

6. Conclusions

This profile has included data from a wide range of sources, indicating that many of the factors affecting the health of older persons lie beyond the direct influence of the NHS. New data are always becoming available and it is recognised that work such as this needs to be revisited on a regular basis if it is to remain relevant.

It is acknowledged that chronological age is an imperfect way of defining the 'older' population and their needs. However, it is the only viable method available for defining 'older persons'. The number of older persons (aged 65 years and over) in Wales is increasing, both in absolute terms and as a proportion of the population as a whole. This increase is likely to accelerate during the first half of this century.

The growth of the older population may have implications for service provision, as the very oldest age groups tend to have greater health and social care needs.⁹ However, increasing longevity should be viewed as a positive result of improvements in public and preventive health measures, advances in medical care and improvements in the socio-economic well-being of the population.¹

This profile has shown clearly that health inequalities extend into old age. Lifetime exposure to various risks and hazards has a major bearing on health in older age. These include factors relating to previous employment, lifestyle and socio-economic factors. Despite this there is a growing body of evidence to suggest that, even in later life, risk modification can have health benefits for individuals.

Measuring socio-economic deprivation among the elderly is more difficult than for persons of working age. The Acheson report²⁶ noted the lack of reliable information on health at older ages in relation to social class and other indicators of socio-economic position.

As they grow older, many people are unable to maintain their independence. Changes in living arrangements and increasing life expectancy make it likely that the number of older persons who are dependent upon others will increase. Data within this profile show that a substantial amount of social care for older persons is provided informally by family and friends, many of whom are themselves elderly. The report of the Wales Care Strategy Group⁴¹, produced in April 2003 sets out the likely demand for social care services for older persons over the next 20 years.

Self-reported ill-health has been shown to increase with age and is higher in Wales than in England. Within Wales it is clear that there is considerable geographic variation in health indicators and

outcomes, but worse health tends to be concentrated in the more deprived areas.

The purpose of this profile is help to inform policy to improve the health of older persons in Wales both at a local level and through national initiatives such as the forthcoming older persons National Service Framework for Wales. Advances in public and preventive health measures, progress in medical care and improvements in the socio-economic well-being of the population have contributed to increased longevity in the population. The challenge now is to try to ensure that a good quality of life and independence are extended into old age.

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