Driving improvement and innovation in care

Nottinghamshire County Council

Reducing Older People's Need for Care
Exploring risk factors for loss of independence

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1   Report Summary

Nottinghamshire County Council's (NCC) work to develop an "early warning system", which identifies its older residents whose combination of health, social and environmental indicators mean they are at higher risk of losing their independence, is vital if Adult Social Care is to be able to successfully adapt to the growing complex care needs highlighted by this report. In Nottinghamshire alone, for example, an 85% increase in care home admissions by 2030 is predicted, all things being equal. This is 7 points higher than the increase predicted across England.

Here, IPC revisits its original hypothesis[1] presented to NCC in 2013 about the risk factors for loss of independence and the subsequent institutionalisation of older people. Based on up-to-date research and evidence, the following three risk factor 'domains' are explored in detail and proposed as integral to NCC's work in this area:

1.   **Social and Psychosocial Domain**
2.   **Long term or Personal Conditions Domain**
3.   **Life Events Domain**

The table on page 3 presents those risk factors which have been explored and identified as significant in the context of this report. They are grouped as follows:

- **Domains** (1 to 3 listed above)
- **Modifiable risk factors** (in grey table boxes) such as depression or loneliness, where specific support or services can be offered to minimise their impact.
- **Non-modifiable risk factors** (in green table boxes) such as age or history of falls; whilst these cannot be changed, they can help identify older people at *greater* risk and who may potentially benefit from some preventative services and support. In this case, the risk factor is not modifiable however, the outcome may be.

Furthermore, the table demonstrates the potential complex interplay between modifiable and non-modifiable risk factors which, once understood, can give an insight into their relative significance and correlation when considering the most appropriate care and support for older people in Nottinghamshire.

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[1] Research for Preventative Approaches to Reducing Older People's Need for Care, IPC, July 2013

That is to say, many risk factors listed in the table, as well as being risk factors in their own right, are also potentially causational or influenced by other factors listed across the three domains. Using **Carer Burden**[2] as an example, this can be the *consequence of* a range of factors including inappropriate housing, poor self-esteem or dementia, to name but a few. Similarly, many risk factors have the potential to *precipitate* other life events, conditions, health issues and so on. For example, **Carer Burden** may also *precipitate* the deteriorating health of a spouse, or lead to the person being cared for having a poor diet.

Such variable and contextual factors influencing the lives of older people, particularly in relation to care home admission, mean *that one cannot confidently propose a finite algorithm or stratification of risk factors overall at this stage*.

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[2] Carer burden is the stress perceived by caregivers due to the home care situation. This subjective burden is one of the most important predictors for negative outcomes of a care situation - for caregivers as well as for those who requires care, Wikipedia

* Primary risk factors

		RISK FACTOR DOMAINS		
		Social & Psychosocial	**Long-Term/Personal Condition**	**Life Events**
NON-MODIFIABLE	**Demographic**	Young-old female Over 85 Live alone Single No home ownership Live in urban area **D1**	History of dementia History of frailty History of long term/personal condition **D2**	History of falls History of illness **D3**
	Physical	--	**Dementia / co-morbidity** Stroke **Co-morbidity** **P1** Diabetes Frailty Instability/Immobility **P2**	Sudden illness Rapidly deteriorating health **P3**
MODIFIABLE	**Social**	**Carer burden*** **Social Isolation / loneliness*** **S1**	--	Family move away Deteriorating health of spouse/ friend Death of a spouse or friend **S2**
	Environment	Inappropriate/inaccessible housing Poor infrastructure Isolation Environmental hazards Negative perception of ageing **E1**	--	--
	Cognitive	**Poor confidence / self-esteem / self-image*** **Negative perception of ageing / health*** **C1**	Depression Delerium **C2**	--
	Physical	--	Incontinence Frailty **P4**	**Fall*** **P5**
	Behavioural	--	--	Poor diet or hydration **B1**

1.1   Primary risk factors to loss of independence

In no particular order, IPC proposes **categories 1 to 7** below as being the most significant, primary risk factors to older people's independence and subsequent institutionalisation for NCC to consider in its development of an 'early warning system':

1. Dementia with co-morbidity
2. Co-morbidity
3. Carer burden
4. Fall
5. Social isolation / loneliness
6. Poor confidence / self-esteem / self-image
7. Poor perception of own health status

Categories 1 and 2 - the long term conditions of dementia and comorbidity - are included as here due to the burgeoning older peoples' population, and accompanying predictions of increasingly complex needs highlighted by this report. Dementia with comorbidities poses a far more significant risk factor than those with dementia alone. The latter is predicted to reduce over the next 20 years. By 2035, 80% of older people with medium or high dependency and dementia will also have two or more other diseases.

Categories 3 to 7 have been included since they have the *highest number of potential relationships with other modifiable and non-modifiable risk factors* across all three domains. This is explained in more detail below:

1.1.1   Carer burden

Carer burden may potentially be *caused or exacerbated by* risk factors across every box in the table, from D1 to B1. Carer burden may also *precipitate* other risk factors in boxes:

- P1, P2, P3, P4 and P5
- S2
- E1
- C1 and C2
- B1

As such, the importance of the role of carers, and identifying their own support needs should not be underestimated. Informal carers, working carers and those caring for older people, particularly those with dementia, are significantly more likely to experience stress, poor health and financial difficulty. Other key messages include:

- Most older people with frailty live in their own home and are cared for by 'informal carers' such as family and friends for most of the time.
- The family's function of taking care of older people is generally found to be weakening and the formal care mode is becoming more widely accepted.

- The size of household is not a factor in itself; instead, the type of relationship ie. spousal and parent-child relationship is shown to more directly influence admissions into residential care.

1.1.2   Falls

Falls continue to be a common risk caused by many different factors which can be mitigated such as poor strength and balance, the fear of falling/poor confidence, dehydration and environmental hazards both in the home and in public buildings and spaces. Falls may potentially be *caused or exacerbated by* other risk factors across every box in the table, from D1 to B1. A fall may also *precipitate* other risk factors in boxes:

- P1, P2, P3, P4 and P5
- S2
- E1
- C1 and C2
- B1

1.1.3   Psychosocial factors

There is increasing evidence of the influence of psychosocial factors on the levels of frailty in older people:

1.1.3.1.   Loneliness & social isolation

Loneliness and isolation can have a significant effect on all aspects of an older person's life including their physical and emotional health. Loneliness may potentially be *caused or exacerbated by* other risk factors across every box in the table, from D1 to B1, and may also *precipitate* risk factors in boxes:

- P2, P3, P4 and P5
- S2
- E1
- C1 and C2
- B1

Other key message include:

- Living in an urban area is more likely to lead to long-term care as older people here are more likely to live alone. In rural areas people experience better family support.
- Social participation is recognised as a key component of active ageing, which is characterised by optimal health and wellbeing.
- Living alone has a direct influence on the likelihood of an older person being admitted in to a care home.

1.1.3.2.   Poor confidence, self-esteem or self-image

These may potentially be *caused or exacerbated by* risk factors across every box, from D1 to B1, and may also precipitate risk factors in boxes:

- P1, P2, P3, P4 and P5
- S1
- E1
- C1 and C2
- B1

1.1.3.3.   Poor perception of own health status

Negative perceptions amongst older people, and the rest of society, on ageing and health can have a significant impact on frailty levels. Poor perception of own health status may potentially be *caused or exacerbated by* risk factors across every box, from D1 to B1, and may also precipitate risk factors in boxes:

- P1, P2, P3, P4 and P5
- S1
- E1
- C1 and C2
- B1

1.2   Key success factors for interventions addressing risk factors

Whilst we feel that it is currently difficult to indicate the level of absoluteness of each risk factor, IPC proposes the tools and interventions outlined in this report as a helpful starting point in working this through. Specifically, IPC suggests that by investing in interventions which take the following success factors into consideration will increase the likelihood of making an impact on stopping, delaying and reducing the need for existing or future intensive care for older people. Therefore, the reverse of this notion is that services that currently do not demonstrate these characteristics be potentially reconsidered for continuing investment:

1.2.1   Approach to assessment

The approach, environment and circumstances of assessing the needs and outcomes of older people can play a key role in promoting and maintaining their dependency levels. A key finding here is that assessment at the point of crisis, such as in hospital, can potentially lead to premature interventions and, in some cases, an over-stating of care needs. The implications of this for an older person's long-term care should not be under-estimated. In order to promote and maintain dependency levels in older people, the following underpinning principles should apply:

- Strengths-based assessment focus
- Involves older people and their carer/family in decision-making and planning

- Where possible, an assessment is avoided at the point of crisis, and instead, a period of recuperation is established
- Multidisciplinary conversations - a comprehensive multi-dimensional assessment are key to success
- Draws on a wide range of measurement tools
- Frailty levels assessed at every opportunity, not just during assessment

1.2.2   A balance of targeted & universal interventions

Whilst interventions should be designed to meet a "target population", there is also a strong case for ensuring interventions are put in place which are aimed at the Nottinghamshire population as a whole, for example, to combat ageism, promote positive perceptions of ageing and improve inter-generational relationship more widely.

1.2.3   Developing a whole system approach

Outcomes-based care planning needs to be undertaken in partnership with the client, goals based on input from the recipient, family and staff, and agreement on the process for reaching these goals. Good working relations are also vital between social care and health workforce through the community networks and partnerships identified in this report. This includes promoting an awareness more widely than health and social care teams working directly with older people, of the different frailty indicators shown by older people, and putting in place clear processes and channels of communication to respond to these.

1.2.4   Leadership and culture

Continued work is vital to reorientate the focus of the health and social care workforce from primarily treating diseases and "taking care of" older people to making sure there is a clear understanding of the role and purpose of the service in maintaining independence, not creating dependency.

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