



# Later Life

## Vision

Key partners, including service users and carers, to work together to ensure that people in later life in the West Midlands are valued, socially included, healthy, free from the effects of poverty and can exercise choice over where and how they live their lives.



## West Midlands Priorities for Action

- Advocate for measures which tackle inequality and reduce poverty amongst the older population, nationally, regionally and sub-regionally. Ensure that older people's contribution is integral within all aspects of local communities and that their age, experience and diversity is truly valued
- Maximise the quantity, quality and accessibility of local resources and facilities in order to ensure that all older people may be fully active consumers of public services, exercise choice and be engaged and included within their local communities
- Proactively promote the benefits of a healthy lifestyle and prevention as part of general well-being and independence and ensure that issues relating to the provision of health are integral to regional and local strategies and delivery
- Advocate for measures to promote independence to ensure that older people can remain living within their own homes and communities in comfort and warmth for as long as they wish to do so including at the end of life
- To recognise and make plans for changes in population age structures over the next 25 years.

## Key Facts: In the West Midlands

- There has been an increase in life expectancy of about 7 years since 1950<sup>1</sup>
- The proportion of older people in the West Midlands will continue to increase. By 2020, 24% of men and 27% of women will be over the age of 60 (compared with 19.5% and 23.4% in 2004) and 4.7% of men and 6.5% of women will be over the age of 80 (compared with 3% and 5.6% in 2004)<sup>2</sup>
- 85% of older people live within their own communities independently either with their partner or by themselves. Contrary to popular perception very few people live in residential care<sup>3</sup>
- The number of older people from BME communities is increasing especially in metropolitan areas. Currently about 3% of those aged over 85 years and about 5% of those aged over 75 years are from BME groups<sup>4</sup>.
- Women currently live longer than men so in the older age bands women outnumber men. More than half the women aged over 70 years are widows. More marriages are ending in separation or divorce and this further increases the number of older people likely to be living on their own<sup>5</sup>
- 80% of people express a choice to die at home<sup>6</sup>
- The number of people in paid employment decreases with age. By the age of 60-64, nearly half the men and three quarters of the women are no longer working. By the age of 65 in the West Midlands only 6% of older people are still in some form of employment although the percentage is likely to rise due to Government policy on retirement age<sup>7</sup>.

- Participation in further education for older people is very low. Just 10% of over 75 year olds and 19% of 65-74 year olds have a recent experience of learning. In 2005/6 there was a 24% drop in the number of people aged over 60 taking Further Education courses<sup>8</sup>
- The majority of older people live in houses as owner-occupiers and most have paid off their mortgages. Almost all of those who own their own homes outright will have substantial capital tied up in this asset, but may have low incomes. A substantial proportion however live in rented accommodation and they also tend to be among the lower income group<sup>9</sup>.

## Background

Older people are arguably more diverse than any other age group and they are defying stereotypes. They are healthier and more of them are continuing to work, making active financial contributions to society so the traditional notion that old age and poverty are synonymous no longer holds true. Older people are now no more likely to live in poverty than any other age group<sup>10</sup>.

However, there is a need to ensure that all older people have a sufficiently adequate income in order that they can live warm, comfortable and healthy lives with access to meaningful social interaction and activities. Longer fitter lives mean that we need to make it easier for people to remain in employment and extend their working lives<sup>11</sup>.



The less well off may experience real poverty and hardship. Frequently they may not take up benefits that they are entitled to and live in housing that fails to meet the decent housing standard<sup>12</sup>. The overwhelming majority of older people live in mainstream housing within their local communities. Therefore in the planning of neighbourhoods and the design of dwellings it is important to design for older people. 'Design for the young and you exclude the old; design for the old and you include the young'<sup>13</sup>. The increase in the older age groups is found throughout the whole of the West Midlands. Older people are the largest group living in income poverty in rural Britain<sup>14</sup>. However it is more pronounced in rural districts and relatively affluent conurbations which face rises of over 200% in certain age groups.

Maintaining good physical and mental health is a significant concern for older people and is the key to good quality of life and full and independent living. The benefits of a healthy lifestyle are significant for all but for older people the adage of 'small change creates a big gain' is even greater. It is therefore important that older people have the opportunity to engage fully in a healthy lifestyle (not smoking or drinking too much) being physically active and choosing a healthy diet.

Age and experience should be valued and older voters are a growing political force. The vision is one of a society where voluntary activity flourishes and where all individuals and communities are enabled to play a full part in civil society. There is a need to focus on what individuals can do and contribute to instead of making assumptions about capacity based on age<sup>15</sup>.

The challenges for the West Midlands Region are to recognise and make plans for changes in population age structure over the next 25 years and to ensure that the views of older people, carers and key strategic partners underpin all planning processes and priorities for action.

## Tackling Inequality, Ageism and Promoting Positive Contribution

The experience of exclusion can be particularly acute in later life. People excluded in mid-life can find it almost impossible to break the cycle of exclusion as they move into later life. The impact of key life events such as bereavement, divorce or changes in personal networks can lead to social isolation. Age discrimination can also limit the aspirations of individuals. Too often this is compounded further by the failure of services to react to the complexity of exclusion in later life<sup>16</sup>.

It is vital to acknowledge that many older people contribute a huge amount within their communities for example as grandparents, carers, volunteers and in many other ways. In fulfilling a caring role there can be cost implications such as additional laundry cost, transport, heating etc. and it is vital to ensure that there are no financial penalties incurred as result of the caring role. All sections of the community especially those at risk of social exclusion should have equal opportunities to volunteer.

Older people have significant emotional investment in their home and local community but frequently this knowledge, experience and enthusiasm is not capitalised upon when engaging with local communities. This could be addressed through intergenerational work bringing together all ages groups in order to build and develop self supporting communities. It is also worth noting that the more affluent older people are a potential stimulus for the local economy but historically planners have failed to acknowledge the existence of this potentially high spending group and the economic impact that they may bring.

Many people aged over 60 make a positive choice to retire. However the numbers retired or permanently sick or disabled may include many who might like to continue to work but do not have the opportunity to do so. At a time of shortages in certain aspects of the workforce including health and social care it makes economic sense for older people who want to and are capable of working to be given the opportunity. New legislation (2006) against age discrimination outlaws unjustified mandatory retirement ages and gives people the right to employment beyond 65 by ensuring they have equal access to job opportunities, recruitment and training and are not discriminated against on the basis of age (see also Economy and Health chapter).

Targeted information and advice on entitlement for older people should be widely available and publicised. In addition it is important to assist older homeowners to consider all available financial options in order to fund home maintenance, adaptations, the release of more disposable income and care support as well as alternative living arrangements in order to maximise their health and well-being (see also Housing and Health Chapter).

### **Choice, Accessibility and Inclusivity**

There is an increasingly active older population many of whom continue to work beyond retirement age or contribute to the life of their community. Older people should be able to retain independence and control over their lives, even when they need support or healthcare and if and when they need services, these should be accessible and put the needs and wants of the individual at the centre.

Support agencies at regional and local level should continue to work in partnership to ensure that older people accessing services do not encounter discrimination or barriers on the basis of their age or mental health needs. They should also be free to exercise control and choice in the services they access, including end of life care.

The focus should be on all services which impact on the lives of older people including leisure, transport, crime and housing. Planning decisions should take account of the needs of older people in terms of the location of housing in relation to shops, health and social care services etc. Other approaches might include bringing services to the customer rather than taking the customer to the service. In all services, client feedback is essential and where a view is not expressed, this should be actively sought.

The majority of older people frequently value good social relationships as key to a good quality of life. However, for some, getting older makes it harder to maintain contact with existing friends and relatives, particularly if they do not live nearby. At later ages, bereavement, poverty, reduced mobility and physical frailty can have a major impact on the quality and levels of contact.

Transport policy tends to focus on car users, which may disadvantage the 37% of householders in the West Midlands who neither own a car nor have access to one. Older people make up a sizeable proportion of this group and are more likely to make bus journeys. Improving accessibility to and affordability of public transport



through a clear and systematic approach will identify and tackle the barriers faced by older people. (see also Planning, Transport and Health chapter).

Older people experience barriers in accessing information, advice and advocacy<sup>17</sup>. A strategic and coordinated approach is required to providing information and advice to services, together with schemes which prevent social isolation.

Research on behalf of British Telecom<sup>18</sup> has highlighted that there are 9.7 million people over the age of 60 in the UK who either, do not engage or have access to digital technology and given the increasing significance which electronic communications play in our lives such as internet, mobile phones, telecare etc. there is a need to ensure that older people are not excluded. It is recognised that technology is just one form of communication.

Provision of training and education for older people has been seen to have a massive impact on reducing the need for social and health care. 80% of learners aged 50–71 report a positive impact on health and well-being in areas such as their enjoyment of life, self-confidence and their ability to cope with events such as divorce or bereavement. 28% also report increased involvement in social, community and voluntary activities. Failure to invest in training and education for older people will therefore have negative economic and social consequences<sup>19</sup>.

Longer, healthier lives give older people the opportunity to enjoy leisure and tourist activities. Mainstream leisure activities should be fully accessible to older people and the economic benefits to the Region of incoming tourism should be maximised.

### Improving Health and Well-being

Remaining well and active and prevention of conditions that may impair their health and well-being is an important concern as we grow older. At present up to 75% of the over 75s have a diagnosed long term condition such as diabetes, heart disease, respiratory disease etc. and 12%-15% of people over 65 suffer from depression severe enough to impair quality of life<sup>20</sup>. Up to 5% of older people living in the community suffer with dementia<sup>21</sup>. Mental health problems are not a normal and inevitable part of the ageing process however, it is widely acknowledged that the mental health and well-being of older people has been neglected across the spectrum of promotion, prevention and treatment services<sup>22</sup>. Therefore, provision of prevention and monitoring services such as health promotion, nutrition, falls prevention, screening, immunisation, medicine management, suicide prevention and recognising, treating and supporting mental health problems (particularly dementia and undiagnosed depression) needs to be part of local health and well-being plans.



Health services still do not focus sufficiently on supporting people to understand and take control of their own health condition. As a result resources are wasted, medication goes unused, people's health deteriorates quicker than it should and quality of life is compromised<sup>23</sup>. Expert patient and carer programmes should be implemented alongside the provision of early intervention and timely access. In addition, care services are increasingly focusing on new approaches such as direct payments and individual budgets and agencies will be required to meet government targets for the provision of these self directed support programmes.

It is important that care in all these settings is geared to the needs of older people and that people will be treated with respect and dignity.

## Promoting Independence

The vast majority of older people make a positive choice to continue to live independently in their own home, with or without support, sometimes choosing to move to a more suitable location or more manageable property.

Access to all areas of the home and facilities is a basic requirement for independent living. An adequate supply of appropriate housing in suitable, safe, well-designed locations is needed along with schemes to assist older people to move to more suitable housing.

Home Improvement Agencies play a key role in helping home owners and private sector tenants who are older, disabled or on low income to repair, maintain or adapt their homes.

Flexible intergrated community services should be developed to support people regardless of where they live rather than being concentrated on specialist accomodation settings.

Planning departments should develop more flexible housing options and mixed communities in order to improve the range of housing available for older people in varying financial circumstances. They should also maximise the use of 'Lifetime Homes' standards for new dwellings across the sectors to increase the range of housing options<sup>24</sup>.

Schemes to identify and assist vulnerable older households in fuel poverty should be pursued by local authorities, Registered Social Landlords and utility companies (see Housing and Health chapter).

Elder abuse is when a vulnerable older person is exploited and mistreated. It is unclear how commonly this occurs but health and social care workers need to be alert to its possibility and with robust systems to provide protection.

Crime and fear of crime can have a damaging effect on people's lives. This inhibits social networking, makes people afraid to leave their homes and damages trust. While it is younger people who are more likely to be victims of violent crime, it is probably older people who suffer most from fear of it. There are some classes of crime that are primarily targeted at older people and policies need to be adopted that not only reduce the risk of crime but also reduces the fear of suffering such crime.



## Laterlife Case Study

One in three people and half of all Sandwell's carers are over 50. Sandwells older people face relatively high levels of deprivation, poor housing and ill health, creating a high level of demand for NHS and social care, which reduces their ability to take part in social, political, cultural and economic life. 'Living well in later life in Sandwell' is a shared plan for the over fifties that has been developed by older people, the council, local health services and other partners. It sets out a vision that by 2020 older people will have a positive view of life in Sandwell as a place of opportunity and variety with quality of life and racial harmony.



There are nine priority action areas to be tackled over the next three to five years. These are equality, housing and the home, safety and communities, getting out and about, active and healthy life as part of the community, person centred care, staying independent and getting back on your feet, mental health in later life and specialist services at home and in hospital.

The multi agency Older Peoples Strategy Group will lead in delivering the priority improvements. The vision will be achieved by all partners taking action including challenging age discrimination, developing skills and knowledge, working with local communities to develop solutions and promoting intergenerational understanding by encouraging innovation and involving older people as partners.

### Main Partners

Local Authorities	NHS Trusts	GOWM
NHS West Midlands	Voluntary and Community Sector	Age Concern
Sport England	Joseph Rowntree Foundation	CSIP
Help the Aged	Commission for Rural Communities	Social Exclusion Unit
PCTs	Department for Work and Pensions	Alzheimers Society
Department for Environment Food and Rural Affairs (Defra)		WMRA Partnerships

### Weblinks

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/OurHealthOurCareOurSay/fs/en>
- [http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)
- <http://www.socialexclusionunit.gov.uk/publications.asp?did=797>
- <http://www.mhilli.org/index.aspx?page=stage2promotion.htm#Inquiryreport>
- [http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4003066&chk=wg3bg0](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003066&chk=wg3bg0)
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