Public Health England

Protecting and improving the nation's health

Stakeholder survey on planned Productive Healthy Ageing Profile

Summary of feedback 2018 to 2019

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.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Published June 2019
PHE publications
gateway number: GW-461

PHE supports the UN
Sustainable Development Goals

Contents

Introduction

This is a short summary of the results of a survey of stakeholders undertaken in 2018/19 as part of the planning process for the development of Public Health England's new Productive Healthy Ageing Profile tool. The tool, launched 4 June 2019, is part of the 'Fingertips' suite of products and aims 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

The survey was undertaken to both inform the launch version of the tool and to help identify and prioritise further required developments.

Method

The survey was undertaken in December 2018 and January 2019. Stakeholders were invited to feedback on an outline plan for the development of the proposed Profile – see the discussion paper and appendices. Emails inviting stakeholder feedback were circulated early to mid-December via established regional networks, national groups and individual connections. Presentations to selected groups and a further circulation of emails mid-December and early January were undertaken to encourage feedback. Stakeholders were invited to enter their feedback via an online form based on 'Select Survey' software.

The survey questions are outlined in Appendix A.

Results

There were 47 responses to the online survey and a further 5 responses were received via direct email. Duplicate online entries for 2 responders were excluded. In total, 50 responses were used for the following analysis.

Characteristics of respondents

A section at the end of the survey asked for respondents to identify their type of organisation, main role and level of experience in productive healthy ageing or older people work. The responses are summarised in Table 1.

Table 1: Characteristics of respondents

Characteristics (responses)	**n (%)**
Type of organisation (n=42) *(Multiple choice)*	
Local authority	18 (43%)
Government Department/Agency	9 (21%)
Third sector	7 (17%)
University/Research Organisation	2 (5%)
CCG	1 (2%)
Other[1]	5 (12%)
Type of role (n=41) *(Multiple choice)*	
Policy/Programme Lead	16 (39%)
Analysis or Knowledge Transfer	13 (32%)
Research	7 (17%)
Service Provision	4 (10%)
Commissioning/Contract Management	3 (7%)
Director of Public Health	2 (5%)
Level of experience (n=37)	
Substantial	12 (32%)
Quite a lot	9 (24%)
Some	15 (40%)
None	1 (3%)

1. clinical network; old age psychiatry; professional body; multilateral organisation; fire and rescue service

Half (52%) the respondents also provided their contact details for future user-testing.

Views on the proposed structure

Respondents were asked if the proposed structure - the 'domain' descriptions and type of content to be assigned to each domain - was appropriate. Of the 46 (92%) respondents who answered the question, 33 (72%) selected "Yes", 11 (24%) "Not sure" and 2 "No". Of those who were not sure, the majority were broadly happy about the domain structure but suggested changes such as simplifying headings or moving dementia to the 'long-term condition' domain.

Two respondents felt that the structure should be more aligned to the World Health Organization's framework on ageing (WHO, 2015) in terms of separating out people's intrinsic capacities, their functional ability and their environment.

Views on whether covering key areas

Respondents were asked if the proposed set of indicators covered the key areas of productive healthy ageing. Of the 43 (86%) respondents who answered the question, 25 (58%) selected "yes", 17 (40%) "Not sure" and 1 "No". The majority of those who were either not sure or did not agree provided suggestions for further content. A list of the items suggested in response to this and other questions is provided in the 'Additional suggested topics for development' section at the end of the results.

Top 5 issues to prioritise for indicator development

Respondents were asked to outline their top 5 issues for indicator development as free text and 38 (76%) responded to the request. The prioritised topics appeared in all 4 of the proposed main domains, although there were more responses relating to 'Improve Wellbeing & Wider Determinants of Health' (33, 87%) and 'Enhance Care & Support' (31, 82%).

The most prioritised topics for indicator developments were: 'Loneliness & Social Isolation' (17); other issues relating to 'Social Connections & Community Assets/Risks' (14); 'Health Behaviours & Risks' (13); 'Frailty' (10) and 'Multi-morbidity' (10). Further details are provided in Table 2.

Table 2: Survey respondents' priorities for indicator developments

Domains (revised descriptions for the tool launch)	Domain is a top 5 priority: n (%)	Most popular top 5 priority topics per domain (n)
Optimise Health & Reduce Risks Early	22 (58%)	• Health Behaviours & Risks (13) - either general or specific type(s), of which Physical Activity (6) was the most popular specific type
Improve Wellbeing & Wider Determinants of Health	33 (87%)	• Loneliness & Social Isolation (17) • Social Connections & Community Assets/Risks (14) - either general or specific type(s), of which Relationships/Social Interaction (4) was the most popular specific type • Housing (9) - either general or specific aspect(s) relating to Condition, Accessibility, Tenure or Type of housing • Quality of Life/Wellbeing (7) • Employment (6) • Finance/Deprivation (4)
Reverse or Live Well with a Long-term Condition	15 (39%)	• Sensory & Other Communiction-related conditions (7) • Musculoskeletal (MSK) Long-term Problem (5) • Depression (4)
Enhance Care & Support	31 (82%)	• Frailty (10) • Multi-morbidity (10) • Dementia (9) • Adult Social Care - related (7) • Carers (6) • Delirium (5) • Medication (4)

Notes

1. Cross-domain issues were also included in the top 5 priorities for indicator developments, with inequality breakdowns being the most popular topic (5 respondents).
2. Topics or specific aspects not mentioned in the consultation documents are included in the 'Additional suggested topics for development' section at the end of the results.
3. This question asks for feedback on topics where there is a priority need for indicator developments. This doesn't necessarily equate to priorities for productive healthy ageing policy or implementation.

Further feedback

Respondents were asked for any further views on the indicators, including any suggested changes, and 16 (32%) responded to the request. The feedback was extremely wide-ranging and proposed additions have been included in the 'Additional suggested topics for development' list that follows. In some cases, there were competing views on the value of certain proposed indicators such as 'satisfaction with job' and 'living alone'.

Respondents were asked if there were any key resources currently available or being developed that should be signposted or used for indicator development, and 15 (30%) provided suggestions. One local authority added that it would be useful to provide a repository of local assessments and strategies.

Respondents were also offered the opportunity to provide further comments. One respondent was unhappy about both the focus on older age groups and PHE's use of Fingertips.

Additional suggested topics for development

Domain1: Optimise Health & Reduce Risks Early:

- DALYs [disability-adjusted life years] (not disability free life expectancy) to summarize both the lived experience with a condition or disease, and mortality
- a measure of overall functional ability... - either as a composite or as a new measure
- a population indicator that captures the high-functioning very eldest (i.e. 90+ or 100+)
- percentage who do not have a long-term condition
- obesity - could this be more accurate than survey based - e.g. primary care data?
- rather than just concentrate upon obesity would consider healthy weight to include underweight and malnutrition
- sexual health
- sexually transmitted infections
- proportion with raised cholesterol
- anything around NHS health check/ risk factors about the number of people with high BP/ cholesterol prescribed antihypertensives/statins etc

Domain 2: Improve Wellbeing & Wider Determinants of Health:

- more indicators that focus on assets, and positive aspects of ageing
- attitudes
- indicators still seem to focus on loss/deficits rather than positives. E.g. %s with low happiness scores

- greater emphasis on positive mental health and mental wellbeing (for example using life satisfaction indicators/the Warwick Edinburgh Mental Well-Being Scale)
- meaningful activity for ageing well
- self-perception of work-life balance
- unemployment measures for age 50+
- giving greater emphasis to debt (as part of finance)
- DWP [Dept. for Work and Pensions] data, for example on disability benefits, carer benefits etc
- access to, and successful applications for, the Disabled Facilities Grant
- English Housing Survey content
- accidental fires in the home & an indicator for burns or scalds?
- new build housing constructed to the Lifetime Homes Standard
- supported housing
- products and technologies
- proportion of people who feel they lack companionship, drawing on ELSA [English Longitudinal Study of Ageing] data
- potential factors for isolation before they happen? Possibly marital status or living alone (from council tax records)? So, e.g., could we establish how many of deaths result in a spouse being left alone?
- grandparents providing childcare
- education in early life
- learning
- use Understanding Society re able to access services when need to; Difficulties accessing services and why- (maybe these will be covered in the AHAH [Access to Healthy Assets and Hazards Index] mentioned?)
- go out socially; why don't go out socially
- 'engaging in culture and the arts' could be more inclusively described as culture and leisure activities
- broader measure of internet use rather than just measure of social media use
- protection from scams e.g. "ability of older people to recognise and protect themselves from scams (online or otherwise)"
- % of people who feel safe during the day (as well as % feel safe walking alone after dark), age 65+
- condition of the streets around the home

Domain 3: Reverse or Live Well with a Long-term Condition:

- older people who have an annual medication review- not just those with frailty
- people with type1 diabetes
- prevalence of chronic pain
- uptake of 2 yearly sight tests in older adults
- active diagnosis of depression
- depression by age group

- older people's access to, and outcomes from, mental health services (including IAPT [Improving Access to Psychological Therapies] services)
- self-harm in older adults should also be included, as well as alcohol dependency and the prescription of anti-depressants.
- hospital admissions relating to mental health issues including depression
- mental health-related avoidable admissions to acute hospitals, 65+
- views of person with dementia
- medication reviews among people with dementia
- adding further indicators from the 'Supporting Well' element of the Dementia Profile
- older people with serious mental illness such as schizophrenia and bipolar who have grown old with an underlying illness

Domain 4: Enhance Care & Support:

- recently we have been coming across multi-morbidity research which has been addressing the issue of discordant and concordant multi-morbidity. Do you have intentions to measure this?
- older people detentions under the Mental Health Act, and DOLS [Deprivation of Liberty Safeguards] applications.
- mental capacity
- delayed transfer
- for people who receive help with their difficulties with ADLs [activities of daily living]- a measure of whether the help they receive meets their needs
- hours of unpaid caring by age group and gender
- indicators to enable local authority comparisons of both the numbers of people receiving and the cost of domiciliary and residential care
- separate measures for admission to residential homes and nursing homes
- a positive indicator relating to end of life care planning, to ensure that quality of life is supported

Other issues – cross domain or domain 5 – demographics & mortality:

- hard to reach groups - homeless /older people in prisons /cultural issues for older people with accepting support /services
- highlight areas of particular need by sex & ethnicity
- ‘sustainable age profile’ e.g. the presence of a workforce that is able to support older people in the area and young people's desire/ability to remain in an area (influenced by opportunities, access to employment, affordable housing)
- migration/movement of older people in and out of an area
- projecting future need
- include population projections
- models of social care and prevention

Conclusion

The feedback received has been extremely helpful. Some key results to note are:

Nearly three-quarters (72%) agreed that the proposed structure was appropriate. Most of the remaining respondents were generally happy with the overall structure but suggested some specific changes.

Nearly three-fifths (58%) agreed that the proposed Profile was covering the right content and the majority provided suggestions for additional content.

When asked to prioritise 5 topics for indicator development, the topics identified ranged widely.

The most prioritised topics were: loneliness/social isolation and other issues relating to social connections and community assets; health behaviours; and frailty and multi-morbidity.

The survey feedback supports PHE's decision to develop a tool that provides a rich reflection of productive healthy ageing issues. In response to the survey, PHE has noted priorities, interests, criticisms and suggestions and taken some of these on board for the launch version. Other selected suggestions will be explored further. An outline of current and planned content is provided in the Profile launch paper. However, proposed developments will be reviewed again with stakeholders once the tool has become established.

Appendix A: Survey questions

The online survey contained the following 6 questions referring to the discussion paper and appendices:

Topics and domains

1. Do you think the proposed structure – the domain descriptions and type of content to be assigned to each domain in the Profile - is appropriate? *(This relates to the summary of content provided on pages 6 & 7 of the discussion paper).*

   Response options: Yes; No, Not sure.
   If you answered no or not sure, please suggest changes or provide further comment:

2. Do you think we are covering the key areas of productive healthy ageing with our proposed set of indicators? *(Please refer to the summary appendix accompanying the discussion paper).*

   Response options: Yes; No, Not sure.
   If you answered no or not sure, please state additional areas for inclusion or provide further comment:

Developing indicators

3. Which top 5 issues would you like us to prioritise for development of indicators? *(Please refer to the summary appendix accompanying the discussion paper).*

   Free-text boxes numbered 1 to 5 provided for responses.

4. Please let us know if you have any further views on the indicators, including any suggested changes. *(Please refer to the summary appendix accompanying the discussion paper).*

Any other comments

5. Are there any key resources currently available or being developed that you think we should draw on for the Further Resources section and/or for indicator development? *(Please write down any suggestions with links and sources if known below).*

6. Do you have any other comments? *(Please let us know if you have any other suggestions or comments to inform development of this tool).*

There were also the following additional questions at the end (respondents having been advised earlier in the survey introduction: “On the last page there are also 3 questions about you to help us better understand different stakeholder needs. Responses will be completely anonymous unless you opt to provide your contact email to be included in ongoing user-testing of the tool.”):

About you

7. Please indicate the type of organisation that you work for. *(You can click more than 1 organisation).*

   Several response options provided, including ‘Other’ and a free-text box to provide further details.

8. Please indicate your main type of role in this organisation

   Several response options provided, including ‘Other’ and a free-text box to provide further details.

9. Please indicate the level of experience you have in work related to healthy ageing or older people

   Several response options provided in a gradient from ‘No experience’ to ‘Substantial experience’.

10. Please provide your email address if you would like to be involved in ongoing user testing for the proposed tool.