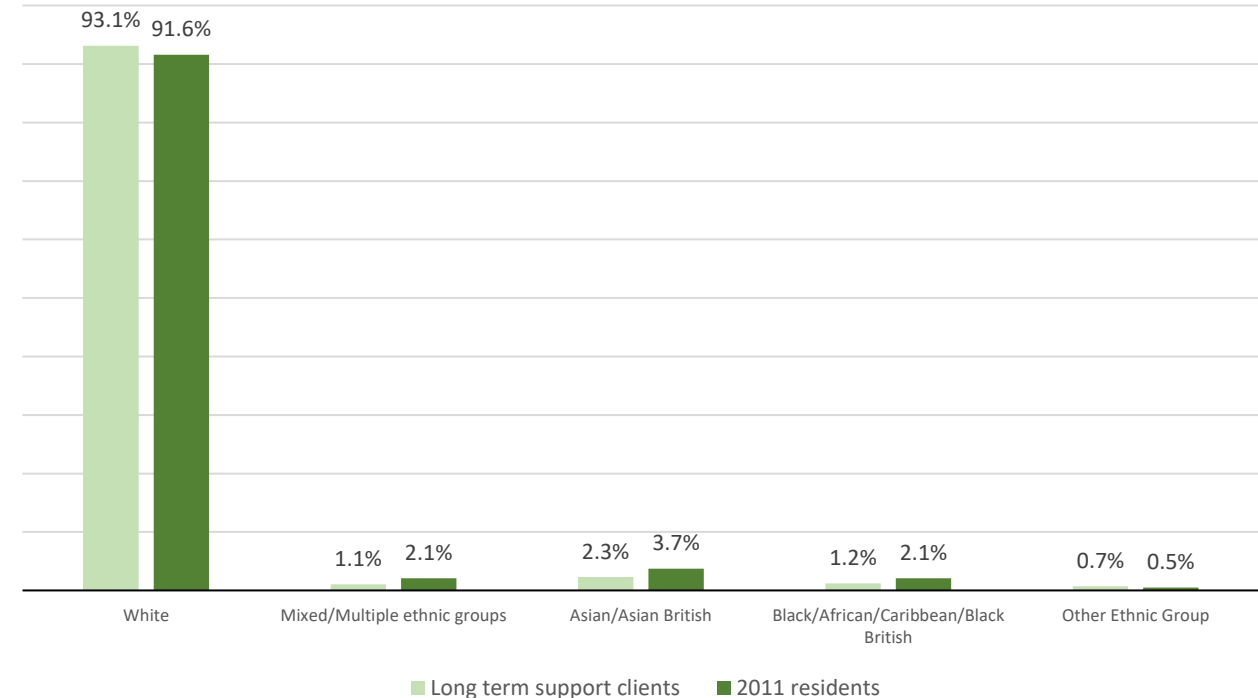
Source: Southend Borough Council

- Physical support is the most common cause of short term primary support across all age bands
  - Physical "other" is the most common cause across all age bands
  - Neurology and mental health are the joint is the second most common cause for 18-64 year olds
  - COPD is the second most common cause in the 65-84s and,
  - Physical injury is the second most common cause in the 85+
- Learning Disability is the most common cause of long term primary support in those aged 18-64
- Physical "other" and dementia is the most common cause of long term primary support in those aged 65-84 and 85+.

## Ethnicity of Service Users in Southend.

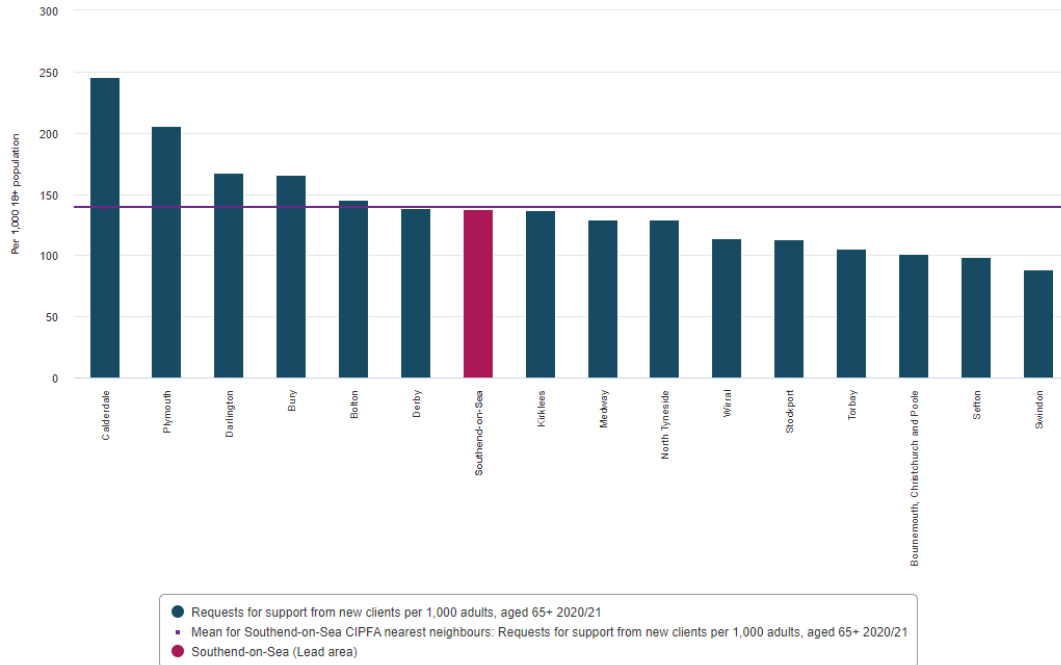
- Most of the clients accessing long term support in Southend are of the white population (90%+), a reflection of the dominant ethnicity in the borough.
- The ratio for the BAME groups, in contrast, suggest an under-representation of these ethnic groups that access long term support in the borough – the % of BAME groups in the population is greater than the % accessing long term support.

Ethnicity of clients accessing long term support in Southend (2019/20) compared to 2011 ethnicity of Southend

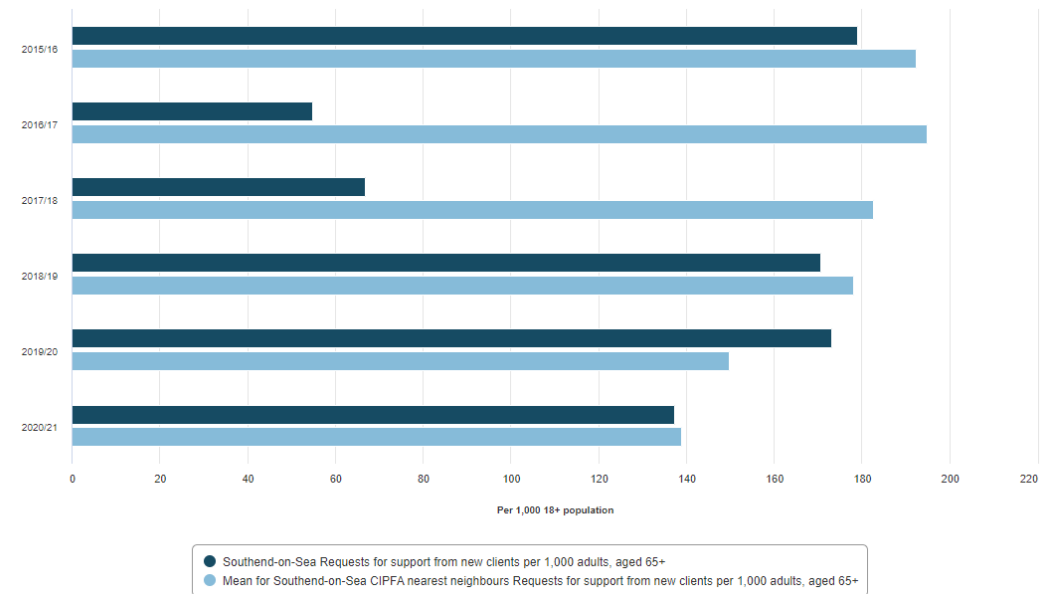


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# New service users: Requests for support from new clients aged 65+ per 1,000 adults aged 65+ for Southend and CIPFA neighbours



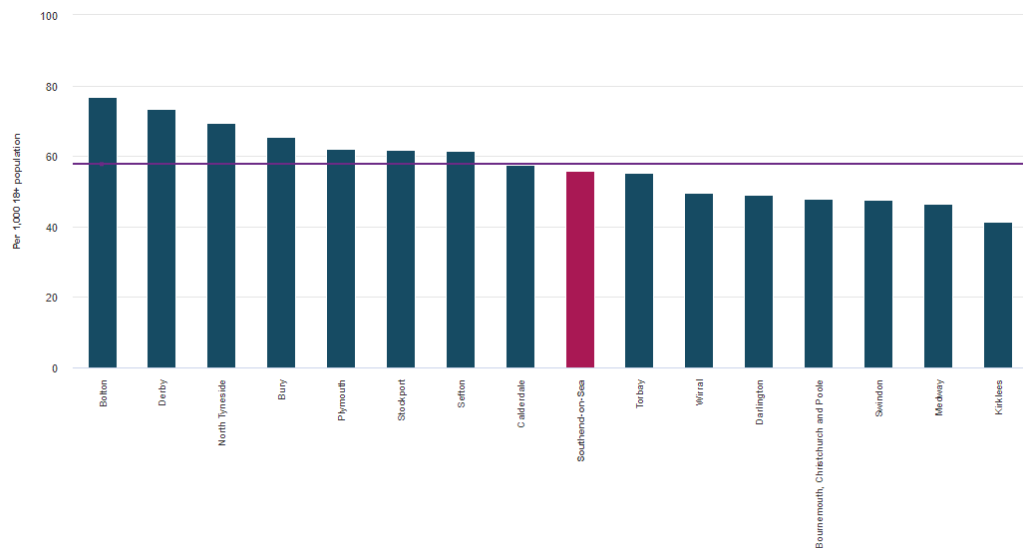
## Southend and CIPFA nearest neighbours



- In 2020/21, there were 4,895 requests for support from new clients aged 65+ and living in Southend – this is equivalent to 137.3 per 1,000 population aged 65+. It is similar to the average for its CIPFA peer local authorities. Comparable rates across the East region and England were 122.8 and 128.2 per 1,000k respectively.
- The fall in requests from new clients is consistent across both Southend and its CIPFA local authority peers – a 20% and 25% respective fall from the rates in 2017/18.
- Similar pattern to the average for its CIPFA peers was seen since 2017/18, although there had also been a fall in number of requests – around a 20% and 22% fall across both respective areas.

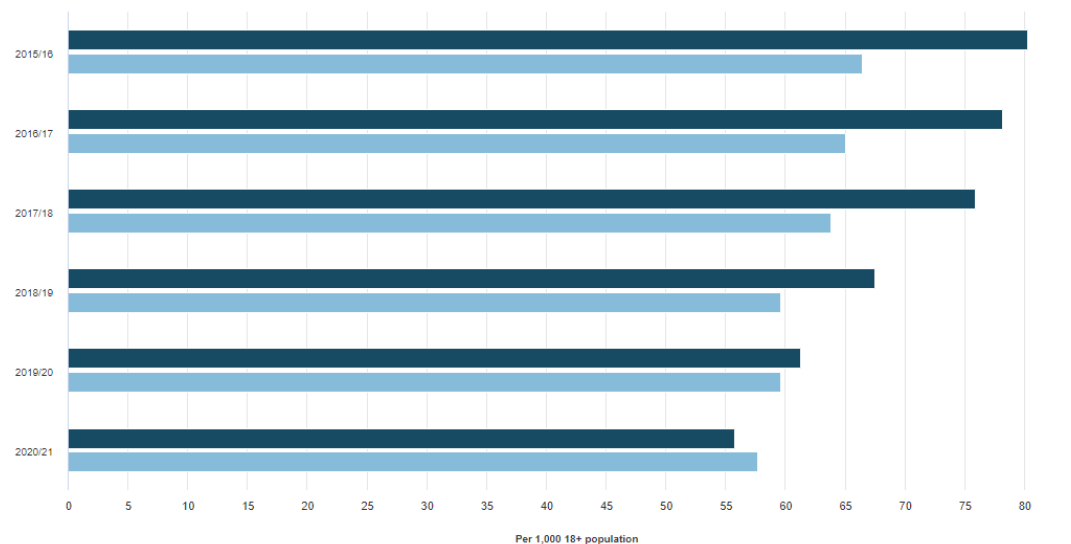
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# Existing client (65+) demand: Clients aged 65+ receiving long term support (as per 1,000 adults aged 65+). Southend and CIPFA neighbours



● Clients aged 65+ receiving long term support per 1,000 adults, aged 65+ 2020/21  
● Mean for Southend-on-Sea CIPFA nearest neighbours: Clients aged 65+ receiving long term support per 1,000 adults, aged 65+ 2020/21  
● Southend-on-Sea (Lead area)

## Southend and CIPFA nearest neighbours



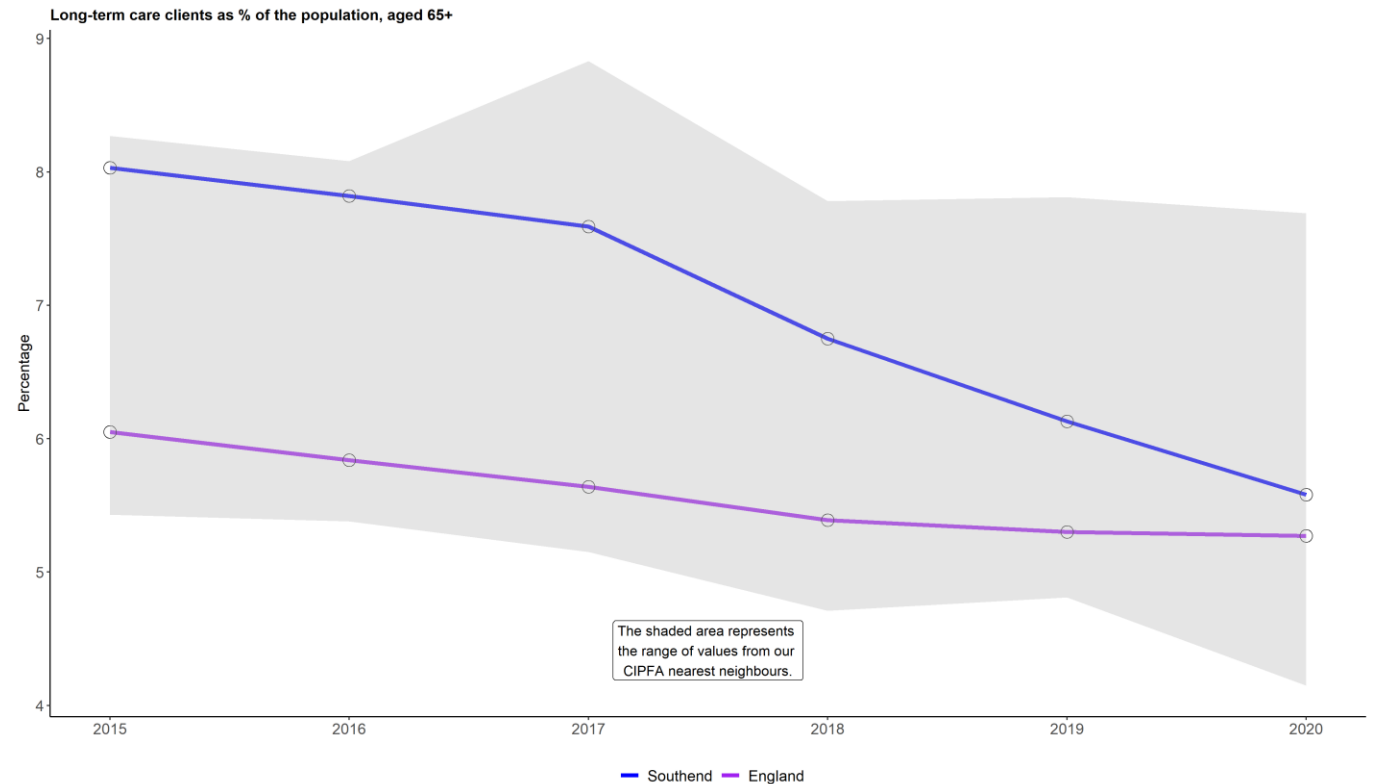
● Southend-on-Sea Clients aged 65+ receiving long term support per 1,000 adults, aged 65+  
● Mean for Southend-on-Sea CIPFA nearest neighbours Clients aged 65+ receiving long term support per 1,000 adults, aged 65+

- Compared to previous year, whilst long term support users aged 65+ in Southend had increased, the impacts of increased population in the 65+ appear to have accounted for different pattern for demand.
  - The last 5 years had seen falling rates of long term support per 1,000 in the 65+ living in Southend and also across its CIPFA peer local authorities.
  - And in contrast to previous years, the 2020/21 rates in Southend (55.8 per 1,000K population aged 65+) were lower than that across its CIPFA peers (57.7 per 1K), Almost reaching England levels. Probably caused by pandemic.

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# Existing client (65+) demand : Clients aged 65+ receiving long term support (as percentage of 65+ population). Southend and CIPFA neighbours

- The last 5 years had seen falling rates of long term support per 1,000 in the 65+ living in Southend and also across its CIPFA peer local authorities.
- In contrast to previous years, the 2020/21 rates in Southend (55.8 per 1,000K population aged 65+) were lower than that across its CIPFA peers (57.7 per 1K), and almost reaching England levels (52.8 per 1K). Probably caused by pandemic.
- The top 3 actions following the requests from new clients in Southend were
  - Short term care (to maximise independence), 1535
  - No services provided, 1430
  - Ongoing level support, 665
- This is slightly variable to that for the region and across England:
  - No services provided
  - Short term care (to maximise independence),
  - Universal services/signposted to other services.



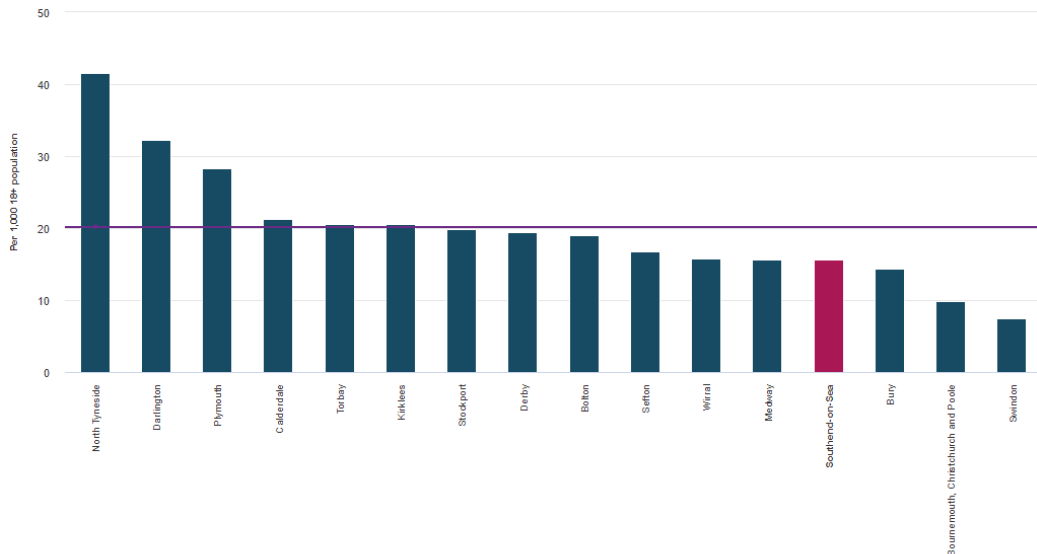
Source: Inform Identifier: 11517

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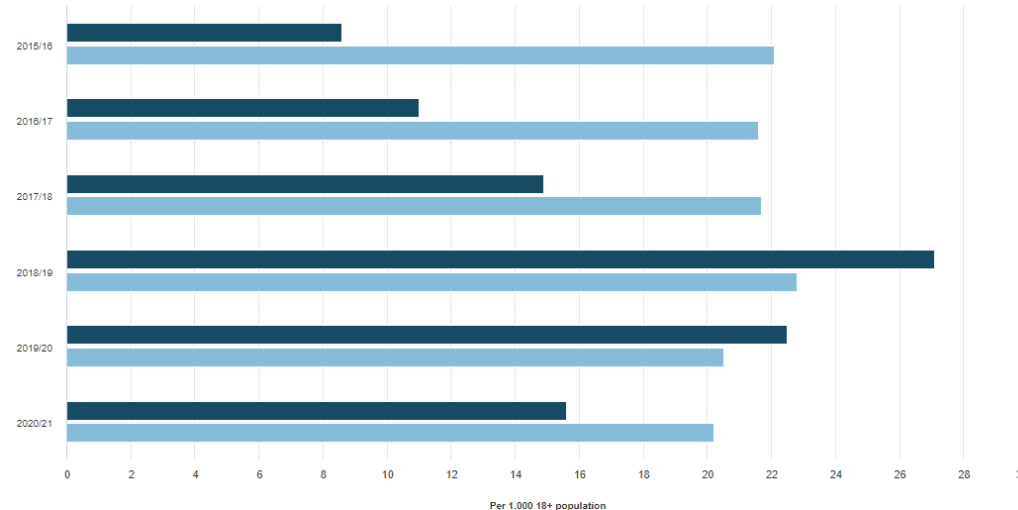
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# New service users: Requests for support from new clients aged 18 to 64 per 1,000 adults aged 18-64 for Southend and CIPFA neighbours



● Requests for support from new clients per 1,000 adults aged 18-64 2020/21  
● Mean for Southend-on-Sea CIPFA nearest neighbours. Requests for support from new clients per 1,000 adults aged 18-64 2020/21  
● Southend-on-Sea (Lead area)

## Southend and CIPFA nearest neighbours



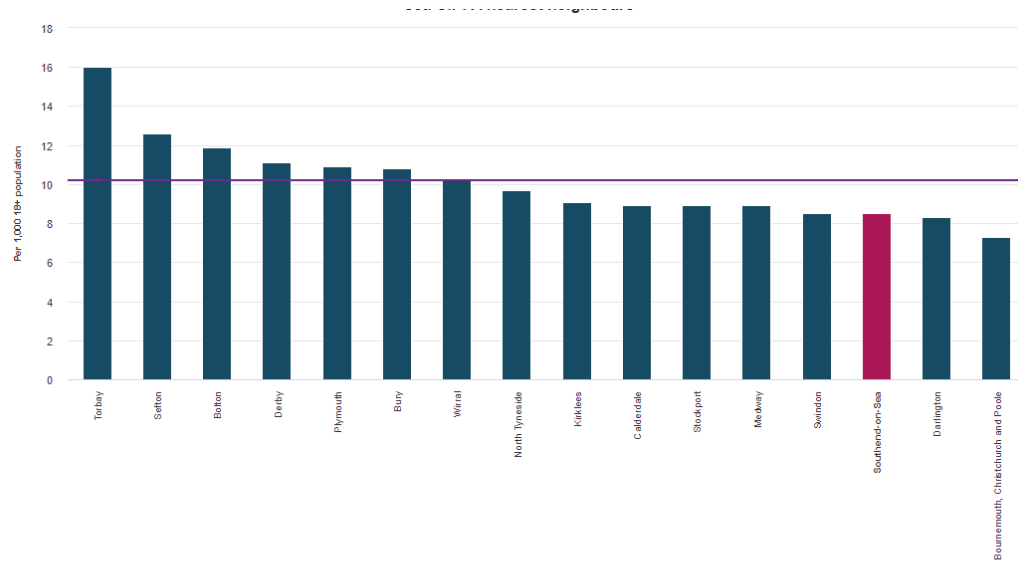
● Southend-on-Sea Requests for support from new clients per 1,000 adults aged 18-64  
● Mean for Southend-on-Sea CIPFA nearest neighbours Requests for support from new clients per 1,000 adults aged 18-64

- In 2020/21, there were 1,680 requests for support from new clients aged 18-64 and living in Southend – this is equivalent to 15.6K per 1,000 population aged 18-64 years old. It is much lower than the average for its CIPFA peer local authorities, and ranked one of the lowest amongst its peers. Comparable rates across the East region and England were 12.3 and 12.8 per 1,000k respectively.
- The fall in requests from new clients is consistent across both Southend and its CIPFA local authority peers – a 20% and 25% respective fall from the rates in 2017/18. . Since 2017/18, requests from new clients in this age group appear to continue to fall at a faster rate, but similar, pattern with its CIPFA neighbours – a 42.4% drop to 15.6 per 1K compared to an 11.6% fall to 20.2 per 1K respectively across its CIPFA peers. . .

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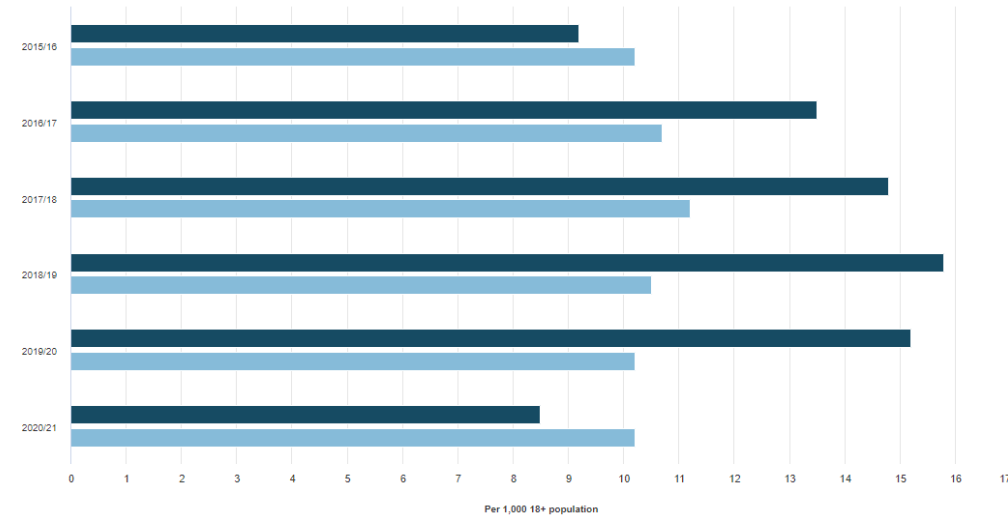


# Existing demand (18-64)-prevalence: Clients aged 18-64 receiving long term support (as per 1,000 adults aged 18-64). Southend and CIPFA neighbours



● Clients aged 18 to 64 receiving long term support per 1,000 adults, aged 18-64 2020/21  
■ Mean for Southend-on-Sea CIPFA nearest neighbours: Clients aged 18 to 64 receiving long term support per 1,000 adults, aged 18-64 2020/21  
● Southend-on-Sea (Lead area)

## Southend and CIPFA nearest neighbours



● Southend-on-Sea Clients aged 18 to 64 receiving long term support per 1,000 adults, aged 18-64  
● Mean for Southend-on-Sea CIPFA nearest neighbours Clients aged 18 to 64 receiving long term support per 1,000 adults, aged 18-64

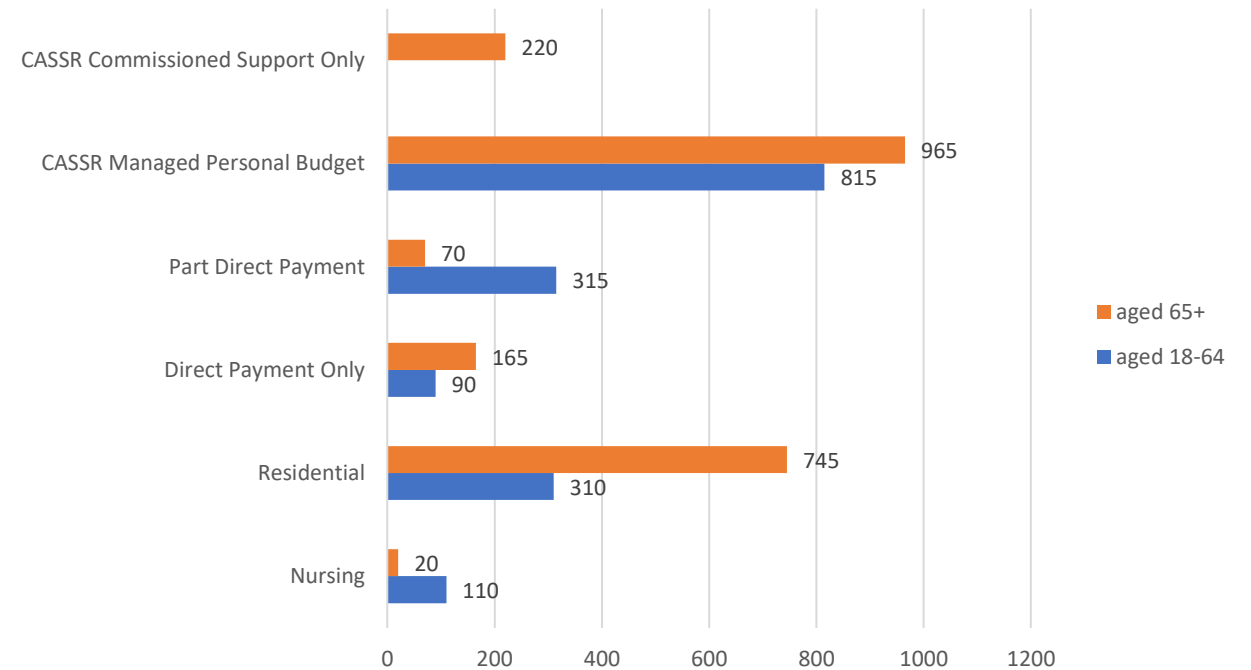
- Requests for long term support have fallen in the 18-64 age group, with Southend, at a rate of **8,5 per 1K** is ranked 14 (out of 16) amongst its CIPFA neighbours in decreasing levels of long term support in 2020/21.
- Fall in levels of long term support in 18-64, especially in 2020/21 was at a greater rate in Southend compared to its CIPFA peers. Falling to almost half (45%) the level of support the previous year to 8.5 per 1K. Long term support levels on average, amongst its CIPFA peers remain relatively unchanged.

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## Service user journey: Long term support setting

- In the 18-64 age groups, the long term requests that were mostly accessed were managed personal budgets. This was also the case with the 65+.
- However, support with residential care was the second most common support provided to the 65+

Number of clients accessing long term support and support setting, 2019/20



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# Areas for consideration

- **Long term** support is the most common support provided to new clients after a request for support.
- Requests for support from new clients aged 18-64 continues to fall, at a faster rate than its CIPFA local authority peers.
- ASC spend in Southend is ranked as one of the lowest amongst its peers.

Source: [Age UK](#)

# Demand in settings

- Outline the estimated census in key settings and possibly project future demand based on population projections):
  - Domiciliary care
  - Residential care
  - Nursing care
  - Home care

Source: [Age UK](#)

# Carers profile, including population of paid and unpaid

# Definition of carers

- A carer, as defined under the Care Act 2014, is someone someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.” The Care Act mainly deals with adult carers (people aged 18+ who are caring for another adult).
- Carers are unpaid, and they generally support or look after rson who supports or looks after someone who needs help with their daily life for reasons such as:
  - age
  - long-term illness,
  - disability,
  - mental health or
  - substance misuse

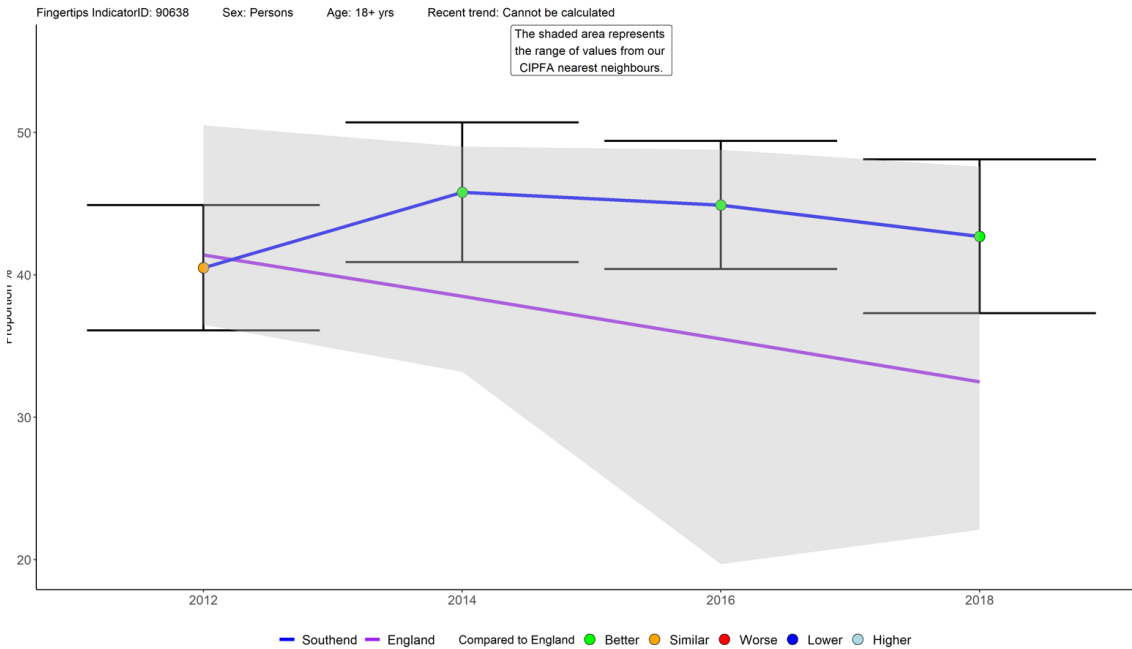
# Estimate of Carers' in Southend

Relevant metric	
Unpaid carers aged 65+	4,111
Unpaid carers aged 50-64	6,339
Carers aged 18+ that are supported	1,424
Carers aged 18+ in receipt of carers allowance	3,197
Estimated carers aged 18+ (excluding those on carers allowance)	11,920
Estimated carers aged 18+ (including those on carers allowance)	15,117
Estimated carers of adult age (using <a href="#">Carers UK</a> 12% estimate of adult population)	17,880

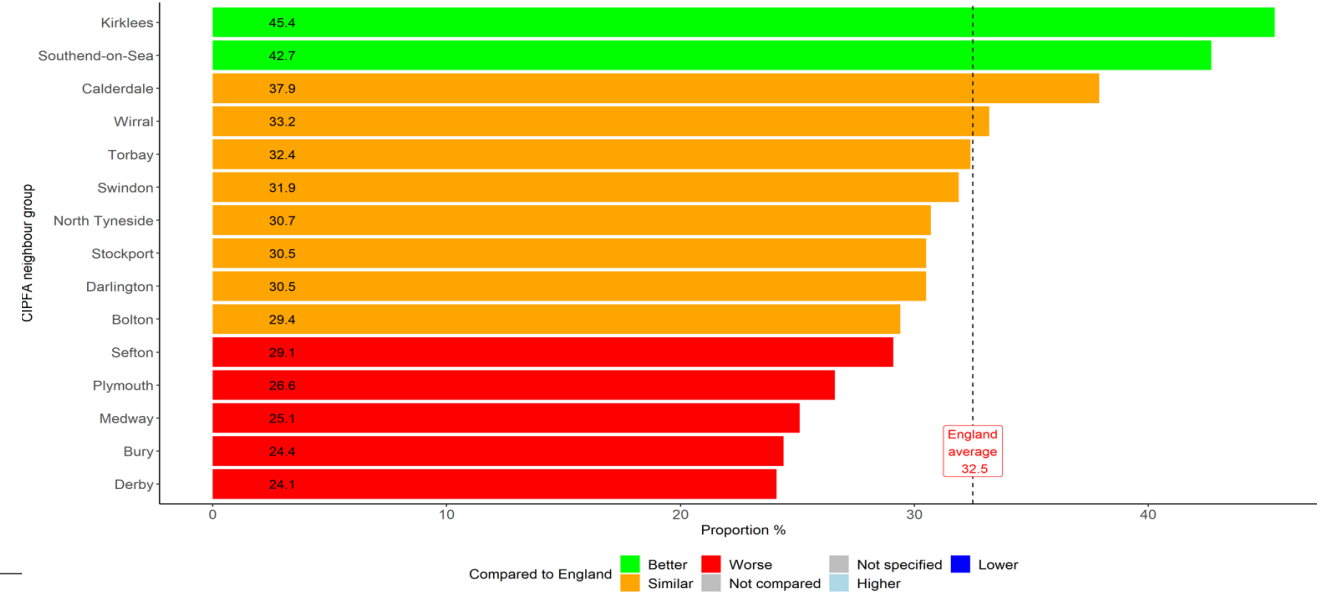
- According to Carers' UK estimates, around 58% of carers are women.
- Local estimates using Carers First to be ascertained

Other sources: [NHS Digital](#) and [LG Inform](#)

# Social isolation: Percentage of adult carers' (aged 18+) who have as much social contact as they like



Fingertips indicator: 90638 Timeperiod: 2018/19 Sex: Persons Age: 18+ yrs Definition: The percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like" This measure applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need

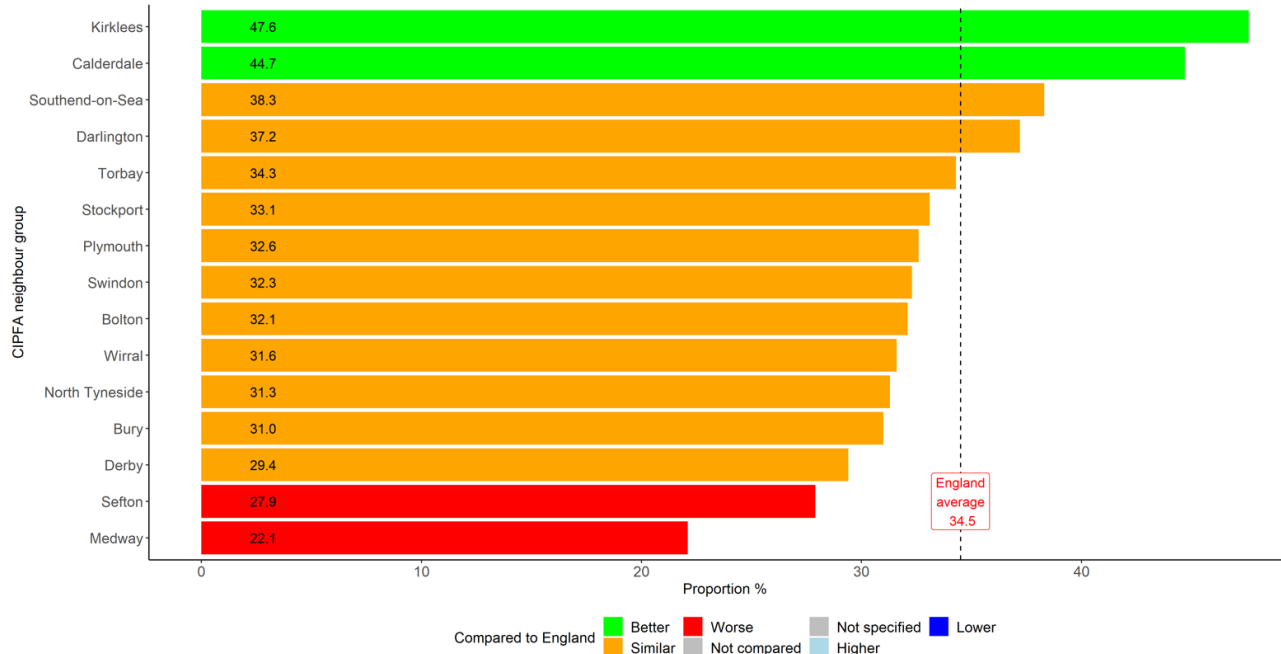


- According to the survey, around 43% of adult carers' aged 18+ in Southend have as much social contact as they like, which is better than what was reported across the rest of the country (33%).
- At similar levels with the average for CIPFA neighbours, and much better than England

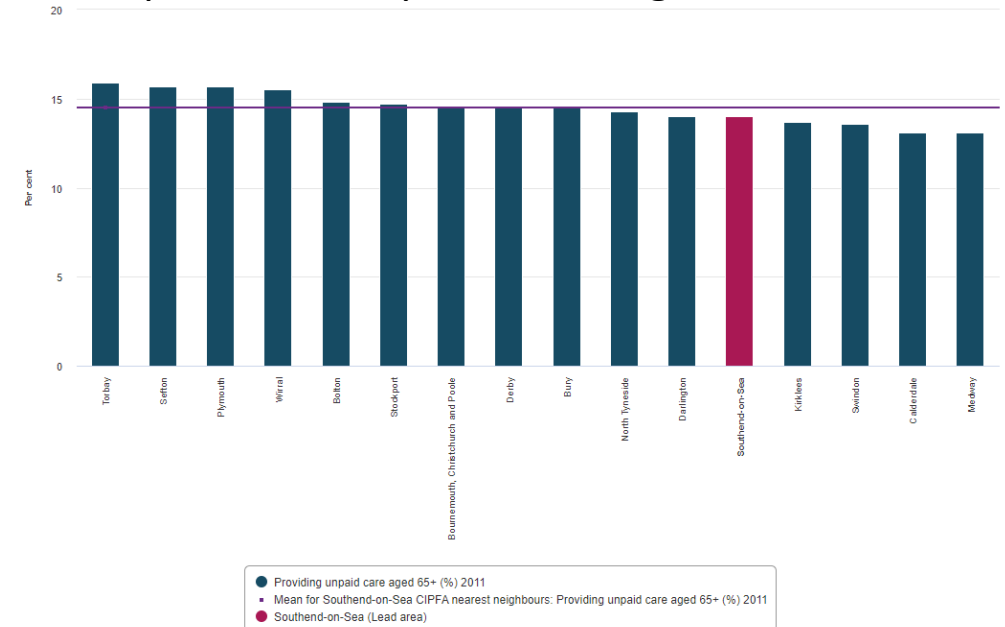


# Social isolation: Percentage of older adult carers' (aged 65+) who have as much social contact as they like

Fingertips indicator: 90638 Timeperiod: 2018/19 Sex: Persons Age: 65+ yrs Definition: The percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like". This measure applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need



## Proportion of unpaid carers aged 65+



Loneliness is a major issue that is now widely recognised in society today

- According to the adult carers survey, around 4 in 10 (38%) of every adult carer aged 65+ in Southend have as much social contact as they like, similar to the levels across the rest of the country (35%).
- .Census (2011) estimates there are around 14% of the population aged 65+ in Southend providing unpaid care.
- According to the Age UK Research survey, Southend is ranked 105 (out of 161 local authorities in England) in terms of loneliness. Loneliness is a major issue

# Key Findings ASCOF and SALT data

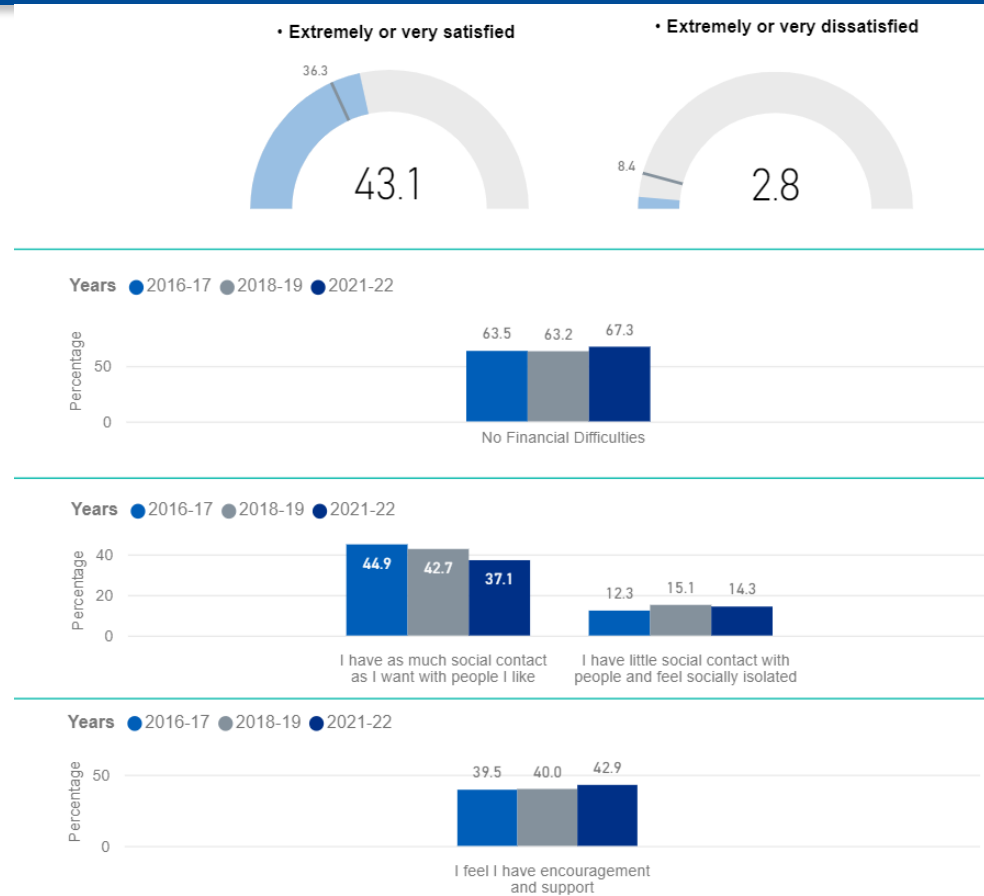
- Of the 1,470 carers that were offered some form of support in 2020-21, Information, Advice and other Universal Services/Signposting accounted for most, 86% (1,265/1,470) of the support types for the carers
- National figures suggest this pattern was consistent across all age group of carers (under 18s, adult carers, and even older adult carers).

# Key Findings from Survey of Adult Carers' in Southend, 2018/19

- More than half of the carers aged 65+ said they are satisfied with their experience of care and support, compared to the average for its CIPFA neighbours (41.5%)
- According to the survey, around 43% of adult carers' aged 18+ in Southend have as much social contact as they like, which is better than what was reported across the rest of the country (33%).
- Around 72% of carers' aged 65+ report that they had been included or consulted in discussions about the person they are for, similar to what was observed among its CIPFA neighbours
- The carers QoL score (out of 12) for adult carers aged 65+ in Southend was 8. The average for its CIPFA neighbours was 7.7. The higher the score, the better the carer reported QoL, with the maximum score been 12 8

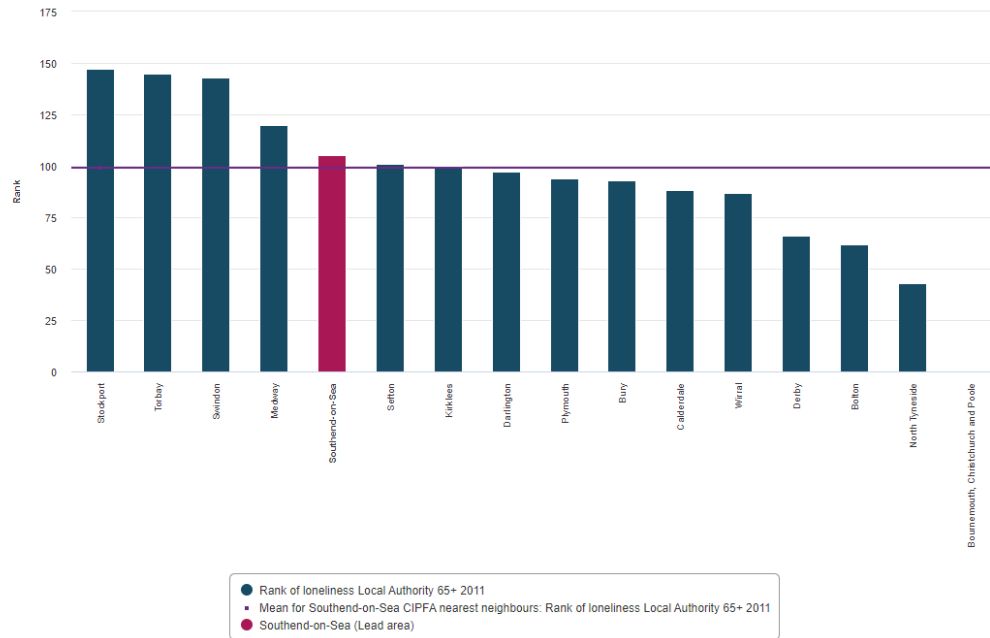
# Key Findings from Survey of Adult Carer's in Southend.

- 43% of carers say they are extremely satisfied with services, an improvement from previous survey survey. And % of dissatisfactions also significantly fallen.
- Around 7 in 10 carers reported their caring roles had not caused financial difficulty, an improvement from what was reported in previous survey.
- Proportion of carers who felt they had as much social contact as they want had fallen, especially in period of COVID-19 pandemic, 37.1% in 2021/22 compared to 42.7%.
- Th recent survey suggests there has been some slight improvement in overall encouragement of carers. Percentage of carers in 2021/22 was up to 42.9% compared to 40.2% in 2018/19years.

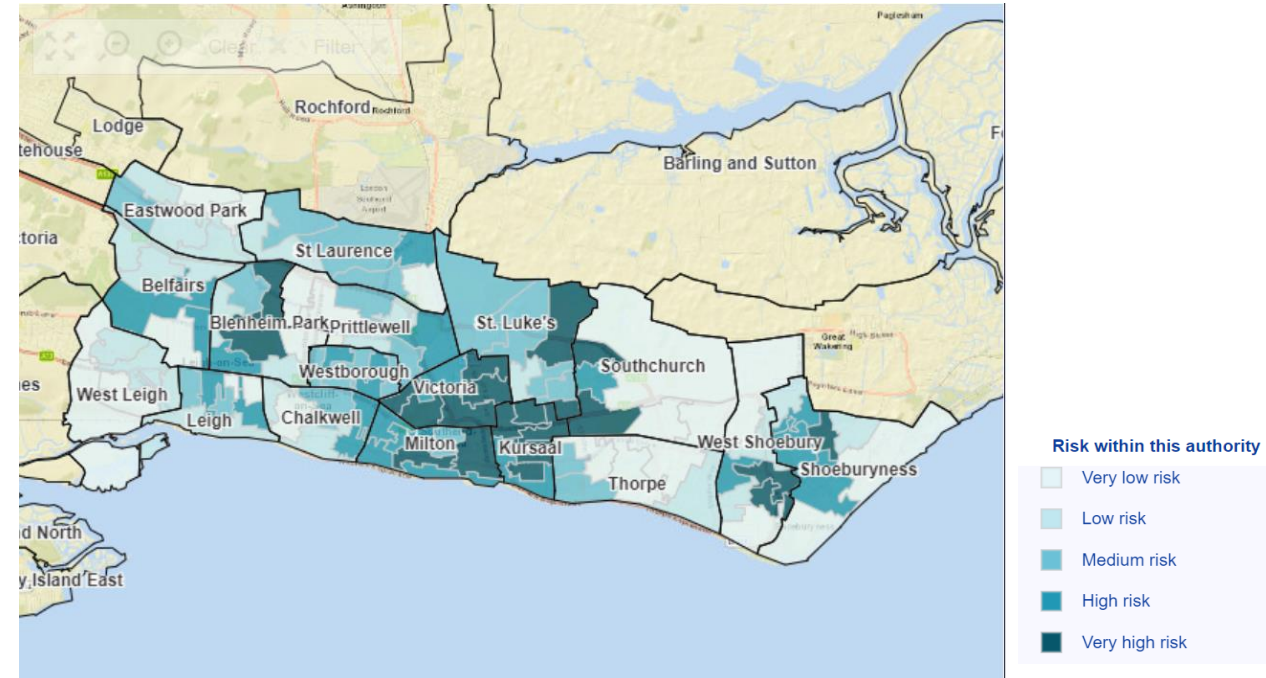


# Loneliness: Loneliness in population aged 65+

Rank of loneliness in Age 65+: Southend and its CIPFA neighbours



Age 65+: Risk of loneliness in Southend LSOAs



Loneliness is a major issue that is now widely recognised in society today. The term is slightly different from isolation. For example people can be lonely, yet among people, or can be alone (isolated), yet not be lonely.

- According to the Age UK Research survey, around 20% (2016) of the predicted loneliness is observed in people aged 65+ in England
- Southend is ranked 105 out of 326 local authorities in England in the position of loneliness in England (with Rank 1 being the most lonely).

Source: [Age UK](https://www.ageuk.org.uk)

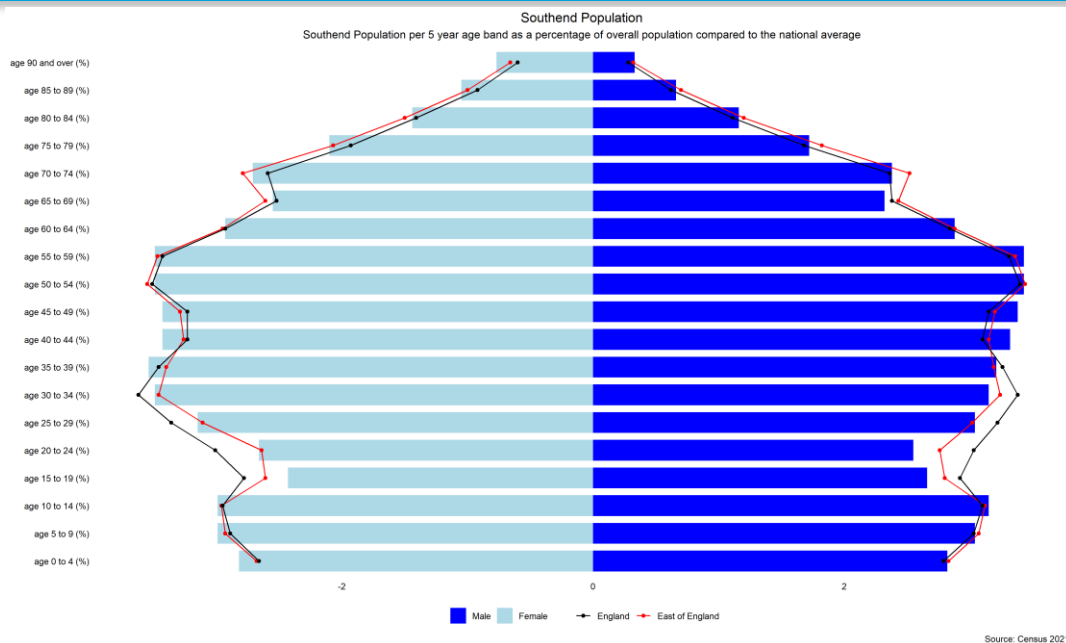
# Outstanding

- Explanation of setting types and physical support needs
- Estimation population need/demand in settings
- Review of surveys
- Transition for children's social to adult social care

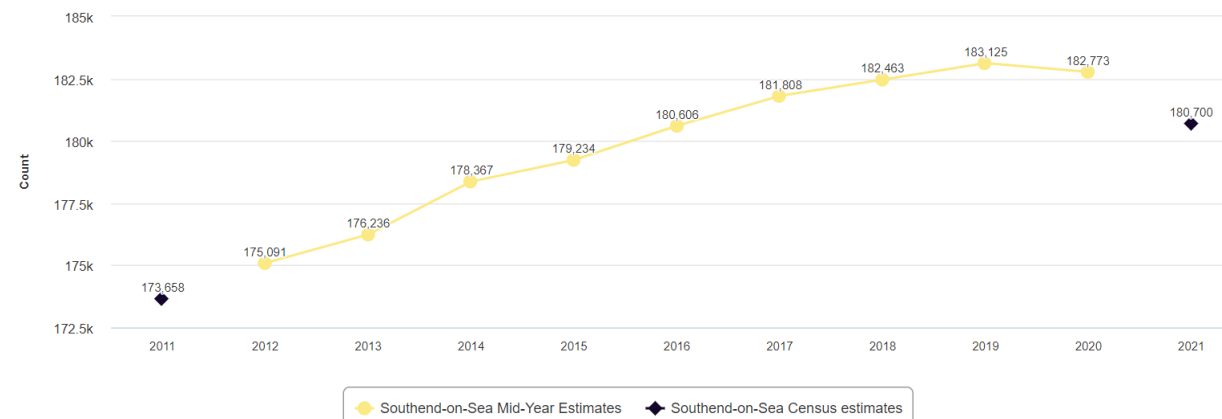
Source: [Age UK](#)

# Population and Demography

# Population



Southend population, Censuses 2011 and 2021 and mid year population estimates.

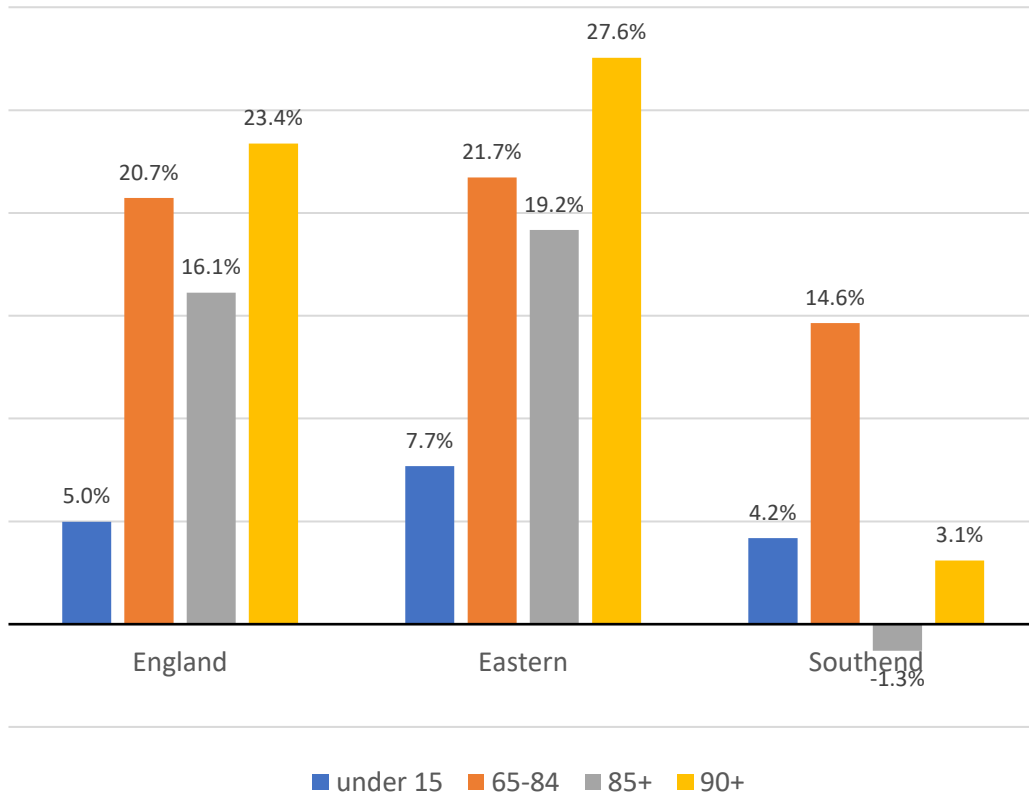


- According to the 2021 census, the Southend population compared to the previous census was up 5% to 180,700 in 2021. Growth rate for England in same period was marginally faster (+7%). Compared to mid year trends, the census estimate suggest a slower pace of growth than indicated in the mid year estimations of the population (between 2012 and 2020).
- Of the 180,700 people, 92,800 (51.4%) were women, and 87,900 (48.6%) were men. The median age is 42.1 years; since the 2011 census, the population grew by around 5% in 2020, and the median age increased by nearly 2 years in same period.
- The population density of Southend has increased – it is the 3<sup>rd</sup> most densely populated area in the Eastern region with around 4,386 people per square km, and ranked the 36<sup>th</sup> (out of 309) local authorities in England. In 2011, the population density was 4,158 residents per square km. The respective population densities for England and East England were 434 and 331 residents per square km.



# Census: Southend population changes in last decade

% change between 2011 and 2021



The age group, as a proportion of all population, by census year.



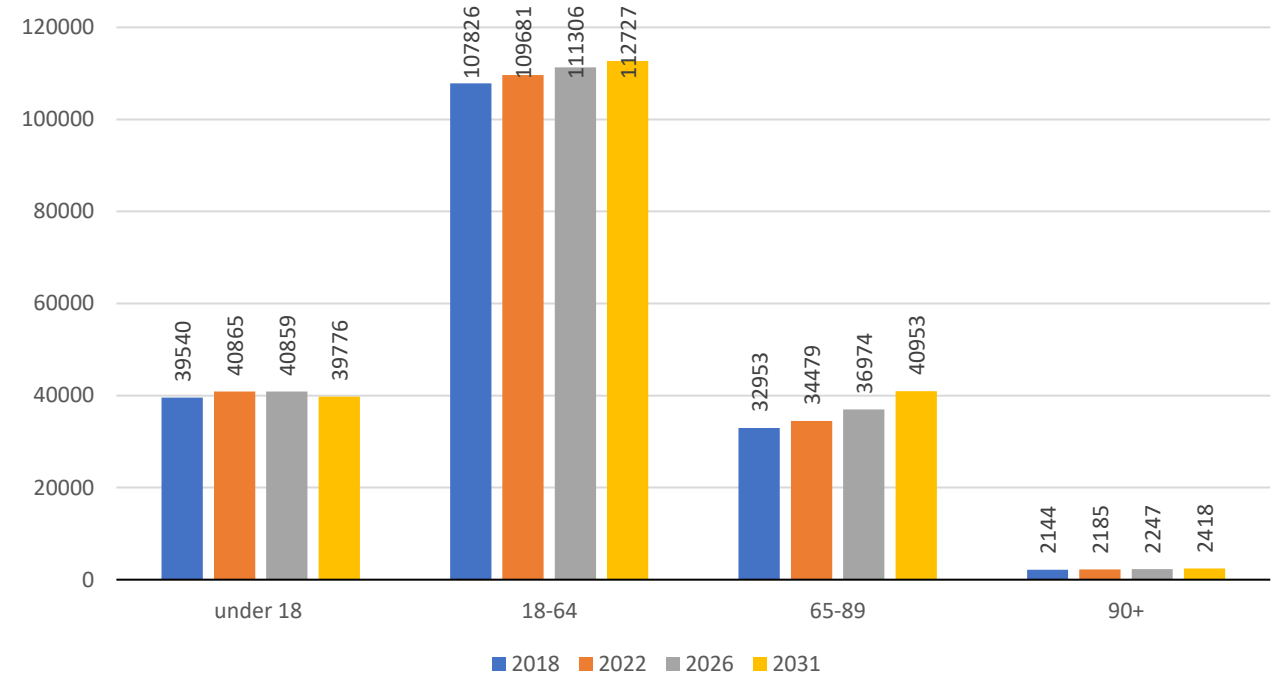
- There is an aging population - in Southend in 2021, the proportion of the population in Southend aged 65+ (19.1%) significantly greater than the proportion of the population aged under 15 (17.8%).
- Although as with other parts of the country, population in the last decade had gone up in Southend, the rate of growth in Southend was at a slower pace than other comparable areas.
- It can be deduced that the negative growth (-1.3%) in the 85+ population is driven by those aged 85-89, whereas the 90+ population had gone up 3.1%. However, the rate of increase in the 90+ is significantly lower than that for the region (+27.6%) and England (23.4%)

# Projected population growth in Southend – through key life stages

- Population change in the future suggest number of children and working age populations will grow at a slower rate compared to older population.
- Using 2018 as the benchmark population, by 2031, children aged under 18 and adults of working age population (18-64) would have grown 0.6% and 4.5% respectively; and estimated projections in the older populations aged 65-89 and 90+ are 24.3% and 12.8% respectively. Table of projected growths in East and England are below

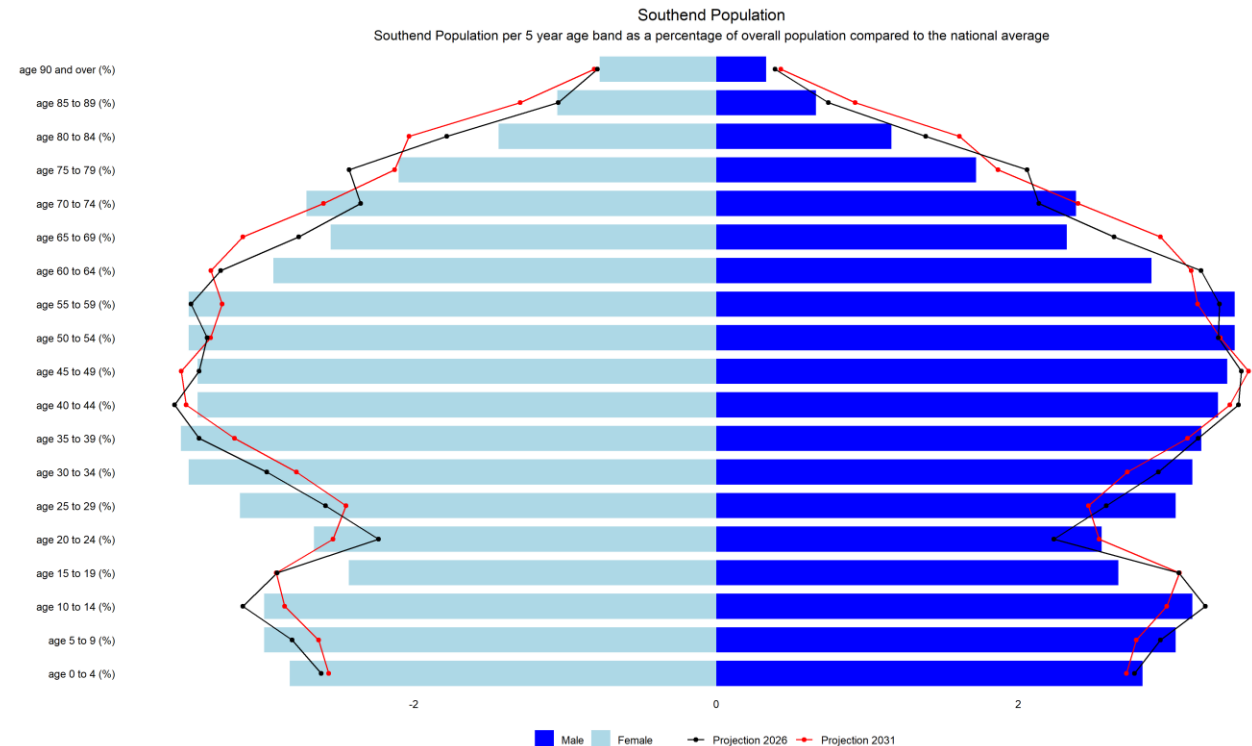
**Projected** growth changes in Southend, East and England, 2018 and 2031.

	Under-18	18-64	65-89	90+
Southend	0.6%	4.5%	24.3%	12.8%
East	-0.3%	1.9%	25.2%	33.4%
England				



# Population pyramid showing 5-year populations for 2018, 2026 and 2031

- Population change in the future suggest number of children and working age populations will grow at a slower rate compared to older population.
- Using 2018 as the benchmark population, by 2031, children aged under 18 and adults of working age population (18-64) would have grown 0.6% and 4.5% respectively; and estimated projections in the older populations aged 65-89 and 90+ are 24.3% and 12.8% respectively. Table of projected growths in East and England are below



Source: Census 2021

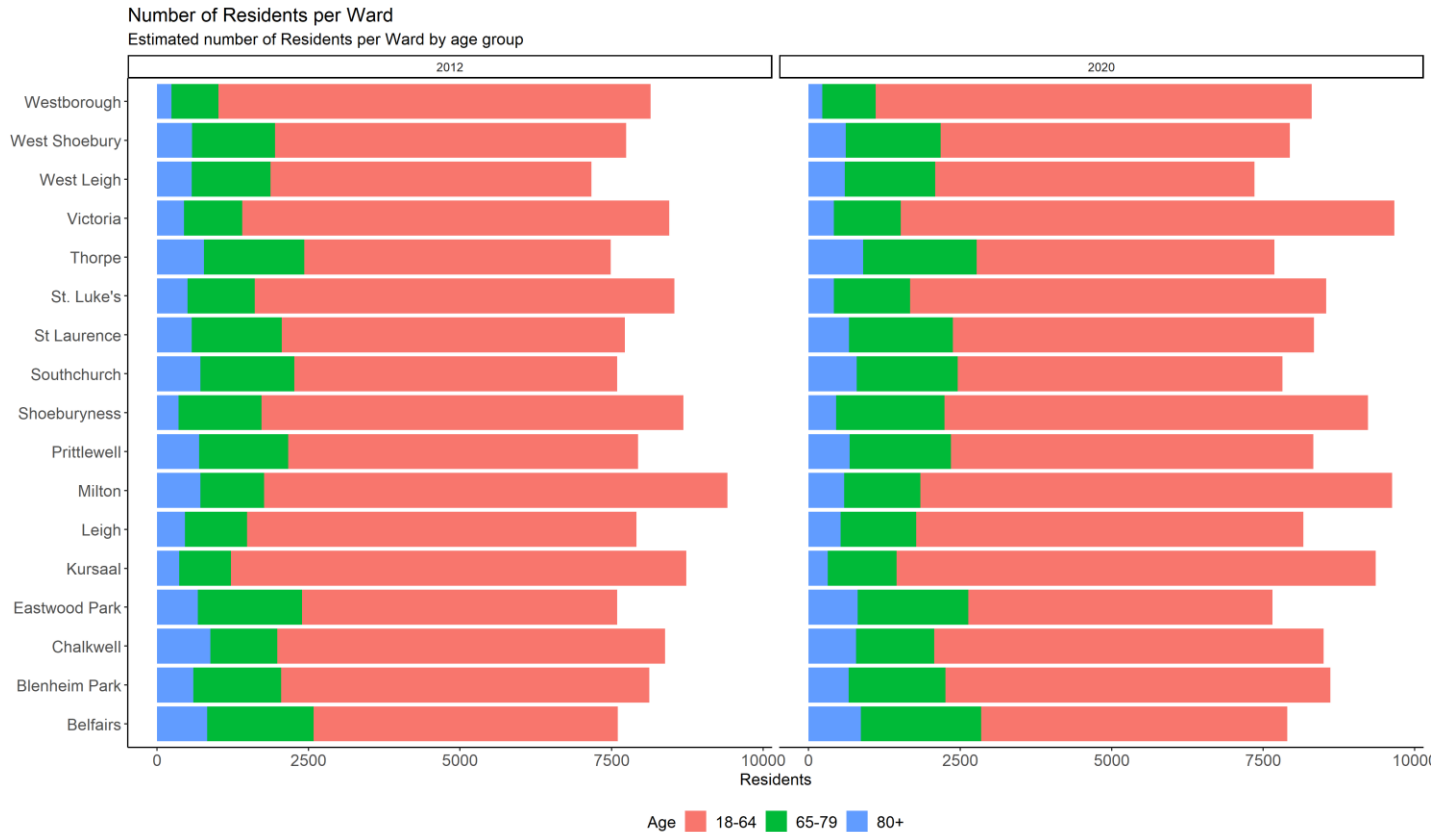
%). Compared to

# Population and demography

## Working age and Older population

- According to the census (2021), the population of Southend is around 180,700, a 5% rise compared to that estimated in 2011.
- The mid-year 2020 working and older age population of Southend was estimated to be 143,037, a marginal change (+350) from the previous year.
- Around three (78.3%) in **every four** residents of Southend (182,773) is either of working age or an older person.
  - Of this, 107,376 are aged 18-64 years old (58.7% of population), compared to 60% of the population for England.
  - And 37,520 are aged 65+ (20.5% of population), compared to 18.5% of the population for England.
- In 2022, the projected number of people of state pension age is estimated to be around 300 per 1,000 working age population. In another decade (2032), this is expected to reach around 319 per 1,000 working age population.

# Ward population; and trend showing age groups as proportion of ward population each year. 2012 – 2020.



Ward-level population estimates (Experimental Statistics) <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

- Victoria ward has the largest population aged 18+ (13,025) in Southend.
- Although 18-64s make up most of the population aged 18+, growth in this age group was at a comparably slower pace compared to the older groups. Over the last 9 years, most of the ward seemed to have fallen in population size. The greatest fall was in West Shoebury (-1.4%); Victoria grew the most (+0.3%).
- Thorpe has the largest number aged 65-79 (1,987), followed by Thorpe (1,828) and Eastwood Park (1,828). West Shoebury grew the most in the last 9 years (+1.1%)
- Thorpe (898), Belfairs (861) and Eastwood Park (807) wards are the top three largest populations aged 80+. The population over the last 9 years grew the most in Thorpe (+0.8%).

[ONS Experimental Stats](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental)

# Country of birth and Ethnicity

## Country of birth

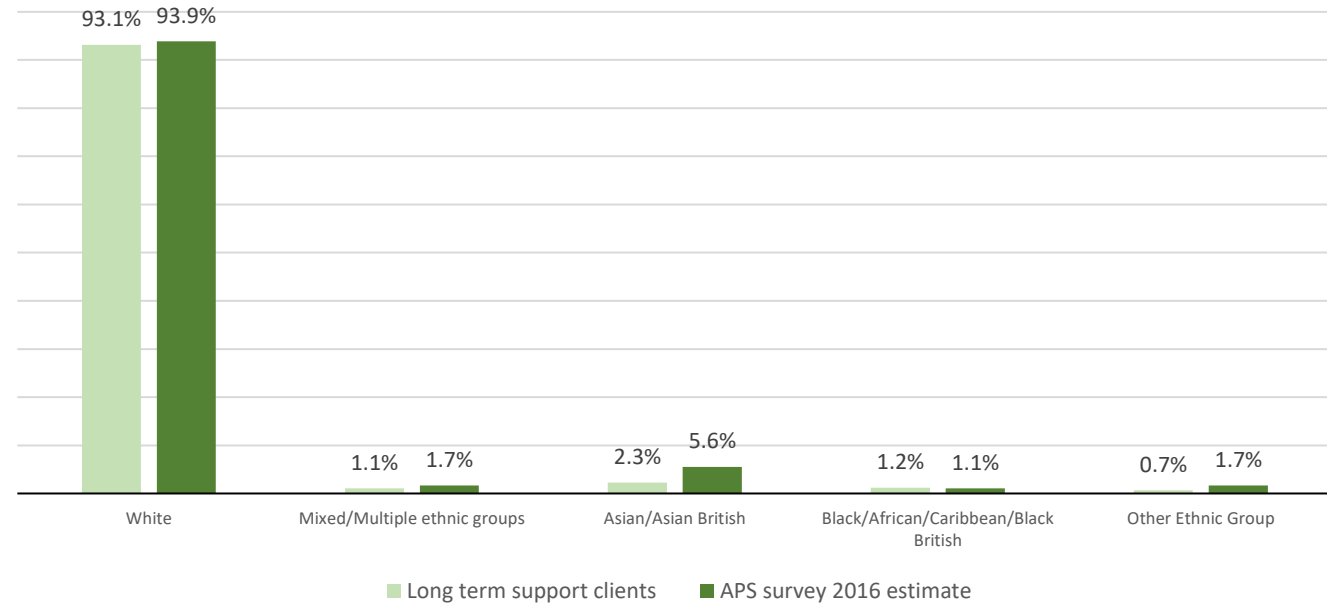
- Around 19,000 are non-UK born (10.3%) compared to 15.7% nationally. Mainly Asian and EU nationals (7000 each), followed by sub-Saharan Africa (3000).
- In the region, the top 5 most common **overseas** countries of birth are India, Poland, Romania, Republic of Ireland and South Africa. England is similar (apart from Pakistani, instead of Romania)

# Ethnicity of service users (compared to general population)

Ethnicity of clients accessing long term support in Southend (2019/20) compared to 2011 ethnicity of Southend



Ethnicity of clients accessing long term support in Southend (2019/20) compared to estimated ethnicity using 2016 APS survey



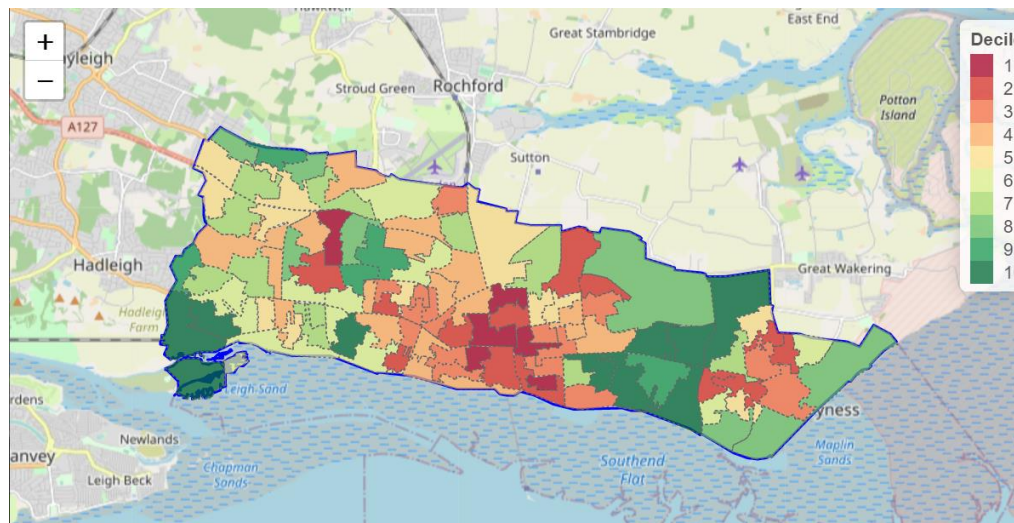
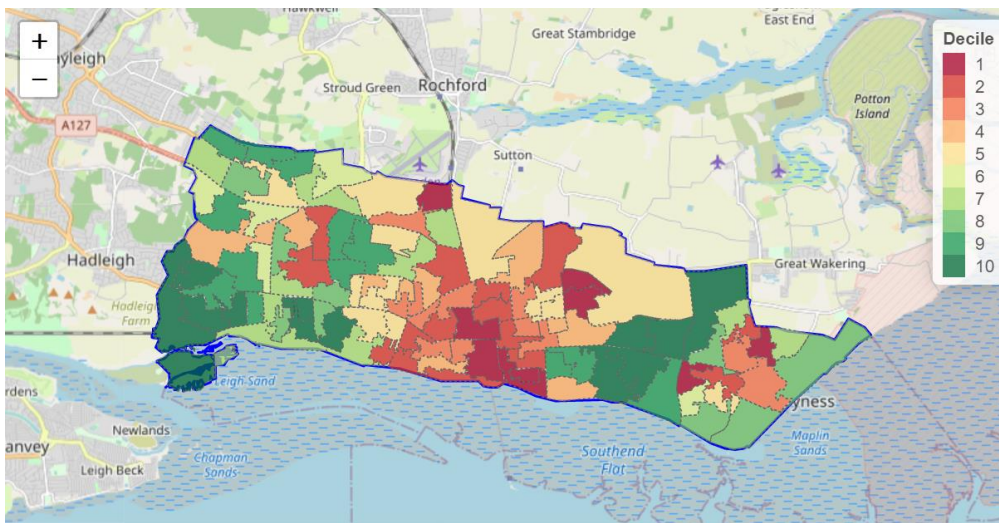
## Access to services by ethnicity

- The ethnicity of Southend is predominantly a white population (approximately 93%). This ratio is similar to the proportion with access to long term support – census 2011 suggests a slight over-representation) and more recent ethnicity estimates suggest similar levels of proportional representation.
- In Black and ethnic minority ethnic groups (BAME), the ratio of the populations in the community and access to long term support suggest a disproportional representation – the ratio suggests that Asian populations appear to be more disproportionately represented (especially using the APS survey), and the proportional representation appears to be less skewed for the black ethnic groups and mixed groups.

# Deprivation in Southend

Index of multiple deprivation based on six domains of deprivation index. (decile 1 is the most deprived; 10 is least deprived)

Income deprivation affecting older people – proportion of the 60+ who experience income deprivation (decile 1 is the most deprived; 10 is least deprived)



- Seven (out of the 18 wards) have residents in the 10% most deprived wards nationally
- An estimated 13,082 people live in these areas, which is 16.3% of their population. Kursaal ward has the highest aged 18+ (27.9%) – see table below.
- The map shows the pattern of income deprivation affecting older people is similar to the pattern for overall deprivation.

Wards	18-64	65-84	85-90	18+	All age	Proportion in Decile 1
Kursaal	2,950	434	26	3,410	12,215	27.9%
Southchurch	1,768	417	93	2,278	9,977	22.8%
Victoria	1,825	199	24	2,048	13,025	15.7%
Miltom	1,310	179	18	1,507	11,762	12.8%
St Laurence	824	290	48	1,162	10,509	11.1%
Westbury	917	149	12	1,078	10,415	10.4%
Shoeburyness	830	228	21	1,079	11,939	9.0%

Estimated population of Southend wards in top 10% most deprived nationally.



# Life Expectancy

Indicator	Period	England	Southend-on-Sea	Belfairs	Blenheim Park	Chalkwell	Eastwood Park	Kursaal	Leigh	Milton	Prittlewell	Shoeburyness	Southchurch	St Laurence	St. Luke's	Thorpe	Victoria	West Leigh	West Shoebury	Westborough
Life expectancy at birth, (upper age band 90+) (Male)	2015 - 19	79.7	78.8	80.6	78.4	76.1	81.5	73.8	82.0	76.4	78.0	78.7	78.9	79.6	79.0	83.0	73.8	83.1	78.8	79.3
Life expectancy at birth, (upper age band 90+) (Female)	2015 - 19	83.2	82.6	84.4	82.5	80.6	84.8	79.0	85.6	79.8	82.0	82.7	82.9	84.7	84.1	86.9	77.2	85.5	82.7	81.5

Life expectancy is a useful summary measure, which provides an indication of the general state of health of the population; it can also be used to compare health status by gender, geography and age. Some of the key indicators of life expectancy are:

- Life expectancy at birth, and at 65
- Inequality in life expectancy, and at 65
- Healthy life expectancy at birth, and at 65
- Disability free life expectancy at birth, and at 65.

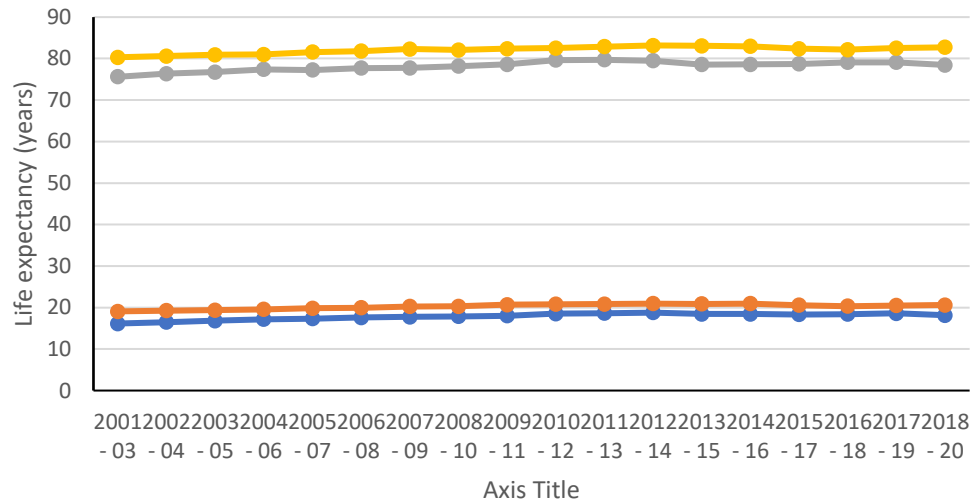
Only **ONE** (out of the 16 life expectancy indicators) show Southend faring significantly better than England and the East region: disability free life expectancy at birth (male) – 65.1 years compared to 64.3 and 62.4 years for East and England respectively

Indicator	Period	Southend				Region England				England	
		Recent Trend	Count	Value	Worst	Value	Value	Worst	Range	Best	
Healthy life expectancy at birth (Male)	2018 - 20	-	-	63.7	64.6	63.1	53.5			74.7	
Healthy life expectancy at birth (Female)	2018 - 20	-	-	62.1	65.0	63.9	54.3			71.2	
Life expectancy at birth (Male, 1 year range)	2020	-	-	77.4	79.6	78.7	73.6			83.3	
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	78.4	80.2	79.4	74.1			84.7	
Life expectancy at birth (Female, 1 year range)	2020	-	-	82.4	83.5	82.6	78.0			87.8	
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	82.7	83.8	83.1	79.0			87.9	
Life expectancy at 65 (Male, 1 year range)	2020	-	-	17.2	18.7	18.1	14.7			22.2	
Life expectancy at 65 (Male, 3 year range)	2018 - 20	-	-	18.1	19.1	18.7	16.0			23.1	
Life expectancy at 65 (Female, 1 year range)	2020	-	-	20.4	21.2	20.7	17.7			25.3	
Life expectancy at 65 (Female, 3 year range)	2018 - 20	-	-	20.6	21.5	21.1	18.6			25.4	
Inequality in healthy life expectancy at birth LA (Male)	2009 - 13	-	-	12.1	-	-	-			-	
Inequality in healthy life expectancy at birth LA (Female)	2009 - 13	-	-	13.3	-	-	-			-	
Inequality in life expectancy at birth (Male)	2018 - 20	-	-	10.1	7.9	9.7	17.0			2.6	
Inequality in life expectancy at birth (Female)	2018 - 20	-	-	9.1	6.2	7.9	13.9			1.2	
Inequality in life expectancy at 65 (Male)	2018 - 20	-	-	6.8	4.3	5.2	12.7			2.2	
Inequality in life expectancy at 65 (Female)	2018 - 20	-	-	5.5	3.8	4.8	8.6			0.1	
Life expectancy at birth, (upper age band 90+) (Male)	2015 - 19	-	-	78.8	-	79.7	74.2			91.1	
Life expectancy at birth, (upper age band 90+) (Female)	2015 - 19	-	-	82.6	-	83.2	79.5			90.2	
Healthy life expectancy at 65 (Male)	2018 - 20	-	-	10.0	11.1	10.5	5.9			16.1	
Healthy life expectancy at 65 (Female)	2018 - 20	-	-	10.2	12.3	11.3	6.9			17.2	
Disability-free life expectancy at 65 (Male)	2018 - 20	-	-	10.7	10.5	9.8	6.2			14.6	
Disability-free life expectancy at 65 (Female)	2018 - 20	-	-	9.8	10.8	9.9	6.4			15.5	
Disability-free life expectancy at birth (Male)	2018 - 20	-	-	65.1	64.3	62.4	52.7			68.9	
Disability-free life expectancy at birth (Female)	2018 - 20	-	-	61.1	61.9	60.9	51.5			68.8	

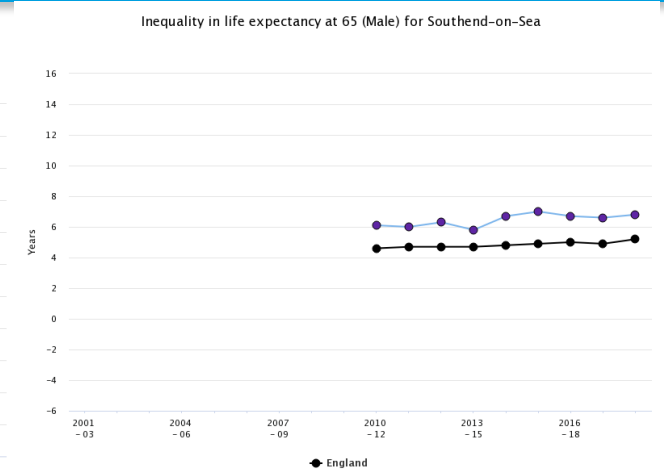
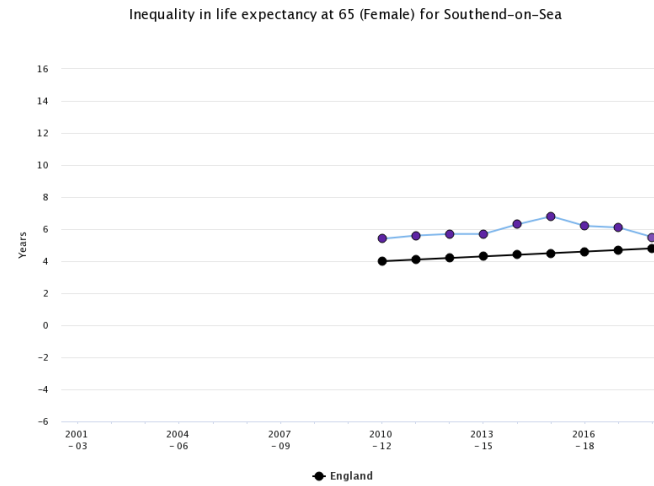
## Summary:

- Females have higher life expectancy at birth and at 65
- Inequality in life expectancy at birth is higher in males,
- Inequality in life expectancy at 65 is higher in females
- Disability –free life expectancy at 65 is higher in males
- Healthy life expectancy at 65 is marginally higher in females

# Life expectancy in Southend



● Male@LE65 
 ● Female@LE65 
 ● Male@LEBirth 
 ● Female@LEBirth



- The inequality in life expectancy at 65 (the difference in life expectancy in most deprived compared with those in least deprived areas) is greater in men than women. Over the years, inequality in life expectancy in women aged 65+ had narrowed. In 2018-20, inequality was 5.5 years compared to 6.8 years in 2015-17. Whereas in men, inequality had only marginally fallen – 6.8 years in 2018-20 compared to 7 years in 2015-17.
- Improvements in life expectancy at birth over the years is also reflected in much older age groups. In 2001-3, male life expectancy at 65 was 16.2 years, and two decades later, this had increased by 2 year. A similar trend is also seen in women who are expected to live longer than men, though improved life expectancy appears marginally slower in women. Over the years, LE in Southend is in line with the England trend, though in the last 5/6 years, they have been significantly lower in both men and women.

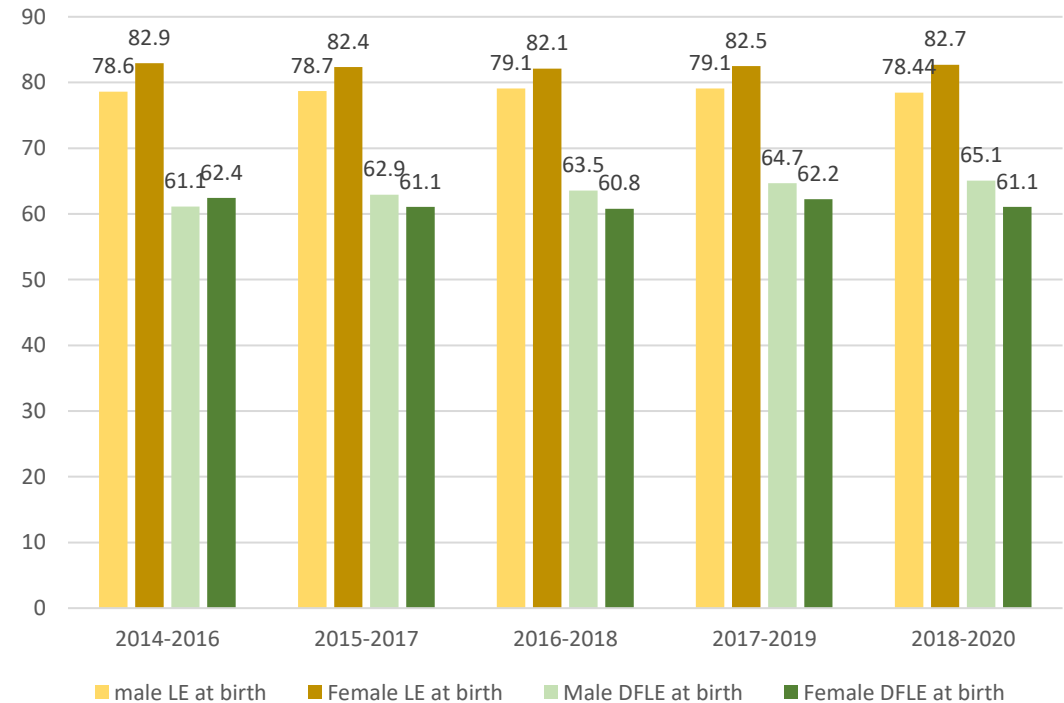
# Disability-free life expectancy

Changes in both life expectancy and DFLE have an impact on the number of years people can expect to live with a disability. The years lived with a disability is the difference between life expectancy and DFLE, It is used to assess whether improvements in length of life are comparable to improvements in years lived without a long-term illness that limits daily activities

- Published DFLE figures indicate a pattern of continued improvements in disability-free years of life in men compared to women in Southend. In 2018-20, male DFLE was 65.1 years, which is four years more than that for women, a gap that had been increasing since 2015-17.
  - Life expectancy in females with LD is 21.6 years lower than females with no LD, and in men, it is a 13- year gap (65.1 in male LD group compared to 78.4 years in those with no LD).
- This is in contrast to life expectancy, which has remained increasingly higher in women than men.
  - The fall seen in male life expectancy in 2018-20 (some probably caused by COVID-19 pandemic) is in contrast to the \*improving male DFLE, whereas in women, compared to previous period, LE in 2018-20 was up, and DFLE had gone down..

\* underlying causes of deaths

Life expectancy and disability free life expectancy in Southend.  
2014-16 to 2018-20



ONS

# Health Status and Inequalities

# Premature mortality, deaths aged under 75 years

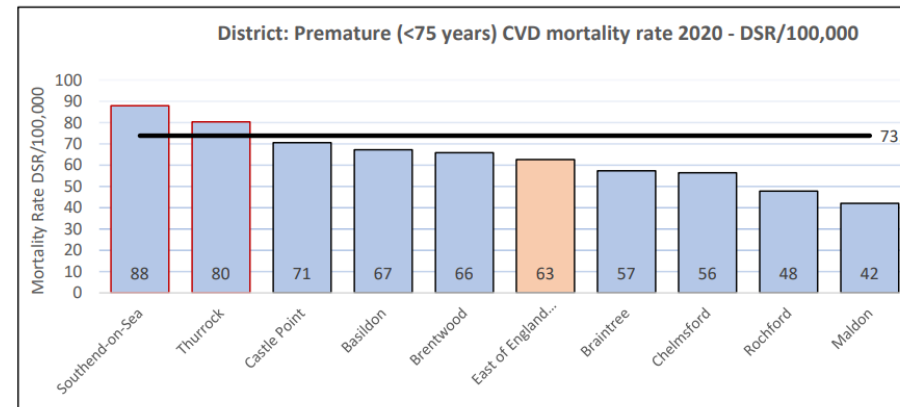
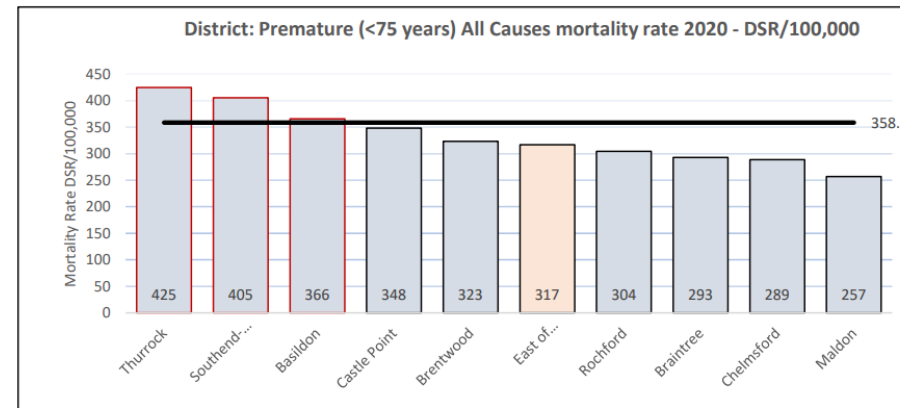
Factors that could account for early deaths include social and economic determinants of health, inequitable access to health and care services.

According to a study published in the [Lancet Public Health](#), one in three deaths before the age of 75 are attributable to socio-economic and regional health inequalities

- In the East region, Southend is ranked the second highest with premature mortality from all causes, and the highest from that caused by CVD.

Source: MSE Health and Care Partnership June 2022

## Premature mortality at district level



■ Premature mortality DSR/100,000

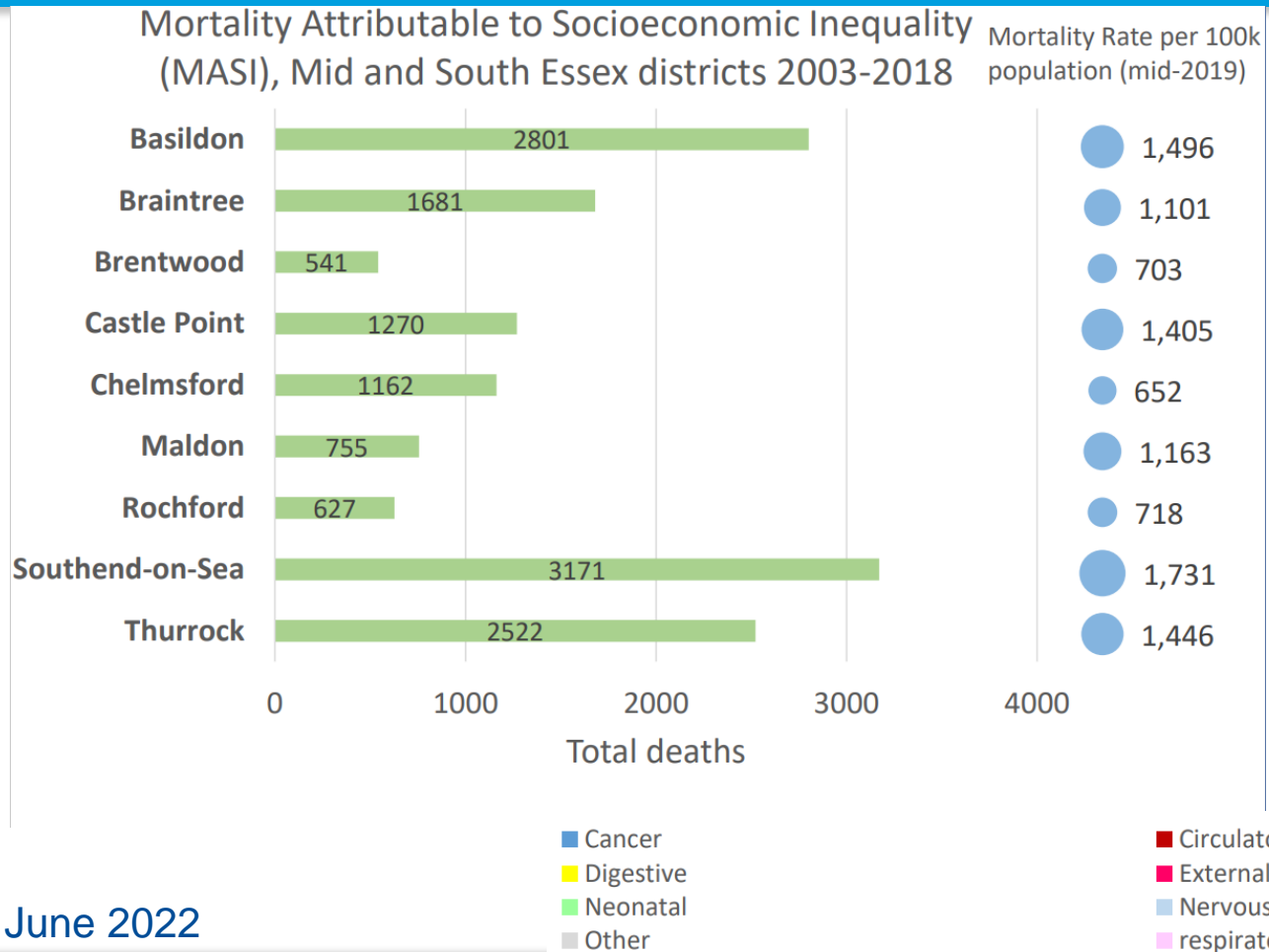
— England mortality rate - DSR/100,000

# Mortality attributable to socio-economic inequality (MASI)

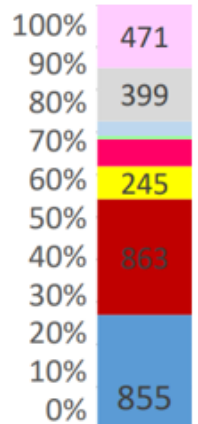
**MASI gives an indication of deaths attributable to inequality.**

According to a study published in the Lancet Public Health, one in three deaths before the age of 75 are attributable to socio-economic and regional health inequalities. In England, around 900,00 deaths in the last 16 years were potentially avoidable in a “more equal society”

- Southend has the highest MASI rate in the Mid and South Essex districts, an estimated 3,171 deaths (equivalent to 1,731/100K) associated with socio-economic inequality.
- Cancers, circulatory disease and respiratory disease contribute the most to MASI – this pattern is similar in most of the Mid-South Essex districts.



% disease driver in total MASI in Southend



Source: MSE Health and Care Partnership June 2022

# Other topic areas

# Sensory Conditions



# Hearing loss

Estimated hearing conditions in Southend

Age group	2025	2030	203518
18-64	12,473	12,646	12,695
65-84	20,328	22,646	23,666
85+	6,606	7,513	9,365
<b>18+</b>	<b>39,407</b>	<b>42,805</b>	<b>45,726</b>

# Falls/Hip Fracture

# Background

Falls account for majority of [emergency hospital admissions](#) for older people, with significant impact on longer term outcomes, such as, moving people from their homes into care home settings.

Falls that lead to injury can have serious physical, social and mental health consequences – it is estimated that around 1 in 20 older people in the community either experience a fracture or fall that leads to hospital admissions.

Hip fracture is a debilitating condition – only one in three sufferer return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care

Hip fractures are almost as common and as costly to public services as strokes. Mortality from hip fracture is high - [about one in ten people with a hip fracture die within a month, and about one in three die within a year](#)

# Falls and Fracture (summary key metrics)

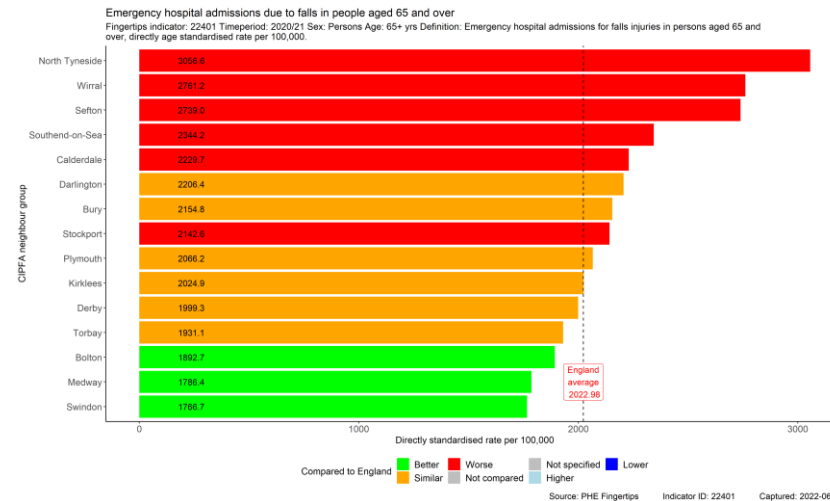
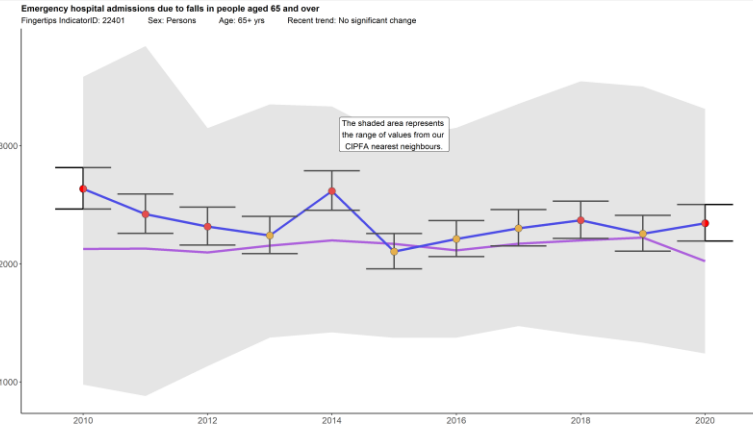
## Summary:

- Southend population aged 65+ has significantly higher emergency hospital admissions due to falls compared to England
- The high rate of emergency hospital admissions appear to be driven by those aged 80+, as the rates are significantly higher than England compared to those aged 65-70 (similar to England)

Indicator	Period	Southend		Counties & UAs (from Apr 2021)	England		England		Best/Highest
		Recent Trend	Count	Value	Value	Worst/Lowest	Range		
<b>Falls &amp; Fractures</b>									
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	→	905	2,344*	2344*	2023	3,234		1,102
Emergency hospital admissions due to falls in people aged 65-79	2020/21	→	265	1,041*	1041*	937	1,671		517
Emergency hospital admissions due to falls in people aged 80+	2020/21	→	640	6,124*	6124*	5174	8,181		2,548
Hip fractures in people aged 65 and over	2020/21	→	200	513*	513*	529	746		306
Hip fractures in people aged 65-79	2020/21	→	50	202*	202*	219	360		88
Hip fractures in people aged 80+	2020/21	→	145	1,415*	1415*	1426	2,137		684
Osteoporosis: QOF prevalence (50+)	2020/21	↑	364	0.5%	0.5%	0.8%	0.1%		2.4%

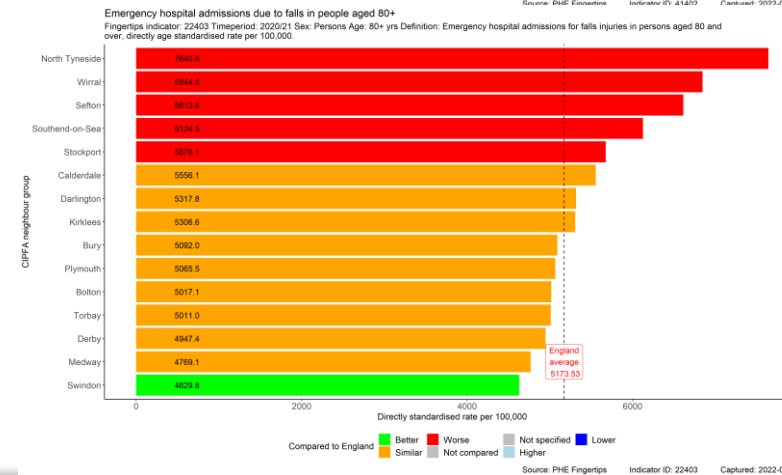
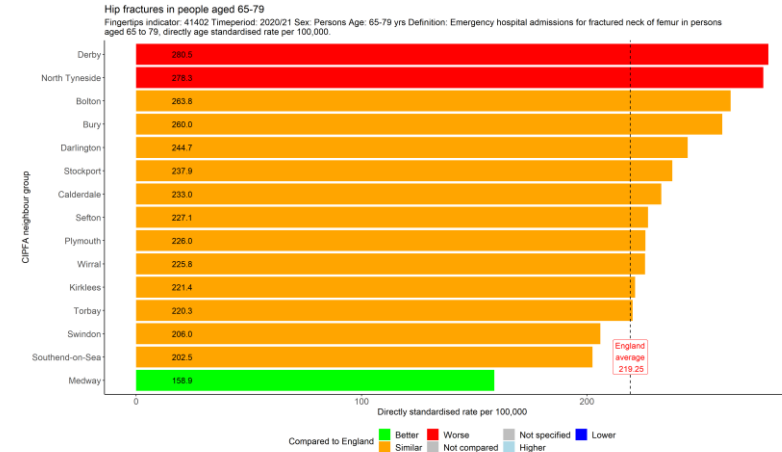
# Falls

- The 2020/21 figures indicate that the rate of emergency hospital admissions due to falls in Southend are above the national average.
- Apart from 2019/20, the last 5 years has seen an increasing number of Southend residents admitted to hospitals as an emergency due to falls.
- In 2015/16, 791 Southend residents aged 65+ (equivalent to 2,103 per 100K) were admitted as an emergency, and in 2021, this had gone up 15%, to 905 people on emergency admissions to hospitals following falls.



# Falls hospital admissions more common in 80+

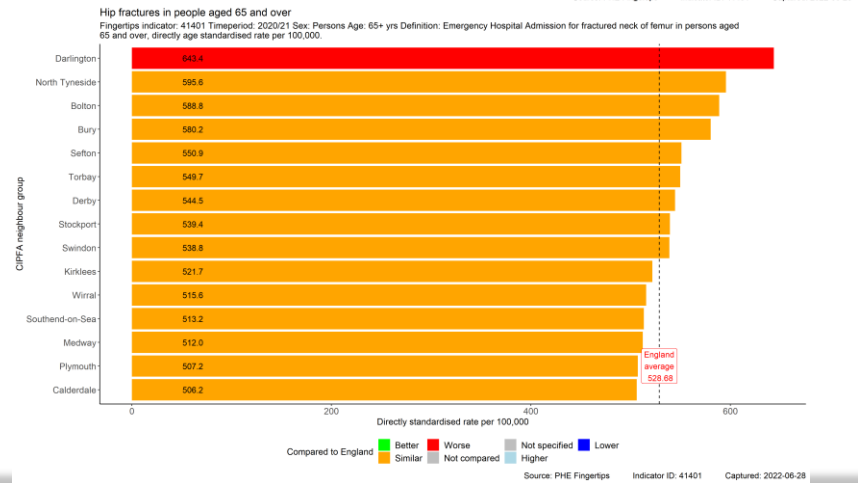
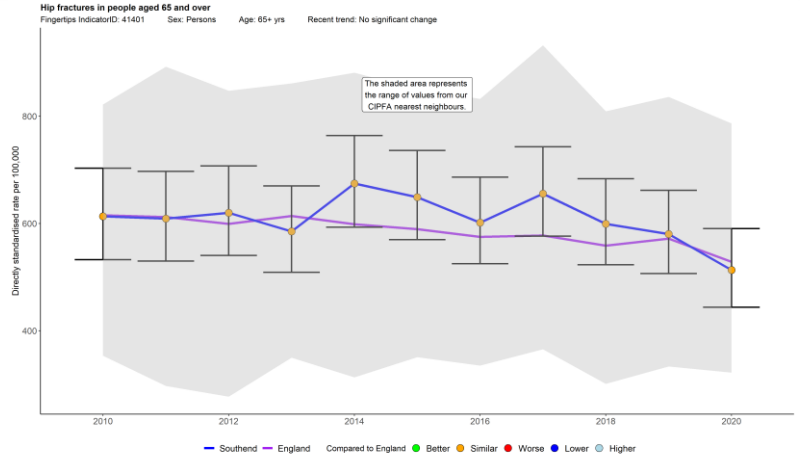
- Emergency admissions in hospitals following falls appear to be significantly driven by the Southend population aged 80+
- Emergency admission rates in Southend residents aged 65-79 (202.5 per 100K) were similar to the England rates ( ), and ranked one of the lowest rates among its CIPFA neighbours.
- In contrast the rate of emergency admissions to hospitals following falls in those aged 80+ (2,344 per 100K0, were about 10 times that in the 65-79 age group. It was significantly higher than the England rates, and ranked the 4<sup>th</sup> highest among its CIPFA neighbours.



# Hip Fractures

- In five of the last 6 years, hospital admissions due to hip fractures has been on a decline in Southend, following a similar pattern to that seen nationally.
- In 2020/21, 200 residents of Southend aged 65+ (equivalent to rate of 513 per 100K) were admitted as an emergency with a hip fracture. This was similar to the rate for England. The city was ranked 4<sup>th</sup> with the lowest rate of emergency admissions among its CIPFA neighbours.
- Areas in Southend with significantly higher proportion of emergency admissions for hip fractures than expected (SAR) compared to England were Kursall, Charkwell, Victoria, Prittlewell and Milton.

Indicator	Period	England	Southend-on-Sea	Kursaal	Chalkwell	Victoria	Prittlewell	Milton	West Leigh	West Shoebury	Westborough	Blenheim Park	Leigh	Shoeburyness	Belfairs	Southchurch	St Laurence	Thorpe	Eastwood Park	St. Luke's
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2015/16 - 19/20	100.0	107.5	149.9	140.0	139.1	138.1	136.6	124.4	119.2	114.8	112.7	99.0	90.6	90.2	84.5	81.6	80.2	79.8	72.5



# Frailty



# Background

Frailty tend to be associated with a state of health commonly experienced by older people (aged 85+), although younger people with complex needs can also be classified as frail. One in four people aged 85+ is living with frailty; and increasingly, frailty is been seen as a long term condition.

NHS England has defined frailty as a progressive, long term health condition characterised by a loss of physical and/or cognitive resilience. It is caused by the combined effects of natural ageing, outcomes of multiple long term conditions, reduced muscle strength and fatigue. People living with frailty can deteriorate unexpectedly and do not recovery quickly after a simple illness or other stressful event

With increasing life expectancy, and older populations projected to grow, it is expected that there will be increasing number of older people living with frailty in Southend. It is therefore anticipated that there will be increasing demand on ASC services, such as number of care home and nursing bed needs for older people, hospital admissions,/LoS, other social care services (extra care units, domiciliary care), increase in informal care.

Its been suggested that frail people are more likely to experience public and private services that does not match their needs; and they are likely to be vulnerable to poor quality health care and services that is not commensurate to their needs.

# Estimated demand on the ASC system

- According to AgeUK, around 10% of people aged 65+ live with frailty, and this rises to between 25% and 50% in those aged 85+. Applied to Southend, this suggests that in Southend, around 3,450 people aged 65+ could be living with frailty in Southend, and between 1,250 and 2500 of these could be aged 85+.
- As the population ages, the prevalence and impact of frailty is likely to increase. It is anticipated that demand for care home beds and nursing home beds **could be around .....by 2025 (or 2030)**
- **Informal care estimates**

# Frailty (summary of key metics)

- Southend's population for those aged 75+ - use GP registered population
- See stats on **Falls** on slides 41-45
- **Proportion living alone (slide 22)** census 2011 indicates one in three of the population aged 65+ live alone. See updated figures based on census 2021 and also based on ward count
- LE at 65 is significantly lower than that for England
- Also refer to ASCS on question oof how much social contact.
- Also slides 26, 28, 31 and 32 on population and life expectancy

Indicator	Period	Southend	Counties England & UAs (from Apr 2021)	England
<b>Life &amp; Health Expectancy - At 65</b>				
Life expectancy at 65 (Male)	2018 - 20	18.1	18.1	18.7
Life expectancy at 65 (Female)	2018 - 20	20.6	20.6	21.1
Inequality in life expectancy at 65 (Male)	2018 - 20	6.8	6.8	5.2
Inequality in life expectancy at 65 (Female)	2018 - 20	5.5	5.5	4.8
Health related quality of life for older people	2016/17	0.740	0.740	0.735
<b>NHS Early Checks &amp; Interventions</b>				
Cancer screening coverage - breast cancer	2021	13,135	64.7%	64.7%
Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	2021	12,146	72.1%	72.1%
Cancer screening coverage - bowel cancer	2021	17,414	58.8%	58.8%
<b>Employment, Finance &amp; Deprivation</b>				
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	2019	6,650	15.3%	15.3%
Homelessness - households owed a duty under the	2020/21	112	3.1	3.1
<b>Social Connections &amp; Community Assets</b>				
Loneliness: Percentage of adults who feel lonely often / always or some of the time	2019/20	28.56%	28.56%	22.26%
Older people living alone, % of people aged 65 and over who are living alone	2011	33.3%	33.3%	31.5%
<b>Common Mental Health Disorders</b>				
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.6%*	10.6%*	10.2%*
<b>Dementia</b>				
Estimated dementia diagnosis rate (aged 65 and over)	2022	71.0%	71.0%	62.0%
<div style="display: flex; align-items: center;"> <span style="background-color: #28a745; padding: 2px;">New data</span> <span style="margin-left: 10px;">&gt; 66.7% (significantly)</span> <span style="margin-left: 10px;">similar to 66.7%</span> <span style="margin-left: 10px;">&lt; 66.7% (significantly)</span> </div>				
<b>Care Homes &amp; End of Life Care</b>				
Care home beds per 100 people 75+	2021	11.6	11.6	9.4
Nursing home beds per 100 people 75+	2021	2.5	2.5	4.6

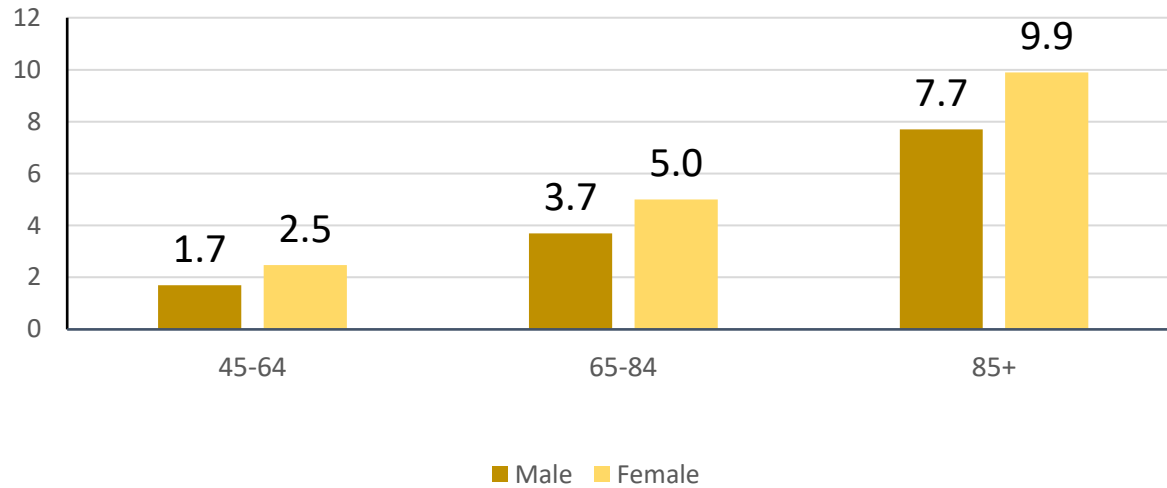
# Multimorbidity

## Background

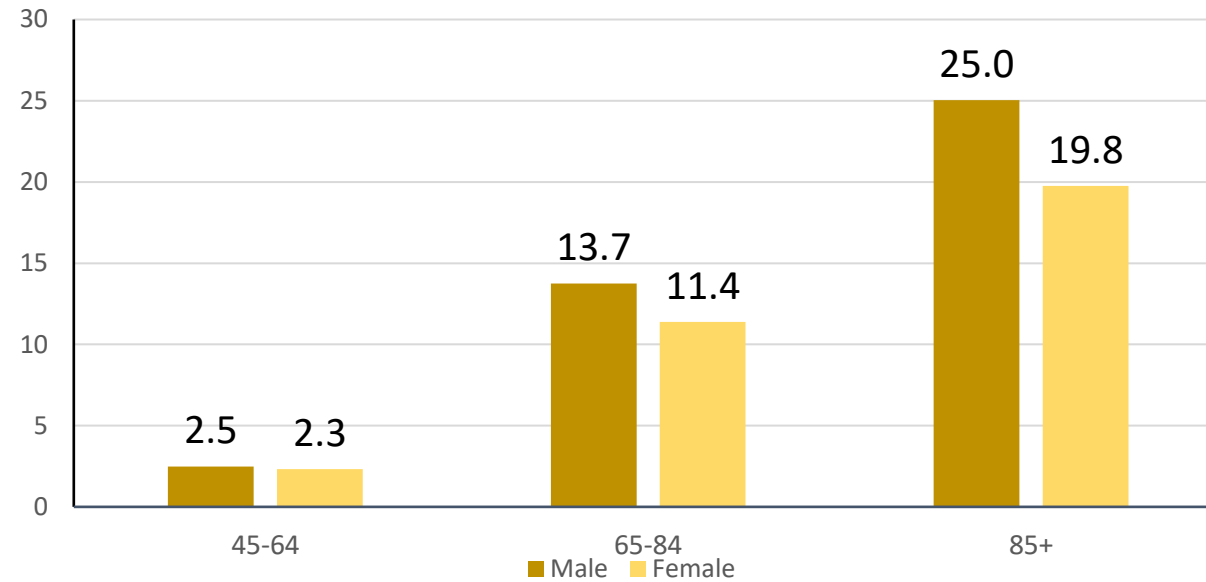
- presence of 2 or more long term conditions
- Physical or mental health

# Estimated prevalence of multimorbidity, aged 45+

Long term physical and mental health conditions (3+ conditions)



Long term physical health conditions (3+ conditions)



- Prevalence of both physical and mental health multimorbidity is higher in females than males - applied to census 2021 population, 2768 persons.
- Prevalence of physical health (ONLY) multimorbidity is higher in males than females (in the 65+ age groups) – applied to census 2021 population, 5939 persons.
- Prevalence of multimorbidity is highest in the 85+ age groups.

# Estimates of ward level MM prevalence

- Apply local authority MM prevalence to ward level experimental estimates – [see spreadsheet](#)

# Learning Disability

# Learning Disability

## Background

- LD definition
- Population Group
  - Registered with GPs (QoF), ASC, unknown in general population – living well strategy doc – which is those with LD as a condition but not eligible for ASC (could be fully independent)
  - should we leave out police/prison, schools, as their needs are met by these agencies?
  - Possible to split into 18-64, 65-79 and 80+? – George should be able to pull that 3 from LAS (Liquid Logic). May have an LD, but not known to ASC.
  - Can break down to where they live (ward level stuff) – ask George.
- Mortality and DALE (compared with LE)
- Any ward level stats
- Spend per client known to services (long and short term)
- Accommodation – but what does “settled” accommodation. Last JSNA
- Education and employment
- Children transitioning into adulthood – George should be able to give me the figures (or Sarah Range, Principal Social Worker).
  - Ideally can be called **Preparing** for adulthood is 14-25? Could be different in each council – Care Act (2014), Children and Families Act (2014), SEND Protocol (2014)
- Number of carers for LDs (and their experiences), including carers’ support. George would know these numbers
- DOLs, Neglect. (how many have gone through the system, etc)
- Anything on lifestyle – physical activity, obesity, smoking – what support to these groups for accessing services
- Access to services (transport, information, smoking cessation, etc, general health inequalities)



# Learning Disability

## Background

- **LeDer – national initiative – improve the health of LDs**
  - Local LeDeR group (looking at numbers of deaths) – check with NHS colleagues.
  - Local LeDeR contact could be Stephen Bradley (Essex gov.uk email)
  - Mortality variation between LDs and general population
- All GPs should have annual health checks

# Background

According to the 2001 DH White Paper, Valuing People, the definition of LD which is still been broadly used includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- Which started before adulthood, with a lasting effect on development

Some more background to LD definition – LD can be mild, moderate, severe or a profound MLD.

It is lifelong condition.

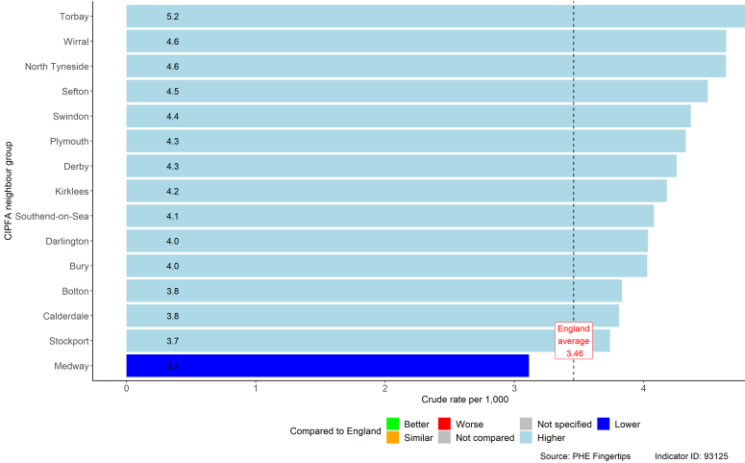
Populations that could also be assessed for additional health and care support include the following:

- individual whose needs are associated social functioning and communication skills (and not necessarily with low intelligence quotient, IQ below 70)
- LD groups with physical or sensory impairments
- Some adults with autism

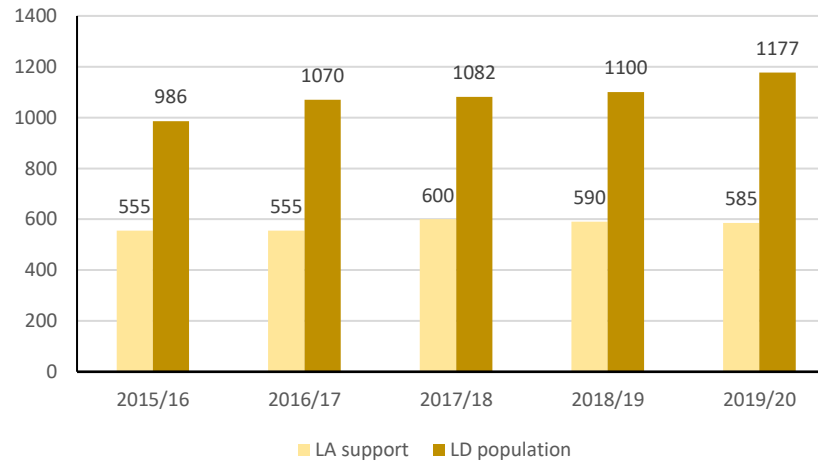
Transition is an important point for capturing the needs of young people who will be moving into ASC services. From a health perspective, transition offers an opportunity for the health system to identify needs early and consider the health support needs that a young person with SEN, including LD, will need as an adult

# Estimated LD population in Southend in the future

Adults (18+ yrs) with learning disability receiving long-term support from local authorities (per 1,000 population)  
 Fingertips indicator: 93125 Timeperiod: 2019/20 Sex: Persons Age: 18+ yrs Definition: Adults (18+ yrs) with a learning disability getting long-term support from local authorities (per 1,000 population)



LD estimated population in Southend, and individuals known to have long term support from local authority

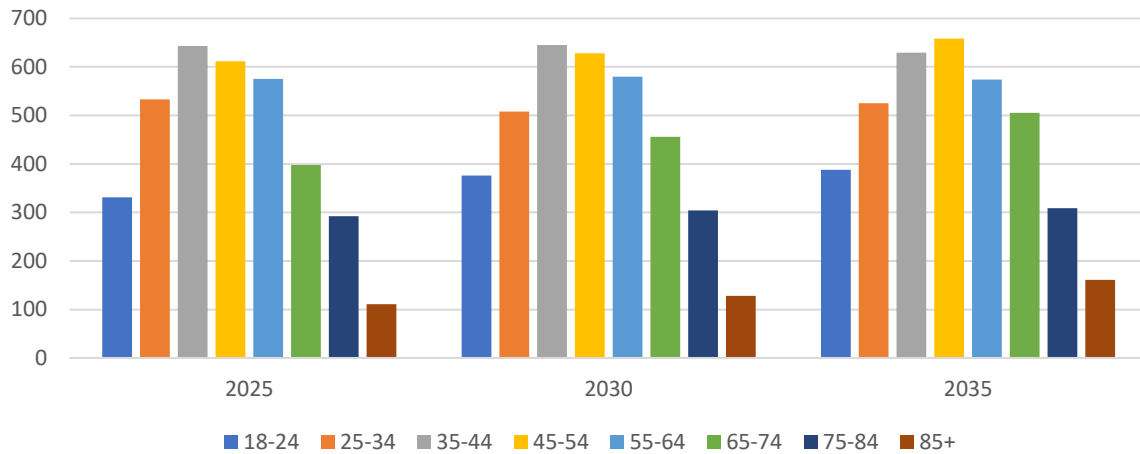


Age group	2025	2030	2035	% change (2025-35)
18-24	331	376	388	17.2%
25-34	533	508	525	-1.5%
35-44	643	645	629	-2.2%
45-54	611	628	658	7.7%
55-64	575	580	574	-0.2%
65-74	398	456	505	26.9%
75-84	292	304	309	5.8%
85+	111	128	161	45%
<b>18+</b>	<b>3,494</b>	<b>3,624</b>	<b>3,750</b>	<b>7.3%</b>

- QoF figures (2019/20) indicate that an estimated 1,177 (0.6%) adults living with LD are registered with GPs across Southend.
- Trend in the last 5 years show marginal increase in these figures; compared to previous year, the numbers had gone up 7%, to 1,177 individuals in 2019/20. In 2016/17, 1070 were known to GPs,
  - Recent GP Patient Survey suggest the figures could be higher – between 1,573 and 2,146 individuals report having a LD.
- In the next decade between 2025 and 2035, the number of adults with LD in Southend is projected to go up, an estimated 7.3% to around 3,750 people. QoF figures (2019/20) indicate that an estimated 1,177 (0.6%) adults
- The largest increase is in the older population aged 65+, especially the 85+ (45%), Also of note is the projected increases expected in the younger adults aged 18+ (17.2%)
- Adults with LD receiving LTS from LA have also been stable. Compared to previous years, the numbers receiving long term support from LA were slightly down, to 585 in 2019/20 (equivalent to 4.1 per 1,000 population), and just around half of the GP-registered individuals.

# Estimated LD population in Southend in the future

Estimated number of people to have a learning disability in Southend in the future, by age












- In the next decade between 2025 and 2035, the number of adults with LD in Southend is projected to go up, an estimated 7.3% to around 3,750 people. QoF figures (2019/20) indicate that an estimated 1,177 (0.6%) adults
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# Learning Disability

Office for Health Improvement and Disparities produced a set of [Learning Disability profiles](#) at a local level, complimented with an interactive data tool – both of these contain the latest Southend-on Sea data, and for comparable geographies.

Indicator	Period	Southend		Region England			England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 1,000 population)	2019/20	→	585	4.08	3.62	3.46	2.00		6.32
Learning disability: QOF prevalence	2019/20	–	1,177	0.6%	0.5%	0.5%	0.2%		0.9%
Proportion of eligible adults with a learning disability having a GP health check (%)	2018/19	–	644	58.5%	53.0%	52.3%	3.4%		87.2%
Proportion of supported working age adults with learning disability living in settled accommodation (%)	2019/20	→	430	87.8%	74.0%	77.3%	39.6%		96.7%
Proportion of supported working age adults with learning disability living in unsettled accommodation (%)	2019/20	→	55	11.2%	17.6%	16.9%	31.6%		0.8%
Proportion of supported working age adults with learning disability in paid employment (%)	2019/20	→	50	10.2%	5.8%	5.6%	0.4%		27.8%
Proportion of supported adults with learning disability receiving direct payments (%)	2019/20	→	190	32.5%	28.3%	30.3%	0.9%		69.5%
Individuals with learning disabilities involved in Section 42 safeguarding enquiries (per 1,000 people on the GP learning disability register)	2018/19	–	70	63.6	65.3	50.9	10.3		175.2
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 100 people on the GP learning disability register)	2019/20	→	585	49.7	52.7	49.7	30.0		82.9

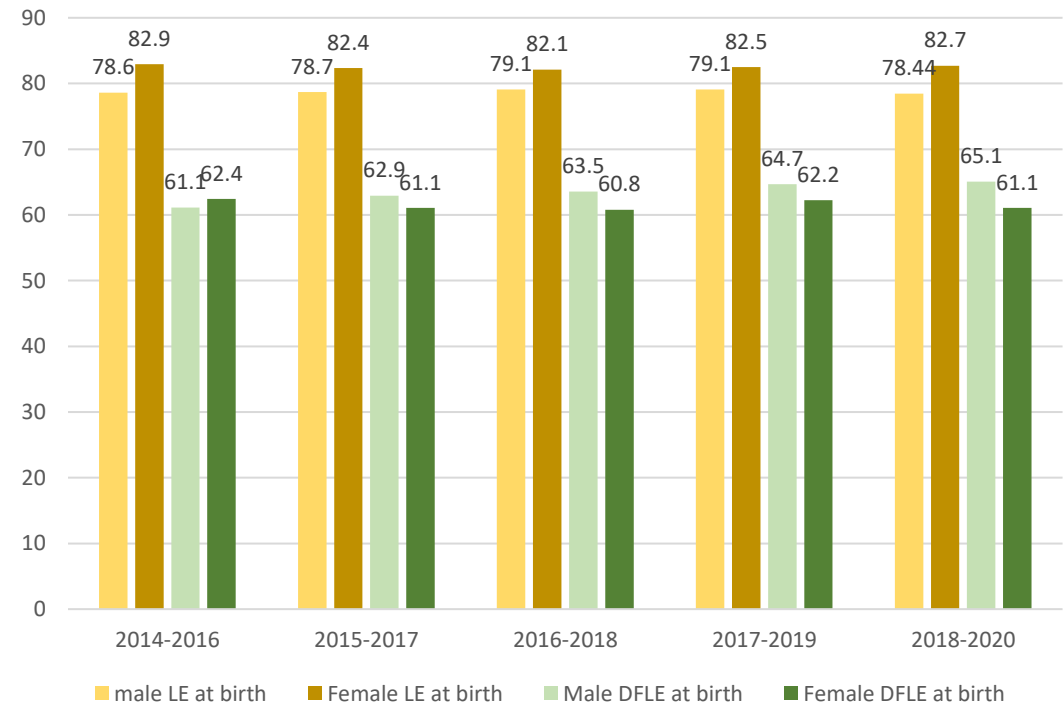
# Life expectancy

Changes in both life expectancy and DFLE have an impact on the number of years people can expect to live with a disability. The years lived with a disability is the difference between life expectancy and DFLE, It is used to assess whether improvements in length of life are comparable to improvements in years lived without a long-term illness that limits daily activities

- Published DFLE figures indicate a pattern of continued improvements in disability-free years of life in men compared to women in Southend. In 2018-20, male DFLE was 65.1 years, which is four years more than that for women, a gap that had been increasing since 2015-17.
  - Life expectancy in females with LD is 21.6 years lower than females with no LD, and in men, it is a 13- year gap (65.1 in male LD group compared to 78.4 years in those with no LD).
- This is in contrast to life expectancy, which has remained increasingly higher in women than men.
  - The fall seen in male life expectancy in 2018-20 (some probably caused by COVID-19 pandemic) is in contrast to the \*improving male DFLE, whereas in women, compared to previous period, LE in 2018-20 was up, and DFLE had gone down..

\* underlying causes of deaths

Life expectancy and disability free life expectancy in Southend.  
2014-16 to 2018-20



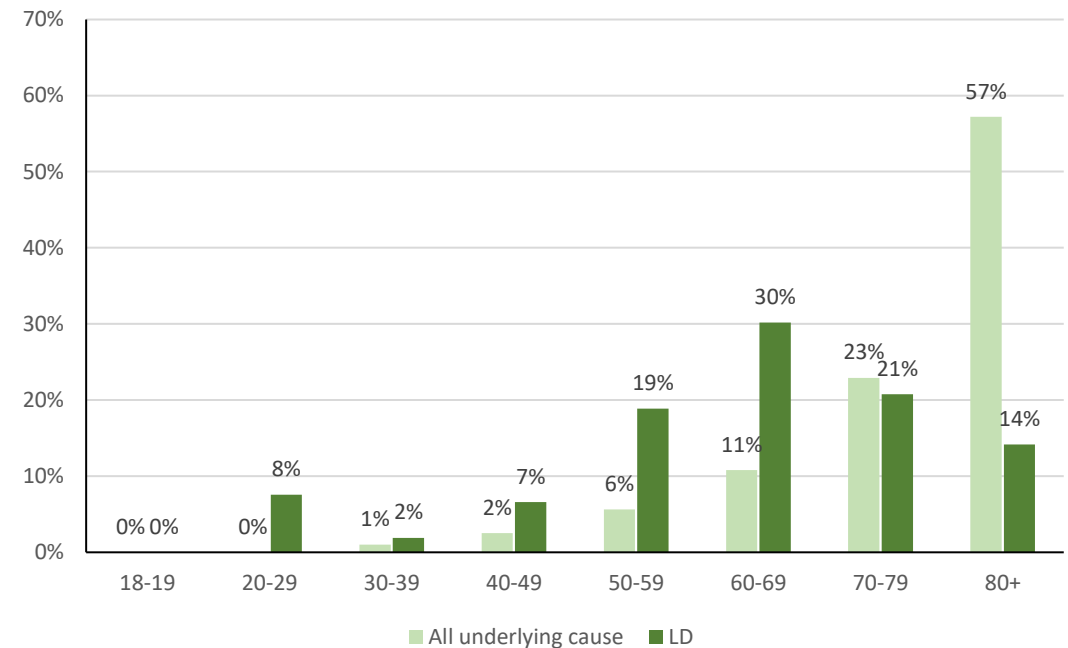
ONS

# LD mortality

- Deaths in LD individuals were most common in 60-69s, and predominantly those aged under 70. In contrast deaths\* in the Southend population is mostly common in those aged 80+.
- The age of death in the LD population is improving, but the gap is still wide when compared to deaths in rest of population. The average age of death for adults with a LD in SET in 2021/22 was 65.5 years. In comparison, for the rest of the population average age is 82.3 years for males and 85,8 years for females
- There are differences in causes of death in general population and LD population. In LD population, pneumonia, aspiratory pneumonia, and other respiratory conditions accounted for more than half (56%) of all deaths in the SET population with a LD\*, whereas in general population, dementia, Alzheimer's disease, ischaemic heart disease and covid-19 were as the most common causes of death in 2021.
- Changes in both life expectancy and DFLE have an impact on the number of years people can expect to live with a disability. The years lived with a disability is the difference between life expectancy and DFLE, It is used to assess whether improvements in length of life are comparable to improvements in years lived without a long-term illness that limits daily activities

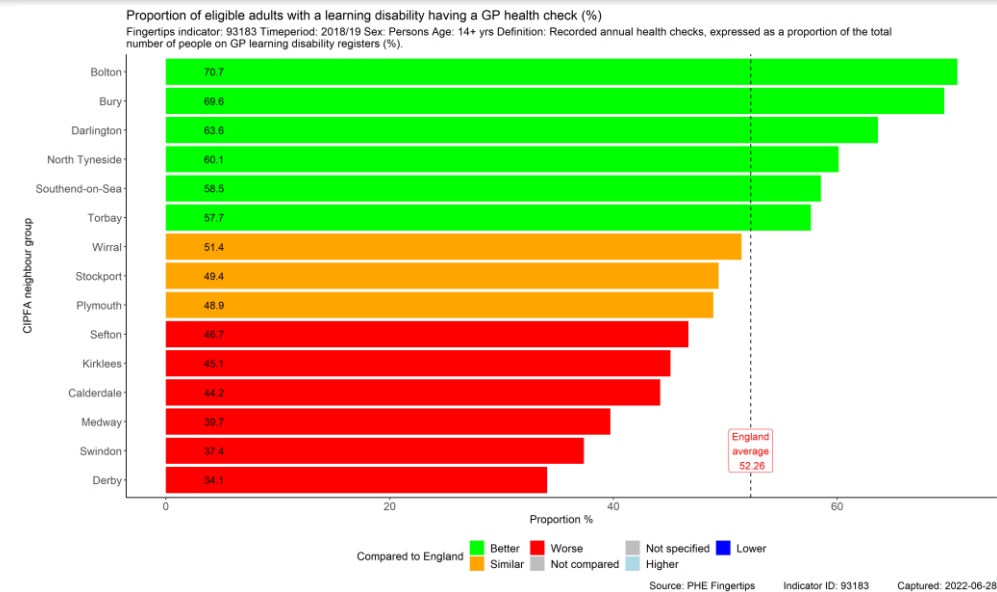
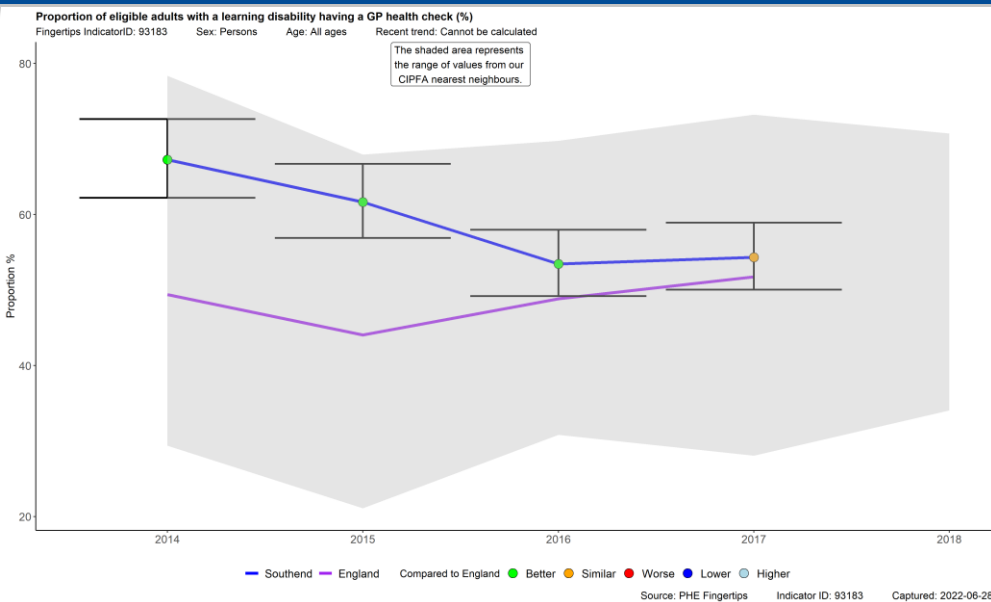
\* underlying causes of deaths

2021 deaths: Proportion of all deaths  
All population in Southend, and the Southend, Essex  
and Thurrock (SET) Learning Disability population



\*LeDeR completed reviews

# LD population having GP health checks

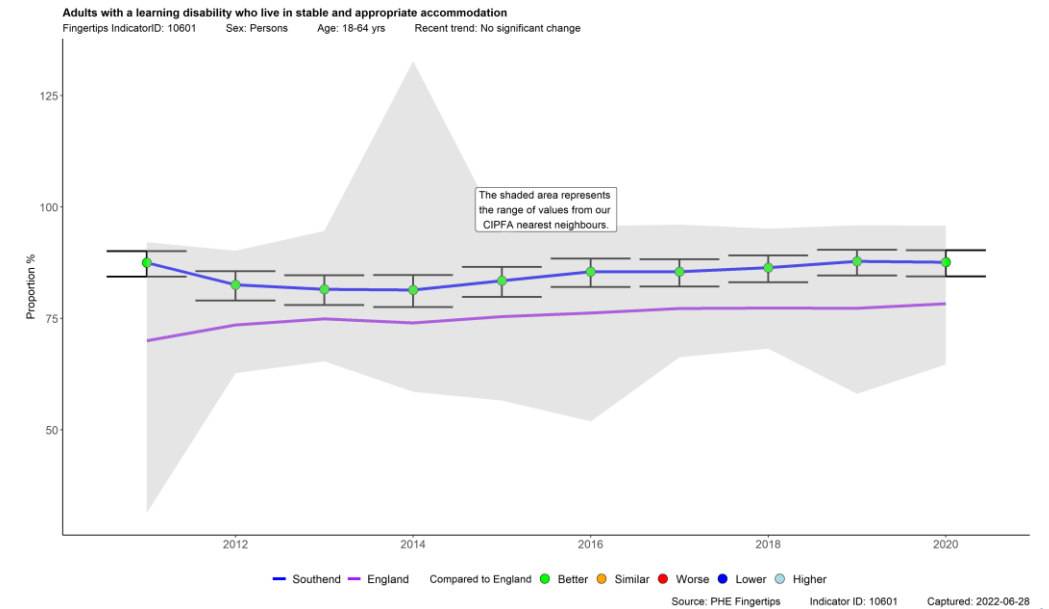
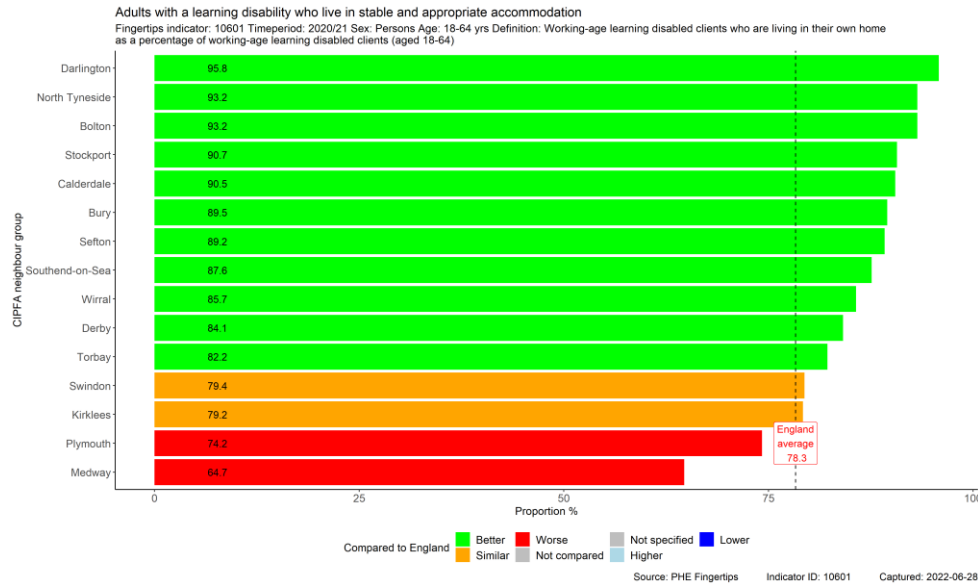


The setting up of LD annual health checks was designed to motivate GP Practices to identify LDs aged 14+, leading to developing an LD register, which includes offering an annual health action plan

- In 2018/19, uptake of GP annual health checks (not NHS Health check). was 58.5% (644) in the eligible LD population registered with GPs in Southend. This is significantly higher than the regional (53%) and national average (52.3%). Uptake in the area is also amongst the highest in the CIPFA area.
- More recent figures, up to March 2022 indicate 1,124 are in the LD register, of which 74% accepted an annual health action plan.)



# LDs with stable and appropriate accommodation



Accessibility to range of accommodation types does impact on the health and wellbeing needs of people with support or care needs, including the LD population. They could be similar housing as that of the general population, supported sharing to living in residential and care homes. The Local Authority is a key partner in providing supported living opportunities for people with learning disabilities and the range of housing options which are available

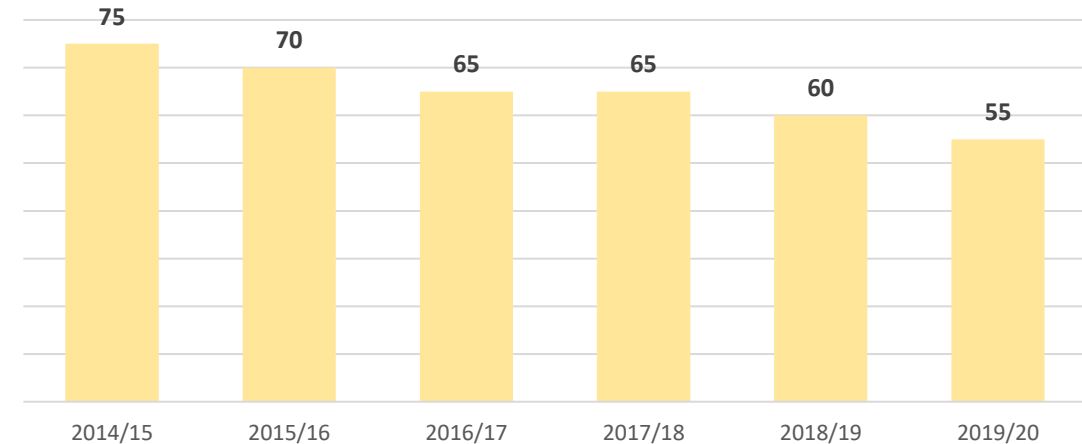
- Working age adults with LD, receiving long term support from the LA, and living in stable and appropriate accommodation continues to significantly improve.. In 2021, around 88% (430) of adults with LDs and known to the council live either in their homes or their with their family, which is significantly higher than England (77.3%) and the East (74%), and slightly up from 83% in 2014/15

Include definition of unsettled accommodation - Rough sleeper/Squatting, Night shelter/emergency hostel/direct access hostel Refuge, Placed in temporary accommodation by the council (including Homelessness resettlement) - e.g., Bed and Breakfast, Staying with family/friends as a short-term guest, Acute/long stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, long stay hospitals, specialist rehabilitation/recovery hospitals), Registered Care Home, Registered Nursing Home, Prison/Young Offenders Institution/Detention Centre, other temporary accommodation

# LD: Stable/appropriate accommodation

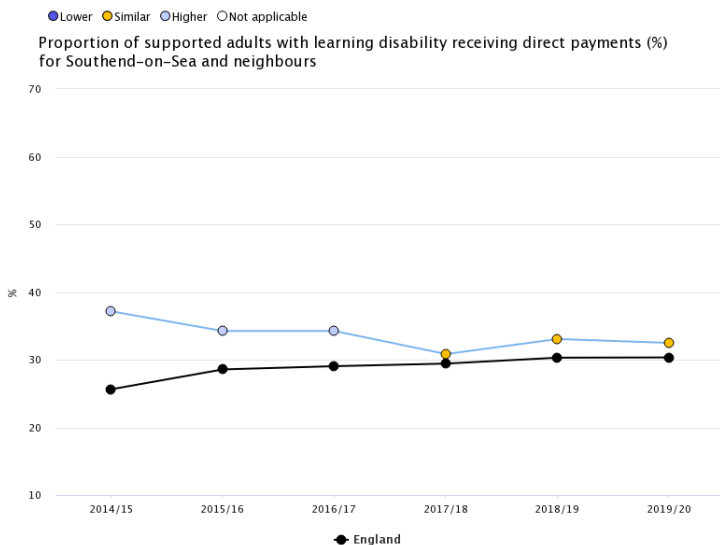
- In equal measure, adults with LD living in unsettled accommodation\* continues to fall; significantly these figures have been falling at a faster rate compared to England and the CIPFA neighbour average.
- In 2014/15, 17% were living in unsettled accommodation, and this had fallen to 11.2% in 2019/20.

Proportion of supported working age adults living in unsettled accommodation



\* Include definition of unsettled accommodation - Rough sleeper/Squatting, Night shelter/emergency hostel/direct access hostel Refuge, Placed in temporary accommodation by the council (including Homelessness resettlement) - e.g., Bed and Breakfast, Staying with family/friends as a short-term guest, Acute/long stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, long stay hospitals, specialist rehabilitation/recovery hospitals), Registered Care Home, Registered Nursing Home, Prison/Young Offenders Institution/Detention Centre, other temporary accommodation

# LDs with direct payments



Recent trend: → No significant change

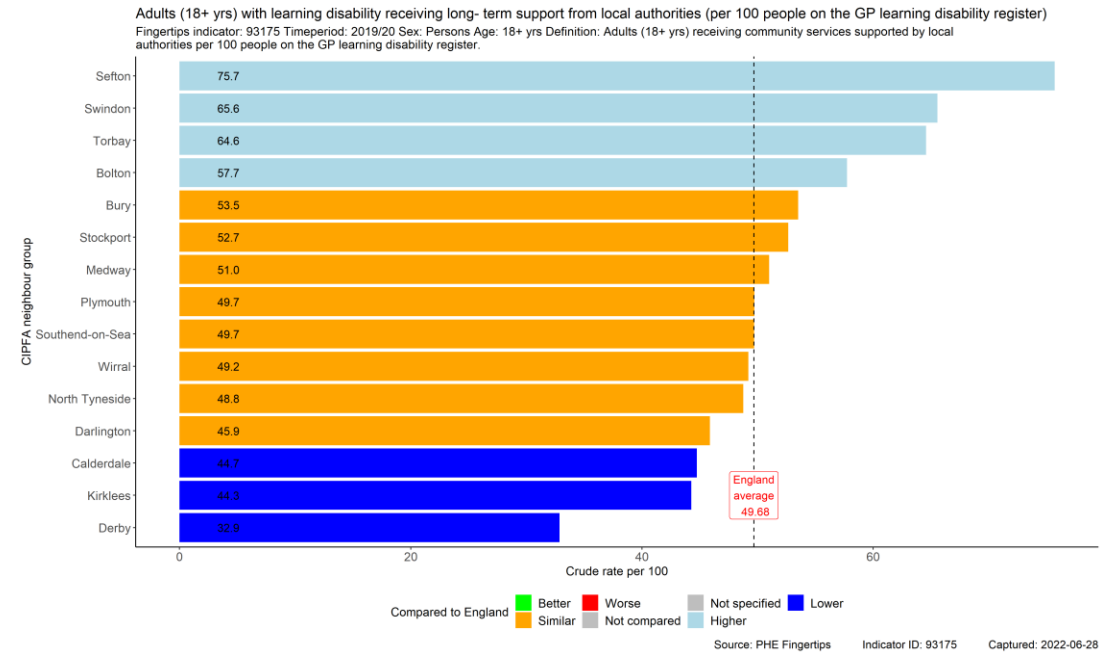
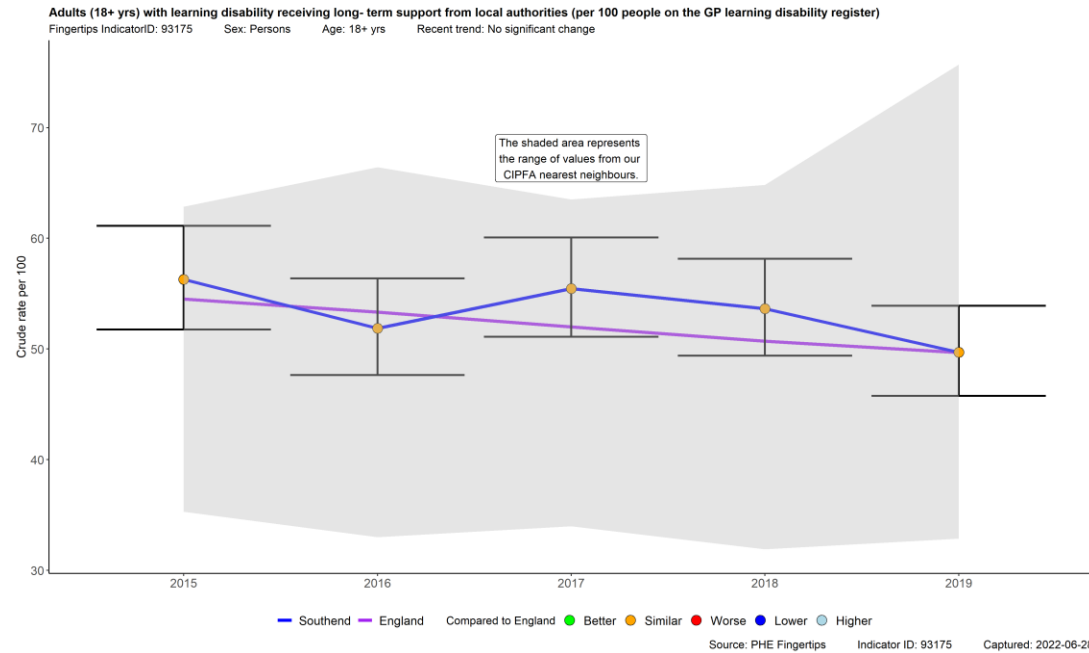
Period	Southend-on-Sea				Neighbrs average	England
	Count	Value	95% Lower CI	95% Upper CI		
2014/15	195	37.1%	33.1%	41.4%	29.5%*	25.6%
2015/16	190	34.2%	30.4%	38.3%	33.6%*	28.6%
2016/17	190	34.2%	30.4%	38.3%	33.5%*	29.0%
2017/18	185	30.8%	27.3%	34.6%	34.1%*	29.4%
2018/19	195	33.1%	29.4%	36.9%	35.7%*	30.3%
2019/20	190	32.5%	28.8%	36.4%	35.4%*	30.3%

Source: NHS Digital, Adult Social Care Activity and Finance Report, Short and Long-Term Care Statistics (for both numerator and denominator).

The benefits of choosing personal budgets, preferably as direct payments from the Council, which gives individual more control and flexibility in the use of services for their care and support, and how/where they get them. The Care and Support [White Paper](#) is a government policy that emphasises the use of personal budgets or direct payments.

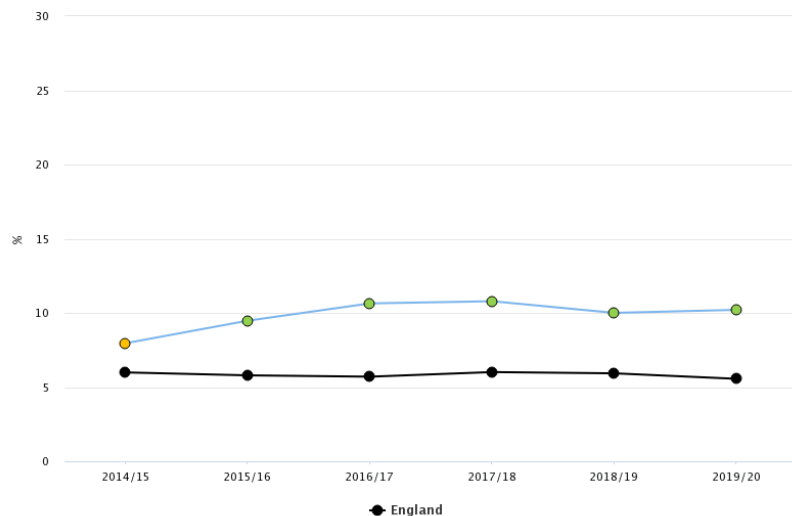
- Proportion of supported adults with LDs receiving direct payments had fallen – from around 37% in 2014/15 to 32.5% in 2019/20.
- Although in the more recent years, the proportion of supported adults had not significantly changed, Southend at 32.5% in 2019/20 compares favourably than the England average (30.3%), but lower than the average for its CIPFA peers (35%).

# LDs with long term support



# LD Health Outcomes: Employment

Proportion of supported working age adults with learning disability in paid employment (%) for Southend-on-Sea



Recent trend: → No significant change

Period	Southend-on-Sea				Neighbors average	England
	Count	Value	95% Lower CI	95% Upper CI		
2014/15	35	8.0%	5.8%	10.9%	5.6%*	6.0%
2015/16	45	9.5%	7.2%	12.4%	5.9%*	5.8%
2016/17	50	10.6%	8.2%	13.8%	6.1%*	5.7%
2017/18	55	10.8%	8.4%	13.8%	6.1%*	6.0%
2018/19	50	10.0%	7.7%	12.9%	5.9%*	5.9%
2019/20	50	10.2%	7.8%	13.2%	5.1%*	5.6%

Source: NHS Digital, Adult Social Care Activity and Finance Report, Short and Long-Term Care Statistics (for both numerator and denominator).

- The chart shows that change in employment rates in the working age adults with LD in Southend had been marginal, although the rates were consistently higher than that for England, the region, and its peers. In 2019/20, around 10% were in paid employment in Southend, almost twice the rate in East of England 95.8%), England (5.6%), and its CIPFA peers (5.1%)

# LD work area

## Wider determinants of health

- In paid employment
- Gaps in employment rate
- In settled accommodation
  - Also breakdown of those in nursing/residential care
- Safeguarding

## Demand (or offer) for services - activity

- ASC with LTS
- Receipt of direct payments/personalised care planning
- **Transition**
  - **what is the transition protocol in Southend. How many will require support from ASC from 18th birthday, and where do they live?**
  - **What about those requiring additional support as part of their future education**
- **Health checks (offer for services/uptake by Practice) 21/22 compared to 20/21.**
- **Those who feel safe – survey led info**
- **Trend in services received by LD population (by type of service) - George**
- **Trends in residential homes**
- **Expenditure in services for people with LD – direct payments – equipment and adaptations, assessment and care management, supported and other accommodation, other services, community services (home care and day care) and nursing/residential care placements \_ George**

## Populations/Demography

- **Carer population for LD**
  - **Numbers of reviews or assessments for those caring for people with LD**
- Residence of cared for person by client type lives with care or away from carer (LD, unknown,
- Mortality/LTC- LeDeR breakdown of common causes of death/common LTCs
- Outcomes for health conditions

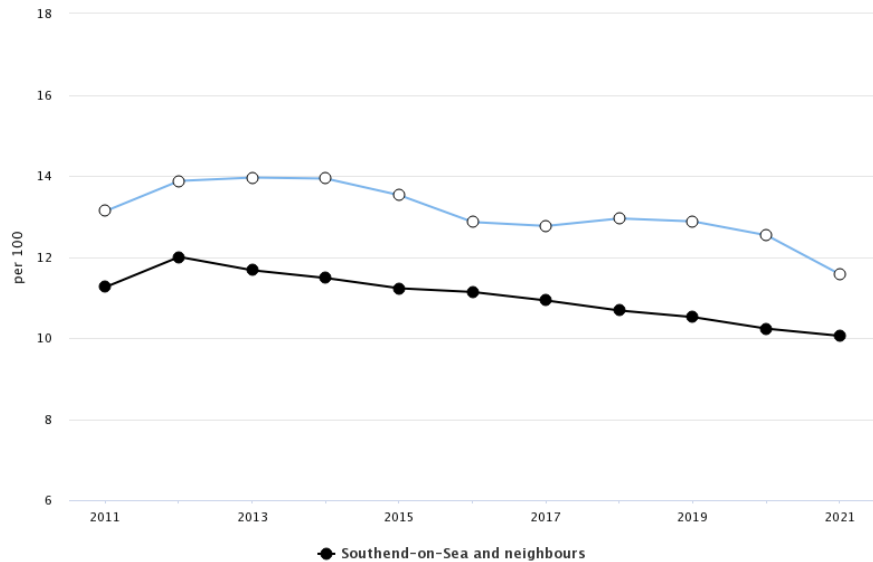
# Characteristics of cared for persons

By caregivers gender and age:  
summarises the information that is available on the people they cared for

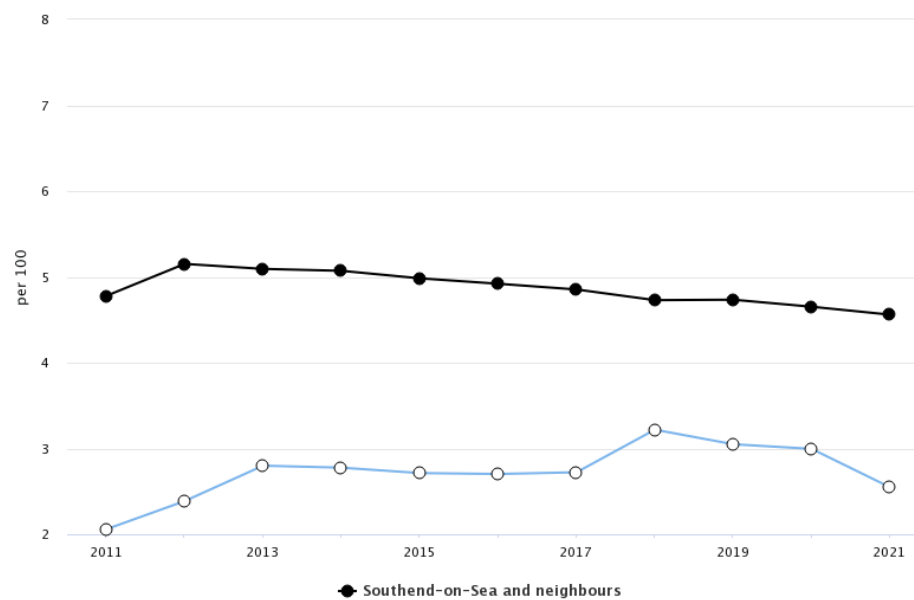
Cared-for characteristics	All carers			Younger carers: under 25			Mid-life carers: 25-64			Older carers: 65 and over		
	All	Women	Men	All	Women	Men	All	Women	Men	All	Women	Men
% Male n= 1294	50.39%	61.61%**	23.9%	52.46%	50%	55.29%	45.25% <sup>##</sup>	51.50%**	19.23%	55.58%	77%**	11.83%
Mean age n= 1124	60.97	59.83%**	63.98	22.03 <sup>##</sup>	20.57	23.75	57.83 <sup>##</sup>	54.96%**	70.19	76.05	75.81	76.54
% older person (65 and over) n= 1124	58.27%	57.13%	61.29%	1.06 <sup>##</sup>	0%	3.28%	49.71% <sup>##</sup>	47.70%**	58.33%	84.17%	82.96%	86.67%
% disabled child n=1257	15.20%	16.41%*	12.26%	5.15% <sup>##</sup>	49.46%	53.85%	16.57% <sup>##</sup>	19.85%**	19.61%	0.41%	0.62%	0%
% adult with physical disability n=1257	13.21%	11.12%**	18.26%	22.49% <sup>##</sup>	19.78%	25.64%	12.71%	10.66%**	21.57%	10.18%	9.57%	11.38%
% adult mental health or learning needs (includes older people) n= 1257	25.14%	25.71%	23.71%	17.75% <sup>#</sup>	21.98%	12.82%	28.18%	29.48%	22.55%	24.24%	21.61%**	29.34%
% employed n=1103	18.86%	18.91%	18.73%	32.89% <sup>##</sup>	32.53%	33.33%	22.04% <sup>##</sup>	22.14%	21.59%	11.12%	11.26%	10.96%
% retired n=1103	60.47%	59.14%	63.81%	2.01% <sup>##</sup>	0%**	4.55%	53.81% <sup>##</sup>	50.78%**	67.05%	86.56%	86.35%	87.00%
% adult not working/retired/student n= 1103	17.14%	16.50%	18.73%	32.89% <sup>##</sup>	32.53%	33.33%	19.28% <sup>##</sup>	18.75%	21.59%	9.80%	9.22%	10.96%
% student/pupil n= 1103	16.23%	17.40%*	13.33%	46.98% <sup>##</sup>	40.96%	54.55%	21.40% <sup>##</sup>	25.26%**	4.55%	1.14%	1.37%	0.68%
% receives Disability Benefit n=1985	4.23%	4.19%	4.32%	0 <sup>##</sup> %	0%	0%	6.82% <sup>##</sup>	6.60%	7.69%	4.04%	3.26%	5.54%
% receives Attendance Allowance n= 1985	18.89%	18.94%	18.77%	0 <sup>##</sup> %	0%	0%	11.79% <sup>##</sup>	12.30%	9.79%	30.05%	30.13%	29.89%
% live in own home or joint home (with carer) n= 1267	73.64%	68.64%**	85.56%	93.82% <sup>##</sup>	92.71%	95.12%	58.9% <sup>##</sup>	53.85%**	80.81%	81.76%	81.33%	82.63%
% live in caregivers home n= 1267	22.34%	27.10%**	10.96%	3.93% <sup>##</sup>	3.13%	4.88%	35.99% <sup>##</sup>	41.03%**	14.14%	15.23%	16.27%	13.17%
% live in medical/care/residential/ sheltered/ supported home n= 1267	3.31%	3.46%	2.94%	0.56%	1.04%	0%	4.17%	4.2%	4.04%	3%	2.41%	4.19%

# Care home and Nursing home beds in Southend (and CIPFA neighbours)

Care home beds per 100 people 75+ for Southend-on-Sea and neighbours



Nursing home beds per 100 people 75+ for Southend-on-Sea and neighbours



In 2021, the total number of care home beds for people aged 75+ in Southend was around 1,975 (equivalent 11.6 beds per 100 people aged 75+).

In contrast, estimates number of older people living with frail condition in Southend could be around 2500 (see previous slide)

And the total number of nursing home beds 435 (equivalent to 2.5 beds per 100 people aged 75+).

Compared to the average for CIPFA neighbours, rate if care home beds aged 75+ in Southend was lower; and it appears much higher for nursing home beds (although these numbers are relatively low compared to care home beds).



# Time table for long term conditions

Topic	Estimated days for completion	Start date	End date	Other Key dates
Local picture (Demography/Population)	3	29 JUNE	5 JUL	
Falls/Fracture	2	6 JULY	11 JULY	
Frailty	2	12 JULY	14 JULY	
Multimorbidity	4	18 JULY	21 JULY	
Sensory conditions	1	25 JULY	26 JULY	
Autism	1	1 AUG	2 AUG	
Dementia/Alzheimer's disease	1	3 AUG	4 AUG	
Learning Disability	3	5 AUG	10 AUG	
End of life care	2	11 AUG	15 AUG	
Musculoskeletal condition	1	16 AUG	17 AUG	

source: [Age UK](#)

# Time table for long term conditions

Topic	Estimated days for completion	Start date	End date	Other Key dates
Flu (and other infectious disease/COVID-19)	2	18 AUG	22 AUG	
Circulatory disease	1	23 AUG	24 AUG	<b>Draft slides to SMT</b>
Musculoskeletal	1	25 AUG	26 AUG	
Diabetes	1	30 AUG	31 AUG	<b>Draft slides to HWB</b>
Respiratory	1	1 SEP	5 SEP	
Hospital admissions	1	6 SEP	7 SEP	<b>Health and Wellbeing Board</b>
Mortality	1	8 SEP	9 SEP	
DoLs/Neglect	1	12 SEP	13 SEP	
Asylum seekers	1	14 SEP	15 SEP	

# Time table for other areas

Topic	Estimated days for completion	Start date	End date	Other Key dates
Housing	3	19 SEP	22 SEP	
Employment	1	19 SEP	22 SEP	
Mental Health	2	23 SEP	26 SEP	
Survey	1	27 SEP	29 SEP	
Review of ASCOF indicators	1	27 SEP	29 SEP	
Review of SALT indicators	1	27 SEP	29 SEP	
Review of local indicators	1	27 SEP	29 SEP	
Update/complete other work areas (e.g. life expectancy, small area stats, deprivation, etc)	5	3 OCT	7 OCT	

# Long term conditions

- Fracture/Falls
- Frailty/Multimorbidity
- Mental health – see [SET JSNA](#)
- Sensory conditions – hearing/visual
- Autism
- Dementia/Alzheimer's disease
- End of life care
- Learning Disability
- Summary/key messages

Source: [Age UK](#)

# Other long term conditions

- Flu and other infectious disease (COVID-19), incl. vaccinations.
- Cancers - cervical, breast, prostate, lung, incl. vaccinations
- COPDs
- Circulatory disease
- Musculoskeletal
- Diabetes
- Respiratory
- Lifestyle conditions – obesity, smoking and alcohol consumption
- Summary/key messages

Source: [Age UK](#)

# Other long term conditions/outcomes

- Hospital admissions (trend, and breakdown of key factors of admission possibly by ward/MSOAs) – 18-64, 65-84 and 85+
- Delayed transfer of care – trend
- COVID-19 including its impacts
- Mortality (trends, pooled rates)
  - Ward level mortality
  - including excess mortality,
  - amenable/avoidable mortality,
  - excess winter deaths (by ward)
- Summary/key messages

Source: [Age UK](#)

# Socio-economic (wider determinants)

- Deprivation of liberty safeguards
- Neglect/self neglect
- Asylum seekers
- Mental health
- Employment
- Housing
- Access to services
- Loneliness/living alone/social isolation
- Summary/key messages

Source: [Age UK](#)