ILC-UK Written Evidence – Birmingham Policy Commission.

Ageing and wellbeing: flourishing in later life

In this short paper we seek to explore 5 major factors[1] which contribute to good ageing. We then explore the role of Government in contributing to good ageing.

- Ageing in good health whilst avoiding frailty
- Active and productive ageing
- Independence without isolation
- Adequate income
- Good end of life care

Ageing in good health whilst avoiding frailty

The average life expectancy of men and women living in poor neighbourhoods in England is seven years lower than those living in the wealthiest areas. Health inequality measured by years of disability-free life is even more unacceptable, with differences of up to 17 years. These trends can be explained by two main factors: poor lifestyle choices and damaging environments. These disparities and the widening gap of healthy life expectancy are ongoing concerns, highlighted, for example, by Sir Michael Marmot in his strategic review of health inequalities in England.

'However young we may feel, our health is very likely to deteriorate eventually, with advancing age'.[2] Biological ageing results from an accumulation of damage at the cellular level and it's rate is determined by both environmental and genetic factors.[3]

As we age we are increasingly likely to report a long standing illness that limits our activities of daily living,[4]and we are also more likely to find ourselves housebound as a result. Yet the image of an old age of frailty and dependence is certainly not one most older people are experiencing and partly because 'the onset of serious deterioration typically occurs quite late in life'.[5] On the other hand, most minor deterioration is often gradual 'With age, people change physically, mentally and psychologically. For most people these changes involve multiple, minor impairments in eyesight, hearing, dexterity, mobility and memory.[6]

The diversity of the ageing experience is worthy of noting. Not all of us experience ageing in the same way. In fact, age is sometimes less relevant than other factors, eg. gender. Whilst, for example, men in the over-50s age group have less strength than the under – 35s, men remain are stronger than women for any given age range. The differences in strength within different age groups are wider than between them.

In the UK, currently there are over 800,000 people with dementia and this is set to rise to over 1 million people by 2025 and 1.7 million by 2051. One in three people who survive to 65 will end their life with a form of dementia. Many people with dementia do not live in care homes but in the community. However,

[1] This is not a comprehensive list and there are other factors which contribute to good ageing
[2] Metz, D & Underwood, M (2005) *Older Richer Fitter, Identifying the consumer needs of Britain's ageing population*. Age Concern Books
[3] Adams, Jean M & White, Martin (2004) *Biological ageing, A fundamental, biological link between socio-economic status and health?* The European Journal of Public Health 14(3):331-334
[4] Metz, D & Underwood, M (2005) *Older Richer Fitter, Identifying the consumer needs of Britain's ageing population*. Age Concern Books p 41
[5] Metz, D & Underwood, M (2005) *Older Richer Fitter, Identifying the consumer needs of Britain's ageing population*. Age Concern Books
[6] Coleman,R (April 2007) *An introduction to inclusive design* Design Council

part of our mental performance may actually improve with age. Whilst some aspects of mental performance peak at a younger age, others continue to develop throughout our adult lives.[7]

In terms of sensory loss we see a decrease in performance with age.[8] Both men's and women's eyesight declines sharply beyond the age of 65, but women report failing eyesight in greater numbers. There is also a comparable increase in reported hearing difficulties with rising age, although in this case it is men rather than women who are more likely to experience hearing problems[9]

Research by Help the Aged[10] revealed that over the next ten years we could see:

- Nearly 7 million older people who cannot walk up one flight of stairs without resting.
- 1.5 million older people who cannot see well enough to recognise a friend across a road.
- Over a third of a million older people with major speech problems.
- Over 4 million older people with major hearing problems.
- Up to a third of a million people aged 75 plus with dual sensory loss.
- 4–7 million older people with urinary incontinence.
- 1.5 million older people suffering from depression.

Active and productive ageing

The number of people working beyond the age of 65 is currently rising, but it remains extremely low. Employment rates among those aged 50-64, are lower than for others of working age. And, whilst formal unemployment rates are also lower, the levels of economic inactivity are high. [11]

ILC-UK believes that society needs to abandon the notion retirement marks the point where older people's contributions are no longer necessary or valuable. Traditionally, our understanding of retirement implies that people make contributions in their working life in return for support in later life. An ageing society, with many people living longer and healthier lives, means that contributions should continue into later life - as long as society is able to value adequately the contributions that all generations can make to culture, politics and the economy.

ILC-UK believes that we have a set of rights and responsibilities in later life. We argue that:

- Older citizens have a responsibility to remain in the labour market, where possible, to enable skills retention and minimise the fiscal burdens on taxpayers. But alongside this, older people should have a right to support from employers, and society more generally, to enable longer working lives.
- Older people should have a right to remain in their own home. It is vital for the well-being of many people. But it is fair that older people draw upon property wealth to help fund care costs.
- Whilst the idea of an *obligation* to volunteer is contradictory, we all have a responsibility to remain active in our communities. Many older people are eager to volunteer in later life as part of an active retirement and opportunities to volunteer must therefore be appropriate: flexible, enjoyable, and oriented towards utilising the skills older people have developed during their working life.

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[7] Metz, D & Underwood, M (2005) *Older Richer Fitter, Identifying the consumer needs of Britain's ageing population*. Age Concern Books

[8] Metz, D & Underwood, M (2005) *Older Richer Fitter, Identifying the consumer needs of Britain's ageing population*. Age Concern Books p 35

[9] Darnton, A (July 2006) Communicating with the over 75s, DCMS (available at http://www.digitaltelevision.gov.uk/pdf_documents/publications/2006/7996-AOver75s_Jul06.pdf)

[10] Emerson, Jopling, Rowley, Rossall, Sinclair (Eds). (2008) *Future Communities*. Help the Aged

[11] Hotopp, U (2005) 'The employment rate of older workers', *Labour Market Trends*, February 2005, available at www.statistics.gov.uk/articles/Labour_market_trends/employment_rate_old_workers.pdf; Macnicol, J (2010) *Ageism and Age Discrimination: Some Analytical Issues* (ILC-UK), available at www.ilcuk.org.uk/files/pdf_pdf_139.pdf; Smeaton, D, Vegeris, S & Sahin-Dikmen, M (2009) *Older workers: employment preferences, barriers and solutions* (Equality and Human Rights Commission).

Appendix F5

Independence without isolation or loneliness

The Growing Older (GO) project had isolation and loneliness as one of its 25 themes. Christina Victor found:

• 7 per cent of older people were often lonely and 31 per cent sometimes lonely
• 11–17 per cent were socially isolated in 2001
• These rates had remained relatively stable in the previous 50 years.

Independence requires adequate and appropriate housing. Our analysis of the Survey of English Housing reveals that by 2007/8, almost a quarter of older people (24 per cent aged 65+) had lived in their homes for 40 years or more, compared with 17 per cent in 1993/4. Arguably, the housing needs of such long-term residents will have changed over their life course. This is evidenced by an increasing trend towards under-occupancy among households headed by persons of pensionable age, with the ratio of bedrooms per person growing over time.

Adequate income

- 1.7 million pensioners (14%) live below the poverty line, with incomes less than £215 per week after housing costs
- About 800,000 pensioners in the UK are materially deprived.
- Between £3.7 and £5.5 billion of means-tested benefits that should rightfully go to older people in GB went unclaimed in 2009-10.

Although achieving a good income in retirement is becoming more important, the UK continues to have an under-saving problem. According to the Family Resources Survey 2009/10, barely a third of people are contributing members of a private pension scheme

As part of the pattern of under-saving, the proportion of today's workforce in a workplace pension scheme has declined over recent years. Moreover, for those in a pension scheme, there is a higher probability of being in a defined contribution (DC) scheme.

According to the Wealth and Assets Survey 2006/2008, the mean amount of pensions saving for households headed by someone aged 16-64 was almost £143,000. But the median amount is only £26,000 – with a first quartile figure of zero. The same survey suggests that the average occupational DC pot for those aged 55-64 is £46,000 with the median standing at £12,000. The equivalent data for those with personal pensions is £55,500 and £22,000.

We can expect the quantity of SPPs to rise significantly in the near future. The government's recent white paper on pension scheme transfers and small pension pots estimated that there are in excess of 1 million small pots in the UK pension system (defined as funds worth £2,000 or less), with around 50,000 small pots created each

Good end of life care

- 55% of people die in hospital; 17% in a care home and 18% die in their own home; just 5% die in hospices (the remainder die in other places). Dying generates 54% of all hospital complaints.

A "good" death is an important part of successful ageing. Yet there is evidence of the significant challenges of delivering end of life care. Common instances of inefficiencies and inappropriateness in delivery of End of Life care include: inappropriate use of restraints, inappropriate use of antibiotics and lab tests; tube feeding for people with dementia.

In an average GP practice, 20 patients will die in any given year. Around 5 will die of cancer; 6-7 will die of organ failure; 6-7 will die of frailty or non-specific decline; and just 1-2 will die suddenly. Most people therefore do have time to prepare, although while 70% would choose to die at home, less than 20% do so. Most die in hospital, against most people's wishes, which may also be unnecessary in many cases.

The National Bereavement Survey suggested that levels of 'being shown dignity' by staff were highest in hospices and lowest in hospitals (where most people currently die).

Sadly, end of life care is crisis driven (responsive) and physicians and health staff have low levels of training (only 1/3 physicians attended EoLC training in the past 5 years).

What, if anything can governments do to influence this?

ILC-UK proposes a 9 point plan[12] for governments on actions to ensure good ageing.

Invest in care: We must invest more in adult and child care. A sustainable social care funding regime is urgently required
Public health requires early intervention: We must do more to focus improvements in public health amongst younger people
We should consider more use of the stick whilst also trying to nudge more: We may need to more actively use policy to force people to improve their health (e.g. banning or taxing products which may be bad for us). But we should also look to behavoral economics to nudge people into positive behaviour (e.g using small fiscal incentives)
A little bit of help: We must do more at a community level to ensure that individuals have access to low level care and support.
Create older consumers of health: We must encourage people to take responsibility for their health and invest personally in products and services which may be good for them.
Need for advice: Older people must have access to adequate advice on issues such as housing and decumulation of wealth.
Automatic eligibility to benefits: Government should look to ways of automatically granting benefits to older non-claimants who are very likely to be eligible for benefits.
A need to innovate: There is still limited innovation in services for an ageing society. The private and public sector must invest in a user-led process to deliver greater innovation.
Access to decent housing: Older people should see retirement housing as a positive option. And we must significantly grow the provision of retirement housing.

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[12] There are many other more detailed policy responses Government will need to deliver in order to improve the likelihood of good ageing beyond the 9 top line actions set out here.