

Older old people – housing, health and care Perspectives on well-being near the end of life, care settings and moving in very old age

**Stakeholder meeting
Friday 3rd February 2017
Cambridge Professional Development Centre**



Welcome

Daniel Zeichner
MP for Cambridge

The Cambridge City over-75s Cohort - CC75C study's older old people research programme

Dr Jane Fleming
Senior Research Associate
Cambridge Institute of Public Health



“Older old” people

What does that mean?

... .. What does the term “older old” age mean?

... .. What does it mean to live to be so old?

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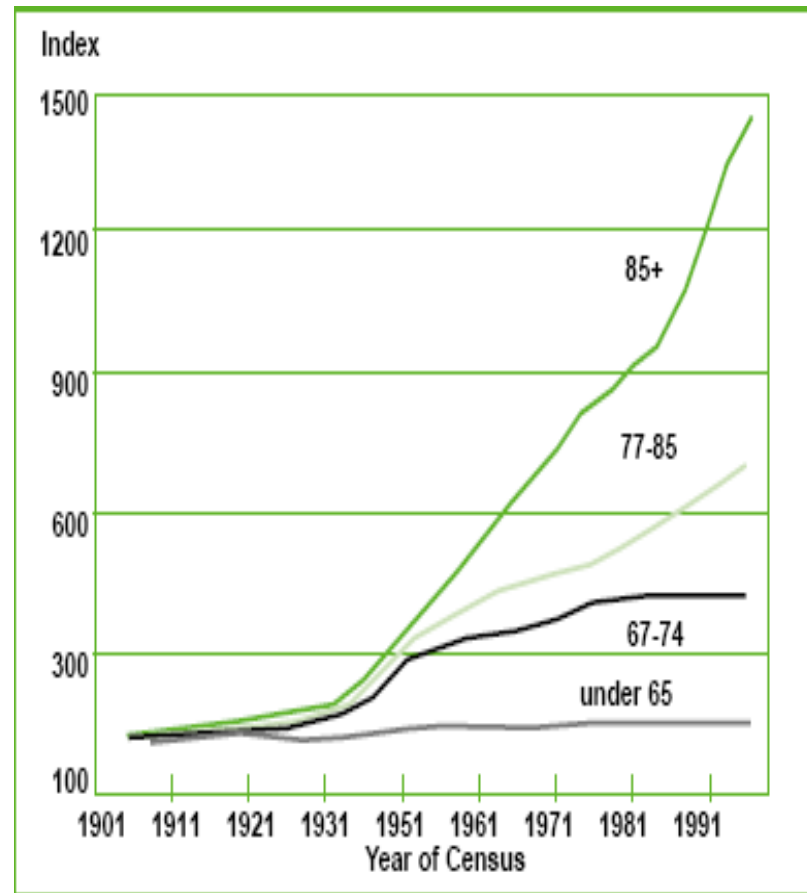
Old age is getting older

In the last ½ of last century:

- % aged >85 rose 5-fold

In 3 decades 1995-2025:

- number of people aged >80 is set to increase by almost ½
- the number of people aged >90 will double



Dept. Health *National Service Framework for Older People (data for England)*

<http://www.dh.gov.uk/assetRoot/04/05/82/95/04058295.pdf>

Currently ... in 2015 in the UK

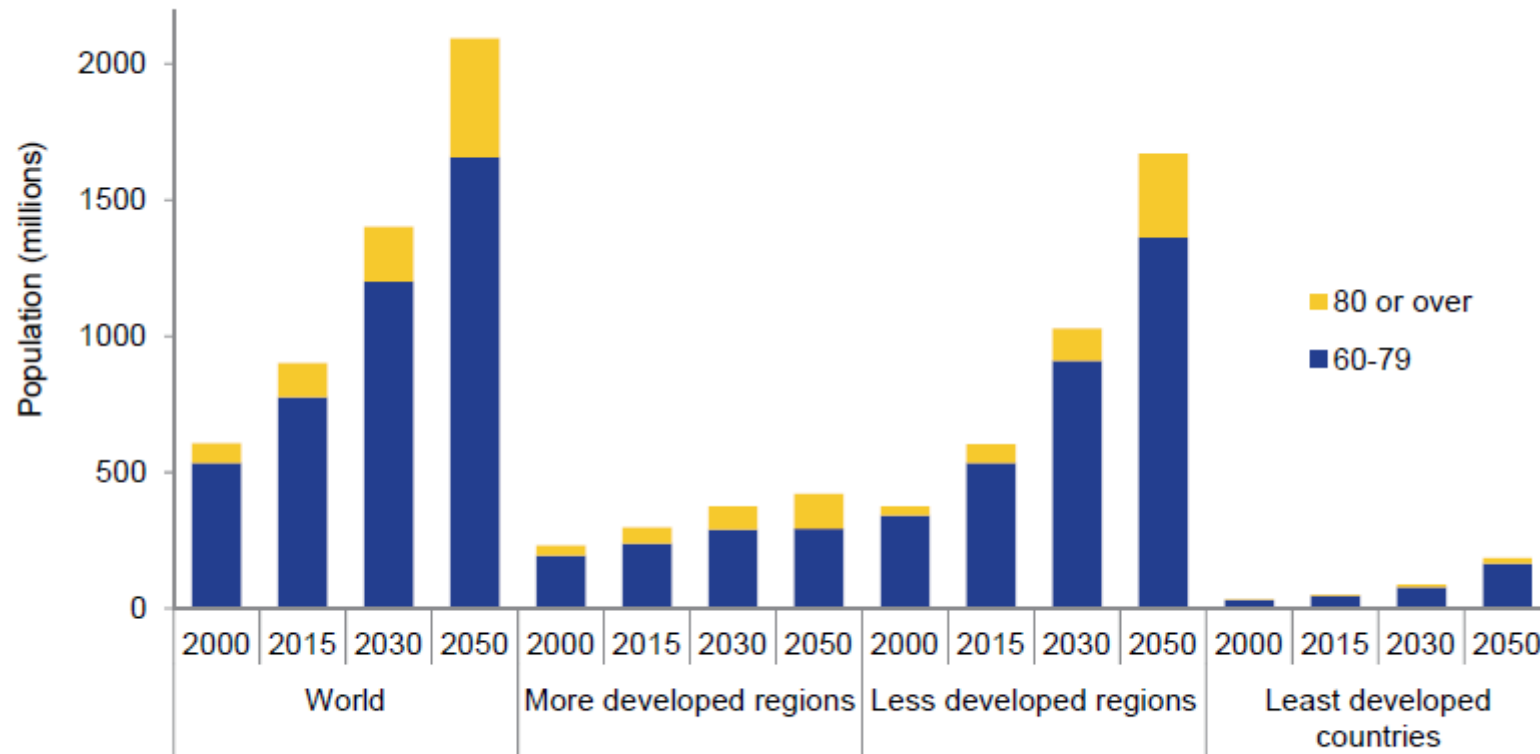
- More than half a million people aged 90 and over
- For every 100 men aged 90 and over there were 240 women
- The number of centenarians has risen by 65% over the last decade to 14,570

Office of National Statistics (2016)

Estimates of the very old (including centenarians), UK: 2002 to 2015

2 out of every 3 of the world's “oldest old” people (UN: 80+) will live in developing regions by 2050

Population aged 60-79 years and aged 80 years or over by development group, 2000, 2015, 2030 and 2050



Data source: United Nations (2015). *World Population Prospects: The 2015 Revision*.

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The Cambridge City over-75s Cohort (CC75C) study

www.cc75c.group.cam.ac.uk



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Professor Carol Brayne

Dr Stephen Barclay

Dr Morag Farquhar

+ many, many more over many, many years



Cambridge City over-75s Cohort (cc75c)

- Population-based study



- 7 general practices



- n=2610
aged ≥ 75
interviewed
in usual residence 1985 -1987

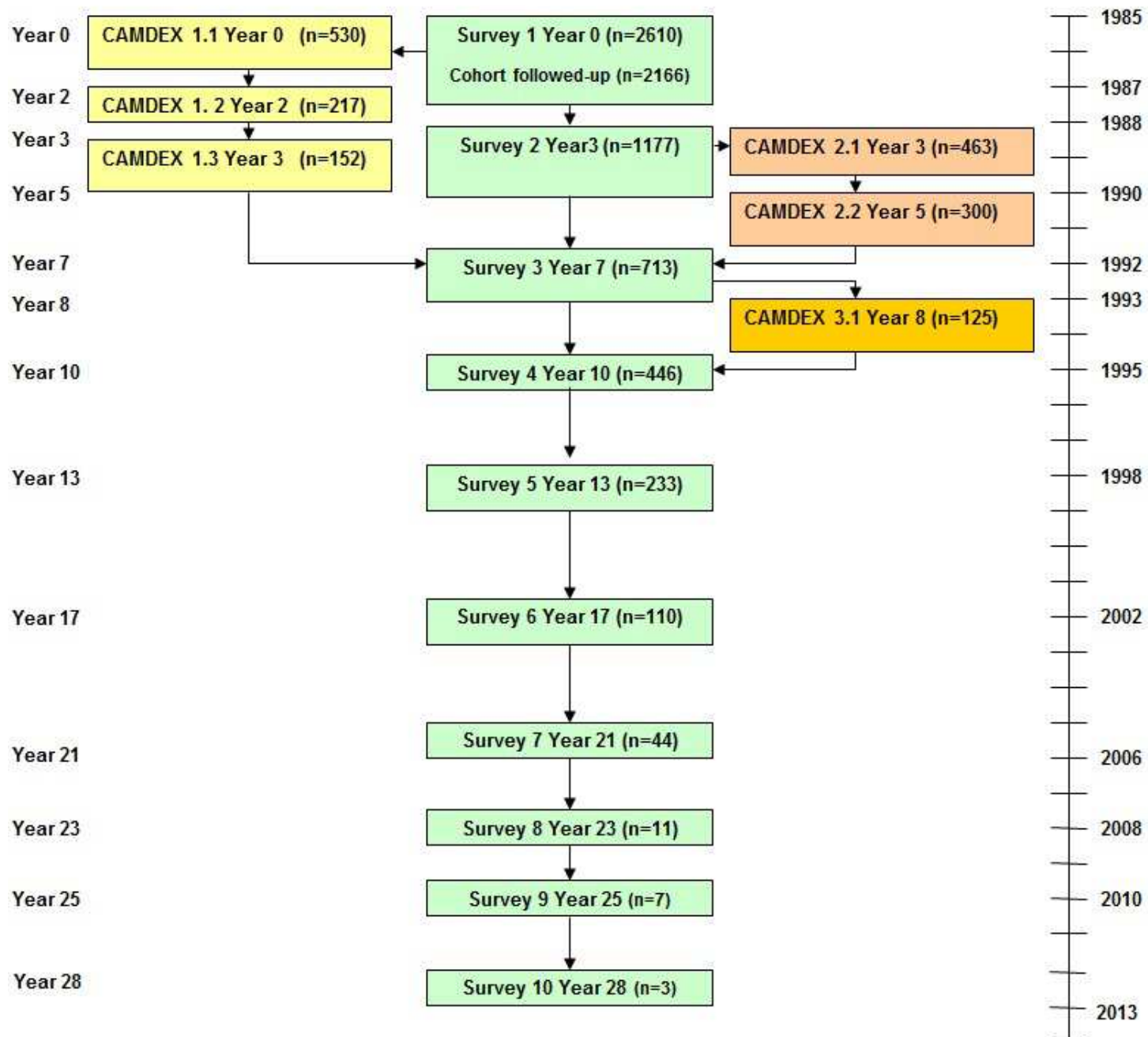


- 95% response rate



Study participants were originally enrolled through GP lists from practices geographically and socially representative of the whole city of Cambridge

CC75C Study



THANK YOUs



- funders, past and present
<http://www.cc75c.group.cam.ac.uk/background/grants/>
- collaborating GP practices and care homes
- All our **STUDY PARTICIPANTS** and their

RELATIVES and **FRIENDS**



Data collected - 1

Interview data:

- Cognitive function, psychiatric diagnosis
- Socio-demographics, social networks, informal/formal support, service use
- Depression, anxiety, subjective well-being
- ADL, activities, physical health, medication

See questionnaires on website:

<http://www.cc75c.cam.ac.uk/documents/questionnaires>

Data collected - 2

Other assessments included:

- Genetics (in early study waves)
- Brain imaging [MRI] (in early sub-samples)
- Neuropathology (brain donation programme)
- Bone health [QUS] (in survey 6 falls study)
- Functional tests (in survey 6 falls study)
- Hearing, eyesight (from survey 3 onwards)

Qualitative methods added in later surveys: Quality of life near the end of life in very old age

Year 21 survey (n=44)

92% of those still alive took part

Qualitative data (n=42)

aged 95 – 101 years old; mean 97; median 97

37 women

5 men

24 at home in community

18 in long-term care

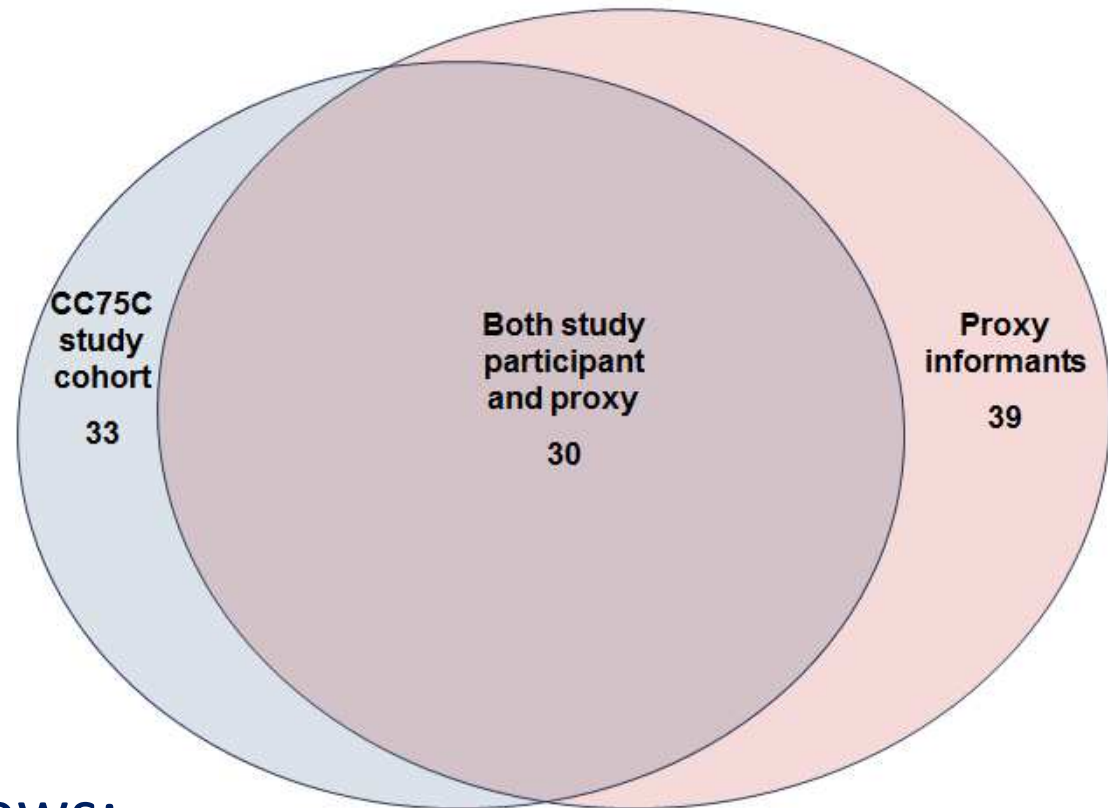
Cognitive function, disability and self-rated health

	N=42 (%)	
Cognitive Function by MMSE[*]		
<i>Normal cognition</i>	12	(29)
<i>Mildly Impaired</i>	6	(14)
<i>Moderately Impaired</i>	10	(24)
<i>Severely Impaired</i>	14	(33)
Levels of ADL Disability[†]		
<i>No Disability</i>	6	(14)
<i>IADL Disability Only</i>	4	(10)
<i>IADL + PADL Disability</i>	30	(71)

**66% reported
their health was
“good” or “very good”**

Qualitative study

(n=42)

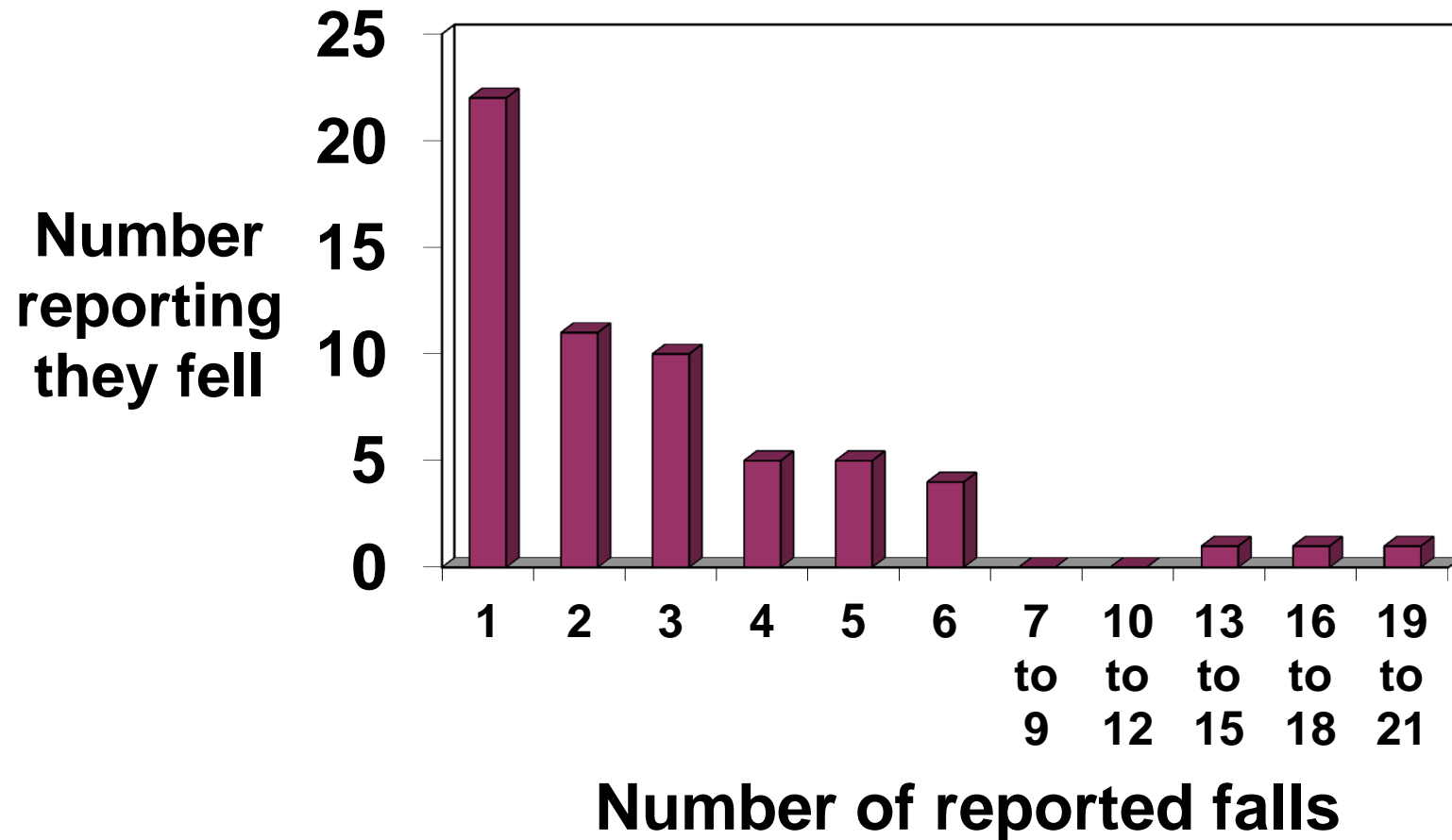


Topic-guided interviews:

- study cohort participants in person: n=33
- proxy informants interviews: n=39
(closely involved relative/ friend/ carer)
- both participant + proxy informants: n=30

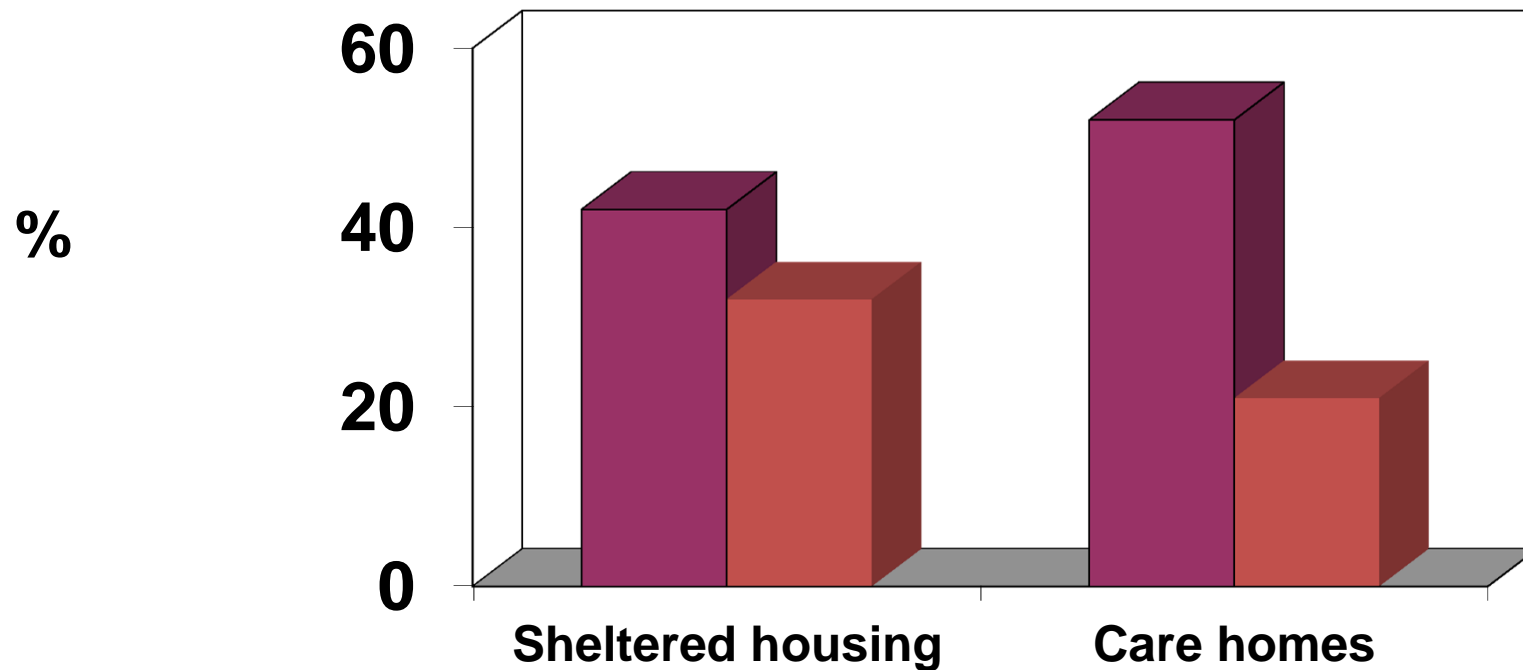
Falls reported during 1 year follow-up:

- n=66 (60%) fell during the year following interview... n=265 falls
- $\frac{3}{4}$ of those who fell were reported to have fallen more than once



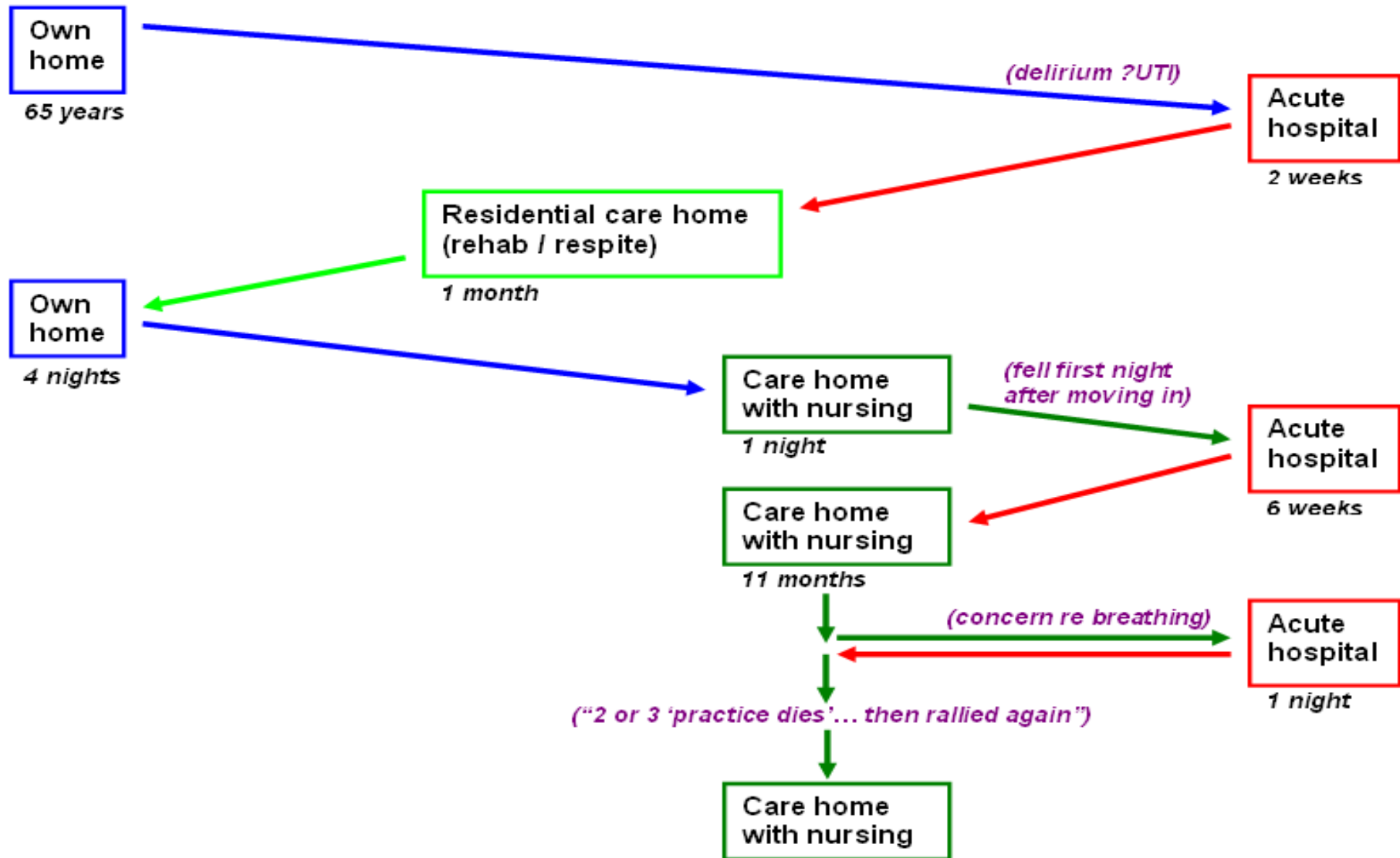
Moves prompted by falls and fractures:

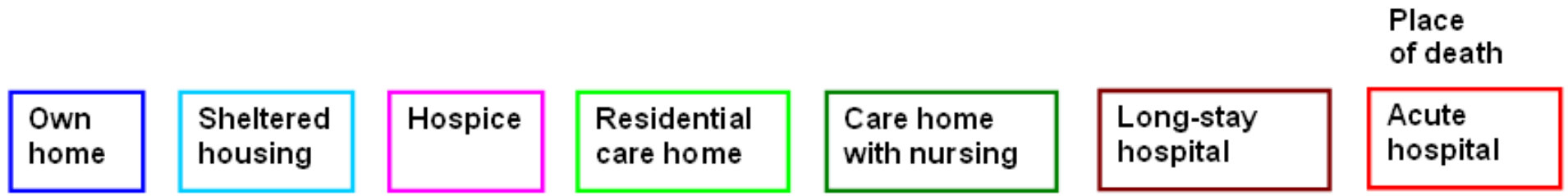
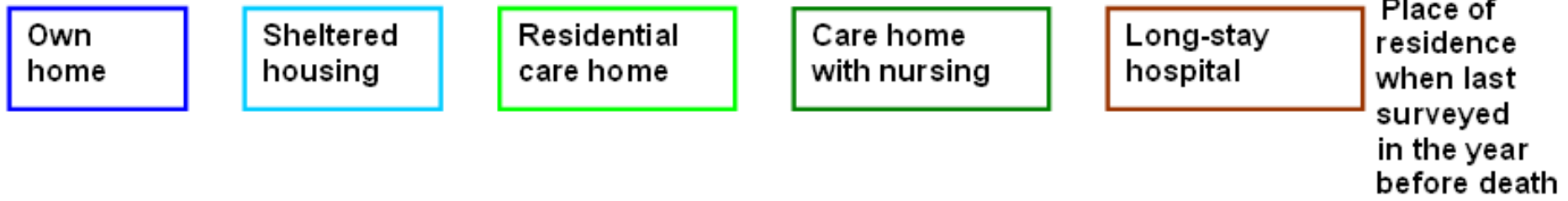
- falls had prompted at least 42% of moves into sheltered housing
- falls had prompted at least 52% of moves into care homes



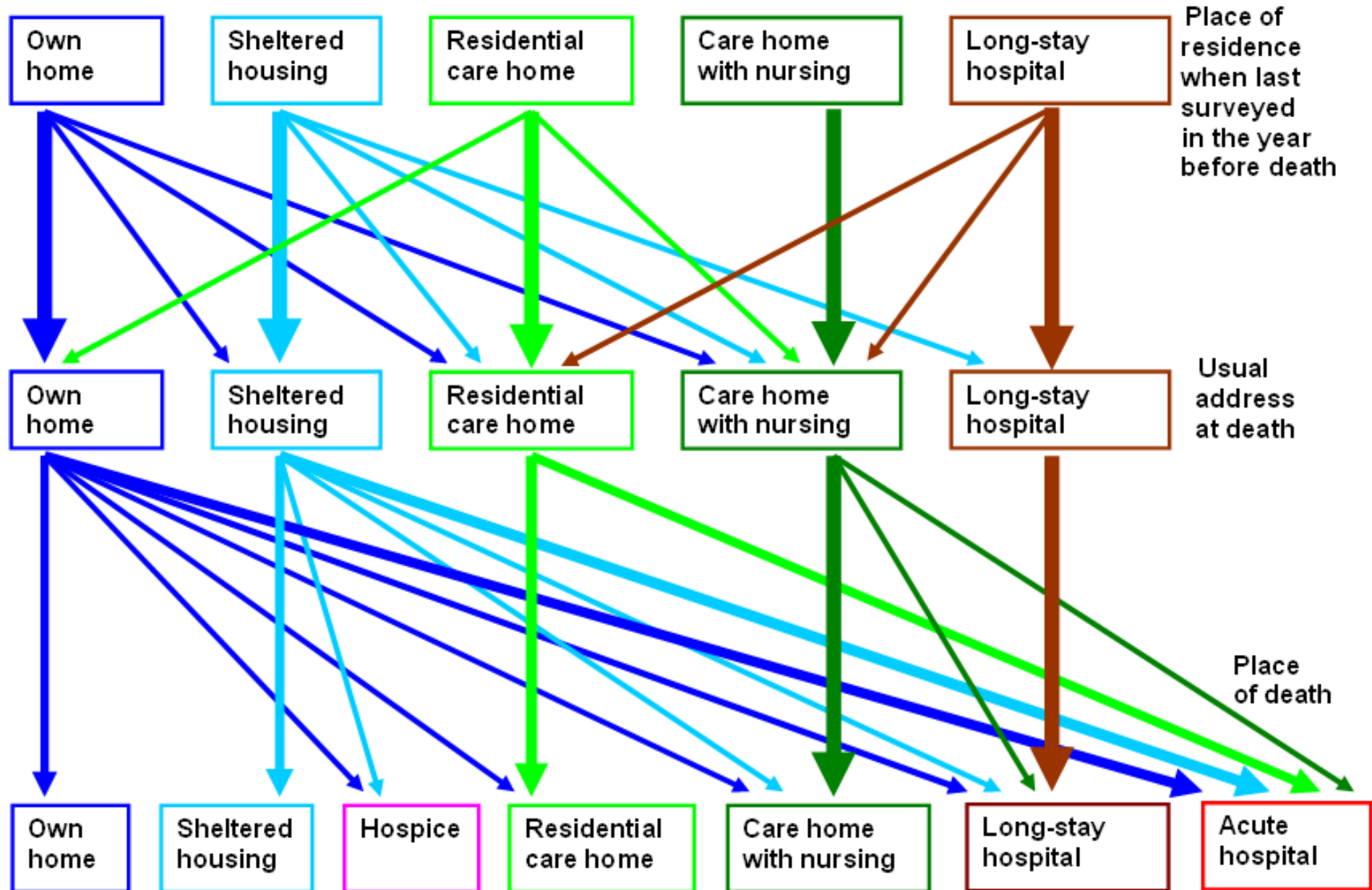
■ Fall ■ Fracture

End of life transitions





Individuals who died aged 85 or older less than a year after interview



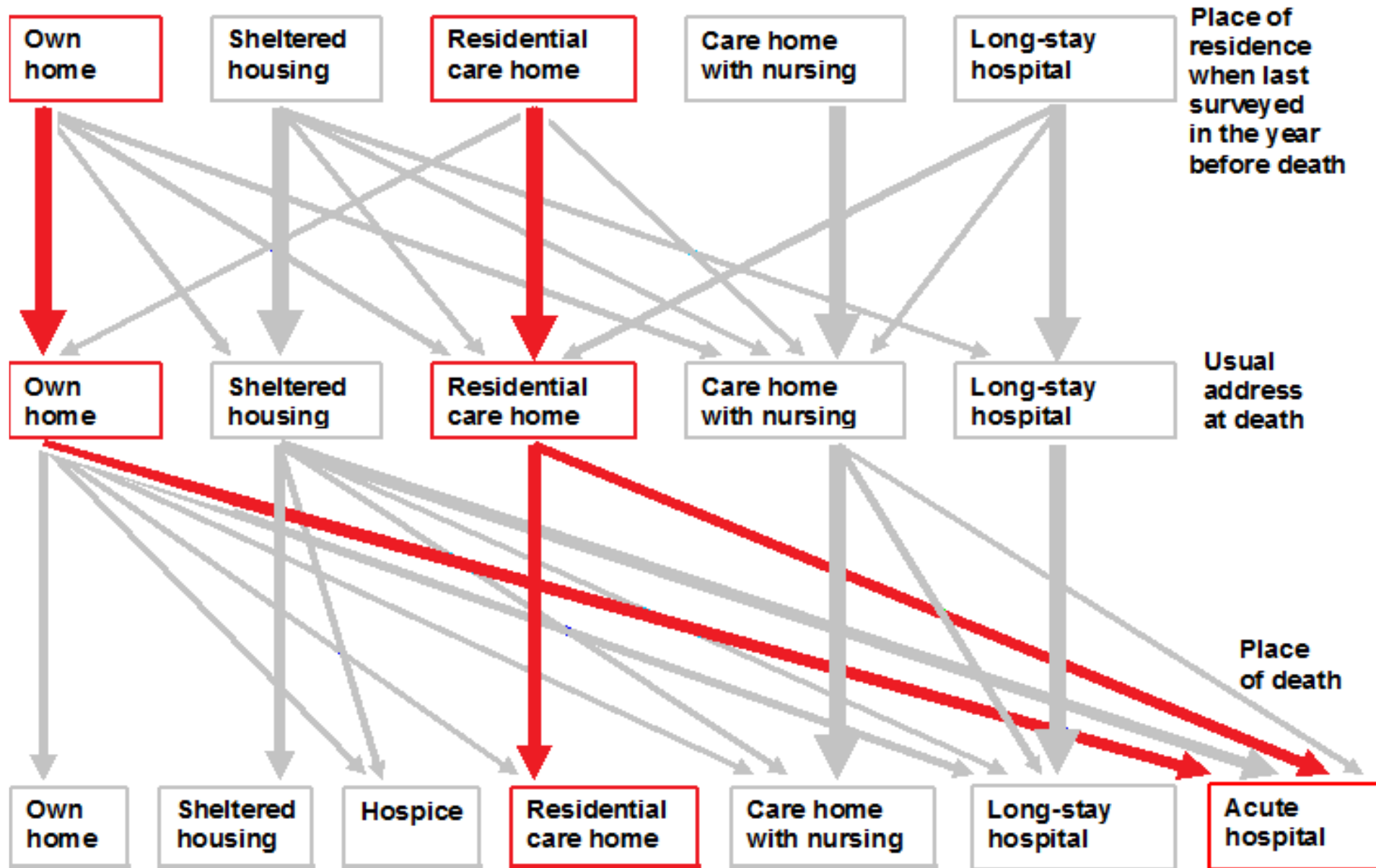
Where people died

For everyone except the most cognitively impaired
a hospital was the most common place of death

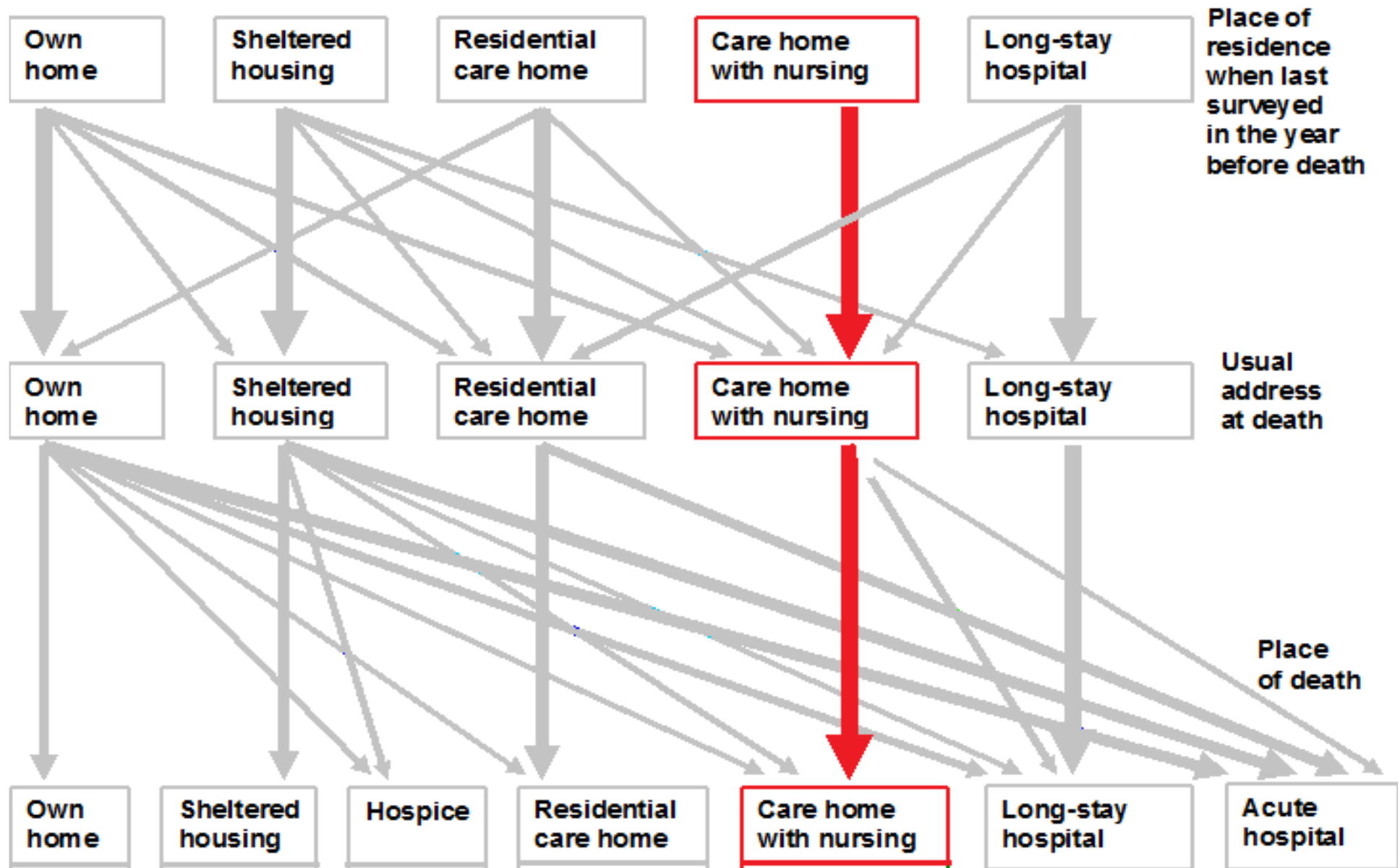
For individuals with severe cognitive impairment
a care home was most common place of death

Most likely to die elsewhere (80%)
severely cognitively impaired in the community

Individuals who died aged 85 or older less than a year after interview



Individuals who died aged 85 or older less than a year after interview



- Longevity and multiple generations are on the increase

but

- many old people do not have any family nearby



Experiences of formal care and informal care in older old age

Dr Jackie Buck
Lecturer in Adult Nursing
University of East Anglia



Moving in very old age

Dr Fiona Scheibl
Research Associate
Cambridge Institute of Public Health



**Dying at “a great age”
– end of life care issues:**

**“Older old” people’s
attitudes and preferences regarding care
towards the end of life care**

**Dr Jane Fleming
Senior Research Associate
Cambridge Institute of Public Health**

