This is my third annual public health report for NHS Hastings and Rother and NHS East Sussex Downs and Weald and East Sussex County Council (ESCC). I have chosen to focus on older people’s health and wellbeing and emphasise the importance of the quality of services provided for them.

Chapter 2 describes the population, such as the proportions of people aged 65 and over living in different areas of East Sussex. It also provides data on the numbers of older people experiencing poverty in East Sussex and how this impacts on their use of services and the inequalities in health. In East Sussex we have the highest proportion of older people of any county in England and we need to ensure that there is a balance between commissioning services where greatest concentration of older people live and also targeting the areas where older people are likely to be in the greatest need because of social isolation, income deprivation and being aged over 85 years.

Chapter 3 focuses on data concerning life expectancy and mortality of older people. There are technical notes in appendix 1 to help understand how this data is measured and interpreted. There is a variation in life expectancy across East Sussex and work needs to continue to target the Investing in Life programme in areas of lowest life expectancy.

Chapter 4 describes the pattern of illnesses that older people tend to develop such as stroke, dementia, chronic obstructive pulmonary disease (COPD) and the services provided to treat them. Recommendations are made for the local variations in conditions such as COPD, hospital admissions and falls to be reviewed by Practice Based Commissioning (PBC) clusters to consider alternative service provisions in the community.

Chapter 5 reviews activities for promoting healthy old age and describes work being carried out in East Sussex on areas such as stopping smoking, eating a healthy diet and taking exercise, taking part in screening programmes and having an annual flu jab with the overall benefit of adding years to life and life to years. It’s never too late to improve health by stopping smoking.

Chapter 6 describes the range of quality initiatives that have been taking place and are in development.

Finally, chapter 7 outlines how we work across health and social care in order to improve the health and wellbeing of older people in East Sussex. It is my intention that the findings of this annual public health report will be used by these to inform the future commissioning of services for older people to better meet their needs.

I would like to acknowledge the hard work and contributions of the public health team in the PCTs and the Adult Social Care team at ESCC for helping to produce this report.

Diana Grice
Director of Public Health and Medical Director
NHS Hastings and Rother
East Sussex has the highest percentage of people over the age of 85 of any area in England, and we expect this number to rise after 2010. The county also has a higher than average number of people aged over 65. This figure is also expected to increase in the next ten years.

Although the local black and minority ethnic (BME) population is relatively small, we are expecting the number of older people from BME backgrounds to have doubled since the 2001 Census.

We are improving the way that we collect facts and figures on people living in East Sussex, as well as how we measure how healthy people in the county are.

This will help us understand whether there are big differences between the health of the population overall and those from BME groups.

We have used this information and the views expressed by older people about the services they may use — for example, support to enjoy a healthy and active life — to develop a Joint Commissioning Strategy for Older People (2007–2010).

This document has been put together with other local organisations which deal with housing and social care.

It sets out the aims of East Sussex County Council (ESCC), the NHS in East Sussex, and a range of other groups, to work together with older people and carers so that they have a better experience when using services, and to make sure that the most is made of resources available locally. The strategy describes how health, social care and housing support services will change in the next few years, taking into account national and local priorities AND the views of older people and carers.

We have put together a three year plan to help us improve services for older people and carers to help them to live as independent and healthy lives as possible.

This includes making services as local as possible and helping people to stay in their own homes.

2009/10 is the final year of the current strategy and an action plan and a review will take place shortly ahead of a new strategy for older people being developed for 2011.

In addition ESCC, the local NHS and a variety of other groups have developed the ‘Time of our Lives strategy – Improving and promoting quality of later life in East Sussex’.

This has been designed in direct response to what older people have told us about how they can have a healthy and active old age.
This chapter presents some of the information collated as part of the Joint Strategic Needs Assessment, setting out basic population data relating to the numbers of older people living in East Sussex, projected future trends and data on sub-groups of the population, such as those living in single person households.

East Sussex has the highest percentage of people over the age of 85 of any county in England and this figure is increasing. The county also has higher than average numbers of all people aged over 65 and this figure is also expected to increase over the next ten years.

The population of NHS Hastings and Rother is 182,000 with nearly 40,000 people aged over 65.

There is wide variation across the PBC clusters* with less than 15% of the population aged over 65 in West Hastings and over 31% aged over 65 in Bexhill Centre.

This means that in Bexhill Centre almost one in three people are aged over 65 years of age.

In Little Common Surgery in Bexhill Centre over 39% of registered patients are aged over 65.

* Practice Based Commissioning (PBC) is a government policy which devolves responsibility for commissioning services from Primary Care Trusts (PCTs) to local GP practices. A PBC cluster refers to a group of GP practices working together to provide services for the local population.
### Table 1: Population aged 65 years or over, East Sussex

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80-84</th>
<th>85+</th>
<th>65+</th>
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<tr>
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<td>4603</td>
<td>3835</td>
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<td>14922</td>
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<tr>
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<td>23095</td>
<td>18283</td>
<td>19331</td>
<td>114630</td>
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</table>

### Table 2: Population aged 65 years or over, NHS Hastings and Rother

<table>
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<tr>
<th>PBC Cluster</th>
<th>65-69</th>
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<th>75-79</th>
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<th>85-89</th>
<th>90+</th>
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<tr>
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<td>1746</td>
<td>1367</td>
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<td>592</td>
<td>438</td>
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<td>4373</td>
<td>2293</td>
<td>39726</td>
</tr>
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</table>
Key points from chapter 2

— The East Sussex population is older than the national profile with almost 23% of the total population over 65 years of age. This compares with 17% regionally and 16% nationally.

— There is a wide variation in the proportions of older people living in different areas and in their levels of income deprivation.

— Bexhill Centre has the highest proportion of older people in the PCT and they are the least likely to be affected by income deprivation. West Hastings has the lowest proportion of older people in the PCT, though they are likely to experience the greatest income deprivation.

— In NHS Hastings and Rother, 11% of older people are affected by income deprivation.

— 5.2% of older people are from BME backgrounds and this number is expected to have doubled since the census in 2001.

— East Sussex is a popular retirement area and there are a large number of older people living alone and in residential or nursing homes.

— There were around 1,400 people aged over 65 who migrated to Hastings and Rother from mid 2006 to mid 2007 (from elsewhere within the UK).

— The ‘old age dependency ratio’ is the ratio of those aged over 65 years to those of current normal working age (16–64 years). For East Sussex this ratio is 0.38 compared to 0.25 for the rest of England.

— The ‘oldest old support ratio’ complements the old age dependency ratio. It is an indicator of informal care resources and stands at 8.2 for East Sussex compared to 12.1 for the rest of England.
Recommendations from chapter 2

— The demographic information about older people reported in the Joint Strategic Needs Assessment reports should be regularly updated and monitored and used to ensure effective service planning to meet the needs of older people for the next three to five years.

— The issues of social isolation and rurality need to be tackled in commissioning health and social care services.

— The services commissioned across health and social care should be balanced between locating them in areas of greatest concentration of older people and also targeting those groups of older people who are likely to be in greatest need – socially isolated, income deprived and people aged over 85 years.

— Practice-based commissioning (PBC) clusters and practices with high proportions of older people in greatest need should develop accessible services to improve health and wellbeing as part of their cluster plans.

— The particular needs of older people from BME groups will be further informed by the comprehensive needs assessment work being undertaken. The findings will need to be implemented by the Race for Health programme and the services commissioned.

— The importance of the support provided for older people by their carers is recognised. Services to ensure the wellbeing of carers need further development and this will be informed by the learning from the Carers’ Strategy Demonstrator Site (Carers Support initiative).
Life expectancy and mortality

This chapter presents some life expectancy figures relating to the average number of years that residents in different parts of the county are living beyond the age of 65 and the patterns of death from major diseases including cancer and coronary heart disease in older people in East Sussex.

Life expectancy

Overall life expectancy in East Sussex at the age of 65 years is an additional 18.5 years for men and 21.1 years for women. Both sexes are living more than a year longer than the average life expectancy figure for England.

Figures 1 and 2 show PCT and GP practice cluster figures, separately for men and women. East Sussex is used as the standard population for calculating these figures. They were produced from ward level life expectancy data apportioned according to the distribution of populations across wards within each cluster.

Investing in Life

In order to reduce death rates and premature death, the PCTs have invested in a health inequalities reduction strategy called Investing in Life. This is a local initiative that is aimed at reducing inequalities in life expectancy across East Sussex by targeting health improvement services at the 20 wards with the lowest life expectancy.

As part of Investing in Life, additional services to help people stop smoking have been offered. GPs are also being encouraged to prescribe medications called statins and aspirin to those eligible, to help prevent heart disease and strokes.

Projects and programmes are in place to promote a healthy diet and exercise which, as part of a comprehensive programme of interventions for reducing heart disease, can markedly reduce the number of early deaths.
Figure 1: Life expectancy at age 65 by district / borough

Source: ONS (deaths 2005–2007)

Figure 2: Life expectancy at age 65 by PBC cluster

Source: ONS (deaths 2005–2007) and Exeter for population data
Key points from chapter 3

— The life expectancy in East Sussex at the age of 65 is an additional 18.5 years for men and 21.1 years for women.

— There is variation of life expectancy at 65 within NHS Hastings and Rother, the lowest in St Leonards Lower with 16.3 for men and 18.7 for women, to the highest in Rural Rother at 18.8 for men and 21.7 for women.

— The age-specific death rate for people living in East Sussex is lower than the rest of England except for men and women over 75 living in Hastings. At PBC cluster level, St Leonards Lower has a significantly higher mortality rate than East Sussex.

— The main causes of death in those over 65 years in East Sussex are similar to the national picture – circulatory diseases, cancers and respiratory diseases.

Figure 16: Causes of death among men aged 65 and over resident in East Sussex (2007)

Figure 17: Causes of death among women aged 65 and over resident in East Sussex (2007)

Source: Vital Statistics 2007, ONS
— The death rate from stroke is lower in East Sussex than the national rate.
— Death rates from cancers in men aged 65–74 in NHS Hastings and Rother is higher than England.
— The main cause of cancer death in NHS Hastings and Rother is lung cancer in men and breast cancer in women.
— Death rates for pneumonia and also for all other respiratory diseases in NHS Hastings and Rother are above that for East Sussex, especially in Hastings.
— Older people are at risk of increased mortality due to extremes of temperatures.
— There is a variation across East Sussex of the percentage of people over 65 years who die at home, from 17.7% in Hastings borough to 29.7% in Rother district.

Recommendations from chapter 3

— Ensure the implementation of the Investing in Life programme in the areas of lowest life expectancy.
— Reduce the mortality rate from pneumonia and other respiratory diseases in the Hastings borough by increasing investment in the chronic obstructive pulmonary disease (COPD) local enhanced GP service (see chapter 4) and stop smoking services.
— Ensure implementation of East Sussex Climate Change Strategy to reduce carbon emissions and respond to impacts of environmental change now occurring.
— Ensure implementation of the Joint End of Life Care Strategy and further development of a co-ordinated range of extended-hours services to support people to die at home if they wish at the end of their life, especially in Hastings.
This chapter sets out the key data on the illnesses that affect older people in East Sussex.

Adding ‘years to life’ and ‘life to years’ is a key public health goal. It is therefore important to monitor the extent to which older people are experiencing health problems so that appropriate services can be provided to meet their needs.

As people age they tend to use health and social care services more as the frequency of most illnesses and ill health rises with increasing age. It has been estimated that older people account for 43% of the total NHS budget, occupy 65% of hospital beds and receive 71% of social care packages (Department of Health, 2007).
Key Points from chapter 4

**Stroke:**

— Across NHS Hastings and Rother approximately 6.7% of people aged 65–74, and approximately 11.6% of people aged 75 years and over have had a stroke.

— Quality measures for stroke services have been developed and these are:

  - the percentage of patients with TIA or stroke who have a record of total cholesterol in the last 15 months
  - the percentage of patients with TIA or stroke whose last measured total cholesterol (measured in the previous 15 months) is 5mmol/l or less
  - the proportion of A&E patients admitted to a stroke unit within a certain time period
  - deaths within seven days of admission
  - deaths within 30 days of admission
  - average length of stay in hospital.

**Dementia:**

— Data modelling suggests that approximately 6% of men and 10% of women over the age of 65 suffer from dementia in NHS Hastings and Rother.

— Building on an innovative pilot funded by the Department of Health through Adult Social Care, the Memory Assessment Support Team provides an early intervention service for people in Hastings and Rother identified as having issues with memory and cognitive functioning.

**Chronic obstructive pulmonary disease (COPD):**

— In NHS Hastings and Rother in 2007/08 there were 2,886 persons of all ages on a primary care COPD register which accounted for 1.6% of all patients registered with GPs. This was higher than the national rate (1.48%) and regional rates (1.3%).

— In NHS Hastings and Rother there are six wards that have higher admissions than expected when compared to the East Sussex admission rate for emergency respiratory admissions (Silverhill, Baird, Hollington, Ashdown, Wishing Tree and Ore). With the exception of Ashdown, the other five wards are amongst the wards with the highest levels of income deprivation affecting older people in the county.
Falls:

— Falls in older people are much more likely to result in a hospital admission, compared to falls in other people, and increase with age.
— There are around 1,100 emergency hospital admissions a year due to accidents (including falls) in NHS Hastings and Rother.
— Maze Hill ward has significantly higher hospital admissions due to accidents and falls than the country as a whole.
— Hospital Episode Statistics (HES) data for 2008/09 in NHS Hastings and Rother shows that 282 people representing 1.5% of those aged over 65 years who were admitted to hospital were discharged to residential accommodation.

A&E attendances:

— There is a large variation in A&E attendance rates across the PCT. Hastings Borough Council has significantly higher A&E attendances, with attendances between 15 and 22% higher than would be expected. At PBC cluster level, the clusters with higher A&E attendance rates than would be expected are: West Hastings (16% higher than would be expected), St Leonards (16% higher than would be expected) and East Hastings (11% higher than would be expected). The PBC clusters of Bexhill and Rural Rother have A&E attendance rates that are lower than would be expected.
— There are many factors that influence the differences in the older people’s A&E attendance rates by area. These include deprivation, distance from the hospital, availability of alternative services including access to minor injuries units and access to out-of-hours GP services.

Emergency admissions:

— East Sussex residents over 65 years have approximately 25,000 emergency admissions a year. Hastings borough has significantly higher rates that East Sussex.
— NHS Hastings and Rother patients have around 9,000 emergency hospital admissions a year and significantly higher rates compared to East Sussex. There is variation across the PBC clusters with East and West Hastings and St Leonards all having significantly higher emergency admission rates when compared to the East Sussex registered population.

Mental health:

— There are around 450 hospital admissions for mental and behavioural disorders a year for East Sussex residents aged 65 years and over.

Coronary heart disease (CHD):

— It is estimated that across NHS Hastings and Rother there are around 16.8% of 65–74 year-olds with CHD and around 23% of people aged 75 and over. These figures are higher than the national estimates. The rates in Rother District Council (14.3% and 19.9%, respectively) are lower than the PCT and national estimates.

Cancer:

— In NHS Hastings and Rother, between the period of 1997 to 2006, there were a total of just under 7,500 patients placed on the cancer register
— NHS Hastings and Rother patients had just under 3,000 hospital admissions for cancer a year. The PCT has a higher rate of hospital admissions for cancer than would be expected (expected admissions if NHS Hastings and Rother had the same admission rate as the East Sussex-registered population). At PBC cluster level there is variation within the PCT with Rural Rother having 20% more admissions than expected and East Hastings 14% higher cancer admissions.

Diabetes:

— The estimated prevalence in 2005 of Type 1 and Type 2 diabetes (both diagnosed and undiagnosed) for people aged over 60 was 14.1% in NHS Hastings and Rother compared to 13.7% for England.
— There is variation across the wards, with some of the highest rates likely to be in Central St Leonards, Central Ward in Rother, Castle, Gensing Tressell and Ore.
Outpatients:

— In East Sussex there are 53,000 outpatient attendances a year for patients aged over 65.
— Across NHS Hastings and Rother, attendance ratios were highest in the St Leonards and East Hastings PBC clusters, although none were significantly higher than for East Sussex as a whole.

Recommendations from chapter 4

Stroke:

— The quality of stroke service needs to be improved and the PCT has agreed a number of quality indicators which are being monitored.
— The PCTs have agreed with East Sussex Hospital Trust that the percentage of patients receiving brain scan within 48 hours should be 90% by April 2010 as part of the CQUIN programme.

Dementia:

— The National Dementia Strategy needs to be implemented in East Sussex.
— There is a need to further develop early intervention services for patients with dementia and their families.

Chronic obstructive pulmonary disease (COPD):

— PBC clusters with higher admission rates need to consider developing specialised community based services for patients with COPD.
— The COPD PBC scheme should be further developed to target those areas of deprivation with highest admission rates for COPD. The wards that have higher than expected rates for emergency respiratory admissions are Silverhill, Baird, Hollington, Ashdown, Wishing Tree and Ore
— Smoking cessation services should be targeted in areas of high COPD prevalence and admission rates.
A&E attendance:
— A continued drive towards reducing disproportionately high A&E attendances by developing alternative community based services is required.
— PBC cluster with higher A&E attendance need to consider developing alternative services in the community to prevent these. These are West Hastings, St Leonards and East Hastings.

Emergency admissions:
— PBC clusters with high rates of emergency admissions need to consider developing alternative community based preventative services. These wards are East and West Hastings and St Leonards.

Mental health:
— The Suicide Prevention Strategy should be implemented across the PCT.
— The PCT should ensure Improving Access to Psychological Therapies (IAPT) programme is expanded.

Coronary heart disease:
— The PCT should continue to invest in the Investing in Life Programme to further reduce CHD.

Cancer:
— The PCT should invest in cancer prevention services: smoking cessation, targeting the highest prevalence areas in Hastings.
— The PCT should encourage uptake of early cancer detection services, including cervical, breast and bowel cancer screening.

Diabetes:
— PBC clusters should continue to develop their diabetes registers to enable systematic community based services to be available in areas of high prevalence.
— PBC clusters with estimated higher rates — St Leonards and East Hastings — should investigate this and determine whether alternative services could be developed.
This chapter describes the PCT’s approach to supporting people to improve and maintain their health in old age. It describes how the PCT works with partners to develop and offer health improvement opportunities and initiatives which minimise the impact and reduce the prevalence of the main threats to health described in previous chapters.

Key Points from chapter 5

— Local statutory agencies work together and with wider partners to develop and promote initiatives to improve the health of older people in East Sussex. Older people are supported to engage in this process through Older People’s Forums.

— Measures to improve health such as stopping smoking, eating a healthy diet and taking exercise, drinking alcohol in moderation, practicing safe sex, taking part in screening programmes and having an annual seasonal flu jab and pneumococcal jab are key for the over 50s age group to achieve the overall benefit of adding years to life and life to years.

Smoking:

— It’s never too late to give up smoking. Five years after giving up smoking the risk of a stroke will be the same as a non-smoker.

Obesity:

— Obesity levels are high amongst older people. Nationally, almost half (49%) of men aged 65–74 are overweight and 28% are obese.

Exercise:

— Only around one in five men aged 65–74, and one in ten men aged 75 and over, achieves the national activity guidelines.
— Older women appear even less physically active than men with only 16% of women aged 65–74 achieving the guidelines and 4% aged 75 years and over.
— Inactivity contributes to loss of function and ability to maintain independence.

Diet:

— Just over one in three people aged 65–74, and less than one in three people aged 75 and over, eat the recommended five or more portions of fruit and vegetables per day.

Mental wellbeing:

— There are particular challenges to improve the mental wellbeing of older people:
Poor life satisfaction
Poor sense of involvement
Improve early detection of mental illness

A Race Equality in Mental Health team has been in place in East Sussex County Council since December 2008.

Sexual health:

Although sexually transmitted diseases are not a big issue for older people, there is a need to encourage them to practice safe sex.

Alcohol:

Although nationally older people may be consuming more alcohol than previous generations, the recent needs assessment in East Sussex found that there does not appear to be an increasing or significant problem of alcohol dependency amongst older people.

Vaccination:

Flu and pneumonia are major threats to older people, especially in the winter months.
Although at PCT level we meet the national target of immunizing 70% of those aged 65 and over for flu, there is variation at PBC cluster level and some practices will not be meeting the target.

Screening:

For the first time, men will be invited to attend a national screening programme. The national bowel cancer screening programme will be in place by December 2009 and all men and women aged 60–69 years will be invited to take part over a two-year period.
Uptake of cervical and breast screening is generally above the national targets for women in East Sussex.
Employment:

— 10% of the retirement population are employed in East Sussex.

Recommendations from chapter 5

— Local Partnership arrangements should continue to ensure that agencies work together with older people to improve the health and wellbeing of older people by implementing the ‘Time of our Lives’ strategy.

— It is never too late to promote healthy lifestyles in the over 50s. Physical activity, obesity prevention and stop smoking services are vital for adding years to life and life to years.

— The PCT should ensure that its Choosing Health – Prevention of Overweight and Obesity strategy is implemented in conjunction with East Sussex County Council’s Cycling Strategy and its proposed promoting Walking Strategy.

— The PCT should promote the update of the seasonal flu vaccine and achieve 70% target.

— The PCT should promote the uptake of cancer screening programme by:

   — encouraging the new bowel cancer screening programme should be promoted to 60–69 year olds.
   — sharing the Good Practice Guide to Cervical and Breast screening with all GP practices
   — ensuring that the Cervical Screening Action plan is implemented.

— The county council and health services work together and continue to develop local accessibility planning and improved transport access to services and healthcare settings.

— Support the Race Equality Mental Health team’s work programme, in particular their planned input into the delivery of the East Sussex Dementia Strategy.
Key points from chapter 6

— Lord Ara Darzi’s *Next Stage Review* made a compelling case that the NHS should focus on delivering a *high-quality* service to *all* people *every* time they use the health service. This is particularly important for older people who are high users of health services.

— In East Sussex, the PCTs are working with our partners to monitor and improve the quality of health services provided by local GPs and community nurses and by our local hospitals. A Quality Improvement and Clinical Outcomes Group has been established to lead on determining and monitoring key clinical outcomes.

— The PCT has worked with experts within other health organisations to audit standards and strategies for services that commonly affect the older population, for example, those concerning stroke and falls.

— A recent inspection by the Patient Environment Action Team has rated East Sussex community hospitals as either ‘good’ or ‘excellent’ for environment, food, and privacy and dignity.

— In the last year, there were no cases of MRSA in East Sussex community hospitals, all acute trusts serving East Sussex residents achieved the reduction targets limits for the number of MRSA cases.
An outbreak of *Clostridium difficile* at Eastbourne District General Hospital was declared as a serious untoward incident on February 1st, 2009. In total, 61 cases were attributed to the outbreak, which was declared over on April 14th, 2009. It has been concluded that three patients died directly as a result of *Clostridium difficile*, and a further ten patients died where it was thought to have contributed to their death.

The outcome of the 2008 CSCI inspection into Adult Social Care’s older people’s services for prevention and safeguarding was ‘good’.

**Recommendations from chapter 6:**

- Quality counts in East Sussex and the PCT should continue to develop the quality improvement work, particularly including the public feedback measures, in its commissioned services.
- The services commissioned by the PCT need to meet infection control standards and reduce healthcare-associated infection. The PCT and East Sussex Hospitals Trust need to ensure that the lessons learned from the Health Protection agency review of the *C. difficile* outbreak are implemented.
This chapter outlines the joint working arrangements in East Sussex for older people.

In recent years, our joint structures for planning and delivering care and support for older people in East Sussex have developed in line with national policy. The diagram opposite summarises the various groups and how they link.

**Joint Commissioning Strategy for Older People and Carers**

In 2007 East Sussex published its first Joint Commissioning Strategy for Older People and Carers. This strategy detailed the ambition of East Sussex County Council, the NHS in East Sussex and a range of partner organisations in the voluntary and independent sector to work in partnership with older people and carers to improve the experience of people who use our services and to get the most out of available resources.

**The Care Pathway**

Locally Adult Social Care has worked in partnership to make sure that we achieved our goals for improving services to older people and carers. We recognised that people would need services at different stages of their life depending on their health, social care and housing needs. To make sure that we are able to respond to these needs we identified different points when care is required and planned how we should change and deliver services at each stage. We identified these stages and they are shown on the right.

These are when people are:

1. fit and well and growing older
2. experiencing problems that might be preventable
3. in immediate need of help or treatment
4. ready / preparing to go home
5. in need of long-term support.
In addition we recognised that people can experience mental health issues in later life that may or may not be age-related and that these could occur at any of the above stages. We decided we needed to make sure that we planned and improved services to address these issues at each stage. We identified this work as an underpinning pathway called ‘mental health in old age’.

**Improving Life Chances**

*Improving Life Chances* is the name of the East Sussex joint commissioning strategy for disabled adults with physical and sensory impairments and those with limiting long-term conditions. This strategy is currently being developed.

A number of patient and public engagement events were held in 2008/09 to understand what was important to our local population. The outcome of these are being combined with national and regional strategies to develop a joint commissioning strategy between health and adult social care. The strategy is expected to be completed by September 2009.
East Sussex has a total of 50,993 unpaid carers, representing 10.35% of the total population. Of those caring, approximately 30% have caring responsibilities for more than 20 hours per week and nearly 20% have caring responsibilities for in excess of 50 hours per week. The likelihood of becoming a carer increases with age and the number of older carers is increasing. Currently, one third of all carers are aged over 60. The heaviest caring roles are most often undertaken by older carers, for longer hours per week, at a time when their own health and strength are more vulnerable. More than 80% of carers say caring has damaged their health and more than 50% of older carers have their own long-term illness or disability (Census, 2001). Further information on carers is provided in Chapter 2.

In 2009, the PCTs’ and ESCC’s local Commissioning Strategy for Carers’ Services is being revised in consultation with carers and clinicians. This is in response to the 2008 National Strategy for Carers: *Carers at the Heart of 21st Century Families and Communities*, which aims to ensure that support for carers, particularly older carers, is prioritised in all health and social care settings.

By working across agencies we can achieve the effective interagency communication and integration of care that older people have recommended.
Recommendation from chapter 7:

— The findings of this public health report should be considered by the Older People’s Partnership Board and the working groups reporting to it to inform the refreshed Joint Commissioning Strategy for older people and its future joint work programmes*.

* For more information on the work of the Programme Boards and progress on the Joint Commissioning Strategy for Older People and Carers please contact: Geraldine O’Shea, Strategic Commissioning Manager Older People, Tel: 01273 482751, Email: geraldine.o’shea@eastsussex.gov.uk