NIHR | Policy Research Unit Older People and Frailty

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Office for Health Improvement & Disparities Fingertips: Public Health Data Productive Healthy Ageing Profile

Informal Consultation Review and Feedback Report

Responsive Request

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Final Report

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Office for Health Improvement & Disparities

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This paper summarises the views of the OPFPRU researchers on the Productive Healthy Ageing Profile (PHAP) available via the Office for Health Improvement and Disparities (OHID) Fingertips platform. It aims to contribute to an ongoing review of statistical products within the Department of Health and Social Care. The PHAP was last reviewed and updated in 2019, following an OHID led consultation process with a range of stakeholders from central government agencies, local authorities, NHS organisations, academic institutions and third sector organisations.[3]

1. Background and introduction

Health indicators are defined as quantitative measures used to monitor and evaluate the health of individuals or groups.[1] In England, the Office for Health Improvement and Disparities (OHID) Fingertips: Public health data hosts an interactive platform for viewing and exploring a range of population health indicators. Fingertips organises indicators into a range of themed profiles, from cardiovascular, diabetes and kidney disease through to NHS health checks, local tobacco control profiles and wider determinants of health. It includes a mixture of the four main types of population health indicator:

- Health status: well-being, health conditions, human function, deaths;
- Determinants of health: health behaviours, living/ working conditions, personal resources, environmental factors;
- Health system performance: accessibility, appropriateness, effectiveness, efficiency, safety;
- Community and health system characteristics: population, use of health services, health care resources.[1]

Productive healthy ageing profile

The Productive Healthy Ageing Profile covers a wide range of topics relevant to our health as we age. A total of 128 indicators are available to view at national, regional, and local levels. Many of the indicators can also be broken down by population characteristics such as age, sex, disability, ethnicity, index of multiple deprivation (IMD), socioeconomic group and working status. Indicators may be viewed by geographical area and population characteristics, depending on the variables available in the underlying source datasets within the Fingertips tool.[2]

The aims of the Productive Healthy Ageing profile as described by OHID are to:

- Provide a set of indicators that describe key issues relevant to older people's health as they age, including risk and protective factors, early interventions, health outcomes, identification of need, and health and social care
- Support exploration of inequalities, including comparison of indicators between geographical areas and by population characteristics where possible
- Provide links to further resources to explore issues raised by the Profile in more detail, and inform actions to improve health outcomes[2]

Profile indicators are organised into five topic areas, which are further divided into themes (See Box 1 below). A full list of indicators can be found on the Fingertips platform at: https://fingertips.phe.org.uk/profile/healthy-ageing

Box 1 Topics in the Productive Healthy Ageing Profile

Number of indicators shown in brackets

Topic 1: Optimise health and reduce risks early

- Life & healthy life expectancy – at birth (3)
- Health Status & Life Expectancy - Age 65+ (5)
- Healthy & Risk Behaviours (7)
- NHS Early Checks & Interventions (13)

Topic 2: Improve wellbeing and wider determinants of health

- Overview – Wellbeing (4)
- Employment, Finance & Deprivation (8)
- Housing Quality (3)
- Social Connections & Community Assets (8)

Topic 3: Reverse or live well with a long term condition

- Cardiovascular Disease - Heart, Stroke & Diabetes (7)
- Chronic Obstructive Pulmonary Disease (2)
- Cancer Diagnoses & Treatment (4)
- Musculoskeletal (MSK) Long-term Problem (8)
- Sensory & Communication-related Conditions (6)
- Common Mental Health Disorders (7)
- Dementia (7)

Topic 4: Enhance care and support

- Falls & Fractures (8)
- Independent Living Support (3)
- Social Care Service User & Carer Experience (5)
- Care Homes & End of Life Care (4)

Topic 5: Demographics and mortality

- Demographics (4)
- Mortality - Cardiovascular Disease (3)
- Mortality - Respiratory Disease (3)
- Mortality – Cancer (3)
- Mortality - Mental Health (2)
- Mortality - Winter Deaths (1)

2. Methods

Members of the OPFPRU (See Appendix 1) participated in informal meetings to provide feedback on the OHID Productive Healthy Ageing Fingertips Profile. A background document containing a brief description of the profile and a list of indicators included[4] was shared prior to the meetings.

Responses were collated on a) the overall focus of the profile, b) structure of the indicators, c) current indicators included, and d) potential new indicators.

3. Feedback from NIHR Older People and Frailty PRU

Introduction to feedback

A majority of members of the OPFPRU are not regular users of OHID Fingertips. Their views are therefore not focussed on user experience of the platform, but more on the overall strategic focus of the indicators, including the profile themes and structure, and which indicators are included.

3.1 Overall Strategic Focus

A valuable resource to be developed and maintained

The Productive Healthy Ageing Profile is viewed as a valuable resource as it brings together a wide range of relevant population health indicators into one place. The Fingertips webpage is open access and used by a range of professionals and practitioners (e.g. public health, health and social care, local and regional government, etc.) as well as members of the public. Fingertips helps raise awareness of routine data sources that are available to monitor healthy ageing at national, regional and local levels.

Maintaining a strategic focus on promoting healthy ageing is likely to be a priority for national and local government, given the demographic shift to a significantly older population in the next 10-20 years.[6] A national policy focus on promoting healthy ageing has potential to enhance quality of life among older age groups, improve economic productivity, reduce healthcare costs, and improve individual and societal wellbeing.[7] High quality health intelligence will be critical to support action to support the healthy ageing policy agenda.

The healthy ageing profile can play an important role in:

- Describing patterns of health and illness in the population;
- Informing the development of evidence-based health policy and strategy for promoting healthy ageing;
- Identifying inequalities in ageing, helping policymakers address the health needs of clinically vulnerable or disadvantaged groups;
- Supporting evaluation of interventions aimed at improving population heath in older ages;
- Supporting long-term planning for the health and care system to ensure it meets the needs of our ageing population;
- Supporting research and innovation by providing insight into emerging health trends.

The choice of indicators in the Fingertips profile is important in shaping policy, and as an influence on the focus of local strategies and action plans. Topics covered by indicators are likely to receive greater attention, and conversely, issues without indicators risk being overlooked.

Reflecting a holistic view of healthy ageing

The World Health Organization (WHO) defines healthy ageing as ‘the process of developing and maintaining the functional ability that enables wellbeing in older age.’ (Functional ability is further expanded to include five concepts - meeting basic needs; learning, growing and

making decisions; being mobile; building and maintaining relationships; and contributing to society). The WHO has been instrumental in shifting the international discourse on healthy ageing away from a disease-centric and deficit-based narrative. The more positive view of healthy ageing emphasises functional ability, intrinsic capacity, and maintaining independence. It also encourages a holistic approach to healthy ageing including social, economic and environmental factors, as well as healthcare needs.[9]

Whilst the OHID PHAP has sought to reflect a holistic view of factors supporting healthy ageing, there are few indicators in the profile that promote understanding of these functions on a population level. The profile is dominated by medical and disease-focussed indicators, reflecting the availability of robust clinical activity data. However, a better understanding of functional ability within the older population would support identification of needs, targeting of support. It could also help with service planning and addressing ageing inequalities.

Naming of the profile as *Productive* Healthy Ageing suggests an assets-based perspective. This may also emphasise the economic contribution / labour force participation of older adults, and exclude older individuals who are not engaged in paid work.

International Comparison

It is important to note that the UK has a more advanced indicator platform than most other comparable countries.[8] The availability of a wide range of indicators highlights the value of data from a universal healthcare system and ongoing funding for long established cohort studies. The World Health Organization has responded to the absence of an international consensus on healthy ageing measures, by establishing a Technical Advisory Group (TAG) on Measurement, Monitoring and Evaluation of the United Nations Decade of Healthy Ageing. The TAG has stimulated interest in this topic and a special supplement published in the journal Age and Ageing showcases existing work from around the world (WHO Measurements in Healthy Ageing: Measuring What Matters to Older Persons Special Supplement.)

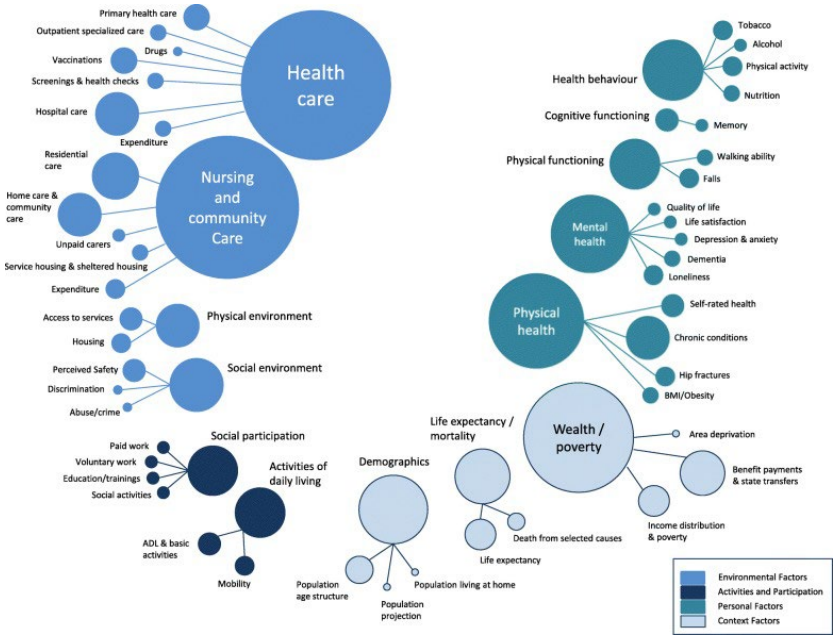
3.2 Structure, domains and content

Grouping of indicators

The five domains of the PHAP cover all the main aspects of healthy ageing including health promotion, disease prevention, and health outcomes. Demographic and mortality data currently sit within a single domain. These large and important datasets may be more accessible if separated into two separate themes.

A scoping review of Indicator-based public health monitoring in old age was published in 2019. This mapped out indicators linked to pre-defined health domains, for Organisation for Economic Co-operation and Development member countries.[8] Ten indicator systems were included their review, including an earlier iteration of the Fingertips profile. Significant heterogeneity was reported in the structure, development, content and number of included indicators.[8]

Figure 1: International systems for public health monitoring in older age: Health areas, domains and concepts identified by a scoping review[8]



Fingertips covers the majority of indicator concepts identified in the scoping review (Figure 1). Some of the areas **not** currently represented in Fingertips are:

- Homecare and community care
- Perceived community safety
- Crime
- Discrimination
- Abuse
- Paid work in over 65+
- Education/training
- Activities of daily living / Mobility

In addition to the potential gaps in coverage of healthy ageing listed above, OPFPRU identified the following concepts that could be considered for inclusion in the profile:

- Digital inclusion / exclusion
- Frailty
- Transport

Range of indicators

There 128 indicators within the Productive Healthy Ageing profile, and no guidance on which indicators should be considered as priorities for monitoring healthy ageing.

Consideration could be given to the production of a more limited profile (e.g. of 30-40 indicators), whilst maintaining an ability to view all the indicators. A prioritisation exercise with key stakeholders could be conducted to identify indicators for inclusion in a limited profile. The Robert Koch Institute completed a consensus generating exercise, including an interdisciplinary expert panel, to identify a key set of indicators to monitor health in older age in Germany.[10] A similar process could be conducted in England to identify priority indicators for Fingertips.

Skills required to interpret and use indicators

The indicators contained within the profile are sourced from diverse range of primary datasets which have variable characteristics, source populations, accuracy and reliability. The profile presents these indicators side by side, with equal authority. A section of the website under the definitions tab provides useful information for users to understand the strengths and limitations of each indicator. Users do require a strong grasp of past and present configuration of the health and social care system and advanced skills in critical appraisal, to navigate, interpret and use indicators in an appropriate way.

To support consumers of PHAP data, an easily accessible guide to interpreting indicators may be a useful addition. The existing platform has a link to The Good Indicator Guide,[11] but this is difficult to locate.

Exploring inequalities

Exploration of the indicator data by age, sex, socioeconomic position and other characteristics supports investigation of health inequalities and inequities. The ability to disaggregate data must depend on the underlying source within Fingertips. Wherever it is feasible to allow access to the profile data by personal characteristics, that would be useful for research, policy and practice.

An ability to partition data by more than one variable would also make the tool more powerful and allow detailed exploration of inequalities.

3.3 Existing indicators in the profile

A number of the indicators in the profile are derived from data that are not current. Older indications tend to be those based on ad-hoc survey questions, bespoke modelling exercises, or in some cases, where data are no longer available. Some of the older indicators are summarised below in Table 1. Consideration could be given to updating the data sources, or removal of the indicator.

Table 1: Indicators that may need updating

Indicator	Year	Source	Suggestions
Health related quality of life for older people	2016/17	General Practice patient survey (GPPS)	Fingertips explains why this is no longer available as GPPS no longer collects EQ5D. Consideration should be given to excluding this as it is out of date.
Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method)	2019/20	OHID (based on Active Lives Adult)	This indicator could be updated to the new method (2021/22) which is available in fingertips, but not applied to this profile.
Fuel poverty (low income, high cost methodology)	2018		This indicator could be removed if data are not available for this methodology, or an updated data source identified.
Older people living alone, Percentage of people	2011	ONS census	ONS Census 2021 is now available to support update.

aged 65 and over who are living alone			
Utilisation of outdoor space for exercise or health reasons	2015/16	OHID (based on Natural England)	These data are eight years old. If modelling estimates for local authority upper tier can be repeated/updated this would be helpful.
% reporting a long term MSK problem who also report depression or anxiety	2016/17	OHID based on General Practice Patient Survey (GPPS)	If this analysis could be repeated on more recent GPPS data that would be helpful.
Prevalence of knee osteoarthritis in people aged 45 and over	2012	English Longitudinal Study of Ageing (ELSA) modelled estimates	Further waves of the ELSA have been conducted which could provide more up-to-date estimates. This would require a new modelling exercise – previously conducted by Versus Arthritis with Imperial College.
Prevalence of severe knee osteoarthritis in people aged 45 and over			
Prevalence of hip osteoarthritis in people aged 45 and over			
Prevalence of severe hip osteoarthritis in people aged 45 and over			
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	OHID based on Adult Psychiatric Morbidity Survey (APMS) -	The APMS study was conducted in 2014. Findings from the 2022 APMS could be used to update this indicator.
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017		

3.4 Suggestions for new indicators

OPFPRU members also identified some future candidate indicators:

Indicators of frailty

Data on the stages of frailty may be useful for monitoring healthy ageing, but are not currently included in the profile. OPFPRU conducted a study in 2021 using data from the English Longitudinal Study of Ageing to model prevalence estimates of robust health, pre-frailty, and frailty to local authority level. These could be included in the fingertips profile.[12] Indicators available are:

- % people 50+ estimated to be in robust health by local authority and sex
- % people 50+ estimated to be in pre-frail by local authority and sex
- % people 50+ estimated to be frail by local authority and sex

Indicators based on the English Longitudinal study of Ageing (ELSA)

Data from the ELSA study has been used to develop some of the existing indicators in the profile (e.g., prevalence of arthritis). To extend this, ELSA data could be used to model local estimates for other indicators. For example:

- Activities of daily living
- Mobility

Indicators of Healthy working life expectancy

Healthy working life expectancy has been estimated as the average number of years a person is expected to be healthy and in work from age 50 years.[13] In the future this is expected to increase slightly in England, but not to keep pace with rises in state pension age (SPA).[14] As longer working lives may be more strongly associated with improving population health, rather than an increasing SPA,[14] the following could be considered for inclusion in PHAP:[1]

- Healthy working life expectancy at age 50 in England by sex, regions, IMD, education and occupation[13]

Indicators of adult social care activity and quality

Nine indicators from the Adult Social Care Outcomes Framework (ASCOF) are currently included in PHAP. Extensive work is currently underway to improve data collection and reporting in adult social care and additional data will be available next few years (e.g. from the minimum dataset for social care providers).[15] It is highly likely that new data will be relevant to healthy ageing, and developments in this area should be monitored for consideration of inclusion in PHAP.

Indicators of digital inclusion

Digital inclusion is an important support for healthy ageing. Social interaction, access to services and medicines, information and learning all increasingly rely on digital literacy.[16] There are currently no indicators in the profile related to this theme. The labour force survey includes some data items related to digital inclusion, which could be considered for Fingertips.

- Proportion of non-internet users by region, age, sex, ethnicity, economic activity (ONS Labour force survey)

Indicators of transport

Indicators of transport access and usage could be included in the Healthy Ageing profile.

- % uptake of bus pass among eligible population by region, age, gender, urban rural (National Travel Survey)
- Average number of local trips per person by sex, age, mode and region (National Travel Survey)

[1] Academic colleagues at Keele University School of Medicine are leading research on this topic and could be approached if estimates are required at smaller geographies

Covid-19 vaccination rates

The profile currently includes rates for vaccination against influenza, pneumococcal infection and shingles. COVID-19 vaccination rates could be added.

- Spring booster 2023 vaccination uptake by age, region, local area (coronavirus (COVID-19) in the UK dashboard)

4. Conclusions

The Productive Healthy Ageing Profile in Fingertips is a valuable population health intelligence platform that provides a broad view of ageing. The researchers who were engaged in this informal consultation would support its maintenance but have identified possible areas for development.

Summary of key considerations:

Potential areas for **development of** the Productive Healthy Ageing Profile

- There are population indicators linked to healthy ageing topics that are not currently covered by the indicator set. These include: perceived community safety, crime, discrimination, abuse, paid work in over 65+, education/training of older adults, activities of daily living, mobility, digital inclusion, frailty, multi-morbidity, and transport.
- Consideration could be given to incorporating the following specific indicators into the healthy ageing profile:
    - proportion of people 50+ estimated to be in robust health by local authority and sex
      proportion of people 50+ estimated to be in pre-frail by local authority and sex
    - proportion of people 50+ estimated to be frail by local authority and sex
    - healthy working life expectancy at age 50 in England by sex, regions, Index of Multiple Deprivation, education and occupation
    - proportion of non-internet users by region, age, sex, ethnicity, economic activity
    - proportion uptake of bus pass among eligible population by region, age, gender, urban/rural
    - average number of local trips per person by sex, age, mode and region
    - proportion uptake of Spring COVID booster 2023 vaccination by age, region, local area
- In the future, additional indicators from social care could be considered for inclusion in the profile, as the digitalisation agenda progresses.

Potential areas for **modification of** the Productive Healthy Ageing Profile

Consideration could be given to:

- Rationalising the number of indicators included, to produce a smaller set (~30-40) of priority (or core) indicators. This could be achieved with a prioritisation exercise with key stakeholders.
- Separating demographics and mortality into two themes.

- A critical review of current indicators to investigate whether data sources allow for further inequalities to be examined.
- Remove or update indicators that are pre-2017.
- Removing ‘productive’ from name of the profile, to avoid emphasis on economic productivity.

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Appendix 1: Older People and Frailty Policy Research Unit members consulted

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- Andrew Kingston[1]
- Alex Hall[2]
- Alison Illif[4]
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- Jane McDermott[2]
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