Health equity for older people

Dr Adrian Hayter MBBS MRCGP BSc Pharmacol. AKC

GP

Former National Clinical Director for Older People at NHS England
Medical Director for Clinical Policy at RCGP
Member of the Clinical Consortium for Healthy Ageing at WHO

Lord Amulree Basil Mackenzie (1900 -1983)



Life Expectancy Healthy Life Expectancy

In 2018-2020, at age 65 women in the least deprived 10% of areas in England could expect to live 7.9 years longer than women in the 10% most deprived areas, while for men the difference was 9.7 years.

Men and women living in the 10% most deprived areas of England saw a significant decrease in life expectancy between 2015-2017 and 2018-2020

Life expectancy, preventable and treatable mortality

2. The health of the nation has deteriorated. Overall life expectancy improved in the first decade of the century, plateaued during the 2010s, fell during the Covid-19 pandemic and is now starting to increase again¹. The picture is even worse for healthy life expectancy, where the absolute and relative proportion of our lives spent in ill-health has increased. As healthy life expectancy for both men and women has fallen, the gap between the two has narrowed. People in England can now expect to live until their early-60s in good health².

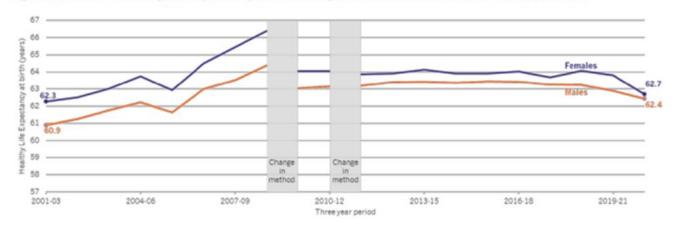


Figure 1.2: Trends in Healthy Life Expectancy at birth in England, between 2001 to 2003 and 2020 to 2022

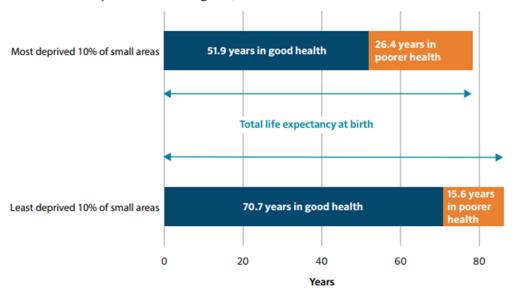
CMO report Health in an Ageing Society

Age Multimorbidity and Deprivation and Prevention

Prevention

The importance of primary prevention by government and secondary prevention by the NHS

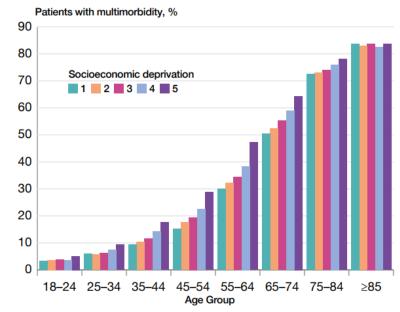
Figure 3: Inequality in life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England, 2018 to 2020



Source data: Office for National Statistics (ONS), Health state life expectancies by national deprivation deciles, England: 2018 to 2020⁶

Multimorbidity is increasing medical science and the medical profession must respond

Figure 4: Prevalence of multimorbidity (2 or more conditions) by age and deprivation



(Index of Multiple Deprivation quintiles: 1 = least deprived, 5 = most deprived)

Source data: Cassell A and others (2018). The epidemiology of multimorbidity in primary care: a retrospective cohort study. British Journal of General Practice?

Image source: Chief Medical Officer's Annual Report 2020, Health trends and variation in England

THE 4 STUDY SITES OCCURRED FANCE Programming Occurred from the same part of the same part

WHO's work on the Decade action areas

Combatting Ageism

Age-friendly Environments

Integrated Care

Long-term Care

WHO Decade of Healthy Ageing 2021 to 2030

Support for healthy ageing and access to core services to maintain intrinsic capacity

Integrated care for older people (ICOPE)

Numerous physiological changes occur with increasing age, and for older people the risks of experiencing declines in physical and mental capacities increase.

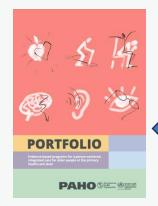
These declines often progress and manifest themselves as <u>visual impairment</u>, <u>hearing loss</u>, cognitive decline, <u>malnutrition</u>, <u>mobility loss</u>, <u>depressive</u> <u>symptoms</u>, urinary incontinence and falls.

ICOPE reflects a continuum of care that will help to reorient health and social services towards a more person-centred and coordinated model of care.

What is healthy ageing?

Supported Self management

Evidence Based programs for a person centred integrated care for older people at the primary health care level



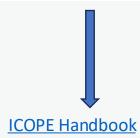
For nearly two decades, the World Health Organization has included the terms "self-management", "self-care" and "self-management support" in their documents. The 2015 World Report on Aging and Health specifically states that "offering support for self-management is another tool for providing person-centered and integrated care to older adults." WHO defines offering support for self-management as "... providing them [patients] with information, skills, and tools that they need to manage their health conditions, prevent complications, maximize intrinsic capacity and maintain their quality of life".²

KEY POINTS:

- Healthy aging is the process of developing and maintaining the functional ability that enables well-being in older age.
- Functional ability comprises all health-related attributes that enable people to be and to do what they have reason to value. It is made up of intrinsic capacity, the environment and the interactions between them.
- The intrinsic capacity is all the person's mental and physical capacities, with key main domains.

Figure 1: Domains of the intrinsic capacity









Ageism can be combatted

3 strategies work in addressing ageism:

- 1. Policy and law
- 2. Educational activities
- 3. Intergenerational interventions

Intergenerational England



OUR PRIORITIES

We do understand, of course, that changing the way we all think and act will inevitably take time. However attractive the benefits of an intergenerational society, we cannot expect to change mindsets overnight.

Therefore it is important to prioritise areas where early action will have the most positive impact on the greatest

Once these are embedded, they will naturally begin to shape positive change for people of all ages and backgrounds in all our lives.

Intergenerational England is focusing on six



Health & Wellbeing

For example:

Board would lead on facilitate hospital discharge and promote

Social Care

For example: A national care home

would introduce a specialised

Education & Youth

For example: For example: Uniform Groups Collaborative efforts and developers reclaimed brownfield

Housing & Research & Planning Innovation

For example: diverse global models

Workplaces

For example:

among employees of different age groups.

Adding Life to Years

Lord Amulree 1951

