



**City of
Sunderland**



The state of ageing in Sunderland

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This report has been produced on behalf of the Sunderland Ageing Well Delivery Board by Sunderland City Council, (SCC), Sunderland Ageing Well Ambassadors, Sunderland Age UK, Sunderland Care and Support (SCAS), North East and North Cumbria (NENC) Integrated Care Board (ICB) and Centre for Ageing Better. It looks at what life is like for people aged 50 and over in Sunderland. All these organisations work in partnership to create a better later life for people in Sunderland, now and in the future, and to the advantage of older people in our city.

All anonymised quotes in this report are taken from Sunderland's financial wellbeing project who have undertaken extensive community engagement into the impact of the cost-of-living crisis. We have also used quotes from Ageing Well Ambassadors in the city who recently offered their thoughts on what it is like to age in Sunderland. The images have been taken from The Centre for Ageing Better [ResourceSpace](#)

Public health data in this report is taken from the [Local Authority Health Profiles - Data - OHID \(Office for Health Improvement and Disparities\) \(phe.org.uk\)](#) for Sunderland unless an alternative source is referenced.



Introduction

This report sets out data and stories about what it is like to grow older in Sunderland. It is intended as a tool for individuals and organisations across Sunderland, to spark conversation about what our priorities for change should be to make sure “Everyone in Sunderland will have healthy, happy lives, with no one left behind ensuring people can live a healthy old age.”

Professor Chris Whitty’s annual report recommends actions to improve quality of life for older adults and prioritise areas with the fastest growth in older people. “The biggest concern we have is that government and professional bodies need to recognise the degree to which the population living in older age is concentrating geographically in the United Kingdom, particularly around coastal and rural areas”¹

Older people are a diverse population with differing views, wants, desires, needs and inequalities. We need to consider the long age span between 50 years of age and 80+. Many people who are 50+ are in employment and have both dependent

children and caring responsibilities for older relatives. Some older people are very active physically and socially, some are healthy, and others have multiple morbidity and disabilities. Planning for such a diverse population requires 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 reason we are focusing on 50+ rather than 67+ (post normal retirement age) is that people need to plan to age well throughout their lives, preventing poor health cannot start early enough.

There is no doubt that the pandemic and the cost-of-living crisis have exacerbated inequality in life expectancy and inequality, paying less attention to the demographic challenge of ageing population. The pandemic has highlighted the vulnerability of older people - they have borne the greatest toll from the pandemic with regards to mortality due to COVID directly and indirectly due to reduced access to services, late diagnosis, or disruption of access to treatments. The pandemic also

exacerbated the loneliness and isolation of older people with profound impact on their mental health. Older people have also been the group most affected by the wider consequences of the pandemic, the roots of the crisis are much deeper and stretch back years.

[Sunderland’s Healthy City Plan](#) (our statutory Joint Health and Wellbeing Strategy) vision is that Everyone in Sunderland will have healthy, happy lives, with no one left behind, ensuring people have the opportunity to live a healthy old age. Sunderland wants to be a place where people age well: where older people are valued, feel respected and appreciated, and are seen as the assets they are. Being age-friendly is one of the priorities within the Ageing well delivery plan with priorities for age-friendly neighbourhoods, age-friendly services and tackling ageism.

An ageing society is all too often, and wrongly seen solely in terms of increasing demand and dependency on services². 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. People aged 50 and over contribute in countless ways to Sunderland's rich and vibrant communities – through the skills and knowledge that they bring to their local communities, high levels of volunteering, acting formally and informally as community connectors, intergenerational interactions, unpaid caring roles, and through the skills and experience they bring to their workplaces.

For many people today, living longer is not just a hope but an expectation. Gains in life expectancy in past decades mean that millions more of us are living into our 70s, 80s, 90s and beyond, with record numbers of centenarians recorded this year³. However, many people are ageing with multiple long-term health conditions, with inequalities in health disproportionately affecting the poorest in our city. Inequalities experienced across people's lives are cumulative and have a significant impact on a person's health, financial security, wellbeing, and independence in older age. We have

also spoken to older people about their lives and seen our analysis of the data reflected in their experiences of ageing.

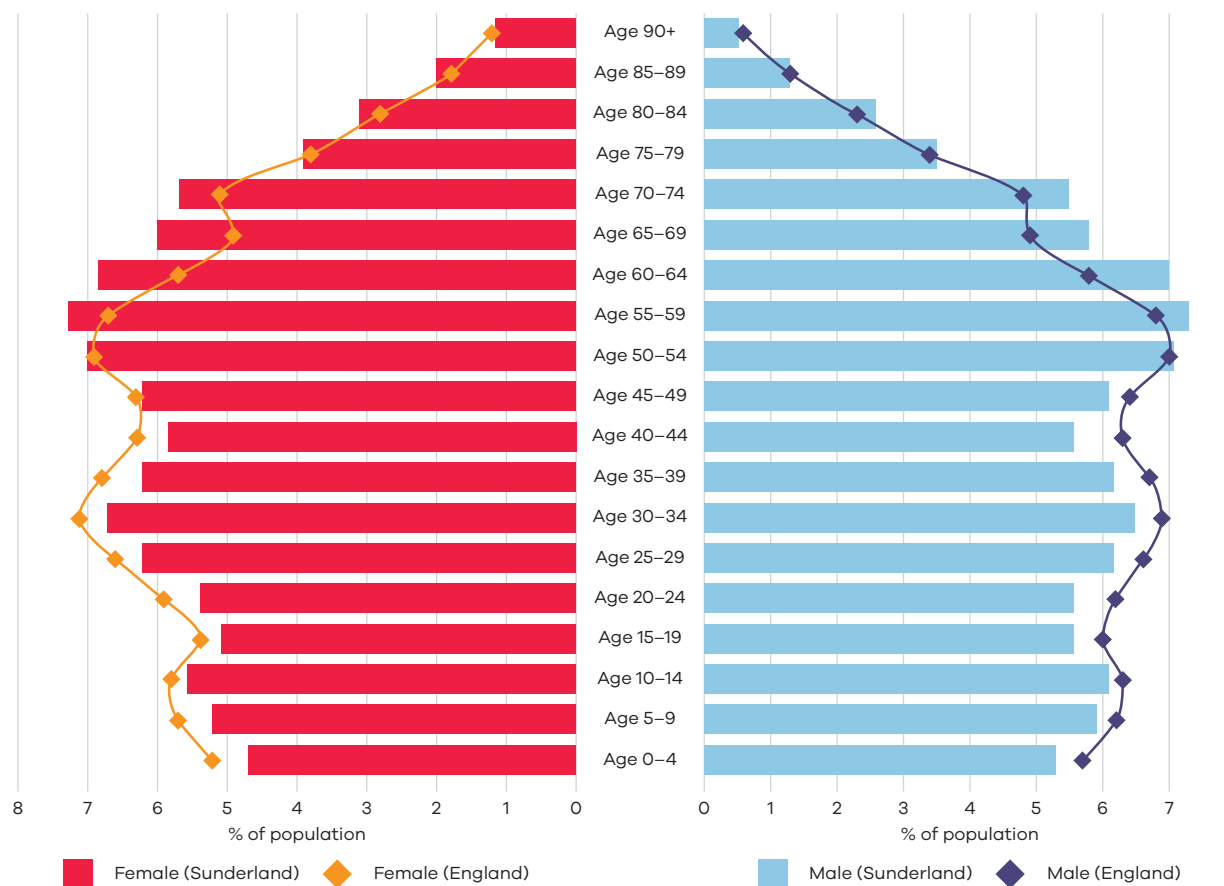
While 2023 has been an advantageous time to gather this data – not least because of the release of local data from the 2021 Census, and the release of research that tells us how COVID-19 and the cost-of-living crisis have and are affecting residents – the academic and statistical landscape is constantly shifting. We will continue to be informed by new evidence from local and national partners as well as learning from our own programmes on the ground in financial and digital inclusion, ageing in place, and ageing well.

Our ageing population

Nationally the population is older than ever before. Almost [40% of people in England are currently over 50](#), and almost 20% are over 65. In Sunderland we have slightly higher proportion of older people, 41.9%, aged 50 and over, and 27.5% are aged 60.

This means around four in ten in Sunderland are aged 50 and over, and more than one in four are aged 60 and over. Sunderland has a slightly older age profile than the England average, as illustrated in the population pyramid opposite.

Percentage of population by 5 year age groups (2021)

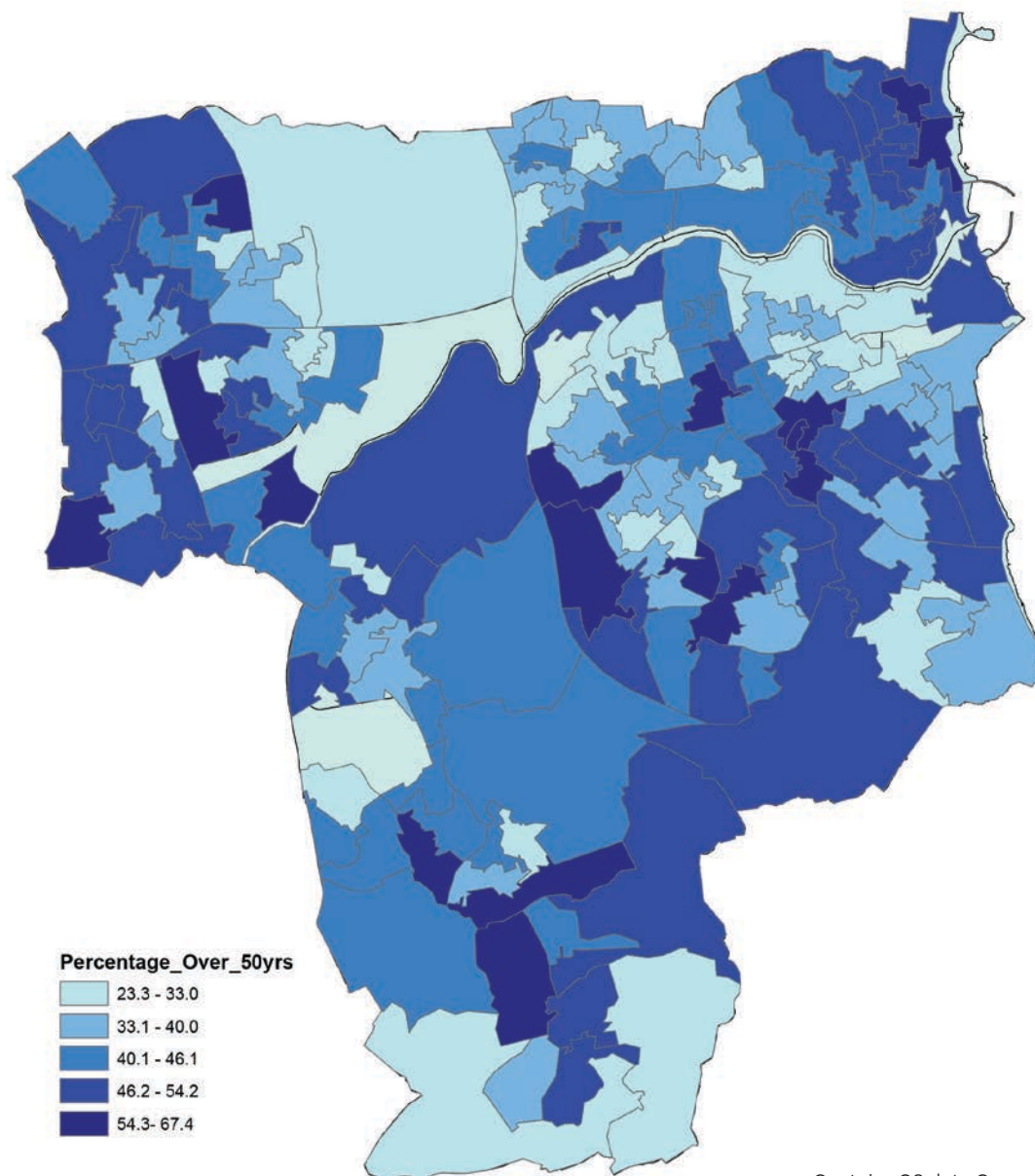


Source: ONS (Office for National Statistics) Census 2021

The map opposite demonstrates clustering of the ageing population in Sunderland around the coastal area and Coalfields, very much in line with Professor Chris Whitty's narrative in his new report⁴.

Nationally, the number of people aged 65–79 is predicted to increase by around a third (30%) to over 10 million in the next 40 years, while the number of people aged 80 and over - the fastest growing segment of the population - is set to more than double to over 6 million. It is projected that the population aged 65 and over will grow to 24.7% of the Sunderland population by 2043. The city will need to think how it continues to respond to this demographic change and enable larger numbers of people like Mrs B (in the case study below) to live independently for as long as possible, as there has been a 17% increase in the population aged over 80 from 2011 to 2021, rising from 12,000 to 14,400.

Percentage of population aged 50 and over by LSOA



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Case study Mrs B (Warm Spaces)



Image for illustrative purposes only

Mrs B is 79, a recently widowed woman who has lived locally for 49 years. She had been a carer for her husband for many years until he passed away. She said she felt very isolated and realised

she needed regular support. Mrs B has several long-term conditions and they have accelerated throughout her time as being a carer.

She was feeling very depressed, and her chronic obstructive pulmonary disease (COPD) nurse helped her to contact the Warm Space in the West of the city. Mrs B now goes to the centre (which is now part of the Links for Life programme) and said "I have started to make new friends and to use community services. There is always something for me to do and enjoy."

Mrs B has said she has developed stronger social and life skills. She has taken a few residents to the session on a Friday. "None of this has been easy and sometimes I walk away crying and glad to be alone. But it is so worth it for the friendships, info, and community."

How long do people in Sunderland live?

Sunderland is one of the 20% most deprived districts/unitary authorities in England. The latest estimates life expectancy at birth for males in Sunderland 2020–22 is 76.1 years, a fall of 0.2 years compared to 2019–21.

Life expectancy at birth for males in the North East and England has fallen for the previous three year rolling periods. Life expectancy for the region was 77.2 years in 2020–22, having fallen from a peak of 78.0 years in 2017–19.

The number of years a person can expect to live in good health in Sunderland is around 56 years, which is

7 years below the England average, and so people in Sunderland are spending more of their lives in poor health. Life expectancy has reduced because of the pandemic, but the difference between communities remains.

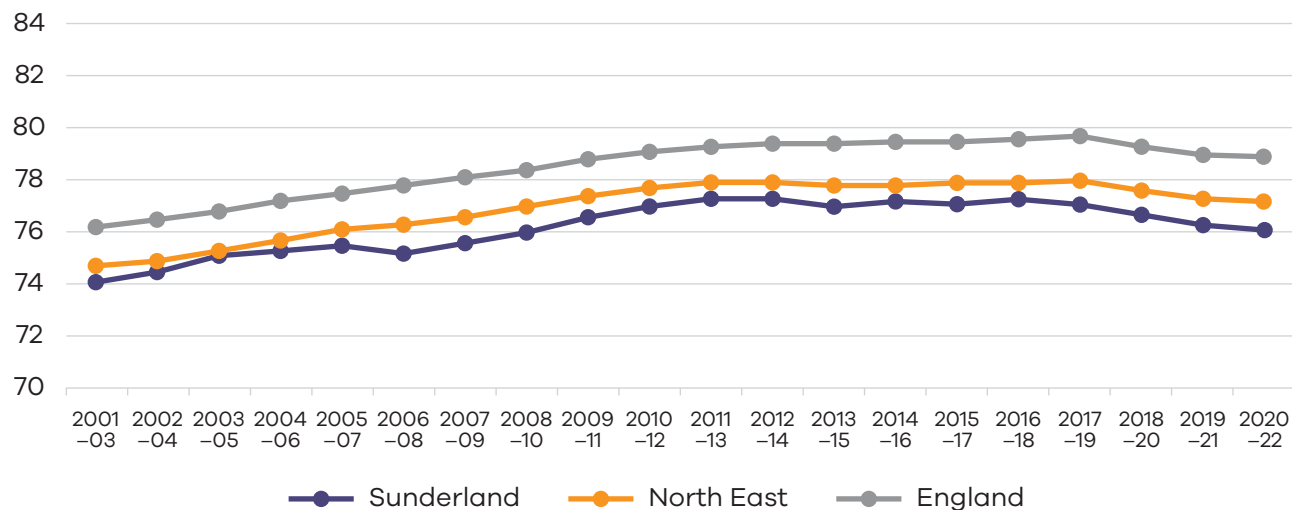
The latest estimates for life expectancy at birth for females 2020–22 in Sunderland is 80.6 years, and this is the same as the previous three year rolling period. Life expectancy at birth for females in the North East in 2020–22 is 81.2 years.

This has fallen marginally by 0.1 year compared to the previous three-year period. It has fallen from a peak of 81.8 years in 2017–19. In England life expectancy in 2020–22 is 82.8 years. This has fallen slightly (0.1 year) compared to the previous three-year period.

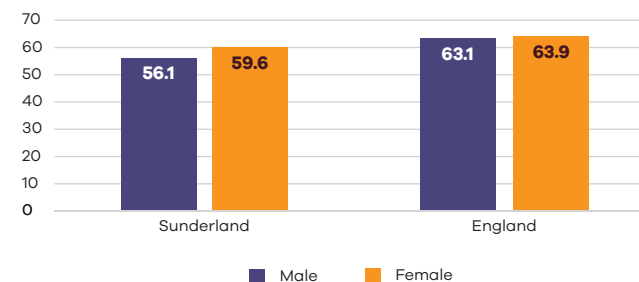
In Sunderland, the healthy life expectancy for males and females is 57.9 and 56.5, respectively. For males, the best UK figure is 71.9 and the average is 63.4. For females, the best UK figure is 72.2 and the average is 63.9.

It further highlights the need to keep people healthy so they can reach retirement age without a long-term health condition.

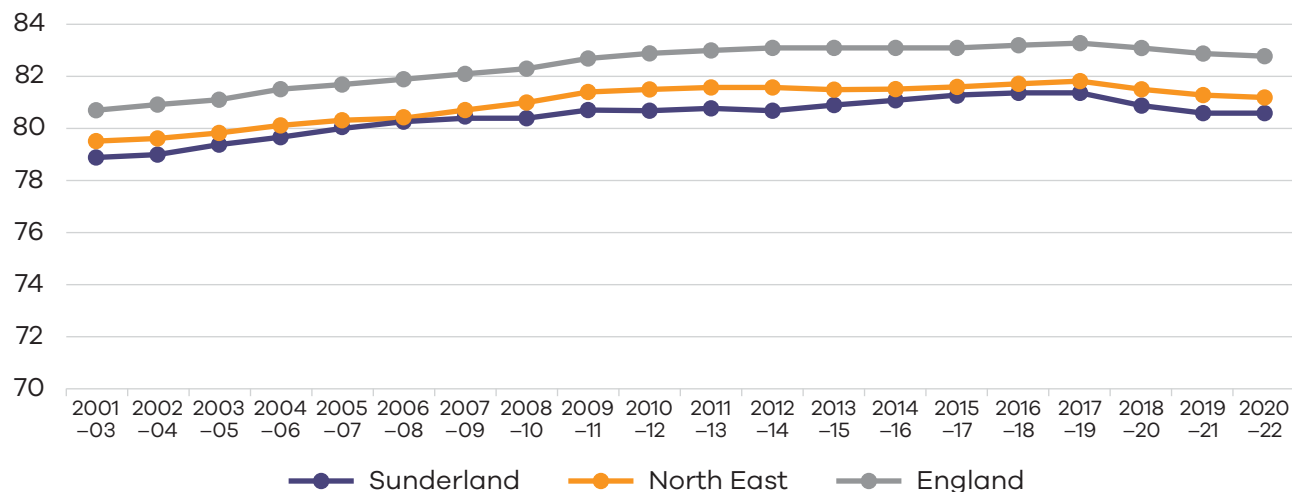
Life expectancy at birth (Male 3 year range)



Healthy life expectancy at birth (2018–20)



Life expectancy at birth (Female 3 year range)



Pandemic context

There were significant differences in the dynamics of Covid-19 mortality during 2020. The cumulative death rate in local authorities in the two most deprived deciles of IMD (Indices of Multiple Deprivation) was 54% higher than the rate in the two least deprived deciles⁵.

Covid-19 has affected our lives in many ways - and the inequalities that already existed are widening. We are starting to see the consequences of this, with some groups more affected than others. 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. People living in left-behind neighbourhoods were 46% more likely to die of Covid-19 compared to the national average.

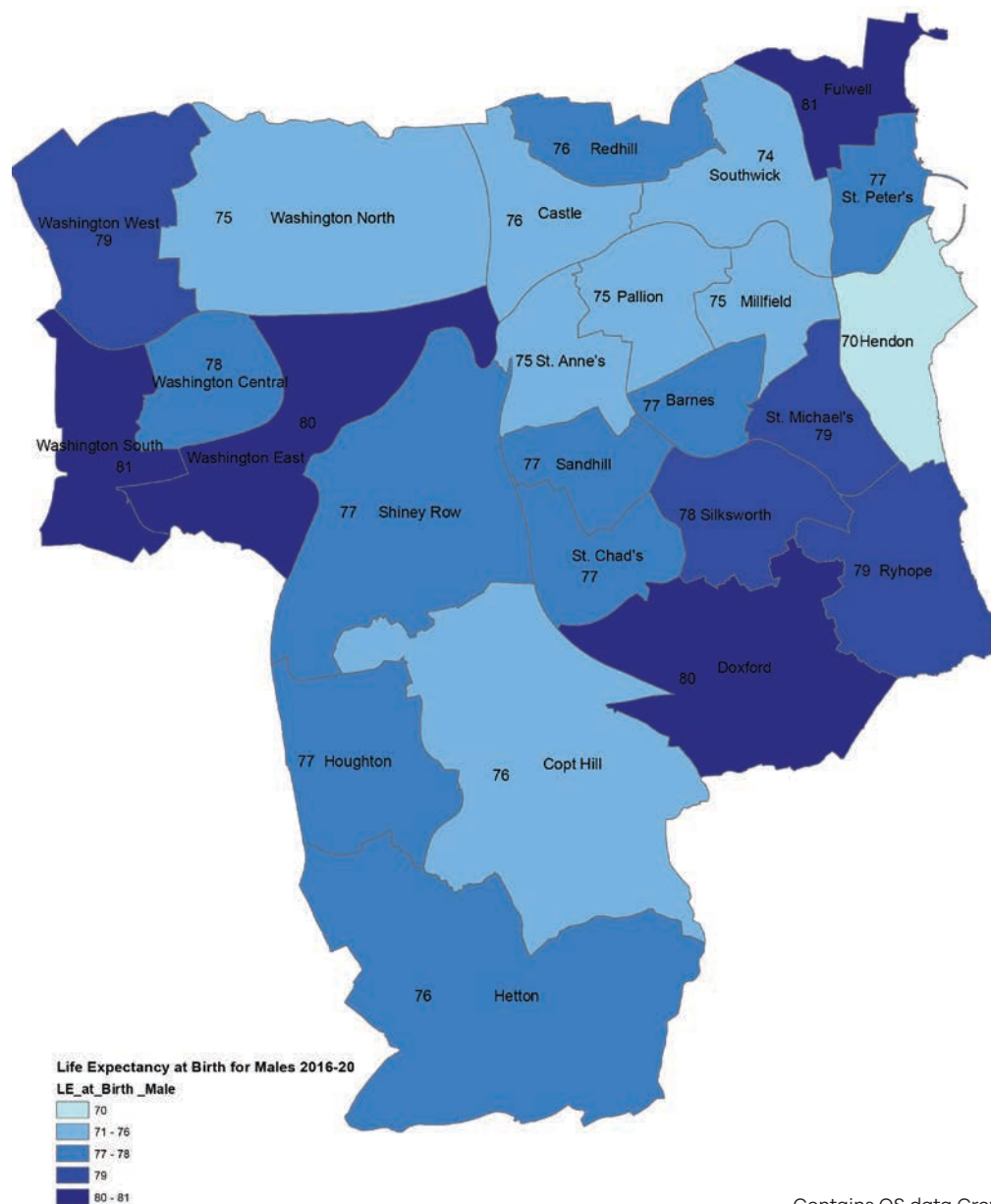
The pandemic has had a massive impact on older people. "While age is its own inequality, a survey by Age UK reported that older people from more disadvantaged socioeconomic backgrounds have been more severely affected, both mentally and physically.

Some older people in the survey said that their personal circumstances, such as not having a garden or space or experiencing financial worries on top of the pandemic, made their experience of lockdown much more challenging for many, the absence of daily walks or trips to the shops, clubs or places of worship has led quite quickly to deconditioning, muscle weakness, and joint pain and added to the burden of loneliness felt by many older people⁶.

The mortality rate increased with age and older people have experienced challenges relating to social isolation, mobility, and caring needs. Access to a wide range of services significantly reduced or stopped altogether during lockdown, from health and social care to financial support. Whilst a shift to online services is welcome for some, a considerable number of older people do not have access to the internet.



Life expectancy at birth for males 2016–20 by ward



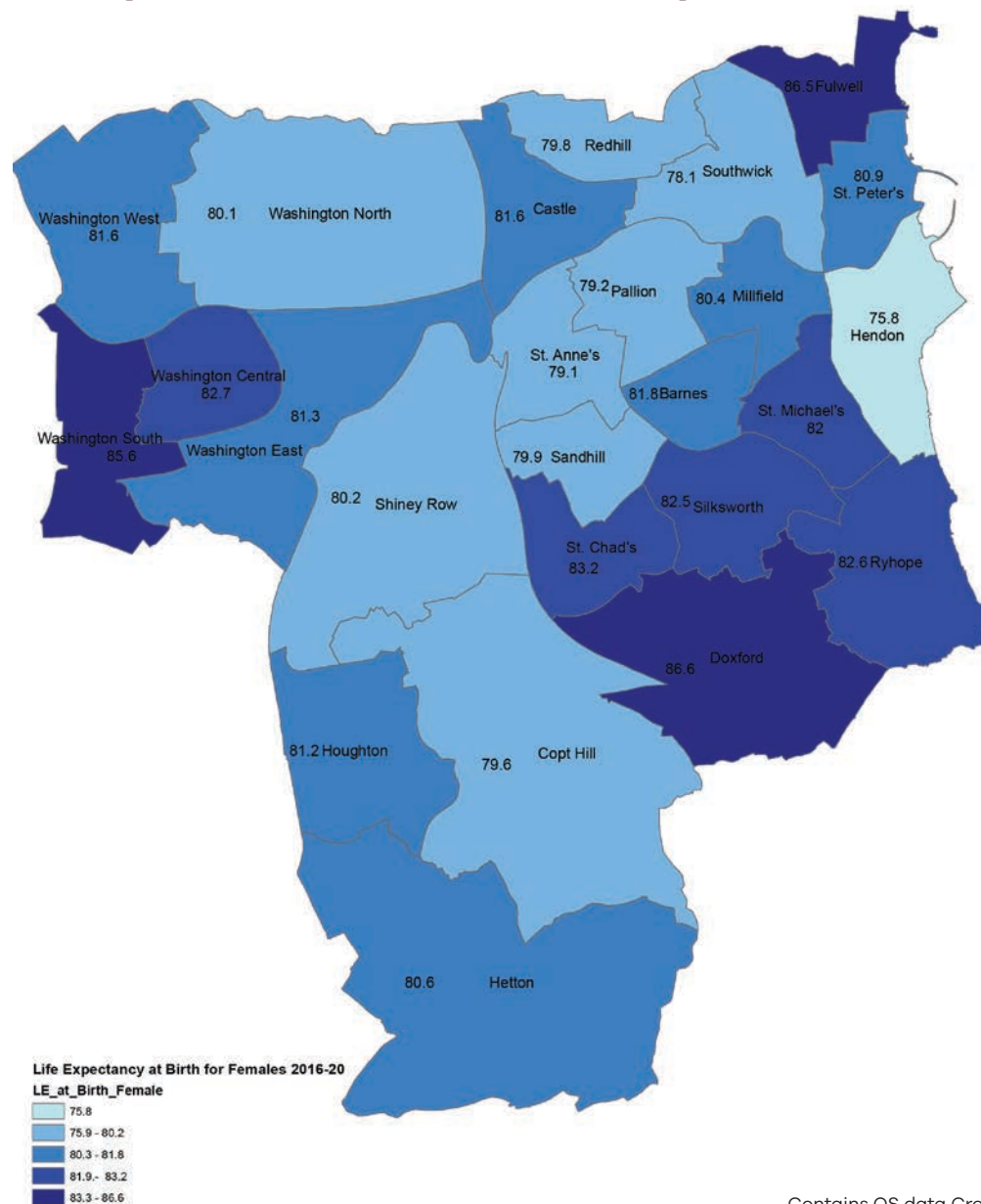
There are major inequalities in life expectancy in poorer parts of the city...

Deprivation makes a significant difference to life expectancy. There is a substantial amount of evidence which shows that people living in the most deprived areas have poorer health and health outcomes than those in the more affluent areas.

In Sunderland, men and women in the most affluent areas can expect to live 11.1 and 10.8 years longer respectively than their counterparts in the most disadvantaged communities, based on data for 2016–20⁷.

The maps opposite and below indicate the variations in life expectancy by ward across the city between males and females. It highlights gaps in life expectancy between some of our most and least affluent areas e.g., between the ward of Fulwell and Hendon in the inner city, and that of Washington Ward and Coalfield Ward in the outer area.

Life expectancy at birth for females 2016–20 by ward



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How diverse is the older population in Sunderland?

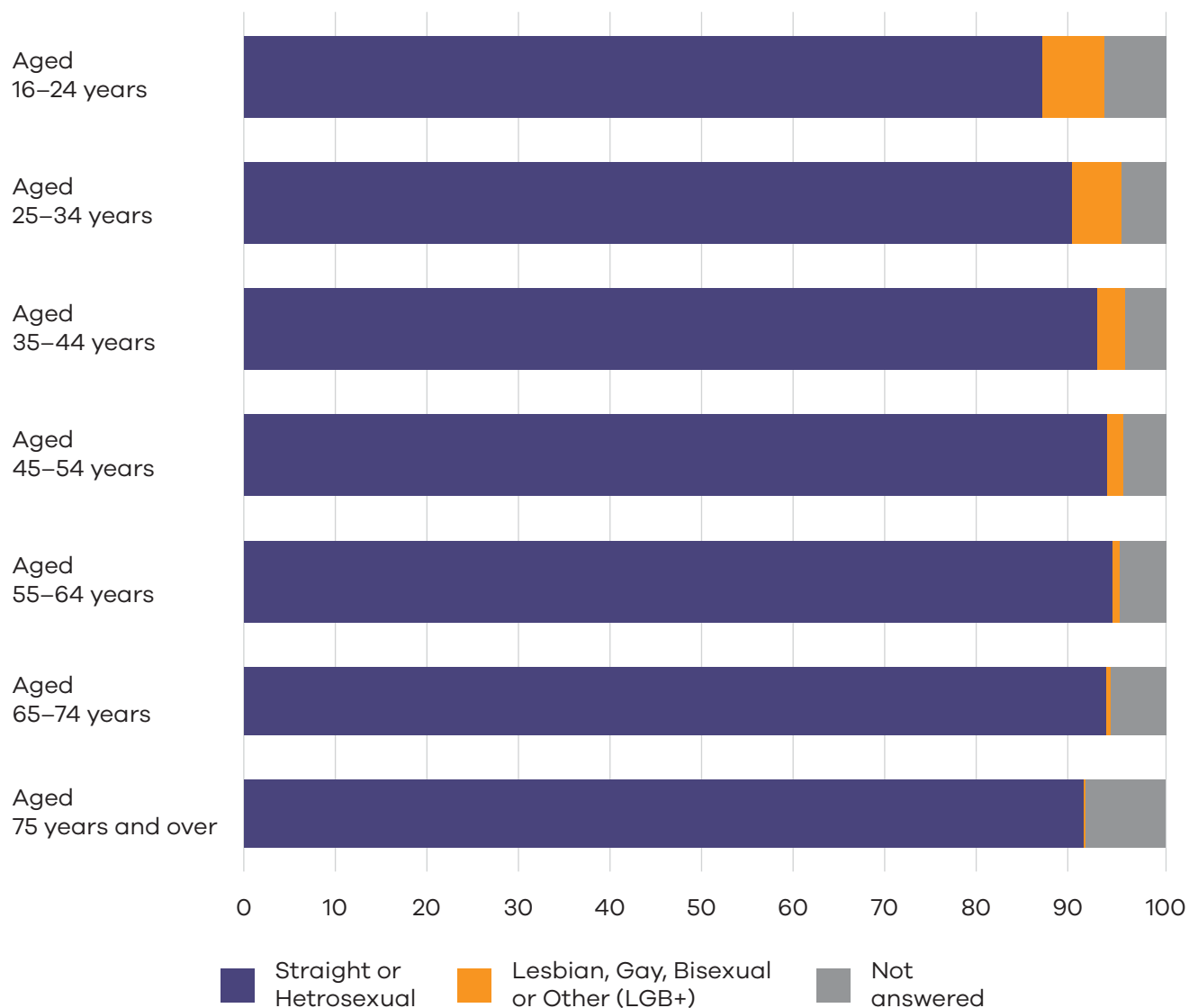
98.2% of those aged 65 and over are White British, which is higher than for other age groups. The Black, Asian and Minority Ethnic population in Sunderland is made up of 41% Asian, 38% Other White (which covers European groups), 8% Mixed Ethnicity, 8% other groups and 5% Black.

This is followed by the more settled migrant groups such as Indian (14%), Pakistani (11%) and Black Caribbean (6%). Nationally, people from a Black, Asian, and Minority Ethnic background tend to be younger. But in Sunderland, there are certain ethnic minority groups with an older age profile: White Irish, Other White, Caribbean, and Indian.

Changes in society also means that the way we are living is more varied - the number of people who are divorced or have never married and the number of people living alone have both increased significantly since the 2011 Census.

A quarter of all people aged 50 and over now live alone and there has been a particularly significant increase for men aged 65 and over. By 2043 it is predicted that [4.5 million people aged 65 and over will live alone](#). In Sunderland, the census says that there are 17,629 one person

2021 Census responses to “Which of the following best describes your sexual orientation”, Sunderland by 10 year age cohort



households for people aged 66 and over in Sunderland.

The number and proportion of older people who are not parents are increasing. Currently in the UK, 10% of people over the age of 60 have no children, increasing to 20% of those over the age of 50. It is estimated that 25% of women born in the 1970s do not have children⁸.

Although the Office for National Statistics (ONS) does not record data on how many men become fathers, it is estimated that around 23% of men over 45 are without children. Not only are people ageing without children more likely to be carers for their parents, but they are also more likely to go into residential care, and at a younger age than people who have children.

The 2021 Census was the first time that people were asked to list their sexual orientation from a list including straight/heterosexual, lesbian, gay, bisexual or other. In the absence of information from previous surveys, we cannot identify any changes in identity among older populations, but as above, we can observe how willingness to respond are likely to change as our population ages, with younger people being more likely to have listed their orientation as lesbian, gay, bisexual, or other.

This must be seen with appreciation for the social, medical, and legal environment that older people of minoritized orientations would have experienced if they spent most of their lives in the UK. Anyone over the age of 55 today will have spent some of their life before sex between two men was partially decriminalised in 1967; will have spent 24 years of their life with homosexuality classed as a mental disorder by the WHO; and at least 35 years without it being illegal for employers to discriminate against lesbian, gay or bisexual people⁹.

It is also important to note that the sexual orientation Census question was voluntary, and that people aged 75 and over were far more likely to not answer the question than any other age group (the second were those aged 16–24).





Home

Millions of people across the country live in homes that are damaging their health and wellbeing - homes that are damp, cold and have trip hazards. Alongside this, the cost-of-living crisis and rising energy prices mean that many older people are cutting back on heating their home. For these people, the combination of poverty and living in poor-quality homes can mean worsening health and even death.

As a city we have achieved a lot regarding housing. However, there are also many challenges we must face and overcome. Some challenges emerge from national policy and legislation and some from our unique local housing market. One of the priorities of Sunderland Housing Strategy is meeting housing needs of vulnerable residents. This includes making sure that the right housing options are available which allow older people to remain active and independent in their homes and communities. The Sunderland housing strategy is currently under review¹⁰.

Housing plays a fundamental role in ensuring the health and wellbeing of

residents, particularly older people, and vulnerable groups. The number of older people aged 65+ years in Sunderland is projected to increase by 42% from 2015 to 2039. This presents a strategic challenge for the city. It is important that plans are put in place, based on sound evidence of need. Working with partners, providers, and older residents, it is vital to ensure more housing choices are available to support the increasing cohort of older people with a variety of housing needs. Currently there is a real shortage of bungalows. A further option could be to work with older people who wish to downsize to release larger houses to families currently in need.

Housing tenure in Sunderland 2022

The housing tenure latest data shows that overall, for Sunderland, 58.1% of households were owned, 9.4% shared ownership, 26.6% social rented, 14.9% private rented. There were higher levels of owner occupation amongst older households, with a smaller proportion in private rented. Nationally, the proportion of people aged 55 and over who are

in private rented accommodation has increased by more than half over the last ten years. Sunderland has a lower-than-average prevalence of private sector stock.

The condition of Sunderland's existing stock improves each year but there is also still much to be done particularly in terms of improving the private rented sector, tackling empty homes, and regenerating some of our neighbourhoods which are showing symptoms of housing decline. Our focus will be to ensure that the sector is supported to allow responsible landlords with quality stock to become more accessible and take a greater market share.

In some areas of Sunderland there is a significant issue of neighbourhood decline. A Building Research establishment (BRE) report commissioned by the council in 2019 identified 83% of private rented dwellings in Hendon ward are in the 20% most deprived Lower Super Output Areas in England, there are 79% in Redhill

ward, 69% in Sandhill ward and 67% in Washington North ward. These areas are all notably higher than the figure for Sunderland's private rented stock (37%).

Sunderland already delivers and has a dedicated Private Rented Sector Initiatives team, a range of private landlord support and advice services as well as a comprehensive suite of products including landlord accreditation and a private sector leasing scheme.

Sunderland is committed to enforcing the standards proposed within the Department for Levelling Up, Housing and Communities (DLUHC) Renters Reform Bill. We will engage with landlords in the city so that they understand their responsibilities and expectations upon them.

Housing satisfaction

The number of households headed by someone aged 65 or over is expected to increase by 12,583 (+27.6%) by 2033. Most older people 65 and over (66.9%) want to continue to live in their current home with support when needed according to the household survey, with help with repair/maintenance, gardening, cleaning, and other practical tasks, which would help people remain in their own home. However, the

household survey also points to a need to deliver a range of smaller dwellings (particularly bungalows/level access accommodation) for older people in the general market and specialist older persons housing provision.

Across Sunderland, there are currently around 4,879 units of specialist older persons accommodation. This includes 2,094 units of residential care dwellings and 2,785 specialist older persons dwellings. An additional 1,997 units of specialist older person accommodation will be required by 2035. The Strategic Housing Market Assessment (SHMA) does not specify the precise nature of specialist older person dwellings to be built. This is to allow flexibility in delivery, and Planning Practice Guidance (PPG) states that 'any single development may contain a range of different types of specialist housing.'

"The city has some of the best independent living homes in the country."

Ageing Well Ambassador,
North resident

"Making residential care a lot cheaper to access" and "home heating, insulation, and more living choices" being required.

Ageing Well Ambassador,
Washington resident

Effects of poor housing and health issues

In Sunderland, the winter mortality index, which was released this year, shows there were 15.7% more deaths in the winter for year August 20–July 21. The winter mortality index (aged 85 plus) was higher at 17.5% The cost to the NHS of sub-standard homes in England is estimated at around £1.4 billion per annum for all ages. The NHS spends £513 million alone on first year treatment costs for people aged 55 and over living in the poorest quality housing.

The case study of Mr K on page 17 demonstrates the multiplicity of health and housing issues people experience and may need help to resolve. Making

homes warmer and more efficient would reduce levels of cold-related illnesses such as asthma, strokes, heart disease and mental health conditions.

But shockingly, those most affected by such illnesses are more likely to live in cold and draughty homes. Analysis shows that homes headed by someone aged 75 or over are the most likely to have the lowest two energy ratings of F and G - these are properties with the poorest energy efficiency and therefore the hardest to heat.

Accessibility and housing standards

Regarding housing for people with disabilities, the household survey (2019) indicates that 30.7% of all residents have an illness/disability. This is an increase on the 2011 census figure of 21.6% of residents having a disability and 24.2% having their activities limited in some way. Around 7.9% of households live in properties which have either been purpose built or adapted for someone with an illness or disability.

There is expected to be an increase of around 821 dwellings needing major adaptation across all households to 2033. Given the ageing population of the area and the identified levels of disability amongst the population, the

Case study of Mr K



Image for illustrative purposes only

Mr K is 69 and retired 10 years ago due to health issues. He rents from a private landlord, so his rent is higher

council already has an adopted policy position of 10% of new dwellings to meet the accessible standard. At a most basic level, the homes we live in need to be warm and safe - but the data we have indicates that about one in five houses in Sunderland (in line with the rest of the country) are falling below the basic standard of decency (the 'Decent Homes Standard'). Housing stock in Sunderland is old. Most houses (60%) were built before 1965. And nationally, only one in

than average. Mr K has diabetes and respiratory problems. He believes that the housing he is in has damp and cannot get the landlord to fix it.

He also says that he cannot always heat the house as food comes first. He is not looking forward to the freezing weather.

Mr K was linked into community services and welfare services to support him in contacting his landlord and to check if he was entitled to pension credit.

Mr K was entitled to pension credit and housing benefit and discussions with Mr K's landlord have started and they are looking for alternative accommodation.

10 homes meets the basic accessibility standards that would make this possible.

The Housing Made for Everyone (HoME) coalition - which includes the Centre for Ageing Better - is campaigning for the Category M4(2) standard to be adopted as the national standard for all new homes and Sunderland supported this in its response to a government consultation. This would currently add an estimated £1,387 per dwelling to building

costs - although this is likely to come down if the standard became mandatory. This is much lower than the average £5,000 DFG (Disabled Facility Grants) grant to adapt a home which has not been built to standard, meaning building new homes with good accessibility.

Disabled Facilities Grant Expenditure			
Year	DFG Budget	Completed DFGs	Average DFG Grant
16-17	£3,257,117	832	£3,835
17-18	£3,184,690	733	£4,240
18-19	£3,412,263	822	£3,390
19-20	£3,412,263	750	£4,458
20-21	£3,893,532	731	£4,258
21-22	£4,329,656	706	£4,707
22-23	£4,155,399	788	£4,926

Disabled Facility Grants (DFGs), provided by local authorities, are important in enabling people to make adaptations and repairs to improve accessibility and living standards. In Sunderland, expenditure on DFGs shown above for Sunderland also include £100k in each year which is an additional contribution that Sunderland City Council receive

Case study - one stop shop

The Home Improvement Agency Sunderland, aims to enable those most in need of support to maintain their independence in their chosen home for the near future, providing a range of services to help people with disabilities manage safely in their home.

The service provides:

- Disabled Facilities Grants to create accessible homes for children and adults.
- Housing assistance advice and loans to maintain the standard and upkeep of homes. Handypersons service to do some of the smaller jobs around the

home that become difficult as people get older or experience disability.

- Energy efficiency advice and signposting to help keep people warm and safe within their home and reduce fuel poverty.

The team works closely with occupational therapists and suppliers of specialist equipment to design and create living spaces that enable people to live independent lives.

The team will explore all funding options that are available to meet the customer's own individual circumstances and will project manage any work undertaken in the home.

from Gentoo. In Sunderland, expenditure on DFGs has increased over the last five years, but this has been because of the size of the average grant increasing - the actual number of grants awarded each year has been going down, even before COVID-19 effects are considered.

DFGs usually fund major adaptations. However, there is robust evidence for the effectiveness and cost effectiveness of even minor adaptations and repairs¹¹. National qualitative research suggests

a 'Good Homes Hub' or one-stop-shop offering a range of different home repair services would be popular. The hubs suggested could provide information and advice, access to finance options, and help to find trusted tradespeople to carry out repair work.

New homes

Sunderland is a wonderful place to develop houses. As one of only three English cities on the coast and with 57%

green space, Sunderland has a lot to offer its residents. We also recognise that this needs to be underpinned by a strong housing offer and this can only be achieved by forging strong working relationships with large and small developers, registered providers, and housing partners.

Sunderland city is undergoing significant transformation with major housing-led regeneration projects at Elwood, Riverside Sunderland, and West Park well underway. They provide high quality homes with a more diverse tenure mix and a much-improved family housing offer.

Significant investment is also being made across the city in the delivery of digital and low carbon infrastructure, which is significantly improving digital connectivity and inclusion. This helps to mitigate the impacts of the energy crisis and reduces the likelihood of exposure to fuel poverty for residents.

Delivering more social housing is a key feature of future growth ambitions and we will work collaboratively with our registered provider partners to enable new innovative projects. We will also complement this work through delivery of new homes designed and provided for older people and those who are vulnerable and need support.

“Age friendliness needs to be part of the planning process, in new build urban, and street scene developments. To ensure enabling accessible environments not disabling”

Ageing Well Ambassador,
West resident

Last year in Sunderland the council launched the Smart House at Leechmere which has a significant role to play in plans around health and social care to make sure that nobody is left behind and everybody is supported to live a healthy, independent life.

The Smart House will be used by occupational therapists, technologists, their customers, and their partners as a place to try out innovative ideas and train teams on how to use assistive technology.

The smart house will demonstrate how we can apply this way of working so that everybody in the city has an equal opportunity to see how technology can be integrated into their lives to support continuous independence through every stage of life. Read more about the [SMART house Sunderland](#)



Financial security

Half a century of progress in reducing levels of pensioner poverty is under significant threat of reversal, the Centre for Ageing Better's [State of Ageing report](#) reveals¹².

The new report contains a raft of data showing that both the current generations of retirees, and the generations heading towards retirement, are experiencing significant and growing financial difficulties. The State of Ageing 2023 report highlights that, among UK adults, people aged 60–64 now have the highest rate of relative poverty (25%).

The report also details that the average annual income of the poorest 20% of retired individuals is below the minimum amount needed to live on. This means that the country's poorest retirees, including those solely reliant on the state pension, have an annual income estimated to leave just £41 for a weekly food shop and insufficient funds to run their own car or service their boiler.

Relative pensioner poverty is at one of its highest rates (almost 18%) this century

and is more than four percentage points higher than a decade ago. It means that 2.1 million pensioners in the UK have an income that is less than 60% of the national average.

Nationally 920,000 eligible pensioner households are not receiving their pension credit payments, worth around £1.6 billion every year¹³. Key reasons those eligible do not claim include perceived ineligibility, anxiety about bureaucracy and fear of having to give money back, the stigma of claiming benefits, digital exclusion, and a lack available support to complete an application. This is all extra income that could be put back into older people's pockets with the potential to have life changing implications for those struggling the most with the costs of essentials.

In Sunderland there are around 9,000 people claiming pension credit. We know that more people will be eligible for pension credit. In 2023, a pension credit campaign ran, to reach people who may not be claiming and who may be entitled to receive pension credit.

Over two hundred people were reached. This will be an annual campaign run across the city

Sunderland City Council is aware of the negative effects on health and wellbeing, of living in damp and wintry conditions. Unfortunately, the current national cost-of-living crisis is increasing the number of residents that can no longer afford to heat their homes sufficiently to keep themselves warm and to prevent damp from negatively affecting their property and themselves.

The council is responding to the challenge in several ways, including specific actions around housing affordability and condition as described in the Sunderland Financial Wellbeing Strategy 2023-26 and associated Delivery Plan.



Case study (Mr T, Warm spaces)

Image for illustrative purposes only

“The cost of living has affected us in so many ways, I have to choose to heat the house or have a balanced diet, everyone I speak to even my more elderly neighbours are all cutting down on vegetables as they are expensive and replacing with ready meals which you can buy one get one free. I have used the local food bank at desperate times, but I feel ashamed, I have worked all my life and in retirement I should be enjoying my life!”

Work

Good quality work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity. Employment is a primary determinant of health. Socioeconomic factors (of which employment is greatest) are responsible for 50% of an individual's health status.

Work and health are central to the story of people and place. There needs to be a collective effort to increase participation in the labour market and improve productivity. Helping people with health issues to gain, retain and progress in work supports economic growth and is a crucial part of the wellbeing of every community¹⁴.

A third of the workforce in England are aged 50 or over, 9 million workers. But not all employers are offering what is needed to retain older workers or recognising the importance of recruiting them¹⁵. Health is the leading reason for the 50+ cohort to be out of work, and the disability employment gap is especially

large for older workers. However, caring responsibilities and a lack of skills or training are other contributors.

The result is that the 50+ who are unemployed are twice as likely as the youngest adults to be long-term employed. Workers aged 50+ are the least likely to receive 'off the job' training, and 40% of 55–64 year-olds have undertaken no formal training or education since leaving school. This impacts their ability to keep up to date with new skills and gain further employment.

Finances are a key part of planning for retirement. Economic inactivity is higher for older workers, 33.7% of those aged 50–64 years are economically inactive in Sunderland, (for 16–64yrs overall, 24.9%)¹⁶.

Long term sickness accounted for 32.9% of those who were economically inactive (16–64 years) in the North East, compared to 26% for England. Long term sickness accounted for a higher proportion of economic activity in older workers 37.8% in the North East and 36.2% in England

While long term sickness accounts for a higher proportion of economic inactivity in older workers, the unemployment rate of older workers is lower than for younger age groups. 2.9% of those aged 50 and over were unemployed.

However, the Department for Work and Pensions (DWP) has estimated that 38% of the working age population (12 million people) are not saving enough and are facing an inadequate retirement income. While this will also be linked to regular spending, median weekly earnings typically peak in people's 40s and begin to decline in their 50s and 60s, particularly for full-time workers. Additionally, the gender pay gap is largest for women in their 50s, who are more likely to be working part-time¹⁷.

The Age-friendly Employer Pledge (see below) is a nationwide programme for employers who recognise the importance and value of older workers. Employers commit to improving work for people in their 50s and 60s and taking the necessary action to help them flourish in a multigenerational workforce.

The Department for Work and Pensions (DWP) has a network of dedicated 50 Plus Champions across England and we also have these within Sunderland. The DWP announced it has doubled the number of 50 Plus Champions. There are now 74 of them who work directly with Jobcentres and employers to remove any barriers that are keeping the over 50s out of work. The DWP has also signed the Age-Friendly Employer Pledge, recognising the huge benefit that a multigenerational workforce brings and actively encourages other departments and employers to sign up.

Five actions to become age friendly employer

With the State Pension Age continuing to rise, it is important that people do not feel they need to leave the workforce prematurely if they can and want to work, even if they need flexibility to fit around their other responsibilities¹⁸.

1



Be flexible about flexible working

2



Hire age positively

3



Ensure everyone has the health support they need

4



Encourage career development at all stages

5



Create an age-positive culture

Society

Social participation and respect

In older adults, social participation is a key component of rehabilitation and health promotion. Several studies have attempted to describe the definition and concepts of social participation. A standardized definition of social participation has not been developed; commonly, recognition for social participation was proposed as focused on involvement in social activities that provide interaction with others in a society or community.

Social participation is also one of the ten domains for the World Health Organisation (WHO) for assuring Age-friendly cities. Participating in leisure, cultural and spiritual activities in the community is important for health and wellbeing, a sense of belonging and good relationships. Without social participation, people can experience loneliness and isolation.

[Sunderland Ageing Well Ambassadors](#) programme aims to allow people to participate as much as they want

in consultations, events, get together and sharing information. It also allows ambassadors to connect with other residents and to share the information they have with other residents.

In July 2023 Sunderland Ageing Well Delivery Board carried out a survey with Ageing Well Ambassadors working with the University of Sunderland. We carried out a thematic analysis and social participation emerged as one of the strongest themes in the survey data. Having access to a variety of activities (including learning and development, and those connected to physical activity and maintaining health) were cited as being important. Connected to the desire to remain “fit, active and engaged in the local community.” Many respondents discussed the importance of community, neighbours, activities, friends, and family in their lives. Some commented on the need for more intergenerational activities.

“More recognition of the positive role older people plays in our communities.”

Ageing Well Ambassador,
West resident

“Before I die, I hope that younger people realise older people have lived a life and have a lot of answers and engage rather than ignore.”

Ageing Well Ambassador,
East resident

Intergenerational practice work is not just a pleasant thing to do its essential it aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities.

Intergenerational practice is inclusive, building on the positive resources that the younger and older have to offer each other and those around them¹⁹ intergenerational activity is about more than bringing younger and older people together.

It is a systemic approach to community development and wellbeing that recognises and values the contribution of all generations who live there.

The Centre for Ageing Better launched a new, nationwide campaign to tackle ageism - the country's first public-facing campaign to change the way we all [think about ageing](#). Research shows that half of people aged over 50 in England experienced age discrimination in the last year, and at least a third of people hold ageist beliefs.

While often dismissed as being harmless, evidence shows that ageism can be hugely detrimental to us all as we grow older, impacting our opportunities,

Case study - We'ar Shining the Light Reporter - Kevin, West resident



Kevin is 60 and has lived and worked all his life in Sunderland as a senior youth worker and in the past a teacher.

livelihoods, health, and mental wellbeing. It also affects the national economy, productivity, and the future of our country with an ageing population.

Last year Sunderland City Council launched [We'ar Shining the Light news](#), a team led by older people for older people. The We'ar Shining the Light news team is made up of community reporters aged

In 2022, Kevin suffered a stroke and as a result is partially sighted in both eyes, and has no left peripheral vision in both eyes, and has problems with mobility.

Kevin signed up as a reporter because he was still in recovery and was not used to being at home all alone. Kevin has learned so much and developed his social network further.

Kevin said, 'I needed to do something worthwhile while I am still recovering and this programme has given me back my confidence, I think it's important to make new connections when you are not able to go about your normal life and sharing real life stories and experiences that will resonate with those in similar situations to realise, they are not alone and to signpost to support'.

50 plus from across Sunderland.

They have joined forces to capture stories that break ageing stereotypes and gather positive stories of later life. As well as reporting on arts and culture, sport and nostalgic stories, the team also shines a light on the challenges faced by the ageing population.

Digital inclusion

The UK Consumer Digital Index (2023) reports that despite the positive shifts of those at the highest end of digital inclusion, there are still 13 million people in the UK with exceptionally low digital capacity. With age remaining a key determinant in the ability of an individual to improve their digital usage, with some older people not showing progression.

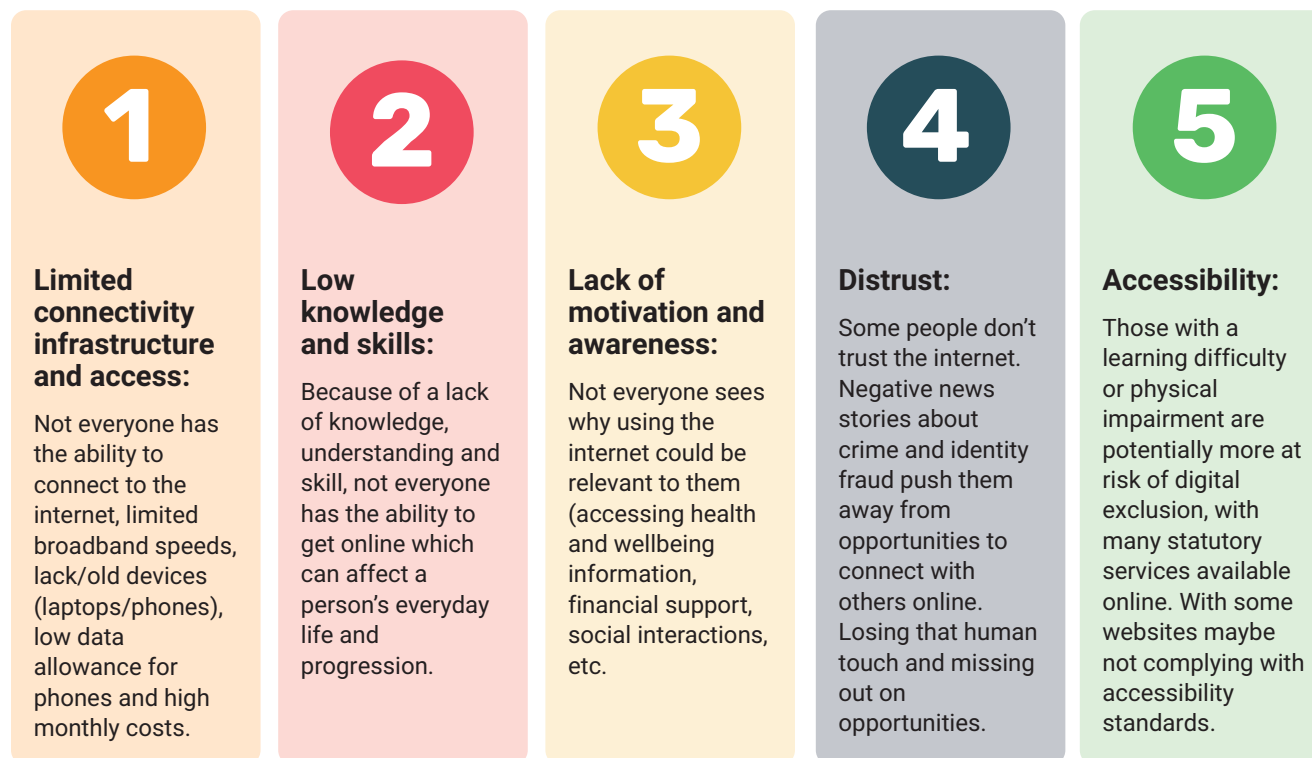
With technology moving at a fast pace, people who are digitally included today could potentially become digitally excluded in the future, if access to the appropriate support, advice and guidance is not available on a continuous basis. It continues by stating that confidence declines with age, and those aged 60+ are twice as likely to lack confidence in their ability to use the internet, in comparison to those aged 50+.

That said, there seems to be an appetite to learn from people ageing in the city, and although older adults who grew up without widespread technology may initially face a steeper learning curve, many can still become proficient with practice, if support is available.

Although the government published the UK Digital Inclusion Strategy in 2014, there is extraordinarily little data

Digital inclusion: Challenges for later life

NO ONE AND NOWHERE LEFT BEHIND



Overview of primary challenges facing people in later life.

available to show an accurate picture of the digital inclusion landscape in the UK, and therefore Sunderland.

Sunderland's Digital Inclusion Programme launched in March 2023, identifies several key challenges to tackle when considering digital inclusion initiatives relating to people later in life which are, limited connectivity, access, and cost; low digital knowledge and skills, lack of motivation and awareness; distrust and accessibility. Further information is shown in the overview below.

Overview of primary challenges facing people in later life.

The [Digital Inclusion Plan](#) identifies 'older people' as a group of people more likely to be digitally excluded in Sunderland. With the probability of digital exclusion increasing for those who are at risk, or experiencing one or more of the triggers, which include: addiction issues, domestic abuse, English as a 2nd language, few or no qualifications, long term health conditions, mental health issues, physical and learning disabilities, living in poverty or on a low income, living in social housing or socially isolated.

To establish a starting point, data was pooled from a variety of sources, and analysis shows:

Case study - Community Digital hub



Group of Tech Mates from NE Sports, one of the City's Community Digital Health Hubs.

"In June 2023, the UK Government, through the UK Shared Prosperity Fund awarded approximately £580,000, to a partnership led by Sunderland City Council to develop 23 Community Digital Health Hubs across the city to improve health inequalities and digital inclusion opportunities.

The investment has been used to tackle challenges such as limited

connectivity, lack of access to digital devices and skills, distrust and the cost barriers associated with going online.

From January 2024, each Hub will provide access to free public Wi-Fi, by providing on-site digital devices to use, or people can bring their own to log on. Databanks have been established to offer access to free data to eligible residents, via the Good Things Foundation.

A team of local volunteers, known as Tech Mates, will offer vital support to residents, building residents confidence, trust and sharing digital skills. The initiative aims to introduce people to the benefits of navigating the internet safely, such as, saving money, booking appointments, or reporting problems to increase motivation to go online.

The Hubs will play a crucial role in making a difference to residents across Sunderland at a community level, to ensure no one and nowhere is left behind in a digital world."

- 56,200 people aged 65+ live in Sunderland,
- 14,832 older people live in poverty (27% of 55,209)
- 16,075 older people live alone (29% of 55,209)

www.phe.org.uk (2020)

Using this information, it indicates that one in four older people are digitally excluded in Sunderland. Digital inclusion is not about digital, it is about inclusion.

Internet access should be considered as an essential household utility. Equal to having heating and running water in your home. People use the internet every day to improve their lives, from accessing information about their health, to applying for benefits.

Digital inclusion cannot be achieved independently, as it cuts across all Services and Sectors (health and medical, transport, housing, finances, employment, education, society) and is a clear priority for the city to address collectively to ensure those most at risk of digital exclusion due to age, ability or social circumstances should have a choice to Go Online.





Health and wellbeing

Social isolation and loneliness

Older people can be particularly vulnerable to social isolation (which is a term referring to the absence of social contact and is distinct from loneliness which is associated with a subjective perception of feeling lonely), resulting from the loss of friends, family, mobility, and income. Research demonstrates a clear link between social isolation and reduced wellbeing in older people. Tackling social isolation through supporting social contact is therefore an important task in allowing people to 'age in place,' the policy of encouraging people to remain in their own homes and communities for as long as possible.

Existing research identifies several risk factors that increase the likelihood of older people experiencing social isolation²⁰.

These risk factors were found at both the individual and structural level. Some local communities are more amenable than others to facilitating social interaction for older people.

“Ensuring a wide range of community-based activities are available for all ages will also support residents to age well as it ensures social connection and activity, thus reducing loneliness and social isolation (and all the negative outcomes that can arise from that)!”

**Ageing Well Ambassador,
Coalfields resident**

The perceived level of safety, physical barriers and age-segregated living will all have a limiting effect on opportunities

to meet and interact with other people. So too does a lack of opportunities for social participation.

How we can support spaces of social encounter for older people becomes critical for developing age-friendly neighbourhoods.

Summary of benefits of good social infrastructure	
Older people	Wider community
Builds social capital to reduce social isolation	Can enhance social cohesion through the provision of spaces of intercultural and intergenerational exchange
Bridging capital that can enhance resilience	Can enhance the local community and voluntary sector
Can lead to further social participation through community and voluntary sector	Provides space for social change

Loneliness is increasingly affecting us in the UK and has an enormous impact on our physical and mental health. Our connection to other people and our communities is fundamental to protecting our mental health and wellbeing, we need to find better ways of tackling the epidemic of loneliness. We can all play a part in this.

One in four adults feel lonely some or all the time. There is no single cause and there is no one solution. We are all different! But the longer we feel lonely, the more we are at risk of mental health problems. Some people are also at higher risk of feeling lonely than others. In Sunderland, research was carried out with University of Sunderland, Sunderland City Council's Public Health team.

The authors identified several associations within the data with reference to isolation, loneliness, and poor health. Therefore, participants from a lower socio-economic group experienced disproportionately elevated levels of social isolation and emotional loneliness when compared with other socio-economic groups. The data also demonstrated that participants who experienced loneliness wanted to feel connected to their community²¹.

Links for Life is an innovative programme launched in Sunderland which is part of social prescribing. Social prescribing is a key component of [Universal Personalised Care](#). It is an approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing. There is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes.

Studies have pointed to improvements in quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety²². Links for Life Sunderland is an opportunity to build social infrastructure in communities and can promote social interaction and reduce social isolation and loneliness for older people and throughout the life course.

Case study - The wellbeing hub Washington, part of Links for Life



Started in January 2024, a place for Washington residents to connect with other local people, to socialise, receive added support & advice, take part in activities, leading to happier and healthier communities.

Active families are known for their excellent and impactful interventions but also infamous for cuppas and a biscuit. They ensure the kettle will be on after every class.

To refer a patient or self-refer, simply visit www.activefamiliesne.co.uk

Case study - hospital discharge from Age UK Sunderland



Image for illustrative purposes only

Beryl is 89 years old and lives in a small, terraced cottage near the coast of Sunderland, which she owns. Beryl is widowed and her only family member is a cousin who lives in Yorkshire. Beryl and her cousin have always had a close relationship but in recent years they have found it harder to meet up due to the travel involved. Beryl has seen her mobility deteriorate recently and now relies on a rollator walking aid to help with walking. She does not drive and

has increasingly found herself alone and isolated.

Beryl recently underwent a lengthy stay in hospital and on discharge she was referred to Age UK Sunderland hospital discharge service who were able to support her for six weeks with her weekly shopping. When this support was ending Beryl was referred to the Age UK Sunderland Lifestyle service to discuss available ongoing support.

The Lifestyle coordinator arranged a home visit to discuss the service and carry out an assessment of Beryl's needs. Beryl explained that she had found the hospital discharge service to be of significant help but now wanted to build up her own strength and confidence to be able to do her own shopping which at the minute she did not feel able to do. Beryl was advised that an older person support worker from the AUKS Lifestyle Service could offer companionship and go with Beryl to the shops to help her regain her confidence.

This was arranged and the coordinator also highlighted that Beryl may be

eligible for a blue badge to make their trips to the shops easier by allowing the worker to park close to the entrance. Beryl agreed this would be a clever idea and the coordinator was able to refer her to Age UK Sunderland Front Door service who supported her with a successful application.

During the visit Beryl was also made aware of other Age UK Sunderland services including the Community Support Clubs and Dial a Driver service which would promote confidence and social engagement.

Prior to her involvement with Age UK Sunderland, Beryl had been told by her neighbours that she should be in a care home. However, Beryl is fiercely independent and wants to remain at home for as long as possible. Beryl said "I am so grateful for the support I have received which has given me a new lease of life. I am so thankful for the day I was introduced to Age UK Sunderland Lifestyle Service; I went from having no one to going on a weekly shopping trip with my support worker and attending a community group with lots of amazing friends."

Frailty

“Frailty is a distinctive state related to the ageing process, as multiple body systems gradually lose their in-built reserves” (NHS England 2014)²³ It is progressive, typically erodes functional, cognitive and/or emotional reserves, increasing vulnerability to sudden loss of independence and adverse health outcomes following a comparatively minor stress or event such as an acute infection or injury.

Nationally, we expect 3% of over 65s to be identified as having severe frailty. Around 3% of over 65s, or 297,170 older people, with severe frailty identified and targeted with falls assessment and medications review and are helped to stay well and reduce inappropriate treatment burden. Up to 15% of over 65s, or 1,485,850 older people, will benefit from the availability of enriched summary care records supporting the sharing of safe, effective, and efficient care across different settings. [NHS England » Electronic Frailty Index \(EFI\)](#)

The EFI, which uses routine data based on up to 36 indicators held on primary care databases, is the main measure used to identify people living with frailty. There is a clear link between deprivation and frailty. The proportion of people living with frailty within the

most deprived 10% of neighbourhoods in Sunderland is almost three times higher than those who live in the least deprived. Further, the average age of people with frailty gradually increases from the most to the least deprived areas.

Falls

Falls are a large contributor to loss of independence in older age with potentially devastating consequences. They are a common cause of injury, which can sometimes be fatal. Around one in three adults aged 65+, and half of those aged 80+, fall at least once a year. This costs the NHS over £2bn a year and over 4 million bed days.

The impact on the individual can be wide-ranging, causing pain, injury, distress, loss of confidence and a greater risk of death. A first fall can set in motion a downward spiral of fear of falling which, in turn, can lead to more inactivity, loss of strength and a greater risk of further falls.

For this reason, falls are the leading precipitating factor for older adults going into long term care. Sunderland has particularly elevated levels of emergency hospital admissions due to falls in people aged 65+,

Sunderland is dealing with a complex set of factors that contribute to its significant incidence of falls and the challenges for service providers are set out in the image opposite.

Falls in Sunderland



56,200

residents are aged 65+
(20.5%)



33,000+

falls per year in population
aged over 65+



2,710

2,100 Nationally

Emergency admissions
related to falls in people
aged 65+
(per 100k population)

The average emergency admission rate for the North East is 2,531 admissions per year, which makes Sunderland 7% higher than the regional average rate²⁴.

There are multiple contributing factors for the high falls rate in Sunderland including:

- Low healthy life expectancy - Sunderland has one of the lowest healthy life expectancy rates in England at 56.9 years for women (England average 63.9 years) and 56.1 years for men (England average 63.1 years). This means that people in Sunderland may be becoming frailer at early age compared to national average.
- Social Deprivation - 21.7% or 14,833 older people were living in poverty during 2019. This is significantly higher than the England average of 14.2%. Overall, Sunderland is ranked 4th highest in the North East for older people living in poverty.
- Data for 2022 is now available for alcohol related mortality , Sunderland is the 3rd highest in the North East. Data for 2022 for smoking - smoking prevalence is estimated to be 13.2% in Sunderland.

Hip fractures are a common outcome of falls, though they are not always related. Hip fractures are also caused by other factors, primarily low bone mineral density, which can lead to osteoporosis.

The average age of a person with a hip fracture is about 83 years, and about 73% of fractures occur in women. Only one in three hip fracture sufferers return to their former levels of independence.

Whilst declines in muscle mass and bone density start to occur from around 50 years of age, falls are not a natural part of the ageing process and are preventable. Reasons for older people falling include muscle weakness, poor balance, effects of medication, sensory impairment, and environmental and home hazards.

All of these can be addressed to help older people stay independent. Physical activity, particularly strength, balance, and flexibility exercises, is one essential element in preventing falls.

According to UK Chief Medical Officers' Physical Activity Guidelines (2019)²⁵, older adults should aim to accumulate 150 minutes per week of moderate intensity aerobic activity, building up gradually from current levels.

However, the proportion of people who are physically active decreases with age, and older people in the poorest neighbourhoods are much more likely to be physically inactive than people in the wealthiest.

As people grow older, there is a greater likelihood that they will experience a fall, especially if they are already managing a long-term condition or illness, however the collective ambition in Sunderland is to achieve a culture in which falls are not inevitable and all our services are working together to actively prevent the incidence of falls.

In response to the growing need for effective and personalised falls prevention strategies highlighted in the Chief Medical Officer's Annual Report 2023. [Steady on your feet](#) is an innovative digital platform, designed to address the challenges faced by older adults and reduce the economic burden on the NHS.

According to the report, falls and related fractures are significant health concerns for individuals aged 65 and above, with a substantial number experiencing falls each year. This statistic underlines the pressing need for tailored fall prevention strategies, a core focus of Steady on Your Feet.

The platform's customisable tools and resources are specifically designed to mitigate these risks, addressing the individual needs of this vulnerable demographic. The Multiagency falls groups are in discussions to bring this platform to Sunderland.

Case study - Strength and balance programme video

The strength and Balance programme is an evidence based (OTAGO) exercise program, funded by Health and Wellbeing Healthy City grant for people who live in Sunderland.

This exercise program targets vulnerable, mildly, and moderately frail over 50's who have a history of falls and/or fear of falling with the key aim of improving their independence and confidence and reduce falls, whilst promoting 'Healthy Ageing' and a lifelong participation in exercise and activity.

Watch a video about the programme [Strength and Balance](#)

Dementia

Dementia is another key reason for loss of independence in older age, associated with an ongoing decline of brain functioning. Dementia is not a disease itself, but a collection of symptoms that result from damage to the brain caused by different diseases, such as Alzheimer's disease or vascular dementia.

These are the two most common types of dementia, but there are many others. Symptoms vary according to the part of the brain that is damaged. They may include memory loss, mood swings, confusion, and difficulty concentrating or following a conversation. It affects a person's mental abilities and can interfere with daily living.

The symptoms of dementia usually become worse over time, and, in later stages, people will usually need help from friends or relatives. In some cases, they will need constant care and attention, in the community or in a care home.

An estimated one in three people will care for a person with dementia in their lifetime. This can be challenging and have a significant impact on carers' lives, including reducing working hours or leaving work altogether. This contributes to the huge economic cost associated with dementia, estimated at £29.5 billion a year (LSE, 2019).

"To make the city Dementia Friendly – ensuring the environment supports people living with cognitive impairment (as this will also be supportive for those who do not have impairment).

Ageing Well Ambassador,
Washington resident

This is more than the cost of cancer, heart disease and stroke combined, and looks set to triple by 2040. The risk of dementia increases with age, but it is not a natural part of ageing. And while there is no certain way to prevent all types of dementia, there is good evidence that a healthy lifestyle can help reduce the risk of developing dementia in older age. NHS Health Checks encourage this, and accurate diagnosis of dementia is the first step to getting help and support.

A healthy lifestyle can also prevent cardiovascular diseases, such as stroke and heart attacks, which are themselves risk factors for Alzheimer’s disease and vascular dementia.

Dementia Diagnosis Rate (DDR), analysis shows the November 2023 dementia diagnosis rate. (North East, Sunderland, and England Dementia Data Overview November 2023) 63.8% people in Sunderland have a diagnosis of dementia. Compared to England 64.7% and Northeast 67.6%²⁶.

Case study - Essence Service

Funded by North East and North Cumbria ICB, the Essence Service offers a wide range of practical support by giving information in areas around health, wellbeing and legal issues while ensuring people are aware of how to access services that are of benefit to them.

People with mild to moderate dementia also receive emotional and peer support to help understand and deal with their dementia diagnosis in a positive way.

Evidence suggests that keeping active and stimulated when a person has mild to moderate dementia is essential as it slows down its progression and supports wellbeing.

The Essence Service offers a variety of activities from its Doxford Park centre in Sunderland and in the wider community. [Activities can include coffee mornings, reminiscence sessions, seated exercise and much more.](#) The Essence Service also recognises the vital role of carers and the impact caring for someone with dementia can have and provides a listening ear to carers as well as practical support and signposting.

Mental health for older people

At older ages, mental health is shaped not only by physical and social environments but also by the cumulative impacts of earlier life experiences and specific stressors related to ageing. Exposure to adversity, significant loss in intrinsic capacity and a decline in functional ability can all result in psychological distress.

There is growing concern regarding the rise of mental health conditions in older age. Older adults can have mental health problems such as depression and

anxiety, although these often manifest differently in older age. Renewed focus on mental health improvement interventions and services for older adults is key to improving overall quality of life in people’s later years²⁷.

Older adults are more likely to experience adverse events such as bereavement, or a drop in income or reduced sense of purpose with retirement. Despite their many contributions to society, many older adults are subject to [ageism](#), which can seriously affect people’s mental health.

Around 14% of adults aged 60 and over live with a mental disorder (2). According to the [Global Health Estimates \(GHE\) 2019](#), these conditions account for 10.6% of the total disability (in disability adjusted life years, DALYs) among older adults. The most common mental health conditions for older adults are depression and anxiety. [GHE 2019](#) shows that globally, around a quarter of deaths from suicide (27.2%) are among people aged 60 or over.

Mental health conditions among older people are often underrecognized and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help. Mental health and wellbeing are fundamental to achieving a healthy, resilient, and

thriving population and in Sunderland a mental health strategy was created [Adult Mental Health Strategy - NHS Sunderland \(icb.nhs.uk\)](https://www.icb.nhs.uk).

Health service/access in community

In an age-friendly Sunderland, providing care for older individuals is vital for maintaining their health, independence, and activity levels, and this includes easy access to a range of health and social care services. As our older population grows, the demand for community support and health services will increase²⁸.

This projected rise presents a significant challenge, as older people tend to develop long-term conditions and require more health and social care (NHS England, 2023). Sunderland faces higher prevalence rates both regionally and nationally, for many long-term conditions, and our population of over 70s will be around 53,633 (19.5%) of the population by 2040 (Office for National Statistics, (2020).

This presents a significant challenge for health and care services. Our rural and coastal areas encounter added challenges related to workforce recruitment and retention including the distances required to access services.

This case study below is an example of bringing services to communities and reducing waiting times.

The survey data from the consultation with Ageing Well Ambassadors 2023 revealed that access to health care was a significant concern for older people in the Sunderland area. Whilst some people felt that they were able to access services easily, several comments were made about how there was a need for “better health facilities locally” and “accessible health services.”

Case study - NHS services delivering in Metrocentre

Gateshead Health NHS Foundation Trust and Newcastle upon Tyne NHS Foundation Trust have signed a long-term lease with Metrocentre for the new Community Diagnostic Centre (CDC).

At just under 40,000 sq. ft the CDC facility will provide imaging, respiratory investigations and cardiac investigations with the centre designed to create capacity for these services that are seeing increased referrals. It is a major step in providing improved access to screening and diagnostic services outside of a hospital setting for the people of Gateshead and Newcastle.

The CDCs will allow patients to access planned diagnostic care nearer to home without the need to attend acute hospital sites. These services would be separate to urgent diagnostic scan facilities, which means shorter waiting times and a reduced risk of cancellation which can happen when more urgent cases take priority. Therefore, this would lead to improved patient experience and outcomes.

Primary prevention

People want the ageing well delivery board to focus on ill health pushing back and delaying disease. Provided that individuals are given the opportunity, and this is an important provision, increasing exercise, eating a healthy diet, stopping smoking, and limiting alcohol

intake are all examples of things that will delay debilitating disease.

The earlier these start in life the better, but it is never too late to make a positive difference and delay or minimise the impacts of disease.

Government (state) has the capacity to intervene to delay significantly debilitating disease for the whole population, ideally before disease even starts. This is termed primary prevention, and the positive effects are most clearly seen in older age from a lifetime of prevention.

Sometimes this is through the provision of areas for all residents, including older residents, to exercise.

Many of the interventions involve the built environment the State owns; pavements older people feel safe to walk on or parks, recreational facilities and cycle-paths designed for the old as well as the young. It also involves legal and planning measures to stop smoking before it condemns millions to years of disability in later life, and to limit the drivers of over-consumption of unhealthy food or high alcohol intake. Reducing air pollution, will delay the incidence of many debilitating diseases of older age including cardiovascular disease (CVD) and cancer.

Public health measures include both primary prevention by central and local government to reduce risk factors for disease, and secondary prevention by the NHS to slow down early disease. Both can delay, and therefore shorten, the period of life in ill health. The fewer diseases that an individual has, and the shorter the amount of time they have them for, the better their quality of life is likely to be.

We all age chronologically and eventually die, but biologically some people age faster than others. This inequality in the rate of biological ageing is preventable and is affected by the social and economic environments that people live and work in.”

Providing more care closer to home by enabling local health systems to proportionately increase investment into primary care and community-based services, mental health, and social care²⁹. In Sunderland there is a new Care closer to home board where strategic partners are all working together on frailty.





Transport and active travel

The North East Transport Plan is the first comprehensive Transport Plan for the region, bringing together the seven local authorities in North East England: Durham, Gateshead, Newcastle upon Tyne, North Tyneside, Northumberland, South Tyneside, and Sunderland. Transport North East - Moving to a Thriving North East. A single Plan giving a truly regional focus is a step forward for the North East. Travel patterns in our region are complex but 95% of our population live and work within our seven local authority areas and travel behaviour is not constrained by administrative boundaries.

This Plan sets out the region's transport priorities up to 2035. If successfully delivered, the projects and policies in the Plan will help to protect our environment by providing attractive carbon-neutral sustainable transport for people across the region. Our plans will also significantly fuel regional economic growth which will help to boost job creation. It will move us to a green, healthy, dynamic, and thriving North East. The Plan is centred on

connecting people to good employment opportunities, generating economic growth, while enabling the region and its people to move to healthier and greener more sustainable ways of travel.

Transport is a means to an end, a way of being able to do the things that make up our lives and enables our region and its people to keep moving. It enables physical connectivity between people and jobs, businesses and workers, and businesses to suppliers and customers. Within our region, it is important that our population of two million residents can reach work, education and healthcare and visit friends and loved ones. Links to and from other regions and to other countries are also fundamental for facilitating economic growth and trade.

25% of homes in Tyne and Wear are within walking distance of a Metro station. Some of our Big Transport Conversation respondents told us that they liked some of the temporary active travel schemes that were introduced in 2020 and would like to see us encourage more active travel. Our residents also

told us that they want to feel safe when travelling on public transport and using stops and stations. Our Ageing Well Ambassadors also raised many points about transport:

"I find the waiting times for public transport make journey times so much longer, especially the lack of coordination between the various companies."

Ageing Well Ambassador,
Washington resident

“Make people have standards, respect, self-respect, cleanliness and bring our public transport to a very high standard and make it safe.”

Ageing Well Ambassador,
East resident

“Improvements to public transport. Our service has been cut from three to two buses per hour.”

Ageing Well Ambassador,
Coalfield resident

“Improvements to public transport - we only have two buses an hour along the seafront. The 700 service is good but only runs in the summer”

Ageing Well Ambassador,
North resident

“Better transport links especially to the hospital and to the new City Hall.”

Ageing Well Ambassador,
West resident

Successful delivery of the Plan will lead to the North East having a world-class sustainable transport network. Carrying out our Plan and achieving our vision and objectives will lead to better outcomes for our region’s residents,

businesses and visitors and overcome our long-standing challenges.

Active travel means making journeys in physically active ways that burn energy such as cycling, walking, and wheeling. Widely accepted as an inexpensive and accessible form of transport, encouraging, and enabling more active travel is a keyway of improving the health and wellbeing of local people.

Active travel and public transport are the best ways to travel for public health and the environment. Trips taken by diesel or petrol cars create carbon emissions, air pollution, and traffic congestion and can create unsafe environments for people travelling actively because of the potential for collisions.

There are some barriers - both real and perceived - that we will need to be overcome to boost active travel. These are:

- Safety and security (including perceptions of this).
- Accessibility and maintenance - for example of walking and cycling routes and infrastructure.
- Affordability - such as the cost of cycling and/or safety equipment.

- Coordination and integration - including integration with transport hubs or local bus and Metro services.
- Journey times and perceptions of convenience - including the feeling that cycling or walking 'takes too long' or are not good options in poor weather.

This North East strategy³⁰ sets out the opportunities and benefits of active travel, asks people what it would take to encourage more walking, wheeling, and cycling, and sets out an ambitious programme of investment that would help us to achieve our target of over half of shorter journeys being made by active travel by 2035.



Call for action the time is now for change!

It is an opportune time for the Ageing well delivery board partners in Sunderland to take responsibility for this information in this report. To refresh the Ageing well delivery plan with actions for all partners to implement the recommendations as the State of Ageing in Sunderland is everyone's business.

1. The NHS, social care, central and local government must start planning more systematically based on where the population will age in the future, rather than where demand was 10 years ago. This includes building or adapting housing and transport, and how issues of age can interact with the broader planning agendas of sustainability, cohesion, and liveability to create places that promote well-being for every member of the community³¹.
2. Continue to collaborate with leaders across the Integrated Care System to encourage joint initiatives and ensure partnerships and services are visible and publicised and in communities for people to reach and reduce waiting times, primary prevention should be at the forefront for all services.
3. To make our homes fit for an older population: existing homes need to be adapted, and new homes need to be built to a higher standard of accessibility. Disabled Facility Grants (DFGs), provided by local authorities, are important in enabling people to make adaptations and repairs to improve accessibility and living standards.
4. All partners to produce accessible, easy-to-read information and use terms that do not alienate potential recipients of services. Get the information into the places people are – bus stops, pharmacies, cafes, places of worship etc. In many areas people talk about warm homes or affordable warmth rather than fuel poverty.
5. Making Every Contact Count. Upskill staff to provide them with the relevant knowledge to deal with challenges, for example energy-related/fuel poverty. This can be achieved through internal or external training/collaboration between different local teams or between areas/sharing lessons etc.
6. Sunderland should continue to work with exemplars in the field of ageing, and in all the domains outlined in the age-friendly framework (WHO). As a key partner with the Centre for Ageing Better we should continue to share learning with other areas and continue to play an active role

the UK Network of Age-friendly Communities.

7. Age Friendly Sunderland should continue to consult with the residents of Sunderland to understand their experience of ageing in the city, and to gather their views on how we can work together to improve the experience of all, this has started with our Ageing well Ambassadors programme and We'ar Shining the Light news team, but it needs to be maximised by all partners.
8. All Ageing well delivery partners should explore signing up to the age-friendly workplace pledge as key leaders within the city, then present at workplace alliance to get smaller employers signed up.
9. Training and awareness raising of age-friendly and dementia-friendly approaches is needed as the national campaign has now ended.
10. Research should be embedded with all partners to understand as well as the data what is happening in our communities. Research into multimorbidity, frailty and mental health needs to be accelerated. Social care research needs to be a core component of health research

programmes. The lack of inclusion of social care in health research is a significant gap.

11. We all have a role in supporting the growth of intergenerational approaches collaboration. Intergenerational practice work is not just a pleasant thing to do its essential it aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities.



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Website: <https://www.sunderland.gov.uk/article/20167/Ageing-well>

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City Hall, Plater Way SR1 3AA

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