



# The Association of Directors of Public Health

## Policy Position: Healthy Ageing

### Key messages

- The proportion of older adults in the UK is projected to reach 24.7% by 2049 and this will bring benefits as well as challenges.
- A whole system approach is needed to support older adults to remain independent and healthy.
- A renewed focus is needed on prevention across the life course to support people to age healthily and to delay or prevent the onset of long-term conditions.
- Public health should promote the importance of ageing well and highlight the contribution and skills of older people.

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The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on healthy ageing. It has been developed in partnership with the membership and led by the ADPH Older People Policy Advisory Group. It is part of a series of position statements looking across the life course and should be read in conjunction with our statements on best start in life, living and working well and health inequality.

### Background

In 2016, 18% of the UK population (11.8 million people) were aged 65 years and above. Of these, 1.58 million were aged 85 years and above. It is projected that by 2049 the total population will have increased to 76.3 million. However, the proportion of people aged 65 years and above will have increased to 24.7% (18.9 million people).<sup>1</sup> It has been estimated that 36% of people aged 65-74 and 47% of those age over 75 in the UK have a limiting longstanding illness.<sup>2</sup> In England, 14% of people over 60 are affected by frailty (65% of those over 90). Frailty is a loss of resilience that makes it more difficult to recover after a physical or mental illness or after a stressful event due to a loss of biological reserves across organ systems.<sup>3</sup> Older people are also more vulnerable to mental health problems. In England, depression affects around 22% of men and 28% of women aged 65 or older and it is estimated that 85% of older people with depression receive no help from the NHS.<sup>4</sup> 7.1% of all people over the age of 65 across the UK have dementia.<sup>5</sup> Six million people aged 65 and over in the UK have a musculoskeletal condition.<sup>6</sup>

Older adults have significant skills and experience to contribute to society. It was estimated that older adults contributed £61 billion to the UK economy in 2014 through activities such as informal caring, child care provision and voluntary work.<sup>7</sup> By 2030, the positive net contribution of over 65's to the UK economy is projected to be £77 billion.<sup>8</sup> However, older people can face challenges that may limit their market participation such as ageism, lack of access to training and development opportunities and lack of adjustment for health needs to enable older adults to meaningfully participate at work.<sup>9</sup> 76% of older people believe that the UK fails to make effective use of the skills and talents of older people.<sup>10</sup>

### Focus on inequalities

Inequalities in later life can be the product of cumulative disadvantage over time and socioeconomic status in early life has a strong bearing on future health outcomes.<sup>11</sup> Men living in deprived areas can expect to spend 19 fewer years in good health compared with the least deprived areas, and women living in deprived areas can expect to spend 20.2 fewer years in good health.<sup>12</sup> Poor older adults have significantly higher frailty levels than non-poor older adults.<sup>13</sup> Research has shown that people with the least wealth have a much higher chance of reporting angina, diabetes, depression, osteoarthritis and cataracts than those with the most wealth.<sup>14</sup> Older people living in socially disadvantaged communities have poorer physical and mental health than the more advantaged; higher education and wealth are also associated with better social connections and leisure activity in later life, both of which contribute to good health.<sup>15</sup>

### **Policy context**

Recent English policy focused on older people has been mostly limited to an exploration of reform of the social care system. The government's White Paper Caring for our Future: Reforming Care and Support was published in 2012. This followed the Dilnot Commission which looked at how care and support should be paid for and concluded that the funding system was in urgent need of reform, recommending a cap on social care costs and an increase in the means-test threshold to £100,000. Reforms to the system were enacted through the Care Act 2014. The Care Act also makes clear that local authorities must provide services that prevent people developing a need for care and support. However, the government delayed the proposed changes to social care funding, including a cap on care costs of £72,000 until 2020. A new government green paper on care and support for older people is set to be published by mid-2018. The government also published Fuller Working Lives: A Framework for Action in 2014 which set out a range of actions to help people work for longer.

A long-term strategy for older people in Scotland, All Our Futures: Planning for a Scotland with an ageing population was published in 2007. This identified six priority areas for strategic action: improving opportunities for older people; forging better links between generations; improving health and quality of life for older people; improving care, support and protection; ensuring the right infrastructure is in place for an ageing population; and offering learning opportunities through life. In Northern Ireland, the Active Ageing Strategy 2016-2021 was published in January 2016. This contained a vision of Northern Ireland as 'an age-friendly region' in which older people are supported to live to their fullest potential. In Wales, the Strategy for Older People in Wales 2013-23 was published in October 2014. This focused on creating a Wales where older people can fully participate and are valued, developing age-friendly communities, and ensuring future generations of older people are well equipped for later life.

### **ADPH Position**

#### A whole system approach

ADPH advocates a whole system approach to supporting older adults through joint working between local authorities, health and community partners. Public health needs to work towards improvements to the wider environment and across the social determinants of health (including transport, housing and employment) to support healthy ageing. There is a need to shift away from the view of ageing as a burden on resources towards seeing older people as assets in society. At a strategic level, a place based approach for healthy ageing requires a clear vision, the involvement of older people in developing the vision and priorities, strong leadership, a medium and longer-term perspective, consideration of the full range of assets which can support older people and co-ordination of the commissioning and delivery of services.<sup>16</sup>

### Public health funding

Public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16.<sup>17</sup> Although DsPH have been acting to manage these cuts without detriment to outcomes they have reached the limit of available efficiencies. This may negatively impact on services to improve outcomes for older people, for example, those aimed at reducing loneliness or encouraging older people's physical activity. Reductions in general local authority funding also have the potential to impact negatively on older people's outcomes, for example, through reductions to social care provision and grants to voluntary and community sector organisations providing services to older people.

### Prevention across the life course

Primary, secondary and tertiary prevention should be embedded throughout the life course to maximise the opportunity for independent healthy ageing and to reduce inequalities in later life. At the primary prevention level this means supporting health promoting behaviors starting with pre-birth and the early years and continuing throughout the life-course. At the secondary and tertiary levels, it means delivering initiatives to ensure older people are living as healthily as possible, are connected to their communities and can access services including screening, immunisation and health checks. Undertaking physical activity is important for older people's health and it is recommended that older adults undertake both aerobic activity and strength exercises each week.<sup>18</sup> Preventative action is needed to reduce falls, for example through group exercise programmes.

### Social care

The social care system is currently under a tremendous amount of financial pressure. The Local Government Association estimates that adult social care services will face a funding gap of £1 billion by 2019/20 and that an additional £1.3 billion is required immediately to stabilise the adult social care provider market.<sup>19</sup> The Association of Directors of Adult Social Services budget survey 2017 found that the combined cost pressures relating to the increased numbers of older and disabled people needing care and support was around 2.8% of the adult social care net budget for 2017/18.<sup>20</sup> Sustainable funding of the social care funding system is extremely important for older people's wellbeing and dignity and must be addressed as a matter of urgency. Reduction in social care funding has resulted in reduced ability to deliver preventative services. Action is also needed on behavioural determinants such as smoking and alcohol. A healthy diet and regular exercise will increase healthy life expectancy and delay the onset of long term conditions, which will help to ease the pressure on social care.

### Loneliness and isolation

Social isolation is a significant issue amongst older adults and should be recognised as part of the healthy ageing agenda. Over one million older people report that that they always or often feel lonely, and nearly half of older people say that television or pets are their main form of company.<sup>21</sup> Social isolation results in higher likelihood of mortality; the increased likelihood of death is 26% for reported loneliness, 29% for social isolation and 32% for living alone.<sup>22</sup> Action is needed to identify the root causes of isolation in older communities such as digital exclusion, access to public transport and ageism. Older adults should be supported to maintain their independence by working closely with stakeholders such as the voluntary and community sector and social services.

### Housing

Appropriate housing is extremely important for older people, particularly given that it has been estimated that over-65s spend an average of 80% of their time in their home.<sup>23</sup> 93% of older people live in mainstream housing and 1.2 million (21%) of households aged 65 or older lived in a home that failed to

meet the Decent Homes Standard in 2012. The cost to the NHS of poor housing among older households is £624 million.<sup>24</sup> More advice and guidance should be provided to older people on their housing options. Older people's housing needs to be within easy reach of local services, amenities and public transport links and designed so that it is fit for purpose and meets Lifetime Homes Standards. Falls hazards within the home also need to be addressed. Around a third of people aged 65 or over fall each year, increasing to half those aged 80 or over. Half of all women and 20% of men will experience a fracture after the age of 50.<sup>25 26</sup> Unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million.<sup>27</sup>

### Fuel poverty

Over the winter of 2016-17, there were 31,800 excess winter deaths among the over 65s from cold-related illness such as heart attacks and strokes. One third of excess winter deaths reported were caused by respiratory diseases.<sup>28</sup> There is a strong relationship between poor insulation, low indoor temperature and excess winter deaths; excess winter deaths are almost three times higher in the coldest quarter of housing than in the warmest quarter.<sup>29</sup> Targeted action is required to reduce fuel poverty in the over 65s.

### Transport and active travel

Travel can have a range of positive outcomes for older people and for the wider community and economy. However, Age UK has found that older people find public transport inconvenient and older people in rural areas don't have enough access to public transport. 32% of those aged 65 and older never use public transport.<sup>30</sup> More needs to be done to design transport networks that cater for the needs of older people. Encouraging older people to undertake more active travel could deliver positive outcomes for health as well as higher levels of personal mobility. Only eight percent of men over 65 and three percent of women over 65 ever cycle, which is low compared to the rates of cycling in other European countries.<sup>31</sup>

### Older people and work

The proportion of those aged 65 or older who work has almost doubled since records were first collected.<sup>32</sup> However, there are still barriers to older people's employment and 47% of unemployed older people have been out of work for a year or more, compared to only 33% of unemployed 18 to 24 year olds.<sup>33</sup> Older adults should be provided with equal opportunities (including access to learning and development opportunities) to apply for and remain in employment if they choose to. According to a recent survey, older people were less likely to have received at least one day of training in a year and there was a notable decline in training rates by age.<sup>34</sup> Businesses should be willing to be more flexible and adaptable to enable older people to participate meaningfully in the workforce. Action is also needed on workplace age discrimination; 65% of older people believe that age discrimination still exists in the workplace.<sup>35</sup>

### Malnourishment

It is estimated that one in ten people over 65 living in the community are malnourished or at risk of malnourishment.<sup>36</sup> Groups at risk of malnutrition include those with chronic disease, acute illness, frailty, being housebound or having poor social support.<sup>37</sup> Malnutrition is associated with several long-term conditions such as dysphagia, cancer, COPD, dementia and physical disability.<sup>38</sup> Older people with malnutrition are twice as likely to visit their GP, more likely to have more hospital admissions and stay in hospital longer, and in general are more likely to have higher levels of ill-health and comorbidities.<sup>39</sup> Upstream prevention work, screening, identification and treatment are vital for tackling malnourishment.

### Dementia

The term 'dementia' is used to describe symptoms including memory loss, problems with reasoning, perception and communication skills.<sup>40</sup> A person's risk of developing dementia rises from one in 14 over the age of 65 to one in six over the age of 80.<sup>41 42</sup> Dementia has higher health and social care costs

(£11.9bn) than cancer (£5.0bn) and chronic heart disease (£2.5bn) combined.<sup>43</sup> Age is the strongest known risk factor for dementia but it is not inevitable and preventative action is needed to reduce future prevalence. The recent Lancet Commission on dementia identified nine modifiable risk factors which could prevent more than a third of dementia cases: low educational level in childhood, hearing loss, hypertension, obesity, smoking, depression, physical activity, social isolation and diabetes.<sup>44</sup>

## **ADPH Recommendations**

### National

- Governments across the four nations should take a whole system approach to positive ageing that starts at the beginning of the life course and adopt a health in all policies approach to decision-making and policy.
- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- NHS England needs to ensure that prevention forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans to ensure good health across the life-course and reduce long-term conditions in old age.
- Reform of the social care system is needed urgently to ensure a system that is safe and sustainable.
- A more strategic approach is needed by Governments across the four nations to deliver appropriate housing provision for the ageing population.
- Governments and local authorities across the four nations should look at future proofing transport systems and ensuring they are appropriate for the ageing population.
- Governments across the four nations should employ more positive rhetoric when discussing ageing to avoid negative stereotyping around older people and their abilities.
- Governments across the four nations should work with businesses to look at how best to support the ageing workforce and support older adults to re-train and continue lifelong learning.
- Governments across the four nations should invest in prevention of the modifiable risk factors identified in the Lancet Commission to help to reduce cases of dementia.

### Local

- Effective integration of health and social care services and a whole system, place-based approach should be adopted to improve older people's health and wellbeing outcomes.
- Local authorities should take an asset-based approach to older people's health and consider approaches that utilise resources in the community, such as social prescribing models.
- Co-production approaches to developing interventions for older people are vital, both in terms of securing uptake but also for older people's empowerment.
- Local authorities should continue to deliver targeted interventions around fuel poverty.
- Local pathways for older people's health and wellbeing should not just focus on ways to reduce emergency admissions and demand, but focus on the wellbeing of older people.
- Local authorities and healthcare professionals and social workers should use Making Every Contact Count and opportunistic interventions to engage with older people around health and wellbeing.
- Local authorities should work with hospitals and the voluntary and community sector to tackle malnourishment of older people in the community.
- Local authorities should bear older people in mind when implementing NICE Guidance NG90 on physical activity and the environment, and be sure to prioritise the need for people, including older

people, to be active as part of daily life.

Association of Directors of Public Health

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