6.1.1 Activities of daily living in Bradford district

Context

Activities of daily living[1] (ADLs) are those activities we all need undertake in order to live independently and without assistance. They are:

- Maintaining a safe environment
- Communicating
- Breathing
- Eating and drinking
- Eliminating
- Personal hygiene and dressing
- Controlling body temperature
- Mobilising
- Working and playing
- Expressing sexuality
- Sleeping
- Dying

Our ability to perfume ADLS is seen as a continuum, ranging from full dependence at birth to full independence at maturity and declining again to dependence as age progresses. The degree to which an individual will be able to carry out ADLs will vary with age but are also influenced by other factors:

- Biological: the impact of an individuals general health and the presence of long term conditions illness or injury
- Psychological: the impact of emotion, spiritual beliefs, cognition and comprehension
- Socio-cultural: the impact of society and culture experienced by the individual and the beliefs, expectations and values these engender
- Environmental: the impact that the environment in which you live has wellbeing
- Politico-economic: the impact of political reforms, government targets and the economy on issues such as interest rates, housing, funding availability and access to benefits, etc.

ADLs can be used as a measure of functional independence in the elderly and/or disabled; they may also be useful in assessing an individual's satisfaction with their circumstances. However, the significance of problems with ADLs to an individual reflects much more than just a growing need for practical help and can encompass:

- the emotional impact of loss of function and independence
- loss of confidence and self esteem
- practical difficulty in getting out and about to shop or socialise
- the consequent social isolation
- the lack of choice, e.g. over what and when you eat or drink, where you can go
- the financial impact, e.g. paying for help
- loss of control and self determination
- the social and personal stigma associated with age and declining abilities.

ADLs[1] are used in health and social care, often to link the assessment of health needs with treatment to address those needs, to subsequent rehabilitation and to requirements for social care, including aids and equipment to facilitate independent living.

National and local targets

Adult Social Care Outcomes Framework:

Domain 1: Enhancing quality of life for people with care and support needs

- Social care-related quality of life
- Proportion of people who use services who have control over their daily life.
- Carer-reported quality of life
- Proportion of people who use services and their carers, who reported that they had as much social contact as they would like

Domain 2: Delaying and reducing the needs for care and support
- Permanent admissions to residential and nursing care homes
- Proportion of older people who were still at homes 91 days after discharge from hospital into re-ablement / rehabilitation services

Domain 3: Ensuring that people have a positive experience of care and support
- The proportion of people who use services and carers who find it easy to find information about support

Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm
- The proportion of people who use services who feel safe
- The proportion of people who use services that say these have made them feel safe and secure

Public Health Outcomes Framework:

Outcome 1: Increased healthy life expectancy
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

Relevant strategies and local documents

- The Care Act 2014
- Good Health and Wellbeing: Strategy to improve health and wellbeing and reduce health inequalities 2013 - 2017, Bradford and Airedale Health and Wellbeing Board
- Bradford's Older People's Partnership Framework 2012 - 2015, Older People's Partnership, Bradford Metropolitan District Council
- Great Places to Grow Old: Bradford District's Housing Strategy for the Over 50s 2011 - 2021, Bradford Metropolitan District Council

What do the data tell us?

Although Bradford has a relatively young population; its population is large and growing rapidly. Bradford's population is also following the national trend, with older people making up a larger proportion of the total population than previously seen. There are an estimated 73,570 people aged 65 and over in the District[2], making up 14.0% of the population. This age group is projected to increase by a further by a further 10,330 (17.4%) to 83,900 by 2020[3].

The very elderly proportion of the population, those aged 85 years and over, make up a much smaller but also much more vulnerable proportion of the population and their numbers are also increasing. There are an estimated 9,850 people aged 85 and over in the District, making up 1.9% of the total population and 13.4% of the over 65 year olds[2]. This very elderly population is expected to increase by 2,250 (22.8%) to 12,100 by 2020[3].

The expected increases in these two groups of the local population are shown to 2035 in the table below.

Population projections for over 65 and over 85 year olds for Bradford District

	2015	2020	2025	2030	2035
Aged 65+	76,600	83,900	93,400	104,100	113,900
Aged 85+	10,400	12,100	14,300	16,300	21,000

Source: ONS 2012-based Subnational Population Projections, POPPI 2014

Growth in the numbers of older people, and in particular the very elderly, will result in greater demand for social care as the number of people who experience with problems with ADLs grows.

As age increases, psychological, economic, social and environmental factors can combined with the long-term conditions that become more prevalent in later life to produce a 'spiral of decline' in the elderly, where low mood and increasing social isolation contribute to ill-health to drive further decline.

Recent estimates suggest that 30,706 people in the Bradford District over the age of 65 are unable to manage at least one daily domestic task unaided. Examples of such tasks include shopping, opening items with screw tops, washing and drying dishes, hand washing clothing and using a vacuum cleaner; dealing with personal affairs or undertaking practical activities may also pose problems. The tables below provide estimated projections by gender for how this number will increase to 2018.

Males unable to manage at least one domestic task on their own in Bradford District

Age:	2014	2015	2016	2017	2018
65-84 yrs	7,533	7,695	7,786	7,999	8,186
85 yrs & over	2,312	2,380	2,516	2,584	2,652
Males aged 65 yrs & over	9,845	10,075	10,302	10,583	10,838

Source: ONS 2012-based Subnational Population Projections, POPPI 2014

Females unable to manage at least one domestic task on their own in Bradford District

Age:	2014	2015	2016	2017	2018
65-84 yrs	15,285	15,464	15,643	15,826	16,132
85 yrs & over	5,576	5,658	5,822	5,904	6,068
Females aged 65 yrs & over	20,861	21,122	21,465	21,730	22,200

Source: ONS 2012-based Subnational Population Projections, POPPI 2014

It is also estimated that 25,208 people in the District aged 65 and over are currently unable to manage at least one self-care activity unaided. Examples of these activities include eating unaided, washing face and hands, bathing or showering, cutting toenails, dressing and undressing and take medicines unaided. The tables below provide estimated projections by gender for how this number will increase to 2018.

Males unable to manage at least one self-care activity on their own in Bradford District

Age:	2014	2015	2016	2017	2018
65-84 yrs	6,805	6,958	7,058	7,232	7,393
85 yrs & over	1,734	1,785	1,887	1,938	1,989
Males aged 65 yrs & over	8,539	8,743	8,945	9,170	9,382

Source: ONS 2012-based Subnational Population Projections, POPPI 2014

Females unable to manage at least one self-care activity on their own in Bradford District

Age:	2014	2015	2016	2017	2018
65-84 yrs	11,637	11,774	11,911	12,051	12,286
85 yrs & over	5,032	5,106	5,254	5,328	5,476
Females aged 65 yrs & over	16,669	16,880	17,165	17,379	17,762

Source: ONS 2012-based Subnational Population Projections, POPPI 2014

These numbers highlight not only the existing numbers of older people currently in need to support with their activities in the District but also the extend to which this need will increase in the future. Clearly, this group of people will require substantial and long term support in managing their activities of daily living.

A strong correlation exists between inequality and health status. This was highlighted by the Marmot Review[4] which noted that the lower an individual's social position, the worse will be their health. Research has shown that people in the 10% most deprived wards in the country, which includes 6 of the wards in Bradford, spend twice as much of their lifespan with ill-health and disabling conditions as those living in the least deprived wards [5].

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability. Bradford's performance against the measures improved in 2013-14 with 9 out of the 18 measures reported in 2012-13 improving, some by a good margin.

- Approx 12,200 people contacted adult social care services in 2013/14, a 3% increase on 2012/13. This includes new contacts at our Adult Services Access Point, Bradford and Airedale Hospitals and our Sensory Needs Service at Morley Street Resource Centre. In 2013/14 54% of all new contacts were signposted or dealt with at point of contact, increasing to 57% to date. Adult Services Access Point has had a positive impact with less new clients going on to receive an assessment and subsequent packages of care, due to better quality screening and effective signposting at point of contact.

- In Bradford, services are now more focussed on prevention, short term support, rehabilitation and re-ablement. The number of people receiving re-ablement via the Bradford Enablement Support Teams has increased year on year from approximately 2,000 in 2012/13 to 2,500 in 2013/14, a 25% increase.

- Between 2012/13 and 2013/14, the numbers of people in permanent residential or nursing care on the last day of the year increased from 1,830 to 1,970; this is in line with projected demographic growth and represents an 8% increase. Within these overall figures, the numbers of older people in residential or nursing care on the last day of the year also increased from 1,490 to 1,565.

- 8,840 people received longer term care and support service during 2013/14, 74% of which was provided in their own homes.

- In 2013/14, 77% of clients and carers were assisted via Self Directed Support or Direct Payments, an increase from 63% in 2012/13.

What do our stakeholders tell us?

Stakeholders tell us that the majority of older people feel the negativity of ageism, which they feel is a small but persistent drain on society.

Stakeholders also tell us they feel the primary focus of health and social care services appears to be on physical wellbeing but point out that, for older people, emotional and social health and wellbeing are equally important. Many of the people that fall into the traditional category of "older people" are the "younger old" who are not in need of health and social care services. Rather than being users of services, this group of older people contribute to society and provide in many different ways.

In most policy documents and reports, it is the "older old" and people with long term conditions' who are represented in the facts and figures presented. The younger old need to feel equally valued.

Stakeholders tell us that older people in the Bradford District do not want to be a 'done to' generation; they would like to have an equal say in their wellbeing, to feel in control and to help to determine the way forward.

Future needs and gaps in provision

The **Great Places to Grow Old** programme will ensure that older people have choice and control over their own lives and are as healthy and as well as possible. Planned benefits include:

- People will be able to manage their own support, enabling people to stay in their own homes and remain independent.
- A clear understanding of the type and level of support and resources required, which are tailored for individuals, enabling service users to remain in their own homes for longer.
- The development of an enablement service to reduce long term dependency on statutory services.
- A streamlined and efficient operating model for the provision of personalised domiciliary care services across the District.
- More access to planned night care.
- Reduced non-elective admissions to hospital.
- Reduce readmissions to hospital, or delayed transfers from hospital.
- A consistent operating model of extra care across the District, including the development and commissioning new schemes to create additional extra care places.

The **Prevention & Wellbeing** programme aims to create a District that has actively independent adults who are able to manage their own support, care and wellbeing through:

- The redesign and development of services to support prevention, including Housing Related Support, aiming to stop or delay individuals needing to access care services which are high cost.
- Supporting people to remain healthier for longer and encouraging them to adopt the principles of Self-Care.
- Enabling individuals to take responsibility for their own support and care to allow them to remain independent and active in the community.

Summary of priorities

In order to meet the challenges presented by the Care Act, the pressure on public funds, changing demographics and consumer expectations, Adult and Community Services are seeking to transform care and support through a number of coordinated programmes and projects. As a result of this work the following will be seen:

- People being supported to take responsibility for their own health and well-being.
- People having greater access to information, advice, advocacy and signposting.
- Greater emphasis on rehabilitation and enablement to help people regain and maintain their independence at home.
- A reduction in long term care packages by supporting people with more sustainable low-level services which prevent, postpone and minimise people's needs for formal care and support.
- More people benefiting from assistive technology.
- Increased take up of personal budgets with a range of options, including direct payments and individual service funds.
- Developed models of supported living for all client groups achieved through accessing better housing options for people and more choice in who provides the support they require.
- A reduction of traditional building based day-care.
- A reduction in the number of residential care placements to bring Bradford in line with the national average figures for residential older people placements in residential care homes.

References

[1] Roper N., Logan W., Tierney A.J. (2000) *The Roper Logan Tierney Model of Nursing*. Edinburgh, Churchill Livingstone.

[2] Office for National Statistics (2014) Population Estimates by single year of age and sex for local authorities in the UK, mid-2013. ONS. http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/rft---mid-2013-uk-population-estimates.zip

[3] Office for National Statistics (2014) 2012-based Subnational Population Projections for Local Authorities in England. ONS. http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Sub-national+Population+Projections

[4] Fair Society, Health Lives: The Marmot Review (2010) Strategic Review of Health Inequalities in England Post-2010 (), 11 February 2010

[5] Bajekal M. (2005) *Healthy Life Expectancy by Area Deprivation; magnitude and trends in England 1994-1995.* Health Statistics Quarterly (25), Spring 2005, pp18-27. http://cedadocs.badc.rl.ac.uk/291/1/health_stats.pdf