7.3.9 Ageing well

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 allows older people to remain independent and active in later life and helps 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 also save money.

Key outcomes

- Older people’s perception of community safety (Placeholder) (Public Health Outcomes Framework)
- Falls and injuries in the over 65s (Public Health Outcomes Framework)
- Health related quality of life for older people (Public Health Outcomes Framework)
- Hip fractures in the over 65s (Public Health Outcomes Framework)
- Excess winter deaths (Public Health Outcomes Framework)
- Dementia and its impacts (Public Health Outcomes Framework)
- Enhancing the quality of life for people with dementia (NHS Outcomes Framework)
- Helping older people to recover their independence after illness or injury (NHS Outcomes Framework)
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation service (Adult Social Care Outcomes Framework)

Impact in Brighton & Hove

Currently there are 35,800 people aged 65 or over in the City; 20,100 females and 15,800 males7, with the ratio of women to men increasing with age.8

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 or over.9

Brighton & Hove has a relatively large proportion of older people living alone and potentially isolated who are more dependent upon public services.

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1 In the absence of any guidance as to definition of ’older’, this summary is using 65 or over as the starting point.
7 Figures do not sum due to rounding
9 Census 2011. ONS
7.3.9 Ageing well

Single pensioner households are higher than average and the majority of people aged 75 or over live alone; of those living alone, 34% are male, 61% female.\(^6,10\)

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

The City has almost twice the national suicide and undetermined injury death rate in older people. Up to 16% of people aged 65 and over have depression, 2–4% have severe depression.\(^6\)

Older people feel less safe in their neighbourhoods after dark, particularly those on low income or in more deprived areas – 45% of those aged 75 and over compared to 23% of all residents.\(^11\)

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. Only 7% of adults aged 55 years and over participate in at least three 30 minute sessions of sport per week.\(^12\)

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.\(^6\)

In some areas of the City, 12% of men over 50 have an average weekly alcohol consumption of over 35 units, well above recommended limits.\(^13\)

There are many carers, including 11,500 aged over 50, with increasing numbers of older parent carers of adults with LD/autism. 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.\(^14\)

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.

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.

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 is directed by users and is a good neighbour scheme to primarily isolated older people; Lifelines volunteers (all 50+) design and deliver individual and group activities in partnership with an extra care housing scheme.

The voice of older people is evidenced in the Place Survey and Brighton & Hove Age UK/Brighton University Wellbeing research published in 2012, “Well-being in old age: findings from participatory research”. This research evidences that older people want a person centred approach to daily living.\(^15\) Findings have also been developed into learning resources and are feeding into local policy and practice.

Further, the analysis revealed 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.\(^15\)

The report 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.

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\(^{10}\) Institute for Public Care. Projecting Older People Population Information System (POPPI). Available at: [http://www.poppi.org.uk](http://www.poppi.org.uk) (registration required). [Accessed 30.05.2013]

\(^{11}\) Brighton and Hove Safe in the City Partnership. Older people and Community safety – extract from the Strategic Assessment of Crime and Disorder: 2010.


\(^{13}\) University of Kent. Health Counts: Analysis of a survey of people aged over 50 in Hangleton and Knoll and Queen’s Park. 2005/6.


7.3.9 Ageing well

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. The authors suggest it is useful to explore what wellbeing means to older people within the context of their relationships with other people, the place that they live and the giving and receiving of care, rather than setting a standard against which to measure older people’s wellbeing.15

Where we are doing well

Brighton & Hove has recently been affiliated by the WHO into its Age Friendly City network. This will encourage active ageing by optimizing opportunities for health, wellbeing and participation. This strategic approach which has cross-party support will raise the profile of older people, prevention and wellbeing services.

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

The new Ageing Better partnership has identified best practice engagement, including outreach, home visits, a range of information dissemination and proactive engagement to enable access by older people, in neighbourhoods or across communities of identity/interest.

Day activities were reviewed by older people and their carers, resulting in a radical new way of commissioning services.

Free bus travel has helped reduce social isolation among older people.

Older people appear to be more satisfied with their local area than those in younger age groups, with those aged between 65-74 years most satisfied. Older people in the City are more likely than younger people to be satisfied with public services and feel they work to make areas cleaner and greener.16

Although older people are less willing to give up smoking, once they have decided to quit they seem 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).17

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.18

Older people in Brighton & Hove appear to have a better diet than the average younger person.19

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, 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

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7.3.9 Ageing well

training to increase the older audience, now up by 6% on 2003.

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. Assistive technology is being actively promoted demonstrating positive outcomes.

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.20

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.

There are isolated BME elders, including travellers. Service providers find it difficult to reach out to them - the BME needs assessment due in 2013 will inform future service development.21

Healthy life expectancy and disability free life expectancy at age 65 years is similar for males in 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.9

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.22

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 largest projected increases are in the 70-74 and 90 and over age groups.23

Independence is important to older people; older people’s home care services are increasing in line with a decrease in care home placements. Assistive technology is being actively promoted demonstrating positive outcomes; however there are risks of increased isolation which can affect older people’s wellbeing.

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

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20 Brighton & Hove Private Sector House Condition Survey. 2008
7.3.9 Ageing well

Brighton & Hove JSNA 2013

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

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 groups including ethnicity, religion, marital status and lack comprehensive information on sexual orientation.

Key evidence and policy


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 will provide a vehicle to take this forward, as will the Council’s new Commissioning Prospectus 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 would help to mitigate the risk of cuts in public spending – the Ageing Better partnership is a good example.

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. Loneliness and isolation of older people, including carers, BME and LGBT elders should be addressed 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 need to be 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 an organisational 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.

Key links to other sections

• Social connectedness
• Community resilience
• Community assets
• Older people – Social Care
• Emotional health and wellbeing
• Accommodation and support – older people
• Dementia

Further information


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


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