Older people

Headlines

There are more than 67,000 people aged over 65 years living in Kirklees, 1 in 6 of the total population. By 2030, 1 in 5 Kirklees people will be aged over 65 years.

The over 85 population will rise even more from 8,300 to 14,800 by 2030, an increase of 78%. These are the people most likely to have complex health and social care needs.

Today's older people are living happier, healthier and longer lives. At age 65 men can expect to live another 17 years and women 17.5 years, but only 8.1 of these years for men and 9.5 for women will be "disability free". And there are large differences caused by deprivation, with at least 1 in 5 older people still living in poverty.

The health challenges for older people are different to those of working-age adults. The biggest are disability and frailty, falls, pain, incontinence, dementia, depression and obesity along with poor diets and physical inactivity.

Most older people are independent but 1 in 3 of those aged 75 need help or support to continue living in their own home.

Increasing numbers of older people live alone; this is expected to rise to over 34,000 by 2030.

1 in 6 older people are at risk of social isolation and most want more social contact in their lives.

Why is this issue important?

Today's older people are challenging preconceptions about ageing and are living happier, healthier and longer lives. Fifty years ago, 1 in 10 children could expect to live to be 100; today it is 1 in 4.

In 2012 there were approximately 67,000 people aged over 65 years living in Kirklees, nearly 1 in 6 (15.4%) of the total population. By 2030 this is predicted to rise to 91,200, an increase of over 40%, which means 1 in 5 of those living in Kirklees will be aged over 65 years. The over 85 population was 8,300 and is predicted to increase to 14,800 by 2030, an increase of 78%[3]. These are the people most likely to have complex health and social care needs[1]. Projections suggest that if we continue today's model of care, an additional 1,144 care home places will be required by 2030 for people over 65 (a 52% increase)[4].

As the population ages, the costs of some age related health conditions will increase, but the population is also changing in other ways and older people should not automatically be seen as a burden. An increasingly older population does not just represent a cost to the

public sector, it also provides an opportunity to make the most of older people's contributions to the community. For example, in 2004 2,000 people aged 65 and over were economically active (3.9%); by 2012 this had risen to 4,100 (6.8%)[5]. In Kirklees 8 out of 10 (79%) people aged over 65 are home-owners[1]. Those aged over 65, through taxes, spending power, provision of social care and the value of their volunteering, made an astonishing net contribution of £40bn to the UK economy. And as the overall number of people over 65 increases and people remain healthier for longer, opportunities to make a positive contribution through work or volunteering will only grow.

Disability free life expectancy is a nationally calculated estimate based on averages that tells us how long people can expect to live free from disability and long-term illness[6]. At present in Kirklees the disability free life expectancy when people reach 65 is 8.1 years for men and 9.5 years for women, which means that on average people can expect to be healthy and free from long-term health problems well into retirement. In fact with overall life expectancy at 65 being 82 years for men and 84.5 years for women at age 65 people in Kirklees can expect to spend half of their retirement free from disability. However this is not true for all groups. The Marmot Review highlighted the impact of deprivation on both life expectancy and disability free life expectancy. Using national data the Marmot Review showed that those people living in the poorest areas can expect to spend the last 17 years of life with a disability starting 14 years before the state retirement age of 66, whilst those living in the least deprived areas spend the last 12 years of their life with a disability starting four years after retirement[13].

What significant factors are affecting this issue?

Locally in 2012 nearly half (48%) of older people rated their health as good or excellent, although this was lower than those aged under 65 (69%)[1].

Long-term conditions

Locally in 2012, slightly more than half (51%) of those aged over 65 reported having a long-term condition. They were much more likely than those aged under 65 years to have a long-term condition, particularly heart disease (16%), high blood pressure (43%), stroke (3%), diabetes (16%), back pain (22%), long-term pain (22%), incontinence (13%), dementia[17] (7%) and depression (13%).

More than half (60%) of all those aged over 65 were overweight or obese with 17% being obese[1]. Estimates show an increase in the number of obese people aged over 65 years from around 17,000 in 2012 to over 23,000 in 2030, an increase of 35%[3].

Level of dependency

Most older people are independent with only 1 in 7 (14%) of those aged 65-74 and 1 in 3 (36%) of those aged 75 and over saying they needed any help or support to continue living in their own home. Of those who said they did need help:

- Half (51%) were dependent (needed help with feeding, dressing, bathing/toilet).
- 1 in 3 (32 %) of those aged 65-74 and more than 2 in 5 (43%) of those aged over 75 years needed help with indoor mobility (cleaning and housework, getting around inside the home).

- Older people are more at risk of the consequences of a range of health problems during the winter as the cold exacerbates underlying problems. The "excess winter death index" (the ratio of the difference in the number of deaths in the winter months compared with the summer months) for older people is 16.5, which is better than both regionally (20.1) and nationally (20.8)[7] (see emergency preparedness section).

Falls

- Each year almost 1 in 4 people aged over 65 years, and 2 in 5 over 85 years, fall at least once, many of which are preventable. Such falls can break a hip or other bones and then significantly impair physical functioning[8].
- In comparison to the national average both older men and older women in Kirklees are more likely to have an injury due to a fall, women are more likely than men (2.3% compared with 1.6%), and those men or women over 80 are even more likely (5.5%)[8].
- The rate of hip fractures amongst older people locally is higher than nationally, rising with age to 1.6% in those aged 80 and over[9].

Delirium

Delirium is a clinical syndrome, that is, a collection of varied symptoms and signs that occur in combination, the causes of which are physical. Delirium can occur in people of any age, but is most typically seen in older people and it is the most common complication of acute hospital admission experienced by older people. Between 10% and 30% of older people admitted to hospital already have delirium. And between 15% and 60% of frail older people develop delirium in the course of an acute hospital stay. More than 50% of older people develop delirium post-surgery[i].

The risk factors for delirium include older age, dementia/memory problems, serious illness and current hip fracture. These are exacerbated by infection, dehydration, poor nutrition, immobility and pain.

Delirium itself, quite apart from the underlying cause, is harmful: in its effects on outcomes for the person, in the distress caused to both the person and their relatives, and in the increased costs of care. It is associated with poor outcomes such as those mentioned below:

- It has an adverse effect on recovery and mortality (delirium increases risk of death two-fold).
- It increases risk of complications while in hospital.
- It contributes to worse physical and cognitive status at 6 and 12 months after discharge – people with delirium are six times more likely to develop dementia within three years.

Behaviours

Poor diets and malnutrition are high in those who are very old as is being physically inactive[8]. Locally those over 75 are the most likely to never do any physical activity[1]. But more encouragingly older people are less likely to smoke or drink alcohol. Locally:

- Only 1 in 10 of those aged over 65 years smoked, the lowest rate of any age group[1].
- Whilst half of all those aged 65 and over (51%) are likely to be drinking at increasing risk levels, this is much lower than the rate amongst adults under 65 (73%).

Social isolation

Nationally 1 in 6 (15%) older people are at risk of social isolation, and this risk increases with advancing age[ii]. Loneliness has a similar impact on mortality as smoking 15 cigarettes per day[12]. Lack of social interaction has been linked with the onset of degenerative diseases such as Alzheimer's and also depression.

1 in 3 (34%) of those aged 65-74 and nearly half (45%) of those aged over 75 years lived alone[1] and this is set to increase dramatically (see below). Amongst people who use social care 6.9% said they had little social contact and felt socially isolated, compared to a national average of 5.0%. The vast majority were living in the community (87%), whilst the remainder (13%) were in residential/nursing care. Only 1 in 3 (30%) of all respondents said they had as much social contact as they liked in their lives.

Notable risk factors for social isolation include living alone, being single, divorced, never married, low income, family not living close by, or living in residential care. Key transitions which can trigger loneliness include retirement, becoming a carer and bereavement[15]. There is also evidence that ethnic minority elders may be amongst the loneliest and that gay men and lesbians are at greater risk of becoming lonely and isolated and loneliness rises steeply among those aged over 80. Evidence indicates that interventions to alleviate loneliness can significantly reduce spending on health services[iii].

Living conditions

Living alone increases the risk for older people of poor health, difficulties in basic activities of daily living, worse memory and mood, lower physical activity, poorer diet, worsening function, social isolation, hazardous alcohol use and multiple falls[iv]. Locally, in 2012, 1 in 3 (34%) of those aged 65-74 and over half (45%) of those aged over 75 years lived alone[1]. By 2030 it is expected that an additional 8,200 people aged over 65 years in Kirklees are likely to be living alone. Of the 34,100 living alone in 2030, nearly 23,000 will be aged over 75 years and 3 in 4 will be women[3].

Poor housing can increase the need for care. Locally, 1 in 10 people aged over 65 years said their current home was inadequate for their needs, usually as the house was too expensive to heat, too large, unsuitable because of health problems/disability or public transport was inadequate[1]. This lack of access to adequate transport networks can lead to social isolation and loss of independence. The Strategic Market Housing Assessment[10] and The Older People's Accommodation Strategy[11] recognised the growing need for a wider range of suitable housing for older people to meet their needs to live independently. The changing climate and fuel poverty also have an effect on the living conditions and health of older people.

Poverty

Nearly 1 in 3 (30%) older people in Kirklees are living in poverty. This ranges from 26% in south Kirklees to 35% in north Kirklees, but there are even bigger differences between local areas – 47% in Batley to 18% in the Holme Valley.

The pensioner poverty rate is based on the number of pensioners living in households claiming Pension Credit Guarantee Credit only or both Guarantee and Savings Credit. The most recent estimates by the DWP of the levels of take up for these benefits are between 71% and 82%[18]. Therefore if everyone who was entitled to these benefits claimed them the actual numbers of pensioners living in poverty would be between 28% and 32% of all pensioners living in Kirklees.

Where is this causing greatest concern?

Men aged 65 and over in the Holme Valley and Batley had the longest life expectancy of 83.4 years, versus 81.8 years for men aged 65 and over in Colne Valley, a gap of 1.6 years.

Women aged 65 in every locality had longer life expectancy than men.

Women in Denby Dale & Kirkburton and Mirfield had the longest life expectancy at over 86 years, versus 84.1 years for women in Batley, a gap of two years. Across Kirklees women at 65 years old are likely to live 2.4 years more than men.

Views of local people

Today's older people are extremely heterogeneous, encompassing people with radically different life experiences and a wide age span of 40 years or more.

When older people are engaged in decision-making, they are more easily able to understand the reasons for cuts and are eager to work with commissioners to find effective solutions that meet local needs.

Older people wish to be informed and engaged on all local matters, not just on those that are assumed to be of interest, such as health and social care[16].

Older people have said that we should try to build support around these to improve their quality of life, sustain their independence and help them to live life to the full[4].

What could commissioners and service planners consider?[4]

- Understanding the implications of the new Equalities Act and "age proofing" services to ensure compliance.
- Engaging younger people sooner and enabling them to enter later life as well equipped as possible to lead longer and healthier lives.
- Continuing to contribute to their communities as leaders, workers, volunteers and educators will be crucial to both making the most of this new generation of older people and also to mitigate the impact of the significant growth in the numbers of more vulnerable older people.

Promoting positive behaviours:

- Physical activity reduces the risk of musculoskeletal pain, mobility and balance, independence and quality of life. Inactivity can be life limiting, physical activity improves both the physical and mental health of older adults and the quality of people's lives.

- As older people generally prefer to remain in their homes as long as possible, developing a range of accommodation choices in supportive communities, with activities and services to enable them to do this will be particularly important. Investment in solutions which prevent problems happening, pick them up early and sort them out if they do happen, will be key e.g. growing social capacity to offer practical support and friendship, “handy persons” schemes, assistive technology and that “little bit of help” during short periods of illness to regain independence.
- The greater likelihood of long-term conditions among older people means that development of the management of these conditions and the increased emphasis on self-care need to reflect the capabilities, aspirations and expectations of older people.

Date this section was last reviewed

22/07/2013 (PL)

References

1. NHS Kirklees and Kirklees Council. Current Living in Kirklees (CLIK) Survey; 2012.
2. Kirklees Council, Poverty Needs Assessment; 2012.
3. Projecting Older People Population Information (POPPI) System. Available from: http://www.poppi.org.uk/
4. Kirklees Council, Vision for Older People; 2008. Available from: http://www.kirklees.gov.uk/community/care-support/livelife/PDFFiles/visionForOlderPeople.pdf
5. ONS – NOMIS Labour Market Statistics (accessed 21 November 2012).
6. ONS. Life Expectancy Estimates by Local Area in the UK. [Online]. Available from: http://www.ons.gov.uk/ons/publications/re-referencetables.html?edition=tcm%3A77-258850 (accessed 30th October 2012).
7. West Midlands Public Health Observatory The Older People’s Health Atlas. Available from: http://www.wmpho.org.uk/olderpeopleatlas/atlas/atlas.html
8. Department of Health. Our Health and Wellbeing Today; 2010. Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122238.pdf
9. Department of Health, Public Health Outcomes for Kirklees; 2012. Available from: http://www.phoutcomes.info/documents/PHOF_00CZ.pdf

10. Kirklees 2012 Strategic Housing Market Assessment. Available from: http://www.kirklees.gov.uk/business/planning/ldf/pdf/strategicHousingMarketAssessment.pdf
11. Kirklees Older People Accommodation Strategy. Available from: http://www.kirklees.gov.uk/publications/SS/informationcataloguedocuments/opastrategy.pdf
12. Age UK, Later Life in the UK; 2012.
13. Marmot M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2010; 2010. Available from: http://www.marmot-review.org.uk/
14. Kirklees Council Adult Social Care Survey; 2012.
15. Cann P, Jopling K. Safeguarding the Convoy; 2011.
16. Kirklees Council, Valleys Older People Research, Spirul Research; 2010.
17. Dementia Prevalence Calculator. Available from: http://www.dementiapartnerships.org.uk/diagnosis/dementia-prevalence-calculator/
18. DWP. Income Related Benefits: Estimates of Take-up in 2009-10; February 2012. Available from: http://research.dwp.gov.uk/asd/income_analysis/feb2012/tkup_full_report_0910.pdf

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[i] NICE Clinical Guideline 103 Delirium: Diagnosis, Prevention and Management; July 2010. Available from: http://www.nice.org.uk/nicemedia/live/13060/49909/49909.pdf

ii Iliffe S et al. Health Risk Appraisal in Older People 2: The Implications for Clinicians and Commissioners of Social Isolation Risk in Older People Br J Gen Pract; April 1 2007. 57(537): 277–282. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2043334/

[iii] Bolton M. Oxfordshire Age UK. Loneliness – the State We're In; 2012. Available from: http://www.ageuk.org.uk/brandpartnerglobal/oxfordshirevpp/documents/loneliness%20the%20state%20we%20are%20in%20-%20report%202013.pdf

[iv] Kharicha K et al. Health Risk Appraisal in Older People 1: Are Older People Living Alone an "at-risk" Group Br J Gen Pract; April 1 2007. 57(537): 271–276. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2043328/