

7.3.9 Ageing well

Brighton & Hove JSNA 2015

Why is this issue important?

Older people (those aged 65 and over¹) are the fastest growing population group in England and Western Europe. Growing old is not the same as growing infirm. The rate of decline in health and wellbeing is largely determined by factors related to lifestyle as well as external social, environmental and economic factors and people can take some control over their ageing. There is solid evidence that promoting physical and mental health in older people prevents or delays the onset of disability as do public policy measures, such as promoting an age-friendly living environment.^{2,3,4,5}

Material conditions, social factors and the interaction between them influence how well individuals age. The life satisfaction and general wellbeing of older people is reduced when they are isolated, poor, in ill-health, living alone or in unfit housing and rundown neighbourhoods, when they require or are a carer or live in a care home.

Bereavement presents an additional threat to quality of life.⁶ Transport is another important factor in determining older people's ability to access vital amenities and allowing older people to remain independent and active in later life as well as helping people stay connected.

There has been a national policy shift towards an adult social care and health service that has prevention, early intervention and enablement at its core, as well as choice and control over services through personalisation. This approach has the potential to enhance wellbeing and save money through reducing use of high end, high cost services for as long as possible.

Key outcomes

Public Health

- **Fuel poverty**
- **Diet**
- **Excess weight in adults**
- **Proportion of physically active and inactive adults**
- **Access to non-cancer screening programmes**
- **Take up of the NHS Health Check programme – by those eligible**
- **Self-reported well-being**
- **Injuries due to falls in people aged 65 and over**
- **Population vaccination coverage**
- **Preventable sight loss**
- **Health-related quality of life for older people**
- **Hip fractures in people aged 65 and over**
- **Excess winter deaths**

Public Health & NHS

- **Estimated diagnosis rate for people with dementia**
- **Emergency readmissions within 30 days of discharge from hospital**

Public Health & Adult Social Care

- **Proportion of people who use services and their carers, who reported that they had as much social contact as they would like**
- **Older people's perception of community safety/The Proportion of people who use services who feel safe**

NHS & Adult Social Care

- **Health related quality of life for people with long term conditions / Social-care related quality of life**
- **Health related quality of life for carers / Carer-reported quality of life**
- **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service and proportion offered rehabilitation following discharge from acute or community hospital**
- **A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (in development)**

¹ In the absence of any guidance as to definition of 'older', this summary is using 65 and over as the starting point .

² Banks J, Breeze E, Lessof C, Nazroo J. Retirement, health and relationships of the older population in England: The 2004 English Longitudinal Study of Ageing (Wave 2). 2006.

³ Bassey EJ. Physical capabilities, exercise and ageing. *Reviews in Clinical Gerontology* 1997; 7(4): 289–297.

⁴ Center for Lifespan Psychology. Annual report 2003–2004. Available at: www.mpib-berlin.mpg.de/sites/default/files/media/pdf/25/lip_report_11.pdf.

⁵ World Health Organization. Global age-friendly cities: a guide. 2007. Available at: http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

⁶ Brighton & Hove Annual Report of the Director of Public Health 2010: Resilience. Available at: <http://www.brighton-hove.gov.uk/content/health-and-social-care/health-and-wellbeing/annual-report-director-public-health>

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- **People's experience of integrated care / Effectiveness of integrated care (both in development)**

NHS

- **Life expectancy at 75**
- **Health-related quality of life for people with long-term conditions**
- **Proportion of patients with hip fractures recovering to their previous levels of mobility/walking ability**
- **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service**
- **Proportion offered rehabilitation following discharge from acute or community**

Impact in Brighton & Hove

In Brighton & Hove older people comprise over 13% of all residents. Currently there are 35,800 people aged 65 or over in the city; 20,100 females and 15,800 males,⁷ with the ratio of women to men increasing with age.⁸ The number of older people has declined over the last 12 years and the city has a lower proportion of older people compared to the South East and England. However, according to 2012 population estimates, older people still comprise a significant minority of our community, accounting for over 13% of all residents. The number (not proportion) of people aged 75 years or over is expected to increase by 10% between 2011 and 2021, with a growing proportion aged 85 years or more.⁹

Older people live across all areas of the city. However, the largest communities are in Rottingdean Coastal (22%) and Woodingdean (19%). In six of the city's 21 wards, fewer than one in ten people are aged 65 years or over with the lowest percentage in St Peters and North Laine (6%) followed by Hanover and Elm Grove, and Brunswick and Adelaide (both 7%). The largest percentage of residents aged 65 years and over are in five wards, with over half the City's older people living in the 40% most deprived areas for older

people in England, and some in the 4% most deprived. The West locality has the highest number of older people and prevalence of stroke, diabetes and dementia. In seven wards, fewer than one in ten people is aged 65 years and over.⁹

Brighton & Hove has a relatively large proportion of older people living alone and potentially isolated who are more dependent upon public services. Single pensioner households are higher than average (14,500 households comprise single people aged 65 or over) and the majority of people aged 75 or over live alone; of those living alone, 34% are male, 61% female.^{6, 10} Approximately 14,500 (41%) people aged 65 years and over live alone in Brighton & Hove compared to 31% nationally.

In Brighton & Hove, 23.6% of older people are affected by income deprivation (IDAOP1) (the percentage of adults aged 60 years or over living in pension guarantee households) compared with an average of 20.5% in England.¹¹ Older people in poverty are spread across the city, however there are concentrations in the city's most deprived areas, such as Hangleton and Knoll, Hollingbury, East Brighton and Queen's Park. The lowest concentrations of poverty are in Withdean, Hove Park and Patcham and Rottingdean Coastal (which has the highest percentage of people aged 65 & over - 22.3%). The pattern has changed slightly over the past ten years, with increases in IDAOP1 in SE and Central Hollingdean, Central East Brighton, Goldsmid and a worsening of poverty levels across Hangleton and Knoll and Hollingdean and Stanmer.

The City has almost twice the national suicide and undetermined injury death rate in older people. Around 9% of people aged 65 and over have depression, 2–4% have severe depression.¹²

Older people are less likely to be satisfied with Brighton & Hove as a place to live (75%) than other age groups – 81% for 18-34 and 82% for 35-54¹², and are more likely to feel unsafe in their own local area after dark (18%) than 35-54s (11%) and 18-34s (12%)¹² particularly those on low income or in more

¹⁰ Institute for Public Care. Projecting Older People Population Information System (POPP1). Available at: <http://www.poppi.org.uk/> (registration required).

¹¹ Department for Communities and Local Government. English indices of deprivation, 2010. London: Department for Communities and Local Government; 2010.

¹² Brighton & Hove City Tracker Survey, Annual results – November 2014 <http://www.bhconnected.org.uk/sites/bhconnected/files/City%20Tracker%20Wave%207%20Results%20November%202014.pdf>

⁷ Figures do not sum due to rounding

⁸ Office for National Statistics. Census 2011

⁹ Office for National Statistics. Sub-national Population Projections to 2021; 2012. Available from <http://www.ons.gov.uk/ons/taxonomy/index.html>

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deprived areas – 45% of those aged 75 and over compared to 23% of all residents.¹³ Although In their own home older people feel safe with 99% feeling very or fairly safe during the day and 98% feeling very or fairly safe after dark.¹⁴

With regard to services and support for older people, more than a quarter (28%) are satisfied but 12% are dissatisfied (and 37% “don’t know”). This is well below the national average, where 44% are satisfied.¹⁴

Physical activity levels decline with age. Only 7% of adults aged 55 years and over participate in at least three 30 minute sessions of sport per week. The majority (62%) of people with a limiting disability (more likely to be older people) do no 30 minute sessions of moderate intensity sport and active recreation a week compared to 38% of people without a limiting disability. This has an impact on both physical and cognitive function.^{15,16}

Some older people require assistance and support to be able to make use of free travel.⁶

Many older people in the City may not claim the benefits to which they are entitled and which would increase their resilience.⁶

There are many carers, including 11,500 aged over 50, with increasing numbers of older parent carers of adults with LD/autism. Even among people aged 85 years and over, 5% provide some form of unpaid care, and half of these carers provide 50 hours or more of care.¹⁷ Significant numbers of carers report feeling out of control of their daily life, lonely and detached from society and want support for their own issues.¹⁸

Across all sectors older people are presenting with more complex needs.

Older people with increasing levels of need are being discharged early from hospital to be supported at home by informal/formal carers, this potentially increases their isolation.

The Brighton and Hove Better Care Plan,¹⁹ published in 2014, has a focus on improving outcomes in ‘frail’ people (it should be noted that not all older people are frail and many of our frail population are in younger age groups, however much of the action described within this plan will benefit older people). The plan describes how improved services for our frail and vulnerable population will help them to stay healthy and well by providing more pro-active preventative services that promote independence and enable people to fulfil their potential.

There are an estimated 92 Extra Care and Sheltered housing schemes in Brighton & Hove providing 2,929 homes specifically for older people.²⁰ Extra Care Housing is housing designed with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and rights to occupy the property.

A Business Case to determine what type and how much Extra Care housing is required in the city, in the medium and longer term future has been commissioned... The projections will enable identification of the types of provision that will most appropriately meet the objective of reducing residential care costs. It will report in autumn 2015

New forms of senior housing and retirement housing have been pioneered in recent years to meet the needs of older people.

There are 12 independent home care providers who hold a contract with the council and there are 43 home care providers registered with the CQC across the city.¹⁵ Home care services provide assistance with personal care, practical tasks and support for informal carers. There are different levels of support available, from maintaining and improving levels of independence, to providing high levels of support to people who have high levels of need, including End of Life Care.

¹³ Brighton and Hove Safe in the City Partnership. Older people and Community safety – extract from the Strategic Assessment of Crime and Disorder: 2010.

¹⁴ Brighton & Hove City Snapshot – Summary of Statistics 2014
<http://www.bhconnected.org.uk/sites/bhconnected/files/City%20Snapshot%20Summary%20of%20Statistics%202014.pdf>

¹⁵ Public Health England. 2014. Everybody active, everyday: an evidence-based approach to physical activity.

¹⁶ Brighton & Hove physical activity and sport needs assessment. 2012
<http://www.bhconnected.org.uk/content/needs-assessments>

¹⁷ Office for National Statistics. 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001 [Online]. London: Office for National Statistics; 2013. Available from URL:
<http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/art-provision-of-unpaid-care.html>

¹⁸ Department of Health. Government Information for Carers.
www.carers.gov.uk

¹⁹ Available at <http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/health-wellbeing-board> [Accessed 03/10/2014]

²⁰ Brighton & Hove City Council. Adult Social Care. Market Position Statement. March 2014

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Personalisation and personal budgets should have significantly changed the way services are delivered to improve the older person's experience, however outcomes are mixed and take-up of direct payments by older people locally has declined.

People can choose to have a home care provider or Personal Assistant (PA) to provide their care. "Support with Confidence" is the approved Brighton & Hove City Council PA scheme, that includes training and background checks.¹⁵

There are 2,326 registered care home beds in the city, provided in 29 nursing homes and 81 residential homes. There is estimated to be a low level of vacancies within care homes in the city. The council spent £43,289m on care homes in 2012/13, double the amount spent on home care/community support and over half the Adult Social Care budget. The average length of stay is 33 months in a care home and 21 months in a nursing home. The council has four care homes providing short stay rehabilitation and re-ablement services, in the city.

A number of people are placed in care homes out of the city, including 179 people over 65 and 174 people with dementia. This can be to live near a family member but for some it is due to lack of capacity in the city.¹⁵

The local NHS and Brighton & Hove City Council (BHCC) both fund 'gateway' organisations to ensure older user voices inform decision making, including BME elders. There are many older people user-led organisations/groups including MindOut (peer support for LGBT elders with mental health issues); Hangleton and Knoll 50+ Group which coordinates health activities; The Neighbourhood Care Scheme which is directed by users and is a good neighbour scheme to primarily isolated older people; Volunteering Matters volunteers (all 50+) design and deliver individual and group activities in partnership with an extra care housing scheme.

Local research evidences that older people want a person centred approach to daily living.²¹ Findings have also been developed into learning resources and are feeding into local policy and practice.

Similar results were found for older people with dementia with a separate guide also available.^{22,23}

Local research carried out by the University of Brighton and The Trust for Developing Communities shows that a key priority for older people was to be able to communicate with other people to overcome isolation that many felt.²⁴

Research also reveals the very different experiences that constitute old age and the varied factors that affect wellbeing at this stage of life. Relationships of different types are important and the resources and capacities that people have to adapt to personal and social changes can make a big difference to people's sense of being well in old age. In addition, security, feeling like you 'belong', and being confident that help is there if you need it are all important.²⁰

Research suggests that there is a danger that definitions that emphasise physical health, people's capacity to plan and set goals, and to be active within their communities, may exclude people for whom old age is accompanied by illness, a reduction in physical horizons because of mobility problems and who, because of advanced old age, are focused on being well in the present rather than planning for the future.²⁰

Where we are doing well

Brighton & Hove is following the WHO's age friendly city approach, which helps cities encourage and support active ageing by optimizing opportunities for health, wellbeing and participation and challenging stigma around ageing.

Brighton & Hove has nearly double the national average of independent active older people and a smaller proportion with high care needs. Healthy life expectancy and disability-free life expectancy at age 65 years are higher for females in Brighton & Hove than in England.⁶

From April 2014, the city council has taken a new approach to supporting the health and wellbeing of

²² Trust for Developing Communities. Focus Groups and Interviews with people with dementia and their carers: Needs Assessment for Dementia Friendly toolkit. Jan 2014

²³ Trust for Developing Communities and Brighton & Hove CCG. Welcome In: A Dementia-Friendly Guide for community groups and organisations. Sept 2014

²⁴ Andrews S, et al (2014) Never too Late: Action research on Lifelong Learning in Coldean. TDC and Brighton University.

²¹ Ward L, Barnes M, Gahagan B. Well-being in old age: findings from participatory research. University of Brighton & Age UK Brighton & Hove. 2012. <http://www.brighton.ac.uk/sass/older-people-wellbeing-and-participation/Full-report.pdf>

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older people. Partnerships of local organisations have been commissioned to work together in locality areas to provide a mix of community based activities and interests, befriending services and building based day services for older people to support their health and wellbeing, reduce loneliness and isolation and help them maintain their independence.

The Citywide Connect programme is the mechanism that brings together front-line staff who provide care and support for older people from the community and voluntary sector, public sector, businesses and faith groups to identify gaps, share intelligence and best practice and develop new and sustainable approaches to tackling social isolation and loneliness. In an environment where the care market is changing, and with the implementation of The Care Act 2014, Citywide Connect encourages partners to think creatively about how they can work together.

Building strong collaboration and joint working across sectors and between partners, and particularly engaging the independent and private sector, is critical to achieving change. It is here that we see the greatest benefits being made in terms of flexible services, enabling people to stay at home longer, supporting carers and preventing access to acute and more costly services. Equally, it is about preparing to provide activities and services in areas across the city where little or no provision exists. 121 cross sector organisations are now linked into the Programme and over 300 action pledges have been made. These have focused on jointly promoting work where they are targeting the same client group, or to undertake initiatives to join up their services.

There are a range of resources available on the Citywide Connect page of the Fed's website www.thefedonline.org.uk/citywide-connect to help organisations find what exists in communities to help tackle social isolation and loneliness and ways to access these. The Fed also hosts It's Local Actually (www.thefedonline.org.uk/local) which has information on over 1,000 activities happening every week across the city. Connect & Share (<https://connectandshare.sharetribe.com>) is a website for people and organisations to list offers/wanted adverts to share community resources, such as transport, training courses,

volunteers, job shadowing opportunities or places in which to run activities.

Age UK, Impact Initiatives with Barclays and the council Library Service are working together to enhance older people's digital skills. Some of these projects are inter-generational (eg Age UK and Impact) and there is potential for this work to improve financial inclusion via libraries and other 'access points'. The council funds Citizens' Advice Bureau (CAB) welfare benefits advice in six GP surgeries in Brighton & Hove, four of which are in the city's most deprived quintile. Nearly one fifth of those accessing the service are aged 60 years and over and on average they receive an additional £2,445 in benefits. Age UK also offers counselling for older people, giving them the opportunity to reflect back on issues from the past that have never been fully addressed, or to look at a variety of concerns and worries that frequently occur in later life, such as loss of status, financial security, family or friend relationships, physical or mental health and others.

The city council in collaboration with older people's organisations is working to reshape the city's environment and services in order to be more age-friendly.

Older People's Day on 1st October celebrates age and the achievements and contributions made to the city by older people through events such as quizzes, walks, volleyball, cycling, singing, IT lessons and photographic exhibitions.

A new carers' strategy is in development, which will improve access by carers to assessments, advice, information and support.

The city has good transport network. Over 40,000 people aged 60 years and over in the city have a concessionary bus pass and they make over 10.5 million journeys a year. Free bus travel has helped reduce social isolation among older people.

Older people in the City (55+) are more likely to be *very satisfied* (47%) with their local area than younger residents (39% of 35-54s and 38% of 18-34s) They are also more likely than other groups to be satisfied with primary care and hospital services.¹²

Although older people are less willing to give up smoking, once they have decided to quit they seem

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to be more successful than younger age groups.⁶ By the age of 75 years or over, for males and females, smoking prevalence reaches its lowest point (5% for males and 10% for females).²⁵

The 2012 Health Counts Survey showed that residents aged 65-74 years were most happy: 78% for men and 77% for women compared with 72% for all adult respondents. In addition, whilst just 58% of survey respondents felt very or fairly strongly that they belonged to their immediate neighbourhood, this feeling increases with age for both men and women: 78% of those aged over 75 years feel very or fairly strongly that they belong compared to just 46% of those aged 18-24 years.²⁶

A relatively high proportion of older people have higher level qualifications and the proportion with no qualifications is lower than England. Brighton & Hove has a large number of organisations providing adult learning at affordable cost.⁶

A higher proportion of older people participate in groups making decisions affecting their local area and a significant proportion contribute through volunteering,¹² in line with the national picture.¹⁵ Sense of belonging increases with age for both males and females, with 78% of those aged over 75 years feeling very/fairly strongly that they belong compared to 46% of those aged 18-24 years.¹⁶

Older people are less likely than younger people to be victims of crime or a repeat victim of crime.¹⁵

The City has a strong and broad range of voluntary and statutory sector services which support vulnerable older people and enable them to participate in community activities, including older people/user led organisations/groups. Public sector funding for Voluntary and Community organisations (VCOS) is dependent on evidence of user involvement in design and delivery of services which continue to evolve in response to feedback.

Arts organisations have engaged older residents to help redesign programming, exhibitions and staff training to increase the older audience.

The City's Active for Life team designs and delivers activities with older people in targeted neighbourhoods, which helps raise awareness of what is on offer, significantly improving uptake.

Independence is important to older people; older people's home care services are increasing in line with a decrease in care home placements. Similarly the need for Extra Care Housing is increasing. Assistive technology is being actively promoted demonstrating positive outcomes. There are over 5,000 telecare users in the city supported by the council's CareLink Plus service. There is a need to expand telecare into new areas, including medication dispensing and reminding solutions. Home care and care home providers also need to use telecare as a cost effective way of meeting an individual's goals for a more independent life.¹⁵

Local inequalities

Relative to East Brighton and other deprived parts of the City, the deprivation scores of the wards where higher numbers of older people live are quite low.

Brighton & Hove has a relatively high proportion of 'non-decent homes', and the highest rates are where the head of household is aged 85 years or over.²⁷

The oldest owner occupiers (85+) are more likely than all other older people to move into communal establishments that may offer less independence, which could be due to a shortage of private sheltered or extra care housing schemes that also provide an element of support.

Some LGBT groups experience significant marginalisation and are less likely to feel that their local area is inclusive. Older LGBT groups experience discrimination, especially in communal accommodation. Efforts are being made to address this.

There are comparatively few BME residents aged over 65, and very few aged over 85 years. According to the 2011 Census, 8.1 per cent of residents aged over 65 years were from BME backgrounds in 2011.

Healthy life expectancy and disability free life expectancy at age 65 years is similar for males in

²⁵ Brighton & Hove City Council. Health Counts in Brighton & Hove 1992-2012

²⁶ Brighton & Hove City Council and NHS Brighton & Hove. Annual Report of the Director of Public Health. Happiness: the eternal pursuit. 2012/13.

Available at: http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Director%20of%20Public%20Health%20Annual%20Report%202013_web_0.pdf [Accessed 02/09/2015]

²⁷ Brighton & Hove Private Sector House Condition Survey. 2008

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Brighton & Hove and in England, but longer for females. The majority of people aged 75 years and over in Brighton & Hove live with a long term condition, as do a significant proportion of those aged under 75 years (38% of males aged between 65-75 years). Those who are married, in a civil partnership or living as a couple were significantly less likely to have a limiting long-term illness (21%) than all respondents, those who were separated or divorced (42%) or widowed (56%) were significantly more likely to have a limiting long-term illness.¹⁶

There is a clear relationship between self-perceived health and age, with the percentage of respondents who say they are in good or better health falling from 93% of 18-24 year old to 54% of those aged 75 years or over in 2012.¹⁶

Eating five a day is significantly more common in females (59%) than males (46%). For females, the percentage increases with age from 18-24 year (50%) to 65-74 years (75%) but falls in those aged 75 years or over. For males there is an increase in the percentage eating five a day from 32% at 18-24 years to 52% of 35-44 year olds, the figures for those aged 45-74 are then similar with a fall to 48% for those aged 75 years or over.¹⁶

The Integrated Household Survey 2009-2010 indicates that Brighton & Hove has the lowest level of religious belief in the country, however the data are not broken down by age or gender.

Males aged 50 years and over are more likely to be victims of crime than women aged 50 years and over.¹³

Nationally, 42% of carers are men and 58% women. This is reflected in the figures for carers aged 50 and over in the city; 43% of whom are men and 57% women.²⁸

Predicted future need

Although the proportion of older people living in the city has fallen in recent years, the population aged 65 years or over is predicted to increase and become more ethnically diverse. The greatest projected increase (37%, 9,300 extra people) will be seen in the 55-64 year age group. The population of 75 - 79 year old is also predicted to

increase by 34% (2,300 people) and those aged 90 or older by 25% (600 people).²⁹ This will have implications for housing need.

The City is currently a high user of care homes but is committed to providing alternative accommodation options, in particular extra care housing.

Brookmead Extra Care will provide an extra care housing scheme for older people and those living with dementia. It will serve as a quality scheme in the heart of the City centre in an area with substantial numbers of older people, many from low income households in poor neighbourhoods.

New models will include provision designed by older people, keeping them active and less socially isolated.

The council's Independence at Home team will work closely with Community Short Term Services to support people at risk of hospital admission, support people being discharged and promote opportunities for reablement.²⁰

Increasingly, older people will be purchasing care using their personal budgets and advocacy services will become more important as people navigate their way around the health and social care system.²⁰

Baby boomers have different aspirations and are keen to lead service design, which could lead to innovative and inclusive solutions for older people.

What we don't know

We do not have information on all protected characteristics of older people including ethnicity, religion, marital status and we lack comprehensive information on sexual orientation.

We need to know more about Extra Care Housing, with the commissioning of the Business Case.

Key evidence and policy

World Health Organization. Global age-friendly cities: a guide. 2007.

http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf

²⁸ Office for National Statistics. 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001.

²⁹ Office for National Statistics. 2012 based sub national population projections. Available at: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-335242> [Accessed 09/07/2015]

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NICE Guidance: PH16 Mental wellbeing and older people: 2008

<http://guidance.nice.org.uk/PH16>

Recommended future local priorities

1. There is a need to raise the profile of older people in the City and develop a joined up approach to service provision that places older people firmly at the core and emphasises prevention and early intervention - the WHO Age-Friendly City approach is providing a vehicle to take this forward, as is the new approach to commissioning and co-ordinating day services for older people.
2. Older people's active participation and contribution to community groups, schools and other neighbourhood activities should be encouraged as it builds resilience.
3. Better partnership working between agencies that support older people helps to mitigate the risk of cuts in public spending – this needs to continue to develop.
4. Services and benefits should be publicised in the right places to ensure that older people access them, with information in a range of formats – not just web based.
5. While loneliness and isolation of older people, including carers, BME and LGBT elders is being addressed however this requires ongoing focus along with increasing the number of older people actively participating in a full range of activities and services. Some older people need to be assisted and accompanied to ensure they access services. Ways to provide such support are being developed.
6. It is important to focus not just on the very elderly but also on the younger cohort of older people if future health and wellbeing problems and associated costs are to be reduced.
7. We need culture change across the City so that participation and engagement by older people is actively encouraged and older people are visible and involved as leaders in the City. Strategic involvement of older people in service design and delivery, along with active promotion of positive images of ageing, are important steps to taking this forward.

8. Despite a challenging financial envelope Adult Social Care is working to deliver its commitments set out in the Market Position Statement, 2014.

Key links to other sections

- Social connectedness, community resilience and community assets
- Emotional health and wellbeing
- Dementia
- Fuel poverty
- Housing

Further information

Ward L. Barnes M. Gahagan B. Well-being in old age: findings from participatory research. University of Brighton and Age UK Brighton & Hove. 2012.

<http://www.brighton.ac.uk/sass/older-people-wellbeing-and-participation/Full-report.pdf>

As Time Goes By: Thoughts on Well-being in Later Years. University of Brighton and Age UK Brighton & Hove. 2012

Brighton & Hove Annual Report of the Director of Public Health 2010: Resilience. <http://www.brighton-hove.gov.uk/content/health-and-social-care/health-and-wellbeing/annual-report-director-public-health>

Adult Social Care. Market Position Statement. March 2014.

<http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/FINAL%20MARCH%20ASC%20Commissioning%20Statement%20Report.pdf>

Annual Report of the Director of Public Health Brighton & Hove 2014/5: Look, inequality <http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/DofH%20Annual%20Report%202015%20chap%203-4.pdf>

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