Policy Position Paper

Health, wellbeing & prevention (England)

March, 2016

Efforts to improve public health must be seen as just as important to older age groups as to other age groups. Preventing poor health and health crises in older people should be an essential objective for health and care services.

Key issues

Older people view health holistically as an interaction between physical, mental and social health. Healthy living in later life - healthy eating, being physically active, not smoking and drinking alcohol in moderation - can prevent or delay the onset of serious conditions such as heart disease and there is growing evidence that it reduces the risk of dementia. It can also prevent the further deterioration of health problems and increase people's general feeling of wellbeing. In spite of this, health promotion is disproportionately targeted at younger ages; for example malnutrition which is common in later life is overshadowed by obesity as a public health issue.

Wellbeing may also be affected by longstanding illness (LSI) which restricts daily living activities. The likelihood of having a *limiting* LSI increases with age with nearly half (48%) of people aged 75 or over reporting having such a condition[1]. The limiting effects of LSIs can be reduced by medical treatment, aids and adaptations, healthy living and by removing barriers in the external environment. However, older people do not always access support due to poor provision, low awareness and embarrassment.

Maintaining good wellbeing in later life can mean relying on a range of low level preventative services. However, health and care services do not sufficiently prioritise such approaches, meaning people are often forced to wait until a crisis for a response. For example, over thirty percent of older people say they are unable to cut their own toenails[2] yet a quarter of NHS commissioners do not provide foot care services[3]. This is despite links to falls and social isolation[4]. Wider falls prevention; dentistry; sensory impairment; and early signs of depression are likewise neglected.

[1] Opinions and Lifestyle Survey, Adult Health in Great Britain 2012, 2014

[2] Feet for Purpose? Age Concern, 2007

[3] Dementia Advisers Survey: Survey of provision of dementia adviser services, Ipsos MORI/Age UK, 2016 (to be published).

[4] Footcare services for older people: a resource pack for commissioners and service providers, Department of Health, 2009

Public services must use the full set of tools for preventing poor health including adequate commissioning of services and appropriate access to anticipatory care approaches and screening.

Age UK's fit as a fiddle and fit for the future programmes have demonstrated that targeted, non-clinical activities can have a highly positive impact on healthy eating, physical activity and mental wellbeing, regardless of age. The evaluation concluded that cost savings to local services were likely, including from reduced need for NHS services[5].

In 2013, responsibility for public health moved from the NHS to local authorities. This was intended to widen the scope of public health interventions to cover issues such as housing, public spaces, and planning. However, since 2010, allocations from central government have been heavily cut and following the 2015 Autumn statement, the public health ring-fence was reduced in-year by £200 million. It was also announced that the ring-fence itself will be phased out by 2017/18, allowing local authorities to decide how much money to allocate to public health. This paints a bleak picture for the priority of and resources available to make progress in public health, particularly in the face of the ongoing crisis in social care funding.

Public policy proposals

- All leaders of political parties should provide personal leadership to the prevention effort and lead the development of a plan to reduce preventable illness and mortality by at least 25 per cent over the next decade.
- The funding allocation for public health should be stratified to reflect the needs of people at different stages of life with older people's programmes based on active ageing principles. Effective Public health programmes must be preserved in the face of a challenging financial picture, particularly given the medium and long-term impact on the NHS.
- Public health strategies for adults should include issues relating to later life such as malnutrition, late-onset drinking and loneliness.
- Health professionals especially GPs should give advice on healthy living and refer their patients to support regardless of age.
- Health checks, screening programmes and preventive services for older people should monitor uptake by different groups such as by ethnicity and take action to increase the reach of those that under-use the service, including those above the age for routine invitation.
- All older people should have access to information and services that can optimise health and wellbeing. A programme of validated interventions that connect different sectors should be implemented nationally.There must be adequate commissioning for common health conditions, including: footcare, dentistry, sensory impairment, incontinence, arthritis, and depression. This should include full recognition of mental health as a consequence, and cause, of poor physical health.

[5] Fit as a Fiddle: Final evaluation report. Ecorys UK with Centre for Social Gerontology, University of Keele, 2013

- The health needs of the growing and increasingly diverse ageing population must be reflected in local and national public health. The needs of older people must be included in local joint strategic needs assessments and must be given a proportionate priority in local health and wellbeing strategies.
- Frailty should be included as a risk-factor in public health messaging throughout the life-course. This includes implementing across public services the recommendations of the National Institute for Health and Care Excellence (NICE) guideline NG16, *Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset.*
- Screening can be effective in later life for identifying health conditions such as cancer. Where there are age limits, NHS England must be able to justify these on sound clinical evidence and find ways to maintain awareness beyond any upper age limits, e.g. breast cancer screening once invitations have stopped.

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