

Later Life

Health and Well-Being Briefing Paper (no. 8 of 8)

Introduction

This briefing paper, on tackling the wider determinants of health in relation to later life, is one of a series of briefings aimed at local authorities and other local partners in the West Midlands. It was developed using best available national and local evidence and guidance,^{1,2} and local case studies are included which demonstrate good and effective current practice in support of the Public Health role of Local Government. The briefing serves as a legacy of the extensive range of work done to date across the West Midlands led by the Regional Public Health Group. It is cognisant of the needs in the West Midlands and suggests how local areas and Health and Well-Being Boards can work in partnership to tackle local public health issues using innovative and effective approaches in tackling the wider determinants of health and health inequalities. These approaches can help to protect against current and future threats to health and well-being and help improve the efficiency and effectiveness of local partnership working to improve the quality and quantity of people's lives.

Key Facts: West Midlands

- The most recent data indicates that life expectancy at birth in the West Midlands is 77.5 years for males and 81.9 for females which is close to the UK average. Life expectancy at birth for males ranges from 74.9 in Sandwell to 80.3 years in Wychavon in Worcestershire. For females, the range is 79.9 in Stoke on Trent to 83.9 years in Wychavon³
- The population is ageing across the West Midlands but is ageing more in rural areas. Over the next 25 years the population aged over 50 is projected to increase by 24% in rural areas, compared to a 9% increase in this age group in urban areas⁴
- The employment rate of older people fell by 2.3% from 71.7% in 2008 to 69.3% in 2009 and remains lower than employment rates of people aged between 25 and 49⁵
- Just 10% of over 75 year olds and 19% of 65-74 year olds have a recent experience of learning and recent data indicates that there has been a 24% drop in the number of people aged over 60 taking Further Education courses⁶

Areas for Partnership Action

Health and Well-Being Boards can:

- Advocate for measures which tackle inequality, address the root causes of poor health and well-being,⁷ reduce poverty amongst the older population and tackle the wider social determinants of health over the lifecourse⁸
- Ensure that older people's contributions, experience and diversity are used as assets and integral within all aspects of local communities and the workforce
- Maximise the quantity, quality and accessibility of local resources, facilities and services to ensure that all older people can engage with their communities and reach out to those who need support⁹
- Proactively promote the benefits of a healthy lifestyle and prevention as part of mental health and physical well-being and independence
- Address mental health¹⁰ in later life including dementia using the National Dementia Strategy^{11,12}
- Promote re-ablement and post-discharge support, falls prevention, and support for family carers and use joint health and social care investment to reduce emergency bed days.^{13,14} This will support older people to remain living within their own homes as long as they wish to and promote independence





Older People

The numbers of older people in the West Midlands are growing, and they are a growing political force, so it is necessary to ensure that the views of older people, carers and key strategic partners underpin all planning processes and priorities for action. There is a need to focus on what individuals can do and contribute to instead of making assumptions about capacity based on age.¹⁵

Older people are now no more likely to live in poverty than any other age group,¹⁶ however older people are the largest group living in income poverty in rural Britain.¹⁷

There is a need to ensure that all older people have a sufficiently adequate income in order that they can live comfortable and healthy lives with access to meaningful social interaction and activities. Longer, fitter lives mean that we need to make it easier for people to remain in employment and extend their working lives.¹⁸

The less well-off may experience real poverty and hardship, not take up benefits they are entitled to and live in housing that fails to meet the decent housing standard.¹⁹

The majority of older people live in mainstream housing within their local communities. Therefore, in the planning of neighbourhoods and the design of dwellings, it is important to design for older people.

Maintaining good physical and mental health is a significant concern for older people and is the key to good quality of life and full and independent living. It is therefore important that older people have the opportunity to engage fully in a healthy lifestyle (not smoking or drinking too much) being physically active and choosing a healthy diet.

Tackling Inequality & Promoting Positive Contribution

The impact of key life events such as bereavement, divorce or changes in personal networks can lead to social isolation. Age discrimination can also limit the aspirations of individuals. Too often this is compounded further by the failure of services to react to the complexity of exclusion in later life.²⁰

It is vital to acknowledge that many older people contribute a huge amount within their communities for example as grandparents, carers, volunteers and in many other ways. All people should have equal opportunities to volunteer or be carers without financial penalties such as laundry cost, transport or heating etc. Also, more affluent older people are a potential stimulus for the local economy.

Intergenerational work could bring together all age groups, capitalising on older people's knowledge, experience and enthusiasm, in order to build and develop self-supporting communities.

At a time of shortages in certain aspects of the workforce – including health and social care - it makes economic sense for older people who want to and are capable of working to be given the opportunity for job opportunities and training.

Targeted information and advice on entitlement for older people should be widely available and publicised. It is important to assist older homeowners to consider all available financial options in order to fund home maintenance, adaptations, the release of more disposable income and care support as well as alternative living arrangements in order to maximise their health and well-being.

Accessibility and Inclusivity

Older people should be free to exercise control and choice in the services they access, including end of life care, and be free from discrimination or barriers on the basis of their age.

Planning decisions should take account of the needs of older people in terms of the location of housing in relation to shops, health and social care services etc. which might be particularly relevant in rural areas. In all services, client feedback is essential and where a view is not expressed, this should be actively sought.

At later ages, bereavement, poverty, reduced mobility and physical frailty can have a major impact on the quality and levels of contact and a lack of good social relationships can affect quality of life.

Improving accessibility to and affordability of public transport in both rural and urban areas through a clear and systematic approach will identify and tackle the barriers faced by older people.

Older people experience barriers in accessing information, advice and advocacy.²¹ A strategic and coordinated approach is required to providing information and advice to services, together with schemes which prevent social isolation.

Given the increasing significance which electronic communications play in our lives such as internet, mobile phones, telecare etc., there is a need to ensure that older people are not excluded and it is recognised that technology is just one form of communication.

Training and education in older people is linked to improved social, mental and physical health and well-being so failure to invest in training and education for older people will have negative economic and social consequences.²²

Mainstream leisure activities should be fully accessible to older people and the economic benefits to the West Midlands of incoming tourism should be maximised.

Improving Health and Well-Being

Provision of prevention and monitoring services such as health promotion, nutrition, falls prevention, screening, immunisation, medicine management, suicide prevention and recognising, treating and supporting mental health problems (particularly dementia and undiagnosed depression) needs to be part of local health and well-being plans.

It is also necessary to promote re-ablement and post-discharge support and use joint health and social care investment to reduce emergency bed days.^{23,24}

Health services still do not focus sufficiently on supporting people to understand and take control of their own health condition. As a result resources are wasted, medication goes unused, people's health deteriorates quicker than it should and quality of life is compromised.²⁵ Expert patient and carer programmes should be implemented alongside the provision of early intervention and timely access, together with direct payments and individual budgets.

It is important that care in all these settings is geared to the needs of older people and that people will be treated with respect and dignity.

Promoting Independence

The economic value of carers' support is significant, and providing them with good quality information, offering breaks and sitting services, providing practical support and training to enable them to care safely can make a huge difference to their everyday lives and allow them to continue in their caring role.

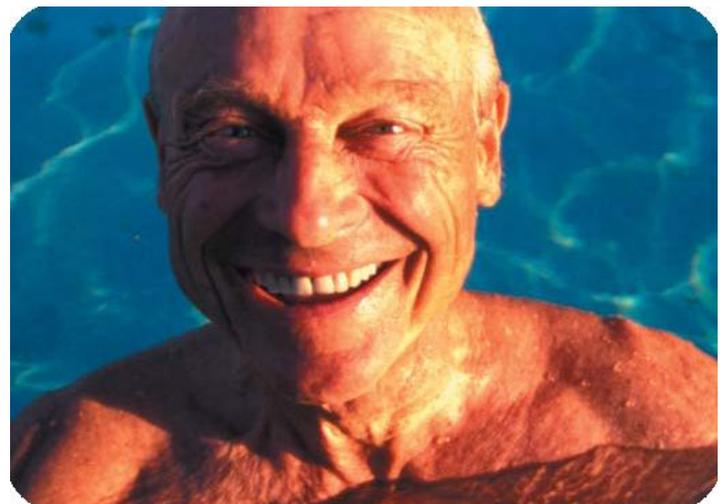
Access to all areas of the home and facilities is a basic requirement for independent living. An adequate supply of appropriate and affordable housing in suitable, safe, well-designed locations is needed along with schemes to assist older people to move to more suitable housing. The use of 'Lifetime Homes' standards for new dwellings should be maximised by planners.²⁶

Community services also need to be flexible and support people in their own homes and not just specialist accommodation settings.

Home Improvement Agencies play a key role in helping home owners and private sector tenants who are older, disabled or on low income to repair, maintain or adapt their homes. This is important after a stay in hospital or in order to prevent an unnecessary admission to hospital or residential care. Schemes are also necessary to tackle fuel poverty.

Elder abuse is when a vulnerable older person is exploited and mistreated and prevalence of elder abuse is estimated to be 2.6% by family, friends and care workers and 4.0% when neighbours and acquaintances are included.²⁷ Health and social care workers need to be alert to its possibility and with robust systems in place to provide protection.

Crime can inhibit social networking, make people afraid to leave their homes and damage trust. Some classes of crime are primarily targeted at older people and policies need to be adopted that not only reduce the risk of crime but also reduces the fear of suffering such crime.



Case Studies

Wolverhampton

Specialist Community Psychiatric Asian Link Nurse

Older Asians in Wolverhampton with mental health diagnoses including dementia can be referred to a Specialist Community Psychiatric Asian Link Nurse.

The activities undertaken by the Specialist Community Psychiatric Asian Link Nurse include screening, joint visits with a psychiatrist, follow-ups, consultant reviews, treatment, counselling, education, carer support group, family support, research and media work, in-patient reviews, memory clinic joint reviews, case conference joint reviews, liaising with other agencies, Old Age Liaison, home treatment, writing reports, CPAs & Reviews, and using new information technology.

In essence this is the job of every CPN; the difference is that this is done with cultural understanding and competency.

This includes seemingly small details such as culturally appropriate forms of address, which in Asian cultures means addressing elders as “Aunty” or “Uncle”, which can make it easier for the Specialist Community Psychiatric Asian Link Nurse to be accepted by the patient family and in turn create a therapeutic relationship. This can therefore help to overcome the reluctance to ask for help with mental health which is common in Black and Minority Ethnic Communities.

It also includes understanding the particular difficulties that many Asian families will face when presented with a diagnosis of dementia. In general these difficulties include misconceptions about dementia including causes and prognosis, perceptions about the health and social care system and stigmatisation.

The case load at present is approximately 80 patients who are diagnosed with vascular dementia (vast majority with multi physical problems), depression, Alzheimer’s disease, bipolar depression, and other psychiatric and physical problems including Korsakoff’s syndrome, Parkinson’s disease, diabetes and cardiac problems.

See reference sheet and the other briefing papers in the series:

Planning, Transport and Health
Housing and Health
Environment and Health
Economy, Skills and Health
Culture, Leisure and Health
Safer Stronger Communities
Children, Young People and Families

Published June 2011



West Midlands Fit as a Fiddle

The fit as a fiddle portfolio is funded by the Big Lottery Fund as part of the Well-Being programme, to deliver £15.1 million worth of projects across England until October 2012. Fit as a fiddle supports over one hundred projects, groups and activities, all of which aim to improve the health and well-being of people aged over 50, promote healthy ageing and are based around the needs and ideas of local people.

Fit as a fiddle has strong links with national activity and well-being programmes for older people, with which it shares ideas, networks and inspiration, including Age UK’s Aging Well programme. The West Midlands has two main projects:

Prescription for Health

This project encourages older people to get involved in physical activities and healthy eating sessions, whilst targeting hard-to-reach individuals. Activities developed through 'Prescription for health' include seated yoga, craft clubs, extend classes, brain power, badminton, make and taste, dancercise, healthy eating events, tai chi and health walks. Strong links are being developed with local health providers; and local voluntary and community organisations and volunteers will support all activities.

Greenagers

This project will improve older people’s physical fitness through gardening, and encouraging healthier eating. Participants are able to grow their own produce and flowers in small raised-bedded plots to encourage physical activity, mental well-being, social interaction, healthy eating and intergenerational activity. Greenagers is covered by ten Age Concerns from North Staffordshire to Leominster in Herefordshire, working with a range of partners including health organisations, Local Authorities, GP practices, schools and colleges.

Further details are available at www.ageuk.org.uk.

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Further Information, Organisations and Links

Learning for Public Health www.wmpho.org.uk/lfp
Department of Health www.dh.gov.uk
West Midland Councils www.wmcouncils.gov.uk
Department for Work and Pensions (DWP) www.dwp.gov.uk
The Marmot Review www.marmotreview.org
Carers UK www.carersuk.org

Acknowledgements

Janet Baker Deputy Regional Director of Public Health, Department of Health West Midlands
Ginder Narle Learning for Public Health Manager, Sandwell Primary Care Trust
Sarah Pullen Project Lead
Allison Orchard Personal Assistant to Deputy Regional Director of Public Health, Department of Health West Midlands
Karen Saunders Senior Public Health Manager, Department of Health West Midlands