

Ageing well: health and prevention (England)

May 2019

We must all be supported to live and age well, and this means addressing the causes of poor health and embedding a culture of prevention in public services and policy. Health and care services must fully recognise the impact of both physical and mental health in maintaining our wellbeing.



Ageing well

Being in good health makes a big difference to how we are feeling overall – our wellbeing. However, it is not the only, or even the most important, factor for wellbeing in later life. Age UK research found that participating in creative and cultural activities had the biggest positive impact on wellbeing, with physical activity being the second most important. Being diagnosed with a health condition had the largest, negative impact on wellbeing but was only the sixth most important factor overall^v.

We believe that people should be supported to sustain or improve their wellbeing in later life. Staying as healthy as possible, mentally and physically, is an important part of this. But non-medical factors, such as poverty or loneliness, are also key. For example, loneliness can be as harmful to health as smoking 15 cigarettes a day^{vi}; and Age UK research found that ‘neighbourliness’ (which

Key statistics

255,000

people aged 65+ who were admitted to hospital as an emergency because of a fall in one yearⁱ.

90%

of strokes could be prevented by modifying lifestyle factors^{ii,iii}.

1 million+

older people go for over a month without speaking to a friend, neighbour or family member^{iv}.

Ageing well: health and prevention England May 2019

includes things like talking to the neighbours, feeling you belong, and having access to local advice) measurably contributes to wellbeing^{vii}.

Taking action early can help reduce and even prevent poor mental and physical health. This is termed *prevention* – where taking action early can reduce the risk of something happening, for example improving your strength and balance to later prevent a fall; or where something is stopped from getting worse and becoming a crisis, like talking therapies for people with depression that avoids it escalating into self-harm; or good wound care for people with diabetes meaning that they don't contract dangerous infections or require amputation.



There are things we can all do as we approach later life and at any point in our older age that can help us stay healthy and improve wellbeing. For example, physical activity helps to keep people mobile and connected to their community and can reduce the risk of depression and dementia^{viii}. Other good things to do include eating plenty of fruit and vegetables, getting enough sleep, giving up smoking, spending time with other people and taking care of feet and teeth^{ix}.

However, prevention is not just the responsibility of us as individuals. Local and national government, as well as the healthcare system, have an important role and a responsibility. They need to give greater priority to interventions that prevent as well as treat poor mental and physical health, and design services in a way that supports, rather than subverts, older people's chances to improve their wellbeing.

"I feel more positive about life now, and more inclined to get on with things and not bother the doctor with little aches and pains...".

Exercise group participant, West Midlands

For example, nearly 1,000 older people a day are admitted to hospital because of falls^x, costing the NHS £2.3bn a year^{xi}. Falls can be deeply distressing and painful and lead to loss of confidence and independence. For every day in hospital, older people can also lose up to 5% of their muscle strength. Despite this, a quarter of NHS commissioners do not provide basic foot care services^{xii}, even though this can help prevent falls^{xiii}. Installing mobility aids in the home and providing good public transport with trip-hazard free pavements can also help reduce the risk of falls. However, it is just this type of low-level preventative intervention that can fall away when budgets get tight.

We have a long way to go if we want all older people to be living well. The average wellbeing score for people aged 60+ in an Age UK survey was only just over half of the highest score attained by all participants across the UK. There are also inequalities within the older population. In general, those with the highest wellbeing are healthier, more financially comfortable, better educated, more active

and better connected to others around them. In contrast, the least favoured group is disproportionately composed of older people on low incomes and in poor health, who are less active and more isolated and disconnected; and who rely heavily on public services^{xiv}. This reflects the compounding impact of inequalities throughout the life course. Action needs to be taken across all areas, from health to education and infrastructure, to address this.



A helpful healthcare system

In order to support older people to have the best possible wellbeing throughout life, the healthcare system must work with, and not against, an individual's efforts. This means embedding a culture of shared decision-making and working towards outcomes that are meaningful to that individual, rather than one-size-fits-all clinical outcomes. Views on what a good outcome would be can differ significantly between clinicians and the person living with the condition^{xv}.

Putting an older person's views first may mean adapting treatment decisions to help protect their overall wellbeing at the expense of a longer life-expectancy, if that is their wish. For older people living with multiple conditions, a real challenge to managing them effectively can be conflicting advice from different specialists^{xvi}. Better communication and care-coordination within the healthcare system is essential to overcome this.

Older people shouldn't have to wait until there is a crisis before they can get care and support. Intervening at an earlier stage so that someone always has sufficient support is vital. This includes providing social care and community health services, such as district and specialist nurses, which is often the difference between an older people who is able to stay independent and cope with their conditions, and one who is admitted to hospital as an emergency.

Older people are increasingly likely to become carers – there are already over 1 million carers aged over 65 in England, which is an increase of 35% in just 10 years^{xvii}; and nearly half of carers over 75 are looking after someone with dementia^{xviii}. All carers are at increased risk of poor physical and mental health, but this is significantly greater for people who care for those with dementia. Access to the right support, especially respite, can significantly reduce the burden on older carers and prevent their own health and wellbeing deteriorating. Following the publication of the 2014 Care Act^{xix}, NHS England committed to better identifying and supporting young carers and carers over 85^{xx}. We would like to see the healthcare system taking

“Out of a score of 100 – the highest achieved overall score for an individual in the survey – the average overall wellbeing score for all individuals aged 60+ is 53.2 per cent.”

Age UK's Index of Wellbeing in Later Life, Age UK

advantage of any opportunity to identify and support all older carers, especially those caring for someone with dementia.

Healthcare professionals should use the many contact points they are likely to have with older people as opportunities to directly improve wellbeing by offering healthy lifestyle advice. They should also actively consider whether non-medical factors, such as being in a poor financial situation or living alone, may be an underlying cause of poor health or wellbeing, and signpost to sources of support. For example, loneliness is known to cause poor mental and physical health^{xxi,xxii} and Voluntary and Community Sector (VCS) organisations provide a number of promising initiatives that can reduce loneliness in older people^{xxiii}.



Investment and integration

In order for healthcare staff and systems to make best use of services and support in the community, they must become integrated into normal ways of working. This should include the two-way flow of relevant

information so that older people get the best possible support from whoever they interact with. There has been an increase in “social prescribing” and similar initiatives that aim to embed community services within healthcare provision, which we welcome.

There is growing evidence to suggest that these person and community centred approaches improve the health and wellbeing of individuals and their communities and can in the longer-term help reduce demand for health and social care services^{xxiv}. For these initiatives to be effective they must transform both culture and practice; and this requires strong collaboration and leadership. They are also reliant, fundamentally, on whether the services and support that older people could benefit from are available in their communities.

Local Age UKs provide a variety of activities to keep people active and engaged; from walking football and ‘knit and natter’ sessions to lunch clubs, as well as information and advice, including benefits advice, and basic health services, such as toe nail cutting. However there is significant variation in what VCS organisations exist across the country as well as the types, and quality, of services they provide. The trend is for the most deprived areas having fewer VCS organisations in total, and more that are heavily dependent on public funds for their survival^{xxv}.

“Social care is in crisis and requires an urgent cash injection of £2.5 billion to stabilise the current system.”

Destined to ‘sink or swim together’.

The Richmond Group of Charities

This means where cuts have been made to public spending, it has likely hit hardest those most in need, who already have less support. If older people – and the health and social care system – are

to benefit from the support that VCS organisations can offer, they must receive sustainable investment that reflects their contribution.

How local authorities choose to use and invest their funding can significantly impact on the health and wellbeing of older people, above and beyond the support they give to VCS organisations. Adult social care and most public health programmes are paid for out of local authority budgets. Good quality care can help prevent the escalation of poor health into crisis and can significantly improve older people's quality of life, and that of their family or carers. Poor care, however, can cause distress and leave people in unnecessary pain and discomfort, or lead to a loss of personal hygiene or dignity.

Sadly, social care is in crisis with spending per person having fallen by at least 13.5 per cent between 2009/10 and 2016/17^{xxvi}. Too frequently we are hearing stories from older people and their families of the inadequate care they are receiving, often, in their view, due to a lack of staff training and unworkable time constraints^{xxvii,xxviii}.

False economy

The 2015 Spending Review announced cuts to public health funding of nearly 4 per cent a year, and clawed back £200m of the budget in year. By 2020, the budget will reduce by a further £600 million^{xxix}. This is already affecting services – a survey of 250 GP partners revealed that over three quarters had withdrawn or reduced funding for at least one of their public health services. 40 per cent reported cuts to their smoking cessation services and 30 per cent to their weight management services^{xxx}. This will no doubt start to impact on how able people are to maintain their health and wellbeing as they age. The cuts also mean that the low priority given to public health messaging tailored to older people, for example around malnutrition, frailty and late-onset alcoholism, is unlikely to change.

Local authorities are responsible for maintaining and improving public spaces, for example by fixing

The One Croydon Alliance

Croydon Council, the NHS and Age UK Croydon are working together to improve the quality of care for older people and in so doing, reduce their need for healthcare services. Age UK staff are embedded within multi-disciplinary teams and work directly with older people who are at risk of hospitalisation in order to wrap around the support and care they need to avoid doing so. The Alliance also runs a reablement and rehabilitation service for older people when they are discharged from hospital.

The work is already starting to make a difference to older people and system finances with a return of £1.44 for every £1 spent on admission prevention and £2.67 for every £1 invested in the hospital discharge programme. After a successful first year, the Alliance has been extended for a 10 year programme that also aims to reach younger adults.

“I relied on medication for a number of long-term health conditions and needed visits from carers three times a day. Thanks to Sylvarani [his Age UK worker] and the team of people supporting me, I can move around more and cook my own meals, which has helped me gain some weight. I'm even getting up and down the stairs a few times a day and have been working with my doctor, so I'm well enough to start driving again. And I've not been back in hospital since! I'm so much more confident now and it's all thanks to the support I received” – Robert, Croydon

broken pavements so they don't present a trip hazard; and providing local transport and facilities, such as libraries, toilets and leisure centres. Ensuring these services are available makes communities more age-friendly, so that older people can continue to use and engage with their local area; for example by doing their weekly shopping or visiting a friend. This can be vital for reducing the risk that older people will become socially isolated and lonely^{xxxi}, and all the consequences that has for their health, wellbeing and use of healthcare services. However, on top of the specific cuts to public health budgets, local authorities estimated a £5.8 billion overall funding gap by 2019/20^{xxxii}; forcing them to find ways to claw back investment in their many areas of responsibility that when done well can benefit older people, and when absent can put them at increased risk of poor health and wellbeing. .

Public Policy Proposals

- People should be supported and encouraged to sustain and improve their health and wellbeing as they age and in later life by making healthy lifestyle choices, engaging with their communities, self-managing conditions, staying physically active and becoming a partner in decisions about their care and treatment.
- All health professionals should recognise older people as more than just a sum of their conditions and be trained to embed a culture of shared decision-making, look out for opportunities to provide healthy lifestyle advice, direct older people to non-medical services and support they could benefit from and work towards achieving wellbeing outcomes that are meaningful to the individual.
- The healthcare system should take a more proactive and preventative approach to care for older people by identifying and targeting support to those most at risk of poor health and wellbeing, and by ensuring they can access the support they need to manage their health and prevent unnecessary deterioration or crisis. This should include identifying and supporting older carers.
- The healthcare system, local authorities, VCS organisations and others must work closely together in order to address the non-medical factors that can influence older people's health and wellbeing, and that all older people can benefit from local services and support. This will require commissioners to make fair and sustainable funding available to VCS organisations.
- Funding cuts to local authority budgets, including their public health budgets, must be reversed in order for sufficient investment to be made in initiatives that support and improve older people's wellbeing such as public facilities and infrastructure, including toilets, libraries and buses; and public health and prevention initiatives that are relevant and specific to the older population.

Ageing well: health and prevention England
May 2019

- Additional funding must be urgently invested into social care and community health services in order to turn around the poor quality of care older people are currently receiving, as well as to help avoid use of emergency NHS services and long hospital stays.
- Urgent action must be taken to reduce inequalities, including in income, education and housing, that can compound in later life and leave older people in worse health and with poorer wellbeing.

Want to find out more?

Age UK has agreed policy positions on a wide range of issues, including money matters, health and wellbeing, care and support, housing and communities. There are also some crosscutting themes, such as age equality and human rights, age-friendly government and information and advice.

Further information

You can read our policy positions here;

www.ageuk.org.uk/our-impact/policy-research/policypositions/

Individuals can contact us for information or advice here;

www.ageuk.org.uk/informationadvice/ or call us on 0800 169 8787

Further information See *policy positions on Health Care; Older Carers and Social Care Funding*.

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^{vi} Interview with Julianne Holt-Lunstad, professor of psychology at Brigham Young University in Provo, Utah, 2015

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^{xiii} Footcare services for older people: a resource pack for commissioners and service providers, Department of Health, 2009

^{xiv} Age UK. A summary of Age UK's Index of Wellbeing in Later Life. February 2017.

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