Director of Public Health

Annual Report 2015-16

‘Fit’ For Our Own Futures?

“Older people contribute to society in many ways - whether it be within their family, to their local community or to society more broadly. However the extent of these human and social resources and the opportunities available to each of us as we age, will be dependent on one key characteristic: our health. If people are experiencing these extra years in good health, their ability to do the things they value will have few limits.”

Healthy Ageing in the 21st Century: The Best is Yet to Come (Birmingham Policy Commission 2014) [1]

North Tyneside Council

Foreword

Welcome to my first annual report as the Director of Public Health for North Tyneside. This report asks the question how 'fit' are we for our own futures? It is concerned with how the population in North Tyneside is ageing and concentrates not just on physical fitness, but also the importance of social and economic fitness and the role that these issues play in the ageing process.

In 1922, a scientist called Dublin[2] predicted that human longevity would peak at 65 years. Since then, repeated revisions of this prediction have failed to keep pace with the reality that society is undergoing a 'longevity revolution'. This revolution is global, and though some countries are ageing faster than others, population ageing is found in all societies and cultures. Many of the reasons underlying this ageing of society are known. Changes in infant mortality, improvements in medical treatments, improved standards of living such as good nutrition, cleaner air, fewer people smoking and generally better public health have all played a part.

For many people, old age is feared because it is associated with disability and disease, and it is true that the prevalence of disease increases decade by decade. However it is good to get old and societies are better off for having older people. While many older people will experience significant losses, whether in their physical or cognitive capacities, or through the loss of family, friends and the roles they had earlier in life, not all of the loss is inevitable, some can be avoided.

The ageing process is not the principal cause of disabling disease.[3] Biological ageing alone is believed to have little effect until around the age of 90 and only 25% of the ageing process is believed to be genetically determined.[4] Many of the disabling diseases of old age are preventable. While some diseases appear to be related to the ageing process, the main reason that disease occurs more commonly each decade is that people have lived for another ten years, exposed to risk factors in their lifestyle and environment that cause disease.[5] These risks can be reduced at any age, even at the age of 60 or older.

Older people contribute to society in many ways. However, the extent of the contributions and the opportunities available to each of us as we age, is heavily dependent on our health. If the added years of life are dominated by declines in physical and mental capacities, the implications for older people and for society may be much more negative.[6]

The health and social care costs are being driven by increases in chronic disease not necessarily by age per se. There is a very clear economic argument for preventative approaches across the life course to ensure that our residents in North Tyneside approach retirement and experience retirement in the best possible health, with the level of general fitness, health awareness and support services necessary to help extend healthy and active life and to prevent and delay the frailty and infirmity that is often associated with old age. The choice is really quite simple: keep the population fit and healthy or go bust!

Wendy Burke
Director of Public Health

It is my pleasure as the Cabinet Member for Public Health, and as the chair of North Tyneside's Health and Wellbeing Board, to endorse the Director of Public Health's annual report. I am committed to ensuring that we optimise opportunities for good health across the borough, so that as people age they can continue to take an active part in society and enjoy an independent and high quality of life.

Councillor Margaret Hall
Cabinet Member for Public Health

1. Introduction

There has been growing interest in the last decades in healthy ageing due to the social and medical burden associated with the continuous increase of lifespan in western countries and the consequent growth of an older population.(7)

Ageing is a normal biological process that is believed by itself to have relatively little significant impact until the 90s.(8) Studies have identified that genetics too have a limited influence on ageing and only 25% of longevity is estimated to be heritable. The major influence on the ageing process is external environmental factors and 75% of longevity can be explained by these factors.(9) As a result, much of the illness and disability all too often associated with ageing can be either prevented or postponed.(10)

Healthy ageing is about enabling our residents not only to live longer but more importantly to live longer in good health and enjoy a good quality of life. Today most people will live into older age, and an increasingly significant proportion of the population will be older people. Reducing the risks of preventable ill health and maintaining functional ability, are the key to ensuring that older people can continue to make valuable contributions to society. We also know that the social aspects of later life are just as important as physical aspects. Financial security, good quality care, appropriate housing, being socially connected with meaningful relationships, having independence, being valued and having a sense of being able to contribute to society, are all widely recognised as factors associated with healthy ageing.(11)

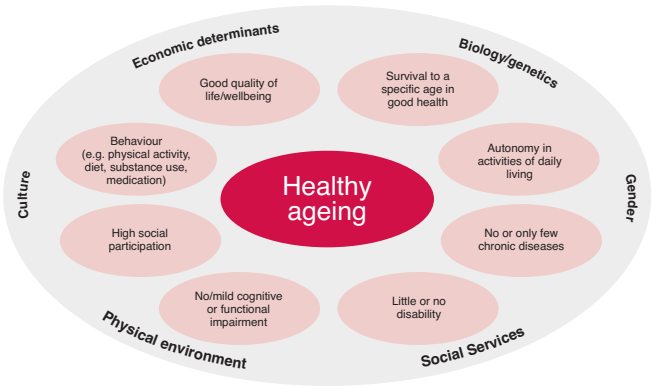
The conditions in which we are born, grow, work, live, and age, and the wider systems influencing the conditions of our daily lives are important in shaping how we age. It is widely recognised that the relative experiences of ageing are still heavily dependent on 'accidents of birth or fortune', which lead to the inequalities in both length and quality of life.(12) We don't choose our parents, our genes and our gender! This leads to a diversity in older age which is not random. Although some diversity reflects genetic inheritance or choices made by individuals during their lives, much is driven by influences that are often beyond an individual's control.

Healthy ageing is very much influenced by wider social and environmental influences. These influences take many forms, including the broad policies that affect us, the economic situation, a community's attitudes or norms, the physical characteristics of the natural and built environments and the social networks that we can draw on.(13) These shape both the physical and mental capacities we have at any time.

The responsibility for healthy ageing therefore, and the prevention of ill health in older age, does not simply lie solely with the individual, societal and environmental factors have a key role to play. Healthy ageing should ideally start in childhood and take a lifelong perspective, however it is never too late to start investing.

Determinants of healthy ageing

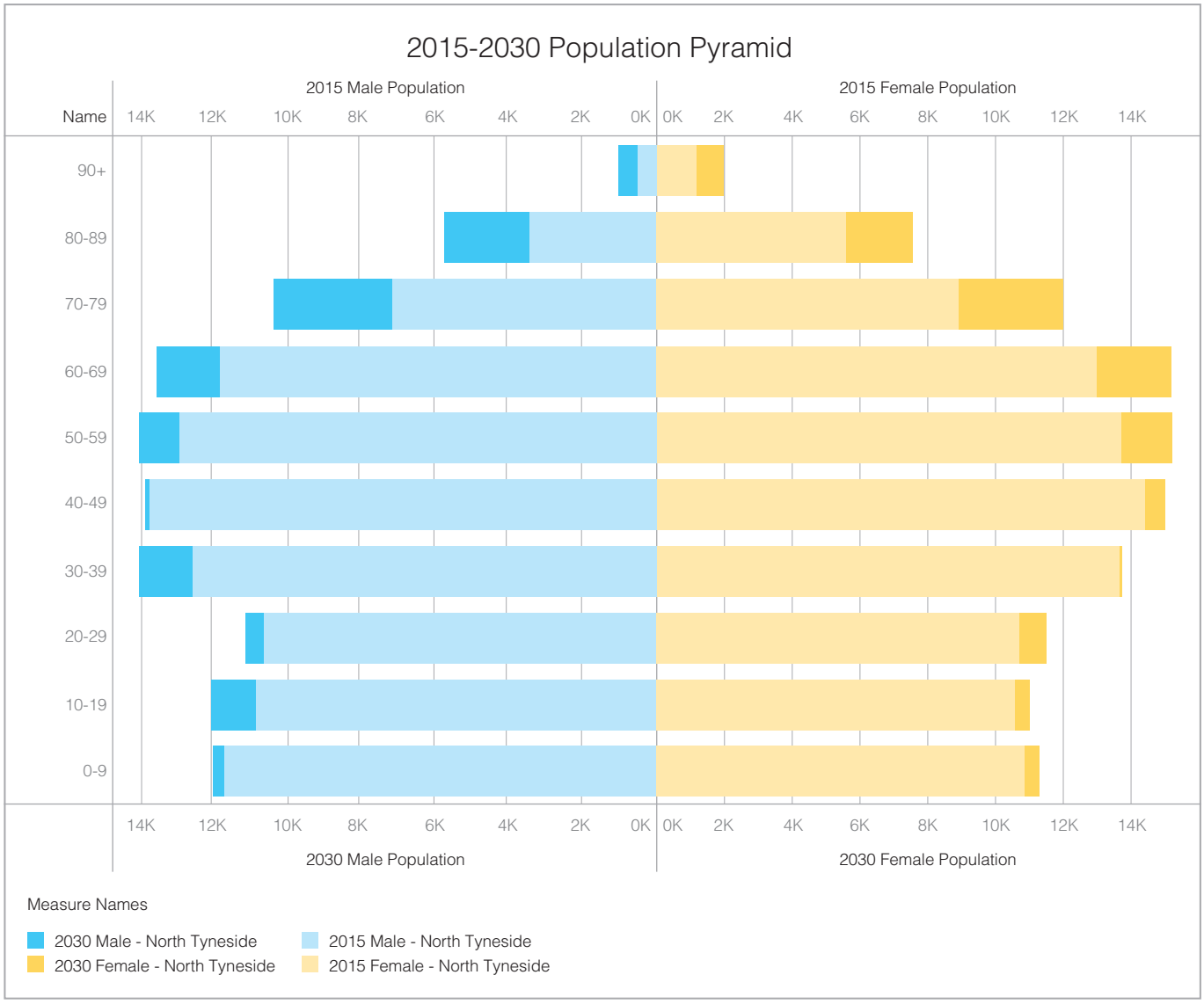
Source: Fuchs et al 2013



This report focuses on the health status of the adult population in North Tyneside, concentrating on the 50+ age group. The data used in this report has been extracted from a wide range of routinely available data sources. Where possible this data has been analysed at a North Tyneside level and has focused on the over 50s age groups. In some cases it has not been possible to extrapolate data at this level. As a result national estimates for the over 50 population has been applied to the North Tyneside population based upon 2015 mid year population estimates. Projection of need into the future has been calculated using the Projecting Older People Population Information (POPPI) data system. In order to provide insight at a local level, data from the North Tyneside Residents' Survey 2015 has been analysed, with a focus on understanding the perceptions of health and wellbeing, social inclusion and belonging.

Focus groups were also facilitated in a number of settings in North Tyneside to understand what health means to our older residents, what matters to them and what we can do in order to ensure we are all fit for our own futures.

2. An ageing population



Source: Office for National Statistics 2016

The population of North Tyneside is growing and by 2030 the number of residents will have increased by 6% compared to 10% nationally.

Like the rest of the UK the borough is experiencing a significant demographic shift, with falling birth rates and increasing life expectancy resulting in higher proportions of older people within the population.

There are estimated to be a total of 80,772 residents aged 50 years or older in North Tyneside.[14] This represents 50% of the total adult population (18+ years). It is projected that by 2030 this number will rise to 94,000, an increase of 16% which is less than the figure for England (21%).[15]

There are estimated to be a total of 39,211 residents aged 65+, 24% of the adult population, rising to a predicted number of 53,000 by 2030, an increase of 35% on par with the national figure.

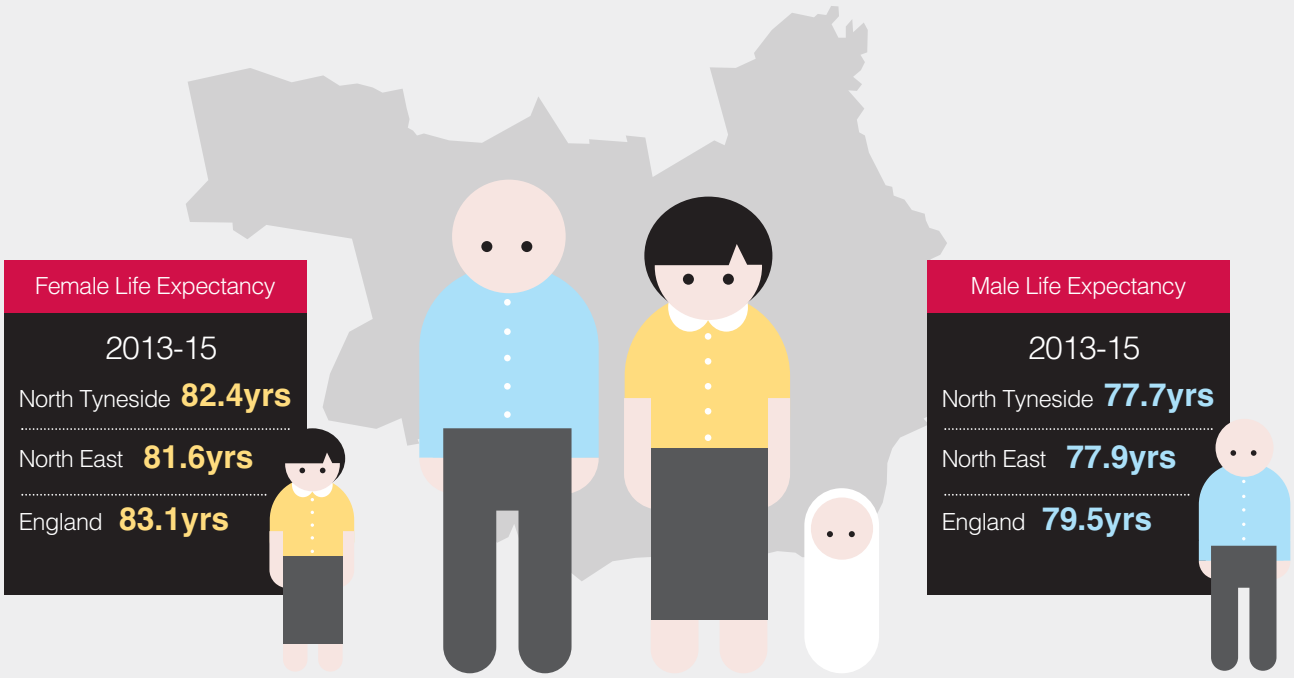
The population pyramid shows a significant growth in the over 60 population by 2030, an increase of 38% in the 70-79 age category (30% for England), 56% in 80-89 years (61% for England) and 72% in 90+ years (82% for England).

On average women live longer than men and this affects the gender profile as the population ages. Currently women make up 54% of the over 50s and 60% of the over 75s population in North Tyneside. In 2030 it is estimated that the numbers of women aged over 50 will increase by 14% and women aged over 75 by 27%.

3. Living longer

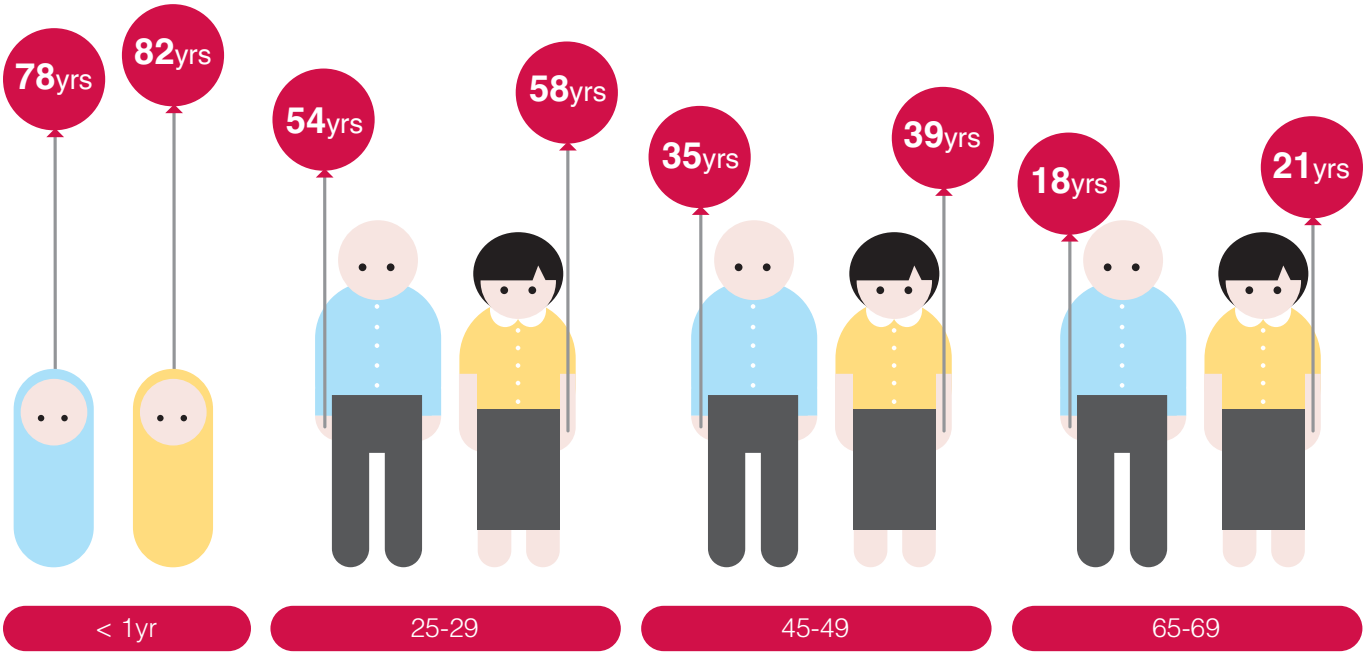
Life expectancy at birth

Source: Public Health Outcomes Framework 2016



Life expectancy in North Tyneside at specific ages

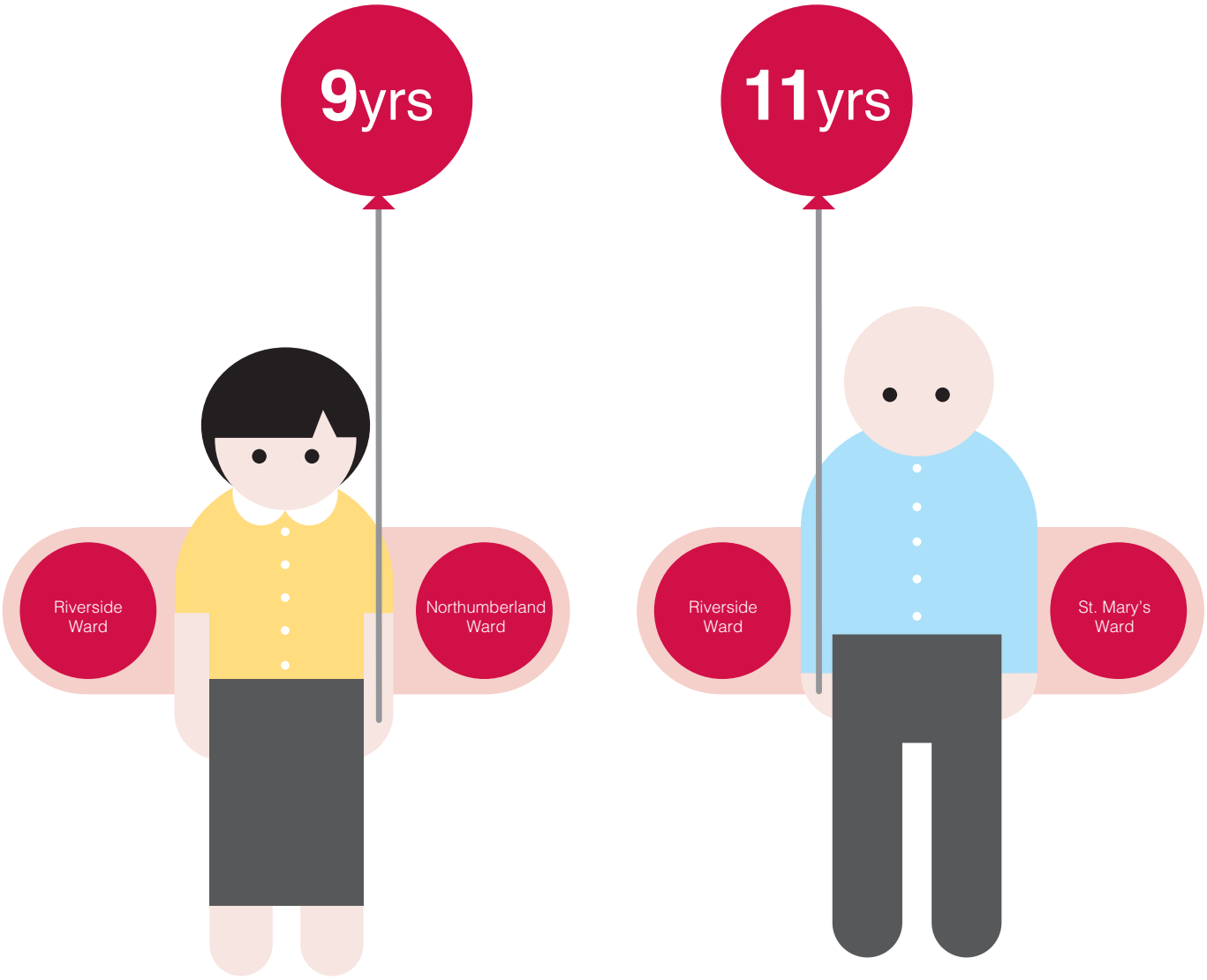
Based on your current age, you can expect to live another ...



Source: Office for National Statistics 2015

Life expectancy and inequalities in North Tyneside

Source: Public England 2016



Life expectancy has been increasing at all ages across the borough and this is really good news. The reasons are changes in infant mortality, improvements in medical treatments, improved standards of living such as good nutrition, cleaner air, fewer people smoking and generally better public health.

However the increases in life expectancy have not been distributed evenly. Men in our least affluent wards live on average 11 years less than those residing in our most affluent wards and for women the corresponding figure is 9 years less.

The borough also has higher rates of premature mortality than England. Premature mortality or deaths in those aged less than 75 years is a measure of unfulfilled life expectancy and a large proportion of the early deaths are preventable.

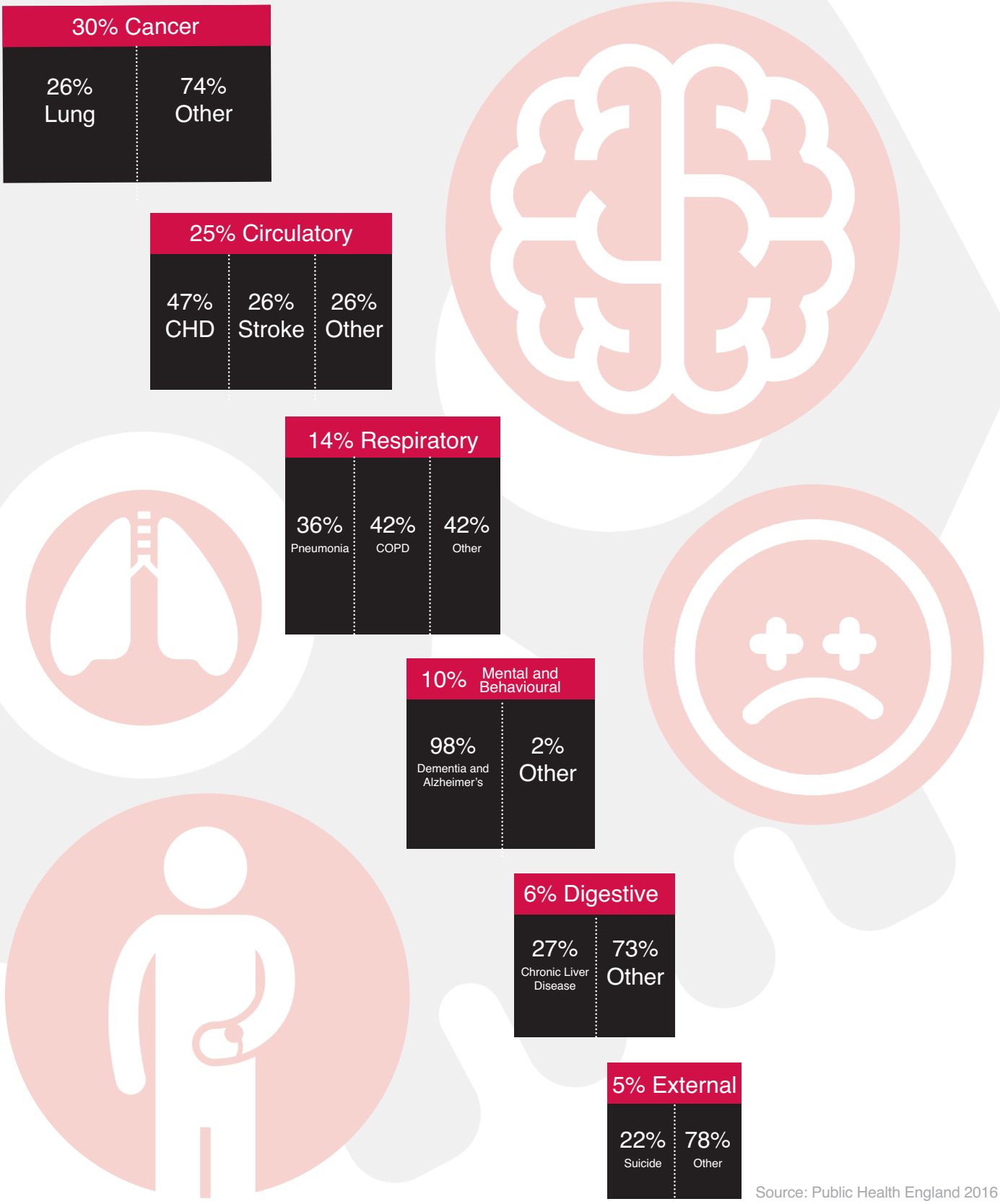
Both male and female premature mortality rates are higher in North Tyneside when compared toEngland but similar to the rates for the North East.

The all cause male mortality rate <75 years in North Tyneside for the period 2013-15 was 293.2 per 100,000 population compared to a figure of 232 per 100,000 for England. For females the rate was 177.5 per 100,000 population compared to 139.6 per 100,000 in England.

The main causes of premature mortality in North Tyneside are cancer, circulatory disease including heart disease and stroke, respiratory disease including flu, pneumonia and chronic obstructive airways disease.

4. What do we die from?

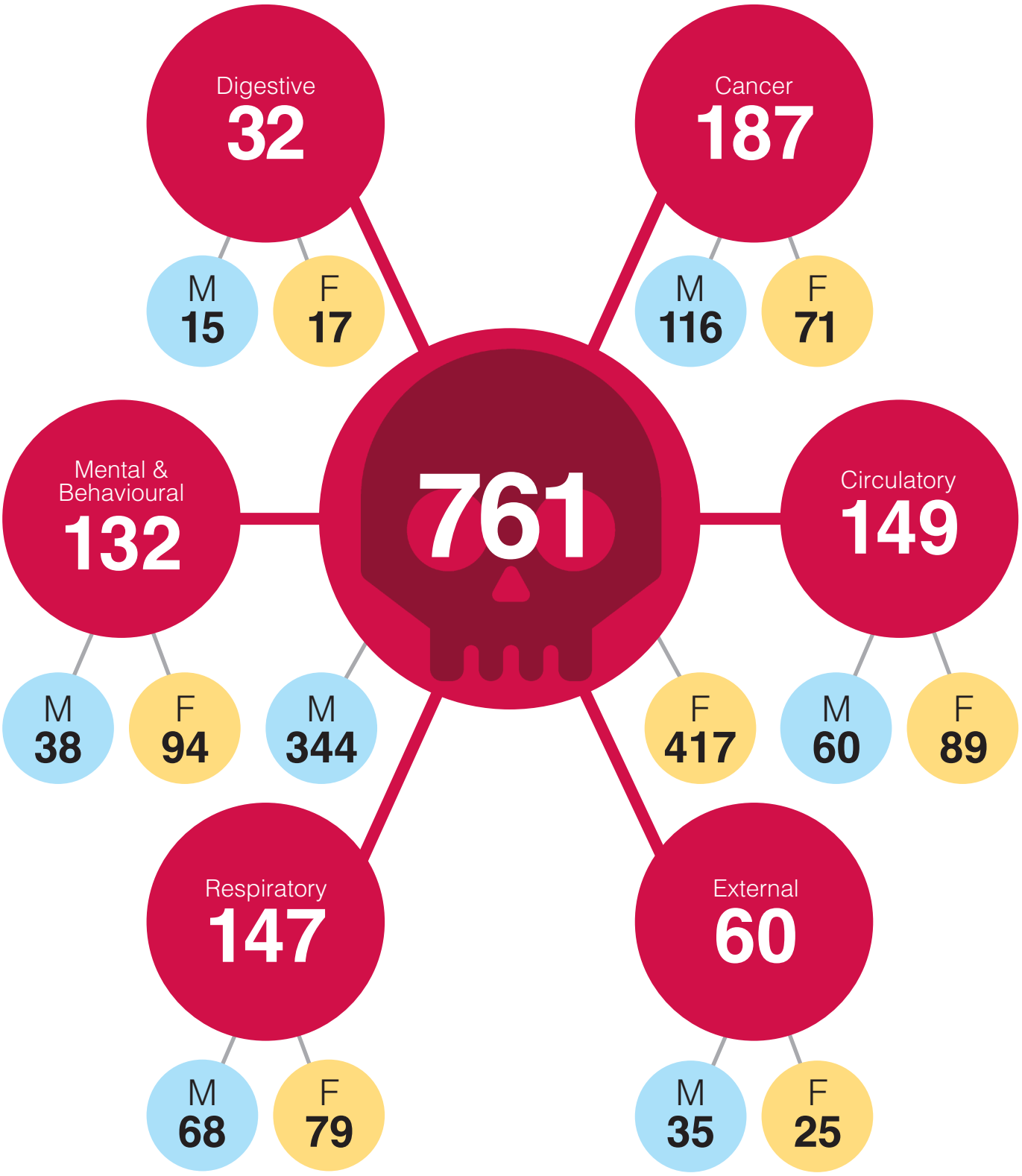
Percentage of premature deaths in North Tyneside 2012-14



Source: Public Health England 2016

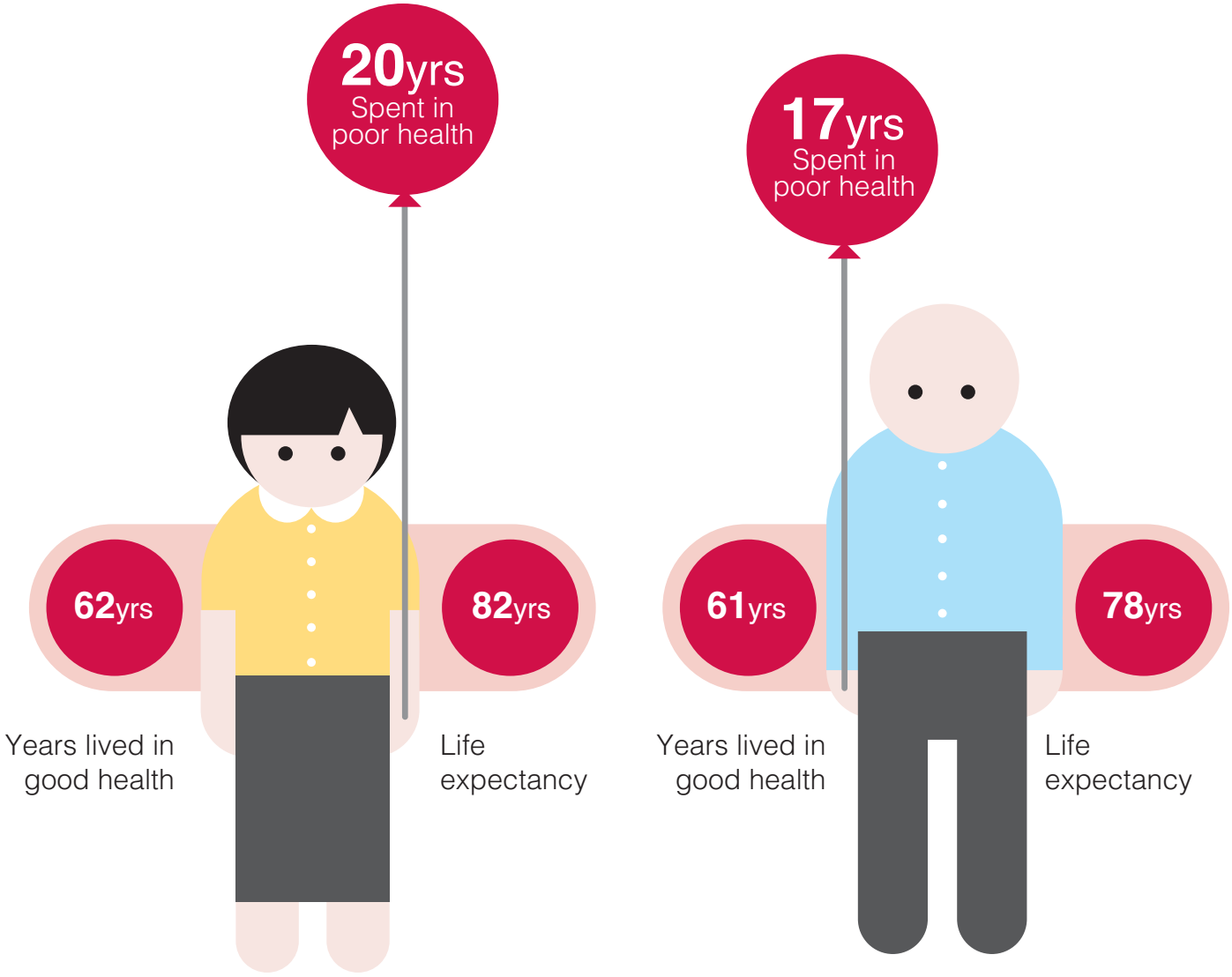
How many more premature deaths in our least affluent area of the borough?

There are more premature deaths in our least affluent area in North Tyneside than in our most affluent area. If we managed to reduce the inequalities in premature mortality that exist between our most affluent and least affluent areas we would reduce the gap in life expectancy and we would see an increase in life expectancy in the least affluent area.[16]



Source: Public Health England 2016

5. Living longer in good health



Source: Public Health Outcomes Framework 2016

A woman can expect to live 62 years in good health at birth in North Tyneside. This is lower than the England average (64 years), but higher than the North East average (60 years).

A man can expect to live 61 years in good health at birth in North Tyneside. This is lower than the England average (63 years) but higher than the North East average (60 years).[17]

The years lived in good health in England for a woman has improved in line with life expectancy. However for men there has been a slight reduction in healthy life expectancy and it is now four years below the state pension age.

This means that a significant proportion of men may not be economically active in North Tyneside due to poor health. For women the corresponding figure is three years below the state pension age, again potentially limiting the ability to be economically active.

There are stark variations within North Tyneside; men and women in our most affluent areas can expect to live 15 years and 14 years more in good health than those living in our least affluent areas. A significant proportion of the vast diversity of capacity and circumstances that we see in older age is likely to be underpinned by the cumulative impact of these health inequalities across the life course.

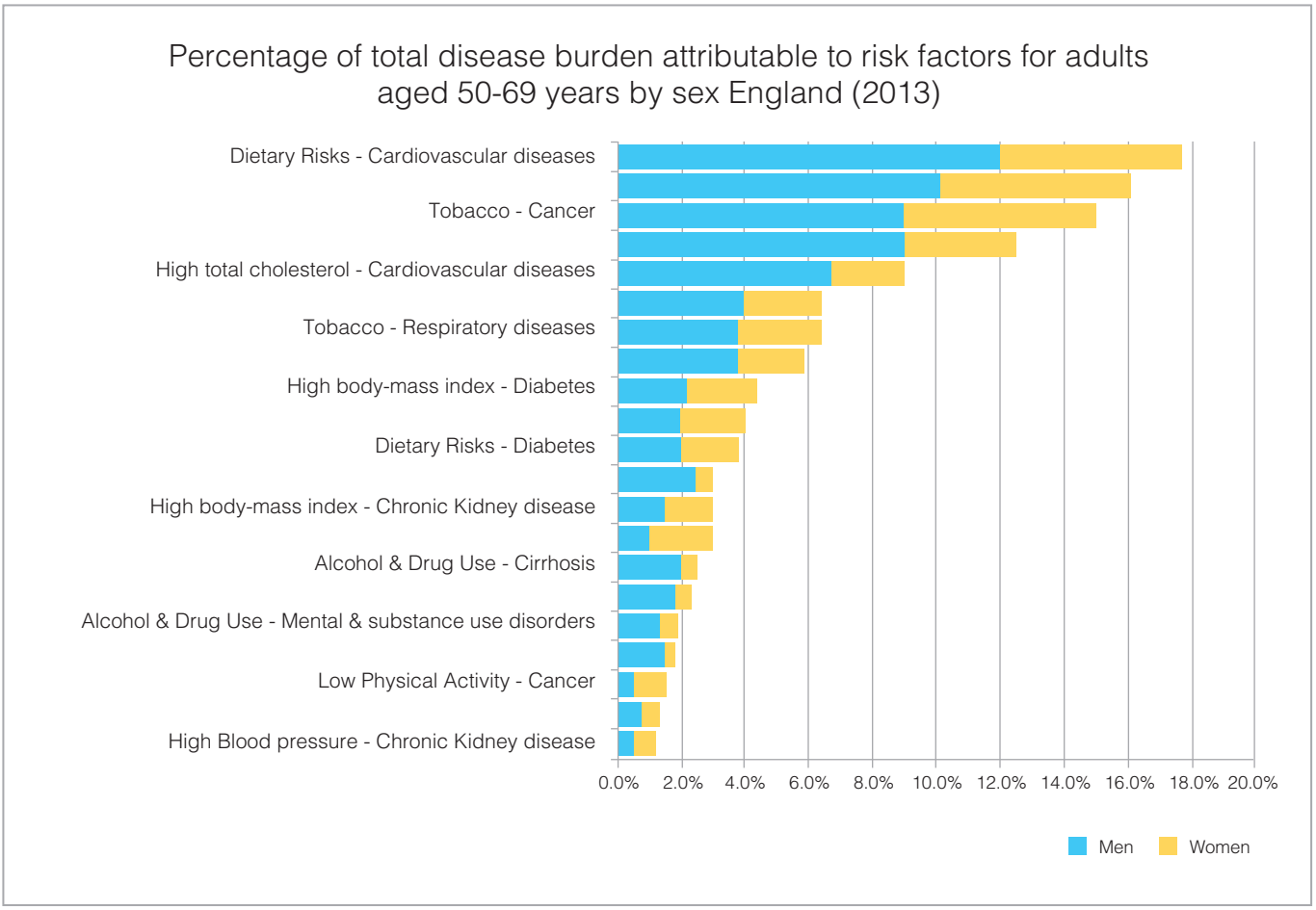
6. Risk factors and why they matter

Many of the diseases, conditions and disabilities that people associate with old age and that impact upon healthy life expectancy are NOT caused by ageing but by having lived for a long time with lifestyles or in environments that increase the exposure to certain risk factors. The longer a person has lived, the longer they will have been exposed and the greater chance they have of getting a disease or condition.

While cataracts, Alzheimer's disease and deafness are conditions of old age that we don't know how to prevent, we do know how to prevent, postpone or reduce the severity of the conditions that are the major killers and disablers i.e. cancer, heart disease, stroke, respiratory disease, diabetes, chronic kidney disease, musculoskeletal conditions, depression and vascular dementia.

A small number of risk factors are common to these main diseases and conditions. The chart below from the Global Burden of Disease Study [18] highlights the impact of these risk factors on adults aged 50-69. The leading three risks for both men and women aged 50-69 in terms of impact on illness and death are poor diet, high body mass index and tobacco consumption. Illness and death associated with heart disease (cardiovascular disease) and cancer is overwhelmingly affected by these risk factors. Indeed it is estimated that 30% of all cancers are caused by smoking and a further 30% by diet.

It is never too late to modify risk factors even in people with chronic disease.



Source: Global Burden of Disease Study 2013

In 2012 the Kings Fund undertook an analysis of the clustering of the four most common risk factors: [19]

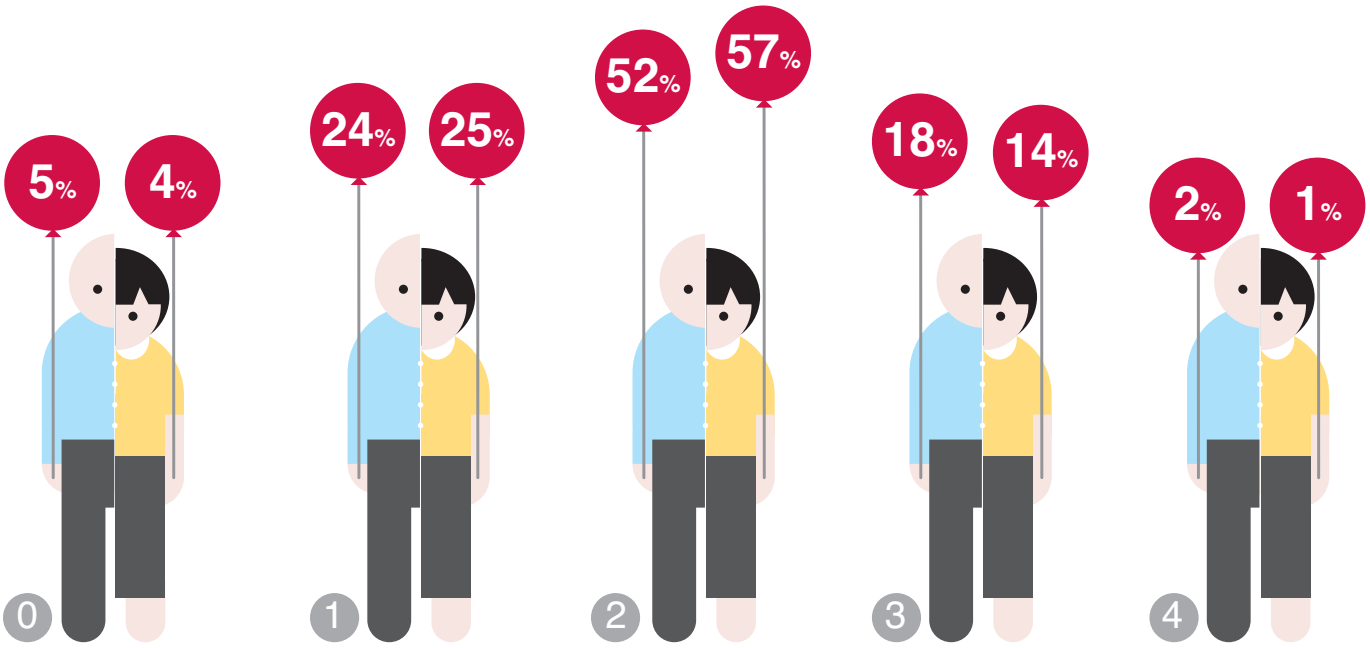
1. Smoking
2. Excessive alcohol consumption
3. Low levels of physical activity
4. Low consumption of fruit and vegetables

The interplay between these risk factors is important to understand, and at population level it is vital that our approaches to health improvement understands the clustering of these risk factors, rather than solely focusing in on one risk factor such as smoking and ignoring the existence of the others.

For example, a poor diet high in calories, salt, sugar and fat plus low levels of activity lead to overweight and obesity, and increase the risk of heart disease, stroke, cancer and joint disease.

By the age of 65+ more than half of all adults in North Tyneside have two or more risk factors. The most common combination of risk factors for men and women is low physical activity and low consumption of fruit and vegetables.

Estimated proportion of people aged 65+ with 0-4 risk factors



Source: Kings Fund 2013

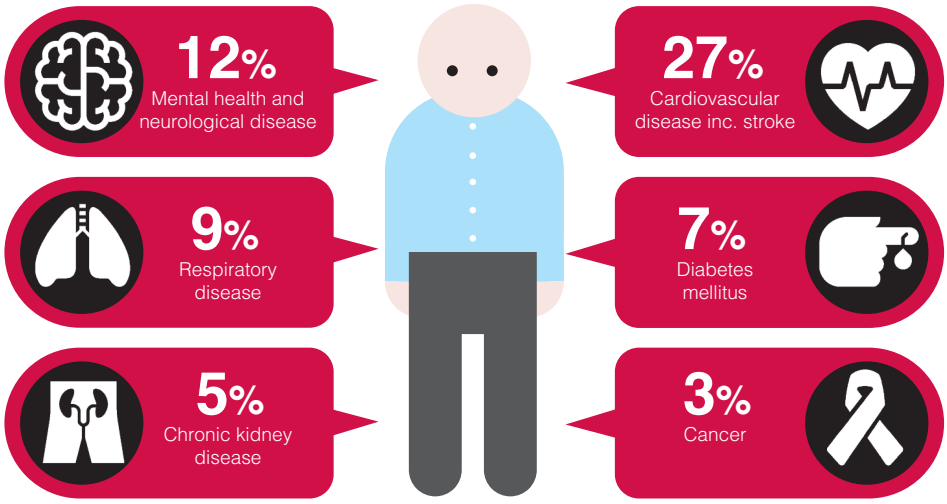
"Stroke is one of the major causes of disability, resulting from decades of diet causing narrowing of the arteries of the brain, the risk often increased by smoking or decades of living with high blood pressure from a high salt diet and obesity. Lifestyle not ageing." [20]

"It is sometimes suggested that because cancer is ten or a hundred times more likely to arise in the coming year in old people than in young people, ageing per se should be thought of as an important determinant of cancer. We rather doubt whether this view point is a scientifically fruitful one and in any case we are concerned with the avoidable causes of cancer, among which we can hardly count old age". [21]

It is estimated that by the age of 50 years half the population has at least one chronic condition.

In North Tyneside it is estimated that 17,000 adults aged 65-84 have multiple conditions.

Proportion of people in North Tyneside with a chronic condition

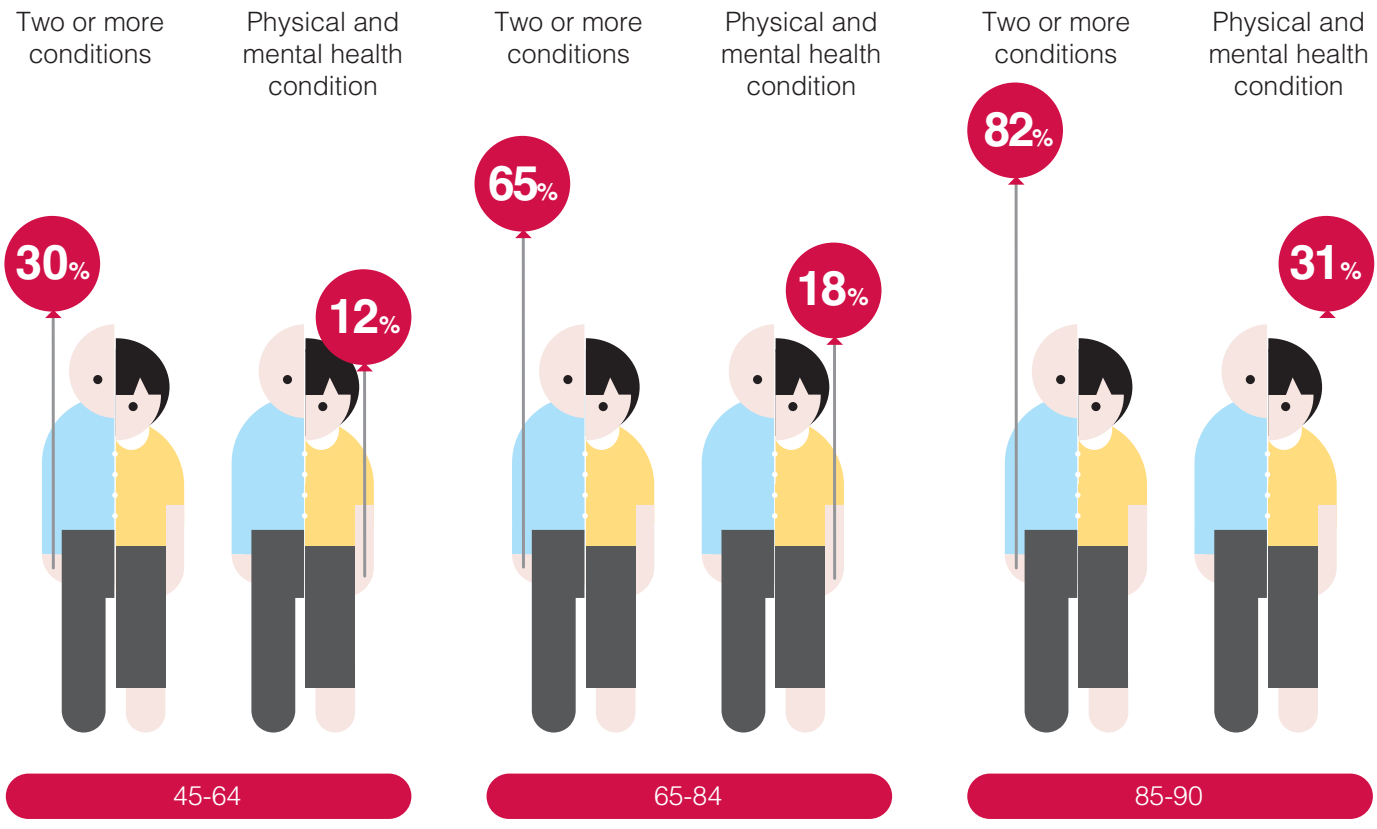


The impact of having multiple conditions means that individuals are more likely to experience poor quality of life, die prematurely and be admitted to hospital, compared to those with single conditions.

The onset of chronic conditions in the least affluent areas of the borough is estimated to be 10-15 years earlier compared to the most affluent areas.

Source: Quality and Outcomes Framework 2016

People living with two or more conditions and physical and mental health conditions



Source: Barnett et al 2012[22]

7. Healthy behaviour and lifestyle in North Tyneside

General health

73% of all residents rate their health as good

60% 55 - 64yrs and
45% 65+ yrs rate their health as good

Physical activity and weight

73% females >55yrs and
80% males > 55yrs are overweight or obese

52% of adults eat five portions of fruit and vegetables per day

34.4% of all adults are inactive

50% of adults age 65+ are inactive (**27,000** people)

Alcohol

13% of residents 65+ drink every day compared to **9%** of 25-64yrs

1 in 3 adults drink at levels harmful to their health

Smoking

12,000 people aged 50-69yrs are estimated to smoke

18% of adults smoke (**29,000** people)

RIP

On average, people who continue to smoke over the age of 60, die five years earlier than non-smokers

The effects of lifestyle and health behaviour accumulates over our lifetime and particularly impacts in older age. It is well understood that maintaining healthy behaviours can increase the years lived, reduce risk of life-threatening conditions such as stroke, keep us mentally well, protect us against accidental injury such as broken bones from falls, and some infectious diseases. The key healthy behaviours are not smoking, taking regular exercise, modest alcohol consumption and eating a healthy diet including five portions of fruit or vegetables per day. These behaviours need to start early in life and continue into older age. However despite clear evidence that lifestyle influences lifespan and healthy lifespan, and helps to explain much of the variation in longevity in across populations, there is often still poor uptake of this health behaviour. This is because behaviour is influenced by a number of factors and is not simply an individual 'lifestyle choice'. There is a complex relationship between socio-economic factors and behaviour.

General health in North Tyneside

Generally adults in North Tyneside rate their physical and mental health as good.[23] However the proportion of those reporting being in good physical health declines with age, with mental wellbeing scores remaining stable. 45% people aged 65+ reported having good health compared to 60% aged 55-64, 72% aged 45-54, 79% aged 35-44 and 88% aged 18-34.

Smoking

Smoking is the single most important risk factor for poor health in North Tyneside. Smoking contributes to a wide range of diseases, including cancer, respiratory disease, heart disease and stroke, vascular dementia and is associated with cognitive decline. On average, people who continue to smoke over the age of 60 will enter the social care system nine years earlier than non-smokers and will die five years earlier than non-smokers.[24] Whilst nationally and locally smoking rates are declining in North Tyneside the rate of smoking is estimated to be 18% lower than the figure for the North East but higher than the rate for England (16.9%). Men aged 50-69 in the North East report the highest rate with 26% of this age group smoking. A reason given by older people for continuing to smoke is that they feel the damage has already been done and that stopping would not provide any benefits.[25] However the evidence is clear that there are benefits of stopping smoking at any age.

Diet and nutrition

As people age their energy requirements decline. This is mostly due to a decrease in lean body mass, a reduction in metabolism and because older people tend to be less active than younger people. There is evidence to suggest that the requirement for some nutrients increases whilst for others the need decreases as people age. Healthy eating can increase bone density, protecting older people from osteoporosis, which reduces the risk and the negative health consequences of falls. Two of the most important nutrients for bone health are calcium and vitamin D17. There are a number of other foods, nutrients and vitamins that help to prevent osteoporosis and contribute to bone, muscle and joint health, including protein, fruits and vegetables, and other vitamins and minerals.[26]

The proportion of adults in North Tyneside who report that they eat the recommended five portions of fruit and vegetables is 52% which is very similar to the figures for the North East and England.

Healthy weight

Maintaining a healthy weight is an extremely important part of overall health. Being overweight or obese contributes to numerous health conditions that limit the quality and length of life, including heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers. Moreover, in older persons, obesity can exacerbate the age-related decline in physical function and lead to frailty. Older people are particularly susceptible to the adverse effects of excess body weight on physical function because of decreased muscle mass and strength, which occur with ageing.

31% of the adult population in North Tyneside aged 16 + is estimated to be a healthy weight , 2% underweight and 67% are overweight or obese, which is similar to the national average.[27]

The proportion of people carrying excess weight increases with age. There is no biological reason why people should be heavier in old age than in their younger years. This is not a consequence of the ageing process.

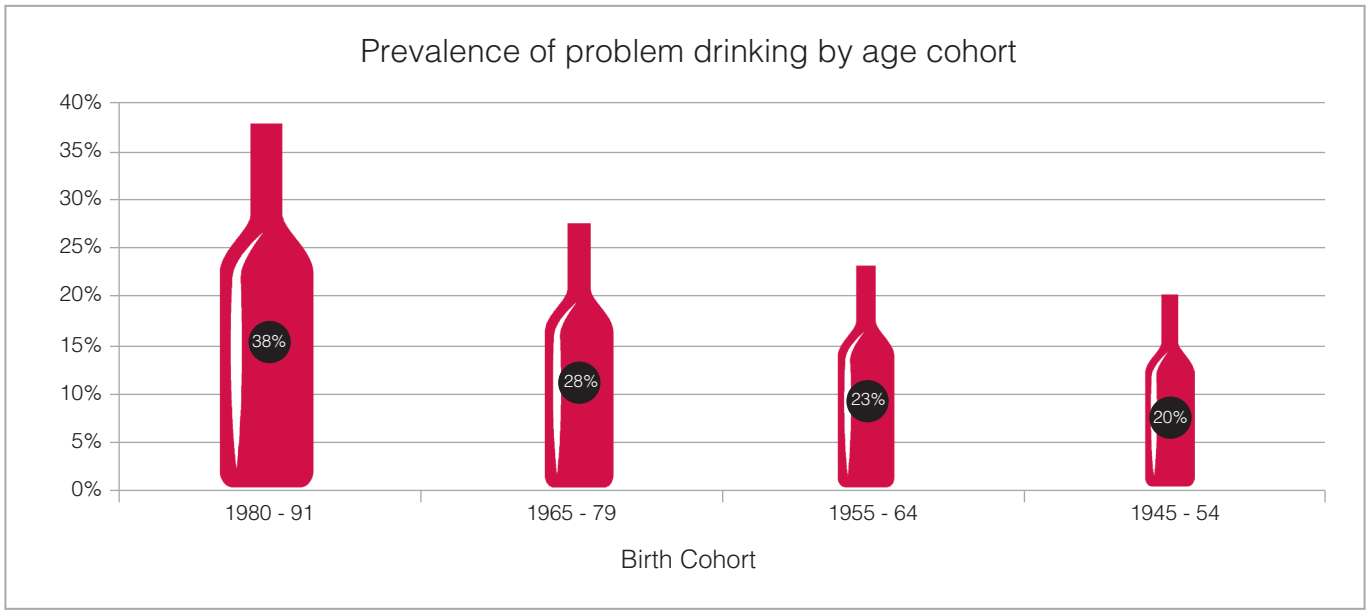
Alcohol use

Regular or heavy use of alcohol contributes to a wide range of health problems including; strokes, heart disease, liver disease, damage to the brain, mental health issues, increased risk of certain cancers and falls. In 2016 the CMO for the UK published new guidelines for low-risk drinking which identifies that for men and women it is not safe to drink more than 14 units per week, and that these units should be spread evenly over three days.

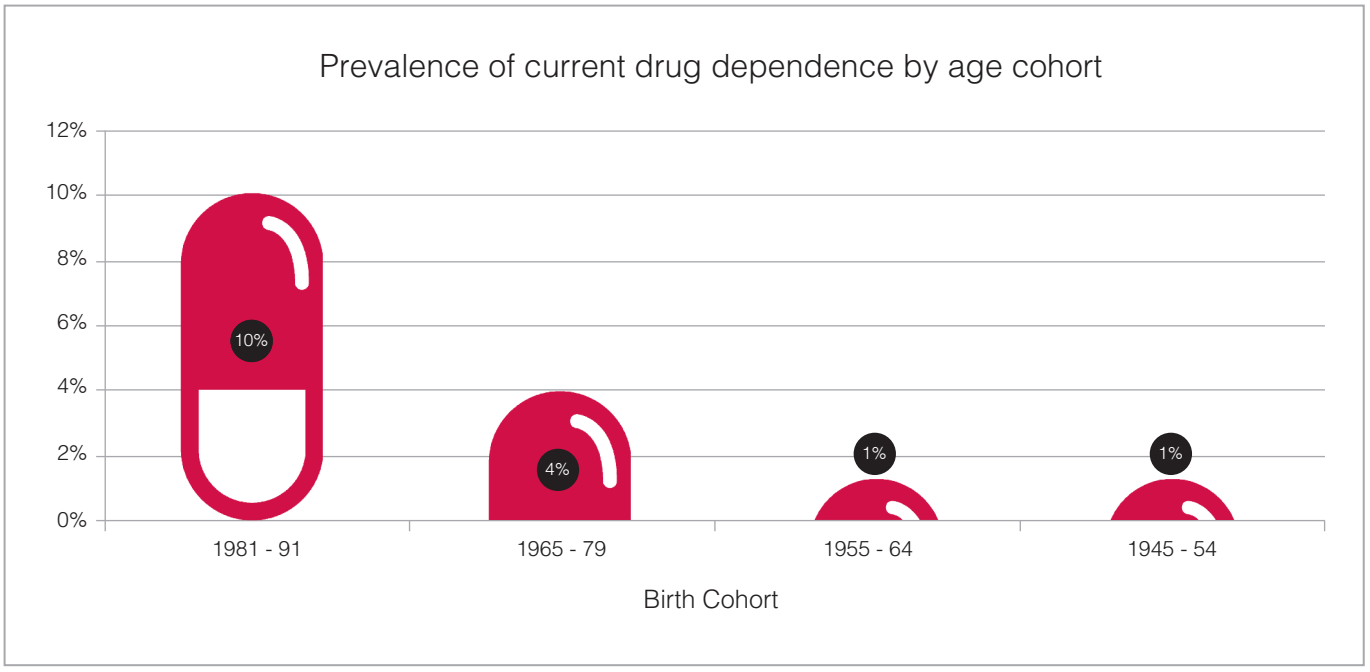
In North Tyneside a third of the adult population drinks at levels that risk damaging health. Older people drink less than younger people over the course of a week, however older people drink more frequently. The proportion of adults who drink every day increases with each group.[28] Men are more likely than women to drink alcohol, as well as consuming higher amounts. [29]

Drug dependency

The health problems associated with drug dependency are similar to those associated with harmful alcohol consumption, however depending on the type of drug and method of ingestion the impact on physical health may also include respiratory disease, HIV and Hepatitis B and C. Patterns of drug use by age group are difficult to estimate; although the current dependency levels are lower in the older age groups, over time lifetime use of illicit drugs in the 50-64 year olds has increased approximately ten-fold in England since 1993. The pattern of drug use in older age may increase further given the current prevalence of drug use in those born in 1980-91.



Source: Adult Psychiatry Morbidity Survey 2007



Source: Adult Psychiatry Morbidity Survey 2007

Physical activity

"If physical activity was a drug it would be regarded at a miracle cure and everyone would take it!"

Dame Sally Davis
Chief Medical Officer for England 2016

"Those who think they have no time for bodily exercise will sooner or later have to find time for illness."

Edward Stanley
(1826 - 1893)

The benefits of physical activity are well known as the key to good health. This is not recent news, the quote from Edward Stanley identifies that the link between inactivity and ill health was recognised back in the 1800s. In fact Hippocrates identified physical activity as beneficial way back in 400BC.

Physical activity has substantial and multiple benefits as we get older including improved physical fitness, improving social connectedness, reducing the risks of falls, helping people to maintain their independence and reducing use of support services.

Paradoxically we become less active with age and physical activity levels decline progressively with age as demonstrated nationally, regionally and locally. Data from the Active People Survey 2016 [30] suggests that in the North East 50% of adults are inactive at age 65+. By the age of 80 only a very small proportion of people take part in regular physical activity (less than 10%) compared to those aged 60-64 years. Older women are less likely than older men to be physically active.

Ageing is associated with a loss of muscle mass and hence muscle strength: by the age of 80 about half of muscle mass has gone. However, some age related changes that were once thought to result solely from ageing are now known to be the result of disuse and are therefore potentially reversible. The practical importance of this is that an older person with insufficient muscle strength will find basic everyday activities like rising from an armchair and getting to the toilet on time impossible. Muscle function is essential for independent and active life.

Lost fitness can be regained with regular physical activity, even in extreme old age and does not require complex intervention. Strength training in older people may be equivalent to 10 to 20 years of "rejuvenation" and may prevent an individual from falling beneath functionally important thresholds. [31]

Older people should do at least 150 minutes of moderate intensity aerobic exercise per week (increased breathing but able to talk) to maintain their health, and on at least two days per week undertake activity that builds strength and maintains balance. Long periods of sedentary time during the day should also be avoided (sitting and lying down).

Recommended physical activity levels

8. Screening and immunisation for older adults

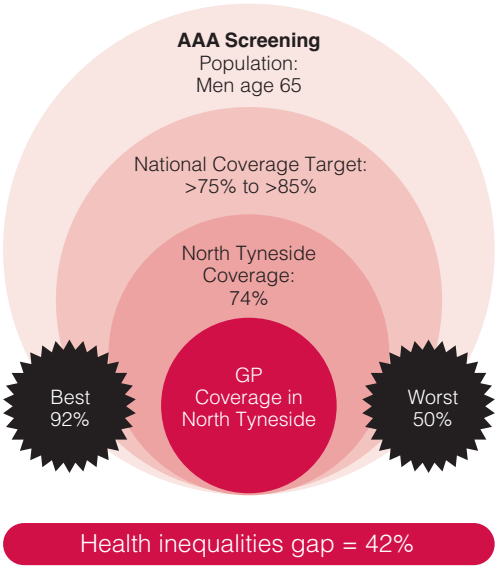
The role of healthcare and vaccination has been highlighted as an important contributory factor to increased life expectancy. Vaccination programmes help to protect the population from infectious diseases, and our screening programmes provide an opportunity to detect certain cancers and provide earlier medical interventions.

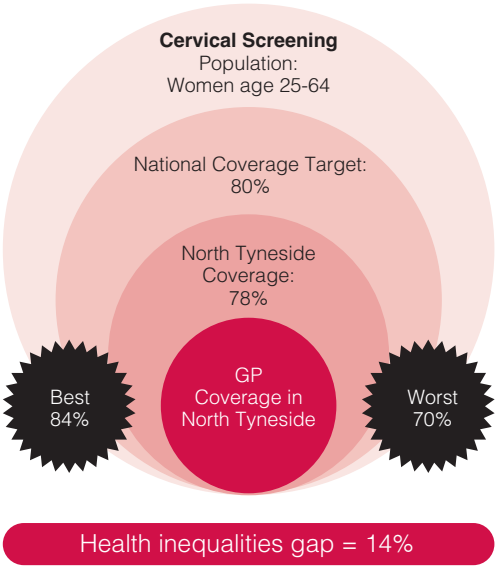
Screening of older adults in North Tyneside

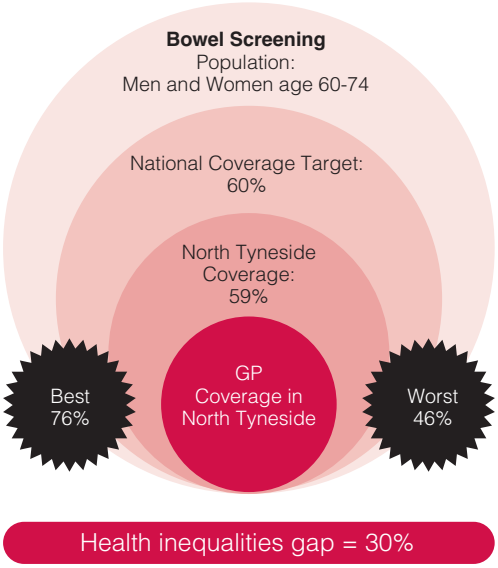
There are four population screening programmes in England that cover the over 50s:

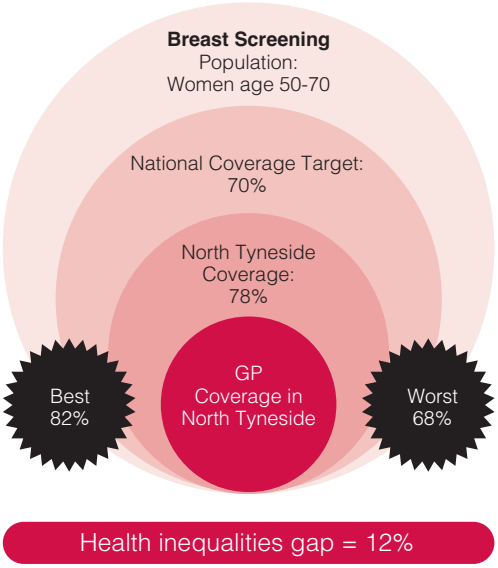
- NHS abdominal aortic aneurysm (AAA) screening programme (men only)
- NHS bowel cancer screening programme
- NHS breast screening programme (women only)
- NHS cervical screening programme (women only)

There is continuing evidence that people from the most deprived areas are accessing screening the least. This is replicated in North Tyneside, with GP practices within the least affluent areas having lower screening coverage rates.







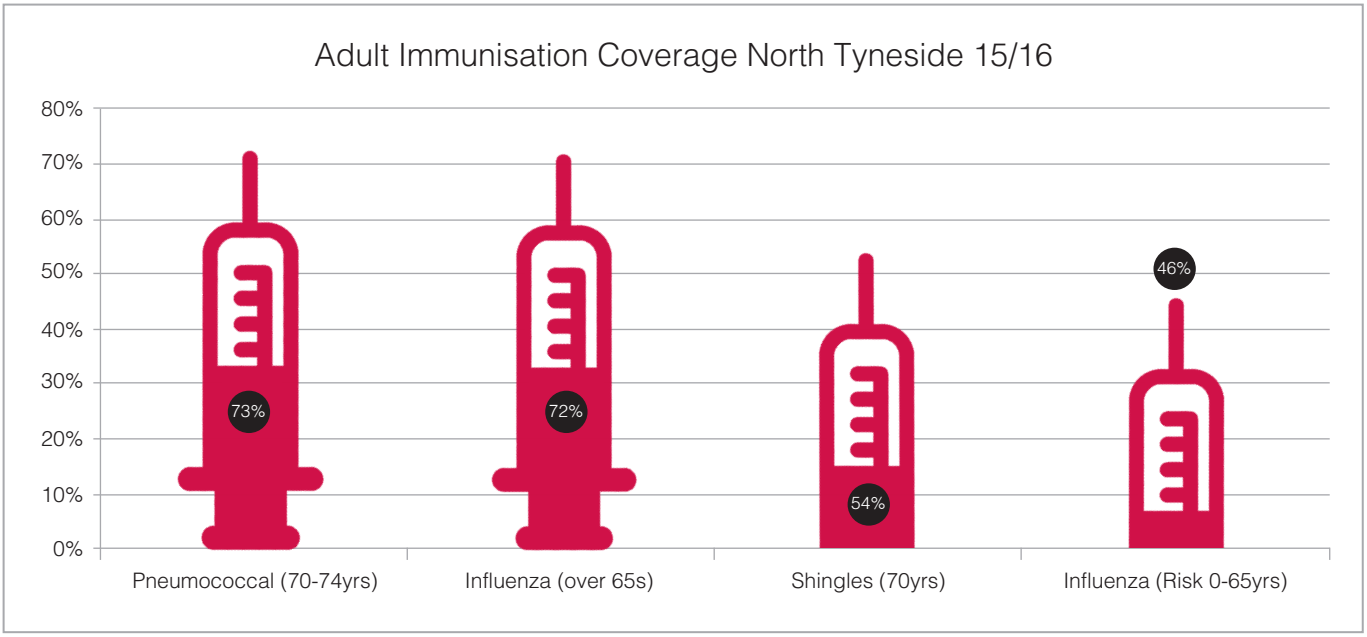


North Tyneside has generally good coverage and uptake within the screening programmes. However, more work needs to be done at a local level to understand what is driving low uptake in some of our GP practices and also to address the inequalities in uptake across the borough.

Immunisations and older people

There are three key diseases that can be prevented by immunisation for older people: influenza, pneumococcal and shingles. There are very good biological reasons why older people should receive these immunisations. The normal ageing process may reduce an individual's capacity to respond to infection but, more important, is the added impact of other diseases or conditions. While these infections may simply mean time off work for younger people, they can result in serious illness, hospitalisation and even death for older people.

Influenza and pneumococcal vaccinations are targeted at all over-65s plus those aged 64 and under with underlying conditions. The shingles vaccine is targeted at those aged 70 years.



Source:Public Health Outcomes Framework accessed February 2017

Uptake of immunisations for influenza and pneumococcal are good in older people. However, 30% of this population remain unprotected and higher coverage is required for shingles and at younger at risk populations for influenza.

9. Mental health and ageing

There is a growing body of evidence that suggests psychological and sociological factors have a significant influence on how well individuals age.[32]

Physical health is very closely associated with emotional and mental wellbeing and health is overwhelmingly a key determinant of happiness amongst over 65 year olds.

Depression is the most common mental health problem in later life, with a significant impact on the wellbeing and quality of life. In fact, 70% of cases of depression in over 70s may be caused by disability associated with illness.

Though the belief persists that depression is synonymous with ageing and is inevitable, this is a faulty notion.[33]

Depression that first develops in later life is more likely to bear some relationship to physical health problems. An older person in good physical health has a relatively low risk of depression. Physical health is indeed a major cause of depression in later life.

Studies have shown that many people experience loneliness and depression in older age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in community activities. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. [34]

The lack of a well-defined measure of mental wellbeing often means that population based measures of mental health are based upon the prevalence of diagnosable mental health conditions. Estimates vary because much depression is unrecorded. Common mental disorders (CMD) include anxiety and depression.

The table below presents the estimated prevalence of anxiety and depression in the over 50s and applied to the North Tyneside population.

Age range	% feeling anxious or depressed	Numbers in North Tyneside
50–54 years	22%	3,338
55–59 years	21%	2,843
60–64 years	16%	1,966
65–69 years	14%	1,716
70–74 years	15%	1,262
75–79 years	17%	1,240
80 and over	20%	2,139
Total		14,504

Source:ONS 2013

Some serious mental health problems, particularly dementia, have a highly significant impact on some older people. One in fourteen people over 65 years have a form of dementia.

One in six people aged over 80 years have a form of dementia.[35] Alzheimer's Disease causes more than half of all cases of dementia and the causes remain unknown.

Vascular dementia is the second most common type of dementia, accounting for 20% of dementia. It is preventable and risk factors include diabetes, high blood pressure, smoking and high cholesterol.

It is estimated that just under 3,000 people in North Tyneside have dementia, including 600 people with vascular dementia.

Over 65s have the lowest use of Psychological Services (IAPT) with only 1% of the population aged over 65 accessing them in North Tyneside. This falls short of the national target of providing services to 12% of the population aged over 65.

Anxiety and depression is highest in the 50-59 age group and the over 80s.

There may be as many as 14,500 over 50s in North Tyneside who feel anxious or depressed.

1 in 14 people over 65yrs are estimated to have dementia.

1 in 6 people over 80yrs are estimated to have dementia.

20% of dementia can be prevented.

41% of 50-70 year olds living in the least affluent areas have symptoms of depression compared to 13% living in the most affluent areas.

10. Social and economic factors and ageing

A growing body of evidence identifies that our social relationships are critical for us to age well. Studies have found that older people who have close connections and relationships not only live longer, but also cope better with health problems and are less likely to experience depression.[36]

Social inclusion and access to social networks is a known protective factor for health and wellbeing, particularly as we age.

> "The worst thing that could happen to me is not being able to get out on my own... far worse than losing my sight".
>
> Focus Group Participant

Single households

The demographic changes in age structure of the population means there are more people living longer and in single occupancy households.

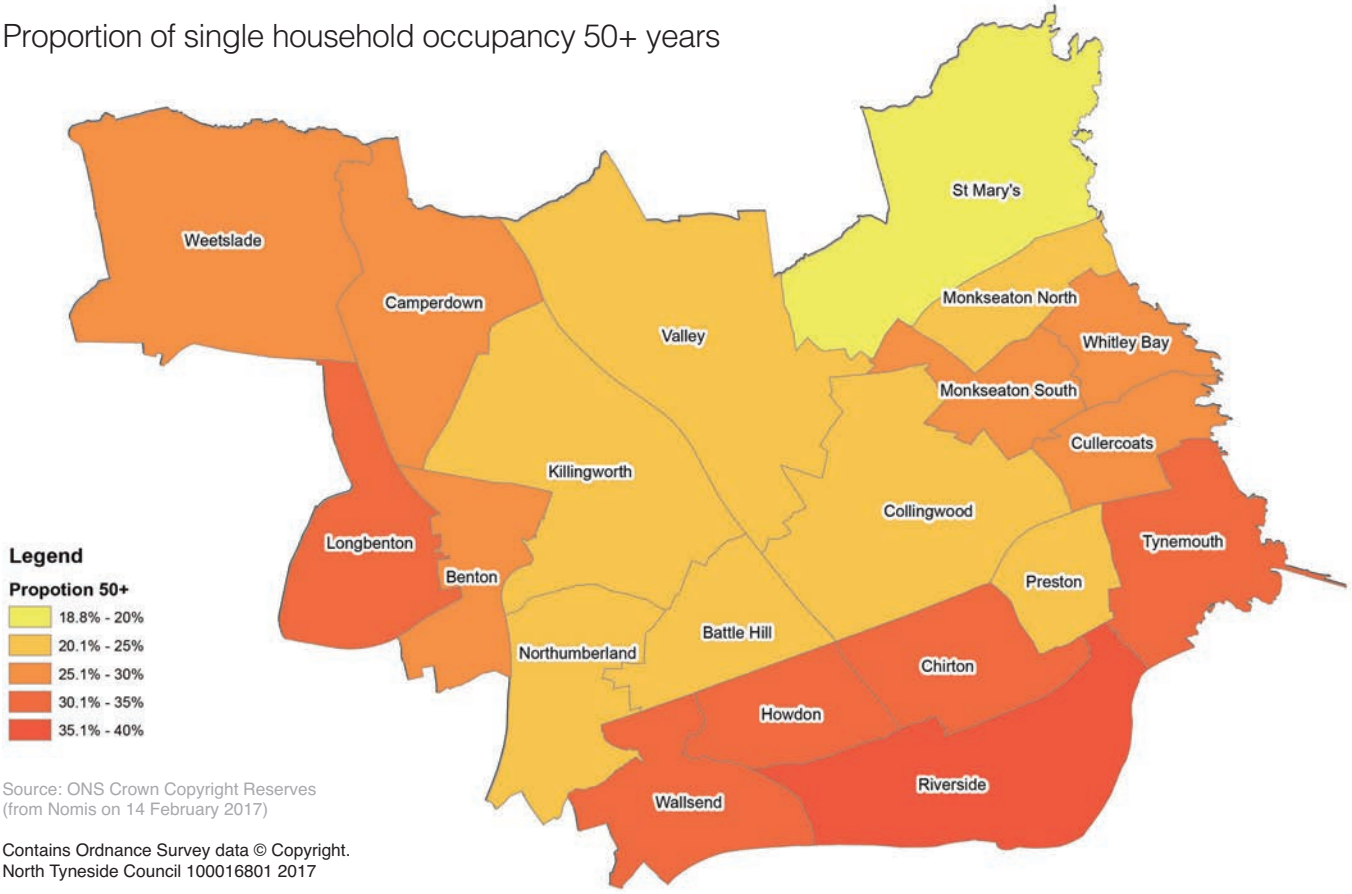
In North Tyneside, it is estimated that there are 14,000 people (36%) aged over 65 living alone in the borough. The overall number of people who live alone is projected to rise by 13% by 2020 and, for those aged over 75, it is projected to increase by 44% by 2030.

Of those living alone, there are approximately twice as many women as men aged 65-74 years and three times as many women as men over the age of 75.

The following map identifies the proportion of residents aged over 50 years old that live alone across the borough.

Riverside Ward has the highest proportion of over 50s in single household occupancy, with 35% of all over 50s living alone.

Proportion of single household occupancy 50+ years

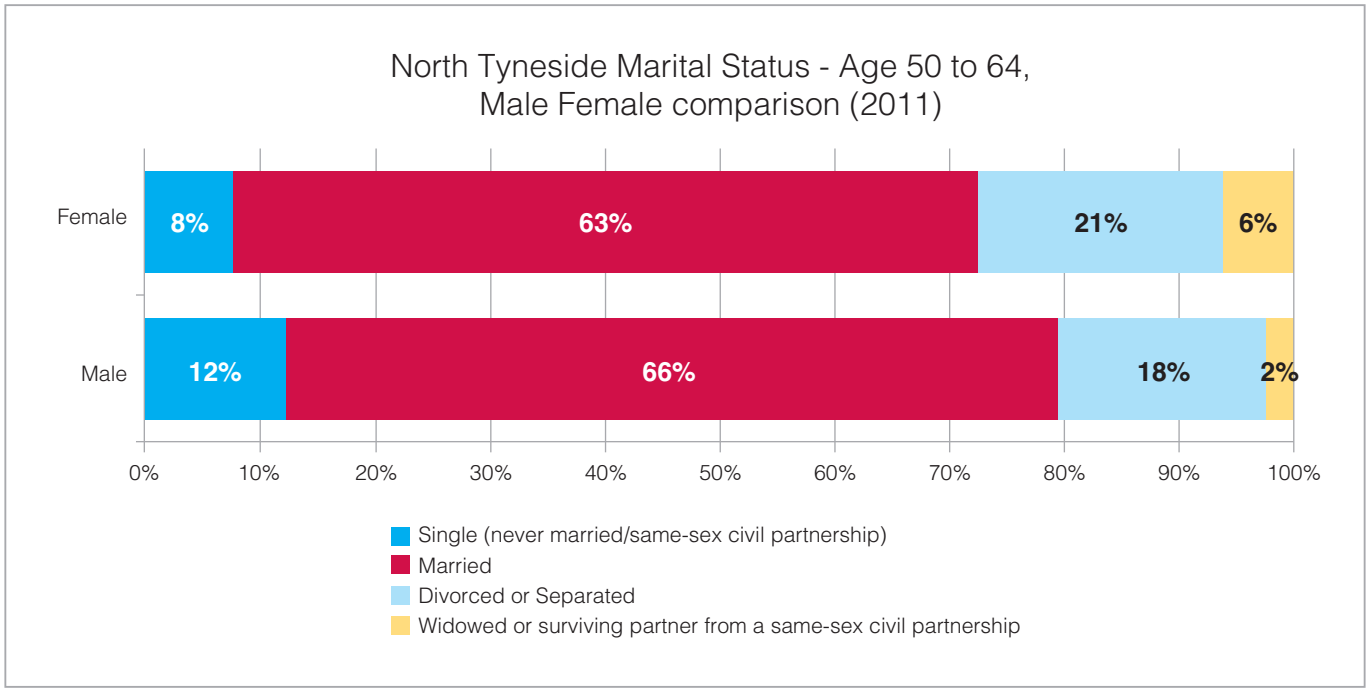


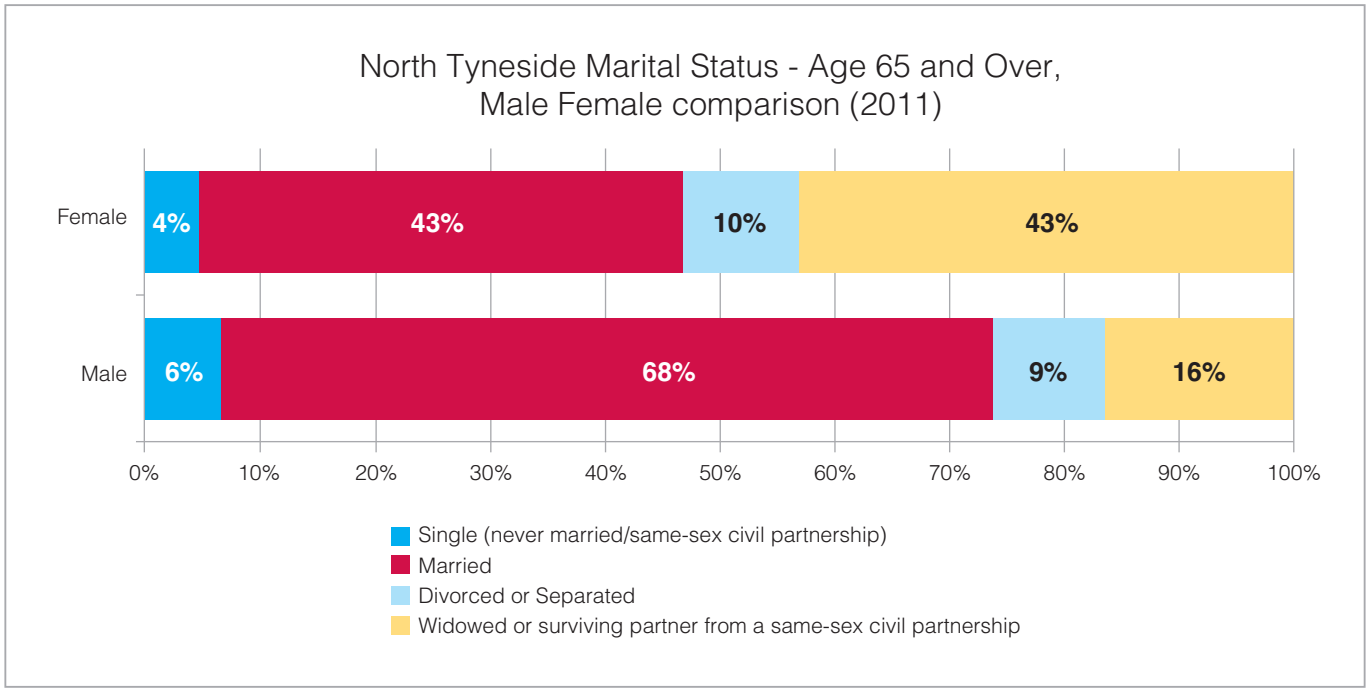
Source: ONS Crown Copyright Reserves (from Nomis on 14 February 2017)

Living arrangements

The structures of the family and household living arrangements have substantially changed over the past two decades. The reasons include a decline in marriage, increase in divorce and cohabitation, delayed fertility and increasing childlessness, the result being that British families have become considerably more diverse.

The two charts below identify the increase in the proportion of over 65s that are widowed. Living alone and life transitions such as bereavement/divorce are well evidenced risk factors for social isolation. The impact of bereavement in over 65s has gender bias, with far more women affected than men because of the differences in life expectancy between men and women across the borough.





Source:ONS (2011)

Isolation and loneliness

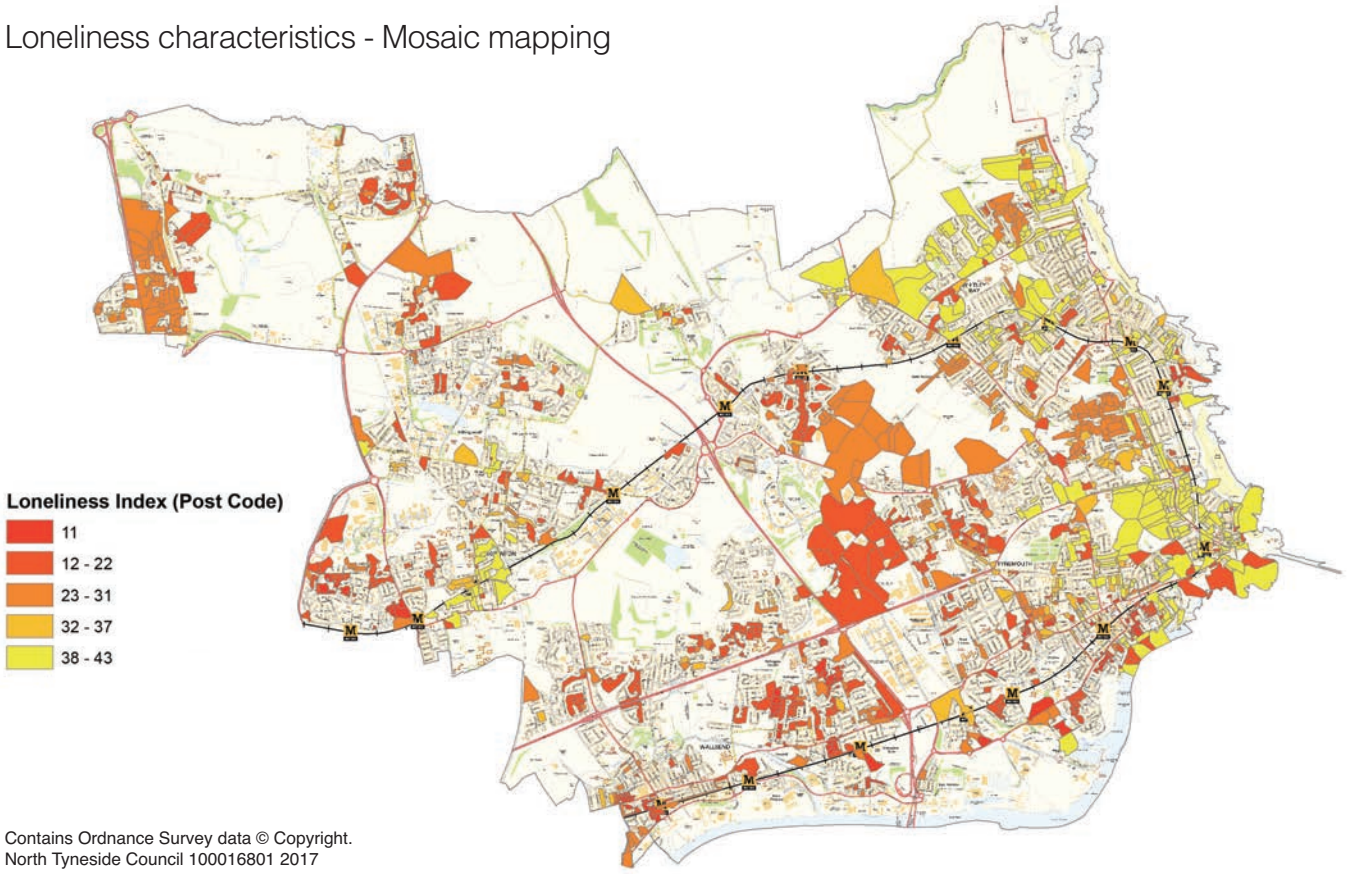
Both loneliness and isolation appear to increase with age, and among those with long-term health problems. Age UK estimate that 20% of loneliness is predicted by four factors: marital status, health status, age and household size. Loneliness and social isolation are deemed to be harmful to our health, one study showed that lacking social connections was as damaging to our health as smoking 15 cigarettes a day. (37)

We have developed a map of North Tyneside that identifies at a postcode level the areas that are at a higher risk of social isolation (the lower the index number the higher the risk of social isolation).

The map identifies areas that may have higher known risk factors associated with social isolation using a number of different measures based upon neighbourhood type (Mosaic profiles) which includes a range of census data on health, household occupancy and income.

This information can support the development and implementation of evidence-based interventions that reduce loneliness and increase the quantity and quality of social relationships and interactions, in order to improve health outcomes.

Loneliness characteristics - Mosaic mapping



Being active in society

The North Tyneside Residents' Survey 2015 captures two key measures of being active: usage of our parks and recreational facilities, and volunteering.

Overall, the vast majority of residents access public spaces and leisure facilities in the borough.

The use appears to decline with age and the greatest decline is reported in use of sports and leisure facilities, with only 44% of over 65s using the facilities compared to 75% of 45-54 year olds.

Use of cultural facilities peaks in the 35-44 age group. This is not surprising as this group is more likely to access family-based activities. However, there is similar use across other ages ranges.

In North Tyneside, 19% of adults across North Tyneside volunteer formally at least once per month and 31% adults volunteer informally at least once per month. Women and carers are the two groups that are most likely to volunteer. Most carers are aged 45-64 years old and are also more likely to have disability.

Age	Parks and Green spaces (%)	Beaches (%)	Sports and Leisure (%)
18-34	94	97	81
35-44	96	97	82
45-54	94	91	75
55-64	89	87	67
65+	79	74	44
Age	**Theatres/Art Centres (%)**	**Libraries (%)**	**Museums/Galleries (%)**
18-34	51	53	48
35-44	70	74	61
45-54	56	63	49
55-64	54	58	41
65+	53	64	40

Frequency of use is defined as > 1 visit per month

Source:North Tyneside Residents' Survey 2015

Meeting places and transport

Accessible local community facilities improve the quality and quantity of social contacts. Retired residents identified the following places that are significantly more likely to be considered important when meeting others. The impact of the loss of any of community assets will have far greater impact upon older people and their opportunities to socialise.

The importance of public transport goes beyond enabling mobility, it is a form of social connectedness providing opportunities for social interaction. Reliability and affordability are key aspects that are important to older people.

Place	% retired rated important	% non-retired rated important
Local shops	55%	41%
Post office	17%	8%
Libraries	20%	15%
Community centres	19%	15%
Places of worship	18%	9%
Local health centres	15%	10%

Source:North Tyneside Residents Survey 2015

Economically active

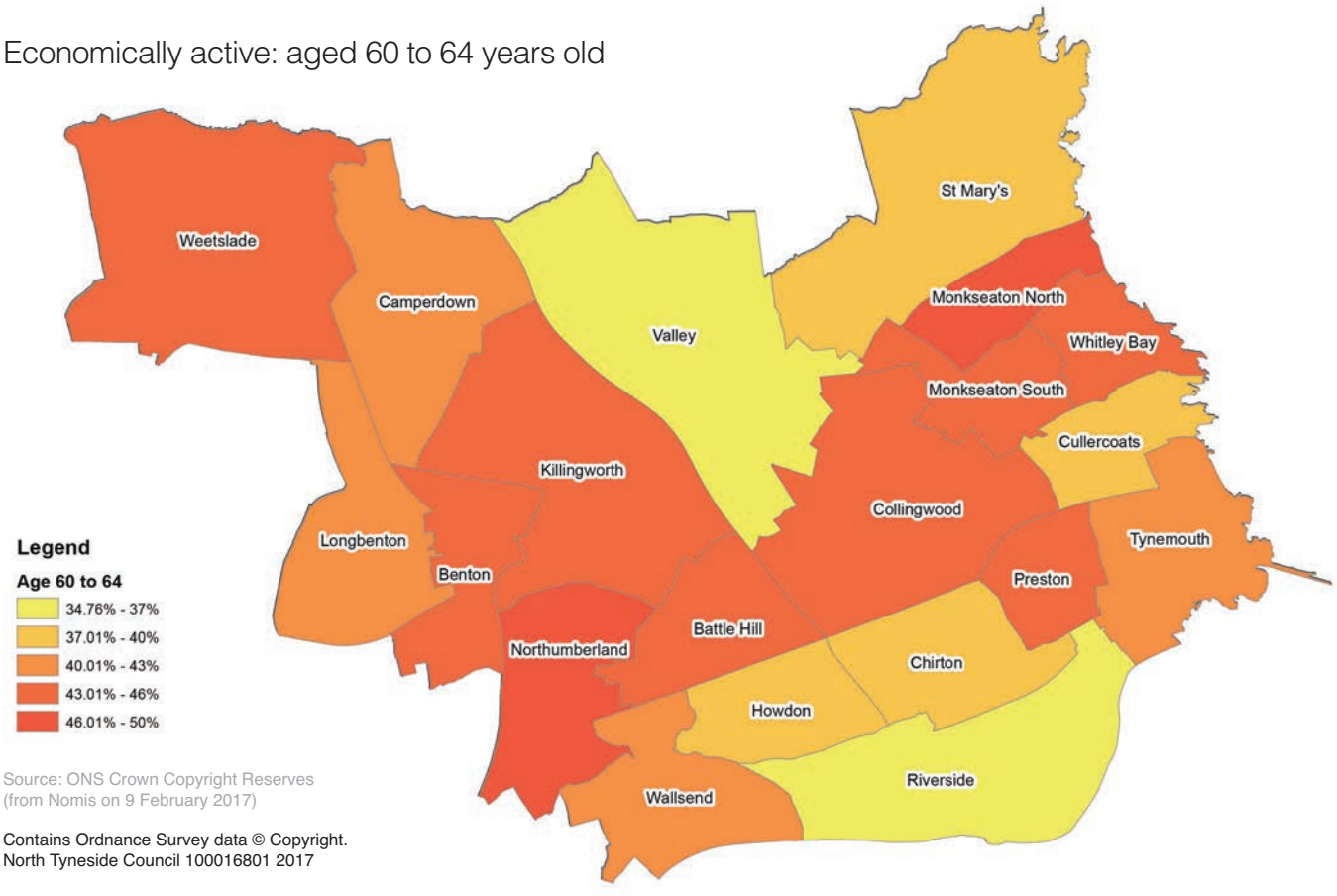
Residents over 50 make a valuable contribution towards the local economy. As the population ages, increasingly people will remain in work for longer often beyond retirement age. Good employment has proven health benefits; including increased self-esteem and improved cognitive functioning. The workplace can also be a health-promoting environment where healthy behaviours can be promoted and employees supported.

Nationally 50% of all 60-64 years are economically active; this is higher than North Tyneside (41%). The highest proportion was in Monkseaton North (50%) and the lowest in Valley (36%).

Given that the years lived in good health in North Tyneside for men is 61 years and for women is 62 years, in order to ensure that age and ill health are not barriers to employment; the CMO recommends that employers, policy makers, clinicians and older workers themselves need to work together to improve both their health and employment outcomes.

> "There is no reason why good work and good health should not be within the grasp of most people aged 50 to 70 and beyond".
>
> **Dame Sally Davis**
> Chief Medical Officer for England 2016

Economically active: aged 60 to 64 years old



Source: ONS Crown Copyright Reserves (from Nomis on 9 February 2017)

Nationally the proportion of the population aged over 65 economically active is 10.4%, however in North Tyneside only 6.3% of over 65s are economically active. Wallsend has the lowest proportion in North Tyneside with only 4% of 65 year olds engaged in work and St Mary's has the highest proportion (8%).

Income

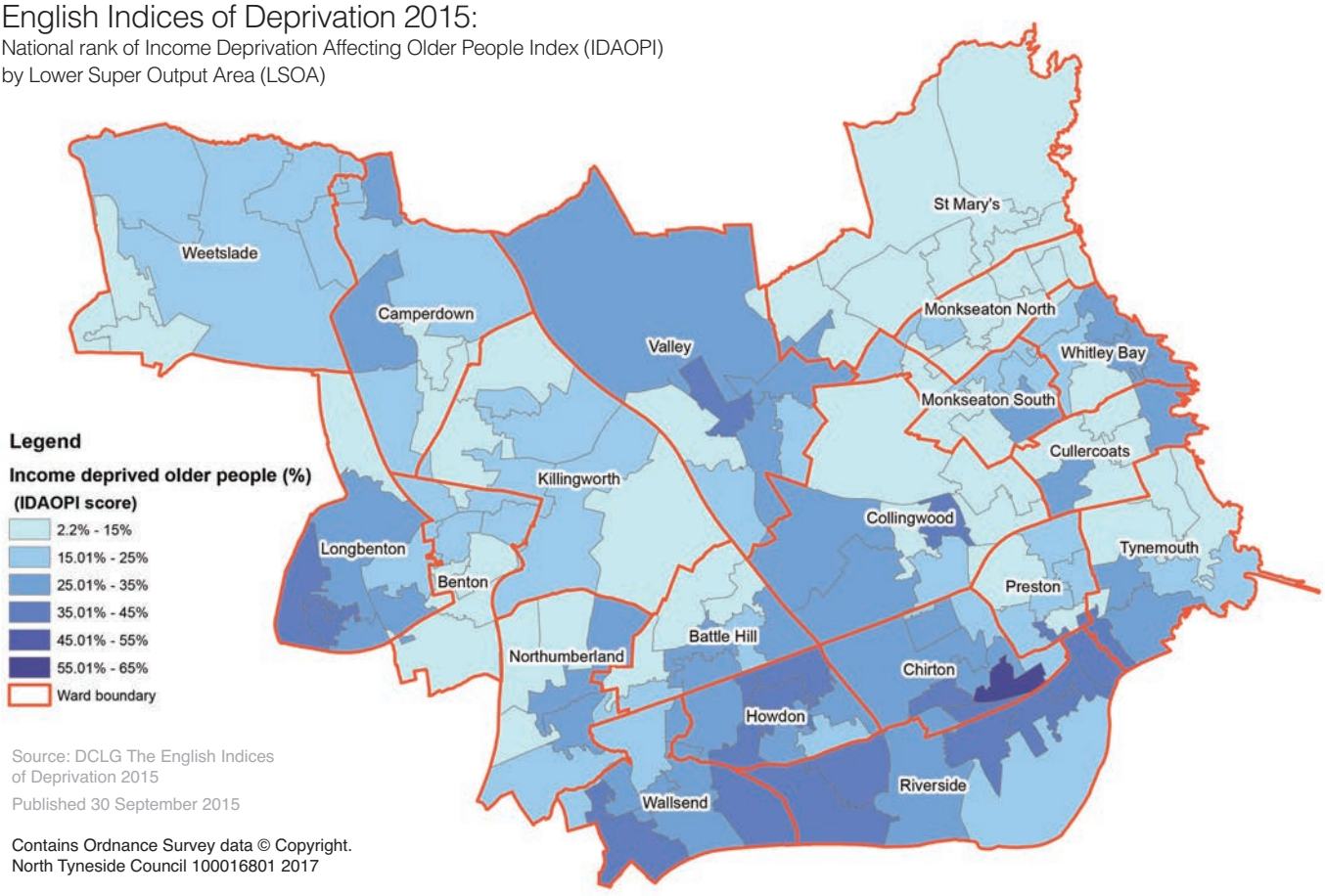
The risks of living in poverty as an older person are not equally distributed; those who have been socioeconomically disadvantaged throughout their life course are likely to remain so in their old age. We want to help our residents plan for retirement and for changes to the levels of income.

The map below presents Income Deprivation Affecting Older People Index (IDAOPI). This is based on the percentage of the population aged 60 and over who receive income support, income-based job seekers allowance, pension credit or child tax credit.

The map shows the range within wards, however, at a lower population level the map highlights the huge gap in income distribution. At a lower super output area within Tynemouth less than 2% of the population aged over 60 are in receipt of any means tested welfare support, whereas within the Chirton area over 50% of the population are in receipt of means-tested welfare support.

English Indices of Deprivation 2015:

National rank of Income Deprivation Affecting Older People Index (IDAOPI) by Lower Super Output Area (LSOA)



Source: DCLG The English Indices of Deprivation 2015

Published 30 September 2015

11. The challenge: future projections of demand

The table below presents projected levels of increase in a range of circumstances and conditions by 2030 that will impact on the health and social care system.

If the status quo remains and the health status of the population remains as it is now, it is estimated that there will be a consistent increase in the prevalence of chronic conditions.

The increase in chronic conditions is estimated to be between 30% to 44% by 2030 and there will be a 37% increase in the numbers of over 65s that are unable to manage self-care and domestic tasks.

	2017 Estimated number of people in North Tyneside	2030 Projected number of people in North Tyneside	Projected % increase
People living alone: Over 65	14,842	20,121	36%
65-74 years	5,650	6,810	21%
Over 75 years	9,192	13,311	45%
Carers over 65 providing unpaid care	5,784	7,554	31%
People with mobility difficulties (unable to manage at least one mobility activity on their own)	7,467	9,036	21%
Over 65 years unable to manage self-care	13,579	18,561	37%
Over 65 years unable to manage domestic tasks	16,537	22,677	37%
Living in a care home (65 years + with or without nursing care)	1,219	1,762	45%
Obesity	10,657	13,803	30%
Diabetes	5,062	6,693	32%
Depression	3,519	4,656	32%
Severe depression	1,101	1,497	36%
Respiratory disease	681	911	34%
Limiting long-term illness severe	10,816	14,779	37%
Stroke	926	1,266	37%
Heart attack	1,977	2,652	34%
Falls	10,823	14,652	35%
Dementia	2,855	4,118	44%

Source:POPPI accessed January 2017

12.What did our residents tell us?

Kathleen aged 66:
"I have a heart condition and I am diabetic. We need more activities like the walking group. It costs nothing, it gets you out into the community meeting people and socialising, it does you the world of good. Since I started the walking group I have lost over a stone in weight."

Peter aged 68:
"They talk about a balanced diet; well you need a balanced life. I am a stroke survivor and walking has helped my fitness. I was someone who did nothing. I am now involved in loads of activities and it all started with a walk."

Colin aged 68:
"We need to keep away from doctors and hospitals for as long as possible and help ourselves The more I can get out and exercise the better I feel. Keep exercising even if you can only do a little, it is better than nothing, get out and get connected with others."

Celia aged 72:
"You have to look after yourself as no-one else is going to do it for you. Keep being productive - I like to get out and about. Being healthy means that you can do everything for yourself and you are not relying on others."

13. Summary and recommendations

Summary

It is good to grow old and society benefits from having older people

Disease and disability are not inevitable consequences of ageing

Many of the conditions that we associate with ageing are preventable

A lifetime of exposure to risk factors impacts on health at any age but as we get older it becomes more pronounced

We are living longer but some of our residents in North Tyneside are living for two decades with health conditions that limit the way they are able to live their lives

Much of the chronic disease burden is preventable through modifiable risk factors

It is never too late to modify the risks in particular those associated with smoking, physical activity, diet and nutrition and alcohol consumption, even in people with chronic disease

Physical activity is critical for functional ability as we age

Physical health, mental health and social connectedness are inextricably linked

Wider social and economic factors are also important and impact on our health as we age

Health and social care costs are being driven by increases in the population and chronic disease and not by age per se

Recommendations

Systematic action is required at a local level but also regionally and nationally. Promoting healthy ageing is not the domain of one agency and nor is it simply about individual choices but it requires a whole systems approach. The North Tyneside Health and Wellbeing Board in reviewing its Joint Health and Wellbeing Strategy in 2017. It should provide systems leadership and prioritise action across the following areas:

1. Positive and preventative approaches that enable our residents to live well and age well. This includes increased awareness of the value of healthy ageing, with a sustained commitment and action across the system to deliver evidence-based policies and interventions that strengthen the abilities of people as they age. Changing the stereotypes and assumptions that older people are frail or dependent, and a burden to society.

2. A life course approach to tackling inequalities, from birth, in order to reduce exposure to risks and reduce premature deaths in our least affluent communities, acknowledging the wider social and economic determinants that impact on our health as we age.

3. A focus on the population of people in the pre-retirement phase – those aged 45 to 65 year old. This includes the baby boomers who we need to encourage to plan for older age by keeping fit and well and to think about their retirement at an early stage to ensure that they have a good quality of life and are independent and self-sufficient as they grow older, accepting of course that there needs to be a balance struck between living for the present and living for a future:
   - Improving physical health by reversing the decline in physical activity, decreasing numbers who smoke and drink excess levels of alcohol
   - Reducing risk factors by improvements in lifestyle
   - Improving the uptake to screening, immunisations and health checks
   - Improving mental wellbeing and resilience through the promotion of good physical health and social relationships and increasing the uptake of IAPT services in older people
   - Increasing the emphasis upon social and economic wellbeing
   - Understanding the importance of good quality employment and opportunities for extending working lives

4. Support for increasing self-management of adults with chronic conditions and implementing interventions aimed at reducing or modifying further risk and promoting healthy lifestyles that can halt further deterioration as people age.

5. Upscaling of preventative efforts across the population with particular emphasis upon the benefits of stopping smoking, increasing physical activity, improving diet and nutrition, tackling obesity and reducing alcohol consumption.

6. More detailed understanding of how community assets can support a whole system approach to healthy ageing.

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