Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde 2013 – 2016

Briefing Paper: Age

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Demographics / Health Needs

Demographics

Within health policy and services the term 'older population' refers to people aged 65 and over. The Equality Act 2010 introduced a ban on age discrimination within public services. The ban came into effect in October 2012, and means all age-based services need to be legally justified. Only people aged 18 and over are protected by this legislation.

The Scottish Government (and UK) policy to integrate Health and Social Care and shift the balance of care from hospital to community will affect delivery of specialist health care services for older people in the future.

The 2011 Census reported 890,300 people in Scotland aged 65 and over, and on average they make up 16.8 % of total council area populations[1]. The Census reported a 10.6 % rise in the older population between 2001 and 2011. Social care data from multiple national data collections[2], together with academic research predict a significant rise in the 'ageing population' over the next 20 years.

The rise in older population between 2001 and 2011 within the NHSGGC area was 1,400. This is 3.0% lower than the Scottish average. However there is significant variation in changes in populations of older people within local authorities across Scotland and across NHSGGC.

Census data shows rises in the older population are concentrated in wealthier areas and in poorer areas the changes are negative or minimal. For example:

- Within Glasgow City and West Dunbartonshire and Inverclyde the older population has either lowered significantly or experienced only small increases (-9.2; 1.1 and 5.6 respectively) whilst East Dunbartonshire and East Renfrewshire have an increased population group by 21.8 and 16.3 respectively.
- The projected rise in the population aged 85+ between 2008 and 2033 in West Dunbartonshire is 200% while in East Dunbartonshire it is 300%[3].

- The population of people aged 65-79 within Glasgow City Council area has reduced by 13.2% in last 10 years compared to East Dunbartonshire which has seen an increase in this population group of 15.7%.
- Glasgow City had 13.9% of its population aged 65+ compared to East Dunbartonshire which at 19.4% had the highest percentage within NHSGGC area[1].

The data suggests that whilst there will be an overall increase in the older population as a whole, those who live into their late 70s and 80s are more likely to be from wealthier backgrounds.

Health Needs

It is suggested that these demographic changes, together with evidence of associated shifts in the pattern of ill-health towards long-term conditions and growing numbers of older people with multiple conditions and complex needs, are likely to increase the demands on the whole healthcare system.

The following health issues are likely to affect this:

- Two in five people in Scotland live with a **long-term condition**. Many of these are older people. People from poorer communities are more likely to suffer from a long term condition.
- A third of women and one in seven men aged 65 and over suffer from **incontinence**.
- Half of all people with **diabetes** in the United Kingdom are over 65. This equates to around 110,000 of the 228,000 people in Scotland who have the condition. A quarter of people aged over 75 have the condition.
- **Respiratory disease**. For example, pneumonia is a major cause of death in people over 75, with 6% of deaths being attributed directly to this cause.
- **Depression and mental illness**. In Scotland, around 10% of people aged 75 and over have a depressive disorder. Of these, more than 30% have severe depression.
- In 2010, approximately 71,000 people had **dementia** in Scotland. Around 97% of these were aged 65 and over. Alzheimer's Society estimate that one in six people over the age of 80 has some form of dementia (2007). The number of people with dementia is expected to rise to 127,000 by 2031.

  There are an estimated 228 people with dementia from Black and Minority Ethnic (BME) communities in Scotland. The low number is due to fewer older BME people than in the general population and is predicted to rise relatively faster than for the population as a whole.

  Because the prevalence of dementia doubles every five years, and because it is an illness predominately of old age, **more women than men already have or will develop dementia**: between 19,500 and 23,000 men and between 38,500 and 42,000 women have dementia in Scotland. Alzheimer's disease is more common in women and vascular dementia more common in men. Dementia is more common in men than women under 75 and is more common in women at every subsequent age band. However researchers believe the extent of the underestimation of the under 65 age groups may be as much as threefold. It could also mean that more women than men may be un-diagnosed, but further research would be needed to evidence this, and to evidence the reason for the gender differential in developing dementia across the lifespan.

- **Delirium** (or acute confusion) is common in the elderly. It affects one in three people in Scottish medical units.
- **Stroke** is the third commonest cause of death in Scotland and the most common cause of severe physical disability in adults. Around 15,000 people annually in Scotland have a stroke. Of these, more than 80% are aged 65 years and over. Hospital care for these patients accounts for 7% of all NHS beds and 5% of the entire NHS budget.
- The number of people with **epilepsy** is expected to rise by 13% from 2007 to 2027, with just under half of sufferers people aged 60 and over.
- We are only now seeing the first generation of **trans people** who have taken hormone therapy for 30 years or more, and who are living with gender reassignment surgeries performed using the very different techniques of the 1960s and 1970s. Age UK had produced a factsheet setting out some of the specific health issues older trans people may experience[4].
- **Homeless people and refugees**, who experience extreme poverty and the effects of physical and psychological trauma, can experience health issues associated with much older people at a much younger age. Significant experiences of deprivation have been shown to speed up the biological ageing process by 7 years.
- **Care Needs of older people**. Many older people receive care at home, in the community or in care home or hospital settings. Care is provided to approximately 90,000 older people across NHSGGC now – and we will need to provide services to a further 23,000 people by 2016. Care home residents have ongoing and increasingly complex needs. A recent national census of 751 care homes revealed that 72% of residents were immobile or required mobility assistance; 86% had one or more diagnoses explaining the need for personal care; 54% had care needs related to dementia, stroke or Parkinson's disease; and 24% had confusion, immobility and incontinence. Depression affects 40% of older people in care homes. The percentage of people aged 65+ receiving 10+ hours of home care/ long stay care home residents and continuing care patients in 2011 was 36.2%[5]. Over a third of the older population receive intensive home care.
- Three out of five people in Scotland will become **carers** at some point in their lives. With the ageing population, the number of carers is expected to grow to an estimated one million by 2037.
- 11.5% of providers of high levels of care will be 65+ and those providing high levels of care will be twice as likely to be permanently sick or disabled as those not caring.

Patient experience

In a recent NHSGGC staff survey to assess progress on tackling inequalities, 54.1% staff felt that we could do more to remove prejudice and discrimination in our services for older people and 80% stated they had experienced or witnessed prejudice in relation to age.

A Scottish Executive Report in 2002[6] found that although older people were generally satisfied with their experience of care, around one sixth had a perception that older people received a poorer service, and that long waiting times were a common cause of dissatisfaction.

Only 31 per cent age of the general public say they are confident that older people are treated with dignity in hospital[7].

Experience of discrimination

Like other protected characteristics, the ageing process is socially constructed and concepts such as childhood, adult and old age vary historically and culturally. The medicalisation of age has led to ageing and old age being constructed as deviation from the norm, the norm being young adults[8].

Ageism is a form of prejudice like racism or sexism. Age Discrimination is the practical manifestation of ageism. It happens when we unfairly treat people differently because of their age or take into account the differential needs of individual older people. It is a barrier to older people seeking fair access to treatment and care. Discrimination can be subtle or overt; direct or indirect; individual or institutional.

Projections of an ageing population, increased health demand and projections of reduced numbers of employed, tax-paying younger population are often juxtaposed by politicians and policy makers to present a time bomb of health care need on part of older people and their carers that society will be unable to afford to provide. This analysis often leads to a view of older people as 'a problem' and 'challenge' for public services and society and this in turn can perpetuate stereotypes of older people as dependent, needy, burdensome and unaffordable.

Within NHS the mechanisms of age discrimination may be explicit age-based policies; frontline decisions and behaviours or organisational level decisions.

Areas of concern and recent discussion about ageism in NHSScotland include: decisions about resuscitation; access by older people to various treatments and interventions; the quality of care experienced by older people; attitudes of NHS staff; and the quality of the environment in which care is provided.

A large number of stakeholder organisations and individuals report that attitudes are among the most important causes of age discrimination. Many experiences of age discrimination involve insensitive behaviour, some of which is rooted in ageist attitudes. Most examples of age discriminatory behaviour appear to be matters of thoughtlessness and misplaced assumptions, often reflecting those in wider society and are not the product of avowed prejudice. Many of the people and organisations who are behaving in this way do not recognise their behaviour as discriminatory[9].

Prior to the ban on discrimination coming into effect, the Royal College of Psychiatrists estimated that 85% of older people with depression receive no help at all from the NHS.

Older people with dementia are particularly vulnerable to discrimination and human rights infringements.

At present only around half of people with dementia are currently recorded on primary care registers in Scotland. A recent Glasgow survey showed that 89% of people in care homes had cognitive impairment, but that only half had been given a formal diagnosis and none was taking cholinesterase inhibitors.

Women disproportionately experience the burden of care as part of an expected gender role (Care UK estimates that 58% of carers are women) and will often be the primary care giver to older relatives, children and partners. Subsequently any move to increase care provided in the home by informal carers will disproportionately impact on women – and often on women who need to be in receipt of care themselves.

There are a number of areas where different treatment or provision based on age is beneficial, such as screening and vaccination programmes (such as seasonal flu vaccinations and cervical cancer screening).

Older people requiring care will have a range of factors other than age that need to be considered, such as sexual orientation, race, faith, disability or sex, and each may impact on the relevance and appropriateness of the care received and on the access to care per se. Understanding this mix of experiences will help ensure aspirations for care delivery are in tune with the often unexpressed needs of diverse older people.

Older people are often placed in **care homes** without first being offered alternative options, or being allowed to exercise their right to choose a care home. (Clarke, 2009).

The Scottish Care Commission conducted a survey of care homes in Scotland and their nutritional standards. It found that 51% of 303 care homes met the national care standards; 85% had a written food and nutrition policy; and 71% screened people for under-nutrition.

Elder Abuse

Approximately 342,000 older people living in private households in the UK are abused each year. Age Concern UK estimates that, taking into account care homes, up to 500,000 older people in the UK are abused each year (roughly 5% of the older population). Recent media attention highlighting the (sometimes) extreme cases of neglect and negligence experienced in older people's care has further enhanced the requirement for care providers and care commissioners to better understand responsibilities as set out in the Human Rights Act. Care workers who make assumptions about patient's social identity or characteristics and preferences or make decisions on another person's behalf are practicing discrimination.

Resources to help

A wide range of resources are available on the Equalities in Health website –

http://www.equalitiesinhealth.org/public_html/what_is_age.html

Training available in-house

NHS staff can access an E-learning module on age on StaffNet http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/E-Learning%20Homepage.aspx

Some programmes of face to face training on age have been carried out in rehabilitation services.

Involvement

Older people and carers tend to be among the most engaged groups of people across the range of NHS provisions, within CHCPs, led by the local Patient Partnership Forums. However much of this engagement is as part of the general public involvement programmes looking at the planning and development of local healthcare services. There is very little engagement done around older people's specific issues or health needs.

There are a range of groups and engagement activities within Acute Services being carried out by the Acute Health Improvement Team and by the Community Engagement Team, which consider older people's concerns and specific health needs.

There is currently no engagement work with older people within NHSGGC which is looking at the experience of older people with other protected characteristics e.g. Black and Minority Ethnic communities; Lesbian, Gay, Bisexual and Transgender people. Action underway to inform how best to strengthen and widen engagement includes:

- Scoping current engagement of older people activity within acute and primary care settings.
- Identifying and linking with key voluntary sector organisations and community groups.

Activity and good practice to address discrimination

To better understand care issues for older people it is important to understand older people as a diverse group. Wherever possible:

- age should be considered alongside other legally protected characteristics.
- clinical or care decisions should be based on a patient's biological functionality/ capability and not on chronological age.

Where age is used as criteria for accessing a service, the objective justification test (as per Equality Act 2010) should be applied and a written record of the rationale for using an age criteria should be produced and retained for future reference.

People with protected characteristics are more likely to have early onset health problems and services need to be flexible and appropriate in responding to care needs throughout the life course.

Older people and their representatives have identified the need for 'equality of aspiration' in services provided for older people when compared with those given to younger people and the need for service providers to recognise that older people have aspirations that services can help them to realise – not just clinical or functional needs.

Where age criteria cannot be justified there has been a shift to needs based services e.g. within psychological service provision; as an outcome of the Clinical Service Review.

NHSGGC mental health services produced a paper which defined age appropriate mental health services and the impact of legislation on the services governed by mental health and made recommendations to clarify the service response for specific situations.

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1. **Age**
2. **Asylum Seekers and Refugees**
3. **Bowel Screening**
4. **Gender Reassignment and Transgender**
5. **Homelessness**
6. **Inequalities Sensitive Practice**
7. **Learning Disability**
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