

## Thematic narrative July 2016

### Older and Vulnerable Adults

This paper provides an overview of key and evolving issues for older and vulnerable people (and the interactions/impacts this has on health) across Bournemouth, Poole and Dorset.

#### Summary

- The number of older people living in Dorset will continue to grow, adding to increased demand for health and care services.
- 24% of the current population are over retirement age (65 and over) which is greater than the equivalent values for both the South West (21%) and England and Wales (18%). 28,500 people are aged over 85 (4% of the current population).
- With regard to physical health, the most common single causes for admission to hospital for individuals aged 65 – 84 years are cancer and circulatory conditions. In the 85+ population the single largest admission cause is circulatory conditions.
- With regard to mental health, at any one time one in six people are estimated to have a mental health problem, which equates to about 130,000 people across Bournemouth, Dorset and Poole. The most common problems such as anxiety and/or depression affect around 50,000 individuals at any one time.
- The prevalence of dementia increases with age, affecting 5% of people over the age of 65 and 20% of those over the age of 80. By 2014 prevalence rates indicated that just over 13,000 people across Dorset were directly affected.
- With regard to learning disability, across Dorset there are an estimated 17,815 people of all ages with some degree of learning disability. A shift in models of care is likely to result in more individual, outcome-based support and less residential provision.
- Statistics from the 2011 census show that in Dorset CCG there were almost 83,000 unpaid carers in 2011, and almost 24,000 of these (approximately 30%) were aged over 65.

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## Introduction/Background

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As in many developed countries, England faces health and care challenges of an ageing society and this is largely driven by post war 'baby boomers' reaching retirement age, higher life expectancy, and low fertility rates.

Evidence from the Global Burden of Disease study<sup>1</sup> reports increases in life expectancy between 1990 and 2013, from 75.9 years in 1990 to 81.3 years in 2013. Although gaps in mortality between men and women have reduced in this time, life expectancy between the least deprived and the most deprived areas of England has remained largely unchanged.

An important implication for health and care services is the rises in morbidity rates, whereby people are living longer in poor health.

Older people are the main users of health and social care services. In 2013 local authorities spent 51% of their gross adult social care spend on people aged 65 and over and two thirds of prescriptions in primary care were for older people<sup>2</sup>. Older people account for 68% of emergency beds in hospital<sup>3</sup>. Despite this huge spend and great need, services have not always adequately addressed the needs of older people.

The impact of a rapidly ageing society and longer life expectancy is also felt on carers, of which there are 6.5 million in the UK<sup>4</sup>. Though it can be hugely rewarding, it often impacts on the lives of carers in less positive ways – contributing to a deterioration in their health and well-being, creating difficulties in relationships with others, leading to feelings of isolation, and creating often insurmountable challenges for those juggling care alongside work and other family responsibilities. It is projected that the demand for care will increase by over 50% by 2032 compared to the supply of this type of care which will rise by just 25%.

## Local picture

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### Adult Population – Bournemouth, Dorset and Poole

The number of older people living in Dorset will continue to grow, adding to increased demand for health and care services.

The population of Dorset CCG has increased by 0.7% (5,305) in the last year to 759,800<sup>5</sup>. 24% of the current population are over retirement age (65 and over) which is greater than the equivalent values for both the South West (21%) and England and Wales (18%). 28,500 people are aged over 85; 4% of the current

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<sup>1</sup> Newton, J et al (2015) Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet.

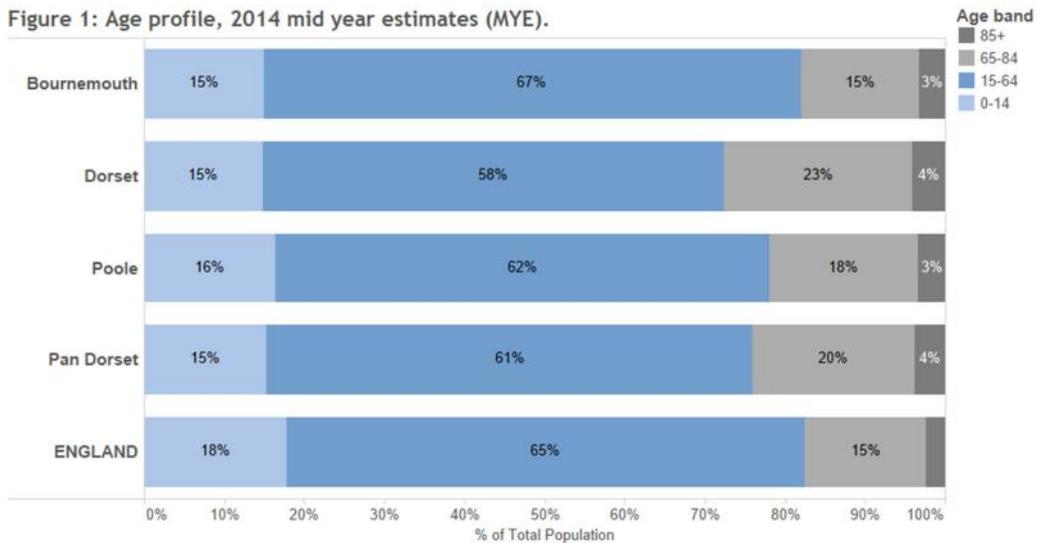
<sup>2</sup> Kings Fund (2014) Making Health Systems fit for an ageing population. Access via [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf)

<sup>3</sup> Kings Fund (2012) Older people and emergency bed use. Accessed via [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/older-people-and-emergency-bed-use-aug-2012.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/older-people-and-emergency-bed-use-aug-2012.pdf)

<sup>4</sup> Census (2011)

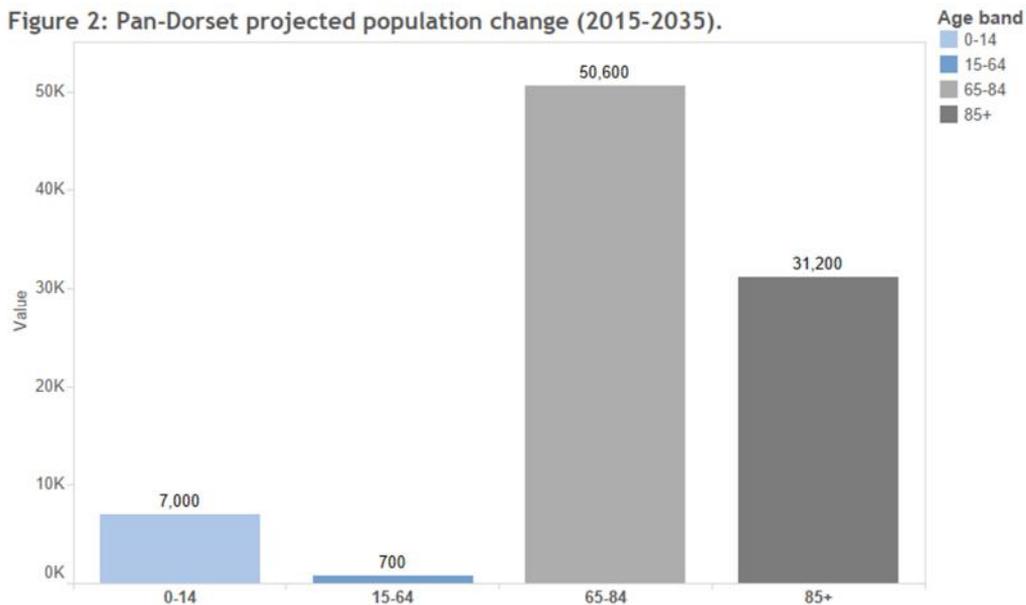
<sup>5</sup> Population Estimates for local authorities in the UK, mid 2014, Office for National Statistics

population. Figure 1. below shows the age profile for the pan Dorset CCG locality and the three local authorities.



Source: ONS mid-year estimates 2014

The number of older people living in Dorset is expected to increase, particularly the number of people living to advanced old age: over the next decade to 2025 the number of those aged 85+ is expected to increase by more than a third to 38,900 people and will have more than doubled by 2035<sup>6</sup>. Figure 2. shows the projected change in population between 2015 and 2035 by age group.



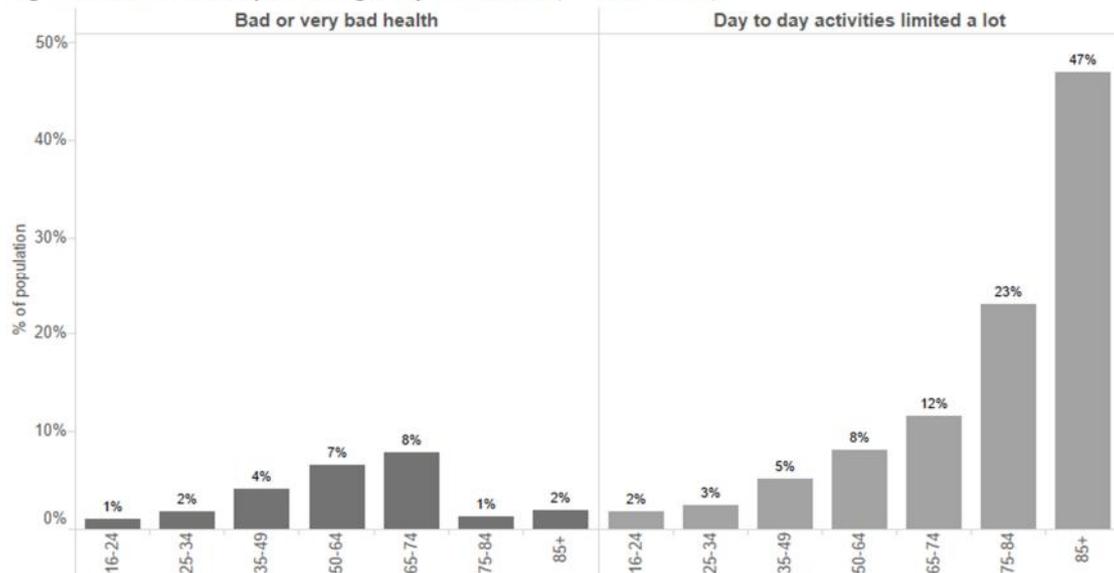
Source: ONS 2012-based subnational population projections

The continuing increase in the number of older people is a national concern, but in Dorset even more so as we have a higher starting point. Figure 3 shows the percentage of people in the Dorset CCG area that suffer with ‘bad’ or ‘very bad’ health

<sup>6</sup> 2012-based Subnational Population Projections. Local Authorities in England, mid-2012 to mid-2037, Office for National Statistics

(as defined in the Census 2011) and find their daily activities limited 'a lot', by age group. Demand for formal care workers will grow and more family members will need to act as carers; in 2011 there were 82,900 unpaid carers in the Dorset CCG area<sup>7</sup>.

Figure 3: Pan-Dorset, percentage in poor health (Census, 2011).



Source: ONS Census data (2011)

#### Key facts for population change:

- The largest population of adults aged 18 to 64 is in Dorset but this is expected to decrease gradually, whilst simultaneously increasing in Bournemouth and Poole.
- The largest population of older people is also in Dorset.
- There will be a significant increase in the 65+ across all three boroughs.
- The most notable increase will be in the 70-74 age group.

#### Key risk factors for older people:

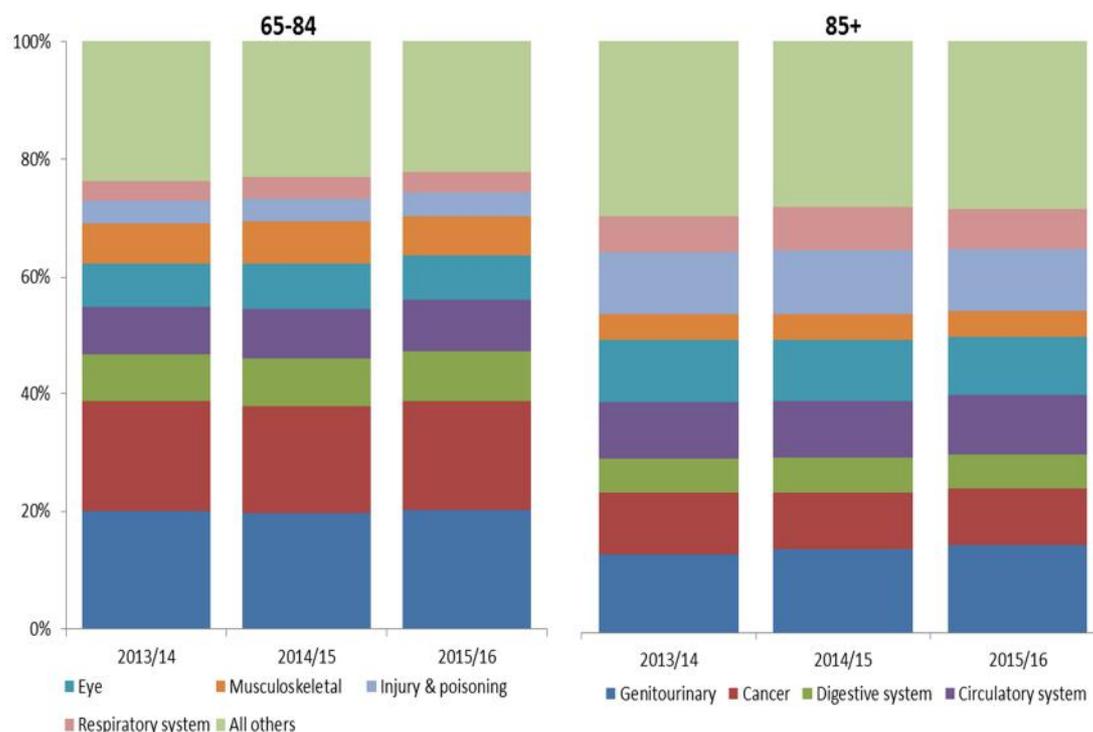
- Non modifiable risks – these are risks that a person is predisposed to such as age and gender. For older people age increases other risk factors such as cognitive impairment, falls, level of physical activity, co-morbidity, depression, age related diseases and living in isolation. Female are more likely to be living longer than males, in a caring role, or living alone.
- Modifiable risks – these can be categorised as social (living alone, providing care to others, low social participation); socio-economic (poverty, poor housing); lifestyle and behavioural (smoking, inactive lifestyle, poor nutrition); psychological (depression, cognitive decline, fear); and poor health (long term illness, co-morbidity, age related illnesses).

<sup>7</sup> Census 2011, Office for National Statistics: <https://www.ons.gov.uk/census/2011census>

## Physical health

Secondary care data can provide a useful insight into the prevalence of the most serious health conditions likely to affect older people in Dorset, with analysis in 2015/16 indicating that that older age groups (65 years and over) accounted for 51% of the total hospital admissions in Dorset.

**Figure 4. Reasons for admission to secondary care for older persons.**



Source: Secondary Uses Services (SUS)

The above chart illustrates that the most common single causes for admission for individuals aged 65 – 84 years are genitourinary conditions and cancer. However, in the 85+ population the single largest admission cause is genitourinary conditions with “All Other” conditions increasing by 5% - 6% from the 65 – 84 to 85+ groups. The reduction in the proportion of cancer admissions in those aged 85+ is likely to be due to reduced survival rates for people with cancer at that stage in life.

## Specific Issues

### Mental health - Dementia

The term ‘dementia’ is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in many areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. The majority of people who are diagnosed with dementia have either Alzheimer’s disease or vascular dementia, or a combination of the two.

Dementia and depression are the most common mental health disorders of later life. The prevalence of dementia increases with age: the proportion of people with dementia doubles for every five-year age group and one in six people aged 80 and over have dementia<sup>8</sup>.

People with learning disabilities are a group at particular risk: at least 55% of people with Down's syndrome aged 60-69 are affected by dementia, compared with 5% of the general population aged over 65. With the increased life expectancy of people with Down's syndrome, this is a growing area of need.

### Prevalence of dementia in Dorset

The estimated Dorset-wide (Dorset, Poole and Bournemouth) prevalence of dementia by 2016 was just over 13,300 people (NHS England).

Dementia diagnosis rates have been the focus of attention for Dorset CCG in recent years and they have been working with providers, their membership and the local authorities with the aim of meeting the national 67% diagnosis target set by the Prime Minister (end March 2016). As a result, rates have risen such that, across Dorset, by the end of May 2016 60% of individuals estimated to be affected had received a formal diagnosis and had this logged on their GP's system. *In the Bournemouth Health and Wellbeing area this was 68% while in the Dorset Health and Wellbeing area this was 54%.*

### Services and commissioning – Dementia services

The lead commissioner for dementia services in Dorset is NHS Dorset Clinical Commissioning Group (CCG) and this is undertaken through the Mental Health and Learning Disabilities Clinical Commissioning Program in the CCG.

Working with NHS partners, all three local authorities provide a number of services for people with dementia and their carers. Social work and care management teams work in localities. These teams are responsible for assessing the care needs of people with dementia, taking a whole person approach and looking beyond the physical care needs of the person.

Dorset County Council, Bournemouth Borough Council and Borough of Poole all fund or provide a number of services jointly with Dorset CCG, including a Memory Support and Advisory Service (MSAS), delivered by the Alzheimer's Society, which links closely with a Memory Assessment Service delivered by Dorset HealthCare (DHC); this service provides people with an assessment and possible diagnosis of dementia.

Other older people's dementia services provided by DHC include intermediate care dementia services, in-patient facilities and older peoples' community mental health teams.

Carers and partners from across Dorset are active participants in the Dorset Dementia Partnership. This is a key forum to discuss how best to improve dementia care in Dorset and it develops local plans to deliver the national dementia strategy. A major revision of the Dementia Action Plan is currently being undertaken and will be finalised in early 2016.

<sup>8</sup> Statistics, Alzheimer's Society:

[https://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=341](https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341)

The Alzheimer's Society, in partnership with the three local authorities, the CCG and voluntary sector, are leading on developing a Dorset Dementia Alliance to drive forward making Dorset a dementia friendly county.

### **Mental Health – Other conditions**

Functional Mental Health is a term for any mental illness in which there is no evidence of organic disturbance (as there is with dementia). Examples are:

- Anxiety
- Depression
- OCD
- Bi-polar Disorder
- Personality Disorder
- Schizophrenia

### **Prevalence of mental health problems in Dorset**

At least one in four people will experience a mental health problem at some point in their lives, and at any one time one in six people will have a mental health problem (Department of Health). In Dorset, this means about 132,000 people at any one time will have a mental health issue.

- Most people have 'common' mental health problems like depression and this equates across Bournemouth, Dorset and Poole to about 47,000 people in 2014/15;
- Fewer people have more serious mental health conditions like schizophrenia or bi-polar disorder. In Bournemouth, Dorset and Poole there were over 7,200 people on GP registers for serious mental illness in 2014/15;
- People in persistent pain are four times more likely to have an anxiety or depressive disorder when compared to the general population;
- Five Dorset CCG localities have a higher than national prevalence for depression: Weymouth & Portland, Poole North, Central Bournemouth, Purbeck and East Bournemouth. See table below.
- Six Dorset CCG localities have a higher than national prevalence of people with a serious mental illness: East Bournemouth, Poole Bay, Weymouth & Portland, Central Bournemouth, Dorset West and Bournemouth North. See table below.

**Depression**

CCG Locality	GP practice registers in 2014/15		
	Those aged 18 years & over	Number with depression	Percentage with depression
Weymouth & Portland	60,838	7,393	12.15%
Poole North	42,197	3,713	8.80%
Central Bournemouth	53,019	4,433	8.36%
Purbeck	28,139	2,274	8.08%
East Bournemouth	49,855	3,978	7.98%
Poole Central	50,356	3,692	7.33%
Poole Bay	60,492	4,176	6.90%
Bournemouth North	55,493	3,637	6.55%
Dorset West	34,503	2,241	6.50%
Mid Dorset	35,068	2,085	5.95%
North Dorset	68,886	4,039	5.86%
East Dorset	58,187	3,182	5.47%
Christchurch	45,189	2,191	4.85%
Dorset CCG Total	642,222	47,034	7.32%
England	45,083,980	3,305,363	7.33%

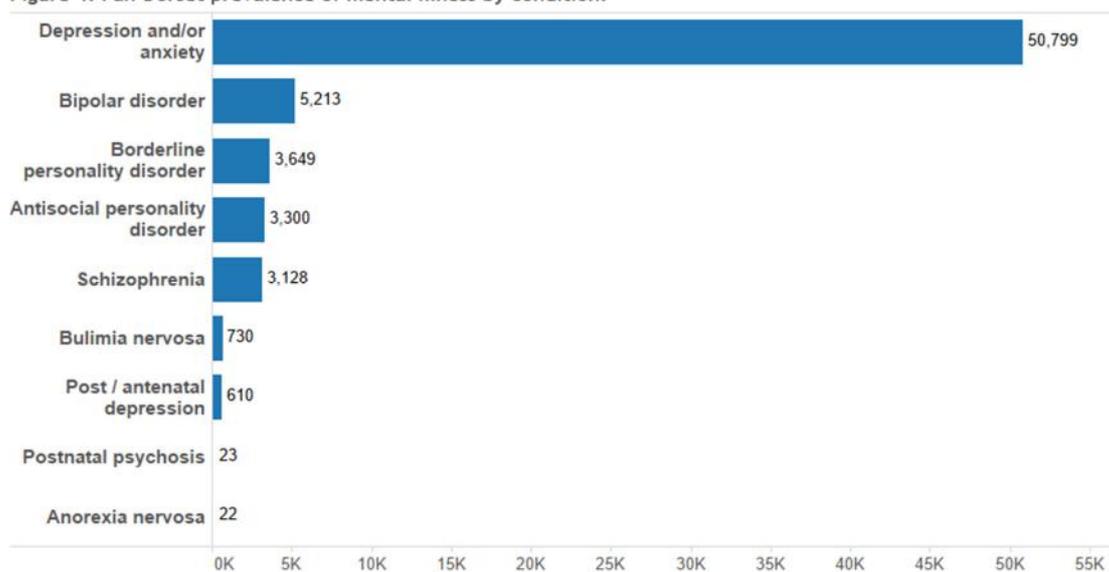
**Serious Mental Illness (SMI)**

CCG Locality	GP practice registers in 2014/15		
	All ages	Number with SMI	Percentage with SMI
East Bournemouth	60,632	939	1.55%
Poole Bay	72,769	845	1.16%
Weymouth & Portland	74,600	809	1.08%
Central Bournemouth	65,638	709	1.08%
Dorset West	41,102	423	1.03%
Bournemouth North	66,062	588	0.89%
Poole Central	62,246	513	0.82%
Mid Dorset	43,093	351	0.81%
Purbeck	33,650	267	0.79%
Poole North	52,281	384	0.73%
North Dorset	86,435	634	0.73%
Christchurch	54,357	381	0.70%
East Dorset	70,678	396	0.56%
Grand Total	783,543	7,239	0.92%
England	56,817,654	500,451	0.88%

Whilst all the population is susceptible to mental health problems, those groups that are most at risk are women, people living alone, those who are separated or divorced, between the ages of 40-54 years, unemployed or less well educated. Key risk factors can be grouped into social, environmental and economic determinants, or individual and family-related determinants.

Figure 4 below shows estimates of local numbers of people with a range of mental health problems. These figures are produced by applying national prevalence estimates to current and projected local population levels.

Figure 4: Pan-Dorset prevalence of mental illness by condition.



Source – Market Position Statement, Bournemouth, Dorset and Poole  
<https://www.dorsetforyou.com/article/411954/About-Better-Together>

### Services and commissioning – Mental health services

The main commissioner for Mental Health services in Dorset is Dorset CCG and all mental health commissioning is currently managed through the Mental Health and Learning Disabilities Clinical Delivery Group. NHS England also commissions a number of mental health services in Dorset such as secure services and other specialist services such as the inpatient eating disorder services and inpatient perinatal service.

Dorset CCG commissions mental health services from Dorset HealthCare University NHS Foundation Trust (DHC) and this includes older peoples' mental health services. Although Dorset HealthCare is the main NHS provider for Dorset the three Local Authorities and Dorset CCG commission some services from the third sector.

Statutory mental health care is delivered by multi-disciplinary community mental health teams and, in this integrated approach, the Local Authorities provide social work input including the statutory role of Adult Mental Health Professionals (AMHP). If service users are in mental health crisis there are other services in the system that can help them, 24/7, for example crisis resolution home treatment teams, psychiatric liaison teams working in acute hospitals and, currently, Crisis Line linked to the crisis teams. The Local Authorities, with other statutory duties, also commit resources to funding residential care and day services that can be funded directly or through

personal budgets. The Local Authorities also provide a range of supported living settings for such individuals (subject to them meeting eligibility criteria).

The NHS five year forward view for mental health sets the national expectations for the full range of mental health services across the UK and each area has an implementation plan to enable them to deliver against key areas of the strategy.

**Further information about the prevalence of mental health problems, current needs and service provision can be found in the following:**

A report produced for the Dorset Health and Wellbeing Board in March 2015 – Mental Health throughout life in Dorset:

<http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/6AD2D8B68EAF843B80257DF0004CDA1E?OpenDocument>

The Five Year Forward View for Mental Health - A report from the independent Mental Health Taskforce to the NHS in England, February 2016:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Five Year Forward View – a report produced by NHS England in October 2014:

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Further analysis on acute mental health needs in Dorset and on the future of service provision is being undertaken by NHS Dorset Clinical Commissioning Group:

<http://www.dorsetccg.nhs.uk/involve/acute-mental-health-services-review.htm>

The full Adult Mental Health Joint Strategic Needs Assessment chapter is currently being revised and will be available by the end of 2016.

### **People with Learning Disability**

The term learning disability usually refers to a group of individuals who have a history of delayed development, a failure to achieve the level of behaviour and social functioning expected for their age, and in who there is evidence of significant intellectual impairment. People with learning disability often have a wide range of health and social care needs. In addition, people with learning disability often have physical or developmental disabilities, mental and physical ill-health and a range of behavioural problems that require services.

Not only does this group of people have significant needs compared with the population as a whole for health and social care, but they may face a number of barriers in being able to access such services.

The public health significance of learning disability is that intellectual impairment can be prevented by reducing the incidence of genetic conditions such as Down's syndrome through screening, as well as population strategies to reduce the impact of antenatal infections known to increase the risk of brain damage in early childhood.

Finally, health outcomes for this group of people and health status, particularly with ageing have been shown to be much poorer across a range of conditions compared with the wider population.

## Prevalence of learning disability in Dorset

Some degree of intellectual impairment is relatively common in the population, estimated at between 1 and 2 per cent. A smaller proportion of this group have what would be classed as severe intellectual impairment. Most of the people known to services as having learning disability will be at the severe end of the spectrum of intellectual impairment rather than mild to moderate.

Risk factors for learning disability can be classed into three broad categories – genetic, environmental (such as nutritional deficiencies) and infectious (such as rubella). However, in around 30% of cases of learning disability there is no obvious cause.

There is no definitive record of the true number of people with learning disability locally, or nationally. This is because most estimates are derived from counting numbers of people in contact with services rather than the true number that might be living in the population with a learning disability. Severe learning disability in childhood will be more likely to be recognised than mild to moderate learning disability, so many people with milder forms of learning disability may go unrecognised. In addition, people with learning disability without significant health or social care needs may never be recognised by services, and so the real prevalence may be higher than that estimated based on service contacts.

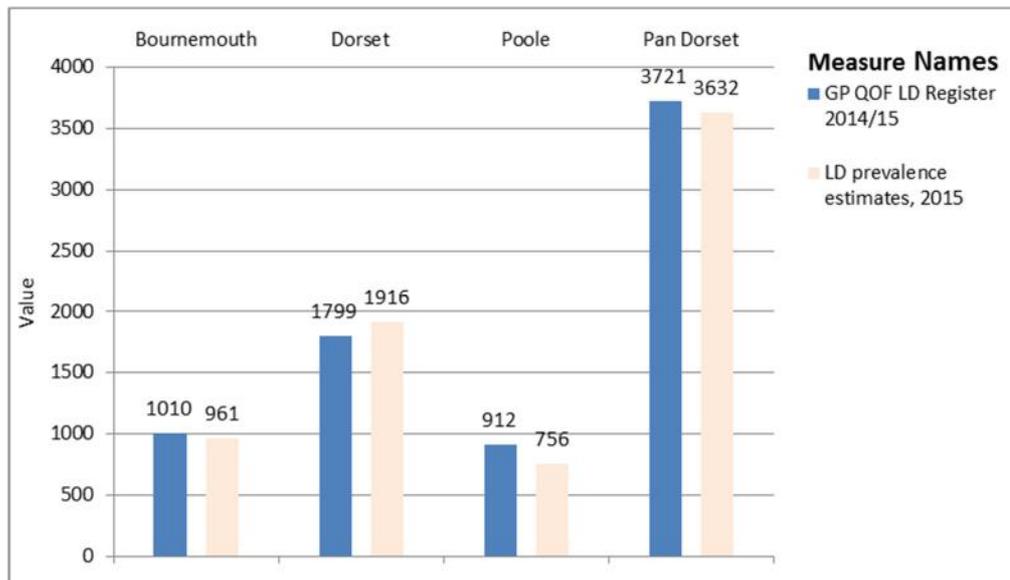
Locally, general practices keep registers of people known to them with a learning disability. The Local Authorities also keep records of numbers of people with a learning disability in receipt of services.

Based on national estimates of prevalence, it is expected that around 2.5 per cent of school aged girls and 4 per cent of school aged boys will have a learning disability. Of these, 0.4 % of girls and 0.6 % of boys will have profound and multiple learning disabilities.

Overall across Dorset there are an estimated 19,042 people of all ages with some degree of learning disability. However, there are currently only a total of 3,721 people known to Dorset Clinical Commissioning Group (CCG) on GP QoF registers – 19% of the population estimated to have some degree of learning disability.

Figure 5 below compares estimates for the number of adults with a moderate to severe learning disability with the current number of adults known to Dorset CCG. There is a reasonably close match in Bournemouth, Dorset and Poole between the two sets of figures.

Figure 5: Learning disability GP population v expected population 2014/15



Source: PANSI and POPPI 2015: [www.pansi.org.uk](http://www.pansi.org.uk) and [www.poppi.org.uk](http://www.poppi.org.uk). Local GP QoF LD register 2014/15. (Note - GP localities are not co-terminus to local authority boundaries. This is only an issue for Poole which incorporates parts of Upton and Lytchett Matravers).

### Services and commissioning – Learning Disability services

Services for people with a learning disability are commissioned by NHS Dorset Clinical Commissioning Group and the Local Authorities and are provided by a wide range of organisations, including Dorset HealthCare University NHS Foundation Trust. Whilst overall the predictions estimate a slow rise in the numbers of people with learning disability in Dorset, it is clear that people with a learning disability are living longer and therefore getting older, potentially developing a range of additional difficulties associated with older age. Commissioning practices and services will therefore need to evolve to respond to these changes.

Currently the two areas of spending which incur the highest costs are residential care and supported living, but other key services include Direct Payments, home care and day care. Whilst acknowledging that there should be a range of options available to suit individuals, there also needs to be a greater shift towards personalisation and independence and preventative services, including promoting capacity. This accords with not only legislative requirements through the Care Act, the Mental Capacity Act and national strategies (Putting People First), but in addition it is fundamentally what people have said they want through consultation.

A shift to new models of care is likely to result in:

- A reduction in spending on residential care;
- An increase in partnerships between health, housing, care and support;
- An increase in the use of assistive technology;
- Greater opportunities for people to receive a mixture of services through personal budgets;
- A greater focus will be on outcomes for people;

- An increase in work with providers to ensure delivery of outcomes as specified in individual Support Plans.

**Further information about the prevalence of learning disability, current needs and service provision can be found in the following:**

Learning Disability: summary of health needs in Dorset, Bournemouth and Poole (2014)

<http://www.publichealthdorset.org.uk/wp-content/uploads/2016/01/Learning-disability-summary-of-health-needs-in-Dorset-Bournemouth-and-Poole-2014.pdf>

A pan-Dorset Joint Commissioning Strategy for Learning Disability is being developed and will be available in late 2016.

### People with Physical Disability

Physical disabilities can have a substantial effect on a person's ability to carry out normal day-to-day activities. With an increase in age the likelihood of physical disability increases. This lowers quality of life, and demands resources for care and rehabilitation. Physical disabilities predispose admissions to hospital, the need for residential care and premature death. Helping to combat and prevent physical disability in older people can improve their quality of life and is also of economic benefit.

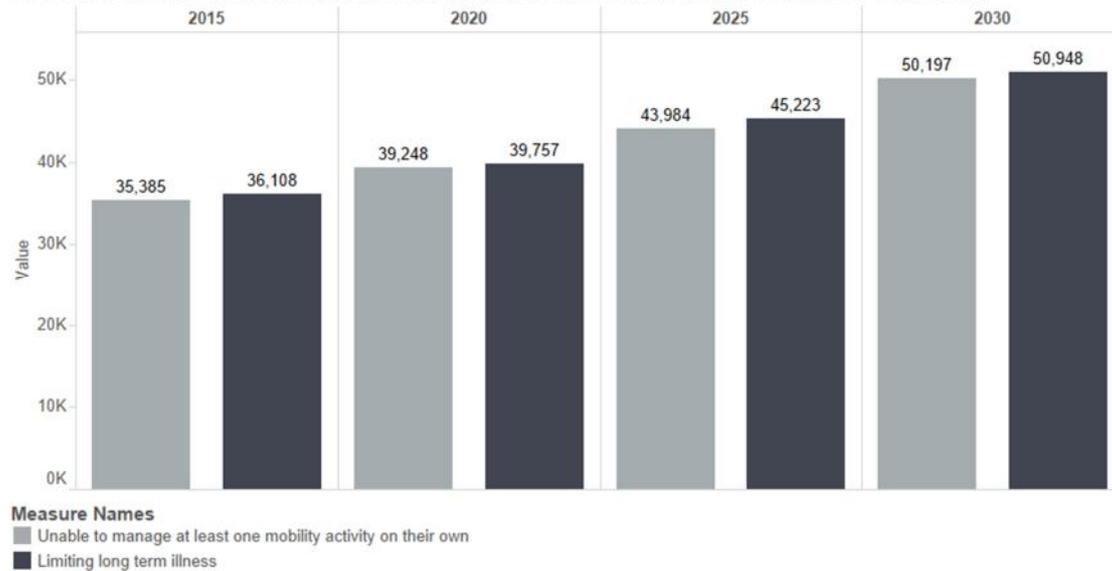
### Prevalence of physical disability in Dorset

Information on the prevalence of physical disability is limited. Data from the census on limiting long term illness can be used as an indicator of physical disability prevalence. Using the proportions from the census this indicates that there are currently almost 82,000 over 65's with a limiting long-term illness (almost half of all over 65's). Nearly 20,000 of these are over 85, two thirds of the Dorset CCG 85+ population.

Another source of physical disability prevalence is rates of older people who are unable to manage at least one mobility activity on their own, such as walking down the road/ getting up and down stairs/ getting to the toilet/ getting in and out of bed etc. These proportions reflect that there are nearly 35,000 over 65's with a mobility limitation (almost 1 in 5 over 65's across the Dorset CCG). Nearly 13,000 of these are 85+, 45% of the Dorset CCG 85+ population.

Both sources reflect different proportions of older people potentially having a physical disability, however there are limitations with using either measure. Limiting long term illness may be over representative as it is likely to include responses from those with other types of disability. Additionally the measure of mobility limitations may be under-representative as it may not include all those with a physical disability. However both reflect the high proportions there are within the Dorset CCG area. Additionally projecting these rates forward shows the numbers of older people at risk of a physical disability will increase as shown in the chart below.

Figure 6: Pan-Dorset, numbers of people with poor mobility or limiting long term illness (POPPI, 2015)



Source: PANSI and POPPI 2015

Considering the implications that physical disability can have on an older person's quality of life and the impact upon service demand it is important that those older people vulnerable to physical disability are appropriately supported. Through the use of the correct support and targeted early interventions the impact physical disability has can be reduced. This will lead to a reduction in the proportions and therefore reduced demand and improved outcomes for older people.

### Services and commissioning – Physical Disability services

In the past there has been a specific commissioning strategy for physical disability services for younger people, but commissioning now tends to focus on conditions, particularly long-term conditions, or on practical issues such as housing or access.

### Carers

In recent years there has been greater recognition of the role of carers and their contribution to the community. Of the estimated more than six million carers in the UK who provide unpaid care to someone who is ill, frail or disabled, 1.25 million undertake caring tasks for more than 50 hours per week.

Research suggests that the economic value of the contribution made by carers nationally equates to £119 billion per year.

Statistics from the 2011 census<sup>9</sup> show that in Dorset CCG there were almost 83,000 unpaid carers in 2011, almost 24,000 of these (approximately 30%) were aged over 65. The majority of these provided unpaid care of between 1 to 19 hours (13,000), although a significant amount also provided 50 hours or more a week of unpaid care (8,100).

Issues with this data are that many people may not recognise themselves as carers and therefore do not come forward for support that they are entitled to. The 2011

<sup>9</sup> Census 2011, Office for National Statistics: <https://www.ons.gov.uk/census/2011census>

Census in Dorset, for example, showed that only a small number of self-declared carers are actually known to the local authorities.

Giving unpaid carers the appropriate support is key to ensuring their wellbeing. The negative impacts that can come with being an unpaid carer are well documented- greater financial difficulties, poorer health, social exclusion etc. Unpaid carers are a valuable resource and improved access and awareness of support is important to these roles continuing and maintaining their wellbeing.

### Services and commissioning – Carers’ services

To support the development of a single consistent approach, Dorset CCG is working in partnership with all local authorities, carers and other stakeholders to undertake a review of all services and support to carers. The outcome of the review will inform sustainable outcomes for carers under a single unified approach making shared use of the pan-Dorset Better Care Fund from 2015-16 to deliver this. It is envisaged that the work will take 12 to 18 months to complete so agreed plans between LAs and the NHS will continue until the work of the review is complete.

Under the Better Together Programme a dedicated workstream is developing a Strategy for Carers, supported by a pooled budget. The key objectives of the Strategy are that organisations will:

- Support the early identification of carers;
- Ensure carers receive relevant and timely information and advice;
- Develop the workforce to understand carers’ needs;
- Involve carers in local and individual care planning;
- Enable carers to fulfil educational and employment potential;
- Provide personalised support;
- Support carers to remain healthy;
- Deliver equality of services across Dorset;
- Ensure that carers’ rights are recognised.

### Further information about carers can be found in the following:

The Pan Dorset Carers Vision which will be finalised in April 2016. A link to the Vision will be available here:

<https://www.dorsetforyou.com/carers>

## Other key Issues

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Other key issues for older and vulnerable people include:

- **End of life care** – Work to improve support for individuals and their families has resulted in a pan-Dorset approach: <https://www.dorsetforyou.com/end-of-life-care>
- **Loneliness and isolation** – Work to combat this is being carried out under the umbrella of an Early Help Strategy which will be published in 2016.
- **Housing** – Each local authority is involved in the planning and commissioning of specialist housing for older and vulnerable people, including those with mental health problems, learning and/or physical disabilities. More information about housing issues can be found in the JSNA section dedicated to that topic.
- **Safeguarding** – There are two Adult Safeguarding Boards across the three local authorities, one for Dorset and one for Bournemouth and Poole. Each Board has a responsibility to monitor and investigate any allegations of abuse and to promote the prevention of incidents through education and training. The Boards are multi-agency and include health, social care, the police and probation services, fire and rescue services, the housing sector, the independent sector and the voluntary sector. Older people, individuals with a learning disability and individuals with mental health problems are particularly vulnerable to abuse. Neglect, physical and financial abuse are the most commonly recorded types of incident.

More information about the Boards, including their annual reports can be found here:

Bournemouth and Poole Safeguarding Adults Board:

<http://www.bpsafeguardingadultsboard.com/>

Dorset Safeguarding Adults Board:

<https://www.dorsetforyou.com/dorsetsafeguardingadultsboard>