



advice and support for older age
**Independent
Age**

**Independent Age's response to:
Public Health Outcomes Framework: proposed changes 2019 to 2020
February 2019**



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For the attention of Public Health England

Independent Age's response to Public Health Outcomes Framework: proposed changes 2019 to 2020

We welcome the opportunity to provide feedback to Public Health England's consultation on its outcomes framework and indicators. Independent Age is an older peoples' charity based in the UK. We provide support for older people through a befriending service, advice line and the production of guidance on issues such as money, housing and health. We also campaign on the issues which most impact on vulnerable older people, including social care and financial poverty.

Key statistics

Recent analysis of the evidence-base by Independent Age paints a concerning picture of how fair Britain is for older people:

- 1.4 million older people are living with an unmet need.
- 1 in 4 care homes is rated by CQC as inadequate and a third of people who receive social care say that don't have control over their own lives.
- Older people are more likely to be unpaid carers. 1.3 million older people are carers. This number is increasing faster than the general carer population.
- Older people do not get fair access to healthcare from the NHS. If you are aged 65 and over you are less likely to be referred for mental health support and smoking cessation services or given life-saving cancer treatment, than younger adults.
- Currently one in six older people are living in poverty, rising to one in five for people who live alone.
- 35% of people aged 75 and over say that feelings of loneliness are out of their control, equivalent to more than 1.8 million people.

Data sets broken down by age

Public Health England was set up to protect and improve the nation's health and wellbeing, and reduce health inequalities.¹ Your evidence-base plays a vital role in ensuring local authorities and the NHS have the evidence and information to identify the needs of older people, address inequalities in care and ensure services are tailored appropriately. We frequently see research and policy reports which pay just a passing reference to older people. Public Health England have a key role in providing age-related evidence to ensure that the needs of older people are considered when developing and implementing services.

Our key feedback is that Public Health England indicators should have a breakdown by age, unless they are defined by a very specific age-range. To reflect the differing health and social care needs of older age groups we suggest breaking down older ages into 60-64, 65-69, 70-74, 75-79, 80-84, 85-90 and 90+ where possible. Where this breakdown is not available from

¹ <https://www.kingsfund.org.uk/projects/verdict/has-government-delivered-new-era-public-health>

existing data sources – or if the breakdown of age is limited - this should be made clear to the audience, so they can consider the weight of evidence.

Below are the indicators we have specific comments on:

Domestic abuse-related incidents and crimes (1.11)

Very little is known about the incidents of domestic abuse on older people. Approximately 120,000 individuals aged 65+ have experienced at least one form of abuse in England and Wales.² Among older adults, domestic violence is strongly associated with physical and mental health problems, and the scarce research comparing the impact of domestic violence across the age cohorts suggests that the physical health of older victims may be more severely affected than younger victims.³ It is therefore crucial that data is collated and presented with a detailed breakdown by age, including of those over 75.

Homelessness (1.5i and 1.51ii)

Very little is known about homelessness and older people. People over 60 are twice as likely to register as homeless with local councils than they were seven years ago. However, rough sleeping statistics are not broken down by age and the proposed way of measuring rough sleepers, by counting them in each local authority on a single night in autumn every year, will only capture a snapshot of a complex and growing problem.⁴

Emergency readmissions within 30 days of discharge from hospital (4.11)

Emergency readmissions are a key indicator for older people. The review of this indicator should include a breakdown by age. Readmission rates are significantly different for younger and older age groups and it is crucial that data is available to monitor this.

Premature mortality rate for people with mental health problems (4.09i)

There is a lack of clear evidence on older people and mental health problems. Our [Ageism+ series](#) sets out the needs of older people, including referral to appropriate services, stigma associated with mental health and the link between poverty and mental health. Public

Health England have a critical role to play in evidencing the inequalities older people who have been diagnosed with mental health problems face.

Loneliness (1, 1.1,1.2,1.3,2)

We support the inclusion of Loneliness data and would value Public Health England exploring further how this data is combined with and compared to other data sets, such as Self-Reported Wellbeing (2.23), Suicide (4.10) and Excess Winter Deaths (4.15).

² https://www.iriss.org.uk/sites/default/files/2018-08/iriss-esss-outline-older-women-domestic-abuse-20180813_0.pdf

³ <https://www.tandfonline.com/doi/full/10.1080/09540261.2016.1215294>

⁴ <https://www.independentage.org/unsuitable-insecure-and-substandard-homes-barriers-faced-by-older-private-renters>