

Summary of School-wide Programme: Ageing well

Background & rationale

Older people vary widely in their health status and ability to benefit from intervention. Age-related disability may be more amenable to intervention than previously thought and age-rationing questionable on both equity and efficiency grounds. There is ample evidence that it is seldom too late to intervene to reduce risks and improve physical, cognitive and social functioning. However, trade-offs between benefits and harms are complex, and the potential for inequalities in outcomes is considerable. An approach based simply on chronological age risks recommendations grounded in inappropriate assumptions. Many practice and policy issues that call for a person-centred approach would benefit from the categorisation of the population into 'groups' that allow the dynamics of health status and intervention to be considered. Practical examples include planning long-term care resources, identifying appropriate recipients for public health interventions, or planning welfare benefit conditionality. Furthermore, accurate prognostic tools could help health and social care professionals, older people and their families, make rational decisions about preventive and supportive models of care. In addition to individual-level interventions, a focus on improving the social and physical environment has the potential to impact on multiple outcomes and inequalities. Questions remain regarding what population level interventions are most effective in benefiting the health of older people and which models of implementation are most efficient.

Objectives

Six inter-related projects have the following broad objectives:

1. To estimate associations between advancing age and risk factors for cardiovascular outcomes; to explore whether risks can be estimated for identified 'groups' of older people in the population.
2. To divide the ageing population into coherent groups so that interventions can be personalised based on health status and likely benefit rather than crude age.
3. To describe, explain and find solutions to inequitable intervention access among older people.
4. To develop and test an evaluation tool for interventions to foster 'ageing well' in urban settings.
5. To describe and explain the impact of welfare benefits (and their withdrawal) on well-being in older age (with a focus on social capital and loneliness).
6. To develop a flexible population modelling framework to evaluate the effectiveness and cost-effectiveness of individual and population level preventive interventions and policy changes.

Methods

The programme uses four building blocks: a) risk prediction and stratification using large-scale databases, b) synthesis of existing and development of new evidence about current practice and equity, c) identification and evaluation of preventive interventions tailored for gains in health and well-being, and d) population modelling.

Practice-focused outputs

Technical papers describing new methodologies; reports and briefings to inform practice, commissioning and changes in policy; conceptual notes; modelling tools.

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