

## SEefa Policy Panel on Later Life and Ageing

### Summary of the Key Issues on Health and Wellbeing in Later Life

Wellbeing and health are closely inter-linked. We believe increasing wellbeing in later life is likely to lead to a healthier older population, less dependent upon services and more able to make a positive ongoing contribution. We would like to see a greater focus upon wellbeing and a proactive approach to improving health and wellbeing in later life.

1. Much more could be done to prevent ill health if known **cost effective practical measures** were systematically adopted.<sup>i</sup> We are especially concerned about the management of chronic illnesses, including mental ill health and about preventing multiple morbidities. We would like to see more comprehensive falls prevention programmes, earlier diagnosis for example of dementia, better understanding of the signs of depression. Preventing hospital readmissions needs to be properly resourced. Funds which go into crisis intervention should be redirected towards prevention. Primary care practitioners may need assistance to shift perspectives from diagnosis and treatment to prevention.
2. **Age alone should no longer be used to determine eligibility for health services**, Preventive services such as health checks should be available to all and age cut off points should be removed. Ageism and age discrimination are damaging to the health and wellbeing of our older population.<sup>ii</sup>
3. **Social interaction improves health and wellbeing**. We would like the link between ill health and social isolation to be recognised so that effective measures to assist those at risk can be put in place. Increased use of the internet is further excluding some older people. We have many examples of good practice in local communities but are concerned these are not sufficiently widespread or adequately funded.
4. **Having sufficient income is a key determinant of wellbeing**. Those who suffer fuel poverty, who cannot afford to go out, who have an inadequate diet etc, are also those most at risk. There were an estimated 24,000 excess winter deaths in England and Wales in 2011/12. The majority of deaths occurred among those aged 75 and over.<sup>iii</sup>

5. **Access to good local transport** improves health and wellbeing, directly by allowing access to health services and indirectly by combating isolation, reducing shopping costs, encouraging fitness etc. Being trapped at home prevents ongoing contribution to the community and inhibits wellbeing. We have examples of good practice where local transport initiatives have made a significant difference.
6. **Good housing is fundamental to good health and well-being.** Poor housing is estimated to cost the NHS £600 million a year. There are known causal links between poor housing and long term health conditions. Good housing prevents falls, mental ill health and excess winter deaths. <sup>iv</sup>
7. **Making a contribution to the community** is a key determinant of wellbeing. Older people do not want to be passive recipients and want to have the opportunity for positive contribution. This applies to even the most vulnerable. Negative images of helplessness are counterproductive. Where there are opportunities for involvement in service provision proactive approaches to engage with people in later life should be made. <sup>v</sup>

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**SEefa is the South East England Forum on Ageing and aims to bring people together to influence later life strategies, policies and services to make life better for current and future generations of older people. SEefa's Policy Panel comprises people who by virtue of their own life experiences are experts on later life and who can actively engage with policy makers and commissioners to influence later life policy.**

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### **References:**

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<sup>i</sup> Health Care Quality for an Active Later Life, 2012: University of Exeter

<sup>ii</sup> Health and Wellbeing Access All Ages, 2013: Age UK

<sup>iii</sup> Office for National Statistics

<sup>iv</sup> Care and Repair England

<sup>v</sup> SEefa Symposium on Health and Care Summary Report, May 2103