Project:	Joint Strategic Needs Assessment (JSNA)
Profile Title:	Ageing well
Author/Priority Lead:	Jackie Nixon Public Health Practitioner (Ageing Well)
Date of Submission:	30 January 2020, 27 January 2023
Document Reference nº:	Version no:6 (Final copy)

Please ensure you complete the version control to ensure the most recent document is presented.

Version	Comments	Author	Date Issued	Status
1	Initial Draft	JN	28/12/18	Completed
2	Review date	SP	28/10/19	Completed
3	Final draft date	JN	30/1/20	Final
4	Updated with new strategies and data	JN/JC	27/1/23	Final

This JSNA should be read in conjunction with the Living well section of Healthy City Plan.

Executive Summary

"It is not the years in your life but the life in your years that counts"

Adlai E. Stevenson (Quote)

The UK's population is undergoing a massive age shift. There are over 11 million people aged 65 and in ten years' time this will have increased to 13 million people, 22% of the population. The fact that many of us are living longer is to be celebrated. But society still has inaccurate assumptions about ageing and the experience of ageing in England is getting worse and more unequal. A growing number of people are experiencing poverty, discrimination, and poor health as they get older.[1]

We have also seen a reduction in our life expectancy (of 0.3 years for women and 0.4 years for men). Meanwhile, the number of years we can expect to spend in good health, without a disabling illness, continues to decline; this is now 62.4 years for men and 60.9 years for women. However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities' remains.

Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long term conditions, these include: diabetes, heart disease, respiratory disease, cancer, and dementia[2].

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

[1] https://ageing-better.org.uk/state-of-ageing
[2] AgeUK 2016b

An ageing society is all too often, and wrongly seen solely in terms of increasing demand and dependency on services[3]. However, as the numbers of older people rise, society will be increasingly dependent on maximising community assets and the valuable contributions and experiences older people can make.

National and Local Strategies and Plans

There are a wide range of strategies and policy drivers which influence the ageing well agenda, some of which are highlighted below:

NHS Long Term plan (2019) – The NHS has a key role to play in prevention and helping older people manage their health. The plan sets out three broad objectives for older people which include, supporting patients with long-term conditions, making sure they receive the right kind of support to help them live as well as possible. Care being delivered closer to home rather than in hospital settings and greater use of technology helping people to stay well and live independently for longer.

Healthy ageing: consensus statement (2019)[4] - This statement by Public Health England and the Centre for Ageing Better sets out our shared vision for making England the best place in the world to grow old.

Department of Levelling UP, Housing and communities (2020) intend to set up a task force looking at housing for older people.

Health and social care integration (2022) joining up care for people, places and populations - Everyone should receive the right care, in the right place, at the right time and the Government published a Health and social care integration: joining up care for people, places and populations on 9 February 2022 that sets out measures to make integrated health and social care a universal reality for everyone in England.

Sunderland City Plan 2023/2035 – The City Plan sets out ambitions for a Dynamic, Healthy and Vibrant City where people enjoy good health, work and wellbeing and live happy independent lives.

The Healthy City Plan 2020-2030 - is the Health and Wellbeing Boards refreshed statutory Joint Health and Wellbeing Strategy. The 2030 vision for health and wellbeing in Sunderland is: *Everyone in Sunderland will have healthy, happy lives, with no one left behind.*

The World Health Organisation[5] set the strategic direction for Ageing Well in its launch of the Global Strategy and Action Plan on Ageing and Health. These plans set out the strategic objectives to move towards a decade of Healthy Ageing beginning in 2020, and include:

- A commitment to action on Healthy Ageing in every country
- Developing Age-friendly environments
- A move towards aligning health systems to the needs of older populations

[3] Local Government Association, LGA 2011

[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882847/Healthy_Ageing_Consensus_Statement-GW-

[5] https://www.who.int/ageing/global-strategy/en/

- Developing sustainable and equitable systems for providing long-term care (home, communities, institutions)
- Improving data systems, monitoring, and research on Healthy Ageing.

Adopted by Public Health England (PHE) the WHO principles and framework guide its 'Productive Healthy Ageing' (PHA) policy on addressing the public health requirements of England's growing older population. The word 'productive' has been adopted to make the positive asset-based component explicit and to help challenge ageism. The aim of PHE's new **Productive Healthy Ageing Profile tool[6],** launched 4 June 2019, is to support this PHE policy and inform public health leads and the wider public health system about relevant key issues.

There are a number of key national policies that are relevant to PHA. In a paper to the PHE strategy Board (August 2018), PHE's policy lead on PHA provided an example of how these policies could be mapped to the WHO framework as shown in figure 2.

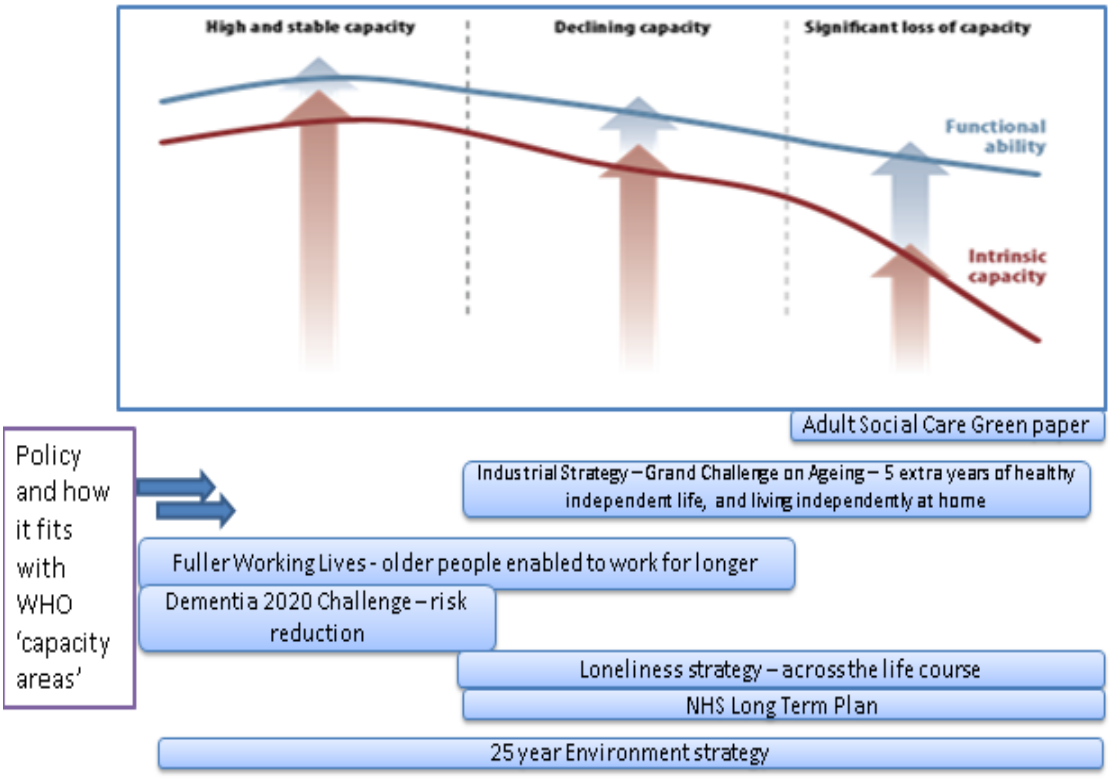


Fig 2: Public Health Framework for ageing and polices

The paper highlights key topic areas important to PHA for example ***housing*** was identified as an issue in relation to adult social care and the impact of inequalities on functional capacity was also stressed. The paper explores how PHE programmes of work (subject to resourcing) might map to this framework including: CVD prevention, falls prevention, digital approaches to behaviour change, promotion of physical activity, preventing and treating musculoskeletal conditions (MSK), reducing the impact of hospital admissions, reducing social isolation and loneliness, home adaptations, work and health and dementia risk reduction.

[6]PHE 2019

1) Ageing well

Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. Generally, someone over the age of 65 might be considered an older person. However, it is not easy to apply a strict definition because people can biologically age at different rates nevertheless for the purpose of this JSNA we define people over the age of 65 years for ageing well.

2) What is the need locally, both now and in the future?

The pandemic has had a huge impact on older adults with the mortality rate from covid increasing with age and older people having experienced challenges relating to social isolation, mobility, and caring needs.

Older people are a diverse group with differing views, wants, desires, and needs. Their health and wellbeing and their attitudes are shaped by their upbringing, social status and retirement experience. Planning for such a diverse group will require flexibility to meet the needs of our ageing well population. There needs to be a shift in how we embrace a multistage life rather than a three-stage life.

The UK population is projected to continue growing reaching over 74 million by 2039. The population in the UK is getting older with 18% aged 65 and over and 2.4% aged 85 and over. In 2016 there were 285 people aged 65 and over for every 1,000 people aged 16 to 64 years ("traditional working age")[7]

Sunderland's poor health outcomes are described in the various thematic JSNAs and the Director of Public Health's Annual Reports. These documents describe how longstanding health issues mean that people in Sunderland live shorter lives with more years in poor health. Healthy life expectancy is a measure of how many years of life a person can expect to be in good health for. It is a useful indicator to understand the health of older adults and how a population will experience older age, as well as the potential need for health and social care support. Healthy life expectancy in Sunderland for men in 2018-20 was 56.1 years and for women it was 56.9 years, significantly less than England's averages of 63.1 years and 63.9 years respectively[8]. As such, this poses significant challenges not only to the health and social care sector but also to economic challenges for employability and business growth. What is needed now and in the future is a need for prevention and early intervention to reduce long term conditions and increase healthy life expectancy.

As noted in the WHO (2016) action plan, there are gaps in data recording and monitoring both internationally and nationally. This gap in intelligence impacts on the development of robust local plans to inform partnership actions to improve the ageing well agenda. Centre for ageing better

Health inequalities

Inequalities already existed in Sunderland and Marmot (2020) reported a widening of inequalities in the North East. Sunderland has eight out of the 225 neighbourhoods defined nationally as 'left behind' neighbourhoods. These are areas that experience a combination of social and economic deprivation.

When looking at life expectancy within wards in Sunderland, it ranges from 70.2.2 years to 81.3 years for men and between 75.8 years and 86.6 years for women. In each case, the best average life expectancy is experienced in Fulwell and the worst in Hendon. This supports the evidence base in relation to the crucial influence the wider determinants and environment plays on ageing well [9].

Life expectancy at birth

This is an indicator of how many more years a person will live, on average, from birth. In Sunderland, as well as nationally, life expectancy had been rising. However, the latest data

shows that for the years 2018-20, shows a decline. Men in Sunderland had a life expectancy of 76.6 years – 2.8 years less than the England average of 79.4 years. For women, life expectancy in Sunderland is higher (at 80.9 years) but it still lags the England average at 83.1 years

Deaths from communicable disease

Prior to the Covid-19 pandemic, illnesses that spread from person to person were the cause of a relatively small number of deaths in the UK, particularly in comparison to other countries. The significant effort given to the monitoring, identification, vaccination, and treatment of infectious conditions continues for other diseases, such as influenza and norovirus. When we measure the impact of communicable diseases, we often look at the number of deaths as one indicator of how successful these efforts are. Sunderland has lower rates of death from communicable disease than both the regional average and many of Sunderland's statistical neighbours over the last year. Over the last ten years, Sunderland has been either similar or lower than the national average. Director pf Public Health report 2021/22 on the impact of Covid-19[10]

Emergency hospital admissions for falls

Falls are the largest cause of emergency admission to hospital in older adults and a common trigger factor in someone moving to permanent nursing home care. Falls can lead to significant disability and reduced mobility and independence. The latest data (2019/20) shows that the rate of emergency hospital admissions due to falls in people aged 65 in Sunderland was higher than the wider Northeast and England as a whole.

Hip fractures

Hip fractures are a significant cause of ongoing pain and reduced mobility. Sunderland has a significantly higher rate of emergency admissions for hip fractures than England. The number of hospital admissions and hip fractures decreased between 2015/16 and 2018/19 and since then has remained stable. Falls and fractures in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing, and independence of older people.

This chart below shows how Sunderland compares with other North East councils for hip fractures in people aged 65

Hip fractures in people aged 65 and over 2020/21

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	56,590	529	524	533
North East region	→	3,120	596	575	618
Middlesbrough	→	155	687	582	806
Gateshead	→	270	663	586	748
Sunderland	→	330	656	585	733
Darlington	→	145	643	542	758
South Tyneside	→	180	596	512	691
North Tyneside	→	250	596	523	675
County Durham	→	610	585	539	634
Hartlepool	→	105	579	474	701
Newcastle upon Tyne	→	270	578	510	651
Stockton-on-Tees	→	205	569	494	653
Northumberland	→	435	553	502	608
Redcar and Cleveland	→	170	542	462	630

2020/2021 Source: Public Health Profiles PHOF

[9] Local Health PHE 2018 http://www.localhealth.org.uk/#v=map15;l=en

[10] Director of Public health report 2021/22

Dementia diagnosis

In 2022, 60.5% of over 65's estimated to have dementia had been diagnosed[11]. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support. It is estimated that more than 800,000 people in the UK have Dementia, and this is projected to increase to over 1 million by 2021 and over 2 million by 2051. Four-fifths of people over 50 fear that they will develop Dementia. As well as the huge personal cost, the overall economic impact of Dementia in the UK is estimated to be £26 billion per year. In the absence of a treatment or cure, it is important that we take action to reduce the numbers of people getting Dementia, postpone the onset of Dementia and/or mitigate its impact. The chart below shows that, within Sunderland, there are 2,083 cases of recorded prevalence of people aged 65+ and this is 3.75% of the 65+ population. This is lower than regional levels but at a similar level to the England average.

Dementia: Recorded prevalence (aged 65 years and over) 2020 — Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	422,973	3.97*	3.96	3.99
North East and Yorkshire NHS Region, old due to ICB changes	–	68,119	4.00*	3.97	4.03
NHS Sheffield CCG	–	4,482	4.59	4.46	4.72
NHS Rotherham CCG	–	2,283	4.50	4.32	4.68
NHS Bradford District and Craven CCG	–	4,401	4.46	4.33	4.59
NHS Newcastle And Gateshead CCG	–	3,736	4.43	4.30	4.57
NHS Tees Valley CCG	–	5,817	4.43	4.32	4.54
NHS Bassetlaw CCG	–	1,137	4.40	4.15	4.65
NHS Leeds CCG	–	5,547	4.20	4.09	4.31
NHS Hull CCG	–	1,951	4.16	3.98	4.35
NHS North Tyneside CCG	–	1,833	4.09	3.91	4.28
NHS South Tyneside CCG	–	1,246	3.98	3.77	4.21
NHS North East Lincolnshire CCG	–	1,357	3.96	3.76	4.17
NHS Doncaster CCG	–	2,418	3.94	3.79	4.10
NHS County Durham CCG	–	4,422	3.88	3.77	3.99
NHS North Kirklees CCG	–	1,186	3.81	3.60	4.02
NHS Barnsley CCG	–	1,897	3.80	3.64	3.97
NHS Greater Huddersfield CCG	–	1,643	3.76	3.58	3.94
NHS North Yorkshire CCG	–	4,027	3.75	3.64	3.87
NHS Northumberland CCG	–	3,088	3.75	3.63	3.89
NHS Sunderland CCG	–	2,083	3.75	3.59	3.91
NHS North Cumbria CCG	–	2,833	3.72	3.59	3.86
NHS East Riding Of Yorkshire CCG	–	2,951	3.67	3.54	3.80
NHS Wakefield CCG	–	2,536	3.61	3.47	3.75
NHS Calderdale CCG	–	1,412	3.49	3.32	3.68
NHS North Lincolnshire CCG	–	1,322	3.42	3.25	3.61
NHS Vale Of York CCG	–	2,511	3.42	3.29	3.55

Sept 2022 *Source: Public Health Profiles PHOF*

Areas of inequality in Sunderland

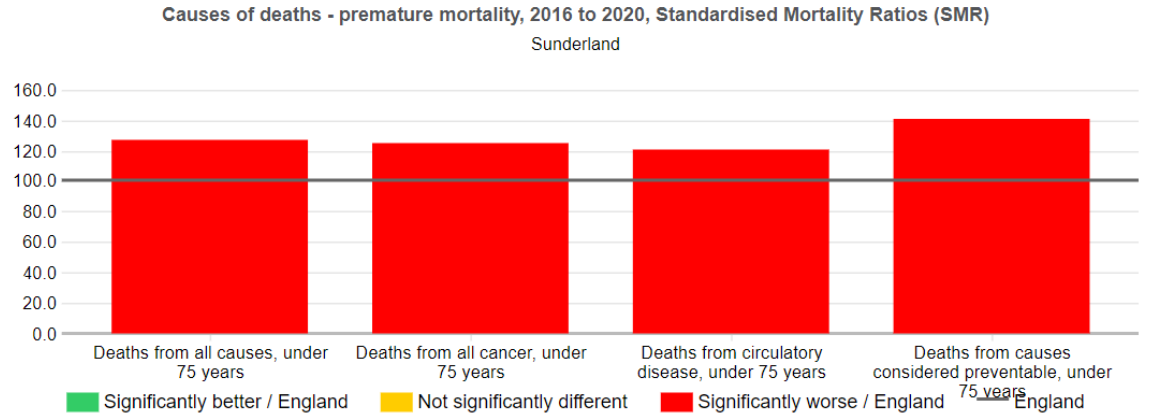
Social isolation

Loneliness and social isolation are a growing problem. According to the Campaign to End Loneliness, 45% of adults experienced bouts of loneliness before the pandemic. Five per cent described themselves as often or always lonely. It is an issue that does not just affect older people either, with problems reported among young adults and children. Covid-19 has made the situation worse because of the prolonged periods of lockdown and restrictions disrupting the social networks people rely on. This is having an impact on people's health – both mental and physical. Lockdown restrictions saw a shift to online delivery of many services, some of which have continued. Whilst the number of older people using the internet continues to increase, it is estimated that only 54% of people aged 75+ used the internet in 202040. A study in Sunderland in 2017/18, identified that people living in deprivation, people with learning disabilities and people with mental health conditions as well as older people were more likely to suffer from isolation and loneliness[12].

[11] NHS Digital 2019
[12] MacDonald et al 2018

Preventable death

A death is considered 'preventable' if the underlying cause could have been avoided through public health intervention. Preventable death is therefore a good overall indicator for the quality of impact of public health interventions. Nationally, the proportion of deaths that are preventable is reducing, indicating the overall success of public health interventions. Broadly speaking, this is not happening in Sunderland as we are significantly worse than England average. The table below links into long term conditions and preventable deaths and lifestyle factors including smoking, diet, physical activity, and alcohol. What is needed is a vision for population health[13] which is about creating a sense of responsibility across all organisations with an emphasis on reducing health inequalities, and as well as improving overall health.



Source: Office for Health Improvement and Disparities, produced from Office for National Statistics (ONS) data, Office for Health Improvement and Disparities Annual Mortality Extracts (based on Office for National Statistics source data)

Excess winter deaths

The rate of deaths in the UK increases in winter. These are known as excess winter deaths and mainly occur in older adults. The immediate causes of death are typically circulatory and respiratory conditions, whereas the underlying causes of death are often cold weather and in some instances fuel poverty. This increased vulnerability to winter deaths is influenced by underlying health conditions and frailty: a state where the body gradually loses its in-built reserves. The latest PHOF data suggests that Excess Winter Deaths (EWD) index for Sunderland for August 2019-July 2020 is 17.1% (indicative number =160), which is higher than the North East average (14.1%) –and comparable to the England average (17.4%).

Fuel poverty

Fuel poverty has decreased in 2020 to 14.6% of households in Sunderland compared with 15.3% in 2019. This figure is likely to have increased significantly since 2020 with the cost-of-living crisis and sharp rise in the cost of fuel. It is well known that death rates are higher in the winter months and these deaths are largely due to predictable causes such as long-term conditions: cold temperatures pose a risk to people living with long-term cardiovascular, cancer and respiratory conditions, because these diseases reduce the body's ability to make the natural physiological responses required to keep warm and well in the cold.[14]

Deaths from cardiovascular disease.

Cardiovascular is one of the leading causes of death in older adults in the UK. The number of deaths from cardiovascular disease in people aged over 65 has been falling year on year across England for over a decade. This decrease has also happened in Sunderland at a

[13] Kings Fund 2019

[14] Warmer Homes 2017

similar rate. The rate of deaths from cardiovascular disease among people aged 65 years and over (2020) was 1004.7 per 100,000 aged 65+, in Sunderland.

There is wide variation in the prevalence of cardiovascular conditions across Sunderland wards. Sunderland's deaths from coronary heart disease (2016-20) were 110.4 SMR (Standardised Mortality Ratio) compared to England 100 SMR. This is significantly higher and means there were 10% more cases in Sunderland than England. Within Sunderland wards, coronary heart disease varied from 59.9 SMR in Washington South to 177.8 SMR in Hendon. This means Hendon had nearly 78% more deaths (77.8% more) than the England prevalence. Deaths from strokes (2016-20) were 122.5 SMR in Sunderland, compared to England (100.0). Again, there was wide variation across Sunderland wards, from 80.0 SMR in St Michaels to 171.7 SMR in Sandhill.

Deaths from respiratory disease
Deaths from respiratory disease in people aged 65 – 74 years have been falling gradually in the UK over the last decade. In Sunderland, rates have also fallen gradually over the last ten years. Deaths from respiratory disease are not significantly different to the national average. In our local Sunderland lifestyle survey 2017, current smokers' daily smoking was highest in 65-74-year-olds (90.3%). There were no significant differences for age, disability status, ward, or gender.

Deaths from cancer
Deaths from all types of cancer in people aged 65 or over have been falling gradually in the UK over the last decade. The mortality rate from cancer aged 65+ years in 2020 was 1224.0 per 1000,000 DSR, in Sunderland, which was higher than the region (1186.9) and England (1050.5).

Some of the key challenges for Ageing well

Routine and manual occupations – the proportion of people aged 60-69 who said that they did not enjoy life much of the time during the previous week was twice as high (11%) for those who had manual jobs as those in professional roles (5%). People in lower-paid jobs and those who are unemployed are more likely to feel negative about ageing than their higher-paid peers (ref below 18)

Unemployed people – The Centre for Ageing Better estimated in 2018 there were 1 million people aged between 50 and 64 are involuntarily out of work [15].

Privately rented occupations - the number aged 65 and over increased from 254,000 to 414,000 between 2006 – 2007 and 2016-2017. By 2040 a third of people over 60 could be renting privately (ref 18 below).

Long term conditions – Already aged 50-54, 17% of men and 23% of women have a limiting long-term illness.

People living in fuel poverty – around 4 million UK households are in fuel poverty, unable to afford to heat their homes to the temperatures needed to stay warm and healthy[16]. In 2020 (released 2022) fuel poverty had decreased to 14.6% of households in Sunderland,

[15] Centre for ageing Better 2018)
[16] Warmer homes 2017

However the cost-of-living squeeze on living standards this is likely to have increased significantly.

Single occupants – across the city there are 38,096 total one-person households and 19,001 are aged 65 and over. Sunderland is significantly worse than England when it comes to pensioners living alone.

People with common mental health issues - One in six adults will have experienced a common mental health disorder in the past week according to survey data. This is likely to be an underestimate as figures only include those who are diagnosed and recorded on GP registers. Depression affects one in 5 older people living in the community and 2 in 5 living in care homes, but it is often overlooked when planning services.

People living with Dementia – Dementia has a huge economic impact on people living with the illness, their carers, and society. This study[17] estimates that, in England, in 2015, the total cost of providing for people with dementia was £24.2 billion of which £10.1 billion was in the form of unpaid care. The cost of social care (£10.2 billion) was three times that of health care (£3.8 billion). The cost per person depends on the level of the dementia, with provision for a person with severe dementia costing around £46,000 per year. Alongside a focus on Dementia risk reduction, we also want to support people with Dementia to live well in order to reduce its impact on individuals, their families, and carers.

Some of the key issues and gaps for creating an environment to facilitate and promote 'Ageing well' include ***Recovery from COIVD-19; CVD prevention; falls prevention; digital approaches to behaviour change; promotion of physical activity; preventing and treating musculoskeletal conditions (MSK); reducing the impact of hospital admissions; reducing social isolation and loneliness; home adaptations; work and health; dementia risk reduction[18]*.**

3) What are the effective interventions?

There is a strong evidence base for prevention and management of risk factors which impact on ageing well as highlighted above. The evidence highlights key factors which promote productive healthy ageing which includes improved health and wellbeing, increased independence and resilience to adversity, the ability to be financially secure through work and build resources, engagement in social activities, being socially connected with enhanced friendships and support, and enjoying life in good health

There is overwhelming evidence on the spiralling health costs of an ageing population which provides strong arguments for funding preventive approaches. Using an asset-based approach and there is evidence that using community-centred approaches for health and wellbeing

- Programmes that promote preventive approaches, such as the Partnerships for Older People Projects (POPPs) have been evaluated as being effective and cost-efficient.
- Health promotion services that are effective are often providing more than just activities and information – they involve adopting approaches that can change people's behaviours.
- In general, peer mentoring can be very effective and cost-effective.

[17] Wittenberg R et al, July 2019

[18] Productive ageing

- Volunteering has benefits not only for society but for older volunteers, who often gain or regain a sense of usefulness and purpose. [19]

NHS Health Checks is a national programme commissioned by councils. Health Checks offer people aged 40 to 74 a free check-up of their overall health, every 5 years. The results can tell people whether they are at higher risk of developing certain health problems, such as heart disease, diabetes, stroke and dementia. They help underpin the NHS Long Term Plan commitments to prevent 150,000 heart attacks, strokes and cases of dementia, and to double the NHS Diabetes Prevention Programme.

Diabetes prevention programmes - The NHS Diabetes Prevention Programme (NHS DPP) is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes.[20]

Falls prevention – Prevention is a concept that refers to upstream interventions which seek to help people maintain or improve health before it is compromised. Maintaining strength and balance as we age is critical to falls prevention, the evidence for keeping physically active through a range of activities such as walking, cycling, yoga or strength and balance is strong.
The PHE Falls and Fracture[21] consensus statement states: -

A collaborative and whole system approach to prevention, response and treatment is recommended for local areas which includes:

- Promoting healthy ageing across the different stages of the life course. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586382/falls_and_fractures_consensus_statement.pdf

Supporting smokers to quit - Smoking is a key risk factor in developing a long-term condition and is the main cause of preventable illness and premature death in England. In 2015/16, an estimated 474,000 NHS hospital admissions in England were linked to smoking-related conditions. An estimated 16% (79,000) of all deaths in 2015 were attributed to smoking resulting in more deaths than the next six causes combined (Statistics on smoking Health and Social Care Information Centre 2017). (See JSNA for Tobacco)

Tackling isolation and loneliness (connecting people) - Being connected with people matters to you, research shows that lacking social connections is bad for our mental and physical health. Loneliness increases the likelihood of premature mortality by 26%. Identifying older adults most at risk using list on indicators of the 'Campaigning to end Loneliness' website[22]

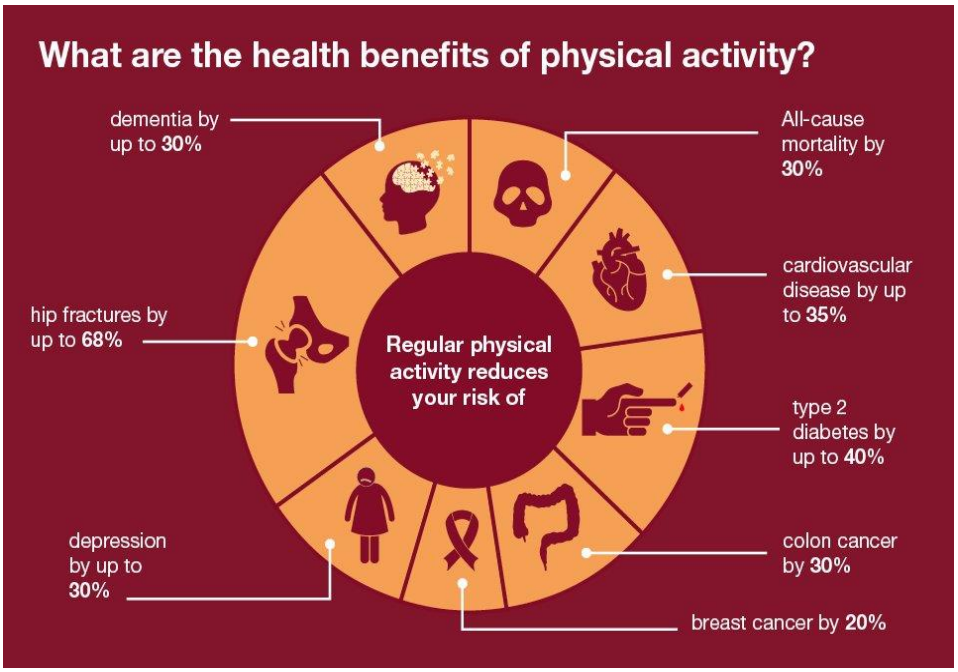
Dementia - There is currently no cure for dementia, and it is a progressive disease with the symptoms likely to get worse. One of the key interventions is to become a dementia friendly community be improving the environment and raising awareness of dementia providing training. In term of risk reduction lifestyle changes are key e.g., support to stop smoking, increasing physical activity, a healthy weight balanced diet and reducing alcohol.

Improving Public Mental Health - Mental health is more than the absence of mental illness. It is described as a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to

[19] PHE, NHS (2015)
[20] https://www.england.nhs.uk/wp-content/uploads/2016/08/dpp-faq.pdf
[21] PHE (2017) Falls and Fracture consensus statement
[22] https://www.campaigntoendloneliness.org/

contribute to his or her community Mental health is therefore of universal benefit to all and underpins our health and functioning throughout life. There is strong evidence base providing the right training and building the capacity of the workforce to promote mental health and wellbeing and prevent mental illness is essential if we are to reduce health inequalities and increase skills in enabling people to recognise and manage their health and wellbeing. There is lots of training available including Mental health First Aid and 5 ways for wellbeing, Connect, Be active, Take notice, Keep Learning and Give, using MECC interventions.

Physical activity programmes - The benefit of physical activity and health benefits is strongly evidence based and this diagram below demonstrates what regular exercise reduces your risk of developing in terms of your physical and mental health. UK Chief Medical Officers Guidance[23] recommends that adults and older people should be active, sit less, build strength and improve balance 75 minutes of vigorous intensity exercise or 150 minutes moderate intensity or a combination of both for the benefits of physical activity. Under the new guidelines[24], adults are advised to undertake strength-based exercise at least 2 days a week. This can help delay the natural decline in muscle mass and bone density that starts from around age 50. It is believed that this is a major reason why older people lose their ability to carry out daily tasks.



Exercise on prescription (Strength and Balance)- Older adults at risk of falls should be advised to incorporate physical activity to improve balance and co-ordination on at least 2 days per week. Examples include walking, Tai Chi, yoga, dance, tennis, gardening, and flexibility training, if possible. A review of research suggests that strength and balance exercise programmes reduced the rate of falls by around 30%.[25]

4) What is being done locally to address this issue and how do we know this is making a difference?

Sunderland Health Champion Programme - The Sunderland Health Champion programme administrated by Sunderland City Council, which aims to build public health

25&26
https://www.gov.uk/government/publications/uk-physical-activity-guidelines
[25] Burton et al (2005)

capacity, knowledge and skills amongst the wider VCS, Community and a range of employees in public and private sector organisations.

Sunderland's Specialist Stop Smoking Service -provides specialist evidence-based stop smoking advice and support to smokers wishing to quit, with a particular focus on supporting high risk and high-prevalence populations, providing a flexible model to support people in community settings. They act as a single point of contact for all stop smoking services, including those available in community pharmacies and GP practices. They provide training and advice to health and social care professionals and those working in communities and provide system leadership in relation to tobacco dependency.
https://www.northumbria.nhs.uk/specialist-stop-smoking-support-comes-to-sunderland/

NHS Health Checks delivered through General Practice

Wellbeing info provides a directory of a range of community support that will improve physical and mental health for all ages, including older people, guiding local people on self-care www.wellbeinginfo.org

Social Prescribing supports you to take control of your own health by connecting people with diverse community groups and opportunities to explore and develop a support network that focuses on the things that matter most to the individual. It is a new initiative introduced by the NHS England as part of their long-term plan to improve personalised care.

Falls prevention programme within communities – We have recognised the significant issue of falls in older people, with a higher-than-average hospital admission rate in Sunderland as a result. Maintaining muscle strength and balance is vital to enabling people to stay healthy and protect against the potential for falls. After a 6-month pilot of delivering Strength and Balance at a place-based setting. In March 2023 there will be a full city programme launched based in each area of the city.

Started in August 2019, there is a digital way to take part in the Healthier You: NHS Diabetes Programme. The digital version gives the same advice on healthy eating, exercise and Weight management as the face-to-face programme.

Further opportunities - Everyone Active deliver a range of physical and wellbeing activities, such as weight programmes and leisure services etc. In addition, there will be signposting and support into a range of opportunities for improved mental and physical wellness offered by other sectors in the city as well as further development of peer support.

Frailty services
NHS Service is commissioned by the Sunderland Clinical Commissioning and the responsibility of South Tyneside and Sunderland NHS foundation trust.
https://www.stsft.nhs.uk/services/frailty-services

Steps to Health
NHS Sunderland Steps to Health programme is aimed at people who suffer from long term medical conditions and can help them to improve health and wellbeing through a supported programme of physical activity. Referrals can be made via a GP, Practice Nurse or other healthcare professional who believes that there would be benefit to the patient from taking part in a programme of structured physical activity. The programme lasts initially for 12 weeks with the option to continue for a further 12 weeks if required and agreed with the steps to health consultant. Activities take place in several leisure and wellness centres across the city as well as community venues, parks and green spaces.
https://www.gasthealth.nhs.uk/stft-leaflets/leafletpotfolder/7117.pdf

Essences Service
Supporting people with Dementia and their carers (see NEW dementia community pathway diagram and directory of services)
https://essenceservice.org.uk/

Tyne and Wear Fire service
Fire and rescue services have been working in a preventative role for a long time now and their interventions have contributed to a significant decrease in the number of people who die in fires. It was an obvious expansion of this preventative role to focus on the wider health and wellbeing of the vulnerable people that fire and rescue services meet. Tyne and Wear fire service have converted their home safety checks into Safe and Well visits.
These include falls prevention, winter warmth and loneliness and social isolation.
https://www.informationnow.org.uk/organisation/tyne-wear-fire-and-rescue-service/

Integrate Clinical Board (ICB) and GP practices
There are five multi-disciplinary Community Integrated Teams (CITs) in place across the city to provide an effective high quality and coordinated response to the most vulnerable people with the most complex needs, keeping them out of hospital. Based in key localities in the city, teams are made up of district nurses, community matrons, general practitioners, practice nurses, social care professionals, living well link workers and carers support workers.
By working from one shared base, they can avoid duplication of work, which can not only be costly to the NHS but can also be very frustrating for the patient, who would have to tell their story to each health and care professional providing them with support.
http://www.atbsunderland.org.uk/community-integrated-teams/

AgeUK Sunderland
ActivAge programme of activities all running from the Bradbury Centre City Centre, ranging from ICT, arts, and exercise.
Social Focus – a service for people aged 50+ who have a mild to moderate functional mental health condition, such as anxiety, depression, or stress.
Hospital Discharge Service – Actively reducing the re-admission of older people to hospital.
Digital Health inclusion project – introducing older people to the world of digital inclusion.
Keeping in Touch (KIT) Service – a dedicated team of volunteers are in weekly contact with many older people across the city. New projects Men's sheds, and many more visit
www.ageuksunderland.org.uk

Sunderland Care and Support and Adult Social care

Front door service
Worked with Age UK to develop its Front Door Service, that offers a single point of contact for older people offering low-level tailored support to enable them to continue living safely and independently in their community. The service offers support groups, information and advice, advocacy and through its living well link workers and Keeping In Touch service, aims to connect people with their communities and guard against social isolation.

Sunderland's Home Improvement Agency
Commissioned a handyperson's service through a local charitable organisation, Community Sustainability Services that offers small repairs and home maintenance tasks such as fitting grab rails, changing bulbs or repairing guttering for a nominal fee.

Sunderland Recovery College
Recognises the importance of maintaining good mental health. The college operates through a peer led approach and offers courses free of charge, covering a wide range of subjects designed to support people to learn the skills and knowledge they need to facilitate

a good mental health recovery journey and guard against illness. Learning opportunities are face to face and on-line and the organisation places high value on the offer of a safe environment created by peer led support.

The Community Equipment Service
offers a seven-day service to deliver, fit, demonstrate, repair, and maintain essential items of equipment to facilitate safety and independence in activities of daily living. The service provided 38,692. items of equipment in 2021/22 and in addition, launched its Community Equipment Services Telephony App.

Assistive technology
Enabling families to utilise familiar high street technology such as tablet devices or Alexa to monitor their loved ones remotely to assure their wellbeing. Our dedicated Occupational Therapists work in partnership with Sunderland Care and Support's Technology Enabled Care Team to develop personalised care plans that utilise devices matched to individual circumstances. In 2023, we will accelerate the capability in our remote monitoring solutions, assisted by the council's Smart City programme of developing connectivity.

Reablement Service
Provided by Sunderland Care and Support and offers home based support to meet the goals identified by the referrer and the customer that will achieve or maintain the customer's independence. The team works in partnership with South Tyneside and Sunderland Foundation Trust's Recovery at Home Service who deliver crisis response and home-based intermediate care, and the council's Community Rehabilitation Team.

Role of Community Pharmacies
PHE has published a new menu of interventions[26] that can be used by pharmacy teams to improve quality of life for older people. They can help older people lead more independent lives and improve their health, through evidence-based interventions. For example, supporting older people and their carers to prevent or reduce falls, increasing levels of physical activity, maintaining a healthy weight, reducing the risk of social isolation and loneliness, reducing the risk of dementia, and reducing the need for medicines.

5) What is the perspective of the public on this issue?

Based on our healthy lifestyle survey carried out in Sunderland 2017, of 5,571 adults aged 18 and over (a 2.5% sample of the adult population), 1,309 were aged 65 or over, 41.2% have a physical disability and 1.8% a learning difficulty. In our survey we have collected information about the four lifestyle risk factors: smoking, excessive alcohol use, poor diet, and low levels of physical activity – using the following definitions of unhealthy behaviour:

1) Smoking – is a current smoker.
2) Excessive alcohol use – drinks more than the recommended 14 units of alcohol in a typical week.
3) Poor diet – eats less than 5 portions of fruit and vegetables on a typical day.
4) Low levels of physical activity – doing at least 30 minutes of moderate intensity activity on fewer than 5 days per week.

- 17.4% reported engaging in none of the unhealthy behaviours.
- 40.7% reported engaging in one of the unhealthy behaviours.
- 34.3% reported engaging in two of the unhealthy behaviours.
- 6.9% reported engaging in three of the unhealthy behaviours.

[26] https://www.gov.uk/government/publications/productive-healthy-ageing-interventions-for-quality-of-life

- 0.8% reported engaging in four of the unhealthy behaviours

There was a difference in the number of unhealthy behaviours by age, gender, ward, or disability status.

During early Autumn of 2019, the public health team delivered engagement activities, which included an online residents survey and a series of workshops within the five areas of the city. Predominantly people that completed the online survey felt that they take care of their health, however many felt they didn't have time and live with a range of priorities that are difficult to manage. Its perhaps unsurprising then when asked what they would like to achieve by being healthier, people said they would like to have more energy and better sleep. Alongside lack of sleep, many said they experienced stress on a daily basis, with less than 20% of the sample feeling calm.[27]

AgeUK carried out a piece of research and the most striking finding is the importance of maintaining meaningful engagement with the world around you in later life[28].

Research carried out by IPSOS Mori for the Centre for Ageing Better[29] shows that more than 40 per cent of over 70s don't realise how important good strength and balance is to reduce falls, and that people of all ages are confused about what activities help with improving their strength and balance.

In 2021, we launched a campaign to recruit local people to become **Ageing well Ambassadors**, Sunderland City Council and city partners are committed to supporting the wellbeing of people who are ageing well and taking steps to ensure they can continue to live happy, independent, and fulfilling lives. Ambassadors are acting as the voice of Sunderland's older residents, informing services and investment in the city to ensure residents of all ages lead fulfilling lives.

All this information shows some of the differences that people experience with their health in Sunderland and across the country.

Equality Impact Assessment

Age
There is a strong relationship between age and this topic as it clearly focusing on 65-85-year-olds to promote the concept of 'ageing well'. Although there is evidence to suggest that younger people also experience the concept of not being connected.

Disability
There is limited data on disability and 'ageing well'. It is known that people with disabilities are more likely to be prone to falls, particularly people with long term conditions. Recent research in Sunderland also identified that people with disabilities are more likely to be not connected and experience loneliness and isolation.

Mental Health
The relationship between connectedness and common mental health disorders is complex. There are several theories about how the two are linked. Some researchers suggest that not being connected can lead to common mental health disorders and vice versa.

[27] DoPH interim report 2019
[28] AgeUK 2017

[29] https://www.ageing-better.org.uk/news/importance-strength-balance

Gender/Sex
There is limited data on gender/sex and 'ageing well' Although the highest level of educational attainment can be used as an indicator of socioeconomic status. For both men and women, ageing well prevalence increases with increasing levels of educational attainment

Marriage and Civil Partnership
There is no data relating to healthy lifestyle and marriages/ civil partnerships.

Pregnancy and maternity
There is no available evidence regarding pregnancy and maternity and 'ageing well'.

Race/Ethnicity
There is no straightforward relationship between ageing well, with a complex interplay of factors affecting health in minority ethnic communities in the UK.

In terms of fuel poverty in Sunderland, 10.3% of the white population experience fuel poverty compared to 17.1% of ethnic minorities.

Religion/belief
There is no available evidence regarding religion or belief and 'ageing well'.

Sexual Orientation
There is some data on sexual orientation and 'ageing well' in terms of housing and having older people services to meet their needs. A LGBT mental health needs assessment carried out in Sunderland raised questions about care homes for older people who were gay or lesbians and being accepted. There has also been a study the importance around end of life for LGBT community and ageing well[30].

Trans-gender/gender identity
There is no available evidence regarding gender reassignment and 'ageing well'.

6) Recommendations for commissioning and further needs assessment work

Unmet Needs and Gaps for future service improvement.
There are pockets of good practice going on throughout Sunderland but there is a need to maximise resources to support the ageing well agenda in Sunderland. A whole system approach to improving health outcomes for older people puts communities at the heart of the issue. Building healthy, resilient, connected, and empowered communities is an important way of improving the health of older people.

Recommendations

- To address 'Ageing well' at scale and support a whole system approach, we recognise that services and interventions should not be regarded as the main drivers for encouraging local people to age well. We will continue to work with the Centre for Ageing Better, Office for Health Improvement and Disparities and local partners to take a whole system approach to improving the 'Ageing well' population of Sunderland.

- Build on the community response to the pandemic in order to engage the population and ensure diverse and under-represented groups' voices and experiences are heard.

[30] https://doi.org/10.1093/geroni/igx004.2873

- Maintain strong visibility of the Sunderland Ageing Well Ambassadors recruiting more local people to influence the future direction of the Ageing Well Board.

- Evaluate the pilot projects currently being delivered by the Sunderland Ageing Well Board and Sunderland Pre-Frailty/Loneliness locality group, to secure funding to support targeted delivery across the city.

- Further develop the Social Prescribing Pathways to implement a Sunderland system which supports residents to self-refer and improve the wider determinants of health to enable all residents to age well

- Evaluate and fund grass roots organisations to deliver strength and balance as a place-based setting

- Ensure the use of Ageing Well data informs service planning particularly at a local level.

- To work with the NHS and partners to implement a Falls Prevention Strategy 2023, to reduce the impact of falls on the Ageing Well population.

- Increase access to physical activity opportunities for the Ageing Well population. This includes maximising the contribution community assets such as parks and cultural settings play in supporting the ageing well agenda

- Work with the NHS and partners on Dementia prevention, awareness, and training as this is a gap within the city. We need a commitment to building Dementia-friendly communities, and this should continue through raising awareness and improving access for people with dementia in the built and natural environment.

- Provide training and on-going CPD for frontline workers and volunteers and promote 'Making Every Contact Count'. The capacity for addressing 'Ageing well' at scale could be achieved by empowering frontline workers and giving them the confidence and skills to engage with their patients and clients. We have the Sunderland Health Champion Programme which should be embedded within frontline services and contribute to a whole system approach.

- Translation of evidence into practice including robust effectiveness evaluations of the use of new technologies e.g., wearable sensors for fall prevention.

- Continue to work with OHID and partners to increase the uptake of immunisation and screening services for older people and high-risk groups.

7) Key contacts

Jackie Nixon Public Health Practitioner Lead for Ageing well.
Sunderland City Council

Jackie.nixon@sunderland.gov.uk

Janet Collins Public Health Analyst

Janet.collins@sunderland.gov.uk

References

1. Centre for Ageing Better (2022) State of Ageing https://ageing-better.org.uk/state-of-ageing

2. AgeUK (2017) www.ageuk.org.uk/wellbeingresearch

3. Local Government Association (2011) Ageing Well a Whole System Approach, A Guide to Place Based Working https://local.gov.uk/sites/default/files/documents/whole-systems-approach-gu-025.pdf

4. Public Health England PHE (2019) Healthy Ageing Consensus Statement.

5. World Health Organisation (2016) The Global strategy and action plan on ageing and health. https://www.who.int/ageing/global-strategy/en/

6. PHE (2019) 'Productive Healthy Ageing Profile Tool', Fingertips [1] https://fingertips.phe.org.uk/profile/healthy-ageing

7. See reference 1.

8. WHO Global Strategy and action plan (2016-2020) https://www.who.int/ageing/global-strategy/en/

9. Public Health England (PHE) Local health Sunderland (2018) http://www.localhealth.org.uk/#v=map15;l=en

10. Director of Public Health Annual report 2021-2022, Sunderland City Council.

11. NHS Digital, (2019), Dementia diagnosis rate and prescription of antipsychotic medication to people with dementia, January 2019. Data available at: https://digital.nhs.uk/data-andinformation/publications/statistical/recorded-dementia-diagnoses/january-2019

12. Stephen J, Macdonald, Lesley Deacon, Jackie Nixon, Avisope Akintola, Anna Gillingham, Jacqueline Kent, Gillian Ellis, Debbie Mathews, Aboljai, Sylvia Sullivan, Samouka Dore & Liz Highmore (2018); 'The invisible enemy'; disability, loneliness and isolation, Disability & Society, DOI: 10. 1080/09687599.2018.1476224

13. Kings fund November 2019, 'A vision for population health, towards a healthier future'. www.kingsfund.org.uk/publications/vision-population-health

14. Warmer homes fund (2017)

15. See reference 1 Centre for ageing better 2018 www.ageing-better.org.uk

16. See reference 14

17. Wittenberg R et al, 'The costs of Dementia in England' International Journal of Geriatric Psychiatry, 34 (7) July 2019

18. See reference 6

19. PHE (2016) MECC Consensus Statement

20. Diabetic prevention programme https://www.england.nhs.uk/wp-content/uploads/2016/08/dpp-faq.pdf

21. PHE (2017) Falls and Fracture consensus statement

22. Campaign to end loneliness https://www.campaigntoendloneliness.org/

23. UK Chief Medical Officers Guidance (2011) Physical activity benefits for adults and older adults https://www.gov.uk/government/publications/uk-physical-activity-guidelines

24. Burton, E., Cavalheri, V., Adams, R., etc, 2015. Effectiveness of exercise programs to reduce falls in older people with dementia living in the community: a systematic review and meta-analysis. Clinical Interventions in Ageing, 10: pp.421–434. doi: 10.2147/CIA.S71691.

25. Director of Public Health (2019) Interim report, Sunderland City Council

26. See reference 2

27. Centre for Ageing Better https://www.ageing-better.org.uk/news/transform-later-life

28. Older Adults' Gender identity and sexual orientation: The importance for end-of-life-care. (2017) K. Wilson, K Kartos-Miller, A. Stinchcombe.

29. Public Health England NHS (2015)