

Planning for the old and very old

The next 30 years will see a continuing increase in the proportion of old people in the population, and in particular in the numbers of the very old. Though over 95% of old people live at home (and will presumably continue to do so), institutional care of some kind is necessary for the remainder. At present this is shared among the hospital service, local authority old people's homes, and (to a small extent) voluntary and private nursing and other homes. The practical problems faced by planners looking ahead have been made plain by current studies of levels of disability and needs for care. The most recent¹ was of over 4500 old people in institutional care in Leicestershire, where there were 105 000 people over 65. The proportion of old people in care was only 2% in the 65-74 age group but this rose to nearly half among those over 95. Roughly, the ratio doubled with every six years of age. Something like half of those in care were in local authority old people's homes, over 80% of these being over 75 years of age. One-third were in geriatric or psychiatric hospitals, about equally distributed between the two; those in psychiatric care were younger than those in geriatric. The remaining 16% were in acute hospitals or private care.

The old people in local authority homes showed substantial disability. Only 38% had unimpaired mobility, and 24% were at least occasionally incontinent. Unfortunately, no figures were given for the proportion who were confused or demented. Those in hospital had considerably more disability, but since so many more were in homes calculations show that about half of the total of incontinent old people in institutional care were in local authority homes. Overall, the general pattern was very similar to that found elsewhere²⁻³—but a point worth emphasis is that in any one home the problems can never be static, because physical and mental disabilities increase as the residents inevitably age, and this imposes further burdens on staff.⁴

The changing demographic pattern of old age suggests, however, that the load may be lightened in some ways in the coming years. By the end of the century many more old people will have been married, and a higher proportion of them will have had children.⁵ This may lessen the pressure on institutional care, since people who have never married are considerably more likely to require such care than those who have. Another cheering fact is that many elderly people at present in local authority homes are suitable for care in sheltered housing, in which their independence and dignity can be better maintained at considerably lower cost. An enlightened housing policy which encouraged children to move near their elderly parents or parents near their children would do much to mitigate the ill effects of the dispersal of families that has characterised the past 30 years. Special accommodation of hostel type is also needed for old people with mental disorder, since their care in the community may impose intolerable burdens on families.

Perhaps the most important immediate problem is for the criteria for admission to local authority homes to be more clearly defined and more uniformly applied than is at present the case. Another important gap in the system is that accurate medical assessment should be routine before admission, since a substantial number of those admitted to old people's homes are likely to benefit from hospital treatment, perhaps on a day hospital basis, and might well be able to remain at

home as a result.⁶ Action to reduce delays in transfer from expensive hospital care could reduce costs considerably. The levels of nursing and medical care required for residents in old people's homes need to be examined and agreed, and more attention given to the training of staff. Care of the elderly is a demanding job, and it requires special knowledge of the physical and mental problems of old people.

A recent DHSS circular⁷ suggests ways of improving the care of inpatients, but dramatic solutions to the problems of providing and financing care of the elderly seem unlikely. Nevertheless, with clarity of thought and uniformity of application of well-defined principles substantial improvements are possible without any greater expenditure of resources.

¹ Clarke, M, *et al*, *Health Trends*, 1979, **11**, 17.

² Carstairs, V, and Morrison, M, *The Elderly in Residential Care*. Edinburgh, Scottish Home and Health Department, 1972.

³ Townsend, P, in *Needs of the Elderly for Health and Welfare Services*, ed R W Canvin and N G Pearson. Exeter, University of Exeter, 1973.

⁴ Wilkin, D, Mashiah, T, and Jolley, D J, *British Medical Journal*, 1978, **2**, 1274.

⁵ Robertson, C, Gilmore, A, and Caird, F I, *Health Bulletin*, 1975, **33**, 76.

⁶ Lowther, C P, and McLeod, H M, *Health Bulletin*, 1974, **32**, 14.

⁷ Department of Health and Social Security, *A Programme for Improving Geriatric Care in Hospital*, HN(79)35. London, DHSS, 1979.

The national filth

The squalor found by T D V Swinscow (p 999) is not confined to Southampton Airport: it may be seen in our roads, public buildings, railway tracks, and beauty spots—as if we in Britain were determined to restore it to a state of filth where an 18th century person such as Defoe's Moll Flanders would feel at home. Despite conferences and national litter weeks, despite laws—flouted daily as anybody can see (but with a derisory number of prosecutions)—the accumulation grows; some parts of our hospitals, new and old, are now little cleaner than the worst of our railway stations. Apologists might blame this filth on a primary shortage of workers, or cuts in their numbers, yet they would be confounded by the evidence of their eyes or the statistics. At some London termini railway passengers are besieged by numerous porters anxious to carry their luggage while the station concourse and platforms remain full of litter and the lavatories remain filthy. The records show a rise in the number of cleaners in general—and in discussing possible financial cuts a point hospital doctors repeatedly made to our special correspondent was the large number of cleaners in our hospitals doing little, with no one in authority enforcing work or standards.

In part this state of affairs reflects the overall disregard of standards and the tendency to vandalism that exist not only in Britain but all over Europe, including the Iron Curtain countries. Yet, as any traveller can see, in the civilised world filth seems to have reached its apogee in this country, and so in seeking immediate and new remedies we need to ask several questions. Do we do enough, for example, to teach school-children about litter? Should they, say, spend one period a month clearing the district surrounding their school? Should we employ non-violent prisoners and juvenile offenders on continually clearing our derelict land, motorways, and railway tracks? Has any authority considered employing half the number of road sweepers but paying them double their present rates for high standards of work that are rigorously