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?
“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?
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.
“Older old” people

What does that mean?

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... ... What does it mean to live to be so old?
The Cambridge City over-75s Cohort (CC75C) study

www.cc75c.group.cam.ac.uk
The Cambridge City over-75s Cohort (CC75C) study

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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.
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](http://www.cc75c.cam.ac.uk/documents/questionnaires)
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

<table>
<thead>
<tr>
<th>Cognitive Function by MMSE</th>
<th>N=42 (%)</th>
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<tbody>
<tr>
<td>Normal cognition</td>
<td>12 (29)</td>
</tr>
<tr>
<td>Mildly Impaired</td>
<td>6 (14)</td>
</tr>
<tr>
<td>Moderately Impaired</td>
<td>10 (24)</td>
</tr>
<tr>
<td>Severely Impaired</td>
<td>14 (33)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Levels of ADL Disability †</th>
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<tbody>
<tr>
<td>No Disability</td>
<td>6 (14)</td>
</tr>
<tr>
<td>IADL Disability Only</td>
<td>4 (10)</td>
</tr>
<tr>
<td>IADL + PADL Disability</td>
<td>30 (71)</td>
</tr>
</tbody>
</table>

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
- ¾ 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
End of life transitions

- Own home (65 years)
- Residential care home (rehab / respite) (1 month)
  - Care home with nursing (1 night)
  - Care home with nursing (11 months)
    - (concern re breathing)
      - (“2 or 3 practice dies... then rallied again”)
        - Care home with nursing
  - (delirium ?UTI)
    - Acute hospital (2 weeks)
  - (fell first night after moving in)
    - Acute hospital (6 weeks)
    - Acute hospital (1 night)
Increasing dependency

- Own home
- Sheltered housing
- Residential care home
- Care home with nursing
- Long-stay hospital

Place of residence when last surveyed in the year before death

- Own home
- Sheltered housing
- Residential care home
- Care home with nursing
- Long-stay hospital

Usual address at death

- Own home
- Sheltered housing
- Hospice
- Residential care home
- Care home with nursing
- Long-stay hospital

Place of death

- Own home
- Sheltered housing
- Hospice
- Residential care home
- Care home with nursing
- Long-stay hospital
- Acute hospital
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

- Own home
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- Acute hospital

Place of death
• 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