County Durham

Ageing Well Health Needs Assessment

Rebekka Shenfine

June 2022

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Executive summary

Aim and Objectives

The aim of this Health Needs Assessment (HNA) is to identify the health needs of people aged over 50 living in County Durham.

Content of the HNA

The HNA focusses on prevention and the concept of healthy ageing across older age, concentrating on the wider determinants of health such as social, behavioural, environmental, and economic determinants alongside the impact of the physical environment.

Healthy ageing is determined by many wider social factors such as finances and employment, caring responsibilities, long term conditions and their management, housing, social isolation and loneliness and ageism within society. Working across these wider determinants of health to enable health promotion and prevention activity across the lifetime gives the best change of improving wellbeing as people age. This is enabled by building on engagement with communities to really understand the wider factors that affect their health and wellbeing.

Without a shift in thinking and action from a disease and decreased functioning-centric to a health and wellbeing centric in ageing it will be impossible to cope with the demands placed on the system. More of the same will not be enough to secure healthy ageing in County Durham. This HNA and new ageing well strategy give the opportunity to challenge the stereotypes around ageing and to have an impact on health inequalities in this population group.

The HNA covers a wide range of topics and the WHO Age-Friendly Cities Framework is used to aid focus and structure.

The Age-Friendly Cities Framework looks at the determinants of ageing including economic determinants, health and social services, behavioural determinants, personal determinants, physical environment and social determinants. It aims to aid a shift in thinking away from the deficits and issues experienced by older people and towards a different language and culture around ageing. It enables thinking to be widened beyond services and needs of older people in order to look at what it means to age healthily.

It then sets eight priority themes to become age friendly. These are:

1. Information and Advice
2. Transport
3. Respect and Social Isolation
4. Social participation
5. Housing and neighbourhoods
6. Outdoor spaces and buildings
7. Economic activity and civil engagement
8. Health and wellbeing

Methodology

The methodology used in the HNA includes a pragmatic literature review, quantitative findings and qualitative findings via stakeholder feedback which lead to the emergence of key themes from within the data. Recommendations have then been formed using this evidence which will be taken forward as a new Durham County Council Ageing Well Strategy.

Over-arching Recommendations

1. Implementation of an Ageing Well Group representing partners from across County Durham Council, Primary and Secondary Care, Mental Health, VCS and wider partners via building upon the current HNA Steering Group. A co-chair arrangement between Durham County Council and Wider partners should be implemented.

2. The Ageing Well Strategy should address the issue of ageism and stigmatisation around older age building a culture of older people as assets and supporting access to services to enable everyone to age healthily.

3. Targeted HNAs/evidence finding work on the areas identified in this HNA as requiring their own specific focus. These are carers, Dementia and Learning Disabilities. In depth review of health needs of carers and dementia (especially around working in partnership to provide dementia friendly services such as exercise.)

4. Increase the availability of data at fifty plus level in order to recognise the diversity within this age group and to develop a baseline to better identify which groups are benefitting from current provision and to target future work accordingly.

5. Develop Public Health Guidance on key points to consider under the Age Section on any equality impact assessments.

These over-arching recommendations are also supplemented with further recommendations under the eight priority area themes of the WHO Age-Friendly Cities Framework. These are provided in detail in the recommendations section of this report.

Ageing Well– definition and scope

There is no formal or commonly accepted definition of older age. It could be argued that the process of ageing begins at birth however, from a pragmatic point of view this would lead to the focus of the HNA being too wide. Other datasets consider over 60 older ages however, part of the focus of this HNA is to look at how people who are approaching older age can be better support people who are approaching older age so that once they reach more advanced years their health and wellbeing is improved.

The HNA will therefore focus on the population of people aged 50 plus in County Durham in order that people can be followed through the spectrum of older age beginning with approaching older age. The public health focus of the project will be on the next generation of older people and will address the years before people become frail and before clinical pathways are required.

A set upper biological age for the population groups covered will not be set as all individuals will have different experiences and rates of ageing across their life course. Our approach is a holistic one looking at how primary and secondary prevention can be used to aid people in ageing more healthily across County Durham. Our aim is that older people are seen as assets contributing to the economy and development of the County as well as keeping members of our population healthier for longer.

There is a huge amount of work on Ageing Well being carried out across many different organisations (local government, health services and regionally). The purpose of the HNA is to add to this work rather than to duplicate what is already being carried out. Therefore, a pragmatic approach to the scope of the project needs to be employed.

The HNA focusses on prevention and the concept of healthy ageing across older age, concentrating on the wider determinants of health such as social, behavioural, environmental, and economic determinants alongside the impact of the physical environment. The HNA does however, need to link into the other pieces of work taking place on Ageing Well such as the regional work being undertaken on frailty (Frailty iCare), The Ageing well Objectives, Goals, Initiatives and Metrics (OGIM) and Anticipatory Care and Population Health Management to ensure that a joined-up approach is taken and that the connections between the separate pieces of work are made and used to inform the Strategy. These links will be maintained primarily through membership of the Steering Group but also through public health attendance at wider meetings across organisations to aid partnership working across the different workstreams.

Introduction

Purpose of the Health Needs Assessment

A health needs assessment is used as a tool to identify the health needs of a particular population. It aims to tackle inequalities and identify recommendations that can be taken forward to increase health and wellbeing in that population.

This Health Needs Assessment (HNA) will consider the needs of the population of County Durham aged over 50. It will provide an overview of the health inequalities experienced by this group and look to make recommendations to be taken forward as part of a new Ageing Well Strategy.

Background

An ageing society provides both challenges and opportunities to health and wellbeing. Healthy ageing is a key public health priority in County Durham. Working across the system to enable our communities to age in the very best way possible, living long and independent lives and contributing to their communities.

The World Health Organisation (WHO) World Report on Ageing and Health set out a new conceptual understanding and framework for Ageing well. Healthy ageing is the WHO's focus for ageing work until 2030.[3]

Evidence has shown that the loss of ability typically associated with ageing is only loosely connected to a person's chronological age. Older people are not a homogenous group and in fact diversity between people tends to increase with age. Age needs to be considered as a continuum and a life course approach adopted in order to support people in County Durham to age well. With the right services and support in place ageing can be viewed as an opportunity for both individuals and communities.

Healthy ageing is so much more than the absence of disease. Moving to a model of integrated planning across health, social care, the voluntary sector, planning, housing, transport, and many more will enable us to shape older people's lives across Durham supporting communities as they enter older age and beyond. Increasingly older populations present public health challenges as people live longer, suffer from long -term conditions with a prediction that people will live for longer with morbidity as life expectancy increases. The perceptions of older people can affect their employability, use of health care, social inclusion, and overall wellbeing however studies have shown that both individual and societal perceptions of older people are predominantly negative. Identifying public health goals for older populations can be an ethical challenge.[1] There is much debate about what healthy ageing means. The World Health Organisation defines healthy ageing as 'the process of developing and maintaining the functional ability that enables well-being in older age.'[2]

Nationally life expectancy is increasing, and people can expect to live longer than they ever have before. While this increase in life expectancy is welcome, an important factor is how much of this is lived in health? The concept of adding life to years as well as years to life is an important public health goal.

Older people contribute to their communities in many ways such as caring, volunteering, skills and experience but being able to contribute relies upon them being 'healthy enough' to continue these contributions into older age. Many of the health problems in older age are due to chronic diseases which can be prevented or delayed if the right services are put into place across the life course and other problems can be effectively managed if they are diagnosed early enough.

Healthy ageing is determined by many wider social factors such as finances and employment, caring responsibilities, long term conditions and their management, housing, social isolation and loneliness and ageism within society. Working across these wider determinants of health to enable health promotion and prevention activity across the lifetime gives the best change of improving wellbeing as people age. This is enabled by building on engagement with communities to really understand the wider factors that affect their health and wellbeing.

Without a shift in our thinking and action from a disease and decreased functioning-centric to a health and wellbeing centric in ageing well it will be impossible to cope with the demands placed on the system- more of the same will not be enough to secure healthy ageing in County

Durham. This ageing well work gives the opportunity to challenge the stereotypes around ageing and to have an impact on health inequalities in this population group.

Due to the breadth of the HNA there are topic areas that are very important in the ageing well agenda but represent such vast subject matter that they are unable to be fully assessed solely in the Ageing Well HNA. Examples of these areas are learning disabilities, carers, and dementia. Again, a pragmatic approach will be taken here in Consultation with the Steering Group, and any topic areas that are identified as fitting this criterion will be considered for any specific impacts on these groups in terms of health inequalities as part of the HNA and also included in the recommendations of the HNA as requiring further assessment possibly as stand-alone pieces of follow up work.

Durham County Council's Approach to Wellbeing states that everything we do will be based on evidence and local conversations. This HNA aims to bring together that evidence alongside conversations with people aged over 50 in County Durham to shape our Ageing Well work going forward. The content of the HNA also works across the People and Places theme of the Approach to Wellbeing and looks at assets of older people in County Durham as well as working across systems with the aim of working together to avoid duplication and to dovetail our work on wider determinants with that on other areas of ageing such as frailty.

Aim and Objectives

The aim of this HNA is to identify the health needs of people aged over 50 living in County Durham.

The objectives are to look at the health inequalities experienced by this population group and to make recommendations that can be taken forward to inform the Ageing Well Strategy.

Methodology

Health needs assessment is a systematic approach to understanding the needs of a population. Once these needs are understood then they can be used to help to commission services according to the needs of the population.

There will be two methods used to inform this HNA:

1. Epidemiological/ Quantitative methodology- this will be used to help to set out both the national and local data. The wider academic and grey literature will also be searched to give a picture of ageing well in County Durham.

2. Qualitative methods- qualitative methods will be used to engage with stakeholders across County Durham to gain an understanding of their beliefs, attitudes, and experiences of what it means to age well and how people in County Durham could be better supported to live healthier lives as they approach older age.

Literature Review Search Strategy

The PICOs framework was used to help to identify search terms in a systematic manner:

- Population: Over 50, older people, older adults
- Outcome: Ageing well, Ageing healthily, Wider determinants
- Study Type: Systematic review

The search terms were then devised and grouped together using Boolean operators to define the relationships between the terms (AND/OR). The explode function was used where available to broaden the search of the literature. The same search terms were used across the Medline, Ovid and Embase databases. Mesh terms were used in order to identify articles that were specifically about a topic.

The search strategy is presented in Appendix 1. The references of the relevant papers were then screened by hand to identify any further relevant papers.

Quantitative Methods

Epidemiological data from a variety of sources have been used to assess the health needs of the 50 plus population in County Durham. The sources include both local (e.g. Durham Insight, local service data) and National (e.g. Office for National Statistics) data. A pragmatic literature review of both academic and grey literature has also been carried out.

Qualitative Methods- stakeholder insight

Focus groups, interviews and questionnaires were used as forms of qualitative methodology to understand more about ageing well by exploring the views and experiences of people aged over 50 in County Durham.

Two organisations (Age UK and Beamish) ran a series of Focus Groups and 1:1 Interviews with both members of staff and clients aged over 50. These focus groups and interviews were carried out using a focus group schedule (Appendix 2) which asked questions around the eight priority areas of the WHO Age Friendly Cities Framework. All those that took part were asked to sign a consent form (Appendix 3).

The findings and main themes from the 1:1 interviews and focus groups are presented under each of the WHO themes s part of the findings for each section.

Age UK Focus Groups and Interviews

25 interviews and 5 focus groups of 2-3 participants were carried out with clients and staff members aged over 50 by Age UK County Durham. The main themes from across these interviews are represented below.

Beamish Cree Focus Groups

Cree groups are part of County Durham's voluntary and community sector. There are over 40 Cree Groups across County Durham that support and promote health and wellbeing of County Durham Residents. Two Cree Groups based at Beamish Museum took part in two focus groups as part of the Ageing Well HNA. These Cree groups were all-male walking groups which varied in age from mid-50s to mid-70s.

Participants for both the focus groups and questionnaires were recruited via stakeholders such as the VCS using convenience sampling.

Analysis of the focus groups and questionnaires was done using thematic analysis approach picking on the key themes in participants accounts. The qualitative data collected as part of this HNA is very specific to the populations who took part in the questionnaires and focus groups however, the aim of qualitative research is not to be generalisable to the population and it is accepted that these findings will be linked to the particular setting in which they took place. The convenience method of sampling used means that the sample of the population may not be representative and there could be some selection bias. The findings are also based on relatively small numbers of participants although the same themes were repeated

throughout the different methods of enquiry leading to the conclusion that 'saturation' point had been reached.

Pragmatic Literature review

The literature review provides a critical assessment of the research evidence available on ageing well. In looking at this evidence on an international and national level it can help to shape the recommendations for local priorities and highlight key areas to be addressed as part of the Needs Assessment.

As the topic area is so broad the search criteria were focussed to include the topics and papers most relevant to this HNA (wider determinants and health inequalities) and form a review of reviews. The triangulation of evidence from both academic literature searches and other sources will provide the most robust review of evidence possible. As the HNA is intended to provide recommendations that can be taken forward as a new Ageing Well Strategy for County Durham and given the wide breadth of the HNA the aim of the literature review was to provide an overview of the health inequalities and wider determinants that have an impact upon Ageing Well. The scope of the HNA does not allow for an in-depth evaluation of specific public health interventions however, further in-depth reviews of the literature could be carried out as part of the wider Ageing Well work that follows from the recommendations of this HNA.

Academic Literature search

A MEDLINE search was carried out to assess the evidence on ageing well in the peer-reviewed literature. The inclusion criteria used were systematic reviews published in English since 2015. The following search terms were incorporated into the search; "Public Health", "Ageing well", "Health Inequalities", "Older people", "Living well", and "healthy ageing". These search criteria developed iteratively as the evidence was reviewed ensuring that the broad topic area was covered. The search strategy is attached at Appendix 1.

Grey Literature Search

In addition to the assessment of peer-reviewed literature a grey literature search was also carried out. This includes reports produced by the Government, other organisations such as health and social care and voluntary sector organisations. The addition of this type of literature allows for the literature review to encompass all the available evidence from multiple sources.

Introduction

There is a large body of evidence on ageing well. Much of this has been centred around clinical diagnoses and is outside of the scope of this review. This literature review focussed on the aspects that we are particularly interested in for this HNA including wider determinants, and health inequalities in those aged over 50 years. The concept of adding life to years as well as well as adding years to life.

Due to the lack of an official definition of 'older age' it was challenging to limit the literature searches according to age. Therefore, a biological age was not used to screen papers, rather their content was assessed according to if they were relevant to the HNA.

Pragmatic Literature Review Findings

The literature review revealed the following themes in the literature, self-perceptions of ageing, green spaces and healthy ageing, what is successful ageing, physical activity and healthy ageing, behaviours and healthy ageing, age friendly systems, attitudes to ageing, the effects

of the Covid-19 pandemic, socioeconomic status and ageing and the effectiveness of interventions.

Self-Perceptions of ageing

A systematic review by Wilson *et al* studied the long-term consequences of self-perceptions of ageing. This review comprised of 21 studies (of a one year or more duration) in people aged 50 and over. The review found that more positive self-perceptions of ageing were consistently associated with better longitudinal outcomes including decreased obesity, greater longevity, better performance of activities of daily living, better cognitive function, lower levels of depression. These effects were both direct and indirectly and affected by self-perceptions of ageing. The studies concluded that more positive self-perceptions of ageing predicted longevity and functional health outcomes such as loneliness. It also found that older adults with a more positive self-perception of ageing were more likely to practice some healthy behaviours such as following a healthy diet and exercise. Effects on specific conditions were also found such as dementia and obesity. Positive self- perception of ageing was also associated with lower levels of depression, increased cognitive functioning. Overall all of the studies included in the review evidenced statistically significant relationships between positive self-perceptions of ageing and healthy physiological and psychological outcomes. Specific positive relationships were found between positive self-perceptions of ageing and self-rated health, physical activities, activities of daily living, healthy behaviours, and longevity. There were negative correlations between a lack of positive self-perception of ageing and obesity, unhealthy behaviours (e.g. smoking and alcohol consumption), cognitive decline and dementia. The work highlights the importance of understanding what factors can change people's self-perceptions of ageing and the impact of changing messaging around older age to foster more positive community and self- perceptions of what it is to age well.[3]

The Covid-19 pandemic has highlighted our cultural beliefs around age. During the early pandemic carried the assumption that all older people were equally at risk of mortality and viewed them as a homogenous group. This view of the older population as a homogenous group is a challenge in taking Ageing Well work forward.

Greenspaces and Healthy Ageing

A review by de Keijzer *et al* examined the relationship between long term exposure to outdoor residential green space and health at older age. The benefits of long-term exposure to green space were found to be improved health including better perceived general and mental health, lower risk of Type II diabetes and decreased mortality. Some studies also showed that this association is strengthened as people get older. It found that the 59 studies included provided suggested evidence for a beneficial association between greater long-term exposure to green space and healthy ageing.[4]

What is successful ageing?

Another systematic review by Reich *et al* discusses lay perspectives of what successful ageing means. This was a systematic review of peer reviewed studies published between 2010 and 2020 that contained qualitative responses of lay older adults incorporating 23 studies in total. The main themes identified by older adults in these studies included social engagement, positive attitudes, independence, and physical health. Interestingly the themes of cognitive health and spirituality were mentioned less often. The concept of successful ageing was dynamic and varied between cultures and location showing the importance of understanding the differing needs of communities across County Durham. Knowing what successful ageing means to people in County Durham is paramount to be able to provide a County that

encourages and supports people to age well. The use of a true co-production approach to ageing well would be ideal to achieve this goal.[5]

Physical Activity and Healthy Ageing

Physical activity influences the ageing process. A systematic review by Daskalopou *et al* looked at the relationship between physical activity and healthy ageing. The review included 23 studies with over 174,000 participants. Most of the studies reported that physical activity was positively associated with healthy ageing and participants that undertook physical activity increased their odds of living a healthier life in older age compared to those who were less active or inactive.[6]

The role of behaviours in Healthy Ageing

The health of people in later life is heavily influenced by behaviours adopted across the life course and these are in turn affected by the wider social, environmental, organisational, and economic factors. People who adopt healthy behaviours are much more likely to age healthily and improve their quality of life. A systematic review by Kelly *et al* explores barriers and facilitators to the uptake and maintenance of healthy behaviours at mid-life. It included studies on physical activity, diet, obesity, smoking, alcohol, cardiovascular health, and general health promoting practices. The study found that the main barriers across the studies were lack of time, access issues (transport, facilities, and resources), financial costs, personal attitudes, and behaviours (including lack of motivation), restrictions in physical environment, low socio-economic status, and lack of knowledge. Key facilitators included a focus on enjoyment of the healthy behaviour, health benefits, prevention of illness, the potential benefits for healthy ageing and wellbeing as motivators, social support and encouragement, clear accurate messages, and integration of behaviours into routine. The authors suggest that to promote healthy behaviours interventions should be locally available, affordable, targeted at times in a person's life where change occurs such as retirement, and targeted at lower socio-economic groups.[7]

A further review by Daskalopou *et al* assessed the associations of smoking and alcohol consumption with healthy ageing. The review looked at 27 studies reporting results on smoking and 22 reporting results on alcohol consumption. There were a variety of measures used for healthy ageing including physical performance, diseases, mental health, subjective measurements, survival, and health status.

In total 23 out of the 27 studies reported a positive association between never or former smoking and healthy ageing and four reported a non-significant relationship. This adds to the evidence that smoking is associated with worse health outcomes in older age. The meta-analysis showed that never smokers have more than double the odds of experiencing healthy ageing compared with current smokers and also that never smokers are more likely to age in a healthy way by more than 30% compared to former smokers. Indicating the importance of smoking cessation at any stage of life. Both smoking abstinence and smoking cessation are positively associated with healthy ageing.[8]

Age-friendly systems

The term 'age-friendly' is found widely throughout the academic literature on older people's health following on from the work of the World Health Organisation on Age-Friendly cities. A paper by Fulmer *et al* describes the historical evolution of age friendly programs and a vision for an age-friendly ecosystem which includes the lived environment, social determinants, the health care system, and public health prevention. The paper explains that by reconfiguring systems, policies, services, and environments it is possible to enable and enhance capacity

and independence in older age. It goes on to describe how the Covid- 19 pandemic has highlighted the ways in which current systems of silo-working and a lack of continuity of care across the system has led to a failure in current approaches for older people in our communities. The authors suggest that co-ordination of all sectors to create an age-friendly world. [9]

A further paper describes designing health and social care systems for ageing populations. The paper emphasises the role of retaining functional ability as an outcome for ageing populations contrasted with the prevention of frailty. The authors also describe that the prevention of frailty needs to encompass physical, cognitive, social, and psychological dimensions therefore any services for older people should involve both medical and social components. The paper considers that functional capacity is the opposite to frailty and that aiming to improve physical function, increase wellbeing, and prevent frailty to enable the older population to age healthily is key. The paper suggests using an integrated framework that allows for personal factors (lifestyle, social and psychological) and environmental factors to improve ageing well outcomes. It also suggests that this may be a more difficult task for countries such as the United Kingdom who already have highly developed services split into clinical specialties. A factor which needs to be considered in the re-design of any services. The adoption of this integrated model is key in creating age friendly systems across all sectors. The paper concludes that the re-designing of this new systems approach will require top-down approach with financial incentives to service providers, the development of information systems collecting data on frailty/ intrinsic capacity and training for the health and social care workforce alongside understanding the unique needs of their populations and any barriers or facilitators that exist.[10]

A qualitative study by Bailey *et al,* describes how over 90% of people aged over 65 live at home and while many of those will have long term conditions or poor mobility, they are able to continue to live well at home if adaptations are made to fit their needs. The UK housing stock is one of the oldest in Europe and homes may not fit modern accessibility standards with the Building Research Establishment calculating that poor housing costs the English National Health Service £1.4 billion a year. Accessible and affordable housing is critical to ageing well but with a shortage of suitable housing home adaptations may be part of the solution for ageing well at home. Home adaptations such as grab rails and adjusting have been shown to be both cost-effective and successful in improving self- confidence and reducing social isolation. However, this paper highlights that there is a paucity of research concerning older people's experiences and beliefs surrounding home adaptations and that understanding this could help with uptake of these adaptations. The study interviewed a diverse group of thirty older people and thirty-nine professionals who work with older people. The study found that people may delay having adaptations to their home due to perceived stigmatisation and stereotyping, along with their medicalised appearance and that challenging these viewpoints could help people to seek help earlier increasing their effectiveness.[11]

Attitudes to ageing

A paper by Drozdzak and Turek describes the importance of ageing populations in research into health inequalities with growing numbers of older people influencing both health care and social infrastructure. They argue that to create health ageing policy an understanding of not only the determinants of health and disease but also the inequalities during older age is required. Many studies on health decline into older age have shown that the process varies hugely between individuals which will result in widening health inequalities within this group. For example, people with a higher socio-economic status will live longer than those with a lower socio-economic status and live those years in better health. Low socio-economic status

can affect as a clustering factor for many health disadvantages such as unhealthy lifestyles, low access to healthcare, adverse working and living conditions, psychological strain and in addition being of a higher socio-economic status enables people to have better opportunities to mitigate risk. This study showed that the social consequences of older age such as retirement, income, level of social activity and self-assessment of social position mediate a large proportion of health deterioration in older people. By taking this into account and not just focussing on biological ageing these social characteristics can be controlled for and health disparities tackled, whilst providing systemic opportunities to increase health.[12]

The effects of the Covid-19 pandemic

A paper by Buffel *et al* outlines the need for the strong embedding of age-friendly principles in the aftermath of the Covid-19 pandemic to support older people especially those living in economically deprived areas and poor housing. The study suggests that older people living in these areas were more likely to have experienced a 'double lockdown' with government-imposed restrictions but also an intensification of social and spatial inequalities. The impact of the Covid-19 pandemic has been greatest in areas of high deprivation (often with large numbers of older people) and with poor quality housing. Older people have been disproportionately affected by the Covid-19 pandemic in both communities, hospitals, and care homes with the over 60s accounting for over 95% of the deaths in Europe. Covid has exposed the extent to which ageism affects older people both in the community and in residential care homes. The main effects have been discrimination and stigmatisation of older adults, challenges accessing healthcare for conditions unrelated to Covid-19, higher risk of violence, abuse and neglect, an increase in poverty and unemployment, adverse effects on wellbeing and mental health and social connectedness. The experiences of older people during the pandemic have been varied and inequalities exist in these experiences. The authors suggest that the Covid-19 pandemic has accentuated inequalities. These inequalities exist in relation to deprivation, LGBTQ+ status, ethnic group, those with disabilities and long-term health conditions. The authors conclude that the pandemic has given us an opportunity to have a radical rethink about how we shape our communities and that they should concentrate on building back fairer and embed age-friendly principles by supporting the most vulnerable, challenging the narrative on ageism, promoting age inclusivity, investing in community-based services and infrastructure, developing local partnerships, and involving older people in design.[13]

Another paper explores the use of digital technologies during the Covid-19 pandemic and how it's use can exacerbate or mitigate health inequalities. Digital technologies have been transforming delivery of healthcare during the pandemic however this has directed attention to what has been termed the "inverse information law"- i.e., that the people who most need these (including older people) technologies are least likely to engage with digital platforms. As these digital platforms continue to be used beyond the pandemic, it needs to be ensured that they are not creating new or widening health disparities. Digital exclusion is a complex challenge and includes three component parts: access to digital infrastructure (devices and internet etc), digital literacy and skills and engagement with digital platforms. An example of digital inequality during the Covid-19 pandemic would be the use of contact tracing apps as these were dependent on people owning a smart phone, and being able to download the app. It is known that in the United Kingdom 6,500,000 adults cannot turn on a device and 5,900,000 cannot open an app with a clear digital divide by age. To be able to address this, a better understanding of who engages with digital technology and the barriers and enablers along with the direct and indirect effects on health and wellbeing outcomes is needed.[14]

Socio-economic Position and Health Inequalities

The association between socio economic position and health is well established however the association between socio-economic position and healthy ageing has historically been less clear. A systematic review by Wagg *et al* reported on 44 research studies undertaken on this subject. It found that overall there was a positive association between education and income/wealth (both used as a measure of socio-economic status) with healthy ageing. These socio-economic indicators are encountered throughout the life course and therefore reducing these socio-economic inequalities throughout the life course will have an impact in older age. This demonstrates the importance of addressing these inequalities through system wide health and social systems.[15]

Older people have often been neglected in research concerning health inequalities compared with the rest of the life course. There is no clear consensus of the best measure of socio-economic status amongst older people as measures which use occupation can be difficult to measure in this population group. Health inequalities are arguably more pertinent for older populations as they are more likely to be frail and to rely on the welfare provisions such as pensions and services. Welfare policies can moderate the association between deprivation and health and so these should be considered in making the case for tackling health inequalities in this population group.[16]

Inequalities experienced through the life course can have an impact on health ageing. Factors including housing quality, education, social connectivity, climate change and local environmental damage all have a major effect on wellbeing. The WHO recognises 6 key risk factors for unhealthy ageing. These are tobacco use, alcohol consumption, insufficient physical activity, raised blood pressure, obesity, and diabetes. These risk factors are strongly associated with socio-economic status[17]

Effectiveness of Interventions

A systematic review by Sanchez-Gonalez *et al* looked at interventions to promote active ageing in age-friendly communities and age-friendly cities. The studies included in the review looked at interventions for improving environmental and psychosocial risk factors for older people from the perspective of age-friendly cities and the promotion of active ageing. The review found that a high proportion of studies are of low methodological quality and high risk of bias leading to a lack of consensus within the literature. These limitations highlight the difficulties in transferring knowledge of local practice into more complex community systems and is an area that needs to be built upon to build the evidence base.[18]

Similarly, a further review highlighted the paucity of evidence around community based social interventions. This review by Ghiga *et al* reviewed community based social interventions for healthy ageing in middle- and high-income countries for people aged 50 and over. The review found that the majority of studies reported interventions having a positive impact upon participants for example reduced depression, but many showed evidence of bias and there were few studies that reported on effectiveness and/or cost effectiveness. Due to the lack of reporting of outcomes at organisational or community level means there is limited understanding of the role of such interventions at a system level. There is therefore a need to improve reporting of community-based interventions to add to this evidence for the future.[19]

Grey Literature Findings

Age UK- Healthy Ageing Evidence Review

This evidence review reports that despite the fact that policy over the last ten years has included repeated commitments to achieving the goal of healthy ageing the gap between these aspirations and practical implementation has remained. The key messages in the report are that the evidence supports the need for preventative interventions, interventions that promote preventative approaches have been found to be cost effective and that volunteering has benefits not only for society but also for older people themselves.[20]

A Consensus on Healthy Ageing- Public Health England and Centre for Better Ageing

A Consensus on Healthy Ageing sets out the following priorities: putting prevention first and ensuring timely access to services and support when needed, removing barriers, and creating more opportunities for older adults to contribute to society, ensuring good homes and communities, narrowing inequalities and challenging ageist and negative language, culture, and practices.[21]

The State of Ageing in 2020

A report by the Centre for Ageing Better sets out the state of our health in terms of health, finances and communities. The report highlights the exacerbating effect that the Covid-19 pandemic has had on inequalities for those in later life who already faced the most challenging prospects. It highlights that Covid-19 has deepened some of these inequalities but it did not create them and that for future generations of older people the gap between those who are able to enjoy later life and those that will struggle through it will widen. The report calls for creation of a society where everyone can live healthier, fuller and more connected lives and suggests that national and local government and funders need to invest in the physical, social and digital infrastructure which enables everyone to live in connected communities. The report calls for leaders to take action and create radical improvements to secure a better ageing experience for all.[22]

Centre for Better Ageing- Inequalities in later life

This report published in 2017 looks at the issues around inequalities in later life and how these can have implications for policy and practice. The report describes inequalities as something which are the productive or cumulative advantage or disadvantage throughout the life course. These multiple factors then overlap in a complex manner to influence both individual and population level experiences of later life. Inequalities in health, financial security and social connections are highlighted as key areas for action.[23]

HM Government- Levelling up Report

The levelling up report discusses the need to challenge and change unfairness in opportunity across the UK and the end to geographic inequalities within it. HM Government aim to do this by improving productivity, boosting economic growth, encouraging innovation, creating good jobs, enhancing educational attainment and renovating the social and cultural fabric of the parts of the UK that have not shared equally in its successes. Older people have an important part to play in this levelling up agenda including contribution to the economy and to their communities. They also have a role to play in influencing both health and social care and transport services to make them fair and equal for everyone across the UK.[24]

County Durham Place-based Commissioning and Delivery Plan 2020-2025

This plan agrees the vision for 2035 and includes the ambition to help people to live long and independent lives. The plan centres around working a wide range of partners and organisations across County Durham to deliver a single system plan. One of the objective under this ambition is to create better integration of health and social care services. The plan identifies eight cross cutting themes relevant to ageing well; health inequalities and prevention, approach to wellbeing, personalised care, digital, finance, integration and cultural change.[25]

The Covid-19 Pandemic- Age UK. The impact of Covid-19 on older people

Health inequalities across the life course are driven by a complex set of interactions between many of the wider determinants of health including housing, access to healthcare, employment, environment, transport and income. The Covid-19 pandemic has exacerbated these health inequalities and highlighted the inequalities in how we age between both individuals and communities. Covid-19 has by impacted upon many of the wider determinants included as part of this HNA. The impacts of Covid-19 are threaded throughout this report rather than pulled out as a stand-alone chapter as Covid-19 has impacted people in many areas of their lives across all the wider determinants and so is a central thread running through all aspects of this work.

A summary of the main impacts of Covid-19 will be provided here but it will also be flagged as part of the eight priority themes where applicable. The main impacts of the pandemic on older people are summarised below.

Physical Health

Mobility and movement have both been adversely affected by the pandemic. A survey carried out by Age UK revealed that one in three people aged over 60 feel that after the pandemic they have less energy, one in four are unable to walk as far and one in five feel less steady on their feet. There have also been effects on diet and nutrition and emerging evidence that the pandemic has had an effect on cognitive decline primarily due to loneliness and isolation in lockdowns.

Older people who were advised to shield and/or have long term conditions felt some of the impacts of the pandemic the most. Although restrictions were placed on the nation those classified as clinically extremely vulnerable were advised not to leave the house at all having huge detrimental effects on their wellbeing.

Mental Health and Emotional Wellbeing

The Covid-19 pandemic unsurprisingly has taken its toll on mental health. People with existing mental health conditions have seen these worsen and many are experiencing mental ill health for the first-time including anxiety. An Age UK Survey Found that 34% of older people agree that their anxiety is now worse or much worse than before the start of the pandemic. The messages regarding older people's increased vulnerability to Covid exacerbated this creating anxiety around going out and mixing with others which in turn exacerbates feelings of loneliness and social isolation. In addition to increased levels of anxiety, older people reported issues in coping with bereavement during lockdown and loss of confidence.

Health Inequalities

As is the case across the life course the effect of the pandemic on older people has not been equal for everyone. Health inequalities that existed before the pandemic have been exacerbated. Older people from less advantaged socio-economic groups have been more

affected both physically and mentally. An Age UK survey found that older people without access to gardens or outdoor space or those that experienced financial worries due to the pandemic made their experiences much more challenging. The survey found that 41% of people from more disadvantaged social grades say they feel less motivated to do the things they used to enjoy compared to 30% of those from the most advantaged.[26]

Some positives however, did emerge from the pandemic. Many people aged over 50 really stepped up to become part of a new volunteer workforce helping others in their local communities. This showcases older people as assets in their communities and is something that should be built upon as part of the new Ageing Well Strategy.

The WHO Age-Friendly Cities Framework[27]

The HNA will cover a wide range of topics and therefore the WHO Age-Friendly Cities Framework will be used to aid focus and structure.
The framework describes how policies, services, settings, and structures support and enable people to age actively via:

- recognising the wide range of capacities and resources among older people.
- anticipating and responding flexibly to ageing-related needs and preferences.
- respecting their decisions and lifestyle choices.
- protecting those who are most vulnerable.
- promoting their inclusion in and contribution to all areas of community life.

The framework looks at the determinants of ageing including economic determinants, health and social services, behavioural determinants, personal determinants, physical environment, and social determinants. It then sets eight priority themes to become age friendly:

1. Information and Advice

2. Transport

3. Respect and Social Isolation

4. Social participation

5. Housing and neighbourhoods

6. Outdoor spaces and buildings

7. Economic activity and civil engagement

8. Health and wellbeing

The framework aims to aid a shift in thinking away from the deficits and issues experienced by older people and towards a different language and culture around ageing, whereby older people are seen as assets in their communities. It enables thinking to be widened beyond services and needs of older people to look at what it means to age healthily.

By focussing on the 8 priority themes and working with partners across health and social care and the voluntary, community and private sector, it will allow us to look at the ageing population in County Durham more holistically focussing on wider determinants of health to identify recommendations that will inform our new Ageing Well Strategy. Reducing health inequalities is a strategic priority of the County Durham Joint Health and Wellbeing Strategy and to do this requires a focus on the social determinants of health hence the focus on wider determinants in this report. All the themes will be assessed through a health inequalities lens to allow the HNA to remain pragmatic and manageable.

Local context- County Durham Headline Data

The population of County Durham is ageing due to people living longer. The number of older people in the population is expected to increase over the coming years. There is no concrete definition of 'older people' but much of the available data begins at age 65.

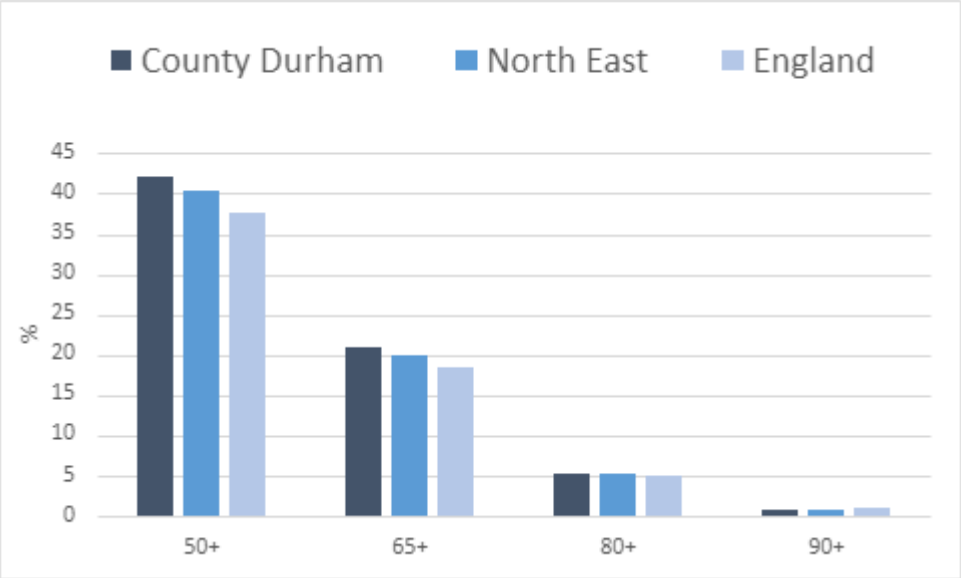
As people live into older age, they are more likely to develop long term conditions and become frail. The focus of this HNA is to think about what can be done as people approach these older ages to help people live healthier lives for longer. Interventions as people approach older age can be effective in positively affecting people's future health as they age.

The over 50s population in Durham

There are currently 110,000 people aged 65 and over in County Durham and this is projected to increase by a further 31% by 2035.[28]

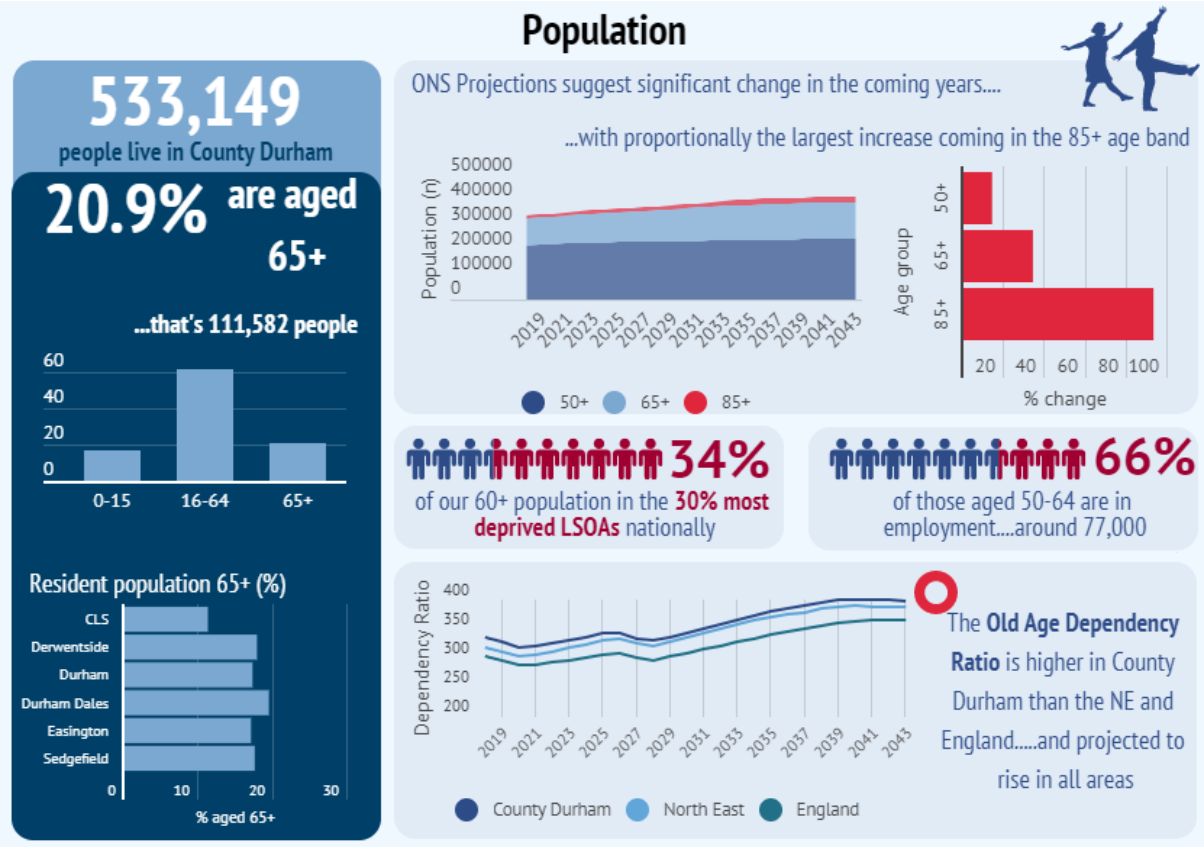
According to the latest available data there are 224,063 people aged over 50 in County Durham. As a percentage of its' population County Durham has higher numbers of people over 50 and over 65 than the North East and England. And similar numbers of people aged 80 plus and 90 plus compared to the North East and England.[29] (Figure 1)

Figure 1: *The numbers of people aged 50 plus, 65 plus, 80 plus 90 plus (as a percentage of the total population) in County Durham, the North East and England. Source:* Office for National Statistics Mid-2019 Population Estimates.



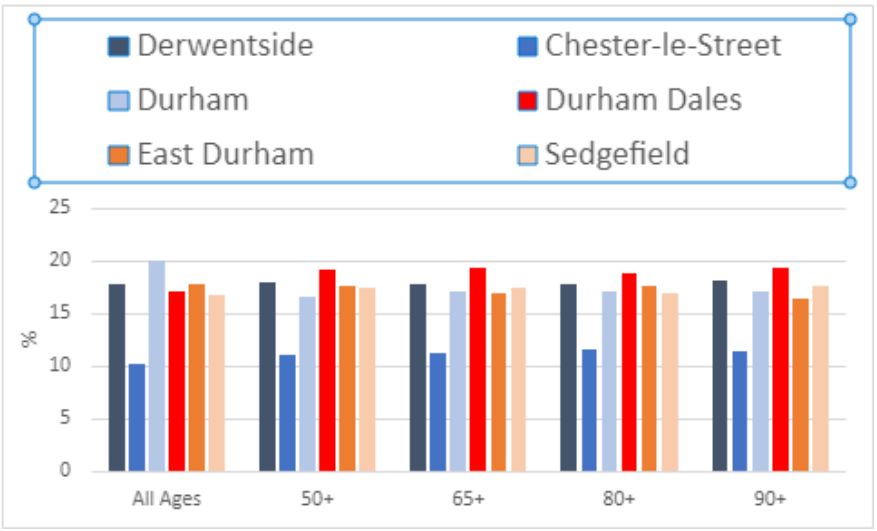
Where do older people in County Durham live?

The population of people over 50 are not evenly distributed between the different areas of County Durham.



In County Durham Derwentside is home to 40,244 over 50s, Chester-le-street 24,875, Durham 37,327, Durham Dales 42,801, East Durham 39,618 and Sedgefield 39,198. The highest percentage live in Durham Dales and Derwentside with the lowest numbers in Chester-Le-Street. This pattern is repeated at the 65 plus, eighty plus and 90 plus age-bands. (Figure 2)

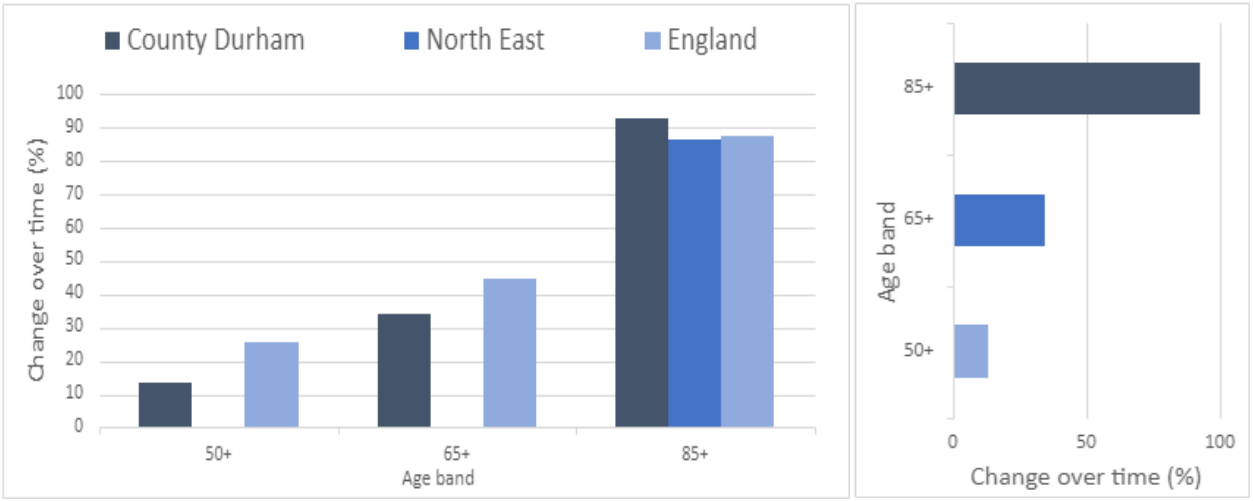
Figure 2: *The total percentage of older people residing in the different areas of County Durham as a percentage of the total age banded population. Source: Durham Insight. Ageing Well.*



Population Projections

The number of older people in County Durham and England is predicted to increase. Graph shows the predicted percentage change over time from 2018-2043. (Figure 3) The population of older people in County Durham is predicted to increase for all older age bands but at lower levels than the England average for age bands 50 plus and 65 plus compared to higher levels at 85 plus. This will have a huge impact on service demands as people enter the very highest age range.[30]

Figure 3: *The predicted percentage population change for those aged 50 plus, 65 plus and 85 plus over time (2018-2043), and percentage change for County Durham.*



Life Expectancy

Life expectancy can be defined as the average number of years that a person lives before death. Life expectancy provides an important measure of the overall health of the County Durham Population and helps to identify health inequalities between County Durham and other areas and between areas within County Durham itself.

Men living in County Durham have an average life expectancy of 77.7 years compared to the England average of 79.4 years. Women in Durham have an average life expectancy of 81.2 years compared to the England average of 83.1 years. This gives a gap in life expectancy between County Durham and England of 1.7 years (2.2%) for men and 1.9 years (2.2%) for women. This gap has not changed significantly over time.

In County Durham the life expectancy had been slowly improving however, the figures for 2018-2020 show a decline. Female life expectancy fell from a high of 81.8 in 2017-2019 to 81.2 in 2018-2020 and male life expectancy decreased from 78.3 years in 2017-2019 to 77.7 years in 2018-2020. This decline is primarily due to the increase in deaths in 2020 due to the Covid-19 pandemic which disproportionately affected older age groups. (Figures 4 and 5)

Figure 5: *Male life expectancy, 2001-2020, County Durham, North East and England. Source: Durham Insight. Ageing Well*

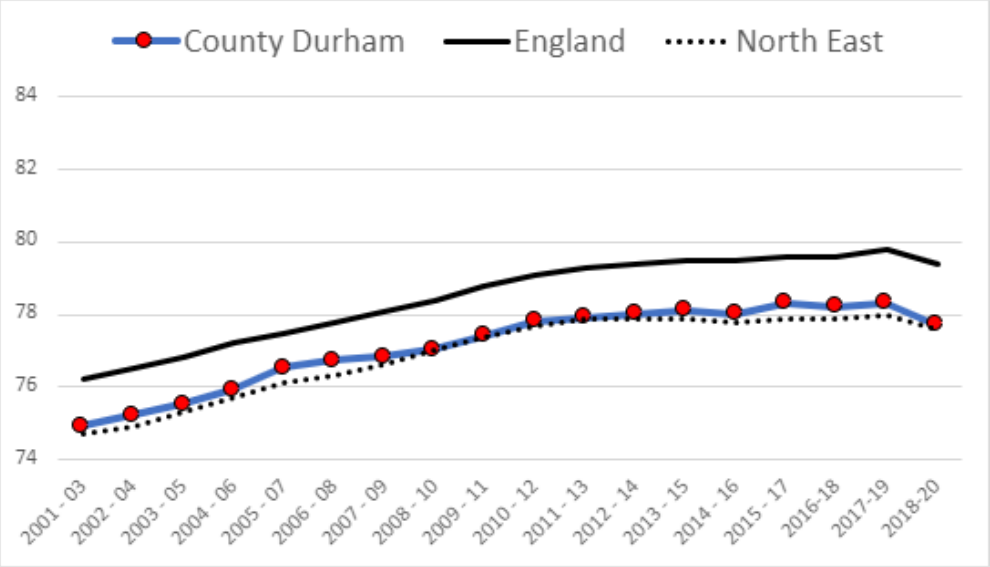
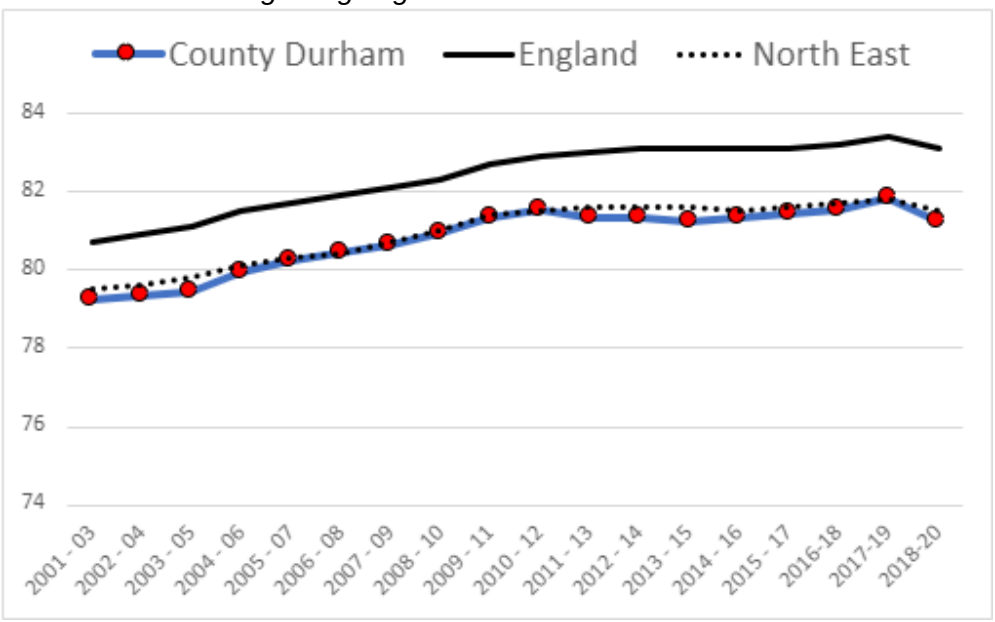
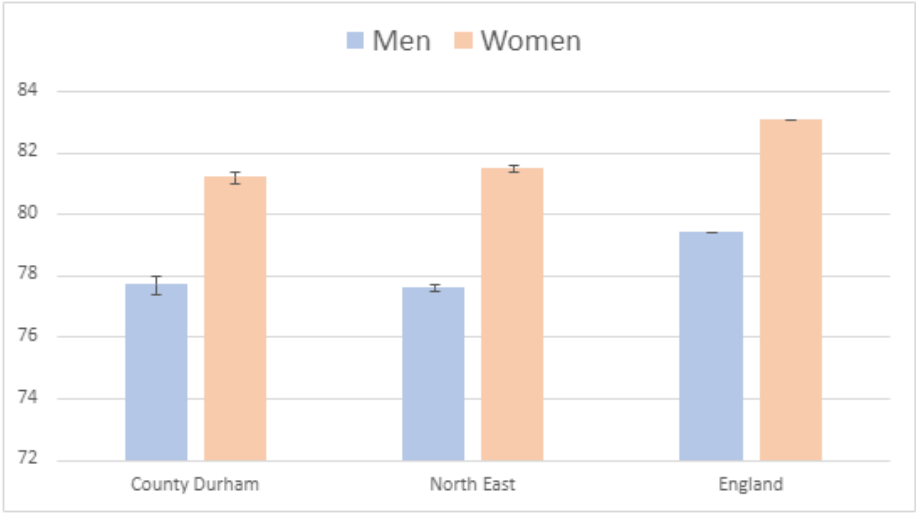


Figure 5: *Female life expectancy, 2001-2020, County Durham, North East and England. Source: Durham Insight. Ageing Well.*



The life expectancy of a person living in County Durham is significantly lower than that of England for both men and women. Women's life expectancies are higher than those of men for both County Durham, the North East and England. (Figure 6)

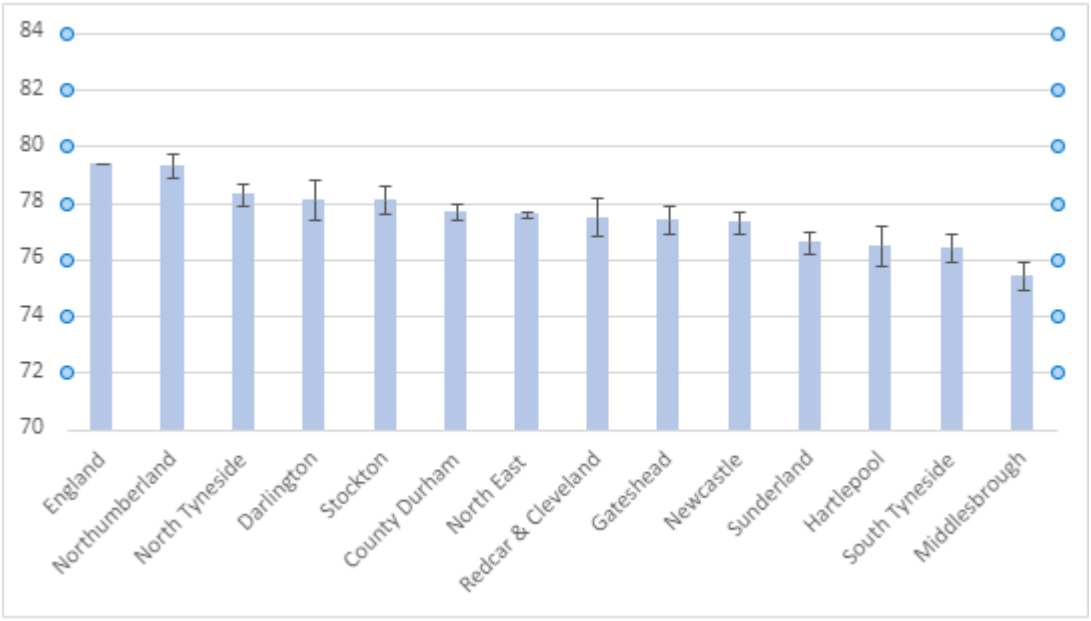
Figure 6: *Male and female life expectancy, 2018-20, County Durham, North East and England. Source: Durham Insight. Ageing Well.*



Since 2007 the gap in life expectancy between County Durham and England for both men and women has increased meaning that inequalities in life expectancy have increased during this time.

When comparing life expectancy across the twelve North East Local Authorities, County Durham has the fifth highest life expectancy but is below the England Average. (Figure 7)

Figure 7: *Differences in life expectancy across the North East local authorities with England as a comparator. Source: Durham Insight. Ageing Well.*



Life expectancy differences within County Durham also exist. This follows a social gradient whereby the more deprived the area the shorter the life expectancy. The gap in life expectancy between the least and most deprived areas in County Durham is 9.8 years for men and 7.9 years for women.

Healthy Life Expectancy (HLE)

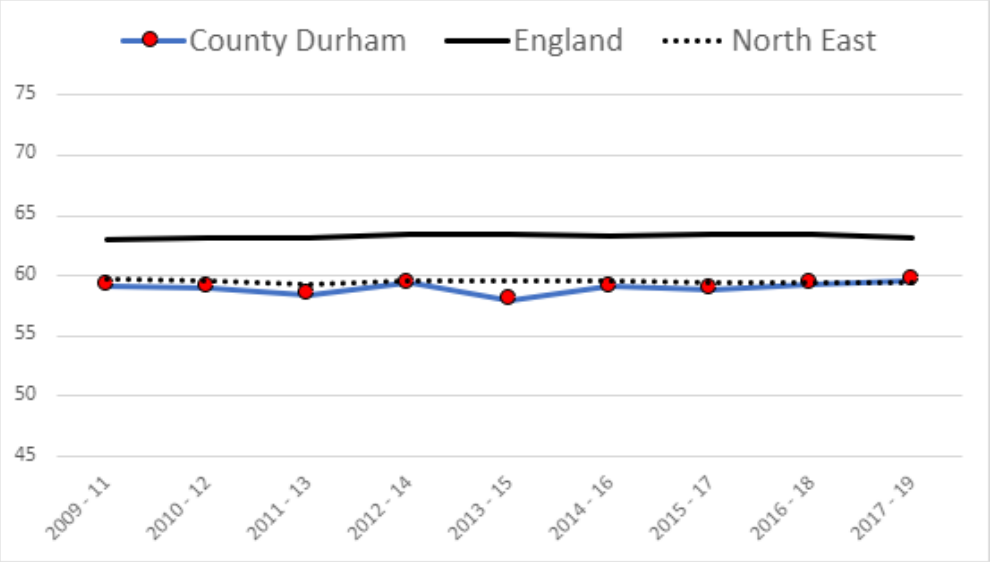
Life expectancy only tells part of the story. As people in County Durham live longer it is important that there is an understanding of if these additional years are spent in good health or in poor health i.e. what is the quality of life like in these years?

Healthy life expectancy provides us with an estimate of the amount of the lifetime that is spent in good or very good health (according to both mortality rates and self-reported measures of good health.) It is therefore an important measure of both mortality and morbidity.

In contrast to life expectancy male and female healthy life expectancy in County Durham are not significantly different but both remain significantly lower than the England Average.

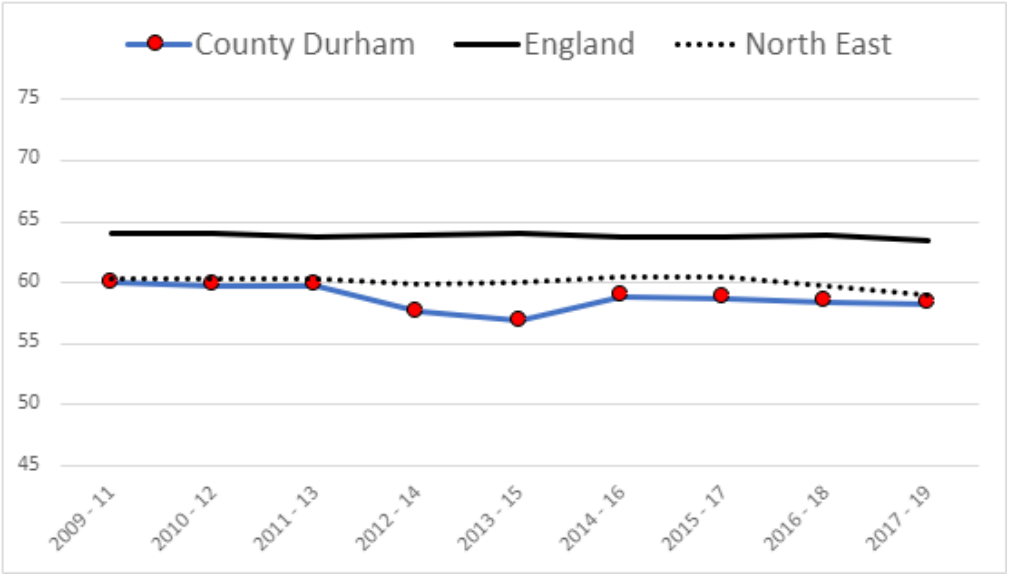
The healthy life expectancy at birth for men in County Durham is 59.6 years compared to the England average of 63.2 years. (Figure 8)

Figure 8: *Male healthy life expectancy, 2009-11 to 2017-19, County Durham, North East and England. Source: Durham Insight. Ageing Well.*



For women in County Durham in 2017-2019 HLE was 58.3 (decreased from 60 years in 2009-2010) compared to the England average of 63.5 years. (Figure 9)

Figure 9: *Female healthy life expectancy, 2009-11 to 2017-19, County Durham, North East and England. Source: Durham Insight. Ageing Well.*



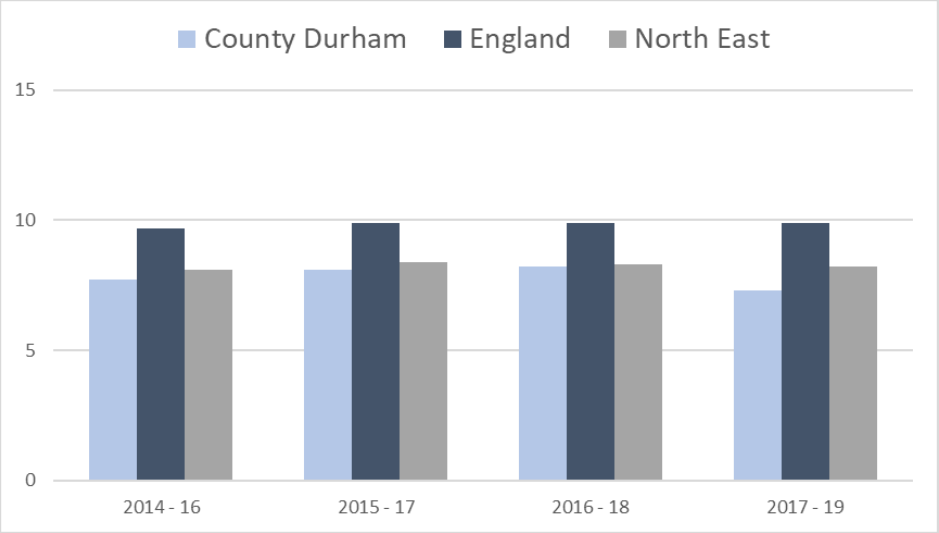
The above graphs show that not only are people in County Durham not living for as long as their counterparts in other areas of England, but they are also spending more of their years living in ill health.

There are inequalities in health life expectancy between County Durham and England. Which are represented by the gap between healthy life expectancy figures between the two. The gap for healthy life expectancy in men is 5.7 years (59.6 years in County Durham compared to 63.2 years in England). The gap for health life expectancy for women is 5.2 years (58.3 years in County Durham compared to 63.5 years in England.) There has been little change in this over time for both men and women. [31]

Disability free life expectancy (DFLE)

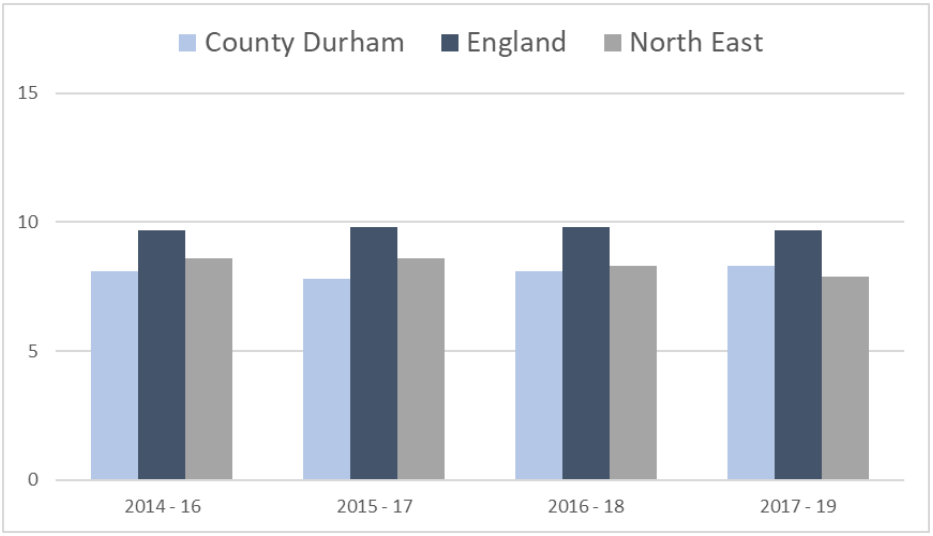
Disability free life expectancy is the number of years that a person can expect to live without illness or a health problem that limits their daily activities. This measure is closely linked to both measures of deprivation and the wider determinants of health. People living in deprived areas have both shorter lives and live more of those shorter lives in poorer health.

Figure 10: *Male disability-free life expectancy, County Durham, North East and England. Source: Durham Insight. Ageing Well.*



Disability free life expectancy is measured at age 65. In County Durham for the years 2017-2019 the DFLE for men at age 65 was 7.3 years which is lower than the North East (8.2 years) and England (9.9. years)(Figure 10) For women during the same time period the DFLE at age 65 was 8.3 years compared to the North East (7.9 years) and England (9.7 years)(Figure 11).[17]

Figure 11: *Female disability-free life expectancy, County Durham, North East and England. Source: Durham Insight. Ageing Well.*

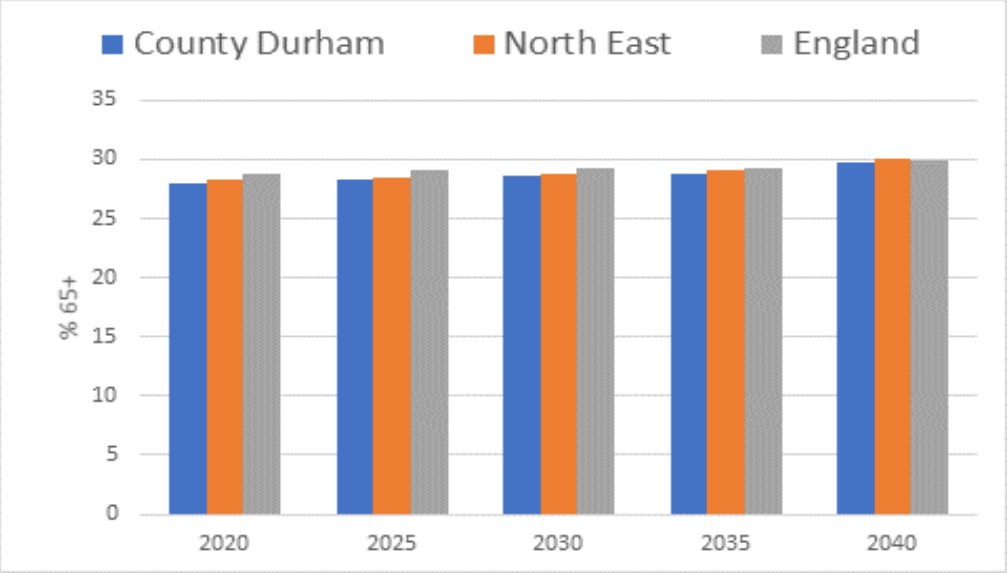


Dependency in older age

The Old Age dependency ratio is the ratio of the number of people of pensionable age and over per 1,000 people aged 16 and over up to state pension age in the population. In County Durham for every 1000 people of working age (16-64 years) there were 397 older people of dependent age (age 65 plus).

An increase in the numbers of people living into older age could cause an increase in the numbers of people who are dependent on support whether that be services or pensions. Although much can be done to mitigate this through the process of healthier ageing, economic activity continued into later life which has grown substantially at older ages in recent years.[32] The graph below shows the proportion of people aged 65 plus in County Durham, the North East and England who need help with at least one domestic task predicted to 2040.(Figure 1)

Figure 12: *The proportion of people who need help with at least one domestic task, projection to 2040, County Durham, North East and England. Source. Projecting Older People Population Information*



Levels of dependency can be split into 4 categories: high dependency, medium dependency, low dependency and independent. The definitions of these are shown below (Table 1)

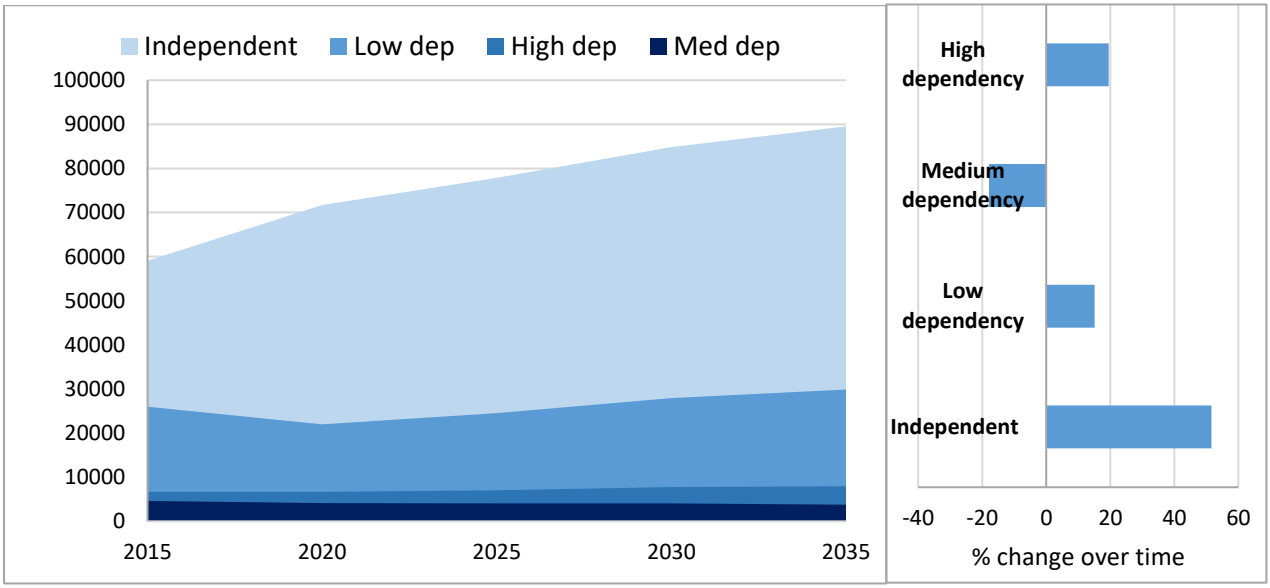
	CFAS II	ELSA
High dependency	MMSE score 0–9 or needs help using the toilet, or transferring from chair or bed, or incontinent and needs help putting on shoes and socks, or needs help to feed (from proxy interview) or is often incontinent and needs help to dress (from proxy interview)	Needs help using the toilet or chairfast or bedfast or has problems with continence and needs help putting on shoes and socks
Medium dependency	Needs help every, or most days, to put on shoes and socks, or cook a hot meal, or unable to dress without help (from proxy interview)	Needs help putting on shoes and socks, or to prepare a hot meal
Low dependency	Needs help to wash all over or bathe, or cut toenails, or do heavy housework, or shopping or light housework, or considerable difficulty with household tasks (from proxy interview)	Needs help with bathing or showering, or difficulty pulling or pushing large objects, or difficulty doing work around house and garden
Independent	Not otherwise classified above and no missing items from other categories	Not otherwise classified above and no missing items from other categories

CFAS=Cognitive Function and Ageing Study. ELSA=English Longitudinal Study of Ageing. MMSE=Mini-Mental State Examination.

Table 1: **Interval-of-need dependency categorisation**

The numbers of people independent, low, and high dependency levels are predicted to increase in the period to 2035 whereas medium dependency is predicted to decrease during the same time period. (Figure 13)

Figure 13: *Levels of dependency in County Durham projected to 2035, and percentage change over time. Source: PACSIM microsimulation model, Institute of Ageing, University of Newcastle.*



HNA Findings

Age-Friendly Cities Framework Findings

1. Information and Advice

Quantitative Findings

Access to information and advice is key to being able to age healthily in County Durham. There is a wealth of information available across different platforms in County Durham but how people can access and act upon this information is important. There is not currently a repository of information which houses this under one umbrella however the community book workstream is one way in which this is being addressed. The ways to wellbeing model highlights the importance of connection within the community and accessing information and advice forms an integral part of this.

The community book workstream is currently undertaking work to map all the information that is available across all available platforms. Surveys have been undertaken to gain insight into the usage of different platforms across age ranges.[33] The insights from this work are presented below.

In total 23 residents aged 55 plus filled out the survey. The directories available within County Durham are Durham County Council website, Locate, Advice in County Durham, NHS Services Near You, Individual Spreadsheets and Databases, social media, and Web searches.

The most frequent information source used by this age group was the Durham County Council Website, followed by web searches and phoning someone.

The use of different information sources varied across the age ranges. Table 2 shows the most commonly used information sources amongst the over 55's in County Durham.

Residents by age band (years)	DCC Website	Locate	Advice in County Durham	NHS Services Near You	Other online directory	Social Media	Web search	Spreadsheet/database	Paper documents e.g. leaflets	Phone someone	Word of mouth
55-64	6	1	1	1	-	-	2	-	-	2	-
65-74	5	-	-	-	-	-	1	-	-	2	-
75 plus	-	-	-	-	-	-	1	-	-	2	-

Table 2: The most commonly used information sources amongst over 55's in County Durham.

Although this survey only represented small numbers of residents in County Durham it can be seen that as people age, they appear to be using fewer different methods and platforms for obtaining information.

The survey also looked at the type of information sought by residents (Table 3)

Residents by age-band (years)	Total	Housing, finance, and benefits	Care and Support (adults)	Care and support (CYP/families)	Activities for CYP/families	Activities for adults/older people	Support for people with special needs and/or	Physical health	Mental Health and Emotional Wellbeing	Volunteering, Employment, Training	Community Facilities and Events
55-64	13	4	6	2	2	5	4	6	4	3	8
655	7	0	1	0	0	4	0	0	0	0	5
75 plus	3	0	1	0	0	0	1	0	0	0	0

Table 3: The types of information sought by people in County Durham by age band.

Here it can be seen that the most common information that was sought in the over 55 age group was community facilities and events, care, and support for adults at home, physical health, activities for adults and older people and housing, finance, and benefits information.

Qualitative Survey Data- Community Book

- The survey also collected some free text answers from residents about what their information and advice requirements were. For those aged 55 plus comments included (Table 4):

Resident 55-64	• I would need confidence that the directory is kept up to date.
Resident 55-64	• 1.NHS services are not all linked. ie you may be treated in several counties because of NHS strategy and info isn't linked • 2 You cannot see waiting list info for different hospitals. • 3.NHS websites are not always up to date and obviously only give very g • Durham County Council is set out quite well. Searches sometimes give too much or irrelevant info
Resident 65-74	• The website is difficult to search and slow to respond. It's difficult to navigate and I would say I'm fairly IT literate.
Resident 55-64	• better search criteria • The website isn't easy to use and many of the links are broken, the information isn't live and up to date
esident 55-64	• More local responses and no adverts.
Resident 55-64	• Information about the Autism Strategy for County Durham and employment support services for autistic adults • A Link to The Autism Strategy on the DCC Home page • Locate and The Local Offer are unusable. I try regularly but I can never find what I need and a lot of the information on there is out of date and unreliable. It's a complete nightmare
Resident 65-74	• Video broadcasts and recordings of DCC Committee meetings which normally have public access. I realise that video arrangements are expensive. Purely audio records of good quality would still make committee discussions more up to date and accessible, tho • An acronym decoder for the whole range of DCC activities • Information provision is generally very good
Resident 55-64	• Simplifying your enquiry without having to accept cookies, provide email, name and blood type. Also only identifying your enquiry accurately and not bringing up a million other things that are not relevant. • Why does everything have to be "on-line"? It would be nice to have a 1-2-1 conversation with someone who knows exactly what your enquiry is.
Resident 55-64	• Clear links to GP practices and the main email contact details
Resident 65-74	• Telephone contact numbers of service managers and administration staff for each service. I find it very difficult to speak to someone.
Resident 65-74	• Not always information online about activities/services available in my local area • What would make it easier would be to have easy/user friendly access to activities etc referred to in [the previous answer]. Perhaps an up to date A-Z directory. • I find the Durham County Council website cumbersome, slow and quite old fashioned to use. Could do with being updated to become more user friendly and efficient.

Table 4: Comments from County Durham residents aged 55 plus.

As an example of some of the service areas covered by VCS organisations Age UK County Durham currently offer include information and advice including on benefits, energy, financial capability and support, advocacy, mental health, falls prevention, bereavement support, promoting independence, social inclusion, digital inclusion, volunteering and employment support and intergenerational work. This is replicated across other organisations and so to have all this information in one place, in an accessible format would widen the reach of all these activities in our communities. Bringing all this information and advice together will require working together across the system.

Durham County Council and County Durham Sport carried out an exercise to map physical activity and wellbeing across East Durham. The work aimed to understand what encourages people to take part in physical activity and what barriers they experience. The reason for this work being targeted in East Durham is that the area has some of the most deprived areas in County Durham. The results of this mapping exercise are included at Appendix 4 and a more in depth look at physical activity is included in a later section of this report however, looking across the mapping it can be seen that many systems and organisations would need to be involved to create a true centralised repository for information and advice. Across County Durham these would include Durham County Council, County Durham Sport, County Durham Community Foundation, Durham Community Action, Wellbeing for Life, Believe Housing, Homegroup, Bernica and Thirteen. In addition to this there are also many local organisations in individual areas to be considered.

Qualitative Findings - Focus Groups and Interviews

General feelings around Ageing Well

Most participants felt able to 'age well' in County Durham and felt that they were happy with where they live. There were many different opinions about what Ageing Well meant to different individuals and some views are represented below.

"It's a state of mind and confidence."

"Ageing well to me means looking after myself in my own home with some support."

"To me ageing well is being in reasonably good health, financially secure, being able to pay all bills and have a little left for pleasure and being able to participate in suitable social activities."

"I'm very happy with my age!"

"Age is just a number, but it is how old you think you are!"

There were two main themes under information and advice. These were accessing information and the types of information that people would like to be able to access.

Accessing Information

There was a huge preference for hard copies of information especially bus timetables One staff member mentioned the huge digital divide within County Durham which leads to inequalities in accessing services between older people. They felt that this wasn't going to be a short-term issue as equipping people with this access needs both equipment and training.

Most participants had access to the internet but felt that their skills in using it were the limiting factor or that even though they had the means to access the internet , they would prefer not to. Many felt that even if information was provided in a hard copy format, it asked you to then log onto websites. Others commented that when trying to find phone numbers to ring you needed to look them up on the internet in the first instance making it difficult to get the information if you don't use a computer. Focus groups participants favoured information sent directly by newsletter.

Types of Information Required

The types of information available and how easily they could be accessed varied between individuals and areas, but a recurring theme was issues with access to information for those in rural areas. The most frequently mentioned information that participants felt they needed was access to a list of contact details for services across County Durham in hard format.

Participants in the interviews and focus groups felt that they would like to know more about entitlements in terms of benefits and pensions as well as services for older people. The focus groups also felt that they needed more information on social and exercise related activities such as walking groups for older generations to be made available as hard copies in local surgeries, libraries, and supermarkets and that this should include information on the benefits of participating in these activities. They felt that this format of information was more important than social media for this age group.

Specific areas which were discussed repeatedly during the Focus Groups and Interviews were:

- More information about financial and social support for both the age they were currently and the years beyond this
- More financial and benefits advice for older people via a main point of contact.
- Information on trades people that older people could trust
- Who to contact when things go wrong in their home or with their health
- Help with rising energy and housing costs (including people living alone paying for bills and Council Tax)
- Healthy eating
- Exercise for over 50s
- A list of all activities/facilities aimed at over 50s grouped by area

Participants who had internet access and were confident in using this felt that information was widely available to them.

There were also some comments regarding services being badged as for older people. The example of Age UK being open to everyone over 50 was repeated in multiple interviews. People suggested that the name Age UK makes it sound like it is for much older people and some over 50s may not be aware that they can access support.

Direct quotes from Participants are shown below:

> "One dedicated website showing all activities being offered whether council, Age UK or private sessions.
>
> "Not everybody wants to be on the Internet."
>
> "If you are not online you are isolated as you can't tell them you want to go to this class or whatever."
>
> "There's too much emphasis on things that are online because it cuts out the personal touch. I want to be able to speak to a proper person and hear a proper voice so that I can address my concerns."
>
> "Something circulated with contact details on"
>
> "The names don't reflect what is available."
>
> "Communication in a way that people can understand and that is useful to them."
>
> "I don't know what's on, I don't use a computer"

Key Themes

From the quantitative and qualitative findings, the availability of information for older people and the need to consider if digital information is accessible were identified as key themes which require action.

2. Transport

Quantitative Findings

Access to good transport (including public transport, active transport and private cars) has many impacts upon the health and wellbeing of older people. It provides a vital role in linking people in County Durham to jobs, access to both health and community services and keeping people connected and well as active transport as a form of physical activity. Transport allows access to non-healthcare activities that are beneficial for physical and mental health and for social connection and wellbeing, and the reduction of social exclusion.

An evidence review on transport and its links to health and wellbeing identified that there are many aspects of transport that can impact upon health including transport availability, active travel choices, transport infrastructure, transport noise and the impact of socio-economic status upon travel choices, for example car ownership.

Transport infrastructure can bring both positively and negative impacts upon the community (Table 5)

Benefits of well-designed transport infrastructure	Negative Impacts of poorly designed transport infrastructure
Access to employment, education, shops, health services, community, social support networks and recreational spaces for physical activity.	Inequitable access/distribution of transport services in rural areas.
	Noise/ Pollution

Table 5: Positive and negative impacts of transport infrastructure on health and wellbeing.

As people age, they are more likely to cite 'health' as a reason for not accessing public transport.[34] Older people are more likely to suffer from mobility issues. Transport presents a key mechanism in reducing social isolation and improving connectivity in the community. Transport therefore needs to be accessible to all groups across the lifespan. Poor access to transport contributes significantly to social isolation, particularly in rural areas. As we age both driving skills and income levels decline which may lead to older people relying on public transportation. Poor transport can contribute significantly to isolation, particularly in rural areas.

In English Rural areas the average minimum journey time by Public Transport or walking to local services (including health services, education and supermarkets) is 29 minutes which is approximately twice as long as for urban areas.[35]

Help with accessibility for older people around transport is mainly aimed at those over state pension age through concessionary travel passes. The evidence shows that concessionary travel passes are instrumental in making bus transport more accessible and affordable for older people, which improves mental health and wellbeing.[36] Within County Durham the data suggests that overall the numbers of people travelling using concessionary fares have reduced over the last ten years. This equates to 38% of all passenger journeys being concessionary compared to 40% in 2009/10.[37] When compared with figures for England, County Durham has almost double the percentage of concessionary passengers using its' bus services. Unfortunately it is not possible to extract the data for concessionary passes due to age from those for other reasons and so this data can only be used as a guide to interpret levels of usage across County Durham.

Another way that transport is supported for older people (and those with disabilities) in County Durham is the Blue Badge Scheme. This is a well-established scheme in County Durham that allows drivers or passengers to park close to the amenities they are accessing and in places that other drivers are not permitted to park. Unfortunately data is not available to assess how many of the population who use Blue Badge parking are aged over 50 years and so a more in-depth look at any unmet need around this has not been possible as part of this HNA.

County Durham Plan

The County Durham Plan commits to delivering a high quality and integrated sustainable transport network. The County's ageing population, disperse population in terms of geographic spread and rurality and low levels of car ownership present specific challenges for this work. Bus travel is by far the most used form of public transport in County Durham and so the delivery of more sustainable and accessible choices is important.

Active Travel

Active travel reduces our reliance on cars and can also have a positive impact on physical and mental health. Increased use of cars as a mode of transport is associated with increased body weight and lower levels of activity. Increased use of active transport such as walking, and cycling can mitigate this.

Within County Durham, there was a decline in the proportion of residents who walk (any length) for utility purposes (journeys that people make for everyday journeys, e.g. to work or school) at least five times a week, from 15.9% to 15.2% from 2012/2013 to 2013/2014.

	2012/2013 (%)	2013/2014 (%)
County Durham	15.9	15.2
North East	18.7	19.8
England	20.2	22.3

Table 6: The proportion of residents who walk (any length for utility purposes) at least five times a week.

The proportion of residents who cycle (any length) for utility purposes at least once a week within County Durham marginally increased between 2012/13 and 2013/14 but is still below both the North East and England average as a whole. Therefore, the percentage of people who use Active Travel for everyday journeys (compared to other modes) is lower in County Durham when compared to figures for the North East and England. (Table 7)

	2012/2013 (%)	2013/2014 (%)
County Durham	1.9	2
North East	2.9	2.5
England	4.5	4.5

Table 7: The percentage of people who use active travel for every day journeys in County Durham, the North East and England.

This is the most recent data available on active travel in County Durham and is not able to be interrogated at age 50 plus level.

County Durham- current strategies

Transport policies and strategies within County Durham play a big role in addressing health inequalities through a broader approach and through a range of stakeholders. Therefore public health input is required into transportation policy and strategy as part of addressing inequalities across the social determinants of health.

There are ongoing improvements to existing local cycle and footpaths and a Cycling Strategy and Action Plan 2017-27 is currently in place as part of a long-term strategy to improve the cycling network and to make them accessible to all as well as Local Cycling and Walking Infrastructure plans. Walk and cycle routes have a role in connecting communities.

A Bus Service Improvement Plan is also in place on a regional level with Transport North East having secured allocated funding for improvement s over the next 5 years. In County Durham these improvements are likely to focus on fares and ticketing. Go North East who provide the bus services within County Durham have already reduced and capped fares to make bus services more accessible post Covid- 19 pandemic helping to tackle inequalities in this area. However, there are some current issues with potential changes to routes and access for some rural communities.

There is also a Rights of Way improvement plan that is being developed and is due to go out for Consultation in September 2022. This 10-year Strategic Plan for Public Rights of Way will address travel, recreation and enjoyment making the use of these more attractive to people and encouraging everyday movement and travel as a form of physical activity.

Qualitative Findings- Focus Groups and Interviews

Transport

Many of the participants felt that their preferred way of travelling around County Durham would be by car. Many cited ill health as the reason that they didn't use public transport and felt that getting around in County Durham is difficult if you don't have a car.

One member of the group fed back that the bus services in their area (Pelton) seem to be getting worse in recent years whereas other felt that public transport was generally good but expensive for those under concessionary bus pass age. Focus group members suggested that perhaps the bus pass eligibility age could be lowered. They also felt that they would like more information to be made available on blue badge provision and parking charges and facilities for older people.

The main reasons given for not being able to access public transport and walking routes were:

- Mobility and balance issues mean that getting to the bus stop is difficult. Ill health was a barrier to using public transport.
- Taxis were seen as an expensive option and not widely used for travel.
- Information regarding transport e.g. bus times was primarily available on line which made accessing bus times difficult without access to the internet and hard copies would be preferable.
- People don't feel safe on buses now that mask wearing is not compulsory. Anxiety was often cited as a barrier to accessing public transport.
- Costs when unable to use bus passes (e.g. before 10 am) were prohibitive for some people especially in rural areas.
- Public transport is viewed as being often unreliable with limited or poor provision in rural areas and could lead to missed appointments but people without a car felt they didn't have a better choice if friends and family weren't available to help.
- Better advertisement of public walkways available.

Suggestions made to improve transport included volunteer drivers, transport specifically for over 50s, hard copies of bus timetables posted out to houses, dedicated buses for school children, options for ad-hoc transport as public transport was felt to need to be planned ahead.

"County Durham is such a large County it is hard for those who don't drive to et around at an affordable cost."

"Good public transport, regular links and car parking adjacent to sporting facilities means participants wouldn't be worn out before even doing exercise!"

"Not enough buses to rural areas."

"Very poor public transport in rural areas mean they are unable to regularly travel to clubs or meeting places especially in the evening."

"If they own their own transport has become very expensive to travel any distance and therefore opportunities for social participation again becomes limited."

" You can't get a printed bus timetable now; you have to go online. If you are getting a bus, you don't normally get you haven't got a clue."

"If there was a bus stop closer to the house, I'd probably use the buses more than I would the car."

"I don't think people feel as safe now we don't wear the masks."

Key Themes

From the quantitative and qualitative findings, the need for transport information and services to be accessible to older people especially those living in rural areas was identified as key theme which requires action.

3. Respect and Social Isolation

Quantitative Findings

Social interactions are very important to overall health and wellbeing for everyone in our communities. As we age however, people are more likely to live alone or to find themselves with having fewer social interactions for example, due to retirement taking away workplace interactions therefore the prevalence of social isolation increases with age.

Social isolation itself is very difficult to measure therefore proxy measures are used. As part of the Covid-19 pandemic response Durham County Council set up a dataset which collected information on Multiple Social Vulnerabilities. This included measures such as assisted bin collections, people using befriending services and those who had recently registered for single persons Council Tax which were then used to identify residents in County Durham who may benefit from further support. This work identified that the two areas with the highest number of people experiencing multiple social vulnerabilities were Cornforth and Ferryhill/Dalton-le-Dale and Deneside. This approach proved very successful and could be adapted to identify residents aged over 50 who are or are at risk of becoming socially isolated so that support can be offered at an early stage.

In 2011 33% of older people in County Durham (aged 65 plus) were living alone, this equates to 30,493 people. This compares to 31% in the North-East and 45% in England.

A 2019/2020 a survey showed that 19.43% of adults in County Durham felt lonely often, always, or some of the time. This compares to 22.68% regionally and 22.26% nationally. These lower levels of loneliness in County Durham however need to be treated with caution as this data was collected prior to the Covid-19 pandemic which has had profound and unprecedented effects on people's ability to maintain social connections.

In addition, just 49% of Adult Social Care service users in County Durham have reported that they have as much social contact as they would like. This compares favourably to the North East at 48% and England average of 43%.

Evidence suggests that Unpaid carers are a group of people that are particularly vulnerable to social isolation. Although the health needs of carers are not explicitly explored in this HNA it is important to note that in County Durham in 2020 there were 16,293 people aged 65 and over providing unpaid care to a partner, family member or other person. This is expected to increase to 20,643 people by 2040.[38] A recommendation of this HNA will therefore be to specifically explore the Health Needs of Unpaid Carers.

Social isolation does not always have to mean loneliness and vice versa. Loneliness describes the negative subjective feeling that arises from a discrepancy between the amount of social contact a person has and the amount they desire. Social isolation is a more objective state of having a small social circle resulting in few or infrequent interactions with others.[39] A person could be surrounded by friends and family but still feel lonely or someone could be socially isolated or live alone but not be suffering from loneliness. These concepts are very individual. There is research being carried out to assess if loneliness and social isolation are two separate and independent processes that affect health differently or if loneliness provides a pathway for social isolation to affect health.

Social isolation has been linked to an increased risk of both physical and mental health issues including dementia, high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, and cognitive decline. It also has an effect on longevity and quality of life. Social isolation and loneliness have been shown to predict premature mortality and were associated with a 29% and 26% increased risk of mortality respectively.[40] These risks are particularly high for those who find themselves alone unexpectedly whether due to bereavement, loss of family or friends, retirement, loss of mobility and transportation, especially if they live in rural areas. Older people with life limiting illnesses and sensory impairments are at increased risk of social isolation and loneliness. There is also evidence to suggested that LGBTQ+ older people are often more isolated.[42]

By reducing social isolation, the risks for older people living in County Durham can be decreased and their health and wellbeing increased. This would be primarily through supporting people to take part in meaningful and productive activities across the life course. By identifying the people within or communities that are most at risk of social isolation we are able to target interventions effectively.[41] Involving different generations in work to tackle social isolation would allow an increase in intergenerational work across the county bringing benefits across the life course.

Work has also been carried out by NECS as part of the Pre-frailty of social isolation project. This was established in May 2021 and brings together data from across local authority, VCS and NHS services to identify people who were at risk of loneliness. It has been found that the data does exist, but utilisation and data sharing across the system is an issue. Developing a case finding tool in RADIR is a possibility in the future.

A recent systematic review found on gender differences in loneliness found that there were similar levels of loneliness in males and females across the life course however, loneliness amongst older women could still be of greater concern due to their increased exposure to widowhood.[42],[43]

The exact scale and impact of the Covid-19 pandemic on social isolation is yet to be seen however this is recognised as a priority public health problem and policy issue for older people.

Interventions and strategies at a community level can aim to address social isolation in older people. This includes creating age-friendly cities, increase opportunities for employment and volunteering and creating age-friendly transport and built environments. The evidence base for community level interventions however needs to be built upon to increase understanding of which interventions work and how starting these earlier on in the life span at age 50 plus can improve social isolation at a later age.

Domestic Abuse

Older people are often overlooked in discussions about domestic abuse, but domestic abuse can and does, happen at any age.

Crime Survey figures show that in 2019 over 189,000 women in the UK between the ages of 16 and 74 reported that they had experienced domestic abuse – a number that increased during the pandemic. The total figure for all ages is likely to be much higher because until October 2021, following a successful campaign by Age UK, domestic abuse data was not collected on individuals aged 75 and over. Older people may face barriers to reporting abuse and there are likely to be many cases of domestic abuse that have not been officially recorded.[44]

The Domestic Abuse Act 2021, introduced a statutory definition of domestic abuse in UK law for the first time. This sets out that a person's behaviour towards another is defined as

domestic abuse if both people are aged 16 or over and are personally connected to each other, and the behaviour is abusive. The Act gave no upper age limit for domestic abuse which is positive in recognising that domestic abuse is an issue which can affect the ageing population as much as any other.

In addition:

- The definition encompasses people who have been in a relationship or are relatives.
- Abuse is defined as "physical or sexual abuse, violence or threatening behaviour, controlling or coercive behaviour, economic abuse or psychological, emotional or other abuse".[45]

The abuse of older people, often referred to as 'elder abuse' is a global public health problem. In June 2021, the World Health Organisation (WHO) published a factsheet and provided the following definition:

'Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.'

The WHO's factsheet identified risk factors that may increase the potential for abuse of an older person at individual, relationship, community, and socio-cultural levels. Examples included:

- Individual: poor physical and mental health of the victim; mental disorders and alcohol and substance abuse in the abuser; and gender.
- Relationship: shared living situation; spouse; adult children; abuser dependency on the older person; history of poor family relationships; increase in women entering the workforce meaning caring for older relatives becomes a greater burden.
- Community: social isolation of caregivers and older persons, due to loss of physical or mental capacity, or loss of friends and family members.
- Socio-cultural: ageist stereotypes; erosion of generational bonds in a family; systems of inheritance and land rights; migration of young couples; lack of funds to pay for care.

The WHO highlighted that the consequences of abuse can be especially serious for older people. Abuse can lead to long-term psychological problems; convalescence is likely to take longer; and even minor injuries can cause permanent damage or death.[46]

In 2016, the domestic abuse charity Safe Lives published a report on elder abuse in the UK. It noted that many problems facing older victims, also referred to as victim-survivors, are common to anyone experiencing domestic abuse. However, like the WHO, it said older victim-survivors may face additional social, cultural, and physical challenges. Key findings included that older victim-survivors can experience:

- systematic invisibility.
- long-term abuse and dependency issues.
- generational attitudes about abuse making domestic abuse hard to identify.
- increased risk of adult family abuse.
- services not being targeted at older victims, and not always meeting their needs; and

- the need for more coordination between services.

The report also found that *'Older victims experience abuse for twice as long before seeking help as those aged under 61 and nearly half have a disability. Yet older clients are hugely underrepresented among domestic abuse services.'*[47]

The WHO noted the findings of a study published in 2017 that estimated almost 1 in 6 people 60 years and older experienced abuse in community settings that year. However, it said this was likely to be an underestimation as it also noted only 1 in 24 cases is reported, often due to older people's fears around reporting abuse to family, friends, or the authorities. Reports by UK charities have also contended that attitudes to elder abuse and data collection impact reporting and estimates of the problem. The charity Hourglass, formerly Action on Elder Abuse, said attitudes around what counts as abuse are "fuelling the crisis". It reported that nearly a third of UK residents surveyed did not see acts of domestic violence directed at an older person as abuse, including inappropriate sexual acts, as well as pushing, hitting, or beating an older person.[48]

The 2016 Safe Lives report referred to above further detailed how older victim-survivors are a "hidden group". It found the low numbers of older victim-survivors accessing domestic abuse services meant "professionals tend to believe that domestic abuse does not occur amongst older people". The report highlighted several complex reasons why self-referral rates to domestic abuse services may be lower amongst older women. These included prolonged periods of abuse, care dependencies, lack of awareness of services and generational attitudes encouraging people to remain silent. In addition, the Safe Lives report said the invisibility of this group was exacerbated by age limits found in the Crime Survey for England and Wales (CSEW), as well as other surveys and studies, which excluded consideration of older victim-survivors.[49]

There is no widely accepted prevalence rate for all older victim-survivors of domestic abuse in the UK. However, the Crime Survey for England and Wales (CSEW) estimated that 210,000 adults aged 60 to 74 experienced domestic abuse in the year ending March 2018. In the survey, domestic abuse included "partner or family non-physical abuse, threats, force, sexual assault or stalking". The age limit was capped at 74 because the UK Statistics Authority (UKSA) was "not able to produce reliable estimates for those aged 75 and over". However, in January 2021, UKSA said the upper age limit will be removed when face-to-face surveying restrictions are lifted in light of Covid-19.[50]

In 2020 a report by Age UK estimated around 180,000 women and 98,000 men aged 60 to 74 were victim-survivors of domestic abuse in England and Wales in 2018/19, based on CSEW data. This appears to show an increase in these numbers compared to the numbers for 2018 which are presented in the paragraph above. It went on to note that these statistics were collected before the Covid-19 pandemic, "which will have exacerbated the problems facing older victims".[20]

The impact of the Covid-19 pandemic

Age UK's report noted "Covid-19's impact on older people has focused on health risks, treatment in care homes, and isolation, not risk of abuse". However, it highlighted that: Many older victims will have faced an impossibly cruel situation in which they were afraid to go out for fear of contracting a life-threatening illness, and afraid of staying in for fear of being abused at home.

Age UK went on to report statistics, including:

- 93% of Covid-related deaths in England have been of people aged 60+, meaning older people in need of care and support have been rendered "acutely vulnerable".

- Enforced isolation had exacerbated many of the existing challenges older people face in accessing essential goods, healthcare, and other services.
- Lockdown had increased the risk of older people experiencing domestic abuse, especially in relation to financial or care dependencies and barriers to reporting abuse.
- The Women's Aid Foundation reported 61% of women living with their abuser in lockdown said the abuse had worsened and 67% said that Covid-19 had been used as part of the abuse.[20]

In addition, Hourglass commissioned surveys in January and June 2020 of over 2,500 adults. It found that 1 in 5 UK residents surveyed (22%) had personal experience of abuse as an older person aged 65+ or knew an older person who had been abused. Hourglass suggested this indicated almost 2.7 million older people may have been affected by domestic abuse across the country in 2020. It also found 53% of those surveyed believed that the abuse and neglect of older people had increased as a result of lockdown and noted a "marked increase in calls to [their] helpline since the first national lockdown".[24]

County Durham data

Durham Police and Crime data indicates age characteristics for reported domestic abuse incidents (Table 8)

Table 8: *Age distribution for reported domestic abuse incidents, County Durham, 2018, 2019 and 2020.Source. Durham Constabulary.*

Age	2018		2019		2020	
	n	%	n	%	n	%
0-5yrs:						
6-11yrs:						
12-15yrs						
16-18yrs:	354	4.2	344	4.1	348	4.2
19-24yrs:	1,444	17.2	1,359	16.0	1,306	15.8
25-34yrs:	2,667	31.8	2,723	32.1	2,595	31.3
35-44yrs:	1,783	21.3	1,843	21.7	1,845	22.3
45-54yrs:	1,275	15.2	1,292	15.2	1,240	15.0
55-64yrs:	548	6.5	591	7.0	613	7.4
65-74yrs:	220	2.6	231	2.7	237	2.9
75yrs +:	96	1.1	99	1.2	94	1.1
Total	**8387**		**8482**		**8278**	

Data indicates that Police incidents drop by more than 50% from age 55 possibly highlighting issues with data recording, reporting of incidents or a lower incidence within the older age brackets. Despite this reduction, numbers remain high, with over 90 annual reports to the police for incidents of domestic abuse for those aged 75+

Data from Harbour Support Services, specialist commissioned domestic abuse service for Durham, indicates that between April 2021 – September 2021, a total of 453 clients were referred for support, of which just 11% were aged over 50, highlighting the drop off in acquiring support as older age approaches.

Combined, the Police data and data from the specialist commissioned service, indicates that from aged 55, both police call outs and specialist service support reduces significantly, it is highly unlikely that the abuse ends because victim / perpetrator reach middle age. Further understanding is needed as to why this sudden reduction occurs.

During consultation with victim / survivors in Durham 2021, an elderly female survivor who had lived with domestic abuse for over 25 years was interviewed and stated that raising public awareness of domestic abuse within the ageing population needs to be a priority. She felt that as older age creeps up, victims of domestic abuse have often lived with abuse for many years and have a 'make do' attitude. Many have older children and grandchildren which further enhances this notion alongside the worry of shame and embarrassment of 'airing your dirty laundry in public'

'There's not really information out there to help older women, its seen as a young'uns issue'

Qualitative Findings-Focus Groups and Interviews

Respect and Social Isolation

There was around a 50:50 mix of those who felt socially isolated and those that didn't. The majority said they had felt socially isolated at some time during the pandemic but felt that things were now starting to improve.

Many of the participants commented that they generally felt respected but had noticed that younger people in their communities were not always respectful towards them. Some commented that particularly within the city, less respect was observed from university students. They often feel intimidated, especially on the buses or outside shops. The felt that education from a young age about respect and anti-social behaviour in conjunction with older age groups through schools, colleges, and care homes would help to improve inter-generational issues. Focus group members also felt that there was a need for more visible Police and Community Enforcement patrols on foot to tackle anti-social behaviour. Older people felt unable to go outside and tackle younger members of the community.

One group had previously really enjoyed an intergenerational project with a youth club. The children were all from a deprived area of Newcastle and often found a formal learning environment challenging, but everyone had a positive experience of the project. The group feel it would be good to have more positive opportunities to mix with different generations.

Participants felt that many older people still felt very vulnerable after Covid and were not accessing the activities which they had been pre-pandemic. It was felt that reaching these people via phone calls or leaflets may help, as they may not realise what is available in their area since the pandemic.

"Covid has played a huge part in social isolation."

"I think the effects of the pandemic have really affected my mental health and wellbeing. I would like to improve my mental health. I lost my partner in December 2018. I was just getting my life back on track by 2020 and then the pandemic happened. "

"Having regular contact with other people, those living in very rural areas which is probably 75% of County Durham, may not have any contact with other people for days if not weeks."

"I do feel respected. No one has ever been unpleasant."

"I try and keep myself busy. That's why I do volunteer work. It takes my mind off other things that's going round."

" I think it's on the night time that social isolation comes into it."

"I don't know what's on now. I'm out of practice".

"It's like starting again but with less confidence"

Key Themes

From the quantitative and qualitative findings, the importance of viewing ageing in a positive light, the effects of covid on social isolation and anti-social behaviour were identified as key themes which require action.

4. Social participation

Quantitative Findings

In order for ageing to be a positive experience a longer life must be accompanied by opportunities for social participation. The WHO Policy Framework on Active Ageing describes three pillars of active ageing; participation, health, and security.[51] The WHO describes active ageing as "the process for optimising opportunities for health, participation and security in order to enhance quality of life as people age.". This can be applied both at an individual and population level. Here the word 'active' refers to older people's continued participation in social, economic, cultural, spiritual, and civic affairs. Continuing to be a contributor during later life has huge implications for a person's wellbeing. The building of social capital amongst older people in County Durham would have a substantial impact upon health and wellbeing outcomes.[52]

Barriers to older people's participation may include low levels of income, loneliness, and ill health. These wider determinants are all covered elsewhere in tis HNA but are mentioned here to demonstrate the inter-connectivity between the wider determinants of health in older people and why the whole systems approach is required to really act on Ageing Well in County Durham.

At a County Durham Level there is unfortunately little data on Community participation of over 50s. However, there are some great examples of community volunteering such as the Big Spring Clean which runs annually and involved 2,215 volunteers from across County Durham. This demonstrates the commitment to volunteering amongst our community. National data indicates that levels of volunteering peak at age 65-74. This survey also found the less deprived the area you live in the more likely you are to volunteer which highlights the inequalities in volunteering opportunities across different socioeconomic statuses.[53]

Another important aspect of social participation is the ability to create intergenerational activity. We are all ageing, and today's adult will be tomorrow's older person. The quality of life a person experiences during their later years will depend on the risks and opportunities they have experienced throughout their life course. In County Durham there are great examples of intergenerational activity within the VCS Sector. Examples include Age UK work such as older volunteers attending schools to knit and bake with students,

The proportion of older people who use the internet regularly has increased rapidly however, nationally there are still more than 3.7 million people aged 55 and over who have never used the internet.[54] Older people are the most likely to say that they don't use the internet as their IT skills aren't good enough.[55] Digital exclusion is where a section of the population do not have access to the use of digital communications to help them fully participate in society.[56]

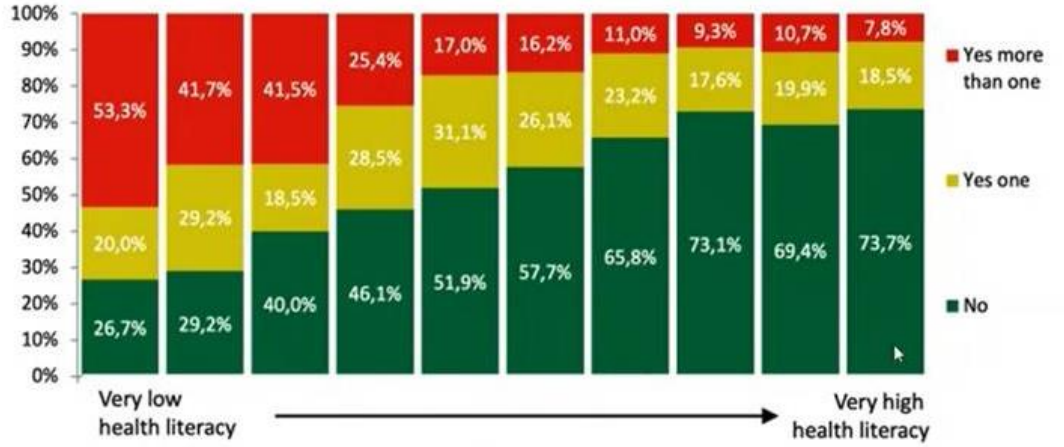
The rise in the use of digital technology during the Covid-19 pandemic has highlighted the inequalities in access to and use of digital technology. This divide existed long before the pandemic and impacted upon people's ability to seek job opportunities, access support, and connect with organisations but the pandemic dramatically exacerbated this.

Having access to digital technology is just one part of this issue, confidence in using digital technology is also another strand to this work. Digital access decreases in older demographics. Office for National Statistics data give some idea of the levels of digital exclusion in the UK. This data shows that across the UK 3 million people are digitally excluded. Of these people 32% are aged 50-69 and the majority 67% were aged 70 or over.[57] The report also showed a lack of awareness by older people of organisations that were able to provide support with digital access and literacy. This shows that digital exclusion occurs in both mid and later life and that there is still a place for non-digital support when thinking about services for older people while trying to address the need for digital access training amongst this population.

Health literacy refers to the ability to understand or interpret health information and could be regarded as a key social determinant of health. The prevalence of people aged 16-64 who would be likely to have difficulty understanding and interpreting health information is estimated to be 45.21%. County Durham will contain areas that are higher and lower in prevalence than this. The mean national prevalence for England is 40.66% and so it can be seen that County Durham is significantly higher than this. When the levels of health literacy and health numeracy are combined it is estimated to cover 64.19% of County Durham's population aged 16-64 compared to 59.64% nationally.[58] This information is not available for people aged 50 plus but the figures represent lower levels of health literacy in our county evidencing a need for health materials to be accessible to all.

The relationship between long term conditions and health literacy appears to suggest that the more long-term conditions a person has the less likely they are to have high levels of health literacy (Figure 16). This will make the management of long-term conditions very difficult and is an inequality that requires addressing.[59]

Figure 14: *Relationship between health literacy and long term conditions. Source: European Health Literacy Survey 2012. (Yes or no answers refer to the number of Long-term conditions experienced)*



Qualitative Findings- Focus Groups and Interviews

Social participation

Participants felt that they weren't aware of a lot of activities and that many of the community centres seem to have closed down or seemed to run fewer activities than pre-pandemic. The focus group fed back that they don't feel there's much for the over 60s to participate in. There seems to be a lot more for much older people, but far less for recently retired people with even less variety after the pandemic.

Many participants felt they would welcome a wider range of activities and the opportunity to attend inter-generational activities in order that the generations could mutually educate and support each other.

The majority of participants felt that the main barrier to social participation was transport. This differed by area according to that was available and some travelled a long way to access services that they were interested in and felt that sometimes it was harder to walk to local facilities than to get a bus into somewhere more central.

One participant reflected that the preference for digital or in person services would be likely to depend on age group of a person's level of isolation and that this should be individually tailored. There was an overwhelming preference for in person activities from participants. Focus Group members felt that it was good to have the option for both digital and in person activities. Feedback included that digital offers still give people the opportunity to talk to others and socialize even if they can't get out and about. However, some people would need support to do this. There was a lot of digital group provision during the pandemic which acted as an incentive for people who would not have joined a digital group under normal circumstances to do so.

The timing of activities was also a main theme in the focus groups and interviews. Those that were still working felt that the activities geared towards over 50s all took place during working hours.

"There is too much emphasis on digital, not enough on personal."

"I don't deal with the local community centres and that, it's more Age UK."

"Beamish is the only group I come to as it's not full of old people"

"I really enjoy exercise. I don't want to go to a class that's slow, but I know I'd find a high impact thing too much. I'd really like a kind of medium impact class to go to, that's not just full of young fit things!"

"There are lots of good walking groups all over the county. I've been to quite a few. They're really sociable too."

Key Themes

From the quantitative and qualitative findings, the importance of co-production, intergenerational activity and volunteering and health literacy were identified as key themes which require action.

5. Housing and neighbourhoods

Quantitative Findings

The environment in which people live can have a significant impact upon their health and wellbeing. It can both enhance community involvement or increase isolation.

Meeting the housing needs of older people in County Durham is an important priority both now and in the future. Housing needs to be sufficient in terms of both quantity and quality.

Housing impacts upon many of the other wider determinants of health such as social isolation, economic engagement, and mental and physical health. The relationship between housing and health is complex and multi-dimensional but having good quality housing can be seen as a pre-requisite to having good health. Poor quality housing has been linked to an increased risk of cardiovascular disease, respiratory disease, anxiety, and depression.[60] Housing related hazards can also increase the risk of illness (e.g. damp/cold/mould) and structural issues such as poor lighting or lack of handrails can increase the risk of accidents. The Care Act 2014 recognises the importance of how wellbeing can be influenced by housing circumstances.[61]

Therefore the effects of housing on health are three-fold. Firstly, the condition and suitability of the home, secondly the housing market and finally the place of the housing within the local community or area.

Housing needs as we age

For older people in particular, decent housing can contribute to an improvement in overall health and wellbeing through promoting independence and decreasing the risk of falls and hospital admissions. Homes need to be made accessible and adaptable to our needs as we move through our life course. There is a need to ensure that people living in County Durham are able to live in safe, healthy and appropriate housing as they age.

As we age the need for more specialised housing products increases. Diversifying housing stock is therefore important if housing is to meet changing needs.

Evidence suggests that the poorest quality housing stock is that of the private rented sector. In County Durham there has been an increase in the growth of this sector over the last 10 years with the sector now accounting for 12.6% of all households across the County.[62] Table 9 shows the percentages of residents in County Durham (all adults) living in each type of accommodation and compares this to both the North East and England.

Table 9: *The percentages of residents in County Durham (Adults) living in each type of accommodation compared to the North East and England averages.*

Tenure	County Durham (%)	North East (%)	England (%)
Owned	65.8	61.8	63.3
Social	20.1	23	17.7
Private Rented	12.6	13.7	16.8
Living Rent Free	1.3	1.2	1.3

Unfortunately data is not available at the 50 plus level for County Durham. However, data on older people aged over 65 which is presented in the Table 10. It can be seen here that as people become older a lower percentage of people own their own homes and increasing proportions are living in social rented housing either from the Council or from another provider. The number of residents living in social rented accommodation is higher in County Durham compared to the England average.

Table 10: *Percentage of older people aged over 65 living in each type of accommodation for County Durham, North East and England.*

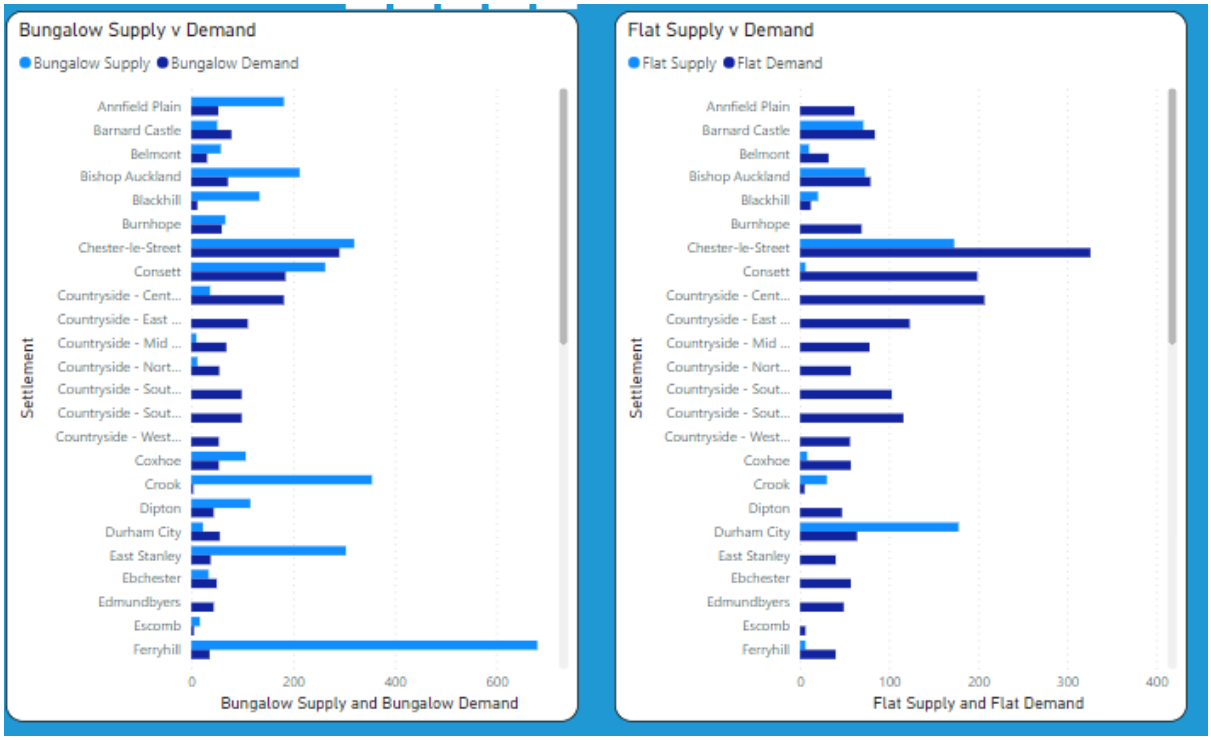
Tenure	Age 65-74	Age 75-84	Age 85 plus
Owned	71.27%	64.95%	53.51%
Rented from Council	14.32%	17.74%	22.06%
Other Social Rented	9.27%	11.64%	16.68%
Private Rented or living rent free	5.14%	5.67%	7.75%

Many households in County Durham who do not own their own housing or live-in unsuitable housing cannot afford to rent housing at current market rates therefore affordable housing needs to be made available.

Supply and Demand for Housing for County Durham residents aged 55 plus

Figure 15 below shows supply and demand for both bungalows and flats for people aged 55 plus in County Durham. It can be seen that supply and demand vary across different areas within County Durham.

Figure 15: Supply and demand for bungalows and flats across County Durham in people aged 55 plus. Source: Durham County Council Power BI data- Housing.



Neighbourhoods

Homes are not just the buildings that we live in. They are a foundation on which social contact is built, be that between family, friends or neighbours and so form one of the foundations of being able to age well.

A neighbourhood with poor quality housing and/or empty houses can have a negative effect on the environment within a community both visually, socially and can negatively affect property prices in an area.

The Local Trust commissioned research into a report to explore the difference that social infrastructure makes to deprived communities. Local infrastructure included places and spaces to meet, connectivity (physical and digital) and community engagement. The research identified 225 'left behind' neighbourhoods across England predominantly situated in the North and Midlands. These areas had significantly worse socio-economic outcomes compared to other equally economically deprived areas. Within County Durham itself 16 'left behind neighbourhoods' were identified. These areas were Annfield Plain, Aycliffe West, Blackhalls, Coundon, Craghead and South Moor, Deneside, Easington, Ferryhill, Horden, Peterlee East, Peterlee West, Shildon and Dene Valley, Shotton and South Hetton, Stanley, Trimdon and Thornley and Woodhouse Close.

These neighbourhoods would benefit from targeted interventions to enhance their social infrastructure. Putting these increased levels of social infrastructure in place should be carried out considering the needs of those aged 50 plus living in these neighbourhoods.

Demand for housing for people aged 55 plus differs between the different areas of County Durham. According to Power BI data the preferred housing areas for those aged 55 plus are Chester-le-Street central, Acre Rigg, Peterlee and Seaham.

Current work being carried out in County Durham to address older people's housing needs

County Durham Plan

The County Durham Plan sets out the vision for housing over the next 20 years. The plan includes the provision of improved environmental estates for older people. In addition to this the County Durham Plan also includes an allocation of all new build sites to include an affordable older person's housing provision. Within the plan there is provision set out for affordable homes to be provided in all new housing provision. There is also a dedicated section on housing for older people and people with disabilities. Here, on sites of 5 units or more, 66% of dwellings must meet the accessible and adaptable dwellings standard. On sites of ten units or more 10% of the dwellings must be of a design and type that will increase housing options of older people (these contribute to the 66% above). These dwellings must be situated in the most appropriate site for older people and suitable dwelling types include level access flats, level access bungalows and houses that have been shown to meet the needs of multi-generational families.

Within the County Durham Plan the Council also sets out its intentions to support the provision of specialist housing for older people. [63] The County Durham Strategic Housing Market Assessment included a survey which looked at older people's housing. In this survey it was found that a notable proportion of older people were looking at buying a property on the open market or renting a house from the housing association to meet their housing needs. This suggests a need to diversify the current housing stock within County Durham.

Currently within the private sector stock the numbers of bungalows and flats is far too low to meet current demand which will need to be addressed.

County Durham Housing Strategy

This strategy sets out clear priorities for housing in County Durham. Delivery of the strategy will involve Housing working with commissioning and adult social care to plan for specialist housing in the future. This includes housing for older people. There is currently work taking place to meet with Registered Housing Providers to map out existing demand for older persons accommodation both now and in the future.[64]

County Durham will be building new council housing (estimated 500 units) over the next five years. A large proportion of this will be bungalows for older people, but the exact percentage is yet to be determined.

Local Estate Agents report that there is high demand for private ownership 2/3 bed bungalows and low provision with very slow turnover. Affordability is also a problem.

County Durham House Strategy Rural Proofing Report

County Durham is an expansive County covering over 862 square miles. Around 43% of the County Durham population live in rural areas. Some of these are remote and sparsely populated whereas others are larger former industrial villages. These rural settlements are therefore diverse. In terms of the older population there are questions over the ability to successfully adapt rural homes to enable people to live in their own homes for longer and also the ability for older people to stay in the community where they live currently once they are unable to live in their own homes. Rural areas have issues with accessibility and transportation in that low levels of car ownership coupled with high levels of incapacity and health needs make accessing services, poor quality of life and social exclusion important issues for residents. These rural issues are a cross cutting theme that needs to be addressed across

housing and transportation strategy as well as supporting the retainment of local shops and service in these areas.[65]

Durham Key Options

This is the lettings policy and scheme for the majority of social housing across County Durham, the main people on the register are older people with a medical or welfare need. People aged 55 plus make up 37% of the total applications on this register. On the Durham Key options housing register of the 4,158 applicants aged 55 plus 3817 have selected preferences for bungalows (92%), 864 have selected flats (21%), 248 have selected sheltered housing (6%), 50 have selected maisonette (1%) and 11 have selected bedsit (0.3%). This evidences the need of people over 55 years of age.

Qualitative Findings- Focus Groups and Interviews

Housing and neighbourhoods

The main barrier cited for ageing well with regards to housing was the availability of bungalows and one level accommodation. The focus group felt that it seems like social housing is only available to people on benefits or over a certain age, so in a lot of places there doesn't seem to be a good mix of people and generations in neighbourhoods. This leads to people feeling even more isolated and sometimes intimidated in their own neighbourhood.

Another recurrent theme was that the ability to remain near family and friends in older age was important to people but that suitable accommodation to enable this was not always available.

It was felt that neighbourhoods could be improved by improving local shopping options and local events.

Members of the focus group felt that this was linked to social participation and respect in that it all goes back to respecting and being thoughtful to both people and places to enable the development of good local neighbourhood communities.

> "Often in a large family house which they are reluctant to move from as it has all the family memories tied up in it. Often if it is sold smaller bungalows in their area cost more than the house they have sold."
>
> "Living in Easington Village it often feels like no man's land between Peterlee and Seaham where there is very few activities available, poor public transport very little economic activity and heavy traffic on roads not designed for it."
>
> "It's a matter of luck, isn't it? I'm very fortunate that I have got two excellent neighbours who helped me a lot, but I mean it's not something that you can organise is it? It's just a matter of luck who you live next to really!"

Key Themes

From the quantitative and qualitative findings, the availability of suitable local housing and specific support for older tenants were identified as key themes which require action.

6. Outdoor spaces and buildings

Quantitative Findings

Access to outdoor space and community facilities

Making outdoor spaces and buildings 'age-friendly' via accessible buildings, walkable and clean spaces, seating and accessible facilities will make a difference to people of all ages. The outside environment and public buildings have a huge effect on our mobility, independence and quality of life as we age. Designing the environment to be accessible for all groups across the life span from young to old enables our communities to be more inclusive. In addition, age-proofing the communities people live in allows them to live there, in better health for longer. Issues that are often cited by older people in getting outdoors include poor quality pavements, fear of crime and anti-social behaviour, lack of benches or places to sit, lack of accessible public toilets and traffic and car parking.

Anti-Social Behaviour

Anti-social behaviour refers to any activity that causes or is likely to cause harassment, alarm or distress to one or more people not of the same household. This can include things like noisy behaviour in quiet streets, vandalism, general drunken behaviour, and acting in an aggressive and intimidating way. Older people often cite fear of crime and anti-social behaviour as a reason for not being able to get out and about.

In County Durham levels of antisocial behaviour are higher than the national average but below the North East Average in April 2021 to March 2022. (Table 11)

Table 11: *Anti-social behaviour, incidents and rate per 1,000 population for the time period April 21-May 22.. County Durham, North East and England. Source. Durham Insight- Anti-social Behaviour.*

Anti-social Behaviour	Incidents (Count)	Rate (per 1,000 population)
County Durham	15,940	30.1
North East	85,276	31.9
England	1,081,702	19.2

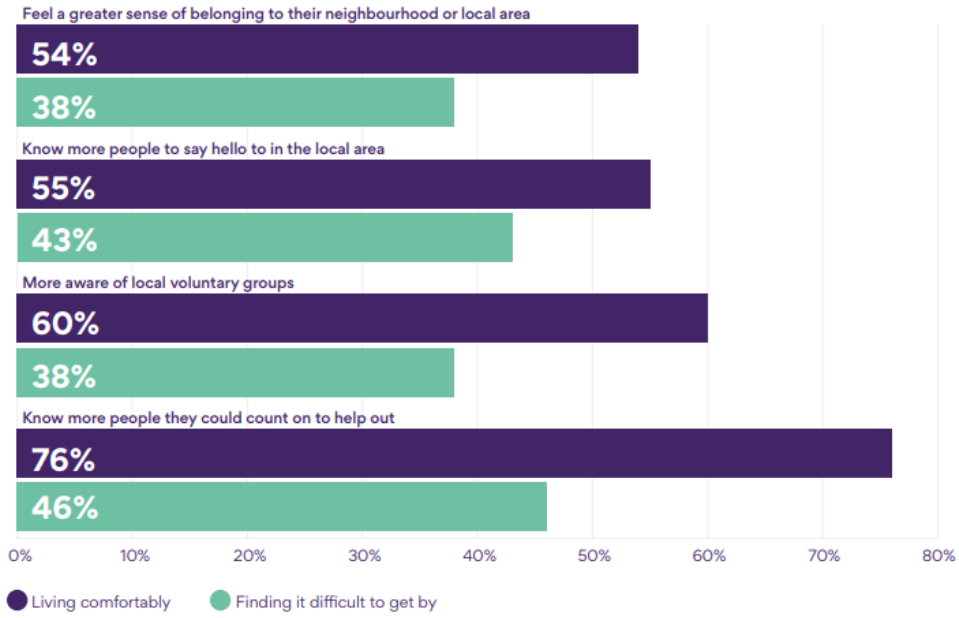
Council related Nuisance data includes noise, smoke, odour, light and dust offences. The data to the end of December 2020 shows a rolling year figure of 5,472 incidents which is above the 3-year average and Council related Anti-Social Behaviour incidents (Environmental, Nuisance and Personal) show that to the end of December 2020 there were 14,649 incidents which is below the 2017- 20 3-year average of 14,776. It is not known what percentage of incidents involved older people but given the numbers that they are occurring at in communities it is an issue that affects people across the life course.[66] County Durham specific police data also shows that Anti-social behaviour accounted for 13.7% of all police incidents in County Durham in April to December 2020/2021.[67]

Crime and anti-social behaviour are an important feature of deprivation that has wide ranging effects on a community and on the individuals within it. Being a victim of anti-social behaviour or the fear of becoming one can have a big impacts on health and wellbeing.

During the Covid-19 pandemic access to outdoor spaces and community facilities were severely limited when restrictions were fist put in place. Leisure centres and community venues remained closed for a long period of time. It is taking time for older people to feel comfortable in attending these venues again and this must be kept in mind in the near future. However, the Covid-19 pandemic saw a surge in community activity with many older people taking on volunteering and wellbeing roles within their communities. Here, they demonstrated their value as assets, and we must build on this in the post pandemic landscape.

Overall, older people report the greatest sense of "belonging" in their communities, but this is not equally distributed. If subjective income measurement is used (people feeling that they are 'struggling to get by'. Those struggling to get by feel a less sense of belonging in their neighbourhood or local area, know fewer people to say hello to, are less aware of voluntary or community groups and know fewer people who they can count on to help out compared to those who are living comfortably. (Figure 16)[68]

Figure 16: *Changes in connection for people aged 50 to 69 years in England, July 2020. Source:* Centre for Ageing Better. State of Ageing in 2020.



The County Durham Plan sets out the plan for development in County Durham. One of the core principles in this plan is the promotion of healthy communities. There is a clear role in planning for creating healthy, safe and inclusive environments as they can contribute to both the physical and mental health of those that use them. The County Durham Plan suggests that "Neighbourhoods are places where people live, work, and play and have a sense of belonging and their design can contribute to improving health. The walkability and the mix of uses in an area can provide opportunities for social engagement and active travel. Neighbourhoods can shape our day-to-day decisions and therefore have a significant role in improving the health behaviours of our whole population. Another of the core principles of this plan is ensuring the vitality of town centres. The plan supports the development of all of the county's centres to improve choice and bring about regeneration and environmental improvements. The needs of the population as they age should be considered in this planning.

In March 2021 the Council approved a £78 million programme to transform leisure facilities in the County. This includes three new state of the art leisure centres and refreshed facilities at other leisure centres with part of this being to make these facilities more accessible as currently only 5% of the County Durham population access leisure centres. Wide consultation from residents of County Durham has taken place.

Barriers to participation

The East Durham Physical Activity and Wellbeing mapping project (mapping attached at Appendix 6) has provided a better understanding of the physical activity and wellbeing

landscape in East Durham as well as potential challenges and barriers to participation and areas for improvement. The report highlighted a huge array or available organisations, activities and facilities available just in East Durham. This work was not specifically targeted at those aged over 50. The six key themes identified by the work are shown below (Figure 17)

Figure 17: *The six key themes identified by The East Durham Physical Activity and Wellbeing mapping project.*

The six key themes

The recommendation of the report were based on three principles:

1. Poverty plays a significant role in participation. Tackling poverty must remain at the forefront of all considerations.
2. The issues surrounding participation are complex and manifested across the whole system.
3. There are no easy fixes. Challenges will not be tackled by short-term projects or interventions.

Although this report only covers East Durham the work highlights the need to map services across County Durham and to identify specific barriers to access in different areas.

Climate Change

Durham County Council declared a climate emergency on 20th February 2019 which has resulted in a Climate Emergency Action Plan and a pledge to immediately adopt a new target of 80% by 2030 making significant progress towards making the County and the Council carbon neutral and also investigate what further actions are necessary to make the county completely carbon neutral by 2050.

Older people may be more affected by climate change than others in the population. They have the highest proportion of mortality from climate change. Research has found that heat, temperature variability and air pollution increase the mortality risk for older people, especially from respiratory and cardiovascular disease. In terms of changes to the climate over the next 20 years there is likely to be more sudden, intense rainfall episodes with commensurate flood risks, prolonged warmer summer spells and decreased prolonged cold spells in winter. Ambient temperatures are predicted to rise in winter meaning that excess winter mortality

may reduce as a result. Broadly speaking, the population as a whole can adapt to rises in ambient temperatures but with older people their resilience to changes to temperature is less. Daily mortality rates in older people rise gradually with increases in temperature above 18^{o}C and rise significantly over 25 ^{o}C. [69]

Qualitative Findings- Focus Groups and Interviews

Outdoor spaces and buildings

Many participants commented that they were very happy with where they live in terms of their outdoor environment. People were also generally happy with the outdoor spaces around them but found accessing them was the biggest barrier with regards to improving and levelling pavements. The minority said that many outdoor spaces feel geared towards younger people so it would be nice to have some places geared more towards older people for example, benches where people could sit and talk to others.

Access to buildings was mentioned many times with regards to leisure facilities. Many felt that once inside the building these were very accessible. But getting to these facilities was more difficult for example, some of the leisure facilities have car parks very far from the leisure centre and other facilities were in hilly areas making access difficult. Others felt that they were sometimes unable to attend the activities they wanted to due to issues with reliability of public transport. Cost was also often cited as a barrier to accessing leisure facilities.

Participants felt that green space was very important to them as was access to more benches and seats whilst out in public areas. Interventions such as dropped curbs, better pavements and less litter would help people feel they could get out and about in their communities more.

Participants in one of the focus groups felt that high streets should offer discounts to older people and County Durham residents as well as students.

> "I don't think there is a lot they could do to improve."
>
> "Green spaces exist but it's getting there that is the problem."
>
> "Having access to outdoor space where you live is a big help."

Key themes

From the quantitative and qualitative findings, the importance of making outdoor spaces and buildings 'age-friendly', combatting anti-social behaviour and considering the needs of older people specifically when tackling climate change.

7. Economic activity and civil engagement

Quantitative Findings

The importance of economic wellbeing and financial security is now recognised widely across practice and policy. Older people may be more vulnerable to economic fluctuations, which can have a huge impact upon their health and wellbeing. In addition to this, an increase in the older population has implications on the economy in terms of service and pension provision demand. The effect of this impact can be mitigated by people living healthier lives for longer and continuing to be economically active at older ages.

Deprivation, Poverty and Income

The links between deprivation and health outcomes are well evidenced. For those aged over 50 these are even more important. Experiences of poverty and deprivation across the life course have an influence on financial security in later life. Not only do worklessness, low paid and insecure jobs make it difficult for people to save for their retirement, but they also have been shown to be associated with a lower chance of being able to work into later life.

Amongst those aged between 46 and 64 years old those in the highest 20% income bracket have a household income three times greater than the lowest 20%. For people aged between 66 and 88 this difference is more than double therefore income inequality widens as we age. Median weekly earnings tend to peak at age 40 and begin to decline in their 50s and 60s.[70]

Evidence shows that there are substantial inequalities in financial security in later life between men and women. It remains the case that family circumstances affect the life course and working patterns for women more than men for the current generation of people aged over 50. Women of working age are more responsible for child care and care of other family members on average and analysis shows that women who work part time for most of their working lives are no better off financially in later life than those who had shorter part time careers or those who spend most of their time caring for family. Only 36% of women aged 65-69 years received the full state pension in 2014.

Inequalities are also evident between different ethnic groups. A small number of studies have shown that men from Black and minority ethnic groups are less likely to receive a private pension and more likely to receive pension credits than white men. Bangladeshi and Pakistani people appear to be the most vulnerable to financial insecurity in later life, especially women.[71]

In order to protect people's incomes in their later years this needs to be tackled earlier in the life course. The DWP estimates that currently 38% of the working age population are not saving enough to give themselves an adequate retirement income. The current cost of living crisis is likely to impact this further.[72]

Fuel Poverty

A household is classed as being fuel poor if it has higher than typical energy costs to provide an indoor environment that doesn't affect their health and wellbeing and would as a result be left with a disposable income below the poverty line if it spent the required money to meet those costs. This is different to overall poverty as not all poorer households are fuel poor and some households who wouldn't be considered income poor could be pushed into fuel poverty by increasing energy bills. This is especially pertinent given the current energy price increases.

The current estimates for County Durham are that 14.7% of Households are fuel poor, this equates to around 27,600 people. This compares to 14.4 % in the North East and 13.2% in England. Our County is ranked as having the 44th highest proportion of household experiencing fuel poverty out of 152 upper tier County authorities in England. Within the North East County Durham is the highest (worst) ranked local authority for the same measure. These estimates do not take into account the recent price increases. [73]

Retired households have a low level of fuel poverty(9.7% of households) however when taking into account their fuel poverty gap (the additional income they would need to no longer be fuel poor) those in fuel poverty have the highest gap across all groups of £250. (Table 12) This reflects older people's higher fuel costs due to higher amounts of time spent at home, and general lower energy efficiency of homes. Fuel costs continue to rise in the UK and there may be a significant time lag until this is represented in the data.

Table 12: *Households in fuel poverty and average fuel poverty gaps by age band in County Durham. Source. Annual Fuel Poverty Statistics in England, 2021.*

Age band (years)	50-59	60-74	75 and over
Households in Fuel Poverty (%)	15.7 %	11.2%	8.9%
Average Fuel Poverty gap (£)	£208	£250	£259

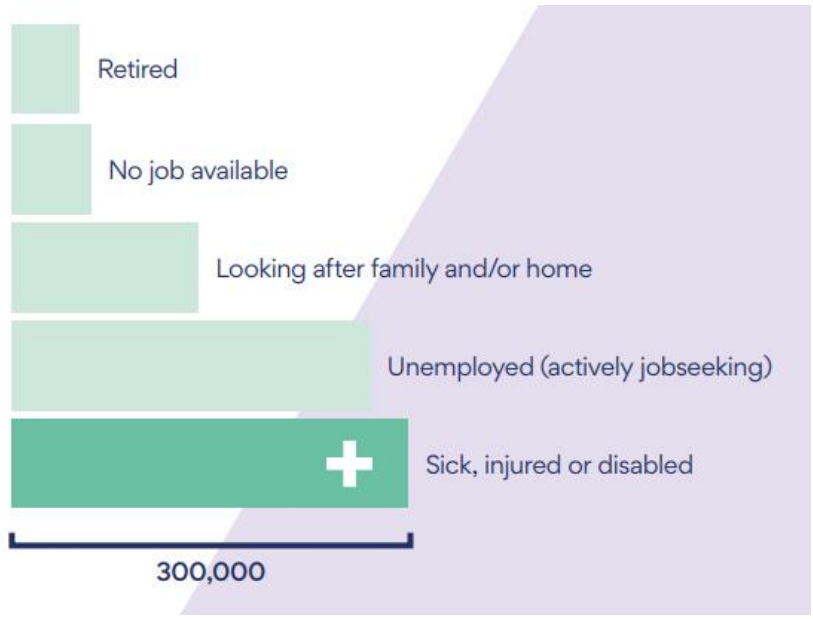
Reducing Fuel Poverty is important as alleviating fuel poverty will help to provide warmer homes and reduce cold-related and winter deaths. These are an important public health issue, and it is estimated that 1 in 10 winter deaths is due to fuel poverty. Nationally this equates to 2,700 and in County Durham, 32 deaths due to fuel poverty.[74] The warm and healthy homes scheme in County Durham aims to prevent these deaths from occurring however, uptake is limited.

Employment

People currently in their 50s and 60s who lose their jobs now are at risk of falling out of the labour market permanently. In the year that state pension age reaches 66 less than half of men and a third of women are still in work at age 65.[75]

The proportion of people aged over 50 and still in work has risen in England over the last 20 years. Amongst those aged 50-64 this has risen from 60% to around 73% since the year 2000. Meaning that one in three workers are now aged 50 and over.[76] These figures appear to be encouraging but mask the large numbers of people who are stopping work prematurely. Before the Covid-19 pandemic there were nearly 80,000 people aged 50-64 who were out of work but wanted a job. Barrers to employment cited were ageism in recruitment, lack of flexibility, insufficient support for health conditions and managing caring responsibilities.[77] The leading reason for people aged 50-64 to be out of work is health (Figure 18)[78]

Figure 18: *The number of people in England aged over 55 who would like to be in work but aren't by reason. Source: Centre for Ageing Better analysis of Annual Population Survey (year to March 2020)*

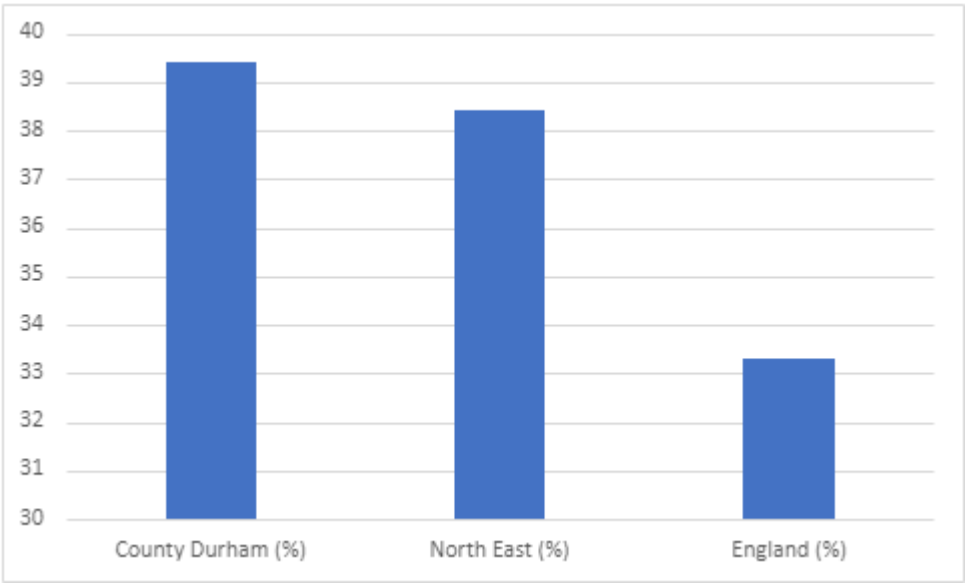


Once they fall out of work older workers find it more difficult to re-enter the labour market. Those who are over 50 and unemployed are twice as likely to be out of work for twelve months or more compared to younger workers.[79]

Estimates of employment in County Durham have been taken from the Annual Population Survey produced by the Office for National Statistics. County Durham Data shows that between October 2020 and September 2021 the employment rate for people aged 50 plus in County Durham was 38%. This is slightly higher than the North East figure of 36.5 but lower than the England figure of 41.8%.

The number of economically active people aged 50 plus in County Durham has decreased in recent years. In the time period October 2018- September to 2019 44.5% of Count Durham Residents aged over 50 were economically active compared to 39.4% from October 2020-September 2021 (Figure 19). The Covid-19 pandemic may have had a huge impact upon this due to job losses during the pandemic.

Figure 19: *Economically active aged 50 plus (percentage of population), October 2020 – September 2021County Durham, North East and England aged 50 plus who are economically active. Source: Office for National Statistics. Annual Population Survey (March 2022)*



The percentage of people who were economically inactive between October 2019 and September 2021 in County Durham is 60.6 %. This is higher than the England average for the same time period but lower than the North East Average (Figure 20). These have increased over recent years and post Covid-19 pandemic from 55.5 % (County Durham), 59.6 % North-East and 55.9% England during the period October 2018- September 2019.[80]

Figure 20: *Economic inactivity aged 50+ (Percentage of the population aged 50 plus who are economically inactive), October 2019- September 2021, County Durham, North East and England. Source: Office for National Statistics. Annual Population Survey (March 2022).*

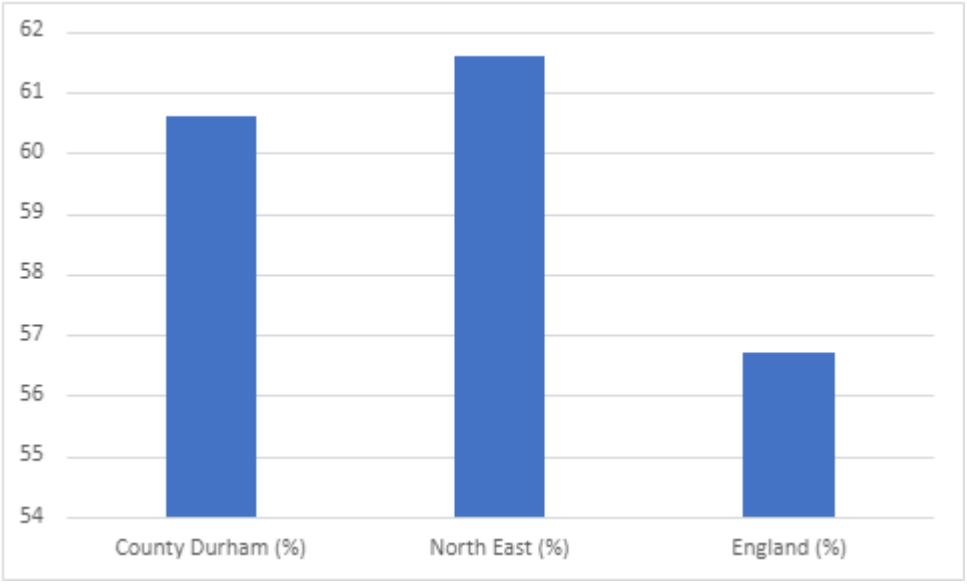
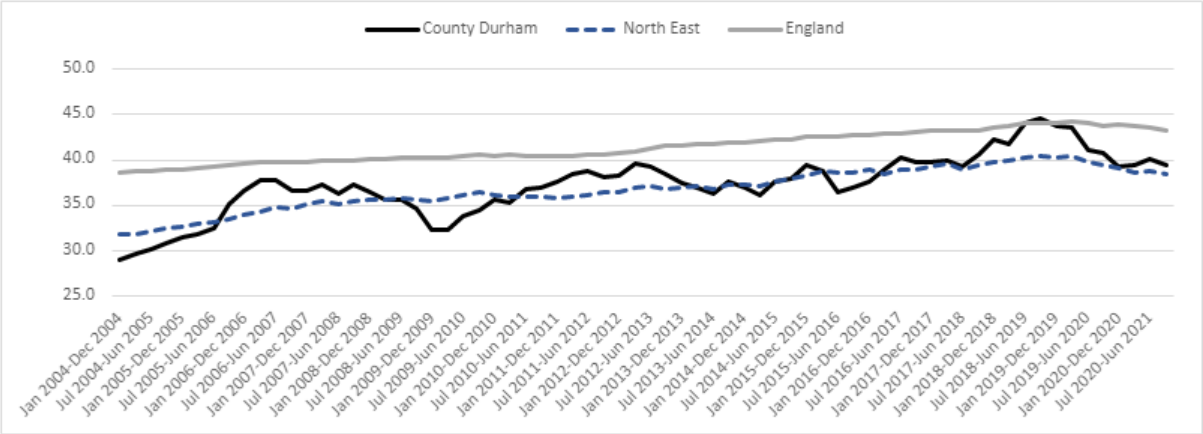


Figure 21 shows the trend in economic activity for County Durham, the North East and England over the time period January 2004 to June 2021. It can be seen that the economic activity rate has been relatively stable in England but has had more fluctuations in the North

East and County Durham. In 2019 the figures for County Durham had risen and were close to the England average but these have now decreased and there is a substantial gap between County Durham and England.

Figure 21: *The trend in economic activity rates for people aged 50 plus in County Durham, the North East and England. Source: Office for National Statistics. Annual Population Survey (March 2022).*

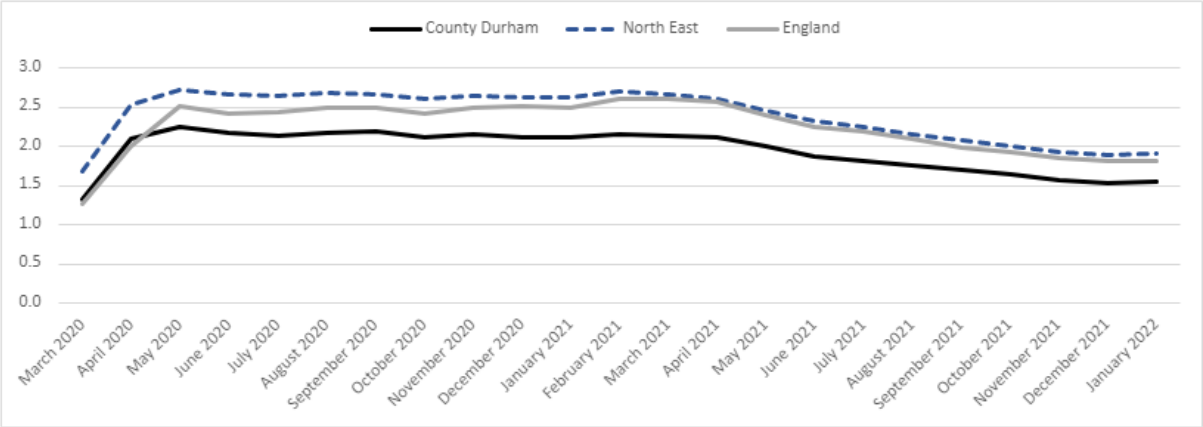


Employment in itself is not the only important factor for those aged over 50. Workers aged over 50 are the least likely group in the workplace to receive training which affects their ability to develop their skills and to gain further employment.[81]

Universal Credit Claimant Counts

In County Durham in January 2022 there were 3455 people aged 50 plus claiming Universal credit. Figure 22 below shows the percentage of people aged 50 plus claiming universal credit in County Durham, the North East and England from March 2020 to January 2022. As can be seen from the graph all 3 areas have followed the same trajectory rising in March 2020 due to the effects of the Covid-19 pandemic with a decrease beginning in May 2011. Level of claimants are higher in both the North East and England compared to County Durham.

Figure 22: *Percentage of people aged 50 plus claiming Universal Credit in County Durham, the North East and England. Source: Source: Office for National Statistics. Annual Population Survey (March 2022).*



In County Durham in December 2021 24.4 % of claimants of Universal credit were in employment. This compares to 26.6% across the North East and 30.9% across England.[82]

Durham County Council Inclusive Economic Strategy

In January 2022, Durham County Council embarked upon a three-month consultation exercise (an 'e-conversation') to seek the views of residents, business and children and young people. The e-conversation, in conjunction with a series of workshops and discussion groups, aimed to establish views on what an inclusive economy could look like in County Durham, and what the barriers and opportunities are, particularly relating to work, skills, training and the physical environment. Respondents had the opportunity to answer questions both by selecting the most appropriate answer on a scale (e.g. from strongly disagree to strongly agree) and to give qualitative, personal feedback.

A number of respondents referred to age, across a variety of questions. In particular, comments related to:

- Barriers to / difficulties in accessing suitable training and a lack of support / funding for retraining for older people.
- Age-related barriers, ageism and / or age-related prejudice in employment and finding work.
- A lack of suitable housing options for older people, particularly a lack of affordable bungalows and sheltered housing schemes. One respondent suggested the development of local retirement villages near local shops, which would both reduce the need for transport for older people and could revitalise local shops. Another respondent highlighted that including energy efficient measures in housing could improve the health of older and vulnerable people.
- A lack of affordable things for older people to do, or places where older people can meet socially e.g. cafes, activity centres, craft shops. learning centres.
- A need to reduce anti-social behaviour which could make streets feel safer for older people.

The feedback from the 'e-conversation' is being used to target and tailor further, specific feedback sessions and workshops planned for June and July 2022. Respondents from the e-conversation who asked to be involved in the next phase of the strategy development will have opportunities to participate in these specific sessions, with age-related barriers being a possible workstream. The feedback from all sessions will assist is shaping the content of the Council's Inclusive Economic Strategy, scheduled for publishing in Autumn 2022.

The County Durham Poverty Action plan also sets out the vision to work together so fewer people will be affected by poverty and deprivation in the County. These strategies and plans are long term goals as changing the poverty and deprivation experienced by the County is a long-term process but by working across the system to tackle these wider determinants of health the gains for everyone will be far more than financial.

Qualitative Findings- Focus Groups and Interviews

Economic activity

Many of the participants didn't feel that this question was applicable to them as they were retired but did answer with regards to their thoughts on what they knew about acquaintances who may be aged over 50 and looking for employment. They did however, comment that they felt that finding work as someone aged over 50 was very difficult and that employers were not always open to employing older people in their 50s.

Many who were retired were actively involved in volunteering and said that if they did look for employment they would look for lower stress roles than their previous jobs.

Many felt that job opportunities for those aged over 50 would be limited and that people generally had to travel outside of their local area to get a job. People suggested that employment opportunities for older workers were limited and felt that work should be done to support Councils and other organisations to employ older people through incentives. Others commented that they felt that directly targeting older potential employees might be seen as discriminatory by younger generations.

One participant shared that they had gone back to university to retrain and had gained employment before they had qualified, and another felt that diversity policies in place in work places made it easier for older people to gain employment. People generally thought if you wanted a job then you would be able to look for one and find one but who those who had retired felt that they wouldn't want to return to the workplace.

The focus groups felt that again more advice and guidance was needed to help older generations with finance issues and technology and where to go for help as they didn't feel that this was very readily available in County Durham.

> "I wouldn't know where to go [to find employment]. I think it would be difficult."
>
> "I've done my bit; 40 years is enough!"
>
> "I'm not really interested!"
>
> "I've really struggled to find a job; it all seems like zero-hour contracts. I feel like it's not even worth applying now because of my age. Everywhere just wants younger people"

Key Themes

From the quantitative and qualitative findings, the rising costs of living and fuel poverty and employment difficulties for older people were identified as key themes which require action.

8. Health and wellbeing

Quantitative Data

Lifestyle and Behaviours

Lifestyle and behavioural factors have a profound effect on health throughout the life course. If healthy behaviours are adopted earlier in the life-course, then older adults can help to prevent or delay the onset of some long-term conditions and maintain their health as they age. Lifestyle and behavioural factors include good nutrition, physical activity and the avoidance of health damaging behaviours such as smoking and drinking excess alcohol. Amongst people aged 50-69 poor diet and smoking are the top behavioural risk factors for years lost to disability.[83]

Smoking

Smoking is a major cause of preventable illness, morbidity and death. Smoking prevalence in Durham remains above the national average at 17.0 % compared to 13.9% across England and accounted for 6,034 hospital admissions in County Durham in the year 2019/2020.[84]

Smoking is a leading cause in inequality in mortality rates between the most and least deprived areas of England with death rates from tobacco being two to three times higher among socially disadvantaged groups compared to more affluent groups. A person's type of employment is also related to smoking status with routine and manual occupations having much higher smoking rates.

Smoking causes many long-term conditions including 90% of Chronic Obstructive Pulmonary Disease (COPD), cancer and vascular disease such as coronary heart disease.[92] In County Durham 30 % of adult deaths at age 35 and above were caused by smoking in 2012-2014.[85] In addition smoking is negatively related to factors that lead to loss of functional ability in older people such as its role in accelerating loss of bone density, loss of muscular strength and respiratory function.

Stop smoking services are evidence based and help to support smokers to quit and so make a huge contribution to increasing life expectancy and reducing health inequalities. The rate of people attending stop smoking services and setting a quit date is higher than the national average in County Durham, however the numbers for all areas have been falling over time. A Health Equity Audit also showed that these from more deprived middle super output areas (MSOAs) had higher rates of setting a quit date and quitting smoking demonstrating their role in reducing health inequalities.

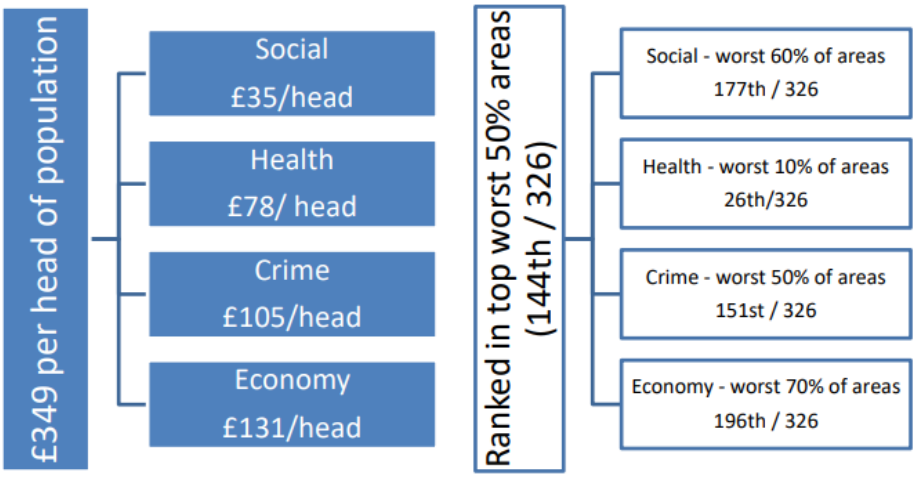
Data from the stop smoking service in County Durham shows that from the 1st of April 2021 – 31st March 2022, of the 3390 clients attending the service 1407 were over 50 (42%). Many of these reported having long term health conditions including 482 with COPD (34%), 480 (34%) adverse mental health, 201 (14%) diabetes, 131 (9.3%) CHD, 282 (20%) high blood pressure and 83 (6%) cancer.

County Durham Alcohol Misuse

Alcohol use impacts upon the health and wellbeing of both individuals, their families and wider communities. While older people tend to drink less than younger people the metabolism changes that accompany ageing increase older people's susceptibility to alcohol related diseases including malnutrition, liver, gastric and pancreatic diseases. Older people are also at greater risk of alcohol related falls and injuries as well as the potential hazards associated with mixing alcohol with medications.[86]

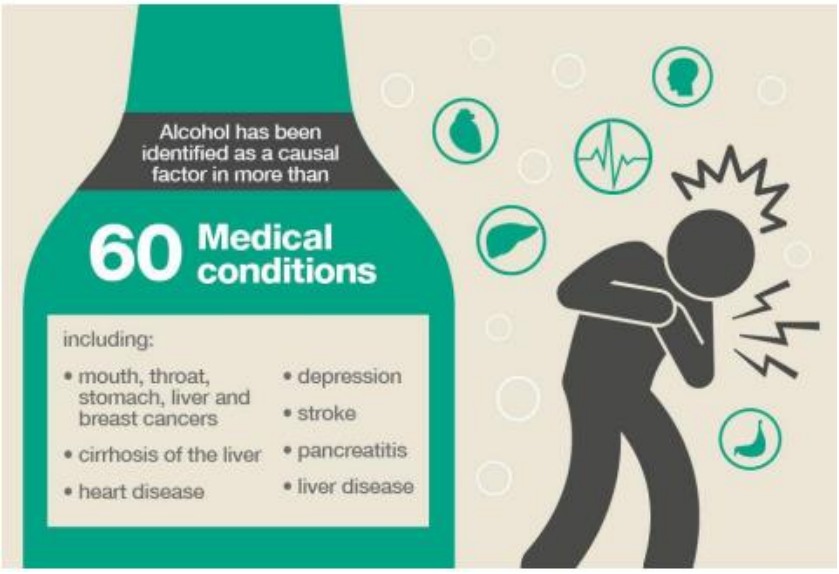
Figure 23 below shows the cost of alcohol harm in County Durham

Figure 23: *The cost of alcohol harm in County Durham. Source. Source: Balance, 2018.*



Harms to individuals can be both acute and chronic and alcohol is a causal factor in over 60 medical conditions (Figure 24)

Figure 24: Medical conditions caused by harmful alcohol consumption. Source: Public Health Matters, Public Health England (PHE), 2016



Levels of alcohol harm are higher in County Durham compared to England with estimates suggesting that 1.7% of adults are dependent drinkers (around 7000 people). It is unclear how many of these are aged 50 plus but according to the Office for Health Improvements and Disparities (OHID) data County Durham has higher numbers of admissions for alcohol related conditions in those aged 40-64 but lower levels compared to the North East and England for those aged over 65.(Table 13) [87]

Table 13: *Alcohol related admissions data for County Durham for age bands 40-64 and 65 plus. Source. OHID. Productive Healthy Ageing Profile Data.*

Indicator	Period	County Durham	North East	England
Admission Episodes for alcohol related admissions aged 40-64 (Directly Standardised rate per 100,000)	2020/2021	1,457	836	1033
Admission Episodes for alcohol related admissions aged 65 plus (Directly Standardised rate per 100,000)	2020/2021	804	711	832

The Drug and Alcohol recovery service have identified that the over 50s is a group that they need to do more targeted work with. There was a mixture of conditions that those over 50 in service were currently experiencing from COPD to alcohol related conditions such as liver cirrhosis and associated cancers, but the dataset is not comprehensive enough to enable it to be interrogated further.

Physical Activity

Physical activity provides many benefits to both physical and mental health. Even some physical activity is better than none and the emphasis at population is on moving more in our day to day lives be that walking to work, active transport or walking meetings.

The Chief Medical Officer produces guidelines for physical activity which differ across age bands. They recommend the following:

- 19–64-year-olds- 150 minutes of moderate intensity activity, 75 minutes of vigorous activity or up to 75 minutes of very vigorous intensity activity or a combination of moderate, vigorous, and very vigorous activity
- Over 65-year-olds- 150 minutes of moderate intensity **aerobic** activity, 75 minutes of vigorous activity (for those who are already regularly active) **or** a combination of moderate and vigorous activity (to achieve greater benefits). Weight-bearing activities are also of particular importance in this group to maintain bone health.[88]

The Covid-19 pandemic has affected physical activity levels nationally affecting everyone in different ways. For some there was a positive change and for others a negative one however, overall, there was a reduction in physical activity levels. The factors which had an impact on people's ability to be physically active include inability to leave the house due to lockdown or shielding, deceased time due to increased caring responsibilities or schooling, changes in income, changes in routine, the loss of active travel as part of a commute, increased hours and the emotional and physical demands especially on key workers, restrictions and closures of activities and clubs, loss of social interaction, increased anxiety and decreased confidence, uncertainty around changes to restrictions and what was 'allowed' and access to outdoor space for those without a private garden. Lockdowns however also gave some the opportunity to fit in more physical activity as a family and to use exercise to mix if living alone.

There is inequality in the way that changes to physical activity during the Covid-19 pandemic have affected people. National data shows that some groups were much more likely to see a reduction in their physical activity and these are likely to have been echoed across County Durham especially in our older population. These include a lower socio-economic status (routine/semi-routine jobs and unemployed), those with disabilities and long-term conditions and those aged over 55.[89]

The latest Sport England Data from the 2020-2021 Active Lives Survey shows that there remain inequalities in physical activity between different population groups. The survey measured physical activity levels at age 55-74 and 75 years plus. Prior to the Covid-19 pandemic activity levels in these groups had been slowly increasing however activity has been broadly maintained in the 55-74 age group many of the previous gains achieved in the 75 plus age group have been lost. This may be due to the effect of shielding on this age group along with nervousness to attend indoor activities and crowded spaces.

The 55-74 have seen a limited negative impact on physical activity over recent years (2018-2021) but activity levels remain lower than pre-pandemic despite some recovery. In the 75 plus age group there have been larger drops in physical activity and no recovery towards pre pandemic levels. This indicates that the older age group may require specialised support to recover activity levels to stop this inequality widening further.[90]

The make-up of the local population is important when measuring activity levels. As the age profile of County Durham is slightly older than the England average then you would expect lower levels of physical activity. Age is not the only factor however, as other factors also affect

the levels of physical activity in County Durham due to higher numbers of people with limiting illness and more people from lower socio-economic groups.

Physical activity varies across the different age bands in County Durham (Table 13). From a total sample of 247 who took part in the Active Lives Survey 2019-20 in the 55-74 age group only 59% of people considered themselves to be active. This was even lower in the over 75 age group at 40%. In the 55-74 age group 30% of people considered themselves to be inactive along with 49% of the over 75s. [91]

Table 14: *Percentage of people in 55-74 and over 75 age bands and their levels of physical activity. Source: Sport England Active Lives Adult Survey. May 2019/20 report.*

Age band (years)	Inactive	Fairly Active	Active	Total
55-74	60	22	118	200
Over 75	23	5	19	47

The graph below shows the active and inactive proportions for the 55-74 age group in County Durham. Inactivity levels have consistent over the years 2015-2020. (Figure 25)

Figure 25: *Levels of activity and inactivity in those aged 55-74, County Durham, 2015-2020. Source. Sport England Active Lives Adult Survey. May 2019/20 report.*

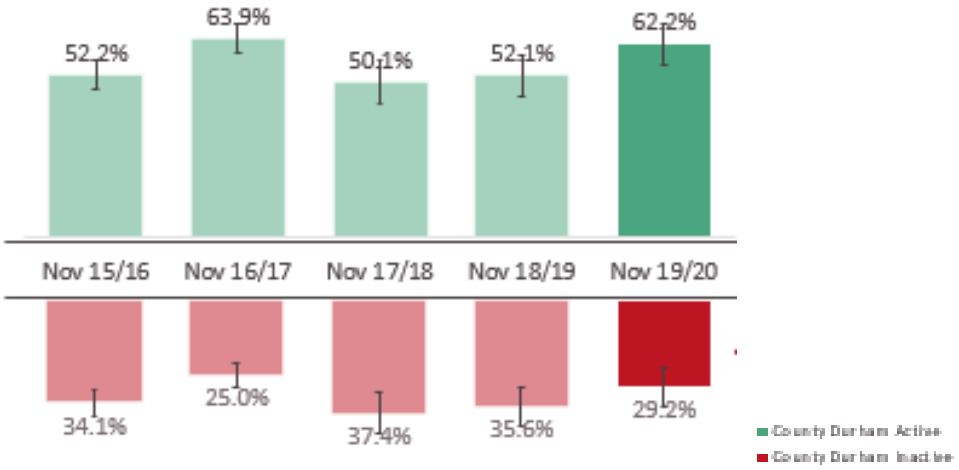
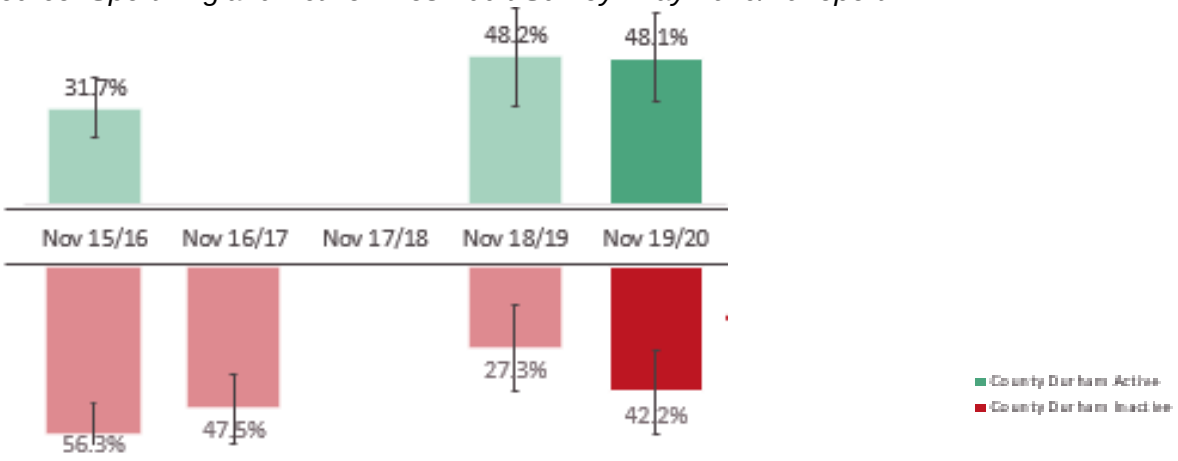


Figure 26 shows the same data for the over 75 age group. Here it can be seen that inactivity has increased in this specific age group from 27.3 % in 2018-19 to 42.2% in 2019-20.

Figure 26: *Levels of activity and inactivity in those aged 75+, County Durham, 2015-2020. Source: Sport England Active Lives Adult Survey. May 2019/20 report.*



Obesity

Rates of obesity are high in every age group but peak at age 55-64 in England with more than 8 in 10 men and 6 in 10 women aged 55-64 being overweight or obese.[92] These figures however are not evenly distributed amongst different socio-economic groups. Amongst those aged 50 and over , almost half of the men and women from the lowest economic groups are obese compared to just one fifth of those in the most affluent socio-economic groups.

In County Durham the percentage of adults aged 18 plus who are classified as being overweight or obese is 70.8%. This is higher than both the North East average (69.7 %) and England Average (63.5%). Figures for those aged 50 plus in County Durham are not currently available.

Obesity impacts upon many long-term conditions and also people's ability to undertake physical activity as well as having impacts upon Mental Health and is therefore a key area to support ageing healthily.

Deprivation and health in the over 50s

The links between deprivation and health outcomes are well evidenced. For those aged over 50 these are even more important. Compared to the wealthiest in England the poorest women are two times more likely to have diabetes, two times more likely to have respiratory illnesses and four times more likely to have depression. For men they are two times more likely to have diabetes, two times more likely to have respiratory illnesses and five times more likely to have depression.

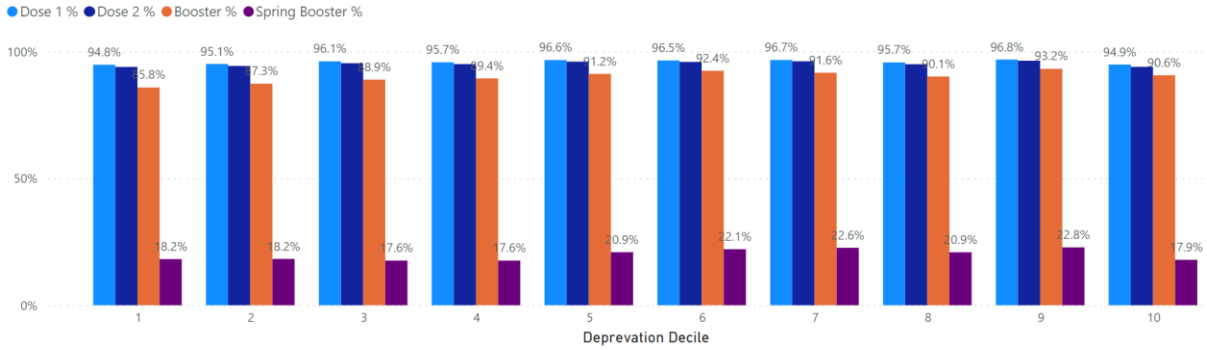
Lesbian, gay and bisexual people aged over 55 are twice as likely as heterosexual people to rely on services such as health and social care. However, it has been reported that three in five are not confident that these services will be able to meet their needs and more than two in five are not confident that mental health services would understand or meet their needs.[93]

Vaccine Inequalities

It is not just lifestyle behaviours that affect our ability to age well, our health care behaviours also play a part. As mentioned previously this HNA is very much wider determinants based and doesn't cover clinical content however one area that feeds into our appreciation of inequalities especially in the post Covid-19 pandemic era is vaccine inequalities.

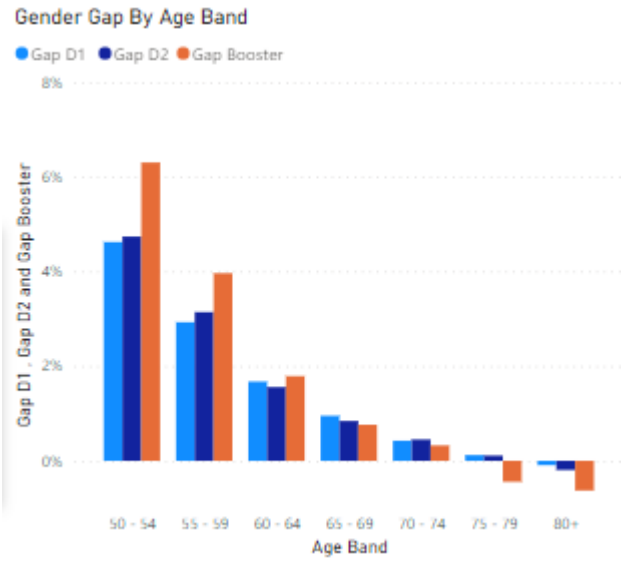
In County Durham 95.9 % of adults aged over 50 have received one dose of a Covid-19 vaccine, 95.1 % two doses and 89.9% a booster dose (Figure 27). The data does not show any significant difference in vaccination coverage between the deprivation deciles highlighting the huge amount of work on tackling vaccine inequalities in County Durham.

Figure 27: *Vaccine coverage for those aged 50+ by deprivation decile. Source. Vaccine BI, DCC PHI.*



The only inequalities highlighted in the data are a gender gap between males and females aged 50 plus with regards to booster vaccinations. Figure 30 shows the gaps between booster vaccination in males and females in County Durham at age 50 plus. This shows that at age 50-54 and 55-59 females are more likely to be vaccinated. There is a 6.3% and 4.0% gap respectively between the genders for this age groups.

Figure 28: *Covid vaccination gender gaps between males and females aged 50 plus in County Durham. Source. VaccineBI, DCC PHI.*



In terms of other vaccination programmes such as flu and shingles data is not available at a 50 plus level. Flu vaccine data for County Durham suggests that for those aged 65 plus in County Durham there was 84.2% coverage in 2020/2021. This compares favourably to the North East figure of 83.7 % and to the England average of 80.9%. For shingles vaccine coverage measured at age 71 County Durham has a 50% coverage rate compared to 50.8% in the North East and 48.2% in England.

Long Term Conditions

Long term conditions are more prevalent in the older population with 58% of over 60s having at least one long term condition compared to just 14% of under 40s. Long term conditions are also more prevalent in deprived populations with people in the lowest socioeconomic groups having a 60% higher prevalence than those in the highest socio-economic groups and 30 per cent more severity of disease.[94] Long term conditions do not only affect an individual's physical health, they also impact upon family relationships, the ability to work, finances and mental health and social isolation.

In County Durham there are 96,450 people aged over 50 who have at least one long-term condition, 33.072 who have two or more long term conditions and 9,448 with three of more conditions. The number of long-term conditions suffered by people in County Durham aged 50 plus are not evenly distributed across different areas of Durham and table 15 below shows the proportion of patients with one or more long term conditions (LTCs) across the Primary Care Networks (PCNs) in Durham. Many of these long-term conditions will lead to premature mortality if not adequately controlled. [95]

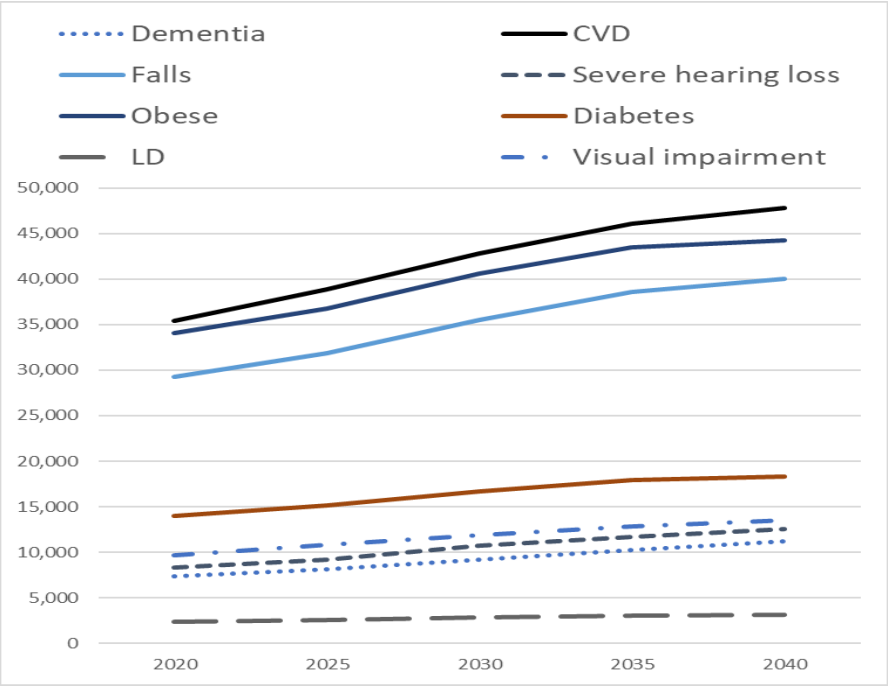
Table 15: *Registered patients with long term conditions by PCN in County Durham. Source: NHS North of England Commissioning Support Unit.*

	1+ LTCs (%)	2+ LTCs (%)	3+ LTCs (%)	4+ LTCs (%)
Bishop Auckland	42.5	15.1	4.5	0.8
Chester le Street	39	13.1	3.6	0.8
Derwentside	42.1	14.8	4.4	1.0
Durham East (Claypath)	34.6	10.2	2.5	0.5
Durham East	39.7	13.0	3.6	0.7
Durham West	38.7	11.7	3.3	0.7
Easington Central	44.5	16.2	4.7	0.9
Easington District	45.8	16.5	5.0	1.1
North Easington	45.7	17.6	5.4	1.3
Sedgefield 1	41.1	14.1	3.9	0.8
Sedgefield 2	40.4	13.5	3.6	0.7
Teesdale	37.4	11.	2.8	0.5
Wear Valley	41.7	14.7	4.4	1.1

The focus of this HNA is on wider determinants however, an understanding of the clinical conditions experienced by people aged over 50 in County Durham and their predicted future levels is important as it gives insight into the interventions that need to be put in place to help to prevent the next generation of older people experiencing these conditions which impact upon their health and wellbeing. The graphs below represent a range of conditions which impact upon ageing well. These chronic conditions and causes of disability in older age are similar for both men and women and include cardiovascular disease, hypertension, stroke, diabetes and cancer.

Figure 29 shows the predicted change in the number of people with long-term conditions (dementia, cardiovascular disease (CVD), Falls, Severe hearing loss, obesity, diabetes, learning disabilities (LD) and visual impairment) in those aged 65 plus from 2020 to 2040 in County Durham. It shows that the numbers of people with chronic conditions are set to increase. This in turn leads to not only increased demands for services but also to a decrease in the health and wellbeing of the population.

Figure 29: *Predicted change in the number of people with long-term conditions (dementia, cardiovascular disease (CVD), Falls, Severe hearing loss, obesity, diabetes, learning disabilities (LD) and visual impairment) in those aged 65 plus from 2020 to 2040 in County Durham. Source: POPPI projections to 2040.*



Learning disability is an area which has not been covered in depth as part of this HNA, the reason for which has been covered in the introductory chapter. However, a recommendation of this HNA will be that helping people with learning disabilities live well as they age is an area of work that requires focused attention as the new Ageing Well Strategy is taken forward.

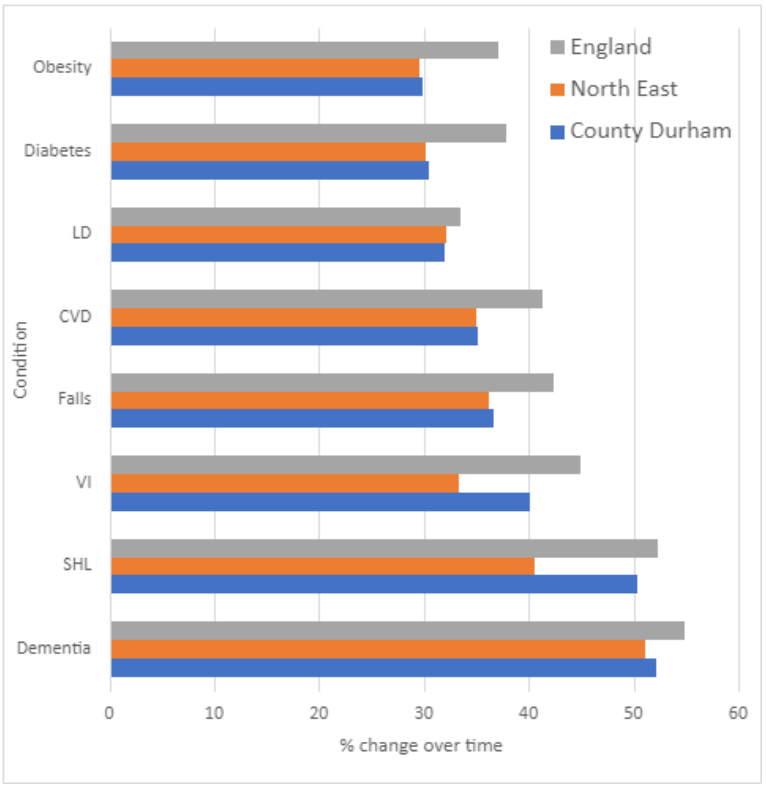
Helping people with long term conditions to live healthy lives for as long as possible is key to ageing well in County Durham. Many of these conditions are preventable if interventions and support can be put in at an earlier stage in the life-course then up to 40% of long-term conditions are preventable.[96] This could include physical activity interventions. People with long term conditions are twice as likely to be physically inactive.[96]

Both hearing loss and visual impairment can also have a profound effect on older people's health and wellbeing. Without the right support in place people with sensory loss are more likely to suffer from unemployment, social isolation, depression and mental health issues. The levels of hearing and sight loss within the population are often underreported as it may be seen as a 'normal' consequence of ageing and so action is required to recognise these conditions early so that support can be put in place.

Changes over time

Figure 30 shows the percentage changes over time for these conditions until 2040. It can be seen that the largest percentage changes in County Durham will be in vision impairment, severe hearing loss and dementia. The chart highlights the differences in percentage change for the conditions shown in Figure 29. For example, Figure 29 shows that there are large number of people with CVD but the percentage change is small whereas the numbers of people with dementia and severe hearing loss are smaller but have undergone a large percentage change.

Figure 30: *Percentage change over time of Long Term Conditions predicted to 2040 in County Durham. Source: POPPI projections to 2040.*



NHS Health Checks

NHS Health Checks are one of the five mandated public health functions in the Health and Social Care Act 2012. The NHS Health Check is a national risk assessment and prevention programme which aims to reduce the chance of a heart attack, stroke and raise awareness of dementia both across the population and within high risk and vulnerable groups

The programme sends an invitation to people aged 40 to 74, who do not have existing Cardiovascular Disease (CVD), and who are not currently being treated for CVD risk factors. It aims to offer everyone in the target group an NHS Health Check every 5 years.

The assessment addresses the main risk factors for CVD: smoking, lack of physical activity, high alcohol intake and unhealthy diet. Results of the assessment showing the risk of future conditions is communicated with the individual. The service then offers lifestyle advice and appropriate referral for help via behaviour change programmes and other interventions, such as clinical or pharmacological intervention.

In County Durham the number of people invited and receiving an NHS Health Check was reduced due to the COVID-19 pandemic, however in 2022 numbers have increased again and aim to return to pre pandemic rates.

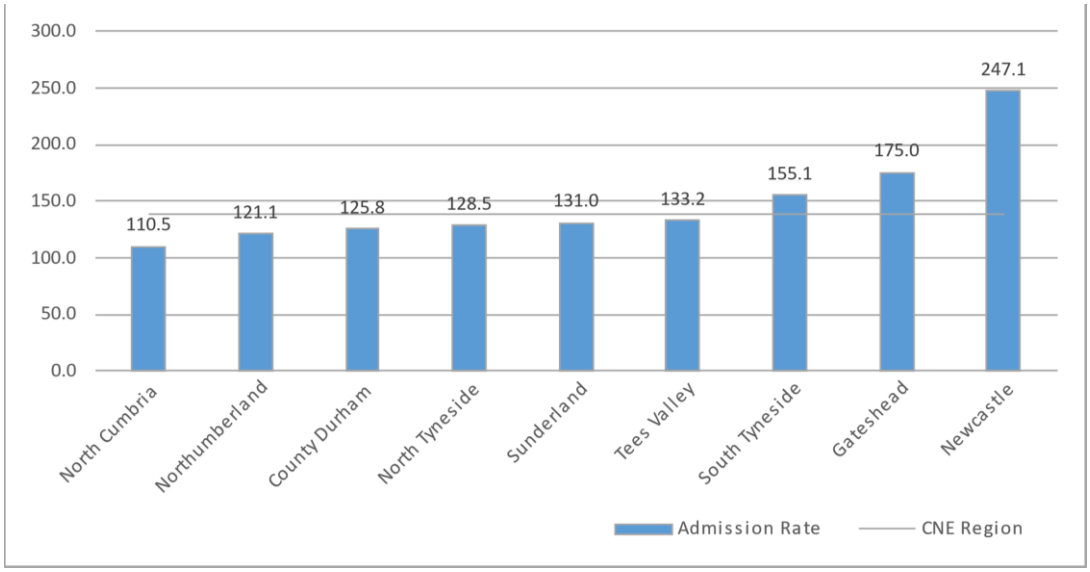
There are differences in health check attendance rates across different parts of County Durham. In County Durham a total of 12,632 invitations for Health Checks have been issued and 4,403 have been carried out giving an attendance rate of 20.2%. Attendance rates vary across County Durham highlighting areas of the County that would benefit from targeted work.[97]

Admission to hospital

Falls are a major cause of both morbidity and mortality in older people. In County Durham the rate of falls in people aged over 65) per 100,000 is higher (2354 per 100,000) compared to 2222 per 100,000 for England but lower than for the North East (2412 per 100,000).

Figure 31 shows the admission rates for falls across CCG areas in the North East. It can be seen that County Durham has the third lowest rate of emergency admissions across the local CCGs.

Figure 31: *Emergency Admission Rate per 1,000 population for people aged 65 plus in County Durham. Source: Durham Insight.*



Sexual Health

There is a general lack of focus on older people in UK policy, practice and research relating to sexual health, often assumptions are made that sexual health is a topic for younger people and that those over 60 years aren't having sex.[98] These assumptions have contributed to a potential gap/lack in services for older people.

In 2017 English Longitudinal Study of Ageing (ELSA) carried out a study that highlighted 80% of those aged between 50 and 90 years old were still sexually active and evidence that shows the rates of sexually transmitted infections (STI's) are increasing within this age range. In addition, some medical practitioners have suggested that as the risk of pregnancy decreases with age, combined with a potential lack of historical sex education, older people are less likely to be using sexual health protection devices such as condoms. As a result, STI diagnosis in people aged 50-70 has risen significantly over recent years. [99] Local data is beginning to reflect this trend, with those aged 35 – 74 years increasing in numbers of people who have completed STI testing through the online portal in County Durham.[100]

A review of the current County Durham Integrated Sexual Health Service performance scorecard has highlighted that current indicators don't sufficiently allow for analysis against age ranges therefore the demand on local service provision is unknown by service commissioners.

Mental Health

The estimated prevalence of common mental disorders in County Durham is higher than the national average at 12%. This is compared to 10% in England and 11%across the North East. This percentages equates to around 12,500 living in County Durham who have a common mental disorder.

Within County Durham Clinical Commissioning Group (CCG) data suggests that in County Durham CCG there are 5,482 people registered across the 61 GP practices who are registered as having a mental health condition. This gives a prevalence of 0.98% of the population and indicates several thousand missing cases from GP registers based on the estimate above.[101]

There is no data available to quantify the number of people aged over 50 in County Durham who are service users for Mental health services. Anecdotally there are around 11,000 patients registered as being in service and estimated are that around 1/3 of these are aged over 50.

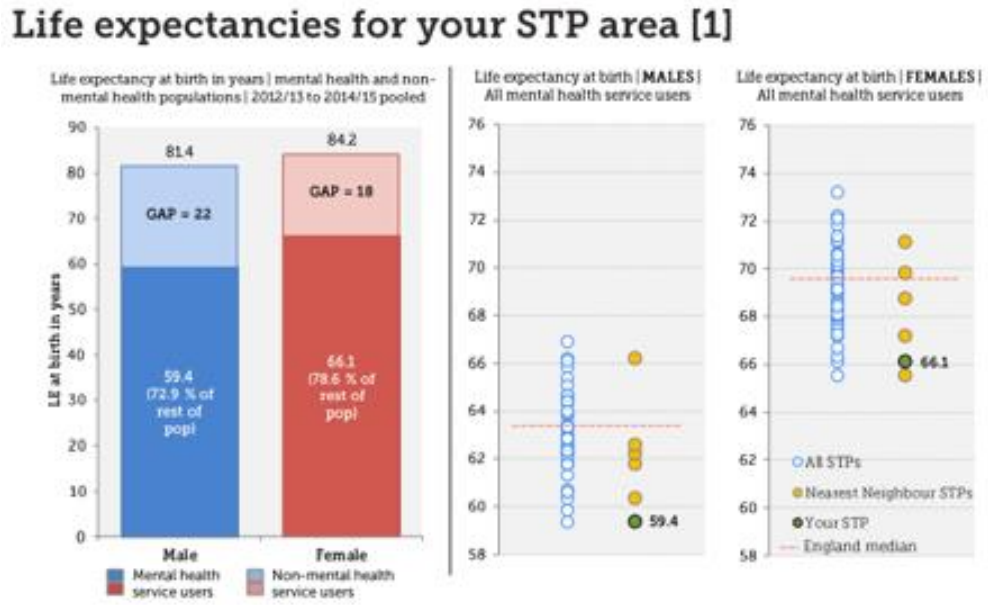
Making the case for integrating Physical and Mental Health Care

There is a complex and interdependent relationship between physical and mental health. There is a clear evidence base that shows that people with mental health needs often suffer poorer physical health outcomes, decreased healthy life expectancy and increased use of acute health services such as Accident and Emergency.

A report prepared in support of the Durham, Darlington, Teesside, Hambleton, Richmond and Whitby Sustainability and Transformation Partnership (STP) which was published in May 2017 highlights these inequalities.

Figure 32 shows the differences in healthy life expectancy for men and women in contact with mental health services compared to the rest of the STP population. It shows that on average men and women in contact with mental health services have a life expectancy of 22 years less for men and 18 years less for women compared to the rest of the population. It can also be seen that these figures are also low compared to the nearest neighbouring STPs.

Figure 32: *Differences in healthy life expectancy for men and women in contact with mental health services compared to the rest of the STP population. Source: Durham, Darlington, Teesside, Hambleton, Richmond and Whitby Sustainability and Transformation Partnership (STP) Report May 2017.*



The effects of the Covid-19 pandemic on Mental Health have been well publicised. The initial forecast for mental health during the early stages of the pandemic was that there would be an increase in mental illness in the community amongst the population.

A model developed by Tees, Esk and Wear Valley's Gold Command developed a forecast model for mental health. This model identified that there would be 3 different types of triggers for mental illness: the direct impact of covid (survival, bereavement, fear of catching it), the impact of social distancing / "lockdown" regulations and the economic impact (loss of income / jobs).

The original forecast taken from this model indicated that there would be increased demand for mental health services for older people (MHSOP). There was predicted to be an increase of 20% compared to the pre-pandemic 2019/20 levels. The latest forecasts from August 2021 are that for the next 4 years, the "new normal" rate of referrals into TEWV services will be 19% higher than pre-pandemic levels for Adult Mental Health and 50% higher than pre-pandemic levels for MHSOP. This shows that referrals are predicted to increase by a much larger percentage in the older age group reflecting the health inequalities suffered by this population group. In the view of experienced clinicians this increased demand in the older age group is caused by the social isolation element of the pandemic. The social isolation element has now been seen to have accelerated dementia for vulnerable older people, which was not anticipated in the original forecast.

Mental Health and Wellbeing in care homes falls outside the scope of this HNA however, there is work ongoing in this area including The Care Home Wellbeing Service which supports the NHS Long Term Plan to implement Enhanced Health in Care Homes by **"**improving the recognition of carers and support they receive". The new Ageing well strategy will incorporate this into wider Ageing Well Work.

The above shows that there is a high level of mental health need within our communities. These findings are not only important in terms of demand for services but also in terms of revealing that there will be significant unmet health needs within the older population of County Durham.

Qualitative Findings- Focus Groups and Interviews

Health and wellbeing

People generally felt that they would like to be able to improve long term health conditions and be able to access GP services more easily. Being able to retire healthily both in medical terms and also financially.

The effects of the pandemic on health and wellbeing were split with many participants commenting that that they were lucky in the pandemic as they didn't have to worry about income and are used to being and home being retired. These participants felt that the pandemic had affected them to a lesser extent than younger people. It is possible that this was due to the convenience sampling method used and the types of older people who participated.

Others felt that the pandemic had affected their health and wellbeing. The main issues cited were social isolation, limited communication and minimal opportunities to exercise and travel. Some said that they only felt safe within their own home, were very upset about being kept away from family and friends, had lost friends leading to loneliness, experienced weight increase and decreased motivation, increased depression and stress levels and general feelings of having slowed down. Some focus groups participants felt that the change in routine

during the pandemic had led to them feeling that it was difficult to change their behaviours in the post pandemic era as it had been such a long length of time since they had had a busy routine.

"Being on my own was difficult. I'm a people person. "

"The pandemic has eroded confidence, limited where I go and feel safe."

"The doctors look after your health and wellbeing."

"I think it was depressing. It affected my health slightly, but I tended to use the phone to contact people."

"It has made me taught me to live for today and stop worrying."

"People are still frightened."

"I've left things too long because of the pandemic, when I should have gone to the doctor, and now they're catching up with me"

"It's frustrating trying to get appointments but I know that lots of people are in the same position, there's still a huge backlog"

"I've found getting out and about really hard. I've lost my confidence"

Key Themes

From the quantitative and qualitative findings, helping people with long-term conditions to live their lives in better health and the need for services (e.g. sexual health, stop smoking and Domestic Violence) to meet the needs of people aged over 50 were identified as key themes which require action.

Ageing Well Online Survey Findings

In addition to the stakeholder insight above an online survey was developed with Durham County Council Consultation and Engagement Team and was sent out to community organisations within County Durham (Appendix 4). This survey was added to the stakeholder consultation as an approach to try and gain insight from people aged primarily 50-70 years but was also open to older County Durham Residents.

There were a total of 274 responses.

The demographic details of those filling out the survey are presented below. It can be seen that the survey was successful in capturing the views of those at the younger end of the ageing well age range but that the responses were predominantly from females. This contrasts with the stakeholder work undertaken by The Cree groups which was male walking group dominated.

Demographics:

Are you:

	Frequency	Percent
Male	79	29.5%
Female	189	70.5%
Total	**268**	**100.0%**

What is your age?

	Frequency	Percent
50-54	62	22.9%
55-59	65	24.0%
60-64	60	22.1%
65-69	48	17.7%
70-74	21	7.7%
75+	15	5.5%
Total	**271**	**100.0%**

Quantitative Findings:

At the moment, how would you describe your physical health?

	Frequency	Percent
Excellent	29	10.6%
Very good	76	27.7%
Good	84	30.7%
Fair	61	22.3%
Poor	24	8.8%
Total	**274**	**100.0%**

At the moment, how would you describe your mental health?

	Frequency	Percent
Excellent	37	13.5%
Very good	74	27.0%
Good	80	29.2%
Fair	68	24.8%
Poor	15	5.5%
Total	**274**	**100.0%**

As a resident of County Durham do you agree or disagree that you have adequate access to green spaces close to where you live?

	Frequency	Percent
Strongly agree	147	54.2%
Agree	103	38.0%
Neither agree nor disagree	7	2.6%
Disagree	14	5.2%
Strongly disagree	0	0.0%
Total	**271**	**100.0%**

As a resident of County Durham do you agree or disagree that you have adequate access to transport links that get you to where you need to be?

	Frequency	Percent
Strongly agree	25	9.2%
Agree	74	27.2%
Neither agree nor disagree	60	22.1%
Disagree	64	23.5%
Strongly disagree	49	18.0%
Total	**272**	**100.0%**

As a resident of County Durham do you agree or disagree that you have adequate access to leisure activities?

	Frequency	Percent
Strongly agree	21	7.7%
Agree	106	38.8%
Neither agree nor disagree	58	21.2%
Disagree	66	24.2%
Strongly disagree	22	8.1%
Total	**273**	**100.0%**

As a resident of County Durham do you agree or disagree that you have adequate access to housing that meets your needs?

	Frequency	Percent
Strongly agree	59	21.6%
Agree	122	44.7%
Neither agree nor disagree	58	21.2%
Disagree	19	7.0%
Strongly disagree	15	5.5%
Total	**273**	**100.0%**

As a resident of County Durham do you agree or disagree that you have adequate access to as much social contact as you would like?

	Frequency	Percent
Strongly agree	45	16.5%
Agree	101	37.1%
Neither agree nor disagree	64	23.5%
Disagree	54	19.9%
Strongly disagree	8	2.9%
Total	**272**	**100.0%**

As a resident of County Durham do you agree or disagree that you have adequate access to suitable work or volunteering?

	Frequency	Percent
Strongly agree	50	18.3%
Agree	94	34.4%
Neither agree nor disagree	92	33.7%
Disagree	33	12.1%
Strongly disagree	4	1.5%
Total	**273**	**100.0%**

Qualitative Findings

The following questions were presented as free text answer boxes allowing the collection of qualitative survey data.

Question 3: What have been the effects of the pandemic on your overall health and wellbeing?

The response rates to the question were as follows:

	Frequency	Percent
Response	253	92.3%
No response	21	7.7%
Total	**274**	**100.0%**

Many of the respondents felt that there had not been any effects on their health and wellbeing from the pandemic. This varied between people who felt they had "thrived" through it and those for whom they didn't feel their lives had been hugely impacted as they worked through lockdown or used the time to exercise or take time for themselves. Others had experienced negative effects on their health and wellbeing including the effects of social isolation, effects on mobility and long-term health conditions, mental health effects and changes to people's perceived resilience. The answers to this question showed a spectrum of effects on health and wellbeing and respondents were impacted differently depending on their own circumstances. Some illustrative answers are represented below:

"None. I loved the isolation"

"None really as I have worked straight through"

"None for me personally I thrived through it all."

"Negative impact of social isolation coupled with increasing stress from workload."

"My mobility has worsened, and I am more forgetful and have developed a back and hip problem"

"My mental health was affected I was frightened to leave the house for around 6 month hiring covid had to take time off work and get help, my physical health was also effected due to this, I'm still effected due to my weight gain and lack of been able to do physical activity. I hardly do any exercise due to cost and anxiety."

"My confidence has plummeted during the pandemic despite being a key worker in the NHS, so I've worked through it."

"Mental and physical health have both declined. Normally I have a really good resilience."

"When everything reopened, I felt I had "forgotten" what I used to do socially and where I used to go and still don't think I do as much as I used to."

"As a key worker (primary teacher) I have worked through the pandemic. The whole process was exhausting and soul destroying."

Question 5: At the moment, what do you think could be put into place to improve or maintain your mental and physical health and support a healthy lifestyle?

The response rates to the question were as follows:

	Frequency	Percent
Response	253	92.3%
No response	21	7.7%
Total	**274**	**100.0%**

Respondents to this question commented that the things that would help to improve their health and wellbeing currently included better transport links and parking, better provision of information on community facilities and prices, greater access to health services such as GPs and dentists, greater provision of leisure facilities and employment opportunities closer to people's homes especially in rural areas/smaller villages. There were also respondents who cited that they would like support with the cost-of-living crisis in order to protect their health and wellbeing. There were also comments around people aged over 50 who are in work and making classes and groups accessible outside of working hours.

"You could inform more people on what's is going on in Co Durham price for activity in leisure centre ,community centre not everyone as internet and able to log on."

"Work life balance improvements and greater employment opportunities without need to travel."

"Transport especially for disabled people."

"Supported meet and chat groups in smaller villages. Public toilets open and maintained during the day. Parking in town free for longer than 90 minutes to support local businesses and allow people time to shop local and maybe stay for coffee or a meal."

"Regeneration of the local area so that it doesn't look so run down and neglected, help to support the cost-of-living crisis."

"More suitable classes after work nearby. I am 57 so not retired and a lot of local classes take place during the working day."

"Better access to GP and Dental services."

Question 6 : Thinking about the future, what do you think could be barriers to being able to live and age healthily in County Durham?

The response rates to the question were as follows:

	Frequency	Percent
Response	252	92.0%
No response	22	8.0%
Total	**274**	**100.0%**

Respondents to this question answered that there were many different barriers that they could see affecting their ability to live and age healthily in the future. The main themes included increasing respect in younger generations, access to services as people age,

transport links and the cost of living, work insecurity and the availability of suitable housing for older people. These fit with the themes picked up as part of the other stakeholder work undertaken as part of this HNA.

"Young children of today, no respect , no discipline from parents, this affects a lot of people."

"When I can no longer drive, I believe that public transport, especially if more cuts are introduced, would be a serious barrier to accessing healthcare, leisure activities and socialising. I have very serious concerns too about the future of publicly funded health and social care. I believe this will affect many who, like me, do not have sufficient funds to pay privately for these services."

"Transport links are dwindling. Prices are rising. Work (I will retire at 67) is insecure."

"Rising costs of everything and insufficient money to afford them. Making choices on meeting needs rather than being able to afford thinking about wants."

"My village has good transport links .most don't. We need better transport links to ensure villages are not isolated from each other or from Durham City Centre . Family contacts and support links could otherwise be broken ."

"Lack of bungalows and disabled accommodation."

Question 7: Thinking about the future, what do you think could be put into place to maintain physical and mental health and support a healthy lifestyle in your later years?

The response rates for this question were as follows:

	Frequency	Percent
Response	239	87.2%
No response	35	12.8%
Total	**274**	**100.0%**

The responses to this question were broadly similar to question 6 above and key areas mentioned by respondents included the timing and availability of activities for older people who are still working, the importance of social groups to combat social isolation, opportunities for volunteering, transport links and subsidised leisure facility rates for older people as well as the opportunity to plan for older age.

"Try not to focus all activities during daytime. This would help people who still need to work access activities."

Support for community-based organisations encouraging activity and exercise, greater opportunities for volunteering in the community"

"Social groups promoting various activities, both physical and recreational such as art etc. Preparation for a time when one becomes less mobile or when there are signs of cognitive impairment. To be able to plan for one's future needs would be beneficial to the individual and also their family."

"Reduced costs for over 50s for gym and classes"

Question 8: Is there anything else you would like to tell us in relation to living and ageing well in County Durham?

The response rates for the final question of the survey were as follows:

	Frequency	Percent
Response	153	55.8%
No response	121	44.2%
Total	**274**	**100.0%**

The answers to this question again where very varied. The recurrent themes identified from the answers include access to better transport infrastructure, the rising cost of living, greater accessibility to health services, better access to information and addressing levels of deprivation and inequalities. There were also some very positive responses commenting on the available of beautiful green spaces in County Durham.

"Yes, living in Upper Teesdale or rural areas of County Durham not everything is on the doorstep so have to travel for everything shopping social , pleasure and work so without some sort of transport infrastructure in future we will be cut off as fuel costs rise"

"Map out more stuff and be open and honest about what's out there in the way of financial help"

"On the whole, I think County Durham is a good place to live for people who are aging."

"We live in a beautiful county. I can think of nowhere better to live and age well."

Overall the responses to the survey aimed to capture the views and experiences of the younger age group of over 50s in County Durham. Whilst many of the themes identified were similar to those of older people some key areas such as provision of activities aimed at over 50s outside working hours and ideas about how people would like to plan for older age were identified from this survey. The survey also had a much higher reach in terms of numbers of people surveyed. The responses were very detailed and could be built upon by further co-production work as the new ageing well strategy is taken forward.

Naming the new Ageing well Strategy

Participants in the interviews and focus groups were asked about their preferences on the title of a new ageing well strategy.

A total of 23 people offered their views, and the preferences were as follows:

- Ageing Well- 8
- Living better for longer- 7
- Active Ageing- 2
- Living well in older age- 1
- Happy Ageing- 1
- Helping the Older population to have quality of life-1
- Coping well with age- 1
- Help the Aged- 1
- Living and Ageing Well-1

There was some discussion around the word ageing and that some felt that this had negative connotations. People liked the word 'well' as it felt as if it was about wellness and not just being physically fit and healthy. Older age was not a well-liked term as people question at what age does older age start and they didn't want to be referred to as 'older'.

Limitations

The data presented in this HNA has been taken from a variety of different sources. Where possible data for the over 50s population has been used however, this has not been available for all topics and therefore some data is at a 65 plus or adult population level. The data presented has been where possibly presented at County Durham level but some data for example mental health data is at Trust or STP level. This is reflected as a recommendation in the HNA.

Conclusions and recommendations- Creating an Age-Friendly County Durham

These recommendations have been developed from the evidence presented in the HNA, stakeholder feedback, conversations with stakeholders and wider reading.

Further consultation with communities, by way of co-production, will e undertaken as the Ageing Well Strategy is developed to ensure that it fits with what people would like to see. The approach to the new Ageing Well Strategy will incorporate the approach to wellbeing principles.

The recommendations are set out in line with the WHO Age-Friendly Cities Framework with over-arching recommendations set out below them.

1. Information and Advice

Recommendation	Who for?	How to implement
Ensure the emerging community book development takes into account the expressed need for identification of services and activities which could support ageing well.	Public Health County Durham Together Community Champions Co-production with stakeholders. Whole system	Utilise co-production methods in development of the Community Book. Organisations across the system to take a role in ensuring all information and advice is accessible across the life course.
Acknowledgement that online resources are not always ideal for older populations.	Whole System Key partners include Digital Transformation team in Integrated Care Board, Adult Social Care, Voluntary and Community Sector and Public Health.	Start with needs and develop a digital offer to support these. Links between the Ageing Well Strategy and Digital Strategy for DCC. Links with the community connector workstream of County Durham Together to ensure link workers are accessible and known to older people.
Take into consideration views of stakeholders concerning the naming of the Ageing Well Strategy.	Public Health	Review qualitative data to identify options for the naming of the new strategy and seek further co-production to finalise this.

2. Transport

Recommendation	Who for?	How to implement
Collect up to date data on transport and active travel for the over 50s population including the consideration of the needs of older people in cycling and walking route planning.	Public Health Whole System Research and Public Health Intelligence Wider System Partners	Ensure public health input into Local Government transport teams.

3. Respect and Social Isolation

Recommendation	Who for?	How to implement
County Durham Together to take a lead role in promoting self-perceptions of ageing and building social capital to address broader societal attitudes.	County Durham Together Wider System Partners	Co-production with communities and other stakeholders from across the system.
Improve our understanding of distribution and trends in social isolation and loneliness post covid	Public Health Research and Public Health Intelligence Wider System Partners	Build upon Multiple Social Vulnerabilities datasets. Utilise NHS contact points to assess older people for signs of loneliness and isolation e.g. as part of the Flu vaccination Programme.

4. Social participation

Recommendation	Who for?	How to implement
Add to the evidence base for Community Interventions embedding a true co-production approach.	Wider System partners	Using academic links to publish Evaluations from local interventions and share our learning. Collect data on volunteering to help shape health promotion strategies around community participation.
Assess health literacy levels of older people and ensure that health and wellbeing information is accessible across the life course.	Research and Public Health Intelligence Public Health Wider System Partners Community Champions	Strategies for displaying information and alternative ways of accessing this for older people who do not use the internet. Address digital divide for older people both in terms of access to technology and confidence in using it.
Examine current provision of inter-generational and volunteering activity across County Durham.	Wider System Partners	Via the Ageing Well Group to examine current provision and to recognise the importance of volunteering activity as a replacement for social participation in a work environment.
Examine current activities across the life course and assess how these could be adapted to support ageing in later life.	Wider System Partners	Mapping of ageing well services across County Durham to build a picture of what is already available.

5. Housing and neighbourhoods

Recommendation	Who for?	How to implement
Diversification of housing stock to meet the needs of residents of County Durham across the Life Course.	Public Health Housing	Underway as part of Housing Strategy.
Link with private and social landlords to support tenants as they age.	Public Health Housing	Adaptation of current properties to enable people to stay in their own homes for longer and closer to friends/ family.

6. Outdoor spaces and buildings

Recommendation	Who for?	How to implement
Ensure the needs of older people are considered when identifying the Public Health role around climate change.	Public Health	Inclusive planning to include older people. Information and education on climate change in accessible formats.
Inclusion of accessibility and age-proofing in any regeneration plans across County Durham.	Public Health DCC Wider system Partners	Work with Safer Durham Partnership to increase provision of benches and toilets without a related increase in ASB.

7. Economic activity and civil engagement

Recommendation	Who for?	How to implement
Develop age-related measures of poverty to better understand need at age 50 plus.	Research and Public Health Intelligence Public Health	Assess the impact of the increased cost of living on saving for retirement. Explore means to further address fuel poverty. Maximise information available for both financial support and support to re-enter the workplace. Inclusive Economic Strategy to include an older people's theme.
Encourage employers to value an age diverse workforce and ensure flexible working and accessible training is available for all age groups.	Better Health at Work Public Health Wider System Partners	Targeted and individualised employment support for older age groups including re-training. Utilise links with Business Durham, Chamber of Commerce and Economic Partnership. Large employers such as DCC and the NHS in County Durham to lead by example in connection with Anchor

		institution work across the County.

8. Health and wellbeing

Recommendation	Who for?	How to implement
To determine where Dementia sits within the Ageing Well Agenda	Discussion between Public Health, Primary Care, Mental Health and Adult Social Care	Via new Ageing well group
Ensure the Ageing Well Strategy supports the ambition for people with LTCs to live a good quality of life.	Public Health Wider System Partners Integrated Care Partnership	Secondary prevention which allows for person-centred care and Support Interrogate the NHS Health Checks data set with an Ageing Well lens.
Undertake auditing activity to ensure that Public Health commissioned services are accessible to and meeting the needs of older people including Stop Smoking, Drug and Alcohol recovery service, Sexual Health and Domestic Abuse Services.	Stop Smoking Service Drug and Alcohol Recovery Service Sexual Health Service Public Health	Develop an increased understanding of health needs of this group. Develop indicators that allow for analysis against age range in order to understand current demand.
Link to wider system work across Ageing Well e.g. Frailty and Enhanced Care in Care Homes.	Public Health	Initially through the new Ageing Well Group formed from the membership of he Ageing Well HNA Steering Group.

Over-arching Recommendations:

1. Implementation of an Ageing Well Group representing partners from across County Durham Council, Primary and Secondary Care, Mental Health, VCS and wider partners via building upon the current HNA Steering Group. A co-chair arrangement between Durham County Council and Wider partners should be implemented.

2. The Ageing Well Strategy should address the issue of ageism and stigmatisation around older age building a culture of older people as assets and supporting access to services to enable everyone to age healthily.

3. Targeted HNAs/evidence finding work on the areas identified in this HNA as requiring their own specific focus. These are carers, Dementia and Learning Disabilities. In depth review of health needs of carers and dementia (especially around working in partnership to provide dementia friendly services such as exercise.)

4. Increase the availability of data at fifty plus level in order to recognise the diversity within this age group and to develop a baseline to better identify which groups are benefitting from current provision and to target future work accordingly.

5. Develop Public Health Guidance on key points to consider under the Age Section on any equality impact assessments.

Many recommendations have been made as part of this HNA and now is the time to look at this with regards to the new wider Ageing Well Strategy. This strategy will be written in a pragmatic way that prioritises options for action across Ageing Well with regards to the areas identified as priorities in the next 3 years and will be written in conjunction with partners from **across the system and include true co-production with stakeholders as its basis.**

Acknowledgements

Many thanks to those who assisted with the preparation of this report especially members of the Ageing Well HNA Steering Group.

Appendices

Appendix 1:Search Strategy

Database:
Ovid MEDLINE(R) In-Process & In-Data-Review Citations <1946 to 2022>
Embase <1996 to 2022>

#	Query	Results
1	Aging, Healthy.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	89
2	Aging Well.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	214
3	Well, Aging.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	23
4	Healthy Ageing.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	2,684
5	Ageing, Healthy.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	30
6	Well Aging.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	23
7	Aging, Well.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	214
8	Ageing Well.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	119
9	Well, Ageing.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	13
10	living well.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	828
11	older people.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	42,434
12	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11	45,882

13	social determinants.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	20,502
14	wider determinants.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	174
15	health inequalities.mp. [mp=ti, ab, ot, nm, hw, fx, kf, ox, px, rx, ui, an, sy, tn, dm, mf, dv, dq]	7,466
16	1 or 13 or 14 or 15	27,413
17	12 and 16	363
18	remove duplicates from 17	354
19	limit 18 to "middle aged (45 plus years)" [Limit not valid in Embase; records were retained]	354
20	limit 19 to "systematic review"	12
21	limit 20 to english	12
22	limit 21 to yr="2015 -Current"	11
23	limit 22 to "review articles" [Limit not valid in Embase; records were retained]	11

Appendix 2: Participant Information Sheet

Project: Ageing Well in County Durham Health Needs Assessment- Focus Group Schedule and Information Sheet

Background

Welcome to this focus group. Today we will be having a group discussion around ageing well in County Durham. We hope to be able to discuss your experiences as an older person living in County Durham, what ageing well or ageing healthily means to you, what current services/ groups you access and any barriers or facilitators that affect your access to these.

This piece of work is being carried out by Bekki Shenfine (Specialty Registrar in Public Health) working in the Public Health Team at Durham County Council. The findings and recommendations from this project will be used to inform the new County Durham Ageing Well Strategy.

The role of today's group is to have a conversation around the topics above to inform the health needs assessment. The conversation will be audio-recorded so that the conversation can be accurately remembered, and the findings used to help with the project. Not parts of the conversation will be able to be identified as having come from individuals and the full transcript will not appear as part of the Health Needs Assessment Report.

Taking Part

Taking part in this Focus group is entirely voluntary and you are free to leave at any time. In order that we can record your consent there is a consent form to be filled in.

All information recorded as part of this Focus Group will be anonymised and consent forms will be destroyed after the project has been completed.

The Focus Group should take no more than an hour.

All discussions that we have are confidential and should not be discussed with others outside of this group, respecting everyone's rights to privacy.

Questions

Please feel free to ask any questions that you may have before we start the discussion.

Discussion Guide

Introduction

- Participants thanked for taking part.
- Explain that the aim of the Focus Group is to gain feedback from people over 50 living in County Durham which will be used as part of an assessment of the

health and wellbeing needs if this population group. The work will then be taken forward as part of an Ageing Well Strategy across County Durham.

- Ageing well- what can we do to support the health and wellbeing of people in County Durham as they get older?
- Explain the WHO Age-friendly cities framework looks at the population in a holistic way across all the wider determinants of health, focussing on the health inequalities. There are eight areas that will be looked at which we will explore in the second section of the focus group.

Topic 1:

- We are interested on people's thoughts and ideas on:
  - What is it like to live in Durham as an over 50?
  - What does "Ageing Well" mean to you?

Topic 2: Exploring the different themes in the Age-Friendly Cities Framework

- Do you feel able to 'age-well'? this can be anything from the environment you live in/employment/health/communities/friends and family. (Use the 8 priority themes from World Health Organisation age-friendly cities to explore and record these)

1. Information and Advice

- Prompts: What information and advice would be useful for over 50s in County Durham

2. Transport

- Prompts: What are the barriers to travelling across County Durham? Do you have any suggestions that would make this easier?

3. Respect and Social Isolation

- Prompts: Do you feel socially isolated? Do you feel respected? How can we combat social isolation and how would that work? Digital vs in person services.

4. Social participation

- Prompts: What sort of community activities are available in your area? Do you have the opportunity to attend intergenerational activities, and do you think this would be welcomed?

5. Housing and neighbourhoods

- Prompts: How does housing affect peoples' ability to age well? What could be done to help? Does your neighbourhood support you in ageing well? Could we change the environment where you live to help?

6. Outdoor spaces and buildings

- Prompts: Does your neighbourhood support you in ageing well? Could we change the environment where you live to help? How do you find accessing

leisure facilities and is there anything you would like to see to improve your experience of these?

7. Economic activity

- Prompts: What are employment opportunities like for over 50s in County Durham?

8. Health and wellbeing

- Prompts: What areas of your health and wellbeing would you like to improve? What have been the effects of the pandemic on your health and wellbeing?
- Prompts: What helps you to stay physically active? What leisure facilities/places/groups do you utilise to help you to stay active? Is there anything you would like to see in County Durham that isn't currently available that you feel would help in supporting you to stay physically active?

Topic 3: Naming the Health Needs Assessment

- What should we call this Health Needs Assessment? E.g., Ageing Well, Healthy Ageing, Ageing better, Living well in older age, Living better for longer, Active Ageing or any other suggestions.

Closing the focus group

- Inform group that we have reached the end of our questions
- Invite participants to add anything else
- Thank participants again for taking part

Appendix 3: Consent Form

Ageing Well HNA Focus Group Consent Form

Please read the information below. If you are happy to take part then please write your initials in each box.

1. I confirm that I have read and understood the Focus Group Schedule and Information sheet for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐

3. I agree to have the focus group audio-recorded. ☐

4. I understand that all information will be treated as confidential and all information will be anonymised so that I will not be identified in any way. ☐

5. I agree to take part in the Focus Group ☐

Participant	Date	Signature
Focus Group Leader	Date	Signature

Appendix 4: Topic Guide

Durham County Council Ageing Well HNA

Introduction

- Participants thanked for taking part. Explain that the aim of the Focus Group is to gain feedback from people over 50 living in County Durham which will be used as part of an assessment of the health and wellbeing needs if this population group. The work will then be taken forward as part of an Ageing Well Strategy across County Durham.
- Ageing well- we are looking at what we can do before people become frail. How can we prevent this by improving health and wellbeing in the approach to older age?
- Explain the WHO Age-friendly cities framework looks at the population in a holistic way across all the wider determinants of health, focussing on the health inequalities. There are eight areas that will be looked at which we will explore in the second section of the focus group.

Topic 1:

- We are interested on people's thoughts and ideas on:
    - What is it like to live in Durham as an over 50?
    - What does "Ageing Well" mean to you?

Topic 2: Exploring the different themes in the Age-Friendly Cities Framework

What stops you being able to 'age well?"- this can be anything from the environment you live in/employment/health/communities/friends and family. (Use the 8 priority themes from World Health Organisation age-friendly cities to explore and record these)

1. Information and Advice

Prompts: What information and advice would be useful for over 50s in Durham

2. Transport

Prompts: What are the barriers to travelling across County Durham? Do you have any suggestions that would make this easier?

3. Respect and Social Isolation

Prompts: What does being isolated mean to you? How can we combat social isolation and how would that work? Digital vs in person services.

4. Social participation

Prompts: What sort of community activities are available in your area? Do you have the opportunity to attend intergenerational activities, and do you think this would be welcomed?

5. Housing and neighbourhoods

Prompts: How does housing affect peoples' ability to age well? What could be done to help? Does your neighbourhood support you in ageing well? Could we change the environment where you live to help?

6. Outdoor spaces and buildings

Prompts: Does your neighbourhood support you in ageing well? Could we change the environment where you live to help? How do you find accessing leisure facilities and is there anything you would like to see to improve your experience of these?

7. Economic activity

Prompts: What are employment opportunities like for over 50s in County Durham? What changes could be made to

8. Health and wellbeing

Prompts: What areas of your health and wellbeing would you like to improve? What have been the effects of the pandemic on your health and wellbeing?

Topic 3: Naming the Health Needs Assessment

- What should we call this Health Needs Assessment? E.g., Ageing Well, Healthy Ageing, Ageing better, Living well in older age, Living better for longer, Active Ageing or any other suggestions.

Closing the focus group

- Inform group that we have reached the end of our questions
- Invite participants to add anything else
- Thank participants again for taking part

Appendix 5: Survey

Ageing Well in County Durham

About your current situation

Q1 At the moment, how would you describe your physical health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

Q2 At the moment, how would you describe your mental health?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

Q3 What have been the effects of the pandemic on your overall health and wellbeing?

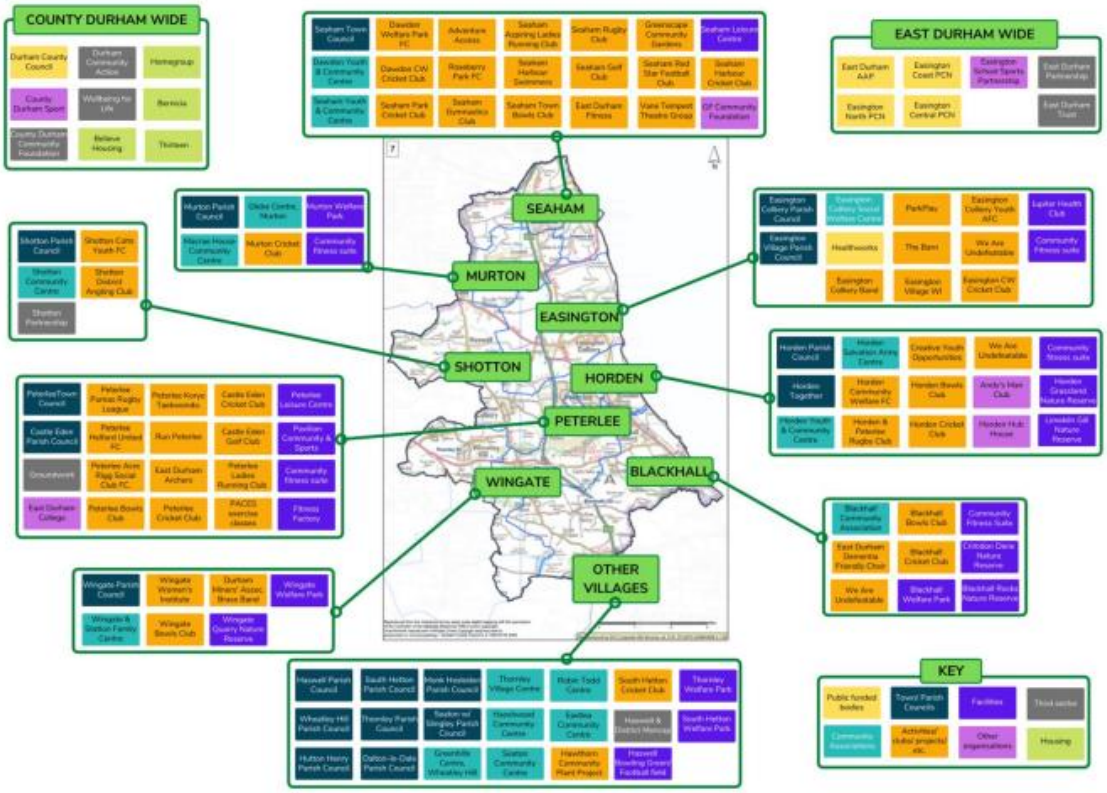
Q4 As a resident of County Durham do you agree or disagree that you have adequate access to...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
...green spaces close to where you live ?	☐	☐	☐	☐	☐
...transport links that get you to where you need to be?	☐	☐	☐	☐	☐
...leisure activities?	☐	☐	☐	☐	☐
...housing that meets your needs?	☐	☐	☐	☐	☐
...as much social contact as you would like?	☐	☐	☐	☐	☐
...suitable work or volunteering?	☐	☐	☐	☐	☐

About improving and maintaining health levels

Q5 At the moment, what do you think could be put into place to improve or maintain your mental and physical health and support a healthy lifestyle?

Appendix 6: East Durham Systems Mapping



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