

Healthy Ageing JSNA

Warwickshire Joint Strategic Needs Assessment 2024



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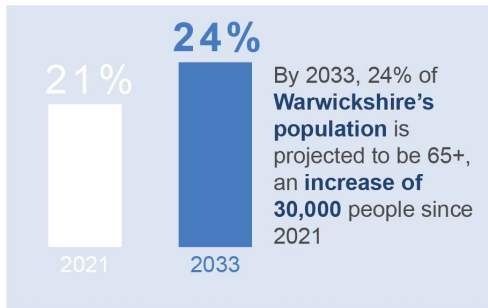
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Healthy Ageing JSNA summary

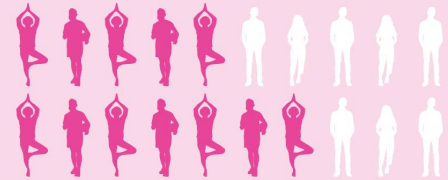
1 The older adult population is **large** and **growing**



2 As we age, we are more likely to be living with **health conditions** and have **care needs**

Nationally, the percentage of people aged 65+ living with two or more **long-term conditions** is projected to increase from **54% to 68% by 2035**

The need for help with activities of **daily living** increases with age



● 21% (aged 65-69)
● 52% (aged 80+)

3 **Prevention is key** - for quality of life, reducing inequalities, and the sustainability of services

Life course approach

Tobacco is the **largest modifiable risk factor** for ill health and death in people aged 70+ in Warwickshire

Supporting people to stop smoking **at any age** is important

Different types of prevention

55% of the people in Warwickshire who are estimated to have **dementia** have a **diagnosis**, meaning 45% may be missing out on **support**

Prevention is about **preventing illness** - but it is also about preventing harm by **intervening early** and providing **optimal treatment**

Wider determinants of health

£22.3m estimated amount of **unclaimed Pension Credit** in Warwickshire in 2019

The places and conditions older people live in **affect their health**

4 We need to reframe **attitudes to ageing** and recognise and build on **strengths**

“ Perceptions still linger from when old people were considered a **burden** on society. The **opposite is true** in that many older people **volunteer** enabling those at work to focus on their work. We all get older, it's just recognising it.

Healthy Ageing in Warwickshire survey

1 in 10 people aged 65+ (12,600) in Warwickshire support others by providing **unpaid care**

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Introduction

This Joint Strategic Needs Assessment (JSNA) on healthy ageing seeks to understand what older adults in Warwickshire need to live longer, happier and healthier lives, as well as what strengths individuals and communities already have that support this aim.

Healthy ageing is about recognising that ageing does not take a single, fixed trajectory; there are things that we can all do as individuals, communities, organisations and society to influence this trajectory to take a 'healthier' course.

It has used local and national data and insights, as well as engagement with residents in the form of 'story circles' (small group sessions) and a survey.

Local population



Older adults¹ make up a large and growing proportion of the Warwickshire population; one in five residents were aged 65 and above in 2021 (21%; 123,500 people) and this is projected to be closer to one in four residents (24%, 153,200) by 2033. Updated projections that incorporate 2021 Census data are due in 2024, but this suggests that there could be an additional 30,000 people in this age group in 10 years' time.



The current distribution of older people and the projected growth varies by district and borough, with older adults making up 25% of Stratford-on-Avon's population but only 18% of that of Rugby. Stratford-on-Avon is projected to see the largest percentage increase in its 65+ population.



Most older adults in Warwickshire are younger than 75 but higher rates of growth are projected for older age groups. Just over half of older adults are 65–74 (51%; 63,500 people), with only 13% aged 85 and above (16,400 people). However, larger percentage increases are projected for older age groups.



There is a skew towards female sex among the oldest people in Warwickshire; overall, 54% of older adults are female, but this increases to 62% in those aged 85 and over.



The older population is less diverse than the all-age Warwickshire population, with 93% of older adults identifying as white British compared with 82% overall; however, ethnic diversity is likely to increase in the future.

¹ Defined here as people aged 65 and above

What do we know about older adults' health in Warwickshire? A summary

Older people are likely to spend a substantial proportion of their later years in poor health; there is a gap of 19.3 years for females and 17.6 years for males between healthy life expectancy and life expectancy in Warwickshire.

Cancer, dementia, and heart disease are the main cause of death in people aged 65 and above in Warwickshire. These present opportunities for prevention and early intervention.

Back pain, hearing loss and diabetes are the main contributors to poor health in people aged 70 and above in Warwickshire (based on modelled data). These may not be conditions we might immediately think of, but similarly present opportunities for prevention and support.

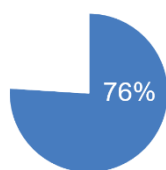
Risk factors



Tobacco is the single largest modifiable risk factor for ill health and death in people aged 70 and above in Warwickshire. Nationally, rates of current smoking are low in those aged 65+, suggesting risk from previous smoking and highlighting the need to prevent smoking across the life course; however, for those who do smoke, it is never too late to quit.



Alcohol use at 'increasing risk' levels is high among older men nationally and alcohol-related admissions rates locally are higher than England. Around one in three men aged 65–74 (32%) are 'increasing risk' drinkers (14–50 units per week), higher than the overall figure for those aged 16+ of 23%. For women, this is 14% (similar to the figure for those aged 16+ of 13%). In Warwickshire, men aged 65+ have a significantly higher rate of admissions for alcohol-related conditions compared with England.



More than three-quarters of men (76%) and seven in ten women (71%) aged 65–74 are either overweight or obese nationally. Being obese increases the risk of conditions including type 2 diabetes, coronary heart disease, some types of cancer, and stroke. Obesity is more common in the most deprived areas, highlighting the need to tackle the conditions in which people live to reduce inequalities.



Physical inactivity in older adults is common. Four in ten people aged 65+ (41%) in Warwickshire are routinely inactive (less than 30 minutes of activity per week). This would equate to around 50,400 people in Warwickshire. In people aged 85+, around two-thirds are estimated to be inactive. Physical activity contributes to the prevention of health conditions, including reducing the risk of falls and frailty.

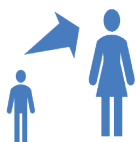
Mental health



Loneliness is more common in young people than in older people. Nonetheless in Warwickshire, there are an estimated 19,800 people aged 65–74 who are experiencing loneliness, and 21,000 people aged 75+. While overall rates may be lower in older people, certain characteristics make the experience of loneliness more likely, including higher levels of inactivity, living in more deprived areas, being obese, having poor health, and living alone.



Around 1 in 11 people age 65+ in Warwickshire (9.2%) are estimated to experience a common mental disorder, such as anxiety or depression. Modelled estimates range from 8.4% in Stratford-on-Avon and Warwick to 11.0% in Nuneaton and Bedworth. Men aged 60+ living alone had higher rates of common mental disorders compared with those living in a couple.



In general, women aged 65+ experience rates of depression almost twice those of men. In Warwickshire there are an estimated 6,800 women aged 65+ with depression and 4,000 men. Rates of severe depression are highest in older age groups.



The lowest referral rates and the highest improvement rates for Talking Therapies are in older people. There is evidence that people aged 65+ are less likely to be referred for such treatments but are more likely to be on medication.



People aged 65+ make up around 20% of total suicides in Warwickshire.

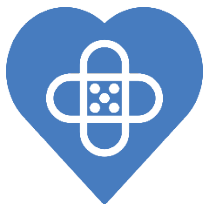


The proportion of people with dementia who have a diagnosis is lower in Warwickshire than England: only 55% of people who are estimated to have dementia have a diagnosis, compared with 62% nationally. The highest estimated and recorded numbers of people aged 65+ with dementia are in Stratford-on-Avon, which also has the lowest diagnosis rate (52%).



As the older population grows, the number of people with dementia is projected to increase. Between 2020 and 2040 there is projected to be a 57% increase in the total number of people with dementia. Increases are projected to be highest in people aged 85–89 and those aged 90+.

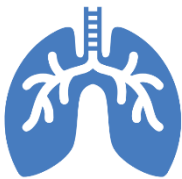
Physical health



As older adults age, they become more likely to have a long-term condition that limits their day-to-day activities, rising from 25% of people aged 65–74 to 53% of people aged 85+. In Warwickshire, just over 49,000 people aged 65+ report experiencing a long-term condition that limits them. Across Warwickshire, approximately 14% of people aged 65+ are 'limited a lot' in their day-to-day activities by a long-term condition. This varies from 11% in Stratford-on-Avon to 18% in Nuneaton and Bedworth.



Cardiovascular disease is more common in individuals over 50 and the risk increases with age. Men are both more likely to develop cardiovascular disease than women and to develop it at an earlier age than women.



The estimated prevalence of chronic obstructive pulmonary disease (COPD) is higher in older people and increases from 17% in those aged 65–69 to 25% in those aged 75–79. There is a gap between the recorded and estimated prevalence of COPD, with 1.7% of adults in Warwickshire recorded as having COPD compared with 7.8% estimated by the Global Burden of Disease. Men have a higher recorded and estimated prevalence of COPD, although this gap may be closing.



Around 20–22,000 people aged 65+ in Warwickshire are estimated to experience bladder problems at least once a week. Prevalence is similar for males and females until the 85+ age group where females have a higher prevalence (28%) than males (19%). People who experience continence issues may avoid going out socially and be less likely to engage in physical activity. This may lead to people feeling socially isolated or lonely.



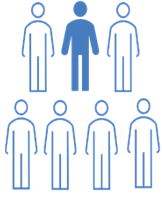
There were estimated to be around 10,800 people aged 65+ in Warwickshire with a moderate or severe visual impairment in 2020. People aged 65+ account for around 70% of those registered with a slight visual impairment or who are severely sight impaired in Warwickshire. Research suggests that around half of blindness and serious sight loss could be prevented if detected and treated in time.



Around 65,000 people in Warwickshire over the age of 70 are estimated to have some hearing loss, and 12,000 people aged 65+ may experience severe hearing loss. Unremedied hearing loss can lead to specific issues such as social isolation and loneliness, safety concerns due to not being able to hear alarms or vehicles, and difficulty in accessing services which may not adequately accommodate for hearing loss.



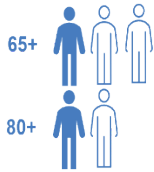
Nationally between 10% and 20% of older people have difficulty with daily tasks associated with mobility. Beginning as early as age 40, adults lose muscle mass and strength, losing up to 50% by the time they are 80. Women are more likely to need help with daily tasks than men and the need for support increases with age in both men and women.



Approximately one in seven adults over 65 are recorded as having diabetes: around 19,100 people. The highest rate is in men aged 80–89 where 19% are recorded as having type 2 diabetes. Nine key care processes are recommended for patients with diabetes. The percentage of adults aged 60+ receiving all nine processes is low and decreases with age: from 29% in 60–69 year olds to 13% in those aged over 90.



The proportion of people living with frailty increases with age, with research suggesting a prevalence of 6.5% in those aged 60–69, rising to 65% in those aged 90 and above in England. In England 12% of the 65+ population lives with moderate frailty. However, only 2.4% of the 65+ population in Warwickshire are registered with a GP with moderate frailty.



One in three people over the age of 65 and half of people over 80 will have at least one fall per year. While not all falls will require medical treatment, 1 in 20 older people in the community experience a fracture or need hospitalisation after a fall. The rate of hip fracture and falls-related admissions rises with age and is higher for women.



Older people were disproportionately affected by COVID-19; in Warwickshire, 92% of COVID-19 deaths in 2020 were in those aged 65+, with 43% in those aged 85+. Uptake across Warwickshire for the COVID-19 booster was lower in spring 2023 than in autumn 2022, with the lowest rates in North Warwickshire (65%) and Nuneaton and Bedworth (69%).



More than half of older people live with more than one long-term condition (54%), and the prevalence of multimorbidity increases with age, with research estimating that 46% of those aged 65–74 will have more than one long-term condition, increasing to 69% in those aged 85+. By 2035 the proportion of people aged 65+ living with two or more conditions is project to increase from 54% to 68%, while the proportion living with four or more conditions is projected to increase from 10% to 17%.



Across Warwickshire in 2020–22, 43% of deaths in people aged 65+ occurred in hospital, followed by 27% at home, 27% in care homes and 3% in hospices. Place of death also varied by district and borough, with the highest proportion of deaths (in people aged 65+) in hospital in Nuneaton and Bedworth (53%) and the lowest in Stratford-on-Avon (37%). Men had a higher proportion of deaths in hospital or at home and women had a higher proportion in care homes.

Wider determinants



There are around 12,600 people aged 65+ in Warwickshire who provide unpaid care (10.2%). Around 3,800 carers aged 65+ are registered with Caring Together for Warwickshire, suggesting that around two-thirds of older carers may not be accessing formal support. The proportion of carers reporting that their own health is good or very good is lower in those who provide more hours of unpaid care per week or who are older.



Around one in four people aged 75+ nationally (26%) do not have internet access at home and therefore may be at risk of digital exclusion. In Warwickshire, this would equate to approximately 15,600 people. Factors such as visual impairment, hearing difficulties, and limited manual dexterity may put individuals at a higher risk of digital exclusion.



A national survey in January 2023 found that 60% of people over 60 were worried about being able to heat their homes and 45% were worried about affording essentials. In 2019, it was estimated that £22.3m of Pension Credit was unclaimed across Warwickshire.



Older adults are more vulnerable to health effects from living in cold homes. More than one in seven households in Warwickshire (15.1%) were estimated to be in fuel poverty in 2021. This ranged from 13.9% of households in Warwick to 16.3% in North Warwickshire. Living in a cold home increases the risk of stroke and heart attacks, as well as respiratory diseases and falls. Data on mortality in winter compared with the rest of the year indicates that that deaths are higher in winter months every year.



Older adults are also vulnerable to the effects of heatwaves. Summer 2022 was an exceptional summer with a record temperature of 40.3°C reached in July. Nationally, over a 10-week period when temperatures were at their highest, there were an estimated 2,839 excess deaths in those aged over 65, demonstrating the possible impact that hot weather can have on older people.



Around four in ten people (39%) surveyed for this JSNA disagreed or strongly disagreed that housing in their local area met the needs of older people, although three in ten were neutral (33%), and three in ten agreed or strongly agreed (28%). The average cost of home adaptation which would allow an older person to remain at home is £6,000, compared with a yearly cost of £26,000 for residential care. National research highlights that for those older people who wish to move, 49% were prevented from moving by the lack of housing options.



In households where older people live alone, 42% do not own a car or van compared with 8% in households with more than one person. Prior to the COVID-19 pandemic, the uptake of older bus passes in Warwickshire was declining. This saw a large decline during the pandemic and has not yet returned to pre-pandemic levels from available data.



Rates of employment in those aged 65+ in Warwickshire (11.1%) are similar to the England and Wales average (10.1%). This varies by district and borough, from 8.4% in Nuneaton and Bedworth to 13.4% in Stratford-on-Avon.



National evidence suggests that reasons for early retirement vary by wealth; those with below-average total wealth (< £331,000) are more likely than those with above-average total wealth to state that ill health (their own or others) is the main reason for early retirement, while those with above-average total wealth more frequently state that they take early retirement to enjoy life or to spend time with family.



National research indicates that people aged 65–74 are the age group who are most likely to volunteer formally (around three in ten volunteered at least once a month in 2019/20), although the gap with younger age groups has narrowed substantially between 2019/20 and 2020/21 due to a decrease in volunteering during the pandemic.

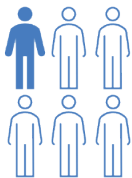
Inequalities



Only 18% of older adults in Warwickshire live in neighbourhoods that are among the most deprived 40% of areas nationally; however, 5,300 people aged 65 and above (5% of this population) live in areas that are in the most deprived 20% nationally.



Rural settings pose both advantages and disadvantages; transport and access to services can be a challenge.



Around one in six men aged 65+ in Warwickshire are veterans (around 9,200); this is driven by national service in the post-war period. There are around 1,000 female veterans aged 65+.

Recognising strengths and tackling discrimination



51.8% of respondents to the survey carried out for this JSNA rated their local area as good or excellent as a place to live for people as they get older. Only 13.9% rated it poor or very poor, with the rest rating it neither good nor poor.



Ageism was an issue highlighted by some engagement participants; responses highlighted that younger people were felt to view older people in a less positive way relative to other age groups, although responses showed a desire to do more intergenerationally.



We heard from our engagement that older adults want to feel heard and have autonomy; engagement responses included a desire to feel heard in local decision making and when planning support for their health.



Our engagement highlighted that relationships and communities are important to older adults, with respondents to the survey ranking spending time with friends and family as one of the most important things to help them live a healthier and happier life as they grow older.









There were felt to be some barriers to accessing health and care services, such as transport.


RECOMMENDATIONS

The recommendations from this Joint Strategic Needs Assessment (JSNA) are grouped according to their audience and by theme (using the symbols in the table to the right).



These themes show how the recommendations of this report relate to the principles of the healthy ageing consensus statement that was developed by Public Health England and the Centre for Ageing Better.



Key to themes of recommendations	
Overarching	
Healthy ageing consensus statement principles	
<i>Putting prevention first and ensuring timely access to services and support when needed</i>	
<i>Removing barriers and creating more opportunities for older adults to contribute to society</i>	
<i>Ensuring good homes and communities to help people remain healthy, active and independent in later life</i>	
<i>Narrowing inequalities</i>	
<i>Challenging ageist and negative language, culture and practices wherever they occur, in both policy and practice</i>	



Recommendations for the Health and Wellbeing Board

Recommendation	Theme
<p>1. The Warwickshire Health and Wellbeing Board should explore becoming a signatory to the healthy ageing consensus statement</p> <ul style="list-style-type: none"> This will raise the profile of healthy ageing within Warwickshire and signal a strategic direction for partner organisations to take in their approach to healthy ageing 	




Recommendations for multiple organisations (such as the voluntary sector, local authorities and the NHS)

Recommendation	Theme
<p>2. We should explore options for Warwickshire to become an Age-Friendly Community, in line with World Health Organization principles</p> <ul style="list-style-type: none"> The survey provides a baseline understanding of residents' views on how their local areas support them to age well using the eight 'age-friendly' domains that are part of this approach. 	
<p>3. Services and commissioners should review the age profile of their users and assess how changes to the population of Warwickshire may affect use of their services in the future</p> <ul style="list-style-type: none"> The older population of Warwickshire is growing. Assessing what this might mean for services now allows for them to consider how they can adapt to this. 	
<p>4. Prevention should be considered as part of all services</p> <ul style="list-style-type: none"> There is a difference of 19.2 years for females and 17.6 for males between life expectancy and healthy life expectancy. Preventing or delaying ill health or detecting conditions early will both improve people's lives and reduce the need for them to access health and care services. 	

<p>5. We should review any opportunities to better fit our messages, approaches and services around healthy weight, physical activity, and smoking cessation to the needs of older people</p> <ul style="list-style-type: none"> • These are risk factors for key causes of death/ill health. There are high levels of overweight/obesity (nationally, for females this is highest in the 65–74 age group) and inactivity (around four in 10 adults aged 65+ in Warwickshire do less than 30 minutes of activity per week) in older people. 	
<p>6. We should review any opportunities within existing services to support mental wellbeing, including in relation to loneliness/social isolation in older people</p> <ul style="list-style-type: none"> • Although national data suggests that loneliness is most common in young people, there are nonetheless estimated to be around 40,000 people aged 65+ in Warwickshire experiencing loneliness. 	
<p>7. We need to continue work around joining up services</p> <ul style="list-style-type: none"> • Multimorbidity becomes more common as people age and therefore joining up services is important. The need for care also increases with age and hence the interface between health and care is relevant. • Although this JSNA is structured by topic, many issues are interconnected. • Fewer than half of survey respondents who had accessed health services in the last 12 months agreed or strongly agreed that services were joined up. 	
<p>8. We should look at any opportunities to prevent hearing loss and ensure that it is identified and managed as promptly as possible</p> <ul style="list-style-type: none"> • Where hearing loss is not managed, this may result in social isolation or loneliness. Hearing loss is a risk factor for dementia. 	
<p>9. We should explore how we can be assured that conditions that are more prevalent in older people, such as incontinence, visual impairments, hearing loss and mobility, do not lead to difficulties in accessing community life or services</p> <ul style="list-style-type: none"> • These may be a barrier to accessing services and amenities with a potential negative impact on mental and physical health and wellbeing. 	
<p>10. Organisations should consider signing up to the Age-friendly Employer pledge or otherwise review how ‘age-friendly’ they are for potential or current employees</p> <ul style="list-style-type: none"> • In the survey carried out for this JSNA, while there were many ‘I don’t know’ and neutral responses, more people felt that employers viewed older people negatively than positively. 	
<p>11. We should consider how we can support older people who wish to volunteer but are not currently doing so, especially where this supports other recommendations from this JSNA</p> <ul style="list-style-type: none"> • Volunteering levels are higher in older people, which is a strength and provides opportunities to support other parts of the JSNA. • There are a range of potential benefits from volunteering to the volunteer. 	
<p>12. We should consider how we can best support those who may be most vulnerable to the health impacts of weather extremes to mitigate against these</p> <ul style="list-style-type: none"> • Excess deaths occur in both winter and heatwave conditions, and older people are an at-risk group. 	
<p>13. Partner organisations should encourage unpaid carers to recognise their carer status and access support that they are entitled to</p> <ul style="list-style-type: none"> • National research indicates that only 27% of older carers identified as carers. • There is a relationship between the number of hours of care provided and self-reported health. • Accessing support should help the mental and physical wellbeing of carers and reduce the risk of sudden breakdowns of care. 	

<p>14. We should routinely assess the impact on inequalities of all services accessed by older people (for example, use of the health equity assessment tool [HEAT], ensuring service specifications include impact on inequalities and ensuring that performance data allows us to monitor impact on inequalities)</p> <ul style="list-style-type: none"> • Inequalities are a frequent theme throughout the JSNA. 	
<p>15. We should explore opportunities to identify and reduce inequalities in vaccine uptake in older people</p> <ul style="list-style-type: none"> • COVID-19 vaccine booster uptake was lowest in the north of the county in spring 2023. 	
<p>16. Services and commissioners should explore best practice to identify and support people who may be excluded, including via digital exclusion, and should ensure that impact assessments are routinely carried out when making changes to services to identify who might be disadvantaged and offer mitigations</p> <ul style="list-style-type: none"> • While the survey indicated that two-thirds of people accessing health services in the last 12 months agreed or strongly agreed that they were able to use any technology associated with the service(s), digital exclusion has been raised as an issue. 	
<p>17. Everyone should be aware of the language and imagery they are using around ageing and older people</p> <ul style="list-style-type: none"> • Challenging negative language is a principle within the healthy ageing consensus statement. 	
<p>18. We should consider intergenerational approaches when considering how to implement these recommendations</p> <ul style="list-style-type: none"> • The survey indicated that there is a perception that younger people perceive ageing more negatively, and older people would like to mix more with other generations. 	

Recommendations for local authorities

Recommendation	Theme
<p>19. We should explore targeted work around reducing alcohol-related harm in older people, particularly older men</p> <ul style="list-style-type: none"> • Nationally, one in three men aged 65–74 are classed as ‘increasing risk’ drinkers. • Warwickshire has a higher rate of admissions for alcohol-related conditions in older people than England, and numbers accessing treatment services are low. 	
<p>20. Findings from the JSNA should be fed back to Housing and Transport colleagues and we should consider how we can continue to work together to improve the health and wellbeing of older people</p> <ul style="list-style-type: none"> • Housing and transport were rated the least positively by survey respondents answering question about features of their local area. 	
<p>21. We should further consider any opportunities/campaigns to support older people to claim benefits they are entitled to, including Pension Credit</p> <ul style="list-style-type: none"> • In 2019 there was an estimated £22.3 million in unpaid Pension Credit in Warwickshire. • This would benefit older people who are more vulnerable due to their finances. 	

Recommendations for the NHS

Recommendation	Theme
<p>22. We should review older people’s access to Talking Therapies services and whether this has changed since the adult mental health JSNA</p>	



- Older people were identified as being under-represented in Talking Therapies in the adult mental health JSNA

23. We should explore a) any opportunities to identify more people with undiagnosed diabetes and b) barriers to undertaking more care processes for older people with diabetes

- High blood glucose is a key risk factor that has been identified in Global Burden of Disease modelling.
- There is a diagnosis gap suggested from national data
- There is a higher prevalence of diabetes in older people, especially older men. However, there is a decline in coverage of eight/nine care processes in successively older age groups (29% of 60–69 year olds compared with 13% of over 90s getting all nine care processes)

24. We should support work to increase the dementia diagnosis rate and support prevention

- Only 55% of the people who are estimated to have dementia in Warwickshire have a diagnosis, meaning that 45% (and their families) may be missing out on support
- The risk of dementia can be reduced and this would have co-benefits for the prevention of cardiovascular disease

25. We should continue work to develop preventive care models for frail older people (for example, Proactive Care)

- To support frail older people in a proactive, prevention-focused way

INTRODUCTION

This Joint Strategic Needs Assessment (JSNA) on healthy ageing seeks to understand what older adults in Warwickshire need to live longer, happier and healthier lives, as well as what strengths individuals and communities already have that support this aim.

All local areas have a statutory responsibility to produce JSNAs and they fulfil a core public health purpose: to understand the current and future health and care needs of the population. This enables services to be planned and delivered in a way that best meets these needs, which should ultimately improve our population's health and wellbeing, and reduce inequalities.

Since 2020, Warwickshire has produced thematic JSNAs on different segments of the population and/or health topics; this JSNA focuses on healthy ageing in older adults. Understanding the health and care needs of this population is particularly important for Warwickshire given its large and growing older population. There are over 120,000 people aged 65 and above in Warwickshire: more than one in five of the county's population (21%). In Warwickshire, as in England, this is expected to increase, with an additional 30,000 people projected to be in this age group within the next decade, bringing this population closer to one in four Warwickshire residents (24%). Nationally, the health of older adults in the context of an ageing population has also been highlighted by the Chief Medical Officer, Professor Chris Whitty, in his 2023 annual report.²

The ageing population is commonly framed as a problem, with concern about meeting increasing demand for health and care services. However, too often the language used makes it seem like the problem is older people themselves and this is both unhelpful and unfair; instead, we need to consider how we can respond, as individuals, communities, organisations and society, to this demographic shift. By taking a holistic look at what people need to grow older in a healthy way, as well as existing strengths in this area, this JSNA aims to provide an evidence base to consider how we might collectively meet the health and care needs of older people in Warwickshire, including how we can prevent or slow the course of illness.

'Healthy ageing' is therefore about recognising that ageing does not take a single trajectory nor is it fixed; there are things that we can all do as individuals – but more importantly, as organisations and society – to influence this trajectory to take a 'healthier' course. Figure 1, produced by the World Health Organization (WHO) for their baseline report for the Decade of Healthy Ageing 2021–2030, shows how different parts of the health and care system, the wider environment and society can contribute to helping people age well.

In England, the healthy ageing consensus statement that was developed by Public Health England and the Centre for Ageing Better in 2019, and now has over 120 signatories, outlines five key approaches to healthy ageing:

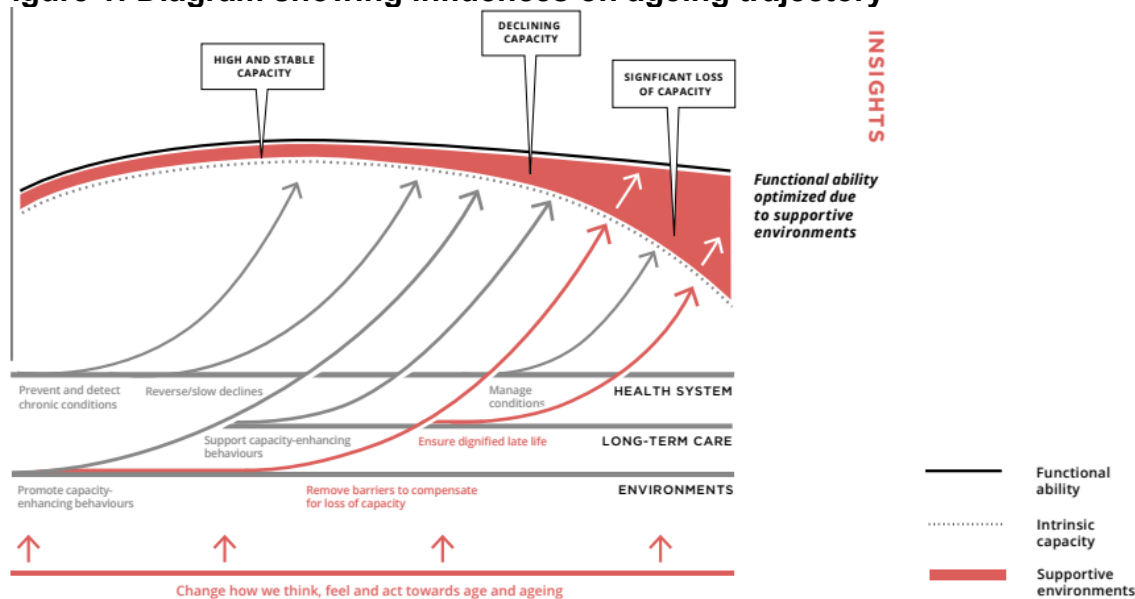
1. Putting prevention first and ensuring timely access to services and support when needed
2. Removing barriers and creating more opportunities for older adults to contribute to society
3. Ensuring good homes and communities to help people remain healthy, active and independent in later life

² Whitty C, Holden B (ed.). [Chief Medical Officer's Annual Report 2023. Health in an Ageing Society](#). London: Department of Health and Social Care; 2023

4. Narrowing inequalities
5. Challenging ageist and negative language, culture and practices wherever they occur, in both policy and practice.

This JSNA has incorporated these principles into its approach and structure, including in its recommendations.

Figure 1: Diagram showing influences on ageing trajectory



Source: WHO, *Decade of Healthy Ageing Baseline Report, 2020*³

The approach taken in this JSNA has been to combine local data and information with engagement work that allows us to incorporate views from older people within Warwickshire. More detail on the engagement work can be found within the report; this consisted of ‘story circles’ (small group sessions), to explore issues in depth with a smaller number of individuals, and a survey that aimed to capture a wider range of responses and was open to all.

Definitions and language

Defining ‘older adults’ is a challenge; there is a lot of heterogeneity among people of the same age with regards to their health and care needs, so setting a lower age boundary for this population can be arbitrary and risk excluding those who may be most vulnerable. Similarly, many health outcomes in later life are influenced by people’s experiences earlier in their lives, which underlines the importance of considering ‘healthy ageing’ across the whole life course. However, where we have needed to specify an age range for ‘older adults’, we have defined this as people aged 65 and above unless otherwise stated. We also recognise that the language we use around ageing and older people is important. In general, we use the terms ‘older adults’ and ‘older people’ to describe the population in this JSNA, in line with the Centre for Ageing Better’s guide ‘Challenging ageism: A guide to talking about ageing and older age’.⁴

³ World Health Organization. [Decade of healthy ageing: baseline report](#). Geneva: World Health Organization; 2020; p.17. Licence: [CC BY-NC-SA 3.0 IGO](#).

⁴ Centre for Ageing Better. [Challenging ageism: A guide to talking about ageing and older age](#). London: Centre for Ageing Better; 2019

LOCAL POPULATION

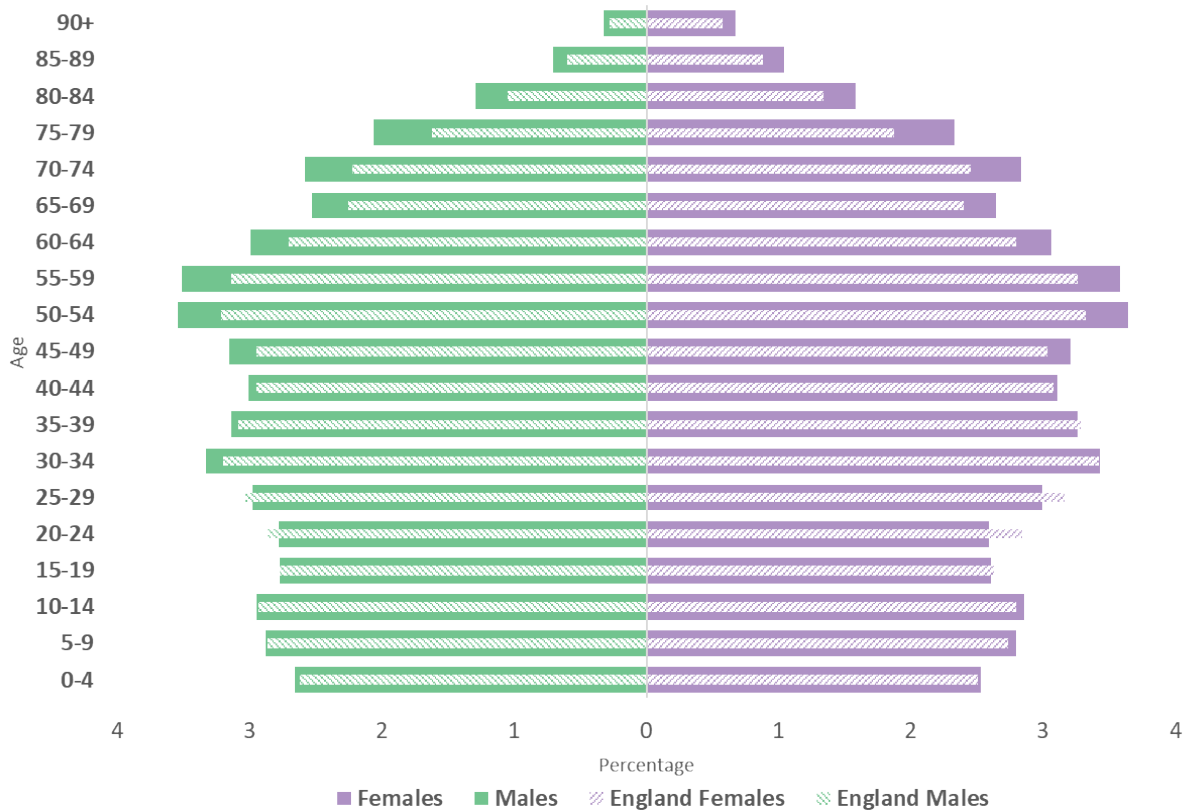
POPULATION ESTIMATES

Based on 2021 Census-based mid-year population estimates, there are around 123,500 people in Warwickshire who are aged 65 or above. The total population of Warwickshire is 599,200, which means that around one in five residents (20.6%) are in this age group.

This is a higher proportion than England (18.5%). The population pyramid below, which shows the proportion of people in each age group and sex for both areas, indicates that the proportion of men and women in all age groups from 45–49 and above is higher in Warwickshire than England.

Figure 2: Warwickshire has a higher proportion of people aged 45+ than the England average.

Population pyramid, Warwickshire and England, 2021



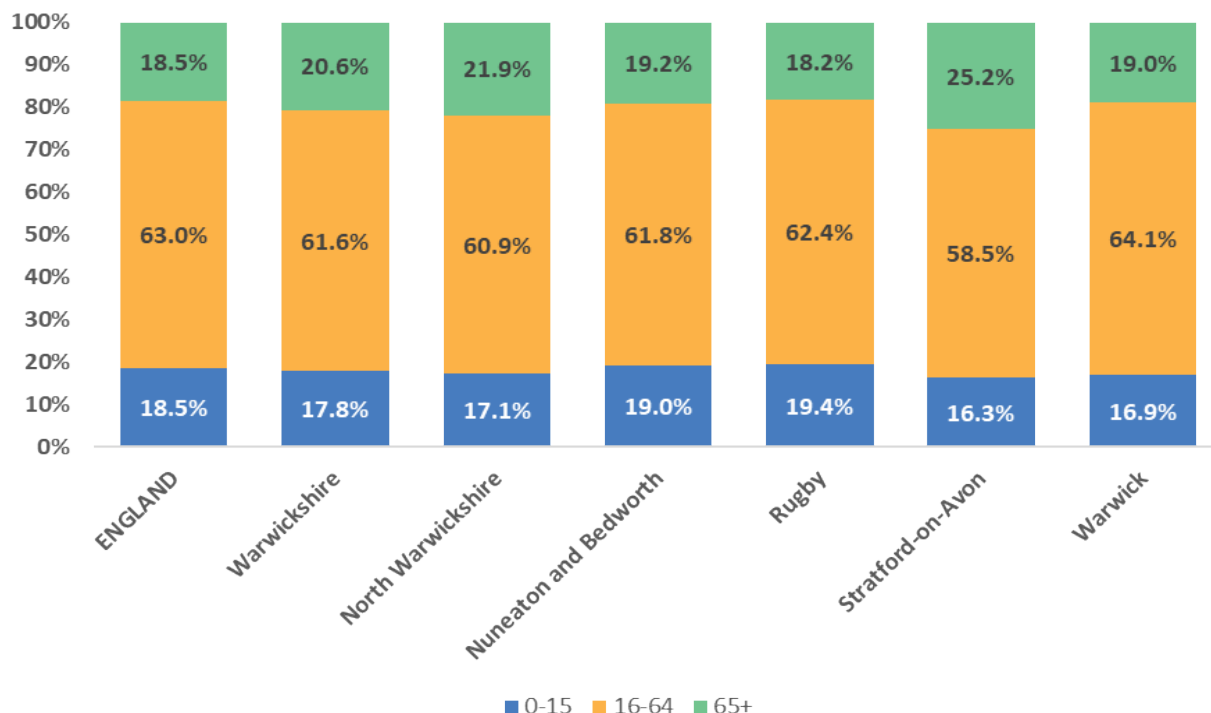
Source: ONS, 2021 mid-year population estimates⁵

There is variation by district and borough, with Stratford-on-Avon having the highest percentage of its population aged 65 and above (25.2%) and Rugby having the lowest (18.2%).

⁵ ONS Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland, 2022 [Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/population-demography/population/population-estimates)

Figure 3: Stratford-on-Avon has the highest proportion of residents aged 65+ while Rugby has the lowest; only Rugby has a 65+ proportion lower than the England average.

Proportion of population by broad age group, England, Warwickshire, and districts/boroughs, 2021



Source: ONS, mid 2021 population estimates⁶

When broken down further by age band, we can see that over 50% of the population aged 65 and above in Warwickshire is aged 65–74 (51%; 63,500), 35% are aged 75–84 (43,600), and 13% are aged 85+ (16,400).

Table 1: Over 50% of the population aged 65 and over is under the age of 75.

Population aged 65 and above by 5-year age band, Warwickshire and districts/boroughs, 2021

Age group	Warwickshire		North Warwickshire		Nuneaton and Bedworth		Rugby		Stratford-on-Avon		Warwick	
	N	%	N	%	N	%	N	%	N	%	N	%
65–69	31,000	25%	3,700	26%	6,900	27%	5,200	25%	8,200	24%	7,000	25%
70–74	32,500	26%	4,000	28%	6,900	27%	5,400	26%	8,900	26%	7,300	26%
75–79	26,300	21%	3,000	21%	5,400	21%	4,500	22%	7,500	22%	5,900	21%
80–84	17,200	14%	1,900	13%	3,500	14%	3,100	15%	4,800	14%	4,000	14%
85+	16,400	13%	1,800	12%	3,000	12%	2,800	13%	4,800	14%	4,100	14%
Total	123,500		14,300		25,700		20,900		34,200		28,200	

Source: ONS, mid-2021 population estimates. Rounded to nearest 100

⁶ [ONS Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland, 2022](#) [accessed 4th September 2023].

POPULATION GROWTH

Table 2: The population aged 65 and above increased by 23.1% (around 23,000 people) between 2011 and 2021, with the largest percentage increase seen in Stratford-on-Avon (27.0%) and the lowest increase seen in Rugby (19.4%).

Growth in 65+ population in Warwickshire, 2011–2021

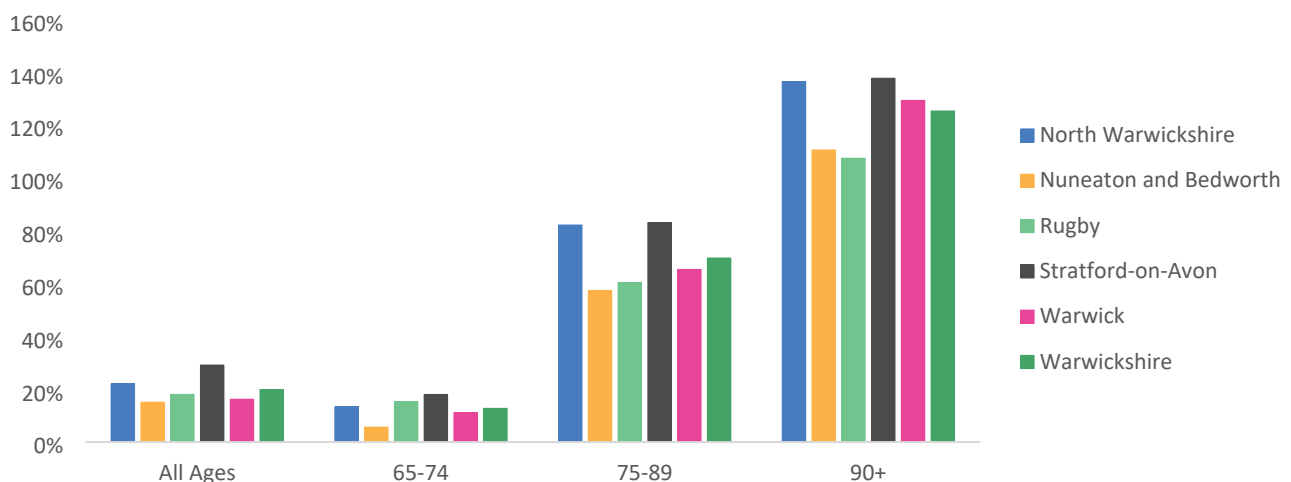
	Mid 2021	Mid 2011	% change 2011–2021
North Warwickshire	14,391	11,490	24.8%
Nuneaton & Bedworth	25,739	21,094	22.0%
Rugby	20,933	17,538	19.4%
Stratford-on-Avon	34,232	26,952	27.0%
Warwick	28,218	23,226	21.5%
Warwickshire	123,463	100,300	23.1%

Source: ONS mid-2021 population estimates

Looking forward, the most recent subnational population projections (2018) are based on the 2011 Census and are due to be updated in 2024. They project that in the 25 years from 2018 to 2043, the population of Warwickshire would increase by 19.8% (compared with 10.3% for England). The population aged 65 years and above is projected to increase by 41.6% (compared with 44.7% for England). This increase in the older population will be seen across the county; however, it will be highest in Stratford-on-Avon (51.2% for the 65+ population) and in North Warwickshire (45.9% for the 65+ population).

Figure 4: The 75–89 and 90+ age categories are projected to see the largest increases between 2018 and 2043.

Percentage increase in population projected from 2018 to 2043, Warwickshire and districts/boroughs



Source: ONS 2018 based population projections⁷

⁷ Populations projections for local authorities: Table 2 [Population projections for local authorities: Table 2 - Office for National Statistics](#) [accessed 4th September 2023]

Table 3: The increase in the population aged 65 and above is projected to be uneven, with larger increases seen in Stratford-on-Avon and North Warwickshire.

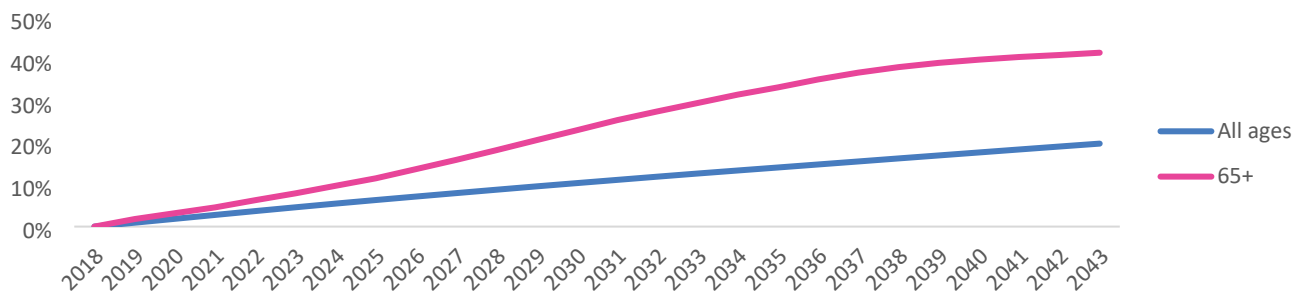
Projected 65+ population size and increase relative to 2018, Warwickshire and districts/boroughs, 2023 to 2043.

	Warwickshire	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick
2018	118,200	14,100	24,800	20,400	32,400	26,700
2023	127,600	15,500	26,100	21,600	35,600	28,800
% increase from 2018	8%	10%	6%	6%	10%	8%
Increase from 2018	9,400	1,400	1,400	1,200	3,200	2,100
2028	139,900	17,200	27,900	23,500	39,700	31,500
% increase from 2018	18%	22%	13%	16%	23%	18%
Increase from 2018	21,600	3,100	3,200	3,200	7,300	4,800
2033	153,200	18,900	30,200	25,600	44,100	34,400
% increase from 2018	30%	34%	22%	26%	36%	29%
Increase from 2018	34,900	4,800	5,500	5,200	11,700	7,700
2038	163,300	20,200	31,800	27,400	47,400	36,500
% increase from 2018	38%	43%	29%	35%	46%	37%
Increase from 2018	45,100	6,100	7,100	7,000	15,000	9,800
2043	167,400	20,500	32,200	28,300	48,900	37,500
% increase from 2018	42%	46%	30%	39%	51%	40%
Increase from 2018	49,200	6,500	7,400	7,900	16,600	10,800

Source: ONS 2018-based subnational principal population projections. Rounded to nearest 100

Figure 5: The 65+ population is projected to increase more than the all age population.

Percentage increase in population projected from 2018 to 2043, all ages and people aged 65+, Warwickshire.



Source: ONS Population Projections 2018⁸

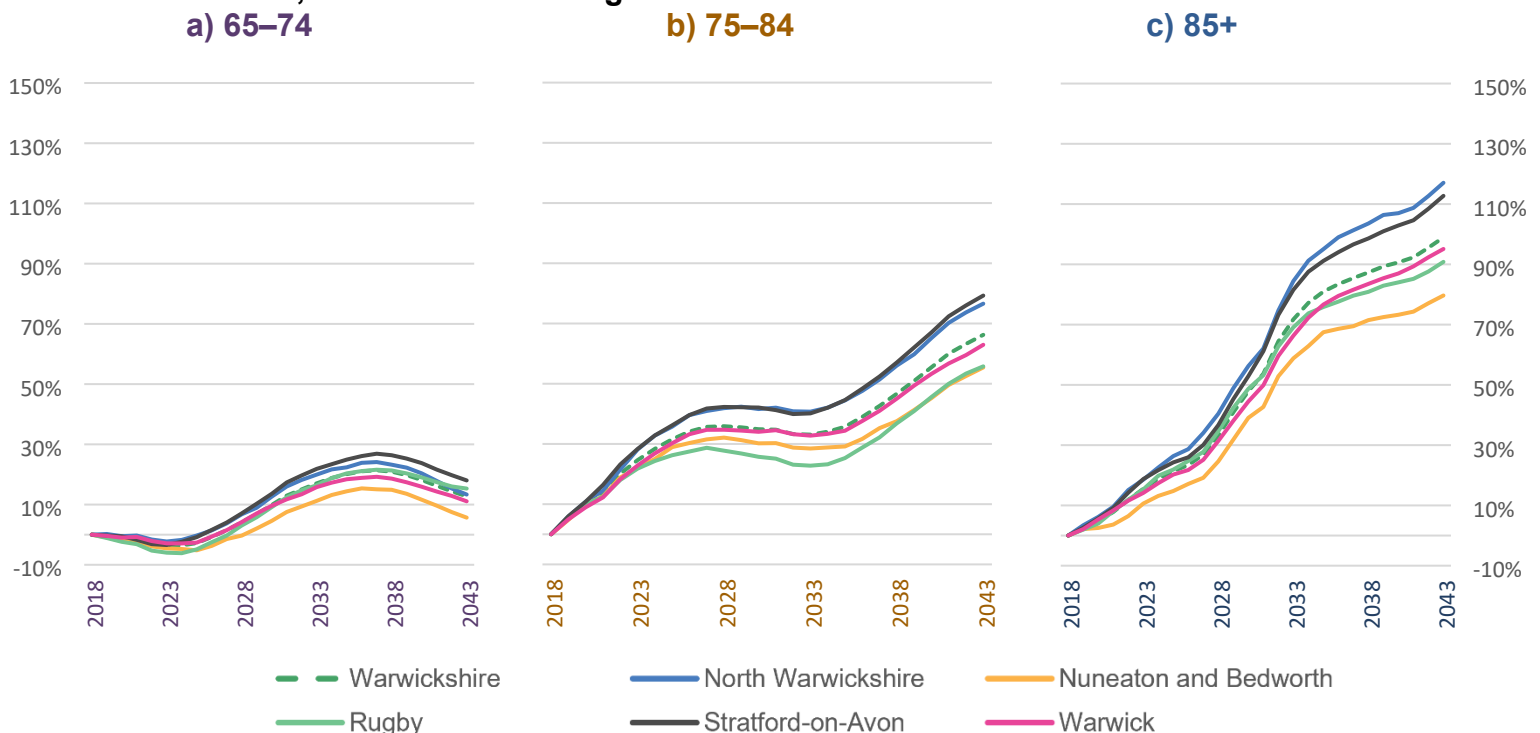
⁸ Populations projections for local authorities: Table 2 [Population projections for local authorities: Table 2 - Office for National Statistics](#) [accessed 4th September 2023]

Figure 5 shows the projected population change in Warwickshire across the 25 years to 2043, for all ages and for those aged 65 and above. While the all-age population increase is projected to be gradual across the period, the chart suggests that there will be a sharper increase in the population aged 65 and above from the early 2020s until around 2039.

Within the 65+ population, the patterns of change in different age groups are also projected to be different. This is shown by year in Figure 6.

Figure 6: The largest percentage increase in population size is projected for the 85+ age group.

Percentage change in population projected from 2018 to 2043, by age group, Warwickshire, and districts/boroughs



Source: ONS Population Projections 2018⁹

Although the largest percentage increase is projected to come from people aged 85+, the largest increase in terms of numbers is projected for people aged 75–84 (an additional 12,700 people are projected to be in this age group in 2033 relative to 2018). This is because the baseline population of people aged 85+ is smaller.

⁹ Populations projections for local authorities: Table 2 [Population projections for local authorities: Table 2 - Office for National Statistics](#) [accessed 4th September 2023]

Table 4: In terms of change in numbers, the largest increases in older people are projected for people aged 75–84.

Projected 65+ and all-age population size and change relative to 2018 by age group, Warwickshire, 2018–2043

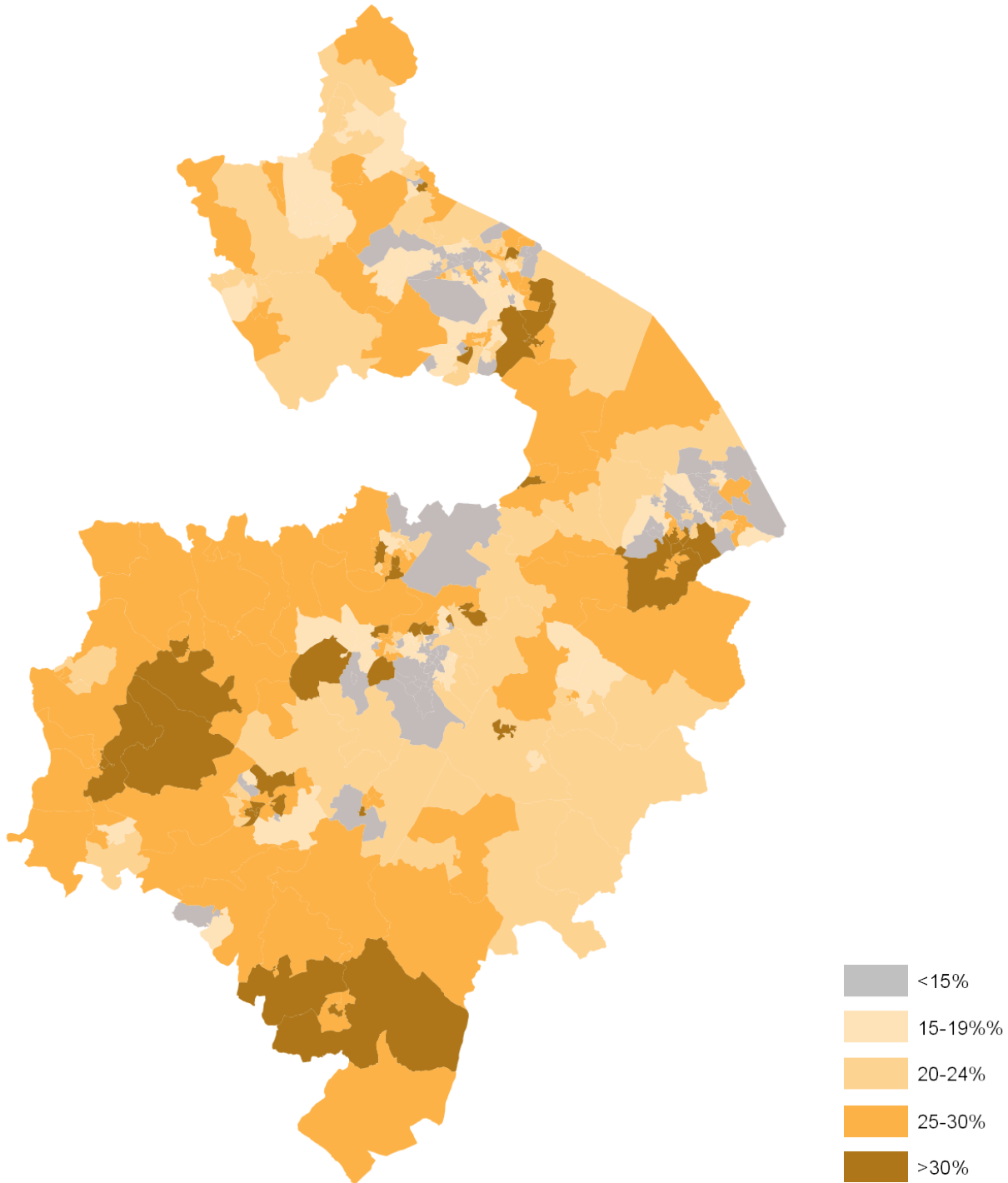
	65–74		75–84		85+		All ages	
	Number	Change from 2018 (%)	Number	Change from 2018 (%)	Number	Change from 2018 (%)	Number	Change from 2018 (%)
2018	64,200	–	38,300	–	15,800	–	571,000	–
2023	61,700	–2,500 (–4%)	47,700	9,400 (25%)	18,300	2,400 (15%)	597,400	26,300 (5%)
2028	66,800	2,600 (4%)	52,000	13,700 (36%)	21,100	5,200 (33%)	621,400	50,400 (9%)
2033	75,100	10,900 (17%)	50,900	12,700 (33%)	27,100	11,300 (72%)	643,500	72,500 (13%)
2038	77,600	13,400 (21%)	56,100	17,900 (47%)	29,600	13,800 (87%)	664,100	93,100 (16%)
2043	72,400	8,200 (13%)	63,600	25,300 (66%)	31,400	15,600 (99%)	684,300	113,300 (20%)

Source: ONS 2018-based subnational principal population projections. Rounded to nearest 100

DISTRIBUTION OF OLDER PEOPLE IN WARWICKSHIRE

Figure 7: There are areas across the county with a high percentage of those aged 65+.

Proportion of residents aged 65+ by LSOA, Warwickshire, 2021



Source: 2021 Census¹⁰

¹⁰ Table TS007A, 2021 Census [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk) [accessed 29th August 2023]

The above map gives an indication of where there are higher proportions of older people in some neighbourhoods. Resident numbers include people living in communal establishments such as residential care/nursing homes. Where there are larger care homes, these numbers may impact on proportions of older people in those neighbourhoods.

Table 5: The five LSOAs with the highest percentage of their population aged 65+ have each have around 40% of their population aged 65+.

Top five LSOAs by proportion of usual residents aged 65+, Warwickshire, 2021

LSOA name	District/borough	% population 65+
Wootton Wawen	Stratford-on-Avon	41%
Thickthorn & Castle End	Warwick	41%
Thurlaston & Draycote Water	Rugby	40%
Stratford Old Town & Town Centre South	Stratford-on-Avon	40%
St. Nicholas North & College	Nuneaton and Bedworth	39%

Source: 2021 Census

Just over a third (36.7%) of Warwickshire’s 354 lower super output areas (LSOAs)¹¹ had over a quarter of residents aged 65 years or above at the time of the 2021 Census, and 24 LSOAs had over a third of residents in this age group.

HOUSEHOLDS AND COMMUNAL ESTABLISHMENTS

Older people living in residential/nursing homes

The 2021 Census recorded 3,468 people aged 65 and over living in a communal establishment; typically, this would be a residential care or nursing home but may include some other settings like NHS hospitals. Table 6 sets out the number of older people estimated to be living in communal establishments across the county.

Table 6: The largest numbers of residents aged 65+ living in communal establishments are in the south of the county.

Number of residents aged 65 and over living in communal establishments, 2021

North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick
538	590	633	898	807

Source: 2021 Census¹²

¹¹ Lower layer super output areas (LSOAs) are a frequently used unit of geography to publish small area data by the Office for National Statistics. They typically have an average population of 1,500 people or 650 households.

¹² 2021 Census accessed via [‘Create a custom dataset’](#) [accessed 4th September 2023]

Household composition

The percentage of all households that are made up of one person aged 66+ is 13.3% (33,561 households). This is higher than the England average (12.8%) and is highest in Stratford-on-Avon district (15.0%). Similarly, households with families all aged 66+ make up 10.8% of households in Warwickshire (9.2% in England). This is again highest in Stratford-on-Avon district.

Table 7: The percentage of all households that are made up of one-person aged 66+ is 13.3%.

Household type by district and borough, Warwickshire and districts/boroughs, 2021

	All households	One person households aged 66+	% one person households aged 66+	More than one person, all aged 66+	% more than one person, all aged 66+
North Warwickshire	27,580	3,651	13.2%	3,122	11.3%
Nuneaton & Bedworth	56,587	7,190	12.7%	5,473	9.7%
Rugby	47,016	5,687	12.1%	4,700	10.0%
Stratford-on-Avon	59,464	8,930	15.0%	8,097	13.6%
Warwick	62,619	8,103	12.9%	6,060	9.7%
Warwickshire	253,266	33,561	13.3%	27,452	10.8%
England	23,436,086	3,001,789	12.8%	2,145,278	9.2%

Source: Census 2021

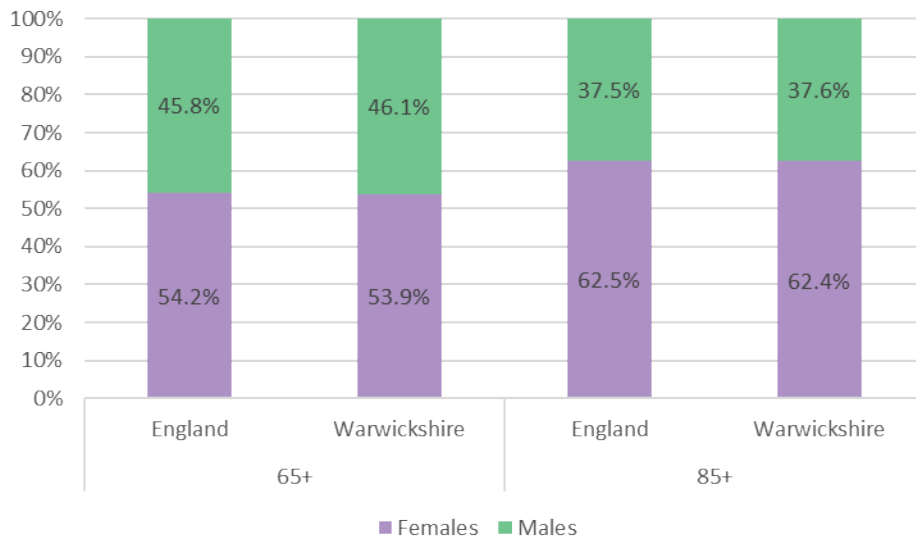
SEX

Across Warwickshire, the 65 and above population is 46.1% male and 53.9% female, which is similar to the England picture.

When looking at the population aged 85 and above, the population is 37.6% male and 62.4% female, which is again in line with England (37.5% male and 62.5% female). This is because female life expectancy is higher than male life expectancy.

Figure 8: The male–female split in population broadly follows the picture for England for both age groups; the split is more noticeable at age 85+.

Population aged 65+ and 85+ years by sex, England and Warwickshire, 2021



Source: ONS mid-2021 population estimates

ETHNICITY

Data from the 2021 Census shows that 96.1% of people aged 65 and above in Warwickshire identified as white, with 93.0% identifying as white: English, Welsh, Scottish, Irish or British.

This is a slightly more diverse picture than that seen in the 2011 Census, where 97.5% of the population aged 65 and above in Warwickshire identified as white, and 94.4% as white: English, Welsh, Scottish, Irish or British, or the 2001 Census, where 98.4% of this population identified as white, and 94.9% as white: British.¹³

¹³ Different categories of ethnic groups were used in the 2001 Census compared with the 2011 and 2021 Censuses

Table 8: 96.1% of people aged 65 and above in Warwickshire identified as white, with 93.0% identifying as white: English, Welsh, Scottish, Irish or British.

Ethnicity of those aged 65 and above, England, Warwickshire, and districts/boroughs, 2021

	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Warwickshire	England
White	98.9%	94.6%	94.3%	98.9%	93.9%	96.1%	93.3%
Asian, Asian British or Asian Welsh	0.6%	4.2%	3.9%	0.6%	4.4%	2.8%	3.9%
Mixed or multiple ethnic groups	0.2%	0.2%	0.4%	0.2%	0.3%	0.3%	0.4%
Black, black British, black Welsh, Caribbean or African	0.2%	0.4%	1.0%	0.1%	0.4%	0.4%	1.5%
Other ethnic group	0.1%	0.6%	0.4%	0.2%	1.0%	0.5%	0.9%

Source: Census 2021

The ethnicity of the population aged 65 and above is less diverse than that of the overall population, with 89.1% of the overall population of Warwickshire identifying as white (82.1% white British), compared with 96.1% of those aged 65 and above (93.0% white British). From looking at the data on those aged 35–64 years, we can see that the population aged 65 and above will become more diverse over time (although this does not account for movement in and out of the area). Among people aged 35–64 years, the proportion identifying as white is 89.6% (81.8% white British), while the group with the second highest proportion is those identifying as Asian, Asian British or Asian Welsh is 6.7%.

Table 9: The ethnicity of the population aged 65 and above is less diverse than that of the overall population.

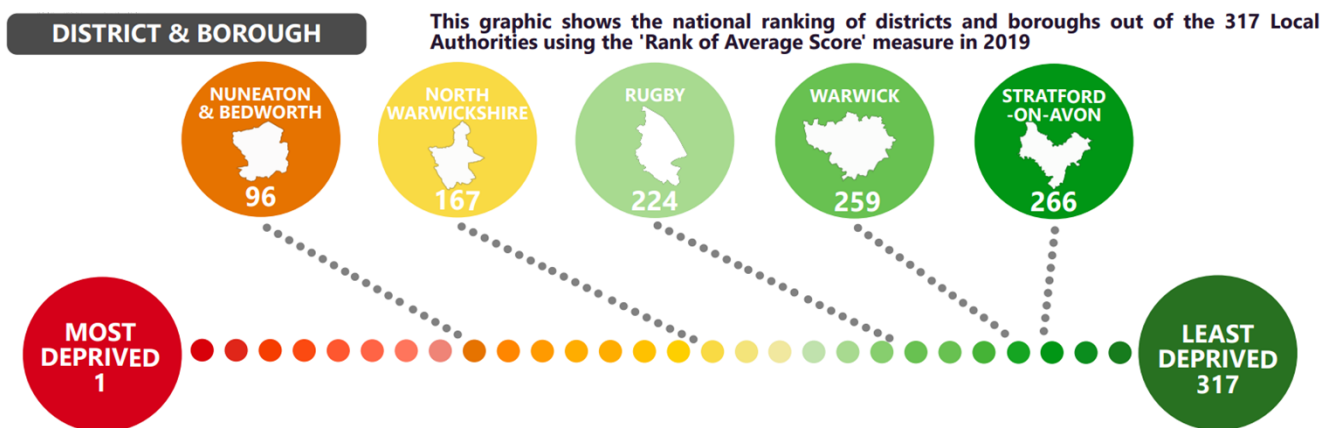
Ethnicity of those aged 35–64, England, Warwickshire and districts/ boroughs, 2021

Ethnic group	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Warwickshire	England
White	96.5%	87.2%	86.0%	95.4%	85.7%	89.6%	82.1%
Asian, Asian British or Asian Welsh	1.5%	8.7%	8.4%	2.5%	10.0%	6.7%	9.6%
Mixed or multiple ethnic groups	0.9%	0.7%	1.3%	0.9%	1.5%	1.1%	1.7%
Black, black British, black Welsh, Caribbean or African	0.8%	2.1%	3.0%	0.5%	1.1%	1.5%	4.4%
Other ethnic group	0.4%	1.2%	1.3%	0.6%	1.7%	1.1%	2.2%

Source: Census 2021

DEPRIVATION

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. Warwickshire is ranked 121 out of 151 local authorities in the IMD 2019 where 1 is the most deprived.



Out of 317 local authority districts, Nuneaton and Bedworth is ranked lowest (96), followed by North Warwickshire (167), Rugby (224), Warwick (259) and Stratford-on-Avon (266).

At a LSOA level, five LSOAs in Nuneaton and Bedworth and one in North Warwickshire are in the 10% most deprived nationally.

Table 10: Five LSOAs in Nuneaton and Bedworth and one in North Warwickshire are in the 10% most deprived nationally.

Number of LSOAs by IMD 2019 deprivation decile, Warwickshire and districts/ boroughs

Number of LSOAs by decile	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Warwickshire
Top 10%	1	5	0	0	0	6
Top 20%	1	12	2	0	1	16
Top 30%	3	13	5	1	4	26
40%–100%	33	51	54	72	81	291

Source: *Index of Multiple Deprivation, ONS*¹⁴

Using Census data to explore this in relation to the older population, older people are less likely to be living in the most deprived areas of Warwickshire than the population overall, with 18% of people aged 65 and above living in the most deprived two quintiles compared with 22% overall.¹⁵ In contrast, 60% of people aged 65 and above live in the two least deprived quintiles compared with 54% of the population overall.

Around 5,300 people aged 65 and above (5% of this population) live in areas that are in the most deprived 20% nationally. NHS England’s Core20PLUS5 approach to reduce healthcare inequalities has this group as part of their target population, with the Core20 part referring to the most deprived 20% of the national population as identified by IMD.¹⁶

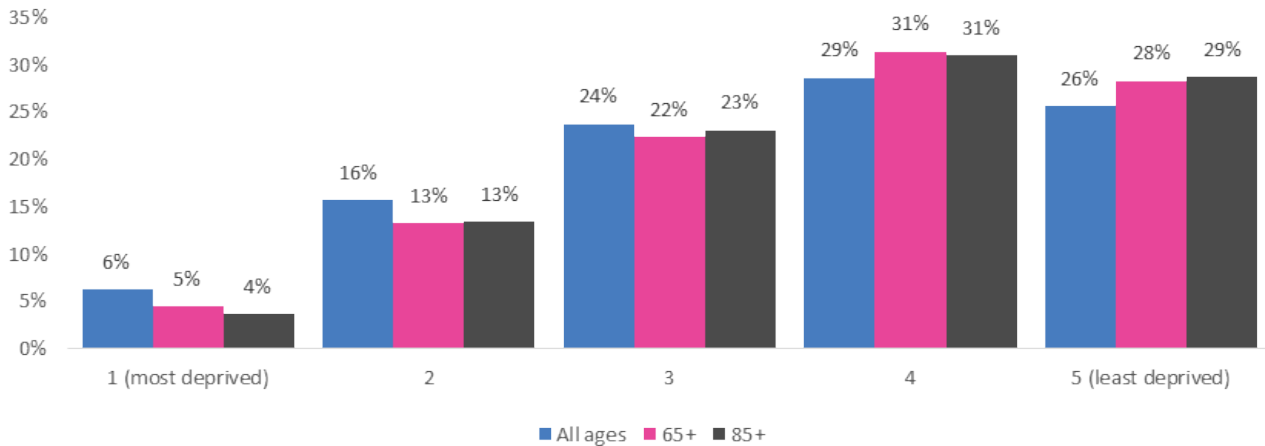
¹⁴ English indices of deprivation, 2019, Ministry of Housing, Communities and Local Government [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/english-indices-of-deprivation-2019.pdf) [accessed 17th July 2023]

¹⁵ Census 2021; Index of Multiple Deprivation. Note: not all LSOAs could be matched to an IMD quintile; percentages are of the population that could be matched to an IMD quintile

¹⁶ NHS England. *Core20Plus5 (adults) – an approach to reducing healthcare inequalities*. <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/> [Accessed 20th November 2023]

Figure 9: Older adults are less likely than the general population to live in the most deprived areas of Warwickshire; 18% of people aged 65+ live in the two most deprived quintiles compared with 22% of the all-age population.

Proportion of population living in each IMD quintile, all age, 65+ and 85+, Warwickshire, 2021

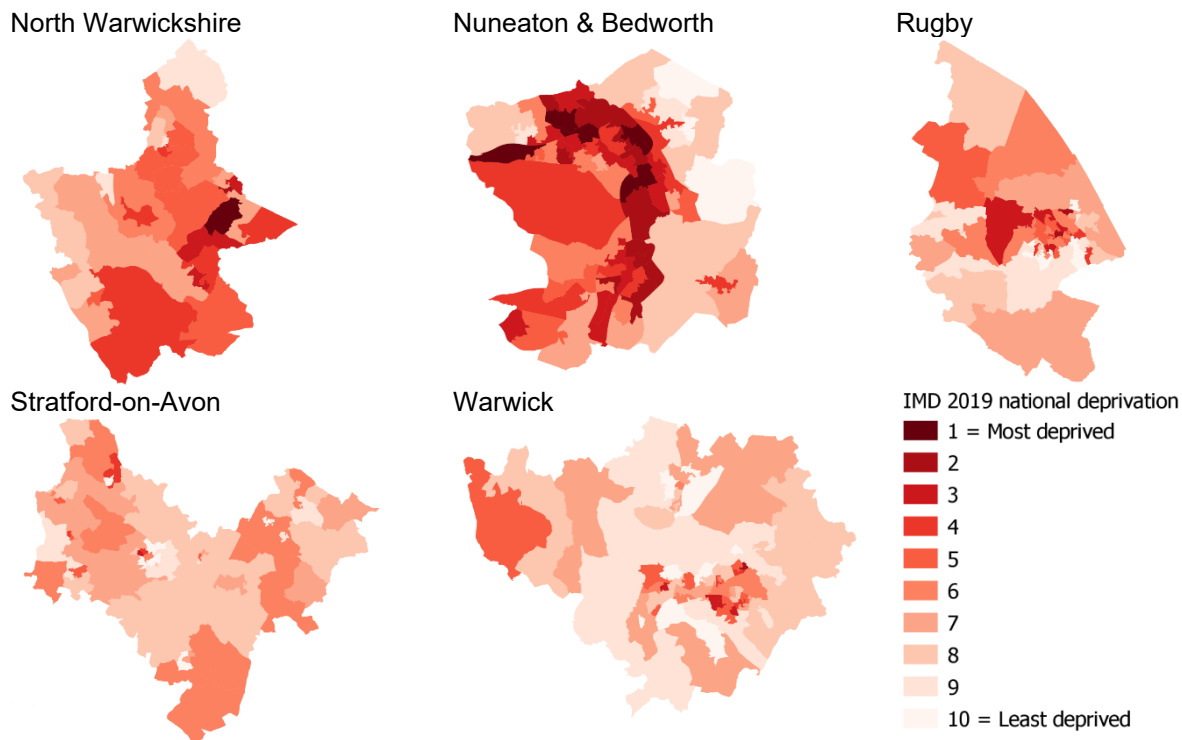


Source: 2021 Census; Index of Multiple Deprivation

This variation relates to the unequal distribution of older people within Warwickshire (for example, the higher proportion living in Stratford-on-Avon) in combination with the unequal distribution of deprivation. This is displayed visually below (Figure 10).

Figure 10: The district/borough maps show neighbourhoods which are more deprived according to IMD; deprivation is more concentrated in Nuneaton and Bedworth and North Warwickshire

Maps showing 2019 IMD deciles of LSOAs by district/borough



Source: *Index of Multiple Deprivation, ONS*¹⁷

One of the supplementary indices within the IMD measures income deprivation affecting older people. This gives the proportion of those aged 60 and over who experience income deprivation (including those that are out of work and those in work but who have low earnings). At district and borough level, the proportion of older adults affected by income deprivation ranges from 8.2% in Stratford-on-Avon to 14.1% in Nuneaton and Bedworth (with 9.6% in Warwick, 9.7% in Rugby and 11.3% in North Warwickshire). There are five LSOAs in the top 10% most deprived for this measure nationally; these are all in Nuneaton and Bedworth. Every district or borough except for Stratford-on-Avon has at least one LSOA in the top 20% most deprived.

¹⁷ English indices of deprivation, 2019, Ministry of Housing, Communities and Local Government [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) [accessed 17th July 2023]

Table 11: There are five LSOAs in the top 10% of areas nationally for income deprivation affecting older people, all of which are in Nuneaton and Bedworth.

Number of LSOAs by income deprivation affecting older people (2019) decile, Warwickshire and districts/boroughs

Number of LSOAs by Decile	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Warwickshire
Top 10%	0	5	0	0	0	5
Top 20%	1	5	3	0	4	13
Top 30%	1	7	4	0	5	17
40%–100%	36	64	54	73	77	304

Source: *Index of Multiple Deprivation, ONS*¹⁸

LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY

In Warwickshire, life expectancy at birth is 0.3 years higher for both females (83.4 years) and males (79.7 years) compared with England (83.1 and 79.4 years respectively) for 2018–20.

It should be noted that this type of life expectancy measure does not tell you the age that most people are likely to live to; it is a summary of mortality across the population, such that deaths occurring in younger people reduce the average (mean) number of years lived across the whole population. A different way of looking at this is to consider the median age at death, which is the age of death that falls in the middle of all ages of death, meaning that half of people will die before this age and half after. The median age (in years) of death in Warwickshire in 2022 is 80 for males and 85 for females, which is higher than the average where outliers might skew the value. The most common age of death (mode) is 85 for males and 87 for females. This has implications for how we think about the ages people are commonly living to, and how we plan for services accordingly.

Healthy life expectancy is the number of years a person can expect to live in good health. Healthy life expectancy at birth is declining for males in Warwickshire (62.1 years) and is similar to the England average (63.1 years). Healthy life expectancy at birth for females has remained stable for the last 3 years (64.1 years) and is similar to the national average (63.9 years).

The gap between life expectancy and healthy life expectancy is known as the ‘window of need’. With life expectancy remaining stable and healthy life expectancy declining in recent years, the window of need (amount of time spent in poor health) is increasing. In 2018–20, the window of need in Warwickshire is 19.3 years for females and 17.6 years for males compared to the England average of 19.2 years for females and 16.7 years for males.

¹⁸ English indices of deprivation, 2019, Ministry of Housing, Communities and Local Government [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) [accessed 17th July 2023]



Table 12 is RAG rated where red is worse than England, amber is similar to England and green is better than the England figure. While life expectancy in Warwickshire is on average better than in England, life expectancy at age 65 in Warwickshire is similar to the England average.

Life expectancy at age 65 is an estimate of the average number of years at age 65 a person would live for if he or she experienced the age and sex specific mortality rates for that area and time period throughout his or her life after that age. Note that as this will be higher (when added to age 65) than life expectancy at birth as it does not include any deaths occurring in people younger than 65, which would otherwise reduce overall life expectancy.

Table 12: While life expectancy in Warwickshire is on average better than in England; life expectancy at age 65 in Warwickshire is similar to the England average.

Life expectancy at birth and age 65 by district and borough

Area	Life expectancy at birth (male)	Life expectancy at 65 (male)	Life expectancy at birth (female)	Life expectancy at 65 (female)
North Warwickshire	78.7	17.8	82.0	20.0
Nuneaton & Bedworth	77.3	17.4	81.7	19.9
Rugby	79.7	19.2	83.6	21.6
Stratford-on-Avon	81.4	19.7	85.0	22.3
Warwick	80.9	19.4	84.2	21.5
Warwickshire	79.7	18.8	83.4	21.3
England	79.4	18.7	83.1	21.1

Source: ONS

Figure 11 shows the difference in life expectancy for females and males who live in the least deprived areas compared to the most deprived. On average in Warwickshire, females in the least deprived areas of the county are likely to live 6.3 years and males 8.3 years longer than those in the most deprived areas (the England average is 7.9 years for females and 9.7 for males). There is variation across the county, with the most years' difference for females being in Warwick (7.3), and for males in Nuneaton and Bedworth (9.9).

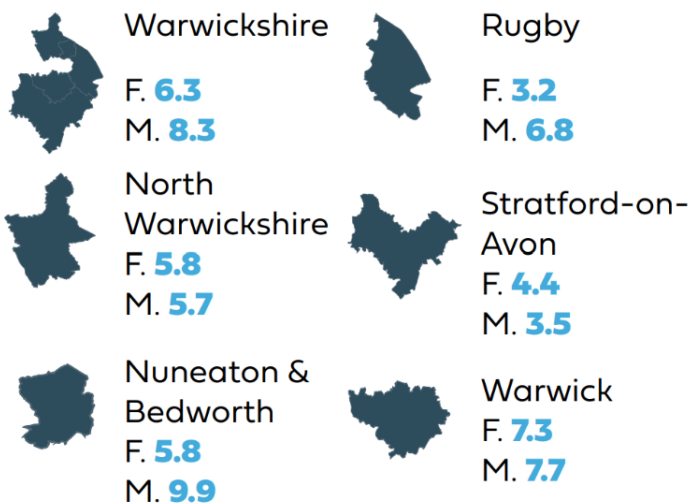


Figure 11: The difference in life expectancy for those living in the most deprived areas of Warwickshire compared to the least deprived is 6.3 years for females and 8.3 years for males.

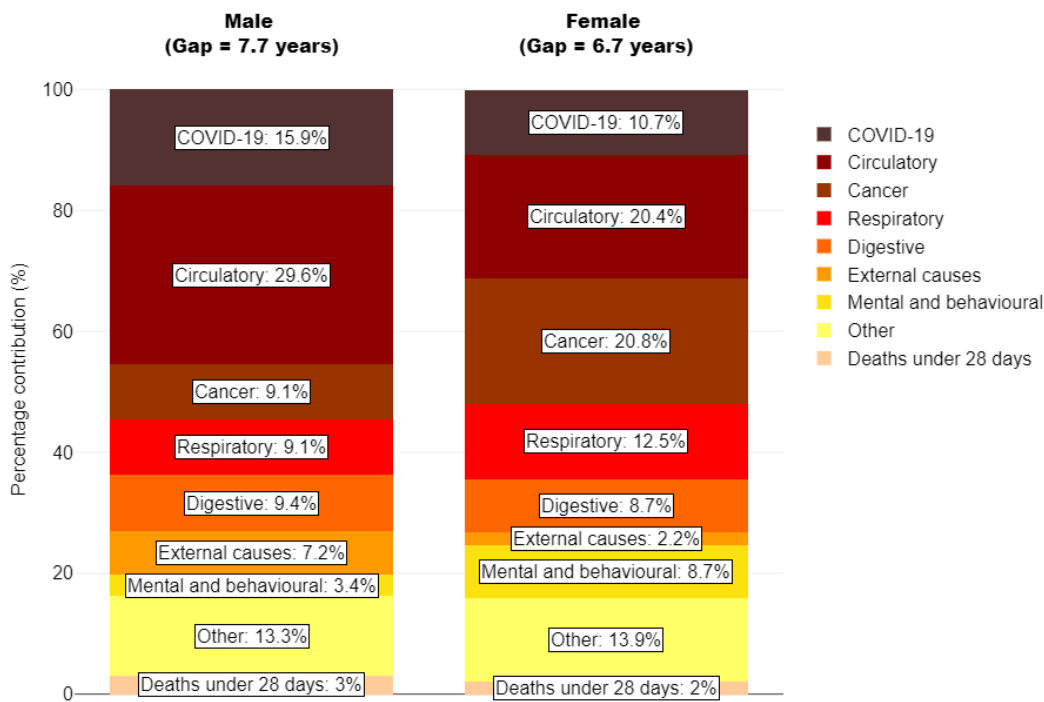
Difference in life expectancy in males and females who live in the least deprived areas compared to the most deprived, 2018–20

Source: Public Health Outcomes Framework

Analysis on the causes of death contributing to the gap in life expectancy between the most and least deprived quintiles indicates the key contributors to these in 2020–21 were circulatory diseases, cancer and COVID-19 (Figure 12). Analysis by age suggests that 44–50% of the gap in life expectancy is due to mortality in people aged 60–79 (Figure 13), highlighting this is a key age group where mortality rates differ between the most and least deprived areas.

Figure 12: The main causes of inequality in life expectancy between the most and least deprived quintiles in Warwickshire in 2020 to 2021 were circulatory diseases, cancer and COVID-19. The relative contributions of these varied by gender.

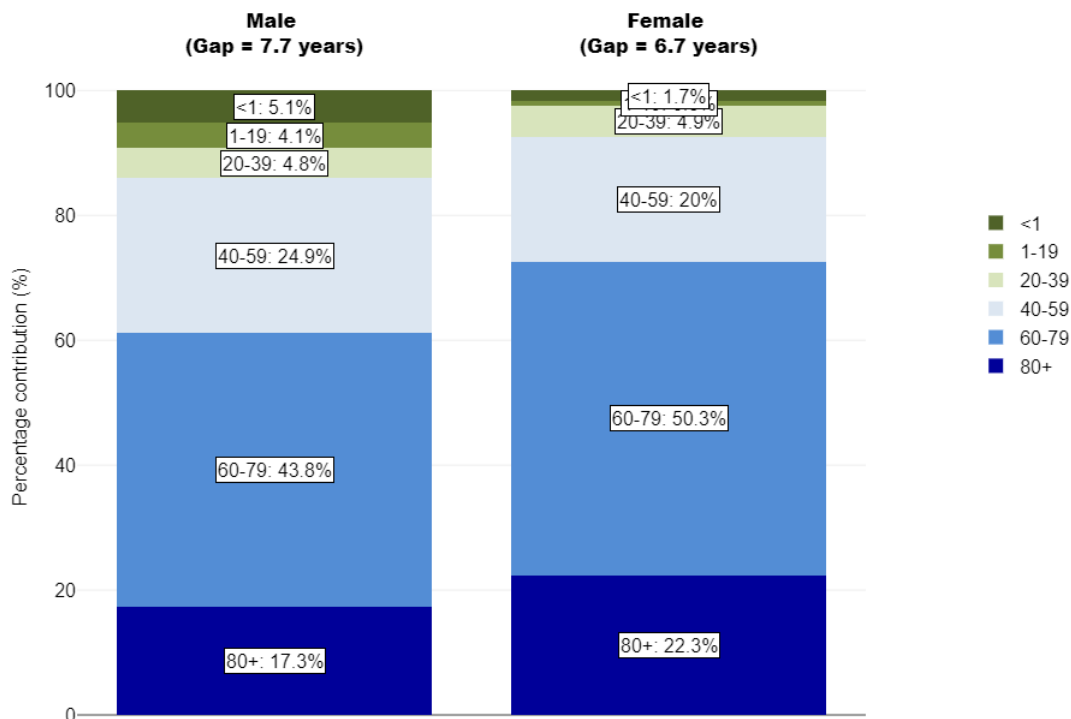
Contributors to the gap in life expectancy between the most and least deprived quintiles, Warwickshire, 2020–21



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Figure 13: Around 44–50% of the inequality in life expectancy between the most and least deprived quintiles in Warwickshire in 2020 to 2021 was due to deaths in people aged 60–79

Contributors to the gap in life expectancy between the most and least deprived quintiles by age group, Warwickshire, 2020–21



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

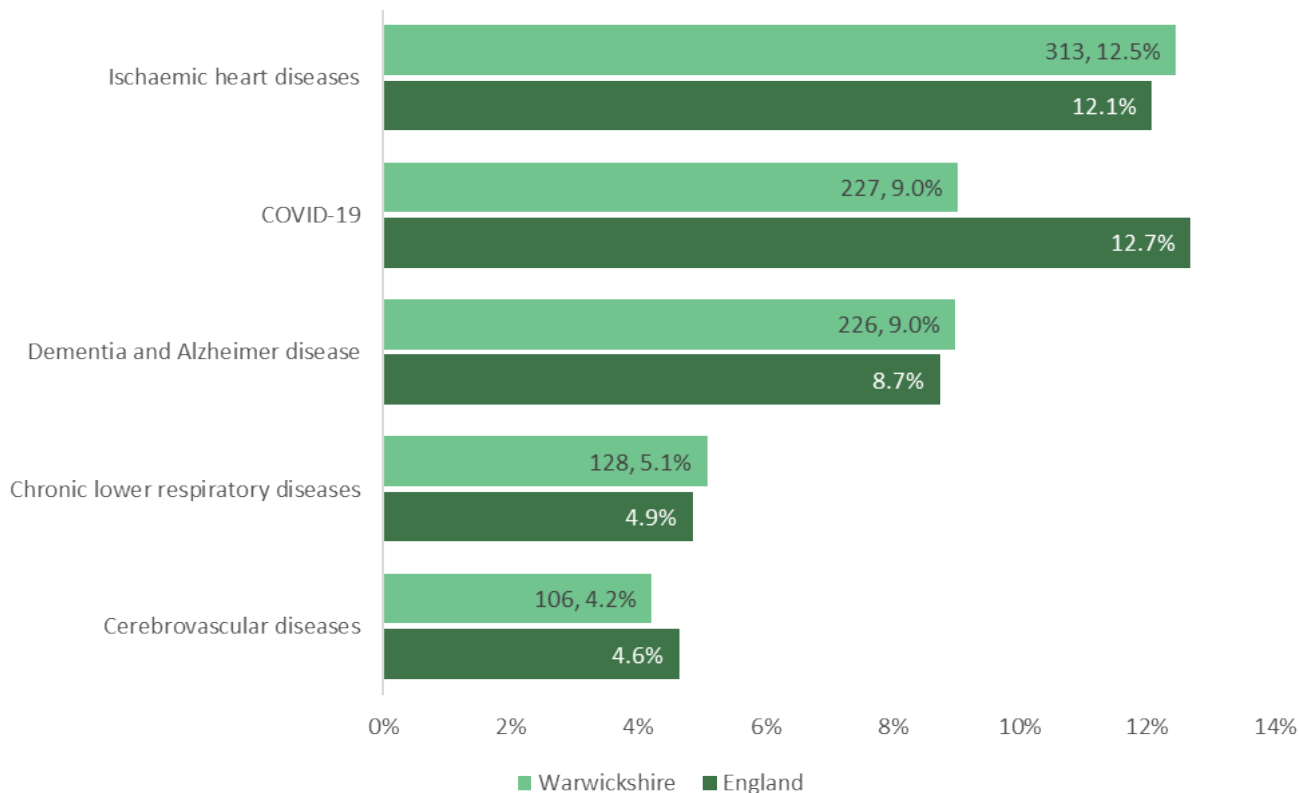
MORTALITY

Mortality statistics published by the ONS show that there were 5,203 deaths in Warwickshire residents aged 65 and above in 2021. The most common underlying cause of death for both males and females was cancer (malignant neoplasms). For women, cancer caused 616 deaths (22.9%) in people aged 65 and above. For men, this caused 660 deaths (26.3%) in people aged 65 and above.

The most common underlying causes for men and women excluding cancer are presented in Figures 14 and 15. The second most common underlying cause of death after cancer for men in 2021 was ischaemic heart disease (313, 12.5%). For women, this was dementia and Alzheimer’s disease (478, 17.8%). This may in part reflect the different age structures of the 65+ male and female populations; dementia becomes the most common cause of death in both males and females aged 85+.

Figure 14: Causes of death in Warwickshire males aged 65+ were similar to the England picture although the proportion of COVID-19 deaths as a proportion of all deaths was lower.

Top five underlying causes of death of those aged 65+ (males) excluding cancer, Warwickshire and England), 2021.



Source: Nomis, 2021¹⁹

Table 13: Ischaemic heart diseases were the largest cause of death for men, when cancers were excluded in all age groups between 65–84 years.

Key causes of death (excluding cancers) in males by age in Warwickshire, 2021

Cause of death	Aged 65–74	Aged 75–84	Aged 85+	All 65+
Ischaemic heart diseases	88	143	82	313
COVID-19	53	80	94	227
Dementia & Alzheimer disease	17	82	127	226
Chronic lower respiratory diseases	24	63	41	128
Cerebrovascular diseases	12	47	47	106

Source: Nomis, 2021²⁰

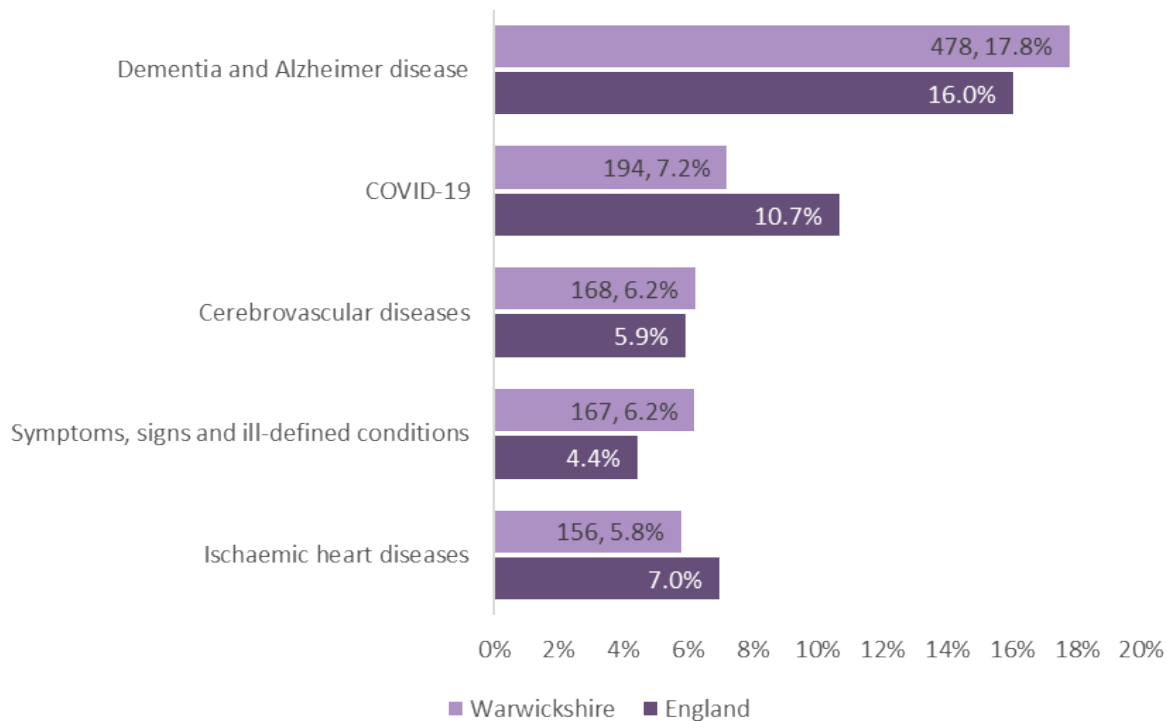
¹⁹ Nomis, Mortality Statistics, 2021 [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#) [accessed 4th September 2023]

²⁰ Nomis, Mortality Statistics, 2021 [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#) [accessed 4th September 2023]

Ischaemic heart disease and stroke (cerebrovascular diseases) are conditions with modifiable risk factors; this will be discussed further in the cardiovascular disease section below, but creating environments that support physical activity and healthy diets and support people to stop smoking can help to reduce deaths from these conditions. In addition, this will also reduce the risk of dementia.

Figure 15: The proportion of deaths caused by COVID-19 and ischaemic heart diseases was lower in females in Warwickshire compared to England.

Top five underlying causes of death (excluding cancer) of those aged 65+ (females) in Warwickshire and England), 2021



Source: Nomis, 2021²¹

Table 14: Dementia and Alzheimer’s disease was the leading cause of death (except cancers) in women aged 75+ in Warwickshire, 2021

Key causes of death (excluding cancers) in females by age in Warwickshire, 2021

Cause of death	Aged 65–74	Aged 75–84	Aged 85+	All 65+
Dementia & Alzheimer disease	27	114	337	478
COVID-19	21	57	116	194
Cerebrovascular diseases	20	59	89	168
Symptoms, signs and ill-defined conditions	0	8	159	167
Ischaemic heart diseases	31	53	72	156

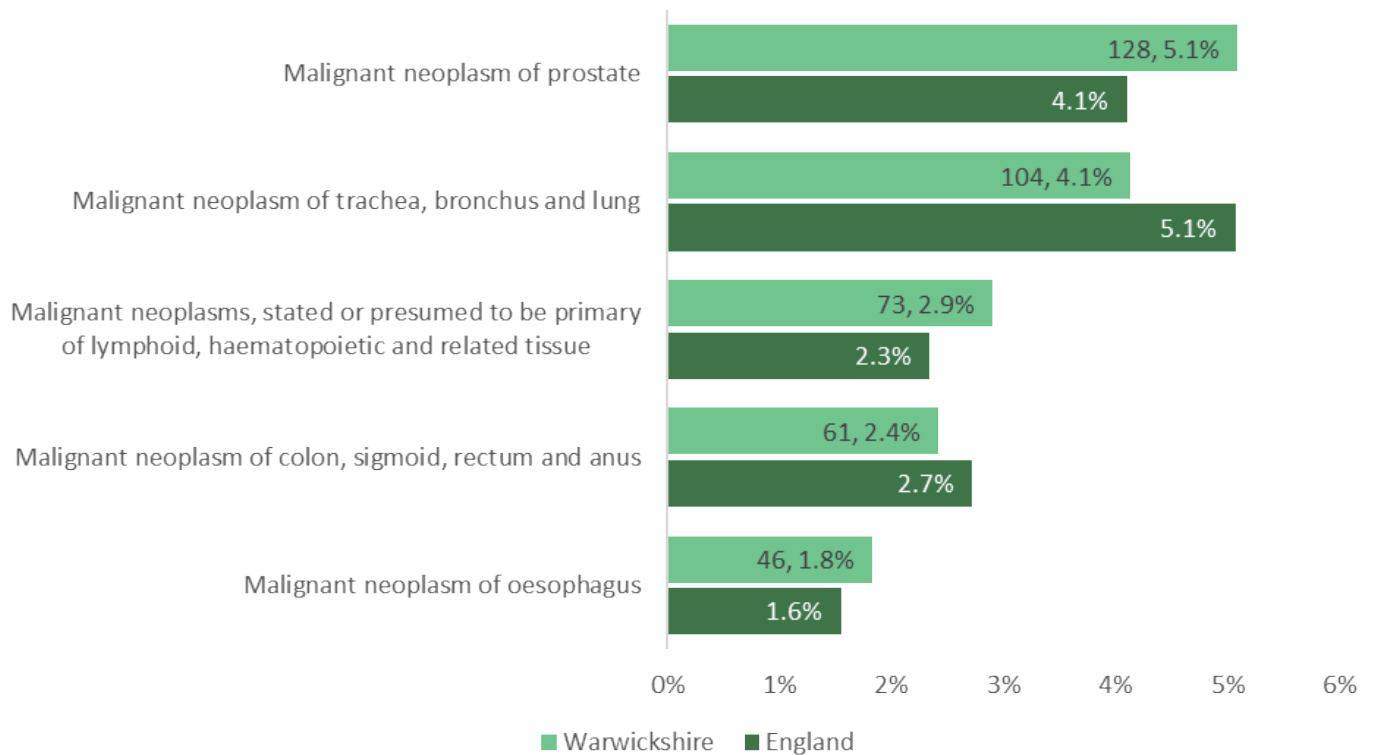
Source: Nomis, 2021²²

²¹ Nomis, 2021, Mortality Statistics, [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk) [accessed 4th September 2023]

²² Nomis, 2021, Mortality Statistics, [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk) [accessed 4th September 2023]

Figure 16: Among all cancer deaths in males aged 65+ in Warwickshire, prostate cancer was the most common.

Top five underlying causes of cancer deaths in men aged 65+, number and percentage of total male deaths in those aged 65+, Warwickshire and England, 2021



Source: Nomis, 2021²³

Smoking is a key modifiable risk factor for cancer; around seven in ten cases of lung cancer and around 35% of cases of oesophageal cancer are thought to be due to smoking.²⁴ Bowel cancer screening is also available for people aged 60–74 years and while coverage in Warwickshire is generally higher than England (72.3% compared with 70.3%), this ranges from 68.7% in Nuneaton and Bedworth to 75.0% in Stratford-on-Avon.²⁵

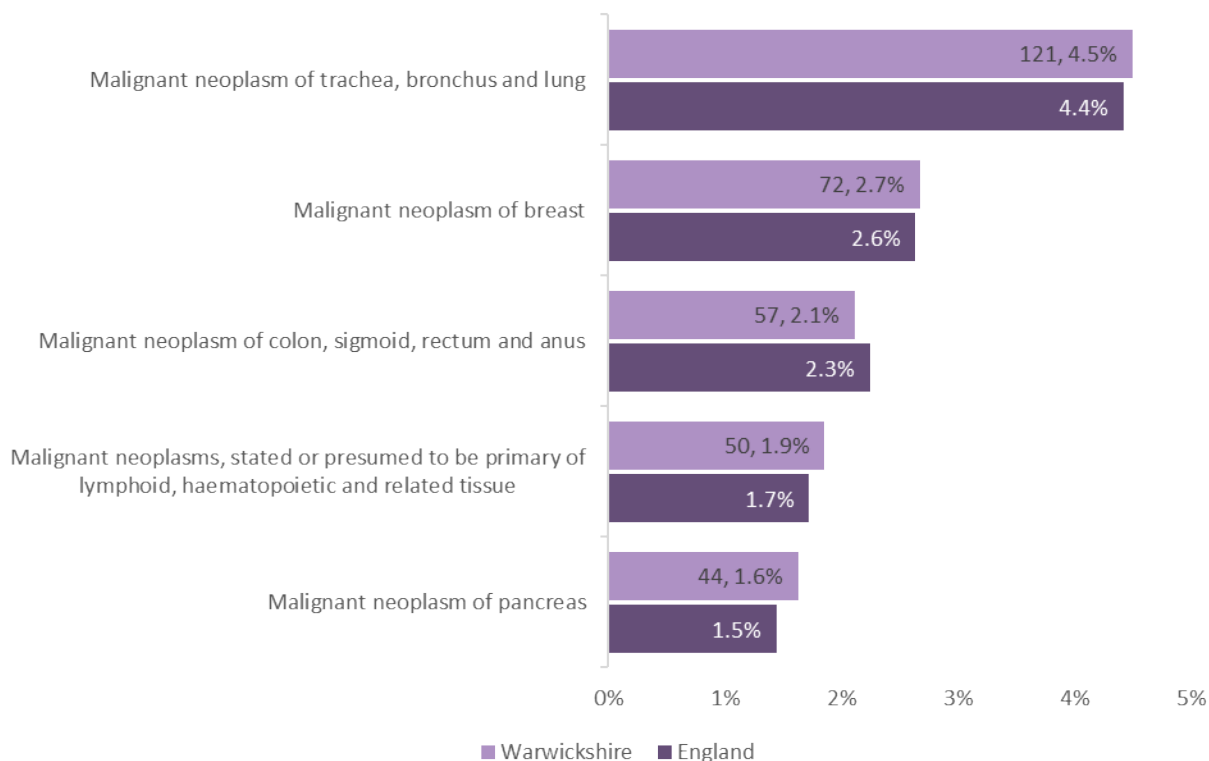
²³ Nomis, 2021, Mortality Statistics, [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk) [accessed 4th September 2023]

²⁴ Cancer Research UK. *Risks and causes of oesophageal cancer*. <https://www.cancerresearchuk.org/about-cancer/oesophageal-cancer/causes-risks> [Accessed 29 September 2023]

²⁵ <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/3/gid/1000042/pat/502/par/E10000031/ati/501/are/E07000218/iid/91720/age/280/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> [Accessed 29 September 2023]

Figure 17: The pattern of cancer deaths in women aged 65+ was similar to that for England with deaths more likely from cancers of trachea, bronchus and lung.

Top five underlying causes of cancer deaths of women aged 65+, number and percentage of total female deaths in those aged 65+, Warwickshire and England, 2021



Source: ONS from Nomis, 2021²⁶

Lung cancer is the largest cause of cancer death in women in Warwickshire, underlining the importance of preventing people from starting smoking and supporting them to quit. The second most common cause is breast cancer. Breast cancer screening is offered to women aged 50–71 years. As with bowel cancer screening, while coverage in Warwickshire overall is better than England (66.2% compared with 65.2%), this ranges from 70.6% in Stratford-on-Avon to 60.6% in North Warwickshire.²⁷ All districts/boroughs saw a decline in coverage in 2021 due to the COVID-19 pandemic, but this was particularly steep in North Warwickshire (which went from 76.4% coverage in 2020 to 48.1% coverage in 2021) and Warwick; however, Warwick saw greater improvement between 2021 and 2022.

²⁶ Nomis, 2021, Mortality Statistics, [Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk) [accessed 4th September 2023]

²⁷ <https://fingertips.phe.org.uk/public-health-outcomes-framework#page/3/gid/1000042/pat/502/par/E1000031/ati/501/are/E07000218/iid/22001/age/225/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> [Accessed 29th September 2023]

ILL HEALTH

The Global Burden of Disease tool provides modelled estimates of ill health, including years lived with disability (YLDs), although this can be thought of more broadly as 'years lived in less than ideal health'.²⁸ This is based on a disability weighting that is applied to each condition multiplied by the estimated prevalence of the condition – this means that conditions that affect a lot of people but not very severely can be compared with those that affect fewer people but in a more severe way.

Figures 18 and 19 below illustrates the wide variety of causes of ill health among people aged 70 and above in Warwickshire, with the five largest contributors to YLDs being:

- musculoskeletal conditions (MSK; 20.5%) – predominantly back pain (9.0%), osteoarthritis (5.7%) and neck pain (2.8%)
- sense organ disease (11.3%) – particularly age-related and other hearing loss (7.7%) and blindness and vision loss (2.7%)
- chronic respiratory diseases (8.7%) – especially chronic obstructive pulmonary disease (COPD; 6.6%)
- unintentional injuries (8.7%) – most notably falls (6.8%)
- diabetes and kidney disease (8.5%) – especially diabetes (7.2%).

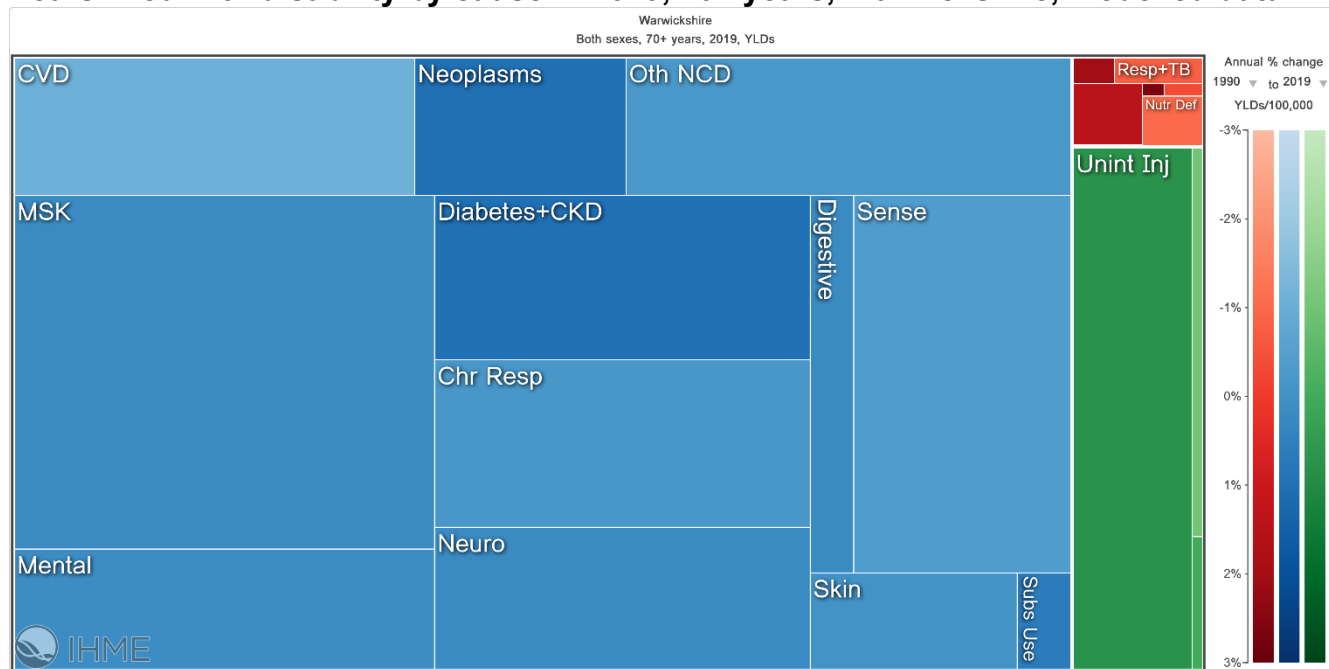
This highlights how, to pick one example, hearing loss may contribute more to ill health than diabetes across a whole population. This underlines the need to think broadly about opportunities to improve health at a population level.

While these conditions have been presented separately at a population level, at an individual level, it is important to note that a person may have two or more long-term health conditions (multimorbidity) and the prevalence of multimorbidity increases with age.

²⁸ <https://www.healthdata.org/research-analysis/about-gbd> [Accessed 29th September 2023]

Figure 18: The causes of ill health in people aged 70+ in Warwickshire are diverse and include musculoskeletal conditions, hearing/sight loss, and chronic respiratory diseases.

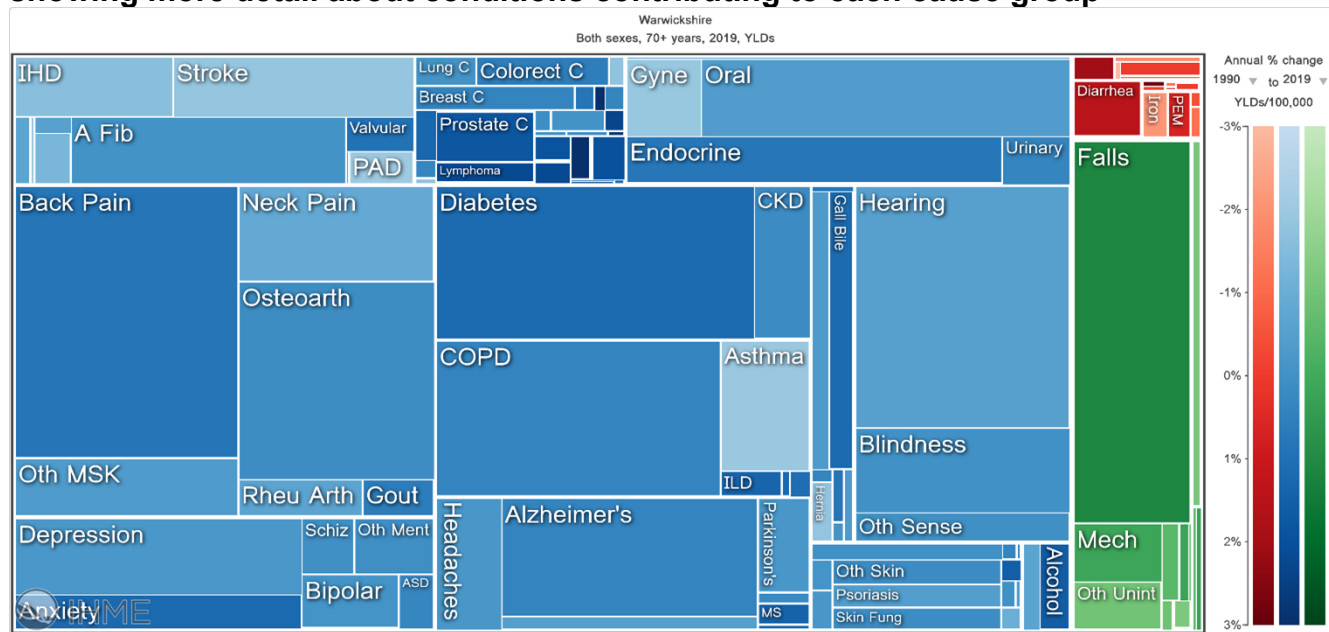
Years lived with disability by cause in 2019, 70+ years, Warwickshire, modelled data



Source: Global Burden of Disease 2019

Figure 19: Within these broad categories, key contributors to ill health in people aged 70+ in Warwickshire are back pain, hearing loss, and diabetes.

Years lived with disability by cause in 2019, 70+ years, Warwickshire, modelled data, showing more detail about conditions contributing to each cause group



Source: Global Burden of Disease 2019

PREVENTION

RISK FACTORS

As discussed in the local population section, the Global Burden of Disease study provides modelled estimates of ill health and mortality. It also includes a summary of risk factors contributing to these.

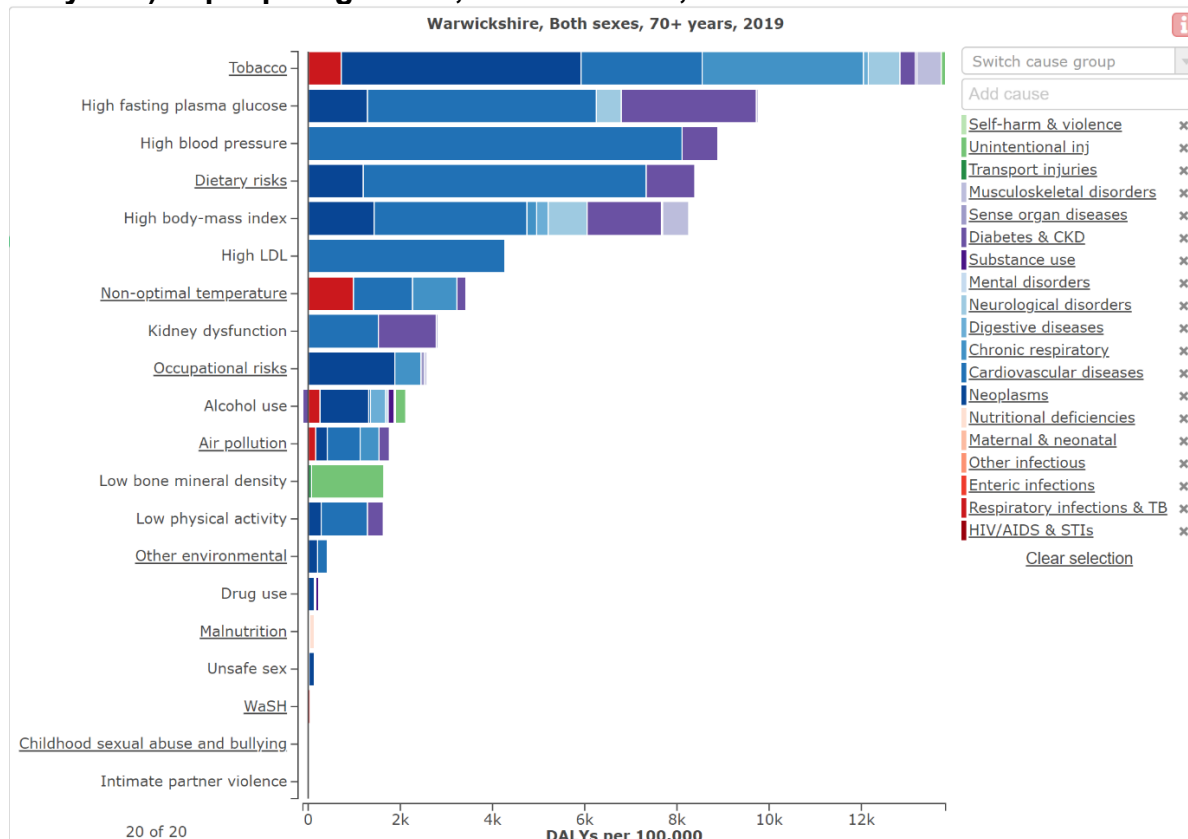
Figure 20 shows that the top five modifiable risk factors contributing to disability-adjusted life years (a composite measure encompassing ill health and death). In people aged 70 and above in Warwickshire are:

- tobacco
- high fasting plasma glucose
- high blood pressure
- dietary risks
- high body mass index.

Tobacco has a notably higher contribution than the other risk factors and smoking should therefore remain a high priority for action. Although 'low physical activity' is relatively low on this list, increasing physical activity will also play a role in modifying some of the risk factors above.

Figure 20: Tobacco was the largest contributor to ill health and mortality in people aged 70+ in Warwickshire.

Contribution of risk factors to ill health and mortality (measured as disability-adjusted life years) in people aged 70+, Warwickshire, modelled data.



Source: Global Burden of Disease 2019

The National Institute for Health and Care Excellence (NICE) has guidance on mid-life approaches to delay or prevent onset of dementia, disability, and frailty in later life.²⁹ They advise developing and supporting population-level initiatives that help people alter behaviours such as:

- stop smoking
- be more physically active
- reduce their alcohol consumption
- adopt a healthy diet
- achieve and/or maintain a healthy weight.

NICE also suggests increasing awareness of dementia, living with disability and frailty, and producing information on the risk factors that encourage people to address the previously mentioned behaviours.

SMOKING

Smoking is the biggest cause of preventable deaths in England, causing 64,000 deaths annually.³⁰ The risk factors associated with smoking are well documented and have been linked to many long-term conditions such as:

- cancer
- lung disease such as COPD
- dementia
- diabetes
- cardiovascular disease
- macular degeneration (sight deterioration/loss)
- osteoporosis
- poor mental wellbeing.³¹

²⁹ NICE. *Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset*. <https://www.nice.org.uk/guidance/ng16> [Accessed 11th October 2023]

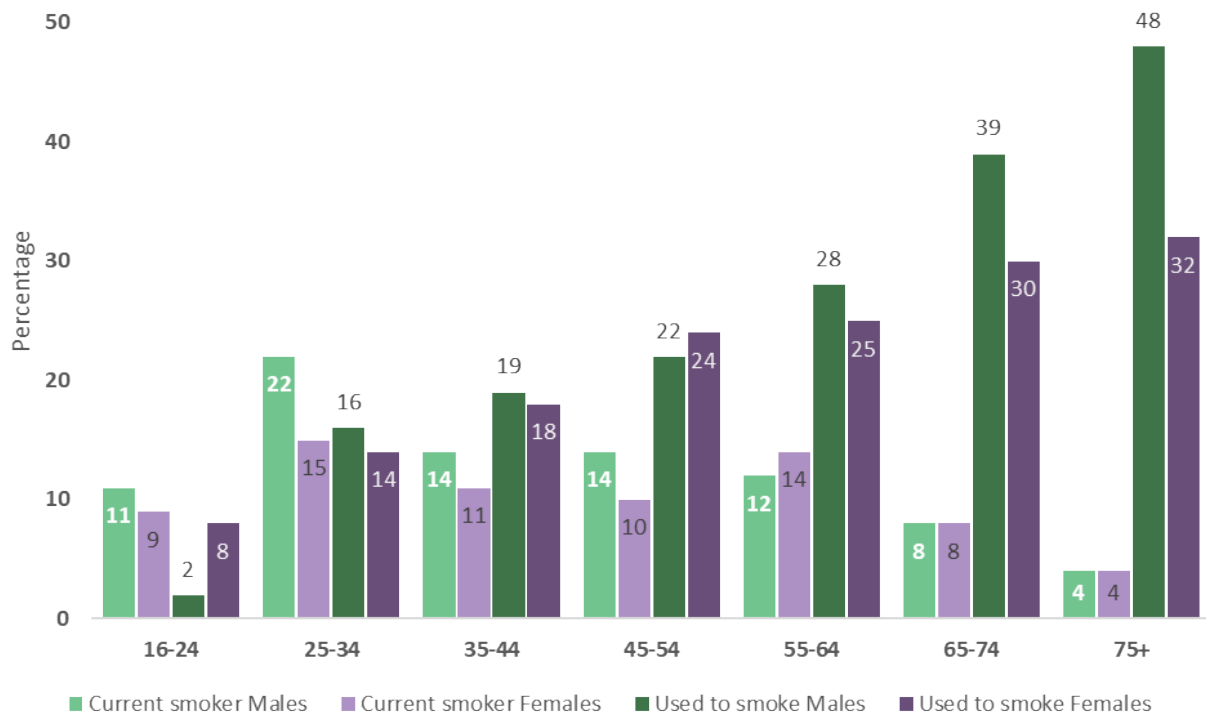
³⁰ Department of Health & Social Care. *Stopping the start: our plan to create a smokefree generation*. Department of Health & Social Care. Report Number: CP 949-I. 2023; Cancer Research UK, 2023 [Tobacco statistics | Cancer Research UK](#), [accessed 4th September 2023]; Nuffield Trust, 2023 [Smoking | Nuffield Trust](#), [accessed 4th September 2023]

³¹ Department of Health & Social Care. *Stopping the start: our plan to create a smokefree generation*. Department of Health & Social Care. Report Number: CP 949-I. 2023.

It is estimated around 12–13% of adults 18+ smoke.³² In 2022 in Warwickshire, the smoking prevalence in people aged 18 and above was 13.9%, which was similar to England (12.7%).³³ Smoking data is not available by sex or age at Warwickshire level, but from national survey data we know that overall rates vary between males (15.1%) and females (11.5%). However, rates of smoking are estimated to be considerably lower in older age categories with little difference between estimated prevalence for males and females. Understandably, there is a higher proportion of older people who ‘used to smoke cigarettes regularly’, particularly in males.

Figure 21: Rates of current smoking are lower in those aged 65+ than younger age groups.

Proportion of males and females in England estimated to be either current smokers or who use to smoke by age group, 2021



Source: Health Survey for England, 2021³⁴

Based on the above age-specific prevalence rates and assuming Warwickshire follows the national picture, the estimated number of current smokers aged 65+ is approximately 7,500 people.

³² Local Tobacco Control Profiles, Fingertips, 2021 [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-tobacco-control-profiles), [accessed 4th September 2023]; NHS Digital, 2023 [Health Survey for England, 2021, part 1](https://www.nhs.uk/health-survey-for-england-2021) [accessed 4th September 2023]

³³ Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/15/par/E92000001/ati/502/are/E10000031/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

³⁴ NHS Digital, 2023 [Health Survey for England, 2021, part 1](https://www.nhs.uk/health-survey-for-england-2021) [accessed 4th September 2023]

Department of health and social care emphasise that it is never too late to stop smoking. The benefits in terms of reduced risk of the smoking related diseases outlined above are still evident in older age groups, along with more immediate health and wellbeing effects including family members that may be felt within days or weeks of quitting.

Support to stop smoking is available through several routes in Warwickshire including Warwickshire's '[Quit 4 Good service](#)' which offers a supported 12-week programme to help people quit.

In 2022/23, about one-third of males (n=184) who set a quit date through Warwickshire Stop Smoking service were over the age of 60. For females the figure was slightly higher at 37% (n=302) of all women setting a quit date.

ALCOHOL

Alcohol can be a key risk factor for many conditions responsible for poor health as we age³⁵. Harmful drinking levels increase the risk of developing several different cancers, stroke, heart disease, liver disease and damage to the brain and nervous system as well as harm and injury due to alcohol-related accidents.

With age, the rate at which alcohol is broken down in the body is slowed: alcohol is circulated for longer so the effects last longer.³⁶ NICE guidelines recommend reducing alcohol consumption in later years.³⁷ According to the most recent 2021 Health Survey for England, 20% of men aged 75+ and 25% of women aged 75+ reported they had not drunk alcohol at all in the last 12 months. However, Figure 22 highlights that older age groups were more likely to drink 'almost every day' (the highest frequency option in the survey) compared with younger age groups, although this does not indicate how much is being consumed on a routine basis by older people.

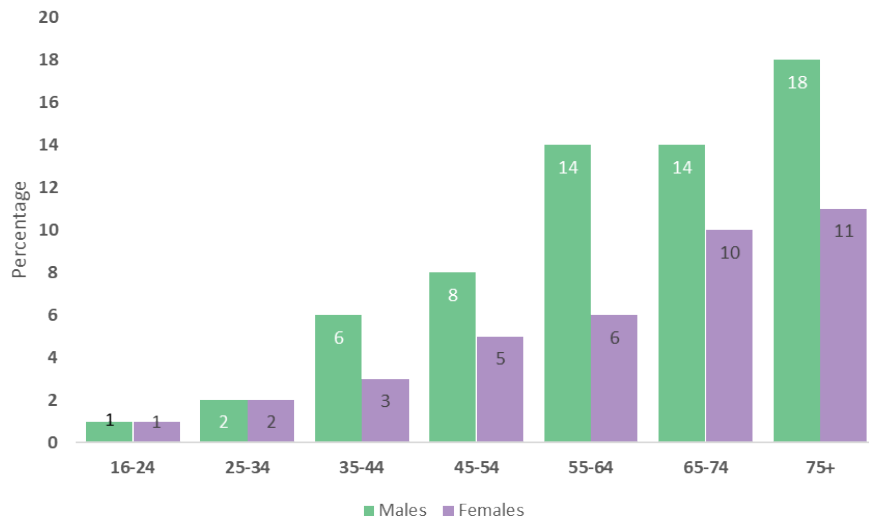
Figure 22: Drinking every day was more common in older age categories for both males and females.

Estimated prevalence of drinking alcohol 'almost every day' by age and sex, England, 2021

³⁵ Centre for Ageing Better, 2021 [Alcohol and ageing: the hidden harms | Centre for Ageing Better \(ageing-better.org.uk\)](#) [accessed 4th September 2023]

³⁶ Royal College of Psychiatrists, [2015 Alcohol and older people](#) [accessed 4th September 2023]

³⁷ National Institute for Health and Care Excellence, 2015 [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) [accessed 4th September 2023]



Source: Health Survey for England, 2021³⁸

Estimated consumption by the number of units consumed each week gives an indication of levels of ‘risky’ drinking in older age categories. For men, drinking more than 14 but up to 50 units a week is considered ‘increasing risk’ and more than 50 units is considered ‘higher risk’. For women between 15 and 35 units per week is considered ‘increasing risk’ while more than 35 is ‘higher risk’.

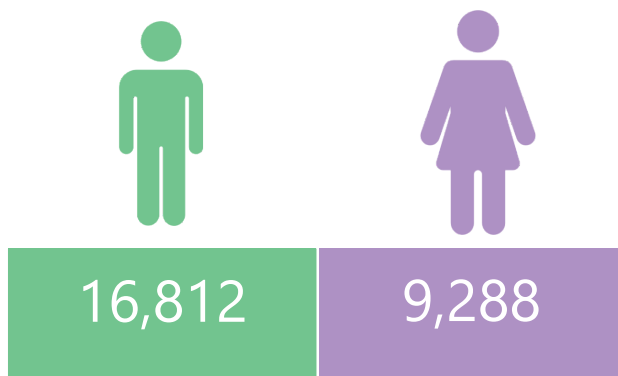


Table 15 below sets out the proportion of people aged 65+ estimated to be drinking at these levels according to the Health Survey for England, 2021.

Table 15: Increasing and higher risk drinking was more evident in males than females in England, especially those aged 65–74 years.

	65–74	75+	All aged 16+
Males – increasing risk (14–50 units per week)	32%	18%	23%
Males – higher risk (>50 units per week)	4%	4%	5%
Females – increasing risk (14–35 units per week)	14%	10%	13%
Females – higher risk (>35 units per week)	3%	1%	2%

Source: Health Survey for England, 2021³⁹

Approximately one in three males aged 65+ were ‘increasing’ or ‘higher risk’ drinkers while around one in five males aged 75+ were ‘increasing/higher risk’ drinkers. For women the proportions were lower but not markedly so compared to younger age categories. Those rates applied to Warwickshire are illustrated in the figure below.

Figure 23: It is estimated that there are double the number of male increasing/higher risk drinkers aged 65+ in Warwickshire than females.

³⁸ NHS Digital, [Health survey for England, 2021: Data tables](#) [accessed 5th September 2023]

³⁹ NHS Digital, [Health survey for England, 2021: Data tables](#) [accessed 5th September, 2023]

Estimated number of males and females aged 65+ who were increasing/higher risk drinkers in Warwickshire, 2021

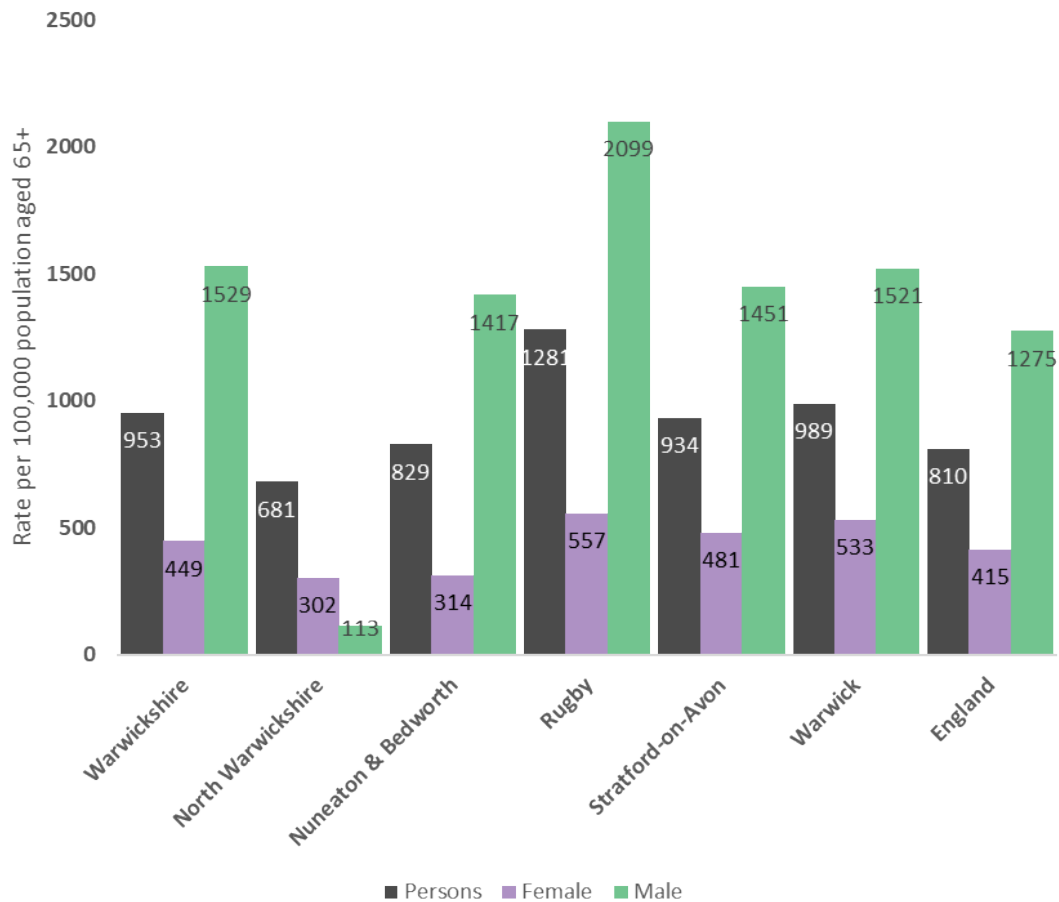
Source: Health Survey for England Numbers, 2021 applied to male/female population ONS MYE (2021) population figures for Warwickshire⁴⁰

One way of assessing the impact of alcohol in the lives of older people is to look at admission episodes for alcohol-related conditions. The figure below illustrates admissions episodes in Warwickshire.

Figure 24: Males aged 65+ had a significantly higher rate of admission episodes for alcohol-related conditions compared with England. Rates in the south of the county were significantly higher than the England average for all persons.

Admission episodes for alcohol-related conditions 65+, directly age-standardised rate per 100,000 population, Warwickshire, 2021/22

⁴⁰ NHS Digital, [Health survey for England, 2021: Data tables](#) [accessed 5th September, 2023]; [ONS Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland, 2022](#) [accessed 4th September 2023]



Source: *Fingertips, Public Health Profiles, 2021/22*⁴¹

Rates of admission episodes for those aged 65+ were significantly higher when compared to England:

- for all persons in Rugby, Stratford-on-Avon, and Warwick
- for males in Warwickshire, driven by high rates in Rugby and Warwick
- for females in Rugby and Warwick.

In Warwickshire, treatment services for alcohol are provided by Change Grow Live. Service data for the 12-month period to May 2023 indicate that 60 people aged 65+ received treatment out of a total of 864 people who used the service (6.9%). Slightly more women went through treatment (n=34) than men (n=26).⁴²

HEALTHY WEIGHT

Maintaining a healthy weight is an important part of staying healthy at any age. Being obese increases the risk of various health conditions, including:⁴³

⁴¹ OHID, 2021/22 Public Health Profiles, [Admission episodes for alcohol related conditions \(65+\)](#) [accessed 5th September 2023]

⁴² Service data provided by Change Grow Live, August 2023

⁴³ NHS. *Obesity*. <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/obesity/> [accessed 24th November 2023]

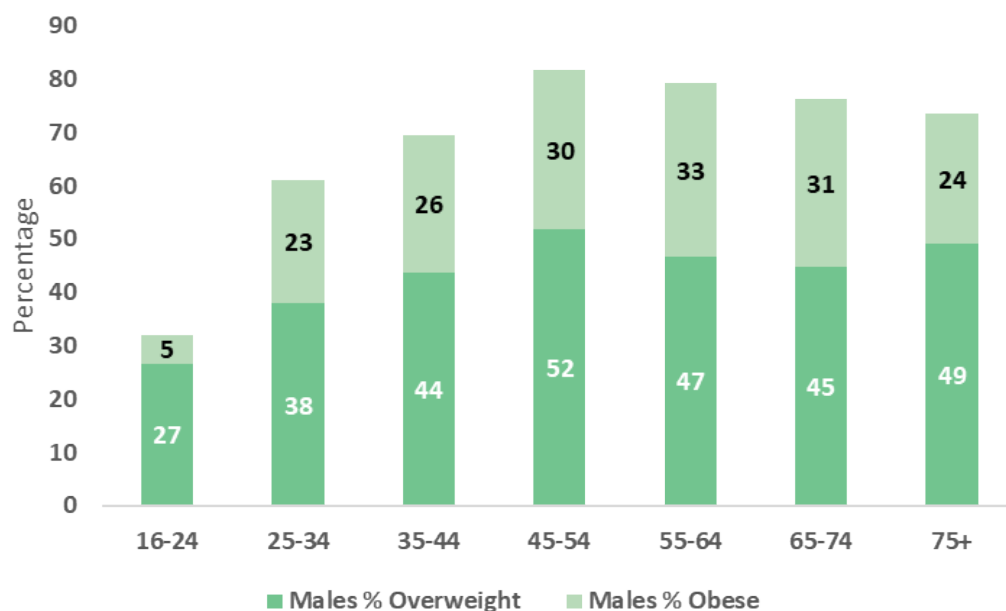
- type 2 diabetes
- coronary heart disease
- high blood pressure and cholesterol
- some types of cancer
- respiratory diseases
- stroke
- musculoskeletal diseases
- liver diseases

Additionally, being overweight or obese can contribute to other risk factors; people who are obese are less likely to engage in physical activity, more likely to experience loneliness and social isolation.⁴⁴ Similarly, although affecting fewer people, being underweight also impacts on overall health and is highlighted later in this section.

Based on the rates given in the charts below, most males (76% aged 65–74) and females (71% aged 65–74) are either overweight or obese. Obesity levels do appear to be lower for those aged 75+ but are still at around a quarter of males and females.

Figure 25: Almost a third of men aged 65–74 were estimated to be obese; this drops to a quarter when considering men aged 75+.

Proportion of males estimated to be overweight or obese by age, England, 2021



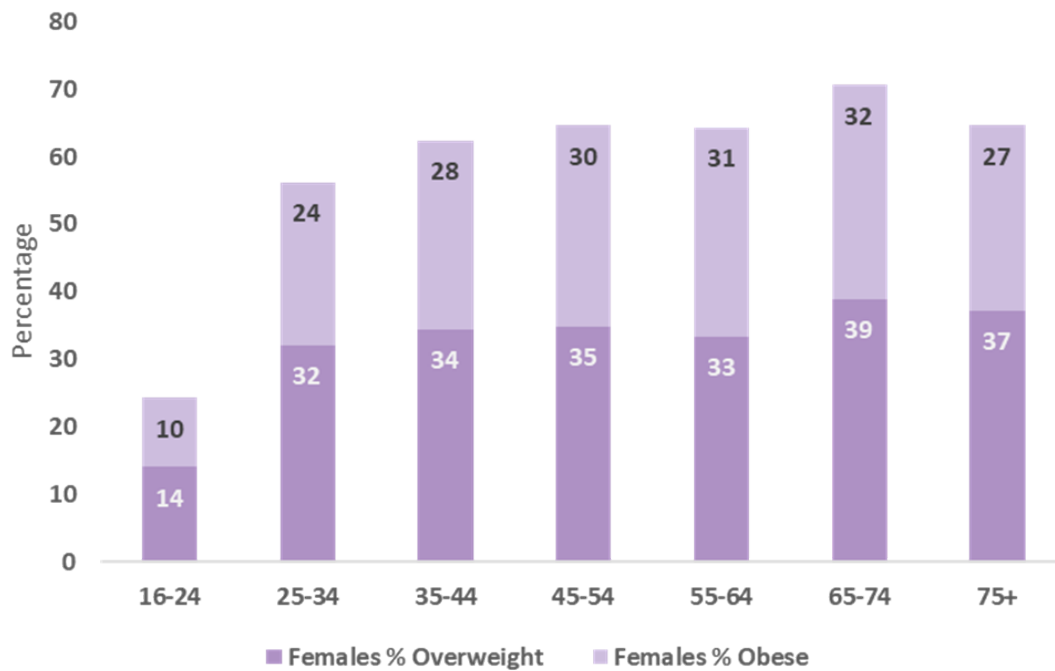
Source: Health Survey for England, 2021⁴⁵

Figure 26: Females aged 65–74 are estimated to have the highest rates of being either overweight or obese compared to all other female age groups.

Proportion of females estimated to be overweight or obese by age, England, 2021

⁴⁴ NHS Digital, [Health Survey for England, 2021, part 1. Overweight and obesity in adults](#) [accessed 5th September 2023]

⁴⁵ NHS Digital, [Health survey for England, 2021: Data tables](#) [accessed 5th September 2023]



Source: Health Survey for England, 2021⁴⁶

If extrapolated to the Warwickshire population, the above proportions would suggest that around 15,800 men and 19,600 women aged 65 and above may be obese.

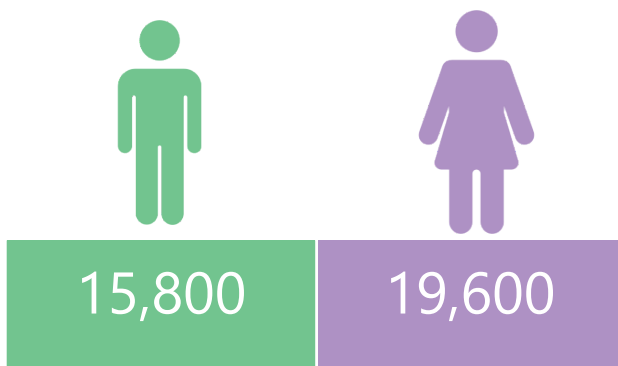


Figure 27: It is estimated that there are more women aged 65 who may be obese than men.

Estimated number of men and women in Warwickshire aged 65 and above who may be obese based on HSE 2021 data.

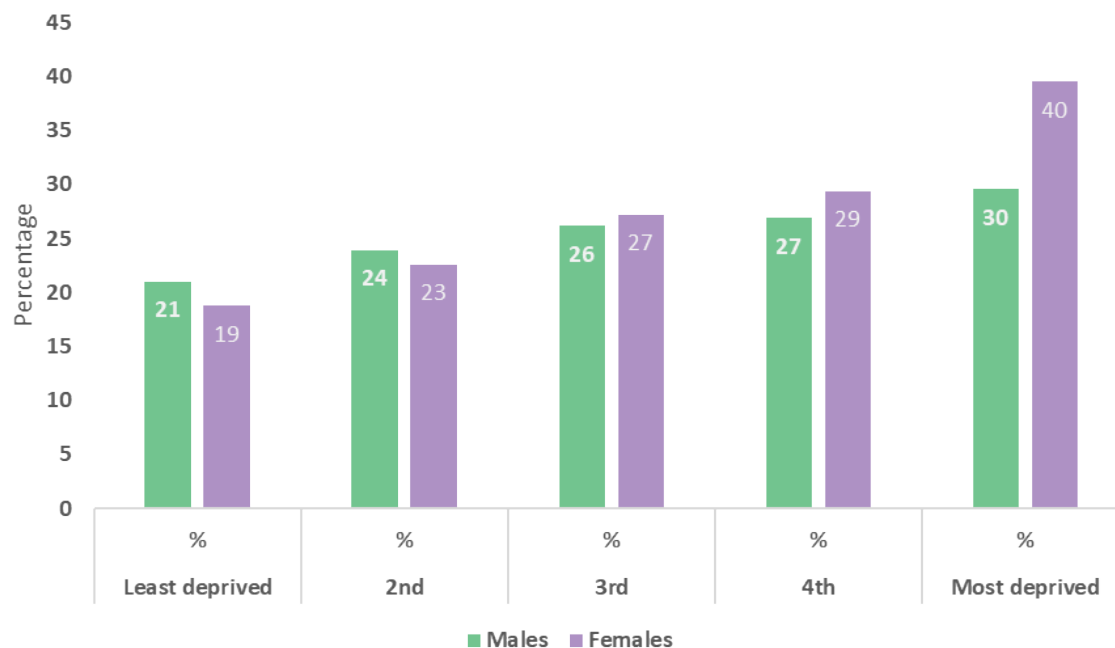
Source: Health Survey for England applied to male/female population ONS MYE (2021) population figures for Warwickshire.

The Health Survey for England 2021 also reported that a deprivation gradient was observed in the distribution of obesity (all ages); those in the least deprived areas were less likely to be obese compared to those living in the most deprived areas – this was more visible in females.

Figure 28: Higher proportions of people (all ages) who were estimated to be obese were observed in the most deprived areas; the gap was wider for females.

Proportion of all-age males and females estimated to be obese by deprivation quintile, England, 2021

⁴⁶ NHS Digital, [Health survey for England, 2021: Data tables](#) [accessed 5th September 2023]



Source: Health Survey for England, 2021⁴⁷

The above chart highlights the inequality that is experienced by people living in more deprived areas. With more people living with obesity, health outcomes are likely to be poorer.

Warwickshire’s weight management pathway outlines the current services available to support residents to achieve a healthier weight through the life course. More information can be found on the NHS Coventry and Warwickshire website - <https://www.happyhealthylives.uk/integrated-care-board/resources-and-services/weight-management-pathways/>.

Underweight adults

Being underweight is associated with malnutrition in older people, although it can also be an issue if overweight, with estimates suggesting 1 in 10 older people may be malnourished or at risk of being so.⁴⁸ The causes of malnutrition are both social and clinical, including underlying disease, decreased mobility, limited transport to local shops, social isolation, and low income.⁴⁹ Malnutrition can negatively impact health and wellbeing, increase hospital admissions, and lead to long-term health problems for older people.

Underweight individuals may struggle to consume an adequate amount of essential nutrients leading to malnutrition. Being well nourished and maintaining a healthy weight can help:

- maintain muscle mass, improve mobility, and reduce the risk of falls and fractures.
- reduce the risk of osteoporosis.

⁴⁷ NHS Digital, [Health survey for England, 2021: Data tables](#) [accessed 5th September 2023]

⁴⁸ Age UK, 2021, [Health and Wellbeing](#) [accessed 4th September 2023]

⁴⁹ Bapen, *Malnutrition among Older People in the Community*.

<https://www.bapen.org.uk/professionals/publications-and-resources/bapen-reports/combating-malnutrition-recommendations-for-action/20-professionals/publications-and-resources/174-malnutrition-among-older-people-in-the-community> [accessed 8th November 2023]

- maintain cognitive function and age well for longer as people can maintain their day-to-day activities, keep active and engage in social activities.
- avoid fatigue which as above may limit involvement in physical and social activities.
- reduce infections and maintain a healthy immune system.
- manage chronic conditions.

It is important that people at risk of being malnourished including those who are under, and overweight are given support to help manage their weight and make dietary adjustments if necessary. Local engagement highlighted there was recognition of the importance of diet in maintaining a healthy lifestyle. There was some desire for classes to further educate on nutrition.

“Diet is really important. It contributes to how well you feel; I am very careful about all that stuff.”

Story circles participant answering the question “What is important to you?”

PHYSICAL ACTIVITY

The health and wellbeing benefits of physical activity for all age groups, including older people, are well documented. Research suggests, however, that as we age, we are more likely to become less active.⁵⁰



Source: Department of Health and Social Care, 2019⁵¹

The Chief Medical Officers’ guidance recommends adults aged 65+ should:⁵²

- aim to be physically active every day, even if it is just light activity (including day to day tasks around the home)
- do activities that improve strength, balance and flexibility on at least 2 days a week

⁵⁰ Sport England, 2021 [Older Adults](#) [accessed 5th September 2023]

⁵¹ Department for Health and Social Care, 2019, [Physical activity for adults and older adults](#) [accessed 4th September 2023]

⁵² Davies C, Atherton F, McBride M, Calderwood C. [UK Chief Medical Officers’ Physical Activity Guidelines](#). [London]: Department of Health and Social Care; 2019.

- do at least 150 minutes of moderate activity per week
- reduce time spent sitting or lying down and break up long periods of not moving with some activity.

There is also a body of evidence that indicates that those who do the least activity stand to benefit the most, even from small changes in levels of physical activity.⁵³ Data about levels of physical activity in older people suggests that four in ten people aged 65+ (40.8%) in Warwickshire are routinely inactive (less than 30 minutes of activity per week).⁵⁴ In Warwickshire that would be around 50,400 people. This figure is more noticeable in people aged 85+ where around two-thirds are estimated to be inactive.⁵⁵

There are a range of ways older people can be more active both as part of day-to-day life such as active transport (see transport section in this document), household tasks or gardening, as well as opportunities to engage in more organised physical activity such as walking groups or exercise classes.

However, some people will experience additional barriers to doing more exercise, perhaps because of a long-term condition or other factors. Services such as the Fitter Futures Warwickshire Physical Activity on Referral (PAoR) which offers a 12-week personalised physical activity and health lifestyle programme may be a suitable pathway.

In both story circles and the engagement survey there was a highlight on the importance of physical activity and health. Staying physically active was one of three of the highest ranked in what was most important in being healthier and happier.

“Being active, always – every day, still working in the garden, or going to line dancing every week.”

Story circles participant answering the question “What is important to you?”

Generally, respondents were positive around the local sports facilities. Limitations to physical activity were pinpointed and included accessibility, affordability, number of services suitable and available for the ageing population and poor infrastructure with a focus on local pathways and cycling routes requiring better maintenance, more seating options and adequate lighting.

“There needs to be more accessible and affordable physical activity targeted at older people, so they don't feel intimidated with younger and fitter folk.”

Healthy Ageing in Warwickshire survey respondent

⁵³ Sport England, 2021 [Inactive People](#) [accessed 5th September 2023]

⁵⁴ Sport England, 2022, [Adult Data \(ages 16+\)](#) [accessed 24th November 2023]

⁵⁵ Sport England, 2022, [Adult Data \(ages 16+\)](#) [accessed 24th September 2023]; NHS Digital, [Health Survey for England, 2021 Data Tables](#) [accessed 5th September 2023]

LONELINESS AND SOCIAL ISOLATION

Loneliness and social isolation are terms often used interchangeably. Age UK suggest that loneliness refers to the emotions people have about how much social interaction they have compared to the level they would like to have.⁵⁶ Social isolation is used to refer to the actual number of contacts a person has and is used as a measure of how many opportunities an individual has to engage with family, friends or wider community. Thus someone can be lonely with lots of social contact or isolated but not feel lonely.

“I found myself in the quiet of lockdown. Up until that time, I was busy, but lonely. I had acquaintances, but not friends. In lockdown, I was directed to stop, told to stay at home. I could stop doing all these things, going out and helping. Afterwards, I have done different things. I don't participate in as many things, but I have been able to find genuine, important friendships. I found I could enjoy doing things by myself. There is a difference between being alone, and being lonely. You can be alone but not lonely. I think it's important for people to discover this. It was important for me; it was freeing.”

Story circles participant

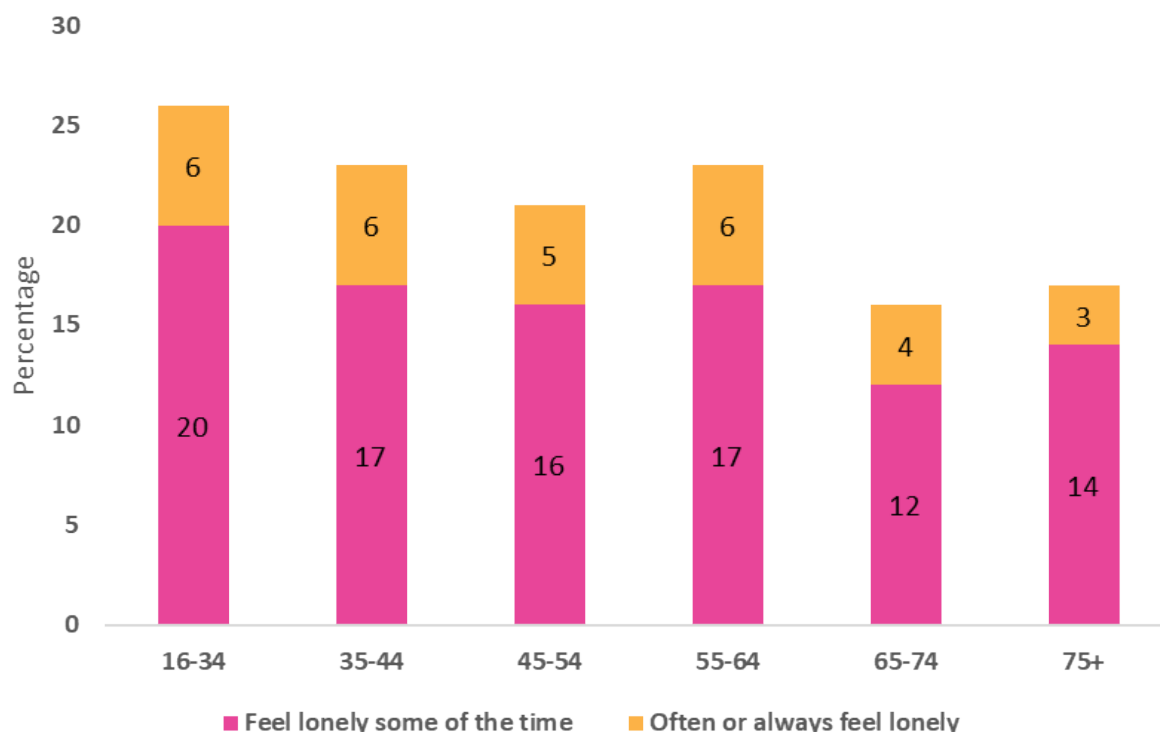
Loneliness is implicated in having an adverse impact on health and wellbeing. Research suggests persistent exposure to feeling lonely increases the likelihood of early mortality and poor physical and mental health including depression. Social isolation can contribute to feelings of loneliness. People can become socially isolated for a variety of reasons including getting older, no longer being as involved with family, leaving work, the deaths of spouses and friends or through disability or illness. Arguably the experience of ageing may make feeling lonely more likely as some of the things that may protect against social isolation and loneliness become more difficult.

The 2021 Health Survey for England indicated that older age groups were overall less likely to report feeling lonely than their younger counterparts. Rates were slightly higher for those aged 75+ compared with those 65–74 years. Additionally, among older people, rates were highest for women aged 75+ where 22% reported feeling lonely some of time/often or always.

⁵⁶ Age UK. Loneliness and isolation - understanding the difference and why it matters <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/> [accessed 27th November 2023]

Figure 29: Overall, rates of self-reported loneliness were lower in those aged 65+ compared with younger age groups.

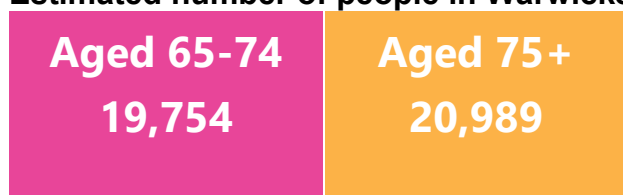
Self-reported loneliness by age, England, 2021



Source: Health Survey for England, 2021⁵⁷

Figure 30: There are estimated to be around 40,000 people aged 65+ in Warwickshire experiencing loneliness.

Estimated number of people in Warwickshire aged 65+ experiencing loneliness*



*Proportions from HSE survey applied to ONS MYE 65+ Warwickshire population

While overall rates may be lower in older people, some population characteristics make the experience of loneliness more likely, suggesting rates among some groups of older people may be higher than the average figures presented above. Key risk factors associated with loneliness include:⁵⁸

- people who were **inactive had higher levels of loneliness**
- those **living in more deprived areas were more likely to experience loneliness**

⁵⁷ NHS Digital, [Health Survey for England, 2021 Data Tables](#) [accessed 5th September 2023]

⁵⁸ NHS Digital, 2021 [New survey shows strong link between poor health and loneliness](#) [accessed 5th September 2023]

- **people who were obese were also more lonely.** For women being overweight was also a risk factor.
- there was a **strong link between poor health and loneliness;** People whose self-reported health was bad/very bad were more likely to experience loneliness some of the time/often or always.
- **people who lived alone were more likely to report being lonely** compared with those who lived with other adults/children.

The following maps in Figures 31 and 32 highlight areas within Warwickshire where there are higher levels of self-reported poor health in those aged 65+ and where there are higher concentrations of older people who live alone; these areas may also be where higher levels of loneliness may be experienced by older people.

Figure 32: Levels of self-reported poor health in older people were higher in the north of the county

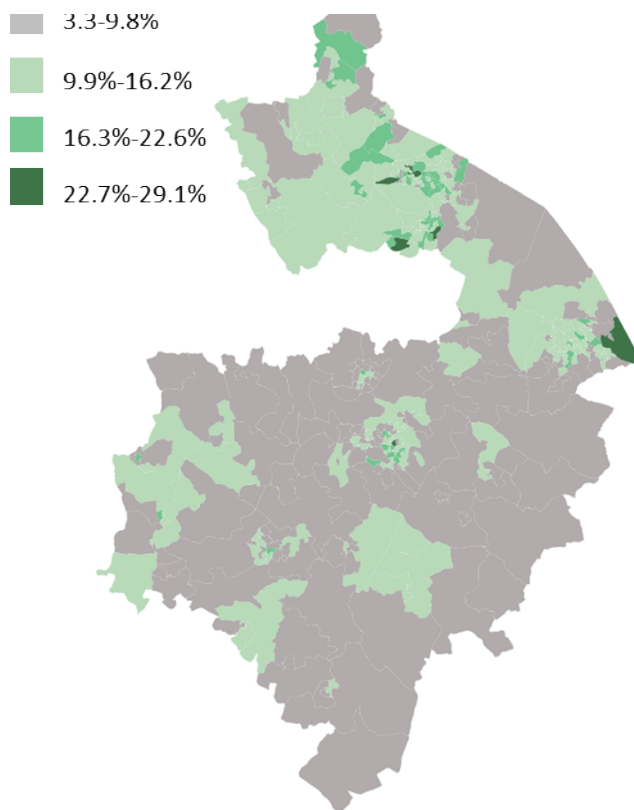
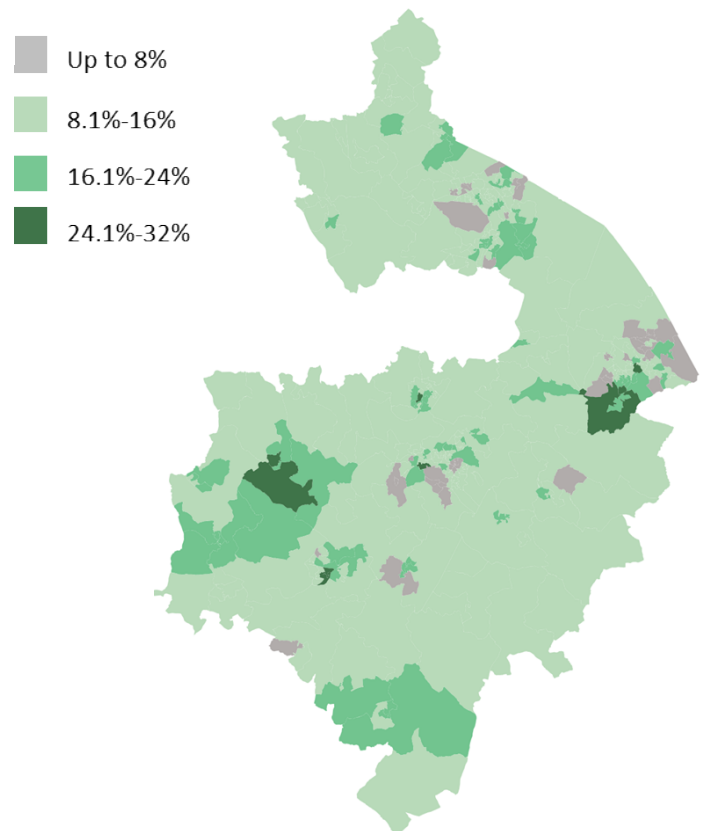


Figure 31: Pockets of higher rates of older people living alone were evident across the county



Source: 2021 Census⁵⁹

The importance and value of social contact within a community setting and with family and friends was continuously emphasised within the engagement. Spending time with loved ones was highest ranked within what is important for a happier and healthier life.

⁵⁹ 2021 Census accessed [via Custom dataset](#) [accessed 5th September 2023]

“Loneliness is a big deal and risk for old people.”

Healthy Ageing in Warwickshire survey respondent

Respondents expressed a desire for services within the community to tackle loneliness. Local data further extrapolates for reasons behind Isolation. Accessing information regarding social groups and activities could act as a hindrance, with some inferring that digital access was not favourable for them. Even more so there were transport concerns, with a particular mention to a lack of adequate public transportation to facilitate social activities and a fear of isolation when they will no longer be able to drive.

“A network of supportive friends is vital to ageing well.”

Healthy Ageing in Warwickshire survey respondent

Table 16: Top five LSOAs for levels of self-reported poor health in 65+

LSOA Code	WCC name	% 65+ reporting poor health	Income deprivation affecting older people decile	District/borough
E01035016	Camp Hill – St. Mary & St. John	29.1%	1	Nuneaton & Bedworth
E01031097	Poplar – Coalpit Field	27.1%	2	Nuneaton & Bedworth
E01031057	Bar Pool North & Crescents	25.3%	1	Nuneaton & Bedworth
E01031078	Keresley South and Ash Green	25.1%	5	Nuneaton & Bedworth
E01031090	Kingswood Grove Farm & Rural	24.6%	1	Nuneaton & Bedworth

Source: 2021 Census and IMD 2019⁶⁰

Table 17: Top five LSOAs with the highest proportions of those aged 66+ living alone

LSOA Code	WCC name	% aged 66+ and living alone	Income deprivation affecting older people decile	District/borough
E01021234	Stratford Old Town & Town Centre	32.0%	5	Stratford-on-Avon
E01031135	Bilton South – Cock Robin	27.6%	9	Rugby
E01031316	St. Nicholas Park, Myton & Emscote South	26.8%	5	Warwick
E01031235	Stratford Old Town	25.9%	9	Stratford on Avon
E01035025	Thurlaston & Draycote Water	25.5%	10	Rugby

Source: 2021 Census and IMD 2019⁶¹

⁶⁰ 2021 Census accessed [via Custom dataset](#) [accessed 5th September, 2023] and Ministry of Housing, Communities and Local Government, 2019 [English indices of deprivation 2019](#) [accessed 5th September 2023]

⁶¹ 2021 Census Table RM057, [Household composition by age](#) [accessed 5th September 2023] and Ministry of Housing, Communities and Local Government, 2019 [English indices of deprivation 2019](#) [accessed 5th September 2023]

COMMON MENTAL DISORDERS

Common mental disorders (CMDs) such as depression, anxiety and other conditions are a common experience in adults. Their estimated prevalence is higher in adults under 65 but nevertheless around 1 in 10 people aged 65+ in England are estimated to experience a CMD. Figures for Warwickshire indicate a slightly lower rate (9.2%) when compared with England but there is variation within the county – see Table 18 below. This is modelled based on deprivation (as well as age and sex), therefore it is unsurprising that the north of the county is higher than the south.

Table 18: The highest rates of CMDs are experienced in the north of the county.

Rates of CMDs in people aged 65+, England, Warwickshire and district/boroughs, 2017

Area	65+ rate of CMDs
Warwickshire	9.2%
North Warwickshire	10.1%
Nuneaton & Bedworth	11.0%
Rugby	8.8%
Stratford-on-Avon	8.4%
Warwick	8.4%
England	10.7%

Source: *Fingertips, Public Health Profiles, 2017*⁶²

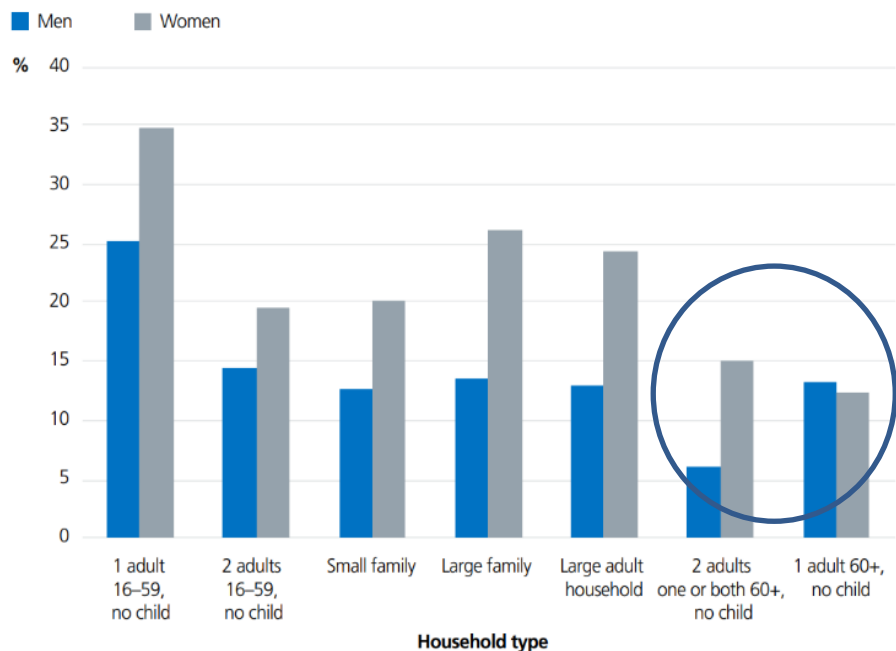
In the NHS Adult Psychiatric Morbidity Study 2014, the prevalence of common mental disorders by gender and household composition was investigated. It found that across all household types, women had a higher rate of CMDs, except for women aged 60+ living alone. In older couple households, the rate of CMDs for males was 6.1% (the lowest of all males age groups) compared with 15.1% for women. However, when men 60+ lived alone their rate was noticeably higher at 13% while the rate for women declined slightly.

This suggests males aged 60+ living alone are at greater risk of CMDs compared with their same-age counterparts who live in a couple.

⁶² OHID, 2017 [Public Health Profiles, Fingertips](#) [accessed 5th September 2023]

Figure 33: Males aged 60+ living alone had higher rates of CMDs compared with those living in a couple.

Proportion of males and females estimated to experience a CMD by household type, England, 2014



Source: Common mental disorders, Adult Psychiatric Morbidity Survey, 2014⁶³

Maintaining mental health was a prominent feature within the survey and there was praise for local support groups such as the Railings for CBT and talking therapies. There were however calls for greater mental health support for the ageing population.

“People look to providing young people with mental health support .. so older people just get pushed to one side.”
 Healthy Ageing in Warwickshire survey respondent.

Wider determinants of mental health, including the environment were also mentioned within the engagement and alluded to their importance in wellbeing.

“The town’s flowers make a big impact. They really lift everyone’s spirits. Whatever they cost, it’s worth it.”
 Healthy Ageing in Warwickshire survey respondent.

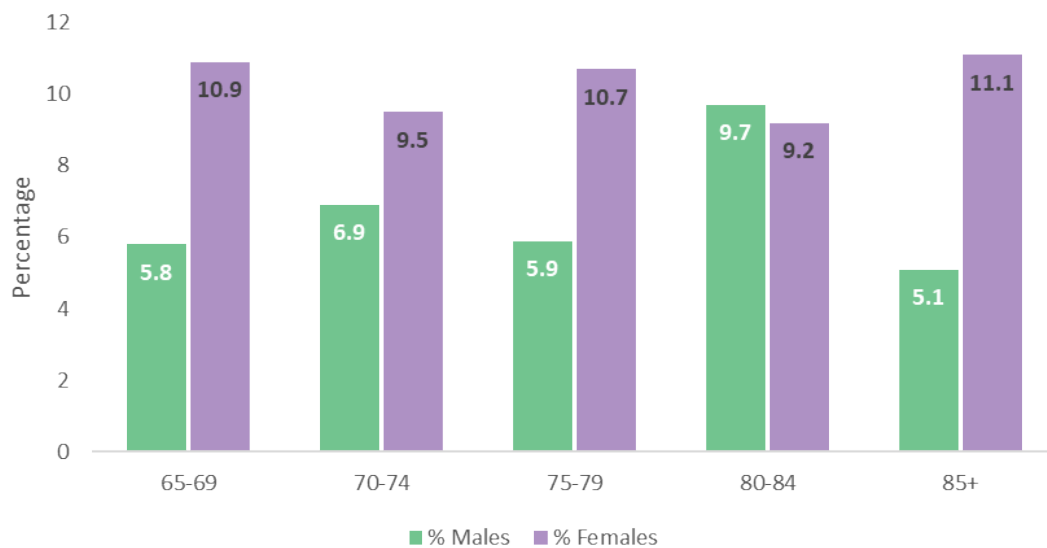
⁶³ NHS Adult Psychiatric Morbidity Survey, 2014, [Adult Psychiatric Morbidity Survey - NHS Digital](#) [accessed 5th September 2023]

DEPRESSION

Depression in older people is a significant mental health concern that may go undiagnosed or untreated. It can be triggered by various factors such as the loss of a loved one, chronic health conditions, social isolation, or a decline in functional abilities. Symptoms may manifest themselves as persistent sadness, lack of energy, sleep disturbances, appetite changes or sometimes physical health problems.

Figure 34: In general, females experience rates of depression almost twice those of males.

Proportion of males and females by age estimated to be experiencing depression, England, 2020.



Source: POPPI, 2020⁶⁴

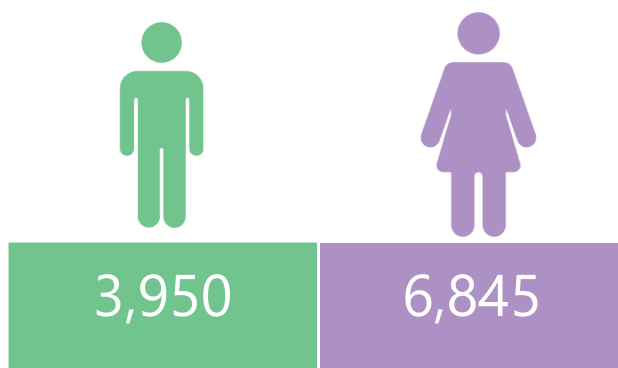


Figure 35: There are estimated to be around double the number of females compared to males in Warwickshire who have depression.

Number of males and females aged 65+ estimated to have depression based on proportions in figure above.

Source: POPPI and ONS population MYE 2021⁶⁵

⁶⁴ [Projecting Older People Population Information](#), 2020 [accessed 5th September 2023]

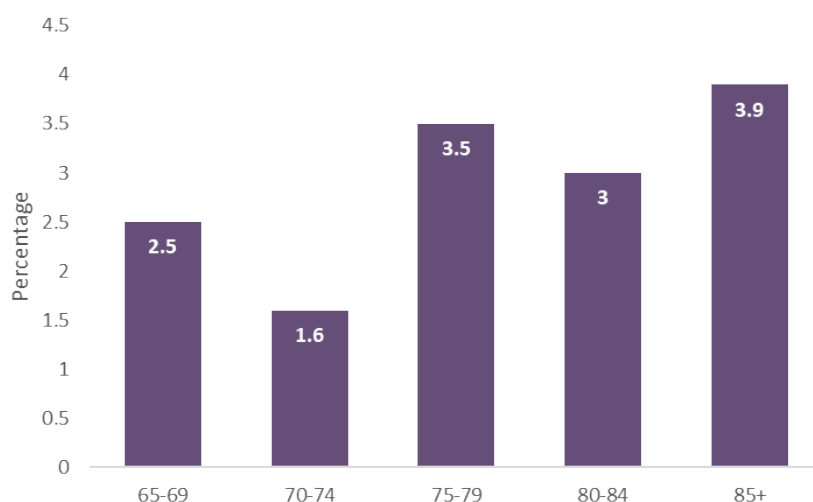
⁶⁵ POPPI, 2020 [Projecting Older People Population Information System \(poppi.org.uk\)](#) [accessed 5th September 2023] and [ONS 2021 Mid year population estimates](#) [accessed 5th September 2023]

Severe depression

Severe depression is less common than depression in older adults but is likely to impact more noticeably on an individual, reducing their ability to engage in everyday life and perform tasks related to daily living with consequent impact on physical health and quality of life. The highest rates of severe depression in older people were experienced by people aged 85+.

Figure 36: Rates of severe depression were highest in older age groups categories.

Proportion of older people estimated to experience severe depression, England, 2020



Source: POPPI, 2020⁶⁶

Older people and access to services

Talking therapies (formally known as Improving Access to Psychological Therapies or IAPT) are a common treatment for people experiencing common mental health disorders, such as depression. However, there is evidence that older people are less likely to be referred for such treatments but more likely to be on medication.⁶⁷

Table 19: The lowest referral rates for talking therapies and highest improvement rates (except 90+) were in older people.

Referral and improvement rates for psychological therapies by age, 2021–22

Age group	Referrals per 1,000 population	% improvement
Under 18	27	57.5%
18–25	79	64.2%
26–64	43	67.7%
65–75	12	71.0%
75–89	8	68.5%
90+	3	56.1%
Total	39	66.9%

Source: NHS Digital, 2021/22⁶⁸

⁶⁶ POPPI, 2020 [Projecting Older People Population Information System \(poppi.org.uk\)](https://poppi.org.uk) [accessed 5th September, 2023]

⁶⁷ NHS England and NHS Improvement. [Advancing mental health equalities strategy. September 2020](#)

⁶⁸ NHS Digital, 2021/22 [Psychological Therapies, Annual report on the use of IAPT services, 2021-2022](#) [accessed 5th September 2023]

There may be a variety of reasons for lower referrals in older people, including lower uptake in older people with perhaps older age groups especially men being less likely to seek this pathway. This under-representation of older people in talking therapies more locally was identified in Coventry and Warwickshire's Adult Mental Health Joint Strategic Needs Assessment;⁶⁹ the lowest uptake rates were in men aged 65–74.

The document also notes additional inequalities (deprived areas, ethnic group and sex) and these may exacerbate inequalities already being experienced by older people. It considers and makes a range of recommendations relating to inequalities in service provision including those involving older people.

SUICIDE

A number of older people die each year by suicide. People aged 65+ make up around 20% of total suicides in Warwickshire.⁷⁰ A Coventry and Warwickshire Suicide Prevention Strategy is currently in preparation looking at key ways in which the number of suicides in all groups can be reduced.

MILD COGNITIVE IMPAIRMENT

Mild cognitive impairment (MCI) is a condition in which someone has minor problems with cognition such as memory or thinking – they may be more marked than would normally be expected for a healthy person of their age but are not severe enough to interfere significantly with daily life so are not defined as dementia. Some people do, however, go on to develop dementia.

The estimated prevalence of MCI varies considerably with 5–20% of people aged 65+ estimated to have MCI.⁷¹ However, because the condition is not always diagnosed, it is difficult to know exactly how many people are affected. In Warwickshire, these rates would translate into between 6,200 and 24,500 people over the age of 65 who may be experiencing MCI.⁷²

In older people MCI can be caused by a range of conditions or existing health problems. These include:

- depression, stress and anxiety
- vitamin deficiencies
- thyroid disorders
- autoimmune conditions
- infections
- side effects from medication
- sleep disorders
- early stages of Alzheimer's disease or another type of dementia.

⁶⁹ Coventry City Council and Warwickshire County Council. *Adult Mental Health and Wellbeing*. Coventry City Council and Warwickshire County Council. 2021

⁷⁰ Coventry and Warwickshire Real Time Suicide Surveillance data, 2023

⁷¹ Alzheimer's Society, 2023 [Mild Cognitive Impairment](#) [accessed 5th September 2023]

⁷² ONS Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland, 2022 [Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](#)

The range of possible causes of MCI emphasises the importance of seeking help for the condition to provide early intervention if available and to ensure that lowering risk and promoting healthy lifestyle choices are a focus of service design.

MCI increases a person’s risk of developing dementia. However, estimates vary as to how many from around 5–15% of people diagnosed with MCI.⁷³ However, some people with MCI remain stable over time while others improve and no longer experience symptoms.

DEMENTIA

Dementia is a progressive neurological disorder that affects cognitive functions such as memory, reasoning, language, and perception. Although it can affect younger people, dementia is commonly associated with ageing; however, it is increasingly emphasised that dementia is not a natural part of ageing and steps can be taken to reduce the risk of developing it.

Dementia can have a significant impact of a person’s daily life, making it difficult for them to perform everyday tasks and communicate effectively. There are several types of dementia, with Alzheimer’s disease being the most common.

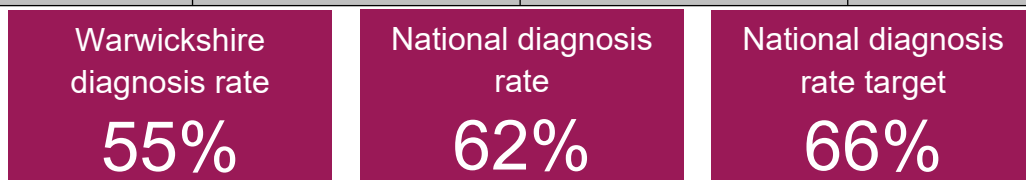
Not everyone who has dementia will have a formal diagnosis – the gradual nature of dementia and mild early-stage symptoms generally mean that diagnosis comes later as the disease progresses. The figure below sets out the number of people thought to have dementia in Warwickshire, the number aged 65+ who have a recorded diagnosis of dementia, and the diagnosis rate (diagnoses as a proportion of the total number of people estimated to have dementia).

Table 20: The highest numbers of recorded and estimated people aged 65+ with dementia were in Stratford-on-Avon district; the lowest diagnosis rate is also in this district.

Recorded and estimated number of people with dementia (age 65+) and diagnosis rate, Warwickshire and districts and boroughs, 2023

Area	Registered people with dementia	Estimated number of people with dementia	Diagnosis rate
North Warwickshire	496	901	55.0%
Nuneaton & Bedworth	893	1587	56.3%
Rugby	831	1352	61.5%
Stratford-on-Avon	1313	2549	51.5%
Warwick	1004	1914	52.4%
Warwickshire	4537	8303	54.6%

Source: Digital,



NHS 2023⁷⁴

⁷³ Alzheimer’s Research UK ‘Does MCI lead to dementia?’ [accessed 5th September 2023]

⁷⁴ NHS Digital, 2023, [Primary Care Dementia Data](#) [accessed 5th July 2023]

The diagnosis rate in Warwickshire is significantly lower (54.6%) than the national diagnosis rate (62%), and below the national target for dementia diagnosis of 66%.

A Coventry and Warwickshire Dementia Strategy is currently in preparation and will set out more detailed information relating to the services and support available to people experiencing dementia including information relating to pathways to diagnosis locally. This work aims to try and increase the diagnosis rate as well as access to services. For people living in the community, early intervention including diagnosis can enhance access to services and support, both for the person diagnosed and their family/carers. The provision of support for carers can help people with dementia maintain independence and ensure the health of carers does not become compromised.

“I do not think that the enormity of caring for a person with dementia is understood by the authorities. The affect on the mental health of the carers is increasing. Finding a way of giving these people some supported cover would make a huge difference to carers, and consequently help the person with the condition.”
 Healthy Ageing in Warwickshire survey respondent.

Predicted future trends

The total number of people with dementia is expected to increase in the future driven largely by an ageing population.

Table 21: Between 2020 and 2040 there is expected to be a 57% increase in the total number of people with dementia.

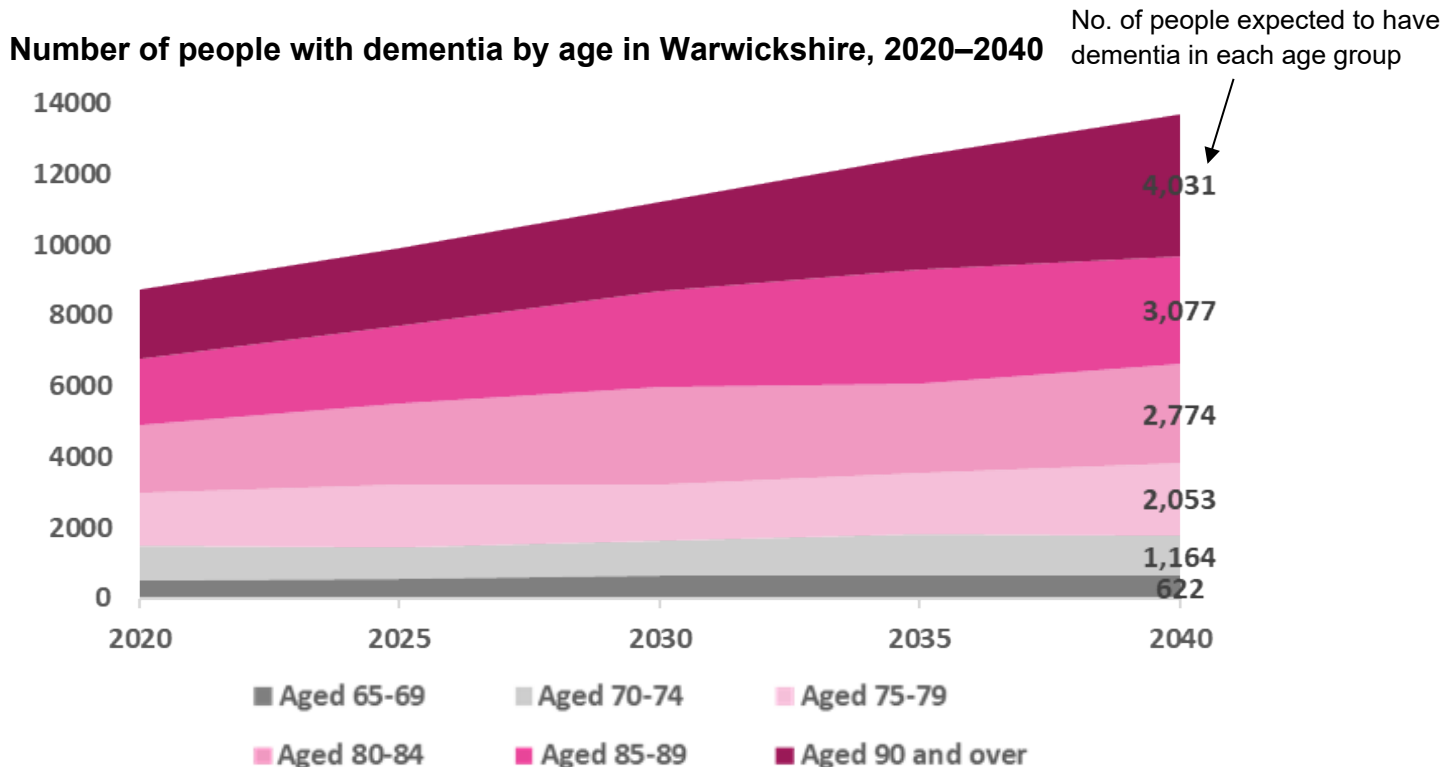
Predicted number of people with dementia in Warwickshire, 2020–2040

Total no. of people aged 65+ predicted to have dementia	2020	2025	2030	2035	2040
Warwickshire	8,760	9,907	11,227	12,549	13,721

Source: POPPI, 2023

However, these numbers vary considerably by both age and sex. The likelihood of developing dementia increases with age; currently, around two thirds of people who develop dementia are aged 80+. Additionally, as the population ages it is likely that dementia will be accompanied by other conditions (co-morbidities, frailty etc.) creating a more complex picture of need. Carers too will increasingly be in the upper age categories and have additional health and care needs.

Figure 37: Increases in the number of people with dementia are expected to be highest in age groups 85–89 and those aged 90+



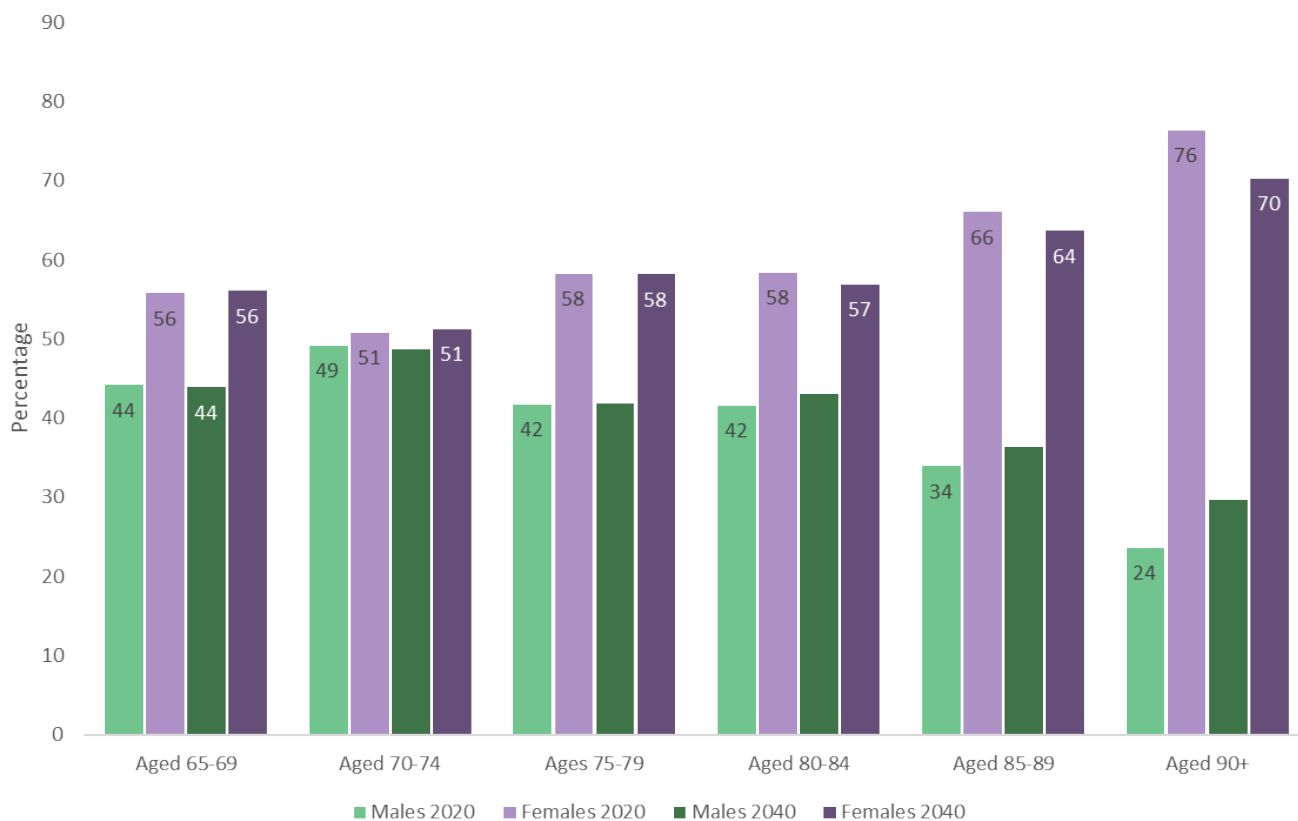
Source: POPPI, 2023⁷⁵

As well as age, there are differences between men and women. Around two-thirds (67.1%) of people aged 65+ with dementia are female. The differences are particularly marked in the upper age ranges. The longer life expectancy of women combined with higher prevalence rates for dementia in women would account for these differences.

⁷⁵ POPPI, 2023, [Projecting Older People Population Information](#), [accessed 5th September 2023]

Figure 38: In all age categories, females outnumber males and make up a higher proportion of people with dementia. The difference is most marked in age categories 85+ but is expected to narrow slightly over time.

Proportion of people with dementia who are male/female, by age, 2020 and 2040



Source: POPPI, 2023

In 2020, women were estimated to make up 55.8% of all people with dementia in those aged 65–69 years in Warwickshire. They are expected to make up a similar proportion in 2040 (56.1%).

The proportion of people with dementia who are female increases in older age categories. In the age group 85–89, 66% of all people with dementia were estimated to be female. At age 90+, just over three quarters of all people with dementia (76.4%) were female. By 2040 the gap between males and females in the upper age categories is expected to narrow slightly with women accounting for 63.7% of people with dementia in those aged 85–89 and 70.3% in those aged 90+. This is likely to reflect increasing life expectancy in males.

While it is predicted that the number of people with dementia will increase as the population ages, there is increasing emphasis on what can be done to reduce the risk of dementia as we age. Several sections in this document refer to activities that may help reduce the risk of dementia, such as leading a healthy lifestyle, tackling loneliness and social isolation and getting early help for hearing loss. Evidence suggests that the following can reduce the risk of dementia developing or delay its onset:

- doing physical activity is regarded as one of the best ways to reduce the risk of dementia – good for heart, circulation, weight and mental wellbeing. ‘The Brain–Heart Connection’ highlights that what is good for the heart is good for the brain. Many of the same behaviours aimed at improving heart health also reduce the risk of dementia so potentially reap wider health benefits if undertaken.
- eating a healthy, balanced diet
- stop smoking
- drink less alcohol – no more than 14 units of alcohol a week
- stay mentally and socially active
- getting enough sleep – around 7–8 hours per night
- protecting hearing and getting it tested (see section on hearing loss).

While it is preferable that the activities outlined above start before ‘older age’, it is also emphasised that it is never too late to make lifestyle improvements which reduce the risk, or help people live well with dementia and promote wider health benefits.

Further information about [reducing risk and living well with dementia in Warwickshire](#) is published online.

PHYSICAL HEALTH

LIMITING LONG-TERM ILLNESS

The term 'limiting long-term illness' is often used in surveys and official statistics to identify individuals who have a long-term health condition or disability that limits their day-to-day activities. It is a measure used to capture the impact of chronic or ongoing health conditions on an individual's ability to carry out routine tasks or participate fully in society.

The 2021 Census collected data relating to long-term illness and disability. In line with the Equality Act 2010, people who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illness were considered disabled while those who stated that they had a condition that did not limit their day-to-day activities or had no condition were considered non-disabled. Data for Warwickshire by older age categories is presented in the table below. The table below relates to residents living in households and does not include those living in residential care or nursing homes.

Table 22: A higher proportion of people experience disability because of a long-term condition in upper age categories.

Number of people aged 65+ living in households classified by disability status, Warwickshire, 2021

	Aged 65–74 No. & (proportion of age group)	Aged 75–84 No. & (proportion of age group)	Aged 85+ No. & (proportion of age group)
Disabled under Equality Act (DEA) TOTAL	15,455 (24.5%)	14,656 (35.0%)	7,526 (53.4%)
Day-today activities limited a lot	5,779 (9.1%)	6,371 (15.2%)	4,289 (30.3%)
Day-to-day activities limited a little	9,676 (15.3%)	8,285 (19.8%)	3237 (22.9%)
Not disabled under the Equality Act TOTAL	47,707 (75.5%)	27,188 (65.0%)	6,614 (46.8%)
Has a long-term condition but day- to-day activities not limited	7,078 (11.2%)	3,641 (8.7%)	667 (4.7%)
No long-term conditions	40,629 (64.3%)	23,547 (56.3%)	5,947 (42.1%)

Source: 2021 Census⁷⁶

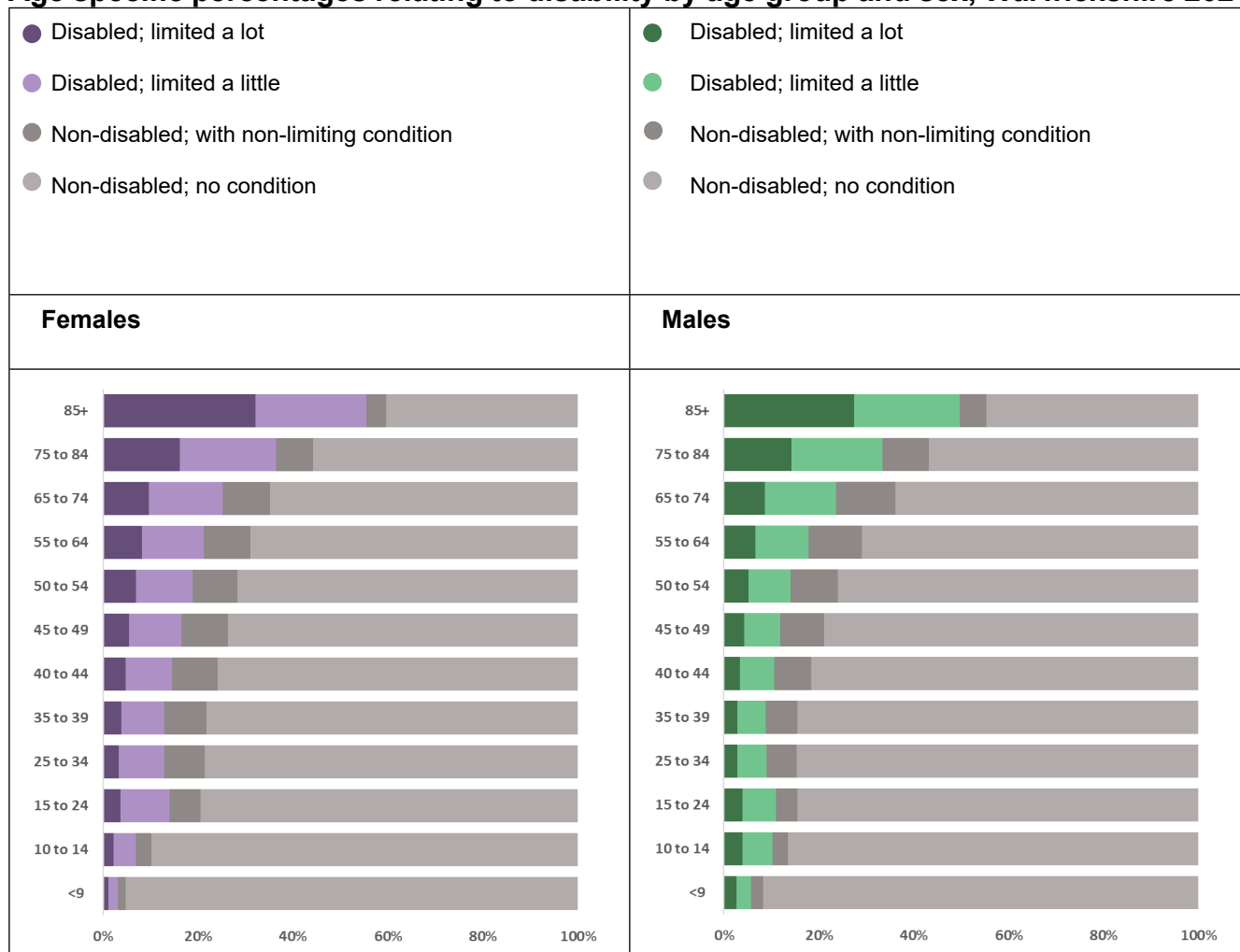
In Warwickshire, just over 49,000 people aged 65+ reported they experienced a long-term condition. Of these around one-third were impacted 'a lot' on a day-to-day basis.

⁷⁶ 2021 Census, Table [RM073 Disability by sex by age](#) [accessed 5th September 2023]

Disability from a long-term condition, where activities were limited a lot, was more prevalent with increasing age. There were also differences between males and females.

Figure 39: The percentage of people whose activities were limited a lot increased with age.

Age specific percentages relating to disability by age group and sex, Warwickshire 2021



Source: Census 2021⁷⁷

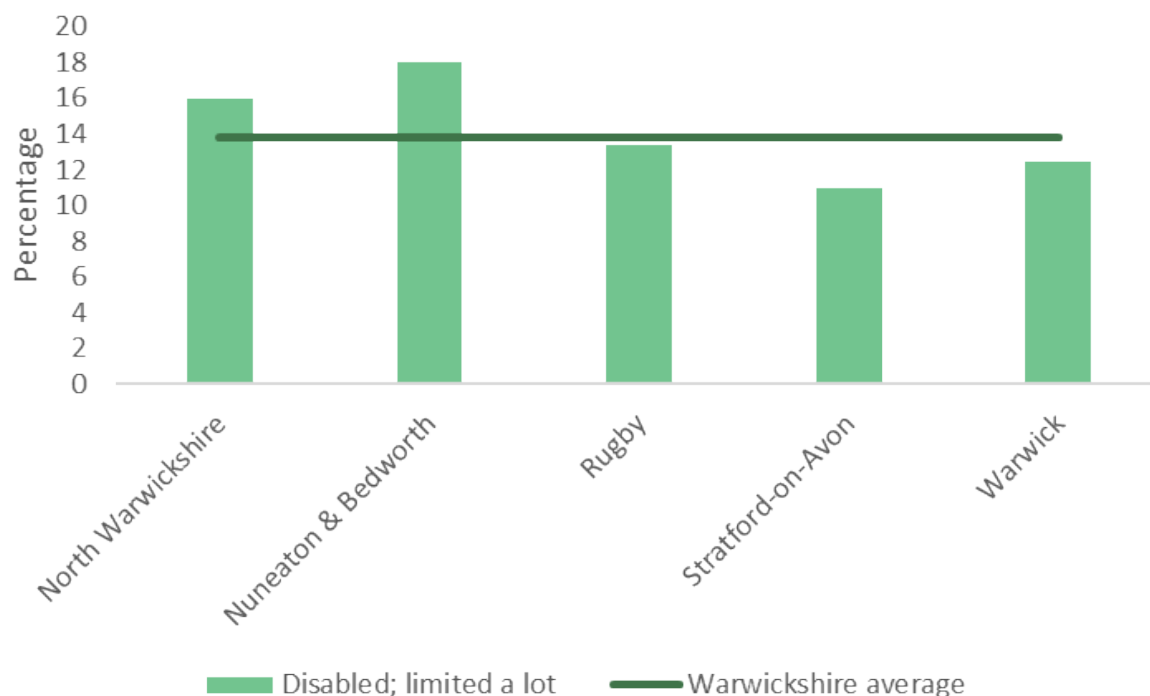
Almost a third (32.2%) of females in Warwickshire aged 85+ reported their activities were limited a lot compared to 27.5% of males. This is consistent with the England picture where 33.9% of females and 28.6% of males aged 85+ reported their activities were limited a lot.

There is variation in rates around the county. The highest levels of limiting long-term illness in those aged 65+, where activities were limited a lot, were seen in Nuneaton and Bedworth (18.0%); rates were seven percentage points higher than the lowest levels seen in Stratford-on-Avon (11.0%). It is likely that wider disparities are experienced at smaller geographies.

⁷⁷ 2021 Census, [Table RM073 Disability by sex by age](#) [accessed 5th September 2023]

Figure 40: Rates of limiting long-term illness were highest in the north of the county.

Proportion of population aged 65+ where day-to-day activities were ‘limited a lot’ by long-term illness, district/borough, 2021



Source: 2021 Census⁷⁸

Individuals whose activities are limited by their condition may in turn experience a reduced quality of life and restrictions in their ability to engage in activities that maintain physical and mental health. Moreover, people may develop multiple conditions which further impact their lives.

While the above highlights increasing disability with age, it also demonstrates that disability whereby day to day activities are ‘limited a lot’ is not the norm for most people aged 65+. Many older people can continue, or take up new, activities that may help mitigate the impact or prevent long-term conditions developing. Local data highlighted there is a desire for learning skills which can help to manage chronic illness & maintain autonomy over one’s health.

“People sometimes do not address the older/more poorly looking person but talk via a relative. They can feel ignored and unimportant.”

Story circles participant answering the question “What is unhelpful to doing what is important to you?”

Autonomy in decision-making around health matters in general was a prominent feature from local data and is a key thing to consider in the management of illness.

⁷⁸ 2021 Census [Table RM073 Disability by sex by age](#) [accessed 5th September 2023]

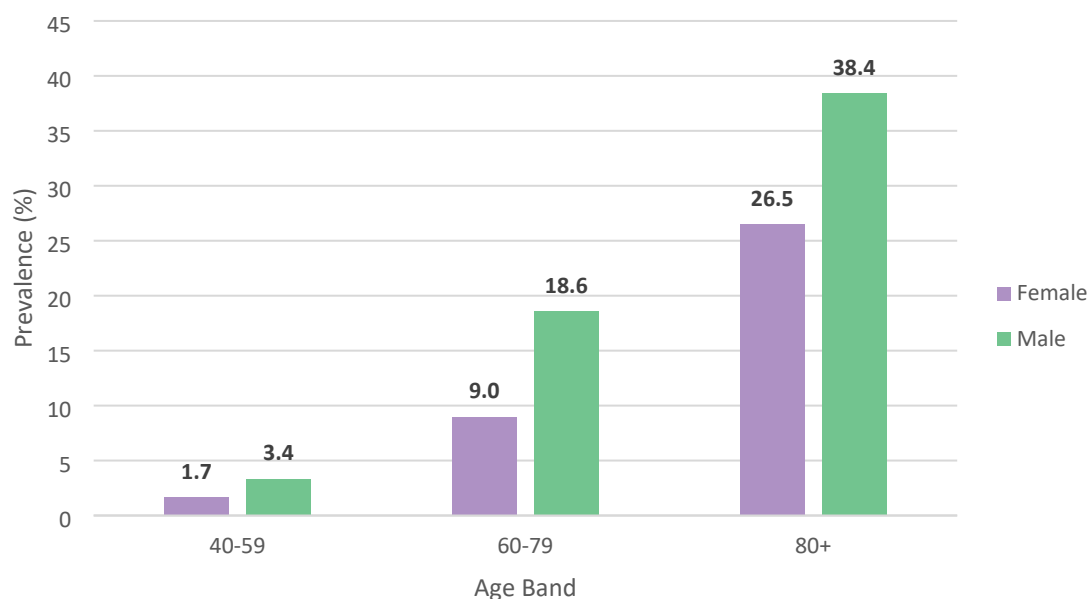
CARDIOVASCULAR DISEASE

Cardiovascular disease (CVD) is a leading cause of death and disability in the UK. CVD is an umbrella term to describe a group of conditions including coronary heart disease, strokes and transient ischaemic attacks (TIAs), peripheral arterial disease, and aortic disease. Several risk factors contribute to its development, such as high blood pressure, smoking, high cholesterol, diabetes, inactivity, and being overweight or obese.⁷⁹ These are modifiable risk factors – that is, risk factors that can be changed – and represent opportunities for prevention.

Age also plays a role, as CVD is more common in individuals over 50, and the risk increases with age. Men are more likely to develop CVD and at an earlier age than women. Certain population groups in the UK, such as those of South Asian, black African, or African Caribbean backgrounds and those living in the most deprived areas face an increased risk of CVD. This heightened risk can be attributed to the presence of other risk factors such as high blood pressure or type 2 diabetes within these communities.

Figure 41: The prevalence of cardiovascular disease increases with age and is more common in males than females.

Percentage of the population registered with CVD at their GP by age and gender, 2022, Coventry and Warwickshire



Source: NHS CVD Prevent GP recorded CVD (wide definition), 12 months to December 2022

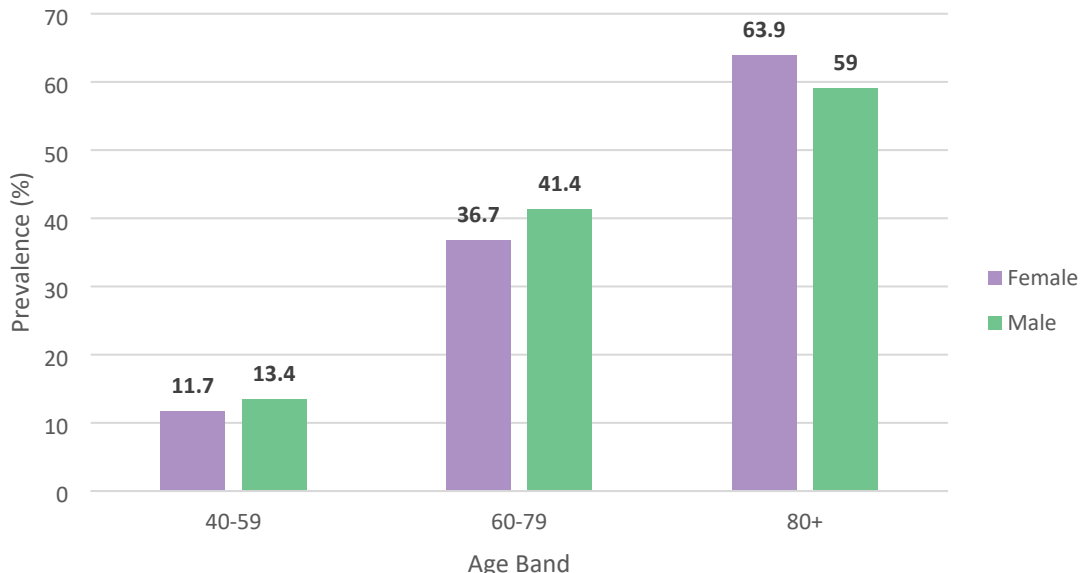
⁷⁹ NHS. *Cardiovascular Disease*. <https://www.nhs.uk/conditions/cardiovascular-disease/> [accessed 15th May 2023]

Hypertension (high blood pressure) is one of the most important risk factors for cardiovascular disease,⁸⁰ causing approximately 54% of strokes and 47% of ischaemic heart disease.⁸¹ It is estimated that one in four adults have high blood pressure, of which half are undiagnosed or not receiving treatment. Hypertension risk increases with age and Warwickshire, with its older population on average, has a higher adult prevalence than England at 15.2% to 14%. This is likely an underestimate and case-finding is recommended by NICE and NHS England.

There are regional differences in Warwickshire with the highest prevalence found in Nuneaton & Bedworth, Arden (including North Arden), and Dene and Stour Valleys primary care networks, each around 17% of the adult population. Leamington North PCN has the lowest recorded prevalence at 12%.

Figure 42: Hypertension (high blood pressure), one of the most important risk factors for cardiovascular disease, rises in prevalence with age.

Percentage of the population registered with hypertension at their GP by age and gender, 2022, Coventry and Warwickshire



Source: NHS CVD Prevent GP recorded hypertension, 12 months to December 2022

The regional differences in prevalence are also seen in individual cardiovascular diseases - coronary heart disease and heart failure:

Coronary heart disease: The GP-registered prevalence of CHD in Warwickshire is 2.82% (17,500 on register), slightly lower than England at 3%. Arden, Dene and Stour Valleys and Warwickshire Rural PCNs had the highest levels of coronary heart disease at 3.47%, 3.39%

⁸⁰ Wu, C. Y., Hu, H. Y., Chou, Y. J., Huang, N., Chou, Y. C., & Li, C. P. (2015). High Blood Pressure and All-Cause and Cardiovascular Disease Mortalities in Community-Dwelling Older Adults. *Medicine*, 94(47), e2160. <https://doi.org/10.1097/MD.0000000000002160>

⁸¹ Lawes, C. M., Vander Hoorn, S., Rodgers, A., & International Society of Hypertension (2008). *Global burden of blood-pressure-related disease, 2001. Lancet (London, England)*, 371(9623), 1513–1518. [https://doi.org/10.1016/S0140-6736\(08\)60655-8](https://doi.org/10.1016/S0140-6736(08)60655-8)

and 3.08% respectively. The lowest levels in the county are found in Leamington South and Leamington North at 2.37 and 2.42.⁸²

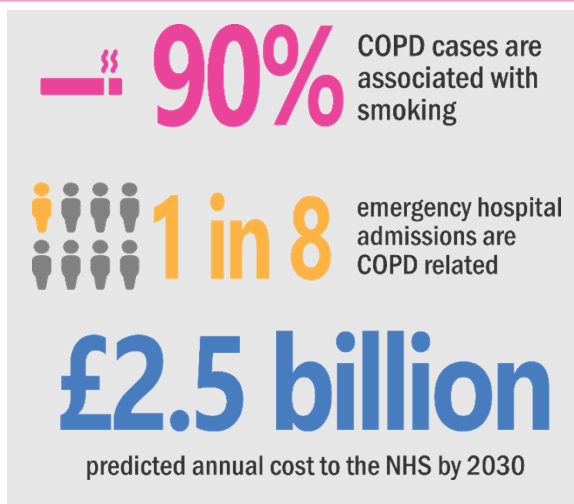
Heart failure: Coronary heart disease and other cardiovascular diseases can lead to heart failure. The GP-registered prevalence in Warwickshire is 0.98% (6,098 on register), in line with England. It varies by PCN, with Dene and Stour Valleys PCN (rural Stratford) having the highest prevalence at 1.24% and Leamington the lowest with both North and South PCN at 0.77%

Cardiovascular disease is a leading cause of preventable deaths, due to the high contribution of modifiable risk factors. While Warwickshire has a lower under 75 mortality rate from all cardiovascular diseases than England at 68.1 to 76 (directly standardised rate, per 100,000), Nuneaton and Bedworth is higher than Warwickshire overall at 93.8. The Office for Health Improvement and Disparities calculates a similar mortality rate but for deaths that are considered preventable through effective public health and primary preventions. For Warwickshire, this rate was 26.6 per 100,000.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease (COPD) is a name given to a group of lung conditions that cause breathing difficulties, primarily bronchitis and emphysema. Together, they pose a significant burden to the health system with one in eight UK hospital admissions caused by COPD exacerbations and a predicted annual cost to the NHS of £2.5 billion.⁸³

COPD occurs when the lungs become inflamed, damaged and narrowed. It is primarily a result of smoking in the UK, with 90% of cases attributable to this. However, some people who have never smoked may develop COPD, particularly if they have had long-term exposure to harmful fumes or dust.



Source: NICE, NHS England

“She lives with COPD and often struggles to manage her condition and live a positive life.”

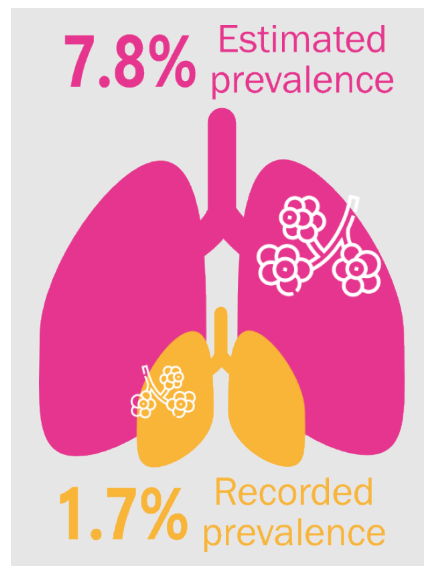
Story circles participant

⁸² Quality and Outcomes Framework data

⁸³ NHS England. *Digital service to manage high-risk chronic obstructive pulmonary disease (COPD) patients.* <https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/respiratory-digital-playbook/digital-service-to-manage-high-risk-chronic-obstructive-pulmonary-disease-copd-patients/> [accessed 12th May 2023]

There is a significant difference between recorded and estimated prevalence of COPD, with 1.7% of the adult population registered in Warwickshire⁸⁴ compared with 7.8% estimated by the Global Burden of Disease.⁸⁵ In older people, the prevalence of COPD is higher and increases with age from 17% in people aged 65–69 to 25% in those aged 75–79.⁸⁶ Men have a higher recorded and estimated prevalence of COPD, but studies have shown that the gap may be closing.⁸⁷

Figure 43: There is a large gap in recorded and estimated prevalence of COPD in Warwickshire



Source: Recorded prev. - QOF, OHID
2021/22 Estimated prev.– Global Burden
of Disease

While an underestimation, there are regional differences in registered COPD prevalence within Warwickshire. North Warwickshire and Nuneaton and Bedworth are highest, with a rate of 2% of the adult population while Warwick and Rugby are lower at 1.5% and 1.4%, respectively.

⁸⁴ OHID. *Inhale Health Profile*.

<https://fingertips.phe.org.uk/inhale#page/1/gid/8000003/pat/6/ati/402/are/E10000031/iid/253/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> [accessed 12th May 2023]

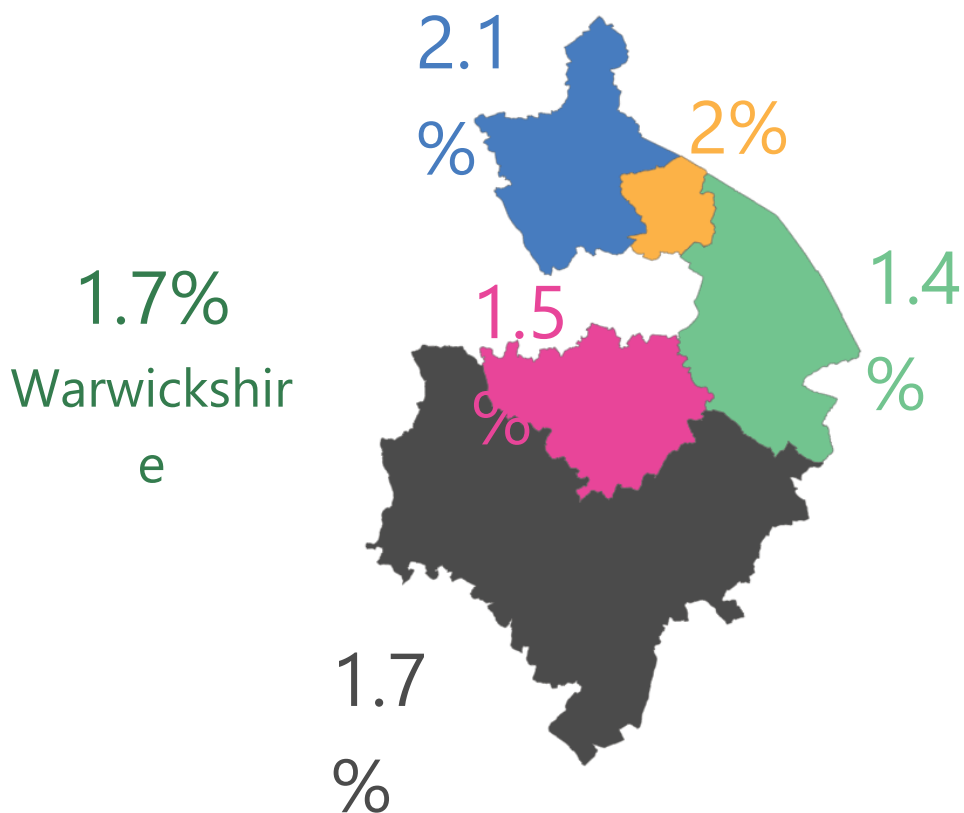
⁸⁵ Institute for Health Metrics and Evaluation (IHME). *GBD Compare Data Visualization*. Seattle, WA: IHME, University of Washington, 2020. Available from <http://vizhub.healthdata.org/gbd-compare> [accessed 12th May 2023]

⁸⁶ Adeloye, D., Song, P., Zhu, Y., Campbell, H., Sheikh, A., Rudan, I., & NIHR RESPIRE Global Respiratory Health Unit (2022). *Global, regional, and national prevalence of, and risk factors for, chronic obstructive pulmonary disease (COPD) in 2019: a systematic review and modelling analysis*. *The Lancet. Respiratory medicine*, 10(5), 447–458. [https://doi.org/10.1016/S2213-2600\(21\)00511-7](https://doi.org/10.1016/S2213-2600(21)00511-7)

⁸⁷ Lisspers, K., Larsson, K., Janson, C., Ställberg, B., Tsiligianni, I., Gutzwiller, F. S., Mezzi, K., Bjerregaard, B. K., Jorgensen, L., & Johansson, G. (2019). *Gender differences among Swedish COPD patients: results from the ARCTIC, a real-world retrospective cohort study*. *NPJ primary care respiratory medicine*, 29(1), 45. <https://doi.org/10.1038/s41533-019-0157-3>

Figure 44: In Warwickshire, recorded COPD prevalence is higher in North Warwickshire and Nuneaton and Bedworth and lower in Rugby and Warwick.

Percentage of the population registered with COPD by the district their GP is located.



Source: OHID Fingertips (QOF)

CONTINENCE

Continence is the ability to control bladder and bowel functions, this can become an increasingly significant but not an inevitable concern as people age. The loss of bladder function is the more common issue and can be due to a combination of physiological changes, underlying medical conditions and age-related factors. Both can have a real impact on daily living; sometimes people avoid going out or need to plan their activities around access to a toilet.

Data on this topic is limited and is thought to be under-reported with some people reluctant to seek medical help. However, some estimated prevalence rates are published and set out in the table below.

Table 23: There is a more noticeable difference between males and females in the 85+ age category, with females being 9 percentage points higher than males.

Rates of bladder problems at least once per week by sex and age, England, 2005

Age	% males at least once a week	% females at least once a week
65–59	12%	14%
70–74	15%	12%
75–79	18%	17%
80–84	21%	17%
85+	19%	28%

Source: POPPI, 2023⁸⁸

The prevalence figures above would indicate around 20,000 to 22,000 people aged 65+ experience bladder problems at least once a week in Warwickshire. These numbers are expected to increase driven largely by Warwickshire’s ageing population.

People who experience continence issues may avoid going out socially and be less likely to engage in physical activity. As well as detrimental to people’s physical health, people may feel socially isolated or lonely as a result.

“..Provision of toilets – accessibility of these is a barrier to coming out of the home.”
 Story circles participant in response to “What is unhelpful in doing what is important to you?”

Within both forms of engagement there was a call for access to more public toilets to help to overcome this barrier.

Although there may be a reluctance to speak about incontinence, in many cases the problem can be addressed or managed so it does not interfere so much with everyday life. Encouraging people to seek help should be a priority.

VISUAL IMPAIRMENT

Age is a significant factor related to eye health and sight loss. Nationally, nearly 80% of people registered blind or partially sighted are aged 65+ and around 60% of people living with sight loss are women;⁸⁹ primarily this is because women live longer but they also have a higher age-specific prevalence of some of the leading causes of sight loss in older age.

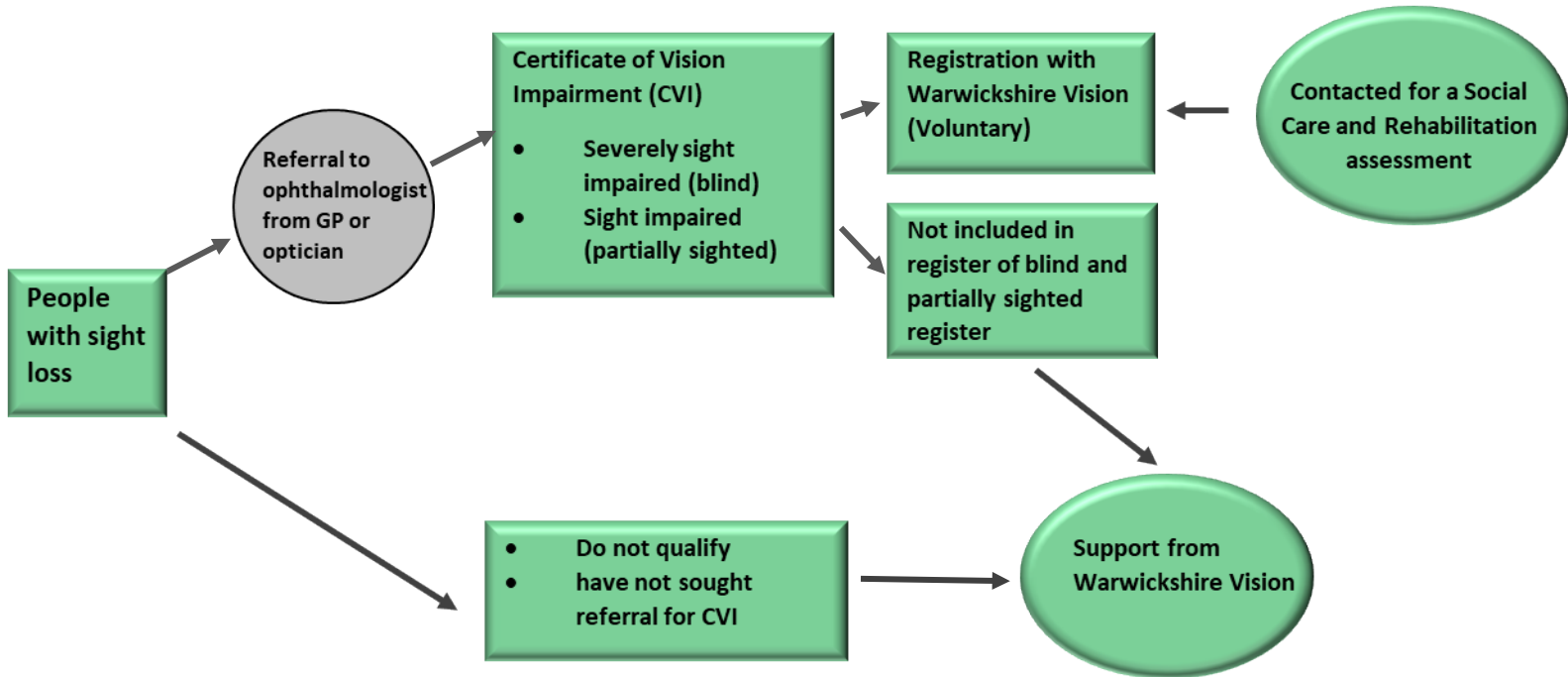
Prevention of sight loss would help people maintain independence and reduce the need for social care support. Research by the Royal National Institute for Blind People (RNIB) suggests that around half of blindness and serious sight loss could be prevented if detected and treated in time.

Completion of a Certificate of Visual Impairment (CVI) by a consultant ophthalmologist initiates the process of registration of some level of sight loss. If someone meets the assessment criteria, they will be classed as either ‘Severely sight impaired’ or ‘Partially sight impaired’. In

⁸⁸ POPPI, 2023, [Projecting Older People Population Information](#) [accessed 5th July 2023]

⁸⁹ Royal National Institute for Blind, 2023 [Key information and statistics on sight loss in the UK](#) [accessed 5th September 2023]

Warwickshire, the sight loss register is maintained by Warwickshire Vision Support under contract with Warwickshire County Council. Registration after someone has received a sight loss certificate is voluntary but does mean the individual will be offered a care and rehabilitation assessment through Warwickshire Vision Support. The diagram below illustrates the registration journey.

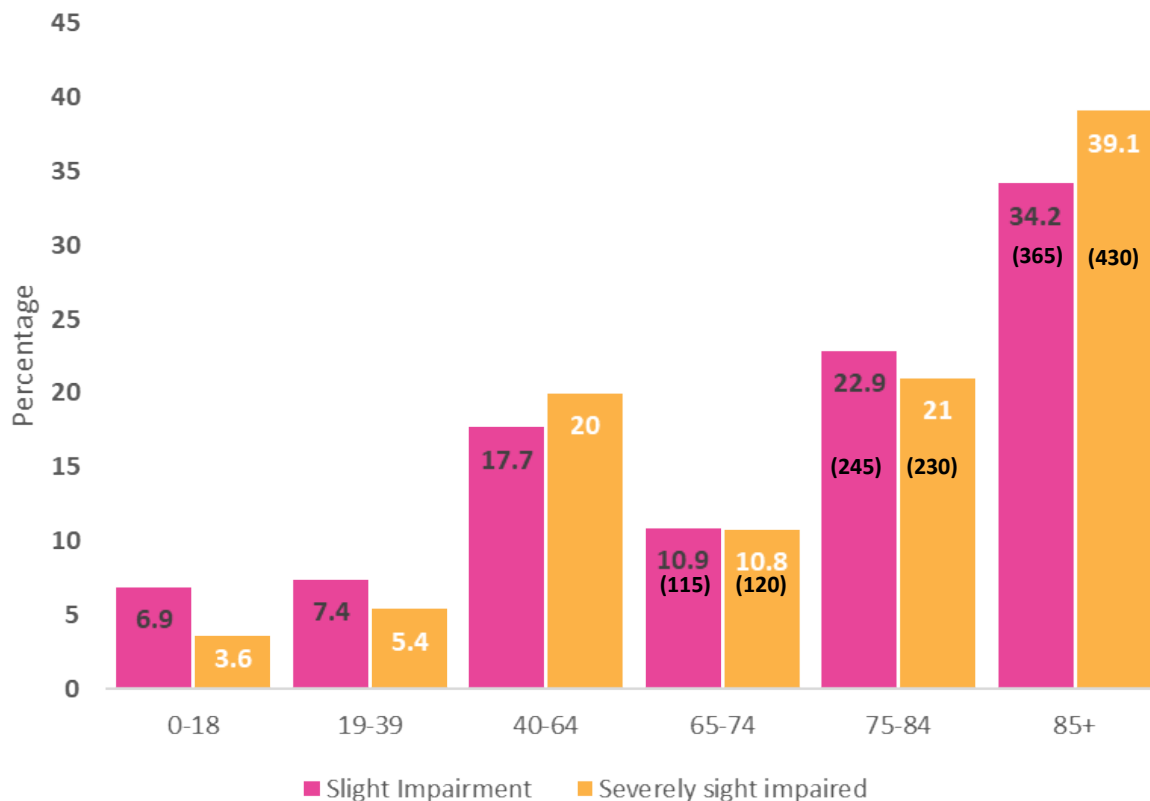


As well as holding the (voluntary) register of people in Warwickshire with sight loss, Warwickshire Vision Support provide a range of support services people with sight loss (registered or un-registered) including social clubs, vision support centres and eye clinic advice desks providing information, advice and guidance to people coming to terms with sight loss. They also operate a befriending service and deliver IT training.

Data from Warwickshire Vision Support confirms the higher proportion of older people who are registered with either partial or severe sight loss; Warwickshire reflects the national picture in this regard.

Figure 45: People aged 65+ account for around 70% of those registered as either slight or severely sight impaired in the county.

Proportion of people registered with either slight or severe sight loss in Warwickshire by age, 2023



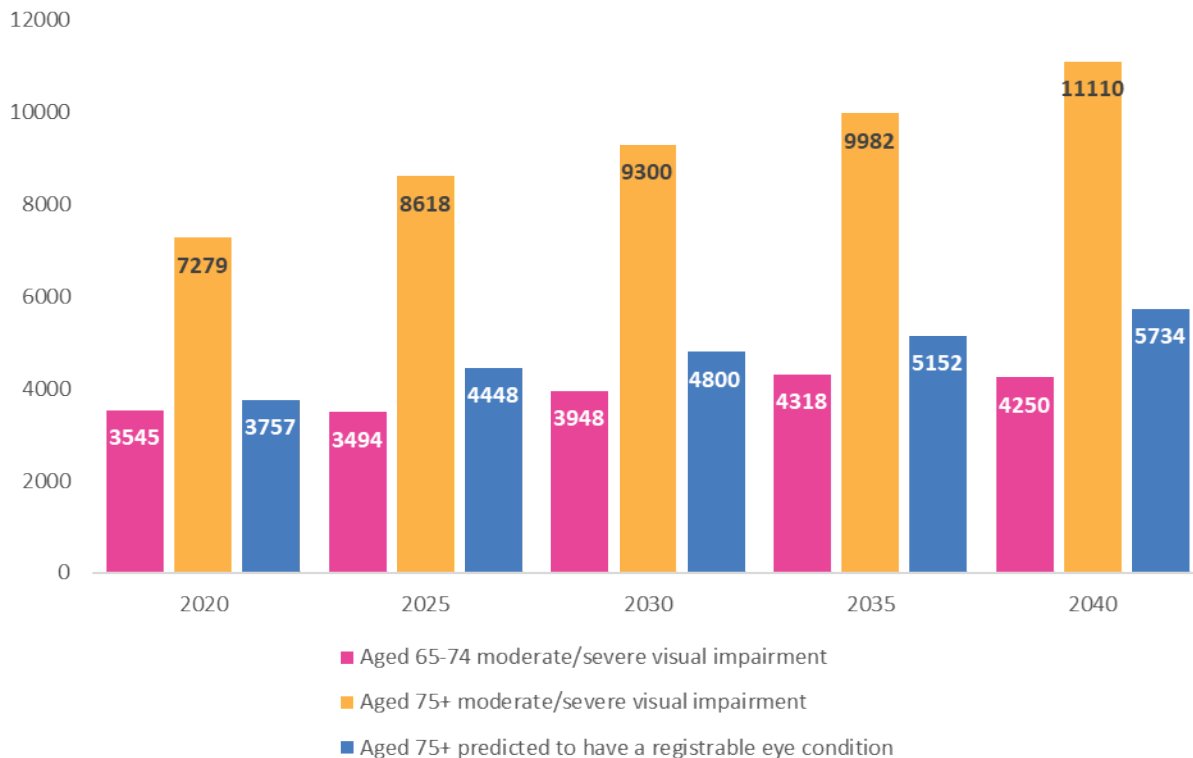
Source: Warwickshire Vision, 2023⁹⁰

At the time of writing, there were around 780 people in Warwickshire registered as blind/severely sight impaired and 725 people who were registered with slight/partial sight loss aged 65+. Figures published relating to sight loss prevalence suggest that considerably more people may be experiencing some degree of sight loss than those who are registered.

⁹⁰ Warwickshire Vision, 2023, Rehabilitation and Support Services for Visually Impaired Adults, Performance Report, Jan – March 2023.

Figure 46: The number of people expected to experience some level of sight loss is expected to increase in the future; the increase is largely driven by increasing numbers of older people in the population.

Projections for number of older people expected to experience sight loss in Warwickshire, 2020–2040



Source: POPPI, 2023⁹¹

There were estimated to be around 10,800 people aged 65+ in Warwickshire with a moderate or severe visual impairment in 2020.

The data suggests a large gap in the number of people registered in Warwickshire with a sight condition compared to number of people estimated to have a ‘registrable eye condition’. Around 1,270 people aged 75+ were registered with Warwickshire Vision Support in 2023 compared with 3,757 people estimated to have a ‘registrable eye condition’ in 2020. It highlights that registration data provides only a partial picture of sight loss in Warwickshire among older people.

In addition, data from NHS Digital indicates that around two in five people aged 65+ who are registered blind/partially sighted have an additional disability.⁹² The wider impacts of sight loss in older age include:

- More likely to have other health conditions and an increased need for but difficulty accessing services.

⁹¹ POPPI, 2023, [Projecting Older People Population Information](#) [accessed 4th September 2023]

⁹² NHS Digital, 2021 [Registered Blind and Partially Sighted People, England 2019-20](#) [accessed 5th September 2023]

- Less likely to be able to engage in day-to-day activities including shopping or socialising that maintain health and wellbeing including mental health and reducing the risk of dementia.
- More likely to have problems with mobility outside the home and experience falls, both reducing independence.

“Access to many support and health services depends on the internet and for many older people this is a barrier, especially those with deteriorating eyesight.”

Healthy Ageing in Warwickshire survey respondent

The above emphasises the importance of older people being able to manage their eye health as part of the ageing process and where possible get early help to prevent further deterioration. This may be through managing long-term conditions such as diabetes or the routine uptake of sight tests to prevent late intervention and poorer outcomes. The Office for Health Improvement and Disparities (OHID) indicates that sight risk is heavily influenced by health inequalities including ethnicity and deprivation.⁹³

HEARING LOSS

Hearing loss is a prevalent age-related condition that affects a significant number of older people. As highlighted in the ‘Local population’ chapter of this JSNA, hearing loss is thought to be the second largest contributor to ill health in people aged 70+ in Warwickshire. It is often a gradual process, starting with difficulty hearing high-pitched sounds and progressing to a broader range of hearing impairment. Typically, it is in age groups 50+ that the proportion of people with some hearing loss is more noticeable. Some 42% of people over the age of 50 years and 71% of people over 70 years are thought to be affected.⁹⁴ Other data indicates that over 90% of those aged 80+ will have some hearing loss. Moreover, it is estimated that a substantial proportion of care home residents experience hearing loss.⁹⁵

Severe hearing loss is thought to affect almost 30% of over 65s although the majority of these will be in those aged 80+.⁹⁶

The above prevalence rates extrapolated to Warwickshire’s older population would mean that around 65,000 people over the age 70 have some hearing loss. Of these, around 12,000 people aged 65+ may experience severe hearing loss. These numbers are expected to increase as Warwickshire’s population ages.

⁹³ Office for Health Improvement and Disparities, 2021 Public Health Profiles, [Indicator definitions and supporting information](#) [accessed 4th September 2023]

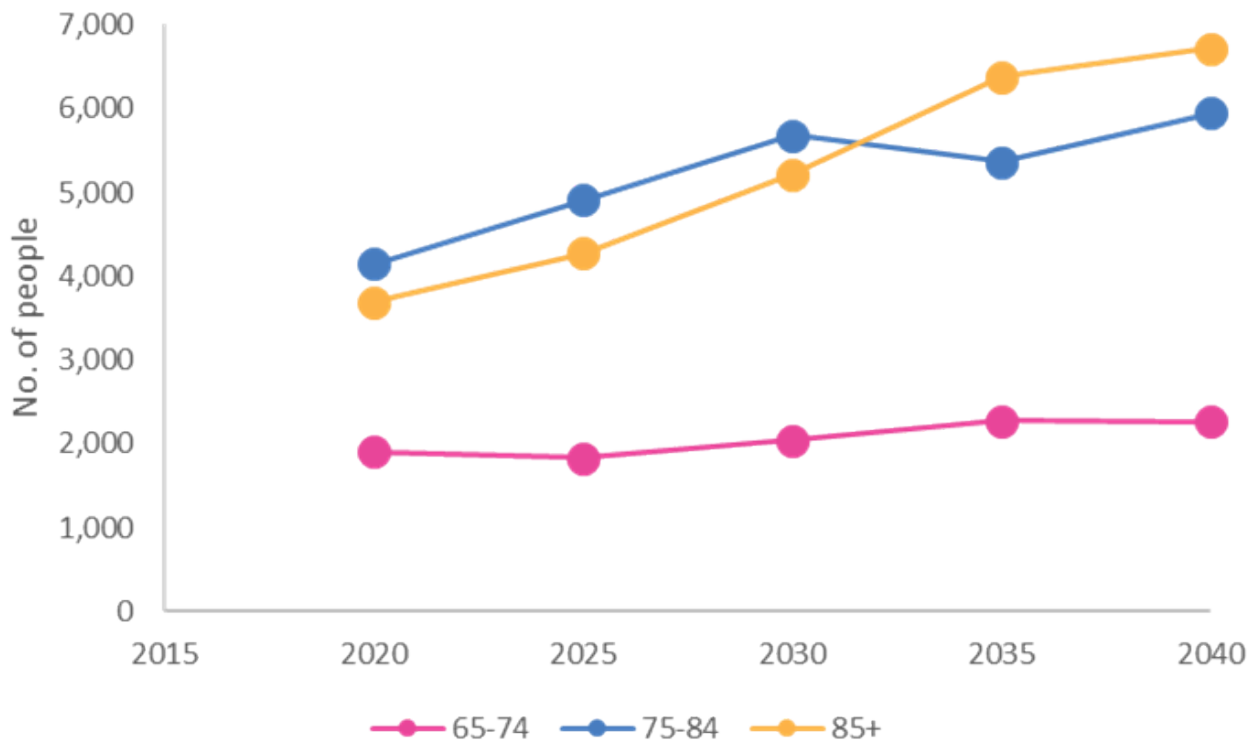
⁹⁴ Action on Hearing Loss, 2020 [accessed 5th September 2023]

⁹⁵ NHS England, 2017, [What Works: Hearing Loss and Healthy Ageing](#) [accessed 5th September 2023]

⁹⁶ POPPI, 2023 [Projecting Older People Population Information](#) [accessed 5th September 2023]

Figure 47: The number of people aged 85+ with severe hearing loss is projected to exceed those in younger age categories in the future.

Number of older people projected to have severe hearing loss, by age, Warwickshire, 2020–2040



Source: POPPI, 2023⁹⁷

Impact of hearing loss

Hearing and managing hearing loss is an essential part of healthy ageing, enabling people to communicate with friends and family, participate in society and retain independence.

“No help at all for the hard of hearing.”
Healthy Ageing in Warwickshire survey respondent

More specific issues relating to unremedied hearing loss include:

- Social isolation and loneliness due to hearing loss as people may be less likely to engage in activities where hearing loss makes it challenging to understand and participate. This isolation can negatively affect mental and emotional wellbeing.
- There may be some safety concerns as people have difficulty hearing signals, alarms, or approaching vehicles. There may be a greater risk of falls.
- Difficulty/exclusion from services, including health appointments which may not adequately accommodate for hearing loss either in face-to-face settings or through the increasing use of telephone appointments. The shift to more telephone appointments since the pandemic may be hard for those with hearing loss. While many services have

⁹⁷ POPPI, 2023 [Projecting Older People Population Information](#) [accessed 5th September 2023]

shifted online this may also not be accessible to some older people who experience digital exclusion.

A growing body of evidence also suggests links between hearing loss, the risk of dementia and an accelerated rate of cognitive decline; those with severe hearing loss are five times more likely to develop dementia while those with both moderate and mild hearing loss are also more at risk of developing the disease.⁹⁸

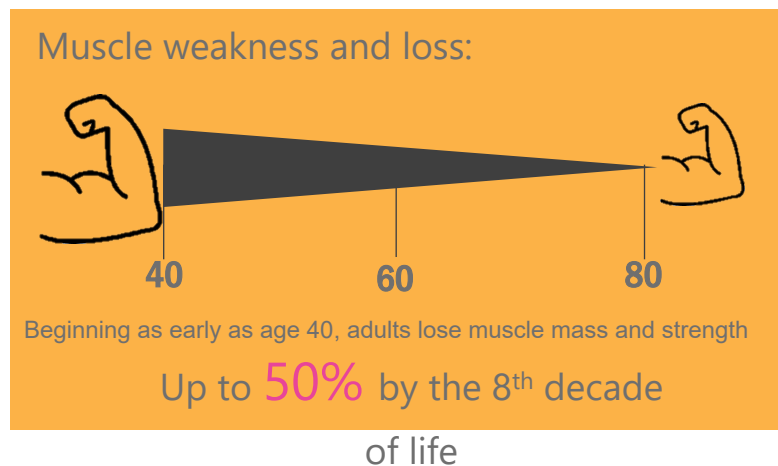
Hearing loss is a common experience for many older people, potentially having a significant impact on overall health, wellbeing, and quality of life. This accentuates the importance of early detection of hearing problems and where appropriate the use of effective hearing technology to ensure people can live in own homes safely and independently for longer. Many devices issued through NHS audiology services are free and can help manage and improve quality of life for many people.

MOBILITY

Mobility in older people is affected by muscle weakness, joint problems, chronic pain, disease and neurological impairment.

Osteoarthritis is the most common joint problem affecting older people, with a third of women and a quarter of men between 45 and 64 having sought treatment. It is a degenerative condition which tends to worsen with age and half of all adults aged 75+ are thought to have osteoarthritis.⁹⁹ If arthritis affects key joints for movement like the knee or hip, moving can become painful and tiring which, in combination with other chronic diseases leads to a decrease in physical activity as people age.

A decrease in physical activity and nutritional intake are two environmental factors that are linked with muscle mass and strength loss, along with obesity. Other risk factors for muscle loss are molecular and hormonal changes that coincide with ageing. All older people experience some muscle loss as they age, but clinical thresholds vary – age-related, progressive decline in muscle mass and function is a condition called sarcopenia. It is estimated that 10% of adults over 60 have sarcopenia,



⁹⁸ NHS England, 2017, [What Works: Hearing Loss and Healthy Ageing](#) [accessed 5th September 2023]

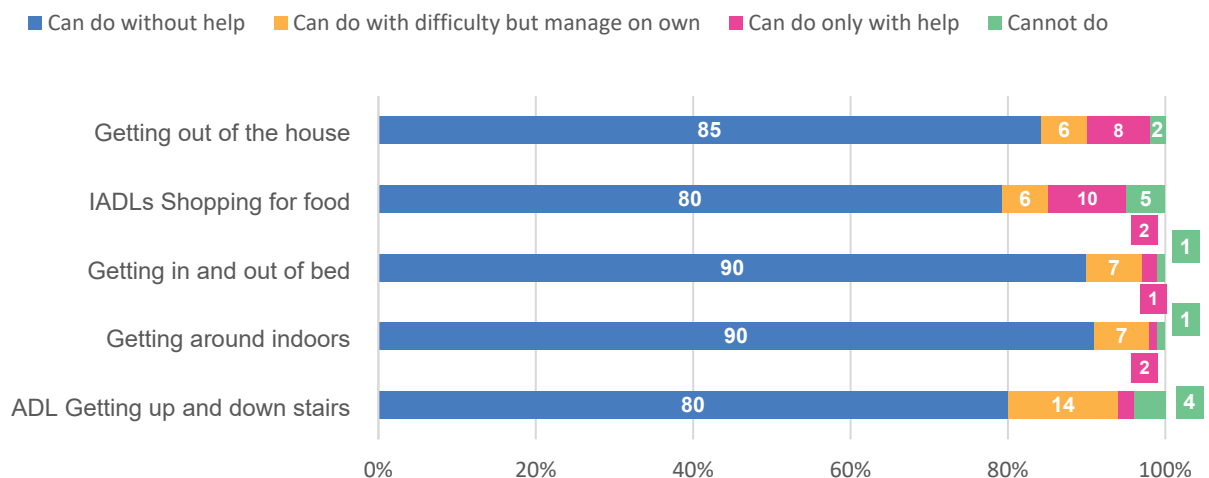
⁹⁹ Arthritis Research UK (2013) Osteoarthritis in general practice. Arthritis Research UK. <https://www.versusarthritis.org> [accessed 13th November 2023]

rising to 50% for males over 80 and 44% for women.¹⁰⁰ The body is composed of up to 60% muscle mass so losing significant amounts (up to 50% by age 80)¹⁰¹ through ageing¹⁰² has profound effects on mobility, potential disability and frailty.¹⁰³

The Health Survey for England 2021 asked adults over 65 about their ability to perform activities of daily living (ADLs) and instrumental ADLs (IADLs). Some of these tasks are a good proxy for overall mobility since they cover everyday tasks that someone who was mobile would be able to do. Shopping for food and getting up and down stairs are the ADLs with the highest proportion of respondents reporting difficulties at 20%. This is split by those saying they have difficulty but manage on their own, those needing help and those who cannot perform the task. The task with the highest proportion reporting ‘cannot do’ is ‘shopping for food’ at 5%, followed by ‘getting up and down stairs’ at 4%.

Figure 48: Between 10% and 20% of older people have difficulty with daily tasks associated with mobility.

Percentage of people aged over 65 answering on their ability to perform activities of daily living in the last month, 2021, England



Source: NHS Health Survey

The answers to the above are grouped by either needing help or not needing help and are shown in figure 49 by age band and number of difficult tasks. This shows that there are differences in help needed between men and women, which grows with age to a 13 percentage

¹⁰⁰ Shafiee, G., Keshkar, A., Soltani, A., Ahadi, Z., Larijani, B., & Heshmat, R. (2017). Prevalence of sarcopenia in the world: a systematic review and meta-analysis of general population studies. *Journal of diabetes and metabolic disorders*, 16, 21. <https://doi.org/10.1186/s40200-017-0302-x>

¹⁰¹ Wilkinson DJ, Piasecki M, Atherton PJ. The age-related loss of skeletal muscle mass and function: Measurement and physiology of muscle fibre atrophy and muscle fibre loss in humans. *Ageing Res Rev*. 2018 Nov;47:123-132.

¹⁰² E. Jeffrey Metter and others, Age-Associated Loss of Power and Strength in the Upper Extremities in Women and Men, *The Journals of Gerontology: Series A*, Volume 52A, Issue 5, September 1997, Pages B267–B276

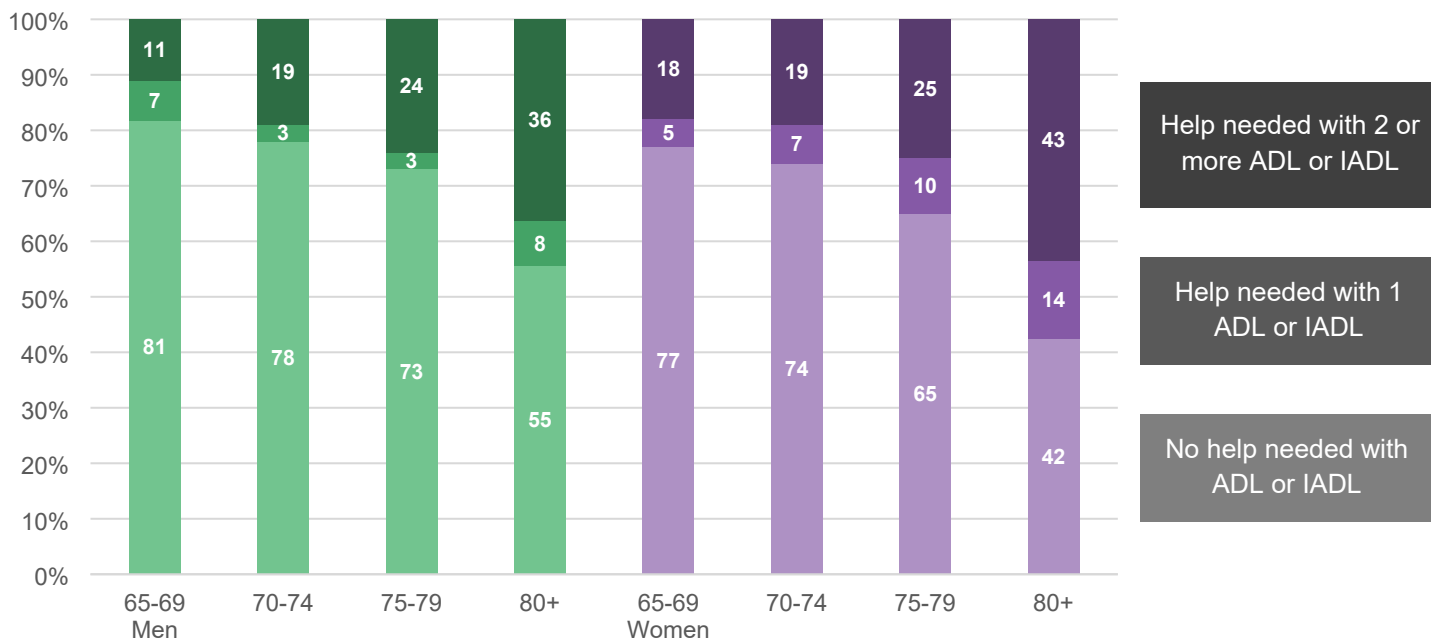
¹⁰³ Xue QL, Walston JD, Fried LP, Beamer BA. Prediction of risk of falling, physical disability, and frailty by rate of decline in grip strength: the women’s health and aging study. *Arch Intern Med*. 2011;171:1119–1121; Marsh AP, Rejeski WJ, Espeland MA, et al. Muscle strength and BMI as predictors of major mobility disability in the Lifestyle Interventions and Independence for Elders pilot (LIFE-P) *J Gerontol A Biol Sci Med Sci*. 2011;66:1376–1383.

point difference in the 80+ age band. Only 42% of female respondents aged 80+ did not need help with an ADL or IADL versus 55% for males.

Overall, 21% of people aged 65–69 needed help with an ADL or IADL and 52% of people aged 80+.

Figure 49: Women are more likely to need help with daily tasks than men, increasing with age in both genders to a high of 58% in women aged 80+.

Percentage of people aged over 65 answering on their ability to perform activities of daily living in the last month by age and gender, 2021, England



Source: Health Survey for England 2021

The National Travel Survey, carried out by the Department for Transport, asks respondents about their mobility and difficulties faced. In 2019, 26% of those 70+ reported mobility difficulties in travel by foot, by bus or both. This was higher than those aged 60–69 (12%) and skewed higher in females than males. For this measure, 2019 data is used due to limited samples and changes in data collection methodology during the pandemic which affect later releases. These sentiments were also mirrored in the local engagement.

Blue badges help people with severe mobility problems, who have difficulty using

In the Department for Transport National Travel Survey:

26

of those aged 70+ reported mobility difficulties, defined as struggling to travel by foot or bus

16

of those aged 60+ hold a blue badge in England

19.63%

Blue badges in Warwickshire held by those 65+, as of 31/03/2023

Source: Mobility difficulties – DfT NTS 2019, table NTS0622
Blue badge by age – DfT NTS 2020, table DIS0503
Blue Badges in Warwickshire - WCC

public transport, to park nearer their destination either by exemption from restrictions or access to designated spaces. They are granted to those permanently and substantially disabled which must be evidenced or assessed. As such, this is the most severe end of mobility problems and useful to judge the potential scale of mobility problems unknown to services. Warwickshire County Council process blue badge applications and issue to successful applicants. As of March 2023, there were 19,636 active blue badges held by those aged 65 and over. Of these, 13,688 were held by those aged 75+.

“I am disabled and cannot get out I spend 12 hours a day on my own when my husband is at work.”

Healthy Ageing in Warwickshire survey respondent

The local survey found that despite people having blue badges a shortage of adequate disabled parking and lack of suitable pathways to accommodate mobility vehicles resulted in diminished mobility and access. There was also a suggestion for temporary blue badges to be issued to help maintain mobility where there is a short-term limitation for a person.

DIABETES

Diabetes is a chronic metabolic disorder characterised by elevated blood glucose levels. There are two main types of diabetes:

- **Type 1 diabetes** – a condition where the body’s immune system attacks and destroys the cells that produce insulin
- **Type 2 diabetes** – the body does not produce enough insulin or the body’s cells do not react to insulin properly. This is much more common; **over 90% of all adults with diabetes have type 2 diabetes.**

Although type 1 diabetes is not preventable, the risk of type 2 diabetes can be reduced.¹⁰⁴ The main factors that can lower the chance of developing type 2 diabetes are a healthy diet, physical activity, and losing weight (if needed) to have a healthy weight and healthy waist size.

NHS inform¹⁰⁵ highlights that diabetes can lead to a number of other health problems, including:

- **Heart disease and stroke** – having diabetes can make you up to five times more likely to develop heart disease or have a stroke.
- **Nerve damage** – high blood glucose levels can damage the tiny blood vessels in your nerves. If the nerves in the digestive system are affected it can lead to nausea, vomiting, diarrhoea, or constipation.
- **Diabetic retinopathy** – the light-sensitive layer of tissue at the back of the eye becomes damaged, which can lead to vision impairment.
- **Kidney disease** – when the kidney works less efficiently. In severe cases, this can lead to kidney failure.

¹⁰⁴ Diabetes UK. *How to prevent type 2 diabetes*. <https://www.diabetes.org.uk/diabetes-the-basics/types-of-diabetes/type-2/preventing> [accessed 13th November 2023]

¹⁰⁵ NHS inform. *Type 2 diabetes*. <https://www.nhsinform.scot/illnesses-and-conditions/diabetes/type-2-diabetes#complications-of-type-2-diabetes> [accessed 13th November 2023]

- **Foot problems** – damage to the nerves of the foot can mean small nicks and cuts aren't noticed and this, in combination with circulation, can lead to a foot ulcer. About 1 in 10 people with diabetes get a foot ulcer, which can cause a serious infection.

The prevalence of type 2 diabetes increases with age¹⁰⁶ and is exacerbated by factors such as being overweight, inactivity, having a family history of diabetes or having a history of gestational diabetes. People of Asian (including Indian, Pakistani, Bangladeshi), Chinese, black African and black Caribbean ethnicities are two to four times more likely to have diabetes, and develop it at lower weight thresholds, than white populations.¹⁰⁷

People with diabetes are monitored by their GPs and data on this is submitted to the National Diabetes Audit.¹⁰⁸ There is a high coverage of GPs submitting to this data source. In Warwickshire, 55% of those registered with diabetes are over the age of 65, a total of 19,088 people.

55%
of those registered with
diabetes in Warwickshire are

Ethnicity is reported in the National Diabetes Audit, at all age level. It shows that only 11% of known people with diabetes are from a non-white minority ethnicity, in line with the wider population despite their increased risk. It is possible that there is a gap between doctor diagnosed and undiagnosed diabetes in minority ethnicities, but it would require more data to understand the impact on older populations.

Diabetes in Warwickshire in
people from minority ethnic
groups:
11%

Using the same dataset, in combination with GP level population data, it is possible to work out crude prevalence of diabetes across age groups and gender. As seen in Figure 51, registered type 2 diabetes prevalence increases with age and is higher in men than in women. Prevalence drops at 90+ age band, likely related to decreased life expectancy from the illness and associated comorbidities.

Approximately one in seven adults over 65 are registered with diabetes, with 14% of 65–79 population and 16% aged over 80. The highest recorded rate is men aged 80–89 where 19% of the population is registered with type 2 diabetes.

In Warwickshire, approximately
1 in 7 over 60 are registered with **Type 2
Diabetes**

¹⁰⁶ Suastika K, Dwipayana P, Siswadi M, et al. (2012) Age is an Important Risk Factor for Type 2 Diabetes Mellitus and Cardiovascular Diseases. Glucose Tolerance. InTech. DOI: 10.5772/52397.

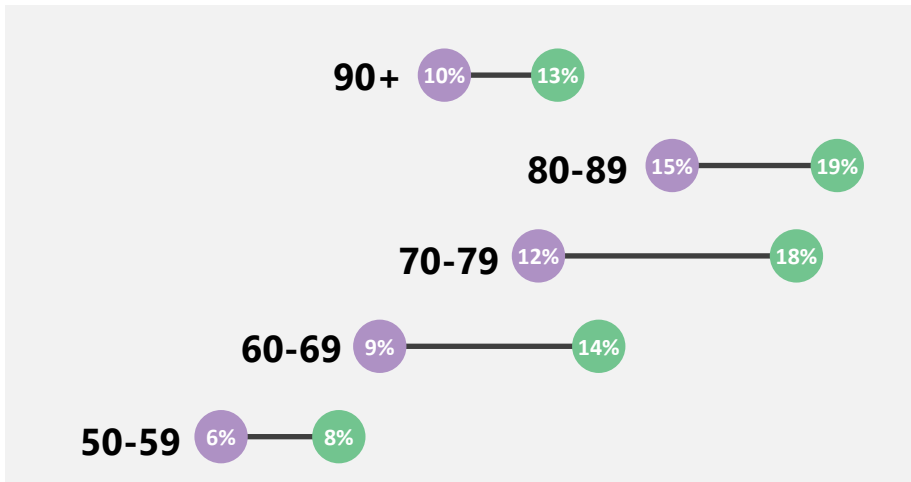
¹⁰⁷ Uduakobong E. Ntuk, Jason M.R. Gill, Daniel F. Mackay, Naveed Sattar, Jill P. Pell; Ethnic-Specific Obesity Cutoffs for Diabetes Risk: Cross-sectional Study of 490,288 UK Biobank Participants. *Diabetes Care* 1 September 2014; 37 (9): 2500–2507

¹⁰⁸ National Diabetes Audit (2021/22). Data release for England, ICB, Sub-ICB location and GP Practice. NHS Digital. Dataset

Type 1 diabetes accounts for a small portion of total diabetes registrations in people over 60, around 2.5% in Warwickshire. When looking at those registered with type 1 diabetes as a proportion of the total 60+ population, it's approximately 1 in 280 people.

Figure 50: Type 2 Diabetes is lower in women than in men.

Percentage of those registered at Warwickshire GPs with diabetes by age and gender, 2021/22

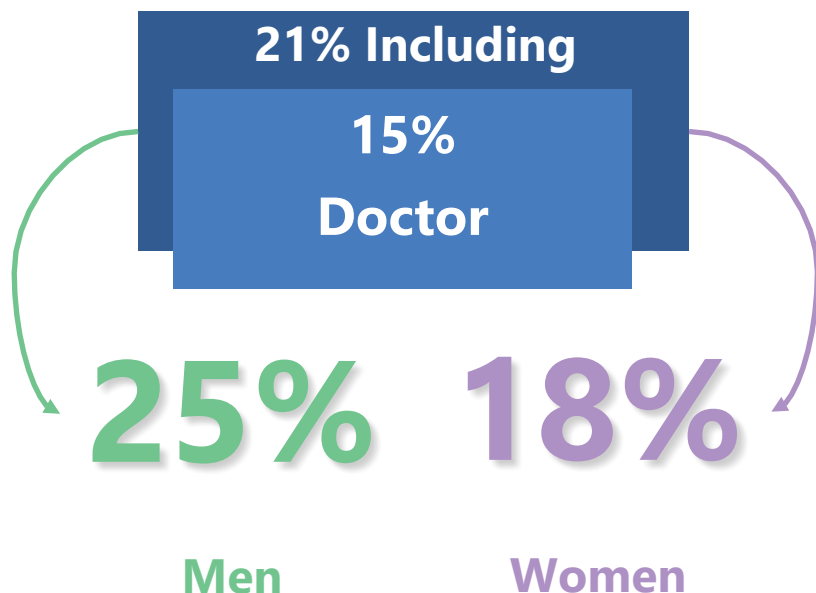


Source: National Diabetes Audit

The NHS Health Survey for England asks respondents whether they have been diagnosed with diabetes and conducts a blood glucose test to check for undiagnosed cases. The latest results, from 2021, show that there was a gap in diagnosed diabetes and total diabetes for those aged 65+. The total, including undiagnosed, was around 21% versus 15% doctor diagnosed with differences in total diabetes between men (25%) and women (18%) – the diagnosis gaps were not significantly different.

Figure 51: There is a gap between diagnosed and total diabetes in those aged 65+.

The prevalence of total diabetes estimated by random testing compared with the doctor diagnosed rates of the same cohort, 2021, England



Source: NHS England – Health Survey 2021

The National Institute for Health and Care Excellence (NICE) recommends nine key care processes for patients with diabetes¹⁰⁹, these are:

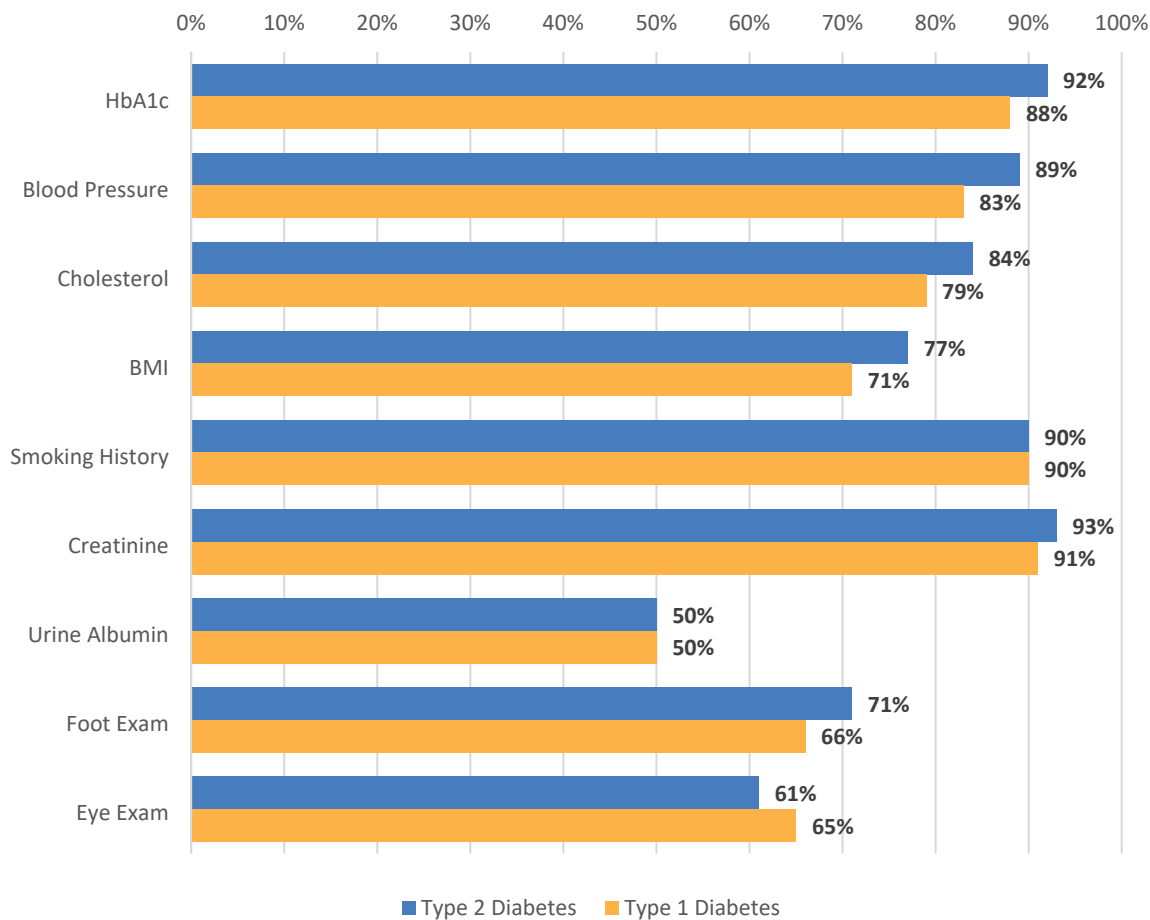
1. HbA1C – Blood test for glucose control (at regular check-ups, frequency depends on how patient is self-monitoring)
 2. Blood pressure check
 3. Serum cholesterol
 4. Body mass index (BMI)
 5. Smoking history
 6. Serum creatinine – blood test to check for kidney function
 7. Urine albumin – urine test to check for risk of kidney disease
 8. Foot exam – diabetes can cause nerve damage, commonly in the feet and legs. Screening can detect early signs of foot ulcers and infections which can be serious
 9. Digital retinal screening – diabetes can affect blood vessels in the retina, leading to diabetic retinopathy. If left untreated, this may result in vision loss or blindness.
- To check for cardiovascular disease as people with diabetes are more likely to develop CVD.

The National Diabetes Audit reports on progress towards this, as a percentage of total patients with diabetes.

¹⁰⁹ National Institute for Health and Care Excellence (NICE), Type 2 diabetes in adults, Quality statement 6: 9 key care processes [QS209]. 2023. <https://www.nice.org.uk/guidance/qs209/chapter/Quality-statement-6-9-key-care-processes> [accessed 18th September 2023]

Figure 52: The percentage of total patients receiving each of the care processes varies, with urine albumin being the lowest with 50%.

Average coverage of NICE care processes, patients aged 60–89, 2021/22, Warwickshire



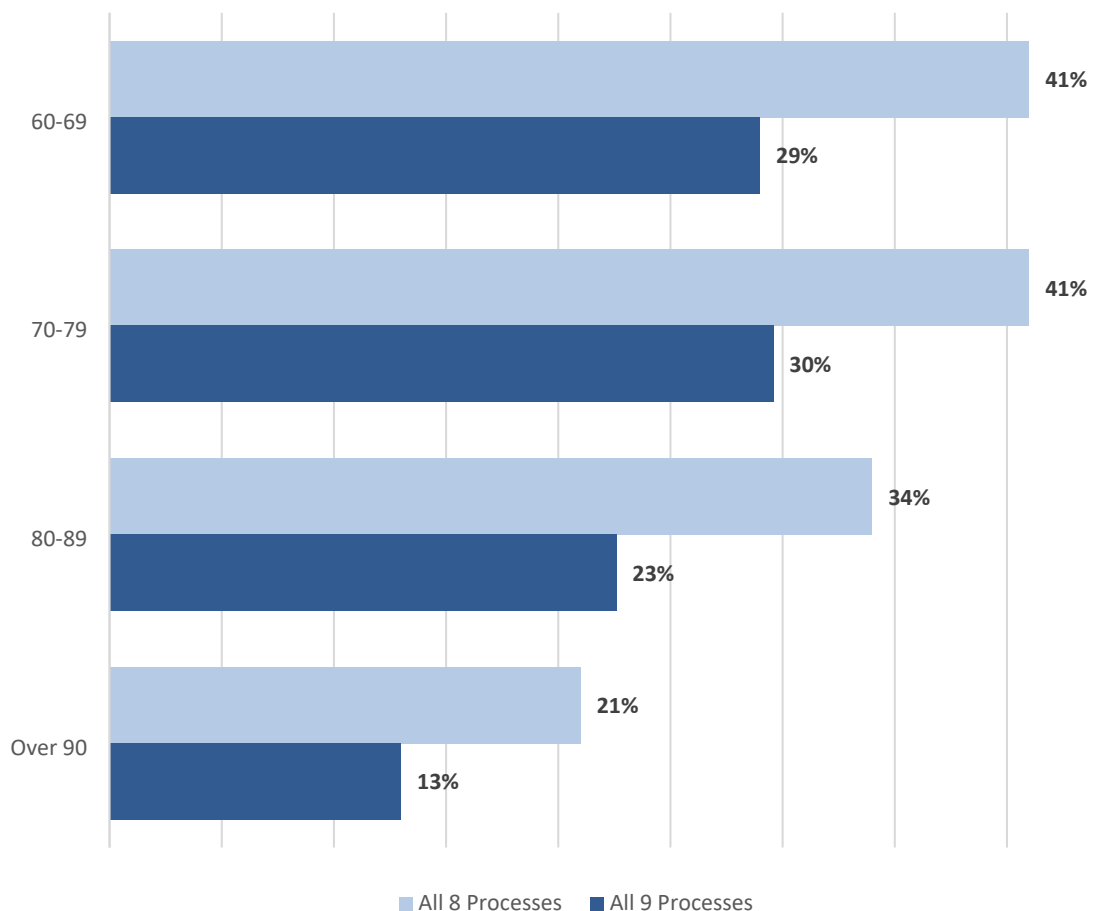
Source: NHS Digital

Urine albumin tests, foot exams and eye exams are the processes with the lowest coverage while creatinine, smoking history checks and HbA1c are the highest. Previously, eye exams were not included in performance measures so they reported against eight key care processes.

Figure 53 shows the percentage of type 2 diabetes patients that received all eight processes in 2021/22 versus those who also received an eye check. Performance is low when assessed in this way compared to individual care processes.

Figure 53: More type 2 diabetes patients are receiving eight key processes than all nine, decreasing in older age groups.

Percentage coverage of diabetes monitoring processes in adults aged 60+ registered with a Warwickshire GP, 2021/22



Source: NHS Digital

Monitoring diabetes is important due to the serious potential complications associated with the condition. It further increases the elevated risk in older people of developing cardiovascular disease such as strokes or heart attacks. It can cause painful nerve damage increasing the risk of foot ulcers and infection¹¹⁰ which, when combined with diabetes-linked muscle weakness, can lead to reduced mobility¹¹¹ or even amputation.

Diabetes is a leading cause of chronic kidney disease (diabetic nephropathy). Over time, high blood sugar levels can damage the kidneys' filtering system, leading to impaired kidney function. Older adults with diabetes are more susceptible to kidney complications, which can progress to end-stage renal disease, requiring dialysis or kidney transplantation.¹¹²

¹¹⁰ Diabetes UK, *Complications of Diabetes*, <https://www.diabetes.org.uk/guide-to-diabetes/complications> [accessed 18th September 2023]

¹¹¹ Lien, A. S., Hwang, J. S., & Jiang, Y. D. (2018). *Diabetes related fatigue sarcopenia, frailty*. *Journal of diabetes investigation*, 9(1), 3–4. <https://doi.org/10.1111/jdi.12752>

¹¹² Diabetes UK, *Complications of Diabetes*, <https://www.diabetes.org.uk/guide-to-diabetes/complications> [accessed 18th September 2023]

FRAILITY

Frailty is a long-term condition related to the ageing process in which multiple body systems gradually lose resilience and ability to recover from stressors.¹¹³ Individuals with frailty are at a greater risk of disability, care home admission, hospitalisation, and death.¹¹⁴ They have reduced physical function, impaired mobility, and difficulties in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) such as going up and down stairs, using the toilet or shopping for essentials.¹¹⁵

NHS England¹¹⁶ has highlighted potentially preventable or modifiable risk factors or conditions in preventing frailty, including:

- alcohol excess
- cognitive impairment
- falls
- functional impairment
- hearing problems
- mood problems
- nutritional compromise
- physical inactivity
- polypharmacy
- smoking
- vision problems
- social isolation
- loneliness

¹¹³ Skills for Health. *Frailty: A framework of core capabilities*. NHS. 2008

¹¹⁴ British Geriatrics Society, Royal College of General Practitioners, AgeUK. *Fit for Frailty: Part 1. Consensus best practice guidance for the care of older people living in community and outpatient settings*. (2014)

¹¹⁵ C, Cooper and C, Gale and A, Sayer. 'Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing' (2015) 'Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing

¹¹⁶ NHS England. *Preventing frailty*. <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/preventing-frailty/> [Accessed 13th November 2023]

The proportion of people living with frailty increases with age, with a prevalence of 6.5% in those aged 60–69 and reaching 65% in those aged 90 and above. In England, around 3% of the population aged 65 and older live with severe frailty, 12% with moderate frailty, and 35% with mild frailty. Women are more likely to experience frailty, with a prevalence of 16% compared with 12% in men.¹¹⁷

“I hate the idea of becoming frail and immobile and am nervous about the cost of care as would not qualify for free care.”

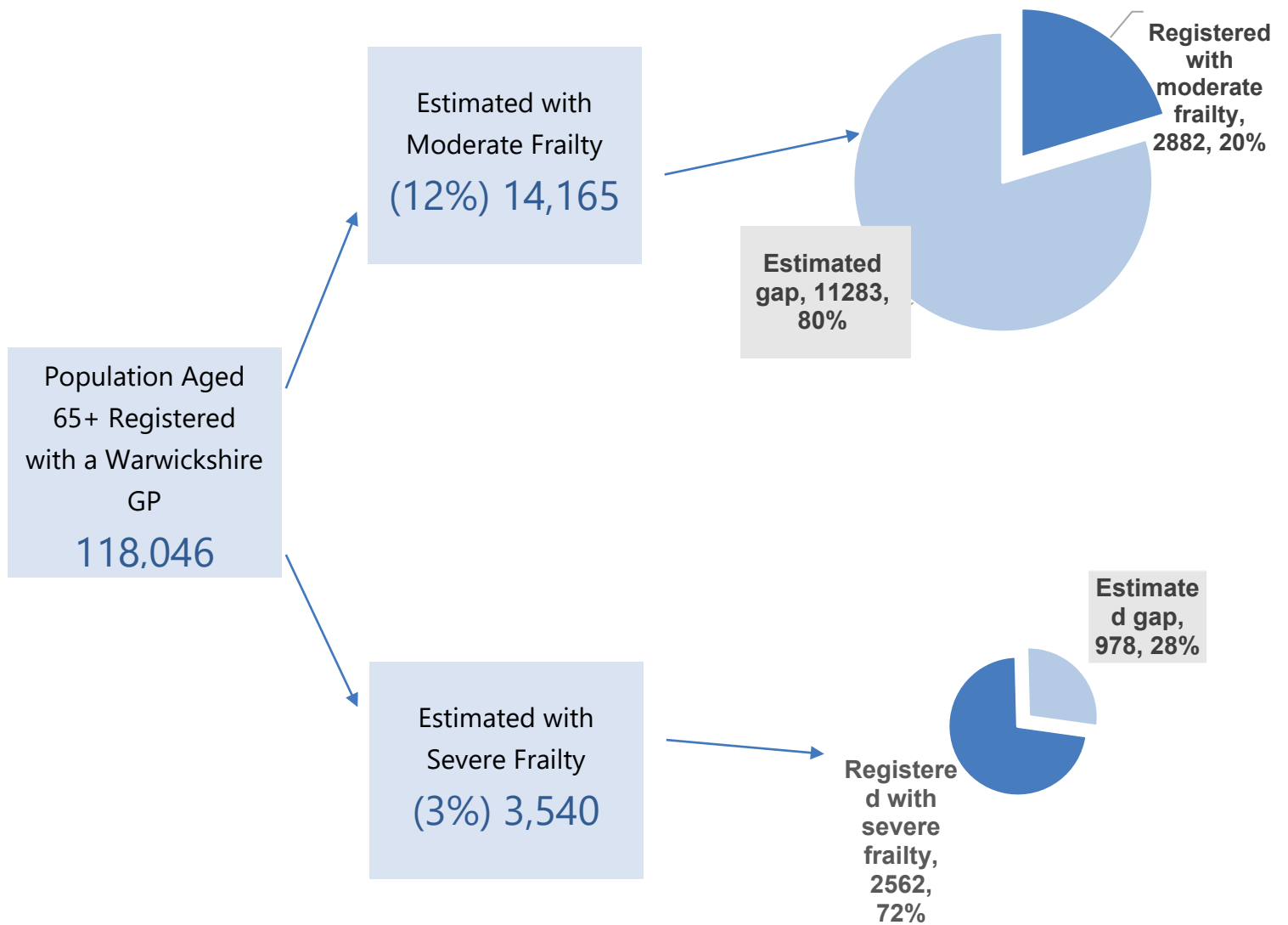
Healthy Ageing in Warwickshire survey respondent

Recognising the importance of identifying frailty, the General Medical Services (GMS) contract in the UK mandates general practitioners (GPs) to routinely identify patients with moderate and severe frailty since October 2017. Looking at GP contract services data, collected by NHS England via the Calculating Quality Reporting Service (CQRS) and General Practice Extraction Service (GPES), it shows that there are 2,882 people with moderate frailty and 2,562 people with severe frailty in Warwickshire. As a percentage of the 65+ population registered at Warwickshire GPs, 2.44% have moderate frailty and 2.17% have severe frailty. This implies that there is a gap between the 2.44% identified with moderate frailty locally and the 12% estimated figure for England. Not all people with frailty can, or will, be seen by their GP but more work could be done system wide to register more older people with frailty.

Figure 54: There are significant gaps between estimated and registered frailty

¹¹⁷ C, Cooper and C, Gale and A, Sayer. *'Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing'* (2015) 'Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing

Breakdown of older adults registered with a Warwickshire GP, those estimated to have frailty and those registered, 2023



Source: GP Contract services, NHS Digital as of 31/03/2023

FALLS AND HIP FRACTURES

Falls are a significant, common problem among older people; around one in three people over the age of 65 and half of people over 80 will have at least one fall per year.¹¹⁸ While not all falls will lead to injuries requiring medical treatment, 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall.¹¹⁹

Older people are more likely to fall due to a range of factors, including:

- poor balance
- muscle weakness
- specific chronic health conditions, such as heart disease, dementia or low blood pressure
- use of multiple medications or medications that cause low blood pressure/dizziness
- visual impairment
- environmental hazards.¹²⁰

“Pavements are very poor in many places, big risk of falls.”

Healthy Ageing in Warwickshire survey respondent

While most falls do not lead to fracture or hospitalisation, most hip fractures are caused by falls. Following a hip fracture, 10% of older people die within a month, one third die within a year¹²¹ and approximately 20% enter a care home.¹²² By understanding the causes of falls and implementing preventative measures, first and particularly subsequent fractures in older people can be avoided, reducing mortality.¹²³

¹¹⁸ National Institute for Health and Care Excellence (NICE), *Fall in older people, assessing risk and prevention (CG161)*. 2013. <https://www.nice.org.uk/guidance/cg161/resources/falls-in-older-people-assessing-risk-and-prevention-pdf-35109686728645> [accessed 18th September 2023]

¹¹⁹ Rubenstein, L. Z., Powers, C. M., & MacLean, C. H. (2001). Quality indicators for the management and prevention of falls and mobility problems in vulnerable elders. *Annals of internal medicine*, 135(8 Pt 2), 686–693. https://doi.org/10.7326/0003-4819-135-8_part_2-200110161-00007

¹²⁰ Office for Health Improvement and Disparities. *Falls: applying All Our Health*. 2022

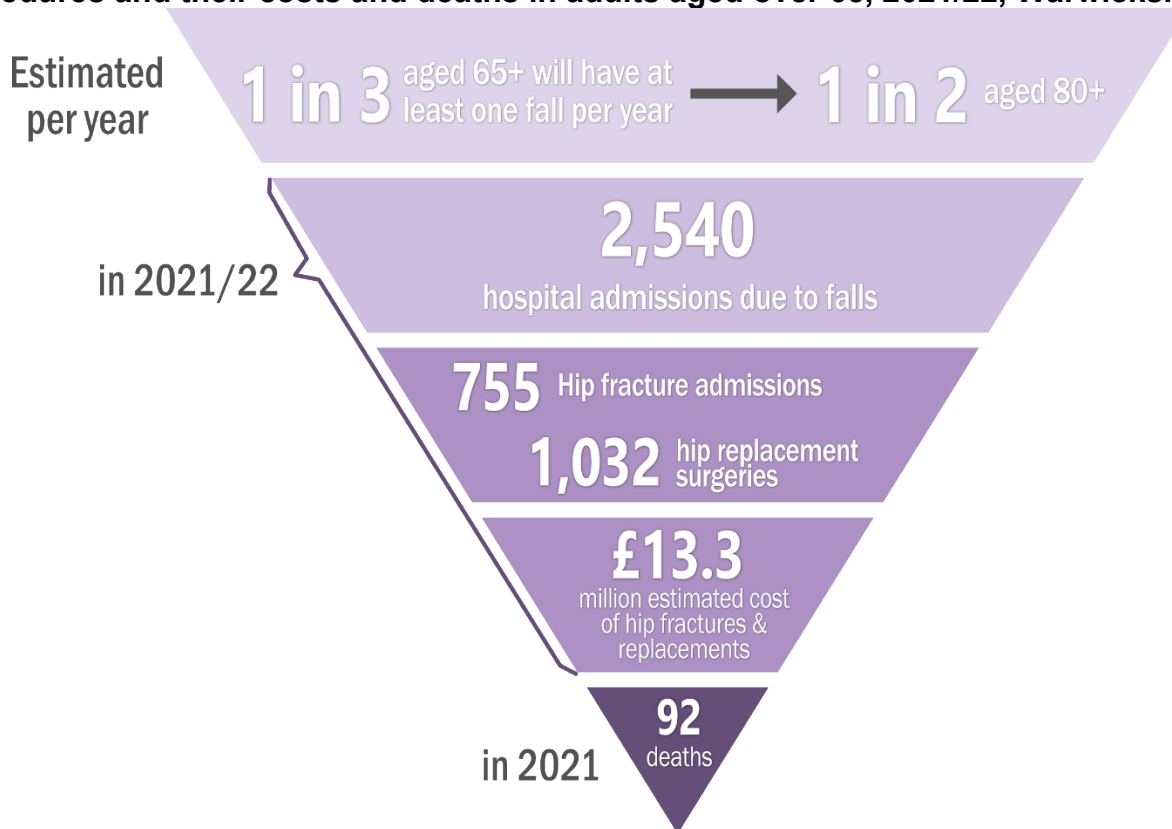
¹²¹ National Clinical Guideline Centre. *The Management of Hip Fracture in Adults*. Royal College of Physicians. 2011

¹²² Royal College of Physicians. *Falling standards, broken promises: report of the national audit of falls and bone health*. 2013

¹²³ Bliuc, D., Nguyen, N. D., Milch, V. E., Nguyen, T. V., Eisman, J. A., & Center, J. R. (2009). *Mortality risk associated with low-trauma osteoporotic fracture and subsequent fracture in men and women*. *JAMA*, 301(5), 513–521. <https://doi.org/10.1001/jama.2009.50>

Figure 55: The impact of falls in Warwickshire.

Estimates of the frequency of falls, recorded hospital admissions, associated procedures and their costs and deaths in adults aged over 65, 2021/22, Warwickshire

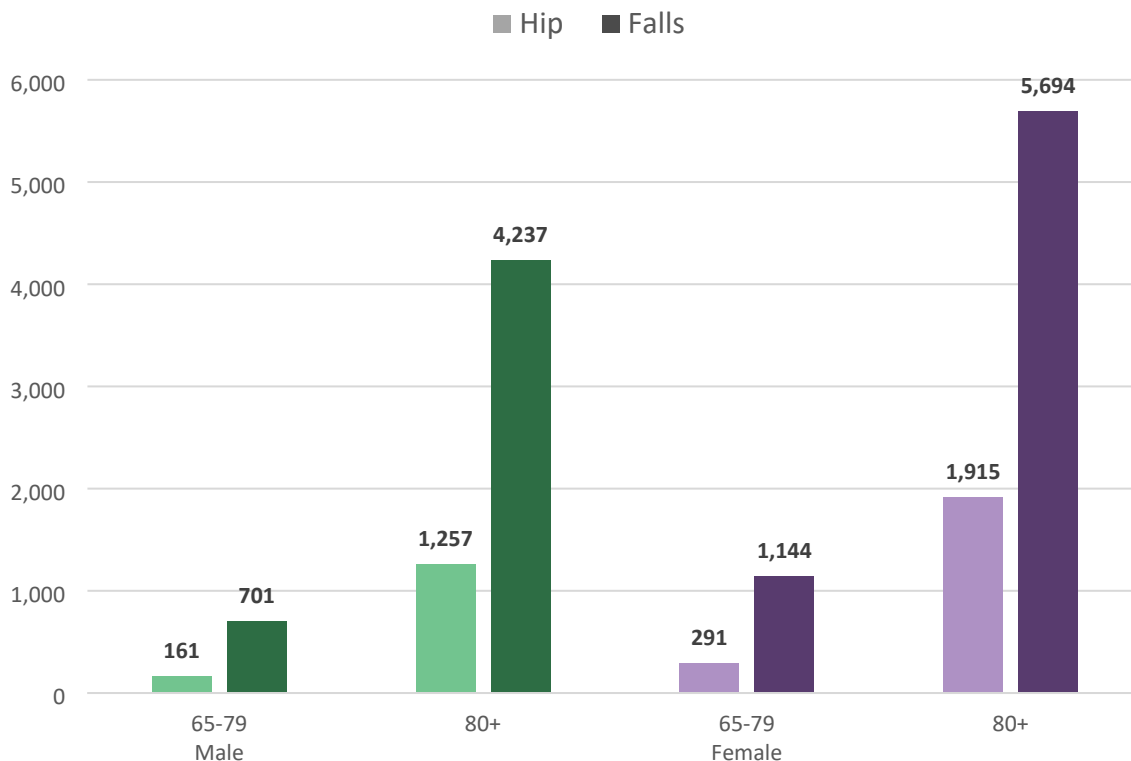


Source: NHS Hospital Episode Statistics, Costs estimated using NHS National Tariff Payment System Deaths from ONS, accessed using NOMIS

In Warwickshire, there were 755 hospital admissions for those aged 65+ for hip fractures and 2,540 due to falls in 2021/22. Figure 56 shows directly standardised rates by both gender and age group, Warwickshire has a slightly lower rate than England but is in line with the West Midlands. The 80+ age group rate is substantially higher than 65–79 group and rates in women are higher than in men. As the population ages, the number of falls and fall-related injuries is likely to increase, putting a greater demand on healthcare resources.

Figure 56: Hip fracture and falls-related admissions are higher for women and those aged 80+ in Warwickshire.

Directly standardised rates, per 100,000 of population aged 65 and over, for falls and hip fracture hospital admissions, 2021/22, Warwickshire



Source: OHID – Hospital Episode Statistics

After hospitalisation

Following a hospitalisation for a fall, patients are discharged either to their home, back to their residential care or, if an older person living independently is deemed too high risk to send home, they will remain in the hospital until a new care package can be arranged.

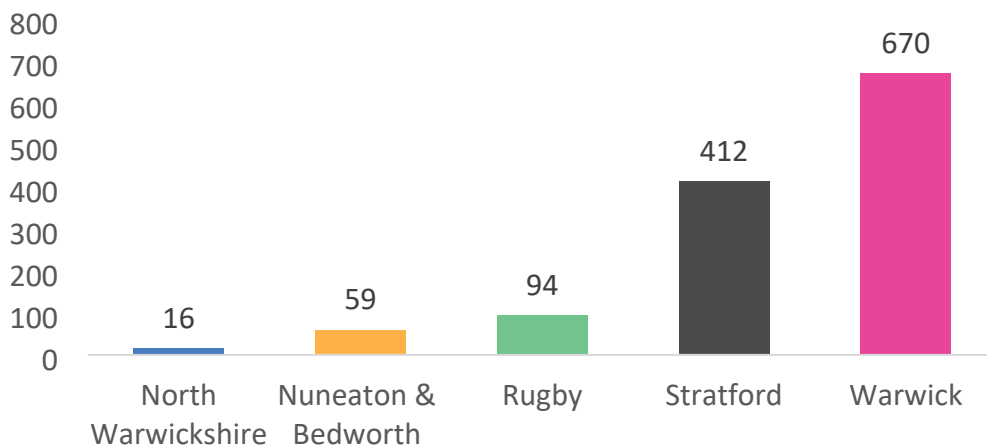
For the patients able to go home, they may be taken by the ‘Hospital to Home’ service which is commissioned by Warwickshire County Council and delivered by the Warwickshire Fire and Rescue Service, serving Warwick Hospital, George Eliot Hospital in Nuneaton and Bedworth, and University Hospitals Coventry and Warwickshire. Focused on discharging vulnerable patients and supporting them to feel safe and live independently, the team look for potential hazards in the home that could cause further falls. They may also complete a ‘timed-up-and-go’ assessment to identify mobility and balance impairments, the results of which may make the patient eligible for the falls prevention service.

In the year from March 2021 to February 2022, they provided transport to 1,376 people across the county, of whom 1,255 were aged 65 and above (91.2%). During the visits to those aged 65 and above, Safe and Well checks were carried out (or arranged for a later date) on 909 occasions (72.4%) and referrals to other services on 291 occasions (23.2%).

The Hospital to Home service is based in Warwick Hospital and although it is offered across the county, the vast majority (86.5%) were providing transport to a home address in South Warwickshire.

Figure 57: The Hospital to Home service has been mostly used in South Warwickshire (86.5% of journeys)

Hospital to Home by district/borough



Source: Warwickshire Fire and Rescue

Falls prevention service

There is a county wide falls prevention offer commissioned by Warwickshire County Council, delivered by South Warwickshire University Foundation Trust. The target population are those 65+ at medium to high risk of either their first or repeat falls. It operates through a single point of access that health and care professionals from across the system can refer into, referrals are then triaged and either signposted or accepted into the service.

As recommended by NICE, a multifactorial assessment is carried out to assess the individual’s risk factors of a fall and a personalised intervention is designed. This intervention can include strength and balance training, medication review or onward referral. In 2022, there were 882 people referred into the single point of access and 684 multifactorial assessments completed.

Figure 58: Warwickshire Falls and Urgent Community Response (UCR) Services in 2022



Source: Falls Service – SWFT, UCR – NHS England

Urgent Community Response Team

In order to prevent unnecessary hospital admission and stays, NHS England recommend the commissioning of services which respond to older people and adults with complex health needs

in need of urgent care. With a 2-hour target for urgent call-outs, multidisciplinary teams respond to self-referrals and those from primary care, emergency services, social care providers and voluntary community & social enterprise organisations.

Interventions are performed in the home and may include diagnostics, clinical observations, personal hygiene, wound care, mobility and rehabilitation among others. Alternatively, the intervention may include making the person safe and help with staying well-fed and hydrated. In 2022, there were 146 referrals to UCR coded as ‘falls risk’.

INFECTIOUS DISEASES

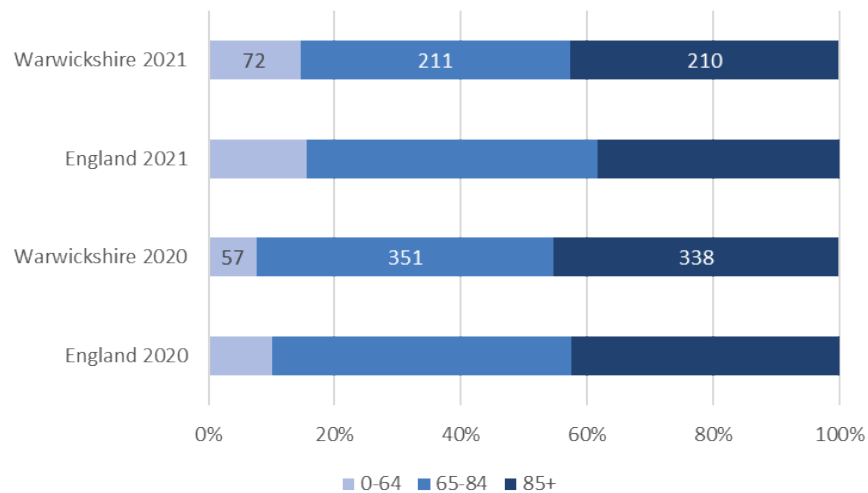
COVID-19

People in older age groups were and continue to be at the highest risk of death and serious illness from COVID-19.

In Warwickshire, as elsewhere, most deaths related to COVID-19 were in those aged 65+. In 2020, during the first ‘wave’ of the pandemic, 92% (n=689) of all COVID-19 deaths in Warwickshire were in people aged 65+. Slightly lower proportions were seen in 2021.

Figure 59: Those aged over 65+ accounted for the majority of all COVID-19 deaths in Warwickshire; rates were slightly higher in these age groups compared with levels in England.

Proportion of all COVID-19 deaths by age group, Warwickshire and England, 2020 and 2021



Source: Nomis, 2023¹²⁴

Warwickshire has a slightly older population structure to that of England which may explain the higher proportion of Warwickshire’s COVID-19 deaths that were in older age categories. Among all deaths in those aged 65+ in 2020, COVID-19 accounted for 12.1%; a figure in line with the rate for England (12.9%). This reduced to 8.1% in 2021 compared to England at 11.6% of all

¹²⁴ [Mortality Statistics – Underlying cause, sex and age, 2021](#) [accessed Nomis 6th September 2023]

deaths in those aged 65+. However, there was some variation across the county which may in part reflect the different age structures and population characteristics of district and borough populations.

Table 24: In 2020, COVID-19 accounted for a higher proportion of all 65+ deaths in some parts of the county; these differences were less evident in 2021.

COVID-19 deaths as a proportion of all deaths in those aged 65+

Year	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick
2020	12.1%	15.3%	13.4%	9.6%	13.0%	10.0%
2021	8.1%	6.9%	8.6%	8.5%	6.2%	10.2%

Source: Nomis, 2023¹²⁵

The reduction in COVID-19 deaths in 2021 is likely to reflect vaccine uptake. Only Warwick district saw no reduction in the proportion of all deaths 65+ from COVID-19 in 2021.

During the pandemic it was well documented that males had higher mortality rates from COVID-19 than females. Table 25 highlights these differences in Warwickshire; in 2020, there was a 10 percentage point difference in the proportion of COVID-19 deaths between males and females.

Table 25: Males made up a higher proportion of COVID-19 deaths in those aged 65+ than females; this gap narrowed slightly in 2021.

Proportion of deaths from COVID-19 that were in males/females, people aged 65+, 2020 and 2021

Year	Males 65+	Females 65+
2020	55%	45%
2021	54%	46%

Source: Nomis, 2023¹²⁶

After the early vaccine roll out which started in early 2021, an autumn booster in 2022 was offered to all adults aged 50 and over and those in clinical risk groups. Table 26 illustrates the range in uptake (across different older age categories) for this along with the rate of uptake for the spring booster offered to those aged 75+.

¹²⁵ [Mortality statistics – underlying cause, sex and age](#) [accessed Nomis 6th September 2023]

¹²⁶ [Mortality statistics – underlying cause, sex and age](#) [accessed Nomis 6th September 2023]

Table 26: Uptake rates in autumn (2022) and spring (2023) COVID-19 booster vaccines

Uptake rates were lower in the north of the county for both vaccines; the spring booster vaccine had a lower uptake rate than the autumn booster.

	Autumn booster*	Spring booster
North Warwickshire	82.1–85.7%	65%
Nuneaton & Bedworth	77.8–84.0%	69%
Rugby	84.6–85.6%	72%
Stratford-on-Avon	89.1–91.5%	80%
Warwick	87.5–89.9%	80%
Warwickshire	85.3–87.8%	75%

*Figures are presented as a range illustrating uptake across different age categories within age 65–90+.

Source: Gov.UK coronavirus COVID-19¹²⁷

Uptake rates were generally lower in the north of the county for both the autumn and spring vaccines. Uptake rates were down across the county for the spring booster compared with the previous autumn uptake.

Wider impacts of COVID-19 on older people

It is increasingly recognised that the pandemic had many impacts beyond that of the infection itself. Some of these will not be unique to older people but given the more vulnerable status of some older people it is likely that older people may have experienced a disproportionate impact regarding those highlighted below.

- **Increased social isolation and loneliness** – older adults faced significant challenges maintaining social connections, the importance of which is documented in other sections of this report but especially mental health and overall wellbeing. Digital exclusion among some older people may have exacerbated feelings of isolation during the pandemic when previously face to face services switched to online or virtual arrangements.
- **Delays or limited access to healthcare.** The pandemic resulted in delays or reduced access to healthcare services for older people. Non-urgent medical appointments, elective surgeries and routine screening have sometimes been delayed. This is especially likely to have impacted the management of chronic conditions and early detection of health issues including cancer, dementia, diabetes or sight and hearing problems. Later detection or poor management of conditions is likely to have a detrimental impact with fewer opportunities to address symptoms at an early stage and prevent deterioration.
- **‘Deconditioning’** – research has suggested some older people became much less active generally during the pandemic with a reduction in overall fitness as well as strength and balance; individuals were consequently at a higher risk of falls.¹²⁸

¹²⁷ [GOV.UK Coronavirus \(COVID-19\) in the UK/Vaccinations/Warwickshire](https://www.gov.uk/coronavirus/covid-19-in-the-uk/vaccinations/warwickshire) [accessed 6th September 2023]

¹²⁸ [Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults](#), Public Health England, 2021

“My friend is in a local care home and due to covid and bereavement two years ago she was transferred to residential care for rehabilitation following a long period in hospital and due to Covid restrictions she did not have access to physiotherapy and bereavement counselling which has impacted on her ability to resume an independent life.”

Healthy Ageing in Warwickshire survey respondent

The effect of COVID-19 has been felt similarly within local engagement. With many feeling a lack of access to services previously available & also discontent with the continuation of telephone consultations in healthcare.

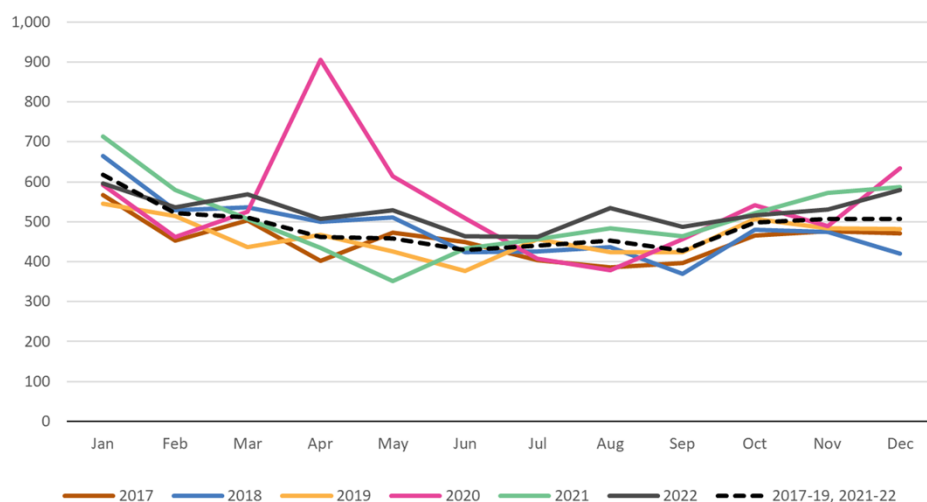
Some of these wider impacts of COVID-19 likely compounded the risk factors already widely acknowledged to contribute to older people’s health and wellbeing, adding additional challenges or barriers to good health.

Excess mortality during and following COVID-19

Excess mortality refers to the number of deaths above what we would expect to see. All age groups faced excess mortality in 2022, nationally as well as locally in Warwickshire. There is no one single cause; however, several of the causes relate to circulatory disease – cardiac arrhythmia, heart failure and hypertensive diseases, totalling 12,011 excess deaths nationally.

Figure 60: Excess mortality in Warwickshire was higher in 2022 than before the pandemic.

Monthly provisional figures on deaths in Warwickshire, 2017–2022 and monthly 5-year averages (2017–20, 2021–22)



Source: ONS, Deaths registered monthly in England and Wales

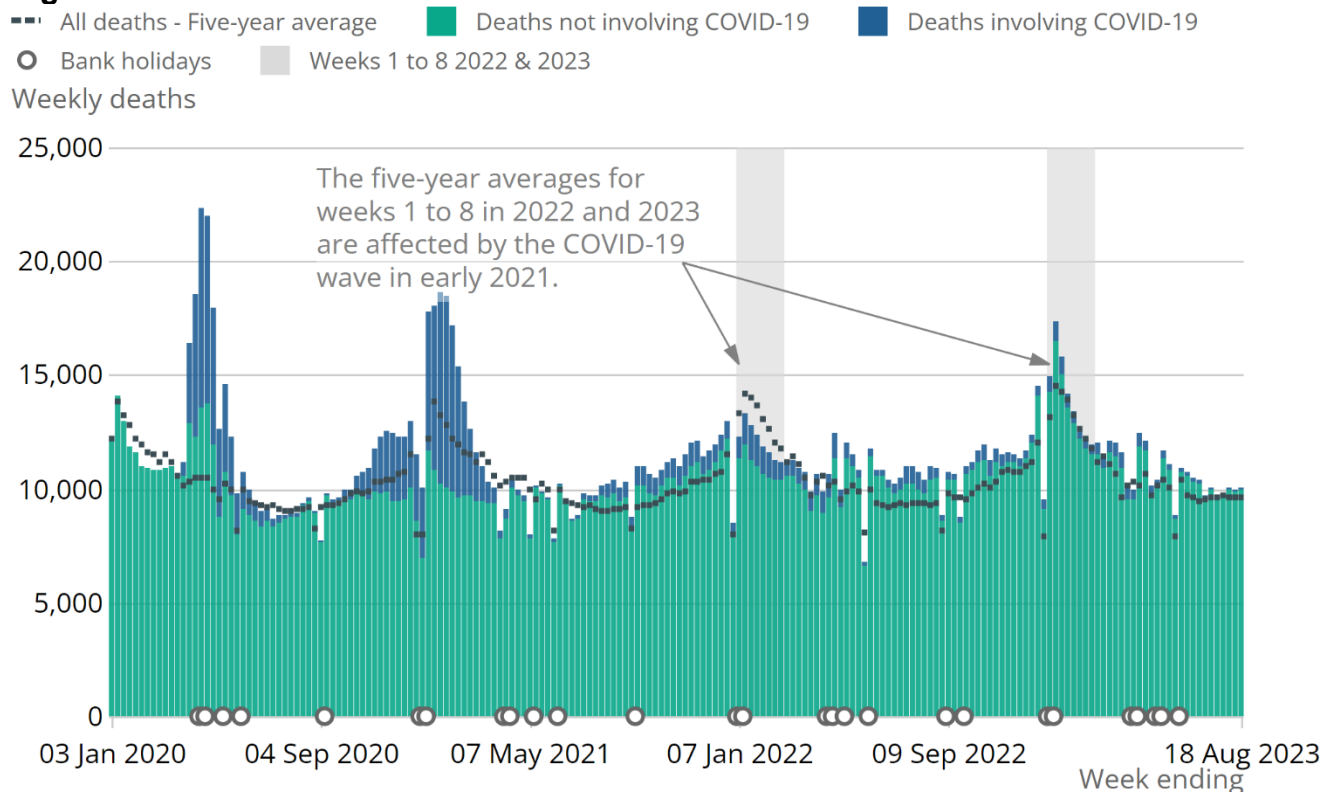
There were 6,457 registered deaths in Warwickshire in the year from March 2022 to February 2023. This is 518 (9.0%) more deaths than in the year March 2021 to February 2022, and may increase due to registration delays.

The Office for National Statistics (ONS) publishes information on the number of excess deaths, where this refers to the number of deaths above the 5-year average. To account for the

variances caused by the COVID-19 pandemic; for 2020 and 2021, the average for 2015 to 2019 has been used. For 2022, the average is calculated from 2016 to 2019 and 2021 data. For 2023, the average is calculated from 2017 to 2019, 2021, and 2022 data. This provides a comparison of the number of deaths expected in a usual (non-coronavirus pandemic) year.

Figure 61: Weekly data published by ONS shows that across England and Wales the numbers of deaths increased during the COVID-19 pandemic, but in 2022 still seemed to be above the pre-pandemic average.

Number of deaths registered by week, England and Wales, 28 December 2019 to 18 August 2023



Source: ONS¹²⁹

Reasons for this could include the impact of long COVID; accumulation of wider risk factors relating to the pandemic and cost of living; capacity of health care system to respond to need for emergency care; or waiting list backlog.

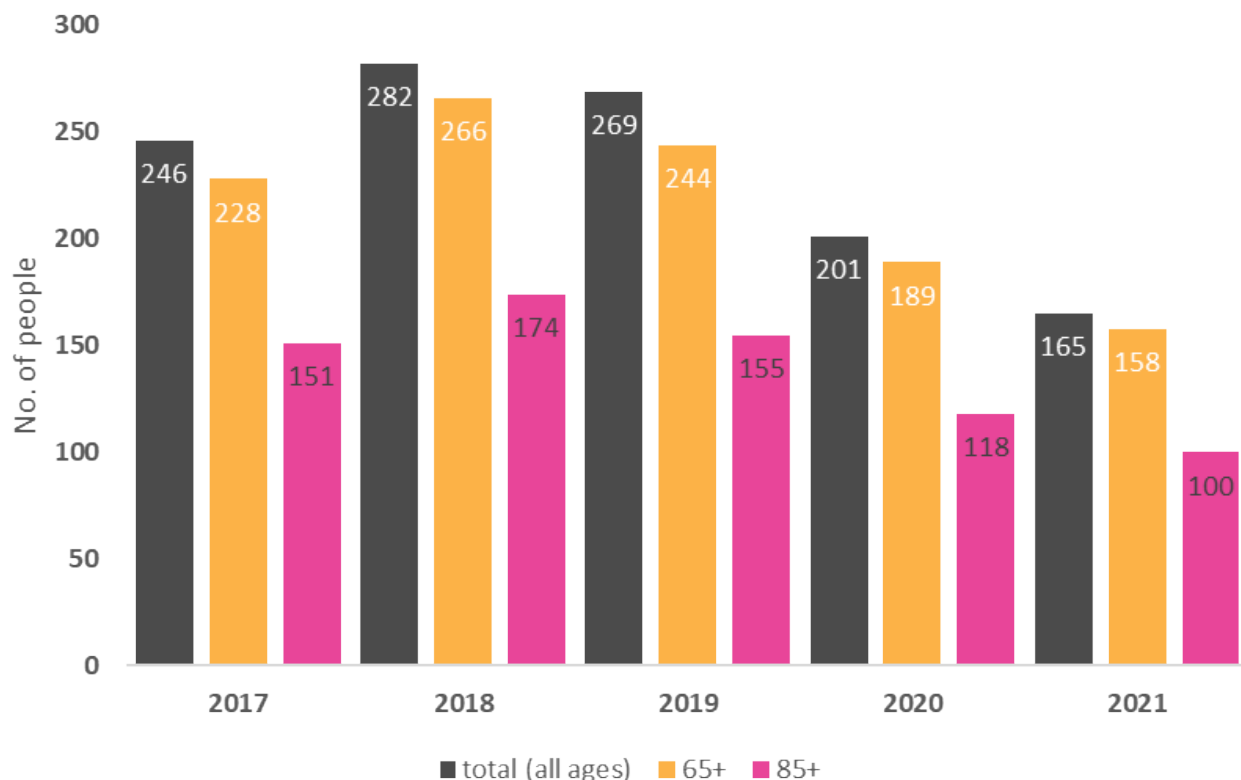
¹²⁹ Office of National Statistics. Deaths registered weekly in England and Wales, provisional: week ending 18 August 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/18august2023> [accessed 1st September 2023]

Seasonal flu

Seasonal flu can be a serious infection, particularly in older adults. Typically, over 90% of deaths with an influenza and pneumonia code in Warwickshire were in those aged 65+. This is consistent with figures for England. However, within the 65+ age group, deaths from seasonal flu were considerably higher in upper age categories (85+) with around 60% of deaths each year in this age category.

Figure 62: The majority of seasonal flu deaths were in those aged 65+ but were highest in the 85+ age group.

Number of seasonal flu deaths by age and year, Warwickshire (2017 to 2021)



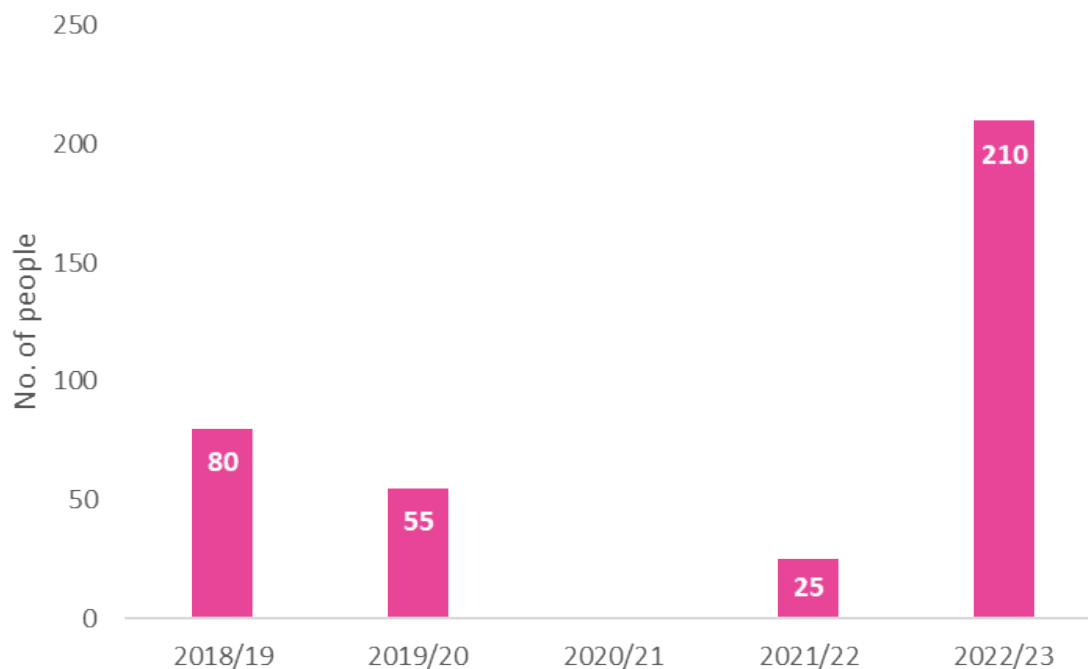
Source: Nomis, 2021¹³⁰

The number of recorded flu deaths in older adults was lower in 2020 and 2021 compared with previous years; COVID-19 restrictions may have contributed to this overall downturn in numbers. More recent Hospital Episode Statistics highlight the reduction in admissions for seasonal flu during the pandemic but show a marked increase in numbers in the 2022/23 winter season.

¹³⁰ [Mortality statistics – underlying cause, sex and age](#) [accessed 6th September 2023]

Figure 63: The winter of 2022/23 saw a noticeable increase in the number of hospital admissions for seasonal flu in those aged 65+.

Hospital admissions for seasonal flu in those aged 65+, Warwickshire, between 2018/19 and 2022/23



Source: Hospital Episode Statistics, 2023¹³¹

Flu vaccination

In recent years, flu vaccination has been offered in conjunction with the autumn COVID-19 booster; in Warwickshire flu vaccination levels were at 82.6% of the 65+ population. The target uptake is 75%. Uptake, however, was not necessarily at this level in all parts of the county; uptake of spring booster COVID-19 vaccine varied between districts and boroughs (see Table 26) and vaccine uptake may vary considerably more at smaller geographies and between different population groups.

MULTIMORBIDITY

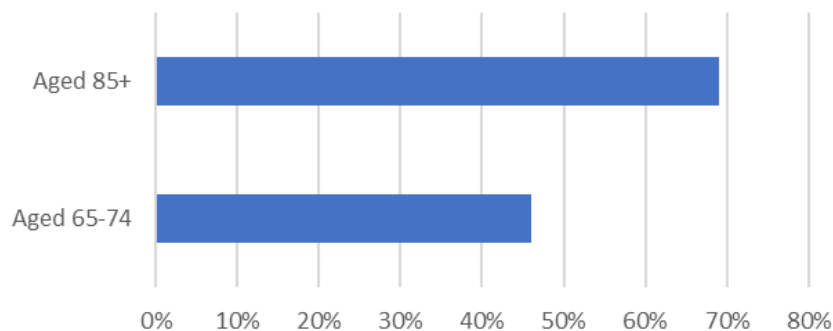
Multimorbidity is where a person has two or more long-term health conditions. This can include physical conditions, mental health conditions, learning disabilities or symptom complexes, such as chronic pain.¹³² As seen in Figure 64, the prevalence of multimorbidity increases with age, with 69% of people aged 85+ estimated to have multimorbidity compared with 46% of 65–74 year olds.

¹³¹ Hospital Episode Statistics, 2023 [accessed 6th September 2023]

¹³² National Institute for Health and Care Research (NIHR): Multi-morbidity predicted to increase in the UK over the next 20 years (2018, March 20), <https://evidence.nihr.ac.uk/alert/multi-morbidity-predicted-to-increase-in-the-uk-over-the-next-20-years/>

Figure 64: The prevalence of multimorbidity increases with age.

Prevalence of multimorbidity in 65–74 and 85+ age groups, 2015, England



Source: Kingston et al., 2018¹³³

Multimorbidity is associated with higher mortality and greater health service use; one UK study found people with dementia and six or more comorbidities (compared with those with dementia and two to three comorbidities) had a higher risk of dying during the follow-up period and used services more frequently, including hospital admissions and primary care.¹³⁴ Another study in adults aged 18 and above found that people with multimorbidity had 2.5 times the yearly rate of GP consultations, 5.9 times the yearly rate of prescriptions and 2.6 times the yearly rate of hospital admissions than those without multimorbidity (adjusted for sex, age group and socioeconomic status).¹³⁵ The potential impact on patients' day-to-day lives from these appointments, prescriptions and admissions may be high, especially where services are not joined up.¹³⁶ The Chief Medical Officer's 2023 Annual Report highlights that the current division of most medical practice into single diseases or organ groups presents challenges for treating patients with multimorbidity effectively.¹³⁷

Nonetheless, in the limiting long-term illness section of this JSNA, we have seen that the prevalence of conditions that limit people's day-to-day activities is 24.5% for people aged 65–74, 35.0% for people aged 75–84 and 53.4% for people aged 85+ in Warwickshire – lower than the prevalence estimates of multimorbidity above – which could suggest that not all multimorbidity will necessarily have a limiting impact on people's lives.¹³⁸

¹³³ Kingston A, Robinson L, Booth H, Knapp M, Jagger C; MODEM project. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. *Age Ageing* 2018;47(3):374-380.

¹³⁴ Browne J, Edwards DA, Rhodes KM, et al. Association of comorbidity and health service usage among patients with dementia in the UK: a population-based study. *BMJ Open* 2017;7:e012546. doi: 10.1136/bmjopen-2016-012546

¹³⁵ Cassell A, Edwards D, Harshfield A, Rhodes K, Brimicombe J, Payne R, Griffin S. The epidemiology of multimorbidity in primary care: a retrospective cohort study. *Br J Gen Pract* 2018;68(669):e245-e251.

¹³⁶ University of Bristol: How should health policy respond to the growing challenge of multimorbidity? (2018), <https://www.bristol.ac.uk/media-library/sites/policybristol/PolicyBristol-Report-Oct18-health-challenge-multimorbidity.pdf>

¹³⁷ Whitty C, Holden B (ed.). *Chief Medical Officer's Annual Report 2023. Health in an Ageing Society*. London: Department of Health and Social Care; 2023

¹³⁸ Age UK: Briefing: Health and Care of Older People in England 2019 (2019), https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2019.pdf

Table 27 below is from the Optum RS tool, which uses a snapshot of data that includes 60% of the Warwickshire GP-registered population. This shows the percentage of the 65+ Warwickshire population in each Place experiencing long-term conditions by age. Based on this snapshot and the definition of long-term conditions used within it, this suggests that 61% of people aged 65+ have two or more long-term conditions, and 27% have four or more. In all areas, the number of long-term conditions increases in older age groups. There is also a slight variation by Place, with Rugby tending to have a slightly higher percentage of its population with zero or one condition and Warwickshire North having a slightly higher percentage of its population with two, three, or four or more conditions.

Table 27: As people get older, the number of long-term conditions they have increases.

Percentage of 65+ Warwickshire GP-registered population by Place, age, and number of long-term conditions from the Optum RS Tool – July 2022 to June 2023

Age Range	Place	Number of Long-Term Conditions				
		0	1	2	3	4 or more
65-69	Rugby	33%	26%	18%	10%	12%
	South Warwickshire	32%	25%	17%	11%	14%
	Warwickshire North	26%	25%	20%	12%	17%
70-74	Rugby	25%	27%	19%	11%	18%
	South Warwickshire	22%	25%	21%	12%	19%
	Warwickshire North	20%	23%	20%	14%	22%
75-79	Rugby	19%	23%	21%	14%	23%
	South Warwickshire	15%	21%	20%	15%	28%
	Warwickshire North	14%	20%	20%	16%	31%
80-84	Rugby	11%	20%	20%	16%	32%
	South Warwickshire	10%	17%	18%	17%	39%
	Warwickshire North	9%	15%	19%	17%	40%
85-90	Rugby	8%	15%	19%	18%	41%
	South Warwickshire	6%	11%	16%	17%	50%
	Warwickshire North	6%	11%	17%	17%	48%
90+	Rugby	6%	12%	18%	16%	48%
	South Warwickshire	5%	8%	14%	18%	55%
	Warwickshire North	7%	8%	15%	15%	55%
Total		18%	21%	19%	14%	27%

Source: This analysis / information is provided from Optum's PHM Reporting suite (RS), the data is sourced from primary care records and national commissioning datasets as a one-off 'snapshot' covering activity during the period July 2022 - June 2023. This data represents a sample of Coventry and Warwickshire patients and does not provide full population coverage.

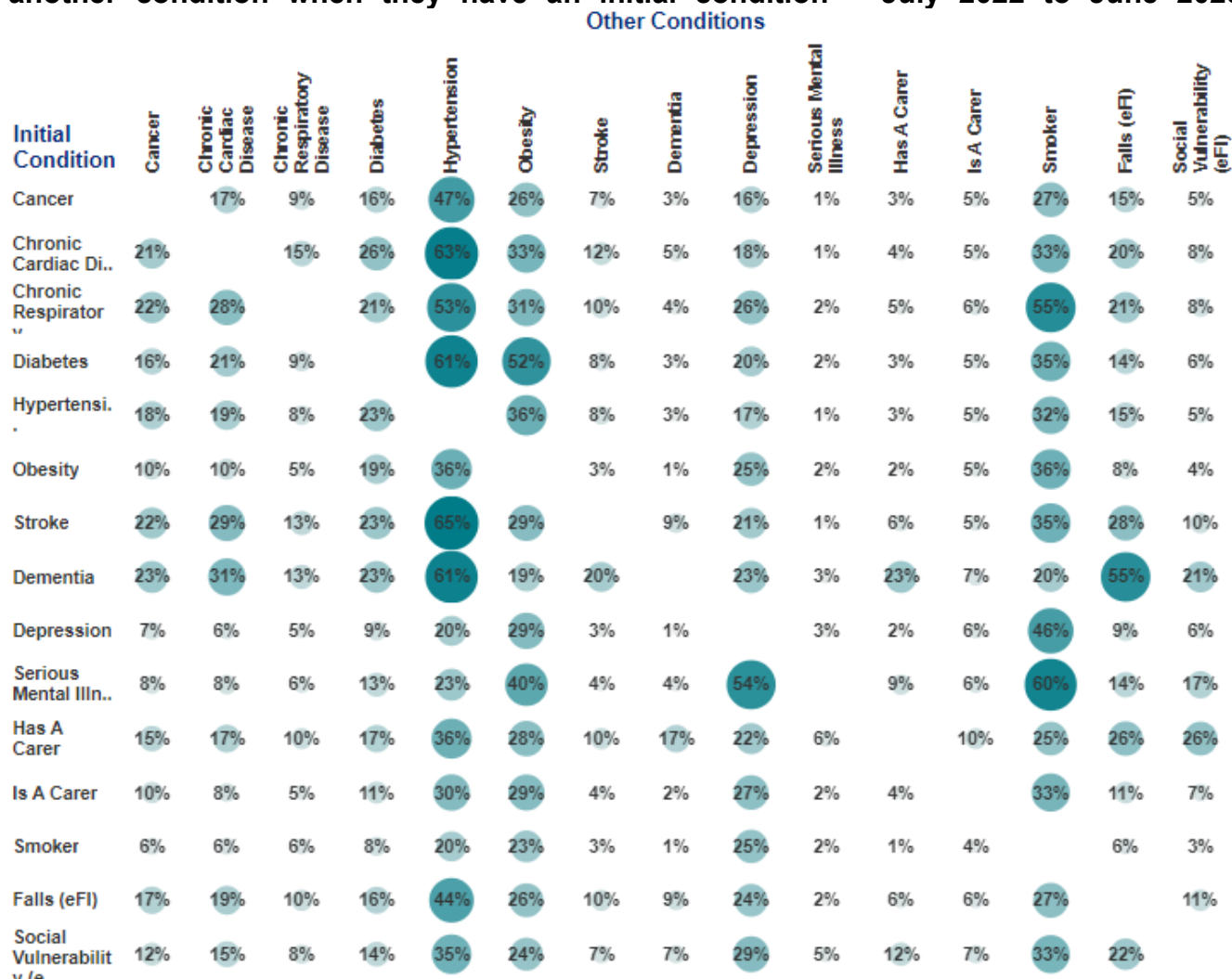
Patterns of conditions

Figure 65 also uses the Optum RS tool with its snapshot of 60% of the Warwickshire GP-registered population. Figure 65 shows the percentage of the all-age population who have another condition when they have an initial condition, and is read left to right: for example, of people with cancer, 17% have chronic cardiac disease. Hypertension, obesity, depression and

smoking are common co-occurring conditions or risk factors in people with other conditions in Warwickshire.

Figure 65: A snapshot of the Warwickshire GP-registered all-age population who have another condition when they have an initial condition.

Bubble matrix from Optum RS tool showing the percentage of the population who have another condition when they have an initial condition – July 2022 to June 2023



Source: This analysis / information is provided from Optum's PHM Reporting suite (RS), the data is sourced from primary care records and national commissioning datasets as a one-off 'snapshot' covering activity during the period July 2022 - June 2023. This data represents a sample of Coventry and Warwickshire patients and does not provide full population coverage.

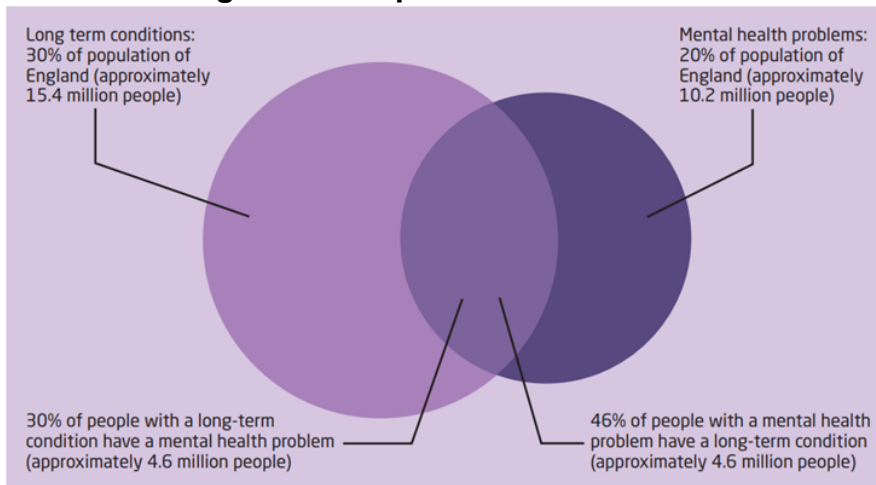
A 2012 report from The King's Fund highlights that people with long-term conditions are more likely to have mental ill health (Figure 66) and people living in deprived areas are more likely to have physical–mental health comorbidities.¹³⁹ One study found that the proportion of adults with a physical–mental health comorbidity is 13.8% in those aged 65–74 (around a quarter of

¹³⁹ Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. [Long-term conditions and mental health The cost of co-morbidities](#). London: The King's Fund; 2012

the 54.8% of people who have multimorbidity in this age group), rising to 27.0% in those aged 85+ (a bit less than a third of the 83.2% of people who had multimorbidity in this age group).¹⁴⁰ If an individual has mental ill health as well as a long-term physical condition, the interactions of the physical–mental health comorbidity increase the cost of health care by at least 45%.¹⁴¹

Figure 66: While only 20% of the population in England have a mental health condition, 30% of those with a long-term condition have a mental health condition.

Visual showing the overlap between mental health conditions and long-term conditions



Source: *The King’s Fund and Centre for Mental Health*¹⁴²

Inequalities

In a study of Scottish GP data, Barnett et al. found that patients in the most deprived areas developed multimorbidity 10–15 years earlier than people in the most affluent areas.¹⁴³ This study also found a link between socioeconomic deprivation and increased physical–mental health comorbidities.

Agur et al. studied multimorbidity prevalence by sex and found that it was more common in women than men across all age groups, with the largest difference found in those aged 45–54 (at 26.5% to 19.6%).¹⁴⁴ Some of the conditions that were more common for women than men in all age groups included depression, pain, and thyroid disorders.

Projections

¹⁴⁰ Cassell A, Edwards D, Harshfield A, Rhodes K, Brimicombe J, Payne R, Griffin S. The epidemiology of multimorbidity in primary care: a retrospective cohort study. *Br J Gen Pract* 2018;68(669):e245-e251

¹⁴¹ Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. [Long-term conditions and mental health The cost of co-morbidities](#). London: The King’s Fund; 2012

¹⁴² Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. [Long-term conditions and mental health The cost of co-morbidities](#). London: The King’s Fund; 2012

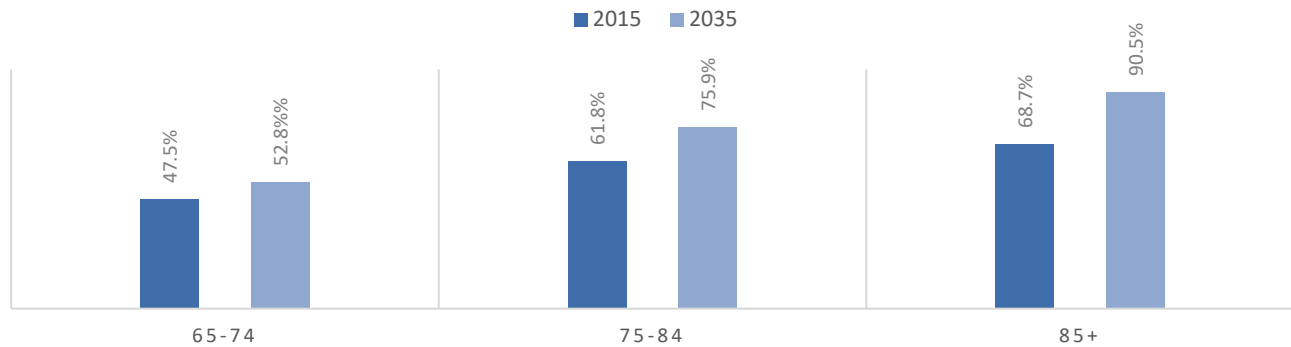
¹⁴³ Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet* 2012;308(9836):37–43

¹⁴⁴ Agur K, McLean G, Hunt K, Guthrie B, Mercer SW. How does sex influence multimorbidity? Secondary analysis of a large nationally representative dataset. *PubMed Central* 2016;13(4):391.

A modelling study has estimated that the prevalence of multimorbidity in people aged 65+ will rise from 54% in 2015 (equivalent to around 60,600 people in Warwickshire) to 68% in 2035 (approximately 106,900 people in Warwickshire), with the highest prevalence in the 85+ age group (Figure 67).¹⁴⁵

Figure 67: The percentage of people aged 65+ estimated to have multimorbidity is projected to rise, with nine in ten 85+ year olds projected to experience multimorbidity by 2035.

Multimorbidity estimates for 2015 and projections for 2035, England



Source: Kingston et al., 2018¹⁴⁶

By 2035, the number of people aged 65+ living with four or more conditions is modelled to be 17%, compared with 9.8% in 2015.¹⁴⁷ Applying these figures to Warwickshire population estimates/projections would indicate that around 26,800 older adults may be living with four or more conditions in Warwickshire in 2035 (Table 28).

The prevalence of four or more conditions is modelled to decline slightly in the 65–74 age group from 2015 to 2035 (7.0% to 6.5%), whereas increases are anticipated in the 75–84 group (12.3% to 18.8%) and the 85+ age group (14.9% to 39.7%).

¹⁴⁵ Kingston A, Robinson L, Booth H, Knapp M, Jagger C; MODEM project. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. *Age Ageing* 2018;47(3):374–80

¹⁴⁶ Kingston A, Robinson L, Booth H, Knapp M, Jagger C; MODEM project. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. *Age Ageing* 2018;47(3):374–80

¹⁴⁷ National Institute for Health and Care Research (NIHR.): Multi-morbidity predicted to increase in the UK over the next 20 years (2018, March 20), <https://evidence.nihr.ac.uk/alert/multi-morbidity-predicted-to-increase-in-the-uk-over-the-next-20-years/>

Table 28: The estimated 65+ population in Warwickshire with four or more conditions is projected to increase from 11,000 in 2015 to 26,800 in 2035.

Estimated number of people living in Warwickshire with four or more conditions.

	Estimated no. of people living in Warwickshire with four or more conditions – 2015 (9.8%)
65+ population in Warwickshire – 2015 (112,216)	10,997
	Estimated no. of people living in Warwickshire with four or more conditions – 2035 (17%)
Estimated 65+ population in Warwickshire – 2035 (157,605)	26,793

Source: Kingston et al., 2018¹⁴⁸ estimates applied to Warwickshire population projections

END OF LIFE

Information on deaths of the Warwickshire population in terms of place of death against where they lived, their age, and sex are examined here. Data used covers records of 18,920 deaths over a 3-year period from 2020 to 2022 inclusive.¹⁴⁹ The impact of the COVID-19 pandemic should be considered while looking at data representing this period.

¹⁴⁸ Kingston A, Robinson L, Booth H, Knapp M, Jagger C; MODEM project. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. *Age Ageing* 2018;47(3):374–80

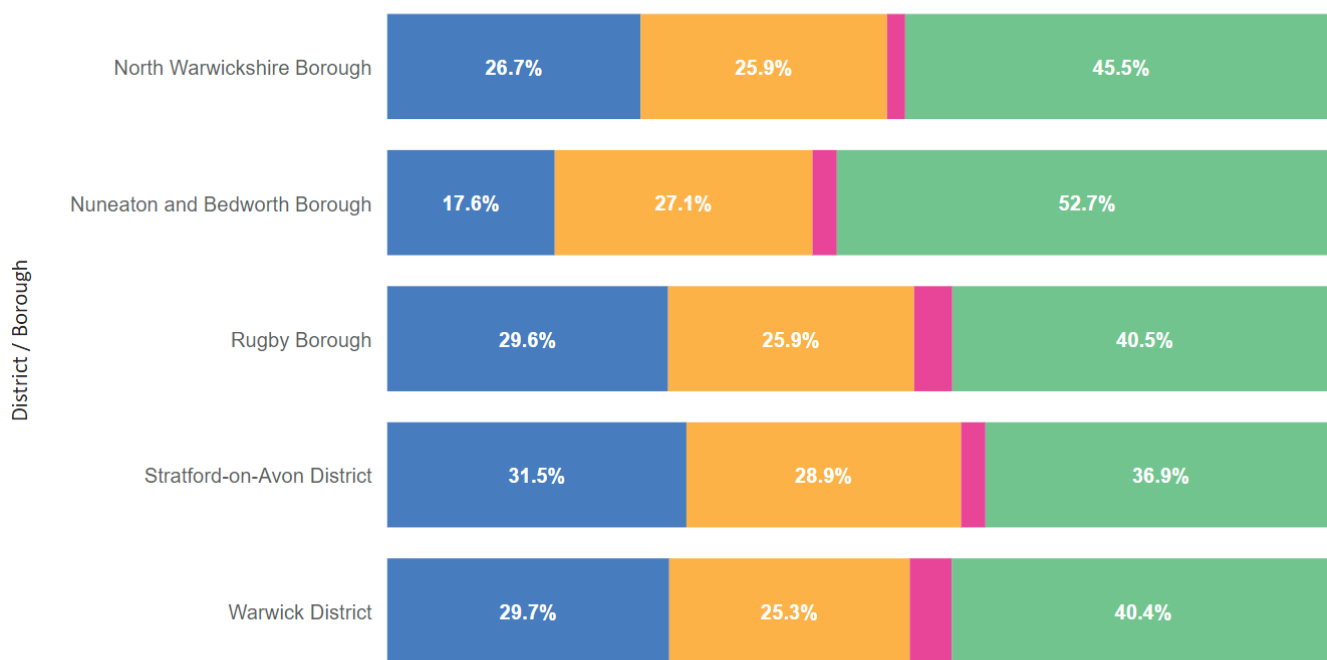
¹⁴⁹ NHS Digital. Primary Care Mortality Database. <https://digital.nhs.uk/services/primary-care-mortality-database> [accessed 1st June 2023]

Place of death by district/borough

Figure 68: There is a similar pattern for place of death across districts and boroughs apart from Nuneaton and Bedworth.

Percentage of those aged 65+ deaths by place of death and district/borough in Warwickshire 2020 to 2022 inclusive – 100% stacked bar chart

Broad Level Place of Death ● Care Home ● Home ● Hospice ● Hospital ● Other



% Of Deaths At Each Broad Level Place Of Death by District / Borough

Source: *Primary Care Mortality Database*¹⁵⁰

The highest occurrences of deaths for those aged 65+ took place in a hospital (42.9%), followed by home (26.8%), care home (27.0%) and hospice (3.2%).

There is a similar pattern for place of death for those aged 65+ across the districts and boroughs apart from Nuneaton and Bedworth. Comparing Warwickshire districts and boroughs:

- Nuneaton and Bedworth had:
 - the highest percentage of all deaths occurred in a hospital setting (52.7%)
 - the lowest percentage of deaths occurred in a care home setting (17.6%).
- Stratford-on-Avon saw the highest percentage of all deaths which occurred in a care home setting (31.5%).

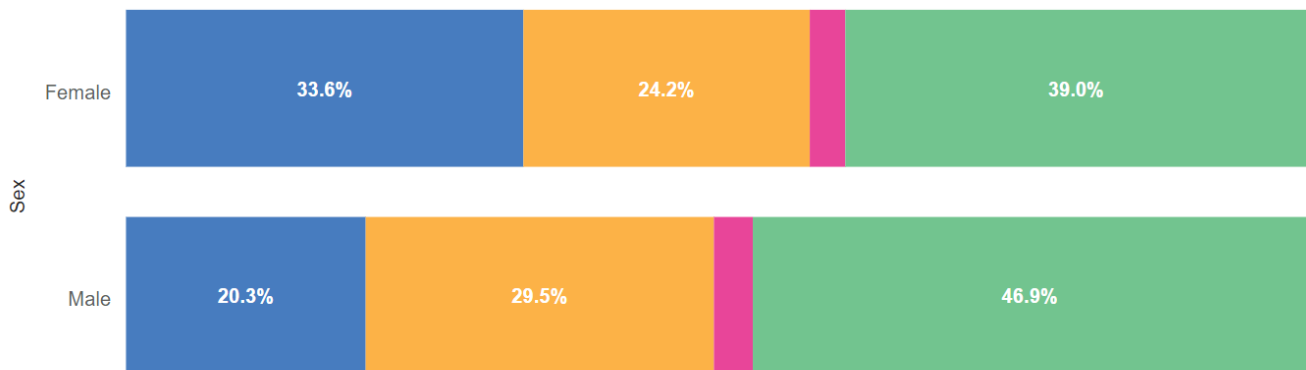
¹⁵⁰ NHS Digital. Primary Care Mortality Database. <https://digital.nhs.uk/services/primary-care-mortality-database> [accessed 1st June 2023]

Place of death by sex

Figure 69: There is a difference between males and females and their place of death for those aged 65+.

Percentage of those aged 65+ deaths in Warwickshire by place of death and sex 2020 to 2022 – 100% stacked bar chart

Broad Level Place of Death ● Care Home ● Home ● Hospice ● Hospital ● Other



% Of Deaths At Each Broad Level Place Of Death by District / Borough

Source: *Primary Care Mortality Database*¹⁵¹

There is a different pattern of place of deaths between males and females aged 65+. A greater percentage of female deaths (33.6%) took place in a care home than males (20.3%). Females have a longer expectancy than males and this could be a contributing factor considering the link between cause of death and place of death.

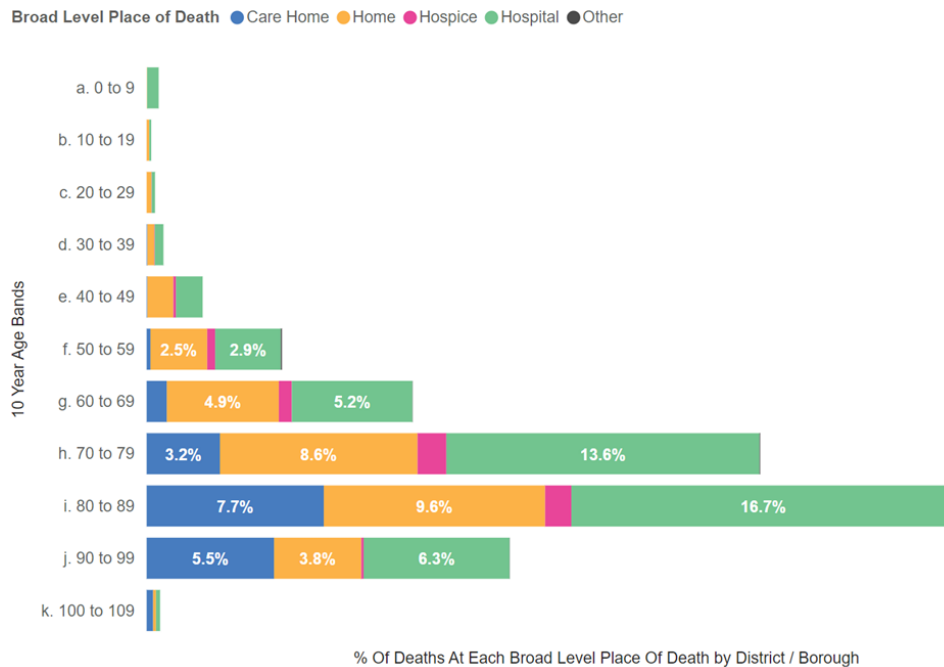
¹⁵¹ NHS Digital. Primary Care Mortality Database. <https://digital.nhs.uk/services/primary-care-mortality-database> [accessed 1st June 2023]

Place of death by age and sex

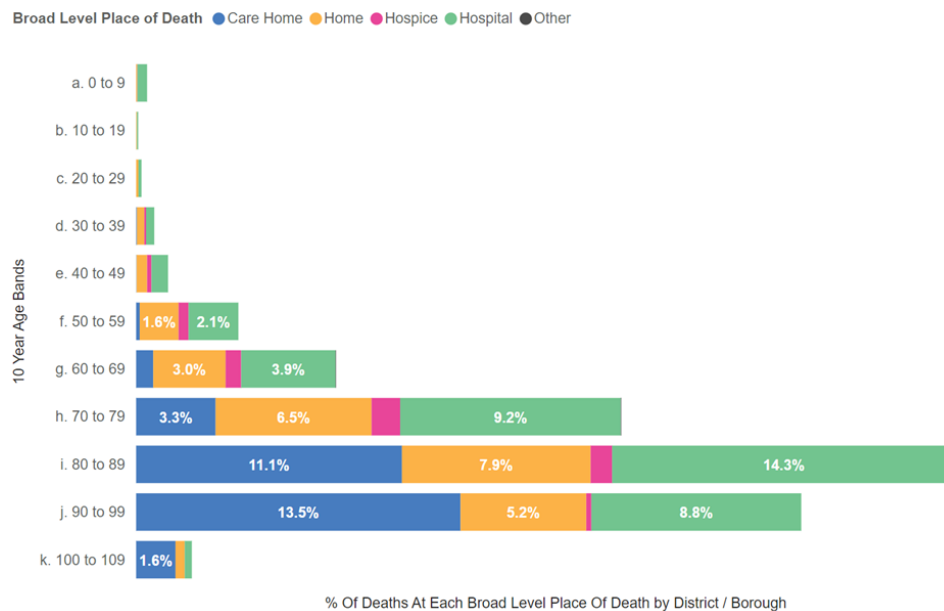
Figure 70: Across the life course place of death changes.

Percentage of deaths in Warwickshire by place of death and age 2020 to 2022 – stacked bar chart

Male



Female



Source: Primary Care Mortality Database¹⁵²

¹⁵² NHS Digital. Primary Care Mortality Database. <https://digital.nhs.uk/services/primary-care-mortality-database> [accessed 1st June 2023]

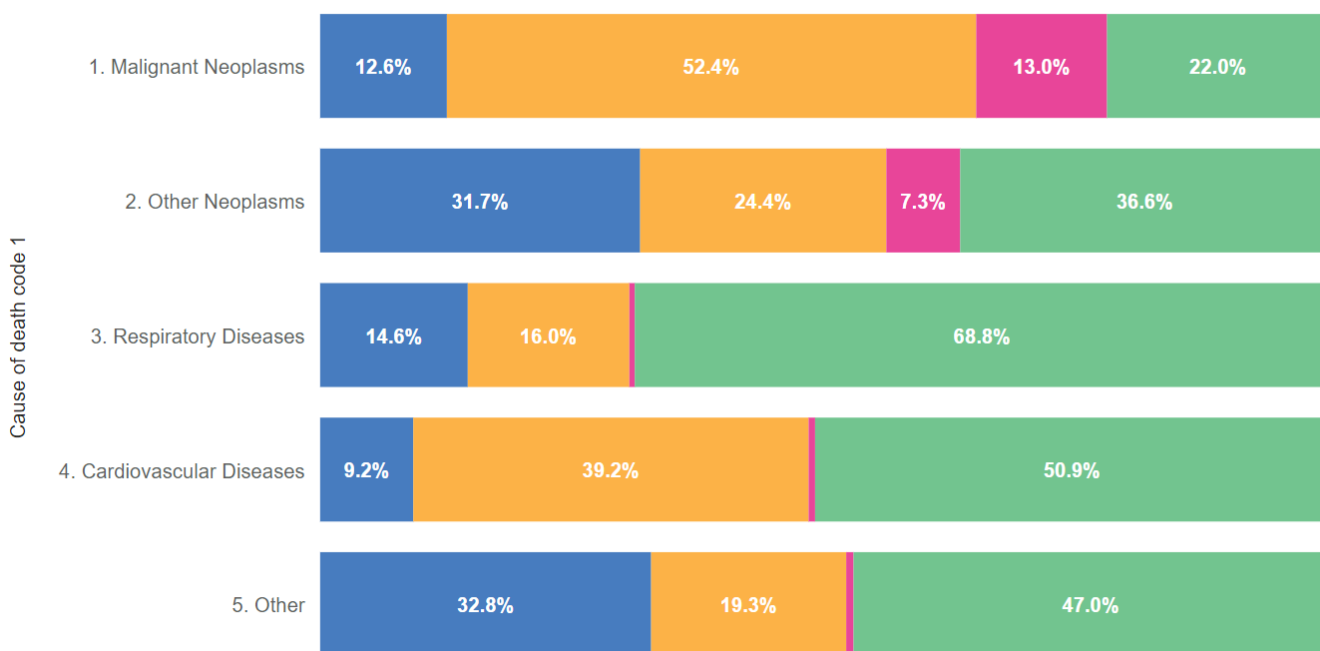
The change of place of death across the age bands shows the shift from home in the earlier age deaths to hospitals, care homes and hospices for people who die later in life, where the cause of death and the care required for those people during end of life is a contributing factor.

Place of death by primary cause of death

Figure 71: There is a difference between cause of death and the place of death. Percentage of those aged 65+.

Deaths by place of death and primary cause of death 2020 to 2022 – 100% stacked bar chart

Broad Level Place of Death ● Care Home ● Home ● Hospice ● Hospital ● Other



% Of Deaths At Each Broad Level Place Of Death by District / Borough

Source: *Primary Care Mortality Database*¹⁵³

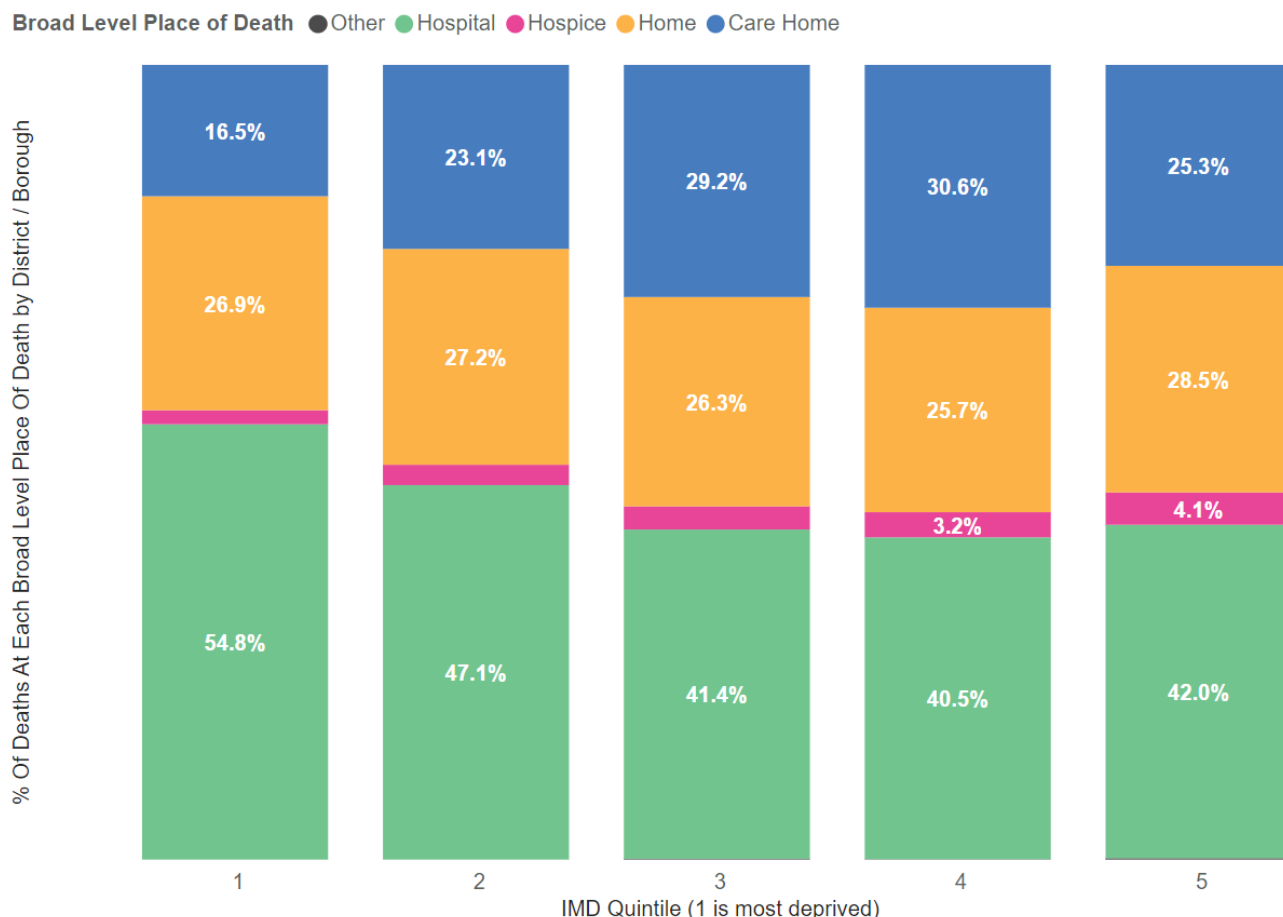
A greater percentage of deaths due to respiratory diseases took place at hospital (68.8%) compared to those deaths caused by neoplasms or other diseases. A greater percentage of deaths due to malignant neoplasms took place in hospices (13.0%) compared with other diseases. This reflects the difference between acute and chronic diseases.

¹⁵³ NHS Digital. Primary Care Mortality Database. <https://digital.nhs.uk/services/primary-care-mortality-database> [accessed 1st June 2023]

Place of death by indices of multiple deprivation (IMD) quintile

Figure 72: There is a difference between IMD quintile and the place of death in those aged 65+.

Percentage of those aged 65+ deaths by place of death and IMD 2019 quintile – 100% stacked bar chart



Source: Primary Care Mortality Database¹⁵⁴

There were a greater percentage of deaths in hospital for individuals who lived in the areas that are classed as Indices of Multiple Deprivation (IMD) quintiles 1 and 2 (more deprived lower super output areas) compared to those living in IMD quintiles 3, 4 and 5 (less deprived). Statistical analysis supported the hypothesis that those living in the more deprived lower super output areas were more likely to die in hospital.

¹⁵⁴ NHS Digital. Primary Care Mortality Database. <https://digital.nhs.uk/services/primary-care-mortality-database> [accessed 1st June 2023]

WIDER DETERMINANTS

UNPAID CARERS

A carer is someone who provides unpaid care for a family member or friend who cannot cope without their support due to illness, disability, a mental health condition, or an addiction. The dedicated efforts of unpaid carers can significantly impact the wellbeing and overall quality of life of those they care for and contributes billions to the UK economy with the unpaid care they provide.¹⁵⁵ However, it can also impose physical, emotional, and financial burdens which can leave carers needing support.

Older people are more likely to be providing unpaid care or support compared to people in younger age groups. According to the 2021 Census, 10.2% of those aged 65+ in Warwickshire (12,560 people) provide unpaid care compared with 8.3% of the whole Warwickshire population. This is similar to the England figures of 10.5% and 8.3% respectively.

Percentage of 65+ providing unpaid care across District & Boroughs

North Warwickshire 11.4% (1,637 people)

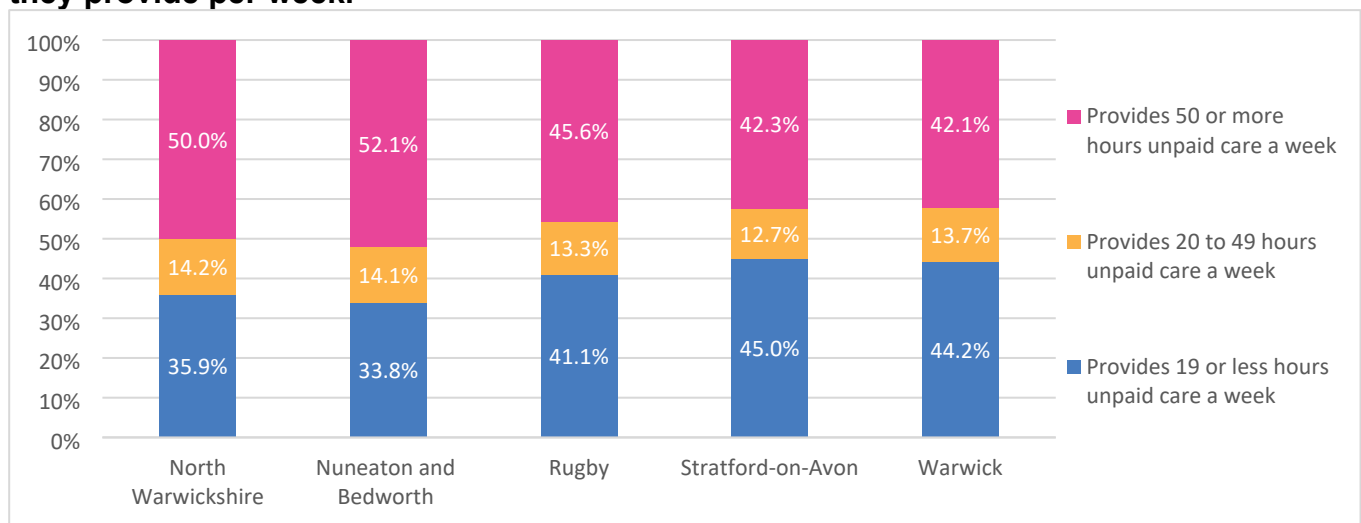
Nuneaton & Bedworth 11.3% (2,903 people)

Rugby 10% (2,099 people)

Of those aged 65+ providing unpaid care in Warwickshire, 46.1% (5,787 people) provide 50 or more hours unpaid care a week. There is variation across districts and boroughs, with the highest proportion in Nuneaton and Bedworth (52.1%) and the lowest in Warwick (42.1%).

Figure 73: The highest percentage of carers providing 50 hours or more unpaid care a week is in Nuneaton and Bedworth and North Warwickshire.

Percentage of unpaid carers in district and boroughs by how many hours of unpaid care they provide per week.



Source: Census 2021

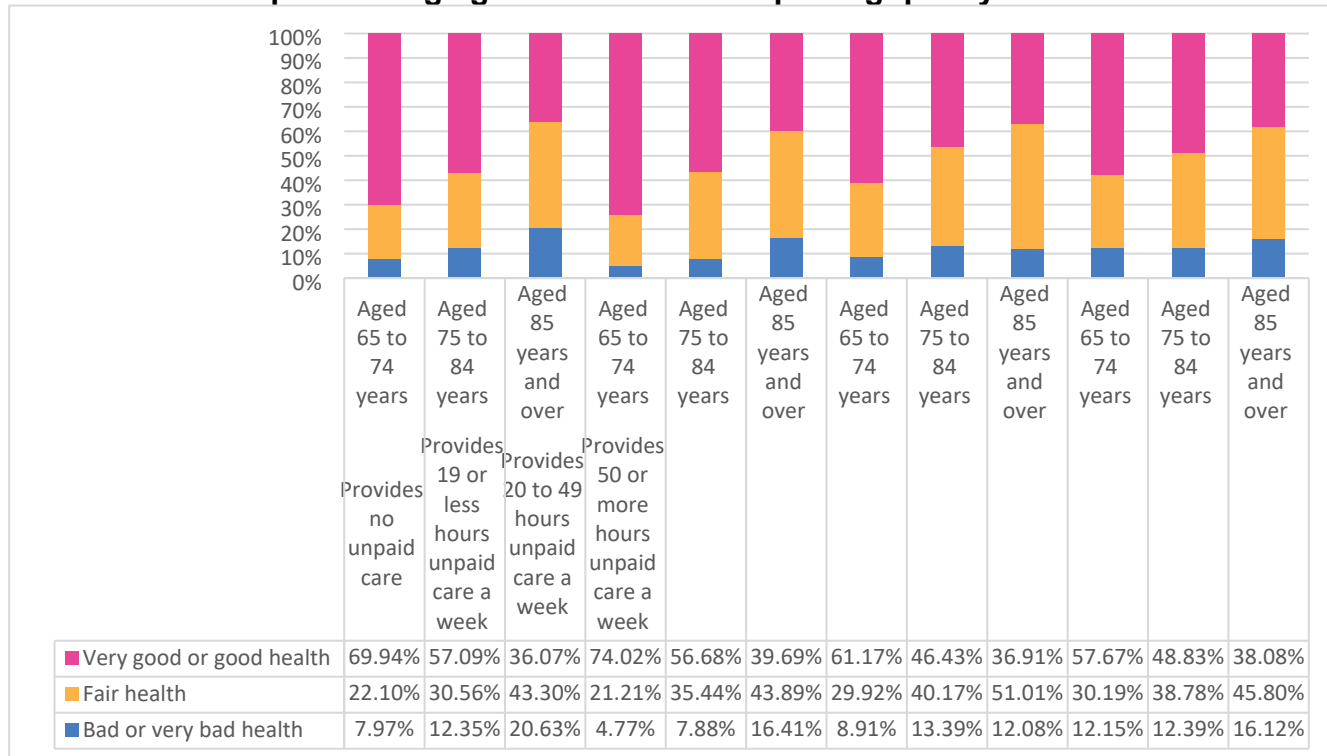
¹⁵⁵ Carers UK and Age UK. *Caring into later life the growing pressure on older carers*. Carers UK and Age UK. 2015.

People providing care may not always identify as carers. This may be because they feel it is part of their duty as a family member, they feel it depersonalises their care, or they may think that the amount or type of care they are providing is not sufficient to call themselves a carer. A poll carried out by YouGov on behalf of the Carers Week charities found that just over a quarter (27%) of those aged 65+ who are providing/have provided unpaid care or support identified themselves as or called themselves a carer.¹⁵⁶ This could lead to older people not accessing support they could benefit from, with the same poll finding that carers aged over 65+ were most likely to say they missed out on financial support (46% of respondents who provide/provided care) when asked what support they missed out on due to not identifying as a carer.

Figure 74 shows the percentage reporting very good or good health, fair health, or bad or very bad health against the amount of time they provide care for. This shows that as carers get older the percentage reporting very good or good health declines, and that there is also a lower percentage reporting very good or good health in those providing more hours of care compared to those providing less or no care. This highlights that the cared and carer are not always mutually exclusive, and that consideration needs to be given to those providing care who have health issues themselves.

Figure 74: The proportion of carers reporting good or very good health is lower in those who provide more hours of unpaid care per week or who are older.

Amount of time spent caring against carers self-reporting quality of health.



Source: Census 2021

¹⁵⁶ Carers Week. *I care, Carers Week report on unpaid carer identification*. Carers Week. 2023.

Research by Age UK published in 2023 highlights the impact of the responsibility of caring, finding for unpaid carers nationally:

- 61% have felt unhappy or depressed
- 70% have felt under strain
- 55% live with a long-term illness or disability themselves
- 62% have lost sleep due to worry
- 25% said they enjoy day-to-day activities less than usual.

Warwickshire offers a range of services for unpaid carers including through their council-funded service, Caring Together for Warwickshire, which launched in October 2022 and is provided by Carers Trust Heart of England. These services aim to support unpaid carers by providing guidance, peer support, one-on-one emotional support, assistance in accessing support networks, financial advice, health resources, and carer training. Additionally, they facilitate carers assessments to ensure that caregivers receive tailored support according to their specific needs.

There are currently 7,210 carers registered and active with Caring Together for Warwickshire, of which 3,781 are over the age of 65+. Between October 2022 and March 2023, 1,503 carers were supported by the service. Out of these, 825 of were over the age of 65, and 435 were receiving targeted support (1–1 support or risk of carer breakdown). The serviced did 213 carers assessments (an assessment of needs for care and support including transition assessments, or an assessment of a carer’s needs for support) between October 2022 and 18 July 2023.

The contribution of carers is a huge support to the social care system, with each unpaid carer providing support to people who, without their support, may require social care support. By investing in carer’s health carer breakdown and crisis which the social care system would need to support could be avoided. The importance of ensuring all carers the right support was raised in both engagement activities for this JSNA, particularly highlighting the impact that caring can have on someone’s mental health.

“I do not think that the enormity of caring for a person with dementia is understood by the authorities. The effect on the mental health of the carers is increasing. Finding a way of giving these people some supported cover would make a huge difference to carers, and consequently help the person with the condition.”

Healthy Ageing in Warwickshire survey respondent

DIGITAL EXCLUSION

Digital exclusion is when a section of the population does not have access to the use of digital communications to help them fully participate in society. Being digitally connected can have many benefits for older people, including:

- opportunities to keep in touch with family and friends
- improved access to key services such as banking, shopping, and health services
- providing carers with an efficient tool to support those they care for easier and quicker (such as ordering prescriptions online).

“WhatsApp. It’s brilliant for keeping in touch with people.”

Story circles participant in Warwickshire answering the question what is helpful in doing what is important to you?

Research by Ofcom¹⁵⁷ indicates that nationally the number of households without home internet access now stands at 6%. However, those aged 75+ were most likely not to have internet access at home with 26% not having internet access at home, and therefore more likely to be at risk of digital exclusion. In Warwickshire, this would be approximately 15,600 people aged 75+ who do not have internet access at home.

The Use of Communications Survey: Digital Exclusion Analysis (2020)¹⁵⁸ highlighted that nationally within the 70+ category, 53% of those living alone don’t use or have access to the internet, and 60% of those living alone and with a limiting condition don’t use or have access to the internet.

The engagement for this JSNA found that access to technology and digital exclusion was a common theme, with positives and negatives being drawn. Figure 75 shows the responses from the Healthy Ageing in Warwickshire survey to the question “Thinking about health services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?”. Two in three respondents (66.3%) strongly agreed or agreed that they were able to use any technology associated with the service(s).

Percentage of people nationally who don’t have internet access at home by age.

18-24: 1%

25-34: <1%

35-44: 3%

45-54: 2%

55-64: 3%

65-74: 8%

75+: 26%

“My GP has an option for e-consult which is very simple to use and is excellent”

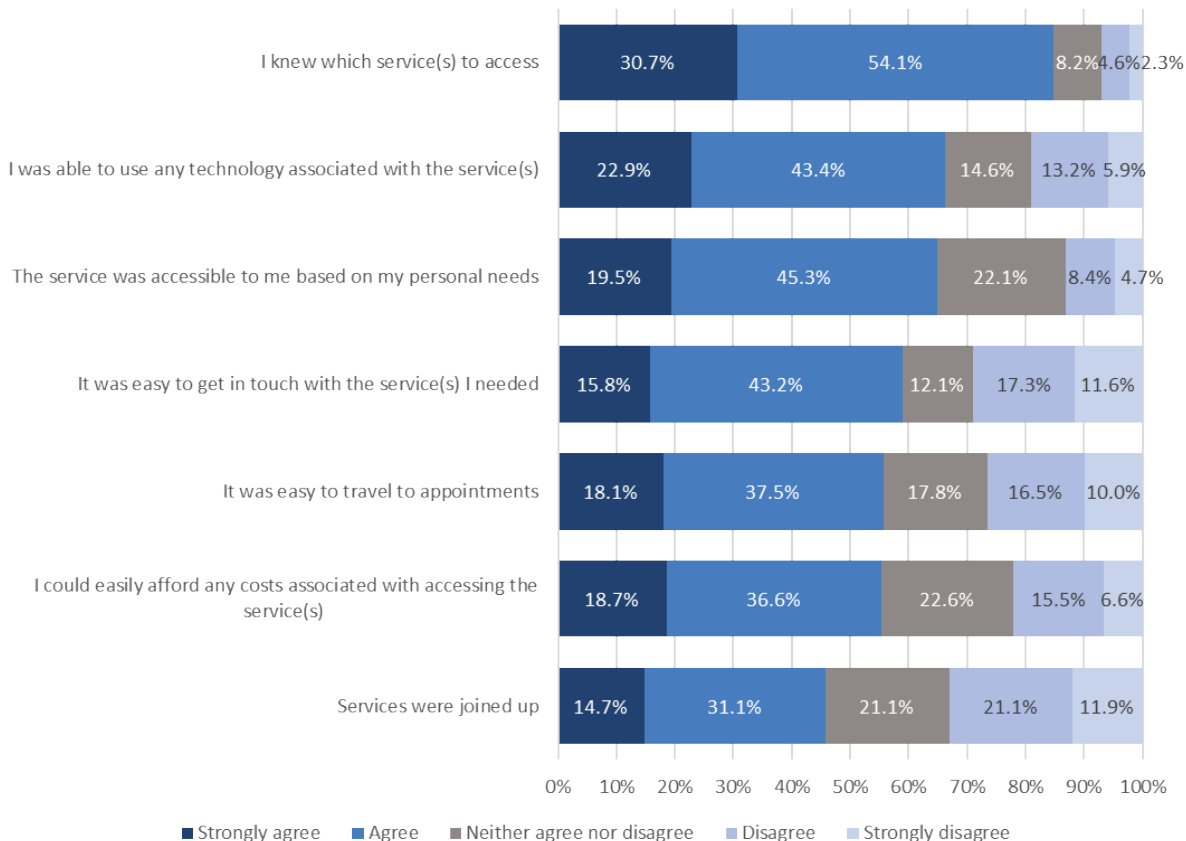
Healthy Ageing in Warwickshire survey respondent

¹⁵⁷ Ofcom. *Digital exclusion, A review of Ofcom’s research on digital exclusion among adults in the UK*. Ofcom. 2022.

¹⁵⁸ Ofcom (2020) [Use of communication services, consumer omnibus: digital exclusion analysis](#). Ofcom. [accessed 20th November 2023]

Figure 75: Two in three respondents (66.3%) strongly agreed or agreed that they were able to use any technology associated with health services.

Responses to the question “thinking about health services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?”



Source: *Healthy Ageing in Warwickshire survey*

However, free text feedback frequently raised digital access as a barrier for older people, including to access healthcare, to access information, to using parking apps and to access bus timetables.

“I really feel that our older generation is being left behind with technology, and unable to access information”.
Healthy Ageing in Warwickshire survey respondent.

Digital exclusion comprises 3 aspects that are often intertwined:

1. **Access** – those who are digitally excluded because they have not access to the internet at home or elsewhere.
2. **Ability** – those who lack the digital skills and/or confidence to navigate the online environment safely and knowledgeably.
3. **Affordability** – those who struggle to afford access to the internet, and so either go without it, or experience other financial strains to retain access.

There are five key barriers that need to be addressed to ensure digital access is accessible, people can access, and it is affordable:¹⁵⁹

Design and User Experience	Is it easy to use? Was it designed for people like me? Did they conduct user experience testing with people like me?
Awareness and Interest	Why should I be interested in this technology? What new products exist? Should I care?
Cost and Acquisition	Can I afford it? How do I buy it? How do I select the right product?
Installation and Adoption	How do I integrate it into my life? Who can help me if I run into problems? How difficult is it to set up?
Trust and Privacy	Are my personal data secure? Are there any known privacy or identity theft issues? What personal data does it collect?

While being digitally connected can provide positive opportunities, it is also important to acknowledge the potential impacts moving more digitally can have, such as leading to reduced face-to-face interactions with others and thereby increasing social isolation. This impact may be seen more in groups who are less mobile, thereby participate in activities outside of their home less, and therefore rely on face-to-face interactions around tasks such as collecting repeat prescriptions more for social interaction.

“In terms of loneliness and community action, increasing electronic functions adds to our isolation. I always used to talk to checkout assistants, but increasingly we’re pushed towards self-checkout, and that interaction is gone.”
Story circles participant

Additionally, it is important to consider the impact of comorbidities on an individual’s access to the internet. Factors such as visual impairments, hearing difficulties, and limited manual dexterity required to operate internet-connected devices can pose significant barriers to older individuals’ ability to utilise online platforms effectively without the proper support (such as access to screen reader technology).

“Access to many support and health services depends on the internet and for many older people this is a barrier, especially those with deteriorating eyesight.”
Healthy Ageing in Warwickshire survey respondent

Warwickshire County Council has actively endeavoured to enhance access to digital technologies through the ‘You Can Online’ tool which offers tablets for loan, IT support, and access to Wi-Fi through libraries.

¹⁵⁹ Sofiat Akinola. *How can we ensure digital inclusion for older adults?*. <https://www.weforum.org/agenda/2021/10/how-can-we-ensure-digital-inclusion-for-older-adults/> [accessed 20th November 2023]

COST OF LIVING

Age UK conducted a national survey in January 2023 which found that 60% of people over 60 were worried about being able to heat their homes, and 45% were worried about affording essentials. About half (49%) of those surveyed were worried about the impact of energy bills on their health, this rose to 62% of those whose income is £20,000 per year or less.¹⁶⁰

Pensions and inflation

“The local elderly are, in the main, relying on a state pension only and cannot afford much therefore we help each other by volunteering and more comfortable providing for less well off.”

Story circles participant

Housing and energy costs have reportedly risen significantly quicker than pensions.¹⁶¹ Pension increases often occur at the end of the financial year, following inflation, meaning costs often increase before income increases.¹⁶² As such, those who rely on pension income may struggle to meet basic needs due to the rising costs.¹⁶³

Nationally, the proportion of older adult in relative poverty appears to increase with age: 15% of those aged 65 to 69, 18% of those aged 70 to 79, 24% of those aged 80 to 84 and 27% of those aged 85 and over.¹⁶⁴

Independent Age (2019)¹⁶⁵ estimated that on average only 55.8% of Pension Credit was being claimed. In Warwickshire, this would equate to approximately £22.3 million that was unclaimed. More recent figures suggest that this has increased to 66%; however, this would still leave 34% unclaimed.¹⁶⁶ Common barriers preventing uptake include being unaware that Pension Credit exists, people assuming they are not eligible, digital barriers and language barriers.¹⁶⁷ When

¹⁶⁰ Age UK. *New Age UK research reveals the enormous toll of the cost of living crisis on many older people's mental health and wellbeing*. <https://www.ageuk.org.uk/latest-press/articles/2023/age-uk-launches-new-campaign/> [Accessed 12th August 2023]

¹⁶¹ Silcock D, Pike T. *Cost of Living Increases and Pensioners* [internet]. 2022. Available from: <https://www.pensionspolicyinstitute.org.uk/media/fysh3m13/202203-bn129-how-do-cost-of-living-increases-affect-pensioners.pdf>

¹⁶² Silcock D, Pike T. *Cost of Living Increases and Pensioners* [internet]. 2022. Available from: <https://www.pensionspolicyinstitute.org.uk/media/fysh3m13/202203-bn129-how-do-cost-of-living-increases-affect-pensioners.pdf>

¹⁶³ Bashford R. *What's the Cost of Living Impact on Seniors?* [internet]. 2022. Available from: <https://www.autumna.co.uk/blog/whats-the-cost-of-living-impact-on-seniors/>

¹⁶⁴ Department for Work & Pensions. *Households Below Average Income: An Analysis of the Income Distribution FYE 1995 to 2021* [internet]. 2022. Available from: <https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2021/households-below-average-income-an-analysis-of-the-income-distribution-fye-1995-to-fye-2021>

¹⁶⁵ Independent Age. *Credit where it's due: Pension Credit figures by constituency for England, Scotland and Wales*. Independent Age. Report Number: IA-PI-043A v1.0. 2019.

¹⁶⁶ Independent Age. *Pension Credit scandal! Unclaimed money is the equivalent of 454,000 average households' energy bills*. <https://www.independentage.org/news-media/press-releases/pension-credit-scandal-unclaimed-money-equivalent-of-454000-average> [accessed 12th August 2023]

¹⁶⁷ Independent Age. *Local activity to increase Pension Credit uptake: Good practice examples and principles toolkit*. Independent Age. Report Number: IA-PI-422. 2023.

surveyed by YouGov (2022), just over half (53%) of people aged 65+ had heard of Pension Credit while 29% had heard of it but did not know much about it.¹⁶⁸

Table 29: In 2019, there was an estimated £22.3 million of Pension Credit that was unclaimed in Warwickshire.

Estimated unclaimed Pension Credit by constituency

Constituency	Predicted total annual amount unclaimed
Stratford-upon-Avon	£3.6 million
Warwick and Leamington	£3.6 million
Kenilworth and Southam	£2.4 million
Rugby	£3.7 million
North Warwickshire	£4.2 million
Nuneaton and Bedworth	£4.8 million
Warwickshire Total	£22.3 million

Source: *Independent Age (2019)*

In addition to the universal help offered to all households, those in receipt of Pension Credit also received two payments, totalling £650, in 2022 to help with the cost of living. An extra £900 in payments are due to be made in 2023 and 2024 to those in receipt of Pension Credit (and other benefits).

Impact on social care

According to Age UK, one in ten people over 60 in the UK (1.6 million) have stopped or expect to stop aspects of their social care due to the cost of living,¹⁶⁹ with more than one in five older people (22%) reducing or stopping spending on medications or specialist foods in 2022 (or expecting to do so in the months that followed). This could have impacts on older people’s physical and mental health.

Housing costs

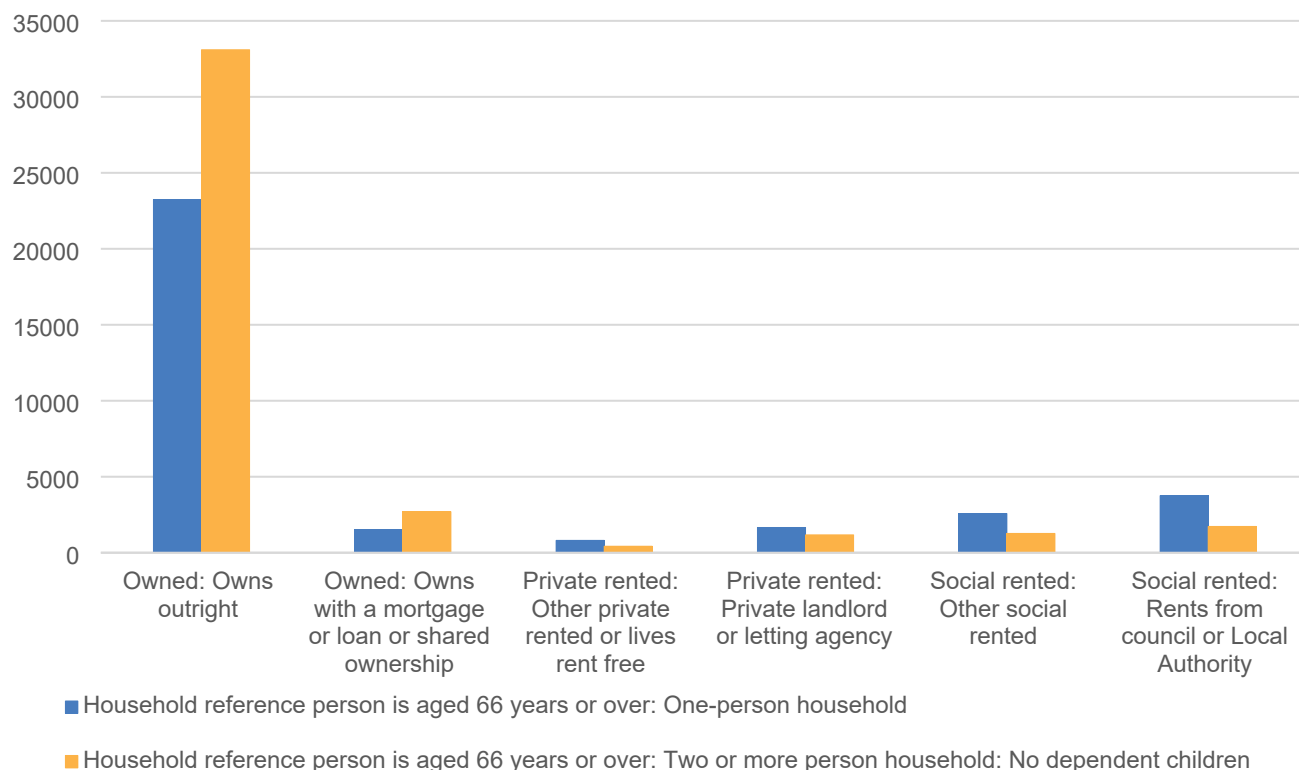
Around three-quarters of residents over 65 own their homes outright compared with one in five working-aged adults. Therefore, this population is less likely to be impacted by increasing housing costs. Between 2020 and 2021 the percentage of people aged over 65 in relative low income was 15% after housing costs (16% before housing costs).

¹⁶⁸ Independent Age. *Local activity to increase Pension Credit uptake: Good practice examples and principles toolkit*. Independent Age. Report Number: IA-PI-422. 2023.

¹⁶⁹ Age UK. *One in ten UK older people are reducing or stopping their social care or expect to do so in the coming months as they struggle with the cost of living*. <https://www.ageuk.org.uk/latest-press/articles/2022/one-in-ten-uk-older-people-are-reducing-or-stopping-their-social-care-or-expect-to-do-so-in-the-coming-months-as-they-struggle-with-the-cost-of-living/> [accessed 12th August 2023]

Figure 76: 65+ residents in Warwickshire are most likely to own their home outright.

Tenure within Warwickshire where household reference person is aged 66 years or over



Source: Census 2021

FUEL POVERTY

Fuel poverty is defined as households having below 60% of median income left each month after paying gas and electric bills;¹⁷⁰ and living in a home with an energy performance certificate (EPC) rating below C.¹⁷¹ This definition excludes those people living in homes with an EPC certificate of A–C, who may still be unable to afford to heat their home adequately. This means that fuel poverty will decrease as houses become more energy efficient.

Fuel poverty can influence one’s dietary decisions; for example, healthy food may be less accessible due to high costs, resulting in less nutritious meals.¹⁷²

In 2021, 15.1% of households in Warwickshire (around 39,100) were estimated to be in fuel poverty, compared with 13.1% across England. Across the districts and boroughs, this ranged from 13.9% of households in Warwick to 16.3% in North Warwickshire.

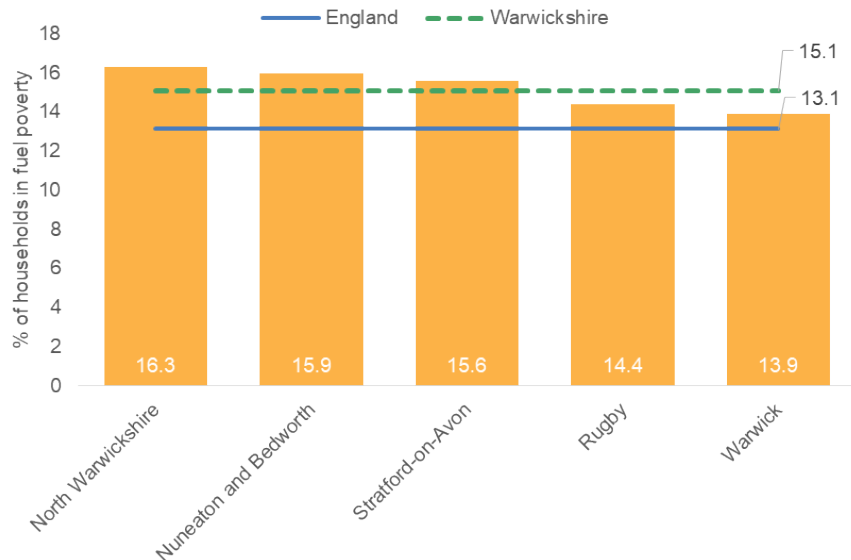
¹⁷⁰ Office for National Statistics. *How Fuel Poverty Is Measured in the UK. March 2023.* Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/howfuelpovertyismeasuredintheuk/march2023>

¹⁷¹ National Energy Action. *Fuel Poverty Explainer* [internet].2023. Available from: <https://www.nea.org.uk/news/fuel-poverty-explainer/>

¹⁷² Lee A et al. *Fuel poverty, cold homes and health inequalities in the UK.* London: Institute of Health Equity; 2022. Available from <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>

Figure 77: Fuel poverty in Warwickshire is estimated to affect 15.1% of households and is highest in North Warwickshire

Proportion of households estimated to be in fuel poverty, Warwickshire districts and boroughs, Warwickshire and England, 2021



Source: Sub-regional Fuel Poverty, England 2023 (2021 data), Department for Energy Security & Net Zero

People on a pre-payment meter typically pay a higher rate for energy than customers paying via direct debit. This is due to pre-payment meters costing suppliers more to service homes with a pre-payment meter, with this cost being added to the cost of energy for the customers. A study by Oxford Population Health’s Demographic Science Unit and the Leverhulme Centre for Demographic Science¹⁷³ showed a higher prevalence of pre-payment meters associated with:

- lower income
- receipt of employment benefits
- ethnic minorities
- lower education
- higher health deprivation.

¹⁷³ Ding X, Akimova ET, Zhao B, et al. Prepayment meters strongly associated with multiple types of deprivation and emergency respiratory hospital admissions: an observational, cross-sectional study. *J Epidemiol Community Health*. Published Online First: 19 October 2023. doi: 10.1136/jech-2023-220793

This has contributed to pre-payment meters being included as part of the ‘poverty premium’,¹⁷⁴ the idea being that the poor pay more for essential goods and services than those who are more financially secure. 30.6% of pre-payment users are in fuel poverty compared to 10.7% of direct debit customers¹⁷⁵. According to Age UK, older households (a household including someone over 60) account for a quarter (over half a million) of all UK households’ dependant on a pre-payment meter.¹⁷⁶ 85% of these households are believed to be living in poverty. As a result, older people are struggling to top up their meters and are instead switching off boilers and appliances to save energy.

For older people unable to heat their homes, living in cold temperatures increases the risk of several health conditions, including:¹⁷⁷

- strokes
- heart attacks
- respiratory diseases, including flu
- falls
- injuries
- hypothermia.

¹⁷⁴ University of Bristol. *The Poverty Premium, When low-income households pay more for essential goods and services*. <https://www.bristol.ac.uk/media-library/sites/geography/pfrc/pfrc1614-poverty-premium-key-findings.pdf> [accessed 16th November]

¹⁷⁵ <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/age-uk-parliamentary-briefing---prepayment-meters.pdf> Age UK. Parliamentary briefing: Prepayment meters [Internet]. 2023. Available from: <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/age-uk-parliamentary-briefing---prepayment-meters.pdf>

¹⁷⁶ Age UK. Age UK calls for pre-payment meter amnesty [Internet]. 2023. Available from:

<https://www.ageuk.org.uk/latest-press/articles/2023/age-uk-calls-for-pre-payment-meter-amnesty/>

¹⁷⁷ Public Health Wales. Cold homes: A literature review [Internet]. Cardiff: Public Health Wales; 2022 Nov 28.

Available from: https://phwwhocc.co.uk/wp-content/uploads/2022/11/PHW-Cold-homes-lit-review-28_11_22.pdf

WINTER MORTALITY

A higher number of deaths are seen in winter compared with the summer each year, and older people are more vulnerable to this, particularly the very oldest.¹⁷⁸ The main causes are cardiovascular disease, respiratory disease and dementia and Alzheimer's disease (in 2021/22, COVID-19 was also a cause of excess deaths in the winter).¹⁷⁹ The NICE guideline on 'Excess winter deaths and illness and the health risks associated with cold homes' makes a number of recommendations to identify and support vulnerable people, including older adults, living in cold homes.¹⁸⁰

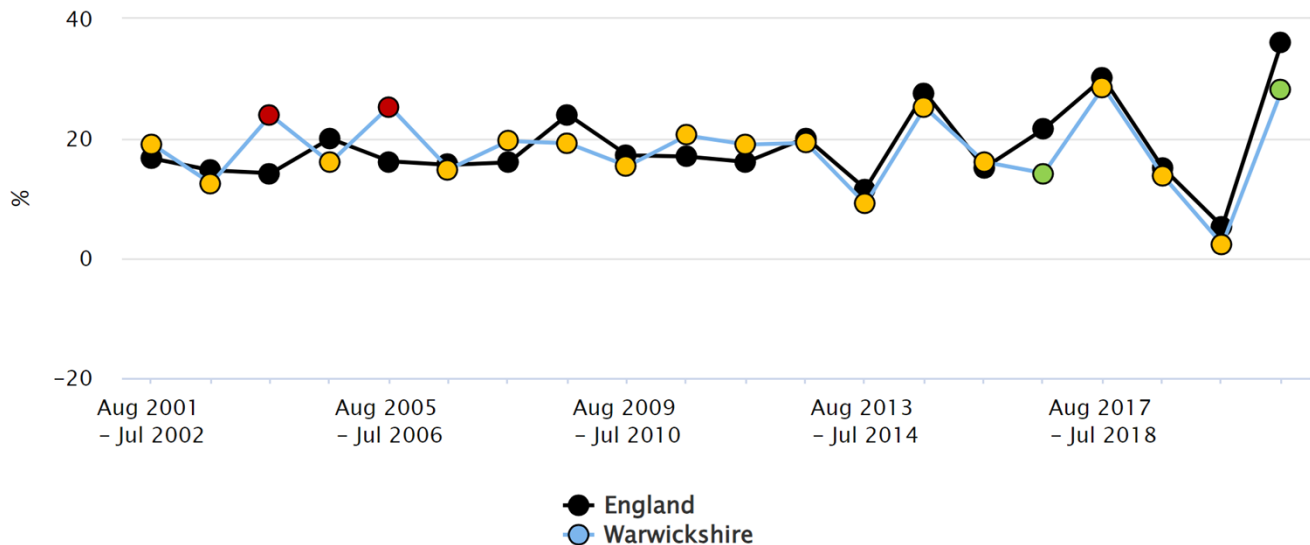
¹⁷⁸ ONS. [Winter mortality in England and Wales: 2021 to 2022 \(provisional\) and 2020 to 2021 \(final\)](#) [accessed 27th November 2023]

¹⁷⁹ UK Health Security Agency. [Adverse Weather and Health Plan. Supporting evidence. 2023 to 2024.](#) [London]: UKHSA; 2023; ONS. [Winter mortality in England and Wales: 2021 to 2022 \(provisional\) and 2020 to 2021 \(final\)](#) [accessed 27th November 2023]

¹⁸⁰ NICE. [Excess winter deaths and illness and the health risks associated with cold homes. NICE guideline.](#) [London/Manchester]: NICE; 2015.

Figure 78: The most recently available data, up to 2020/21, suggests that rates in Warwickshire are largely statistically similar to England, with a lower figure than England in 2020/21; nonetheless, this still indicates that deaths are higher in winter months every year.

Winter mortality index, Warwickshire and England, August 2001–July 2002 to August 2020–July 2021



Source: Office for Health Improvement and Disparities¹⁸¹. Note: this compares the number of deaths that occurring in the winter period (December to March) with the average of the non-winter periods (August to November and April to July). The August 2019–July 2020 data point is affected by deaths due to COVID-19 in the non-winter period.

POTENTIAL IMPACTS OF HOT WEATHER

Analysis by the UK Health Security Agency (UKHSA) states that summer 2022 was an exceptional summer with a record temperature of 40.3°C reached in July, the first ever Level 4 Heat-Health Alert (HHA) and record-breaking number of days on which an HHA was issued for at least one region in England. Unsurprisingly then, 2022 observed the highest heat mortality since the introduction of the Heatwave Plan for England and the HHA system in 2004 with 2,985 excess deaths observed.¹⁸²

From 16 June to 25 August, when temperatures were at their highest, there were an estimated 2,839 excess deaths in those aged over 65.¹⁸³ Such figures demonstrate the possible impact

¹⁸¹ Office for Health Improvement & Disparities. Public Health Profiles. <https://fingertips.phe.org.uk/search/winter%20deaths#page/4/gid/1/pat/6/par/E12000005/ati/402/are/E10000031/iid/90360/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> [accessed 1st September 2023]

¹⁸² UK Health Security Agency. Heat mortality monitoring report: 2022. <https://www.gov.uk/government/publications/heat-mortality-monitoring-reports/heat-mortality-monitoring-report-2022> [accessed 1st September 2023]

¹⁸³ UK Health Security Agency. Heat mortality monitoring report: 2022. <https://www.gov.uk/government/publications/heat-mortality-monitoring-reports/heat-mortality-monitoring-report-2022> [accessed 1st September 2023]

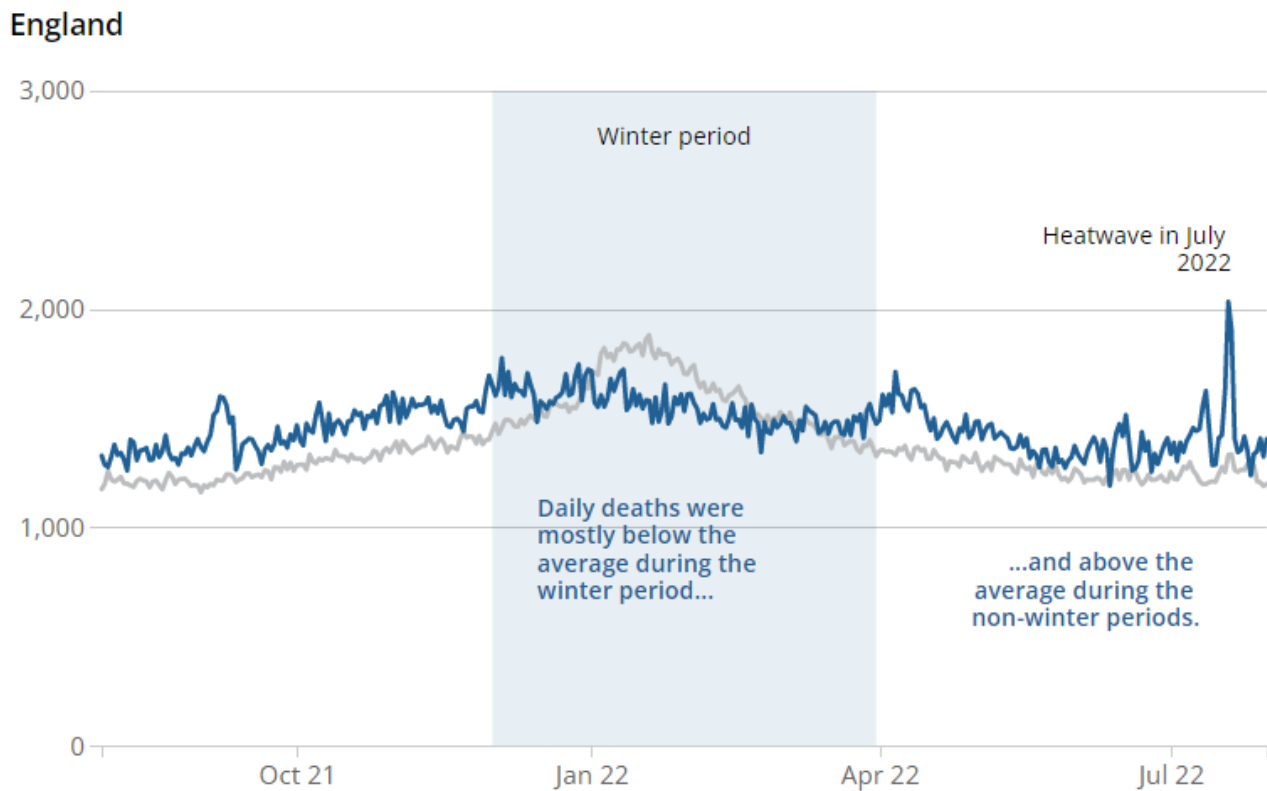
that hot weather can have on older people and how quickly such temperatures can lead to adverse effects in at-risk groups.

Analysis of ONS Deaths registered monthly in England and Wales for June to August 2022, for all age groups in England shows 4,537 registered deaths above the monthly 2017–21 5-year average of 38,081 deaths – a 10.6% increase. In Warwickshire for June to August 2022, there were 56 all age registered deaths above the monthly 5-year average of 430 deaths for June to August 2017–21 – a 13.0% increase.¹⁸⁴

Figure 79: Daily deaths in 2022 were mostly below average during the winter period and above the average during the non-winter periods.

Number of daily deaths and 5-year average daily deaths by country, England and Wales, occurring between August 2021 and July 2022

— Number of daily deaths — Five-year average



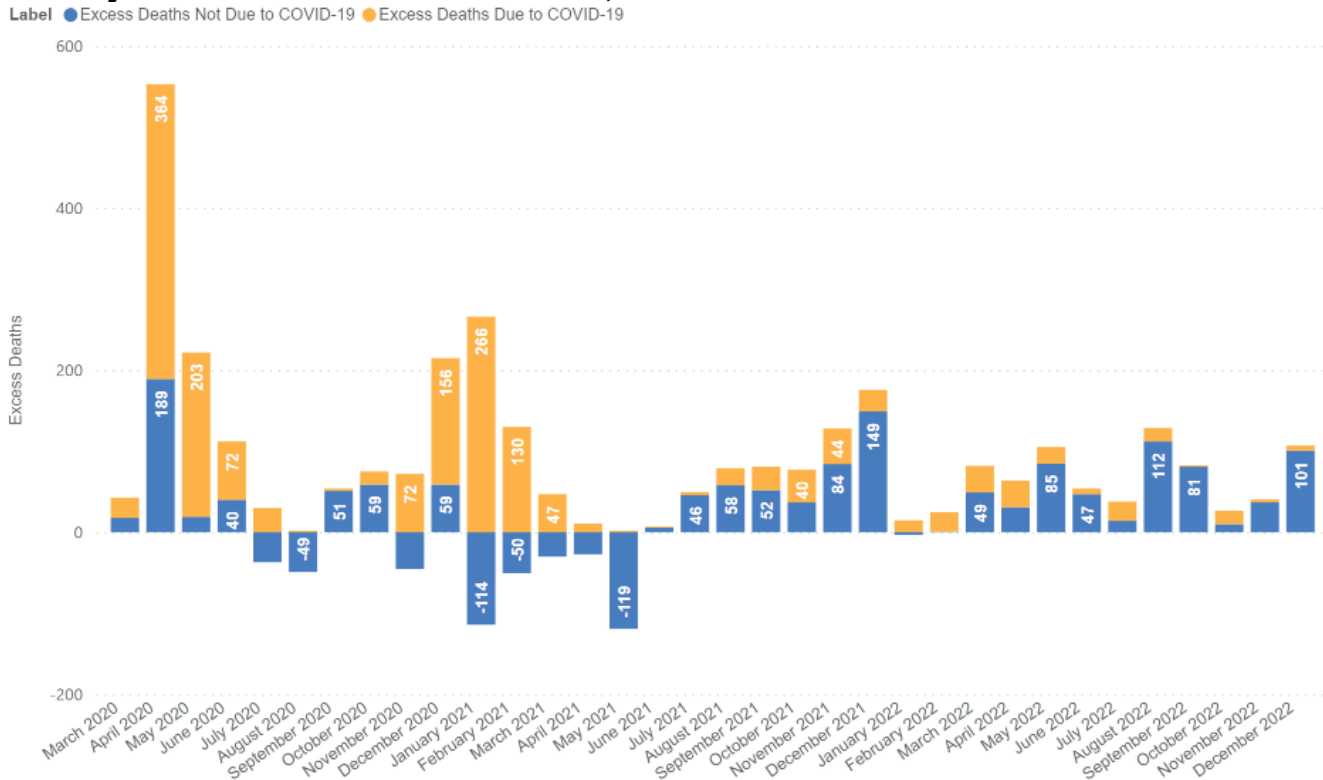
Source: ONS¹⁸⁵

¹⁸⁴ Office of National Statistics. Excess mortality in England and English regions. <https://www.gov.uk/government/statistics/excess-mortality-in-england-and-english-regions> [accessed 1st September 2023]

¹⁸⁵ Office of National Statistics. [Winter mortality in England and Wales: 2021 to 2022 \(provisional\) and 2020 to 2021 \(final\)](#) [accessed 1st September 2023]

Figure 80: Analysis of ONS excess deaths in England and Wales, March 2020 to December 2022 data, shows that in Warwickshire the number of excess deaths increased from 575 (Jan–Dec 2021) to 649 (Jan–Dec 2022), a 12.9% increase. Non-COVID deaths made up 75% of the total excess deaths across the county in 2022.

Monthly excess deaths in Warwickshire, March 2020 to December 2022



Source: ONS¹⁸⁶

HOUSING

Good quality, suitable housing is a major determinant of older people’s physical and mental health, with older people spending an average of 80% of their time at home.¹⁸⁷ Older people are more susceptible to damp- and cold-related health problems, and over 75% of deaths due to falls occur at home.

Age-friendly housing, a home with age-friendly features such as room for wheelchairs, handrails, and even flooring, can also have a positive impact economically. The average cost of home adaptation which would allow an older person to remain at home is £6,000, compared with the yearly cost of £26,000 for residential care, representing a substantial saving.¹⁸⁸

¹⁸⁶ Office of National Statistics. Excess mortality in England and English regions. <https://www.gov.uk/government/statistics/excess-mortality-in-england-and-english-regions> [accessed 1st September 2023]

¹⁸⁷ The Housing and Ageing Alliance. *Policy Paper: Health, Housing and Ageing*. The Housing and Ageing Alliance. 2013

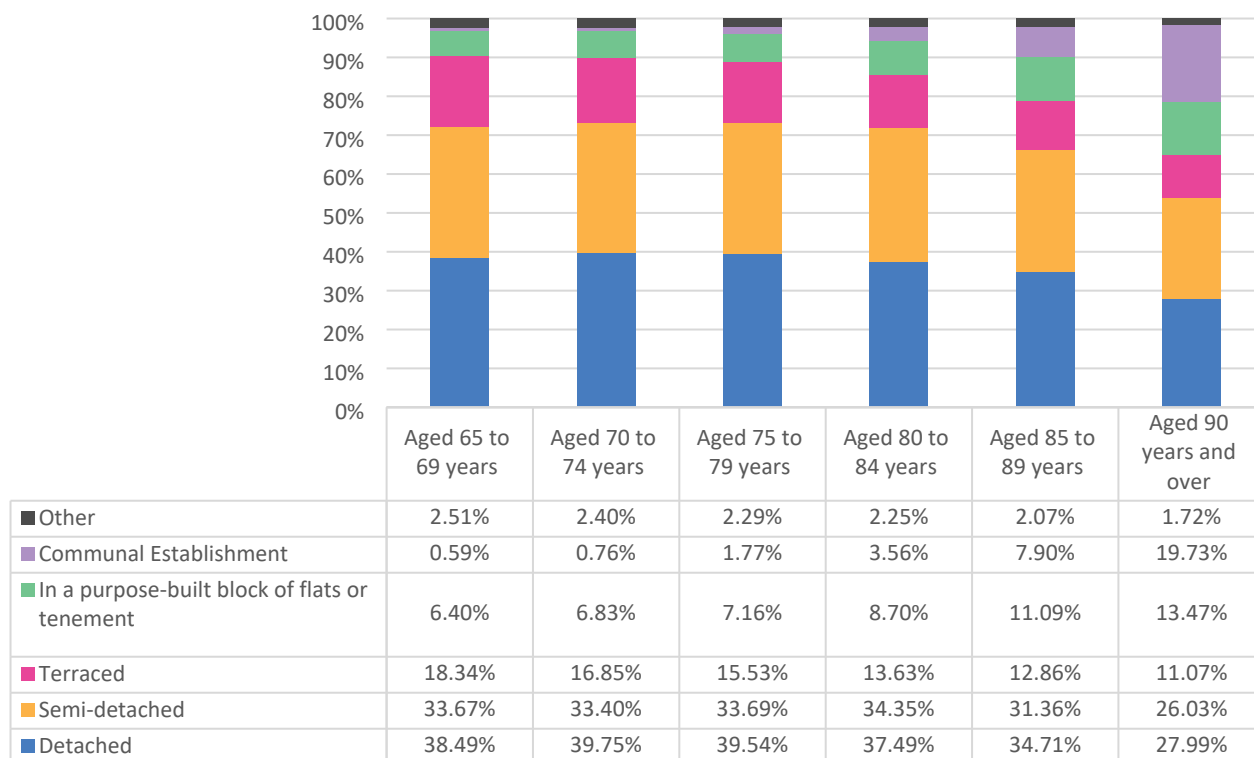
¹⁸⁸ Age UK. *Housing in later life*. Age UK. Report Number: ID201813 07/14. 2014

A lack of age-friendly housing options can leave people trapped in housing that does not suit their needs. A paper by the Royal Institute of British Architects and Centre for Towns highlighted that 24% of people over the age of 55 are considering moving home.¹⁸⁹ 49% of this group said that they were prevented from moving by the lack of housing options, with three in five saying that they are at least partially motivated by the desire to move to a smaller home.

Figure 81 shows the type of accommodation older people are in by age in Warwickshire. Up to and including the 80–84 age group, there is little variation between the different age ranges, with the majority of older people being in a detached or semi-detached house or bungalow. In the 85–89 and 90+ age groups, there is an increase in the percentage of older people in communal establishments and purpose-built flats or tenements, with a decrease in the percentage in semi-detached and detached houses.

Figure 81: There is little variation in accommodation type across the 65–84 age range, but there is an increase in the percentage of older people in communal establishments and purpose-build flats or tenements after the age of 85.

Type of accommodation by age, Warwickshire



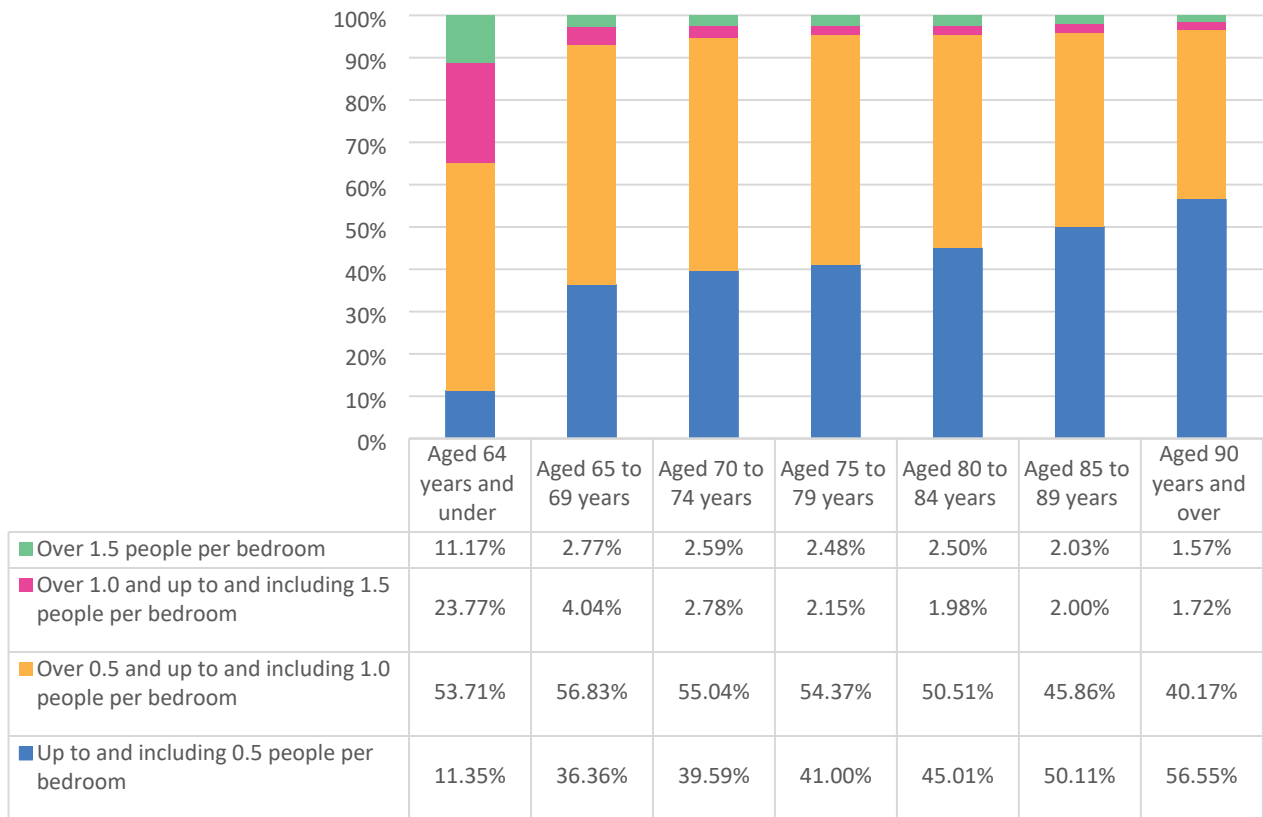
Source: Census 2021

Figure 82 shows the number of people per bedroom in the household by age in Warwickshire. As age increases through the age groups the percentage of people with up to and including 0.5 people per bedroom (at least four bedrooms for a couple or two bedrooms for a person living alone) increases. This could be in part due to people becoming widowed as they get older, resulting in a higher proportion of bedrooms per person.

¹⁸⁹ Stern D, Warren I, Forth A. [A Home for the Ages: Planning for the Future with Age-Friendly Design](#). London: Royal Institute of British Architects; 2019

Figure 82: The proportion of people with up to and including 0.5 people per bedroom increases in the older age ranges.

Number of people per bedroom in household by age, Warwickshire

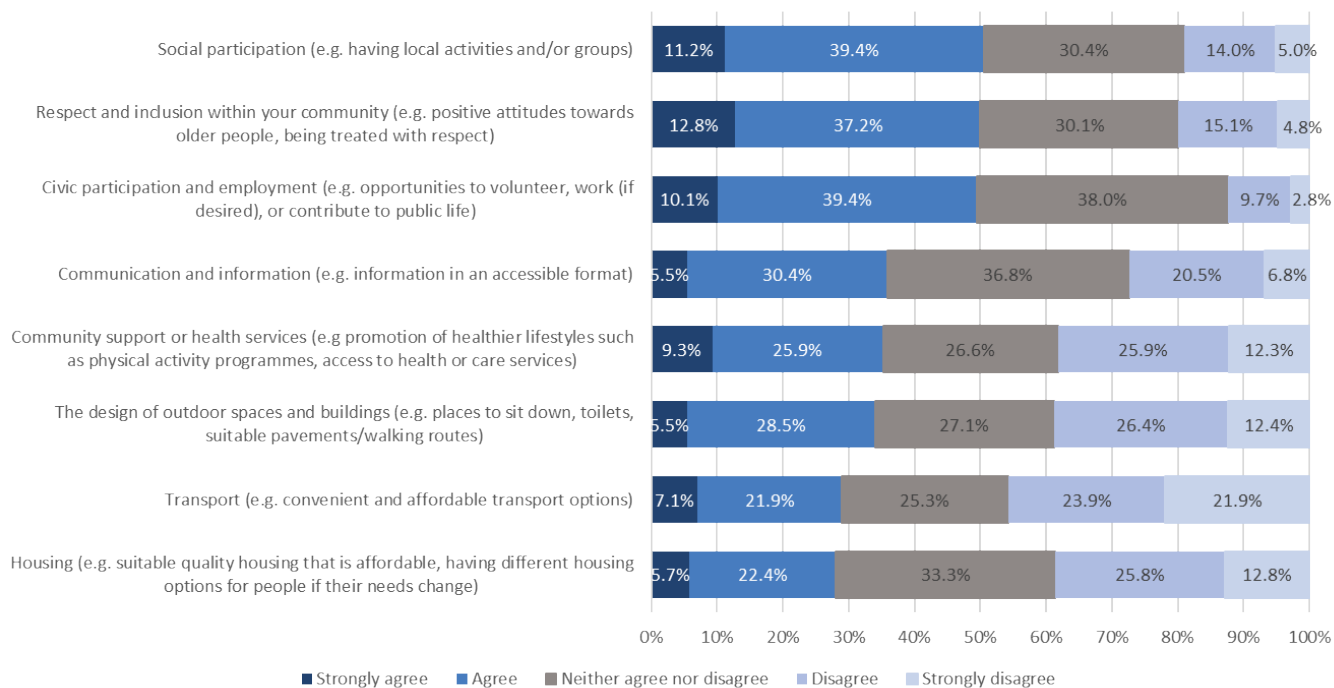


Source: Census 2021

In the Healthy Ageing in Warwickshire survey, participants were asked “to what extent do you agree or disagree that each of the following meets the needs of older people in your local area?”. As seen in Figure 83, housing ranked lowest with only 28.1% strongly agreeing or agreeing, and 38.6% disagreeing or strongly disagreeing.

Figure 83: 38.6% of respondents disagreed or strongly disagreed that housing in their local area met the needs of older people.

Responses to the question “to what extent do you agree or disagree that each of the following meets the needs of older people in your local area?”



Source: Healthy Ageing in Warwickshire survey

Feedback from the survey raised concerns towards the cost and availability of suitable housing. Maintaining independence and remaining a part of the community were both important factors when considering suitable housing.

“Another issue is a lack of varied and suitable housing or accommodation for older people to downsize from bigger properties”
Healthy Ageing in Warwickshire survey respondent

“We need more housing suitable for older people to combat loneliness in old age – e.g. co-housing schemes where people can live together but independently. Housing developments often ignore the needs of older people and focus on large family homes.”
Healthy Ageing in Warwickshire survey respondent

“We should be building bungalows and other smaller houses with larger downstairs capacity. Any 2 or 3 bed roomed houses do not have the living space on the ground floor. I know many people who would willingly downsize if the homes were built with the older generation in mind in the area that they love to live in”
Healthy Ageing in Warwickshire survey respondent

Safe and Well Checks

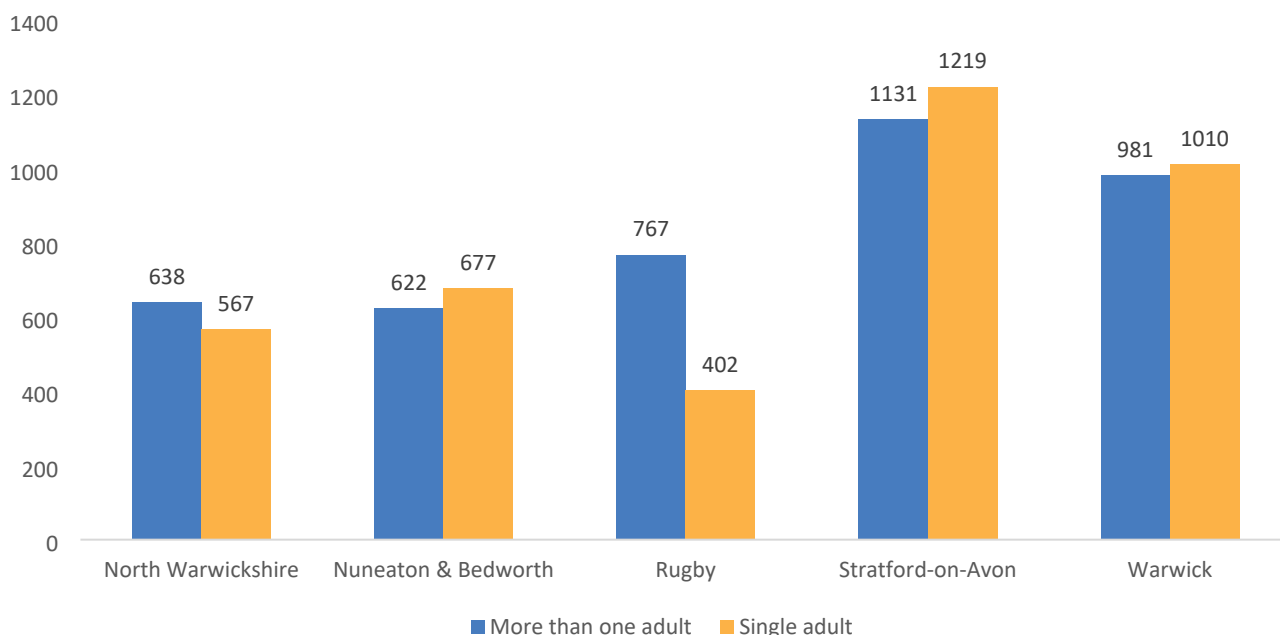
Safe and Well checks are provided by Warwickshire Fire and Rescue. They check the smoke alarms are working and installed in the right place (replacing if needed), as well as providing advice on issues such as preventing slips, trips and falls, winter warmth, giving up smoking, home security and hydration and healthy eating. The visit can lead to a referral to other services. Anyone can book a Safe and Well check online.

In the three years from April 2020 to March 2023, Warwickshire Fire and Rescue have carried out 10,534 Safe and Well checks for those living within Warwickshire. Over half of these (5,461) have taken place in the most recent year (April 2022 to March 2023). Of the total number of Safe and Well checks over the 3-year period, over three-quarters (76.1%) took place in properties with at least one resident aged 65 or above. This is a total of 8,014 checks across the three years.

On average just under half of the Safe and Well checks were in single person households where the one resident was aged 65 or above. However, in Rugby borough only just over a third of Safe and Well checks were in households with a single person aged 65 or above.

Figure 84: More Safe and Well checks were done in households where there was a single resident aged 65 or above, except in Rugby and North Warwickshire.

Safe and Well checks in households with at least one person aged 65+, Warwickshire districts and boroughs



Source: Warwickshire Fire and Rescue

A total of 1,208 residents aged 65 and above were referred on to other services (15.1%) across the 3 years. These could be people who may otherwise have not known about services or how to access them.

TRANSPORT

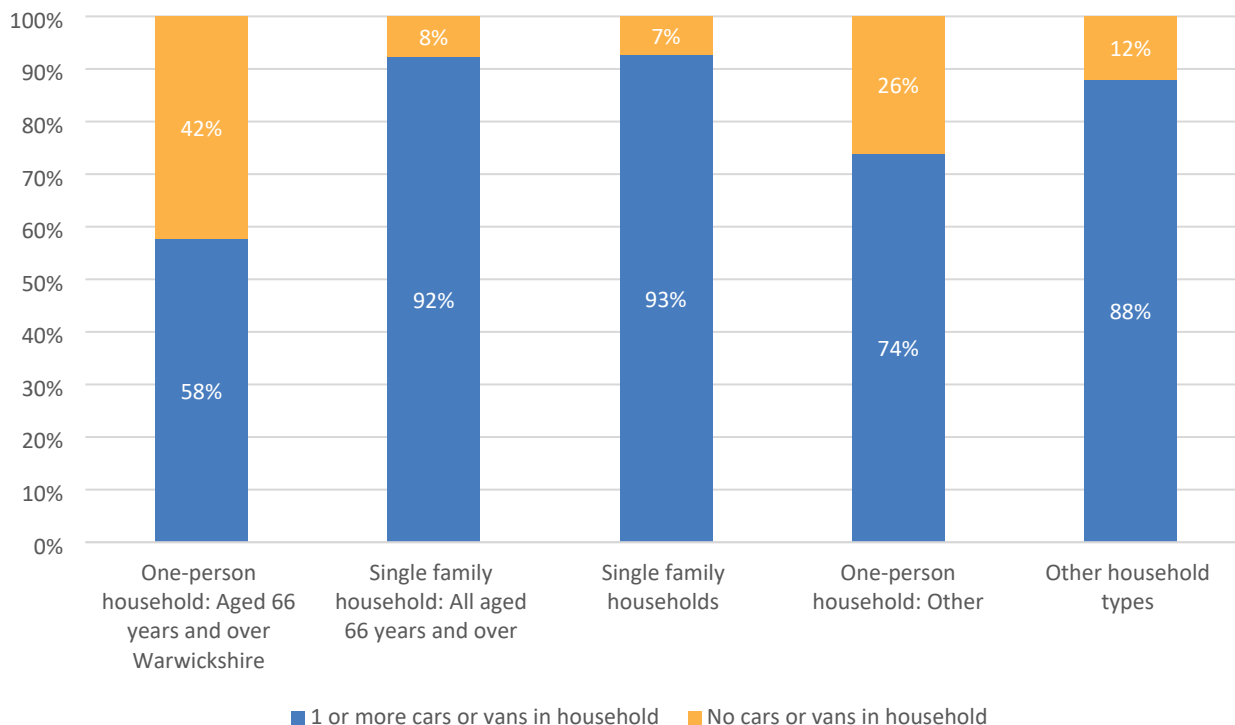
Access to good, reliable transport can have a range of positive outcomes for older people, including:¹⁹⁰

- **Wellbeing** – transport can support contact with friends, family, and the community which helps to avoid loneliness and isolation.
- **Physical health** – people who are able to travel more regularly are more likely to be active, enjoying the health benefits associated with more active lifestyles. Active travel can add further benefits to this with physical activity being part of the journey.
- **Wider community** – analysis from KPMG and Greener Journeys has shown that for each £1 spent on concessionary travel, £2.87 is generated in benefits, as well as increasing the opportunities for older people to volunteer.¹⁹¹

Figure 85 looks at different household types compared to car ownership status. In one-person households where that person is 66 years and over, 42% do not own a car or van compared with 8% in households where there is more than one person over the age of 66 years.

Figure 85: In households where older people live alone, 42% don't own a car or van compared with 8% in households with more than one older person.

Car availability by household type



Source: Census 2021

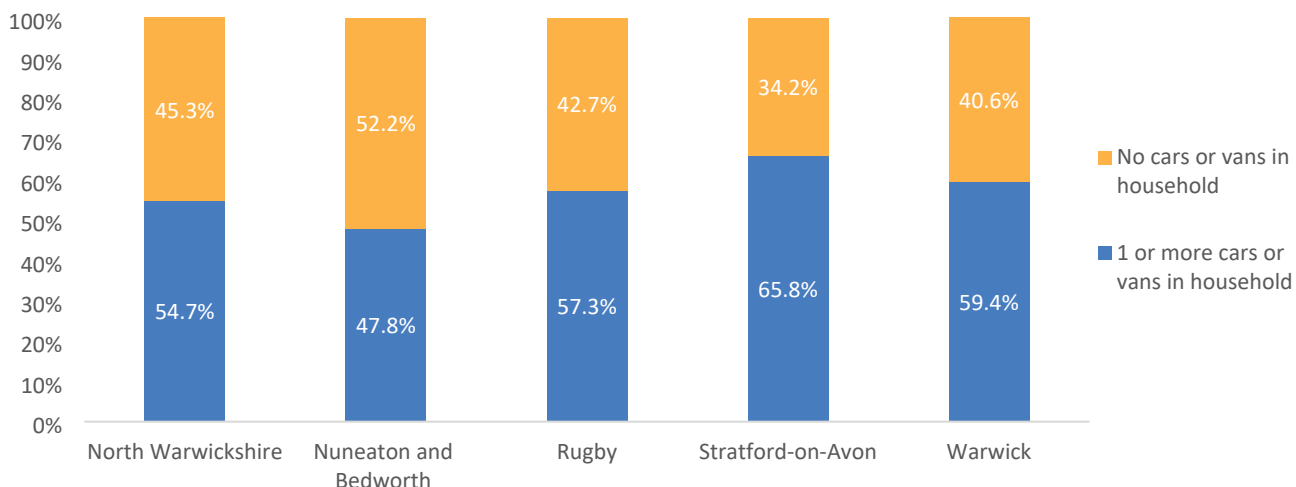
¹⁹⁰ George Holly-Moore and Helen Creighton. *The Future of Transport in an Ageing Society*. ILC-UK and Age UK. 2015.

¹⁹¹ Greener Journeys. *The costs and benefits of concessionary bus travel for older and disabled people in Britain*. Greener Journeys. 2014.

This slightly varies across the district and boroughs, with Nuneaton and Bedworth having the largest percentage of one-person households aged 66 or over who do not own a car or van (52%) and Stratford-on-Avon having the smallest percentage (35%) as seen in Figure 86.

Figure 86: Nuneaton and Bedworth has the largest percentage of people living alone over the age of 66 who do not own a car or van.

Car availability for one-person households aged 66 years and over by district and borough

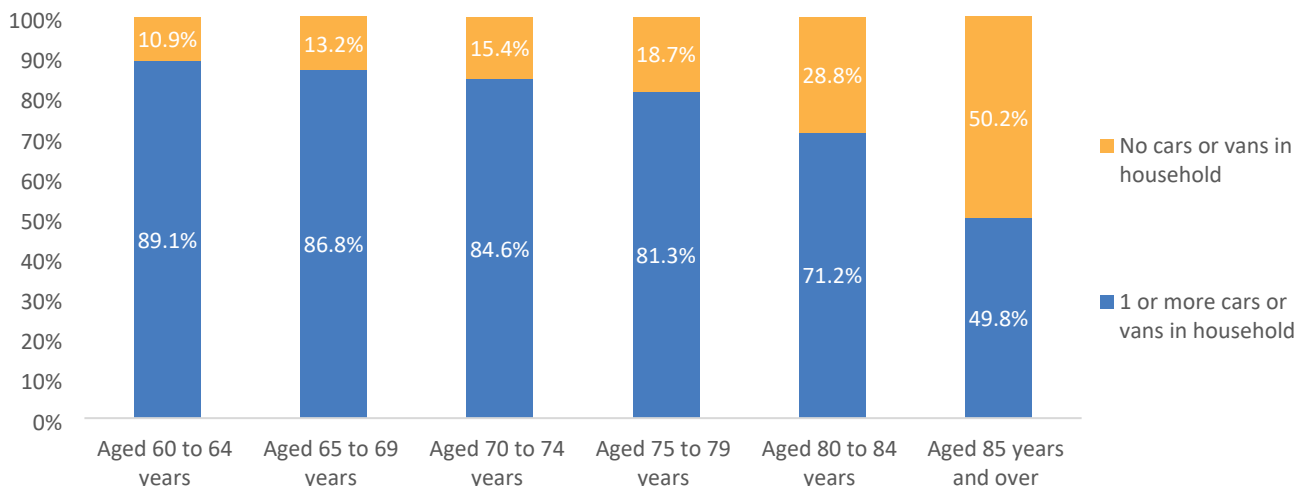


Source: Census 2021

Figure 87 shows the proportion of people aged 60+ who have access to a car or van in their household. There is a gradual decrease until the age of 79 with over 80% at age 75 to 79 still having access to a car or van at their household. There is then a large decrease to the age 85 and over age bracket where 50% don't have a car or van in their household.

Figure 87: There is a decrease in car or van availability at a household as people get older.

Car ownership by age range, Warwickshire



Source: Census 2021

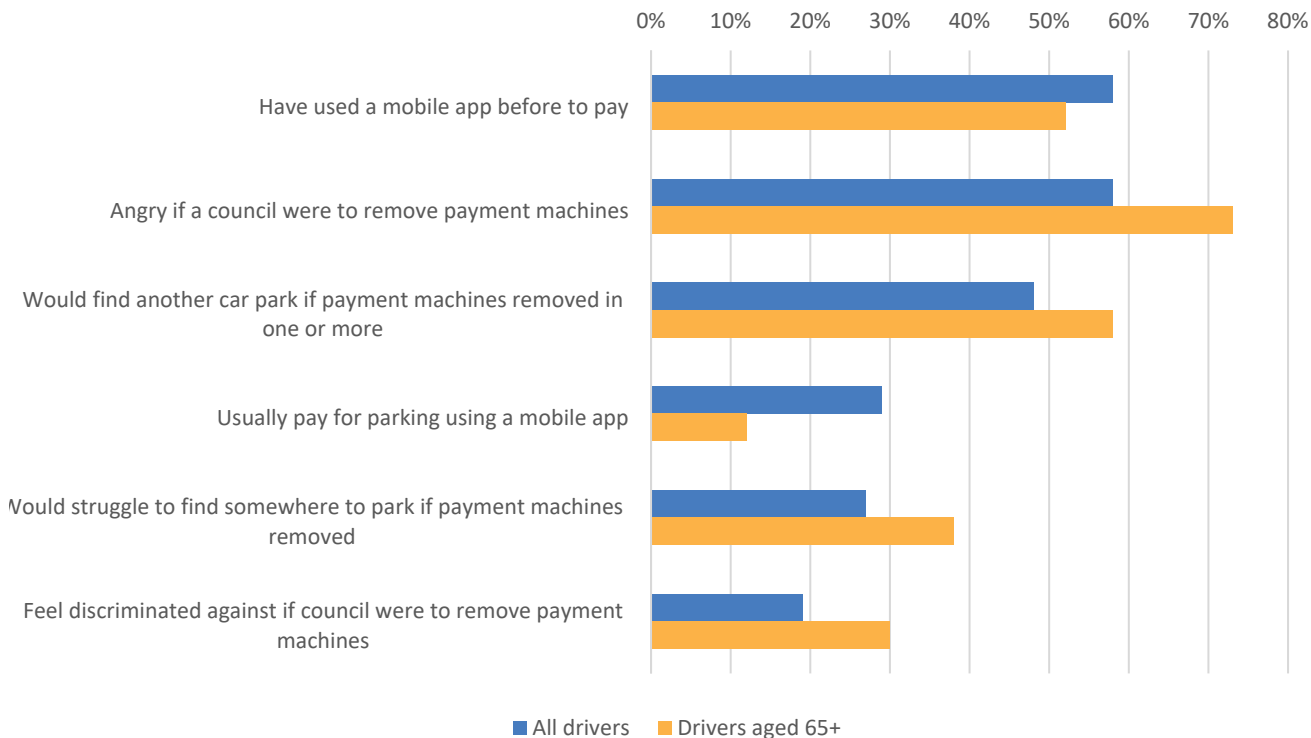
Responses to the engagement with residents carried out for this JSNA highlighted the importance of being able to drive to many participants to stay independent and access activities and health and care services. Concern was raised by some that they would be more isolated if they could not drive.

“The older I get, the more isolated I feel. If my wife and I could not drive, we would be in trouble.”
 Healthy Ageing in Warwickshire survey respondent

Older drivers who struggle with digital technology may struggle more with accessing online parking apps, creating a barrier if there are no cash alternatives. An RAC survey¹⁹² published in June 2023 (seen in Figure 88) found that nationally three in four (73%) respondents over the age of 65 said they would be angry if a council were to remove payment machines, with one in three (38%) saying they would struggle to find somewhere to park if payment machines were removed. Drivers aged 65+ were more likely to say they would feel discriminated against if parking machines were to be removed compared to responses from all drivers.

Figure 88: Older people are more likely to feel negative impacts of removing payment machines.

Drivers’ behaviours and views towards parking machines



Source: RAC

¹⁹² RAC. *Fifth of drivers accuse councils of scrapping, or planning to scrap, parking payment machines in favour of mobile apps.* <https://www.rac.co.uk/drive/news/motoring-news/drivers-accuse-councils-swapping-parking-payment-with-apps/> [accessed 11th July 2023]

“I cannot deal with paying for car parking by App – I do not have or wish to have payment by phone for anything. Many agree with me that it’s too confusing.”

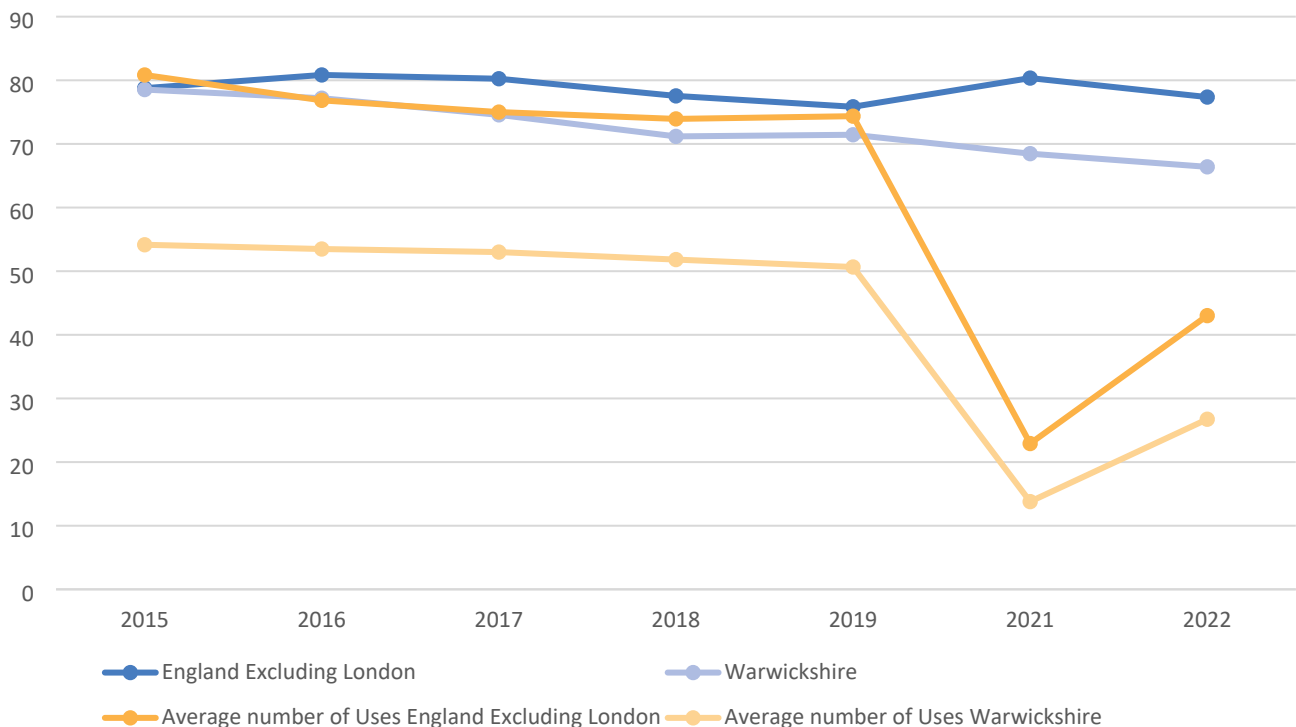
Healthy Ageing in Warwickshire survey respondent

Warwickshire County Council is responsible for on-street bay parking around the county. Currently approximately 70% of all parking transactions in these areas are on an online app, with 30% being cash. Parking machines are currently being renewed, with 50% retaining a cash option and the rest having card or app payment options, with a plan to advertise where cash parking options are by having a visual sign on the meters and directions to cash options on the card and app only meters.

An older person can apply for a free bus pass when they turn 66 years old, allowing free unlimited travel between 9:30am and 11pm on weekdays, and full access at the weekend. According to a study by UCL,¹⁹³ older adults who own a bus pass are likely to report better quality of life, greater satisfaction, and fewer depressive symptoms than those who don’t have a bus pass. In Warwickshire, the percentage of eligible older people who have a bus pass has been falling since 2015. Figure 89 shows this decrease against the England rate excluding London (note: no data is available for the year 2020).

Figure 89: The uptake of older persons’ bus passes in Warwickshire has been decreasing. The use of bus passes saw a large decline during the pandemic.

Older bus passes per hundred eligible older people



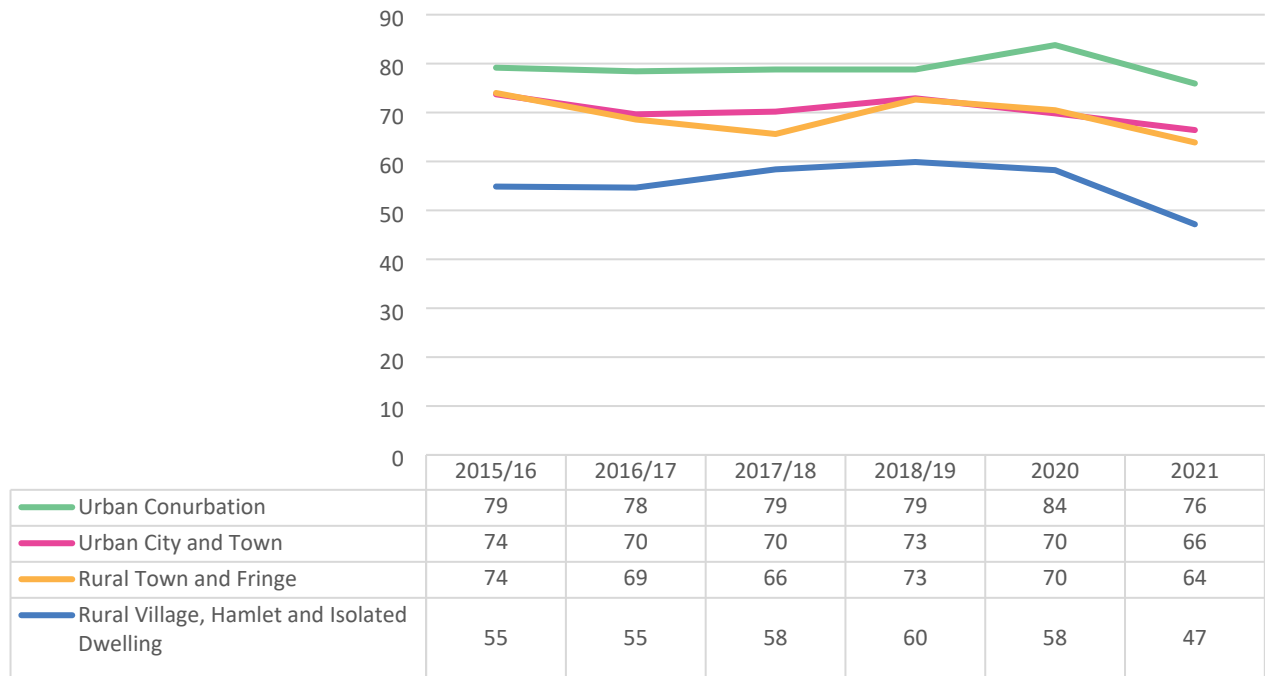
Source: Department for Transport Concessionary Travel Survey.

¹⁹³ UCL. *Bus passes linked to increased happiness for older adults*. UCL. <https://www.ucl.ac.uk/news/2019/may/bus-passes-linked-increased-happiness-older-adults> [accessed 11th June 2023]

Figure 90 shows the national take-up rate of concessionary travel schemes by rural–urban classification. It shows that take-up is highest in urban areas and lowest in rural. It also shows that the largest drop off in take-up rates during the pandemic occurred in rural areas, specifically rural village, hamlet, and isolated dwellings which saw an 11 percentage point reduction.

Figure 90: Concessionary travel schemes are more likely to be taken up in urban areas than rural.

Take-up of concessionary travel schemes by rural–urban classification nationally



Source: National travel survey, Department for Transport statistics

In the Healthy Ageing in Warwickshire survey, when asked whether transport in the local area met the needs of older people, 45.8% of respondents either disagreed or strongly disagreed. Concerns about public transport were raised in both engagement activities, including concerns about:

- difficulty accessing healthcare by transport
- only being able to access information online
- the cost of transport
- accessibility to transport when living in a rural area.

“I tried to attend my healthcare appointment by bus. I managed to get there on the bus, which took a couple of hours, but I got stranded in Stratford on the way back. My son rang me while I was there, and said, where are you? What are you doing? So I explained to him I was trying to get home. He left work and came to get me”
 Story circles participant

“No up-to-date bus timetables displayed at stops. “Go on the app” is the usual response.”

Healthy Ageing in Warwickshire survey respondent

“There isn’t much in camp hill for older people, the busses don’t turn up half the time, they cost a fortune and there’s hardly any benches in the bus stops”

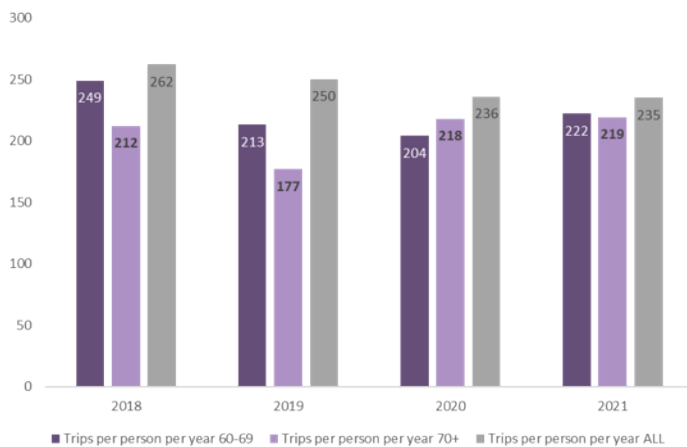
Healthy Ageing in Warwickshire survey respondent

Active travel

Active travel is when you make a journey in a physically active way such as walking, cycling, or scootering. The National Travel Survey 2021 showed nationally an increase in the number of walking trips in those aged 70+ between 2019 and 2021 (Figure 91). Additionally, the survey showed an increase in cycling during the pandemic (2020), however in 2021 this returned to pre-pandemic levels (Figure 92).

Figure 91: Walking trips increased in those aged 70+.

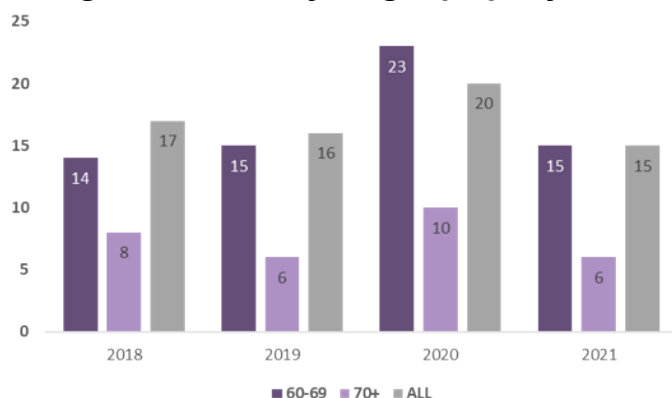
Average number of walking trips per year in different ages



Source: National Travel Survey, 2021

Figure 92: Cycling has broadly returned to pre-pandemic levels.

Average number of cycling trips per year in different ages



Source: National Travel Survey, 2021

EMPLOYMENT

For some older people working in later life is financially essential; however, there are other important benefits such as providing social connections and interaction, and allowing older people to see their contribution and provide a sense of self-esteem. It can also support health through providing physical, mental, and social stimulation.¹⁹⁴

As seen in Table 30, Warwickshire has a similar rate of employment in the 65+ community (11.0%) compared to the England and Wales rates (10.1%). There is variation across the county, with Nuneaton & Bedworth having the lowest percentage of people aged 65+ who are in employment (8.4%) and Stratford-on-Avon having the highest (13.4%).

Table 30: Rates of employment in those aged 65+ in Warwickshire are similar to the England and Wales average. There is some variation across districts and boroughs, with Nuneaton and Bedworth having the lowest percentage of the 65+ population who are employed.

65+ who are economically active excluding full-time student: in employment

Area	Number of people aged 65+	Number of people aged 65+ in employment	Percentage of 65+ population who are in employment
England and Wales	11,063,347	1,112,191	10.1%
Warwickshire	123,463	13,642	11.0%
North Warwickshire	14,391	1,559	10.8%
Nuneaton & Bedworth	25,739	2,156	8.4%
Rugby	20,933	2,122	10.1%
Stratford-on-Avon	34,232	4,586	13.4%
Warwick	28,218	3,219	11.4%

Source: Census 2021

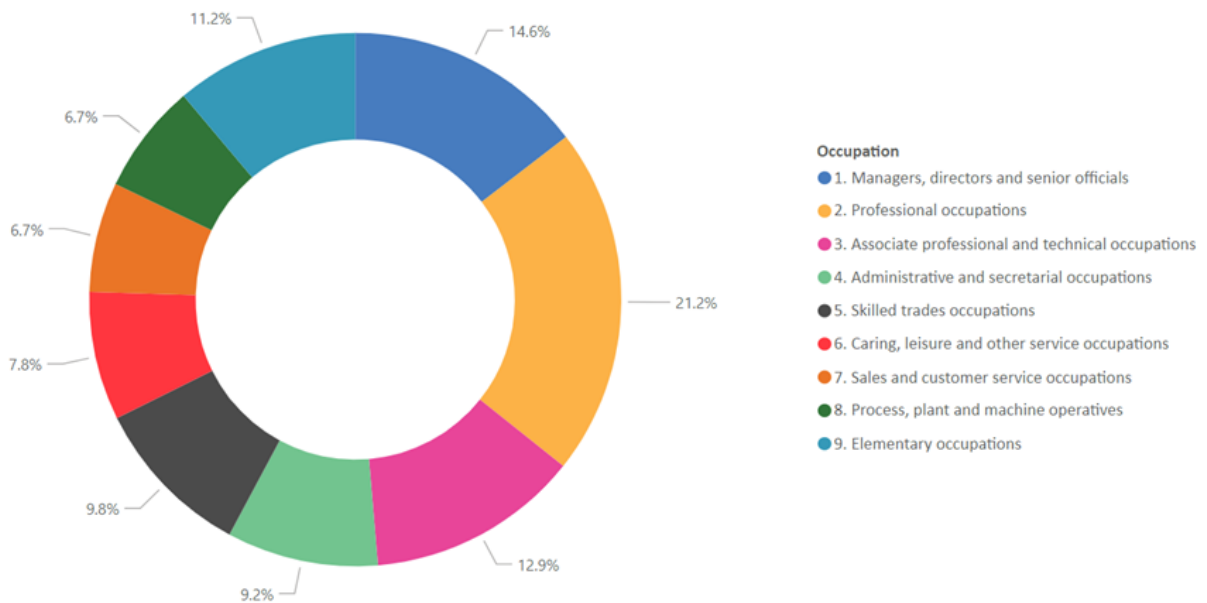
According to 2021 Census occupation data for those aged 65 and over across Warwickshire, the most common was jobs were professional occupations, with 21.2% of the 65+ community falling into this category (Figure 93). The least frequent professions were sales and customer service occupations, and process, plant, and machine operatives, both holding 6.7% of the employed 65+ community. Table 31 shows the breakdown for the occupations with the highest and lowest percentages of the 65+ community working in them in each district and borough.

¹⁹⁴ Rosa Marvell and Annette Cox. *What do older workers value about work and why?*. Institute for employment studies and Centre for Ageing Better. 2017.

Figure 93: The largest areas of employment for those aged 65+ are professional occupations, managers, directors, and senior officials, and associate professional and technical occupations.

Types of occupation for those aged 65+

Occupation from 2021 Census



Source: Census 2021

Table 31: For all districts and boroughs professional occupations has the highest % of 65+ working in it and sales and customer service occupations has the lowest %.

Occupation with the highest and lowest % of 65+ population across districts and boroughs

District/borough	Occupation with the highest % of 65+ population working within it	Occupation with the lowest % of 65+ population working within it
North Warwickshire	14.9% – Professional occupations	7% – Sales and customer service occupations
Nuneaton & Bedworth	15.9% – Professional occupations	7.9% – Sales and customer service occupations
Rugby	20.1% – Professional occupations	6.5% – Sales and customer service occupations
Stratford-on-Avon	21.1% – Professional occupations	4.5% – Process, plant, and machine operatives
Warwick	29.6% – Professional occupations	4.2% – Process, plant, and machine operatives

Source: Census 2021

Economic inactivity is defined as people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks. As seen in Table 32, economic inactivity rates in the 65+ population are higher in Warwickshire (87.9%) than the England and Wales average (83.6%). All districts and boroughs are higher than the England and Wales average, with variation across the county with highest rates in Nuneaton and Bedworth (90.8%) and lowest rates in Stratford-on-Avon (85.3%). This mirrors the percentage of the 65+ population who are employed.

Table 32: Rates of economic inactivity vary across the county, with the highest rates in Nuneaton and Bedworth and the lowest in Stratford-on-Avon.

Economically inactive (excluding full-time students) – people aged 65+ not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks

Area	Number of people aged 65+	Number of people aged 65+ who are economically inactive	Percentage of 65+ population who are economically inactive
England and Wales	11,063,347	9,247,667	83.6%
Warwickshire	123,463	108,543	87.9%
North Warwickshire	14,391	12,663	88.0%
Nuneaton and Bedworth	25,739	23,366	90.8%
Rugby	20,933	18,609	88.9%
Stratford-on-Avon	34,232	29,207	85.3%
Warwick	28,218	24,698	87.5%

*The figures in these two tables do not include the small percentages of the 65+ demographic who are economically active but unemployed (Seeking work or due to begin a job within the next two weeks). These figures were omitted due to very small numbers within this category.

Source: Census 2021

The State of Ageing 2022 report¹⁹⁵ highlighted the impact of the pandemic on employment for those aged 50+, including:

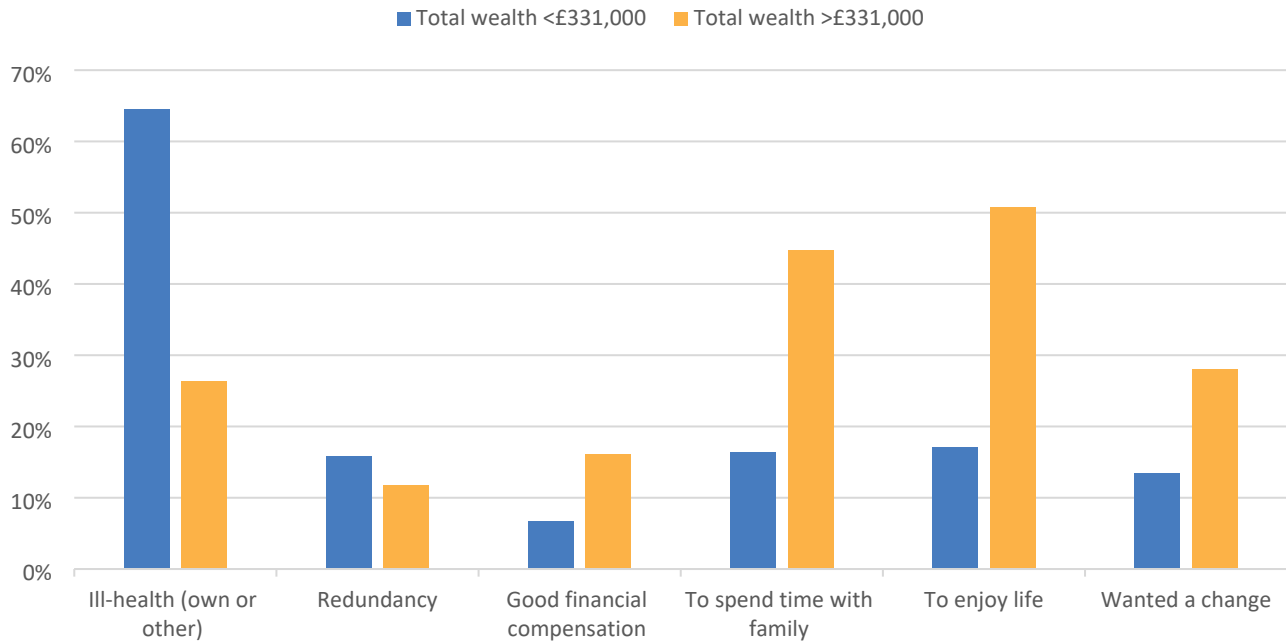
- 33% of people made redundant during the pandemic in 2020/21 were aged 50 or over.
- Workers younger than 50 were almost twice as likely as those aged 50+ to find a new job within six months of being made redundant.
- For those aged 50–59, the likelihood of being unemployed, on leave or on furlough was 6% higher for those who were finding it difficult to get by when compared to those living comfortably.

The report also highlighted the different reasons for taking early retirement split by those with below-average total wealth (<£331,000) and those with above-average total wealth (>£331,000), which can be seen in Figure 94. Those with below-average total wealth were more likely to state that ill health (either their own or others) was the main reason for early retirement, whilst those with above-average total wealth stated more frequently that they took early retirement to enjoy life or to spend time with family.

¹⁹⁵ Centre for Ageing Better. *The State of Ageing 2022*. Centre for Ageing Better. 2022.

Figure 94: Those with below-average total wealth (<£331,000) were more likely to retire early due to ill health than those with above-average total wealth.

Reasons given for taking early retirement split by those with below-average total wealth (<£331,000) and above-average total wealth (>£331,000).



Source: NatCen analysis for Ageing Better of English Longitudinal Study of Ageing: Wave 8, 2002–2016

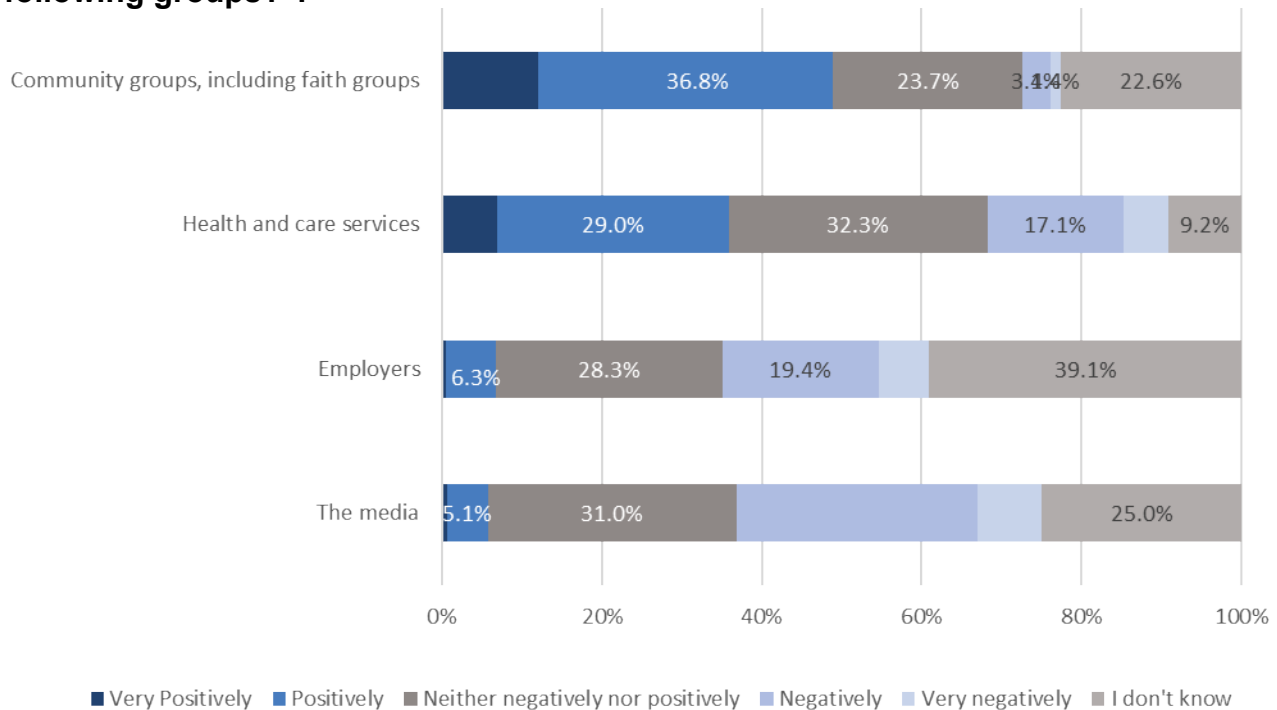
When looking at the quality of work, the report found that those aged 50–69 living in deprived areas reported more frequently than those in non-deprived areas:

- an effort/reward imbalance
- a lack of control in the workplace
- an excessive work demand and low job satisfaction.

The Healthy Ageing in Warwickshire survey asked participants “overall, how do you think older people are viewed by the following groups?”. As seen in Figure 95, respondents were more likely to respond that employers viewed older people negatively or very negatively than positively or very positively. A notable number of respondents chose either ‘neither negatively nor positively’ or ‘I don’t know’ in response to this question suggesting that firm opinions about how older people were viewed by some groups were uncertain.

Figure 95: Respondents were more likely to respond that employers viewed older people negatively or very negatively when asked how different groups viewed older people.

Responses to the question “overall, how do you think older people are viewed by the following groups?”.



Source: *Healthy Ageing in Warwickshire survey*

Further feedback on this question found that respondents highlighted both positives, such as feeling well valued by their employer, and negatives, such as experiencing ageism and feeling unstable in the job as their age increases.

“I have had nothing but positive comments from my employer and colleagues about my work (I’ll be 70 next year and have not yet decided whether to retire). Working from home the majority of the time makes this easier and more appealing.”
Healthy Ageing in Warwickshire survey respondent

“There’s not help getting employment for my age. Local employers don’t want older people.”
Healthy Ageing in Warwickshire survey respondent

“As the state retirement age has risen I feel as an older employee that has health issues my position could become more vulnerable.”
Healthy Ageing in Warwickshire survey respondent

VOLUNTEERING

Volunteering can make a huge difference to people's lives by giving people support, bringing people together, and saving resources. Volunteering can also have a positive effect on the volunteer, with research¹⁹⁶ showing that volunteering:

- improves physical and mental health by keeping people active, reducing stress, and increasing positivity, and can lead to lower rates of depression and anxiety, especially for people 65 and over
- provides a sense of purpose and teaches valuable skills
- creates new and strengthens existing relationships.

“Volunteering is readily available and rewarding and fulfilling.”

Healthy Ageing in Warwickshire survey respondent

Research by UK Civil Society Almanac 2021¹⁹⁷ highlighted that those aged 65–74 were the most likely group to volunteer formally (through an organisation), although the gap with younger age groups has narrowed substantially between 2019–20 and 2020–21. Figure 96 shows the percentage of different age groups who volunteered at least once per month in different years. The graph shows that the 65–74 had the highest percentage volunteering at least once per month, as well as a fall in the level of formal volunteering during the pandemic in 2020–21.

The reduction seen in the 65–74 and 75+ age groups between 2019–20 and 2020–21 could in part be the impact of the COVID-19 pandemic. As highlighted in the COVID-19 section above, older people are at the highest risk of COVID-19 and were therefore particularly encouraged to self-isolate and shield from others. This could have impacted the numbers able to volunteer.

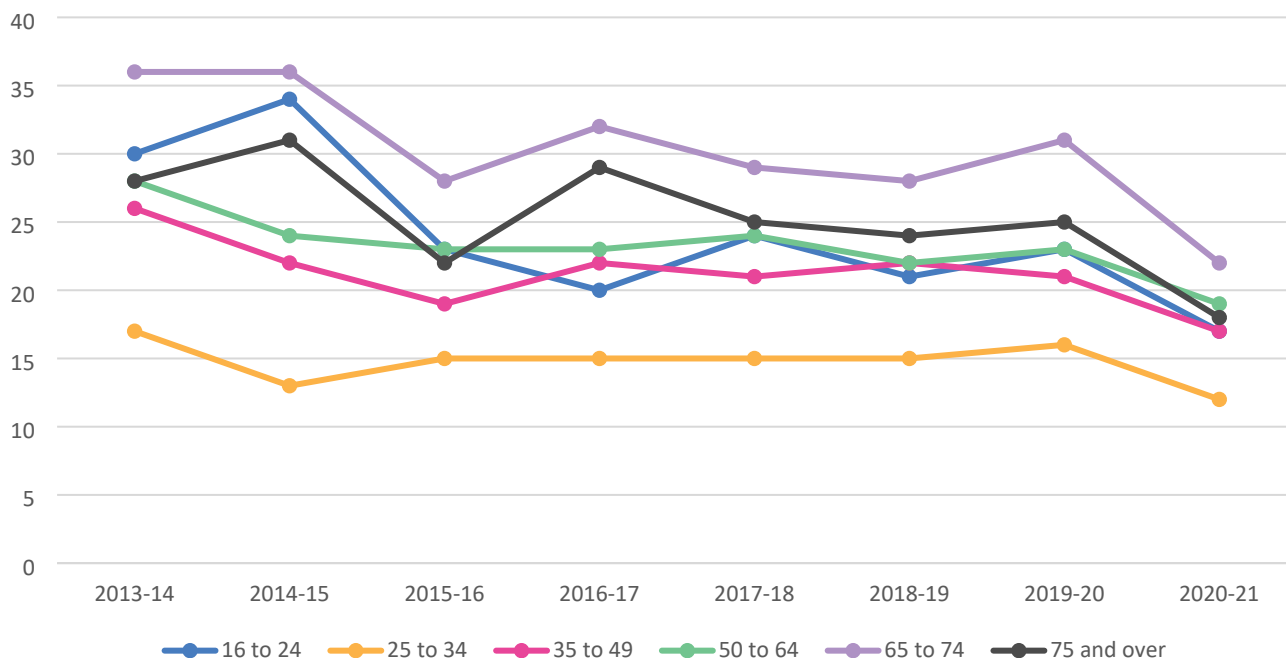
¹⁹⁶ Angela Thoreson. *Helping people, changing lives: 3 health benefits of volunteering*.

<https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/3-health-benefits-of-volunteering> [accessed 2nd October 2023]

¹⁹⁷ NCVO. *What are the demographics of volunteers?*. <https://www.ncvo.org.uk/news-and-insights/news-index/uk-civil-society-almanac-2021/volunteering/what-are-the-demographics-of-volunteers/#/by-age> [accessed 2nd October 2023]

Figure 96: The percentage of people volunteering at least once per month fell for all ages over the pandemic, with the 65–74 age range being highest over time.

People volunteering at least once per month by age range



Source: UK Civic Society Almanac 2021

The same research by the UK Civic Society Almanac 2021 also showed that those living in rural areas volunteer more (for 2020/21 24% down from 29% in 2019/20) than those in urban areas (for 2020/21 16% down from 21%). Additionally, it showed that women are slightly more likely to volunteer than men at least once a year (31% to 29%), and disabled people are just as likely to volunteer at least once a month than non-disabled people (19%).

The Centre for Ageing Better report ‘Age-friendly and inclusive volunteering: Review of community contributions in later life’¹⁹⁸ identifies several barriers that can impact an older person getting involved with volunteering, including:

- practical barriers
 - costs
 - transport needs
 - physical access
 - language

¹⁹⁸ Kate Jopling and Dan Jones. *Age-friendly and inclusive volunteering: Review of community contributions in later life*. Centre for Ageing Better. 2018.

- structural barriers
 - inflexible offers
 - lack of neutral spaces
 - bureaucracy
- emotional barriers
 - lack of confidence
 - stigma/stereotype
 - lack of welcome
 - fear of overcommitment
 - not feeling valued
- lack of resources
- digital divide

The report acknowledges that while the practical and structural barriers can impact all age ranges, the emotional barriers are something that can be experienced more by the older population as opposed to the younger. Fears of ageism, of being rejected, or of ending up overcommitted, lack of confidence, and a sense of not being welcome or valued can all impact whether an older person is willing to volunteer or not.

The theme of giving to others was highlighted in the story circles engagement as being important to participants.

“Looking outwards. That’s another thing that’s important, that affects how you feel about ageing, what you can do and what it’s like; being outwardly focussed, and not just turning inward. Looking at other people around you and getting involved with them. It’s about attitude of mind some of the time.”

Story circles participant in Warwickshire responding to the question what is important to you?

“There is a strong volunteering spirit in South Warwickshire, but there’s more of a vacuum in North Warwickshire. Not sure why, or what the ingredients are to resolve/improve that situation.”

Story circles participant in Warwickshire

INEQUALITIES

Health inequalities have been defined as ‘avoidable, unfair and systematic differences in health between different groups of people’.¹⁹⁹ Health inequalities can include differences in health status, access to care, quality and experience of care, behavioural risk factors, and wider determinants of health.

The Coventry and Warwickshire ICS Health Inequalities Strategic Plan 2022–27²⁰⁰ sets out how the health and care sector will directly influence and deliver improvements in health outcomes and reduce health inequalities experienced by the population of Coventry and Warwickshire. It sets out to do this by:

- Embedding action to tackle inequalities at both strategic and operational levels as part of the core ICS work.
- Recognising that health inequalities can only be reduced by a system-wide approach to population health – and using their influence to achieve positive alignment with strategies and activities linked to the wider determinants of health.
- Identifying specifically how the NHS can contribute, in terms of health service delivery and working in partnership with the wider system.

DEPRIVATION

As highlighted in the deprivation section of the local population chapter, deprivation in Warwickshire is more concentrated in Nuneaton and Bedworth and North Warwickshire; however, there are pockets of deprivation spread throughout the county. This JSNA has highlighted several areas where inequalities in deprivation are present, including:

- Higher proportions of people (all ages) who were estimated to be obese were observed in the most deprived areas.
- Rates of limiting long-term illness were highest in the north of the county.
- The highest rates of common mental disorders are experienced in the north of the county.
- The proportion of population aged 65+ where day-to-day activities were ‘limited a lot’ by long-term illness was highest in the north of the county.
- Cardiovascular mortality was highest in Nuneaton and Bedworth.
- Recorded COPD prevalence is higher in North Warwickshire and Nuneaton & Bedworth and lower in Rugby and Warwick.
- The spring 2023 COVID-19 vaccine booster uptake was lowest in the north of the county.
- The north of the county had the highest percentage of unpaid carers over the age of 65. It also saw the highest percentages of unpaid carers providing 50 hours or more of care, with those providing more hours of care less likely to be reporting very good or good health.

¹⁹⁹ Ethan Williams, David Buck, Gbemi Babalola, David Maguire. *What are health inequalities?* <https://www.kingsfund.org.uk/publications/what-are-health-inequalities> [accessed 11th October 2023]

²⁰⁰ Coventry and Warwickshire Integrated Care System. *Health Inequalities Strategic Plan*. Coventry and Warwickshire Integrated Care System. 2022

- Nuneaton and Bedworth had the lowest percentage of people aged 65+ in employment, with national research highlighting that ill health was the largest reason given for early retirement in those with below average total wealth.

It is important to acknowledge that there is also deprivation present throughout the county, and to ensure these areas of deprivation are not exacerbated by being surrounded by less deprived areas, giving the appearance of the larger geography being less deprived.

An example of this is the difference in life expectancy between most and least deprived areas for females in Warwick, which is the largest difference of all districts and boroughs at 7.3 years, and second largest for males at 7.7 years. This highlights an inequality in deprivation within an area that is commonly perceived to be less deprived.

POPULATION GROUPS

Different population groups may experience different health inequalities. Below is a summary of inequalities for females and males that have been highlighted throughout this JSNA.

Inequalities for women

- Females experience rates of depression almost twice those of males.
- In all age categories, females outnumber males and make up a higher proportion of people with dementia. The difference is most marked in the 85+ age category.
- Almost a third (32.2%) of females in Warwickshire aged 85+ reported their activities were limited a lot compared to 27.5% of males. This is consistent with the England picture where 33.9% of females and 28.6% of males aged 85+ reported their activities were limited a lot.
- 28% of women aged 85+ experience bladder problems at least once per week compared to 19% of men aged 85+.
- Beginning as early as age 40, adults lose muscle mass and strength, losing up to 50% by the time they are 80. Women are more likely to need help with daily tasks than men, increasing with age in both genders to a high of 57% in women aged 80+ compared to 44% for males aged 80+.
- Hip fracture and falls-related admissions are higher for women than men.

Inequalities for men

- Male life expectancy and healthy life expectancy is lower than female life expectancy and healthy life expectancy.
- Increasing and higher risk drinking is more evident in males than females in England, especially those aged 65–74 years.
- Males aged 60+ living alone had higher rates of common mental disorders compared with males living in a couple.
- Cardiovascular disease is more prevalent in males than females.
- Prevalence of type 2 diabetes is higher in men than women.
- In 2020 males made up a higher proportion of COVID-19 deaths in those aged 65+ than females, with this gap slightly narrowing in 2021.

Inequalities in different ethnic groups

Within the UK, there are differences in the health status of different ethnic groups, with people from some minority backgrounds experiencing worse health than those from a white ethnic background.²⁰¹ The Centre for Ageing Better report 'Ethnic health inequalities in later life'²⁰² highlights inequalities between ethnic minority groups and white/white British groups when self-reporting poor health, with one example given highlighting that 22% of white British women in their 80s report poor health, which is the same proportion as for Pakistani women in their 50s (23%). The report highlights that after the age of 30, the proportion of people who report that they have poor health rises much faster in those from ethnic minority groups, which makes the difference especially pronounced in later life.

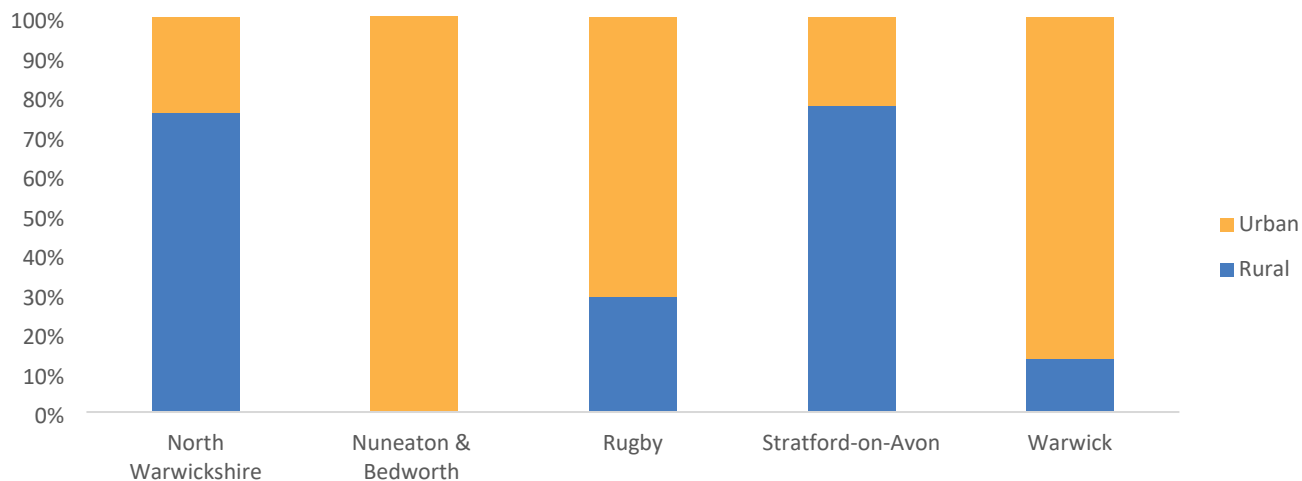
The report highlights that these health inequalities are largely explained by socioeconomic inequality and by experiences of racism and racial discrimination that has accumulated across the life course which is why health inequalities get larger with age. As highlighted in the local context chapter, the 65+ population in Warwickshire is likely to become more diverse, meaning that we will see more people who are impacted by these health inequalities.

RURAL VS URBAN

In Warwickshire, 38% of the 65+ population live in a rural area, which is slightly higher than the 33% of all ages who live in a rural area in Warwickshire. There is variation by district and borough as seen in Figure 97, with Stratford-on-Avon and North Warwickshire having the highest percentage of the 65+ population living in rural areas with 78% and 76% respectively, and Nuneaton and Bedworth having the lowest percentage with nobody aged 65+ living in a rural area.

Figure 97: There is variation across district and boroughs in the percentage of the 65+ population living in rural and urban areas, with Stratford-on-Avon and North Warwickshire having three-quarters of their 65+ population living in rural areas.

Percentage of 65+ population living in urban and rural areas by district and borough.



Source: ONS

²⁰¹ Centre for Ageing Better. *Ethnic health inequalities in later life*. Centre for Ageing Better. 2021

²⁰² Centre for Ageing Better. *Ethnic health inequalities in later life*. Centre for Ageing Better. 2021

Living in a rural location such can be an appealing option for older people, enjoying the peace and quiet that rural areas can offer as well as the beautiful natural environment. The Public Health England review “An evidence summary of health inequalities in older populations in coastal and rural areas”²⁰³ highlighted the following strengths, assets, and sources of resilience for an ageing population living in a rural area:

- community based social networks and a sense of community
- community services, both publicly funded and self-funded
- family support by living as part of two- or three-generation households.
- neighbours providing informal care or support that may impact on the finding that older rural dwellers were less likely to enter care homes
- home-grown fruit and vegetables
- access to a car or other form of transport as rural–urban health and mental health differences were found to be mediated by access to a car
- environmental factors such as less crime, more green space and better quality street level conditions
- certain health and social care services such as home visits, sitting or befriending services
- trained and experienced palliative care nurses.

“What’s rural life like? It’s fantastic...There’s plenty to join in with. A regular quiz down the pub, we do street parties for things like the Jubilee and Coronation...I’m very happy that I moved here.”

Story circles participant in Warwickshire

However, the same review also highlights that living in a rural area can bring with it health inequalities for the older population. Several studies have reported poorer physical health in the rural population, as well as increased mental health and neurological problems. The review gives the following as determinants and drivers of health inequalities in rural areas:

- mobility
- exclusion, marginalisation, and lack of social connections felt by certain groups such as LGBTQ+ or those who are divorced or living alone
- social isolation
- lack of access to health and other community-based services
- equitable outcomes costing more in rural areas for a variety of reasons relating to remoteness and limited economies of scale
- financial difficulties experienced by older people including fuel poverty and housing issues
- different types of treatment and treatment modalities (but not delays in treatment) provided in rural areas
- more emergency and elective hospital treatment in rural areas, identified in the literature as possibly a result of risk averse behaviour by GPs
- workforce challenges facing the NHS and social care in rural areas such as recruitment, retention, and development

²⁰³ Public Health England. *An evidence summary of health inequalities in older populations in coastal and rural areas*. Public Health England. 2019

- service providers moving out of rural areas
- lack of transport and distance from services
- lack of awareness of certain health conditions or services – for example, older rural residents were unaware of the role of pharmacists in the review of medicines
- existing poor health
- lack of community support for some residents
- seasonality and weather, which could affect some recreational activities
- lack of physical activity.

“There is a poverty about village life compared to urban living, in the sense of more limited entertainments and amenities. It’s a different kind of life. What do I do to fill my time? I read books, I spend time in the garden. I watch television.”

Story circles participant in Warwickshire

“Transport is really difficult though. It took me 3 and a half hours to get a bus to Southam. I have to go via Stratford and Leamington. If you miss a connection, it takes even longer. I’m supposed to go for a series of appointments at University Hospital, but that’s very difficult from here. Getting there on time using public transport is not guaranteed either.”

Story circles participant in Warwickshire

VETERANS

Some 10,200 people living in Warwickshire aged 65+ were recorded as veterans in the 2021 Census. Most (90.5%) veterans were male, and this extrapolates to one in six of the male population aged 65+ living in Warwickshire.²⁰⁴

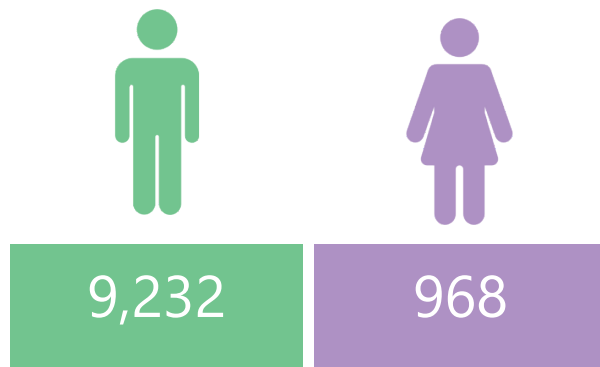


Figure 98: The majority of veterans over the age of 65 were male.

Source: 2021 Census²⁰⁵

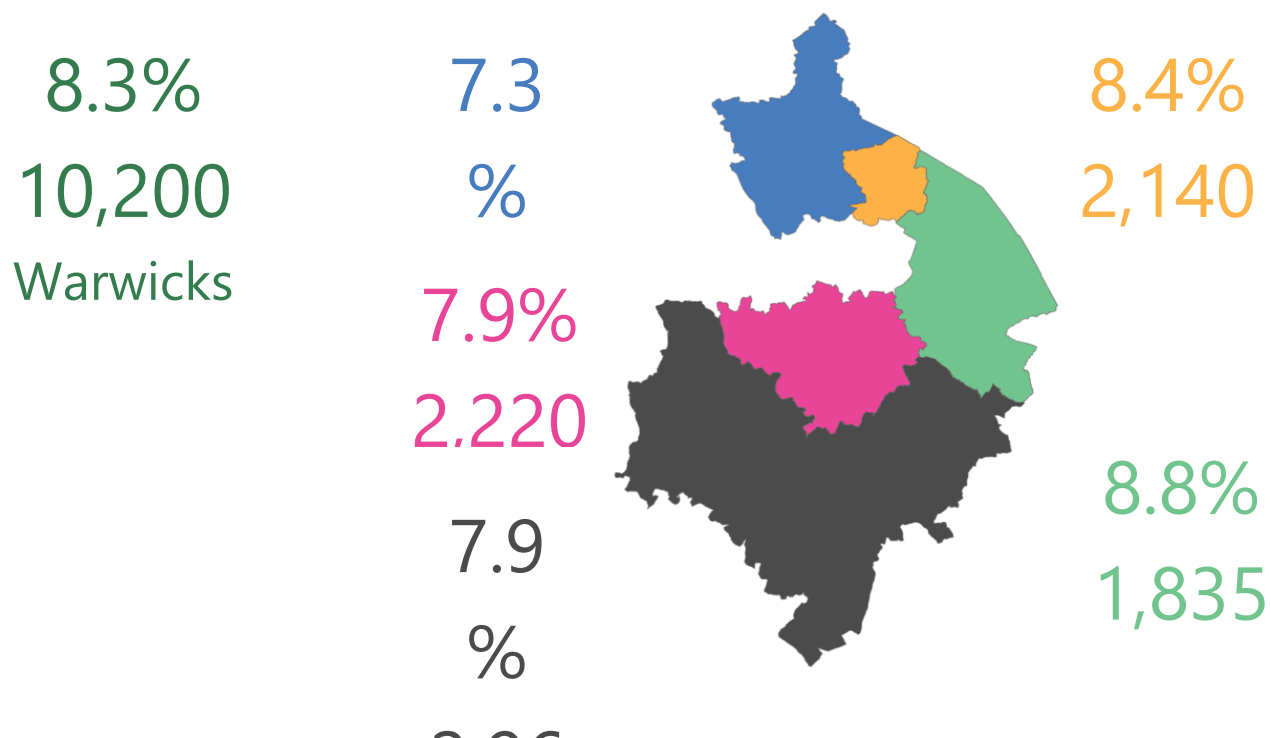
The distribution of veterans around the county is similar in terms of proportions although the volume varies.

²⁰⁴ 2021 Census accessed via [Custom Dataset](#) [accessed 6th September 2023]

²⁰⁵ 2021 Census accessed via [Custom Dataset Age, sex and UK armed forces indicator](#) [accessed 6th September 2023]

Figure 99: The distribution of veterans around the county is similar in terms of proportions, although the volume varies.

Distribution of veterans aged 65+ by proportion and volume by district/borough, 2021

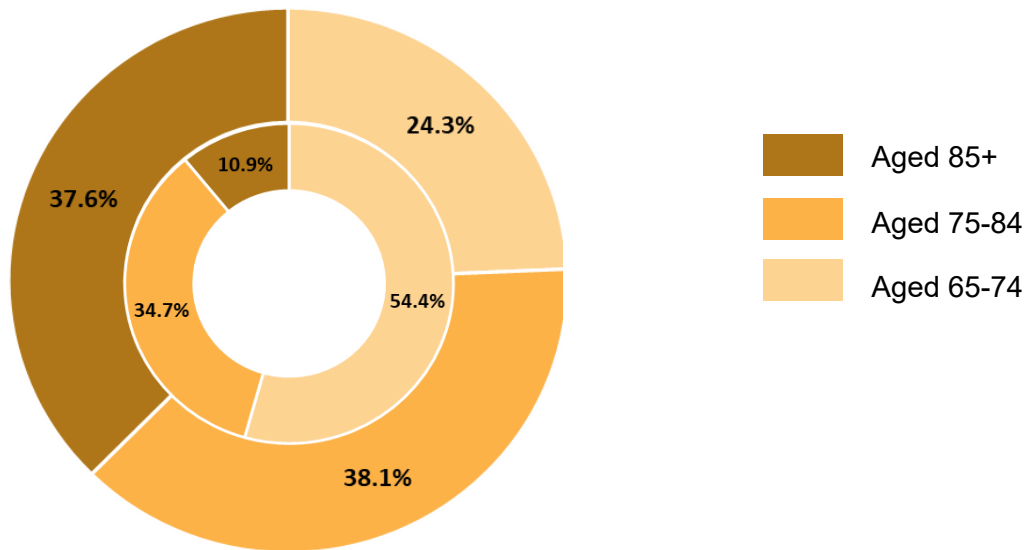


Source: 2021 Census²⁰⁶

The relatively high figure for veterans in the 65+ age group when compared to the general population reflects the post war period of national service for males aged 18–21 which ran from 1949–1963. It means a substantial number of males who are currently in their 80s have veteran status. It also explains the older age structure of veterans aged 65+ when compared to the general population aged 65+ who have not been in the UK armed forces. Additionally, it also reflects the size of the UK Armed Forces in the post-war period, operations around the globe, and the growth of the 'Cold War'.

²⁰⁶ 2021 Census [Table RM147 Veterans by age](#) [accessed via Nomis, 5th September 2023]

Figure 100: The age structure for veterans aged 65+ (outer ring) is older when compared to the general population aged 65+; there were a higher proportion of those aged 85+ (37.6%) in the veteran population when compared to non-veterans (10.9%).



Source: 2021 Census²⁰⁷

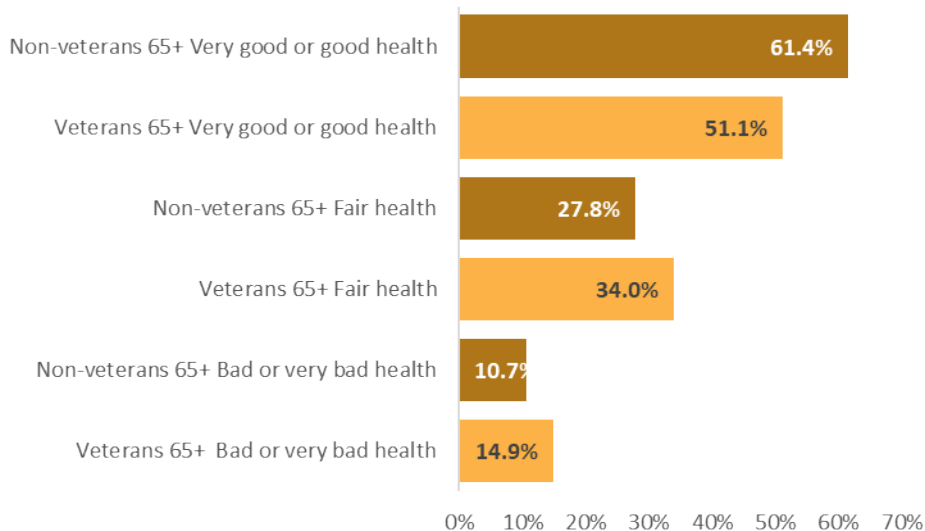
The majority (82%) of veterans aged 65+ had been in the regular UK armed forces and 13.2% had been in the reserve armed forces. The remainder had served in both (4.8%). There were slight differences between male and female veterans with the latter having a higher proportion who had been in reserve forces (18.0%); the majority had still been in regular UK armed forces.²⁰⁸

Veterans aged 65+ were less likely to report being in ‘very good or good health’ compared to their non-veteran counterparts – see Figure 103 below. However, this may reflect the older age structure of the veteran population with a higher proportion of people aged 85+.

²⁰⁷ 2021 Census [Table RM147 Veterans by age](#) [accessed via Nomis, 5th September 2023]

²⁰⁸ 2021 Census [Table RM147 Veterans by age](#) [accessed via Nomis, 5th September 2023]

Figure 101: Veterans in Warwickshire aged 65+ were less likely to report 'very good or good' health, 2021.



Source: 2021 Census²⁰⁹

Warwickshire County Council signed the Armed Forces Covenant in 2012 and has been a lead partner of the Coventry, Solihull and Warwickshire (CSW) Armed Forces Covenant partnership since then. The partnership is multi-agency with representatives from all local authorities as well as military units, military charities, the NHS, Police, and others. Warwickshire County Council has a dedicated Armed Forces Covenant Officer who works with partnership agencies and veterans to support this community.

The Armed Forces Covenant is how society recognises the unique obligations of, and sacrifices made by, the Armed Forces and Armed Forces community and provides support to them.

The Armed Forces Covenant is a promise by the nation that the Armed Forces community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most, such as the injured and bereaved.

The principles which underpin the covenant are:

1. The principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the Armed Forces.
2. The principle that special provision for service people may be justified by the effects on them of membership, or former membership, of the Armed Forces.

In broad terms, the Armed Forces community are all those currently servicing in the regulars or reserves, those who have previously served and their families.

²⁰⁹ 2021 Census accessed via [Custom dataset Age, General health and UK armed forces indicator](#) [accessed 6th September 2023]

The Armed Forces Act 2021 strengthened the covenant in legislation with respect to healthcare, education, and housing by setting out a new covenant legal duty. The Covenant Duty was enacted as of 22nd November 2022 and NHS, local authorities, and most schools now have to pay 'due regard' to the unique obligations and sacrifices of the Armed Forces community and the two principles which underpin the covenant.

Warwickshire is fortunate to have an independent charity run by and for veterans and their families. The Veterans Contact Point (VCP) is based in Nuneaton with additional outreach facilities in Atherstone, Dorden, and Warwick. A recent snapshot of cases on the VCP casework system revealed that out of 212 cases in a 12-month period on the VCP casework system, 72 (34%) have reported some health issues but they were not necessarily the reason why they came to the VCP for help.

More information can be found on Warwickshire County Council's Armed Forces Covenant [webpages](#).

RECOGNISING STRENGTHS AND TACKLING DISCRIMINATION

Two pieces of engagement work were undertaken for this JSNA to hear from residents about what was important to them and their experiences of growing older in Warwickshire:

1. a series of story circles (small group sessions) undertaken by Compassionate Communities (UHCW)
2. a survey on healthy ageing in Warwickshire.

Story circles are focus group-style sessions that create an opportunity for a group of people to come together and explore their experiences, learn from each other, and experience meaning. 10 sessions run around Warwickshire were fed into this JSNA. These were focused on four questions: what is important to you? What helps you to do those things? What are the barriers to those things? And is there anything else you'd like to say?

The Healthy Ageing in Warwickshire survey was live from August to mid-September 2023 on Ask Warwickshire and received 440 responses. The survey aimed to understand what is important to people as they get older, what people think about their local area as a place to grow older, experiences of access to health and care services, and experiences of attitudes to ageing.

Full reports on both engagement exercises can be found as appendices to this JSNA.

Many Warwickshire residents responding to the survey felt positively about their communities and living within Warwickshire: 51.8% of respondents rated their local area as excellent or good as a place to live for people as they get older, with only 13.9% saying poor or very poor.

Findings from the engagement have been included throughout the document where this links to specific sections. However, there remain themes that do not directly fit into the JSNA sections so far and these are highlighted in this chapter. These have a particular focus on the fifth principle in the healthy ageing consensus statement, challenging ageism in policy and practice. This chapter therefore covers:

- **Ageism and attitudes to older people:** engagement showed how ageism was felt by some participants in Warwickshire.
- **Autonomy and feeling heard:** respondents highlighted how having autonomy in life and feeling heard by others is important to them.
- **Relationships and communities:** there was a strong emphasis on the importance of relationships and community, with this ranking as one of the most important things in people's lives.
- **Health and social care:** there was praise for participants' experiences of health and social care, as well as concerns about barriers to accessing support.

AGEISM AND ATTITUDES TO OLDER PEOPLE

“Don’t just treat people by age – we are still the same person we have always been – it is important to remember this.”

Healthy Ageing in Warwickshire survey participant

The World Health Organization (WHO) defines ageism as the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) towards people based on their age.²¹⁰ Ageism can cause people to be excluded from society, and can lead people to limit their lives, their activities, and their aspirations, which can then impact their health and wellbeing.²¹¹

The Healthy Ageing in Warwickshire survey asked respondents whether they agreed or disagreed with different themes meeting the needs of older people in the local area. While “respect and inclusion within your community (e.g., positive attitudes towards older people, being treated with respect)” ranked second highest, with 50% of respondents strongly agreeing or agreeing, concerns about ageism were also raised related to the attitudes towards older people and the need to challenge discrimination based on age.

“Reduction in age stereotypes, use of more positive language around ageing, because at the minute it’s appalling.”

Healthy Ageing in Warwickshire survey participant answering the question what would make the local area a better place for people to live healthier, happier lives as they grow older.

There are three main types of ageism:²¹²

1. Institutional – when ageism appears in laws, rules, social norms, policies, and the practices of institutions.

“There are few positives to ageing in a society which does not value age, does not aspire to have older people at the heard of decision making, at the heart of activities.”

Healthy Ageing in Warwickshire survey participant

2. Interpersonal – when ageism appears in the interactions between individuals.

“Mentally I am still astute but physically I am slowing down, this results in tutting and sighing from people I hold up or delay. Fumbling with coins when my hands are cold, I have experienced eye rolling.”

Healthy Ageing in Warwickshire survey participant

3. Self-directed – when an individual internalises ageism due to repeated exposure. This leads to modification of their own thinking and behaviours.

²¹⁰ World Health Organization. *Ageing: Ageism*. <https://www.who.int/news-room/questions-and-answers/item/ageing-ageism> [accessed 6th November 2023].

²¹¹ Centre for Ageing Better. *Ageism: What’s the harm?*. Centre for Ageing Better. 2023

²¹² Centre for Ageing Better. *Ageism: What’s the harm?*. Centre for Ageing Better. 2023

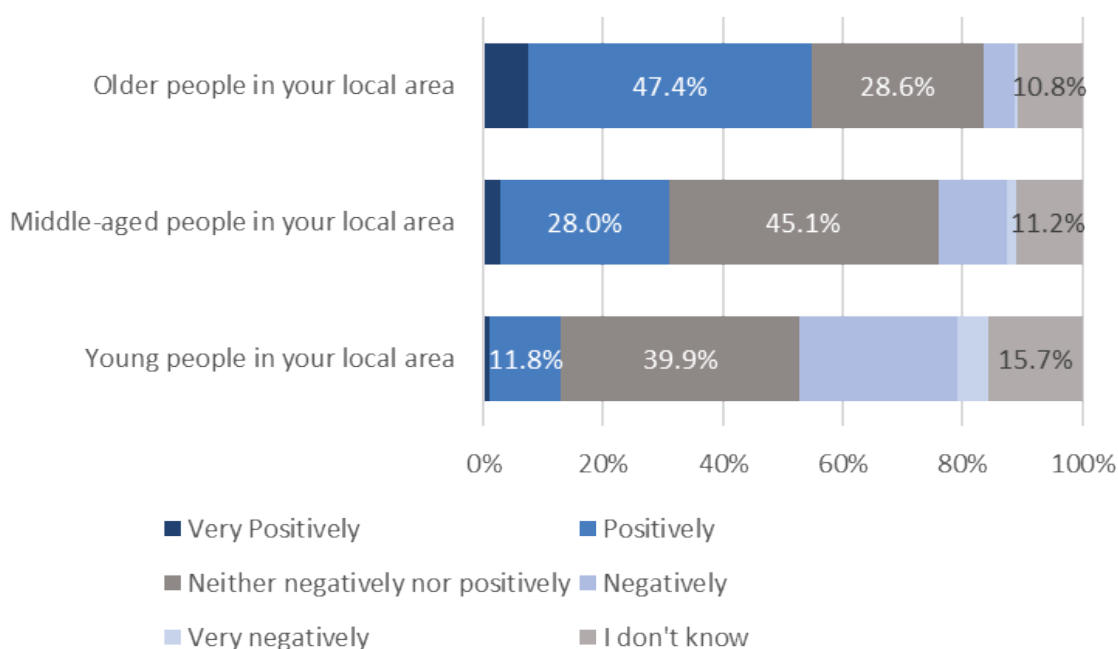
“Even though I’m relatively fit, active, do voluntary work, am a carer and actively seek out opportunities I’m made to feel “old”, surplus to requirements and struggle to find appropriate social and leisure activities.”

Healthy Ageing in Warwickshire survey participant

Respondents to the Healthy Ageing in Warwickshire survey were asked how they think older people are viewed by different groups. Figure 102 shows the responses, with respondents saying that older people viewed older people the most positively and young people viewed older people the least positively.

Figure 102: Respondents felt older people viewed older people most positively, with young people viewing older people the least positively.

Responses to the question “Overall, how do you think older people are viewed by the following groups?”



Source: Healthy Ageing in Warwickshire survey

“Young people impatient & inconsiderate in the street. Generally, no recognition of things taking a bit longer, memory, mobility etc deteriorating, energy reducing”

Healthy Ageing in Warwickshire survey respondent

While respondents said that young people viewed older people the least positively, with the relationship between older people and younger people being a regular theme in all engagement, the opportunity to do more intergenerationally and have younger people support older people was also highlighted.

“Would love to see younger people being encouraged to adopt older citizens in the community re technology.”

Healthy Ageing in Warwickshire survey respondent

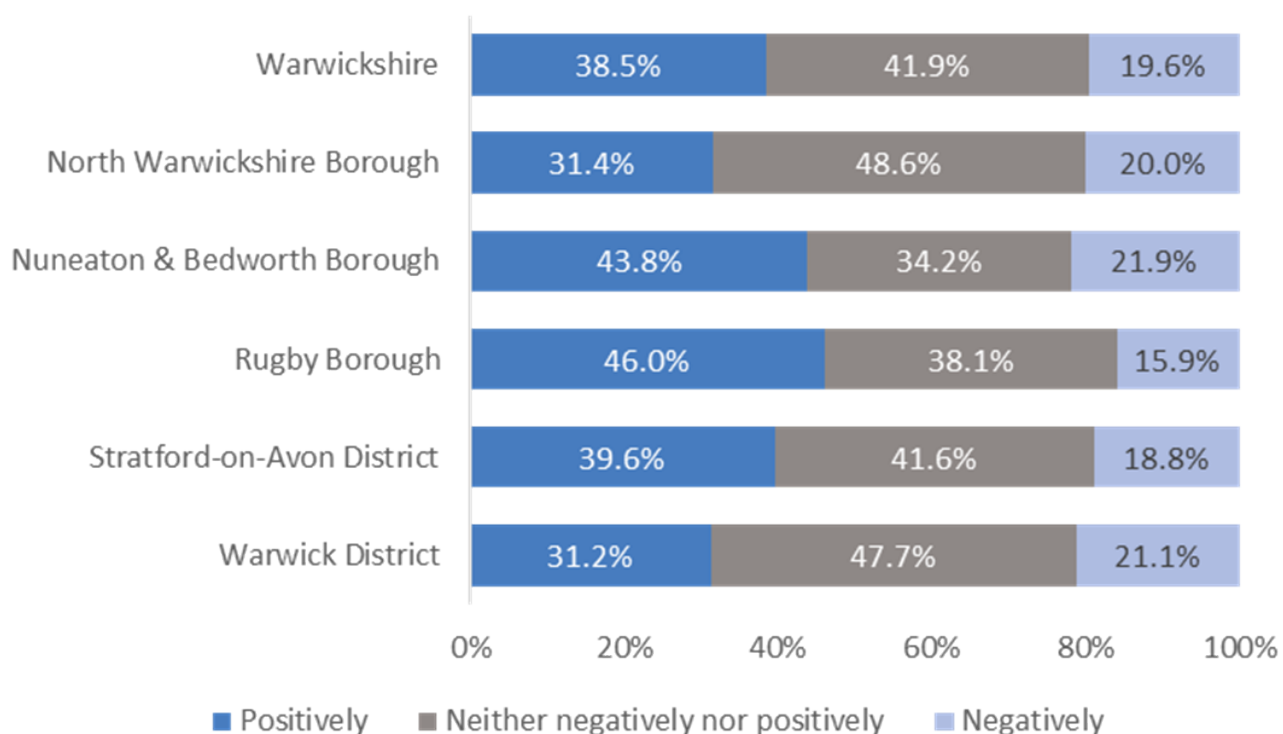
“We miss mixing with young people. Education and social care could interact more. This would be really beneficial for health and welfare”.

Story circles participant

The Healthy Ageing in Warwickshire survey also asked respondents how they viewed the process of ageing. As seen in Figure 103, across Warwickshire, 38.5% of respondents viewed it positively with 19.6% viewing it negatively. There was variation across district and boroughs, with the highest percentage viewing ageing positively in Rugby and the lowest percentage in Warwick. It should be noted that in all areas there was a large percentage responding ‘neither negatively nor positively’.

Figure 103: Overall, a higher percentage of respondents viewed the process of ageing positively compared to negatively, with variation across the district and boroughs.

Responses to the question “Overall, how do you view the process of ageing?”



Source: Healthy Ageing in Warwickshire survey

When asked about the perception of older people, many responses included an opinion about ageing. There was a wide variety of responses, with some being positive, some being mixed or neutral, and some being negative.

“To my big surprise I never felt more content than now that I’m 70! I feel settled and know what I want and have and love where I live.”

Healthy Ageing in Warwickshire survey respondent

“Ageing is part of life which I accept so I view ageing as neither negative nor positive”

Healthy Ageing in Warwickshire survey respondent

“Getting older is not great! Often feel ignored and side-lined but I take the view that it’s up to me to try and get involved in things, try to keep fit and manage my health conditions, fortunately I am able to do this.”

Healthy Ageing in Warwickshire survey respondent

The media was thought to have the least positive views about older people in the Healthy Ageing in Warwickshire survey, with only 5.8% saying the media viewed older people either very positively or positively. Concerns about language used in the media, and the perceived focus on younger people exacerbating the generational divide were highlighted.

“The “bed blocking” type terms used by NHS, media and society – I loath[e] those kind of references to elderly patients in NHS beds- they are patient its an occupied bed!”

Healthy Ageing in Warwickshire survey respondent

“The media doesn’t support growing old gracefully, healthy and happy – it’s all about the young/middle aged and how Baby Boomers (me!) are well off retirees who live their best life with no thought to those younger; nothing could be further from the truth”

Healthy Ageing in Warwickshire survey respondent

“I think there is a generational war being promoted in the media with older people being viewed as having had an easy and affluent life (I wish!) and now living a self indulgent existence while younger people struggle. It also tends to promote the view of older people as being a drain on society and on the health services, yet I am busy doing voluntary work in my retirement like a lot of people I know.”

Healthy Ageing in Warwickshire survey respondent

AUTONOMY AND FEELING HEARD

The importance of having autonomy and feeling heard were both themes that came out from engagement, with being able to do things independently being ranked third highest for what was most important to help with living a healthier and happier life as they grow older.

Themes on autonomy included the importance of having autonomy due to being in good health, the impact of disability on an individual’s autonomy, and the importance of keeping active and having a wide range of interests and activities.

“I am lucky to currently have good mental and physical health which allows me to take part in a wide range of activities.”

Healthy Ageing in Warwickshire survey respondent

“I have mobility problems and live alone. It is vital to have a positive approach to keeping as fit as I can or my quality of life would disintegrate very quickly”

Healthy Ageing in Warwickshire survey respondent

“Although I live on my own, I have done so for most of my adult life. I like my own company and can cook. I have many interests both academic and non-academic. I keep busy.”

Healthy Ageing in Warwickshire survey respondent

Feeling heard in different contexts was highlighted as a theme in both engagement activities. Several survey respondents and story circles participants expressed feeling forgotten or unheard, including feeling unheard in decision making, ignored when discussing medical information, and experiencing negative attitudes from others within society.

“To be consulted with and for those voices to be taken into account in local decision making.”

Story circles participant answering the question “what is important to you?”

“People sometimes do not address the older/more poorly looking person but talk via a relative. They can feel ignored and unimportant.”

Story circles participant

“Most of the elderly are just being ignored”

Healthy Ageing in Warwickshire survey respondent

RELATIONSHIPS AND COMMUNITIES

Relationships and communities were themes that came out strongly as being important and supportive to older people from both engagement activities. In the Healthy Ageing in Warwickshire survey, spending time with friends or family ranked highest for what was most important to help with living a healthier and happier life as they grow older, and social participation ranked highest when agreeing or disagreeing that different themes met the needs of older people in the local area, with 50.6% strongly agreeing or agreeing.

“Most people are very good to older residents, there are groups that offer social support.”

Healthy Ageing in Warwickshire survey respondent

Some issues were raised, with participants saying that:

- They would like more facilities for socialising.

“Hardly any facilities for socialising.”
Healthy Ageing in Warwickshire survey respondent

- There is a need for more support for older people who identify as LGBTQ+.

“Inclusion – there is very little for LGBT and this seems spoken about a lot by teenagers but there is not the support for older people who are trans or non-binary. This is needed as is more support with mental health.”
Healthy Ageing in Warwickshire survey respondent

- There is a need to make the local area feel safer, including an increased police presence.

“More police on the beat. Feel very vulnerable with the amount of alcohol & drugs on the streets with young people hanging around.”
Healthy Ageing in Warwickshire survey respondent

- Intergenerational relationships could be improved.

“Young people have their own agenda as well they should. But they ignore my saying good morning to them when I am out walking which makes me feel sad”.
Healthy Ageing in Warwickshire survey respondent

- Society should value the wisdom from older people more.

“We are a society which values youth and perceived vitality, not wisdom. Value of an individual relates to current financial contributions to society, with a side glance at “entertainment value.”
Healthy Ageing in Warwickshire survey respondent

Strengths within relationships and communities were also highlighted, including:

- The benefits given by having strong community relationships.

“My village has an active self support for older community members. Run by pensioners for pensioners. They do an amazing thing by giving the older residents a great social life in an essentially isolated village with little or no remaining services.”
Healthy Ageing in Warwickshire survey respondent

- Having community groups and activities that encourage older people to participate.

“There are several local groups that actively encourage older people to join. I am a member of Alcester Male Voice Choir which I enjoy very much.”
Healthy Ageing in Warwickshire survey respondent

- The support local religious groups give to their communities.

“Being connected to a church helps to form social contact & therefore important to ensure community halls are care for & used.”

Healthy Ageing in Warwickshire survey respondent

THEMES FROM ENGAGEMENT ON HEALTH AND CARE SERVICES

Health care

Maintaining health both physical and mental health has been highlighted as a key priority in the engagement.

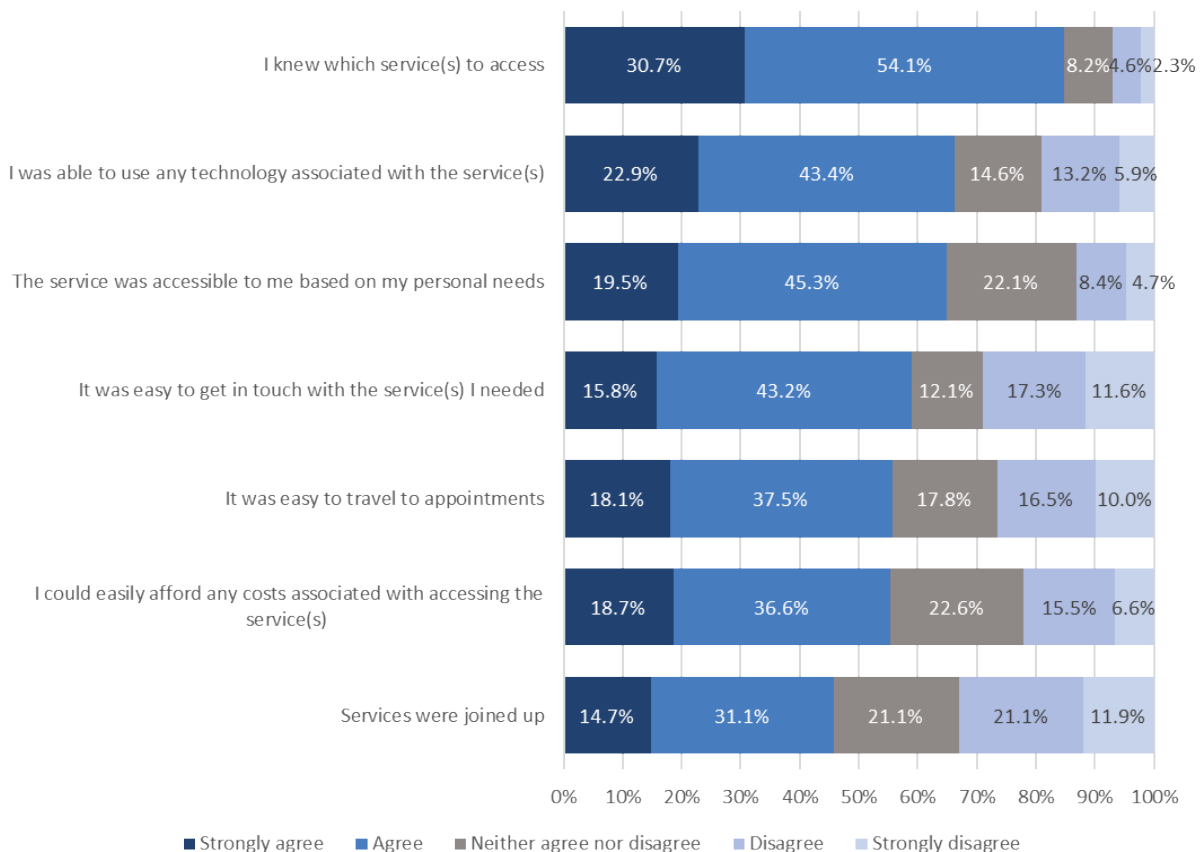
“..make sure there is a support network of healthcare”

Story circles participant in response to “What one change, if anything, would make your local area a better place for people to live healthier, happier lives as they grow older?”

84.1% of people within the survey were aware of which health services could be accessed but there were greater concerns with access to the services.

Figure 104: 84.1% of people within the survey were aware of which health services could be accessed but there were greater concerns with access to the services.

In response to “Thinking about health services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?”



Source: Healthy Ageing in Warwickshire survey

For many of the respondents, there were positive responses to the above statements, especially in terms of knowledge of services. However, accessibility was a regular concern from respondents. In terms of access to healthcare services the main concerns were centred around the technological access and the difficulties within transport and travel to access healthcare. Most people were positive about in-person interactions with healthcare professionals.

“Our local pharmacist is brilliant and very helpful towards the elderly.”

Healthy Ageing in Warwickshire survey respondent

“Doctors surgery is very good despite rather difficult getting appointments. When once getting an appointment all the doctors are very caring and helpful.”

Healthy Ageing in Warwickshire survey respondent

Some respondents expressed a dissatisfaction with the difficulty in reaching a health professional and the move to telephone consultations. For some respondents this had made them lose confidence with the healthcare services and in some cases had left people feeling so disheartened that they avoid reaching out for help in the first place.

“Because I hear so much how difficult it is to access GP service, I put up with health issues rather than seek help.”

Healthy Ageing in Warwickshire survey respondent

Furthermore, many residents highlighted transport and travel could hamper access to healthcare. For some the cost of the car parks and travel was an issue.

Just over 33% of residents felt that health services were not joined up and presented this as an issue within healthcare.

“Too many separate letters from different departments who clearly don't "speak" to each other.”

Healthy Ageing in Warwickshire resident survey respondent

“I am beginning to think that there are many services out there that are supported by WCC but appear to work in isolation, when there needs to be a more joined up approach.”

Healthy Ageing in Warwickshire survey respondent

The importance of autonomy over one's health and life was highlighted by several respondents. Some expressed feeling ignored and disappointed with services. For some there is a sense of ageism within healthcare and similarly also in social care.

“Health and care services think we are a drain on resources and sometimes push us to one side because of age.”

Healthy Ageing in Warwickshire survey respondent

Social care

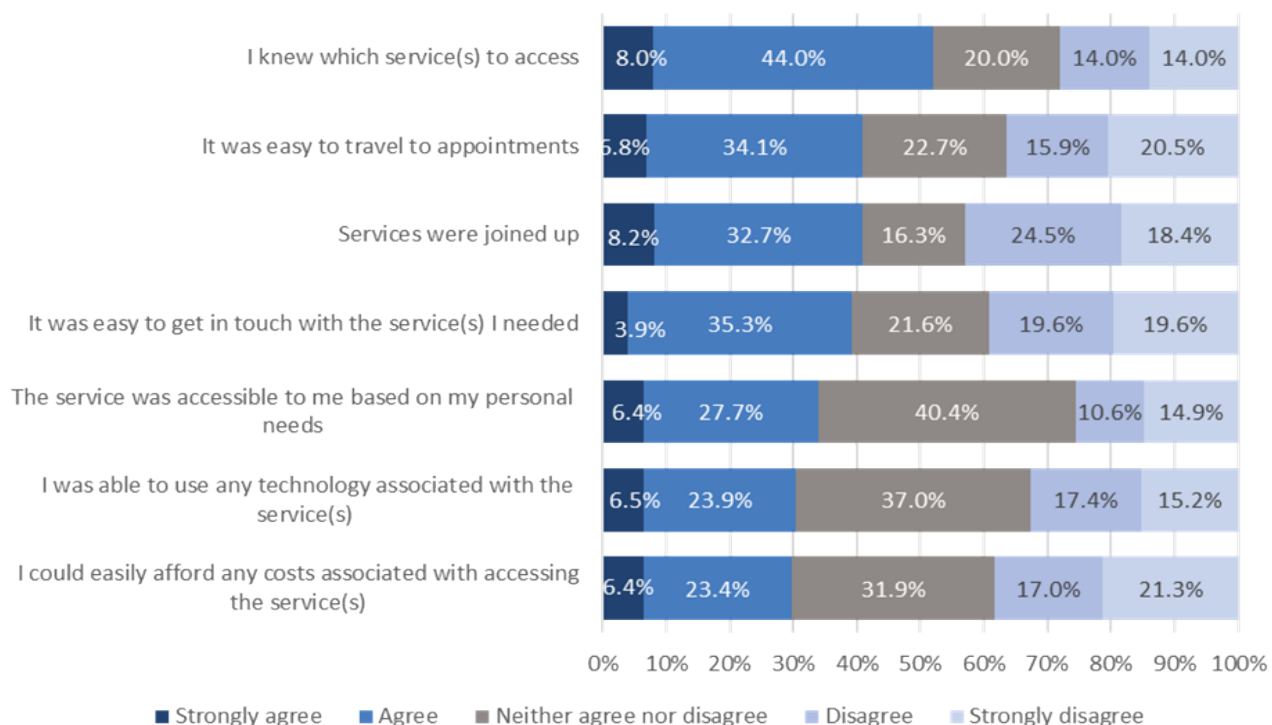
“What I really do worry about is the next 10 years and the severe lack of social care services available. I do not own property and I do not have savings - where will I go, how will I be treated, what will happen to me? I do not have a family network. This is my biggest worry and barrier to living a longer, happier and healthier life.”

Healthy Ageing in Warwickshire survey respondent

In general, there were fewer respondents when discussing social care, with only 11.1% of the survey respondents having accessed social care.

Figure 105: Like health care, people felt aware of the social care services available but had concerns with accessing social care and increasingly the cost of social care was an area of concern.

In response to “Thinking about care services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?”



Source: Healthy Ageing in Warwickshire survey

Like health care, people felt aware of the social care services available but had concerns with accessing social care and increasingly the cost of social care was an area of concern.

While comments regarding social care were limited there were concerns raised with navigating the care system, problems with waiting times for care services, and difficulty with overall access to social care. Some felt there was a greater need for more free care services and a greater call for local providers.

“We have lost the art of respite and recuperation after illness/healthcare procedures. It’s important to have facilities for recovery at a local level – cottage hospitals – near home, and near those who can support. But these are being taken away.”

Story circles participant

“I am scared about getting older because of the increased risk of poor health, and my fear that access to adequate health care and social care will be insufficient. Health and social care in the UK is in crisis already, and I’m afraid of the future.”

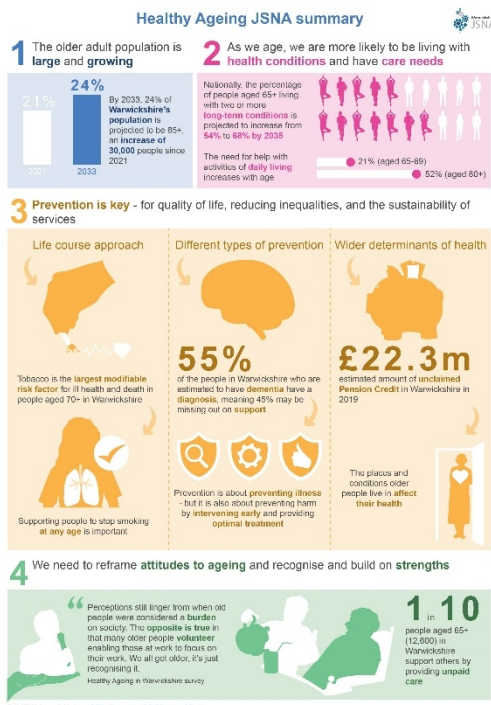
Healthy Ageing in Warwickshire survey respondent

CONCLUSIONS

This JSNA provides an evidence base for commissioners, services and others on the health and care needs of older adults in Warwickshire, to support older Warwickshire residents:

- to live happy, healthy lives
- to feel supported by the places and communities they live in as they get older, and
- for health not to act as a barrier for people to do what is important to them.

The recommendations from this JSNA can be found at the start of this document. The key strategic messages are:



1. The older adult population is large and growing

Older adults make up an important part of Warwickshire's population and people aged 65 and above are projected to account for almost one in four Warwickshire residents in 2033.

2. As we age, we are more likely to be living with health conditions and have care needs

However, we know that among people aged 80+ nationally, almost half do not require help with activities of daily living. Nonetheless, at a population level, we need to plan for these services, and consider how the ageing population may affect demand.

3. Prevention is key – for quality of life, reducing inequalities, and the sustainability of services

A prevention approach is key. This is at multiple levels and will involve multiple actors.

- As part of this, we need to think across the **whole life course** – our early lives affect our later years, but it's never too late to make a change.
- This is more than **prevention** as we might normally think about it (**primary prevention**, such as preventing heart attacks or strokes), but also **early identification and intervention and optimal management**.
- This also needs to consider how the **places and conditions in which people live** affect their health. This will help us address inequalities, given the many associations between deprivation and poorer health outcomes.

4. We need to reframe attitudes to ageing and recognise and build on strengths

Older people's lives are not defined by ill health and service use, and we need to ensure that this focus on the ageing population and health and care services does not have the inadvertent effect of presenting older people as a burden.

- We need to reframe **attitudes to ageing** and older people, including tackling ageism.
- We need to recognise **strengths** and support and build on these (e.g. volunteering).