



**Help the Aged**

# **The Government's Public Health White Paper**

## **The Help the Aged Response**

**1 February 2005**

**Help the Aged's vision is of a future where older people are highly valued, have lives that are richer and voices that are heard. The Charity is working to combat poverty, reduce isolation, defeat ageism and to promote quality in care.**

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## Summary of Comments and Recommendations

- The interests of older people are often excluded from measures to address the wider determinants of health and wellbeing
- The Public Health White Paper does not adequately address the needs of older people
- Mainstreaming services and support for older people in to a whole-population approach neglects the specific needs of an ageing population
- An unhealthy ageing population will have a dramatic impact on health and care services within a relatively short period of time
- The White Paper misses an opportunity to address the wider determinants of health in older age
- The focus on children and young people should be mirrored by co-ordinated efforts to improve the health of older people
- Many of the proposals contained within the White Paper will fail to reach older people
- The White Paper does not recognise the importance of health and work for older people, and for those approaching retirement
- The mechanisms contained within the White Paper to implement the proposals do not adequately reflect the need for action to promote health in older age across the NHS, local government, the public, private and voluntary sectors
- Local communities should ensure that action plans to promote population health are reflected in local strategies to improve the lives of older people
- The National Institute for Health and Clinical Excellence must give equal weight to the prevention and treatment of poor health

## About Help the Aged

1. Help the Aged's vision is of a future where older people are highly valued, have lives that are richer and voices that are heard. Working with older people, we champion their needs so that they can better their lives. Through research, campaigning and fundraising we develop solutions, drive activities and inspire others to do the same. Our strategy is to attack and remove the major barriers to active and fulfilled later lives, and to concentrate our efforts on those older people most at risk of disadvantage or social exclusion. Our four urgent priorities are combating poverty; reducing isolation; defeating ageism; and promoting quality in care.
2. Help the Aged does this by providing a range of direct services in the UK to help older people live active and independent lives, funding vital research into the illnesses and social context of ageing, and funding international activities.

## Older People and Public Health

3. There is considerable evidence to support the assertion that improvements in health and lifestyle pay dividends in all ages, and to highlight the importance of taking steps to improve health in mid-life and beyond<sup>1</sup>.
4. Help the Aged's response to the HM Treasury consultation, *Securing Good Health for the Whole Population*, highlighted the importance of focusing attention not just on life expectancy, but also upon healthy life expectancy. It also set out our view that improving the health of older people requires a co-ordinated effort across Government, at local, regional and national level<sup>2</sup>.
5. Help the Aged also submitted a response to the Government consultation on the Public Health White Paper in May 2004 which set out our view of the importance of developing a public health strategy which adequately addressed the wider determinants of health in older age<sup>3</sup>.
6. Our submission set out what we considered to be the essential elements of a public health strategy that would address the needs of an ageing population. These included:
  - Removing the barriers to active healthy life in older age (such as poverty, poor housing and social isolation)
  - Investing in services to promote and support health in older age (such as basic community health services, and social care)
  - Tackling unfair age discrimination and introducing anti-age discrimination legislation
  - Introducing periodic 'health, wealth, work and wellbeing' checks
  - Developing integrated policies to promote the inclusion of older people in community life (such as transport, exercise, neighbourhood renewal, housing and education)

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<sup>1</sup> Research into Ageing (2002) *How to Thrive Past 55*. London: Help the Aged.

<sup>2</sup> Help the Aged (2003) *Securing Good Health for the Whole Population – The Help the Aged Response*. London: Help the Aged.

<sup>3</sup> Help the Aged (2004) *Choosing Health: A consultation on action to improve people's health – The Help the Aged Response*. London: Help the Aged

- Promoting the participation of older people in local, regional and national public health strategies
- Targeting efforts to address fuel poverty
- Investing in fundamental ageing research
- Securing a commitment across Government to implement standard eight of the National Service Framework for Older People

It is upon these criteria that we assess how well the Government's Public Health White Paper addresses the interests and needs of England's older population.

7. Older people's interests are often excluded, or otherwise seen as a low priority, in activities to address the wider determinants of health such as neighbourhood renewal initiatives, developments in education and skills or the drawing up of local transport plans. Help the Aged has consistently urged the Department of Health to build on the progress made so far in tackling health inequalities, in implementing the National Service Framework for Older People, and in developing the Department for Work and Pensions Link-Age programme.

#### **Help the Aged's response to the Government's White Paper**

8. Although Help the Aged has welcomed the publication of the White Paper, *Choosing Health*, and the general direction that it sets out, we remain concerned that the needs and interests of older people have not been adequately recognised or addressed in the Government's plans.
9. In our view, action to promote population health must have a specific focus on ageing, and should encourage activity across Government, under the leadership of the Department of Health, to tackle the wider determinants of health in older age. To date, the debate has focused on young people and adults of working age, highlighting action to reduce the incidence of disease and disability among those populations. For older people, the solution must be in the development of integrated policies to promote their full inclusion within their local communities as active citizens. These include good transport, safe streets, access to exercise and sport, neighbourhood renewal, a versatile range of housing options and equal access to education and life-long learning.
10. Mainstreaming activity to improve the health of older people into a whole-population strategy is a laudable objective. However, we believe that it is unrealistic to presume that older people will necessarily be reached by such mainstreamed services, and that there remains a need for targeted activity to help overcome the barriers to healthy older age. Such barriers might include physical access, the psychological stigma associated with seeking help, or age discrimination. In our view, the lack of attention given to the specific needs of older people is a significant gap in the Government's proposals.
11. The attention being placed upon children and young people is to be commended. We accept the assertion that patterns of behaviour are set early in life, and that therefore childhood is a critical stage in development. However, we compare this with the lack of attention to the needs of today's increasingly ageing population. There is a tendency, it seems, to concentrate

efforts on younger people as paying potential dividends in the long term improvement to health across the life course. While this is to be welcomed, Help the Aged believes that it is short-sighted to overlook the needs of today's older population, and those soon to enter older age.

12. If present patterns of population ageing continue, the impact on health and care services will be profound in a relatively short space of time. For example, it is estimated that an additional 2 million older people will require social care support by 2031, and that over the same period the number of home care hours will need to rise from just under 2 million to around 2.9 million hours each week<sup>4</sup>.
13. Taking steps today to improve the overall health and wellbeing of older people and to reduce the incidence and impact of avoidable disease and disability in later life is therefore crucial to improve the population's health, and to reduce the potential demand on public services in the future.

**Q1: Will the proposals enable the Government to achieve its public health goals?**

14. In his report to the Secretary of State for Health in November 2004, the National Clinical Director for Older People's Health stated that "*The forthcoming White Paper on public health will need to emphasise the benefits of health promotion for older people, with incentives for the NHS and councils to work together and invest in health promotion activities for people as they enter, and throughout, later life. In particular, opportunities to increase physical activity need to be encouraged and to be inclusive of marginalised groups of older people: those living alone, the socially isolated or those with specific needs based on their culture or race*"<sup>5</sup>. Help the Aged is concerned that the White Paper has failed to do this.
15. Help the Aged has welcomed the Government's stated goals in public health, as set out in the Health & Social Care Standards and Planning Framework 2005/06 – 2007/08, and in the 2004 Public Service Agreements. In particular, we welcome its commitment to improve population health and simultaneously to reduce health inequalities.
16. In our view, the proposals set out in the White Paper will assist in the attainment of these goals, but significant gaps remain.
17. We question whether these goals adequately incentivise specific activity on older people's health within the health and care system.
18. In our view, the determinants of poor health and health inequalities, and therefore of health improvement and equity, lie outside the territory addressed by the current Public Health White Paper, and by the National Health Service more broadly. Poverty, poor housing, and social isolation in later life, for example, are recognised as contributing to poor health in later life, and yet are not addressed in the proposals. In our view, this is a

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<sup>4</sup> Wittenberg, R., Pickard, L., Comas-Herrera, A. & Davies, B. (2001) Demand for long term care for older people in England to 2031. Health Statistics Quarterly. Winter 2001.

<sup>5</sup> Department of Health (2004) *Better Health in Old Age: Report from Professor Ian Philp, National Director for Older People's Health to Secretary of State for Health*

significant missed opportunity to create an integrated package of measures that could improve the health and wellbeing of older people.

19. Help the Aged is also disappointed that the White Paper does not make explicit connections with existing policy developments on health improvement. Standard Eight of the National Service Framework for Older People<sup>6</sup>, published in March 2001, sets out action to promote health and active life in older age. The framework highlights issues of poverty, housing, fuel poverty, public transport and access to community facilities as among the important factors contributing to health in later life.
20. The White Paper sets out the Government's proposals for the next stage of the Sure Start scheme for children. Help the Aged has previously set out the case for a similar approach to health and wellbeing for the older population, which would be capable of targeting those older people who are the most disadvantaged<sup>7</sup>. We continue to believe that such an initiative is needed, and that it would help the Government to meet its stated objective of assisting more older people to remain living independently in their own homes.
21. We are also disappointed that the White Paper has not more explicitly made the link between improving health in mid-life (and indeed across the life course) and health in later life. We return to this point below.

**Q2: Are the proposals appropriate, effective, and do they represent value for money?**

22. As stated above, Help the Aged believes that the lack of attention given to older people's health and wellbeing is a significant gap in the White Paper, and that many of the proposals are likely to fail to reach older people, or those entering older age.
23. For example, in the section on 'Work and health', the lack of attention placed upon the opportunity for targeted health and wellbeing messages through the workplace, and more specifically at the point of retirement, is a significant missed opportunity. The White Paper does not emphasise the opportunities for improving health in mid life and beyond through action in the workplace, or the impact of retirement from paid work as a pivotal point of transition in mid life.
24. Help the Aged believes that the introduction of a mid-life 'health, wealth and work check' could use the point of transition at retirement to create an opportunity to consider future well-being and to encourage individuals to make positive changes to their health and lifestyles. Such an approach would build on the work that the Health Development Agency have undertaken on the pre-retirement pilot programme, and the work of other organisations who have been exploring the scope of such activity in mid-life and beyond, such as the Pennell Initiative for Women's Health.
25. As part of the implementation of the National Service Framework for Older People, the Health Development Agency ran a series of pre-retirement pilots designed to target health messages at people between 50 and 65 and to give

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<sup>6</sup> Department of Health (2001) *The National Service Framework for Older People*.

<sup>7</sup> Help the Aged (2004) *Our Neglected Assets*. London: Help the Aged

individuals time to reflect on their impending retirement. The evaluation concluded that this cohort of people were a distinct generation with specific needs, and were likely to be key to reducing health inequalities and improving healthy life expectancy<sup>8</sup>.

26. Similar work undertaken by the Pennell Initiative for Women's Health has sought to target health messages through a simple health and lifestyle check for women aged 45-55. This cohort of women were identified as key to improving health in later life for themselves and also for their families. In follow up studies, almost 80 per cent of respondents had made positive changes in their lifestyles. The health and lifestyle check has been made available to women through community networks and their workplaces with considerable success.
27. Unfortunately, the White Paper does not clearly state the value of these simple checks. It also fails to recognise that the needs and interests of older workers could be missed by the proposals on health and work.

**Q3: Does the necessary health infrastructure and mechanisms exist to ensure that the proposals will be implemented and the goals achieved?**

28. Help the Aged looks forward to the publication of the delivery plan to describe in more detail how the Government proposes to implement the commitments made in the White Paper.
29. However, we remain concerned that the infrastructure and mechanisms proposed in the White Paper remain 'NHS dominated'. While the NHS undoubtedly has a key role to play in improving population health, we believe that more needs to be done to encourage a truly 'whole systems' approach to health and wellbeing, bringing the NHS, the functions of local government, communities, employers and providers together to make progress in improving health and, importantly, in reducing inequalities.
30. We believe that it is critical for local stakeholders from the public, private and voluntary sectors to work together at local level to ensure that local strategies to deliver improvements to population health are reflected in strategies under development in many areas to improve the lives of older people. Failure to produce targeted, appropriate and effective measures to improve the health of older people will significantly undermine potential progress in taking forward the Government's aims.
31. We welcome the creation of the National Institute for Health and Clinical Excellence brought about by the merger of the National Institute for Excellence and the Health Development Agency. In particular, we are pleased that the new agency will address both prevention of ill-health and treatment of ill-health. However, we hope that the new agency will give equal weight to the two elements, and will be able to make progress on the wider determinants of health which have been overlooked by the White Paper, but which are so crucial to health in later life.

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<sup>8</sup> Bowers, H., Secker, J., Llanes, M., & Webb, D. (2003) *The Gap Years: Rediscovering Midlife as a route to Healthy Active Ageing*. London: Health Development Agency