Birmingham Policy Commission
Healthy Ageing in the 21st Century

Equality and inclusion: a question of rights and responsibilities

A right to healthy ageing?

- Human Rights Act 1998

    - Article 2 – Right to Life
    - Article 3 – Prohibition of torture, inhuman or degrading treatment

- NHS Constitution

- International Covenant on Economic Social and Cultural Rights (ICESCR). Article 12 – Right to Health

- UN Principles for Older Persons (1991)

    'Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well- being and to prevent or delay the onset of illness'

Evidence of Age Discrimination

Access all ages
Assessing the impact of age on access to surgical treatment

• Access all Ages (RCS, 2012)
Across a range of common conditions, elective surgical treatment rates decline steadily for the over-65s.

• Postoperative outcomes are worse than they are for younger patients (e.g. see NCEPOD report, *An Age Old Problem* 2010)

Whose responsibilities?
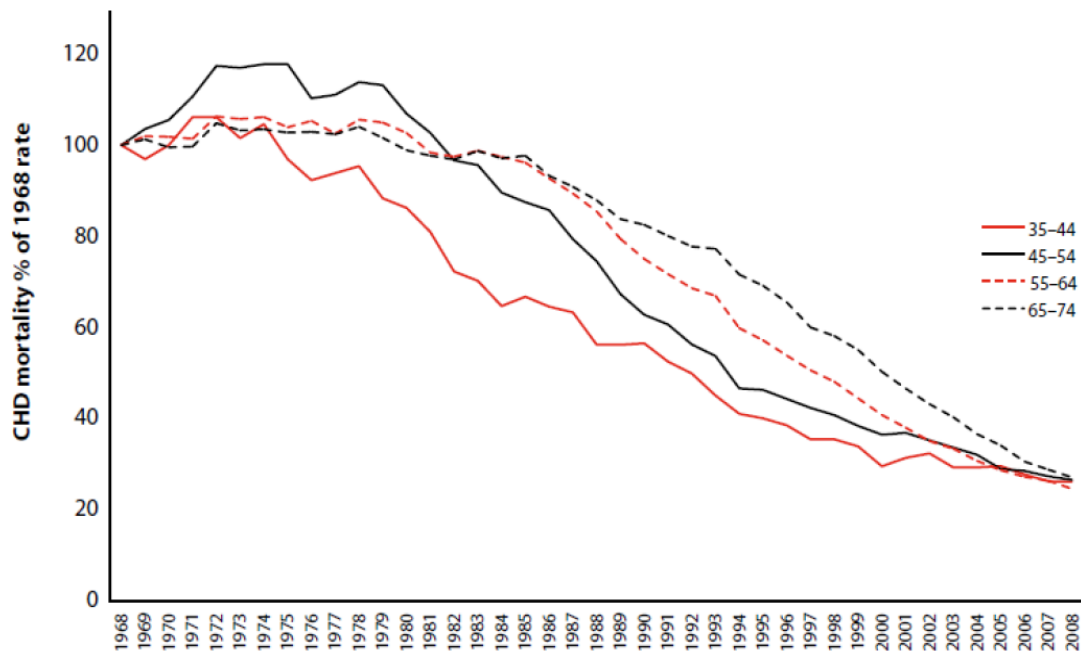
Source: Scarborough et al, 2010[40]

Figure 15: Age-specific death rates from coronary heart disease (CHD) in men aged 35+ years, UK, 1968 to 2008.

Source: D. Melzer el al., Health Care Quality for an Active Later Life, University of Exeter, 2012

Whose responsibilities?

Promoting healthy ageing in a multi-cultural society –

Fit as a Fiddle and Sporting Equals partnership programme

* To promote healthy eating, physical activity and mental wellbeing for older people from BME communities;

• National programme delivered through 39 local partners;

• 289 volunteers trained; 1,224 older people involved;

• Positive impacts in relation to healthy eating, cooking and diet; increased physical activity, improved fitness and improved mental wellbeing and social interaction;

• 72% local partners established links with NHS agencies, community groups, sports groups, exercise instructors, other CVS groups and local authorities;

Challenges for health services

- Healthcare commissioning – potential to tackle inequalities in access, experience and outcomes for older people between ethnic groups;

- Healthcare commissioning to date has largely failed to mainstream attention to ethnic diversity and inequality, or to leverage significant improvements for minority ethnic patients and populations;

- Commissioning organisations must understand and address age and ethnic inequalities as part of their core responsibilities;

- Strong leadership, a diverse workforce, effective partnership working, meaningful engagement of local BME communities, including older people, and a reflective learning culture could help to create more enabling strategic environments;

Challenges for social care providers

- Biggest barriers are: lack of information and fears that they will not provide culturally acceptable care

- day services - in whatever form – are more popular than home care or other residential support

- talking to BME older people is important;

- create opportunities for BME older people to be actively involved – as volunteers or in peer activities;

- more creative/integrated approaches to promoting mental wellbeing;

- care homes need to engage more effectively with BME communities;

- critical challenge for future – extent to which *all* services are personalised, for *all* social care support service users.

Personalisation in practice -

- Black, Asian and Minority Ethnic (BAME) Elders Access Project – Age UK Lewisham & Southwark

- Support planning services to improve access to mainstream and culturally specific services;

- Provides support to BAME older people with 'person-centred planning' – helping them to express their wishes to others, including health & social care professionals

- *'I enjoyed it; it helped me to tell my story and have a report ready to hand for any social worker or doctor' (BAME older person)*

- *'She told me it is the first time someone is interested in her flife and this makes her happy. Although she is feeling very depressed, she now tells me that everything in her life can be changed with time.' (Volunteer, working in Spanish with Latin American older woman)*

Ageing and social exclusion

- Ageing is not an inevitable factor leading to social exclusion, although some experiences more common in later life present an increased risk – eg. retirement, becoming a carer, illness and/or disability, bereavement;

- Ageist attitudes and age discrimination also a factor;

- Social Exclusion Unit (2006) measured social exclusion across 7 dimensions: social relationships; cultural activities; civic activities; access to basic services; neighbourhood exclusion; financial products, and material consumption;

- 51% of older people not excluded on any dimension; 13% socially excluded on 2 dimensions, and 7% on 3 or more dimensions;

Impact of recent legislation

- Health and Social Care Act 2012

  - Effects of increased competition

  - Outcomes Framework – inherently ageist?

  - Public Health

- Equality Act 2010

  - Ban on age discrimination in goods and services

  - Public Sector Equality Duty

# UN Convention on the Rights of Older People

What a Convention would do:

- Provide a definitive, universal position that age discrimination is morally and legally unacceptable.

- Provide legally binding protection with accompanying accountability mechanisms.

- Bring together existing rights standards that are currently dispersed throughout various other instruments and interpretive documents.

- Draw attention to, deepen understanding of and provide redress for the complex, multiple forms of discrimination that older women and men experience.

- Provide a framework to guide policy responses to demographic ageing based on rights, equity and social justice.

Health Ageing: an inherently gendered issue?
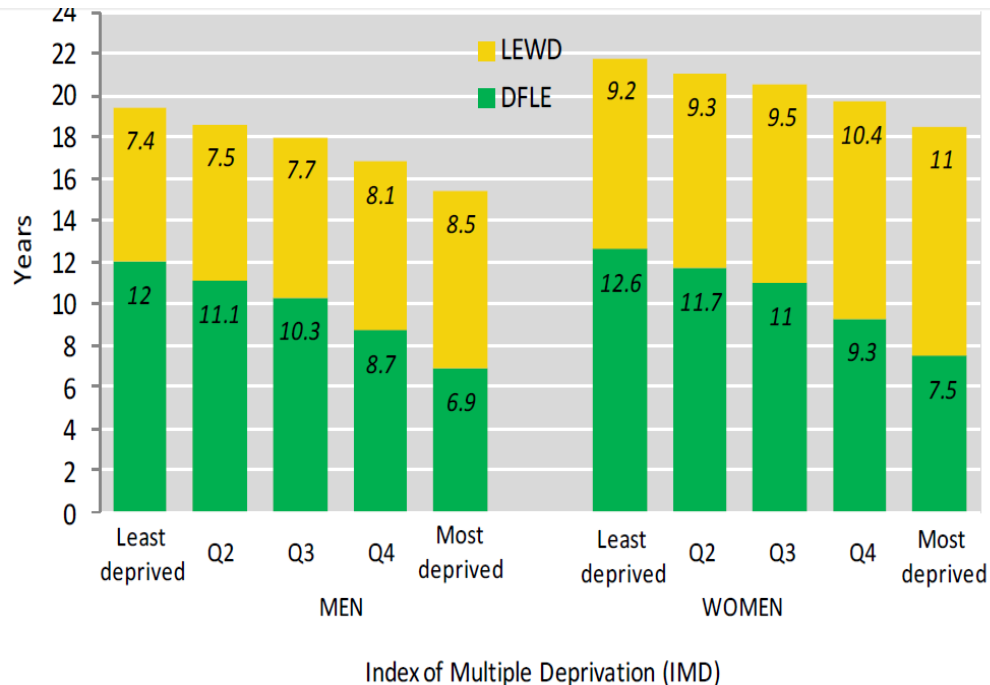
Source data: Health Statistics Quarterly 50, summer 2011, ONS[48]

Figure 18: Life Expectancy with Disability (LEWD) and Disability Free Life Expectancy (DFLE) for men and women at age 65 years, by Index of Multiple Deprivation (IMD) 2007 quintile, England, 2006–08

Source: D. Melzer el al., Health Care Quality for an Active Later Life, University of Exeter, 2012