



Public Health
England

Protecting and improving the nation's health

Launch of the new Productive Healthy Ageing Profile tool

Background on the development and outline of current and planned content

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Executive summary

The population of England is steadily ageing and there is also variation in the way people age. The government has outlined an 'Ageing Grand Challenge' mission to "Ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest". There is also a need to ensure that people can live well with long-term health conditions as they age, and that they can be provided with enhanced care and support when required.

Public Health England (PHE) has adopted the World Health Organization's public health framework on ageing to guide its policy on 'Productive Healthy Ageing'. The aim of PHE's new **Productive Healthy Ageing Profile** tool, launched 4 June 2019, is to support this PHE policy and inform public health leads and the wider public health system about relevant key issues.

This 'Fingertips'-based tool brings together a wide range of indicators at national, regional and local level that are relevant to people's health as they age. Issues covered include: health behaviours; NHS health checks and other early interventions; improving wellbeing and wider determinants of health such as employment, unpaid caring and social engagement; living well with long-term health conditions; and enhanced care and support needs. The tool can be used to identify, compare and monitor variations and trends across the range of issues. There are also extensive links to other useful resources to support further exploration and action.

A wide range of stakeholders have contributed to the development of this tool and planned next steps. The launch product is very much a 'starter' version. The tool will be updated on an ongoing basis and plans are in place to develop indicators and functionality going forward. This paper provides an overview of current and planned indicators, explains the structure used to organise this content, highlights updates and additions to the Fingertips platform at launch and outlines how existing indicators will be refined.

Introduction

This paper accompanies the launch of PHE's new online **Productive Healthy Ageing Profile** tool on 4 June 2019. The aim of this paper is to:

- outline the need to address issues relating to population ageing and provide background information on PHE policy that has informed the development of this tool
- outline the aims of the tool
- describe the development of the tool, including stakeholder input
- describe the organisation of content and outline current and planned indicators

Background

A positive asset-based approach to the ageing population

PHE's [Health Profile for England](#) shows that the population has been steadily increasing and ageing. In 2017 the percentage of the population aged 85 years and over was 2.7 times greater than the population at the 1971 census. The number of years people live in poor health is also increasing, and according to data for the period 2014 to 2016, males lived 16.2 years in poor health, while females lived 19.3 years in poor health.

For the health and care system to be financially sustainable, people will need to be healthy for as long as possible as they age and require minimal care and services. Where services are required to support people with additional health and care needs, these need to be high quality, with a focus on supporting independence where possible ([NHS England, 2019](#)).

People will be working for longer as the pension age increases. Good quality work is beneficial for all and retaining an older experienced workforce will be of value to the UK economy, communities and wider society ([PHE, 2019](#)). Older people also contribute in many other ways, and it is estimated that there is a substantial net economic contribution to UK society through their spending, taxation, providing social care and volunteering ([WHO, 2015](#); [Cook, J., 2011](#)). There is a need to challenge ageism - including misconceptions, attitudes and assumptions – to fully embrace opportunities for older people to continue to participate and contribute as fully as they can to society, to enjoy a good quality of life and to achieve the knock-on benefits to health ([WHO, 2015](#)).

Variation in ageing and levels of functioning

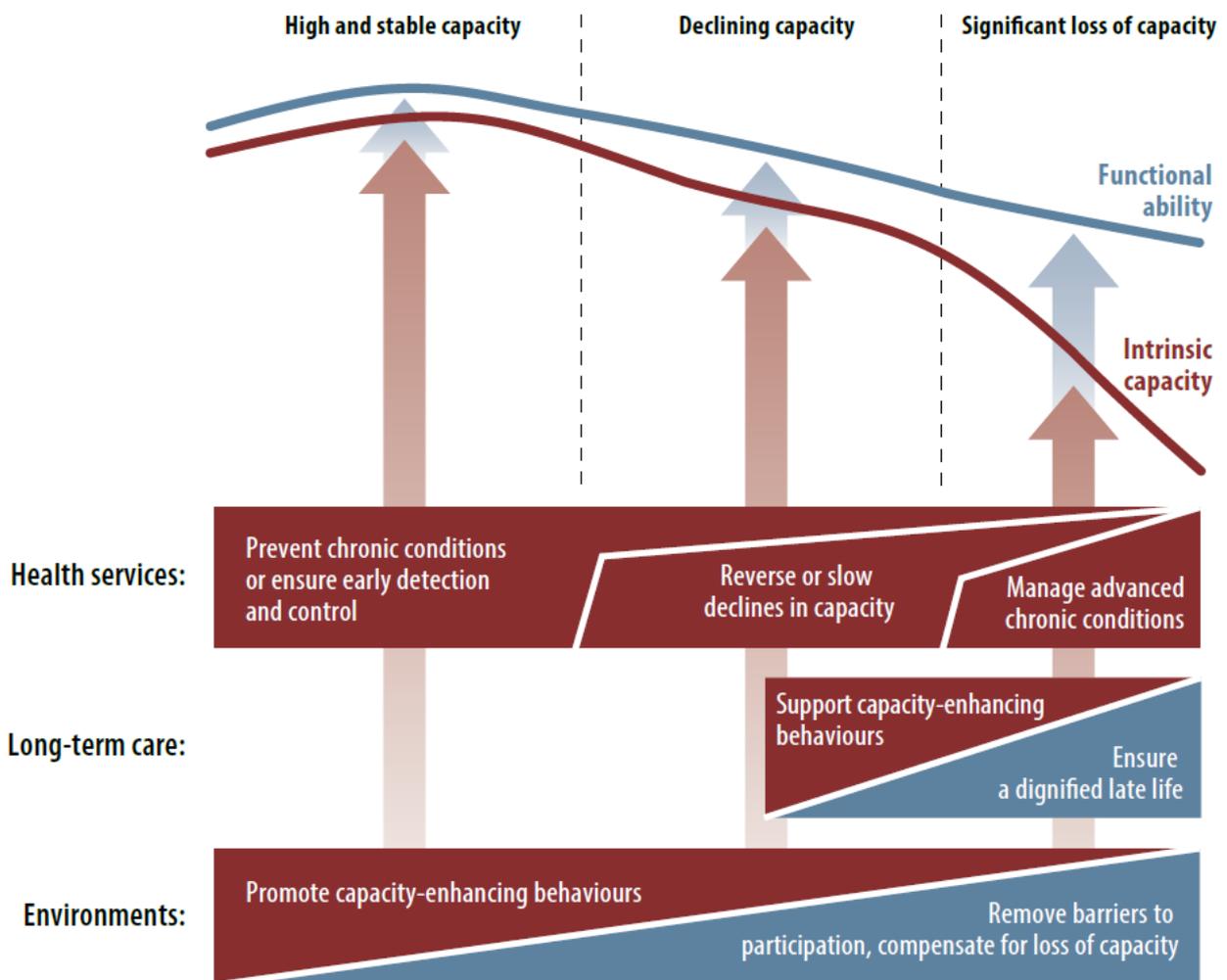
The World Health Organisation's (WHO's) [World report on health and ageing \(2015\)](#) defines 'healthy ageing' as "the process of developing and maintaining the functional ability that enables well-being in older age" (p.28). The WHO report includes a positive, asset-based view of older people and ageing. However, it also warns against possible negative consequences of an overly 'positive' approach and highlights the need to also acknowledge change over time in levels of functioning as well as diversity and inequalities in the ageing process.

The WHO report outlines a public health framework for ageing which focuses on 'functional capacity' rather than age per se. A person's functional capacity¹ is a combination of their intrinsic or internal resources such as mental and physical abilities

1. This should not be confused with the term 'Mental Capacity' regarding those who are unable to make all or some decisions for themselves.

and assets, combined with how they interact with their environment. Capacity can be 'high and stable', 'declining' or be apparent as a 'significant loss'. This framework highlights how different types of interventions can help to raise functional capacity at each stage and is summarised in Figure 1.

Figure 1: Public Health Framework for Ageing



Source: [World report on health and ageing \(WHO, 2015\)](#)

The WHO report points out that “It is important to note that these periods are not defined by chronological age, are not necessarily monotonic (that is, continually decreasing) and that trajectories will differ markedly among individuals (and may be disrupted entirely by an unexpected event such as an accident)”.

Stark inequalities in ageing are also apparent in healthy life expectancies in England. Those in the 10% most deprived areas can expect to live 52 years in 'good' health, whereas those in the 10% least deprived areas can expect 70 years ([NHS Digital, 2019](#)).

UK/England policies and programmes

There are several important policy developments that impact on the older population and are relevant to PHE's work on health ageing.

For example, the government's [Industrial Strategy \(2018\)](#) includes the 'Grand Challenge on Ageing' mission to "Ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest".

Other key national policies include:

- [Fuller Working Lives](#) – older people enabled to work for longer
- [Dementia 2020 challenge](#) – including raising awareness of risk reduction
- [Loneliness strategy](#) – addressing loneliness across the life course
- [NHS Long Term Plan](#) – a renewed focus on prevention for a 'thriving' older age, including use of data and technology to prevent illness
- [25 Year Environment Plan](#) – high quality, accessible, natural spaces close to where people live and work

PHE in turn has adopted the WHO framework (see Figure 1) to guide its 'Productive Healthy Ageing' policy on addressing the public health requirements of England's growing older population. The word 'productive' has been adopted to make the positive asset-based component explicit and to help challenge ageism.

PHE has adopted a systematic approach to its work on Productive Healthy Ageing, using an adaptation of the '[Knowledge to Action](#)' cycle and NHS Scotland's '[Evaluability Assessment](#)' approach to develop its 3 year programme. This includes development of a 'logic model' (a theory of change, mapping actions to outcomes), reviewing and mapping a range of PHE work programmes that deliver positive outcomes for healthy ageing, and identifying metrics to inform and assess these activities.

The refreshed metrics support PHE's Life Course approach by providing a balanced portfolio of tools and indicators across the life course. For further information on the Life Course approach and relevant resources, see [Health Matters](#).

Aims of the Profile

The new **Productive Healthy Ageing Profile** tool has been developed to support PHE's Productive Healthy Ageing policy and inform public health leads in PHE, local authorities, third sector organisations and the wider public health system. The main aims of this ongoing development are to:

- provide a set of indicators that describe key issues relevant to older people's health as they age, including risk and protective factors, early interventions, health outcomes, identification of need, and health and social care
- support exploration of inequalities, including comparison of indicators between geographical areas and by population characteristics where possible
- support exploration of the relationship between issues
- provide links to further resources to explore issues raised by the Profile in more detail and inform actions to improve health outcomes

Local authorities, for example, can use the tool to support development of joint strategic needs assessments, public health planning, and assessment of the overall impact of public health interventions in relation to older people.

Development of the Profile

Various stakeholders have input to the development of this tool through group meetings, one-to-one discussions and a formal stakeholder survey. This has included input from PHE public health topic leads and representatives from local authorities, the Centre for Ageing Better, Age UK, Versus Arthritis, the Department of Health and Social Care, NHS England, NHS Digital, academia and other organisations.

The formal stakeholder consultation on the outline plan was undertaken through an online survey circulated in December 2018 and January 2019. The results have informed both the design of the tool and priorities for next steps in its development. Further details regarding this survey are provided [here](#).

The Profile is part of PHE's suite of online 'Fingertips' based tools. It has replaced PHE's 'Older People's Health & Wellbeing Profile' and overlapping content relating to older people in PHE's Adult Social Care Profile (now closed). The development has involved a complete restructure and extension of content and functionality to improve support for PHE's evolving productive health strategy. It has drawn on relevant indicators from a range of PHE Fingertips-based tools and new indicators have been added based on data published by partner agencies. Indicators from the replaced tools have also been updated.

The tool provides various ways of visualising the data and can be used to identify, compare and monitor variations and trends. The 'Fingertips' platform is being continually improved and the Productive Healthy Ageing Profile has incorporated latest functions that were not available in the replaced Profiles. This includes: the ability to incorporate and view England-only level indicators and England inequalities (e.g. breakdowns by deprivation decile, age group, ethnic group, etc. where available); local level inequalities (initially only available for a small number of selected indicators); an England-level summary spine chart; and an ability to view and download age-gender population structures for local authorities and clinical commissioning groups compared to the relevant Region and/or England.

The new 'Further Resources' section on the home page of the tool provides links to further products from PHE and external organisations to support further exploration and action. The resources include relevant policies and guidance, example needs assessments and interventions, reviews, and other data tools and analyses.

The launch product is very much a 'starter' version of the tool. Readily available data has been assembled and a framework has been established for further development. The tool will be updated on an ongoing basis and there are plans to develop both content and functionality. Topics and indicators will be chosen and adapted over time

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based on evolving national policies and programmes, stakeholder feedback and advances in available data and techniques.

Current and planned indicators

Domain structure and topics

The Productive Healthy Ageing Profile indicators have been organised into domains (or columns) that roughly align with the left-to-right trajectory of the WHO framework (see Figure 1) regarding 'High & Stable Capacity', 'Declining Capacity' and 'Significant Loss of Capacity'.

However, the 'High & Stable' stage has been split into 2 domains to reflect health-specific and wider determinants of health indicators respectively. These first 2 domains are also treated as providing a global overview, with the remaining domains providing greater detail. The domain headings have also been changed to emphasise a positive action approach. So, for example, 'Declining Capacity' is relabelled as 'Reverse or Live Well with a Long-term Condition' and 'Significant Loss of Capacity' is relabelled as 'Enhance Care & Support'. There is also an additional domain to provide information on demography and mortality.

The following outline framework for the domains describes both current and *planned/aspirational* topics to be included (latter in italics below):

Optimise Health & Reduce Risks Early: an overview of health and life expectancy; healthy and risk behaviours, including smoking, physical activity, *muscle strength/balance*, alcohol intake, weight, and diet; and NHS early interventions including health checks, *frailty assessment*, hypertension treatment, *atrial fibrillation detection*, vaccinations and cancer screening.

Improve Wellbeing & Wider Determinants of Health: an overview of wellbeing; employment, finance and deprivation; housing; and social connections and community assets, including loneliness/social isolation, social cohesion measures, volunteering, *other types of engagement*, *accessible transport* and outdoor environment.

Reverse or Live Well with a Long-term Condition: *had enough support from services to manage selected condition(s)*, *survivorship by condition*, prevalence/incidence/interventions for selected health conditions including cardiovascular disease (heart, stroke and diabetes), chronic obstructive pulmonary disease (COPD), cancer (overview), musculoskeletal long-term problems, *incontinence*, sensory and other communication-related conditions, depression/anxiety and dementia.

Enhance Care & Support: *frailty*, *multi-morbidity*, falls and fractures; independent living support and unmet need; and end of life care.

Demographics and Mortality: populations and underlying causes of death.

The aim is to develop appropriate indicators over time to adequately address each of these topics, and for content to be nuanced according to level of capacity. Therefore topics, such as those relating to health behaviour, wellbeing and social connection, may appear in more than one domain. The domain structure and topics will be reviewed on an ongoing basis to ensure best fit with evolving requirements and data availability.

There are also broad health topics, such as falls prevention, that span domains and there is interest in developing the tool further to support exploration of pathways between prevention and outcomes. In the meantime, the tool's 'Compare Indicators' function provides one way of exploring the relationship between indicators that sit in different domains. Profile users also have the option of choosing their own comparison set of indicators once registered on Fingertips.

Indicator specifics

The indicators are variously available at local authority, clinical commissioning group (CCG), sustainable transformation partnership (STP), Region (former Government Office Region) and/or England-only level.

The indicators are also variously available for all ages or by age group. This includes all-age versions of important indicators, such as those relating to health behaviours and wellbeing, where older age versions are not yet available at the local level. Many of these indicators usefully provide England-only level age breakdowns via the Fingertips 'Inequalities' function as well as all-age breakdowns by deprivation. The aim is to develop relevant age group versions at the local level, including age 50 and over, where possible.

Nearly all the local authority level indicators from the replaced Older People's Health and Wellbeing Profile and overlapping older people indicators from the replaced Adult Social Care Profile have been included. Updates are provided for the following indicators that were particularly out of date:

- receiving winter fuel payments, aged 65+
- registered blind/partially sighted, aged 65-74 and 75+
- offered reablement services following discharge from hospital, aged 65+
- still at home 91 days after discharge from hospital, aged 65+
- proportion of people aged 65+ using social care services who receive self-directed support, and those receiving direct payments
- permanent admissions to residential and nursing care homes, aged 65+

As well as drawing on indicators from other PHE Profiles, the following 6 'new' local authority level indicators have also been added drawing on data published by external organisations:

- healthy life expectancy at age 65 (split male/female)
- disability free life expectancy at age 65 (split male/female)
- social isolation of adult carers aged 65+
- social isolation of social care users aged 65+
- overall satisfaction of social care users with care and support, aged 65+
- social care users have control over their daily lives, aged 65+

England/Region-only level indicators, such as those relating to housing, social connections and community assets, have or will be drawn from survey results published by external organisations. These are included in the absence of readily available data at lower geographies to highlight key influences on productive healthy ageing. PHE aims to explore possibilities for developing lower level geography versions of these or similar indicators over time.

Tables summarising currently available indicators, geographies and inequality breakdowns in the tool are provided [here](#). These will be updated as the tool is developed.

Next steps in the development of indicators include:

- appropriate age group breakdowns for age 50 upwards for key indicators at local authority level where possible, particularly for healthy and risk behaviours
- expansion and refinement of wider determinant indicators, including exploring options for development of lower geography versions over time
- further inequality breakdowns where possible and relevant
- new frailty-related indicators at CCG and STP level
- explore use of databases underlying public data to address gaps and refine current indicators, such as GP patient survey and social care survey data
- work with external partners to explore options to address identified gaps where data is not currently collected or readily available
- review content again with stakeholders once the tool has become established

PHE is also exploring ways to automate and streamline production of indicators to improve efficiency, timeliness and quality assurance processes. This will support the ongoing maintenance and development of the Productive Healthy Ageing Profile.

Conclusion

The metrics and further resources sections in this tool reflect the breadth of issues highlighted in the WHO Healthy Ageing Framework and PHE's Productive Healthy Ageing programme.

This will enable local areas and other interested parties to identify and use data that incorporates the range of issues identified as important to older people and our stakeholders. This includes social isolation and loneliness, building resilience, living well with long term conditions, and helping people stay independent for as long as possible.