Public Health England

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Proposed development of PHE's 'Productive Healthy Ageing Profile'

Purpose of the paper

This paper outlines proposals and options for the development of PHE's new Productive Healthy Ageing Profile tool which will replace PHE's 'Older People's Health & Wellbeing Profile' on 2 April 2019. We are seeking stakeholder feedback on this proposed way forward and advice on priority developments.

Background – a positive asset-based approach to the ageing population

According to the Health Profile for England, the population of England has been steadily increasing and ageing, and in 2017 the percentage of the population aged 85 years and over was 2.7 times greater than it was in 1971. 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, these need to be high quality, with a focus on maintaining independence and 're-ablement' where possible.

People will be working for longer as the pension age increases. Good quality work is beneficial for older people and retaining an experienced workforce will be of value to the UK economy, communities and to wider society. Older people also contribute to society in many other ways and there is a substantial net economic contribution to society through their spending, taxation, providing social care and volunteering. There is a need to challenge ageism - including misconceptions, attitudes and assumptions about older people – to be able to fully explore and embrace opportunities for older people to continue to participate and contribute as fully as they can to society and to enjoy a good quality of life and the knock-on benefits to health.

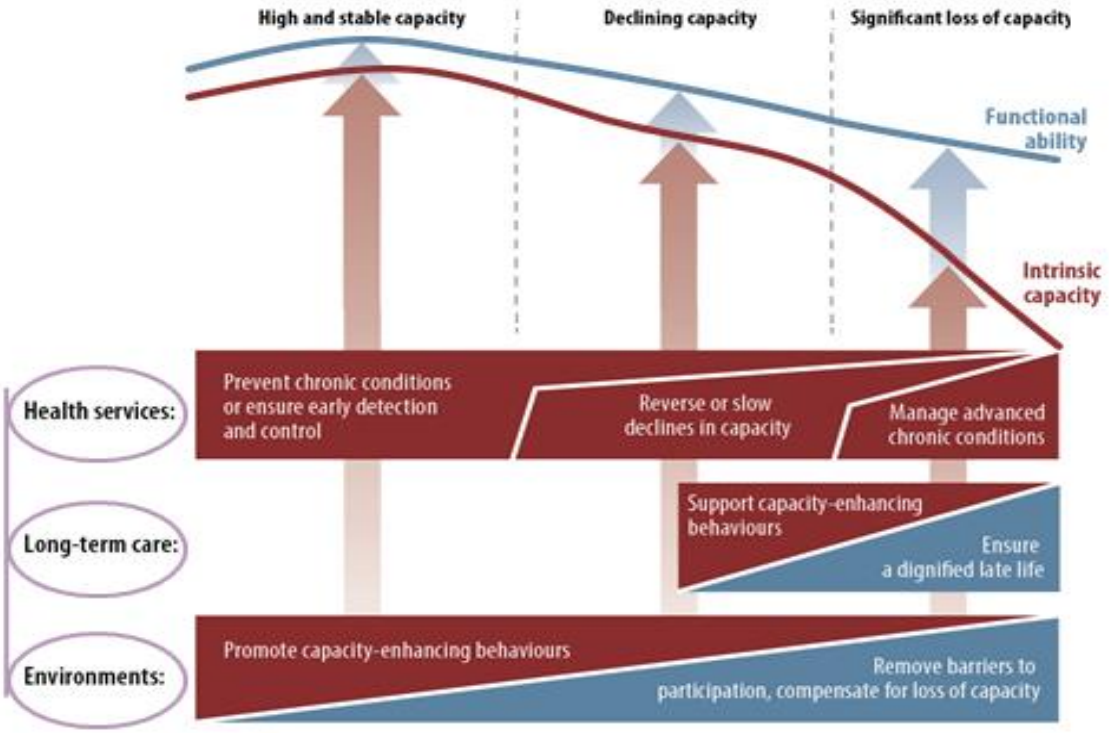
Background – addressing diversity in ageing and varying levels of functioning

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 a positive 'orthodoxy' 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 on ageing which focuses on 'functional capacity' rather than age per se. Functional capacity[1] is a combination of intrinsic or internal resources such as mental and physical assets, combined with how we interact with our 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 figure1.

Figure 1: Public Health Framework for 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)" (p.32).

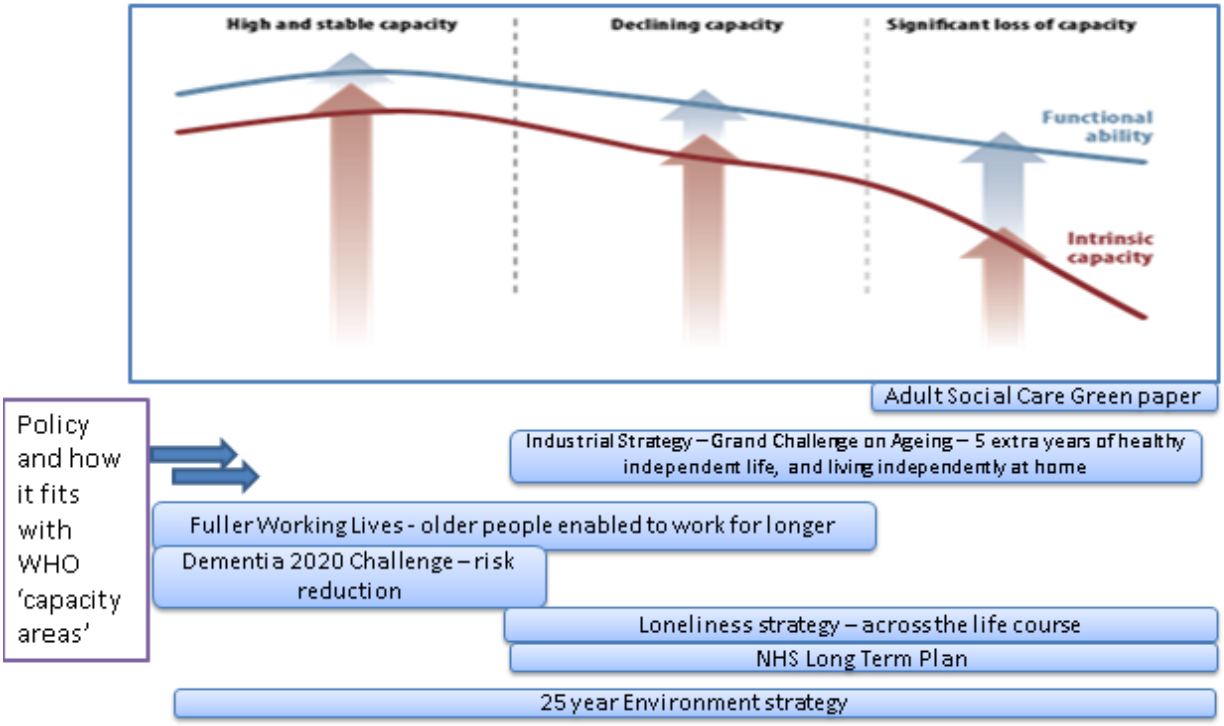
1. This should not be confused with the term 'Mental Capacity' in relation to those who are unable to make all or some decisions for themselves.

Background – England policies and programmes

Public Health England (PHE) has adopted the WHO principles and framework to guide its 'Productive Healthy Ageing' (PHA) 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.

There are a number of recent or soon to be published key national policies that are relevant to PHA. In a paper to the PHE strategy Board, August 2018, PHE's policy lead on PHA provided an example of how these policies could be mapped to the WHO framework as shown in figure2 (updated version).

Figure2: Public Health Framework for Ageing and relevant policies



Various topics encompassed by these policies were identified in the paper. For example, ***housing*** was identified as an issue in relation to adult social care. The negative impact of ***inequalities*** on functional capacity was also stressed.

There was also an exploration of how existing and proposed PHE programmes of work (subject to resourcing) might map to this framework. These include: ***CVD prevention; falls***

prevention; digital approaches to behaviour change; promotion of physical activity; preventing and treating musculoskeletal conditions (MSK); reducing the impact of hospital admissions; reducing social isolation and loneliness; home adaptations; work and health; dementia risk reduction. As with the policies outlined above, several straddle more than one capacity domain.

Background to the Profile development

It has been recognised for a while that PHE's existing Older People's Health & Wellbeing Profile does not reflect key aspects of PHA and is limited in its ability to demonstrate inequalities. Some indicators are also particularly out of date.

A workshop was held in autumn 2017 with a range of external stakeholders, including representatives from local authorities, the Centre for Ageing Better, Age UK, Arthritis UK, the 'Department of Health', NHS England, NHS Digital and academia, to advise on the content of a replacement tool. There were mixed views regarding whether the tool should contain a limited focussed set of key indicators or provide a more rich reflection of PHA. Issues discussed included the need to agree an age cut off for defining 'older people' and the need to make better use of available data. The following domains for organising content were suggested: ***Resilience; Physical health; Connectedness; Meaning & purpose; Financial Security; Health Care.*** Various potential data sources were also identified for further exploration.

There has since been a hiatus in development due to a PHE-wide review in 2017/18 of all the 'Fingertips' based Profiles, and the subsequent decision to drop the related Adult Social Care Profile. It has been recommended that the content of this dropped Profile be reviewed and useful content incorporated or adapted for use in the proposed new PHA Profile.

There have also been significant policy developments since the workshop as noted earlier, including PHE's recent agreement to adopt the PHA framework. There has also been a recent re-organisation of PHE staff to improve support for PHA work. Given the renewed work on the development of the PHA Profile and this changing backdrop, it is proposed that there should be a further round of stakeholder consultations on the following proposed way forward.

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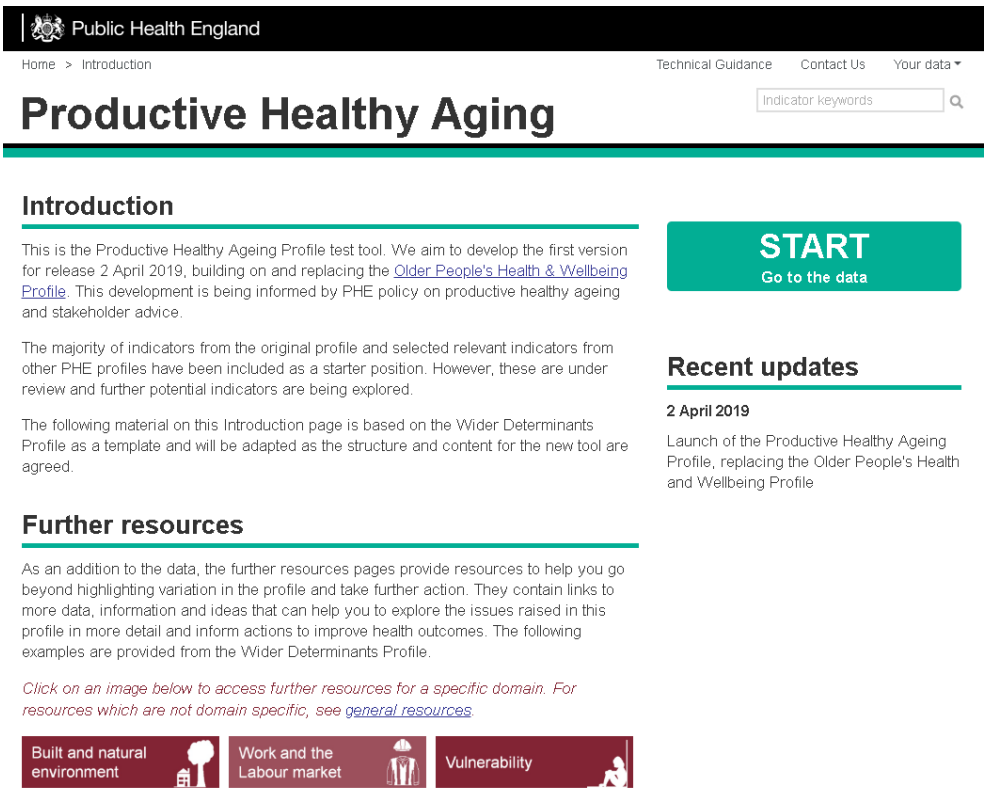
Overview of proposed way forward

The aim of the PHA Profile is to support PHE and partners at national, regional and local level to identify, compare and monitor variations and trends in key issues relating to older people and PHA.

It is proposed that the profile will continue to be provided through the 'Fingertips' platform, but will incorporate the most recently available functions. As well as various functions to support local and regional level comparisons and assessment of trends, the Profile will also include the ability to view England-level inequalities (e.g. by deprivation decile, age group, ethnic group, etc. where possible) and an England-level summary spine chart.

The introduction page will have a similar look to the design of the PHE Wider Determinants Profile with links from the welcome page to further resources such as key policies, evidence of 'what works' and further sources of data. We have set up an initial template to be adapted for PHA purposes once the Profile structure and indicator content has been agreed - see figure 3.

Figure3: Introduction page template to be adapted for the Profile tool



It is proposed that the indicators will provide a rich reflection of PHA issues (including those highlighted earlier in figures 1 & 2 and in bold text) and will be organised into domains (columns) aligned with the agreed PHA framework and left-to-right trajectory: 'High & Stable Capacity', 'Declining Capacity' and 'Significant Loss of Capacity'. However, the first domain will be treated as a more global overview and will be split into 2 domains to reflect heath-specific and wider determinants of health indicators respectively. The domain labels will also be changed to emphasise a more positive action approach and there will be an additional domain to provide background context. A new Fingertips function will allow the indicators to be further organised under topic sub-headings within each domain.

The proposed domains and potential content relevant to older people are:

- ***Optimise Health, Addressing Health-specific Risks Early*:** an overview of health and life expectancy; health behaviours and risks, including smoking, physical activity/muscle strength/balance, alcohol intake, obesity, and nutrition; and NHS early interventions, including vaccinations, health checks, treating hypertension, cancer screening, and referrals.

- ***Optimise Quality of Life, Addressing Wider Determinants of Health:*** an overview of wider quality of life; employment, finance, deprivation and housing; loneliness and social isolation; and social engagement and community assets/risks, including volunteering, social cohesion measures, use of social media, engaging in arts or cultural activities, accessible transport and outdoor environment.

- ***Reverse or Control & Live Well with a Long-term Health Condition:*** quality of life of those living with at least one health condition; and prevalence/incidence /interventions for selected health conditions that can be treated or managed, with people potentially living long and well despite the condition. The proposed types of condition to be included here are cardio-vascular disease (heart, stroke and diabetes), chronic obstructive pulmonary disease (COPD), cancer (overview), musculoskeletal long-term problems, sensory and other communication-related conditions, and depression/anxiety.

- ***Enhance Care & Support:*** Related health conditions that increase risk of further harm to health and quality of life in older people and where people are likely to require enhanced care and support, including frailty, multi-morbidity, mobility problems, falls/fractures/risks and dementia; independent living support and unmet need; and end of life care.

- ***Background Context:*** relevant populations and mortality due to selected health conditions.

Please see the accompanying Excel workbook 'Summary' appendix for an exploration of potential indicators. This includes 'placeholders' for future development of indicators and also interim indicators that could be replaced by more appropriate indicators in due course.

Please note that this is work in progress and is subject to further discussion, assessment of available resources to maintain the tool and rationalisation.

Principles for organising content

The product to be released early 2019 will be a 'good start' and we aim to continue to develop this on an ongoing basis.

Selecting and placing proposed indicators within the domains has been a challenge due to: a wide range of relevant topics; lack or wealth of data for specific topics; data only available at regional or national level; policies and programmes straddling more than one domain; available indicators not nuanced enough for specific domains; getting the topic and 'positive'/'negative' balance right; deciding on appropriate age groups; and avoiding too much overlap with other PHE topic profiles.

The following principles for developing and organising content have been adopted:

1. Aim to provide a wide rich view of PHA related issues, subject to resourcing
2. Choose and adapt topics and indicators over time based on evolving national policies and programmes, stakeholder feedback and advances in available data and techniques
3. Focus on ages 65+, but for early prevention indicators widen the age range to overlap with the population targeted by NHS Health checks (age 40-70)
4. Provide age groups 65-74, 75-84, 85+ where add value and are straightforward to produce
5. Include all-age alternatives for key topics where older age versions are not yet available
6. There should be a clear rationale for each indicator
7. Select health conditions that affect a significant proportion of older people and are potentially preventable and/or particularly amenable to health and care interventions

8. Place indicators either in the most appropriate domain or the one that might afford most health gain in the trajectory, but allow for selected duplication where particularly helpful
9. Aim to provide a balance across topics, but favour those reflecting greatest potential for improving PHA and/or where not adequately addressed by other PHE profiles
10. Use resources wisely, drawing on existing indicators where helpful and prioritising developments where there are key gaps
11. Be selective in drawing from other topic Profiles and provide clear links to these for further information
12. Allow for variation in geographies presented – lowest level geographies will be a mix of LA and CCG levels
13. Include just regional or national level data for key topics where lower level data is not available. (Feedback suggests national level, although of limited use to LAs, can still provide LAs with: support for the case for investment; a value that can be used to generate local estimates; and wording of national survey questions that can be re-used in local surveys and outcomes compared. National-only data is subject to a technical adaptation of Fingertips in 2018/19).
14. Favour indicators that are recent and updated on an ongoing basis, but in the absence of this for key topics, allow for inclusion of older indicators as interim placeholders
15. Aim to continually improve ways of exploring inequalities
16. Provide a summary of the content and plans on the Introduction page
17. Be selective in the links provided in the Further Resources section

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Questions for stakeholder feedback

Topics and domains

1. Do you think the proposed structure – the domain descriptions and type of content to be assigned to each domain as described on pages 6 and 7 – is appropriate?

2. Do you think we are covering the key areas of productive healthy ageing with our proposed set of indicators? Are there any gaps? (See the Appendix Summary sheet).

Developing indicators (see the Appendix Summary sheet):

3. Which top 5 issues would you like us to prioritise for development of indicators?

4. Please let us know if you have any further views on the indicators, including any suggested changes.

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?

6. Do you have any further suggestions or comments to inform development of this tool?

We would be grateful if you could take time to consider these questions and then enter your responses in our online survey **by Friday 4 January.**