

# Ageing Well in North East Lincolnshire

NORTH EAST LINCOLNSHIRE COUNCIL DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT  
2016



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# 1. WELCOME

**Welcome to my Annual Report. Following on from last year's focus on the first 1000 days, it felt appropriate to highlight the positive aspects and challenges of growing older in North East Lincolnshire. As is custom in an Annual Director of Public Health's report, we update on the recommendations made last year and include a summary of overall health of the people in the borough. This is presented in the report as a striking new graphic and I welcome views on its usefulness, as it will be available on the website as a download.**

I am hopeful that this report, combining statistics, evidence of what works and, the voice of older people themselves, will challenge some of the over simplified negative assumptions about old age and provide a stimulus for further discussion and debate about our approach to ageing well.

I remember being particularly struck by a report from the Young Foundation a few years ago - *One Hundred Not Out*<sup>1</sup> which presented a picture of active ageing, of resilience and challenging the widely held belief that older people are a burden. This is just one of many articles calling for a radical shift in approach and thinking.

Our population as a whole is ageing. Life expectancy is growing, the birth rate is falling and the expectations of people of our health and social care system, driven by technological advances and improved access to information have increased. People are living longer with chronic conditions and the health service, designed in a different era with a focus on acute care, is having to transform itself. The structures of families through divorce and labour market changes have fragmented sources of support and loneliness has become a major issue for many older people, with detrimental effect on wellbeing and resilience.

There needs to be a shift towards a resilience and asset based engagement between services and older people with a focus on prevention. In this report we have included the views of older people including their expectations of life in older age. This is by no means representative but I believe is an example of the types of dialogue that needs to take place to inform future planning. What do we mean by older age and how do we avoid slipping into stereotypical one size fits all descriptions?

The World Health Organisation have produced a number of reports on healthy ageing and identified a number of positive characteristics that are supportive of healthy ageing predominantly in cities. Whilst we do not have the resources nor some of the assets that larger populations in cities experience, it does provide a useful set of questions to ask ourselves in North East Lincolnshire to determine what sort of place do we want to live in and grow old in. As you read the report, it may occur to the reader that it may be less about the physical assets and more about a culture of dignity and respect.

Can I end this introduction by thanking all the people involved in making this report possible and what I believe is an interesting contribution to stimulate discussion and debate.

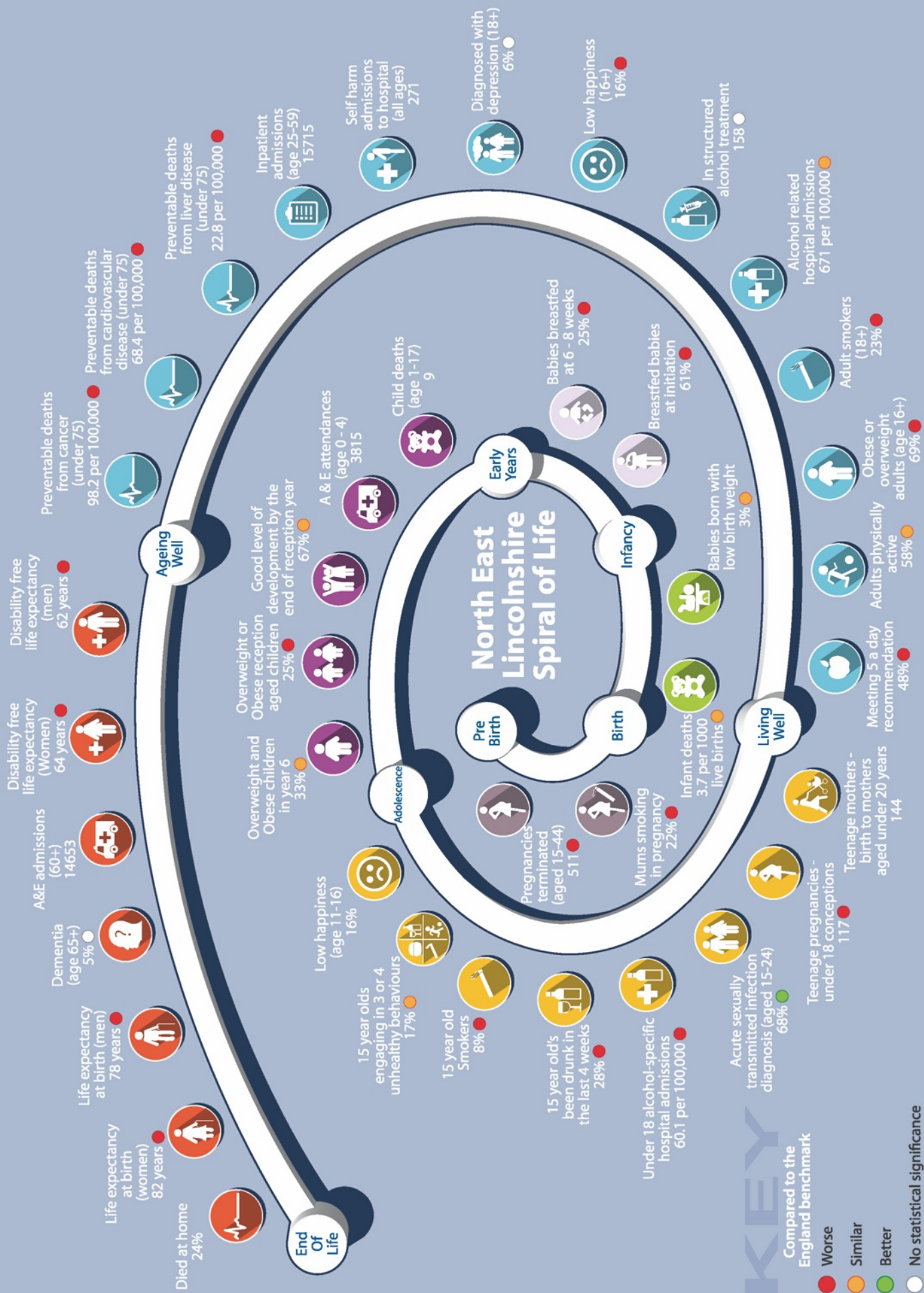
**Stephen Pintus**  
**Director of Health and Wellbeing**

## 2. UPDATE ON LAST YEAR'S REPORT

Last year, my annual report centred on children's health, specifically on conception to 2 years, reflecting the focus of two key reports, Conception to Year 2 - Age of Opportunity, and Building Great Britons Conception to Age 2: First 1001 Days All Party Parliamentary Group. These pieces of work, like previous reports such as The Marmot Report, made a compelling case for intervention in the early years, both in terms of health and economic outcomes, in order to break into the intergenerational cyclical pattern of disadvantage, poverty and poor health outcomes experienced by local communities.

Last year's report made a number of recommendations. A summary and update on progress of each can be seen below:

2015-16 DPHAR Recommendation	Update
To continue to strengthen our adoption of effective measures to reduce a range of risk behaviours in pregnancy including unhealthy weight, smoking, alcohol and drug use, and develop a better understanding of the extent of risk behaviour in North East Lincolnshire in shaping our approach.	The BabyClear initiative introduced in June 2015 has led to a threefold increase in the number of mothers who smoke making a successful quit attempt during their pregnancy. All midwives have undergone the baby clear training, and carbon monoxide monitoring is routinely undertaken for all women at booking and for all pregnant smokers at every appointment with the midwife.
Maternal mental health before and after birth is a key determinant of the child's future health and life prospects, and therefore we should ensure professionals feel equipped and supported in identifying mental and emotional health related issues during and after pregnancy. We should explore what works to include a greater emphasis on mental health and becoming a parent as part of the ante natal parent preparation process.	Included as part of local transformation plan, in response to the Future in Mind strategy. Locally we have reviewed NICE Guidance as part of a task and finish group. Recommendations are in draft with the final report anticipated for the end of September.
To consider the development of an anticipatory risk assessment process to identify potential candidates for intervention prior to pregnancy to develop resilience skills and self-confidence.	As part of the redesign of the approach to 0-2 years, services will develop a risk based profile to determine the appropriate level of intervention.
To ensure that women are provided opportunities to share their experiences and concerns regarding domestic violence and feel able to seek support through contact with health services. To support this approach with workforce development to heighten awareness of health issues that are associated with domestic violence, in particular during and after pregnancy.	As part of the One System approach to Domestic Abuse, Common Standards of Practice have been developed to ensure the victims voice is central to the services and support provided. Workforce Development around Domestic Abuse, raising awareness around the increased risk during pregnancy has further strengthened support for victims with a high number of referrals for support now coming from non-Police agencies.
Delaying the age at which women have their first and subsequent children should be considered as a key indicator of successful growth in the local economy that offers young people improved career choices and opportunities.	Reduction in the number of teenage conceptions is an indicator of success for the skills outcome theme of the newly developed outcomes framework for the borough.
To continue to improve our understanding of the underlying factors behind our termination of pregnancy figures to help identify effective measures to reduce the levels to closer to the national average.	Gynaecological documentation has been changed to allow us to look at certain underlying factors of the women who have a termination thus enabling information to be collated.
As part of the transfer of responsibility to local government for 0-5 years, we should ensure effective action is taken to identify and address the needs of those expectant parents and very young children who are most at risk of poor outcomes through the full delivery of the prevention and early intervention strategy, the Healthy Child Programme, and targeted work through children's centres.	The Council has identified the 0-19 years' service review as one of three major transformational commissioning programmes. There are four main strands to this integrated approach: Outcome Based Accountability, Restorative practice, Signs of Safety, and Family Group Conferencing.
To continue to develop our "one system" approach to domestic violence and consider a social media approach in collaboration with key communities to progress a zero tolerance culture within the local population on domestic violence.	A new "One System" Domestic Abuse Strategy 2016-19 has been developed and ratified during 2015/16. Contained within the strategy is an action to have a comprehensive Domestic Abuse Communications Plan to run throughout the life of the strategy. This plan includes a targeted social media initiative linked to Young People's mental health to be delivered during 2016/17.
The evidence surrounding adverse childhood events is compelling both economically and for health outcomes providing added impetus for the need to develop an integrated approach for both the commissioning and provision of services for this population.	The children's Partnership Board has approved the 0-19 programme and is currently reviewing services that contribute to improving outcomes for the 0-2 cohort as this is a work stream within the programme. The aim will be to ensure we have effective integrated service delivery which ensures families receive the help and support they require at the earliest possible point.
To ensure we are investing in evidence based parenting programmes, target interventions early and direct our limited resources to those families who will benefit the most.	As part of our 0-2 years programme we are reviewing our parenting support and ensuring our resources are stratified according to need.



# 3. EXECUTIVE SUMMARY

Following the Director of Public Health Annual Report last year which focussed on children's health in the early years, it was felt important to focus this year's report at the contrasting end of the life course, and to identify the key issues for older people in North East Lincolnshire. The aim of the report was to summarise what it is actually like to grow older in North East Lincolnshire and to uncover the key challenges that older people face living in our communities.

The report contains key information about what we currently do in the area and looks at best practice, national guidelines, as well as key statistics for a variety of aspects of growing older; this includes what it means to be old, life expectancy, the implications of an ageing population such as that in North East Lincolnshire, common long term conditions, lifestyle behaviours, whether North East Lincolnshire is age friendly by supporting our ageing population, and end of life care.

The report has been supported by a survey that was undertaken with local residents who were aged 60 years and over. The average age of respondents being 69.4 years of age, with a greater proportion of females (62%) participants compared to males (38%). The survey aimed to gain a small insight into some of the views of the older population within North East Lincolnshire. It is important to note that the survey was not representative of the whole older population in North East Lincolnshire as the sample size was small (total of 214 responses) and the majority of the surveys were completed online, it therefore should not be seen as an empirical piece of research, but rather an interesting snapshot which may identify areas that need further investigation. The survey was also supported by a focus group with older people which was undertaken at a local club run for older people in the community. I would like to offer my heartfelt gratitude to both Accord and Friendship at Home for supporting us to undertake this pilot study.

The recommendations from the report are as follows:

- Consider targeting segments of population susceptible to frailty and offering the "wellbeing check" in own home.
- Investigate availability of local data for older people to inform the needs of the older population with a view to identifying gaps and health inequalities.
- Encourage the development of an ageing charter by voluntary organisations reflecting the change in culture.
- Improve communication and sharing of information at provider level to ensure that services work together more to provide a seamless service.
- Using the WHO age-friendly checklist, conduct an audit to identify how age friendly North East Lincolnshire is as a place.
- Continue to use and raise awareness of the "services4me" database and the use of the Single Point of Access.
- Explore ways to obtain local data relating to social isolation and loneliness e.g. older people who have recently been bereaved.
- Explore ways to identify older people who are at most risk of being lonely/socially isolated e.g. utilise appropriate "community connectors" (hairdresser, postman).
- Encourage schools to provide opportunities for young people to learn about ageing and older people e.g. teaching compassion for older people, encouraging young and old to mix together more, teaching children about dementia etc.
- Services to recognise the change in our culture and to challenge stereotypes of older people e.g. providing services older people want and not based on assumptions.
- Continue to improve our understanding of the local levels of poverty in later life including funeral poverty.
- Continue to support older people to have a dignified end of life in the location they choose.
- Raise awareness of the importance of making preparations for end of life e.g. will writing, Power of Attorney etc.



## 4. OLDER POPULATION

### What does 'old' mean?

'Old' means different things to different people. It is difficult to define old age due to the fact that age and decline varies from one individual to another – there is a difference between biological age and calendar age. The Friendly Societies Act (1875) defined old age as after 50, however, eligibility for the state pension is between age 60 and 65, which is set to rise to 67 by 2028 to reflect increased life expectancy in the UK and changes in culture (Age UK, 2016). Therefore, it is unclear when old age begins as it differs between individuals.

The difference between biological and calendar age can be a result of genes or lifestyle choices, however, some environmental and social factors which are out of an individual's control can influence or be a consequence that affects an individual's behaviour, decisions, and potentially limit their opportunities.

“  
feelings of age  
depends on  
attitude of mind

North East Lincolnshire resident

### Our survey found.....

On average people believed old age began at 69 years old, with 28.4% stating that people start being described as old at 70 years of age. Within the 65-79 age group, the average response to this question was 69 years and within the 80+ age group, the average response increased to 76 years of age. There were gender differences with men believing that old age began at 69, whereas women perceived old age to start slightly later with a reported average age of 70 years.

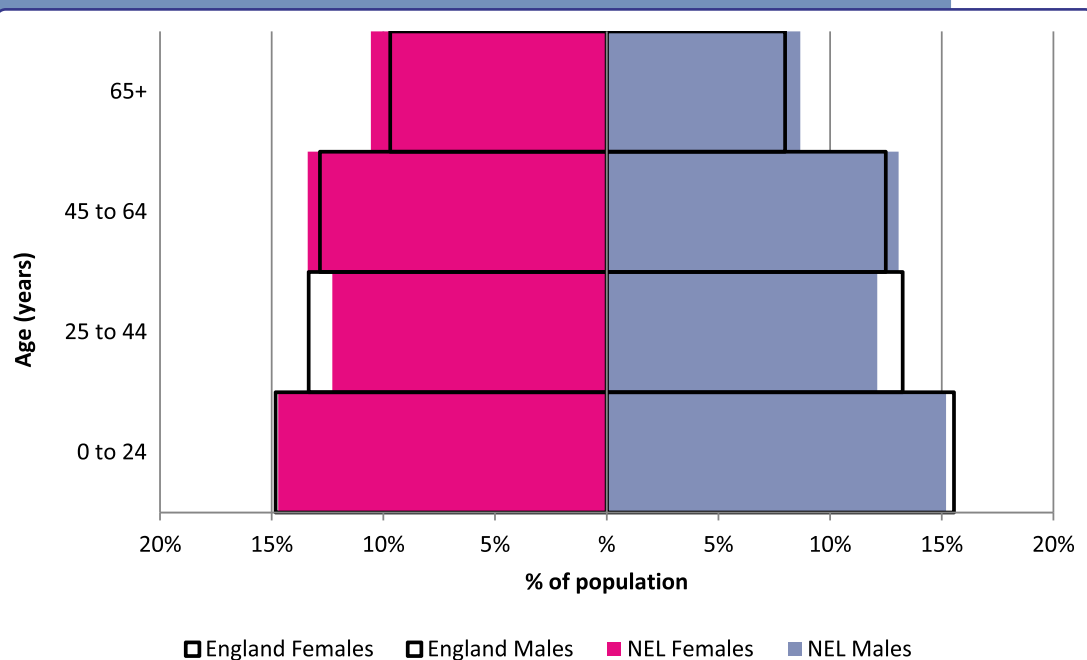


### How many older people are there?

North East Lincolnshire has an estimated total population of 159,804 people, with 30,730 of those being aged 65 and over (ONS, 2015). This is nearly a fifth (19.2%) of the total population, which is a greater proportion than the national average (17.7%).

It is clear to see from the population pyramids (page 7) that North East Lincolnshire has an ageing population. The population pyramid in Figure 1 shows that there is a lower proportion of people in North East Lincolnshire in the younger age groups, in particular people at working age (25 to 44 years) compared to the average England proportions. However, the proportion of people in the older age groups (45-64 years and 65+) is greater than the England average.

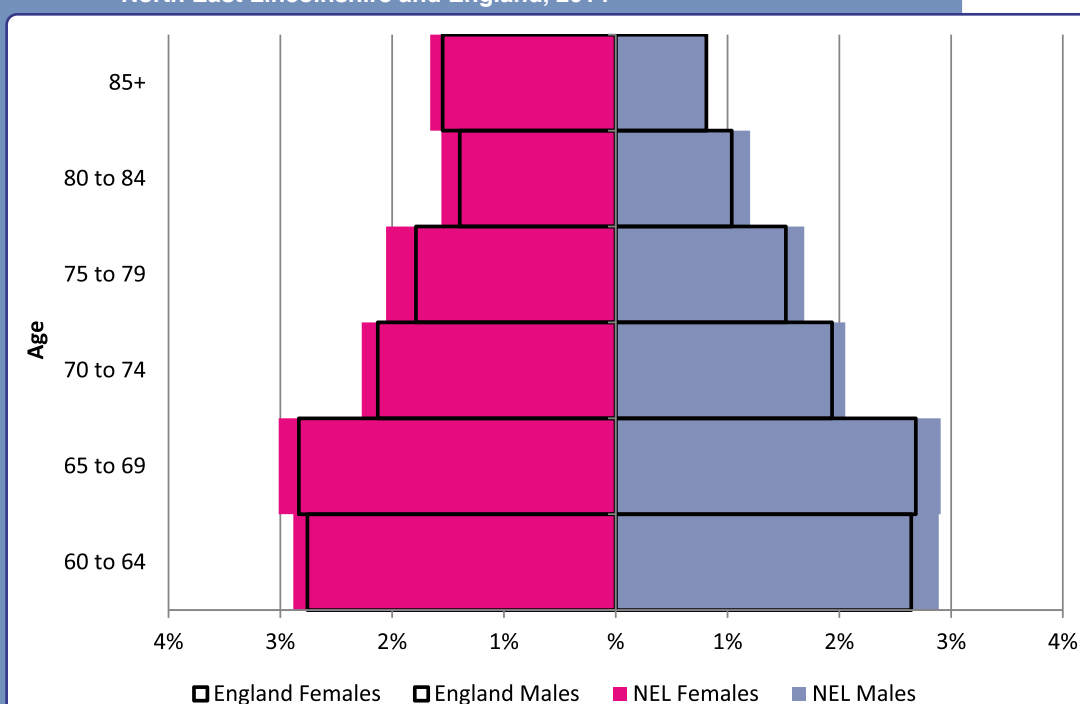
Figure 1: Population Pyramid, all ages, North East Lincolnshire and England, 2014



Source: ONS 2015

Figure 2 displays the population proportions for males and females aged over 60. It identifies that there is consistently a greater proportion of older people in North East Lincolnshire compared to the England average. It also displays that there is a greater proportion of females to males in the older age group.

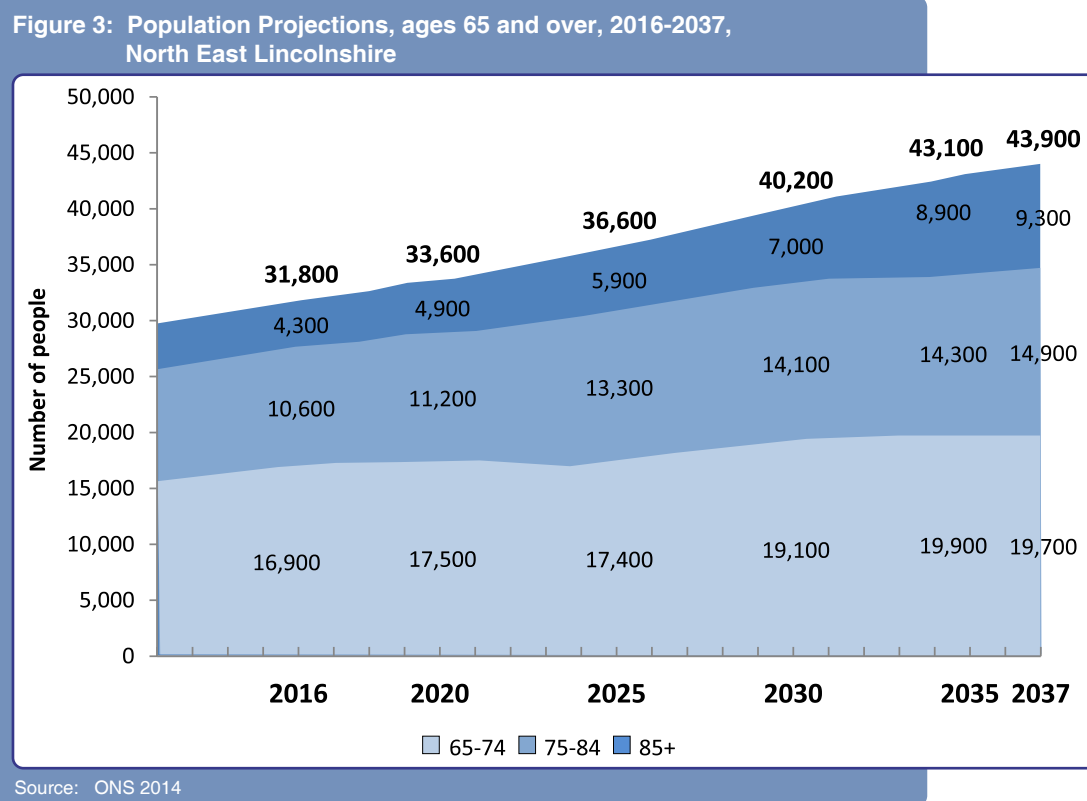
Figure 2: Population Pyramid, ages 60 and over by gender, North East Lincolnshire and England, 2014



Source: ONS 2015

## Population Projections

It is evident we already have an ageing population, however, ONS calculate that the over 65's population is set to increase by 12,000 people by 2037 (Figure 3). There is a stark increase predicted to occur in the oldest age group (aged 85 and over), with the number of people aged 85 and over set to double by 2037 (from 4,300 to 9,300 people).



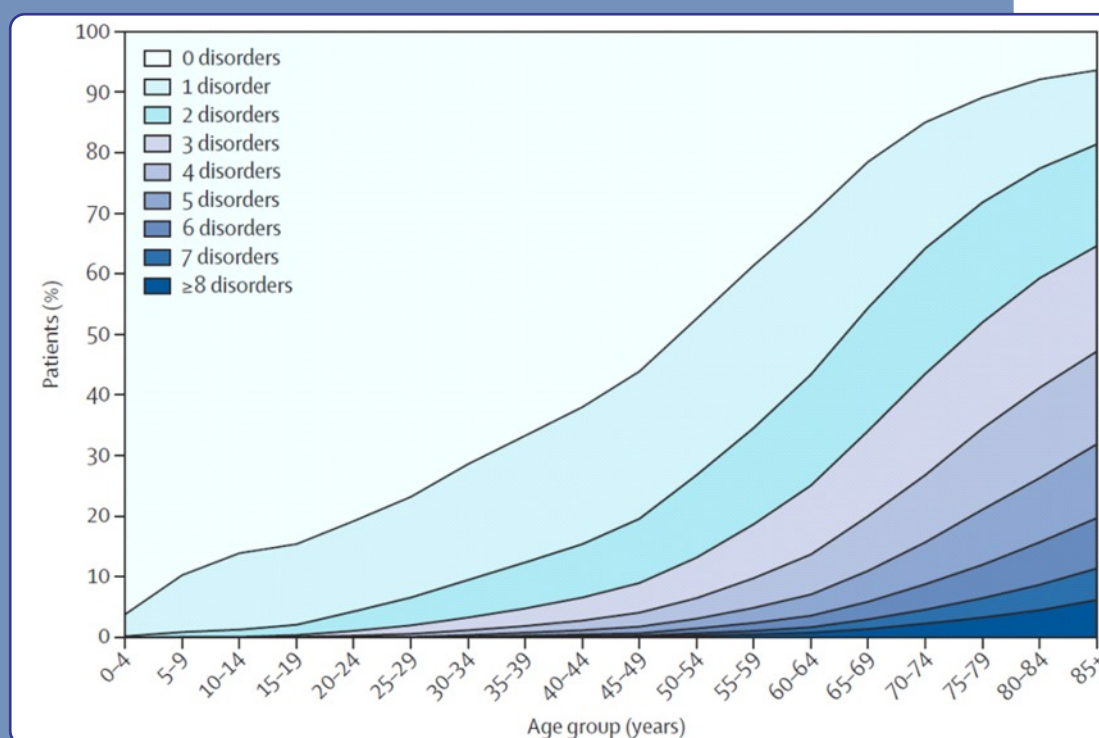
## The implications of an ageing population

An ageing population produces considerable social and economic challenges to an area and places particular demands on public services. Older people have a greater need for health and social care services which is especially true for people of advanced old age (>85) and as already stated the number of people in this age group is expected to double in the next 20 years. Two additional contemporary factors make the challenge all the greater at this time in North East Lincolnshire. Currently the number of people within the working age population is declining as a proportion of the whole population, which is increasing our dependency ratio. Secondly the UK Government's austerity agenda means that public services are struggling to be maintained at the same quantity or quality as previously. Therefore the council's central priority is to grow the local economy in order to ensure more jobs are created, which will in turn create more income to support public services.

With increasing age and survival comes the potential for cumulative numbers of long-term conditions; see Figure 4. These may often derive from common risk factors such as tobacco, alcohol, poor diet, lack of physical activity etc. Multi-morbidity is strongly correlated with age and deprivation. It is this multi-morbidity that is a considerable public health issue for

North East Lincolnshire due to the ageing population and high levels of deprivation across the area. People in deprived communities have been found to have the same prevalence of multi-morbidity as people who were 10 to 15 years older in more affluent communities (Barnett et al., 2012). Local analysis of disability adjusted life years (DALY) identified stark differences between the least and most deprived quintiles, with the numbers of years of life lost and years of life with disability peaking at a much earlier age in the most deprived quintile. Most ill-health in the least deprived quintile is after 65 years of age, peaking in the 75 to 84 years age group. In comparison, there is considerable ill-health in the most deprived quintile from 35 years of age upwards and peaking in the 65 to 74 years age group. The patterns of disease differ too. A lot of ill-health in the least deprived quintile is due to cancer and cardiovascular disease, with increasing DALYs due to neurological conditions and respiratory diseases in the older age groups. In comparison, in the most deprived quintile, there is considerable ill health due to injuries between 15 and 54 years of age, mental illnesses between 35 and 44 years of age, and a pattern of considerable DALYs due to gastrointestinal diseases between 25 and 74 years of age which peaks between the ages of 35 and 44 years.

Figure 4: Number of chronic disorders by age group



Source: Barnett et al., 2012

Increased numbers of older people in our population bring many benefits. Older people generally have more spare time and many are thankfully fit and healthy, so we have seen a growth in the number of people undertaking voluntary work across a whole range of services. Older people play a significant role in formal health and social services such as Care Plus's health and wellbeing collaboratives, and in culture and leisure services such as sustaining new community libraries. They also play an important role in civic participation making up a substantial proportion of the active membership on groups such as the CCG's community body Accord. Activities such as these are helping to mitigate some of the challenges highlighted earlier. Older people also make a substantial and unquantifiable contribution to informal care services by providing personal care and support within the home environment, whether by looking after their grandchildren to enable parents to go to work during the day, or caring for elderly or disabled family members, friends and neighbours who might otherwise be completely dependent on public services. It is estimated nationally that the direct economic contribution of people aged 65 years plus is around £61 billion a year; this comprises of employment worth £37 billion, informal caring equating to £11.4 billion, childcare estimated to be £6.6 billion, and volunteering of £5.8 billion (Age UK, 2014).

## Life Expectancy

An ageing population is one of the consequences of the dramatic increases in life expectancy in Britain that has been seen in the last 25 years. This has been achieved by a combination of successful public health interventions especially those that have contributed to reductions in smoking, and improved social and environmental conditions, as well as new medical interventions such as the emergence of statin therapy and more effective cancer treatments.

Although life expectancy overall in North East Lincolnshire, which is 80.3 years old, has consistently been lower than regional and national comparators, the gains that have been achieved in our area are similar to those achieved elsewhere. However, within North East Lincolnshire there are big differences in the gains that have been achieved with people living in affluent and middle income communities achieving sustained improvements whilst those who live in our more deprived communities seeing only marginal improvements in life expectancy. This is evident in Figure 5 which shows the variation across wards. Haverstoe ward is the fourth least deprived area (IMD score 2015) in North East Lincolnshire and has the highest life expectancy with the average person expected to live until 84.6 years of age, whereas, East Marsh ward which is the most deprived, has the lowest life expectancy of 74.7 years.

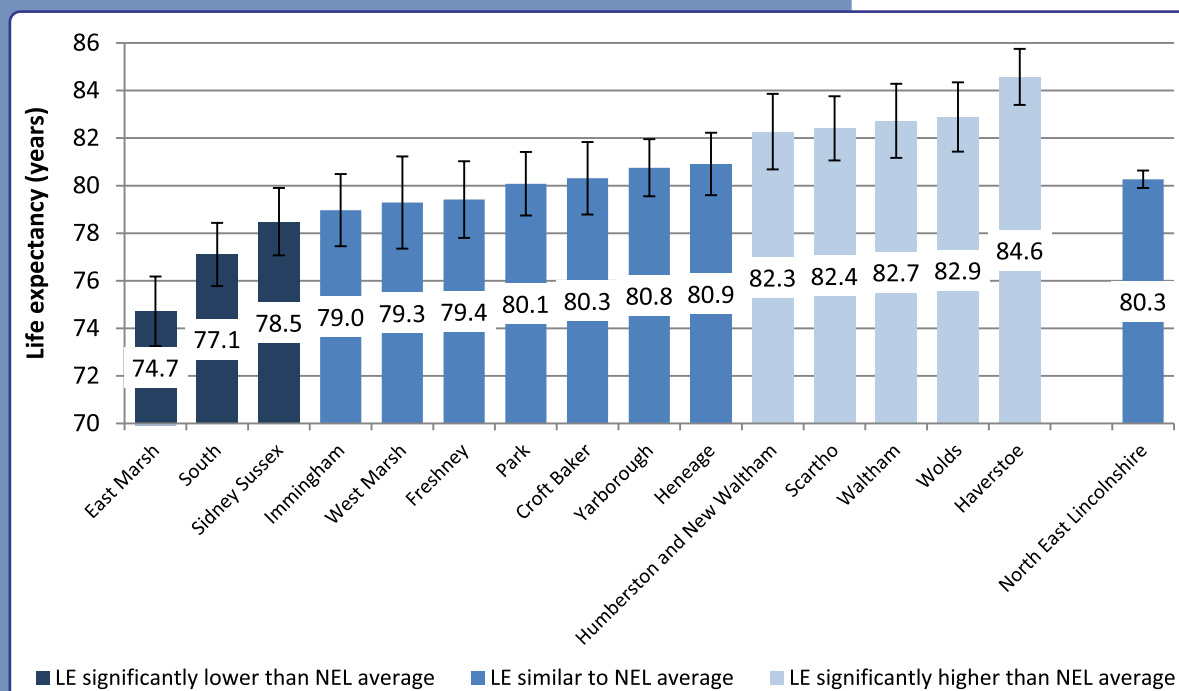
This difference in life expectancy has produced an increase in health inequalities, with men in our more affluent areas living up to 12.7 years longer than men in our most deprived areas, whilst for women the difference is 9.1 years.

## Our survey found.....

37% of respondents to our snapshot survey thought that the average life expectancy for their community was between 81-85 years. This is a slight overestimation of the actual average life expectancy in North East Lincolnshire, which is 80.3 years.

Men tended to predict lower life expectancies for their community than women; 56.2% of males felt that the average life expectancy was between 60 and 80 years of age, whereas only 44.4% of females believed life expectancy to be below 80 years of age.

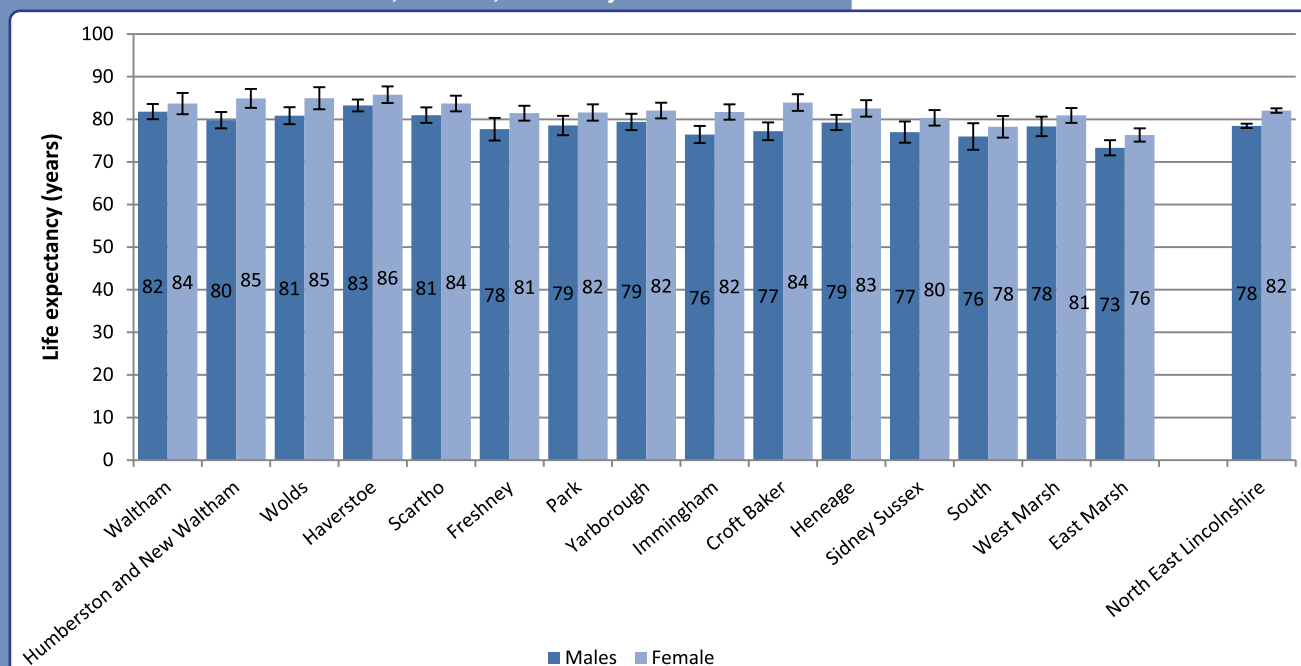
Figure 5: Life Expectancy by Ward, North East Lincolnshire, 2012-14



Source: Primary Care Mortality Database

The average life expectancy in North East Lincolnshire is lower for males than females by four years. Figure 6 shows that across all wards in North East Lincolnshire, male life expectancy is consistently lower than that for females.

Figure 6: Life Expectancy by gender and ward for North East Lincolnshire, 2012-14, ranked by IMD 2015

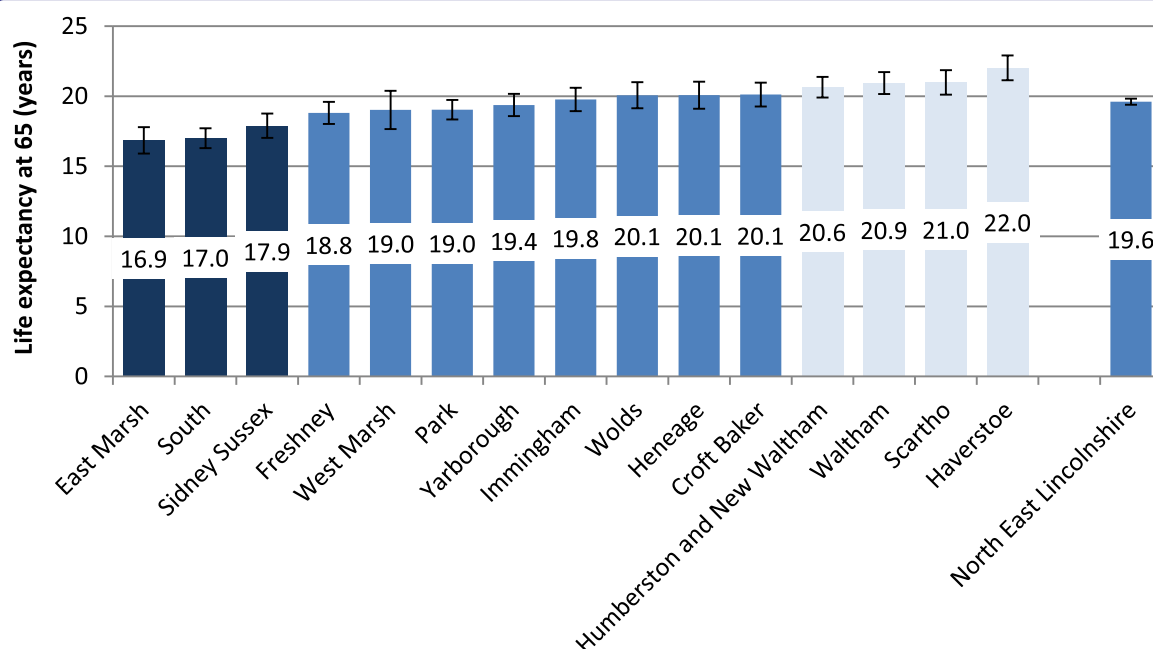


Source: Primary Care Mortality Database

## Life Expectancy at 65 years

Life expectancy at age 65 years old is the average number of years that a person at that age can be expected to live, assuming that age-specific mortality rates remain constant. The average North East Lincolnshire life expectancy at age 65 years is 19.6 years. Figure 7 displays the difference in life expectancy at 65 years between wards, with there being a gap of 5.1 years between the ward with the highest (Haverstoe) and lowest (East Marsh) life expectancy.

Figure 7: North East Lincolnshire Life Expectancy at 65, 2010-2014

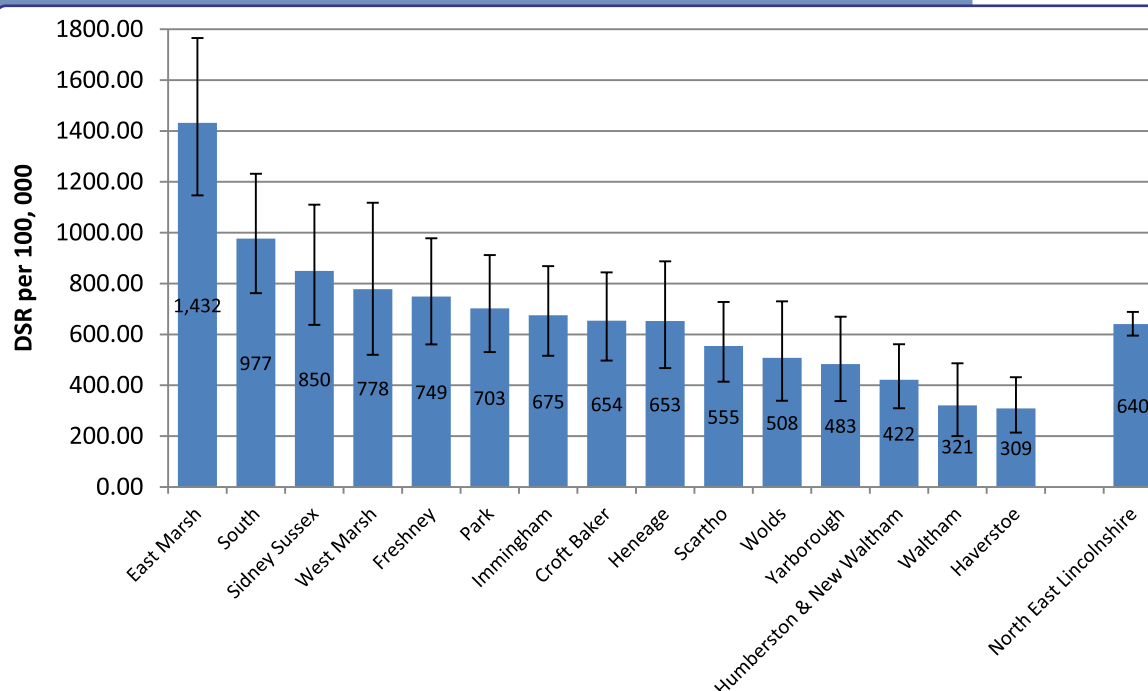


Source: Primary Care Mortality Database

## Preventable Mortality

Mortality which is considered preventable are deaths which could potentially be avoided by public health interventions. The directly standardised rate for North East Lincolnshire for 2012-13 was 640.5 deaths per 100,000 population. The East Marsh had a significantly higher rate than the North East Lincolnshire average with a rate of 1431.6 per 100,000 population. Waltham and Haverstoe wards had significantly lower preventable mortality rates than the North East Lincolnshire average.

Figure 8: Over 60 DSR Preventable Mortality, 2012-14, North East Lincolnshire



Source: Primary Care Mortality Database

It is important to understand the North East Lincolnshire morbidity profile as it is this which is responsible for the local pattern of years of life with disability. Diabetes is a significant contributor to disability. Most conditions increase in proportion to age. Unintended injuries increase with age, peaking particularly over 80 years, and are mainly as a result of falls. The bulk of the burden of disability in older people comes from neurological diseases including Alzheimer's disease, musculoskeletal issues (mainly back and neck problems), and sensory problems (mainly hearing and eyesight).

The main causes of years of life lost in older people are cancer, cardiovascular diseases, respiratory diseases, gastrointestinal diseases, neurological conditions, and infections.



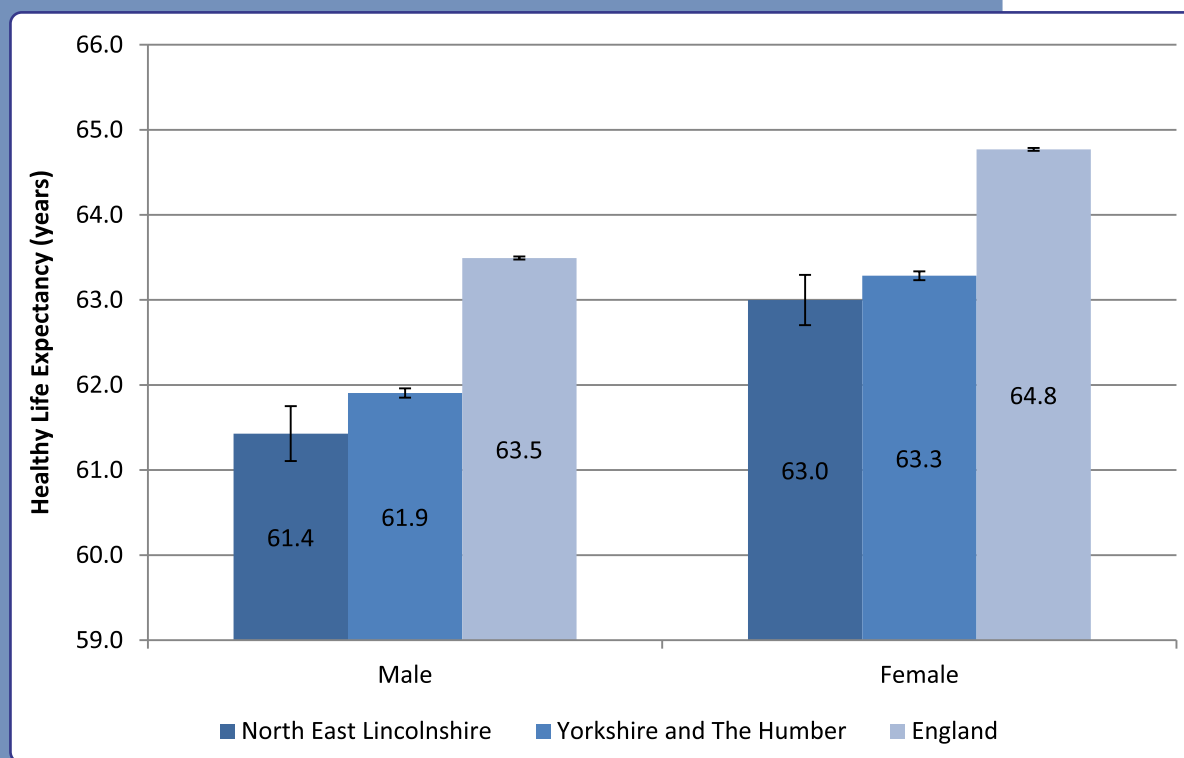
## Healthy Life Expectancy

Healthy life expectancy is the average number of years that a person could expect to live in full health assuming that age-specific mortality and ill-health rates remain constant. The increases in healthy life expectancy that have been achieved have not been as great as those achieved for overall life expectancy; which means that people are living more years but with chronic diseases which lead to a reduced quality of life and also increases demands on our health and social care services. This is why we recently completed a programme of work to examine the burden of disease in North East Lincolnshire (particularly long term conditions), to examine the likely impact on the health and social care system and to identify the interventions and prevention strategies required to turn the curve.

In North East Lincolnshire the male Healthy Life Expectancy is 61.4 years, which is lower than the female Healthy Life Expectancy (63 years), and both are statistically significantly lower than the England averages for both males and females, as can be seen in Figure 9.

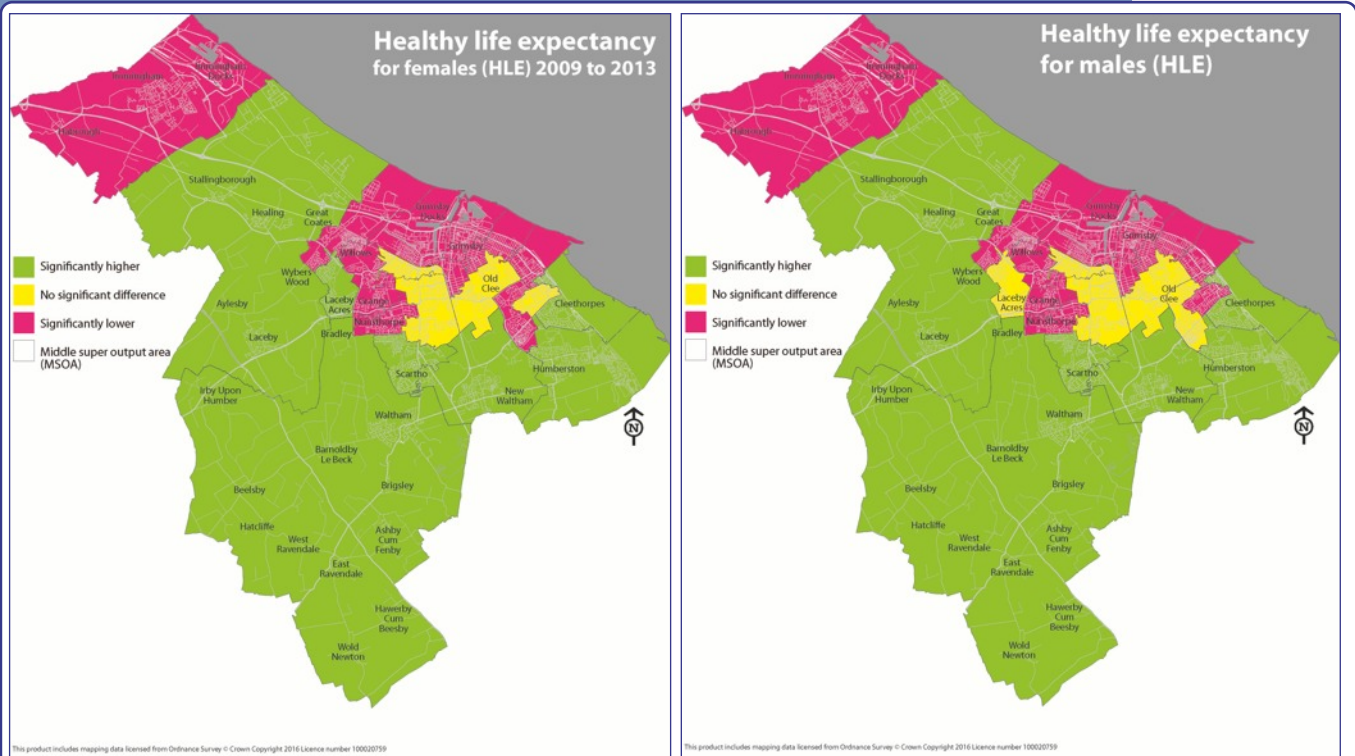
Healthy life expectancy is lower in urbanised areas compared to rural areas, the maps in Figure 10 shows these clear health inequalities.

Figure 9: Healthy Life Expectancy, 2009-13



Source: ONS

Figure 10: Healthy life expectancy at middle super output area (MSOA), 2009-2013



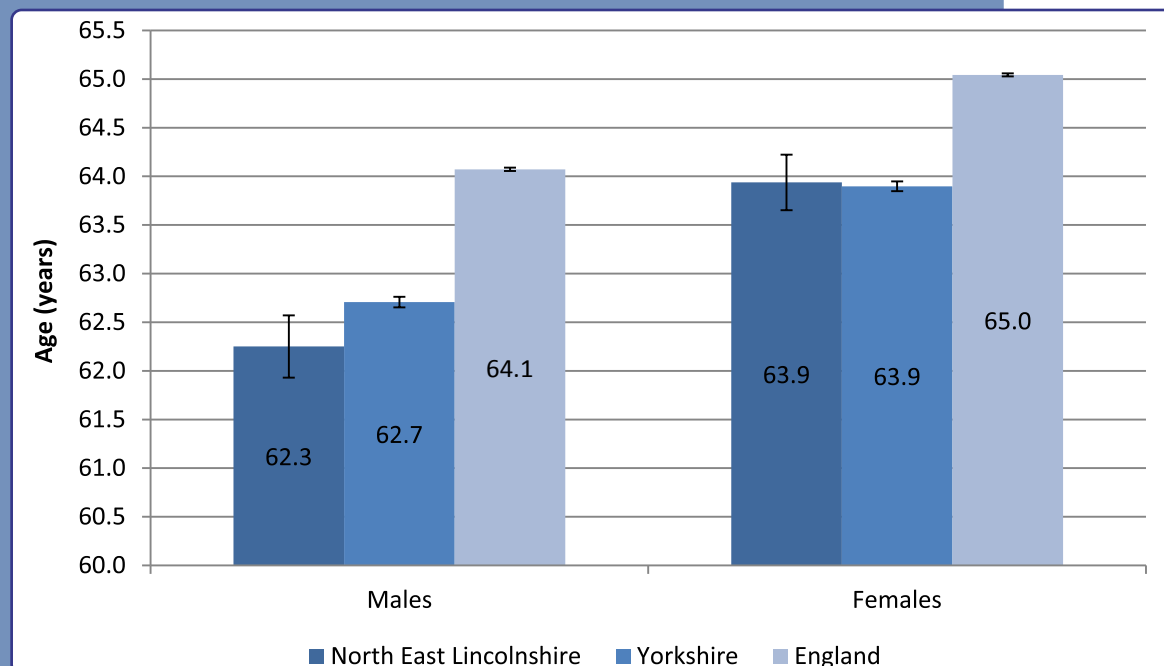
Source: ONS

## Disability Free Life Expectancy

Disability free life expectancy (DFLE) is the average amount of years a person can expect to live without a disability (no long-term limiting illness). As previously reported, males have a lower life expectancy than females and this is reflected in disability free life expectancy, with males in North East

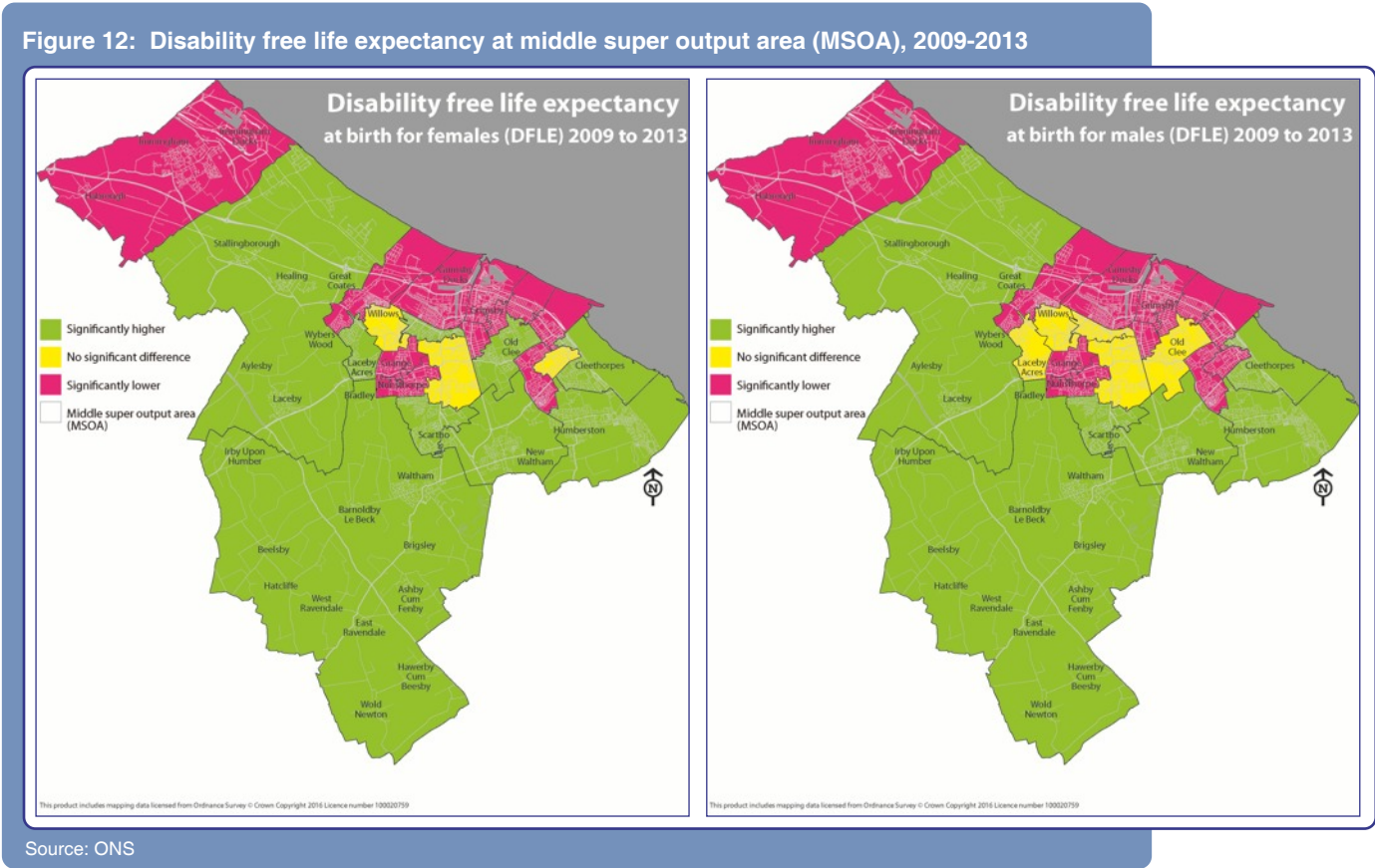
Lincolnshire having a DFLE of 62 years, whereas females have a DFLE of 64 years (see Figure 11). These are both significantly lower than the DFLE averages for England which for males is 64 years and for females is 65 years.

Figure 11: Disability Free Life Expectancy, 2009-2013



Source: ONS

Again, as with healthy life expectancy, disability free life expectancy is on the whole lower in urban areas compared to rural areas, see Figure 12.



## 5. ISSUES AFFECTING OLDER LIFE

Due to advancements in medication and surgical techniques, people are now living much longer. However, the body at 55 is very different to the body at 75. Many issues, both genetic and environmental, affect how we age. The most common conditions affecting those aged 65 and older include arthritis, heart disease, stroke, cancer, pneumonia and influenza. Accidents, especially falls that result in hip fractures are also common in the elderly.

As the body grows older, people often experience:-

- A slowed reaction time, which is especially important when judging whether a person can safely drive
- Thinner skin, which can lead to tears or wounds that heal very slowly
- A weakened immune system, which can make fighting off viruses, bacteria and diseases more difficult
- A diminished sense of taste or smell, especially for smokers, which can lead to diminished appetite and dehydration
- Side effects from multiple prescriptions/over the counter medication including the impact of alcohol consumption with various medicines.

There are stark geographic inequalities within North East Lincolnshire with people in deprived communities having similar levels of multi-morbidity as people who are 10 to 15 years older in more affluent communities. The rates of mortality from cardiovascular diseases and other common diseases such as lung cancer for the wards with the highest rates are several times the rates for the wards with the lowest rates.

Documented evidence suggests that people value and respond to the opportunity to take control over their own care, make decisions for themselves about their health and then follow those decisions through. The same evidence suggests that people cope much better with common conditions such as diabetes and COPD if they understand their condition better.



### Long Term Conditions

Older people face a wide range of health challenges which include both physical as well as psychological conditions. As previously stated, with increasing age and survival comes the potential for cumulative numbers of long-term conditions and that multi-morbidity is strongly correlated with age and deprivation. A considerable proportion of our older people population are at high risk of multi-morbidity due to the correlation of socioeconomic deprivation with multi-morbidity.

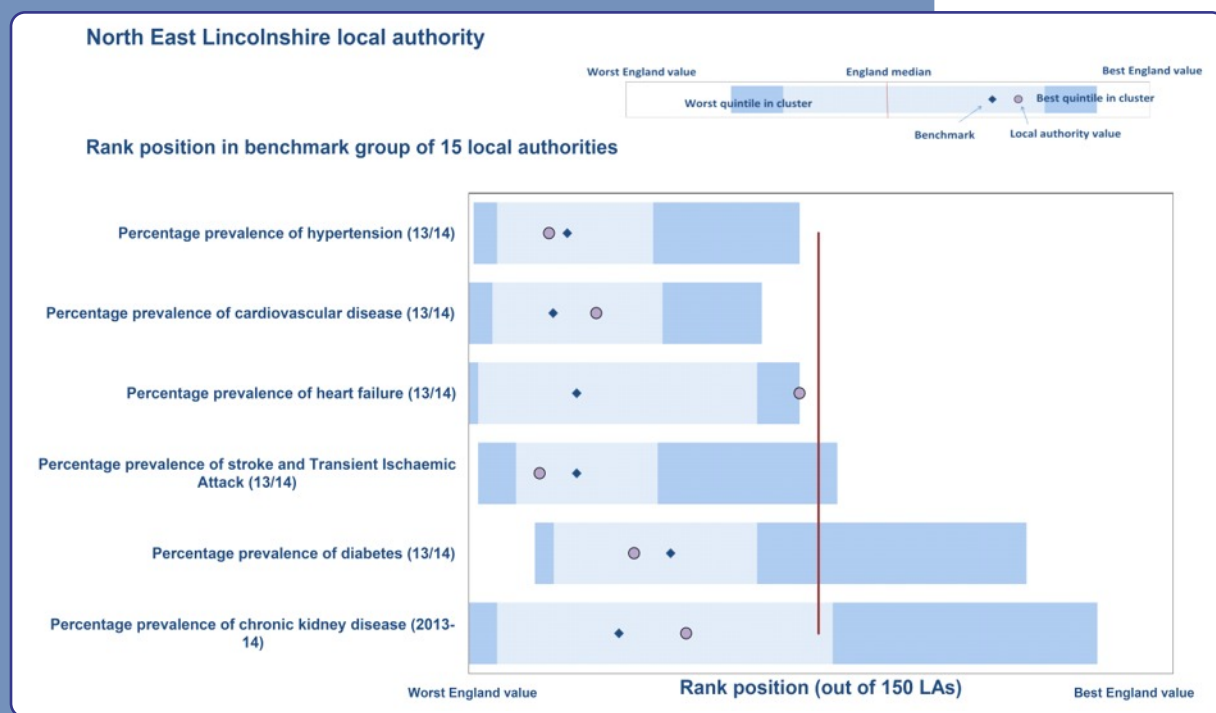
The proportion of older people who have a long term illness which affects their day to day activities a little is predicted to rise by 29.3% by 2030 and even higher for those whose long term illness affects day to day activities a lot, with a 36% rise (POPPI, 2015-2030).

Public Health England has published an ageing well pack for each local authority in England which are intended to support the improvement of services for older people in the local population. The packs include local data benchmarked to

statistical neighbour cluster authorities. Figure 13 and Figure 14 present the North East Lincolnshire ageing well pack information for the prevalence of long-term conditions and rates of older people mortality for the main disease types.

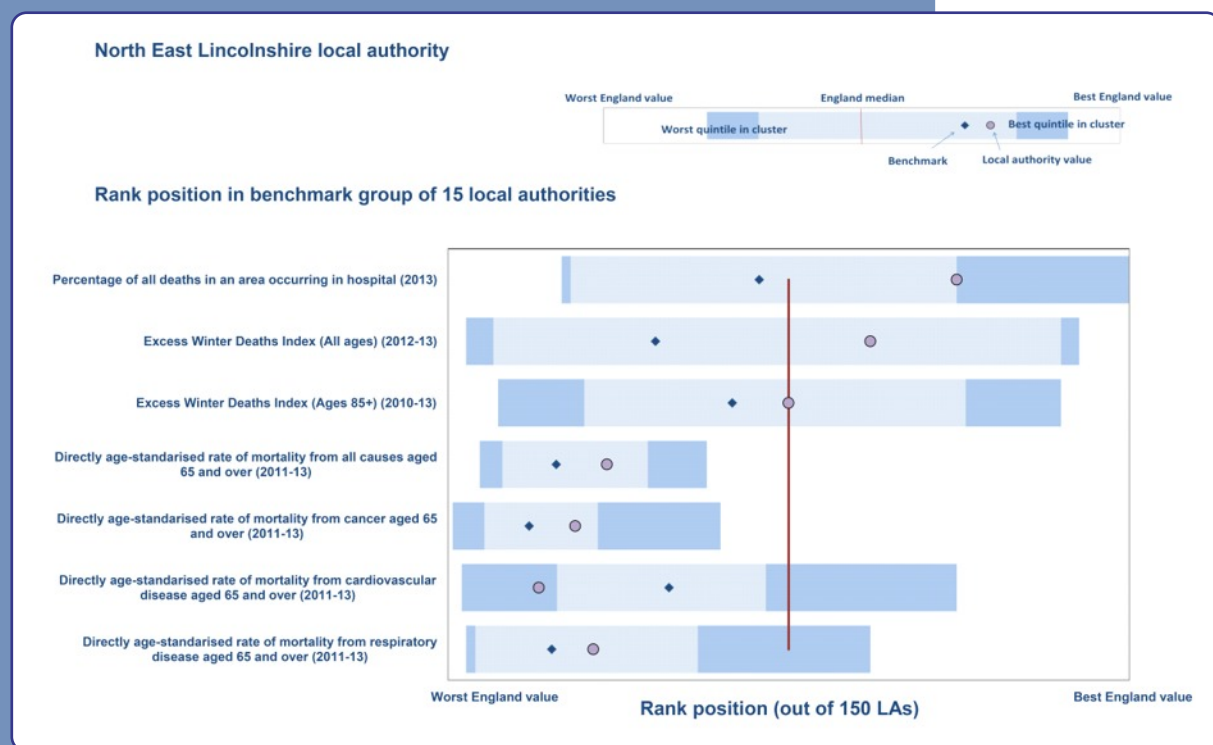
North East Lincolnshire has significant health and social care needs, with considerable health inequalities between different areas, and these needs are documented in the North East Lincolnshire JSNA. The health of people in North East Lincolnshire is generally worse than the England average, with mortality rates for long term conditions such as cardiovascular disease, respiratory diseases including chronic obstructive pulmonary disease, and cancer, all higher than the England rates, as shown in Figure 14. Nevertheless over time there is evidence of overall improvements in the health of the population but the challenge remains in those areas of North East Lincolnshire where health is poorest and where social and economic hardships are greatest.

Figure 13: Prevalence of long-term conditions



Source: Public Health England, North East Lincolnshire Ageing Well Pack

Figure 14: Key older people mortality indicators



Source: Public Health England, North East Lincolnshire Ageing Well Pack

## Mental Health

The mental health and wellbeing of older people is a key area for public health and includes a range of conditions that affect older people's quality of life, and those often associated with old age include confusion, dementia and depression, however there are many other mental health conditions that older people also face.

### Confusion and Dementia

Dementia is one of the most pressing challenges facing health and social care in the UK. Dementia affects one in 20 people over the age of 65 years and one in 5 over the age of 80 years.

NICE recently published guidance on mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life, which included promoting a healthy lifestyle to reduce the risk of or delay the onset of dementia (NICE, 2015). The guidelines also highlight that there is emerging evidence on the importance of psychosocial risk factors throughout life such as loneliness, isolation and depression.

In England there is an estimated 650,000 people diagnosed with dementia and this number is expected to double in the next 30 years (PHOF). In 2015, there were 1486 people in North East Lincolnshire registered as living with diagnosed dementia, with the majority (96.2%) of these being people who are aged 65 and over.

Evidence indicates that there are mostly negative consequences and outcomes for people with dementia when they go into hospitals (Dewing & Dijk, 2016). Although dementia patients may not be admitted to hospital directly due to dementia, there are usually negative effects on the dementia condition from hospitalisation which is suggested to be because of the tension between prioritisation of acute care for existing co-morbidities and person-centred dementia care. In North East Lincolnshire for 2013-14 there were 2640 emergency admissions per 100,000 population who had a mention of dementia within their diagnosis, which is lower than the regional and national averages. Emergency admissions that are a short stay (1 night or less) in which the patient has a diagnosis of dementia should be avoided due to the confusion and anxiety this can cause the individual suffering from dementia due to the change in surroundings. In North East Lincolnshire 16.5% of emergency admissions were short stays in 2013/14, and this was lower than both the England and Yorkshire and Humber averages.

Table 1 shows responses collated from a sample of people with dementia and their carers from the Alzheimer's Society Services. The results suggest that the majority of people are satisfied and receive appropriate information and social contact, however, there is a greater proportion of carers than service users who report having received useful information and having good social contacts.



Table 1:  
Satisfaction of people who have dementia or their carers' collated by Alzheimer's Society, North East Lincolnshire, 2015\*

	Proportion who answered yes	
	Service Users	Carers
I have been provided with useful information	83 %	100 %
I am in contact with people who help me	71 %	82 %
I have as much contact as I want with people I like	75 %	80 %
I can do the things I enjoy	63 %	60 %
I can do the things I need to	62 %	63 %

\* may not be representative of all people affected by dementia in North East Lincolnshire

## Depression

Depression in older people is common due to changes in health or lifestyle, which will be discussed in more detail in the next section in relation to social isolation and loneliness. Depression affects more older women aged over 65 (28%) than men (22%; Health Survey England, 2012). It is estimated that approximately 85% of older people who have depression do not receive any help from the NHS for it (Smyth, 2014).

In North East Lincolnshire the estimated average happiness rating from the Annual Population Survey (2012-2015) for people aged 65 and over was 7.67 (with highest score of 10 equalling completely happy), which is the fourth lowest average rating in the region and the estimated average anxiety rating is the highest in the region, with 3.01 (with the highest rating of 10 meaning completely anxious).

The 2010-14 North East Lincolnshire over 65 male suicide rate was 13.7 deaths per 100,000 population. This was higher (not significantly) than the Yorkshire and Humber average (10.9 per 100,000) and the England average rate (12.4). The male rate is much higher than the female suicide rate which has been suppressed due to low numbers.

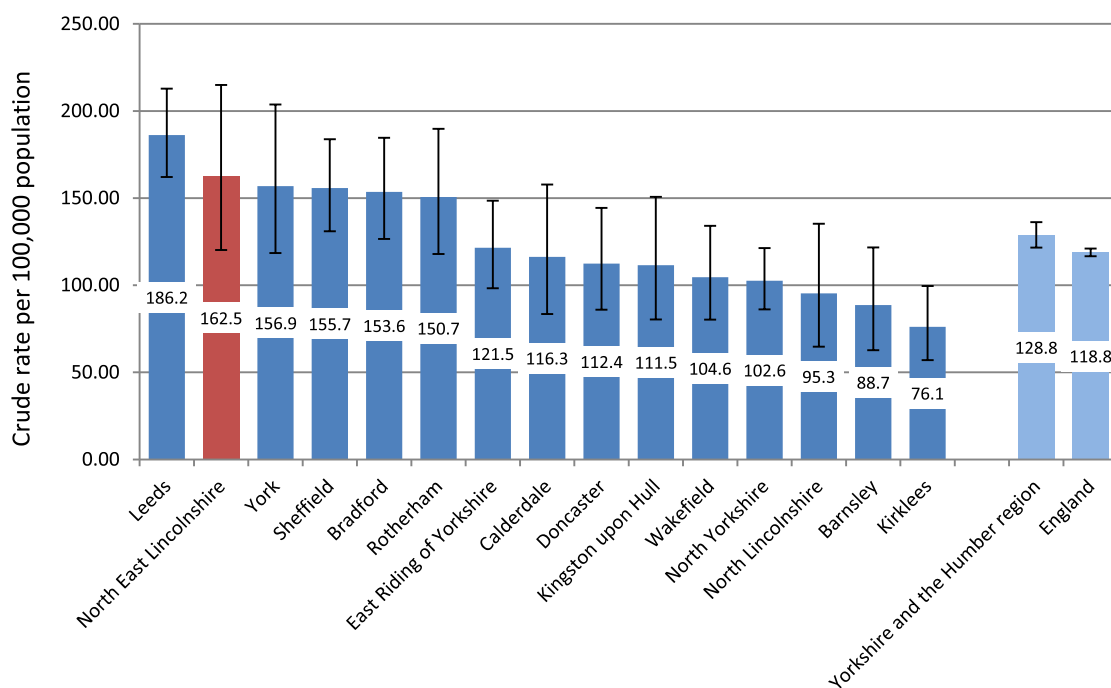
## Sensory Impairment

Vision and hearing loss are common among older adults and can occur in isolation or together. Sensory loss is associated with an increased risk of depression, can impair quality of life, and the ability to do day-to-day activities, which can result in loneliness and social isolation as well as frustration (Gopinath et al., 2013). Sensory impairment can also lead to an increased reliance on support due to the reduced ability to do daily activities.

Figure 15 shows that North East Lincolnshire had the second highest rate in the Yorkshire and Humber region, with 162.5 per 100,000 population aged 65 and over with age related macular degeneration sight loss. This is higher than the regional rate (128.8 per 100,000) and the England rate (118.8 per 100,000).

Hearing loss is the most common sensory deficit in the elderly, and it is becoming a severe social and health problem. However, in North East Lincolnshire for 2009/10, 240 people per 100,000 population aged 65-74 were registered deaf or hard of hearing which is lower than the England rate of 620 per 100,000. There is a similar picture for people aged 75 and over, with a rate of 761 per 100,000 who are deaf or hard of hearing compared to the England average of 3,089 per 100,000 population. The local rates may indicate under registration for hearing loss in North East Lincolnshire.

Figure 15: Age Related Macular degeneration, 65 and over, Yorkshire and Humber region, 2013/14



Source: Public Health England

## Frailty

When a long term condition has been diagnosed there needs to be effective management of the condition, otherwise further damage can occur, which can lead to frailty. In a recent study 'Burden of disease' (BoD) that has been undertaken in Northern Lincolnshire it was reported that frailty affects up to 50% of people aged 80 and over. Frailty is a major health condition associated with ageing. Frailty is a state of increased vulnerability from not being able to adequately recover from stressor events which increase the likelihood of poor outcomes, and is a consequence of cumulative age-related conditions (Buckinx et al, 2015). Frailty is a substantial public health issue for both the individual and the population due to the multiple clinical conditions involved and the impact on a considerable proportion of the population, which is likely to increase given the ageing population. For our local burden of disease study we have described frailty as the vulnerability to multiple conditions, with there being five main 'pillars of frailty' which are falls, immobility, delirium, incontinence and susceptibility to the side effects of medication.

Falls in older people can have significant long term impacts, they can cause injury which can be serious, either leading to a fracture or hospitalisation, and thus can result in moving from their own home to long-term residential care. In North East Lincolnshire for 2014-15 there was a rate of 643 falls per 100,000 population which resulted in an emergency hospital admission, which is higher but statistically similar to the England

(571 per 100,000) and regional (583 per 100,000) rates. A higher proportion of females (71%) had falls resulting in hospital admissions compared to males (29%).

Incontinence is prevalent among older populations particularly those in care homes and is associated with significant impact on the individual, their carers and the wider healthcare system. As the numbers of frail elderly people increase, so will the burden of incontinence. Evidence shows that urinary incontinence is positively associated with falls and can impact on quality of life (Foley et al., 2012).

In the UK, there are approximately 3.2 million people aged over 65 who are suffering from urinary incontinence, the majority being women (Age UK, 2016). In North East Lincolnshire, 106 people were assessed with the continence service in April 2016, of which 65% were female and 35% male. Some people may have been assessed more than once within the month, so the total number of assessments may be higher.

## Functional decline

The local Burden of Disease Study identified that the rate of functional decline in day to day activities in those with multi-morbidity or frailty is considerable. The decline may occur gradually, or suddenly, due to a fall or an infection.

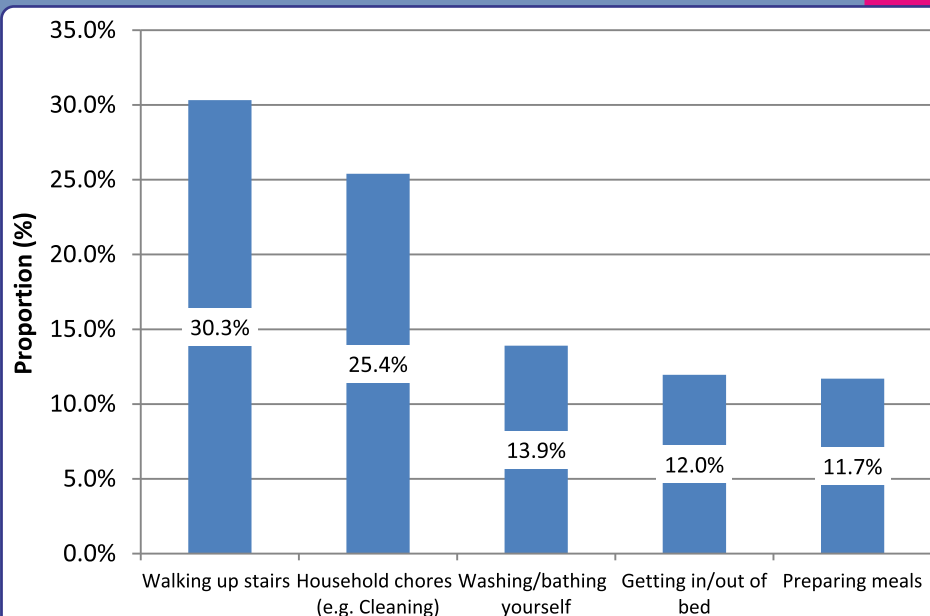
## Our survey found.....

Nearly two fifths (39.4%) reported that they have a significant health need (i.e. suffering from a sensory impairment, suffering from a long-term illness or disability, mobility issues etc.).

Just under three quarters (72.7%), of older people reported that they take prescription medication at least once a day with 44.3% who take prescribed medication multiple times a day. The most common reasons for taking prescribed medication were due to blood pressure, diabetes (mainly type 2), asthma and arthritis.

The most common difficulty reported by older people was walking up the stairs, with 30.3% of older people reporting that they had difficulties doing this.

Figure 16: Proportion of older people reporting difficulties



Source: NELC Ageing Well Survey, 2016

Of the people who said they had difficulties (one or more of the above) the most common form of help was from relatives/friends with nearly a third (32.3%) reporting this. Only 6.2% of elderly people received professional help. A fifth reported not receiving help but that they need or would like additional help. 30.8% reported that although they have difficulties they have never received help as they do not need it.

## Lifestyle Behaviours

The previous section demonstrated that there are many common long term conditions within the older population, however, these can be influenced by numerous different lifestyle and behavioural choices. Health conditions can impact lifestyle choices, and vice versa; lifestyle choices can increase an individual's risk of poor health, and preventable mortality. The Marmot review (2010) described these as accumulating risks over a 'life course'.

For example, physical activity in older people is critically important in the prevention of disease and brings significant health benefits to people of all ages. Evidence is increasingly indicating that physical activity can extend years of active independent living, reduce disability and improve the quality of life for older people (Sun, Norman & While, 2013). However, when someone has a long term condition or multiple, frailty, or even from the effects of an ageing body such as mobility issues, this can greatly influence their ability to be active. Estimates show for 2015 there were predicted to be 5712 people in North East Lincolnshire aged 65 and over who are unable to manage at least one mobility activity on their own, and this number is projected to rise to 7960 by 2030 (POPPI). Mobility activities include going out of doors and walking down the road, getting up and going downstairs, getting around the house on the level, getting to the toilet, and getting in and out of bed.

The 2012 Health Survey for England identified that more men (57%) than women (52%) aged 65-74 are meeting the recommended 150 minutes of moderate physical activity per week. As expected, this reduces with age, with 43% of men and 21% of women aged 75-84 years achieving the recommended amount of physical activity, and 11% of men and 7% of women aged 85+ years achieving the recommended amount (Health Survey England, 2012).

Many older people are reported to live relatively sedentary lives, and it was identified that men aged 65 and over are sedentary for an average of 6.4 hours per day, and females aged 65 and over are sedentary for an average of 6.5 hours per day, with the majority of this sedentary time being watching television for both genders (Health Survey England, 2012).

The council's leisure partner Lincs Inspire has created a number of programmes to help people remain physically and socially active after retirement. For instance they have a walking football programme which targets people aged over 55 and an active seniors programme which provides a range of exercise classes including Tai Chi and Zumba. This has proven popular with the people over 70 years of age and has over 850 people attending each week. Those attending the sessions benefit not only from increased wellbeing attained by regular attendance, but also the social interaction that the sessions bring. For more information on Lincs Inspire's Active Seniors sessions please contact Sports Development on (01472) 323349 or email: [sports.development@lincsinspire.com](mailto:sports.development@lincsinspire.com).

## Our survey found.....

**A very low proportion (5%) said that they smoked daily however, 43% said that they had smoked previously, but do not smoke now.**

Whilst physical activity can help to strengthen the respiratory system, smoking can increase the risk of developing COPD and lung cancer (ASH, 2015). Interestingly smoking prevalence amongst older people (60+) is lower than the average for all ages, however, many are likely to have previously been smokers. The proportion of smokers who are aged over 60 years old has also continued to decrease over time, with 14% of over 60's in England being regular smokers in 2004 compared to 11% in 2014 (ASH, 2016).

## Our survey found.....

**That the majority (60.5%) of over 65's were content with their levels of physical activity. However, two fifths were not content and would like to do more, but there are barriers preventing them from doing so (mostly from health complaints).**



There is a similar story for alcohol, however, despite older people consuming fewer units of alcohol than younger generations they are more likely to drink on an almost daily basis over the course of a week. The rising number of alcohol-related admissions/discharges and deaths in the UK among those aged 65 years and over highlights the health problems underlying their consumption habits.

In North East Lincolnshire the 2014/15 alcohol related admissions rate for all ages was 657 admissions per 100,000 population, which is higher (not significantly) than the England rate (641 per 100,000). North East Lincolnshire does though have a significantly higher mortality rate from liver disease than both the England and the Yorkshire and the Humber rates.

Sudden disruptions in lifestyle often caused by retirement and bereavement, can lead to decreased social activity and is thought to be a major contributory factor among older people who develop a drinking problem along with isolation and loneliness (Institute of Alcohol Studies, 2013). There are several consequences of drinking for older people. Tolerance to alcohol is significantly lowered in older people, therefore, it is possible that the same amount of alcohol can have a more detrimental effect than it would on a younger person. It was estimated by

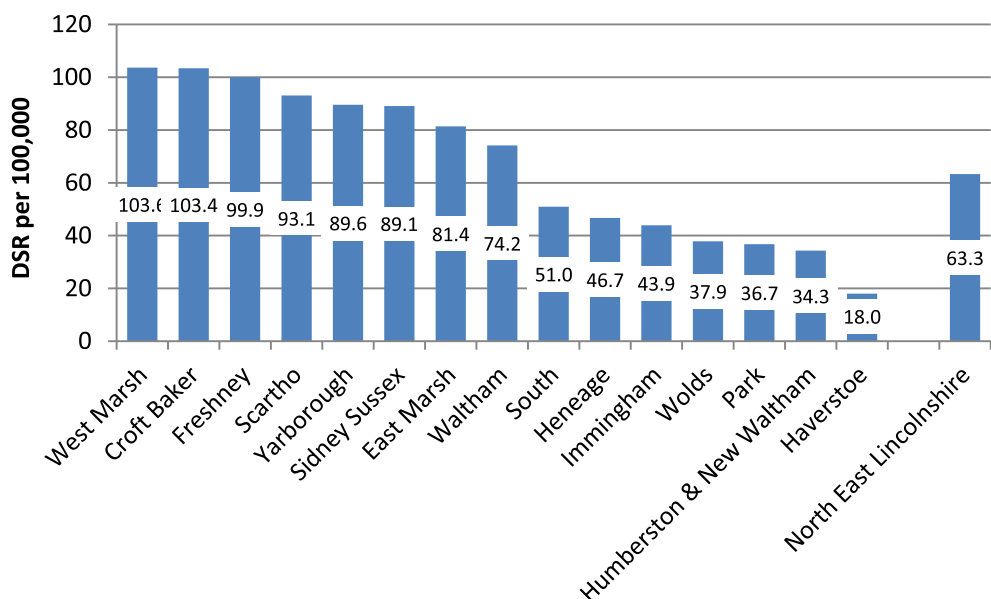
The Royal College of Physicians (1987) that potentially up to 60% of older people who are admitted to hospital because of confusion, repeated falls at home, recurrent chest infections and heart failure, may have unrecognised alcohol problems.

In North East Lincolnshire there were 50 emergency admissions for alcohol-related liver disease in people aged 60 and over in 2014-15. There are inequalities between the genders with 70% of admissions being males compared to 30% females.

The mortality rate from liver disease in people aged 60 and over in North East Lincolnshire for 2012-14 was 63.3 per 100,000. West Marsh had the highest rate of liver disease mortality (103.6 per 100,000), and Haverstoe had the lowest rate (18 per 100,000); see Figure 17.

Although drug misuse in younger people is declining in North East Lincolnshire, the proportion of older drug users is actually increasing. This is because of an ageing cohort of longstanding drug users.

Figure 17: Over 60 DSR liver disease mortality, 2012-2014



Source: Primary Care Mortality Database

## Our survey found.....

Nearly half of over 60's (49.1%) have an alcoholic drink once a week or more, with 11.8% having an alcoholic drink almost daily. 15% reported that they never have an alcoholic drink.



Poor diet can lead to long term conditions such as diabetes, cardiovascular disease (WHO, 2003). However, several health and social factors have been identified as affecting the food choices and nutritional intake of older people. These factors include not having enough money, poor/insufficient food storage facilities, physical disabilities affecting food preparation, poor access to shops, difficulties in undertaking the shopping, type of cooking facilities, loneliness and bereavement. As a result of the factors, elderly people living in the community with restricted mobility may be unable to consume an optimum nutritional intake due to the health and social factors identified which affect their food choices and nutritional intake.



## Our survey found.....

**Just under half (48.8%) of respondents reported that they eat three meals a day, including one hot meal. There were 15% who reported that they rarely or never have three meals a day of which one was a hot meal.**

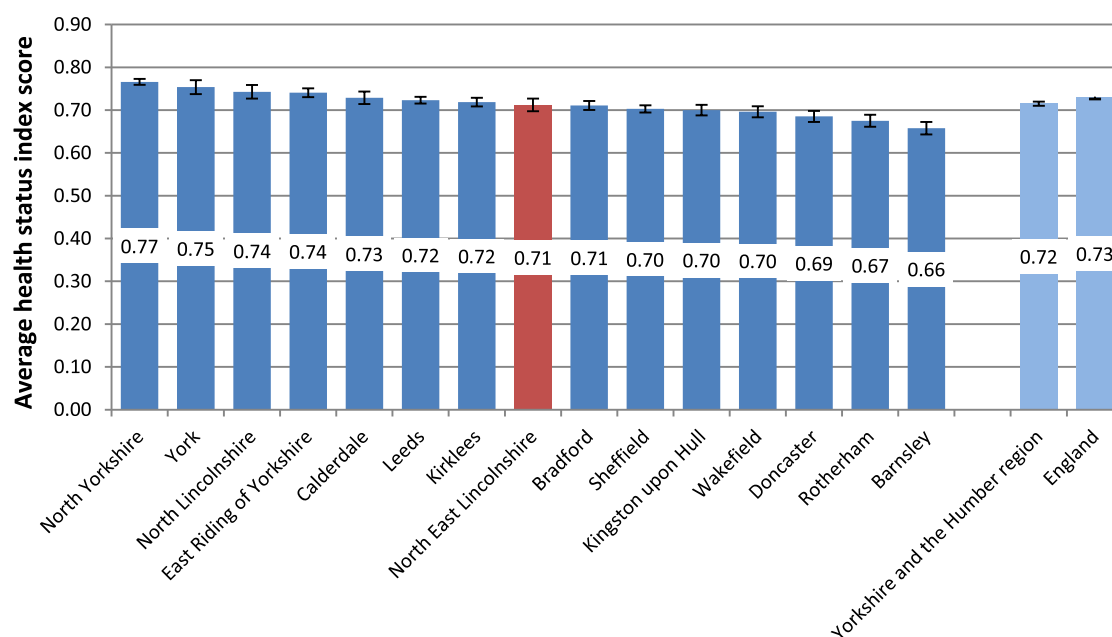
**Also, 14.3% reported that they receive professional help for preparing meals, which may indicate use of a service which deliver meals. 42.9% receive help from friends or relatives to help prepare meals.**

Both lifestyle as well as long term conditions can have an impact upon an individual's quality of life. Evidence shows that older people want to have good quality of life by having good social relationships, help and support; and living in a home and neighbourhood that feels safe and neighbourly and has access to local facilities and services including transport (Gabriel & Bowling, 2004). They want to engage in hobbies and leisure activities and also maintain activities and retain a role in society. Evidence suggests that older people want to have a positive psychological outlook and acceptance of circumstances which cannot be changed; have good health, mobility and enough money to meet basic needs, participate in society, enjoy life and retain their independence and control over life.

Health-related quality of life is reported on the GP Patient Survey. The health index score relates to different aspects of health (mobility, self-care, usual activities, pain/discomfort, anxiety/depression) with the highest score of 1 indicting the best health status. The average health status index score for adults aged 65 and over in North East Lincolnshire for 2012/13 was 0.71, this was lower (not significantly) than both the England (0.73) and Regional (0.72) averages.



Figure 18: Health Status Index Scores, aged 65 and over, Yorkshire and Humber, 2012/13



Source: Public Health England

## Our survey found.....

That most respondents thought that their quality of life was at least good, with 43.5% reporting that their quality of life was very good. A small proportion (3.1%) of respondents reported that their quality of life was fairly bad, however, no one reported that their quality of life was very bad.



## Recommendations

- Consider targeting segments of the population susceptible to frailty and offering a "wellbeing Check" in own home.
- Investigate availability of local data for older people to inform the needs of the older population with a view to identifying gaps and health inequalities.
- Encourage the development of an ageing charter by voluntary organisations reflecting the change in culture.
- Improve communication and sharing of information at provider level to ensure that services work together more to provide a seamless service.

## 6. AGE-FRIENDLY PLACE - WIDER DETERMINANTS THAT CAN AFFECT THE HEALTH OF THE ELDERLY

Place has a major impact on health and wellbeing in older life. Things such as the quality of the homes that people live in, the quality of the local environment, access to decent public transport and health services, and the presence of local social activity and support groups, can make a massive difference to the experience of getting older and by extension can ensure that people stay healthy for longer and have less need for health and social services. With the growing ageing population it is vital that we ensure that North East Lincolnshire becomes an age friendly place.

The World Health Organisation has launched an initiative to encourage age friendly towns and cities across the world and has established a checklist of essential age friendly features ([WHO checklist](#)). The checklist is intended to be used by public authorities, individuals and groups interested in making their city or town more age friendly and covers the following areas, which will form the structure for this section of the report:

- Outdoor spaces and buildings
- Transport
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community and health services

The drive towards large out of town shopping centres and making town centres more accessible to motor vehicles has undoubtedly made many towns in Britain age-unfriendly places in the last 30 years. It has also led to a decline in the quality of services provided by small shopping centres close to where people live, ever increasing the need for driving motor vehicles, especially as the dominance of the car has led to a decline in public transport options. North East Lincolnshire has not been blighted quite as much as many other parts of the country and we have successfully retained most of our major and minor retail centres. However a study undertaken by a public health graduate last year found that our small local shopping centres are dominated by take-aways and hair dressing salons.

The errors of the past have now been recognised and attempts are being made to reverse some of these trends and revitalise North East Lincolnshire's towns and communities. Central to building a healthy, age-friendly place is the creation of an environment where it becomes easy to make healthy choices. Wherever possible we need to retrofit our area to ensure that walking and/or cycling are attractive and safe options.



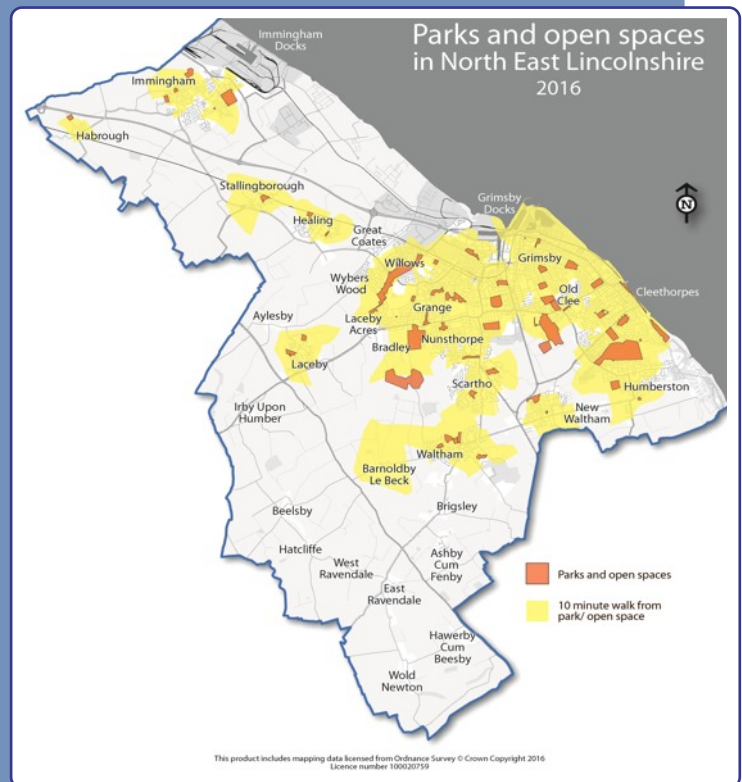
## Outdoor Spaces and Buildings

The World Health Organisation (2012) recognises that outdoor spaces and buildings impact upon the quality of life of older people, and can impact on their independence.

The 2011 census classified 94.2% of North East Lincolnshire's population as living in an urban environment, despite this however, there are a number of parks and open spaces spread across the area, with many of the urban areas within a 10 minute walking distance of an open space or park; see Figure 19. The local plan up to 2032 has a wide range of proposals including access to green spaces and walking and cycle routes aiming to make outdoor spaces more age friendly.

59% of 65+ year olds felt that overall the local area was a safe place to live (NEL JSIA, 2015). Reasons reported for feeling unsafe included burglary (31.2%), car crime (21.9%), anti-social behaviour (12.5%) and criminal damage (9.4%). North East Lincolnshire has the fourth lowest proportion of adult social care users aged over 65 who felt as safe as they want to out of all local authorities in Yorkshire and Humber, with 67%, which is slightly lower than both the regional (70%) and national (70.2%) averages (ASCOF, 2014-15).

Figure 19: Parks and open spaces in North East Lincolnshire



### Our survey found.....

Three quarters of people reported that they feel very safe in their home during the day, however this reduced to 64.4% who feel very safe in their own home at night. Just over half (54.4%) feel very safe outside in their community during the day, which similarly reduces at night with only 23.9% saying they feel very safe outside at night.

### Our local residents said...

“  
I don't dare  
open my door  
to anyone  
at night  
”

“  
I would  
never go out  
at night  
”

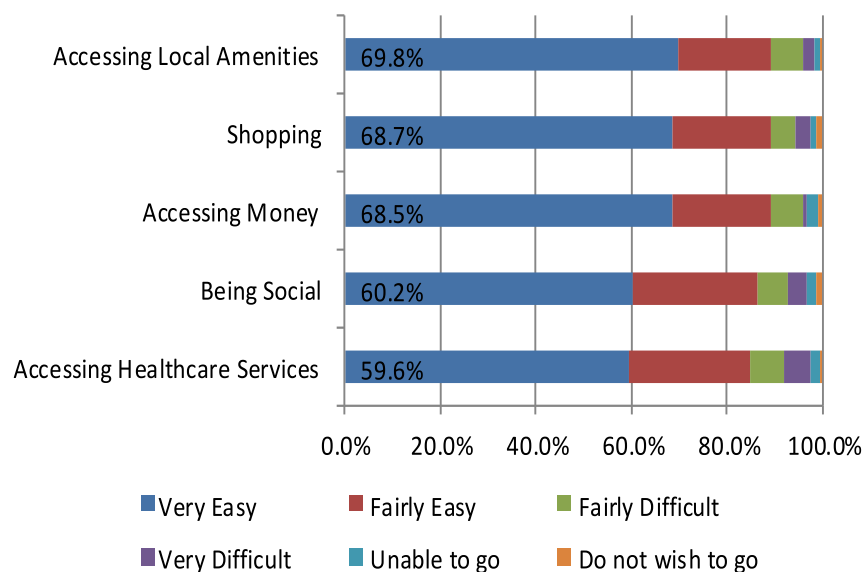
“  
I am very  
wary when  
out and about  
”

“  
I am very  
wary if I have  
to go out  
after tea  
”

Older people can be vulnerable to scams and doorstep crime. Although the exact number of scams and crimes reported by older people to trading standards is unavailable, it is believed that a large proportion are from older people. During 2015/16, there were 89 reports into Trading Standards with a detriment of £173,765, which will not reflect the true extent of the problem in the borough. This detriment figure is the known amount lost calculated before North East Lincolnshire Council were alerted.

Once Trading Standards are involved, detailed work is undertaken with repeat victims and positively the authority has a high success rate on preventing them being victims again. Many former victims are empowered after one-to-one sessions to actively promote resilience to such crime. This has immense value in restoring pride, self-worth and enables former victims to be empowered to deal with approaches in the future.

Figure 21: How easy is it for you to get out and about?



Source: Ageing Well Survey, NELC, 2016



## Transport

North East Lincolnshire has an area of 192 square kilometres and is predominately urban with centres of Grimsby, Cleethorpes and Immingham. The rural area is sparse but does contain significant numbers of rural communities. Some of these lie on the fringe of the urban area or on main transport corridors, however there are still residents who are unable to easily access mainstream public transport. Data from the 2011 Census found that 30.8% of households do not have access to a car or van. Accessing appropriate transport for essential and social journeys is challenging for many people, including the elderly and infirm.

In many parts of the district, conventional public transport is good, especially along the main roads or corridors. There are several villages and small settlements where access to a bus or train service is poor or non-existent. Public transport to the more isolated and smaller communities can be problematic, in terms of providing a service which meets the varied needs of the community at an affordable price while also providing a service which is viable for the service provider.

In essence, there are four different areas and sets of challenges:

- Many people choose to retire to the Cleethorpes area close to the coast, which has a much higher than average number of older people;
- Our small rural communities, making it more difficult to access services. Social networks often do not exist and transport is a considerable issue;
- There are substantial numbers of older people living in deprived wards in Grimsby, and the community infrastructure is weak in places;
- Immingham is geographically fragmented, much of its traditional industry has changed, and many young people have moved away, leading to potential isolation among the traditional community

Transport is a key consideration for the NHS when planning services as access issues need to be understood for patients, staff, carers and visitors. A substantial piece of work is being completed as part of the healthy lives healthy futures project to look at patients flows and accessibility issues in particular with regard to the provision of certain more specialist services over a larger footprint.

It is generally accepted that people who live in rural areas have to travel further to access most of their day to day needs and that public transport is not as frequent as in urban areas. The electronic transmission of prescriptions from a person's GP to the pharmacy of their choice, coupled with many pharmacies offering free delivery services, are of particular benefit for people living in rural areas.

Local Transport Plans (LTPs), and accessibility planning in particular, provide local authorities with the opportunity to tackle the barriers faced by older people when undertaking everyday journeys on foot or by public transport. These barriers include physically inaccessible transport vehicles, the pedestrian environment, safety concerns, and attitudes of transport staff.

## Our survey found.....

Majority of respondents found it very easy to get out and about to do various things, including accessing local amenities, shopping, and healthcare services, whilst also for social reasons. However, 15% of respondents reported that they found it difficult, or were unable to access healthcare services. It could be however, that this reflects a general dissatisfaction with accessing appointments with local healthcare services, such as GPs, rather than an inability to access the physical buildings. It is also important to note that the ability to drive and the accessibility to a car and/or reliable public transport does not prevent social isolation.



## Buses

The Council is responsible for the administration of the English National Concessionary Travel Pass scheme, these bus passes provide free local bus travel for older people and eligible disabled. The Public Service Vehicle Accessibility Regulations (PSVAR) 2000 required vehicles in use on local bus services to be low floor from the beginning of 2016. This helps people with mobility impairments and those in wheelchairs to gain step-free access to local bus services. Locally all Stagecoach buses are step-free low floor. Allied to this is an ongoing capital programme to install raised kerb bus stops which make it easier for people to board and alight the bus.

Working together with the local Falls Collaborative and bus service provider Stagecoach, the Council provides "Safer Journey Cards" which people can show to the driver when boarding, these simple cards help the driver know if the person requires assistance.

## Demand Responsive Transport (DRT)

There are two local community transport services that operate in North East Lincolnshire. Phone n Ride is open to anyone but is predominantly used by older people for a variety of reasons ranging from visits to the doctors to social trips out with friends. Dial a ride is only available to the elderly and disabled and provides a more escorted service for people who have difficulty in accessing or using other public transport services.

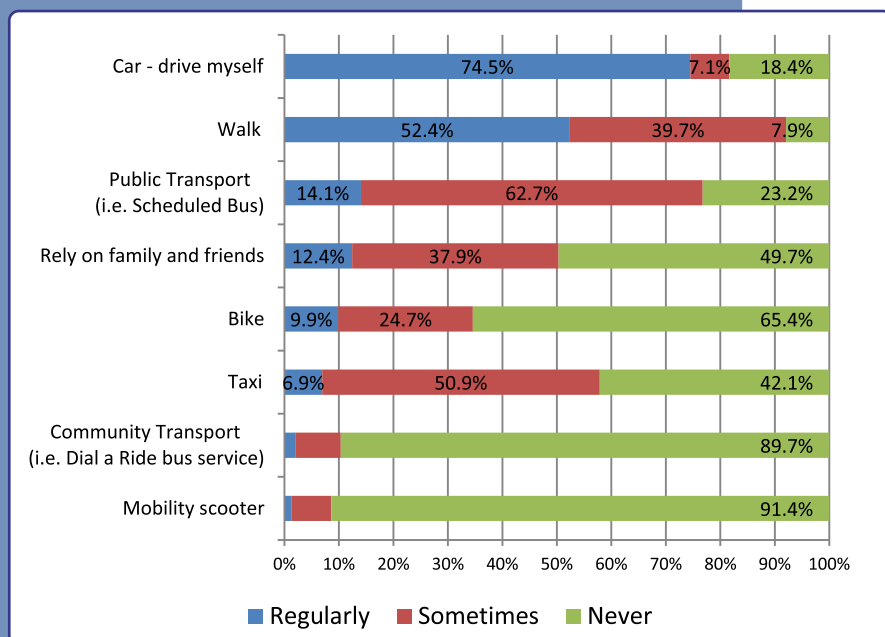
## Motorists

By adopting a multi-agency approach with partners including Humberside Police, the NHS and Safer Roads Humber, Engie have successfully delivered a series of older driver events offering help and assistance to keep them safe on the roads.

## Our survey found.....

The most popular forms of transport used regularly were driving, walking and public transport. With the highest proportion of respondents (three quarters) reporting that they regularly drive a car themselves, see Figure 22.

Figure 22: What method of transport do you regularly use?



Source: Ageing Well Survey, NELC, 2016

## Our local residents said...

“The bus station is a disgrace. The bus stops are now all in the open air, so you get cold and wet when the weather is bad. The space where the old bus station was is now a waste of space.”

“I use the “red bus” service, but it is often not available. There aren’t enough of them.”

“The phone a ride service is brilliant, but we need a lot more buses. Lots of people use them and they are very heavily relied upon.”

“The bus station in Grimsby Town Centre is terrible. I don’t go into town now that the bus service has all changed. It isn’t safe.”

“Pavements could be improved, I am worried I am going to fall over”

## Housing

A priority in the new draft local plan (which covers the period up until 2032) is to increase the provision and mix of housing to ensure that there is an adequate supply of housing within new and existing communities that is appropriate for older people.

Specifically the Council and North East Lincolnshire CCG have worked in partnership to deliver a new 60 unit Extra Care Housing (ECH) development at Strand Court in Grimsby. The development, which also includes a café and a hairdresser, provides independence with all elements of care on hand based on need. This type of housing provides health, social care and housing services from within the complex of apartments and is aimed at older people who require some support with their care but are not entirely dependent. Work is ongoing to deliver another four ECH schemes within the borough over the coming years.

Ensuring that the existing housing stock is adapting to support the needs of older people is equally important. Engie in partnership with the council provide energy efficiency advice and improvements within the homes of North East Lincolnshire residents. They work to ensure that residents live in a safe, warm and dry home and offer guidance to maximise income and reduce fuel bills with energy efficiency improvements and advice. The Home Energy team operates a Hot spot scheme, whereby front line services receive training to identify homes in fuel poverty. They also provide a 'hand holding' service to help residents understand the cost of energy and support how to manage the cost effectively.

Engie's housing team also support large numbers of older people to adapt their homes to enable independent living if they develop disabilities or their mobility declines in later life. They deliver up to 150 major adaptations and around 800 minor adaptations per annum. Evidence suggests that home adaptation can reduce falls (Keall et al., 2015) and prevent the need for social care by up to 4 years (Foundations, 2015). Adaptations to homes can help improve older peoples quality of life (Heywood, Frances & Turner, 2007).

### Our survey found.....

The vast majority of respondents (96.5%) reported that they lived in either a house, flat or bungalow. Of these, 91% owned their property. A small proportion (8%) rented property, with 5% renting privately and 3% renting theirs from registered social housing. A very small proportion reported living with their children or other relatives.

Most people (92.5%) hoped that they would be living in their current home for the foreseeable future.

## Poverty

There are stark differences in affluence between different areas of North East Lincolnshire. Some areas are extremely deprived; wages are low, there is high unemployment, and the health outcomes of residents are poorer in these places. We know where these areas are and can compare our level of deprivation with other areas by using the IMD. Using this measure, NEL ranks as the 46th most deprived out of the 354 authorities in England. There are 72000 households within North East Lincolnshire, of which 21000 (29%) are in receipt of some form of benefit and 9000 (12.5%) of these are of pensionable age.

### Our survey found.....

The ability to afford to pay for household bills did not appear to be the biggest financial worry for older people with the lowest proportion worrying about this (22%), however, the highest proportion (38%) reported that they worry about being able to pay for household repairs. This proportion was greater than those who worried about affording to do things they enjoyed (37%) and buying the things they need (24%).

### Our local residents said...

“

I find it difficult to pay for my brown (garden waste) bin.

”

“

I only receive the basic pension and I'm not entitled to any benefits, so I wasn't entitled to any financial help towards the replacement of my central heating boiler, which I struggled to pay for.

”

“

I don't understand the band system for council tax. I think I may be in the wrong band, but I worry that if I ring up, they may put me in a higher band and I'll end up having to pay even more.

”

“

I am very confused about my council tax bill, I don't understand what the adult social care precept is and what this is for.

”

## Fuel Poverty

A household is said to be in fuel poverty, when its members cannot afford to keep adequately warm at reasonable cost, given their income. Fuel poverty is caused by the convergence of three factors:-

- Low income
- High fuel prices
- Poor energy efficiency of a home, through low levels of insulation and old or inefficient heating systems

Fuel poverty and cold conditions affect both physical and mental health particularly within vulnerable groups such as the elderly who are more susceptible to cold as their resistance to infections is lowered (Public Health England, 2014). Therefore during cold periods, older people can be very vulnerable to strokes, heart attacks and other circulatory problems. Research on older people and respiratory conditions shows that there is a relationship between the energy efficiency of the home and winter respiratory symptoms among older people.

There is not an increasing proportion of older households that are in fuel poverty, however, the depth of fuel poverty increases in older households. Despite no local data, in England, the average fuel gap in those aged over 60 (difference between the required fuel costs for each household and the median required

fuel costs) is approximately £450 which is nearly a £200 difference with households aged younger than 34 (Department of Energy & Climate Change, 2015).

Excess winter deaths can depend on a variety of different factors including the temperature and level of disease. Excess winter deaths are measured as the number of extra deaths that occur in the winter months, of which most are due to circulatory and respiratory diseases. For the year 2013/14 there were a total of 24 excess winter deaths in people aged over 85 in North East Lincolnshire. As a ratio of extra deaths that occur in the winter months compared to other months, the value is 13.1%, which is a significant decrease on the previous year 2012/13 which was 28.5. For 2013/14 North East Lincolnshire excess winter death index score was lower than the England (15.8) and regional (15.5) average index scores.

The Big Community Switch programme has been established to enable bulk purchase of lower cost energy by persuading people across North East Lincolnshire to join together to obtain lower cost energy deals. Although available to people of all ages, Engie has a programme which is focused on enabling older people, many of whom may not have access to the internet, to join these switch programmes and potentially make large savings on their energy bills.

## Our survey found.....

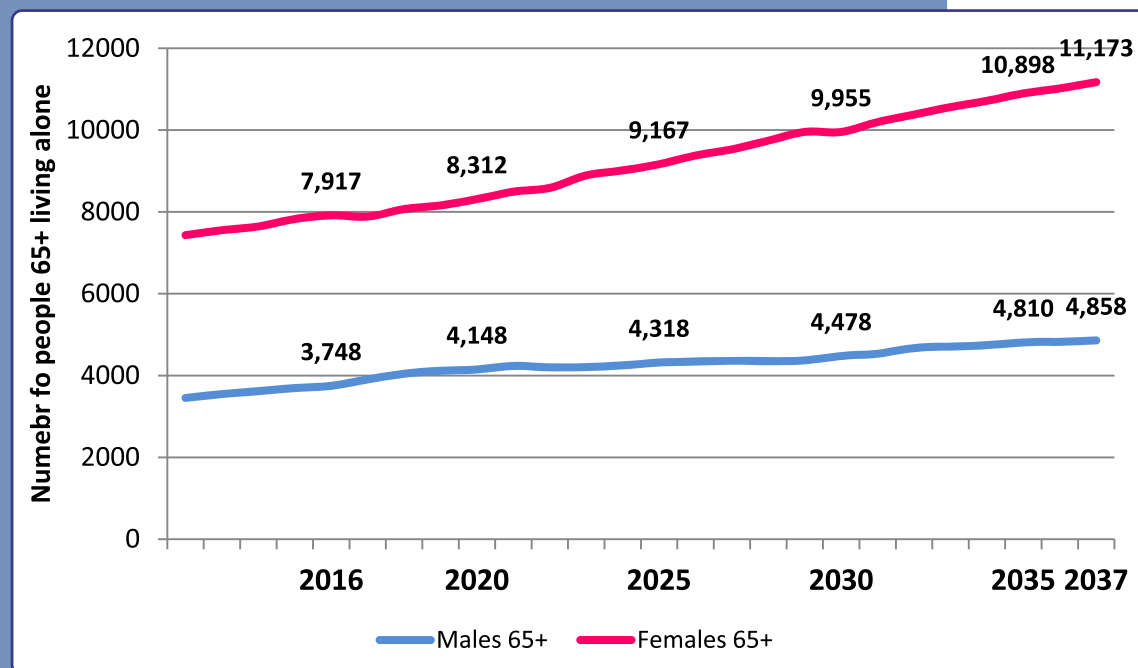
Over a quarter of respondents (26.5%), in the local snapshot survey, reported that they worried about keeping warm in their home during the winter. Nearly two fifths (39%) reported that they avoided heating rooms in order to save money. Almost one fifth had worn outdoor clothing whilst indoors to keep warm.



## Social Participation, Respect and Social Inclusion

The number of older people living alone is predicted to rise, with inequalities between genders, see Figure 23. The number of females aged 65 and over is estimated to rise from 7,917 in 2016 to 11,173 by 2037. However, the number of males is lower with 3,748 living alone in 2016 rising to 4,858 by 2037. Living alone can have an impact on social isolation and loneliness, however, it is critical to be aware that this is a risk factor, and does not mean individual living alone are socially isolated or lonely.

Figure 23: Estimated number of people aged 65 and over expected to live alone



Source: ONS

There are two types of loneliness; social and emotional. These can co-exist or occur independently. Social loneliness is linked to social isolation and a lack of social integration. On the other hand, emotional loneliness develops because of an absence of a reliable attachment figure, such as a partner. Incidences of emotional loneliness may be raised among older people, due to the death of ageing relatives, friends and partners.

Loneliness has strong associations with depression and may in fact be an independent risk factor for depression. Furthermore, loneliness appears to have a significant impact on physical health being linked detrimentally to higher blood pressure, poor sleep, immune stress responses and worse cognition over time in the elderly.

Therefore, loneliness is common in older people and is associated with adverse health consequences both from a mental and a physical health point of view. There needs to be an increased focus on initiating intervention strategies targeting loneliness to determine if decreasing loneliness can improve quality of life and functioning in the elderly.

In England, just over two fifths (42.8%) of those aged 65 and over (using adult social care services) reported on the Adult Social Care Survey in 2014-15 that they have as much social contact as they would like. The Yorkshire and Humber regional average is slightly higher with 43.5% reporting they have as much social contact as they would like. However within the

region, North East Lincolnshire has the third lowest proportion (37.5%) of adult social care service users having as much social contact as they would like.

In March 2016, the North East Lincolnshire Public Health Team hosted a seminar to identify barriers and new initiatives focussing specifically on social isolation and loneliness amongst older people. This was attended by a range of stakeholders who, either work directly, or regularly come into contact with older people.

The main findings of the seminar were:

- lack of local statistics on social isolation; we are unaware of the of the true scale of social isolation in the area, and that it is difficult to identify those who are socially isolated, until it gets to crisis point
- many people come into contact with isolated people, such as the post person or refuse collector, but we do not capture these contacts
- many activities and help is available in the local area, however, many are not working together so there is need for more collaboration
- that what is available needs to adapt as peoples tastes/expectations change and the culture changes
- the key challenge for services is to be responsive to what people want and how to connect with vulnerable people

## Our survey found.....

Majority of respondents reported that they lived with a partner or spouse (63.2%). A third of respondents reported living alone (33.3%), and a very small proportion (2%) reported that they lived with a paid carer. 2% also reported living with someone else, which included living with an elderly parent or their children.

36% of respondents reported that they felt lonely at times, whereas 64% said that they never felt lonely. A higher proportion of females (38%), than males (32%) reported feeling that they were lonely at least some of the time.

Nearly half (47.6%) of all respondents reported that they have as much social contact as they would like. Despite loneliness and social isolation not being defined the same, more females reported that they were lonely compared to males, even though, a higher proportion of females (53%) reported that they had as much social contact as they would like compared to males (37.5%); with most males reporting that they have adequate social contact (43.1%). However, a higher proportion of females than males reported that they had little social contact and felt socially isolated.

North East Lincolnshire Council working with its partners has created the Releasing Community Capacity Programme. This is an asset based approach that finds new ways to support communities and professionals working together to create new solutions to challenges, by sharing skills and expertise, and empowering people in communities to take the lead in developing new approaches, services and projects. There are numerous clubs and societies across the borough including groups created through the Older People's Health and Wellbeing Collaborative and specifically the Good Neighbours and Friendship at Home schemes. These include a huge range of luncheon clubs, tai chi, bingo, ten pin bowling and many other activities.

The Good Neighbours scheme is a local programme which has been developed to help promote a sense of community in which older people feel valued and supported. The programme has engaged with a wide number of older people in numerous ways, to help develop the programme and several projects have been set up in the Humberston area using an asset based approach; working with existing organisations, clubs and private sector organisations, which has stimulated new thinking and developments in other projects to help reduce loneliness and isolation. These projects are looking to be expanded to include Immingham, Habrough and Stallingborough areas.

NICE (2015) published guidelines which encourages the provision of a range of group, one to one and volunteering activities that meet the needs and interests of local older people and particularly older people identified as being at risk of a decline in their mental health. The guidance also recommends that older people should be involved in the design and delivery of activities as this gives them a sense of belonging to the community and an opportunity to socialise.



## Civic participation and employment

### Volunteering

Volunteering can have positive effects on well-being in older adults. NICE (2015) recommends that older people are encouraged to volunteer and that there are opportunities available to do so.

Training is available to help equip people with the ability to volunteer to help empower older people to live independent lives by providing older people led services and support. The Care Plus group provide Tai Chi training twice yearly to volunteers which involves a 6 day Tai Chi training course as well as a first aid and chair based exercise course. Currently a total of 15 volunteers have been trained and run affordable and sustainable classes within their communities and support social clubs.

#### Our survey found.....

**In the past year 44.2% of respondents had given unpaid voluntary help to a group, club or organisation in the community. There were 3.4% who said that they had not done any voluntary work, however, they would like to.**

### Employment

The employment activity rate for those aged 65 years and over has slowly been increasing in the UK, from 5% (for the average 3 month rate for December - February 1993) to 10.3% for the same 3 month period in 2015-16 (ONS,2016).

#### Our survey found.....

**From the local snapshot survey, 31.7% reported that they had been in paid work over the last year. However, this decreased to 14% for people aged 65 and over, and 5% for people aged 70 and over (although this may be due to small sample sizes this age group).**

### Training/learning

Further learning and training should not be discouraged because of someone's age and older people sometimes want to continue to learn, and also use it as a social opportunity. Currently in the NELC community learning service there were a number of over 65s enrolled in courses in 2014-15 this included:

- 28 on creative art courses
- 13 on ICT courses,
- 5 on health and social care courses
- 3 on employability skills courses.
- And so far in 2015-16:
- 29 on creative arts courses
- 3 on ICT courses

#### Our survey found.....

**12.7% of people had attended an adult learning classes in the previous year. There were a further 5.9% who reported that they hadn't attended an adult learning class, but that they would like to.**

At Grimsby Institute, there were a total of 236 students aged over 65 enrolled at in 2014-15; with the digital taster course having the highest enrolment for both 14/15 and 15/16.

Participative arrangements have been promoted in North East Lincolnshire to encourage people to engage in partnerships and help to address difficult challenges.

ACCORD, a community participation forum has 2,611 members. North East Lincolnshire CCG use a collaborative/partnership approach to develop joint arrangements for the commissioning of services. The commissioning of services for older people, dementia and carers is led by a triangle; consisting of a lead GP, a commissioning manager and a community representative from ACCORD.

ENG-AGE, is an older people's engagement body that works to address issues and challenges identified by older people, including working with transport providers to look at older people's most pressing concerns locally.

There are several collaboratives<sup>2</sup> influencing service delivery and supporting communities to address their own priorities. These include Falls, Skin, Cancer and an Older People's Health and Well-being Collaborative.

The North East Lincolnshire Falls Prevention Collaborative is part of the Care Plus Group Falls Service.

The collaborative consists of a group of trained community volunteers who provide advice and information around how to prevent and reduce falls amongst the elderly, working with a range of partners including health professionals, the police, and the local authority. The collaborative has organised events throughout North East Lincolnshire, has delivered falls presentations, ferrule (rubber cap on bottom of walking stick) changing, slipper exchanges, and distributed bus safety alert cards. The collaborative also works in residential homes and group dwellings.

<sup>2</sup> Collaborative is the term used to describe a framework of learning and doing when working with communities to achieve a quality outcome.

The aim of the Older People's Health and Well-being Collaborative is to reduce social isolation and loneliness. The community teams which consist of local residents identify the priorities for local older people in the area which are then worked on. The purpose of the teams is to improve the health and wellbeing of our older people and involves working with a range of partners to create opportunities for older people to modify their circumstances and improve their health and wellbeing. The teams have opened social clubs, lunch clubs, and held tea dances. A particular winter initiative offered older people advice on keeping warm and well.



## Communication and Information

### Digital Inclusion

The digital world has been rapidly changing. Technology is improving quickly and has come a long way over the past two decades and is increasingly becoming part of our everyday lives. The internet is often needed to access a wide range of services, particularly as lots of services are moving online (Age UK, 2015).

In England, nearly a quarter (24.2%) of people aged 65-74 have never used the internet with this increasing to two thirds (60.6%) in those aged 75 and over (ONS, 2015), however, the proportion of older people who are using the internet is increasing.

### Our survey found.....

A high proportion reported using a home computer everyday (67.6%), this was greater than the proportion who used a tablet (47.3%) or a smartphone (45.7%) every day. 13.1% however are never using modern technology (home computer, tablet or smartphone). The majority of respondents reported that they use the internet everyday (70.5%) with a further 12.4% occasionally using the internet. However, 17.1% reported never using the internet. Nearly half (48.9%) of the respondents reported never using social media, whilst 31% reported using it every day. A fifth used technology to utilise online banking. It is critical to note here that the majority of respondents to the survey were online, which clearly skews the results.

### Our local residents said...

“  
It's a  
changing  
world.  
”

“  
I don't like  
to use online,  
it's nice to talk  
to someone.  
”

“  
I use online  
services as it is often a  
much better response  
than on the phone.  
You are not waiting on  
the phone and not  
being charged.  
”

“  
I worry I am  
doing it wrong and  
letting people in...  
I let my daughter  
do it for me.  
”

## Community and Health Services

With the rapidly increasing population in older people and the very different expectations of lifestyle choice, against the need to achieve significant funding reductions, significant challenges face local health and care services. Everybody has the right to the same service without discrimination, but age discrimination can often play a part in the accessibility and quality of local services and treatments.

Older people are often more in need of local services due to facing some or many of the conditions and issues, discussed in the previous section. Access to services can be about getting to the physical buildings (i.e. transport or mobility issues) or about a lack of confidence increasing individual's vulnerability or confusion around when it is appropriate to access certain services. These barriers can be overcome by the adoption of a good single point of access, a comprehensive directory of services, adoption of an agreed social prescribing model, as well as the use of community transport and home visits from GP's, nurses, carers etc. Home care is important to help older people to live independently in their own home for as long as possible. As part of modernising local services and responding to the ways in which we remain healthy into later life, new models and care pathways are being developed all the time to make it easier for individuals to look after themselves and live independently for longer.

However, transport and mobility are not the only factors that can influence access to services, opening times, waiting times for appointments, communication/information of services, availability of provision, and levels and types of service available can all have an impact on whether someone can access a service. Many older people will be able to access services, nevertheless, it needs to be ensured that all these services are of good quality and therefore achieving the desired outcomes for the older community.



### Our local residents said...

“  
Can't fault the hospital – the doctors do a great job.  
”

“  
Access to the GP is terrible. I don't like not being able to see my GP face to face and instead him giving me a diagnosis over the telephone.  
”

“  
Getting a GP appointment is far too much hassle, so I don't even bother.  
”

“  
Often doctors do diagnosis over the phone so you do not have to visit. They call you back, which is good.  
”

“  
not organised  
... go for an appointment and they say it has been cancelled or not on record  
...tell me they have the wrong contact details.  
”

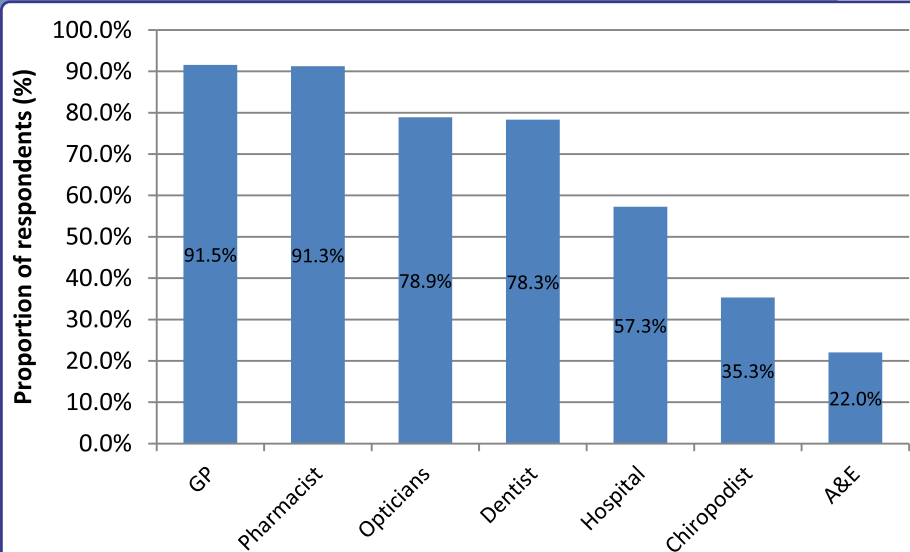
“  
I find it very difficult to access my GP – often by the time I have waited to see the doctor it is too later to get a prescription.  
”

“  
I find the waiting times at the hospital are far too long. My daughter rings up for me to chase my appointment, but what about those people who haven't got a family to do this for them?  
”

## Our survey found.....

A high proportion of people had visited their GP (91.5%) and pharmacist (91.3%) in the past year. A&E had the lowest proportion of people who had visited in the past year (22%). However, a large proportion (57.3%) of people reported that they had visited the hospital within the past year (see Figure 24).

Figure 24: Proportion of respondents on the Ageing Well Survey who had visited services in the past year



Source: Ageing Well Survey, NELC, 2016

## Healthy Lives Healthy Futures

As part of the healthy lives healthy futures programme, health and care services across Northern Lincolnshire are currently being reviewed. This long term programme between the North East Lincolnshire CCG and the North Lincolnshire CCG aims to look at how an improved health and care system can be developed across Northern Lincolnshire that will deliver safe, high quality and affordable services for years to come.

The first services to be reviewed as part of the 10 year programme were hyper-acute stroke services and ear nose and throat inpatient surgery. The programme is now developing a five year vision about the way services around long-term conditions, women and children, planned care and urgent care could be delivered across the region in the future.

### Home care

In North East Lincolnshire 89.5% of service users aged 65+ were accessing long-term community support and receiving self-directed support at year end 31st March 2015. This is slightly greater than the Yorkshire and Humber regional average (88.8%) and the England average (86.6%).

In North East Lincolnshire 10% of service users were receiving direct payments. This is lower than both the proportion who receive direct payments across England (16.9%) and the Yorkshire and Humber region (15.8%).

## Residential Care

North East Lincolnshire had the third lowest rate of older people (aged 65+) in the Yorkshire and Humber who were admitted to residential or nursing care homes in order to support their long-term needs, with 553 per 100,000. This is lower than the national figure of 669 per 100,000, and the regional of 727 per 100,000.

In 2014/15, 89% of people aged 65+ returned to their own home or were in residential/nursing home, or extra care housing for rehabilitation (with a clear intention that they will return to their own home) 91 days after being discharged from hospital. This is greater than the regional (83%) and England average (82%). There were a greater proportion of females (94.6%) than males (80%) who after 91 days of being discharged from hospital had returned home or were in extra care housing for rehabilitation with the intention to return to their own home.

67.4% of new service users who received a short term service who had no ongoing support or support of a lower level the year following the short term service. This was lower than the regional average (69%) which is in turn lower than the England average (73.7%).

In North East Lincolnshire of those aged over 65 receiving adult social care, 59% were satisfied with the care and support they received. North East Lincolnshire has the fourth lowest proportion of older people who are satisfied with their care and support in the region and is lower than the regional average, 64.1%, which is greater than the national average of 62.6%.

The single point of access (SPA) for health and social care has been re-launched to include a wider offer of services, information and advice. This includes 24/7 access to mental health and GP out of hours service, which can be accessed through several routes (e.g. telephone, web, primary care centres and family centres) and also includes an integrated enhanced assessment and response function to ensure consistency and allows the right professional to respond.

### Older people as Carers

From the 2011 census it was identified that there were a total of 15,984 unpaid carers in North East Lincolnshire with 23.9% of these being aged 65 and over.

In 2014/15, 88.3% of carers aged 65-84 received carer specific services also received self-directed support. This is much greater than the England average (73.1%) and the Yorkshire and Humber average (57.9%). This proportion increases for carers aged 85 and over with 93.3% carers in North East Lincolnshire who receive carer specific services also receiving self-directed support. Yorkshire and Humber (47.7%) and England (68%) proportions are again much lower.

In North East Lincolnshire 45.1% of carers on the Carers survey reported having as much social contact as they would like. 48% of carers reported that they were satisfied with their experience of care and support. This is greater than both the England (43.6%) and regional (44.4%) averages.

Just under three quarters (73.8%) of carers (aged 65 and over) surveyed reported that they usually or always felt involved in discussions about the person they cared for, this was similar to regional (73.9%) and England averages (72.9%).

There were 69.4% of carers aged 65 and over who found it very easy or fairly easy to find information about services. Although this was similar to the England average and the Yorkshire and Humber average, North East Lincolnshire had the third lowest proportion out of all local authorities in the region.

### Our local residents said...

“  
I wish I could go to the carers support service everyday.  
”

“  
The carer's support service is very valued and much appreciated – thank you.  
”

“  
I would recommend the carers support service to anyone.  
”

“  
I am a carer for my husband and I sometimes feel that it gets too much, so services such as Friendship at Home are invaluable to me. The carers support service have also been a very good source of support.  
”

### Our survey found.....

**17.5% of over 60's reported that they were carers, with the majority of these people caring for less than 19 hours a week (64.9%). However, 35.1 care for someone for over 20 hours per week, and nearly a quarter (24.3%) care for someone for over 50 hours per week.**

### Recommendations

- Using the WHO age-friendly checklist, conduct an audit to identify how age friendly North East Lincolnshire is as a place.
- Continue to use and raise awareness of the “services4me” database and the use of the Single Point of Access.
- Explore ways to obtain local data relating to social isolation and loneliness e.g. older people who have recently been bereaved.
- Explore ways to identify older people who are at most risk of being lonely/socially isolated e.g. utilise appropriate “community connectors” (hairdresser, postman).
- Services to recognise the change in our culture and to challenge stereotypes of older people e.g. providing services older people want and not based on assumptions.

# 7. END OF LIFE CARE

(Information from this section has been taken directly from the North East Lincolnshire Palliative and End of Life Care Strategy 2012-2016)

The General Medical Council's definition of End of Life is that people are "approaching the end of life" when they are likely to die within the next 12 months, and also includes people whose death is imminent (expected within a few hours or days). Although the definition deems End of Life Care within the last 12 months of life there is an intention to increase this to a 24month period (NEL Palliative and End of Life Care Strategy, 2012).

End of Life Care enables supportive and palliative care needs to both patient and their families to be identified and met throughout the last phase of life and also into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support. From the opportunity and right support, most people would prefer to die at home. In practice, only a minority manage to do so.

In 2011, NICE defined 16 quality standards to increase the quality of end of life care to improve the effectiveness, safety and experience of care for adults towards the end of life and the support for their families and carers (NICE, 2011). In 2015, NICE also published a guideline to help NHS staff and other providers recognise when someone is nearing death and provides recommendations on how people should be cared for in their final 2/3 days of life (NICE, 2015). Also in 2015, the Ambitions for Palliative and End of Life Care: a national framework for local action was published proposing six ambitions. These ambitions were:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

“  
How people die  
remains in the  
memory of those  
who live on  
(Dame Cecily Saunders)  
”

Improving end of life care is a priority at both national and local level. Research shows that there is persistent inequalities and variations in care and services are poorly coordinated with limited access to specialist palliative care for people with conditions other than cancer (NIHR, 2015). Some research opposes the idea suggesting that place of death is not always a priority for patients and families and stating the changing nature of expressed choice. More people are now dying from longer term, life-limiting disease with uncertain trajectories which can make planning ahead difficult.

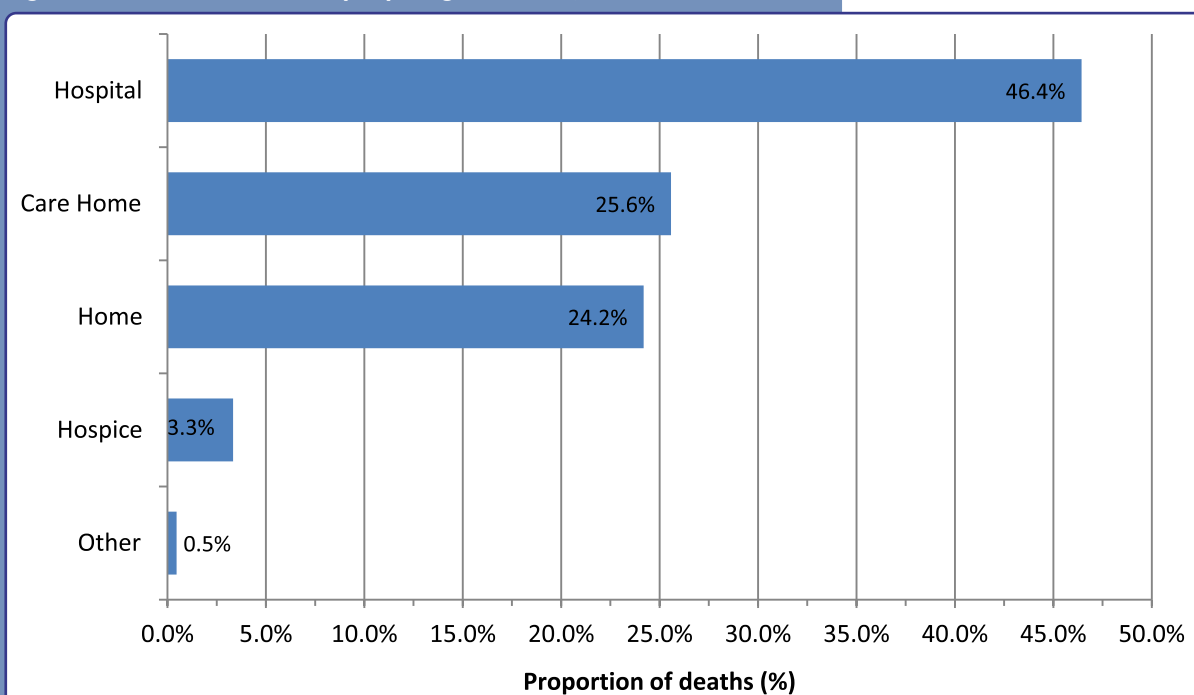
There is good evidence suggesting some areas where action can be taken. For example, evidence shows that more people could benefit from specialist palliative care and with the rise in demand for services, as more people die with more complex needs, there is a need to focus on improving care across all care settings in the most cost-effective way.



A national survey undertaken in 2010 identified that 66% of people would prefer to die at home, 7% would want to die in hospital and only 1% would want to die in a care home. However, 58% of deaths take place in hospital, although, 40% of the people who die in hospital do not have medical conditions that are curable.

In North East Lincolnshire most people aged over 60 die in hospital (46.4%). Just over a quarter die in a care home (25.6%) and just under a quarter die at home (24.2%). Only a small proportion of people die in a hospice (3.3%); Figure 25.

Figure 25: Place of Death for people aged over 60, 2014



Source: Primary Care Mortality Database

Many people said in the national survey that they wish to die without warning, in their sleep, however, the reality is that most people will need support over many months because they will be frail and suffering from multi-morbidity which is mainly due to most people dying in old age. With the ageing population, and the prediction that more people are going to be living alone, the practicalities and implications of people being able to die at home needs to be explored further.

Socioeconomic deprivation is a factor influencing end of life care. It is a major determinant of where, when and how people die. People living in the most deprived areas are more likely to die in hospital than in other areas. Also, people in the most deprived areas are more likely to die younger than in other areas, in the most deprived areas 27% were aged 85 and over whereas it was 35-40% in other areas (National End of Life Care Intelligence Network, 2012).

Nationally, the cost of dying is rising seven times faster than the cost of living, the average cost of dying (including the deceased estate and not just a funeral service) in the UK in 2014 was £8,427, the average cost of dying has increased by almost 40% since 2007 (Cost of Dying Report, Sunlife 2015). Overall funeral costs are expected to continue to rise by 25% over the next 5 years, pushing more people into funeral poverty.

One in seven people report that arranging the cost of a funeral on its own had caused them notable financial concern, people are increasingly reaching for credit cards or loans from banks and family members to help meet these costs.

Financial support from the Government is limited - the average amount awarded is £1,225 which only covers about a third of the cost of a basic funeral and eligibility for Government Funeral payments is complex and the qualifying conditions are strict with just under half of all applications being turned down and all pay-outs are awarded after the applicant has incurred all costs.

Funeral costs within North East Lincolnshire vary but are below the national average, however residents are still finding meeting cost difficult:-

- 66% have paid in excess of £3,000 and 9% have paid in excess of £5,000<sup>3</sup>
- 86% thought the cost was too high<sup>3</sup>
- Applicants of funerals would use the estate of the deceased, take out a loan or use their savings<sup>4</sup>, however, a third of the UK population has savings of £250 or less<sup>5</sup>

North East Lincolnshire Council are currently preparing a Delivering Differently Business Case to help improve this situation which will be presented to Cabinet later in 2016.

<sup>3</sup> NELC online survey (May - June 2015)

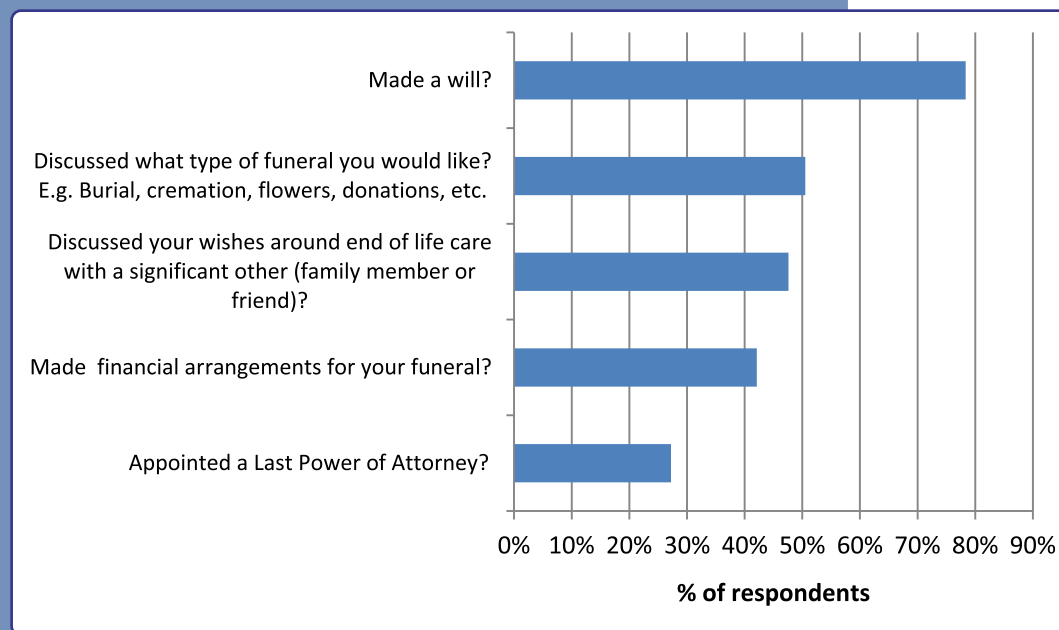
<sup>4</sup> HSBC Research (2013)

<sup>5</sup> Cost of Dying (2014)

## Our survey found.....

From the snapshot survey over three quarters (78%) of respondents reported that they had made a will. Half of all respondents had discussed what type of funeral they would like. Just over three quarters (27%) reported that they had appointed a lasting Power of Attorney.

Figure 26: Ageing Well Survey Responses Relating to End of Life



Source: Ageing Well Survey, NELC, 2016

A national assistance burial is when the council arranges the funeral due to an individual dying intestate and/or without next of kin to manage their estate. The council has the responsibility of dealing with the funeral arrangements under the provisions of Section 46 of the Public Health (Control of Disease) Act 1984. An exception is if the individual has died at an NHS hospital. In these circumstances the hospital may be responsible for the funeral arrangements. In the period 2010 to 2015 there have been 35 national assistance burials in North East Lincolnshire.

The North East Lincolnshire Palliative and End of Life Care Strategy (2012-2016) reports that we achieve effective end of life care through the following 6 "C's";

**Communication:** Increasing public awareness and providing accessible and sensitive information for people and their carers, improving sharing of information with partner organisations, professionals, patients and their families.

**Choice and control:** Providing choice to people in both the delivery of care and care environment, supporting people to maintain control of their care and to be involved.

**Consistency:** Providing 24 hour equitable access to a range of community services and other resources including, equipment to support people and their carers when needed at the end of their life and into their bereavement.

**Carers:** Recognising the important role of the carer and the impact of bereavement upon them. Ensure carers are offered holistic support throughout and beyond.

**Care:** Personalised approach to the delivery of best practice care from an effective and responsive workforce.

**Commissioning:** Smart, effective and innovative commissioning, which ensures better outcomes for individuals, cost effectiveness and public involvement.

## Recommendations

- Continue to improve our understanding of the local levels of poverty in later life including funeral poverty.
- Continue to support older people to have a dignified end of life in the location they choose.
- Raise awareness of the importance of making preparations for end of life e.g. will writing, Power of Attorney etc.

# 8. CONCLUSION AND SUMMARY OF RECOMMENDATIONS

People face various challenges as they age, which this report has covered; from long term conditions to frailty, as well as how the place itself can impact on older people's lives. Older people should be supported by those around them, however, they are often overlooked despite older people often being huge assets to our community and provide valuable resources (e.g. childcare and community work).

The recommendations from the report are as follows:

## Issues affecting older people

- Consider targeting segments of population susceptible to frailty and offering "wellbeing check" in own home.
- Investigate availability of local data for older people to inform the needs of the older population with a view to identifying gaps and health inequalities.
- Encourage the development of an ageing charter by voluntary organisations reflecting the change in culture.
- Improve communication and sharing of information at provider level to ensure that services work together more to provide a seamless service.

## Age friendly place

- Using the WHO age-friendly checklist, conduct an audit to identify how age friendly North East Lincolnshire is as a place.
- Continue to use and raise awareness of the "services4me" database and the use of the Single Point of Access.
- Explore ways to obtain local data relating to social isolation and loneliness e.g. older people who have recently been bereaved.
- Explore ways to identify older people who are at most risk of being lonely/socially isolated e.g. utilise appropriate "community connectors" (hairdresser, postman).
- Encourage schools to provide opportunities for young people to learn about ageing and older people e.g. teaching compassion for older people, encouraging young and old to mix together more, teaching children about dementia etc.
- Services to recognise the change in our culture and to challenge stereotypes of older people e.g. providing services older people want and not based on assumptions.

## End of Life Care

- Continue to improve our understanding of the local levels of poverty in later life including funeral poverty.
- Continue to support older people to have a dignified end of life in the location they choose.
- Raise awareness of the importance of making preparations for end of life e.g. will writing, Power of Attorney etc.





## REFERENCES

- Age UK, 2014, Age UK Chief Economist Report. Available at: [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age\\_UK\\_chief\\_economist\\_report\\_spring\\_2014.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age_UK_chief_economist_report_spring_2014.pdf?dtrk=true) (Last accessed: May 2016)
- Age UK, 2016. Changes to state pension age, available at: <http://www.ageuk.org.uk/money-matters/pensions/changes-to-state-pension-age/> (last accessed June 2016)
- Age UK, 2016. Later Life in the United Kingdom, available at: [http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later\\_Life\\_UK\\_factsheet.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true) (last accessed: June 2016)
- Ash, 2015. Smoking statistics Illness and death. Available at [http://ash.org.uk/files/documents/ASH\\_107.pdf](http://ash.org.uk/files/documents/ASH_107.pdf) (last accessed: June 2016)
- ASH, 2016. *Smoking statistics who smokes and how much*. Available at: [http://ash.org.uk/files/documents/ASH\\_106.pdf](http://ash.org.uk/files/documents/ASH_106.pdf) (last accessed: June 2016)
- Balfour, R. and Allen, J., 2014. *Local Action on Health Inequalities: Fuel poverty and cold home related health problems*. UCL Institute of Health Equity
- Barnett, K. e., 2012. Epidemiology of multimorbidity and implications for health. *Lancet* 380, 37 - 43.
- Buckinx, F. Rolland, Y. Reginster, J-Y. Ricour, C. Petermangs, J. and Bruyere, O. (2015). Burden and frailty in the elderly population: perspectives for a public health challenge. *Archives of Public Health*. 2015: 73(1):19.
- Dewing, J. and Dijk, S., 2014. What is the current state of care for older people with dementia in general hospitals? A literature review.
- End of Life Care Ambitions, 2015. Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020
- Foley, A.L., Loharuka, S., Barrett, J.A., Mathews, R., Williams, K., McGrother, C.W. and Roe, B.H., 2012. Association between the Geriatric Giants of urinary incontinence and falls in older people using data from the Leicestershire MRC Incontinence Study. *Age and ageing*, 41(1), pp.35-40.
- Heywood, Frances and Turner. "Better Outcomes, lower costs." Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: review of evidence. London: Office for Disability Issues/Departments of Work and Pensions (2007)
- Institute of Alcohol Studies, 2013. Older people and alcohol Factsheet. Available at: <http://www.ias.org.uk/uploads/pdf/Factsheets/Alcohol%20and%20older%20people%20FS%20May%202013.pdf> (Last accessed June 2016)
- Keall, M. D., Piers, N., Howden-Chapman, P., Cunningham, C., Cunningham, M., Guria, J., & Baker, M. G., 2015. Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention (HIPI) study: a cluster-randomised controlled trial. *The Lancet*, 385(9964), 231-238
- NIHR, 2015. Better Endings, Right care, right place, right time. NHS National Institute for Health and Research.
- NICE, 2011 (updated 2013). End of Life care for adults. NICE quality standard [QS13]. National Institute for Health and Care Excellence.
- NICE, 2015. Care of dying adults in the last days of life. NICE guideline [NG31]. National Institute for Health and Care Excellence.
- NICE, 2015. *Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset*. NICE guidelines [NG16]. National Institute for Health and Care Excellence
- NICE, 2015. *Older people: independence and mental wellbeing*. NICE guidelines [NG32] National Institute for Health Care and Excellence.
- Schneider J, Gopinath B, Karpa MJ, McMahon CM, Rochtchina E, et al. (2010) Hearing loss impacts on the use of community and informal supports. *Age Ageing* Sun, F., Norman, I.J. and While, A.E., 2013. Physical activity in older people: a systematic review. *BMC public health*
- The Royal College of Physicians [RCP] (April 1987), 'A Great and Growing Evil?: The Medical Effects of Alcohol', Routledge Press, p. 11
- WHO, 2012. *Global Age-Friendly Cities: A Guide*. World Health Organisation
- World Health Organisation, 2002. Diet, nutrition and the prevention of chronic diseases. Report of the joint WHO/FOA expert consultation. WHO Technical Report Series, 916
- Zahava Gabriel and Ann Bowling, 2004. Quality of life from the perspectives of older people. *Ageing and Society*, 24, pp 675-691

## DATA SOURCES FOR NORTH EAST LINCOLNSHIRE SPIRAL OF LIFE (PAGE 4)

## Starting and developing well

Pregnancies terminated (aged 15-44), 511, 2014, TOPS

Mothers smoking in pregnancy, 22%, 2014/15, PHOF

Infant deaths, 3.7 per 100, 000 live births, 2011-13, PHOF

Breastfed babies at initiation 60.9%, 2014/15, PHOF

Babies breastfed at 6-8 weeks, 25.2%, 2014/15, PHOF

Child deaths (ages 1-17), 9, 2012-14, PCMD

A and E attendances (aged 0-4), 3815, 2014/15, CCG SUS

Good level of development by the end of reception year (age 5), 66.8%, 2014/15, PHOF

Obese or overweight reception aged children (age 5), 25.1%, 2014/15, PHOF

Obese or overweight children in year 6 (age 11), 33.3%, 2014/15, PHOF

## Adolescence

Teenage pregnancies: under 18 conceptions, 117, 2014, ONS

Teenage mothers: births to mothers aged under 20 years, 144, 2014

Engaging in 3 or 4 unhealthy behaviours (age 15), 16.9%, 2014/15, What About YOUth Survey

Alcohol-specific hospital admissions (under 18), 60.1 per 100, 000, 2011/12-2013/14, PHE

Drunk in the last 4 weeks (age 15), 28.4%, 2014/15, What About YOUth Survey

Regular smokers (age 15), 7.6%, 2014/15, What About YOUth Survey

Low happiness (age 11-16), 15.7%, 2015, North East Lincolnshire Adolescent Lifestyle Survey

Acute sexually transmitted infection diagnosis (age 15-24), 68%, 2014, PHOF

## Living Well

Adults meeting '5-a-day' recommendation (age 16+), 47.6%, 2014, Sport England Active People Survey

Adults physically active (age 16+), 57.5%, 2014, Sport England Active People Survey

Overweight or obese or adults (age 16+), 69.3%, 2012-14, PHOF

Adult smoking prevalence (age 18+), 23.3%, 2014, PHOF

Alcohol-related hospital admissions, 671 per 100,000, 2013/14, PHOF

Diagnosed with depression (age 18+), 6.44%, 2014/15, QOF

In structured alcohol treatment, 158, 2014/15, PHE

Low happiness (age 16+), 15.5%, 2014/15, PHOF

Self-harm admissions to hospital, 271, 2014/15, PHE Northern & Yorkshire Knowledge & Intelligence team

Inpatient admissions (age 25-59), 15715, 2014/15, CCG SUS

Preventable deaths from liver disease, (under 75), 22.8 per 100, 000, 2012-14, PHOF

Preventable deaths from cardiovascular disease (Under 75), 68.4 per 100, 000, 2012-14, PHOF

Preventable deaths from cancer (under 75), 98.2 per 100, 000, 2012-14, PHOF

## Ageing well

Disability free life expectancy (men), 62.3 years, 2009-13, ONS

Disability free life expectancy (women), 63.9 years, 2009-13, ONS

Dementia (age 65+), 4.51%, 2009-15, PHOF

A and E admissions, (age 60+), 14653, 2014-15, CCG SUS

Life expectancy at birth (men), 77.9 years, 2012-14, PHOF

Life expectancy at birth (women), 82.1 years, 2012-14, PHOF

Died at home, 24.2%, 2014, PCMD



# Ageing Well in North East Lincolnshire

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NORTH EAST LINCOLNSHIRE COUNCIL  
DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT  
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