



# The Health and Well-being of Older People in Scotland

Insights from national data

*Executive Summary  
(Large print version)*

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### **Introduction**

Meeting the needs of an ageing society is one of the main challenges that Scotland is facing at the beginning of the 21st century. One of the most important of these needs is the health of this growing sector of our population. This report presents information on the health and well-being of the older population of Scotland. It draws together data, from a range of sources, on the structure of the population, the determinants of health in the older population, the health status of older people, and their use of health and social services. It also addresses issues of equity in relation to the health of older people, and considers the potential for achieving healthy and active ageing. The report aims to provide information relevant to those working at national and local level across Scotland to improve the health, and health and social care, of older people.

### **Demography**

The older population of Scotland has been growing in absolute and relative terms throughout the 20th century, and this trend is predicted to continue. The number of people aged 65 years or over is projected to increase from three quarters of a million in 2000 to 1.2 million in 2031. Over the same time period, the number of people aged 75 years or over is projected to increase from a third of a million to just over half a million, and the number of people aged 85 years or over is projected to increase from approximately 84,000 to 151,000.

Currently, people aged 65 years or over make up just over 15% of the total population, but this group will account for 24% of the population by 2031. Projections suggest that rural areas of Scotland will experience particularly marked population ageing. Figures for the UK as a whole suggest that the age structure of the population will start to stabilise from the late 2030s onwards.

Women substantially outnumber men in the older age groups, but this imbalance is predicted to decline in the future. The number of older people from ethnic minority groups will increase over coming years. Substantial numbers of older people live in deprived areas.

### **Life circumstances**

On average, the income of pensioner households is much lower than that of households containing adults of working age. Within the older population, women aged 85 years or over who live alone are particularly likely to have low incomes.

Substantial numbers of older people own their homes outright, and this helps to offset their relatively low incomes. Social sector renting is also common among older people, however. Almost half of pensioners who live alone spend 10% or more of their total net income on domestic energy costs.

The proportion of people that are married decreases sharply in the older age groups. In the oldest age groups women are substantially less likely to be married than men. The chance of living alone increases steeply with age in the older age groups, and is consistently higher for women than men.

A general trend towards smaller households has been seen across society in recent decades. In addition, increasing population mobility means that younger generations are becoming less likely to live near their parents. These social trends have major implications for the informal care that is available to older people.

### **Lifestyles**

Although smoking and excessive alcohol intake are less common in older people than younger age groups, a quarter of people aged 65-74 years still smoke, and one in five men and 4% of women in this age group drink excessively.

In general, older people living in private households eat a healthier diet than younger age groups. However, inadequate nutrition is a serious problem in some groups of older people, in particular people on low incomes who live alone, people with no remaining teeth, and people living in long term care establishments.

The majority of older people do not undertake the minimum recommended amount of physical activity, and approximately one in five people aged 65-74 years are completely inactive.

In addition to improving the lifestyles of older people, there is also the potentially larger challenge of promoting healthy living in today's young and middle aged populations in order to facilitate their healthy ageing.

The relationship between health damaging lifestyles and deprivation means that lifestyle factors contribute to and compound the health inequalities seen in all age groups in Scotland. Working towards the facilitation of healthy lifestyles for all will be a major step towards ensuring that all groups in Scotland can have an equitable chance of ageing healthily in the future.

### **Health status**

Life expectancy in Scotland in 1997-99 was 72.6 years for men and 78.0 years for women at birth, and 14.2 years for men and 17.3 years for women at age 65. Life expectancy has increased substantially in Scotland over the 20th century and is predicted to continue to increase, albeit at a decreasing rate. Progressively more of the overall gains in life expectancy have been, and will continue to be, due to increases in life expectancy at older ages.

In 1997-99, life expectancy at age 65 varied from 13.3 years in Greater Glasgow NHS Board area to 15.6 years in the Borders for men, and from 16.5 years in Lanarkshire to 18.7 years in the Western Isles for women.

Cancer, heart disease and stroke, respiratory disease, and injuries account for over 80% of all deaths in people aged 65 years or over.

Rates of limiting longstanding illness and disability increase dramatically with age, and are particularly high in women aged 85 years or over. Around 60% of people aged 85 years or over living in private households report having a limiting longstanding illness, and approximately 80% of this population report having a disability.

In the 1991 census, 28% of men and 24% of women aged 65-74 in Borders NHS Board area reported limiting longstanding illness, compared to 42% of men and 37% of women of the same age in Lanarkshire.

Musculoskeletal, circulatory, and respiratory disorders, along with sensory impairments, account for a large proportion of the illness and disability seen in the older population. In addition, dementia and stroke are particularly common causes of disability among older people living in long term care.

### **Use of health and social services**

Currently, per year, the three quarters of a million people aged 65 years or over living in Scotland account for around:

- 3,769,000 general practitioner consultations;
- 287,000 new outpatient referrals;
- 206,000 day cases and elective inpatient admissions; and
- 185,000 emergency inpatient admissions.

The provision and utilisation of specific aspects of health care for older people vary across Scotland. For example, marked differences are seen between NHS board areas in the provision of day patient facilities for older people. Less striking differences are also seen in outpatient referral rates and admission rates for older people. The different patterns of care that are required in rural as opposed to urban areas, and the effects of deprivation, will account for some of the differences seen.

Over recent years, outpatient referral rates, day case and elective admission rates, and emergency admission rates have all increased to some extent in the older population. Emergency admission rates have shown by far the most pronounced increase, particularly in the oldest age groups. If these trends continue, NHSScotland inpatient care will increasingly be dominated by the care of older people admitted as emergencies.

In terms of the provision of formal and long term care to older people in Scotland, currently approximately:

- 59,000 older people are receiving home care;
- 12,000 people are attending a day centre for older people;
- 14,000 people are in a residential home for older people;
- 18,000 older people are in a nursing home; and
- 3,800 people are in an NHSScotland geriatric long stay facility.

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In Scotland currently between 4% and 5% of the population aged 65 or over is living in long term care.

The provision of all forms of formal and long term care increased substantially over the 1980s. Over the 1990s there was a major shift in the balance of long term care provision away from NHS geriatric long stay and residential home provision and towards nursing home care. Over recent years, however, the provision of nursing home care has declined slightly. This, together with the continued decline in NHS geriatric long stay and residential home provision, has resulted in a decline in the overall availability of long term care for older people in Scotland. In addition, since the mid 1990s there has been a decline in the number of older people receiving home care.

### **Equity and healthy ageing**

Examples of inequalities within the older population include the following:

- Older women have lower mortality rates than older men, but higher morbidity rates.
- Older people from South Asian and Black ethnic minorities are less likely to be receiving an occupational pension, or even a full state pension, than older people from the white majority population.
- The socio-economic gradient in mortality persists into older age.
- In addition to having lower total life expectancy, older people from lower social classes have lower healthy life expectancy than people from higher social classes.
- There are marked geographical differences across Scotland in the provision and utilisation of health and social services for older people.

Concern has been raised about possible age-related inequity in access to, or quality of, health care. Regarding access, older people do receive lower levels of some specific treatments relative to their health needs than younger people, however it is likely that uncertainty about the benefits of treatment in older age groups, and higher levels of co-morbidity in older people, explain a large proportion of these differences. Regarding quality, there are examples of poor quality care being provided to individual older patients: this probably reflects the vulnerability of particular groups of older people rather than universal prejudice against older patients *per se*.

Disease and disability are not inevitable consequences of ageing. Many older people retain good health, maintain their independence and quality of life, and contribute greatly to their families and communities. Much research is available that identifies factors that facilitate or impede healthy ageing, and many effective interventions to promote healthy ageing are available.

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Unfortunately, data for England and Wales suggest that at least some of the increase in total life expectancy seen over the past 20 years has been at the expense of an increase in the time spent with limiting longstanding illness. The length of time spent with severe disability has not increased, however.

### **Conclusions**

Currently, Scotland has approximately three quarters of a million people aged 65 years or over (15% of the total population). Over coming decades the number and proportion of older people in the population will increase. Substantial numbers of older people live on low incomes, and substantial numbers live alone. Older people generally have healthier lifestyles than younger people, although the majority of older people do not undertake adequate physical activity.

Although poor health is not an inevitable consequence of growing older, older people do currently experience relatively high levels of longstanding illness and disability. Socio-economic inequalities in health persist into old age. Unfortunately, the available data suggest that at least some of the increase in life expectancy seen over the past 20 years has been at the expense of an increase in the time spent in poor health. Older people, appropriately, are major users of health and social services. Their use of certain forms of services, particularly emergency hospital inpatient care, has increased substantially over recent years.

These data emphasise the challenges that lie ahead. In the face of rapid population ageing, it is of great importance to ensure that each individual's opportunity for healthy and active ageing is optimised. Population ageing also highlights the requirement to provide health and social services that are responsive to the needs of older people. Much work is already underway across Scotland to develop policies and services that meet these challenges.