

Healthy Ageing in Staffordshire:

Adding Life to Years
and Years to Life



The Annual Report of the
Director of Public Health for Staffordshire 2014/15



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Foreword

County Councillor Alan White
Cabinet Member for Health, Care and Wellbeing



A Call to Action in Staffordshire

The world's population is ageing and we are all familiar with the challenges of meeting the needs of the growing number of older people here in Staffordshire, and we all work tirelessly to ensure the right care and support services are in place when older people need them. While this reactive approach is indeed vital to helping those in need of our support, the increasing demand suggests that this approach will be unsustainable in the long-term.

I am therefore delighted that the core message of the Director of Public Health's Annual Report is the celebration of longevity and valuing age and older people as tremendous assets in our communities. There is clear evidence set out in the report that we need to shift our current focus and emphasis to a positive, preventative approach, one which improves the quality of life for older people and promotes healthy and active ageing for everyone in Staffordshire.

The Staffordshire Health and Wellbeing Board have already made a commitment to prioritising the health and wellbeing of older people. The World Health Organisation's 'Life-course Approach to Healthy and Active Ageing' provides the board and other partners with a practical and useable framework to take this priority forward and take positive action on the range wide range of factors that support the health and wellbeing of older people.

However, the report explicitly shows that there is still much to achieve if we are to meet our priorities and highlights some complex challenges and areas of major concern. These challenges affect us all and require a whole system-leadership that embraces and embeds both community and individual approaches to improving health and wellbeing. At times this report makes for uncomfortable reading, but this is an important message for the collective system leadership of Staffordshire to take forward.

This is a vitally important report that should be considered as a 'game changer' for leaders and organisations across Staffordshire who have responsibilities for improving older people's health and wellbeing.

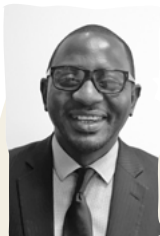
I will ensure the recommendations within this report are actioned.

Alan White

6 Healthy Ageing in Staffordshire

Introduction

Professor Aliko Ahmed,
Director of Public Health for Staffordshire



Ageing populations is a worldwide phenomenon, and one which brings challenges such as increasing demand on health services, long-term care and funding. Staffordshire is no different and is experiencing these same pressures. The number of people living in the county aged 65 and over has already exceeded the number of children under the age of 16. So the good news is we are now living longer than ever before, and the underlying causes of this significant change include improved living conditions, and remarkable advances in health and social services in terms of prevention, treatment and care.

However, the question that remains is whether we are living longer **and** healthier?

Whilst it's important to celebrate longevity, it is equally vital that longevity is coupled with an excellent quality of life and a sense of personal and social wellbeing. Thus, our vision for Staffordshire residents is they should live long and healthy lives, enjoying an active, fulfilling and independent retirement – in which the ageing process becomes a positive rather than a negative experience.

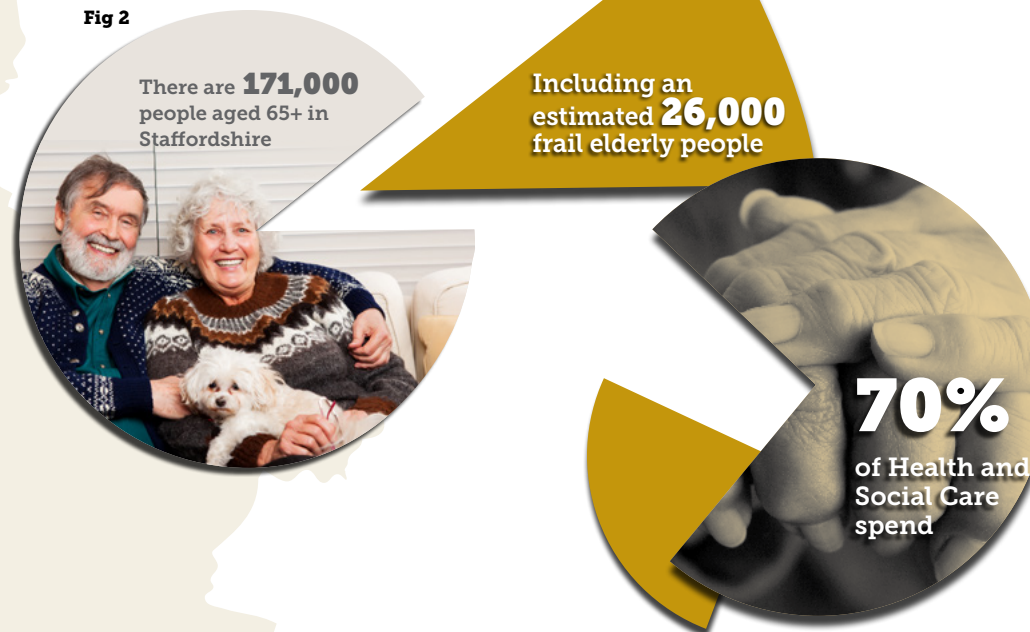
The proportion of older people is rising fast, and in future more people will live to be over 100 years old. Of the 171,000 older people in Staffordshire, only about 26,000 (15%) are categorised as frail elderly, and this smaller group consumed almost 70% of health and care resources. Unfortunately, public sector thinking and planning is dominated by a morbid obsession with the latter group. There is not enough recognition that older people contribute to our society, and little celebration of old age as an asset rather than a burden. This results in the predominant imbalance of our emphasis and approaches for supporting frailty (26,000 people) versus promoting healthy

Fig 1



In the middle of the 20th century there were just 14 million people on the whole planet aged 80 years or older. By 2050 there will be 400 million people in this age group worldwide¹

Fig 2



ageing (145,000 people). This imbalance must be re-appraised to reflect a new societal perspective and understanding. Seeing older people as assets to be valued and part of the solution for sustainable development will be crucial as our communities grow older and our resources grow smaller.

I am delighted to say that this thesis is the key focus of my report for this year. The focus is on the health of our older population, with the particular aim of reviewing opportunities that can promote healthy and active ageing for older people in Staffordshire.

In line with my core professional value of improving population health outcomes, this report continues to build on the central premise of my previous annual reports, that have emphasised the importance of 'asset-based' approaches to improving the health and wellbeing of Staffordshire residents.

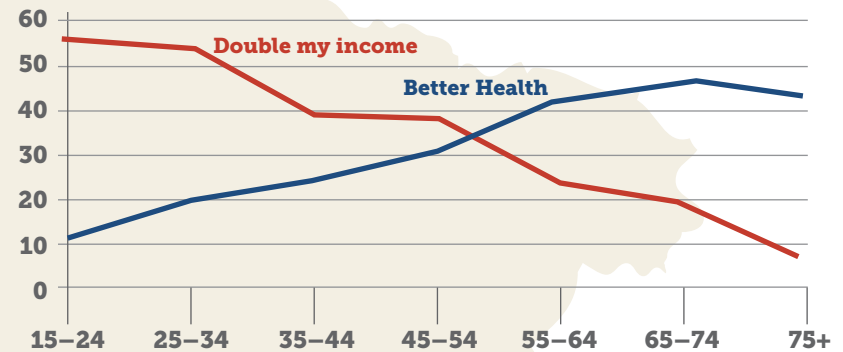
The report is built on an evidence-based framework for healthy ageing across the life-course - the World Health Organisation's (WHO) Life-Course Approach to Healthy and Active Ageing (**Good Health Adds Life to Years, WHO, 2012**)² - which offers a long-term sustainable framework for maximising opportunities to embrace and embed all the positive aspects of ageing. The framework provides a spectrum for reviewing the current situation in Staffordshire as well as exploring the latent potential of our older residents.

As a county and through our Health and Wellbeing Board, we are working towards ensuring that there is the right mix of prevention, early intervention and timely provision of quality services that help extend both the quantity and quality of years that our elderly population will experience. Engaged as an asset, our older people can be enabled to remain independent, active and in good health - whilst continuing to make a positive contribution to their communities, our economy and society as a whole.

This isn't solely the viewpoint of a professional. In fact, it is a viewpoint shared and informed by our local residents who have told us about the things they value, their needs and their priorities.

A noble goal... what would make you happiest?

Fig 3



© Ipsos MORI Base: 2,015 interviewed face to face in home in BG aged 15+. 15th-20th Sept 2014

There is a direct correlation between someone's age and how highly they value their health and in line with findings from national surveys, older people in Staffordshire considered being fit and healthy to be essential for their quality of life³.

As public servants, we should work together with this important cohort of our residents to ensure that these aspirations are met. The evidence is indeed available to support us doing so - effectively and efficiently.

Last but not least, I am grateful to my esteemed colleague Professor Janet Lord of Birmingham University for her insightful commentary which provides further evidence and practical ways on how we could prevent, postpone and possibly reverse the negative health impacts of ageing. My special gratitude and appreciation goes to my public health editorial team for their hard work and support in producing this report.

To all readers of the report, I hope you find it useful and enjoyable. I welcome your comments and views, you will find contact details at the back of the report.

Professor Aliko Ahmed
Director of Public Health for Staffordshire

Executive Summary

Ageing is a global trend, both predicted and expected. This phenomenon will continue to transform our society at many levels in a variety of ways, creating both challenges and opportunities in communities across the world. Many current health systems are under strain, resulting in differences to health outcomes experienced within and across countries, regions and local communities including Staffordshire.

Whilst there are wider social and economic challenges that impact on our health, the principal challenges that directly affect the length and quality of life for older people in Staffordshire remain long-term conditions and their associated disabilities. Life expectancy for men in Staffordshire is almost 80 (higher than national average) and 83 years for women (similar to national average). However men spend on average 64 years in good health compared to 62 years for women, meaning women live longer but spend more years in poor health.

However such challenges are not Staffordshire's alone. A recent study indicated that back in 1990 the UK performed significantly worse than other European countries for age-standardised death rates, age-standardised years of life lost (YLL) and life expectancy, more worryingly our relative position had worsened by 2010⁴. Examples such as the Japanese, and in particular the Okinawans, who have the highest number of centenarians in the world, offers us an opportunity to learn from other societies how we can enable and facilitate older people to have healthy and active ageing.

The fact that older people in Staffordshire consider being healthy (both physically and mentally fit) and independent as essential elements for their happiness and wellbeing, is an incentive to take a fresh look at how we enable and facilitate old age. Rather than advancing years being something to dread and a burden on families and communities, there is much to recommend in viewing

the elderly population as an attribute to society and a rich source of wisdom and knowledge. Older people have a wealth of lifetime experiences to pass on, and are often well motivated to engage in health promoting activities, to volunteer, and to support and encourage others with potential to be a valuable resource within their communities – they are a significant asset.

Where are we in Staffordshire? We utilised the framework within the 'WHO Life-Course Approach to Healthy and Active Ageing' to underpin our review of older people's outcomes in Staffordshire, and to explore opportunities for doing better. The framework provides an evidence-based, sustainable, long-term strategic approach to maximising opportunities for promoting active and healthy ageing of populations. It is based on four interdependent and interrelated key themes that provide a cornerstone for action to improve the quantity and quality of life of older people in Staffordshire.

At the heart of the framework is the sole intention of enabling healthy and active ageing across the life-course;

"Active ageing being the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It allows people to realise their potential for physical, social, and mental wellbeing throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need... Active ageing aims to extend healthy life expectancy and quality of life for all people as they age⁵"



World Health Organization

A Framework for Assessment in Staffordshire

The four interrelated themes (Right Environments, Social Inclusion, Healthy Lifestyles and Quality Services) cover a broad range of issues, and for the purpose of this report, we have focused on some specific and important areas of interest as follows:

Fig 4



The Right Environments

There is abundant evidence indicating links between an individual's environment and their immediate and long-term health and wellbeing outcomes. Good housing is fundamental, however the wider built environment, green spaces and other natural environments all play a key role. Creating physical and social environments that foster the health, physical activity and participation for people will positively influence their health behaviours across the life course.

- Estimates suggest that a third of households would not meet the decent homes standard in Staffordshire⁶
- Around 42,415 households in Staffordshire are thought to be experiencing fuel poverty which is higher than the England average (12% compared to 10%). Nearly all districts in Staffordshire experience high fuel poverty.⁷
- There are on average around 400 excess winter deaths annually in Staffordshire amongst people aged 65 and over.⁸
- Around 3,100 patients are admitted to hospital each year as a result of a fall, costing £8.6m. Around one in two of these falls occurs in the home environment.

Healthy Lifestyles

The Okinawans are known to have a lifestyle that is underpinned by good nutrition and remaining physically active, resulting in long healthy lives. By learning from such examples elsewhere we can promote healthy behaviours at all ages to prevent or delay the development of chronic disease. Being physically active, eating a healthy diet, avoiding harmful use of alcohol and not smoking can all reduce the risk of chronic disease in older age.

- Physical activity declines with age to the extent that in Staffordshire by the age of 65 only 8% of women and 13% of men are active 3 or more times a week in sport or active recreation.⁹
- Estimates suggest that 17,100 older people in Staffordshire are malnourished with disease-related malnutrition costing the economy £74 million annually. By 2033 this will rise to 25,800 people and £112 million.¹⁰
- On average around 25 people aged 65 and over die from a smoking-related condition every week in Staffordshire.

Social Inclusion

Changing social attitudes can encourage the participation of older people and promotes social inclusion. Older people are particularly vulnerable to social isolation and loneliness due to loss of friends and family, mobility or income. Social isolation and loneliness have a negative impact on an individual's health and wellbeing.

- The proportion of lone pensioner households in Staffordshire is slightly higher than the England average equating to 44,800 people¹¹
- Around 32,300 (15%) people aged 60 and over in Staffordshire are deemed to be living in income-deprived households.
- Reliable and affordable public transport is in the top ten issues mentioned by Staffordshire residents aged 65 years and over¹²
- Around 24% of people aged 65 and over have no private transport (i.e. access

- Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity.¹⁴

Quality Services

Whilst chronic diseases can be reduced and managed by having the right environments, healthy lifestyles and positive social attitudes, many people will still develop health problems in old age, this is an inevitable consequence of physiological wear and tear. We can however minimise the impact of chronic diseases through the provision of quality services for early detection, treatment and care.

- In 2013, 26,300 people in Staffordshire were frail elderly or most at risk, over the next ten years this will increase to approx 40,500¹⁵
- There are 100 unplanned hospital admissions every day for people over 65¹⁶
- Following discharge, around 23% of patients over 65 do not return to their normal place of residence¹⁷
- During 2013/14 older people made up around 45% of all emergency admissions, 70% of unplanned hospital bed days and 60% of costs despite making up only 20% of the population¹⁸
- Numbers of older people falling increased by 10% between 2009 and 2014. If this rate of increase continues, by 2020 there will be 4,400 people attending hospital due to falls¹⁹
- Hip fracture rates in Staffordshire are higher than average. National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care.

- The number of people with dementia in Staffordshire is projected to increase by 71% by 2030, this is higher than the national rate and equates to 20,000 people living with dementia in the county²⁰
- The proportion of Staffordshire residents who are vaccinated against seasonal flu and pneumococcal infections is lower than the England average²¹

Clearly, the picture of older people's health in Staffordshire remains challenging.

Improvement will require firm commitments to ensure that fostering good health and wellbeing for older people is a strategic priority, and a life-course approach is taken. It will need positive and concerted efforts from all areas of society: public services including the County Council and other local authorities, the NHS, workplaces and businesses, voluntary organisations, housing providers and most importantly local communities and older people themselves. The county-wide Staffordshire Strategic Partnership, which encompasses the Health and Wellbeing Board (SHWB) and the Local Enterprise Partnership (LEP), offers a shared leadership platform and opportunity to bring about such change and action.

The SHWB should consider developing a countywide Healthy Ageing Strategy as part of its overall intention to promote better health and wellbeing for older people. To underpin this strategy the WHO's 'Life-Course Approach to Healthy and Active Ageing' can offer a valuable framework to implement change and measure progress. An increased focus on prevention should shift emphasis and spend on evidence-based approaches to develop and maintain a healthier and more active ageing population.

A focus on active and healthy old age where people are engaged, valued and productive is certainly attainable, provided that healthy lifestyle preparations are considered at an early stage of the life-course. Many of the physical and mental deficiencies associated with old age are established by poor lifestyle choices earlier in life.

The SHWB should work alongside the Joint Transformation Board

- Older carers in Staffordshire are less likely to be in good health. 60% of unpaid carers aged 65 and over are not in good health themselves

(A full table of outcomes can be found in Appendix 1).

to ensure that the recently developed single frail elderly care pathway is extended to include a broader health and wellbeing pathway for all older people.

The SHWB and relevant partners such as planning bodies, district and borough councils and housing providers should work together to plan and design 'lifetime neighbourhoods' i.e. safe and suitable housing which meets the changing needs of older people, well-maintained and safe green spaces with adequate shelter and support facilities that are easily accessible and can facilitate an active networking culture that will promote better physical health and social cohesion.

It is crucial to create and facilitate opportunities such as intergenerational volunteering schemes that enable older people to use their experience and wisdom to benefit the wider community, and the wider community to support older people. The Staffordshire Casserole Club (a free food-sharing community scheme) is a good example of a project designed to tackle social isolation, strengthen connections between generations, build social capital and support good nutrition in older people. Schemes such as these must be developed and replicated across the county.

Last but not least, employers have an important role to play, not just contributing to pensions, but also by providing flexible employment opportunities, embracing the skills and talents of older workers, offering flexible hours, job-sharing, retraining and mentoring. Businesses which value the retaining and recruitment of the over-50s will reap the benefits and boost local growth now and in years to come.

Guest Commentary

Ageing Well: Ensuring Old Age is Enjoyed and not Endured

Professor Janet M Lord, Director of the MRC-ARUK Centre for Musculoskeletal Ageing Research, University of Birmingham

The ageing population, lifespan and healthspan

We are an ageing population with current demographics predicting that in just 20 years' time one in four of the UK population will be aged over 65 and one in 20 will be 85 years or older. This should be a cause for celebration and a feather in the cap of the NHS and those delivering public health services. However, although lifespan is increasing at approximately two years per decade, the time spent in good health (healthspan) is not keeping pace and now on average older adults in the UK can expect to spend the last 10 years in poor health.¹

The challenge now is to develop approaches which ensure adults reach old age well enough to enjoy it and sufficiently informed and motivated to stay in good health for the majority of their third age.

Put crudely we should be aiming for a long life and a short death!

Until recently the notion of trying to reduce or delay the negative impact of ageing may have seemed the stuff of science fiction. However medical research is now making it clear that ageing is malleable and that age-related morbidity can be dramatically reduced. Studies in macaque monkeys who have had their calorie intake reduced by 25% have shown that 30 year old monkeys (equivalent to a 70 year old human) have reduced levels of all age-related diseases including cancer, dementia and heart disease.² That this "caloric-restriction" might work in humans is suggested by the residents of the Japanese island of Okinawa who have the highest frequency of centenarians in the world. The Okinawans eat 20-30% less calories than mainland Japanese and crucially when compared with US citizens they have 80% less breast and prostate cancer, 75% less dementia and 50% fewer heart attacks (www.okicent.org).

Although we are unlikely to be able to implement this at a population level, the current obesity epidemic certainly tells us this, these studies reveal that ageing and its associated co-morbidities are preventable with lifestyle modification.

Musculoskeletal health – the key to a successful old age

Good musculoskeletal function is critical for a healthy, independent and physically active old age³, an adult who has insufficient muscle strength to get out of a chair unaided will also struggle to get on and off the toilet. However the musculoskeletal system is significantly affected by ageing, with loss of muscle and bone mass and quality from midlife onwards resulting in increased risk of physical frailty, insulin resistance, falls and fractures⁴. The reductions in muscle mass with age are significant, with 1-2% per year after the age of 50⁵. Muscle function is vital for a healthy, active and independent life, reductions in muscle strength occur at 1.5% per year after the age of 50 and 2-3% per year after age 60 years⁶. Reduced physical function is a real indicator of an unhealthy old age, with limited ability to walk a quarter of mile an independent predictor of mortality, future inability to carry out activities of daily living and increased health and care costs⁷.

Physical activity: the ultimate generic medicine

Trying to develop a strategy to prevent ill-health in old age may seem like a daunting task that requires a complex set of interventions that target the decline of each major body system. This in fact may not be the case. Hippocrates in 400BC recognised that physical activity was the key to good health, stating that "Walking is man's best medicine". Paradoxically humans are unique among the higher primates in becoming less physically active with age – taking it easy and putting your feet up in old age is a very human construct!

WHO data reveal that less than half of European adults meet physical activity guidelines and this figure increases to less than 20% in the over 65 year age group and less than 10% in the over-85s, with women more inactive than men. Some experts argue that

given that our genetic inheritance stems from our time as hunter-gatherers when high levels of physical activity were the norm, being physically active should be considered the default position for maintaining musculoskeletal health and function throughout the life span. This is important for health policy as physical activity is a readily modifiable risk factor.

That much of what we consider as normal and unpreventable musculoskeletal ageing may be prevented by physical activity was shown in a recent study by our Centre in collaboration with researchers at Kings College London. In this study we assessed muscle mass and function (strength) as well as a broad range of physiological features (heart and lung function, cognitive ability) in lifelong exercisers (cyclists) aged 55-79 years old. There was no age associated increase in BMI or percentage body fat or loss of muscle mass and several aspects of balance were also maintained. We did still see a decline in muscle strength across this age span in men but this was much attenuated at approximately 0.56% per year (compared with 1.5% in the general population) and we saw no decline in women⁸.

Thus staying physically active in adult life can prevent much of what we currently consider as ageing!

Physical frailty in older adults: turning back the clock

Muscle function declines at approximately 1.5% per year in adults aged over 50. Although muscle mass and function is harder to

restore in older adults, termed anabolic resistance, it is possible to partially restore mass and function with more tailored programmes and in particular with increased resistance exercise training (RET). For example, just 12 weeks of RET increased muscle strength in frail older adults (>75 years) by 27%⁹, reversing the effects of ageing by 18 years! Importantly activity must be maintained as cessation rapidly leads to the reversal of benefit. Bone health is also improved by physical activity, with numerous studies showing that load-bearing activity (e.g. stair climbing) improves bone mass and reduces the incidence of osteoporosis in older adults.

The importance of reducing sedentary time

One of the most recent concepts in relation to physical activity and health is that the time spent being sedentary (sitting, lying down) may be as important, and possibly a more important determinant of health than time spent being physically active. Emerging evidence suggests that even a one hour period of daily vigorous exercise cannot compensate for some of the negative effects of inactivity if the remainder of the day is spent sitting¹⁰. Thus reducing sedentary time by increasing time spent walking/standing may be just as important to health as short periods of vigorous exercise. A very simple health message here may be 'Get Up!' Adults, especially older adults who may spend most of their day sitting (care home residents) should make sure they just stand up regularly and move around. Watching 'Flog It!' standing up, even if using a support frame, will give real functional benefit.

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Staffordshire at a Glance

How many older people live in Staffordshire?

As per the global trend, Staffordshire has experienced a significant ageing of its population and there are now 56,700 more people over 65 than there were 20 years ago. This trend is predicted to continue with Staffordshire seeing its older population grow faster than average. In addition the majority of older people live in the more rural wards in the county which could lead to social isolation.

- Around 171,000 residents aged 65 and over live in Staffordshire. This is projected to increase by 24% to 212,400 (41,500 additional people) by 2023.
- In Staffordshire, based on mid-year 2013 population estimates there are currently about three people of working age for every older person which is less than the England average. By 2033 this will reduce further and there will be two people of working age for every older person
- By 2023 the ratio will be 41 older people and by 2033 the ratio will be 51 older people for every 100 people of working age.

Fig 6

Number of working age people per older person²²

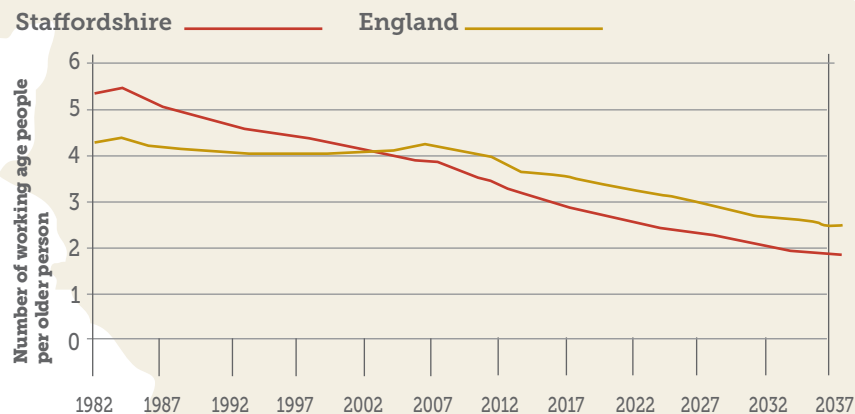
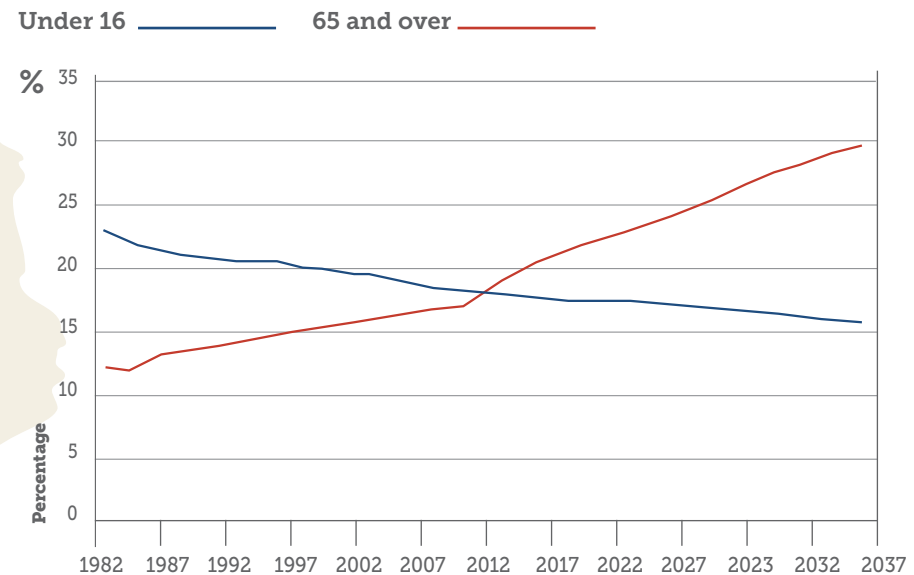


Fig 5

Population trends in Staffordshire²³



How long do people live in Staffordshire?

Life expectancy at birth is a good measure of the overall health status of the population. It measures the average number of years a baby born in a particular population can be expected to live if it experienced the current age-specific mortality rates for that particular area throughout its life. **Life expectancy at 65** measures the average number of years a 65 year old in a population can expect to live based on age-specific rates for people aged 65 and over for a particular population

Fig.7

Life expectancy at birth and 65, 2011-2013²⁴

	Men		Women	
	Life expectancy at birth (years)	Life expectancy at 65 (years)	Life expectancy at birth (years)	Life expectancy at 65 (years)
Cannock Chase	79.2	18.4	83.2	21.1
East Staffordshire	79.2	18.3	82.6	21.1
Lichfield	80.0	18.5	83.5	21.0
Newcastle-under-Lyme	78.6	17.8	82.6	20.6
South Staffordshire	80.4	18.8	83.3	21.3
Stafford	80.4	19.6	83.5	21.4
Staffordshire Moorlands	79.9	18.8	83.2	21.0
Tamworth	79.8	18.6	82.6	21.0
Staffordshire	79.7	18.6	83.1	21.1
West Midlands	78.8	18.4	82.8	21.1
England	79.4	18.7	83.1	21.1

Key: Statistically better than England; statistically worse than England

- Overall **life expectancy at birth** in Staffordshire is almost 80 years for men (which is higher than the England average) and 83 years for women (which is similar) to the national average. Men in Newcastle have shorter life expectancy at birth by 10 months.
- **Life expectancy at 65** in Staffordshire is almost 19 years for men and 21 years for women and similar to the national average. Men and women in Newcastle continue to have shorter life expectancy at 65 than the England average by 10 and six months respectively. There is a four year gap for life expectancy at 65 for people living in the least deprived and most deprived areas of Staffordshire.

How healthy are older people in Staffordshire?

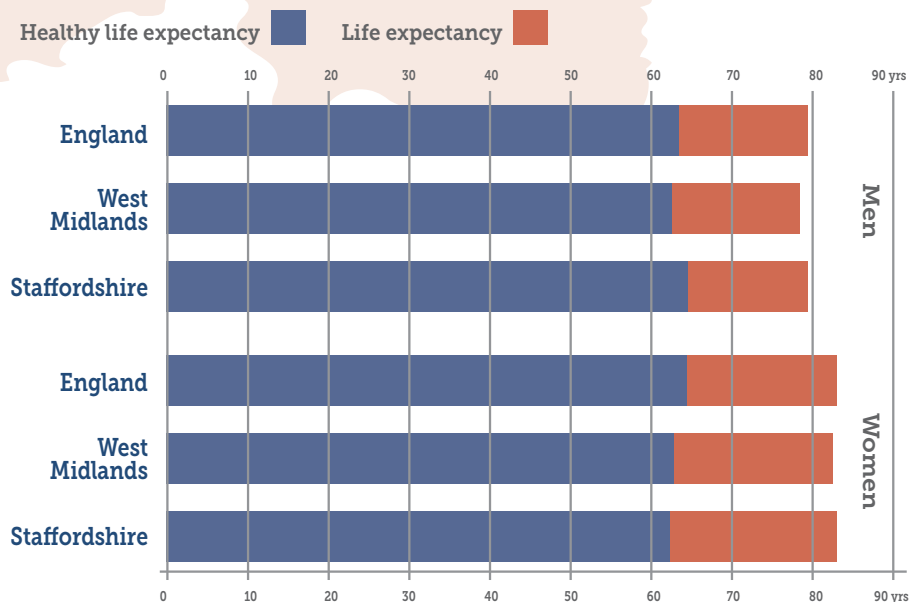
Gains in life expectancy should be accompanied by gains in **healthy life expectancy**, this estimates the amount of lifetime spent in 'very good' or 'good' health based on how individuals perceive their health (self-reported survey based).

- **Healthy life expectancy** in Staffordshire is 64 years for men and slightly lower at 62 years for women.

Women in Staffordshire live longer than men BUT spend more time in poor health.

Fig 8

Life expectancy and healthy life expectancy, 2010-2012²⁵



16 Healthy Ageing in Staffordshire

What are the causes of ill-health in Staffordshire?

Long-term conditions (LTCs) are those that cannot currently be cured but can be controlled with the use of medication, other therapies and self-care. People with LTCs are more likely to see their GP, be admitted to hospital and stay in hospital longer than people without LTCs. Across England, it is estimated that around 30% of the population have a long-term condition, the treatment and care of which account for 70% of the total health and social care spend.

Number of long-term conditions by age group²⁶

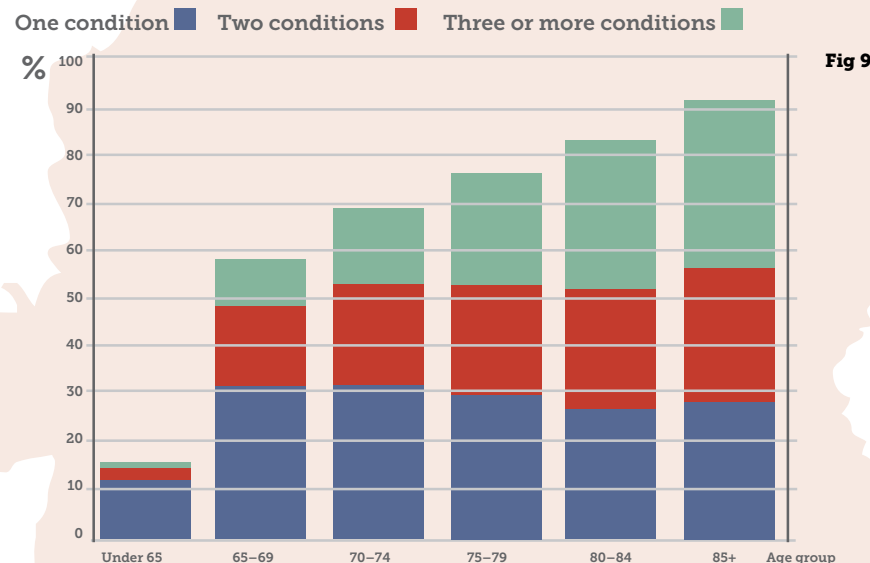


Fig 9

- **Long-term conditions are more prevalent in older people and amongst deprived groups.** Around two-thirds of older people living in the most deprived areas in Staffordshire have an LTC compared with 44% in the least deprived areas. Over three in five pensioners (62%) who live on their own have an LTC which is higher than the average (53%)
- **Long-term conditions in Staffordshire are projected to increase.** By 2030 the number of older people in Staffordshire

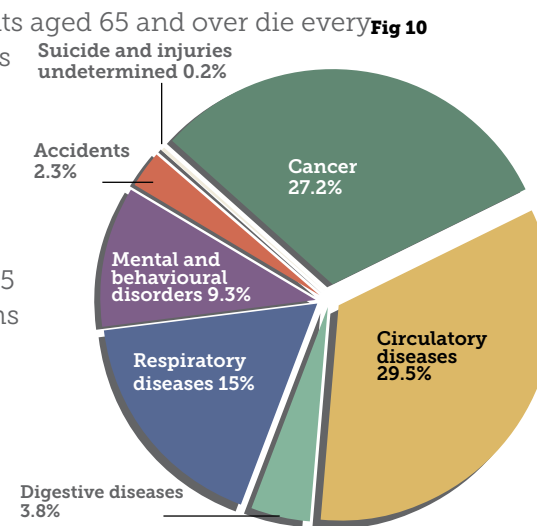
who are “limited a little” will increase by 41%; the numbers who are “limited a lot” will increase more rapidly by 53%.

- **The proportion of multiple conditions is more prevalent in older people.** Local data from GP registers in 2008 found that the percentage of patients with three or more conditions increases from 1% in under 65s to 9% in people aged 65-69 to 29% in people aged 85+.

What are the main causes of death in Staffordshire?

Around 6,800 Staffordshire residents aged 65 and over die every year with the most common causes of death being heart disease (2,010 deaths, 30%), cancer (1,850 deaths, 27%) and respiratory disease (1,020 deaths, 15%).

Compared to those aged 65-74, a higher proportion of people aged 75 and over die from respiratory deaths (mainly flu and pneumonia) and dementia.



Common causes of deaths in Staffordshire for people aged 65 and over, 2011-2013²⁷

Having established the local picture of the ageing population, it is now important to understand the outcomes and experiences older people in Staffordshire face. The following pages use the four key themes within WHO’s ‘Life-Course Approach to Health and Active Ageing’ as a framework to analyse and assess the outcomes for older people here in Staffordshire and then subsequently to inform recommendations moving forward.



The Right Environments

Creating physical and social environments that foster the health, physical activity and participation of older people. Social determinants not only influence the health behaviours of people across the life course, they also play a key role in determining whether older people can continue to participate. It is therefore important to create physical and social environments that are “age-friendly” and foster the participation and health of older people.

“Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity.”²⁸

Research on older people’s health and wellbeing illustrates that older people are more content and more likely to flourish if they go out, participate in local life and have a good amount of social interaction. Alarmingly however, nationally half of people over 65 face problems getting outdoors – with physical and social barriers such as cluttered streets, uneven pavements, poor lighting and social and cultural bias towards younger people – leading to older people staying in and causing physical and mental health deterioration.²⁹

Housing plays a fundamental role in relation to older people’s health and quality of life. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, mould, excess cold and structural defects which increase the risk of an accident also present hazards to health.³⁰

A key message of this report is the need for a major shift from the prevailing negative view of ageing as a clinical problem to focus on enabling a positive ageing experience. It is therefore important to understand that human needs change over a lifetime, calling for a more sensitive environmental design. Factors such as the houses people live in, the shops, services and green spaces available, and the

planning and design of the built environment, all play a fundamental role in improving and maintaining health and wellbeing in a sustainable fashion.

It is clear that to achieve such environments, multiple services, organisations and partners have a role to play, importantly with older people participating in the alternative design.

What do local people think?

More than one in five of Staffordshire respondents in the ‘Feeling the Difference’ survey identified affordable decent housing as one of the top five factors that influence a good place to live.³¹

Feedback gathered from older people about the issues they face when out and about in their local neighbourhoods highlights the following key issues:³²

- Better meeting places and green spaces
- Public seating
- Better quality pavements
- Safe well-lit streets
- Better local buses and parking
- Accessible and clean public toilets
- Local shops and services within easy reach
- Somewhere to turn for advice

18 Healthy Ageing in Staffordshire

Fuel Poverty

Older people are particularly at risk of health problems relating to having a cold home. Some may have a cold home due to the costs of heating, but 'fuel poverty' is also related to the energy efficiency of a house and household income. **In Staffordshire the evidence suggests the key driver of fuel poverty is related to housing conditions.**

Around **42,415** households in Staffordshire are thought to be experiencing fuel poverty which is higher than the England average³³



Housing Standards

Suitable home environments are crucial to population health, and older people are particularly vulnerable to poor housing conditions. A home environment is assessed as being decent if it meets the following criteria:

- is free from category 1 hazards as assessed by the Housing Health and Safety Rating System (HHSRS)
- is in a reasonable state of repair
- has reasonably modern facilities and services
- provides a reasonable degree of thermal comfort



Estimates suggest that a **third** of households would not meet the decent homes standard in Staffordshire³⁴

Estimates from a regional study on housing suggest that a third of households would not meet the decent homes standard in Staffordshire, which is lower than the England estimate of 36%. **Staffordshire Moorlands and East Staffordshire have particular higher proportions of non-decent housing and fuel poverty.**

Excess Winter Deaths

Older people occupy much of the substandard housing in Britain, and the link between ill-health and housing is strong and exacerbated by the fact that older people often spend more time at home. Respiratory diseases are often caused or made worse by damp and cold conditions and national research shows that winter deaths increase more in England compared to other European countries with colder climates. This suggests it's not just lower temperatures that are responsible for the excess mortality.

The excess winter deaths index (EWD index) is the excess of deaths (expressed as a percentage) in winter (December to March) compared with non-winter months, from the preceding August to November and the following April to July. The EWD index indicates whether there are higher than expected numbers of deaths in the winter compared to the rest of the year. The EWD index is variable and depends on many factors, and in order to reduce the number of excess winter deaths it is important that services work together to look after the health of older people.



There are on average around **400** excess winter deaths annually in Staffordshire amongst people aged 65 and over³⁵

Disabled Facilities Grants (DFGs)

DFGs are available from local councils for eligible people who are disabled and need to make changes to their home. Useful alterations include widening doors, installing ramps and stair lifts, installation of downstairs bathrooms, and adapting heating or lighting controls. The cost-benefit of DFGs varies from a conservative estimate that around 1.5% of users of adaptations would otherwise have required residential care, to estimates from other surveys of between 5.5% and 8.6% of users. Therefore at the lower estimate DFGs costs may be greater than the savings, but at the higher estimate savings are almost twice the initial costs.

Approximately 50% of DFG spend in Staffordshire is invested in adaptations for adults aged 65 years and over, and during 2012/13 over 300 DFGs were granted to people in this age group, costing on average £5,300 per person.

The demand for DFGs is likely to increase as the population ages, particularly amongst residents in the much older age groups.

Accidents and Falls

- Accidental deaths in older people account for about 160 deaths every year in Staffordshire, much higher rates than the England average. At district level, accidental death rates amongst older people aged 65 and over are particularly high in Tamworth, Newcastle, East Staffordshire, Lichfield and Cannock Chase.
- Falls are the largest cause of accidental injury in older people, and 35% of people aged 65 and over experience one or more fall every year. About 45% of people over 80 living in the community fall each year, and 10-25% of them sustain a serious injury. Most falls are preventable through interventions aimed either at populations (e.g. increasing levels of physical activity and promoting better nutrition,) or at people identified as at risk of fractures (e.g. osteoporosis), and management of risk (e.g. home safety and mobility aids). Good management of falls in older people is particularly important for retaining mobility and independence.

- During 2013/14 there were around 15,240 ambulance attendances for falls, and 6,900 (45%) were conveyed to A&E departments across the county at a cost of almost £2.7 million.
- Around 3,100 of these patients were admitted to hospital costing an additional £8.6 million. Around one in two falls leading to hospital admission occurred in the home environment and one in six were patients living in care homes.
- Rates of older people sustaining fall injuries in Staffordshire increased by 10% between 2009/10 and 2013/14.



Numbers of older people falling increased by **10%** between 2009 and 2014. If this rate of increase continues, by 2020 there will be **4,400** people attending hospital due to a falls, at a total cost of **£12.2 million** at today's prices.

Healthy Lifestyles

Promoting good health and healthy behaviours at all ages to prevent or delay the development of chronic disease. Being physically active, eating a healthy diet, avoiding the harmful use of alcohol and not smoking can all reduce the risk of chronic disease in older age. These behaviours need to start in early life and continue into older age.

We know from research highlighted in this report that as people get older their health becomes more important to them. Early recognition of the role people have in protecting their own health provides better opportunities for living longer in good health and maintaining independence. Services, communities and individuals all have a responsibility in relation to enabling healthy lifestyles and reducing risky behaviours across the life-course.

Healthy lifestyles are traditionally associated with primary prevention, such as education and interventions relating to diet and exercise. However, enabling older people to adopt healthy lifestyles also requires targeted secondary prevention, which empowers them both to change behaviour and to effectively manage their own health, including self-care of long-term conditions. Appropriate preventative support services should also be available for older people at key transition or risk points such as retirement, bereavement, becoming a carer, or diagnosis of long-term condition.

What do local people think?

Local insight suggests that around 45% of Staffordshire residents aged 65 and over identify being fit and healthy as a key issue. National insight into older people being fit and healthy suggests this is important because it makes people feel better, gain enjoyment and pleasure, as well as providing social benefits. People in their 50s and 60s are keen to control weight and maintain suppleness, and keeping fit and healthy can help counter the effects of ageing. Physical exercise helps to provide mental stimulation, avoid isolation and loneliness, as well as opportunities to get out in the fresh air and keep up with the grandchildren.



On average around **25** people aged **65** and over die from a smoking-related condition every week in Staffordshire



Around **two-thirds** of older people living in the most deprived areas in Staffordshire have a limiting long-term illness compared with **44%** in the least deprived areas

Around **100** people aged **65** and over die from liver disease every year making up **54%** of all liver disease deaths in the county



2033



2014



Around a **third** of adults aged **65-74** are obese; rates for people aged 75 and over are slightly lower. Activity levels in older people are very low.

Estimates suggest that **17,100** older people in Staffordshire are malnourished with disease-related malnutrition costing the economy **£74 million** annually. By 2033 this will rise to **25,800** people and **£112 million**

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Physical Activity

Physical activity has a key role to play in healthy ageing as older adults who are active have lower rates of all-cause mortality. As well as preventing and treating a number of conditions associated with cardiovascular disease such as diabetes, hypertension and obesity, being active particularly in natural and green spaces on a regular basis offers other numerous benefits. It helps improve mental health and wellbeing and facilitates social interactions to help reduce social isolation. Regular muscular strength and endurance exercise reduces the risk of falls and also helps retain ability to carry out tasks of daily living such as climbing stairs and cooking.³⁷ There is also emerging evidence that suggests regular participation in activity improves cognitive function and may prevent and slow down the progression of dementia.³⁸

Despite the numerous health benefits associated with a physically active lifestyle very few older people are active enough to achieve these benefits. There is a drop off in participation in activity as people age. Using the participation measure: *Participation in Sport and Active Recreation Three times per week (N18)* participation for older people in Staffordshire is:

Men		Women	
Age	N18 %	Age	N18 %
45-54	31.1%	45-54	20.9%
55-64	21.9%	55-64	16.3%
65+	13.2%	65+	8.19%

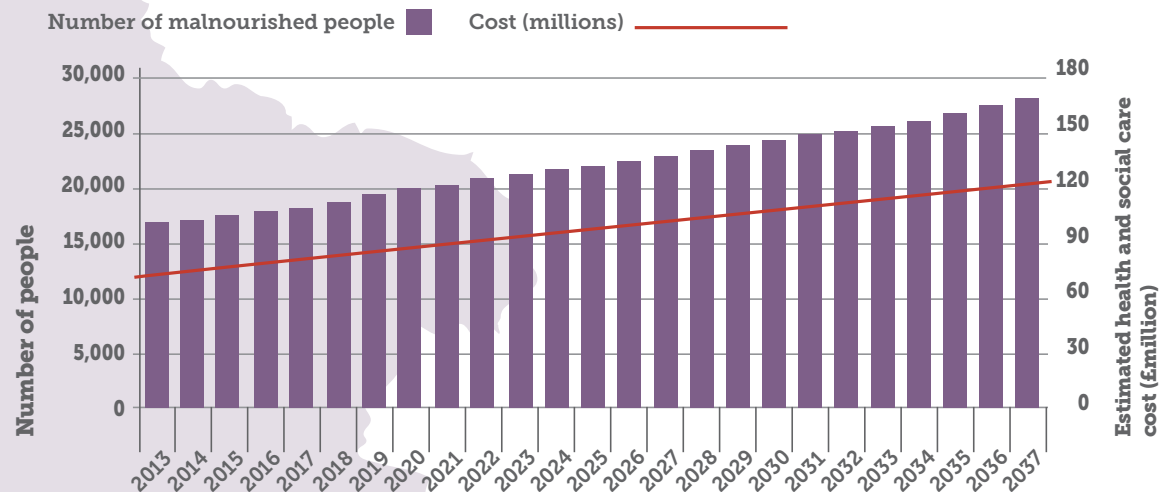
Nutrition

Malnutrition affects all age groups, but older people are particularly at risk. Malnutrition or under-nutrition, is due to a lack of adequate food and nutrition leading to weight loss and ill-health. Those with malnutrition may have a reduced ability to fight infection, develop apathy and depression, have impaired wound-healing ability and reduced muscle strength and fatigue. Wider health and wellbeing effects may include a reduced quality of life and a reduced ability to work, shop, cook and self-care. Many causes of malnutrition are preventable in older people, and early identification and intervention is key.

National research indicates that one in ten people over 65 are malnourished or at risk of malnutrition, equating to around 1 million older people in the UK and 17,100 people in Staffordshire. People with or at risk of malnutrition have twice as many GP visits, have three times more hospital stays and stay in hospital more than three days longer. Malnourished people are also more likely to succumb to infection whilst in hospital, require more intensive nursing care, and are more likely to be discharged to care settings rather than home.

Figure 11

Malnutrition estimated numbers and costs for Staffordshire's older population³⁹



37% of people aged 70 years and over who had recently moved into a care home have been found to be malnourished or at risk of malnutrition. Furthermore, 1 in 6 care homes do not meet the required CQC standard for the quality of nutritional care, which has been linked to increased hospitalisation, readmission and long-term ill health. Approximately one in four patients in NHS hospitals are either malnourished or at risk of malnutrition. The annual cost of malnutrition in older people is currently estimated at £60 and £80 million in Staffordshire and increases with the ageing population as shown in Fig 11.

Smoking

For older people, there is evidence⁴⁰ that significant health gains can be made by changing behaviours such as quitting smoking, which has proven health benefits, even at an older age. Giving up smoking improves the circulation immediately, the lungs begin to repair damage, and within one year the added risk of heart disease is cut by almost 50%, and risks of stroke, lung disease, and cancer diminish. In Staffordshire:

- on average around 25 people aged 65 and over die from a smoking-related condition every week.
- around 100 older people are admitted to hospital every week due to smoking-related conditions, costing the local health economy £13 million every year.
- over one in ten smokers accessing stop smoking services in 2013/14 were aged 65 and over, equating to over 900 people, and 65% had given up smoking at four weeks.

Alcohol

We know many older people do not drink at levels associated with a drinking problem, however as people age their alcohol tolerance levels decrease so even modest drinking in old age can have a significant impact on health and wellbeing. Small amounts of alcohol consumption may increase the risk of falls and other accidents, problems with insomnia and contribute to memory loss, depression and dementia. A further complication is the adverse interaction with some prescribed medication. Around 80% of people aged 65 and over regularly take prescribed medicine, more than half taking at least three prescribed medicines and more than a third of those aged 75 and over taking six or more prescribed medicines a day.

- Around 100 people aged 65 and over die from liver disease every year, making up 54% of all liver disease deaths in Staffordshire, in addition 30 people in this age group die from alcohol-specific conditions every year.
- During 2013/14 1,550 residents were admitted to hospital due to a condition wholly or partly attributable to alcohol, at a cost of £4.1 million. Alcohol-related conditions are particularly high in men aged 75 (cancer 26%, hypertension 18% and cardiac arrhythmias 15%).

Social Inclusion

Reinventing ageing – changing social attitudes to encourage the participation of older people. Many current attitudes to ageing were developed during the 20th century when there were far fewer older people and when social patterns were very different. These patterns of thinking can limit our capacity to identify the real challenges, and to seize the opportunities, of population ageing in the 21st century. We need to develop new models of ageing that will help us create the future society in which we want to live.

At the heart of the WHO recommendations for healthy and active ageing is the vital importance of enabling older people's proactive involvement and participation in life and society as a whole. Older people are particularly vulnerable to social exclusion in a number of ways:

- Insufficient income to be able to participate in society.
- Older women living in more remote rural areas experience some of the highest rates of exclusion, as do older people living in disadvantaged urban housing estates.
- Discrimination affects people's access to services and their ability to earn income independently over a longer period of their life.
- Ill-health and disability is progressive with age, and curtails independence that can be crucial to feeling valued within family, community or society.
- Lack of access to transport prevents people from getting to and from services and facilities necessary for a decent standard of life.

What do local people think?

Older people aged 65 and over in Staffordshire say the following issues have the greatest resonance for them³⁸:

- Being fit and healthy (45%)
- Having enough money (21%)
- A network of family and friends (20%)
- Living in a good local area (15%)

National research reveals **33%** of all older people experience perceived age discrimination



Around **24%** of people aged 65 and over have no private transport (i.e. access to a car). This increases to **60%** of people aged 85 and over⁴¹



Lone pensioners are particularly at risk of loneliness and social isolation. In term of lone pensioner households, the proportion for Staffordshire is slightly higher than the England average equating to **44,800** people⁴²

Around **32,300 (15%)** people aged 60 and over in Staffordshire are deemed to be living in income-deprived households.



Discrimination

New research reveals 33% of all older people experience perceived age discrimination, with poorer, older men being at highest risk.⁴³

- 26.6% of people aged between 52 and 59 reported age discrimination, a figure which rose to 37.2% for adults aged between 70 and 79.
- The poorest older people were 35% more likely to report age discrimination than the wealthiest.
- Retired older people were 25% more likely to report age discrimination than those who were still employed.
- 10% of men and 9% of women over the age of 52 felt that they had received poorer service or treatment from doctors or hospitals than younger people because of their age.

Having Enough Money

- Local insight indicates priorities for older people in Staffordshire include "having enough money to have a comfortable life", "financial security for my family" and "being able to pay for all the amenities when you are a pensioner".⁴⁴
- Around 32,300 (15%) people aged 60 and over in Staffordshire are deemed to be living in income-deprived households. This is lower than the England average (18%). **Cannock Chase and Tamworth however have higher proportions of people living in deprived households (21% for both).**
- Data from the 2013/14 annual population survey suggests that around one in ten people aged 65 and over are in employment, similar to the England average.

Loneliness and Isolation

Older people are particularly vulnerable to social isolation, and loneliness, this can be due to loss of friends and family, mobility and/or income. Social isolation and loneliness have a negative impact on an individual's health and wellbeing. As well as links to physical and emotional health, loneliness can lead to individuals

visiting their GP more frequently and losing their independence at an earlier age than average. Lone pensioners are particularly at risk of loneliness and social isolation, and Staffordshire has a higher than average number of lone pensioner households, with numbers projected to increase further. Given that almost three in five lone pensioners also have a limiting long-term illness there may be an increase in the demand for more formal care.

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity.¹⁴

Connectivity

Reliable and affordable public transport is in the top ten issues mentioned by residents aged 65 years and over. Response included "to be able to get about as cheaply as possible", "bus passes for the elderly", "access to transport to avoid isolation" and "access to the services I need".⁴⁵

Internet Usage

National data from a 2014 survey suggests that:⁴⁶

- almost all (99%) 16-24 year olds have used the Internet. This compares with 71% aged 65-74 and 37% people aged 75 and over.
- for households with one adult aged 65 or over, only 41% had an Internet connection.
- 23% had accessed 'on the go' (e.g. mobile or smart phone, laptop, tablet)
- 73% of people aged 65 and over had not used the Internet to interact with public authorities or services, compared with 52% across all age groups.
- 15.7% of Staffordshire residents had never used the Internet, a figure higher than the UK average of 12.6%, which may in part be due to its older population.

Quality Services

Minimising the consequences of chronic disease through early detection and quality care. While we can reduce the risk of chronic disease through a healthy lifestyle, many people will still develop health problems in older age. We need to detect changes such as high blood pressure, high blood sugar and high cholesterol early and manage them effectively. But we also need to address the needs of people who already have chronic disease, care for those who can no longer look after themselves and ensure that everyone can die with dignity.

Thus far this report has focused on the importance of the built and natural environments, social inclusion and healthy lifestyles in relation to the health and wellbeing outcomes for older people. However, as the Organisation for Economic Co-operation and Development has stated, *"...it would be unwise for policy-makers to expect that reductions in severe disability among older people will offset increased demands for long-term care"*. That is to say, older people will inevitably at some point need help and support from a range of services. This means service providers in Staffordshire must continue to re-design, improve and invest, particularly as the numbers of older people will continue to increase.

What do local people think?

In a recent survey of people receiving adult social care in Staffordshire⁴⁷:

The majority of service users (88%) agreed that their quality of life was 'good' or 'alright'.

- However, 12% rate their quality of life as 'bad' or 'very bad'.

- Service users with physical disabilities or frailty were less likely to feel they had a 'good' quality of life (53%).
- 84% of those living in residential care said their quality of life was 'good', whilst only 58% of those receiving home-care said the same.
- 7% of people with home care felt their quality of life was 'bad' or 'very bad'.
- Not having enough social contact or having little social contact and feeling social isolated was a concern for 22% of service users

In a recent consultation with patients receiving care at Stafford and Cannock hospitals⁴⁸

- 69% of participants described an experience of care which was positive overall
- 25% of participants described a negative overall experience of care
- 6% of participants described a mixed experience of care



There are 100 unplanned admissions every day for people over 65 of which **20%** are readmissions

Adult Immunisation

Similar to childhood immunisation programmes, vaccination coverage is the best indicator of the level of protection the population has against preventable infectious diseases. There are three routine programmes in place for older people:

- Annual flu vaccine which protects against flu (including swine flu) for people aged 65 years and over
- Pneumococcal polysaccharide vaccine (PPV) which protects against pneumococcal disease for people aged 65 years and over
- Shingles vaccination for people aged 70 and over introduced from September 2013

The proportion of Staffordshire residents who are vaccinated against seasonal flu and pneumococcal vaccine remains lower than the England average⁵⁰



During 2013/14 there were almost 2,500 influenza and pneumonia hospital admissions to people aged 65 and over in Staffordshire making up around 7% of all emergency admissions and costing the economy £7.4 million.

Carers

Based on data from the 2011 Census, 23,450 people aged 65 and over provide unpaid care in Staffordshire which makes up 15% of the population and is higher than the England average. **Almost 6% of people in this age group are providing 50 hours or more unpaid care during the week.** In addition around 22% of the population aged 50-64 provide unpaid care, which again is higher than the England average⁴⁹.

'Carer's Allowance' is a benefit which looks to support people that care for someone with substantial caring needs for at least 35 hours a week. In Staffordshire 5,750 people aged 65 and over were entitled to claim 'Carer's Allowance' in May 2014, which is a third of all those entitled across the county and 3.4% of the population aged 65 and over.

- Older carers in Staffordshire are less likely to be in good health themselves
- Less than a third of unpaid carers aged 85 and over are in good health.
- Only two in five unpaid carers aged 65 and over who provide 50 or more hours of care every week are in good health themselves.



Older carers in Staffordshire are less likely to be in good health. **60%** of unpaid carers aged 65 and over are not in good health themselves⁵¹

The Carers Association Southern Staffordshire (CASS) has estimated that the economic value of the contribution made by carers is on average £15,260 per year. Based on this, the total value of caring by older people in Staffordshire equates to £357 million.

Dementia

A new dementia prevalence calculator was published in 2014. As well as the age-sex structure of the population, this takes into account the higher proportion of dementia cases amongst care home residents. Over 5,000 people in Staffordshire had a recorded diagnosis of dementia on GP registers during 2013/14, with diagnosis rates in Staffordshire being lower than the England average (46% compared with 52% nationally). Diagnosis rates are particularly low in Lichfield, South Staffordshire, Stafford and Staffordshire Moorlands.

During 2013/14 there were 4,560 emergency admissions to Staffordshire patients aged 65 and over who had a recorded diagnosis of dementia, making up over 12% of all emergency admissions in this age group and costing the NHS in Staffordshire £12.9 million. One in two of these admissions were from care homes across the county. Emergency admission rates for older people with dementia in Staffordshire were significantly higher than those without dementia. These patients also spent more time in hospital than average, even though the main reasons for unplanned admissions in these patients were similar to that of the general older population, i.e. urinary tract infections, respiratory conditions such as influenza and pneumonia and falls.

Frail Elderly

What is frailty? The clinical condition of 'frailty' is one of the most challenging consequences of population ageing. Frailty develops as a consequence of age-related decline in multiple body systems, which results in vulnerability to sudden health status changes triggered by minor stress or events such as an infection or a fall at home.⁵²

Recently research suggests that between a quarter and half of people aged 85 and over are estimated to be frail, with the overall prevalence in people aged 75 and over being around 9%. This equates to around 6,700 Staffordshire residents in this age group.

Another recent study has directly linked frailty in 90% of people who are at increased risk of malnutrition aged over 75, suggesting a direct link between frailty and the nutritional quality of a person's diet.⁵³

In 2013 there are around 26,300 people in Staffordshire (around 15% of people aged 65 and over) who are either frail elderly or most at risk. Over the next 10 years this will increase by another 14,200 people. There are clear overlaps with the frail elderly population and other health and wellbeing priorities such as long-term conditions, dementia and/or end of life.

Service Utilisation

By age 65 most people will have developed at least one chronic condition, and a high proportion will have developed two or three conditions. As shown in the previous section on carers, many older people are reliant on family and friends to help with some day-to-day activities. Other care will be provided in the community, however a higher than average proportion in Staffordshire also occurs in hospital settings.

Older people are high users of hospital services. Every day in Staffordshire:

- around 165 residents aged 65 and over attend an accident and emergency department
- over 1,000 residents aged 65 and over attend an out-patient clinic
- over 240 residents aged 65 and over are admitted to hospital of which 100 are unplanned admissions and 20 are readmissions



During 2013/14 older people made up around **45%** of all emergency admissions, **70%** of unplanned hospital bed days and **60%** of costs despite making up only **20%** of the population in Staffordshire.

During 2013/14 older people made up around:

- 40% of all inpatient admissions and outpatient attendances, and around 23% of all A&E attendances in Staffordshire.
- Older people make up around 45% of all emergency admissions, 70% of unplanned hospital bed days and 60% of costs, despite representing only 20% of the population in Staffordshire.
- The average length of stay for older people is higher than average. People aged 85 and over have a length of stay that is almost four times that of people under 65.

In 2013 there were **26,300** people in Staffordshire who are frail elderly or most at risk, over the next ten years this will increase to approx **40,500**.

Admission rates for people aged 65 and over in Staffordshire are higher than the national average, in particular for acute and chronic conditions that can be managed effectively in primary care or outpatient settings, known as ambulatory care sensitive conditions (ACS). **Trends in Staffordshire for both acute and chronic ACS conditions are increasing more rapidly than average**

- The most common acute ACS conditions for older people aged 65 and over in Staffordshire are urinary tract infections (44%), influenza and pneumonia (23%) and dehydration and gastroenteritis (15%). In terms of chronic conditions the most common admissions in older people are for chronic obstructive pulmonary disease (34%), heart failure (21%) and atrial fibrillation (17%). ACS conditions in older people across Staffordshire cost a total of £19.5 million a year.
- Around 77% of all patients aged 65 and over admitted as emergencies return to their normal place of residence after discharge. However, only two-thirds of people aged 85 and over are discharged to their normal place of residence, meaning that many require continued care. By contrast, 96% of patients under 65 return home after discharge.

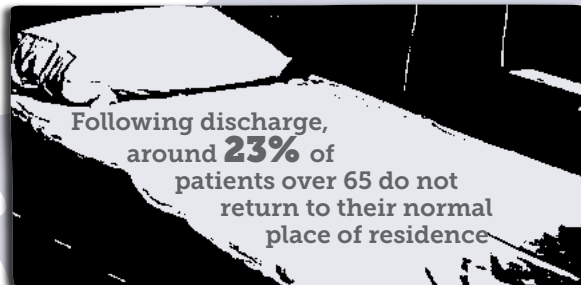


The number of people with dementia in Staffordshire is projected to increase by **71%** by 2030, this is higher than the national rate and means over 20,000 people living with dementia in the county



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- Support within the community helps people to remain independent and live in their own homes for as long as possible. Around 19,820 people aged 65 and over received social care support during 2013/14. The proportion of adults aged 65 and over in Staffordshire who are supported in the community is higher than the national average, consequently residential care numbers are slightly lower than average.
- Levels of people in Staffordshire receiving nursing care is around average. Rates of people aged 65 and over receiving care support have reduced by 25% in Staffordshire compared to 40% in England.



End of Life Care

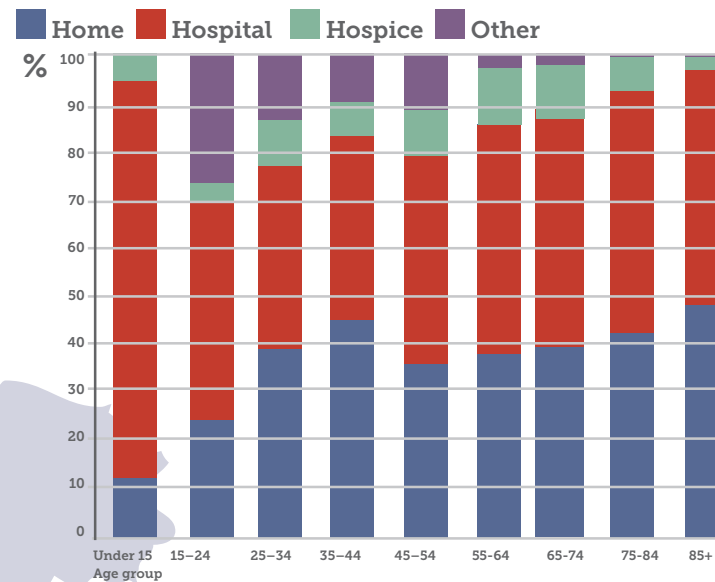
Hospital is generally considered to be the place where people would least like to die, and most would prefer to be at home, in a care home or hospice. It is important to work towards reducing the numbers dying in hospital. In order to meet these preferences, thus improving end of life care and reducing the costs of unnecessary admissions.

National insight suggests everybody has their own idea of what a 'good death' is. However for most people it involves being without pain, in a familiar place with close family or friends and being treated with respect.

- Over three-quarters of respondents viewed the overall quality of care across all services in the last three months of life as outstanding, excellent or good. However one in ten said it was poor which means that many people may not be getting high quality care at the end of their life.
- The quality of care was rated significantly lower for people who died in a hospital, compared to people dying at home, in a hospice or care home.
- Pain is relieved most effectively in the hospice setting (62%) and least effectively at home (18%).

Staffordshire deaths by age group and location of death, 2013⁵⁴

Fig 12



In Staffordshire around one in two deaths in people aged 65 and over occur in hospital settings.

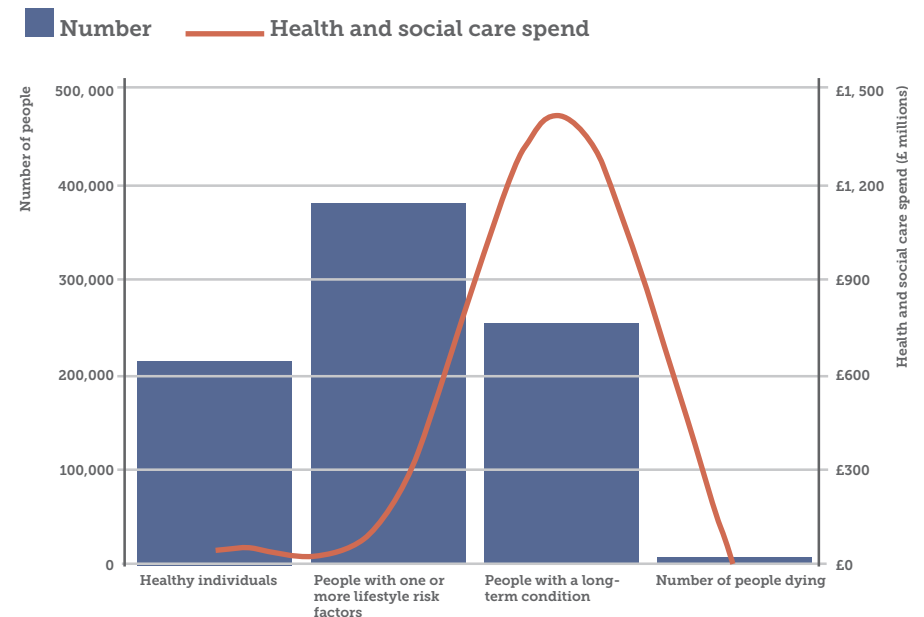
The Case for Change

In line with most of the rest of the world, Staffordshire will continue to see a rise in the numbers of older people, and this should be celebrated. The phenomenon of longevity reflects the improvements in general living standards and medical science, and is an opportunity to take a fresh look at old age. Rather than advancing years being something to dread and a burden on family and community, there is much to recommend viewing the elderly population as an attribute to society and a rich source of wisdom and knowledge⁵⁵.

However, this change of emphasis demands a paradigm shift in the way ageing is currently viewed and resourced. At present, the prevailing view of ageing is based on a negative bio-medical model of declining, deteriorating frail bodies requiring clinical solutions. This results in the predominant imbalance of our emphasis and approaches toward supporting frailty (26,000 people in Staffordshire) versus promoting healthy ageing (145,000 people in Staffordshire).

Figure 13 illustrates Staffordshire’s current spend on universal prevention to primary and secondary treatment to end of life care. It shows that whilst the numbers towards the right of the diagram are a smaller proportion of the population, the amount of the NHS and social care budget spent here is very high (estimated at about £1.4bn). We need to redress this balance and ensure the healthy older population (currently 146,000) are supported to remain well and independent. Simultaneously, those who are considered frail and most vulnerable (currently 26,000) must receive excellent care which fosters as much health, wellbeing and independence as possible.

Figure 13
Health and wellbeing pyramid in Staffordshire, 2012/13



This imbalance must be re-appraised to reflect a new societal perspective and understanding. Seeing older people as assets to be valued and part of the solution for sustainable development will be crucial as our communities grow older and our resources grow smaller.

This fundamental shift in the way old age is perceived requires input and understanding from older people as well as from the rest of their community. Strong local leadership will be required to ensure ageism and discrimination is tackled across society. If the whole of society begins to view old age as something exciting and full of promise, with time to pursue new interests and be of service to others, the benefits will impact on people of all ages. This is essentially an asset-based approach to the role of the elderly cohort within society.

“In an asset-based approach, the glass is half-full rather than half-empty. Fundamentally, the shift from using a deficit-based approach to an asset-based one requires a change in attitudes and values.”⁵⁶

Key features vital for quality of older life include good physical health, independence, dignity, social inclusion, making a contribution and feeling useful. This positive perspective on ageing applies to the active well, who are able to get out and about, maintaining a social network and sharing skills and ideas, but also to the housebound and frail elderly. Disabilities and poor health do not necessarily prevent participation in society, and it is important that this group is not overlooked or forgotten. Everyone has something to offer to friends, neighbours, their community, and needs to feel valued and involved.

However at the same time, as this report clearly demonstrates, older people in Staffordshire are experiencing a number of poor outcomes and challenges in different areas of their lives.

If this trend continues without improvement, demands on public services will increase overwhelmingly as the numbers of older people grow. Continuing with the status quo is not an option and it is crucial that we begin now to shift the focus of our collective

efforts towards prevention and early intervention. Whilst there is an obvious economic justification for mitigating the pressures on specialist support services, the evidence suggests that there are many opportunities to preserve health, wellbeing and independence as people age, leading to improved quality of life and more years spent enjoying good health.

SHWB has already recognised the need for a shift to prevention and should consider developing a countywide Healthy Ageing Strategy to support this objective.

It will be crucial to engage with and involve everyone in our communities. Individuals, communities, voluntary groups, service providers and system leaders each play a key role in improving the health and wellbeing of older people. Some specific examples of key next steps include:

- **Planners** - to focus on lifetime neighbourhoods to include the development of age-friendly environments, accessible outdoor spaces, spatial planning and building design
- **The Staffordshire and Stoke on Trent Local Nature Partnership** – to focus on the development, accessibility and quality of the natural environment and green spaces
- **Housing** – to focus on housing which addresses changing needs across the life course
- **The Staffordshire and Stoke on Trent Local Enterprise Partnership** – to focus on supporting and enabling a diverse workforce, particularly the needs of an ageing workforce
- **The Joint Transformation Board** – to focus on development of a single care pathway for the frail elderly and to broaden the approach to encompass a health and wellbeing pathway for all older people.

Next Steps

KEY THEMES	For the 145,000 fit and well older people in Staffordshire.	For the 26,000 frail older people in Staffordshire
<p>The Right Environments</p>	<p>The Staffordshire Health and Wellbeing Board should take forward its agreed approach to prevention with particular focal areas such as housing and health.</p> <p>Community, work and home environments should support the maintenance of good health and wellbeing, including age-friendly outdoor spaces and building design.</p> <p>Consideration in planning processes should be given to how the environment promotes the 'Five Ways' to wellbeing.</p> <p>Consideration in planning processes should be given to ensure that new homes are safe, pleasant and designed to meet people's needs over their life course.</p> <p>Existing home, work and community environments should be maintained and improved to ensure that they protect individuals from harms associated with high and low temperatures, damp and other physical hazards.</p> <p>Public Health to work alongside the Staffordshire and Stoke Local Nature Partnership to improve the accessibility and quality of green spaces and the natural environment for older people.</p>	<p>Community, work and home environments should support the improvement in good health and wellbeing of people affected by frailty.</p> <p>Consideration in planning processes should be given to how the environment promotes the 'Five Ways' to wellbeing. A particular focus should be given to ensuring that environments support the re-enablement of individuals who are already becoming isolated as a result of their frailty.</p> <p>Consideration in planning processes should be given to ensure that new homes are safe, pleasant and designed to meet people's needs over their life course.</p> <p>Existing home, work and community environments should be maintained, adapted and improved accordingly to need to ensure that people can be maintained within their communities, families and homes as frailty increases.</p>
<p>Healthy Lifestyles</p>	<p>The statutory, private and voluntary sectors should:</p> <ul style="list-style-type: none"> • work to promote health and wellbeing through the promotion of the 'Five Ways' to wellbeing. • work to develop a whole systems approach to offer a range of support and preventative programmes available for older adults to support healthy lifestyle choices. • develop local assets and peer support mechanisms to facilitate healthy behaviours. <p>There should be a specific focus on promoting and facilitating physical activity for improving general health and wellbeing and for retaining independence and preventing falls for older adults using the 'Active Staffordshire' concept.</p> <p>Appropriate preventative and support services should be available to everyone and at key transition or risk points for older people, such as retirement, bereavement, becoming a carer or diagnosis of a long-term condition.</p> <p>Broaden the 'Making Every Contact Count' (MECC) programme, mobilising partners, providers and the wider community to capitalise on every opportunity to minimise health and wellbeing issues of the elderly. MECC can influence a range of relevant outcomes including social isolation, falls prevention and minimising fuel poverty.</p> <p>The importance of carers should be recognised and dedicated carers should be actively supported by the statutory, private and voluntary sectors in following the five ways to wellbeing.</p>	<p>The statutory, voluntary and private sectors should seek to develop opportunities to support the physical re-enablement of individuals who are frail. A particular emphasis should be given on the re-enablement of physical strength, bone density and cardiovascular risk factors through appropriate physical activity.</p> <p>The statutory, voluntary and private sectors should deliver the five key principles for providing good nutrition and hydration care (as identified by the Malnutrition Task force, 2013)</p>

Social Inclusion

The statutory, private and voluntary sectors should work to promote health and wellbeing through the promotion of the five ways to wellbeing.

Financial information, advice, support and guidance to be targeted to older people.

The Staffordshire 'Casserole Club' is a good example of a project designed to tackle social isolation, strengthen connections between generations, build social capital and support good nutrition in older people. Schemes such as these must be developed and replicated across the county.

More integrated, connected and sustainable transport systems.

Strong local, national and global leadership should ensure ageism and discrimination is tackled across systems, services, communities and society as a whole.

The statutory, private and voluntary sectors should promote a diverse workforce with increased opportunities for older people to work in a flexible manner.

Planning and strategic developments (including the LEP) should consider the impacts of, and engagement with, an ageing workforce, an ageing population and the predicted change in demographic structure of Staffordshire.

The statutory, private and voluntary sectors should work to promote health and wellbeing through the promotion of the five ways to wellbeing.

Quality Services

Health services should systematically ensure that people remain fit and well as they grow older with a particular emphasis on:

- Maintaining heart health and preventing stroke.
- Maintaining and improving musculoskeletal factors through physical activity i.e. strength and bone density.
- Preventing infectious disease, including influenza, pneumonia and other potentially serious infections (e.g. norovirus, clostridium difficile and antibiotic resistant infections).
- Identifying and acting upon risk factors for development of disease e.g. smoking, excessive alcohol use and malnutrition.

The statutory, private and voluntary sectors should be engaged in delivering the 'Five Ways to Wellbeing' approach on behalf of the whole community, with a particular emphasis on the older population.

Improved management of long term conditions and innovative solutions to support self-care.

Health and social care services should seek to systematically identify frail individuals at risk of progressive deterioration in their health and wellbeing before a crisis occurs.

Health and social care should ensure that a range of interventions are available to ensure that an at risk frail person can be prevented or delayed from reaching crisis.

Statutory and voluntary sectors should work together to identify when existing home and community environments need maintenance, adaption and improvement to protect specific frail individuals. Particular emphasis should be given to maintaining safe temperatures in the home.

Care services should work to ensure access to quality green spaces and the natural environment for older people to enable and support recovery and rehabilitation.

Health and social care services should have the capacity and capability to ensure that people at the end of life can be maintained in their home environment according to their wishes.

The Transformation Board should ensure that a single frail elderly care pathway for Staffordshire is implemented. It should also take the opportunity to extend this to a broader 'health and wellbeing' pathway for all older people in Staffordshire, to re-address the balance toward prevention in line with the principles of this report.

Appendix 1: Key health and wellbeing indicators for older people

Compared to England:		Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available			Not compared	
Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Mid-year population estimate	2013	98,100	114,900	101,800	125,200	110,300	132,100	97,400	77,200	857,000	5,674,700	53,865,800
Number of people aged 65 and over	2013	17,000	20,600	22,500	24,200	24,400	27,300	22,200	12,500	170,900	1,006,900	9,305,200
Number of people aged 75 and over	2013	7,300	9,300	9,200	10,900	10,600	12,000	9,600	5,000	73,900	460,700	4,281,600
Number of people aged 85 and over	2013	2,000	2,500	2,500	3,000	2,800	3,400	2,600	1,300	20,100	130,400	1,237,900
Percentage aged 65 and over	2013	17.3%	18.0%	22.1%	19.3%	22.1%	20.7%	22.8%	16.2%	19.9%	17.7%	17.3%
Percentage aged 75 and over	2013	7.4%	8.1%	9.1%	8.7%	9.6%	9.1%	9.8%	6.5%	8.6%	8.1%	7.9%
Percentage aged 85 and over	2013	2.0%	2.2%	2.5%	2.4%	2.6%	2.6%	2.6%	1.6%	2.3%	2.3%	2.3%
Dependency ratio of older people per 100 working age population	2013	27	29	36	30	36	33	37	25	32	28	27
Population change between 2013 and 2023 - 65 and over	2013-2023	26.0%	25.6%	24.4%	18.9%	23.5%	23.6%	22.0%	34.0%	24.0%	19.5%	21.7%
Population change between 2013 and 2023 - 75 and over	2013-2023	49.6%	44.0%	64.9%	34.5%	50.5%	48.8%	48.6%	63.3%	49.4%	34.9%	34.9%
Population change between 2013 and 2023 - 85 and over	2013-2023	57.9%	55.9%	69.2%	38.3%	67.4%	52.2%	55.2%	63.2%	56.5%	43.2%	41.0%
Proportion of population living in rural areas	2013	9.3%	21.9%	29.5%	20.4%	39.9%	31.9%	30.3%	0.0%	24.0%	14.8%	17.1%
Life expectancy at 65 - males (years)	2011-2013	18.4	18.3	18.5	17.8	18.8	19.6	18.8	18.6	18.6	18.4	18.7
Life expectancy at 65 - females (years)	2011-2013	21.1	20.8	21.0	20.6	21.3	21.4	21.0	21.0	21.0	21.1	21.1
Disability-free life expectancy at 65 - males (years)	2007-2009	9.0	8.1	12.1	8.7	10.9	11.3	10.8	6.6	n/a	9.9	10.2
Disability-free life expectancy at 65 - females (years)	2007-2009	10.2	11.4	11.1	7.7	11.1	13.4	11.9	7.7	n/a	10.7	10.9
Estimated households failing to meet decent homes standard	2009	29.6%	38.7%	31.6%	35.9%	32.2%	33.0%	41.5%	25.9%	34.1%	36.7%	36.0%
Fuel poverty	2012	11.1%	14.6%	10.9%	13.4%	10.5%	12.4%	13.5%	10.1%	12.2%	15.1%	10.4%
Excess winter mortality for people aged 65 and over	Aug 2009 to July 2014 provisional	14.0%	19.6%	26.4%	19.7%	18.8%	18.1%	22.1%	1.9%	18.6%	18.6%	17.5%
Number of disabled facilities grants for people aged 65 and over	2012/13	34	35	38	37	58	70	n/a	32	n/a	n/a	n/a

36 Healthy Ageing in Staffordshire

Compared to England:

Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared
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Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Limiting long-term illness in people aged 65 and over	2011	60.9%	51.4%	48.2%	57.4%	49.4%	48.5%	53.3%	55.8%	52.6%	54.1%	51.5%
Lone pensioner households	2011	11.4%	12.4%	12.2%	13.5%	13.3%	12.8%	13.5%	10.9%	12.6%	12.6%	12.4%
Older people aged 60 and over living in income-deprived households	2013	20.8%	14.7%	12.8%	15.7%	14.7%	11.4%	13.8%	21.8%	15%	20.6%	18%
People aged 65 and over in employment	2013/14	S	6.7%	14.1%	10.5%	13.1%	12.3%	9%	11.1%	9.9%	9.6%	9.9%
Access to private transport - proportion with no car or van	2011	20.2%	21.4%	13.6%	22.1%	13.2%	17.5%	14.8%	20.6%	18.0%	24.7%	25.8%
Seasonal flu - people aged 65 and over	2013/14	68.1%	70.8%	69.7%	73.7%	71.3%	69.3%	70.1%	73.8%	70.8%	72.4%	73.2%
Pneumococcal vaccine in people aged 65 and over	2013/14	63.2%	67.3%	69.8%	62.6%	63.1%	64.4%	60.4%	72.1%	65.1%	68.1%	69.1%
Hospital admissions for acute ambulatory care sensitive conditions (ASR per 100,000)	2013/14	1,373	1,211	1,108	1,608	1,235	1,342	1,250	1,335	1,313	1,360	1,196
Hospital admissions for chronic ambulatory care sensitive conditions (ASR per 100,000)	2013/14	846	947	755	924	624	632	705	887	780	872	800
Admission rate to residential or nursing care homes per 100,000 population aged 65 and over	2013/14	734	591	440	755	536	783	630	697	655	663	651
People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2013/14	85.2%	82.5%	84.9%	92.9%	90%	80%	91.3%	92.9%	86.3%	82.4%	82.5%
Accidental mortality in people aged 65 and over (ASR per 100,000)	2011-2013	102	113	106	115	78	86	90	135	100	81	69
Falls admissions in people aged 65 and over (ASR per 100,000)	2012/13	1,868	2,330	2,095	2,304	1,747	2,012	1,959	2,417	2,071	1,951	2,011
Hip fractures in people aged 65 and over (ASR per 100,000)	2012/13	637	622	591	625	586	658	547	680	613	588	568
Dementia prevalence	2013/14	0.6%	0.6%	0.5%	0.8%	0.6%	0.6%	0.6%	0.5%	0.6%	0.6%	0.6%
Dementia diagnosis rate	2013/14	50.2%	51.2%	40.6%	50.8%	42.9%	47.0%	38.6%	48.1%	46.4%	50.6%	51.9%
Provision of unpaid care by people aged 65 and over	2011	16.1%	13.3%	15.4%	15.0%	15.3%	14.7%	15.3%	14.8%	15.0%	14.5%	13.8%
End of life: proportion dying at home or usual place of residence	2013	42.6%	38.8%	45.9%	42.6%	43.8%	45.2%	44.4%	39.4%	43.1%	39.5%	41.3%
End of life: proportion dying at hospital	2013	50.3%	56.2%	46.9%	49.4%	48.9%	46.8%	47.4%	53.8%	49.6%	53.2%	50.9%
End of life: proportion dying at hospice	2013	5.8%	3.3%	4.9%	6.2%	5.8%	7.0%	6.5%	5.5%	5.7%	5.4%	5.6%

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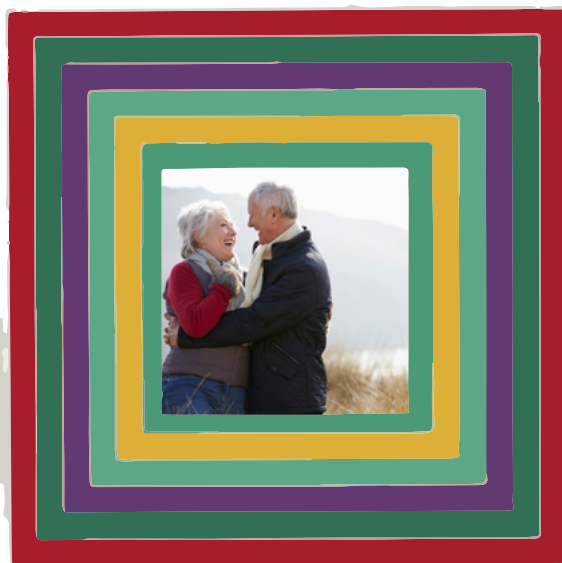
Have Your Say

If you have any feedback on the contents of this report or suggestions moving forward please don't hesitate to get in touch, we would be very pleased to hear from you. Direct all enquiries to: publichealth@staffordshire.gov.uk

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