LB Havering JSNA 2025
Ageing Well Profile

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List of abbreviations

Abbreviation	Full Form
AAA	Abdominal aortic aneurysm
ADDER	Addiction, Diversion, Disruption, Enforcement and Recovery Project
ADHD	Attention deficit hyperactivity disorder
AHAH	Access to Healthy Assets and Hazards
AI	Artificial Intelligence
ASB	Anti-Social Behaviour
ASC	Adult Social Care
ASH	Action against Smoking and Health
ATR	Alcohol Treatment Requirement
BAME	Black, Asian and Minority Ethnic
BHR	Barking, Havering and Redbridge
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
BMI	Body Mass Index
CDP	Combating Drugs Partnership
CGL	Change Grow Live (Substance Misuse Provider)
CI	Confidence Interval
CIL	Community Infrastructure Levy
CMD	Common Mental Health Disorders
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus SARS-COV-2
CQC	Care Quality Commission
CSP	Community Safety Partnership
CVD	Cardiovascular disease
DA	Domestic Abuse
DALY	Disability adjusted life year
DATRIG	Drugs and Alcohol Treatment and Recovery Improvement Grant
DDR	Drug Diversion and Referral
DES	Diabetic eye screening
DPP	Diabetes Prevention Programme
DV	Domestic Violence
DWP	Department for Work and Pensions
ED	Emergency Department
EHCH	Enhanced Health in Care Homes
EoL	End of Life
EoLC	End of Life Care
EV	Electric Vehicle
FIT	Faecal immunochemical test
GBMSM	Gay, Bisexual and Men Who Have Sex With Men
GCSE	General Certificate of Secondary Education
GI	Not found in predefined list
GLA	Greater London Authority
GP	General Practitioner

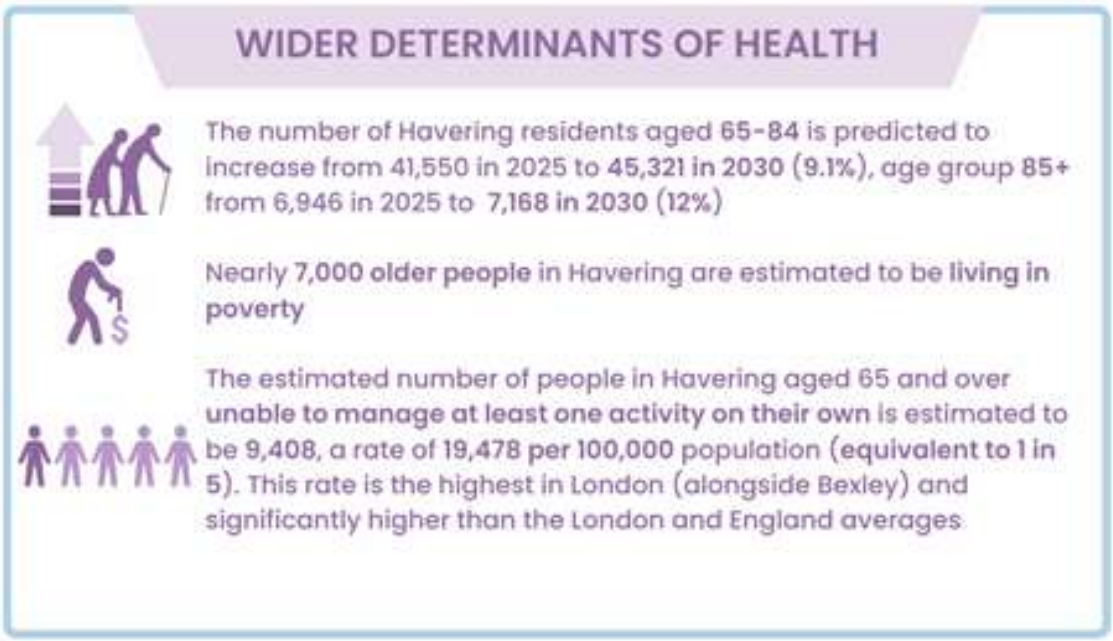
Abbreviation	Full Form
GPPS	GP Patient Survey
HCSP	Havering Community Safety Partnership
HIV	Human Immunodeficiency Virus
HMO	Home of Multiple Occupation
HPV	Human papillomavirus
HRA	Housing Revenue Account
HSG	Housing Support Grant
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDAOPI	Income Deprivation affecting older people index
IDVA	Independent Domestic Violence Advisor
IMD	Index of Multiple Deprivation
INT	Integrated Neighbourhood Teams
IOM	Integrated Offender Management
IPD	Inpatient Detoxification
IPS	Individual Placement and Support
JSA	Job Seekers Allowance
JSNA	Joint Strategic Needs Assessment
KSI	Killed or Seriously Injured
LAS	London Ambulance Service
LBH	London Borough of Havering
LD	Learning Disability
LES	Locally Enhanced Services
LFS	Labour Force Survey
LGBTQ	Lesbian, gay, bisexual, transgender, and questioning (or queer)
LIP	Local Implementation Plan
LTC	Long-term conditions
MARAC	Multi Agency Risk Agency
MDT	Multi-disciplinary team
MECC	Making every contact count
MH	Mental Health
MPS	Metropolitan Police Service
MSK	Musculoskeletal
NDRS	National drug referral service
NDTMS	National drug treatment management service
NEET	Not in Education, Employment, or Training
NEL	North East London
NELCA	North East London Cancer Alliance
NELFT	North East London Foundation Trust
NHL	Non-Hodgkin lymphoma
NHS	National Health Service
NHSE	NHS England

Abbreviation	Full Form
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NVQ	National Vocational Qualification
OCU	Opiate and Crack Use
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PCN	Primary Care Network
PHE	Public Health England
PHI	Public Health Intelligence
PHM	Population Health Management
PID	Pelvic Inflammatory Disease
PM	Particulate matter
PMLD	Profound and multiple learning disability
POPPI	Projection Older People Population Information system
PTALS	Passenger Transport Access Level
QALY	Quality adjusted life year
RSDATG	Rough Sleeping Drug and Alcohol Treatment Grant
RTT	Referral to Treatment
SARS	Severe acute respiratory syndrome
SEND	Special Educational Needs and Disabilities
SMI	Serious Mental Illness
SOIR	Synthetic opioids incident response
SSMTR	Substance Misuse Treatment and Recovery
STI	Sexually Transmitted Infection
TNO	Total Notifiable Offences
UCL	University College London
UEC	Urgent and Emergency Care
UK	United Kingdom
UT	University Trust
VAT	Value Added Tax
VCS	Voluntary Control Sector
WHO	World Health Organisation

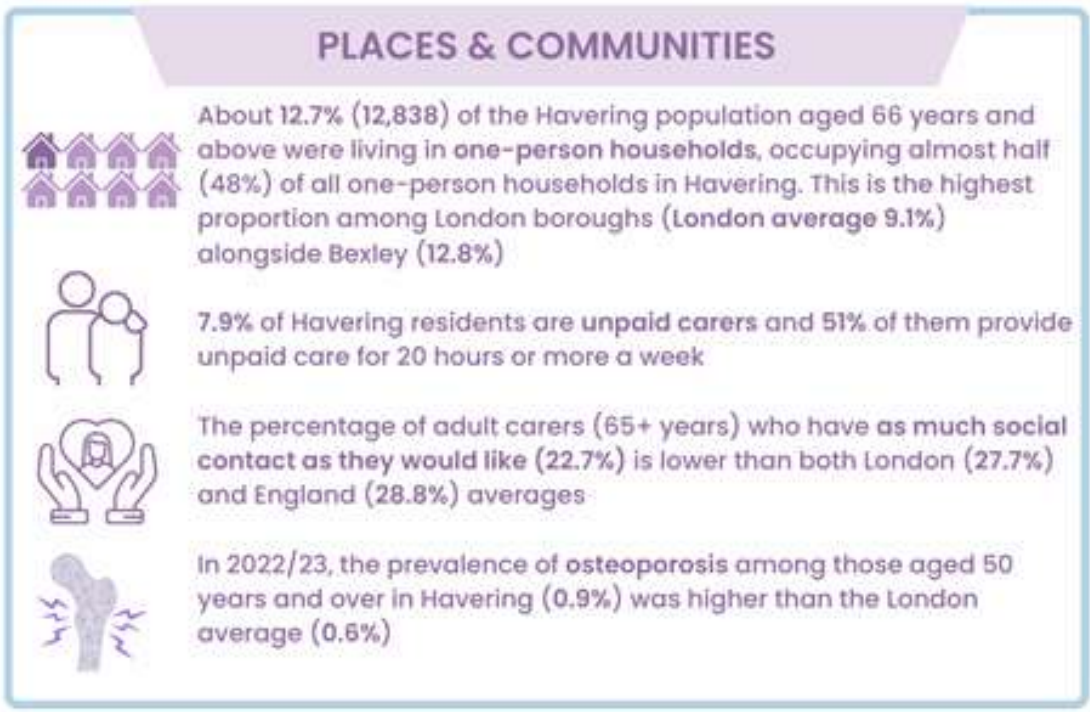
5. Ageing Well

5.1 Infographic Summary

Wider Determinants of Health



Places & Communities



Lifestyle & Behaviours / Healthy Ageing

LIFESTYLE & BEHAVIOURS

In 2023/24, all Havering PCNs achieved the **bowel screening coverage** target of 60%. Nonetheless, latest available data on cancer staging (2019-21, NDRS) found that nearly **70% of rectal cancers** and over **50% of colon cancers** in Havering were diagnosed in later stages

Havering has around **8,061 residents** who are recorded to be **frail.** Havering South PCN (3,758), Liberty PCN (1,587) and Havering North PCN (1,530) have the highest number of patients of age 65+ who have a frailty diagnosis

In 2023/24, the Havering coverage of both **pneumococcal and shingles vaccines** was above the London and England averages. Flu vaccine coverage of those aged 65 and over was 72.7% (**below England average** 77.8%)

Integrated Health & Social Care

INTEGRATED HEALTH AND SOCIAL CARE

The percentage of Havering residents **aged 75 years** and over having **emergency admissions** within 30 days of discharge (20.8%) in 2023/24 was slightly higher than London (19.1%) and England (17.2%) averages. However, **87.3% of those age 65 and over remained at home 91 days** after discharge from hospital.

In 2023/24, the percentage of patients with **delayed discharge** from BHRUT hospitals (53%) was similar to the London average

There are an estimated **3,121** people with **Dementia** in Havering. In 2024, the number of people diagnosed was 1,757. A further 335 people need to be diagnosed to meet the national diagnosis target of 67%

In 2023/24, **4,483** Havering residents aged 65 years and over received support in form of 6,655 **care packages** from Havering Adult Social Care

In 2021/22, **282** Havering residents aged 65 years and over were admitted permanently to **residential or nursing care homes.** This was the third highest number in London

60% of the Havering adult social care service users aged 65 years and over are overall extremely or very satisfied compared to **54.9%** for service users in London and **61.8%** for service users in England

5.2 Key Findings and Recommendations

Key findings

Wider Determinants of Health

- 1 in 8 people aged 66 and above in Havering live in **one-person households** which is half of all one-person households.[1] This is the highest proportion among London boroughs (London average 9.1%) alongside Bexley (12.8%).
- Nearly 7,000 older people are estimated to be living in **poverty** in Havering.[2]
- The estimated number of people in Havering aged 65 and over unable to **manage at least one activity on their own** is estimated to be 9,408, a rate of 19,478 per 100,000 population (equivalent to 1 in 5). This rate is the highest in London (alongside Bexley) and significantly higher than the London and England averages

Places & Communities

- 9.2% of our population are unpaid carers and 51% of them were providing **unpaid care** 20 hours or more hours a week.
- The prevalence of **osteoporosis** among those 50 years and over in Havering in 2022/23 (0.9%) was higher than London average (0.6%).
- Havering's rate of **hip fractures** in people aged 65 and over was higher among women (618 per 100,000) than men (330 per 100,000).

Lifestyle & Behaviours / Healthy Ageing

- All Havering PCNs achieved the **bowel screening** coverage target of 60%. Nonetheless, latest available data on cancer staging (2019-21, NDRS) found that nearly 70% of rectal cancers and over 50% of colon cancers in Havering were diagnosed in later stages.
- Havering has around 8,061 residents recorded as **frail**. Havering South PCN (3,758), Liberty PCN (1,587) and Havering North PCN (1,530) have the highest number of patients of age 65+ who have a frailty diagnosis.
- In 2023/24, Havering's coverage of both pneumococcal and shingles vaccines was above the London and England averages. Flu **vaccine coverage for residents aged 65 years and over** was 72.7%, below England average (77.8%).

Integrated Health & Social Care

- The percentage of Havering's 75+ year olds having **emergency admissions within 30 days of discharge** (20.8%, indirectly standardised) is slightly higher than London average (19.1%) and higher than England average (17.2%). However, 87.3% of those age 65 and over **remain at home 91 days after discharge from hospital** to re-ablement or rehabilitation services.
- The percentage of patients with **delayed discharge** from BHR UT (53%) in 2023/24 was similar to the London average. The percentage of delayed discharges (74.6%) was highest in February of the same year.

- There are an estimated 3,121 people with **Dementia** in Havering. In 2024, the number of people diagnosed was 1,757. A further 335 people need to be diagnosed to meet the

[1] https://democracy.havering.gov.uk/documents/s72056/JSNA%20Demography%20Chapter%202023%20v0.3A.pdf
[2] https://democracy.havering.gov.uk/documents/s72056/JSNA%20Demography%20Chapter%202023%20v0.3A.pdf

national diagnosis target of 67% whereas Havering's rate is currently 56.3%, which is below both London and England average rates.

- In 2023/34, 4,483 residents aged 65 years and over were receiving support from Havering **Adult Social Care (ASC)**. 1,504 were male and 2,979 were female. Altogether they received 6,655 care packages.
- In 2023/24, around 900 clients entered into the Havering ASC service and 550 died in the service. The increase in numbers, intensity and average cost resulted in overall increase in adult social care cost by London Borough of Havering.
- In 2021/22, 282 Havering residents of aged 65 years and over were admitted permanently to **residential or nursing care homes**. This was the third highest number in London and equivalent to a rate of 606 per 100,000 which is significantly above the London (401/100,000) and England (539/100,000) average.
- The percentage of adult social care users aged 65 years and over who have as much social contact as they would like in Havering in 2022/23 was 36.7% which was similar to London average (35.7%) but lower than England average (41.5%).
- In 2023/24, among Havering residents aged 65 years and over who needed a placement (3,160), most were under homecare placements (1,697), which has the lowest **cost per placement** (£20,171 per annum) but the highest percentage increase in per unit cost.
- In Havering, supported living has the highest average annual placement cost (£65,410 per annum) closely followed by nursing placement (£61,352) and residential care (£53,409). The increase in the number of users is highest with supported living and residential care. The intensity of need has become higher as the cost of 1:1 services more than tripled in 3 years (£2.52M in 2021 to £8.23M in 2023/24).
- 60% of the services users of adult social care aged 65 years and over in Havering are overall **extremely or very satisfied** compared to 54.9% for service users in London and 61.8% for service users in England.

Recommendations

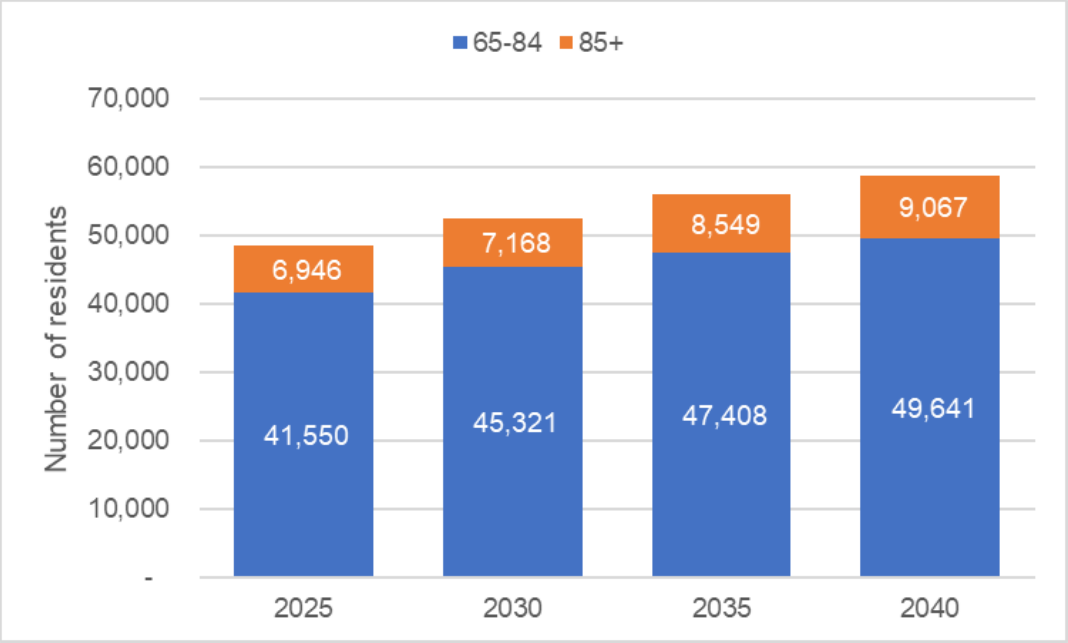
- Working with voluntary care sector, the members of the HWB to support the implementation of poverty reduction strategy and reduce health inequalities among older people.
- Havering Dementia Operational Working Group working with NELFT and
- Admiral nurses to maintain efforts to further increase the completeness of dementia diagnosis, and improve access to the information and support for patients and their families
- Ageing Well Group members to support efforts to tackle social isolation in general, but particularly amongst older residents, as part of wider efforts to improve the mental health and independence of older people. Mental health services must be made more accessible for older people who needs them.
- Adequate nutrition for older people, falls risk assessment and physical activity to improve bone strength and balance should be promoted by Ageing Well Group members through relevant channels and voluntary care sector.
- Ageing Well group to ensure that patients at risk of falls, deconditioning and moderate to severe frailty are systematically identified, using population health management approach; effectively supported by the local partners to stay well; or receive urgent additional help in times of crisis.
- NHS England, ICB and PCNs to build on the effective partnerships established during the pandemic to maintain and further improve uptake of flu, covid, pneumococcal and zoster vaccines.
- Older people with bowel cancer symptoms should be investigated by GPs appropriately.
- Effective frailty pathway is supported by HWB partners to avoid A&E presentation and hospital admissions, and further deterioration of independence and wellbeing.

- Services tailored to the patients' needs such as community re-ablement services should be used to facilitate and sustain hospital discharge.
- Residents in care homes should have their needs assessed and addressed by good practice such as the **Enhanced Health in Care Homes (EHCH)** model avoid unnecessary unplanned and admissions to hospital.
- Population Health Management approach and evidence around effective and cost-effective social care should be used to limit the rise in the intensity of need in social care, and to inform strategies to empower older residents to live independently for longer.
- Hospital Discharge and LAS pathway to be managed differently with new models and good practice to limit demand on both health and social care. (e.g., ward-based re-ablement, social worker in hospitals, falls prevention, enhanced re-ablement)
- Current high level of care quality of the ASC must be maintained to achieve lower level of deterioration of health and dignity.
- HWB partners to support the implementation of carers strategy.

5.3 Introduction

The latest GLA projections (2024) indicate that the largest increases in population will occur among older people (age groups 65 years and above). Age group 65-84 is predicted to increase from 41,550 in 2025 to 47,408 in 2035 (14%), age group 85+ from 6,946 in 2025 to 8,549 in 2035 (23%). The 65+ population will increase by over 3,993 in the next 5 years (Figure 44).

Figure 44: Havering residents aged 65 years and over population projections, 2025-2040



Source: GLA 2022-based housing-led population projections, Produced by LBH PHI

As is the case for the population as a whole, cancers and CVD are the big killers in old age, together with dementia.

The conditions that cause the bulk of ill health for the population as a whole, mental conditions, long-term conditions (LTCs), and musculoskeletal condition (MSK), also contribute most to the frailty together with dementia.

Infections, falls, social isolation and cognitive impairment are a few of the potentially preventable or modifiable risk factors that contribute to the development of frailty**;** others include alcohol excess; visual and hearing impairment, mood problems, nutritional compromise, physical inactivity, polypharmacy[3] and smoking. Learning disability and physical disability continue to contribute towards needing care packages.

Someone with moderate frailty has three times the annual risk of urgent care utilisation, death and care home admission than an older person of the same age who is not frail.[4] [5]

There is strong evidence that an early diagnosis helps someone with dementia to continue to live independently in his or her own home for longer. Havering's dementia diagnosis rate is one of the lowest in London.

Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care settings.[6]

Falls, social isolation and cognitive impairment are a few of the potentially preventable or modifiable risk factors that contribute to the development of frailty**;** others include alcohol excess; functional impairment, hearing problems, mood problems, nutritional compromise, physical inactivity, polypharmacy, smoking, and vision problems.

5.4 Wider Determinants of Health

Key Findings

- Havering's population of persons aged 65-84 years is predicted to increase from 39,226 in 2021 to 47,894 in 2031 (22%), age group 85+ from 7,051 in 2021 to 7,864 in 2031 (12%).
- Nearly 7,000 older people are estimated to be living in poverty in Havering.
- The estimated number of people in Havering aged 65 and over unable to manage at least one activity on their own is estimated to be 9,408, a rate of 19,478 per 100,000 population (equivalent to 1 in 5). This rate is the highest in London (alongside Bexley) and significantly higher than the London and England averages.
- The prevalence of osteoporosis among Havering residents aged 50 years and over in 2022/23 (0.9%) was higher than the London average (0.6%).
- In 2022/23, there were 255 hip fractures among Havering residents aged 65 and over. This is equivalent to a rate of 508 per 100,000 which is similar to the London average (502per 100,000). The rate of hip fractures in people aged 65 and over was higher among women (618 per 100,000) than men (330 per 100,000).

[3] Polypharmacy refers to the use of multiple medications. WHO defines polypharmacy as 'the routine use of five or more medications. This includes over-the-counter, prescription and/or traditional and complementary medicines used by a patient'.

[4] https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2019/07/frailty-toolkit-june-2019-v1.pdf

[5]

[6] https://yougov.co.uk/topics/politics/trackers/most-popular-forms-of-elderly-care

Recommendations

- Working with voluntary care sector, the members of the HWB should support the implementation of poverty reduction strategy and reduce health inequalities among older people.
- Adequate nutrition for older people, falls risk assessment and physical activity to improve bone strength and balance should be promoted through relevant channels and voluntary care sector.

5.4.1 Life Expectancy

In 2020-22, the life expectancy at age 65 years in Havering was 18.2 years for males, which was similar to the London (18.3) and England (18.4) averages. Among females it was 20.6 years which was lower than the London average (21.3) but similar to England's average (20.9).[7]

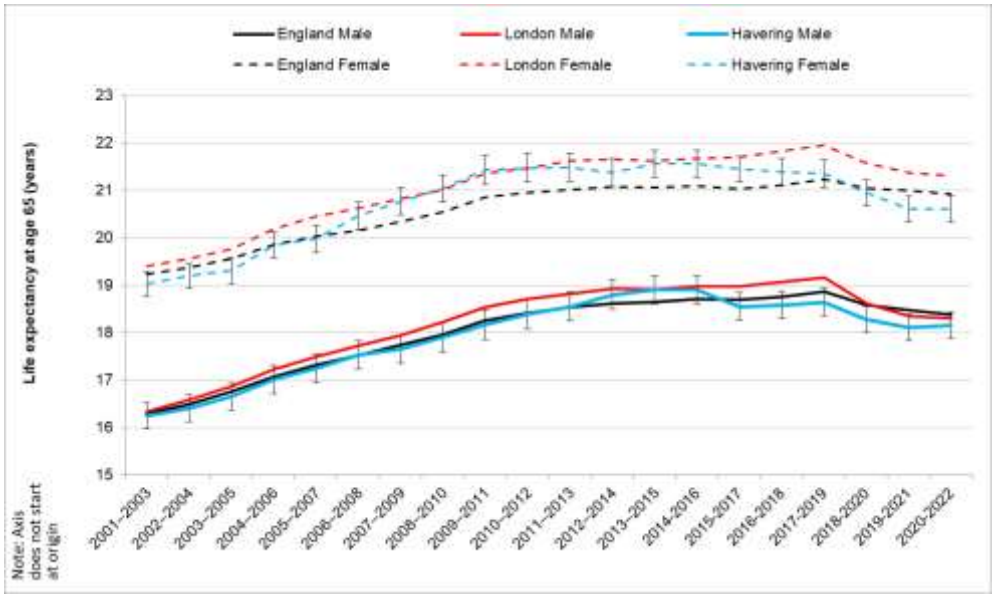
But nearly half of these years are often affected by disability. The latest data shows that in 2018-2020 period, disability-free life-expectancy for Havering residents at age 65 was 10.8 years for females and 9.8 years for males.[254]

The conditions that cause the bulk of ill health for the population as a whole – mental illness, long-term conditions (LTCs), and musculoskeletal (MSK) conditions also contribute most to the burden of disease in old age alongside dementia.[8]

All things being equal, older people experience more ill health and have greater need for health and social care than other age groups, with the oldest residents having the greatest need. It follows that population ageing will significantly increase the need for health and care services unless we do better in preventing ill-health.[9] This conclusion is very clearly illustrated by comparisons between life expectancy and healthy life expectancy at age 65, and a research paper that showed the significance of older age on hospital admissions[10].

[7] https://fingertips.phe.org.uk/profiles
[8] https://pubmed.ncbi.nlm.nih.gov/25468153/
[9] https://democracy.havering.gov.uk/documents/s72056/JSNA%20Demography%20Chapter%202023%20v0.3A.pdf
[10] https://pmc.ncbi.nlm.nih.gov/articles/PMC5318571/pdf/bmjopen-2016-014045.pdf

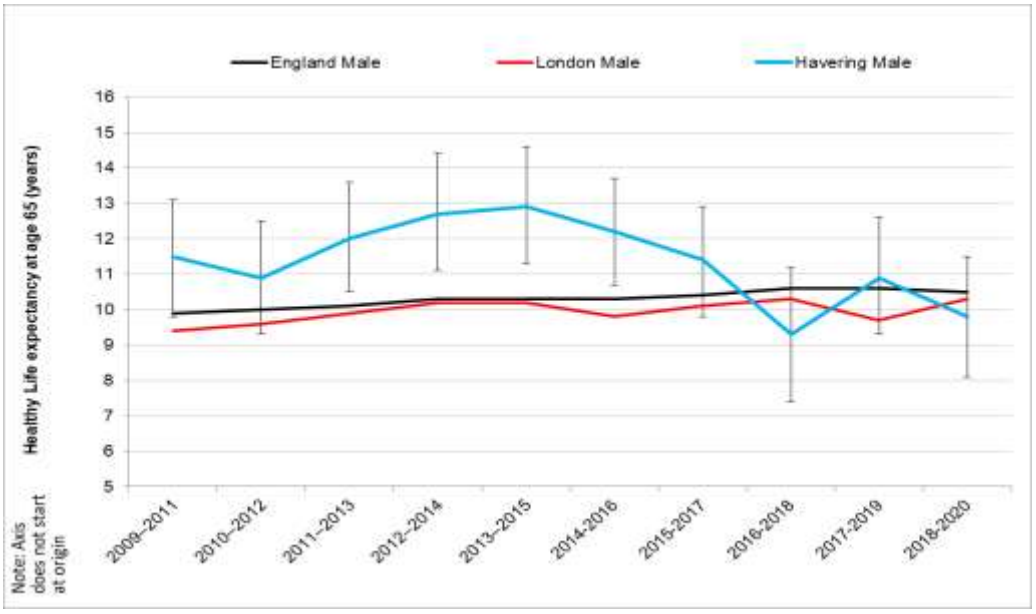
Figure 44: Life expectancy at age 65 years, by gender, Havering compared to London and England, 3 year rolling periods 2001-2022



Source: OHID, Produced by LBH PHI

In addition, Havering is expected see an increase in persons aged 65 and over with limiting long term illness whose day-to-day activities are limited a lot from 12,081 in 2023 to 14,201 in 2035 (8.6%), a lower increase than London (13.2%) but higher than England (-10.4%).[11]

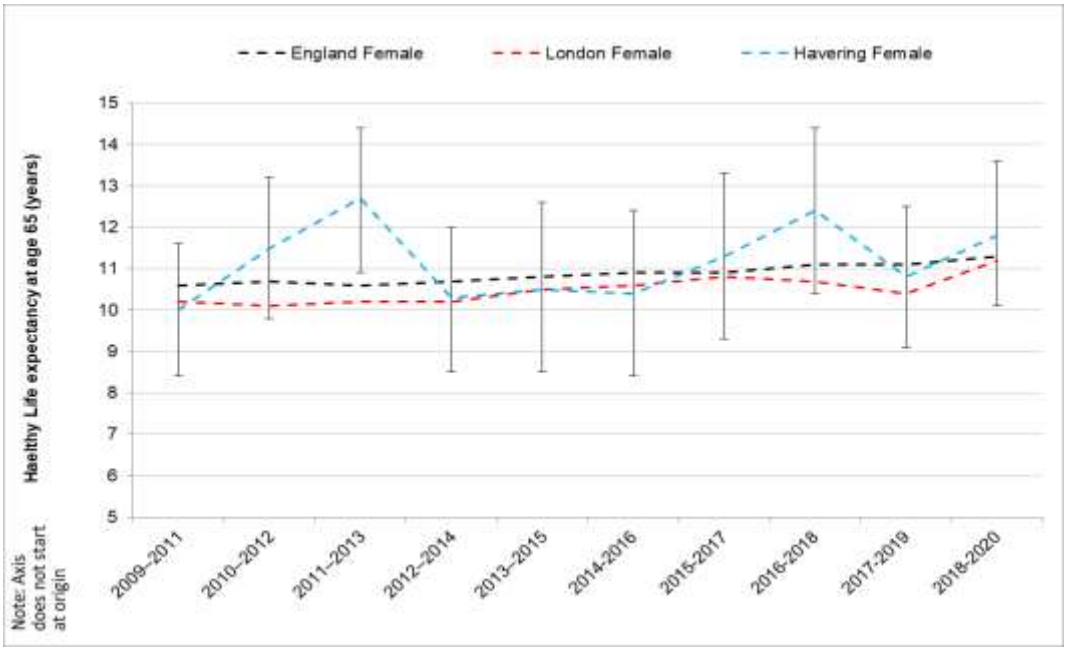
Figure 45: Healthy life expectancy at age 65 years, males, Havering compared to London and England, 3 year rolling periods 2009/11 – 2018/20



Source: OHID, Produced by LBH PHI

[11] https://www.haveringdata.net/joint-strategic-needs-assessment/

Figure 46: Healthy life expectancy at age 65 years, females, Havering compared to London and England, 3 year rolling periods 2009/11 – 2018/20



Source: OHID, Produced by LBH PHI

A greater focus on the prevention of ill health throughout life is crucial if we are to improve healthy life expectancy and quality of life in later life and maintain the sustainability of health and care services as the population becomes progressively older.

5.4.2 Deprivation

The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. 11.7% of those aged 60 and over in Havering (6,895 in number) experienced income deprivation in 2019, compared to 14.2% in England. Havering is among the London boroughs with the lowest proportion of older people living in poverty (11.7%). However, nearly 7,000 older people are estimated to be living in poverty in Havering.[12]

5.4.3 Fuel Poverty

PHE estimated that 1 in 10 excess winter deaths are directly attributable to fuel poverty[13]. In Havering 9.3% of households are affected by fuel poverty, a lower percentage than London (11.9 %) and England (13.1 %).

5.4.4 Excess Winter Deaths

Death rates among Havering residents aged 85 and above was about 5.2% higher during the winter months of 2021/22. Havering's winter mortality index was lower than the London (10.3%) and England (8.1%) averages during the same winter period. The bulk of excess

[12] https://www.poppi.org.uk/

[13] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355790/Briefing7_Fuel_poverty_health_inequalities.pdf

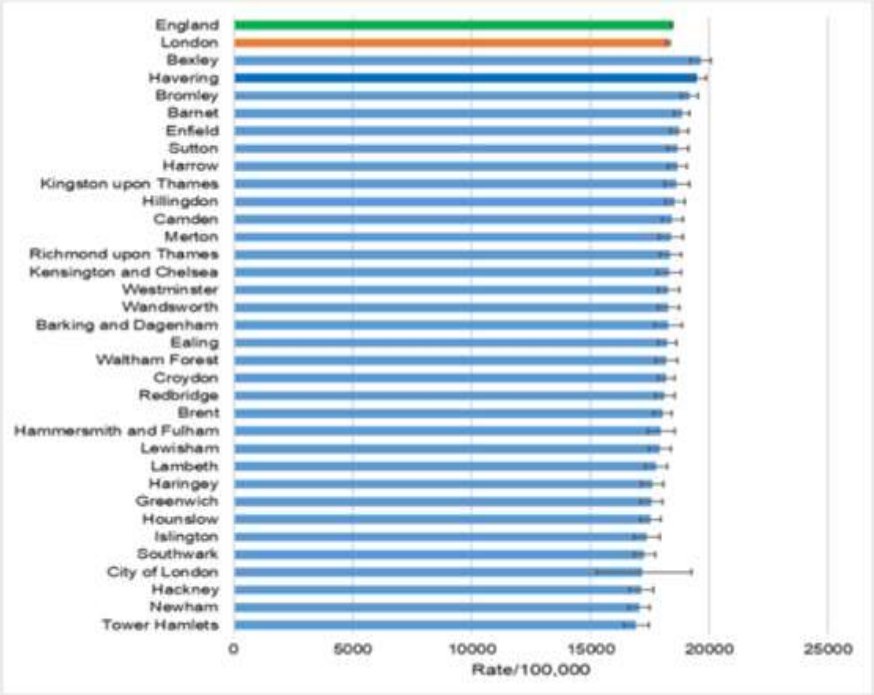
winter deaths result from respiratory conditions, some linked to flu infection; dementia and CVD (heart disease and stroke).[14]

5.4.5 Independent living

The estimated number of people in Havering aged 65 and over unable to manage at least one activity on their own is estimated to be 9,408, a rate of 19,478 per 100,000 population (equivalent to 1 in 5). This rate is the highest in London (alongside Bexley) and significantly higher than the London and England averages (See Figure 47). This number is predicted to increase to 10,192 by 2030 if no additional interventions are implemented.

Two-thirds of people who survive a stroke find themselves living with a disability.[15] In 2023/24, 4,484 Havering residents were living with stroke. Stroke is a leading cause of adult disability in the UK. Visual and hearing impairment could make an older person lose balance and confidence to live and be mobile independently. In 2023, 4,040 Havering residents of age 65+ were estimated to have severe hearing loss and 4,398 to have moderate to severe visual impairment.

Figure 47: Estimated Population aged 65+ unable to manage at least one activity on their own, 2023



Source: POPPI, Produced by LBH PHI

[14] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2019to2020provisionaland2018to2019final

[15] https://www.stroke.org.uk/stroke/support/materials/rebuilding-lives/stroke-research-means-everything#:~:text=Stroke%20is%20a%20leading%20cause,themselves%20living%20with%20a%20disability.

Service Gaps / Unmet Needs

Increasing older people population requires services to be planned for future demand and prevention strategies to limit the rise in demand.

Recommendations

- Working with voluntary care sector, the members of the HWB should support the implementation of poverty reduction strategy and reduce health inequalities among older people.
- Adequate nutrition for older people, falls risk assessment and physical activity to improve bone strength and balance should be promoted by the ICB and Ageing Well Group members through relevant channels and voluntary care sector.

5.5 Places & Communities

Key Findings

- About 12.7% (12,838) of the Havering population aged 66 years and above were living in one-person households, occupying almost half (48%) of all one-person households in Havering (2021). This is the highest proportion among London boroughs (London average 9.1%) alongside Bexley (12.8%).
- 7.9% of Havering's population are unpaid carers and 51% of them provide unpaid care for 20 hours or more hours a week.
- The percentage of adult carers (65+ years) who have as much social contact as they would like (22.7%) is lower than both London (27.7%) and England (28.8%) averages.

Recommendations

- Residents in care homes should have their needs assessed and addressed by good practice such as the Enhanced Health in Care Homes (EHCH) model to avoid unnecessary unplanned admissions to hospital.
- HWB partners should support the implementation of the Havering's carers strategy.
- HWB partners should support efforts to tackle social isolation in general, but particularly amongst older residents, as part of wider efforts to improve the mental health and independence of older people. Mental health services should be made more accessible for older people who need them.

5.5.1 Social Connectivity

Social isolation among older people

Isolation can become a real issue if older people feel that they cannot access shops and services, or simply connect with other people. UK based surveys show that people can feel lonely at any stage of life, but that the experience is most severe among older people. Social networks shrink with retirement and the associated reduction in income may limit social activities. Additional contributory factors for loneliness in old age include: the loss of a loved one; health conditions that precipitate disability and loss of mobility; and caring responsibilities. According to census 2021, about 12.7% (12,838) of the Havering population aged 66 years

and above were living in one-person households, occupying almost half (48%) of all one-person households in Havering. This is the highest proportion among London boroughs (London average 9.1%) alongside Bexley (12.8%).[16]

Projecting Older People Population Information (POPPI) estimate a higher number of persons aged 65 and over in Havering currently living alone (16,432) and predict that the number will increase to 17,451 by 2030 (Table 11).

Table 11: Population aged 65 and over in Havering predicted to live alone, 2025 – 2040

	2025	2030	2035	2040
Total population aged 65-74 predicted to live alone	5,916	6,611	7,030	6,943
Total population aged 75 and over predicted to live alone	10,516	10,840	11,638	12,815
Total	**16,432**	**17,451**	**18,668**	**19,758**

Source: POPPI

Successful interventions to tackle social isolation reduce the burden on health and social care services; as such, they are typically cost-effective.[17]

5.5.2 Carers Support

Evidence shows that 30% of older carers experience depression at some point.[18] The percentage of adult carers (65+ years) in Havering who have as much social contact as they would like (22.7%) is lower than both London average (27.7%) and England average (28.8%).

5.5.3 Falls, osteoporosis and hip fracture

Falls are the most common cause of death from injury in the over 65s. A third of people over 65, and half of people over 80, fall at least once a year.[19] Falls are the number one factor precipitating a person losing independence and going into long-term care.

Havering's age standardised rate of emergency hospital admissions due to falls for persons aged 65 and over in 2022/23 (1,655 per 100,000) was lower than both London (2,071 per 100,000) and England (3,130 per 100,000) averages. Nonetheless, close to 830 emergency admissions due to falls were recorded in 2022/23 of which 550 were for persons aged 80 years and over.

Hip fracture is a particularly serious consequence of falls especially among those with osteoporosis, malnutrition, weak muscle strength, sensory impairment and frailty. One in three people with a hip fracture dies within a year. Osteoporosis among older people especially women increases the risk of hip fractures. The prevalence of osteoporosis among Havering residents aged 50 years and over in 2022/23 (0.9%) was higher than the London average (0.6%). In the same year, there were 255 hip fractures among people aged 65 and over. This was a rate of 508 per 100,000 which was similar to London average (502 per 100,000) but better than the England average (558 per 100,000). The rate of hip fractures in people aged

[16] https://www.poppi.org.uk/
[17] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
[18] https://www.ageuk.org.uk/siteassets/documents/policy-positions/health-and-wellbeing/ppp_mental_health_england.pdf
[19] https://publichealthmatters.blog.gov.uk/2014/07/17/the-human-cost-of-falls/

65 and over was higher among women (618 per 100,000) as compared to men (330 per 100,000)[20].

Falls are not an inevitable consequence of ageing; the risk of falling and the harm caused can be reduced. One-third of people over 65 will fall at least once a year. Most falls occur on flat surfaces; falls on the stairs or in the bathroom are relatively rare. Older women tend to fall in the house and older men in the garden. In `care homes', many falls occur on the way to or from the toilet. Only one in a hundred falls results in a hip fracture, but one-fifth cause serious injury.[21] The Falls and Fragility Fractures Pathway[22] defines the core components of an optimal service for people who have suffered a fall or are at risk of falls and fragility fractures. The pathway involves residents, carers, voluntary care sectors; and focuses on the three priorities for optimisation:

- Falls prevention
- Detecting and Managing Osteoporosis
- Optimal support after a fragility fracture

Adequate nutrition for older people, falls risk assessment and physical activity to improve bone strength, muscle strength and balance reduces the risk of falls significantly and can be facilitated through accessible communication channels and voluntary care sector.

Havering Falls Group aims to embed a preventative approach to reduce the number of older people who have falls, so more people are supported to remain independent at home, with fewer avoidable attendances and admissions to Emergency Departments due to falls. They do this by:

- Early identification of those at risk of first time falls and taking steps to reduce this risk
- Increasing uptake of men attending falls exercise classes by developing tailored classes, in suitable community locations
- Improving communication flow between care homes/ home care providers and hospital to ensure all organisations have the most up to date information on the individual on admission and discharge from hospital
- Providing tailored training and support to care homes and home care providers to manage risk of falls and respond appropriately when someone falls.
- Exploring cost effective use of telecare, equipment and AI to prevent falls in care homes and in individual's own home.

Recommendation

Residents in care homes have their needs assessed and addressed by good practice such as the Enhanced Health in Care Homes (EHCH) model avoid unnecessary unplanned and admissions to hospital.

[20] https://fingertips.phe.org.uk/profiles
[21] https://pmc.ncbi.nlm.nih.gov/articles/PMC1281399/
[22] https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/

5.6 Life Style & Behaviours / Healthy Ageing

Key Findings

- All Havering PCNs achieved the bowel screening coverage target of 60% (in 2023/24. Nonetheless, latest available data on cancer staging (2019-21, NDRS) found that nearly 70% of rectal cancers and over 50% of colon cancers in Havering were diagnosed in later stages.
- Havering has around 8,061 residents who are currently recorded as frail. Havering South PCN (3,758), Liberty PCN (1,587) and Havering North PCN (1,530) have the highest number of patients aged 65 years and over who have a frailty diagnosis.
- In 2023/24, Havering's coverage of both pneumococcal and shingles vaccines was above the London and England averages. Flu vaccine coverage among persons aged 65 years and over was below the England average.

Recommendations

- The ICS partners should build on the effective partnerships established during the pandemic to maintain and further improve uptake of flu, covid, pneumococcal and zoster vaccines.
- Adequate nutrition for older people, falls risk assessment and physical activity to improve bone strength and balance should be promoted through relevant ICS channels and voluntary care sector.
- Ensure that patients at risk of falls, deconditioning and moderate to severe frailty are systematically identified, using population health management approach; effectively supported by the local partners to stay well; or receive urgent additional help in times of crisis.

5.6.1 Health Screening

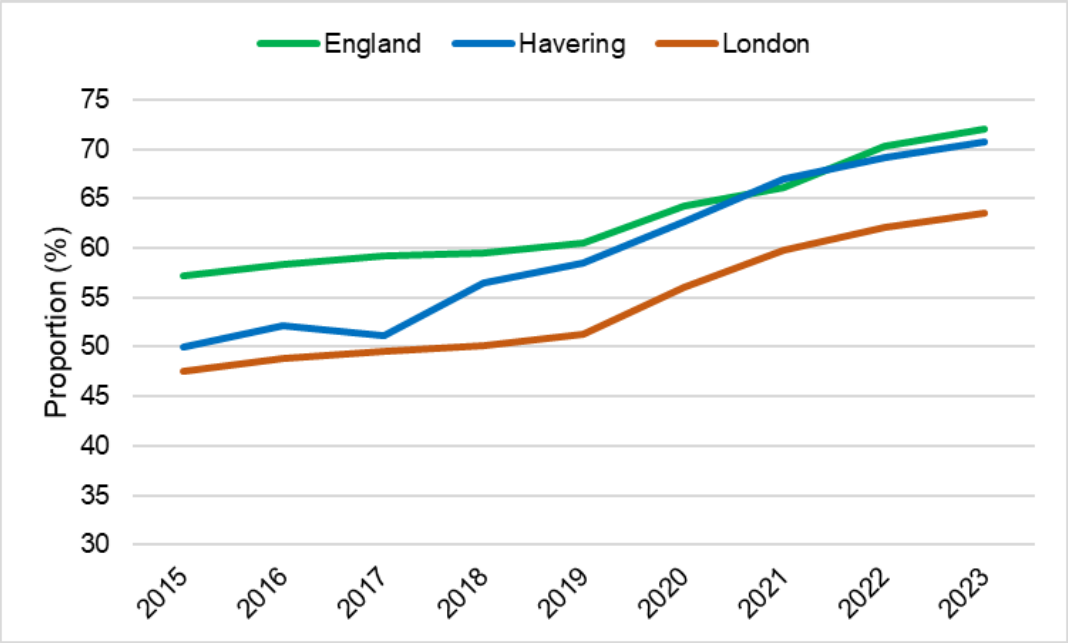
Bowel Cancer Screening

Havering residents who are of age 54-74 (formerly 60-74) receive home testing kits every 2 years. Those aged over 75 can request a home testing kit every 2 years; target coverage is set at 60%.Bowel screening detects approximately 10% of bowel cancer.

Latest data (2023) shows that Havering had a coverage of 70.7% which was above London (63.5%) and NEL ICB (61.3%) averages. All Havering PCNs achieved the coverage target of 60%. Nonetheless, latest available data on cancer staging (2019-21) found that nearly 70% of rectal cancers and over 50% of colon cancers in Havering were diagnosed in later stages, highlighting a requirement to achieve above the screening programme's target (60%) and to have better awareness for early recognition so that home test kits can be requested.

The PCNs are working to increase FIT (Faecal Immunochemical Test) testing outside the bowel screening programme because GP referrals were the main source of bowel cancer diagnosis and bowel cancers occurred more outside the screening eligible age group than in the screening eligible age group.

Figure 48: Bowel Cancer screening coverage, Havering, London & England, 2015-2023

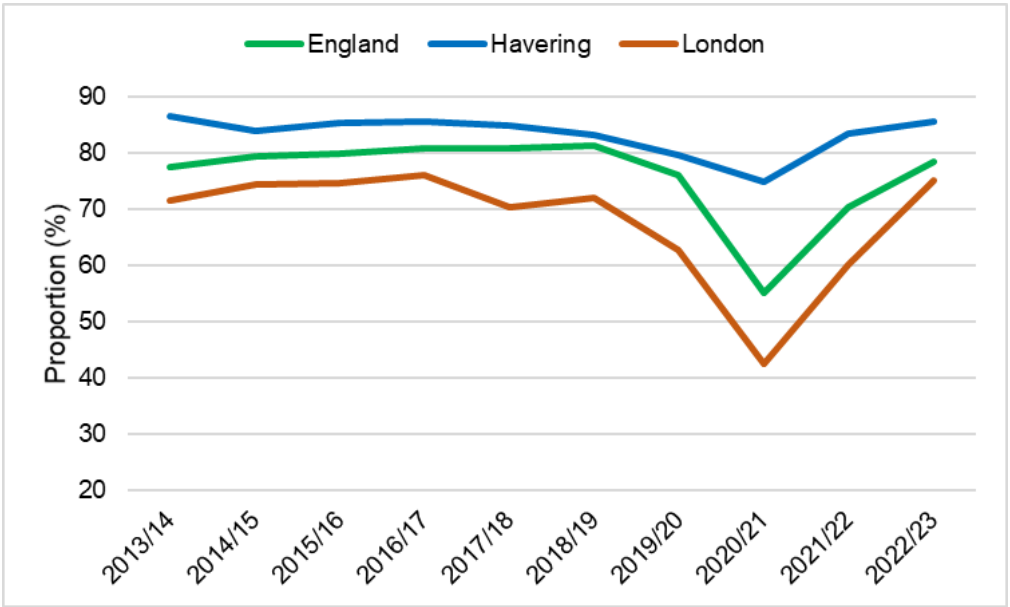


Source: OHID, Produced by LBH PHI

Abdominal aortic aneurysm (AAA) Screening coverage

Abdominal aortic aneurysm (AAA) screening is offered to men in the year they turn 65. Havering's AAA screening coverage in 2022/23 was 85.6%, the highest among London boroughs and significantly higher than the England average (78.3%).

Figure 49: AAA Screening Coverage, Havering, London & England, 2013/14 – 2022/23



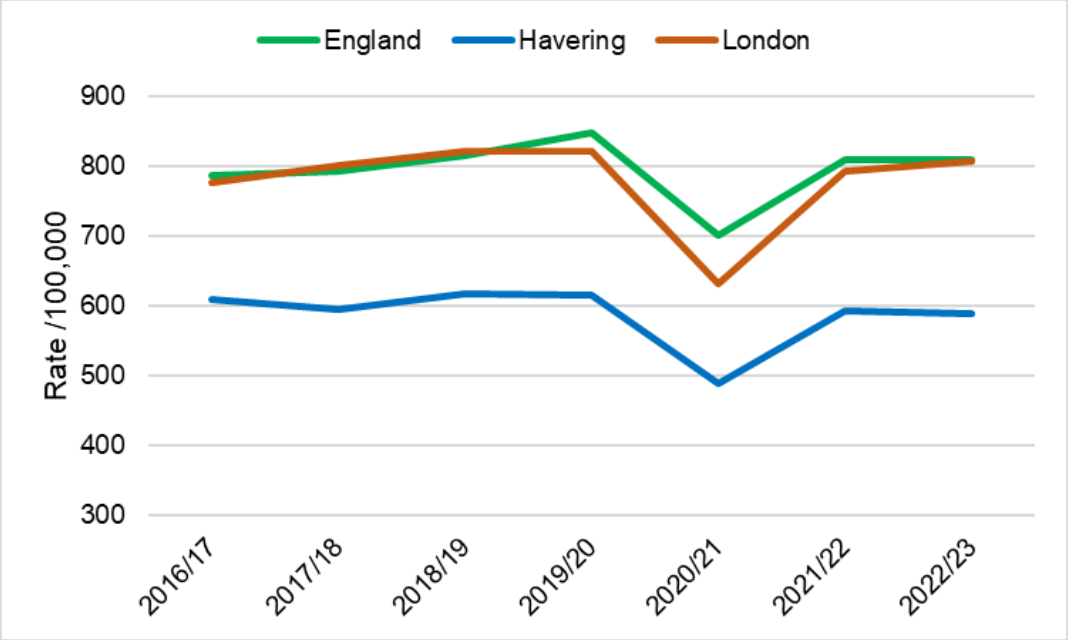
Source: OHID, Produced by LBH PHI

5.6.2 Alcohol related hospital admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. As people age, changes in their bodies, as well as in their physical and mental health, may cause alcohol to affect them differently than when they were younger and put them at greater risk for negative consequences. Understanding how alcohol affects the health of older adults can help them and their health care providers make informed decisions about their health and well-being.

In 2022/23, the rate of admissions due to alcohol related conditions for persons aged 65 and over in Havering (590/100,000) was lower than the London (808/ 100,000) and England (810/100,000) averages.[23]

Figure 50: Rate of Admissions due to alcohol related conditions for persons aged 65 and over in Havering, 2015 – 2023



Source: OHID, Produced by LBH PHI

5.6.3 Frailty

Frailty is a particular state of health experienced by a significant minority of older people. Being frail can mean that a relatively minor problem results in disproportionate and prolonged harm to health and wellbeing. For example, someone with moderate frailty has three times the annual risk of urgent care utilisation, death and care home admission than an older person of the same age who is not frail.[24]

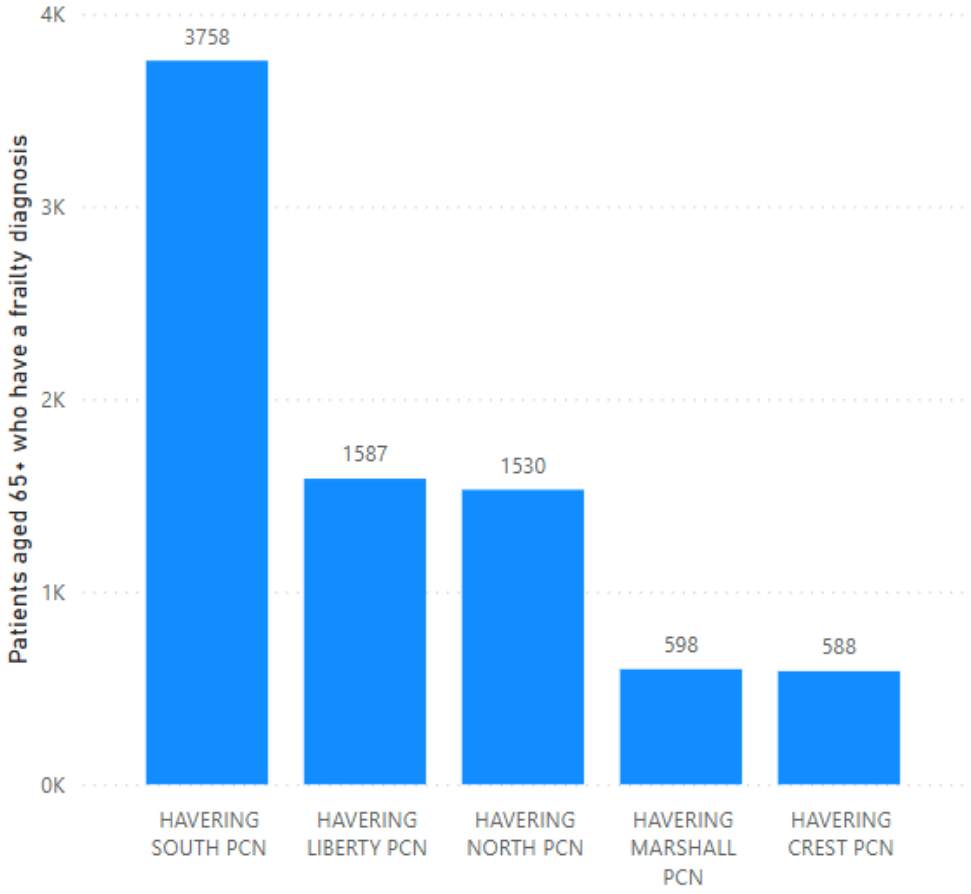
As of June 2024, Havering has around 8,061 residents who were recorded as frail. Havering South PCN (3,758), Liberty PCN (1,587) and Havering North PCN (1,530) have the highest number of patients aged 65 years and over who have a frailty diagnosis (Figure 52). In

[23] https://fingertips.phe.org.uk/profiles

[24] https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2019/07/frailty-toolkit-june-2019-v1.pdf

Havering, 4,418 patients were also recorded to have had a stroke and living with the consequences.

Figure 51: Havering patients aged 65+ who have a frailty diagnosis by PCN, as at June 2024



Source: NHS Digital

A comprehensive approach to minimise the harm caused by frailty[25] includes:

- comprehensive prevention as described above
- population-based stratification to systematically identify people who are living with moderate and severe frailty by using tools such as eFrailty index
- coupled with targeted support to help older people living with frailty to stay well and live independently for as long as possible including:
- Community multidisciplinary teams – focused on the moderate frailty population who are most amenable to targeted proactive interventions to reduce frailty progression and unwarranted secondary care utilisation.
- Urgent Community Response – crisis response and community recovery for older people who are at risk of unwarranted stay in hospital admission and whose needs can be met more effectively in a community setting.

Havering Liberty PCN provides proactive care for housebound older adults living with frailty. A team of Advanced Clinical Practitioners from different professions are visiting older adults living with frailty in their own homes. Reflecting the multifactorial nature of frailty, they complete a full and holistic assessment of health, social and psychological needs. They build and work

[25] https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/

in a multi-disciplinary team (MDT) of professionals from across NHS, social care and voluntary sector agencies around the patient to maximise their ability to age well in their own homes. The initiative will be evaluated and is anticipated to reduce falls and unplanned admissions and improve long-term condition stability. Carers gave early feedback as below:

'This has allowed my partner and I to live independently now.'

'I now have more free time for myself, as I am in full-time employment as well as being a carer.'

5.6.4 Multimorbidity and polypharmacy

Over our lifetime we accumulate diagnoses, such that many people experience old age as a state of multimorbidity.[26] According to the 2019 NHS data, 27.1% of female population and 21% of male population in Havering were recorded to have two or more chronic conditions and these percentages were higher than England averages of 22.9% (female) and 17.5 % (male).

Efforts to manage multimorbidity can lead to polypharmacy. In some instance, polypharmacy generates yet more prescribing for example when medication is required to manage the side effects of existing drugs or when side effects are wrongly interpreted as new conditions.

Sometimes the complexity is such that the balance between the risks inherent in treatment and the benefits arising can be misplaced so that patients are exposed to harm. Deprescribing, the discontinuation of medications in a systematic and considered manner, can serve to restore the desired balance between benefits and harm. Multidisciplinary teams, including pharmacists and nurse specialists can help. Deprescribing requires a thoughtful explanation to patients and carers. Deprescribing is not about restricting the access of some people to healthcare, but instead an acceptance of the limitations of medicines in some situations. Prescribing fewer drugs is not the same as offering less care.

5.6.5 Immunisation

Pre-pandemic, there was strong evidence that flu vaccination reduced excess winter deaths among the elderly. The benefit of flu vaccination is likely to be greater still while coronavirus is circulating, as patients with SARS-CoV-2 and influenza virus co-infection are around twice as likely to die[27] as people with SARS-CoV-2 alone.[28]

The flu vaccine is recommended for adults aged 65 and above, and people with certain long-term conditions including diabetes and chronic respiratory conditions, who are at increased risk of severe complications and death from flu.

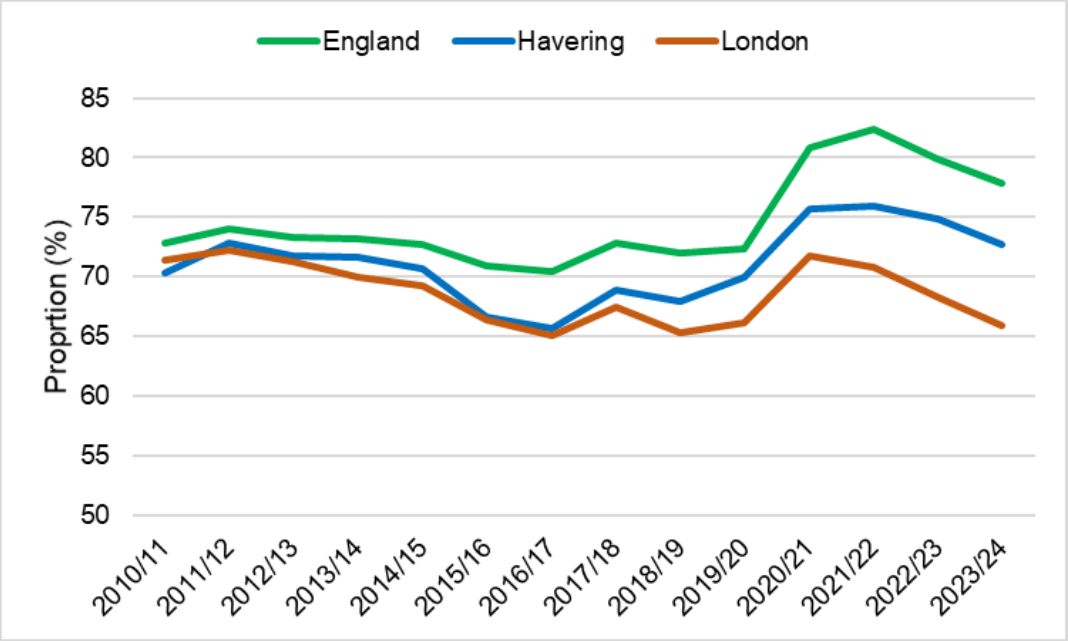
Havering's flu vaccination coverage for adults aged 65 and over (72.7%) was better than in the London average (65.9%), but worse than the England average. Coverage is again below the 75% target, having achieved the target during the pandemic period (2020-2022), perhaps related to wider awareness raising in the context of the Covid vaccination programme.

[26] https://www.bgs.org.uk/blog/more-is-less-and-less-is-more-breaking-the-cycle-of-polypharmacy-with-deprescribing

[27] Odds ratio 2.27 (95% Confidence Interval 1.23 to 4.19)

[28] https://pubmed.ncbi.nlm.nih.gov/33942104/

Figure 52: Influenza vaccination coverage for aged 65 and over, Havering, London & England, 2010/11 – 2023/24



Source: OHID, Produced by LBH PHI

To prevent severe complications and excess winter deaths from respiratory illness, adults aged 65 and above are recommended to have a single dose of pneumococcal vaccine, and an annual seasonal flu vaccine. Since September 2023 shingles vaccination is also offered to people aged 65 years, having previously been recommended for adults aged 70-79.

Coverage of both pneumococcal and shingles vaccines was above the London and England averages in 2022/23:

- Pneumococcal vaccination coverage: Havering 74.4%; London 67.2%; England 71.8%
- Shingles vaccination coverage: Havering 57.4%; London 40.8%; England 48.3%

Service Gaps / Unmet Needs

Bedbound and housebound patients require additional resources to receive vaccination.

Recommendation

Havering PCNs should build on the effective partnerships established during the pandemic to maintain and further improve uptake of flu, covid, pneumococcal and zoster vaccines.

5.7 Integrated Health & Social Care

Key Findings

- There are an estimated 3,121 people with Dementia in Havering. In 2024, the number of people diagnosed was 1,757. Havering's diagnosis rate is currently 56.3%, which is below both London and England average rates.
- A further 335 people need to be diagnosed with dementia to meet the national diagnosis target of 67%.
- In 2021/22, 282 Havering residents aged 65years and over were admitted permanently in residential or nursing care homes. This was the third highest number in London, equivalent to a rate of 606 per 100,000 which is significantly above the London (401/100,000) and England (539/ 100,000) averages.

Recommendations

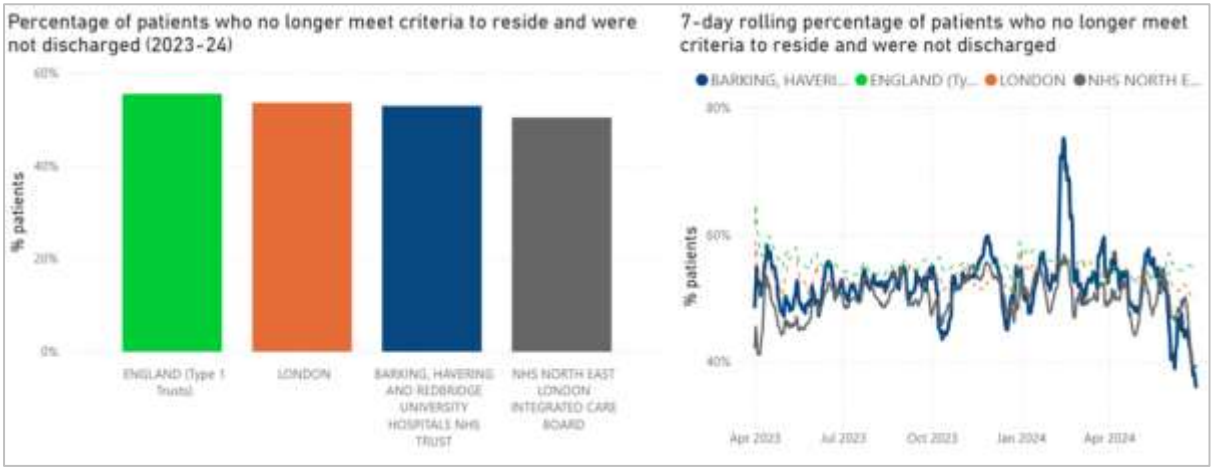
- NEL ICB and partners should ensure older people with bowel cancer symptoms are investigated appropriately.
- Ageing Well subgroup members and partners should facilitate the empowerment of older people so that they can live independently in their own homes with appropriate care, support and social connectivity by:
- Developing a multidisciplinary approach around PCNs
- Raising the importance of social connectivity, nutrition, physical activity, polypharmacy, and falls prevention
- Frailty prevention and intervention including St George's hub
- Prevention of first time falls and better use of technology for prevention
- Re-ablement pathways and innovation around early intervention
- Havering PCNs should build on the effective partnerships established during the pandemic to maintain and further improve uptake of flu, covid, pneumococcal and zoster vaccines.
- Havering Dementia Working Group should continue with efforts to further increase the completeness of dementia diagnosis, and improve access to information and support for patients and their families.
- Hospital Discharge and LAS pathway to be managed differently with new models and good practice to limit demand on both health and social care. (e.g., community-based re-ablement, social worker in hospitals, falls prevention, enhanced re-ablement)
- The current high care quality provided by Havering ASC should be maintained to achieve lower level of deterioration of patient's health and dignity.

5.7.1 Unplanned care

Although essential in some circumstances**,** hospital admission entails significant risks to the continuing independence of older people, as a short period of inactivity can result in a disproportionately large decline in physical ability. There is strong evidence that provision of re-ablement services after admission improves function and hence independence.[29]

[29] https://www.scie.org.uk/integrated-care/intermediate-care-reablement/reablement-guide/#:~:text=The%20benefits%20of%20reablement&text=It%20has%20also%20been%20found,of%20traditional%20care%20subsequently%20required.

Figure 53: Delayed transfer of care from hospital to the community, BHRUT, London & England, 2023/24



Source: NHS England

The percentage of patients with delayed discharge from BHRUT (53%) in 2023/24 was similar to London average, lower than England average (55%) but higher than NEL ICS (50%). The rate of delay in discharges (75%) was highest in February.

The percentage of 75+ year olds having emergency admissions within 30 days of discharge (20.8%, indirectly standardised) is slightly higher than London average (19.1%) and higher than England average (17.2%). However, 87.3% of those aged 65 and over remained at home 91 days after discharge from hospital to re-ablement or rehabilitation services. This highlights the success of continuing care upon discharge and a need for pre-discharge assessment and ward re-ablement.

There were 1,620 Havering residents who used re-ablement services in 2023/24. 77.8% were White and 87.3% were of age 70 and over reflecting Havering's older people population (Table 12). Nonetheless 62.8% were female and 37.2% were male as female service users were over presented in every age group (Table 13).

Table 12: Ethnicity of Havering residents who use re-ablement services, 2023/24

Ethnicity	Number	%
Asian	45	2.8%
Black	25	1.5%
Mix/other	6	0.4%
No data	284	17.5%
White	1,260	77.8%
TOTAL:	**1,620**	

Source: ASC, LBH.

Table 13: Age and gender of Havering residents who use re-ablement services, 2023/24

Gender	20-29	30-39	40-49	50-59	60-69	70-79	80-89	>90	**Total**
Female	75% (*)	78% (*)	57% (12)	52% (24)	60% (67)	62% (217)	62% (421)	67% (266)	63% (1017)
Male	25% (*)	22% (*)	43% (*)	48% (22)	40% (44)	38% (134)	38% (257)	34% (134)	37% (603)
Total	100% (*)	100% (*)	100% (21)	100% (46)	100% (111)	100% (351)	100% (678)	100% (400)	100% (1620)

*numbers less than 5 were suppressed

Source: ASC, LBH.

5.7.2 Dementia, delirium and mental health among older people

An early diagnosis of dementia can help people take control of their condition; plan for the future; potentially benefit from available treatments and make the best of their abilities. There is strong evidence that an early diagnosis helps someone with dementia to continue to live independently in his or her own home for longer.[30] 3,121 people are estimated to be living with dementia in Havering. In 2024, the number of people diagnosed is 1,757. A further 335 people need to be diagnosed to meet the national diagnosis target of 67% from Havering's current diagnosis (56.3%) (Table 14), which is below both London and England rates.

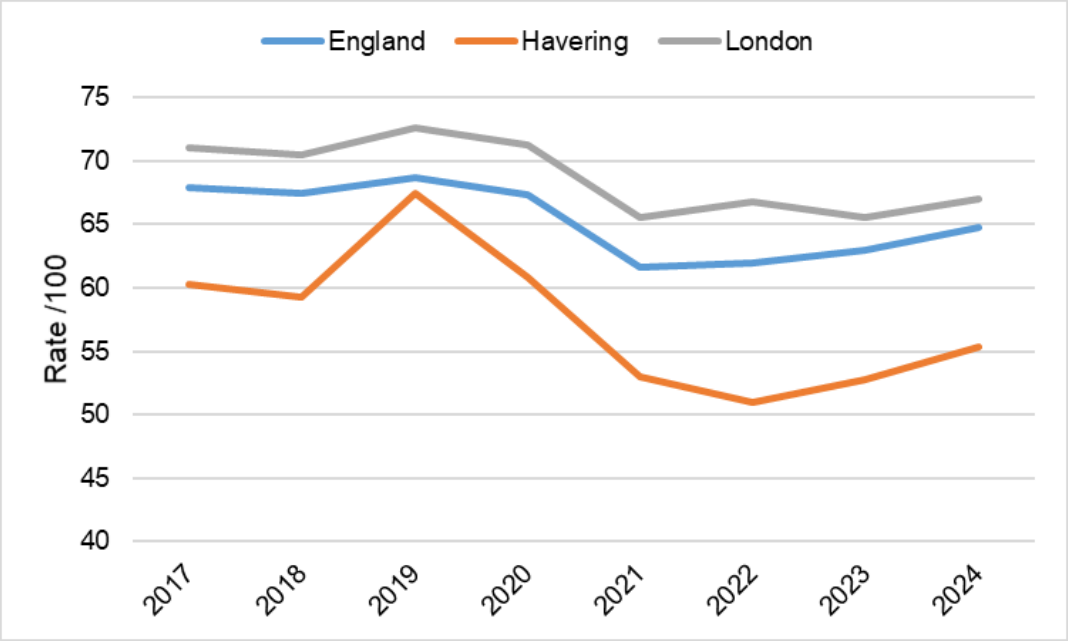
Table 14: Dementia diagnosis, GP recorded and estimated figures, 2024

Area	**Estimated***	**Recorded**	**Gap to 67% target**	**Dx Rate (%)**	**UL Dx Rate**	**LL Dx Rate**
England	726,391	472,198	14,484	65	70.5	58.6
London	75,736	50,972	-229	67.3	73	60.4
B&D	1,385	859	69	62	68.7	54.4
Hackney	1,376	923	-1	67.1	74.3	58.6
Havering	3,121	1,757	334	56.3	61.6	50.2
Newham	1,662	963	150	58	64.3	50.5
Redbridge	2,779	1,788	74	64.3	70.5	57.2
Tower Hamlets	1,233	912	-86	74	82	64.7
Waltham Forest	2,009	1,139	207	56.7	62.5	50

Source: NHS England, June 2024. *NHSE estimates are different from POPPI estimates.

[30] https://www.scie.org.uk/dementia/symptoms/diagnosis/early-diagnosis.asp

Figure 54: Estimated Dementia diagnosis rate for persons aged 65 and over, Havering, London and England, 2017 - 2024.



Source: OHID, Produced by LBH PHI.

POPPI estimates a much larger local prevalence and they also include projected numbers up to 2040 (Table15).

Table 15: People aged 65 and over predicted to have dementia, by age, projected to 2040, LB Havering.

	2023	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	209	220	244	249	237
People aged 70-74 predicted to have dementia	326	326	369	408	421
People aged 75-79 predicted to have dementia	620	631	565	647	721
People aged 80-84 predicted to have dementia	756	789	965	875	1,006
People aged 85-89 predicted to have dementia	878	878	893	1,105	1,049
People aged 90 and over predicted to have dementia	967	967	1,026	1,120	1,368
Total population 65 and over predicted to have dementia	3,756	3,810	4,060	4,404	4,800

Source: www.poppi.org.uk version 14.2.

Sudden confusion (delirium) can have many causes. Infection e.g. a urinary tract infection is a common cause of confusion in elderly people and people with dementia. Confusion can also result from a variety of medical conditions, drug side effects and head injury. The cause of many cases of delirium can be treated and recurrence prevented. New onset confusion

requires urgent investigation and the responsible clinician should talk to someone who knows the person well and knows what has happened to them recently.[31]

Research shows 75% of people aged 65+ have experienced significant anxiety or low mood at least once since turning 65, with 10% feeling this frequently or all the time.[32] Within this cohort, particular groups are at higher risk of mental health difficulties including those in nursing homes, with long-term physical conditions and disabilities.

There is a high prevalence of mental health issues in older people so Comprehensive Geriatric Assessment is not complete without addressing both mood and cognition. Care that looks at a 'whole person' and that is undertaken by a geriatric MDT is the gold standard approach so as not to miss either physical or mental health conditions. Depression often co-exists with physical illness or dementia. In addition, the health of an older person can also be adversely impacted by hazardous drinking of alcohol.

The most common mental health condition in older people is depression, affecting 22% of men and 28% of women aged 65 or over, followed by anxiety.[33] 40% of older people who are living in care homes have depression; 30% of older carers experience depression at some point; and older people going through a bereavement are up to four times more likely to experience depression than older people who haven't been bereaved.[34]

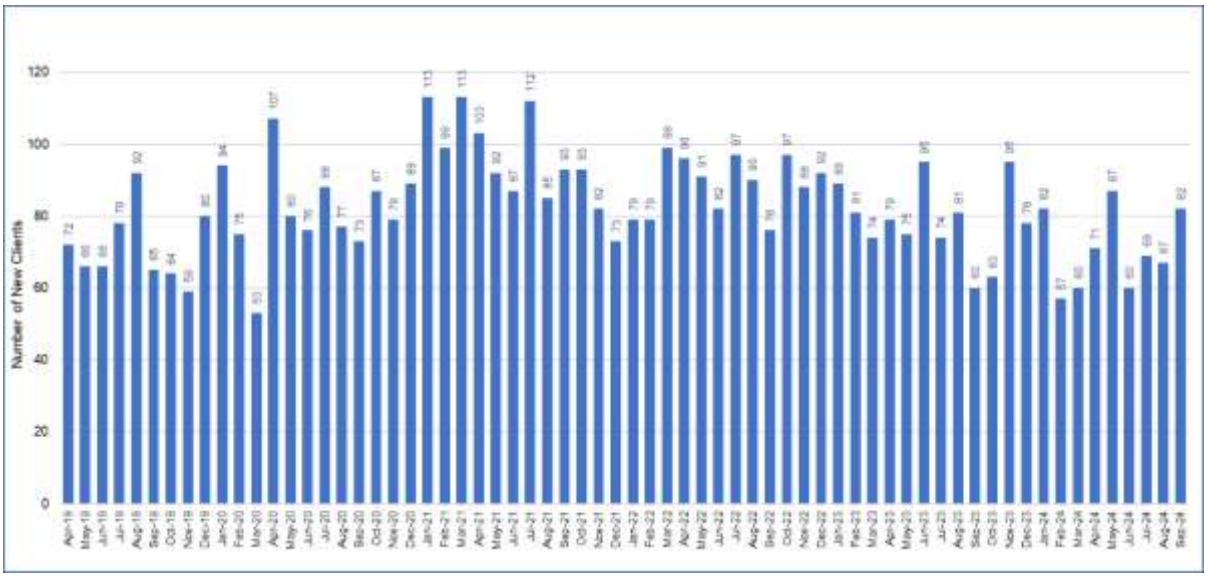
Older people living with dementia may struggle to express how they are feeling which also increases the difficulty of diagnosis.[35] Dementia can also trigger mental health problems, with estimates suggesting that 20-40% of people living with dementia are depressed.[36] It is important that older people are able to access services which are appropriate for their needs.[37] A target was set in 2011 to increase the proportion of older people referred to IAPT (Improving Access to Psychological Therapies) services to 12%. However, the proportion of IAPT service users who are over 65 has remained stable at or below 7%, despite this age group making up 18% of the population.[38]

5.7.3 Social Care

In 2024, 4,483 residents aged 65 years and over were receiving support from Havering Adult Social Care. 1,504 were male and 2,979 female. Overall they received 6,655 care packages. In 2023/24, around 900 clients entered into the Havering ASC service. 550 clients unfortunately died in the service. Not only has the number of service users increased, there has also been an increase in the intensity of need as evident by the rise in one-to-one care costs. Some clients also need more than two people to support them.

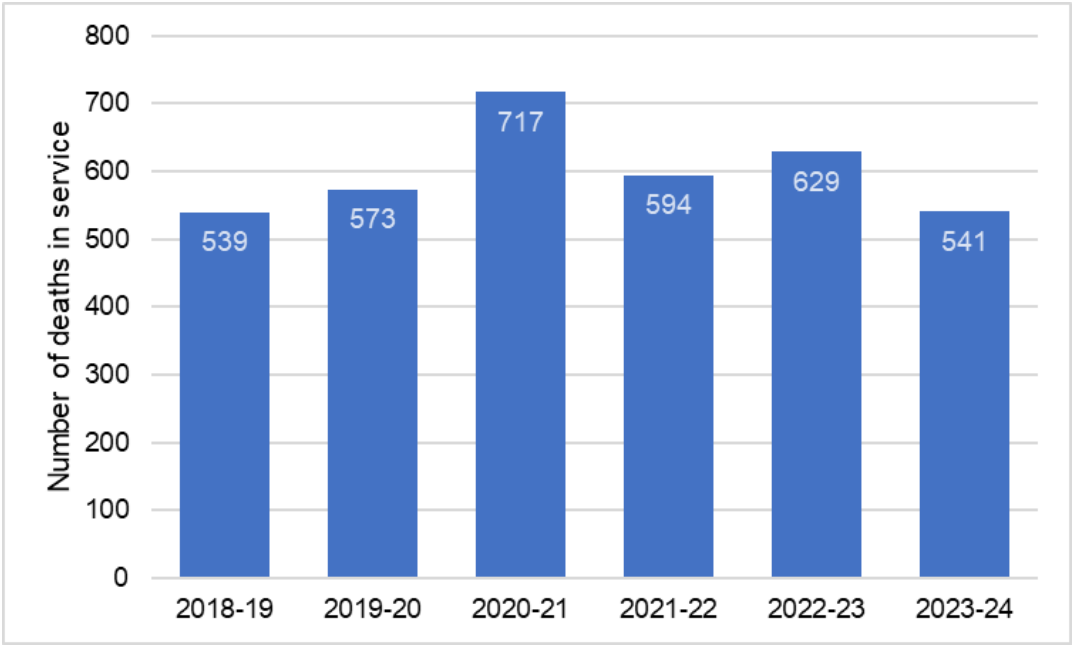
[31] https://cks.nice.org.uk/topics/delirium/
[32] https://academic.oup.com/ageing/article/42/5/598/18032?login=true
[33] http://www.hscic.gov.uk/pubs/hse05olderpeople
[34] https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2018-04/Good Grief report.pdf
[35] https://www.bgs.org.uk/sites/default/files/content/attachment/2018-09-12/Depression%20among%20older%20people%20living%20in%20care%20homes%20report%202018.pdf
[36] https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/depression
[37] https://www.cambridge.org/core/journals/bjpsych-advances/article/interface-between-general-adult-and-old-age-psychiatry/CE00434266EF2CE393903E705EFB5192
[38] https://pubmed.ncbi.nlm.nih.gov/29704904/

Figure 55: Number of Havering Adult Social Care clients. 2023/24



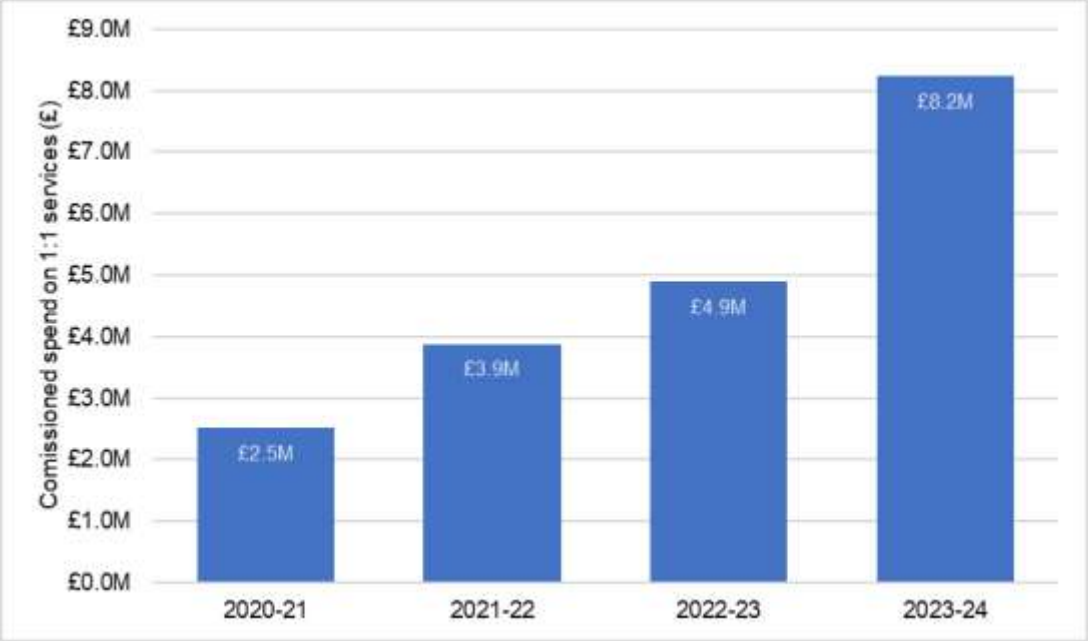
Source: LBH, ASC

Figure 56: Number of deaths in service, Havering Adult Social Care, 2018/19 - 2023/24



Source: LB Havering ASC

Figure 57: Commissioned spend on 1:1 services, Havering Adult Social Care, 2020/21 - 2023/24



Source: LB Havering ASC

Adult Social Care Placements and average cost of each placement type

3,160 Havering residents aged 65 years and over needed a placement in 2023/24. Most were under homecare placements (1,697), which has the lowest cost per placement (£20,171 per annum) (Table 16) but also the highest percentage increase in per unit cost. Supported living had the highest average annual placement cost (£65,410 per annum) closely followed by nursing placement (£61,352) and residential care (£53,409). The increase in the number of users was highest with supported living and residential care. The intensity of need has become higher as the cost of 1:1 services more than tripled in 3 years (£2.52M in 2021 to £8.23M in 2023/24).

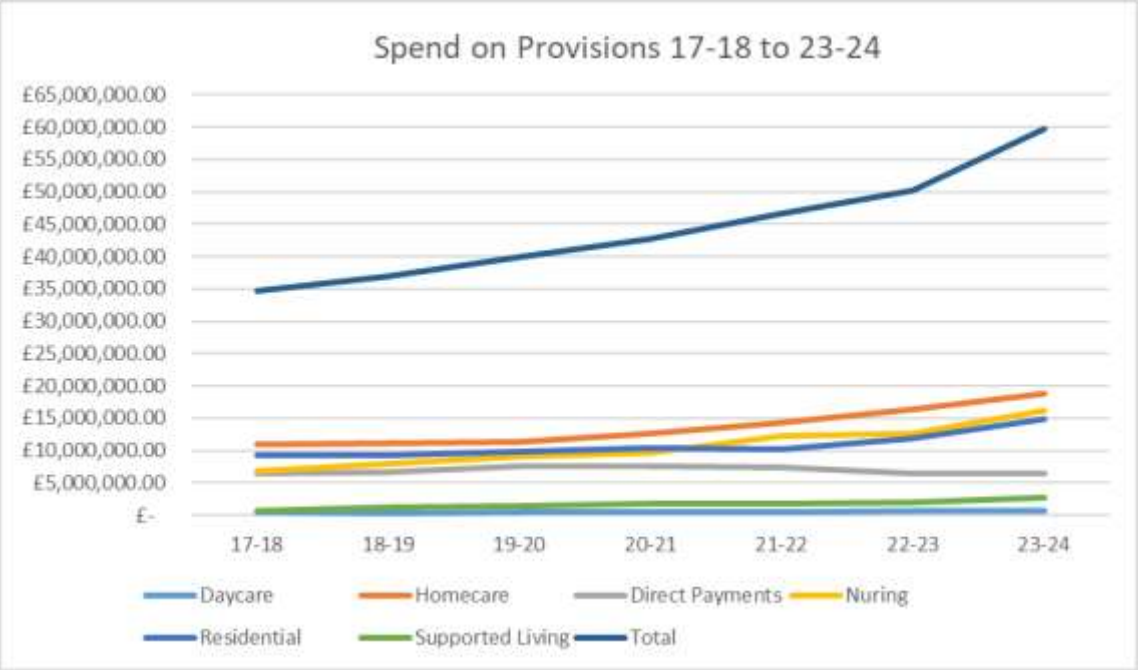
Table 16: Number of clients and average cost per placement, 2023/24

Key Metrics and Assumptions	No. of clients	Cost per placement (average annual)
Nursing Placements	410	£61,352
Residential Placements	484	£53,409
Homecare Placements	1,697	£20,171
Direct Payments	406	£23,265
Supported Living	52	£65,410
Day Care	110	£10,894

Source: LBH, ASC

Average weekly cost of every provision has increased year on year except supported living. The increase in numbers, intensity and average cost has resulted in overall increase in adult social care cost by London Borough of Havering.

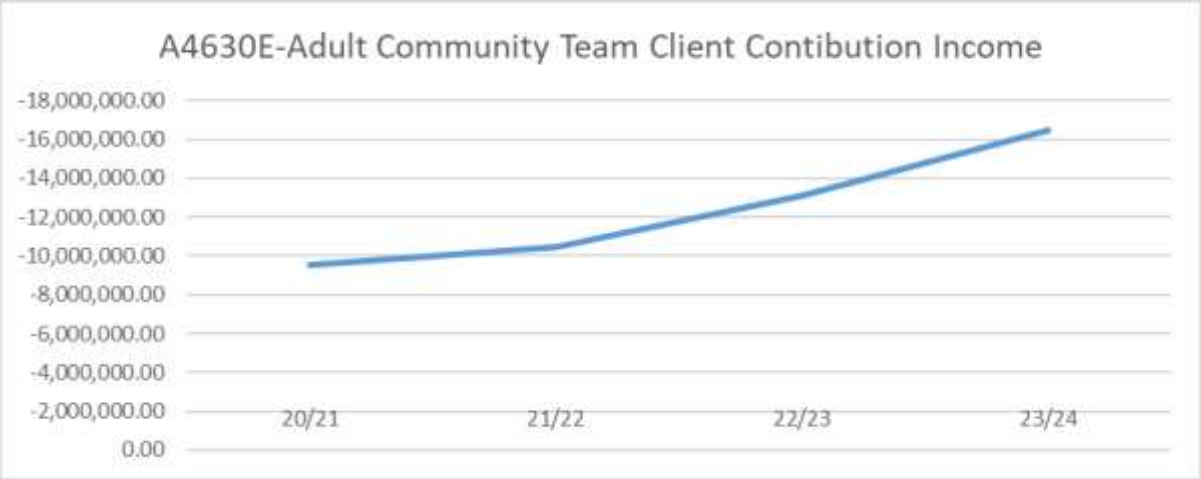
Figure 58: Spend on provisions, Havering Adult Social Care, 2017/18 - 2023/24



Source: LB Havering ASC

Clients' contributions are also rising due to increase in expenditure in most care needs.

Figure 59: Adult community team client contribution income, Havering Adult Social Care, 2020/21 - 2023/24



Havering hosts the highest number of care home beds in the BHR system.

Table 20: Care home beds, number and rate (per 100,000 people aged 75+), 2021

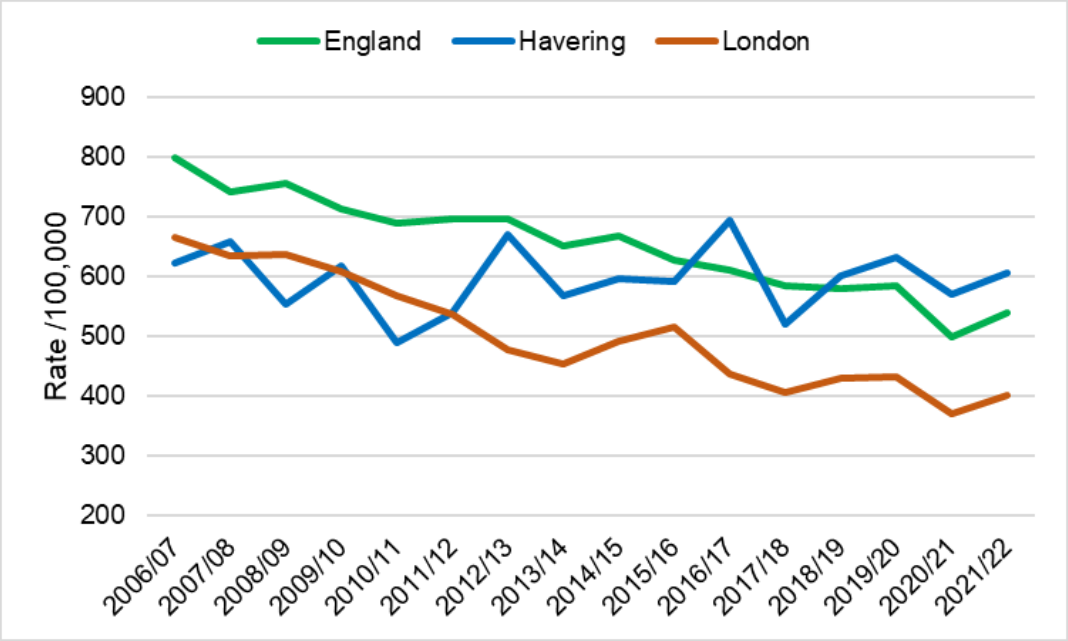
Area	Number	Rate
LBBD	718	8.0
LB Havering	1,834	8.0
LBR	1,379	7.7
London	35,435	7.1
England	458,955	9.4

Source: Care Quality Commission (CQC) and Office for National Statistics (ONS)

Evidence shows that, where possible, older people prefer to stay in their own home rather than move into residential care.[39] In 2021/22, 282 Havering residents aged 65 years and over were admitted permanently to residential or nursing care homes. This was the third highest number in London and equivalent to a rate of 606 per 100,000 population. This rate is significantly above the London (401/100,000) and England (539/100,000) averages where the rate has been slowly dropping unlike among Havering residents.

[39] https://personalalarms.org/cost-of-living-crisis-impact-on-elderly-care-based-decisions

Figure 60: Permanent admissions to care homes per 100,000 aged 65+, Havering, London and England, 2006/7 – 2021/22.



Source: OHID, Produced LBH PHI

Nonetheless, the proportion of people using social care who received self-directed support, and those receiving direct payments (98.2%) was higher than London average (96.3%) and England average (93.2%). Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act places personal budgets on a statutory footing as part of the care and support plan. Nationally, one in seven people aged 85 and above live in a care home.

It is crucial that residents in care homes are having their needs assessed and addressed as well as they could be, this may avoid unnecessary unplanned and admissions to hospital. The Enhanced Health in Care Homes (EHCH) model is designed to put this right.

Social contact of service users

The percentage of Havering adult social care users aged 65 years and over who had as much social contact as they would like in 2022/23 was 36.7% which was similar to London average (35.7%) but lower than England average (41.5%).

Service user satisfaction - adult social care (age 65+)

60% of Havering adult social care service users aged 65 years and over are overall extremely or very satisfied compared to an average rate of 54.9% in London and 61.8% in England.

Service Gaps / Unmet Needs

Increasing demand, complexity and costs meant current provision at the current quality of care may not be sustainable without additional funding.

Recommendation

Population health management (PHM) approach should be used by social care and public health to identify the avoidable risk factors for learning disability and other care packages; and to recommend most effective mental health and physical support interventions, including the use of technology for better and efficient care.