

Tackling ageism and promoting equality in health care

With an ageing UK population people are living longer and enjoying longer periods of retirement. It is projected that the number of people over the age of 65 years in the society will rise from the present 16% to 20% by 2051 (Office of National Statistics, 2004). These demographic trends have consequences across all areas of public policy and add to challenges in health and delivery of health care. Society's expectations of old age mean that people are not only living longer but are expecting to have improved quality of lives through minimizing disease and other risks, thus contributing to successful ageing.

Living well in later life

The *National Service Framework for Older People* (Department of Health, 2001) is aimed at ensuring high quality integrated health and social care for older people. It is a 10-year programme for improvement of services for older people with standards and milestones for delivery, aiming to reach all of the milestones by 2005.

A recent joint review by the Healthcare Commission, the Audit Commission and the Commission for Social Care Inspection (Commission for Healthcare Audit and Inspection, 2006) shows that while there has been significant progress in achieving some of these milestones, further action is required in some key areas including tackling discrimination through ageist attitudes and increasing awareness of the diversity issues among the older population. This will go a long way in ensuring that all the standards in the National Service Framework are met, resulting in a working partnership between all agencies that provide services for older people.

Progress in these key areas would lead to sustainable improvement in the experiences of older people across health and social care. The report concludes that there is still evidence of ageism across all services ranging from patronising and thoughtless treatment, to failure of the health and

social care services to take account of older people's needs and aspirations. There is often a deep-rooted cultural attitude to ageing where older people are often presented as incapable and dependent. While the review found that some communities were implementing the National Service Framework in innovative ways, these were not consistently available to older people, with no clear mechanisms of sharing good practice and learning from experience. The lack of clear direction in terms of partnership working has, at times, resulted in fragmented services that older people find difficult to access.

Malnutrition in the elderly

Another recent report, *Hungry to be Heard* (Age Concern, 2006), highlights the challenges around adequate nutrition in hospitals. Patients over the age of 80 years who are admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50 years, and up to 14% of older people aged over 65 years in the UK are malnourished. The toll of malnutrition on health and health-care costs is estimated to exceed £7 billion per year which is more than that for obesity.

In tackling malnutrition in hospitals, Age Concern believes that insufficient attention has so far been given to the nutritional needs of older people. It is well documented that following a major illness such as stroke, poor nutritional status is common, under-recognized and associated with worse outcomes (Singh et al, 2004a).

Black and minority ethnic older people

In relation to black and minority ethnic (BME) communities, the high levels of morbidity and mortality from certain diseases and the difficulties of access to appropriate and responsive services have been well documented. The focus must be on improving the building blocks of information and community engagement needs to be the central theme.

With regards to planning and delivery of services including intermediate care to BME older people, it is important that there is a clear understanding of the communities and the related specific issues, with action plans for delivery and monitoring outcomes (Singh et al, 2004b). To understand communities it is essential to have detailed demographic and needs-related data which should be comprehensively collected and intelligently used. Appropriate steps should be taken to form partnerships with the local BME elderly groups and appropriate representative bodies for consultation and involvement throughout the process of review and development of services.

It is important to assess the quality of care from the user's perspective and there needs to be a clear recognition of the need to take account of and respond to the needs, views and rights of older people from BME communities. Organizations which commission or provide care should incorporate due respect for this diversity in all they do, take appropriate account of the cultural and religious needs, understand the needs of this group and embed this understanding into mainstream care for older people.

Recommendations and moving forward

Despite sustained progress in the care of older people ageist and discriminatory attitudes persist and it is important that the basic human right to equality with reference to older people is upheld at all times. It is also important that the health and social needs of older people are properly assessed and recognized, and older people are treated with respect and dignity. Partner organizations involved with the health and social care of older people should ensure that they work together in a true joint partnership and there is a systematic and coordinated approach to engagement, leading to better care.

Centrally there needs to be clear policy and direction in terms of a programme of

work to help shape a more positive culture on attitudes to ageing. Health inspectors should develop tools and ways to measure outcomes of care for older people to cross the entire journey pathway and performance of all partners working together. In terms of nutrition, the Department of Health and Health Inspectorates must treat 'food and help with eating it' as a key issue in the NHS delivery of essential standards of care. Older people must be assessed for the signs of or risk of mal-

nourishment on admission and at regular intervals during their stay in hospitals. It is equally important to raise awareness of issues of nutrition in older people among all health professionals, encourage local training programmes and develop protocols in primary care, hospital setting, nursing and residential homes for nutritional assessment and management of malnourishment.

It is important that services for older people from BME are culturally sensitive

and involve this group at all levels of strategy, planning, decision making and delivery of care and this be constantly monitored for improvements in standards with prompt action if standards are not met. **BJHM**

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KEY POINTS

- Steps to tackle discrimination based on ageist attitudes and increased awareness of diversity issues among the elderly population will lead to sustainable improvement in the health and social care experience of older people.
- A clear central policy and national programme is needed to help shape a more positive culture to attitudes to ageing.
- Attention towards nutritional status of the older people both in the hospital setting and as part of widespread community based programmes will go a long way towards improving the health of this section of the community.
- Services for black and minority ethnic older people must involve this group at all times in all aspects of health- and social-care delivery.