

# The State of Health and Care of Older People, 2023

(abridged)



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# Introduction

Since 2012 Age UK has produced an annual briefing on the state of health and care for older people in England. After a break for the pandemic, the briefing returns this year. This is an abridged version containing just some of the key findings, plus Age UK's conclusions. The full report is available online at [ageuk.org.uk/state](https://ageuk.org.uk/state)

## Key findings

**86%**

of people over 85 in England live with at least one long-term health condition<sup>1</sup>

**1.6 million**

people aged 65+ have unmet needs for care and support<sup>2</sup>

**52%**

The number of vacant adult social care sector posts increased by 52% in a single year – from 110,000 in 2020/21 to 165,000 in 2021/22. The vacancy rate now stands at 10.7%<sup>3</sup>

**One in five (20%)**

of unpaid carers are aged 65 plus<sup>4</sup>

**45%**

A 2022 Age UK survey showed that 45% of older people were concerned about their ability to access their GP<sup>5</sup>

**13,000 to 14,000**

patients were stranded in hospital on any given day, up from around 4,500 in the same period in 2018/19<sup>6</sup>



<sup>1</sup> Age UK 2023: Analysis using waves 3 to 9. English Longitudinal Study of Ageing (ELSA), 2018/18

<sup>2</sup> Age UK 2023: Analysis using waves 3 to 9. English Longitudinal Study of Ageing (ELSA), 2018/19

<sup>3</sup> Skills for Care (2022), The state of the adult social care sector and workforce in England, 2022

<sup>4</sup> Carers Week (2020). Carers Week 2020 Research Report.

<sup>5</sup> Age UK (2022), Polling and Survey data

<sup>6</sup> NHS England (2022). Urgent and Emergency Care Daily Situation Reports 2022-23, NHS England (2020). Delayed Transfers of Care Data 2019-20.

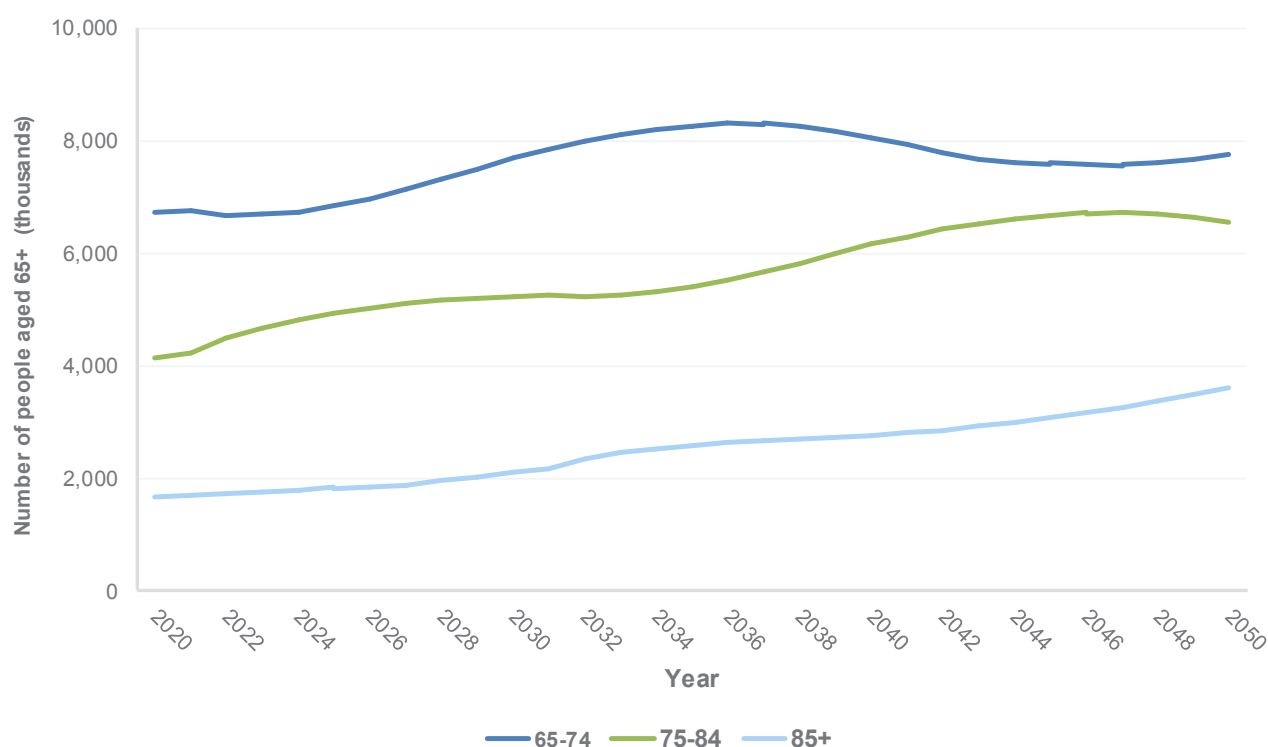
# Ageing population

When the NHS was founded and our adult social care system established 75 years ago, one in two people died before the age of 65. Now, fewer than one in seven people do so. Today, a 65 year-old man can expect to live another 18.5 years, and a 65-year-old woman 21.

In 2023 there are 11 million people aged over 65 in England. This is projected to increase by 10% in the next five years and by 32% by 2043 (1.1 and 3.5 million people respectively). The population aged 85+, the age group most likely to need health and care services, is also projected to rise rapidly, increasing by 8.2% in the next five years and by 62.7% by 2043 (126,000 and 956,000 people respectively).

This level of growth is not new. Between 2010 and 2020, the population in England over 65 grew by over 22%, or 1.9 million people.

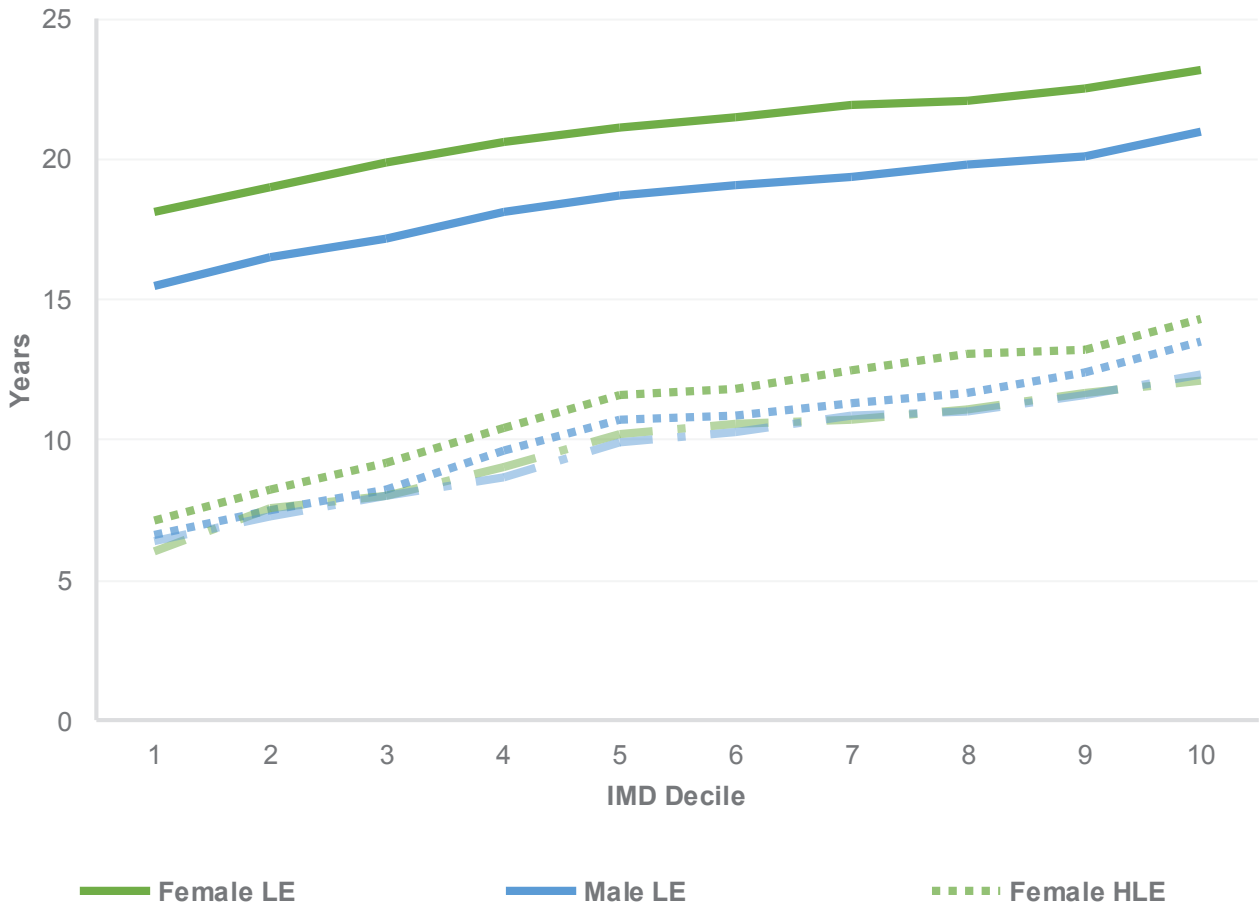
**Figure 1** Actual and projected number of people aged 65+, by age group, 2020-2050, England



There is an unambiguous social gradient in health and disability across the life course. People ageing in the least advantaged circumstances are more likely to experience age-related disability and poor health at a younger chronological age, live with poorer health throughout their later years and die earlier than people with greater advantage.

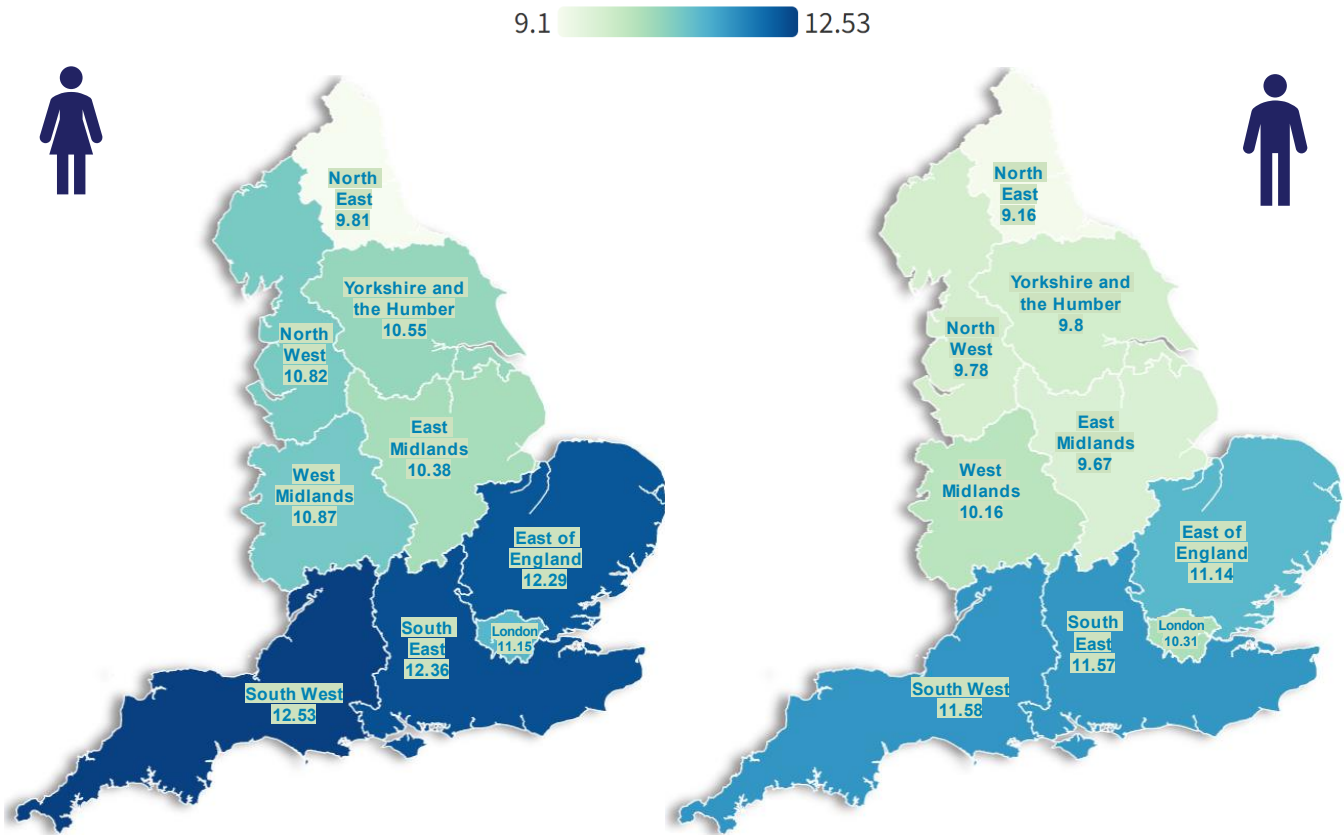
Improvements in life expectancy have slowed in recent years and are likely to have declined following the pandemic. Life expectancy also follows the social gradient – the more deprived the area the shorter the life expectancy – and this gradient has become steeper.

**Figure 2** Average Life Expectancy (LE), Healthy Life Expectancy (HLE) & Disability-free Life Expectancy (DfLE), at age 65, by deprivation deciles, using the Index of Multiple Deprivation (IMD), 2018-2020, England.



In 2018-2020, women in the least deprived 10% of areas in England could expect to live 7.9 years longer than women in the 10% most deprived areas, while for men the difference was 9.7 years. Men and women living in the 10% most deprived areas of England saw a significant decrease in life expectancy between 2015-2017 and 2018-2020. This pattern is repeated with disability free life expectancy at 65, i.e. the number of years at the end of your life you can expect to live without a disability. Figure 3 is the picture across England with the lighter areas representing regions that will experience poor health much earlier.

**Figure 3** Disability-free Life Expectancy at age 65, estimates for females and males, English regions, 2018 to 2020.

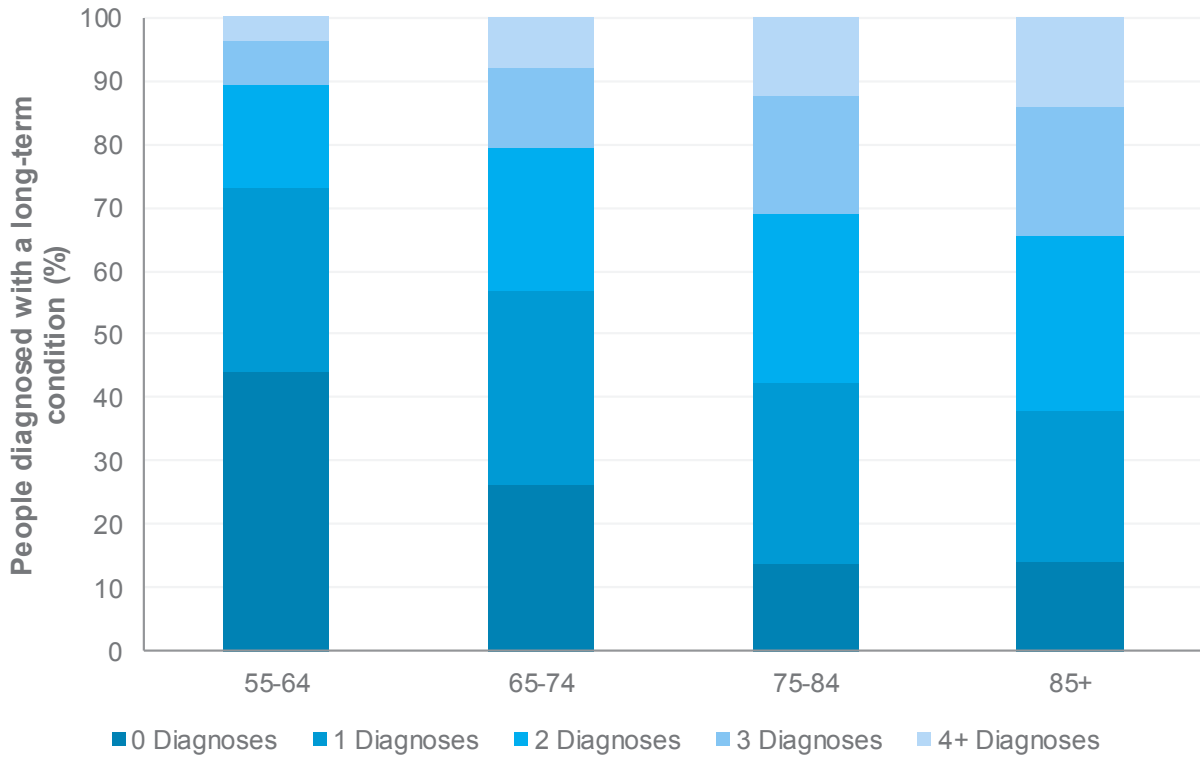


# Health and care needs

More than one in four of the adult population in England lives with two or more long-term health conditions. People with multiple long-term conditions (two or more) have an increased risk of functional decline, poorer quality of life, greater healthcare use and higher mortality.

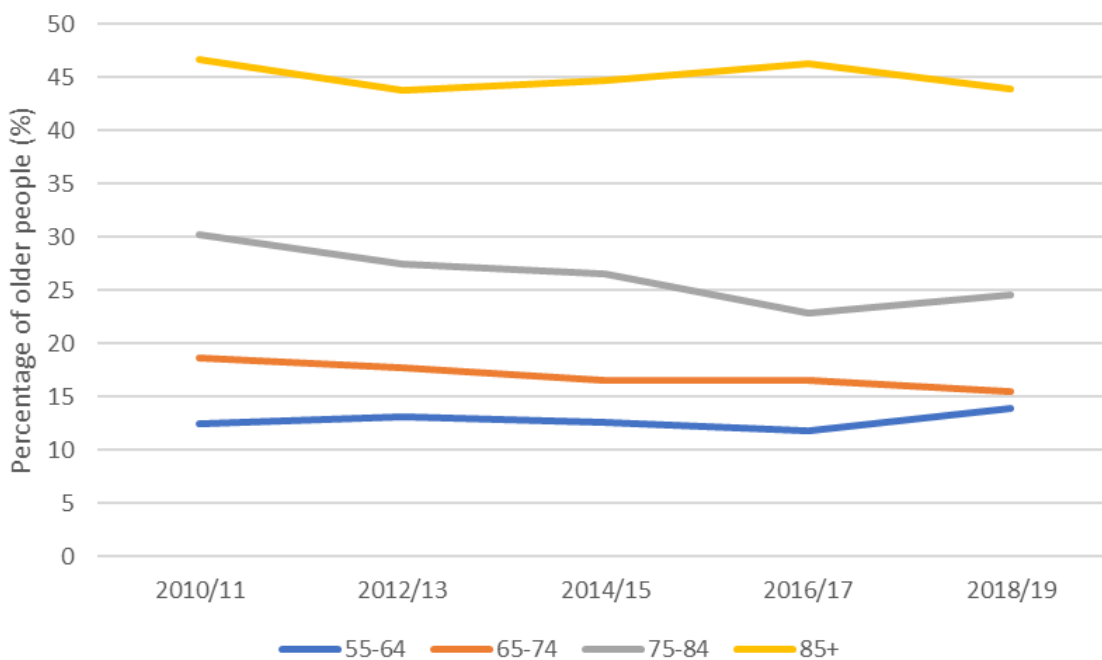
Long-term conditions are not inevitable in later life, though the likelihood of having one or more long-term conditions does increase with age. While 26.1% of people aged 65 to 74 years have no diagnosed long-term condition, this falls to 13.5% of people aged 75 to 84, and to 14% of people aged 85 years and over.

**Figure 4** Percentage of people with diagnosed long-term conditions, by age group, England



The percentage of people experiencing difficulties with activities of daily living (ADLs) – i.e. daily tasks we undertake to meet our basic needs such as washing, dressing and toileting – increases with age. Around 45% of people over 85 have such difficulties. Our analysis, using the English Longitudinal Study of Ageing (ELSA), shows there had been some improvement over the last decade in the 75-84 age group, but this appears to have gone in reverse in the latest available data (2018/19). Age UK research suggests this got significantly worse during the pandemic

**Figure 5** Percentage of people experiencing difficulties with 1 or more ADLs, by age group, England



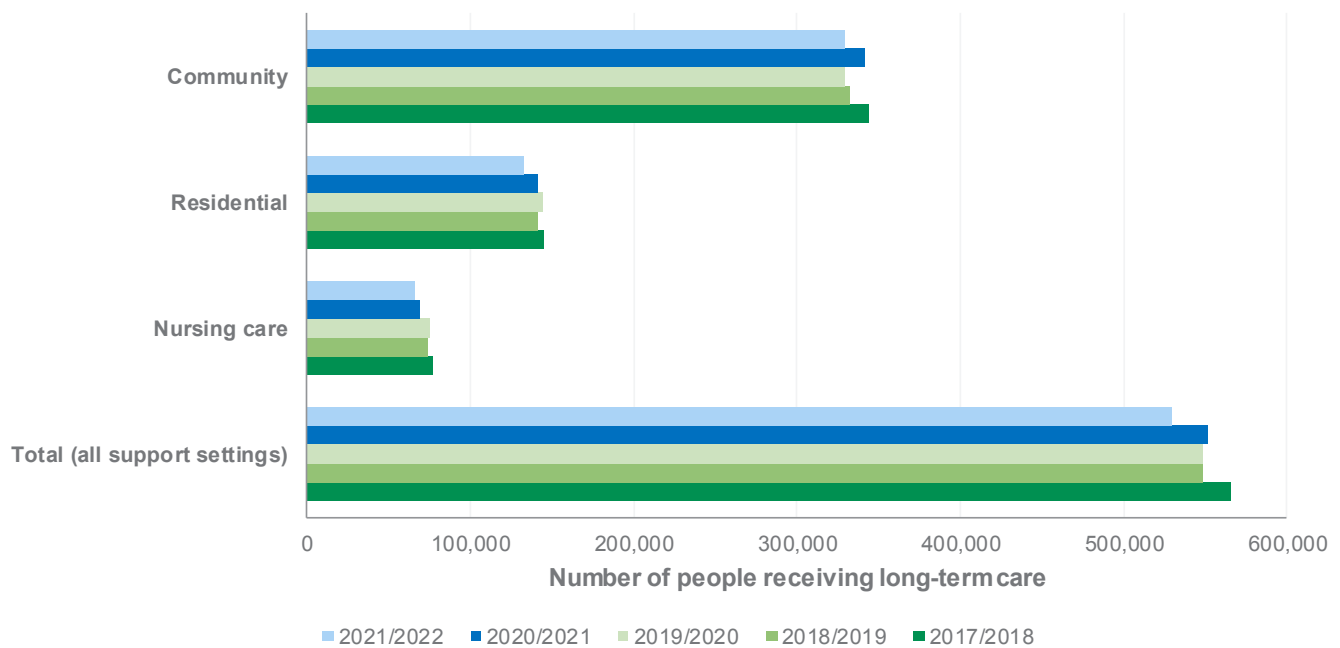
# Unmet social care needs

As the population grows and ages, rising demand for treatment, care and support, plus increasingly complex needs, are putting further pressure on the health and social care system.

The Health and Social Care Committee estimated an additional £7 billion per year was required by 2023/24, which it described as a “starting point...to cover demographic changes, uplift staff pay in line with the National Minimum Wage and to protect people who face catastrophic social care costs”. In their 2022 Spring Survey, 17% of Directors of Adult Social Services reported that reducing the number of people in receipt of care was important or very important for them to achieve necessary savings in 2022/23, up from 8% in 2021/22.

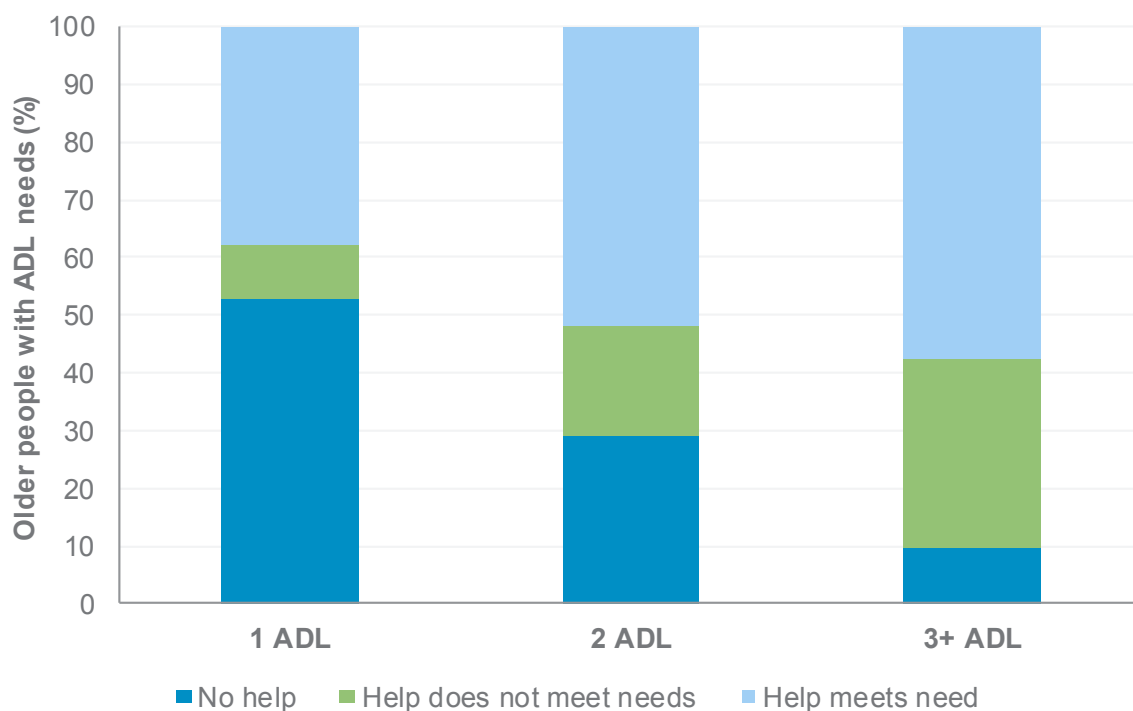
Spending on adult social care has increased in recent years. However, this has not translated into more care for older people. Between 2017/18 and 2020/21, more than 36,000 fewer older people were receiving long-term care from their local authority. This is set in the wider context of existing under-provision and an increase in our older population.

**Figure 6** Number of people aged 65+ receiving long term care each year by support setting, 2017/18 to 2021/22, England.



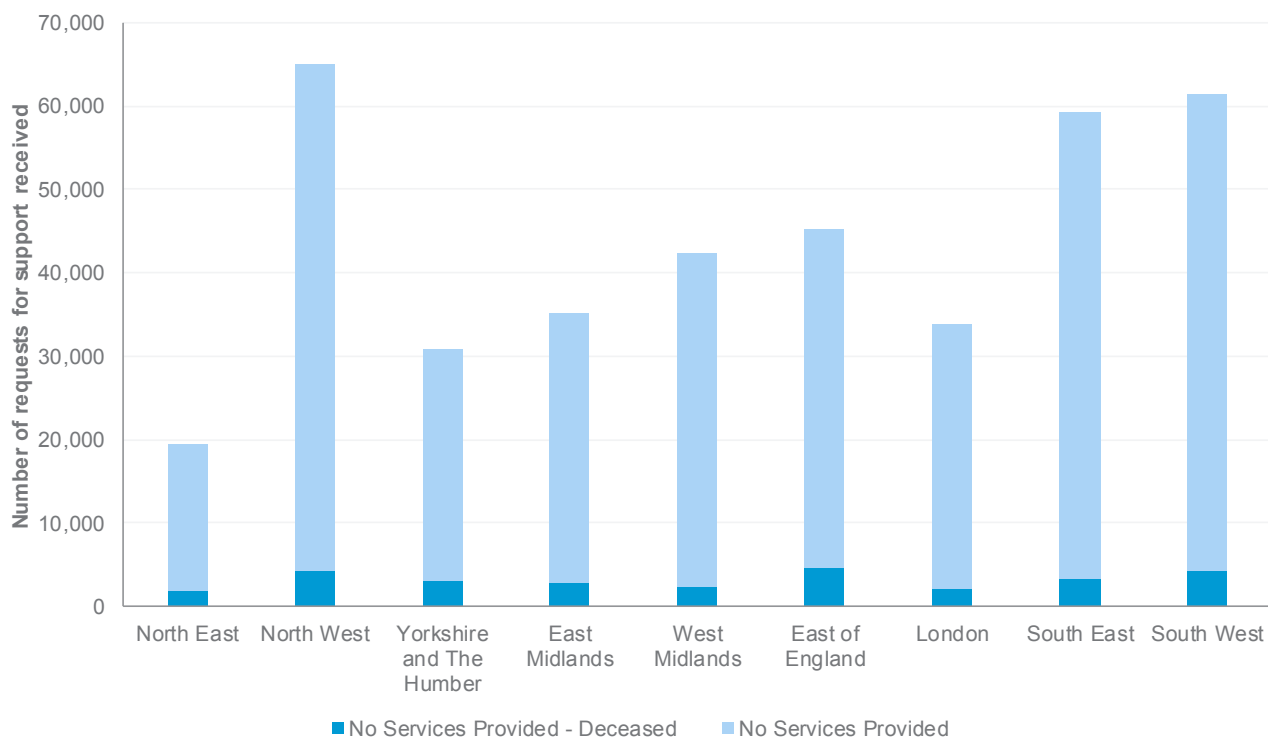
It is sadly unsurprising that an estimated 1.6 million people aged 65+ have unmet needs for care and support, including hundreds of thousands of people who are unable to complete three or more ADLs and receive no help, or help that does not meet their needs. It shows that an alarming percentage of people are either not receiving any help with basic tasks like getting in and out of bed, using the toilet and eating, or they are receiving help that does not meet their needs.

**Figure 7** Percentage of people aged 65+ with various ADL needs, broken down by whether or not they receive help, 2018/19, England



There is significant variation depending on where you live, with a more than threefold difference between regions in how many people receive no support following a request for services. There is also significant variation in the numbers of people who died while waiting on their request.

**Figure 8** Number of requests for support received from new clients aged 65+ that resulted in 'No Services Provided' and 'No Services Provided - Deceased', 2021/22, England regions.

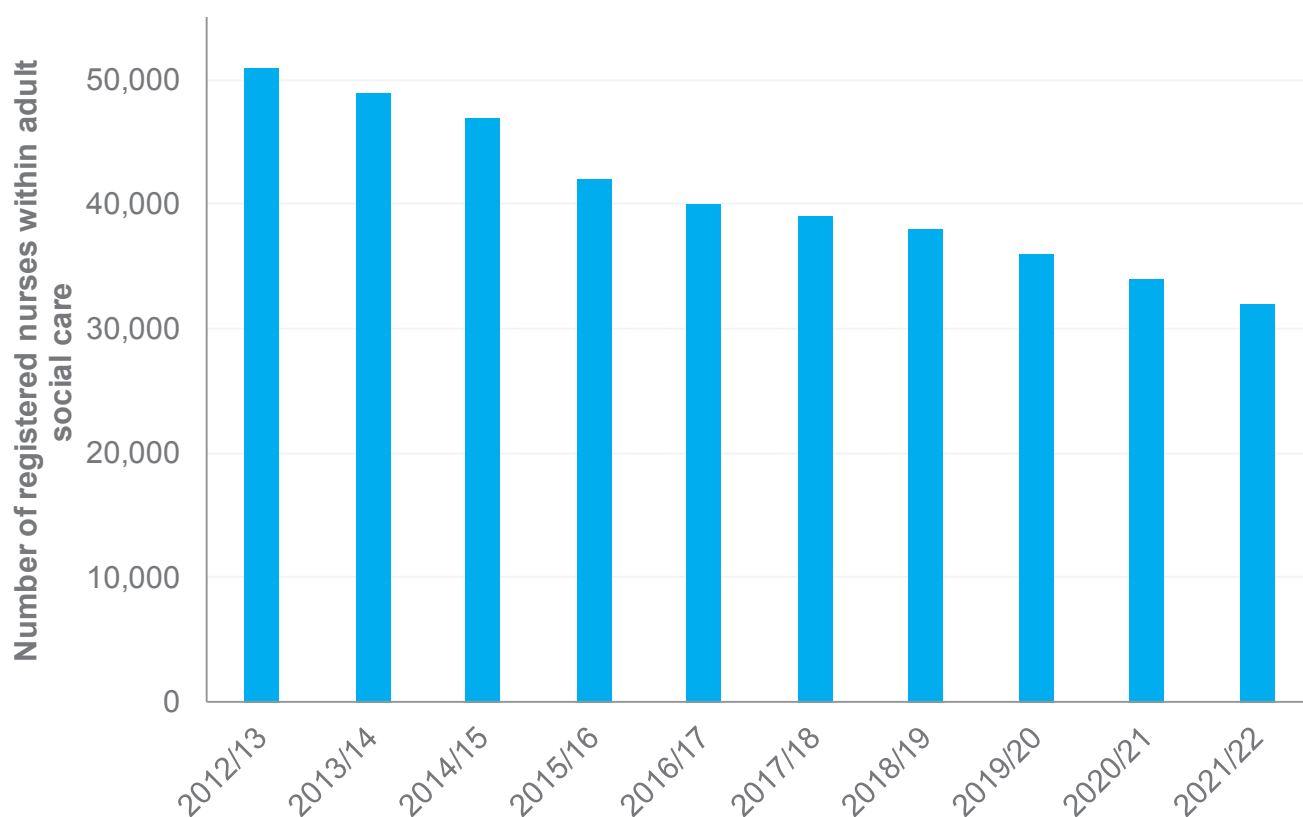




The number of vacant adult social care sector posts increased by 52% in the last year – from 110,000 in 2020/21 to 165,000 in 2021/22. Around 1 in 10 posts now stand vacant, which is the highest it has been since records began in 2012/13. While demand for adult social care is growing, the number of people in the workforce has shrunk by 50,000 since 2019/20.

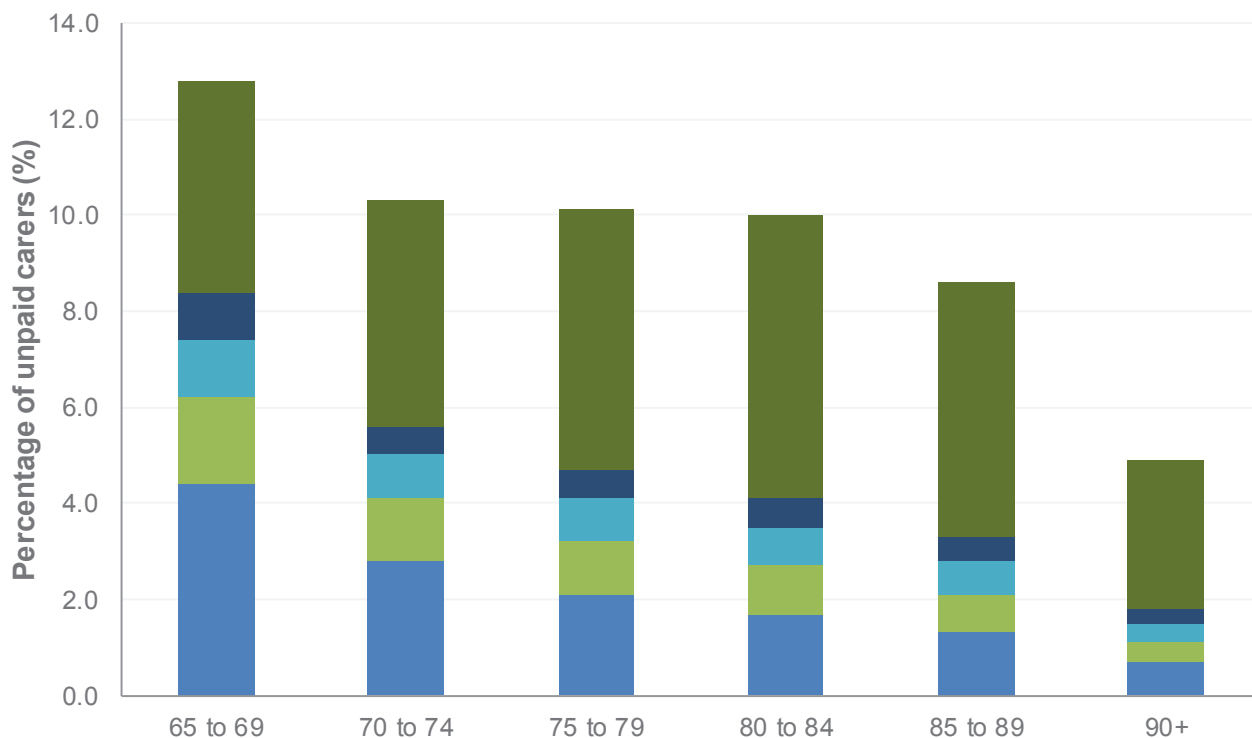
The vacancy rates for registered managers, registered nurses and care workers are all the highest they have been since this data started being collected. The CQC reports many registered nurses working in social care have moved to jobs with better pay and conditions in the NHS, and some care homes have had to stop providing nursing care because of this.

**Figure 9** Number of registered nurses within adult social care, England



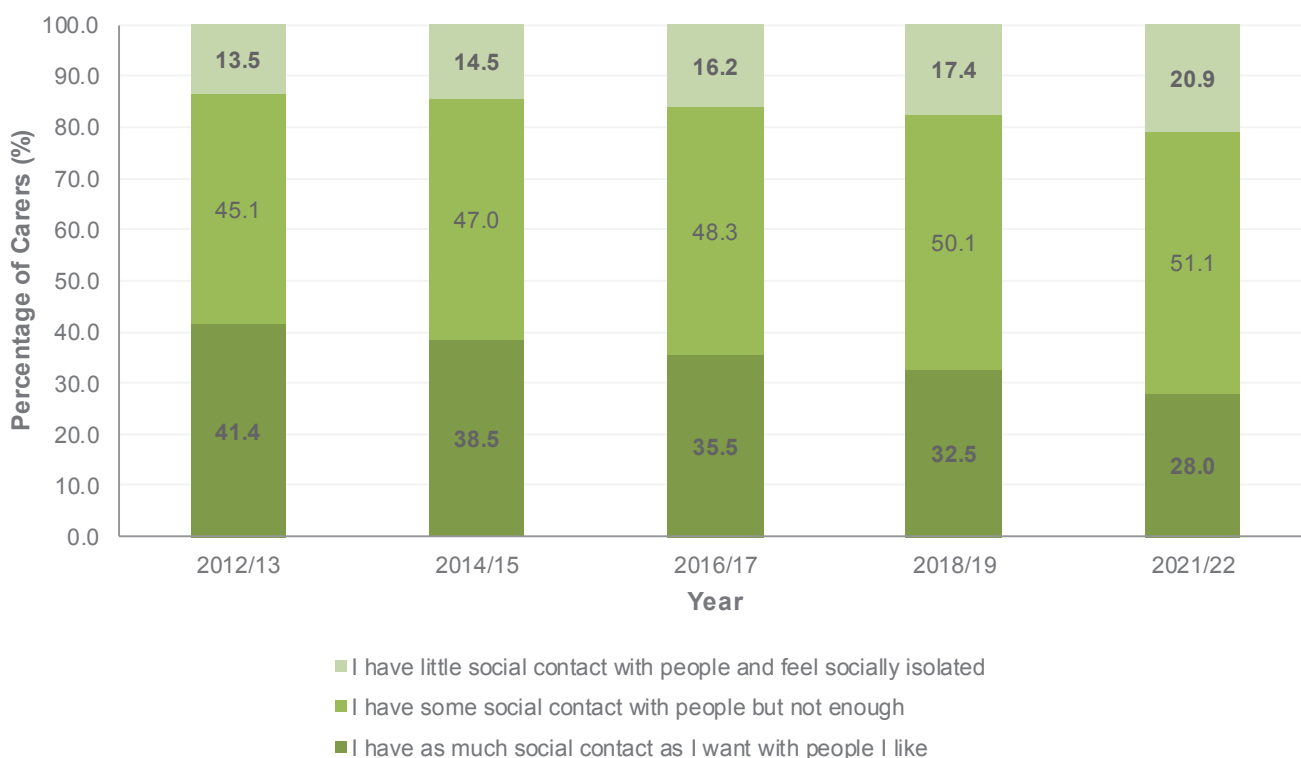
People’s needs do not disappear because there are too few care workers to meet them. They are typically picked up by family, friends and other unpaid carers. Five million people in England and Wales aged five and over reported providing unpaid care, according to the Census 2021. Organisations that support unpaid carers argue the real figure is likely to be higher. One in five (20%) unpaid carers are aged 65 plus and many are having to pick up many hours of support.

**Figure 10** Percentage of unpaid carers by age and number of hours of care they provide per week, England, 2021/22



The impact on the carers themselves, who are also often living with long-term conditions, can be severe with many reporting feeling socially isolated. This has been getting worse in recent years.

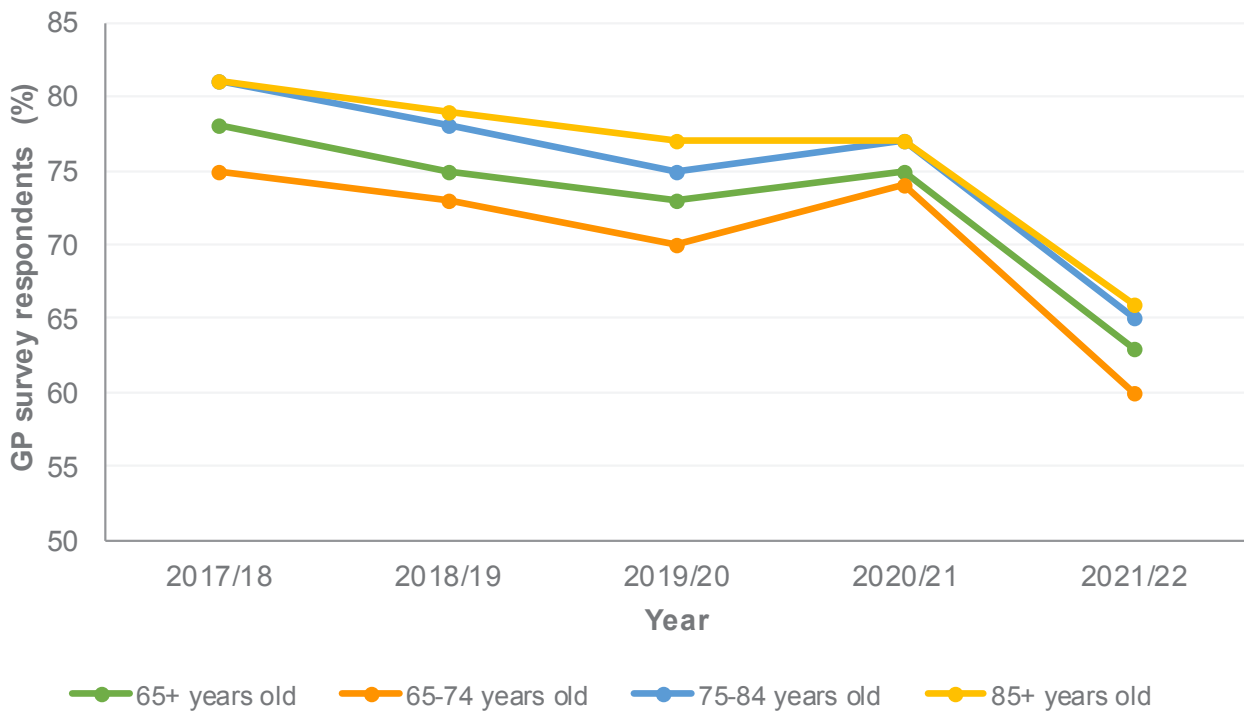
**Figure 11** Percentage of adult carers of adults reporting on their social contact with others, 2014/15 to 2021/22, England



# Unmet health needs

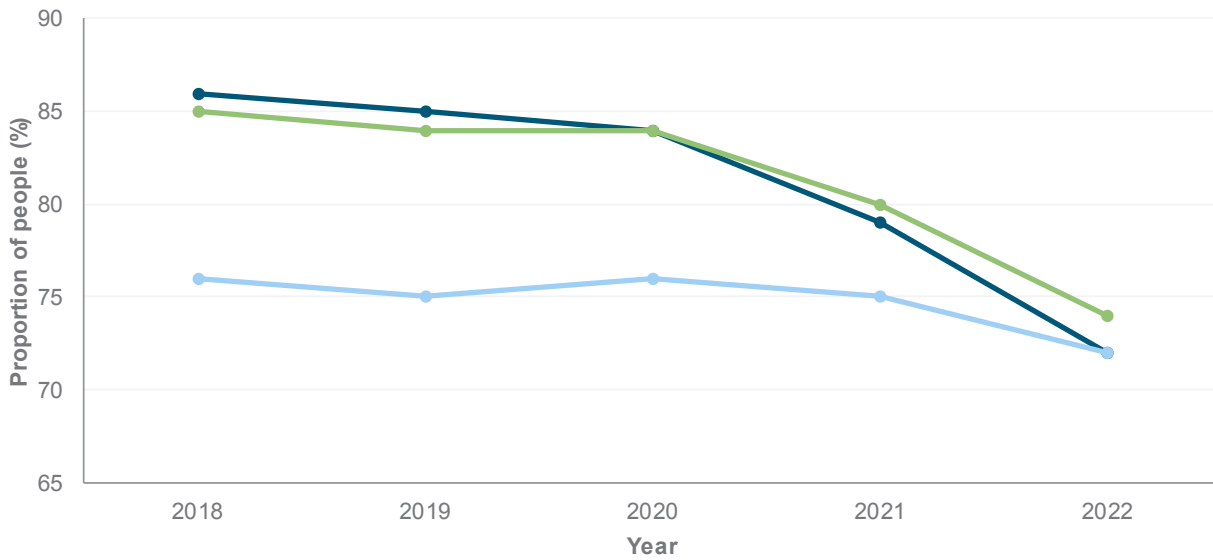
Around 90% of patient interaction with the NHS is with primary and community care, including general practice (GP services), dental services, optometry (eye health) services and community pharmacies. There has been a steep decline in patient satisfaction across all older age groups as evidenced by the GP patient survey. Age UK's own research undertaken in October 2022 found 45% of older people were concerned about their ability to access their GP.

**Figure 12** Percentage of GP patient survey respondents reporting a Good (very or fairly good) experience of making an appointment, by age group, England



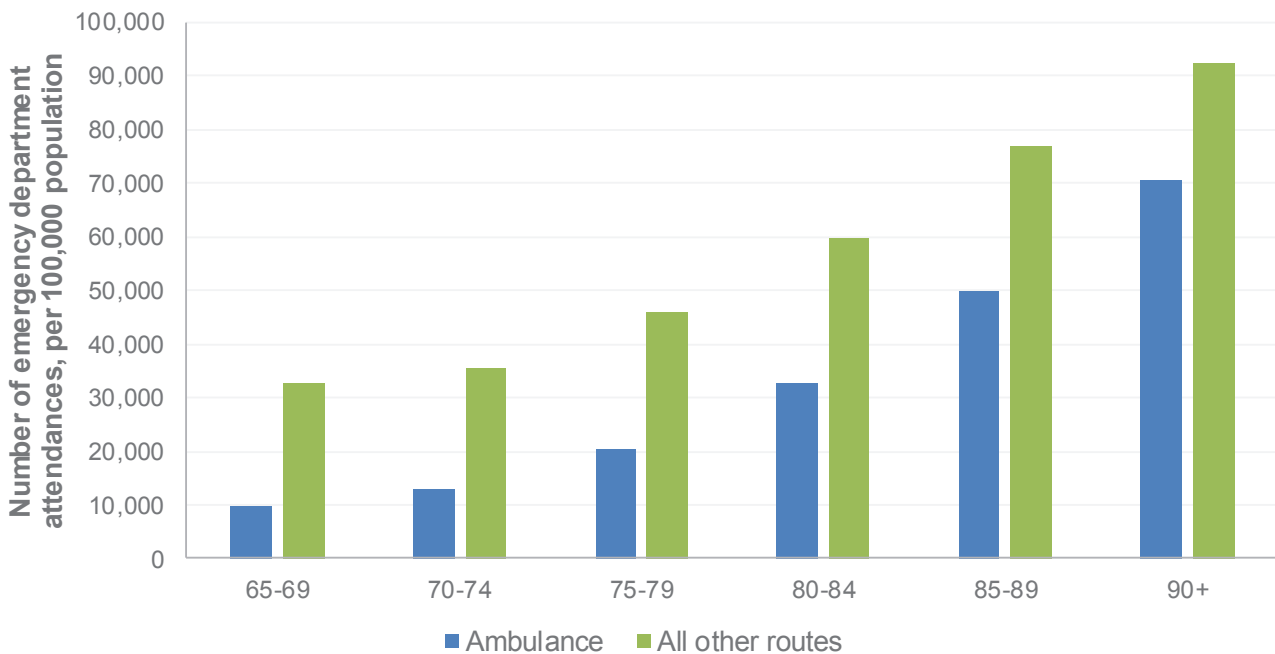
It is therefore unsurprising that the proportion of people who feel supported to manage their long-term health conditions has also declined. The proportion of people that feel supported has decreased by 14% over the last five years in the 65-74 years age group, and 11% in the 75-84 years age group.

**Figure 13** Percentage of people that felt they had enough support to manage their condition (or conditions), by age, 2018 to 2022, England.



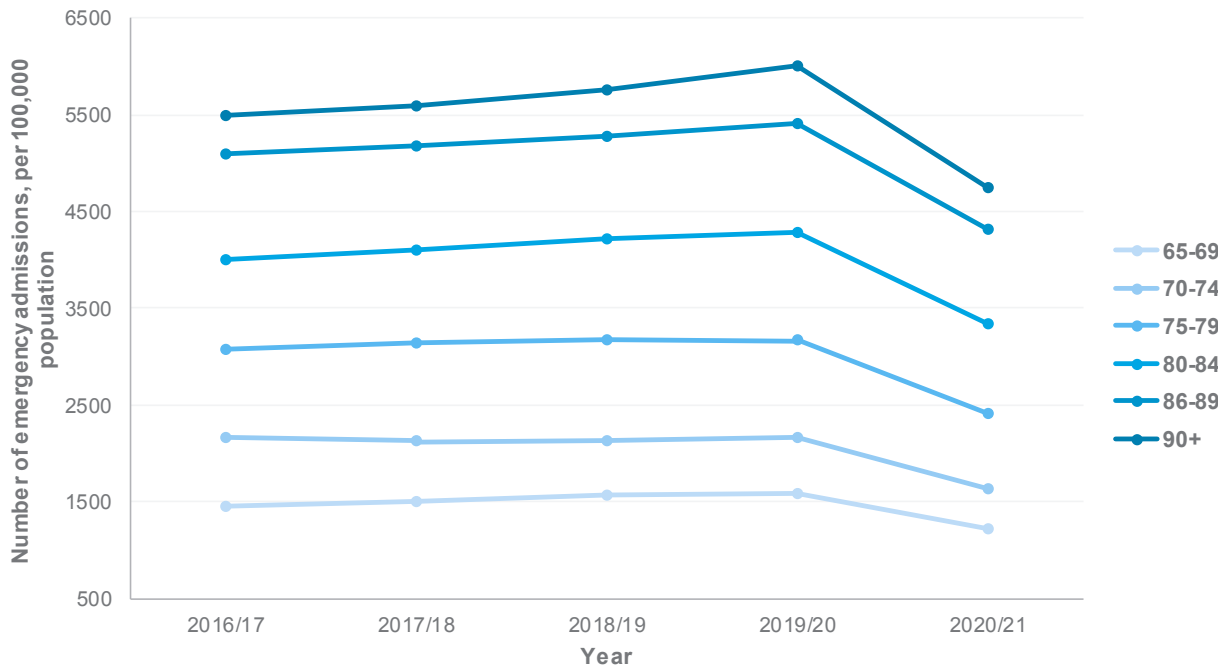
This can also mean health needs are not picked up early enough, and older people risk hitting a crisis and needing admission to hospital. Normally, around four times as many people who arrived at A&E by ambulance are admitted to hospital, compared to arrival by other means, meaning the severity of their needs will be higher. The likelihood of arriving at A&E by ambulance increases with age.

**Figure 14** Emergency Department attendances, arrival by ambulance & all other routes, per 100,000 population, by age group, 2021/22, England



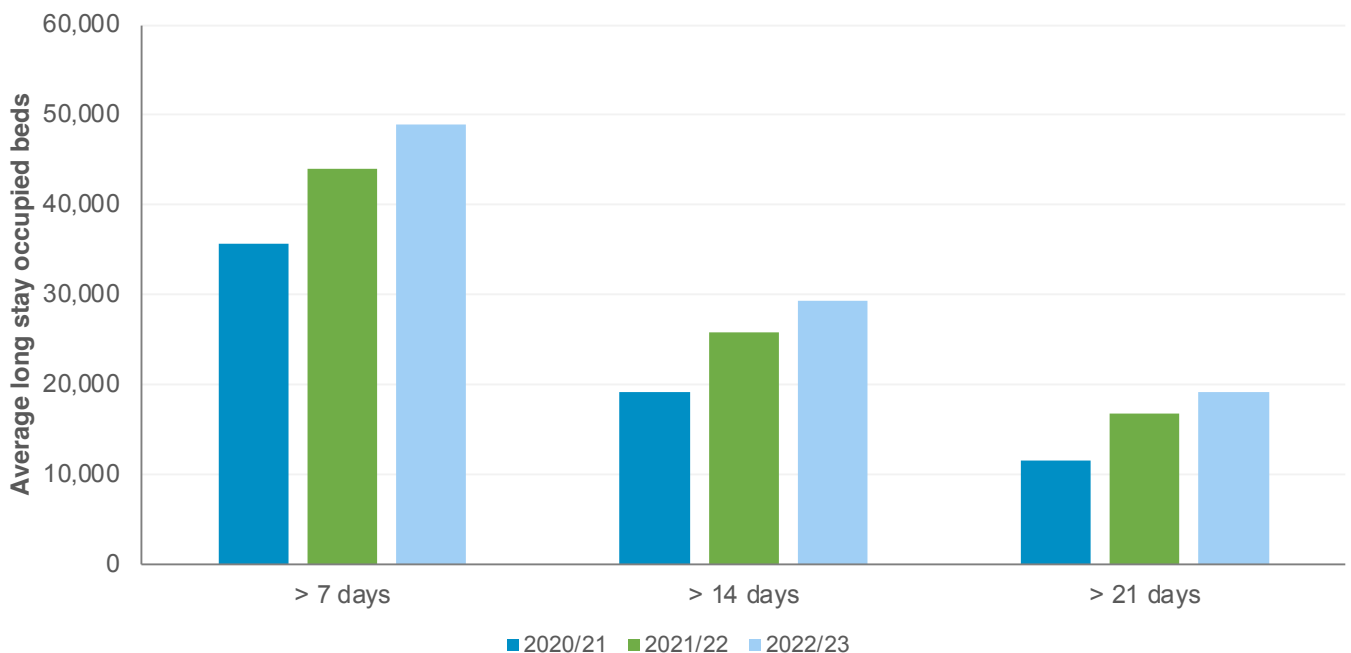
This is also borne out in the figures for emergency admissions for long-term conditions that should not normally require hospitalisation, referred to as chronic ambulatory care sensitive conditions. These conditions include diabetes, epilepsy and hypertension (high blood pressure). Rates of this type of admission increase with age and in older age groups had been increasing year on year up until the pandemic. The decline in 2020/21 was due to COVID policies.

**Figure 15** Emergency admissions for specific long-term conditions that should not usually require hospital admission, per 100,000 population, by age group, 2016/17 to 2020/21, England.



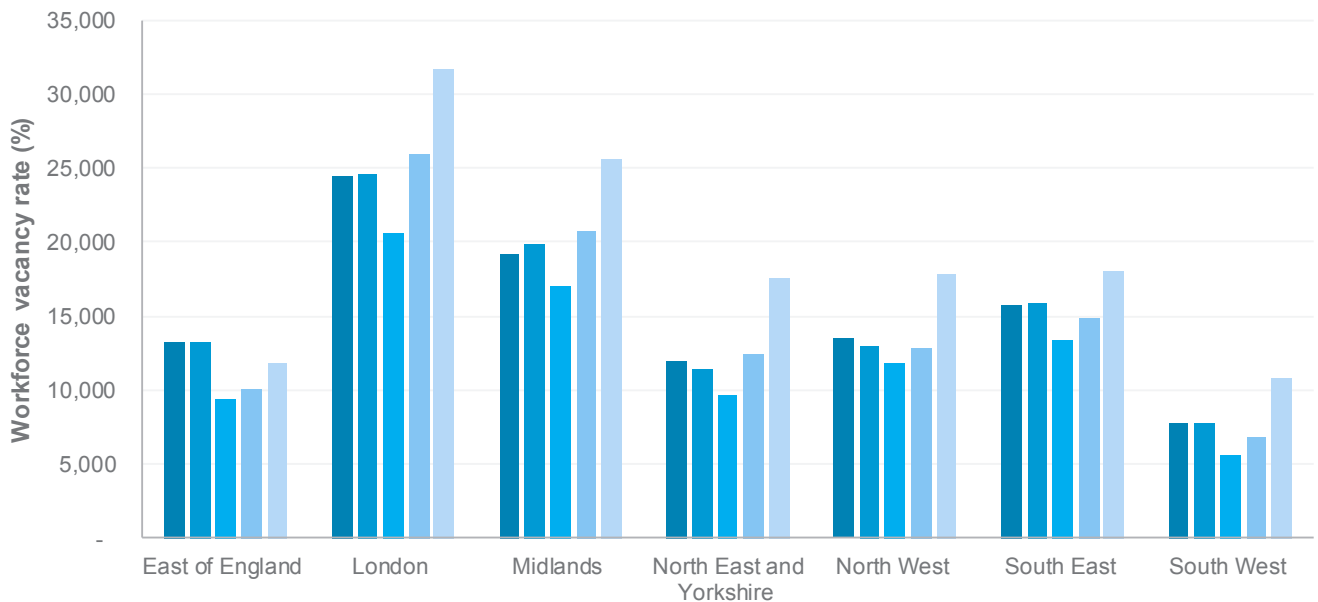
The lack of sufficient social care in the community also contributes to over-crowding in hospital. A delayed transfer of care, or delayed discharge, occurs when a patient is medically fit for discharge but is still occupying a hospital bed. Over winter 2022/23, between 13,000 and 14,000 patients were stranded in hospital on any given day, up from around 4,500 in the same period in 2018/19. The vast majority of people delayed in this way are older, many waiting for a package of social care in their home or care home, and this has been increasing substantially in recent years. One demonstration of these delays is the numbers of people with long lengths of stay, recorded as 7, 14 and 21 days respectively.

**Figure 16** Average long stay occupied beds by year, all ages (each period 30 Nov to 2 April inclusive)



Workforce challenges are not only to be found in the social care sector. There has been growth in overall numbers of staff, particularly in the acute hospital sector, but a decline in key community roles like district nurses, and there are too few GPs to meet demand. Staff vacancies are also hugely variable across the country, and increasing in all but one region.

**Figure 17** Average number of staff vacancies across regions, 2018/19 to 2022/23, England



# Conclusion

In our view three key messages arise from the evidence presented in this report:

- Covid has cast a long shadow over older people's health and social care - one which continues to this day. Too many people still have poor mental or physical health which can be attributed to the Covid period. It's not surprising that hospitals and care services are under pressure because need has unquestionably risen.
- There are particular groups of people - living in deprived communities, or from particular ethnic minorities - whose experience is even worse than the rest of the population.
- The forward trends set out cannot be ignored – if we stay as we are it is simply a matter of time before our health and care system buckles under the needs of an increasingly older population.

This report shows that we are spending a lot of public money on the health and care of older people, but the outcomes are disappointing: many lack the social care they need, and/or end up in hospital when this might have been avoided, and then languish there for longer than medically required. This in turn undermines their ability to make a full recovery, as well as making it hard for hospitals to admit new patients. Waits in Emergency departments and ambulance response times then elongate, with the result that on the worst days the whole system grinds to a halt. The 'crisis in the NHS' therefore ultimately reflects our failure to care as effectively as we could and should for our growing older population. Combined with the impact of Covid, it's a 'perfect storm'.

But it doesn't have to be like this. Instead, we could respond to the evidence in this and other reports and change how we are supporting our older population, with a much greater chance of success. There's no escaping the need for us as a country to spend more on the NHS and even more so on social care but, just as importantly, we need to spend it differently.

## **Specifically, we should:**

- reverse the decline of primary and community health services and social care so more older people get more help, earlier, enabling them to stay well for longer at home and reducing their reliance on crisis care in hospitals.
- Join these community-based services up so they are genuinely multi-disciplinary, include the voluntary sector, and work closely with GPs and their staff.
- Establish a fundamental principle of 'home first' to our approach to care. Rather than older people always having to go to hospital it will often make more sense for the hospital to come to them via hospital at home teams and virtual wards. We need more preventive services too, such as those which tackle the risk of falls.

These and other approaches are already becoming part of the mix in some communities, we simply need many more, everywhere.

*Continued*

## Underpinning this should be:

- The people to staff our primary and community health and social care services; as well as paying them fairly for their skills and commitment we also need to increase the overall attractiveness of their roles.
- Support for the health, wellbeing and finances of their unpaid carers. They need more practical support, though a good social care system they could rely on would help the most.
- An infinitely more ambitious cross Government drive to narrow health inequalities between people of all ages, ethnicities and places, to address the social and economic determinants of ill-health.

The huge financial costs to our country and the harm to older people from continuing with our current outmoded way of working are too high. As the NHS celebrates its 75th Anniversary, the way we treat our older people has to be the most pressing need. The time for change is now.

## Read the full report online:

Visit [ageuk.org.uk/state](http://ageuk.org.uk/state) or scan the QR code



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