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MODULE: LIVING WITH CARE: THE OLDER PERSON

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INTRODUCTION:

This assignment will explore the issues associated with an aging population in the UK. With there being a larger growth in an older population there appears to be some calls for concern. As with age an individual's health and independent skills deteriorate leading them to be reliant on health care services. This assignment will discuss the argument if older individuals have become a hassle for the health and social care sector. With the health and social care industry being over-burdened by the elderly. In a way it could be argued that elderly people are using up too many resources which could be better well spent in other sectors, however, this is what health care systems have been set up for to look after individuals who cannot look after themselves. The recent pandemic has also made it increasingly difficult to care for individuals.

This is the exact complex discussion which will be explored in this assignment in further detail and research. This topic is extremely delicate and so shouldn't be taken without caution and without any knowledge or research. The quote which will be discussed is. *"The elderly population is significantly expanding all across the globe and there are now more people over 65 in the UK than ever before. Although this is a positive development, it brings with it a number of new concerns as well as compounding existing issues experienced by older people.*

As the population ages, this increases the pressure on an already over-burdened H+SC sector, a plight which has been worsened by the effects of the recent pandemic."

WHAT IS OLD AGE:

The question "what is old age?" is a difficult one. As it can be answered in multiple ways. Old age can be viewed as not being able to be as physically active or mentally capable of doing

things. However, there are plenty of individuals who even at an old age are still able to retain their premium ability to do tasks. Aging is a natural process which begins in early adulthood (Besdine Richard, 2019), during an individual's middle age their bodily functions begin to slowly decline, deteriorating over time. Individuals do not become old at a specific age, traditionally 65 has been widely accepted as the cutoff point to call an individual of that age old. Many years ago, age 65 was deemed to be the age of retirement in Germany (Besdine Richard, 2019). In 1965 the age 65 was the age that individuals were eligible to apply for Medicare (Besdine Richard, 2019). This is also closer to the age of retirement for many economically advanced countries.

Age can be defined in different ways for example chronologic age, this refers to age being purely just the passage of time (Besdine Richard, 2019), this is an individual's age and has little to do with physical health. Although aging does increase an individual's likelihood of developing health issues, it is health problems rather than aging which are the primary cause for functional loss during old age (Besdine Richard, 2019).

Age can also be defined as biologic age; this refers to the changes in the body that occur as an individual ages (Besdine Richard, 2019). Because these changes can occur sooner than others some individuals are defined as being old at 65, whereas others may be defined as old a decade later. The differences in age within this definition is caused by lifestyle differences, an individual who exercises more, eats healthy, has a less stressful life, doesn't smoke and doesn't drink will be biologically younger than an individual who lives an unhealthy lifestyle. Despite both individuals being the same age, one is younger biologically due to their healthy lifestyle allowing them to have overall better functioning (Besdine Richard, 2019).

Another way in which age can be defined is psychologic age. Psychologic age is the way an individual feels and thinks about their age. For example, an individual may be 80 years old however, they plan and participate in many events, this individual is considered to be psychologically younger (Besdine Richard, 2019). In essence there are multiple ways in which age can be defined as, it is a very difficult topic. An individual may look at somebody who is 70 years old, and they would not be defined as old as they are biologically and psychologically young, due to their healthy lifestyle and mindset of looking forward to the future. However, this individual may be classed as being chronologically old as this definition is purely based on an individual's age.

Nowadays many individuals try to remain fit and healthy even at the age of 65 and refuse to be called old (Adhiyaman, 2017). There has also been a call to redefine what old age is (Adhiyaman, 2017). Many individuals are not satisfied with old age just being seen as an individual who has existed for 65 years, surveys have also displayed that there are different perceptions to what people see as old age ranging from 59 all the way to 73 years of age (Adhiyaman, 2017).

AGEING POPULATION AND WHY THE NUMBER OF OLD PEOPLE HAS CHANGED:

Currently England's population is ageing it is estimated that in the next 25 years the number of individuals who are 85 years of age and over will be doubled to 2.6 million. An ageing population leads to thought that there will be a need for increased health and social care services however the reality is more complicated (Raymond et al., 2021). The proportion of older individuals who have become independent has increased, with the proportion of individuals in need of social care is now decreasing amongst the older population (Raymond et al., 2021), however there is still an increasing demand for health and social care, these demands can be counterbalanced with this current generation of elderly individuals being able to live independently.

On the other hand, the proportion of individuals aged over 75 with long-term health problems has risen (Raymond et al., 2021). This has led to an increase in proportion of individuals over the age of 75 in need of NHS services, which means that there will be an increase in the future of individuals in need of NHS services. This could pose an issue for the NHS who may struggle to cater for other individuals desperately in need of their services.

There are multiple reasons as to why the UK's population is ageing, with the main reasons being improvements in life expectancy and reduced fertility (Lewis, Barton and Cromarty, 2021). Approximately one fifth of the UK population was aged over 65 or over in the year 2019, which is estimated to be an astronomical 12.5 million people. This is a 23% increase 10 years prior in 2009, at a time when the whole population had only risen by 7% (Lewis, Barton and Cromarty, 2021).

This seems to be a future issue which the UK will have to prepare for. There are multiple reasons as to why individuals in modern times are living longer than our ancestors. Life expectancy has roughly tripled over the course of human history (Young, 2021). One of the main driving factors to a lower life expectancy in the past was infant mortality, where in the 1840s the rate was 15% whereas as recent as 2011 the rate being 0.4% (Young, 2021). The

projected life expectancy before the pandemic were projected to be the highest, they had ever been, with newborn boys expected to live to 87.6 years and girls an average of 90.2 years (Young, 2021). Covid-19 was the leading cause of death in 2020 since March 2020, being responsible for a staggering 1 out of every 5 deaths in England, which is more than Alzheimer's disease, heart disease, stroke and lung cancer put together. It is too early to decide the impact of the pandemic on life expectancy. However, fewer people in the UK received health care for non-covid-19 health conditions, during the pandemic and it is documented that there had been delays in giving individuals the care that they needed (Young, 2021). One of the most notable non-covid-19 health conditions was cancer, where individuals with cancer weren't getting treated, therefore, it seems likely that COVID-19 has most definitely had an impact on life expectancy which will be felt by the UK population for some time (Young, 2021).

ISSUES EXPERIENCED BY OLDER PEOPLE:

There are many issues which elderly individuals are faced with in the UK. These issues are not only due to their lesser physical capabilities but other issues also. Issues faced by the elderly include financial problems, ageism abuse, mental health issues, physical health problems, medical, emotional and social issues. There are a range of problems which an elderly person living in the UK can find themselves in which will be explored in further detail.

There are psychological and social old age problems which the elderly are faced with (Adamowski, 2022). Social discrimination against the elderly involves mainly the differences that old individuals have with younger people and the large age gap between them (Adamowski, 2022). Research has suggested that there are negative attitudes towards people of old age, this may play a negative role in the mental health of elderly individuals. Old people also find it more difficult to physically take part in life daily, this also makes it increasingly difficult for the elderly to take an active role socially (Adamowski, 2022). The older population is also becoming increasingly marginalised. The withdrawal of the elderly from social roles and a reduction in interpersonal interactions are the first steps this is followed by a decrease in access to various institutions, commodities and services, as well as an increase in isolation, lethargy, and apathy ultimately leading to complete withdrawal from social activity (Adamowski, 2022).

Elderly individuals also face financial issues, pensioner poverty levels have risen significantly in the UK, with 2 million pensioners now living in poverty and over 900,000 pensioners

stating that they would be unable to pay an unexpected bill of £200 (Age UK, 2019). One of the elements as to why older individuals may struggle with finances is due to the little income that they have to survive on, not only that, but with age means more expenditures items such as pads or even running the washing machine more as well as having your heating on a higher temperature (Age UK, 2019). All these extra expenditures alongside a smaller wage could lead to a detrimental effect on the financial position of the elderly. Millions of elderly people are not getting the money they deserve as many are missing out on the £3.8 billion as they are not claiming essential benefits, for example the pension credit which could make an astronomical difference to their weekly earnings and standard of living (Age UK, 2019).

Not only do they suffer from social and financial problems, but older individuals also struggle with long term health conditions as they age. Elderly individuals may suffer from hearing loss, back pain, neck pain, cataracts, chronic obstructive pulmonary disease, depression, diabetes and dementia (World Health Organization, 2022). The more people age the more likely they are to experience several health issues simultaneously. Older age is also characterized by the rise of multiple health conditions commonly called geriatric syndromes (World Health Organization, 2022). These are often the consequence of many underlying health conditions including urinary incontinence, falls, pressure ulcers and delirium (World Health Organization, 2022).

Older people also suffer from mental health problems, and this can be for numerous reasons. One of these reasons could be retirement, as work can give many individuals a sense of purpose and also boost an individual's self-esteem (Mental Health Foundation, 2021). Work can also offer a sense of strong identity which individuals lose their sense of identity; individuals may also enjoy the social side of work which they then miss out on when not working. They may feel lonely and depressed, they may also feel that their value has been stripped from them (Mental Health Foundation, 2021). Existing for a longer amount of time also leads to individuals experiencing more negative experiences. For example, elderly individuals may also experience the death of loved ones along the way grief can cause individuals to feel headaches, muscle pains, loss of their appetite, insomnia and loss of their ability to concentrate (Mental Health Foundation, 2021).

The recent pandemic caused by covid-19 has also caused a very difficult time for our elderly population, with the majority having found themselves able to navigate their way through the

pandemic however, a large sized minority especially those with long term health conditions found it an extremely challenging time (Age UK, 2020). Many studies demonstrated how the elderly experienced extreme levels of anxiety during this time, this is due to them knowing that they are very susceptible to the disease and their demographic have had the most difficulty with the virus (Age UK, 2020). Months of being kept inside led to muscle weakness, and sometimes a reduced sense of balance making elderly individuals fall more. Individuals also showed cognitive decline, which was exponential due to the pandemic, research also demonstrated how individuals felt depressed, had a low mood and no motivation (Age UK, 2020).

THE CURRENT HEALTH AND SOCIAL CARE PROVISION:

The current health and social care crisis has an impact on the whole of society however, it most notably has an impact on the elderly (BGS, 2023). Individuals who are aged 65 and older account for over 40% of hospital admissions, elderly individuals occupy two thirds of inpatient beds and are the most frequent users of health care services (BGS, 2023). It is the elderly who will feel it when there are long waits for ambulances, prolonged times on trolleys in emergency departments, many moves within the hospital and elongated delays awaiting social care for discharge and community services (BGS, 2023). These factors make it increasingly likely for older individuals to pass away in hospitals or leave hospitals less mobile and more confused than when they entered. This makes them more dependent on health services than when they first arrived which could cause more issues for the NHS.

When older individuals leave hospitals in poor health they will need to be readmitted. Already on average 15% of elderly people who are discharged from hospitals are readmitted within 28 days (BGS, 2023). With each time they return in need of more care due to their increased frailty which increases the demand for health and social care at home (BGS, 2023). Up to 50% of individuals over the age of 85 are at an increased risk of deterioration from minor illness. Frailty is costing the UK government an astronomical £5.8 billion annually. There are some recommendations to the UK in order to ameliorate the situation of the health and social care for the elderly population. For example, it is suggested that all elderly individuals with frailty should receive multidisciplinary assessments as soon as they can after they have arrived in the hospital (BGS, 2023). This can be best done by frailty assessment teams or acute frailty units; this can prevent further deterioration of the elderly by providing treatment and enable suitable times to discharge patients as well as provide community service at home (BGS, 2023). Preventing, diagnosing, and treating delirium and

deconditioning in hospitals ought to be priorities. Both are preventable and are linked to longer hospital stays and a greater reliance on discharge. A delirium policy, ought to be implemented by every hospital Preventing, diagnosing, and treating delirium and deconditioning in hospitals ought to be priorities. Both are preventable and are linked to longer hospital stays and a greater reliance on discharge (BGS, 2023).

The right to rehabilitation for all elderly individuals in need must be upheld and preserved by the government, as well as by health and social care providers. Elderly fragile patients must be mobilized from the hospital as soon as possible, their rehabilitation goals must be set quickly, and therapy must be provided continuously until the patient's condition stabilizes. Wherever they get treatment, elderly patients have the right to rehabilitation, which means that multidisciplinary rehabilitation teams must assist them (BGS, 2023). Rehabilitative efforts should start in the hospital when it is not possible to avoid delayed transfers of care to community rehabilitation facilities. It is not appropriate to move older adults with rehabilitation aspirations into a community bed or care home without first ensuring that suitable therapy is available. The Community Rehabilitation Alliance outlines the fundamentals of successful rehabilitation for the elderly (BGS, 2023).

GOVERNMENT AND HEALTH SERVICE RESPONSE FOR THE ELDERLY:

There are many acts and policies which have been put in place by the government in order to help aid the elderly, for example, the government has tried assuring standards of care through acts like the care standards act 2000 has upheld a regulatory system for care especially outside of the NHS through the formation of National Care Standards Commission (Department of Health, 2001). For instance, the Commission will guarantee that all senior care facilities adhere to the applicable National Minimum Standards. encouraging stability and enhancing senior citizens' welfare, health, and quality of life. All public services can use the guidelines provided by No Secrets to create rules and procedures that shield vulnerable adults from abuse. A national charter called Better Care, Higher Standards (BCHS) mandates that local BCHS charters include standards of care that have been locally agreed upon in the NHS, social care, and housing. Currently, local charters are in existence nationwide.

The government has also worked on extending its access to care people who are aged over 60 now have free eye examinations from the NHS. Carers' access to services has also been extended and ensured through the Carers and disabled children's act 2000. The NHS is also

working with partners to reframe frailty as being a long-term condition to be identified, prevented and managed alongside several other long-term conditions (NHS England, 2020). The NHS also aims to support public services to support people, including safe and well visits carried out by the fire and rescue service, who also work with individuals to identify common health and fire risks (NHS England, 2020).

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