Ageing Well in Tameside Needs Assessment

An analysis for Tameside Public Health, Social Care and Healthcare partners

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population • health • social care
strategy FOR CHANGE

Contents

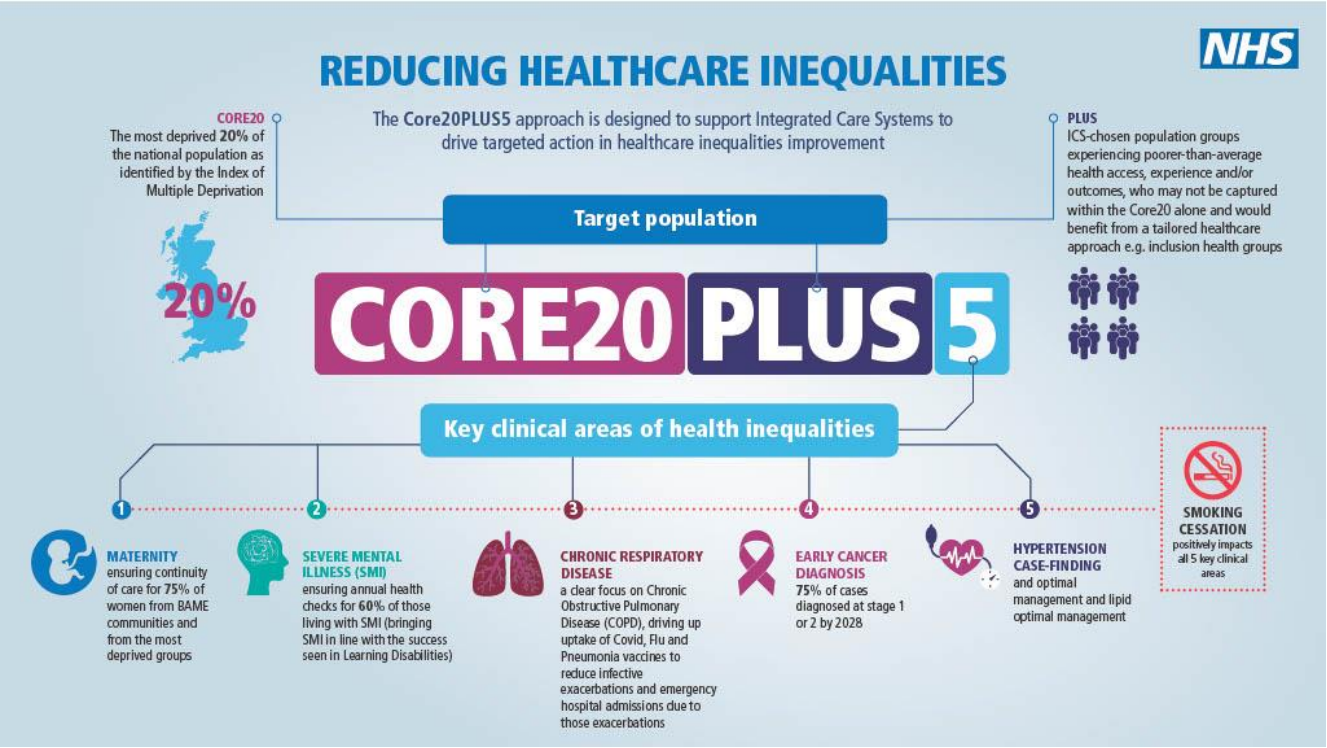
Background and local context

National priorities and policies

Population ageing and the challenges and opportunities this poses for individuals and society have been recognised by the UK Government for over a decade as requiring both a policy and a wider societal response. One of the biggest challenges associated with a growing population aged 65+ is often discussed in terms of the level of demand placed on public services, especially the NHS and Adult Social Care, because of the physical and cognitive/neurological health changes that can occur and accelerate as we age. This includes a greater risk of developing health issues like heart disease, cancer and dementia, as well as changes in independence, mobility or disability, including falls and fractures.

Some of the current national policies of the NHS including the Long Term Plan and the Core20Plus5 approach[i], and the continued drive towards structural and service integration across health and social care, reflect the need to respond differently to both ageing, and the health inequalities that will see some adults experiencing and living with circumstances and conditions that will significantly affect their quality of later life and may lead to a reduced life expectancy. This includes identifying and treating common health conditions, but also recognises the vital importance of 'inclusion health'. This means that adults who are commonly socially excluded, many of whom will have experienced multiple health risk factors like poverty, complex trauma, domestic violence or discrimination, receive the same support and care as the rest of the population.

Source: NHS England, reference as (i)



However, in the last 10 years+ our understanding of what contributes to a positive experience of ageing and how to age well with a good quality of life has also evolved and now includes an appreciation that wellbeing in later life is influenced by a broad range of characteristics, factors and experiences which go beyond a traditional understanding of health. The research and analysis for this Ageing Well Needs Assessment suggests that for Tameside residents, some of the most influential 'determinants' of a good later life might include:

- ✓ Having a strong social network
- ✓ Secure employment up to retirement age
- ✓ Accessing financial and practical support if you are a carer
- ✓ High quality information and advice tailored to adults aged 50+
- ✓ Access to public transport
- ✓ Digital awareness and confidence
- ✓ Support to navigate the local health and social care system
- ✓ A better awareness of emotional and mental health in later life
- ✓ Having a wider choice of affordable housing options

The Care Act 2014, the piece of legislation that sets out the legal framework for Adult Social Care in England, was an early adopter of this holistic way of thinking about independence and quality of life, with a focus on wellbeing and person-centred support. Although the Care Act focuses particularly on adults with specific care and support needs - including adults aged 65+, adults living with learning disabilities, autism or a serious mental health issue, adults with physical and sensory disabilities, and the friends and family that provide unpaid care to them - it also describes the responsibilities of local authorities to their adult communities generally, including to:

- Promote individual wellbeing
- Prevent the need for care and support
- Provide information and advice
- Promote diversity and quality in the provision of services
- Promote integration of care and support with health services
- Develop the independent social care market

For adults with care and support needs, and carers, this also includes assessing and support planning to enable an individual's care and support needs to be met and to maximise their quality of life and ability to live independently, either as a short-term measure or to meet a long-term need. Some adults may also be eligible to receive publicly-funded social care.

In Spring 2022, the Department of Health and Social Care published '*People at the Heart of Care: adult social care reform*' [ii] which sets out a 10-year vision for adult social care and re-emphasises the focus on prevention, wellbeing, choice and person-centred care originally put forward in the Care Act.

Some of the Government's priorities for investment over the next 3 years reflect these aims:

- **increasing the range of new supported housing options available**
- **redesigning support for unpaid carers**
- **new ways to help people understand and access available care and support**
- optimising the use of digital care tools and technology to improve independent living and care quality
- practical services to enable minor home repairs and adaptations, alongside a higher upper limit of the Disabilities Facilities Grant (DFG) to allow more significant home adaptations like stairlifts, wet rooms and home technologies
- innovation and individualisation in the way care and support is provided

The first 3 of these Government priorities particularly resonate with the findings of this ageing well needs assessment for Tameside.

Covid context & economic climate

No analysis of ageing well in 2022 would be complete without reference to the impact of the Covid-19 pandemic and the current cost-of-living crisis, both of which will have a compounding effect on many of the barriers and challenges to ageing well with a good quality of life that are referenced in this assessment.

Whilst the direct and indirect after-effects of Covid-19 may be most likely to be seen amongst the older-old and those whose health or wellbeing was already compromised, stark increases in the day-to-day cost-of-living is likely to have a whole population effect in a community which is already socio-economically disadvantaged.

The Tameside community

Understanding the profile or characteristics of the Tameside older adult population is an important starting point to interpret the factors that may affect ageing in this community.

Data drawn from the Office For Health Improvement and Disparities (OHID) Productive Healthy Ageing Profile[iii] tool suggest that Tameside differs from both England and its nearest CIPFA neighbours (a [1]comparative group of Local Authorities which share similarities and therefore create a good basis for

comparison) in a number of ways that may be significant for ageing and can inform forward planning to meet population health and care needs.

There are just under 40,000 adults aged 65 and over living in Tameside (39,976) and a further 45,878 adults in the 50-64 age range. The 60+ population in Tameside (at each 5-year banding e.g. 60-64, 65-69 etc) is typically slightly smaller than the comparative age ranges in England as a whole and also compared to Tameside's CIPFA nearest neighbours. However, the 50-59 population in Tameside is comparatively larger than both England and it's comparator neighbours. This has implications for demands on health and social care as these younger-old adults age, but there is also an opportunity to promote prevention and the early identification of illness, and support healthy ageing generally, by positively targeting adults who are currently aged 50-59. There are currently 32,724 adults in the 50-59 age range and across the whole of the Tameside population this is the largest age group.[iv]

In relation to projecting the older population of Tameside over the next 21 years, the over 80 year old and over 90 year old population is expected to increase by 69% and 92% respectively. The over 65 population is also expected to increase by nearly 20%. This is in contrast to other age groups which see much smaller growth, see the below tables[v].

Key Dates and Age Bands -
Numbers of the Population

Year	0-14	16-64	50+	65+	80+	90+
2018	42,911	98,003	44,572	30,098	8,181	1,432
2020	43,447	97,808	45,834	30,499	8,501	1,468
2022	43,665	97,953	46,628	31,246	8,743	1,456
2025	43,298	99,914	46,068	32,027	9,651	1,505
2030	42,169	103,846	43,138	33,916	11,689	1,755
2035	42,297	105,238	42,186	36,834	11,980	2,090
2040	43,659	105,351	43,775	37,272	12,489	2,703
2043	44,688	105,126	45,867	35,882	13,785	2,752

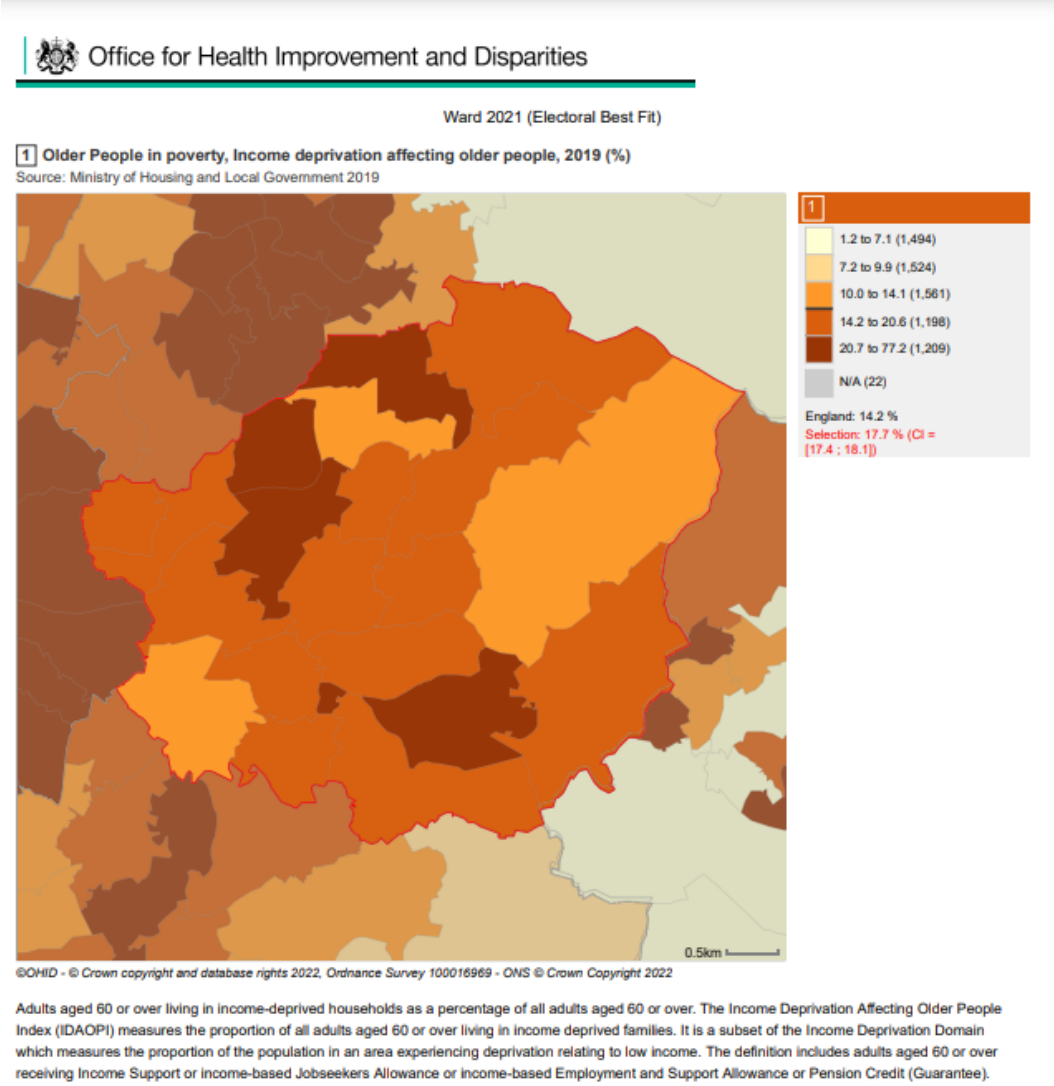
Percentage Growth of Persons -
When compared to 2018

Year	0-14	16-64	50+	65+	80+	90+
2018	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2020	1.2%	-0.2%	2.8%	1.3%	3.9%	2.5%
2022	1.8%	-0.1%	4.6%	3.8%	6.9%	1.7%
2025	0.9%	1.9%	3.4%	6.4%	18.0%	5.1%
2030	-1.7%	6.0%	-3.2%	12.7%	42.9%	22.5%
2035	-1.4%	7.4%	-5.4%	22.4%	46.4%	45.9%
2040	1.7%	7.5%	-1.8%	23.8%	52.7%	88.7%
2043	4.1%	7.3%	2.9%	19.2%	68.5%	92.2%

When looking at the gender split of the population projections this identifies that the male population especially in the over 80 and 90 year olds is expected to grow by 80% and 165% respectively. This is in contrast to females who are only expected to increase over these age groups by 55% and 58% respectively, therefore although a large growth, a growth that is much slower. When Tameside is compared to the England average, the projected growth especially in the over 80 and 90 year old age

groups is at a slightly higher level for the overall population at 75% and 108% and for females in particular the over 80's are projected to grow by 66% and over 90's by 84%. Males on the other hand are at a similar level of projected growth to the Tameside average with over 80's by 86% and over 90's by 160%.

The levels of disadvantage and socio-economic deprivation, as measured by the Index of Multiple Deprivation 2019, show that Tameside has relatively high levels of economic disadvantage across the community as a whole and falls within the group of Local Authorities that are the most disadvantaged in England. It is now possible to understand how this affects older adults specifically through a new national measure of income deprivation/poverty affecting adults aged 60+.



The Tameside graphic above shows that across the 60+ population there is relatively broad economic disadvantage across the borough, with only the wards of Stalybridge, Denton West and Ashton Hurst being lower than the England average. This equates to 8,935 60+ adults (as at 2019) experiencing a degree of income deprivation and may reasonably be expected to rise in the current financial climate.

However, the most pronounced levels of income deprivation in later life are seen in the following wards:

Ward	% of the total 60+ ward population living with income deprivation	Estimated number of 60+ adults
St Peter's	35.5%	759
Hyde Godley	25.5%	603
Ashton Waterloo	21.7%	559

The topic of financial security will be explored in greater detail in the chapter on 'Economic wellbeing and work'.

In terms of where older adults tend to live, adults aged 50-64 total 45,856 and represent just over a fifth of Tameside's total population and as such people in this age group would be expected to live in broad distribution across the borough as a whole and this is largely the case. For the 65-84 age group (35,636 adults) this pattern shifts to some degree, with comparatively more adults of this age living in the south and east of the borough (Denton West, North East and South; Hyde Werneth, Longendale and Stalybridge South wards) and in Ashton Hurst. The ward with the highest density of adults aged 65+ is Dukinfield/Stalybridge at 22.2% of the ward population. The 85+ population, although much smaller overall at an estimated 4,340 adults, is also well-distributed across Tameside with slightly higher concentrations of adults in this age group living in Denton West, Duckinfield Stalybridge and Hyde Werneth. However, 85+ adults still only represent 3% or less of the total population of those wards.

One of the most striking differences between Tameside and its comparators is the proportion of adults aged 65+ that live alone. This is especially important for ageing because social isolation, loneliness and higher levels of deprivation are associated with living alone in later life, alongside worse mental and physical health (OHID). The implications of proportionally more Tameside adults 65+ living alone will be discussed in later chapters of this report, relating to social isolation and also housing.

As the graphic below shows, in all but 3 of Tameside's wards (Stalybridge South, Hyde Werneth and Ashton Hurst) the percentage of people aged 65+ living alone exceeds 31.5% of that age group in all other wards and is higher than the English average. Within its CIPFA comparison group of 15 similar local authorities, Tameside also has the highest proportion of adults of this age living alone, an estimate of somewhere between 12-14,000 adults and around 35-36% of the 65+ population. A number of wards exceed this average as this table shows:

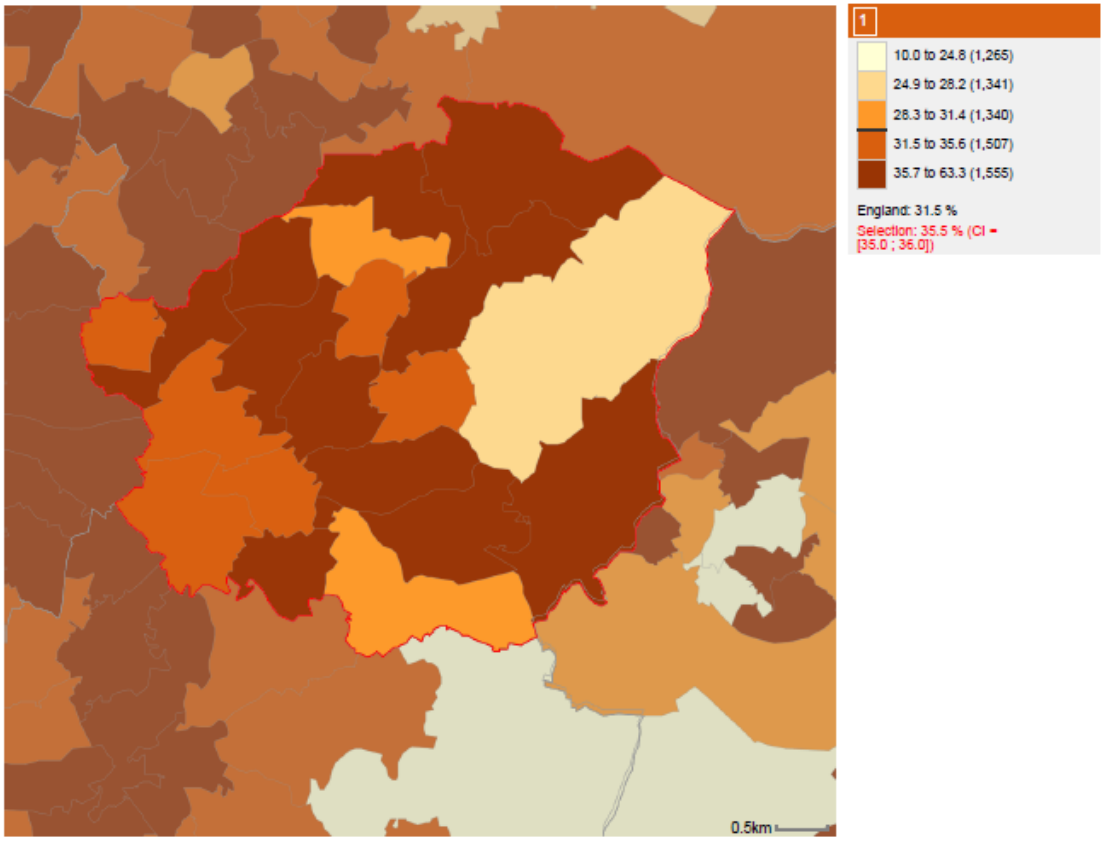
Ward	% of the total 65+ ward population living alone
St Peter's	41.5%
Droylsden East	40.5%
Hyde Godley	39.2%
Longendale	38.2%
Ashton Waterloo	37.5%

Office for Health Improvement and Disparities

Ward 2021 (Electoral Best Fit)

1 Older people living alone, percentage of people aged 65 and over who are living alone, 2011 (%)

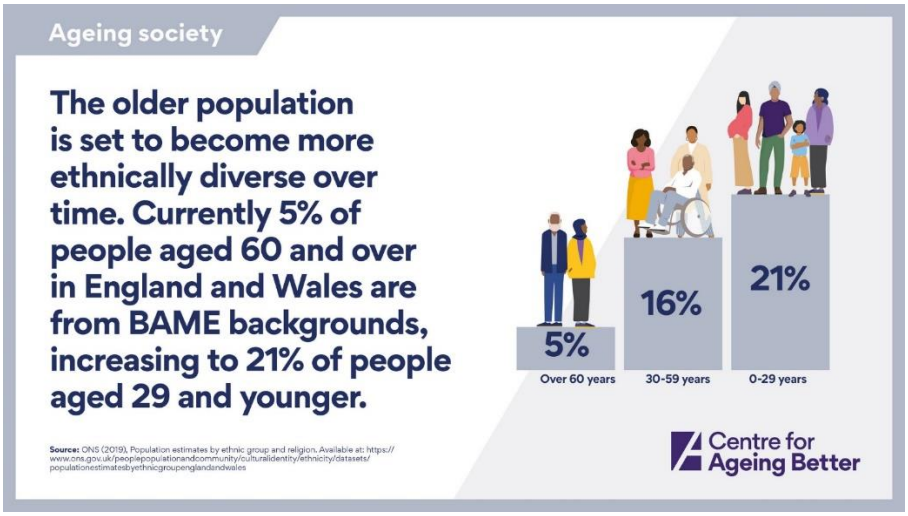
Source: Office for National Statistics (ONS) Census 2011



Social isolation, loneliness and higher levels of deprivation are all linked with pensioners who live alone. There is a clear link between loneliness and poor mental and physical health. Although the links between isolation and loneliness are complex, for older people there is a strong correlation between isolation and loneliness Year of data: 2011 Year(s) Range: 1

Although this data is based on the 2011 census, the census 2021 has indicated a growth trend in the number of households in most regions of England and in Tameside numbers of households (a home with 1+ people) have grown by 4.8% between 2011 and 2021. [vi] This creates the possibility that the numbers of older adults living alone may have increased further.

Across this range of population data there is a notable correlation between income deprivation and living alone, with the wards of St Peter's, Hyde Godley and Ashton Waterloo seeing some of the highest levels of both. This points towards the older adults living in these wards being more vulnerable to some of the social factors that negatively impact quality of life and the experience of ageing and may lead to earlier onset of physical and mental health issues that can commonly occur in later life.



Data around ethnicity and ageing is still evolving nationally and there is a recognition that many population studies of ageing still do not have large enough sample sizes to make confident judgements about ageing relating to members of any ethnic minority community settled in the UK. Tameside's ethnic minority population stands at around 17,100. Using Centre For Ageing Better (CFAB) analysis and ONS population estimates (above), around 5% of the ethnic minority population in England and Wales is likely to be aged 60+, this equates to 855 adults in Tameside.

Although these numbers are currently low, it is important to ensure that health and care services are culturally aware and offer appropriate support to older adults, especially where English is their second language. OHID data would suggest that non-White ethnic minority communities in Tameside, which are predominantly South Asian communities, are concentrated in the north and central wards of the borough, including St Peter's, Ashton Waterloo, Ashton Hurst, Ashton St Michael's and in the south of the borough Hyde Werneth. Residents who 'cannot speak English well or at all' are also concentrated in the same wards, with the exception of Ashton Hurst. Although this data does not relate directly to older adults, the correlation with two of the wards already referred to above – St Peter's and Ashton Waterloo – should be taken account of in considering South Asian elders who may be more likely to be living within socio-economically struggling families, which may in turn limit their capacity to age well.

Because this analysis also goes onto look at specific groups of adults who have additional needs or vulnerabilities, their circumstances also need to be seen in the broader social and economic context of Tameside as a place to live. For example, adults with disabilities are generally more affected by unemployment than the general population, so it is important to consider how this plays out in Tameside given the general conditions for employment and rates of unemployment. Further chapters of this report will indicate where either data or reasonable assumption may suggest that adults with additional needs and those accessing adult social care could be more significantly impacted or disadvantaged by Tameside's social and economic context.

Key findings

1. Health inequalities at a whole population level, driven in large part by the socio-economic profile of Tameside, are a significant challenge to ageing well for those in late adulthood still of a working age (c. 50 – 64), adults in the mid-stages of ageing (65 – 79) and those in very late life (80+). Income deprivation in the 60+ age group is highly concentrated in some Wards (St Peter's, Hyde Godley and Ashton Waterloo) but affects many parts of the community to a lesser degree
2. By the time they have reached retirement age (65-67), some adults will already be prematurely affected by the signs of ageing, and adults in the 50+ pre-retirement age range appear to experience a broad range of mental health and physical health problems, including disabilities
3. Adults in very late life (80+) would seem to have slightly better health outcomes than their younger counterparts based on available data, however, intuitively the impact of the pandemic is more likely to have affected this age group but may not yet be evident. Older-old adults are known to be more impacted by excess winter deaths, so the current fuel and cost-of-living crisis may be expected to pose a much greater immediate risk for the health and wellbeing of older-old adults, especially in the winter months
4. There are aspects of Tameside's demographic, social and family structures which may affect the way that older adults age, as well as future service planning. In particular, Tameside has a larger than average population aged 50-59 and this is the largest age group in the borough. In addition, in all but 3 of Tameside's wards (Stalybridge South, Hyde Werneth and Ashton Hurst) the percentage of people aged 65+ living alone exceeds 31.5% of that age group, which implies that relatively high numbers of older adults are living on a single income/pension.
5. Some older adults in Tameside (St Peter's and to a slightly lesser extent Hyde Godley) are simultaneously at an increased risk of living alone, being income deprived and facing fuel poverty, which in combination may have a pronounced impact on their ability to age well, especially in the current economic climate
6. There are also other less visible health inequalities affecting adults with physical, sensory and learning disabilities, autism, those with a serious mental health problem, or experiencing multiple complex disadvantage, which can be compounded by social exclusion or discrimination
7. Unpaid carers in Tameside face the challenge of caring for family members who often cannot afford to pay for additional formal care as they get older, which increases their caring responsibilities whilst also trying to look after their own families and maintain their jobs and livelihoods. There is potential evidence that state benefits and allowances for carers of a working age may be under-claimed

8. There is evidence of some intersectional correlation with age, meaning that women, people from an ethnic minority community and people with disabilities may have a significantly worse experience of ageing in Tameside, often linked to the earlier presentation of ill-health and disability
9. The suitability of housing stock and homes in Tameside that support a good experience of ageing, with the flexibility to move to different accommodation as needs change, appears to be limited. There is currently minimal housing with support accommodation for older adults (although there are plans to address this) and low-income owner-occupiers in particular may need support with the cost of adapting their homes, if moving is unaffordable
10. Whilst the increased digitisation of public and private services may be an advantage for some, it is more likely to exclude older adults from accessing the services they may need, at a time of life when they might need them most. There is evidence of a digital skills gap in Tameside (and nationally), potentially from late adulthood onwards
11. Accessing information and advice, in relation to health and social care in particular, but also wider forms of support that help adults to understand, for example, their rights, financial planning and how to age well, is reported as a challenge
12. Given the increases in population over time, within the next five years the number of individuals aged 65+ receiving any formal adult social care support is expected to increase by 15% on the 2016/17 level and with nursing care and CASSAR managed budgets making up the majority of this increase.

Recommendations for consideration

1. Develop a holistic wellbeing strategy particularly targeting adults aged c. 50-67 of a working age, which focuses on providing accessible and practical information, support and guidance covering self-care awareness, mental health and wellbeing, the early diagnosis and management of health problems, social wellbeing, unpaid caring, economic wellbeing and financial planning
2. Hold an appreciative enquiry process looking in detail at women's health and wellbeing to understand the factors and support that will help women in their early to mid-later life to age well
3. Investigate the health inequalities that may affect 50+ older adults from the 3 main South Asian communities in Tameside and the correlations with income deprivation and fuel poverty in particular
4. Consider in-depth the role of housing and housing adaptation in promoting health and independence in later life, taking particular account of Tameside's health inequalities, income deprivation in the 60+ population and the additional implications of the higher numbers of adults aged 65+ that live alone in the borough
5. Engage with adults aged 50+ and adults with specific additional needs e.g. mental health, physical and learning disabilities to understand their housing with care/supported housing needs and preferences – with a specific focus on location, amenity, acceptability and affordability
6. Develop a digital inclusion strategy targeting the 50+ age group, which also incorporates raising awareness and increasing confidence in and acceptability of the use of digital and remote health and social care provision
7. Promote and support the development of carer awareness, disability awareness and cultural competence in health and care service delivery and planning as an ongoing endeavour

Methods and process

This analysis has been driven by different forms of data and information, including national statistics, local data, independent research, service provider and practitioner insight, and the views and experiences of older adults living in Tameside.

9 main sources of statistics and quantitative data used were:

- The Office for Health Improvement and Disparities (OHID) Productive Healthy Ageing Profile
- OHID Local Authority Health Profiles / Geoclip data tool
- OHIC Severe Mental Illness Profile
- Stat-Xplore - an analytics platform that holds data published by the Department for Work and Pensions (DWP) on 16 different benefits
- NHS Digital Adult Social Care Analytical Hub
- Office for National Statistics (ONS) data
- Local data supplied by Ingeus, the provider of the Restart and Work and Health employment programmes
- Local adult social care service data
- Locally collected health data

Qualitative and experiential insight was also gathered in the following ways:

- A series of detailed conversations with health, social care and VCFSE service providers working with adults in later life or those with additional needs
- A consultation and engagement exercise with older adults across Tameside to explore healthy ageing
- 5 detailed 1:1 phone conversations with Tameside adults between the ages of 50 to retirement age who had participated in Age UK Tameside's employability programme
- Attendance at a MIND drop-in for adults living with with autism
- A wide range of national sources of expert insight around ageing, which also include some experiential research

The analysis and synthesis of the findings presented in this assessment has been led by correlations across all of these forms of data and evidence.

Analysis by theme

Equity and inclusion:

Health inequality

The Index of Multiple Deprivation (IMD) 2019 ranking for Tameside is 31.4 which falls within the 20% most socio-economically disadvantaged communities in England. The England average IMD ranking is 21.7. This is crucially important context for understanding the typical experience of ageing in Tameside and the factors that may support ageing well now and in the future.

There is a wide range of longstanding research and evidence to show that adults living in communities (geographic or communities of interest) that are disadvantaged socially and economically will sadly on average live shorter lives - and experience increased levels of ill-health and disability more than, and earlier in life - than adults from more financially comfortable or affluent backgrounds. This is linked to the lifetime accumulation of a wide range of factors and stressors that eventually impact our physical and mental health and resilience and psychological wellbeing, and which typically begin to manifest in late adulthood and older age.

Recent research by the Health Foundation[vii] has tried to quantify some of these differences and sheds light on the six health issues that contribute most to the differences in health and wellbeing between very disadvantaged and well-off adults.

'…on average, a 60-year-old woman in the poorest area of England has diagnosed illness equivalent to that of a 76-year-old woman in the wealthiest area. She will spend more than half (43.6 years) of her life in ill health compared with 46% (41 years) for a woman in the wealthiest areas.'

'People living in poorer areas also have greater levels of multiple diagnosed illness (multimorbidity). Large inequalities in the burden of disease are concentrated within a few diagnosed conditions, including chronic pain, diabetes, COPD, anxiety and depression, alcohol problems and cardiovascular disease.'

Age and its relationship with other forms of inequality

There is a growing awareness that inequalities linked to an individual's characteristics (gender, age, ethnic background, sexuality, disability status etc) can be exacerbated if they have multiple characteristics that are associated with conscious or unconscious bias or social prejudice. There is relatively little national data that can help to interpret these potentially layered patterns of inequality as they relate to age and ageing, but there are some indicators from the analysis in this needs assessment that suggest an increased risk of intersectional inequality linking ageing and quality of later life with gender, ethnic minority background and disability. However, the way in which these factors interact is often complex and unclear.

A. Elder ethnic minority communities

The needs analysis has highlighted a number of correlations, namely between the wards that have larger South Asian communities and particularly fuel poverty and income deprivation in the over 60 population. Although the older adult ethnic minority community is estimated to be relatively small in Tameside, their needs could be significant, but this may potentially be masked or hidden precisely because they are small in number. In addition, extended family structures and living arrangements, and the cultural norm of caring for older family members within the extended family, may potentially lead to the health needs of Asian elders being less immediately visible to services.

Recent research[viii] sponsored by the Centre For Ageing Better, looking specifically at ethnic health inequalities in later life has highlighted the following significant and concerning differences in health between people from different ethnic minority backgrounds.

> *'The health status of different ethnic groups begin to diverge at around 30 years of age. From that age on, the gap in health between ethnic minority and White majority groups gets gradually larger and so is particularly pronounced in later life'. p.1*
>
> *'….22% of White British women in their 80s report poor health, the same proportion as for Pakistani women in their 50s (23%). And the proportion of Bangladeshi women in their 50s who report poor health (31%) is even higher than that of White British women in their 80s. Similarly, the rate of poor health of Bangladeshi women in their 40s (14%) is equivalent to that of White British women in their 70s (14%). Similar trends are found for Pakistani and Bangladeshi men when compared to White British men'. p.2*

Although not available at a Tameside level, England data for health-related quality of life for older people is consistently worse for people from Bangladeshi, Pakistani and Indian backgrounds, than White, Black African and Black Caribbean adults. This is broadly the pattern since 2011-12 through to the latest available data in 2016-17.

B. Women in late adulthood and later life

As later chapters of the needs assessment will cover in greater detail, there are significant health inequalities affecting Tameside women more so than men. This is true of some key measures of health, quality of life and longevity, including life expectancy (LE), healthy life expectancy (HLE) and disability-free life expectancy (DFLE). Whilst both men and women experience worse LE, HLE and DFLE than the England average, the current data and trend over the past 5+ years for Tameside women is more pronounced.

These statistics need to be understood in the context of a slowdown in improvements in life expectancy between 2010 and 2019 for many European countries, but especially in the UK. However, there is yet no national analysis to explain why women appear to be more affected by this than men, or why improvements in HLE and DFLE for women in Tameside began to plateau in the case of HLE and decline for DFLE from 2015-17.

National analysis by the Kings Fund [ix] points towards a number of factors that could have played a part in some of these changes, including:

- Deepening inequalities affecting the UK, potentially associated with the reductions in UK public spending
- Spikes in excess winter deaths associated with extremes of cold and seasonal flu, which in 2015 in particular seemed to disproportionately affect women in the UK and Europe
- A slowdown in the improvement that had previously been seen in deaths due to cardiovascular disease
- The uptake of smoking by women later in life compared with men, which is put forward by one piece of research as a possible explanation for the relatively small increases in female life expectancy in the UK
- Potential gender differences in the presentation of health problems and early diagnosis[x]

There are potentially other social and behavioural reasons why women in Tameside are living with greater levels of ill-health and disability. Although these are hypotheses that require further investigation, some possible avenues for enquiry include:

- Behavioural factors that may be disproportionately affecting women's health including, poor diet, alcohol consumption, smoking, physical activity, overweight/obesity (pre and post-menopause)
- The impact of caring roles on women's health and wellbeing and capacity for work, especially those with dual caring roles – the Centre For Ageing Better report that 33% of women aged 55-64 provide unpaid care nationally, compared to 22% of men
- The numbers of women living in single or low income households and the accumulated effect this may have on their economic wellbeing and physical and mental health in adulthood and later life

- The extent to which women in Tameside are more likely to be in low paid or minimum wage roles during their working lives, or unemployed

In addition, it is even less well-understood how this trend in women's health may be affecting adult women with existing mental health problems, long-term physical or sensory disability, or learning disability and/or autism for example. It is possible that the impact on women with these conditions may be considerably greater.

There may conceivably also be implications on the future demand for and breadth of adult social care support if this negative trend in women's HLE and DFLE continues, with greater numbers of women potentially requiring low level aids and adaptations to support daily living, larger home adaptations, through to potentially an earlier demand for social care services such as home care or housing models that include a care element, such as extra-care housing.

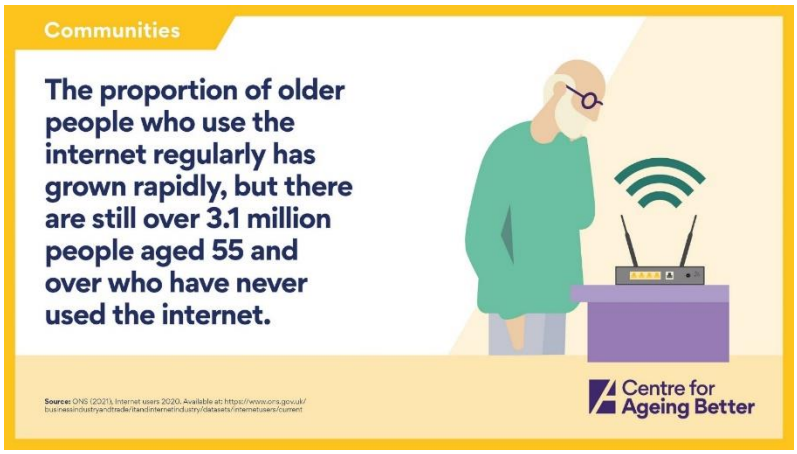
C. Disability

The UK National Disability Strategy published in July 2021[xi] sets out comprehensively the breadth of inequalities and disadvantage experienced by people living with a lifetime disability, including reduced access to transport and essential services, less likelihood of having a job or owning your own home, and increased exposure to harassment or prejudice and becoming the victim of crime.

As we age as a society, there is also a probability that age-related disability will increase. The discussion in this report around disability-free life expectancy highlights that there is already a decreasing trend for men and women in Tameside in the number of years they can expect to enjoy *without* a disability from the age of 65. For a women in Tameside, that could on average only be until around the age of 71-72 and for a man until 72-73 years of age.

For adults with either a lifetime or acquired disability, there are increased risks of social isolation and potentially loneliness, a factor also understood to be strongly associated with a poor quality of later life.

Digital inclusion



The Centre For Aging Better State of Ageing report 2022 describes a dramatic (7%) increase in internet use by people aged over 75 in 2020, thought largely to have been driven by the circumstances of the Covid-19 pandemic. Whilst it also states that internet use is still increasing among 55-74 year olds, the rate of growth has slowed. However, in the UK overall, it is estimated that a quarter of people aged 65+ who have internet access lack the skills to use it independently. Emerging research presented at the Digital Health Inequities Seminar Series[xii] by colleagues from the University of Manchester suggest that the increased use of the internet during the pandemic amongst older adults was largely restricted to people who were already using the internet and has not encouraged non-users.

Digital exclusion is known to particularly affect older adults and the very old e.g. aged 80+, however, older people are not a homogenous group and the extent to which older adults are comfortable with or enjoy using digital or virtual services or social media, and have the technology and hardware to do this e.g. broadband/wifi, tablets, smartphones and laptops etc will vary from family to family.

The findings across this needs assessment consistently suggest that older adults living in Tameside may be at increased risk of digital exclusion, potentially affecting access to a wide range of opportunities relating to work, health, social care and access to information in general. As society and services become increasingly more digitised and virtual, older adults - and especially older adults affected by income deprivation in Tameside - will potentially become less able to access the information, services and support that will enable them to age well.

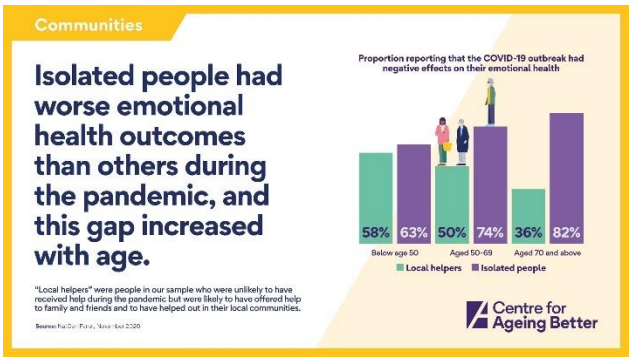
A strong narrative developed in the course of the needs assessment around digital confidence being a barrier for adults in the pre-retirement age range of 50-64. This is reflected in data from the Restart and Work and Health Programme service statistics for Tameside for the 50+ age group which show that 'digital skills', 'digital hardware and connectivity' and 'completing CV and job applications' were amongst the top 5 (out of 22) issues rated as a minor or major barrier to gaining work. In addition, the lived experience conversations with adults in this age range also indicated that most were aware of their lack of knowledge and confidence in this arena in a working context, because their previous

roles had not enabled or required them to develop these skills. A number of adults said that they were interested in developing digital skills but ultimately felt that other types of work e.g. driving, warehousing work, engineering which do not rely heavily on digital competence, would suit them better.

Another common message from the research for this needs assessment, which is also relevant to the concept of digital exclusion in later life, is that both commentators and adults themselves, through the consultation and lived experiences conversations, indicated that accessing information in a timely way and navigating the health and social care system in Tameside can already be very challenging. A number of adults felt that formal or official channels of communication were difficult to find and access when they were needed, and several people said that they eventually found the information or advice they needed via word of mouth or through their social network of friends and family. The University of Manchester research also suggests that there is currently no evidence of digital technology *helping* older adults to access healthcare and local authority services are often some of the least digitally accessible.

Increased access to digital information, advice and services hold advantages for some older adults, by helping to minimise the need to travel to do essential tasks and therefore can also overcome transport and mobility challenges. However, it may also make some services that are vital to ageing well, in particular health care and social care, even more distant and inaccessible for others, and unfortunately the wider evidence suggests that digital exclusion is strongly associated with both socio-economic disadvantage and poor health. The consultation with older adults also found that many felt alienated by the promotion of information and opportunities via social media.

Community and social connection



It is widely recognised that older adults are more vulnerable to social isolation or loneliness than other age groups and this is partly because of the inevitable life transitions and social changes that are more likely to affect older adults, including adult children moving away and the loss of a life partner and friends. Other factors may include changes to health, mobility and wellbeing that limit previous activities and interests. Regularly experiencing a sense of loneliness or unwanted isolation

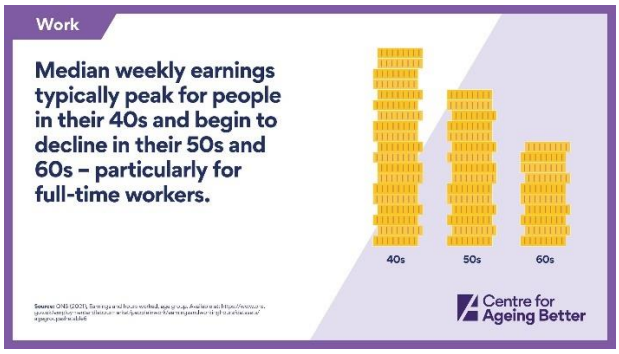
will impinge on quality of life and can lead to a deterioration in health and wellbeing. It is also a symptom of some common mental health issues, including depression.

Although living alone does not necessarily determine loneliness or social isolation, it may be more likely for someone who lives alone, and who may not have a wide social network or is suffering from ill-health, to experience loneliness and for it to negatively impact their wellbeing. As already discussed, all but 3 wards in Tameside have higher than average numbers of adults aged 65+ living alone, which may indicate greater potential incidence of social isolation and loneliness, which in turn may reduce quality of life.

However, higher rates of living alone, together with some of the other factors that can have a detrimental impact on ageing well, that have been highlighted in this needs assessment – such as the perception of inadequate local transport links, the prevalence of ill-health and age-related disability and the increased risk of digital exclusion affecting older adults - may lead to a reasonable assumption that loneliness and isolation will be a significant risk factor for ageing well in Tameside.

One of the additional factors to take account of is the apparent circular relationship between loneliness and isolation and poor mental and psychological health and wellbeing, and in turn the link between poor mental wellbeing and physical health. This might be seen in a number of scenarios in later life, linked to dementia, unpaid caring, people living with and managing multiple long-term conditions and older adults living with long-term mental health conditions for example.

Economic wellbeing and work

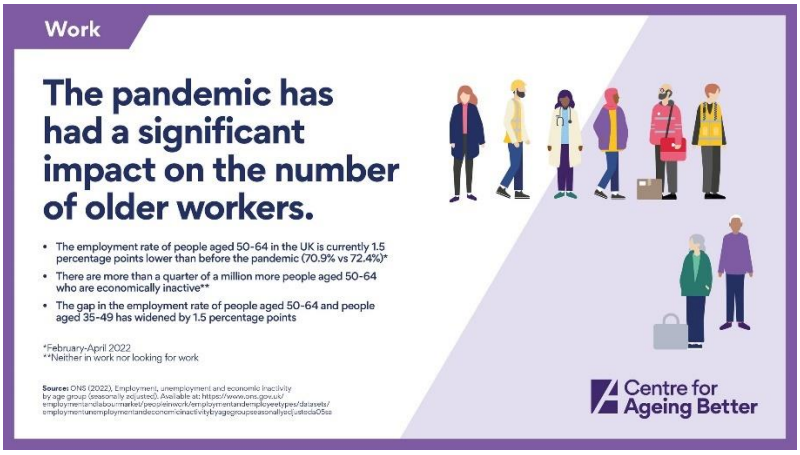


Financial insecurity in later life, including for people from the age of 50 who are approaching retirement in the next 10-15 years, is increasingly being reported as a future risk to health and wellbeing in later life in the UK. The effects of this national shift in financial security (compared to previous generations) are likely to be experienced disproportionately by adults who have been in low-wage jobs and who may not have been able to save for retirement, including through a workplace or private pension. The consultation that has fed into this analysis also suggested that adults who had already retired had rarely actively planned their retirement and pre-retirement adults did not necessarily expect to retire.

Across the 5 adults who participated in the detailed lived experience conversations, all had found themselves in circumstances where their employer had made them redundant or changed their

contract/conditions of employment on return to work following the pandemic, or they could not work or return to work due to ill-health or a deterioration in their health that would prevent them from completing the same duties. Although 2 of these adults had planned for retirement in the form of a workplace/private pension and had been able to access this, both reported that this income was often only just adequate and had prevented them from accessing additional state support.

There is also evidence of additional negative effects of the Covid-19 pandemic on workers aged 50+, compared to younger working-age adults.



The lived experience conversations with adults who had accessed employability support through Age UK's 50+ employability programme has helped to highlight the leading issues experienced by adults in this age group in finding suitable work in the 50+ age range. All of these adults had been employed consistently for much of their working life (and so had not been long-term unemployed) and were motivated to work again prior to their statutory retirement age, given the right opportunity. The three most common barriers to finding suitable employment for these adults were:

- the limitations imposed by their health and physical / functional capabilities
- finding work that could accommodate these limitations e.g. reduced hours/part time work, work that did not require physical fitness/strength/dexterity
- work that *could* accommodate their health/physical limitations required significant digital upskilling

Other barriers that were mentioned included the cost of travel and distance to work opportunities, both by public transport and by use of their own car, which was a current concern given the sharp cost of living increases.

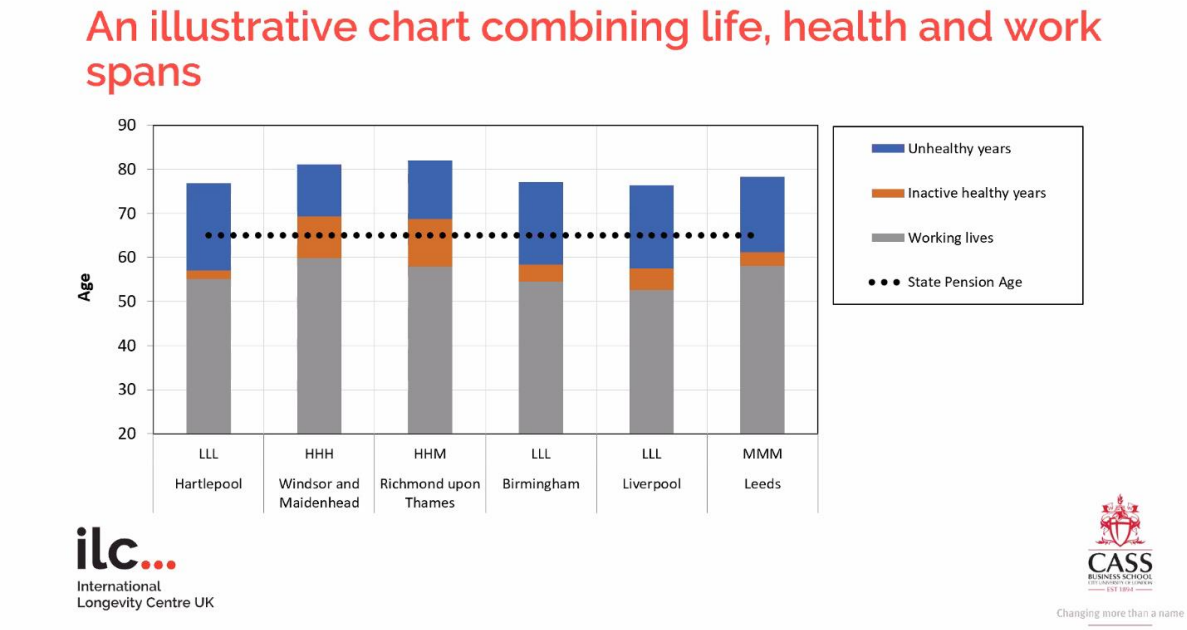
Ingeus employment programme data also point towards wider personal circumstances being a factor for 50+ job seekers in Tameside. 20% of people accessing the Restart scheme in this age group who had found work also had a caring responsibility as did 16% of those still looking for work through the

scheme. Also relevant is the self-perception and confidence levels of adults looking for work, with individuals appearing to have low levels of confidence relating to understanding and accessing job opportunities, knowing how their skills relate to the job market and feeling confident at interview and of being able to create a good impression.

The overall message from the analysis is that in Tameside, as in other similarly socio-economically disadvantaged communities, there may be a concerning increasing trend towards financial insecurity in later life becoming the norm rather than the exception, particularly for adults in the 50 - c.65-67 pre-retirement age group. This is likely to have a more acute impact on adults who find themselves unable to work due to health reasons or who are unexpectedly unemployed prior to their state pension age.

For adults living in Tameside, health challenges and the onset of mobility and disability may begin earlier in adulthood, and perhaps a considerable number of years before people reach their state pension age. Adults of a working age may therefore face a greater likelihood of continuing to work with multiple long-term conditions and deteriorating levels of mobility and fitness, or alternatively, retiring early on ill-health grounds but without the financial means to do this. This in turn may lead to a higher demand for social care services and support.

The following table from an International Longevity Centre webinar on inequalities in ageing models the likely difference between communities, illustrating that adults from more disadvantaged communities may experience the effects of ill-health and disability well in advance of their expected retirement age.



Using The Department for Work and Pensions Stat-Xplore data tool, as at February 2022 5,670 adults of state pension age living in Tameside were in receipt of Pension Credit. Pension Credit is a state benefit designed to support the income of adults of pension age who are at the lower end of the income

scale, which may also mean that they have only modest provision for retirement. Pension credit may also be topped up if people have caring responsibilities, are severely disabled or have housing costs for example.

The degree to which pension credit would be claimed by the 65-67+ adults is most likely to be influenced by the size of the pension-age population in an area and the level and breadth of socio-economic disadvantage experienced by that population. The Centre for Ageing Better headline ageing figures tool[xiii] puts Tameside's current 65+ population at 18% of the total population, which is lower than localities like Stockport and Wigan (20%) which also have larger total populations, but similar to or slightly higher than neighbouring areas like Oldham (16%) or Rochdale (17%) which have total populations of a comparable size to Tameside.

In terms of income deprivation affecting adults aged 60+, data accessed via the Office for Health Improvement and Disparities (OHID) Geoclip data tool[xiv] puts older age deprivation in Tameside above the national English average of 14.2%, at 17.7% of the 60+ population. This equates to 8,935 60+ adults (as at 2019) experiencing a degree of income deprivation. (It is useful to note for comparison that 9,741 children were estimated to be living in poverty in Tameside in the same data period, which equates to 22.3% of all children.)

Additionally, only 3 Tameside wards are below the English average, which means that only adults aged 60+ living in Denton West, Ashton Hurst or Stalybridge South may be averagely better off than a person aged 60+ living elsewhere in England. However, adults aged 60+ living in Ashton Waterloo, Hyde Godley, and most significantly St Peter's (35.5%), are likely to experience much higher levels of economic disadvantage.

Given this picture of relatively wide, higher than average economic disadvantage for adults aged 60+ living in Tameside, maximising pension credit for current and new eligible adults – especially in the current climate of deep cost of living increases – will be an important activity. Equally, for the next generation of older adults currently pre-retirement age (e.g. 50-67) pension credit is likely to be an important additional source of income in later life for those who have been unable to independently save or plan financially for retirement. In the lived experience research with Tameside adults who had become unexpectedly unemployed pre-retirement, one of the participants noted that saving for retirement is unaffordable if you have been in minimum wage or low income roles for most of your working life.

However, this data does not speak to how many additional 50-60 year olds in Tameside may be struggling financially, or how many adults aged 60+ may fall just outside of the formal definition of income deprivation. In other words, adults whose income or wider circumstances make them ineligible for state benefits but who nonetheless experience financial insecurity. Because of the overall socio-economic profile of Tameside, it would be reasonable to assume that there may be a significant group of 50+ adults who are 'just managing' financially, even before the current cost of living crisis.

Transport

Transportation is one of the 8 domains of the World Health Organisation (WHO) Age-Friendly Cities and Communities framework[xv] and is therefore recognised as an important factor in the wellbeing and participation of older adults in community life.

Everyone of state pension age in England is entitled to a concessionary travel pass, but the age at which adults can claim concessionary travel depends on their individual pension age. In Greater Manchester, bus travel is free with the pass between 9.30am and midnight, Monday to Friday, and all day at the weekends. Older adults can also choose to pay £10 annually to add free tram and train travel, which allows off-peak travel (after 9.30am) on Metrolink and trains within Greater Manchester. There is a travel pass scheme in Greater Manchester for people with a wide range of physical, sensory and learning disabilities and walking difficulties, which some pre-retirement aged adults may be eligible for.

There is relatively little national data around public transport accessibility or usage in the context of ageing, but the topic of public transport and its importance to older adults' leisure time and their ability to access necessary services, such as GPs and local hospitals, was raised spontaneously by the adults who participated in the lived experience discussions and consultation that have informed this needs assessment. This was true of both the pre-retirement adults and those that were already retired. Although the numbers who participated in discussion were relatively small overall (c.50 adults), there were some consistent messages about the current accessibility of public transport and what people valued about it.

They included:

- the increased importance of good local public transport links for people who don't drive or have chosen to stop driving for health/disability/mobility reasons. This included references to the routes, frequency and the accessibility of bus stops. One 80+ contributor noted that if bus stops are too infrequent/distant on a route, this could make it very challenging for someone with a mobility issue to walk to their nearest stop.
- a perception that it was easier to travel outside of Tameside by public transport – to Manchester or Bury for example – than it is to travel within the borough for shopping and leisure reasons, or to attend health appointments
- some concerns were expressed about the perceived safety of public transport
- some pre-retirement aged adults who were looking for local employment (within Tameside) felt that the cost and accessibility of public transport was a barrier to taking up work
- a number of non-working pre-retirement aged adults, some of whom had health and mobility issues, noted that there is no direct help with the cost of public transport until state pension age

For the adults who participated in the discussions, good transport links within the borough were often seen as more important and relevant to their day to day lives than travel outside of Tameside. This included for work reasons and many adults in the pre-retirement group were explicit about their preferences for a local job as this was considered more feasible, mainly because of health concerns (including the potential stress of a long daily commute), but also due to travel costs or simply a desire to work in their own community, as they had done for most of their working life.

There was also an acknowledgement that public transport services that are not perceived to meet the needs of older adults can contribute to loneliness or a sense of isolation, leading some older adults to increasingly limit their daily and social activities to hyper-local services which can be reached on foot for example.

Given the emphasis on transport as an important facilitator in accessing work, using essential services and as a way of connecting to local leisure opportunities for older adults, any significant service developments in Tameside – including the development of housing specifically designed for people in later life – should consider wider access to local services and the ease of public transport links.

Housing

Whilst the role of appropriate and affordable housing has not always historically been seen as having a vital role in supporting adults to age well with a good level of independence and community connection, the recent adult social care policy paper *People at the Heart of Care* places a renewed emphasis on creating new models of supported housing for people who require social care support, because of a disability, or due to changing needs as they age. However, minor to major housing adaptation can also support people to live independently in their existing home and community. The Centre for Ageing Better State of Ageing 2022 report suggests that '*fewer than one in ten homes in England have the accessibility features that would make it easy for someone with a disability to live there'.*

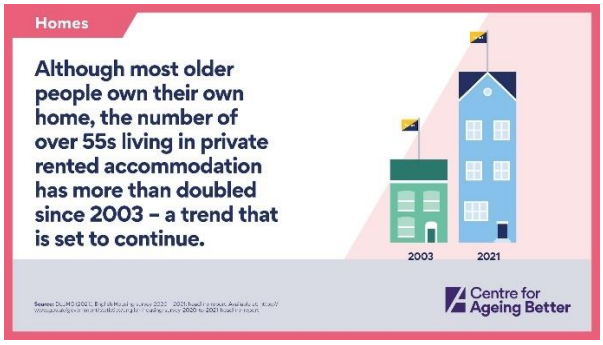
Tameside has recently developed a new comprehensive 5-year Housing Strategy 2021-2026[xvi] and these points, drawn from the analysis that informed the strategy, highlight the particular need in relation to specialist and supported housing. Given the ageing population and other social changes and shifts in family structure - alongside a long-term national policy drive to support adults with learning disabilities, autism and mental health conditions to live normal lives in the community (specifically not in group homes and residential care settings) - there is currently an undersupply of supported housing options for adults with care and support needs, which the Housing Strategy highlights and aims to address, alongside a forthcoming Older People's Housing Strategy.

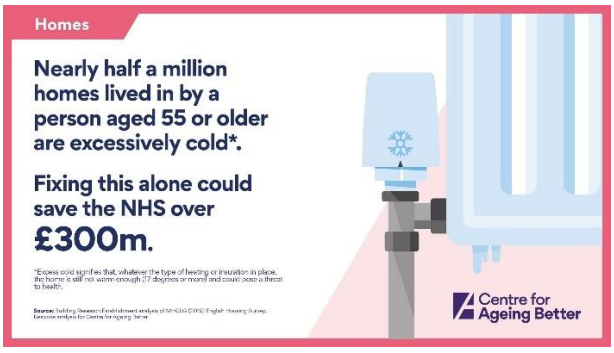
- Over the period 2014 to 2035, there is expected to be a 157% increase in the requirement for older persons' specialist provision, which points towards a greater need for sheltered and Extra Care housing
- Additionally, the current social housing stock for older people may become unfit for purpose over the next two decades
- By 2035 there will be a shortage of 1,711 units of sheltered housing in Tameside and 866 units of accommodation with support by 2035.
- The updated Housing Needs Assessment (2020) confirms that there is no current supply in Tameside of enhanced sheltered housing but a demand for 5848 units, for which Extra Care housing may be a solution
- Across Tameside, the 2017 Household Survey identified a total of 33,281 households (31.7%) which contained at least one person with an illness/disability and 7.2% of households said they required care or support to enable them to stay in their current home
- By 2031 there will be a need for an additional 83 units of specialist accommodation for people with learning disabilities
- There is a need for an additional 281 units of supported accommodation with mental health need by 2031

- By 2035 Tameside needs an extra 720 wheelchair friendly homes, including 187 fully wheelchair adapted properties

A further observation made by a home care provider, related to the relative absence of bungalow or single storey / ground-floor only accommodation in Tameside that is more suited to older adults and people with mobility or disability issues.

The State of Ageing report 2022 also highlights some of the national issues and trends relating to housing and later-life health and wellbeing, that are also likely to be experienced by adults living in Tameside.





One of the wider social factors that is relevant in considering housing need in later life in Tameside - and the accessibility and affordability of alternative housing options if someone's home is no longer suitable for them as they age - is the higher number of adults aged 65+ in Tameside that live alone. This is discussed in detail in the chapter on local context but the key message is that around 35-36% of adults aged 65+ in Tameside live alone, which is more typical for highly urbanised boroughs, but perhaps less so for a rural/urban place like Tameside.

The main implication of greater numbers of older adults living alone is that many will inevitably have only one income and therefore may not have the financial capacity to move if their home becomes unsuitable or pay for adaptations. In the conversations with unemployed pre-retirement adults, who were a mixture of owner-occupiers and social renters, some had considered whether moving could

alleviate their financial pressures, but all reported that the other housing options they had considered were unaffordable or undesirable and may have necessitated a move to a neighbourhood they didn't know.

In discussion with housing strategy colleagues, some of the possible reasons for this may include the current undersupply of retirement village accommodation/retirement apartments in the borough, and owner-occupiers who have bought their homes many years previously and might not have been in a position to afford to update or maintain their home, may essentially have become out-priced by the housing market.

Whilst higher numbers of older adults living alone in itself is not fundamentally problematic to ageing well (but see the section on community and social connection for a discussion around social isolation and living alone), if a significant proportion of those adults are also struggling to afford to maintain, heat and adapt those homes, that will have a significant impact on their health and the continued ability to live alone safely and independently. Equally, adults who are not sharing their home with another family member may also be less likely to receive informal care and support, which may then lead them to need formal home care or similar earlier.

In relation to fuel poverty specifically, modelled 2020 estimates put all but 5 wards in Tameside (Longendale, Dukinfield Stalybridge, Droylsden East, Audenshaw and Denton West) above the England average of 13.2% of households in fuel poverty. The two wards with the highest estimates of fuel poverty are St Peter's at 17.2% of households and Ashton Hurst at 16.6%. There is a correlation between fuel poverty and income deprivation in the over 60s in St Peter's and also to a lesser extent Hyde Godley ward.

Although Ashton Hurst ward is not associated with income deprivation over 60, around 20% of the population of this ward are aged 65+. One of the possible reasons for Ashton Hurst having perhaps higher than expected fuel poverty rates is likely to be linked to the housing stock in this ward and its age and condition, including older terraced housing and higher numbers of detached properties than other wards. Similarly, nearly half of all the properties in St Peter's are older terraced homes and a high proportion are also shared properties.

As noted already, St Peter's and Ashton Hurst wards have sizeable South Asian communities, nearly 30% in St Peter's and around 15% in Ashton Hurst, and there is a relatively large Bangladeshi community living in Hyde Godley.

Analysis by age range and population group

a. The general population

The 50+ working age population

As described elsewhere in this report, people aged 50-59 represent the largest population group in Tameside and although the population aged 60-69 is marginally smaller than national and comparator populations elsewhere, the increased numbers in this age group present both a challenge for health and social care planning, and an opportunity to take early steps to prepare and support adults in the later stages of their working life to maximise their capacity to age well and therefore make the most of their retirement years. In particular, there is scope to prevent and divert some of the risk factors than drive ill-health and disability in later years.

The data for Tameside suggest that the challenge will relate to both the number of adults in this age range as well as maximising their overall health and wellbeing. Although much of the health data reflects the whole population, rather than adults in late adulthood or later life specifically, it creates a picture of the extent of theoretically preventable health problems and the range of factors that may contribute to ill-health and disability as Tameside residents age.

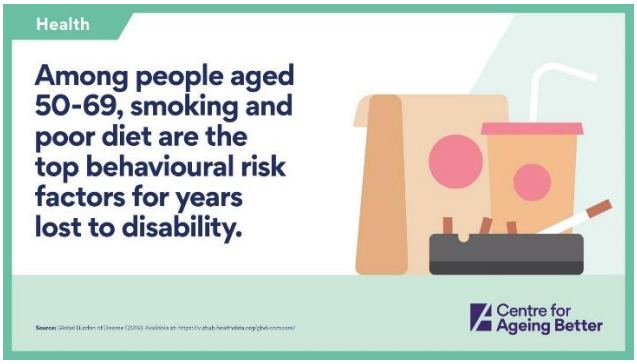
Across a wide range of health related behaviour, such as smoking, physical activity/inactivity, following the recommended '5-a-day', weight and obesity, and alcohol use that results in hospital admission, the OHID statistics for Tameside are all significantly worse than the England average which suggests that these patterns of behaviour that are likely to be detrimental to health are relatively widespread in the community. In relation to smoking - a significant risk factor for many of the leading causes of ill-health and premature death - QOF indicators for 2021 show that across the Primary Care Networks of Ashton, Hyde and Stalybridge, average smoking prevalence stands at around 21%, but for some individual GP practice populations, this could be as high as 39%.

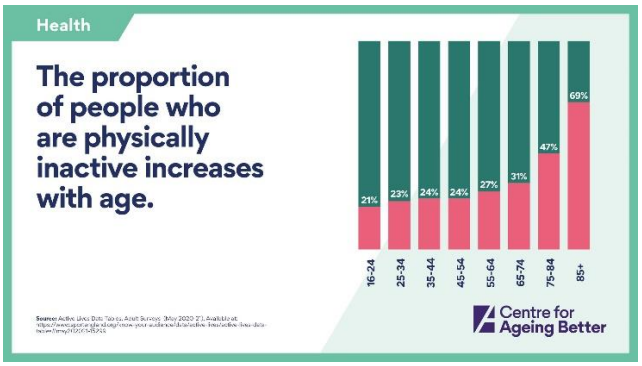
The exception to this is that alcohol related admissions in women aged 40-64 are generally lower than for men and by the time adults reach the age of 65+, the rate of hospital related admissions due to alcohol are similar to the rest of England for men and women. However, it is possible that alcohol-related health problems present differently in the 65+ age group and patterns of alcohol consumption and drinking behaviour are simply less likely to result in a hospital admission.

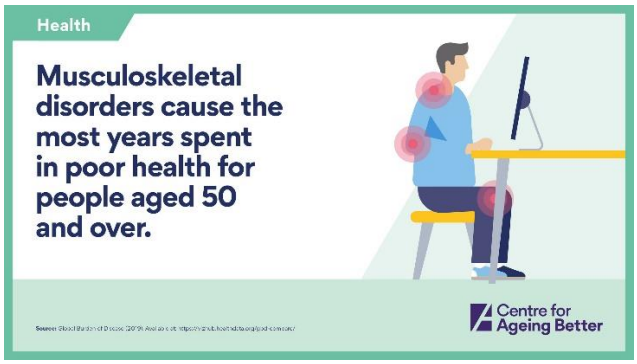
Similarly, OHID data suggest a high prevalence of disabling physical health conditions such as musculoskeletal problems (MSK), alongside at least one other long-term condition or a mental health problem such depression or anxiety, and osteoarthritis of the knee and hip in people aged 45 and over (although the data on osteoarthritis dates back to 2012).

Whilst there is lower than England cancer screening take-up in Tameside across bowel, breast and cervical cancer based on 2021 data, with mixed trends across take-up, this does not seem to have had a negative impact on diagnosing cancer early (at stages 1 or 2) based on 2019 data, which is the aim of most cancer screening programmes. However, it is possible that cancers are more routinely diagnosed in their later stages of progression amongst Tameside adults, which often implies a poorer prognosis, which would be consistent with the cancer mortality rates in Tameside discussed in the next chapter.

The Centre For Ageing Better analysis on the factors that contribute most to ill-health and disability in later life are summarised in the following infographics and may shed more light on ageing well in Tameside.







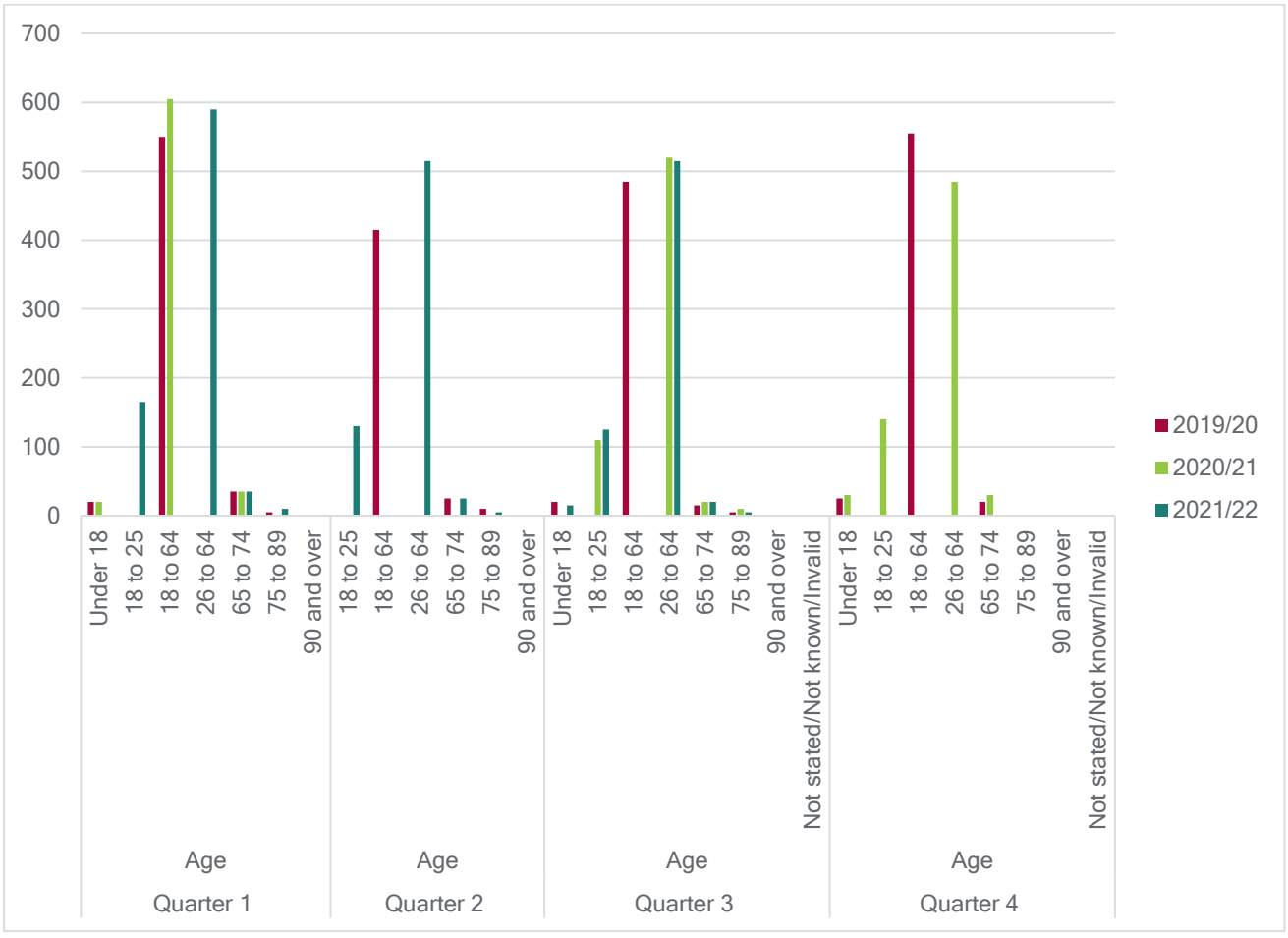
This overall picture is highly consistent with Ingeus Work and Health Employment Programme data (2018 – current) which shows that nearly two thirds (65%) of 50+ job seekers in Tameside reported

when joining the programme that they had between 2 to 6+ physical or mental health issues. The breadth of issues reported is also notable, including mental health, physical health conditions like heart problems, high blood pressure, diabetes and chest problems, through to issues that imply a degree of physical disability or limitation such as arthritis, back, leg and arms problems.

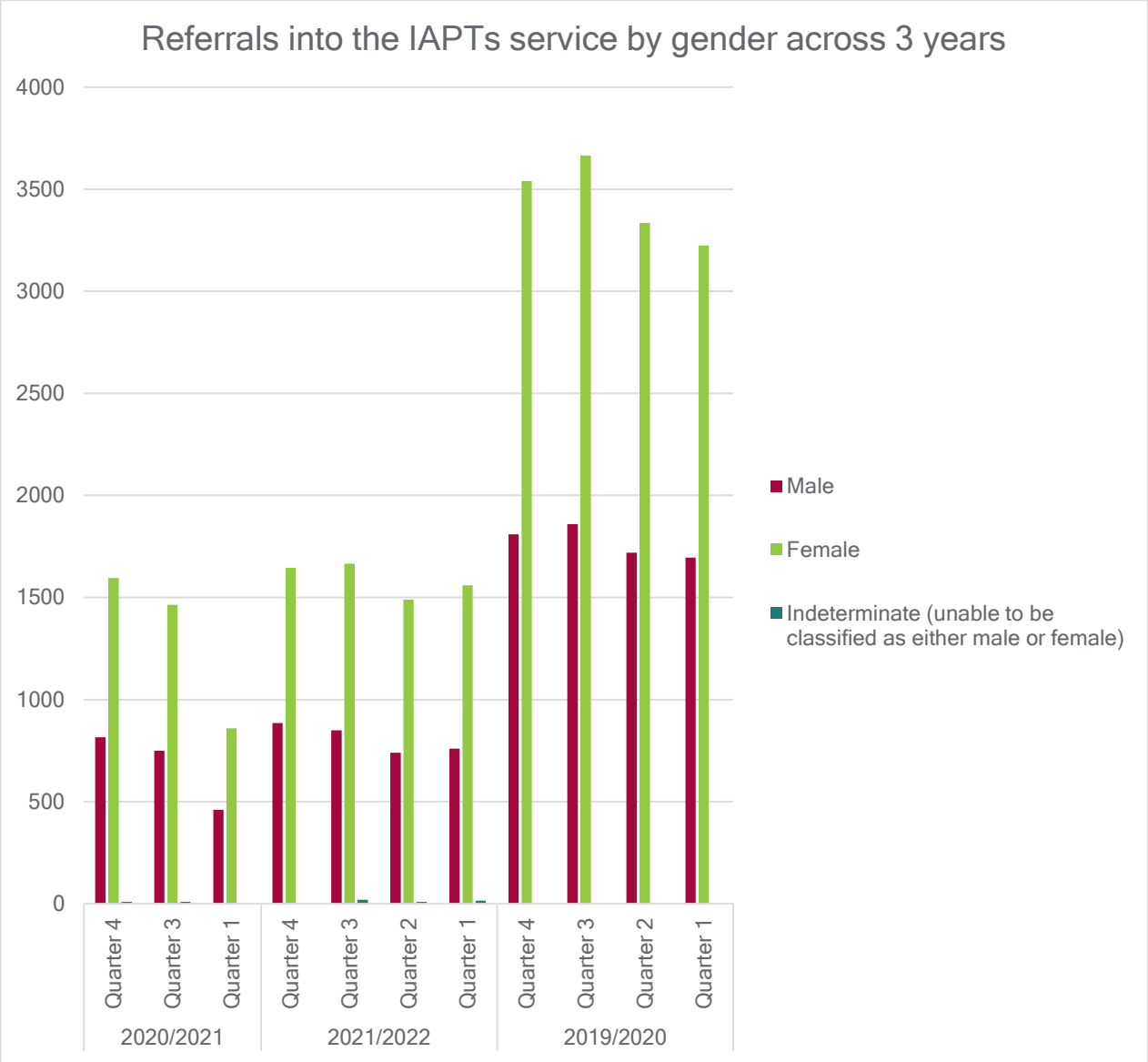
Anxiety/depression/low mood made up nearly 27% of reported health concerns, whilst implied physical limitation or disability made up a further 25%, and common health conditions like heart, circulatory, chest issues and diabetes were reported by 15% of the participants.

In relation to mental health in older adults specifically, it is widely commented upon that it is more common for mental health problems in older adults to go unnoticed and therefore untreated[xvii] and that disparities in access to treatment and support for mental health problems like depression and anxiety can be age-related. There is a potential indication of this in the referral and access data for the Improving Access to Psychological Therapy (IAPT) service in Tameside, which shows both lower numbers of referrals and lower treatment completion (represented in the table below) in the 65+ age group, certainly compared to young adults in the 18-25 age range.

Clients completing treatment with the IAPTs service by age and year:



There is also a significant gender difference (although not known by age) in access to and use of the IAPTs service, with women consistently more likely to be referred than men, shown in the table below.



These differences in referral to and take-up of local IAPTs provision are likely to reflect social, gender and generational differences in levels of awareness around mental health issues and the acceptability of seeking treatment and support for poor emotional health and wellbeing, but it also highlights the potential for unmet mental health needs particularly amongst older adults and men in Tameside.

The estimated prevalence of common mental health disorders in the 16+ (19.5%) and 65+ (12.1%) populations in Tameside (a 2017 estimate) is worse than that in England and if we compare between the 16+ and 65+ populations within Tameside, prevalence in the 65+ age group is slightly worse than the rest of England. Based on QOF key indicators from 2020-21, the local prevalence of all-age depression for the Tameside borough averaged at 16.3% of GP registered patients, some c. 28,000 patients. There is currently no locally collated GP patient data that measures the prevalence of

anxiety disorders, or mixed anxiety and depression, which is often more common than depression on its own.

Although mental and physical health are often treated separately and are independent clinical disciplines, there is a growing recognition that there is a relationship between good mental health and good physical health - and the reverse. For adults in this age group, a picture is developing through this analysis of late adulthood being a time when a significant number of Tameside adults may begin to experience co-existing mental health, physical health and disability issues, which as shown already in other chapters, will also impact their ability to work and maintain economic independence and wellbeing. There is also anecdotal evidence from the lived experience conversations that deconditioning (the loss of physical, psychological, and functional capacity due to inactivity) which is usually associated with very late life, may affect some adults in this age group, particularly if they have had generally low levels of physical activity and fitness across adulthood.

This group of adults are therefore likely to be some of the most vulnerable to the early onset of wider ageing-related challenges and experience a considerably worse quality of life at a younger age.

Adults of retirement age c. 65+

The overall health of adults aged 65+ living in Tameside is largely worse than the rest of England, with significant health inequalities affecting the adult population in this age range. The data relating to this age group suggests that ill-health and disability, or the factors that lead to them, are perhaps already well-established by the age of 65 for many adults in Tameside, which points towards preventative measures and their take-up being targeted towards adults prior to retirement age, as discussed in the previous section relating to 50+ working age adults.

In terms of mortality nationally, the diseases that lead to premature mortality – heart and circulatory disease, respiratory disease and cancer – also drive rates of mortality in adults aged 65+ in Tameside but rates are higher than England across all three conditions. Tameside has the highest rate of death from heart and circulatory disease in the 65+ age group compared to its CIPFA comparator group. Across all three diseases the recent mortality trend is static.

When comparing the 3 conditions across the range of measures reported by OHID, across different age ranges including the percentage of deaths at all ages where one of these 3 conditions is an underlying cause of death, the statistics around cancer are consistently in the worst 25th percentile in England. For example, across 7 different mortality statistics relating to cancer, only one (the percentage of deaths with an underlying cause of cancer aged 65-74) is comparable to the rate for England. This suggests that cancer, more so than respiratory, heart and circulatory disease, is a leading contributor to poor health and health inequity in Tameside, in adulthood and later life.

In line with this overall picture, life expectancy at 65 is also worse than the English average and whilst women can expect to live a further 18.6 years and men a further 16.8 years from the age of 65, women's life expectancy is one of the lowest in England. Unfortunately, this means that women aged 65 plus living in Tameside may live 2.6 years less than other women across England, which is a significant inequality.

Two further measures of life expectancy at 65 - healthy life expectancy (HLE) and disability-free life expectancy (DFLE) – also help to highlight the quality of life that may be experienced by Tameside adults from the age of 65 linked to either poor health or disability.[xviii] In the past c.10 years across the UK, HLE has modestly improved but slightly more so for women, whilst DFLE has stayed broadly stable for both men and women.

Over the long-term, HLE for Tameside men has varied significantly in the past c.10 years but showed an improvement until 2017-19, when there was a sharp decline, and now stands at around an average 9.2 years of healthy life from the age of 65. For women, whilst the long-term trend has been more stable, HLE has largely plateaued since 2015-17 and whilst the national trend for women appears to reflect gradual improvements in HLE, this is not matched in Tameside with women on average

experiencing 9.1 years of HLE after reaching 65. Both of these are lower than UK averages, but the difference is more pronounced for women.

However, DFLE in Tameside has been on a declining trend for women in particular since 2015-17 and the most current data from 2018-20 shows that a women in Tameside can expect to have only 6.7 years of disability-free life from the age of 65. For Tameside men, a more recent (2017-19) but sharp decline is evident, meaning that a man may hope to have on average 7.8 years free from disability after the age of 65. Both of these are 2-3 years lower than the UK average for DFLE.

Other health measures of concern given the wider findings in this needs assessment include:

- the prevalence of common mental health disorders, which is estimated to affect 12.1% of the 65+ population
- emergency hospital admissions due to falls
- hip fractures

Data which shows more positive trends and which may therefore also indicate better outcomes for individuals include:

- the estimated diabetes diagnosis rate, which is better than the England average
- the estimated dementia diagnosis rate in adults aged 65+, which is comparable to the rate for England
- Seasonal flu vaccination uptake amongst adults aged 65+ has seen ongoing improvement in the past 3 years, rising to 81.2% uptake in 2021-22 from 74.3% in 2019-20, a rate comparable to the rest of Greater Manchester and only marginally below the rate across the North West

Adults in late life c. 80+

Whilst very old age can hold significant health and wellbeing challenges and vulnerabilities that may not be experienced with the same frequency in earlier older age - such as falls, fractures, frailty and deconditioning, emergency hospital admissions and winter deaths - the data for Tameside shows overall a more positive picture than for younger-older adults. Some of the adults involved in the lived experience research in this age group also showed remarkable resilience in their outlook and were optimistic that some of the immediate health or mobility challenges they were facing could improve.

The numbers of adults living in Tameside aged 80+ was estimated in 2020 to be around 9,730 people, nearly 60% of whom were women. Whilst some health data is collected for the 85+ age group, rather than 80+, it gives a view of the health and wellbeing status of adults in very late life, compared to other adults of this age across England.

The common health conditions that contribute to mortality are the same for very old adults as those in the 65+ age group, however the contribution of underlying circulatory disease and respiratory disease is perhaps less than might be expected. The percentage of deaths in the 85+ population where underlying circulatory disease is a factor is 19.7%, lower than the England benchmark of 22.9%. Similarly, respiratory disease is close to the England average.

Higher than expected number of deaths due to cold winter weather conditions compared to summer weather conditions (referred to as excess winter deaths) also tend to affect adults in very late life more than younger-old adults. The latest data from 2019-20 for deaths in the 85+ age group living in Tameside shows comparable rates to the rest of England, however, it should be noted that Tameside has the highest excess winter death ratio of its CIPFA nearest neighbour comparator group by a significant margin.

Although falls and fractures do tend to be more associated with very late life, and hip fractures in adults aged 80+ in Tameside are higher than the England average, emergency hospital admissions due to falls are in fact lower based on 2020/21 data. Local trauma/orthopaedics emergency hospital admission data for Tameside adults aged 80+ (as a proxy for falls and fractures) also shows a downward trend in emergency admissions between Spring 2020 and 2022. However, a Public Health England report published in Summer 2021[xix] highlights that the effects of physical inactivity due to the restrictions created by the pandemic may have led some older adults to become 'deconditioned' – the loss of physical, psychological, and functional capacity due to inactivity – which could lead to an increased risk of falls and fractures as they become more active. As yet however, there do not appear to be any indications in local hospital data of an increase in emergency admission for trauma and orthopaedics for the 65-79 or 80+ age groups, up to Spring 2022.

These statistics show some variability in health-related data for adults in the 80+ age group which is difficult to interpret as a whole. However, there are some important observations in relation to this data:

- some of these statistics date back to the pandemic period when many very older adults are likely to have been shielding or chose to restrict their activities, which may mean that the data do not represent the usual picture (nationally or locally in Tameside)
- long-term national trends around excess winter deaths show that deaths increase with age from 75 years onwards and are also typically more likely to be associated with underlying respiratory disease [xx] and seasonal flu, which can be exacerbated by the effects of cold weather
- although it is not known how many adults in this age group experience income deprivation or fuel poverty specifically, DWP data shows that 2,166 adults aged 80+ are currently claiming pension credit which is 22% of the 80+ population as a whole (and 38% of the total 65+ population in Tameside that claim this benefit). There is a reasonable likelihood therefore that some of these adults may experience fuel poverty in the current economic climate, driven by the steep increases in domestic fuel prices
- it is also reasonable to assume that more people of this age group may be living alone (due to the death of spouses and partners) and therefore living on one income/pension. It is feasible therefore that some older adults who have previously coped financially, even on one income, may find themselves in a less secure financial position in the coming years

The future health implications of this unusual combination of circumstances, alongside the additional vulnerabilities associated with very late life, may therefore have significant impacts for the 80+ population living in Tameside in the immediate future and mitigating actions may need to be considered urgently.

b. Adults accessing social care and those with additional support needs

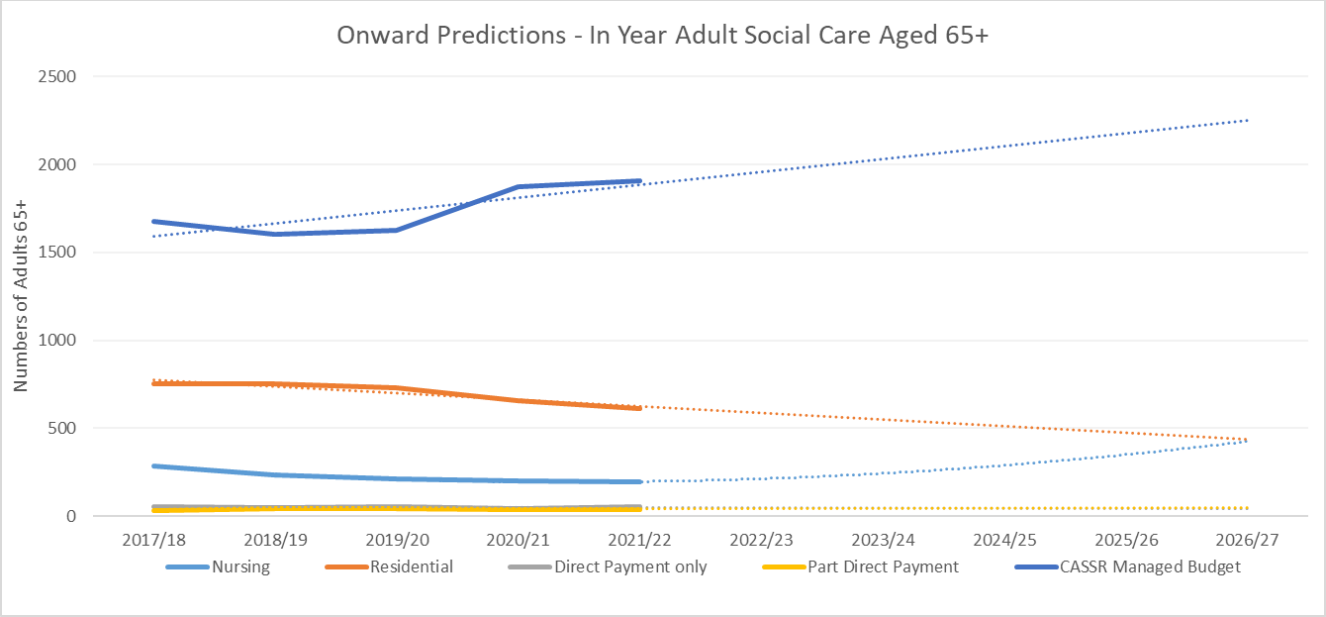
Adults 65+

Overall the numbers of individuals getting older and requiring adult social care support has been increasing over the last five years. The below table highlights the percentage change over time from 2016/17 in the numbers in receipt of care. As the population grows and as the numbers aged 65+ increase, given current levels of demand on adult social care, the predictions over the next 5 years is an overall increase of 15% of those requiring any form of care. This therefore will place increased pressure and demand on the adult social care system.

Table: 65+ adults in receipt of a long-term care package percentage change from 2016/17

	Based on Actual In Year Numbers				Based on Forward Predictions				
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Nursing	-18%	-26%	-30%	-31%	-25%	-14%	2%	23%	50%
Residential	0%	-3%	-13%	-19%	-22%	-27%	-32%	-37%	-42%
Direct Payment only	-15%	-4%	-24%	-5%	-15%	-14%	-16%	-13%	-17%
Part Direct Payment	37%	47%	33%	30%	46%	39%	39%	44%	45%
CASSR Managed Budget	-4%	-3%	12%	14%	17%	21%	26%	30%	34%
Total	-4%	-5%	1%	0%	2%	4%	7%	11%	15%

Graph: 65+ adults in receipt of a long-term care package numbers from 2016/17, with onward predictions for the next 5 years



Adults 80+

As adults reach very late life it is typical for functional social care needs to increase - such as help with personal care, domestic tasks and food preparation - but this is often influenced by an individual's overall physical and mental health and degree of disability. Analysis of Tameside's long-term adult social care packages (for older adults 65+) shows that for the past 3 years around 60% of the total number of long-term care packages have supported adults in the 80+ age range.

Table: 80+ adults in receipt of a long-term care package

	At home with a care package	Extra Care Housing	Extra Care Housing (Supported Accommodation)	Nursing Care	Residential Care	Grand Total	% of total long-term 65+ care & support
2019/20	584	37	8	67	366	1062	**61%**
2020/21	610	31	7	57	332	1037	**62%**
2021/22	650	38	6	63	361	1118	**60%**

As the table shows, home care is the most common support package, which is normally associated with lower frequency and intensity care needs, whilst adults requiring round-the-clock support would normally be supported in residential, or nursing care if they have high clinical care needs or require end of life support. In addition to long-term support, an annual average of 341 adults in the 80+ age range also received short-term reablement support in the 3 years to 2021/22.

OHID data from 2021 shows that Tameside has close to the England average number of care home beds per 100 people aged 75+ and Tameside commissioning colleagues reported that there is currently bed capacity (as at August 2022) in the local residential care home market. Nursing home bed capacity per 100 people aged 75+ is lower than the England average and Tameside has the third lowest level of nursing care provision compared to its CIPFA comparator neighbours. This is a recognised gap in the current social care market, partly driven by the more complex needs seen amongst people entering residential care, which has increased the demand for residential nursing bed capacity and complex dementia care.

These lower levels of capacity in nursing care may also influence place of death for very old adults, as end of life statistics show that Tameside had the highest percentage of deaths in hospital for adults aged 75-84 and 85+ compared to its CIPFA neighbour comparators in 2020. Some commentators also indicated that more in-community infrastructure is needed to deliver increased end of life care capacity to very old adults living in their own homes.

The increase in complexity of need in older adults is also reported by local home care providers, who attribute this shift in patterns of need to people's desire to live in their own homes for as long as possible, and local commissioning and care practices that are motivated to support this.

In line with other observations in this assessment, commentary from service providers working with adults in later life reinforced the idea that the oldest old adults, but also those in the 70+ age group,

appear generally to have low levels of awareness and knowledge of the options available to support and promote their independence and wellbeing as they age. This included simple and enhanced aids and adaptations, technology-enabled care and monitoring services such as pendant alarms and falls detectors, telehealth and telemedicine, and extra care options. It was also noted that for many adults in this age group, even modest charges for care services was a deterrent to accepting support.

In terms of self-care, whilst older adults appear to have a general idea of what self-care involves - and this was typically cited as eating well, staying active and having friends – several service providers that work directly with adults felt that amongst older old adults and their families, understanding about self-care *specific to later life* was often relatively limited. The areas that were suggested are least well understood, include:

Nutrition and hydration
Mental health
Loss of mobility
Early stage dementia

Finally, adult social care data shows a distinct increase in demand for comprehensive social care assessments in the 80+ age group since 2019/2020, as the table below shows. This rise was seen across the pandemic period and may therefore have been skewed by those highly unusual circumstances and a shared awareness of the additional vulnerability of older-old adults. For comparative purposes, there was also a 19% rise in comprehensive assessments seen in the 65-79 age group between 2019/20 and 2020/21, but this levelled off in 2021/22.

If this trend in numbers of assessments in the 80+ age group continues into 2022/23, this may potentially indicate a deterioration amongst older-old adults. Both physical and cognitive deconditioning and loss of functional independence may be an underlying factor in this, which is likely, at least in part, to be a product of the restrictions associated with the pandemic. There are wide anecdotal reports of the deterioration in cognitive functioning of people living with dementia accelerating during the pandemic, which may in turn lead to greater needs around the activities of daily living.

	Number of people aged 80+ who have had a comprehensive assessment during the year	**% increase in assessments compared to 2019/20 baseline**
2019/20	695	-
2020/21	779	**12% (n. 84)**
2021/22	845	**22% (n. 150)**

Adults aged 65 - 80

To compare trends in demand for social care support, between 2016-17 and 2020/21 for the percentage of clients age 65+ accessing long-term support (for a physical or other reason), Tameside has consistently remained in the top 5 Greater Manchester local authorities with the highest percentage of their total service user base needing a permanent package of care. This indicates both consistency of demand year-on-year for long-term care and suggests also that the level of *physical* social care needs (in particular) is higher in Tameside than other areas. This correlates strongly with wider findings from this assessment, which indicate that by the age of 65 some adults in Tameside will be experiencing signs of ill-health, along with earlier onset of disability or mobility issues.

With this in mind, attendance allowance is a benefit for people over the age of 65 who are living with a physical or mental disability and need considerable assistance with personal care or supervision. It is not a financially assessed benefit and is based on the extent of care and support needs. As at February 2022 the numbers of adults claiming attendance allowance in Tameside was 4,819. Whilst high claimant rates of Attendance Allowance might be associated with large very-old adult populations e.g. aged 80+, this is not necessarily the case and it could also be linked to high numbers of adults who have become unwell and dependent earlier in life/retirement. Compared to other Greater Manchester localities, Tameside is broadly in line with several other areas, although Bolton (6,257), Manchester (7,764), Stockport (7,377) and Wigan (7,415) all have significantly higher claimant rates, which may reflect their larger populations and in the case of Manchester in particular, high levels of disadvantage.

However, given Tameside's health and disability profile from the age of 65, maximising attendance allowance for adults with care and support needs is a positive strategy to increase both the general income of older adults and access to support that may assist with independent living, thereby potentially delaying the need for formal social care.

As already touched on in the previous analysis, there has been a shift in demand for social care assessment and care packages in this age group, although the pattern differs from older-old adults. Key observations from the data include:

- Although the demand for social care assessments increased between 2019/20 and 2020/21 by 19% (78 additional assessments) no further notable increases were seen in 2021/22
- The total numbers of people with a long-term care package also reduced in 2020/21 which could be due to Covid-related reduced demand, Covid-related deaths, shielding or wider changes in people's family circumstances in the first year of the pandemic. (A similar small overall reduction was seen in adults aged 80+ but the demand for long-term *home care* packages continued to rise in this age group.)
- The increased demand on social care assessments appears to have largely converted into modest increases in long-term home care packages and relatively small rises in residential and nursing care and support

One of the observations to be made from the service demand and analyses for these different age groups is that although demand/need for social care has increased for both age groups in terms of assessments and long-term care packages, the 'front door' demand in the 80+ age group has continued to rise, whilst it has stabilised for younger-older adults across 2021/22. Given that this data relates directly to activity across the 2 year pandemic period, a series of complex individual, service, social and Covid-related factors will have influenced this, but it is a possible indicator of a more pronounced demand on adult social care in the coming years from adults currently in their late 70s and the 80+ age group. This may be compounded by the difficult economic climate and its broader effects on society.

Common to all adults aged 65+, is that social care assessment leading to a home care package is the most common form of support, with relatively few care and support assessments leading to options like extra care or other forms of supported living. As discussed in the chapter on housing, this pattern of support will reflect the current balance of housing options available to older adults living in Tameside as their care and support needs change in later life. The other implication of this is that the high dependency on the home care market in Tameside is likely to be sustained and there are already recognised pressures on the local home care market, as in many other localities, but this is likely to be more prominent and prolonged in Tameside.

Adults living with serious mental health issues

Although there is not a strong account of the lived experience of ageing with a severe mental illness (SMI), intelligence from research, and services that work with people with an SMI, can direct towards the most challenging aspects of living with and ageing with an enduring mental health condition. However, one of the most important underlying issues is the inequality in physical health experienced by adults with an SMI, partly linked to their condition or secondary symptoms, but also associated with their physical health being overlooked. [xxi]

> *'People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. The life expectancy for people with SMI is 15–20 years lower than the general population. This disparity in health outcomes is partly due to physical health needs being overlooked. Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. Individuals with SMI also have double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia (imbalance of lipids in the bloodstream) than the general population.*
>
> *Individuals living with SMI are not consistently being offered appropriate or timely physical health assessments despite their higher risk of poor physical health. They are not being supported to use available health information and advice or to take up tests and interventions that reduce the risk of preventable health conditions'* p.5

Although due to Tameside's overall socio-economic profile, people living with an SMI in Tameside are living with greater socio-economic disadvantage than other parts of England, positively, they are no more likely to be long-term unemployed, experience homelessness, or smoke – all of which would exacerbate the risk of health inequity.

Although premature mortality and excess mortality under the age of 75 associated with an SMI is increasing generally across England, this data does not yet appear to be available at a local Tameside level. There is also a pattern of men with an SMI being at higher risk of early death than women.

One of the methods to address this increased risk of physical health inequity is an annual health check for people with an SMI via their GP, which was introduced nationally in 2018/19. As at the end of May 2022, year to date data showed that 55% of SMI health checks had been completed across Tameside, against a target of 60%.

Where it is reported in the literature, people who are ageing with an SMI are more likely to experience increased physical illnesses including cardiovascular problems, functional impairment, cognitive deficits, and social disability[xxii], which may be directly due to their illness, but also indirectly

as a result of the side effects of any medication they may have needed to take, or due to secondary symptoms which could include generalised anxiety, low mood, poor diet, or self-neglect. It was also observed that many adults with an SMI are more likely to experience social isolation.

Like other adults in later life, adults with an SMI may fear losing their independence as they age, but for adults with an SMI this may be more specifically related to their continued ability to make choices about their care and support, especially if their mental health deteriorates. Some mental health service providers observed that there is a general gap in the social care market to meet the needs of older adults with an SMI – it was suggested that this extends to home care and care home settings although extra-care was seen to be a positive housing with care option in later life. Some home care providers also observed that they had seen a rise in home care packages for younger adults with complex mental health needs during the pandemic and acknowledged that adults with an SMI required different types of support and care skills, particularly in relation to hoarding and self-neglect.

In relation to dementia specifically, which is a degenerative mental health condition normally associated with ageing, although dementia awareness and diagnosis is seen to have improved in Tameside, and this is borne out by national data, there was a view that dementia education is an ongoing need at a community and professional level. This included up-skilling the health and social care workforce around dementia presentation, including early onset dementia, and the specific care and support needs of adults living with dementia.

Adults living with physical disability

Like other disabilities, physical disability can be lifelong, acquired and/or age-related and the prevalence of a physical disability from birth is largely stable at population level. However, there is a range of evidence that points toward acquired and age-related disability in Tameside increasing amongst adults below the age of 65. Like other disabilities, living with a physical disability can make daily life and access to services much more challenging which can have an effect on equality of opportunity and quality of life. The extent to which Tameside as a borough is disability-friendly may positively or negatively influence the experience of people living with disabilities.

Social care data for the past 3 years indicate an increase in service users receiving both a comprehensive assessment and accessing a package of care for access or mobility reasons, as the table below shows. Again, whilst this data relates to the pandemic period, which could feasibly have influenced demand at the front door, the conversion of assessments into packages of care has risen.

	Adults 18-64 receiving a comprehensive social care assessment	Total number of adults 18-64 in receipt of a package of social care support (for access or mobility reasons specifically)
2019/20	101	238
2020/21	155	278
2021/22	152	301

In addition to local social care data, DWP data shows some correlation around disability-related demand. Disability Living Allowance (DLA) was introduced in 1992 for people who became disabled with a long-term disability or health condition before the age of 65 and who need assistance with personal care or mobility - from 2013 it was replaced by Personal Independence payment (PIP) for new claims. As at February 2022, 6,418 people were in receipt of DLA according to Stat-Xplore, which is a similar total number to other Greater Manchester areas, and of these 3,391 are aged 50+. In addition to this a further 7,926 adults aged 50+ were in receipt of PIP in April 2022.

The Tameside data for both DLA and PIP claims show a noticeable and ongoing rise in numbers of claimants from the age of 50-54 onwards, an age at which it is not uncommon for the accumulated effects of difficult life experiences and disadvantage to begin to show in the health and wellbeing of adults. In total (assuming there are no overlaps in the DLA and PIP data) there are 11,317 adults aged 50+ living in Tameside who already have a significant long-term disability or health condition which they are living with as they age.

It is not possible to cross-reference how many of these adults might also already be accessing social care support, but it will only be a fraction of the 11,000+ adults who are claiming the DLA or PIP benefit. What is perhaps more revealing about these figures is their indication of the overall level of disability in adults aged 50+ and the impact this may potentially have on social care need in the coming years. The availability and quality of appropriate housing, suitable housing adaptation and

social care support in the home will also impact on the quality of life of people living with physical disabilities and mobility issues.

Adults living with sensory disability

Sensory loss can be a lifetime, acquired or age-related degenerative disability in respect of both visual and hearing impairment and in many cases it can also be a hidden disability. In terms of access to adult social care, only a relatively small proportion of people with visual or hearing impairments may access formal social care and an even smaller number may have a long-term need for support due to their sensory disability. Tameside Adult Social Care data shows that the numbers of people accessing a social care package of support due to a primary support need of visual, hearing or dual sensory loss has remained relatively stable over the past 3 years, although some increases have been seen in the 65+ age group in particular. In general, referrals into the service relating to visual loss are higher in number.

Number of people with a primary support reason of visual, hearing or dual sensory impairment			
	18-64	**65+**	**Total**
2019/20	17	44	61
2020/21	16	52	68
2021/22	18	61	79

Conversely, the numbers of 65+ adults receiving a comprehensive assessment has reduced over the past 3 years, however, this may have been due to more limited demand for and access to social care assessment services as an effect of the pandemic.

There are an estimated 6,790 people living with sight loss in Tameside and this number of people is expected to increase by 22% by 2030[xxiii]. Similar to the age profile for social care support, Henshaws (a VCSE organisation supporting people with visual loss) reports that 61% of its Tameside service users are aged 65+. In relation to hearing loss, overall prevalence in Tameside is difficult to approximate, but the RNID[xxiv] estimate that typical prevalence in the UK in later life is more than 40% in people over 50, rising to more than 70% in people aged 70+. This is significant in relation to the rates of disability-free life expectancy at 65 discussed previously, but it is not possible to know precisely the extent to which sensory loss contributes to DFLE in Tameside.

At a population level, the prevalence of sensory loss does not appear to fluctuate significantly and although the UK population has an ageing profile, colleagues working in these services do not anticipate this having an immediate effect on demand for formal social care support relating to sensory loss specifically. This may be partly due to the fact that sensory loss due to aged-related degenerative conditions may be more tolerated and accepted in later life as a normal part of ageing.

However, like many other communities living with disability, there are additional challenges and barriers to living well and maintaining independence with sensory loss in both adulthood and later life. Many of these barriers relate to the lack of consistency in disability-aware attitudes and disability-friendly environments, which can lead to exclusion or greater difficultly in accessing information, advice and services. Particular difficulties that adults with sensory loss may be more frequently exposed to or suffer from include:

- Ease of use of public transport/travel
- Access to communication support such as BSL interpretation or aids such as hearing loops
- Exclusion from essential information, especially written and/or digitally provided information for people with sight loss, however, digital access to information may be an advantage for people with hearing loss
- A sudden change in the level of daily functional support needed to live independently, if family circumstances change e.g. if a partner or family member who offered mutual support suddenly becomes incapacitated
- Social isolation or loneliness, which can be exacerbated by all of the above factors
- An increased risk of dementia for people with hearing loss in later life
- An increased risk of poor mental health, especially amongst people from the deaf or blind communities. In addition, during and following the Covid-19 pandemic, the emotional wellbeing of adults with sensory loss appears to have shifted, with services seeing more self-reported anxiety, loss of confidence and increased levels of complexity in the issues adults have presented with

A particularly positive finding from the conversations with service providers was in relation to the deaf community, which is perceived as being a highly supportive and resilient community and one within which ageing may be a more positive experience, compared to the non-deaf community. Colleagues reported that Greater Manchester's and Tameside's deaf community also has strong intergenerational relationships and creates an enabling environment in which older adults are also actively included.

Adults living with learning disabilities and/or autism

Tameside has recently completed a detailed piece of analysis as part of its Joint Strategic Needs Assessment (JSNA) suite, relating to people living with a learning disability. Prior to and in particular since the Covid-19 pandemic, there has been a growing awareness of the health inequalities faced by people with learning disabilities, the most serious of which is the increased likelihood of an early death, especially from risks which are already known and therefore may be avoidable. However, people with learning disabilities may also be more likely to be exposed to other forms of discrimination or harm because their disability may make them more vulnerable.

The following extracts from the Tameside JSNA highlights some of the main challenges to health, wellbeing and ageing for adults with learning disabilities.

- People with learning disabilities have significantly poorer health outcomes compared to the rest of the population, many of which are avoidable
- Life expectancy for people with learning disabilities is 66 years for males and 65 years for females, which is significantly less than the life expectancy of the general population (80 years for males and 83 years for females) (2018)
- Approximately 50% of people with learning disability have at least one significant physical or mental health problem
- It is modelled that around 42% of people with a learning disability will also have Autistic Spectrum Disorder (ASD), also referred to as autism
- When compared to the general population people with learning disabilities are more likely to have a poor diet, be physically inactive and be overweight or obese
- People with learning disabilities have a higher prevalence of certain long-term conditions, particularly dementia, depression, respiratory illness and diabetes
- Epilepsy is 26 times more common in people with a learning disability than without (2018/19)
- In 2018-19, 5.8% of patients with a learning disability were also recorded as having dysphagia (swallowing difficulties), an increase of 3.2% since 2014-2015

The 2013 Confidential Inquiry into the Premature Deaths of People with Learning Disabilities concluded that delays in diagnosis, specialist referral and treatment and problems with identifying appropriate care for changing care needs contributed to premature mortality

The 2021 LeDeR report[xxv], which was published in Summer 2022 and looks at the most recent position, also makes the following observations:

- 6 out 10 people with a learning disability, compared to 1 in 10 of the general population, will die before the age of 65. However, there is also a relationship between severity of disability and age of death, with people with the most profound learning disabilities, who may also have significant health and physical disability, sadly dying at a much younger age
- Those with epilepsy and from minority ethnic backgrounds are more likely to die even younger
- Less than a quarter of all deaths for people from the general population are considered avoidable, but this rises to *half* of all deaths for the learning disability community

One of the steps to address avoidable health inequalities has been the introduction, largely through GPs, of the learning disability health checks. Positively, as at the end of March 2022, GP data shows that 73% of learning disability health checks had been completed across Tameside, exceeding the 70% target.

This increased likelihood of an early death for adults with learning disability is most probably reflected in Tameside Adult Social Care caseload and referral rates of adults over the age of 65, with the majority of new referrals/assessment and existing service users aged 18-64, as the table below shows.

	Number of people who have had a comprehensive assessment during the year			Total number of people receiving support with a primary reason of learning disability		
	18-64	**65+**	**Total**	**18-64**	**65+**	**Total**
2019/20	36	4	40	447	63	510
2020/21	39	2	41	466	65	531
2021/22	52	1	53	496	59	555

As with other social care needs, Adult Social Care supports only a proportion of the local adult learning disability community, typically those with the most profound and complex needs. The whole adult learning disability community is modelled within the JSNA to be in the region of 3,800 adults, over 70% of whom will have a mild to moderate learning disability. Using this population modelling and comparing the numbers of adults in the two different age groups receiving a social care package, c. 6.7% of adults with a learning disability in Tameside in the 65+ age group are being supported by Adult Social Care in 2021/22, whilst this is c. 15% in the 18-64 age group.

Although the experience of ageing with a learning disability is not well-documented and may be more likely to represent the perspective of carers and family members, NICE has developed specific guidance[xxvi] around how to provide or adapt care and support for people with learning disabilities as they age.

Looking specifically at autism, the National Autistic Society (NAS)[xxvii] estimates that 1 in every 100 people will have autism. Autism is a developmental disability which can affect social interaction, communication, sensory perception, behaviour and emotional regulation and many adults with autism can also suffer from anxiety. Whilst there is limited insight around the experience of ageing with autism, like learning disability, one of the main issues highlighted in relation to the health and wellbeing of adults with autism is a greater risk of social exclusion and challenges in accessing the health and social care support they may need to live well. This was corroborated in conversation with a group of Tameside adults of different ages who have been diagnosed with autism, some of whom also had mental health issues which prevented them from working consistently.

The following extract from NICE guidance[xxviii] summarises the key issues.

'A significant proportion of autistic adults across the whole autistic spectrum experience social and economic exclusion. Their condition is often overlooked by healthcare, education and social care professionals, which creates barriers to accessing the support and services they need to live independently. In addition, autistic people are more likely to have coexisting mental and physical disorders, and other developmental disorders. Some may have contact with the criminal justice system, as either victims of crime or offenders, and it is important that their needs are recognised.'

The NICE guidance also places an emphasis on the implications of late diagnosis of autism as an explicit barrier to accessing support and limits the benefit of 'Reasonable Adjustment' under the Equality Act to adults with autism, which can then impact quality of life and independence. Whilst autism awareness has grown significantly in the past 20-30 years, some practitioners noted anecdotally that older adults with autism are significantly less likely to have been offered or received a diagnosis and therefore less likely to be getting the social and community support they may need to age well.

Some of the adults living with autism who took part in the conversation about their views on and experiences of ageing had received their autism diagnosis in later life and felt that it had been both a revelatory and an enabling experience for them. Other adults currently in mid-adulthood looked forward to accessing community provision for people aged 50+, perceiving it to offer a wider range of social activities and clubs than were currently available to them.

Adults experiencing multiple disadvantage

Although there is yet no formal definition of 'adults experiencing multiple disadvantage', it is fair to say that the term is used to describe adults who are likely to have an accumulated lifetime experience of adversity which undermines their psychological and physical health and wellbeing and which may also impact on their ability to live independently without additional support. There is an overlap with the idea of inclusion health. The UK Government's Changing Futures programme prospectus [xxix] published in 2020 suggests that there are some common characteristics and life experiences that will be shared by these often very vulnerable adults. These are:

- homelessness
- substance misuse
- mental health issues
- domestic abuse, and
- contact with the criminal justice system

The prospectus also acknowledges that for many of these adults, they may have also been exposed to poverty and traumatic or adverse life experiences, they may experience physical ill-health including disability, they may have a learning disability and may lack family connections or support networks.

It is estimated in the prospectus that there are around 373,000 adults in England who may be experiencing multiple disadvantage. Although this is less than 1% of the adult population in England, they are often adults who will intermittently or continuously need high levels of support across their lifetimes.

Because the concept of *adults experiencing multiple disadvantage* is still emerging, it is not currently well-understood how these adults experience ageing or how they can be best supported to age well, but it is fair to assume that their accumulated experiences will lead to a significantly reduced quality of life, compromised health status, and in turn reduced life expectancy. This is borne out in the Greater Manchester-wide Housing First data which suggests that the most common reason to close a referral to the programme was due to the death of the adult, which accounted for 22% of closed cases (as at March 2022).

It is also reasonable to expect that many adults will experience increased healthcare need and levels of dependency earlier in adulthood than their peers of a similar age. However, there is wider evidence that adults who have experienced disadvantage or adversity e.g. long-term poverty, domestic abuse, repeated contact with the criminal justice system, may also be less likely to access health and social care services and support. The reasons for this are varied and might range from a lack of trust in the public sector and previous negative experiences of seeking help, to services that may open at limited times or operate in ways that are difficult for a vulnerable adult to navigate or use.

Therefore, supporting these adults to access routine health support such as preventative health and care services, the identification and diagnosis of emerging health conditions or social care needs, and supporting self-care alongside the self-management of any long-term physical or mental health conditions, using a different model of care, may be the first step in supporting healthy ageing.

In order to understand the characteristics and needs of adults experiencing multiple disadvantage in Tameside specifically, data and insight was gathered in collaboration with colleagues leading the Tameside homelessness and Housing First provision, as a reasonable proxy for adults experiencing multiple disadvantage.

The profile of adults in this group in Tameside, although only small numbers, is broadly similar to the characteristics and histories described nationally, however, some additional characteristics emerged including:

- a largely younger adult age profile with only 5 of the 23 adults accessing the Housing First programme at the end of March 2022 aged 50+
- nearly 80% of the Tameside Housing First cohort are male
- a significant proportion of the adults are care-experienced
- many have a background of trauma or abuse in childhood
- there is a strong likelihood that some of the adults have undiagnosed conditions including learning disability, autism and ADHD
- many will show a degree of self-neglecting behaviour e.g. ranging from low-level intermittent self-neglect to persistent and extreme hoarding

In terms of health and care needs that may support ageing well, many of these adults are reported to have nutritional needs largely relating to poor nutrition, which may also be linked to limited knowledge about food and the skills to prepare food. Social isolation is also a common barrier, affecting both psychological wellbeing and inclusion in typical social and community activities.

In terms of access to healthcare, it was observed that many adults actively avoid medical care and more pressing presenting needs may also mean that discussions about health and wellbeing are repeatedly deprioritised in support conversations and activities. However, there is an opportunity to raise awareness about health and wellbeing with both older adults and adults who have achieved a level of stability in their circumstances and shift the focus of support towards better health, self-care and improving quality of life, which may also help to maintain stability. Given that 68% of the Tameside Housing First cohort were assessed as having a physical health issue and 52% a disability, this would indicate the potential to maximise the management or support of those conditions for the benefit of the individuals.

Whilst this is a very challenging area to apply traditional ageing well thinking and practice, there are still opportunities to enhance quality of life and potentially also reduce the incidence of premature death for adults who have sadly experienced very difficult lives, often across childhood *and* adulthood.

Adults who are carers

As outlined in Ageing Better's State of Ageing report[xxx] and perhaps contrary to expectation, people aged 55-64 are most likely to be carers, with 28% of adults in this age group providing some level of care. However, the steepest increase in adults taking on a caring responsibility happens between the ages of 35-44 and 45-54, which indicates that becoming a carer coincides with mid-adulthood, when people may also have ongoing responsibilities for older children and teenagers (with some carers having a dual caring role) and might also be senior or experienced members of their workplaces. Common across the ages of 45-85, is that unpaid carers providing care and support in excess of 35 hours tend to remain relatively static at around 5-7% of carers, although Centre for Ageing Better State of Ageing data suggests that partner/spouse carers aged 75+ will often be providing comparatively more intensive levels of care.

Based on data collected through the national Adult Social Care Carers Survey in 2018/19, carers in Tameside, particularly those in the 65+ age group, report levels of satisfaction (35%) that are lower than other areas of GM and the North West average of 41%. This is also lower than the satisfaction rating of adult social care service users by a considerable margin. The table below shows the difference for two key satisfaction measures comparing Tameside carers and service users, using pre-pandemic data. Given the heavy caring responsibilities carried by many carers during the pandemic, it is reasonable to expect carer satisfaction to have worsened.

	Service user overall 'satisfaction' 2019/20	Carer overall 'satisfaction' 2018/19	Service user 'enough social contact' 2019/20	Carer 'enough social contact' 2018/19
18-64 age group	67%	44%	55%	23.5%
65+ age group	58%	35%	43%	34%

Colleagues working with and supporting carers reported that the availability of respite outside of social care eligibility criteria is very limited in Tameside which increases carer stress and the ability to cope with the demands of unpaid caring - and can sometimes precipitate the breakdown of care arrangements. In line with other findings in this assessment, it was reported that navigating the health and social care system, and therefore accessing services needed by both carers and the people they are providing care for, can be a challenging experience for many carers.

Wider comments around the affordability of care, and a reluctance by some older adults to spend even modestly on their care and support needs, was reinforced in conversations relating to family carers. It was noted that the inability to pay for or contribute to packages of social care support can create a vicious circle in which families become trapped, with older adults not able to pay for their

care which then increases the unpaid care being provided by family members. This may then result in working-age adults decreasing their working hours, which in turn reduces their own income. This is an important insight that has implications for adults needing support, but perhaps deeper implications for the health and economic wellbeing of family carers.

Based on statistics reported through Stat-Xplore, as at February 2022 there were 3,872 individuals claiming Carers Allowance, a national capped benefit for carers who are of a working age and providing care for at least 35 hours per week - a level of care that is considered to be regular and substantial. Retired adults who are also claiming pension credit may be able to receive an additional top-up sum to reflect their caring responsibilities paid through pension credit. The individual being cared-for must also be claiming a benefit such as Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance.

Across the 10 Greater Manchester authorities, Tameside's carers allowance claimant figure is one of the lowest, with only Trafford, Stockport and Bury seeing lower claimant rates. For comparison, the average number of Carers Allowance claimants across Greater Manchester is 4,936. Because carers allowance is essentially a working age benefit which could apply to anyone caring for another adult for reasons of ageing, ill-health or dependency for example, there is not necessarily a direct relationship with the numbers of older adults in Tameside.

Understanding why Tameside's claimant levels are potentially lower than expected seems to be an important line of enquiry, as it may imply that Tameside carers are losing out on an additional benefit and income to which they are entitled. Seen in the context of decreasing disposable incomes due to the current cost of living crisis, the withdrawal of the locally managed carer grants/direct payments, and the fact that in mid-adulthood some family members will reduce their working hours in order to manage increasing caring responsibilities, maximising carer income has a still greater degree of urgency.

Finally, to give a sense of the main barriers and challenges faced by carers, the NHSE's Commitment to Carers Mind the Gap programme 2021/22 – designed to understand what matters most to carers from particularly vulnerable communities – carers identified the following 5 issues:

- Not self-identifying as a carer
- Lack of awareness of carer needs
- Impact of caring on carer health and wellbeing
- Accessing healthcare
- Financial pressures

Links to references and additional resources

[i] https://www.longtermplan.nhs.uk/

https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

[ii] https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#executive-summary

[iii] https://fingertips.phe.org.uk/profile/healthy-ageing

[iv] Tameside population figures are based on the resident population age profile 2020, found in the OHID Productive Healthy Ageing Profile

[v] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

[vi] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021#population-and-household-estimates-england-and-wales-data

[vii] https://www.health.org.uk/news-and-comment/charts-and-infographics/quantifying-health-inequalities

[viii] https://ageing-better.org.uk/sites/default/files/2021-11/health-inequalities-in-later-life.pdf

[ix] https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england

[x] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)00684-X.pdf

[xi] https://www.gov.uk/government/publications/national-disability-strategy/forewords-about-this-strategy-action-across-the-uk-executive-summary-acknowledgements#executive-summary

[xii] Digital Health Inequities Seminar Series - Older people's access/experience of public services during COVID-19 - 13th July 2022 – presented by colleagues from The University of Manchester: https://www.pankhurst.manchester.ac.uk/research/digital-health-inequities/ and https://arc-gm.nihr.ac.uk/

[xiii] https://ageing-better.org.uk/local-state-of-ageing-report

[xiv] https://www.localhealth.org.uk/#bbox=353723,416199,83911,36392&c=indicator&selcodgeo=E08000008&view=map11

[xv] https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/

[xvi] https://www.tameside.gov.uk/housing/strategy

[xvii] https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/7-living-well-in-older-years and https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/older-people-statistics and https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2018-college-reports/cr221

[xviii] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2018to2020#disability-free-life-expectancy-in-the-uk

[xix] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1010501/HEMT_Wider_Impacts_Falls.pdf

[xx] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2020to2021provisionaland2019to2020final

[xxi] https://www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf

[xxii] https://pubmed.ncbi.nlm.nih.gov/21240715/

[xxiii] Data provided by Henshaws visual impairment support services

[xxiv] https://rnid.org.uk/about-us/research-and-policy/facts-and-figures/#:~:text=Prevalence%20estimates&text=This%20is%20equivalent%20to%20one%20in%20five%20adults.

[xxv] https://www.kcl.ac.uk/news/2021-leder-report-into-the-avoidable-deaths-of-people-with-learning-disabilities

[xxvi] https://www.nice.org.uk/guidance/ng96/chapter/Recommendations

[xxvii] https://www.autism.org.uk/advice-and-guidance/what-is-autism

[xxviii] https://www.nice.org.uk/guidance/cg142/chapter/Introduction

[xxix] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943316/Changing_Futures_Programme_-_Prospectus_for_local_EOIs.pdf

[xxx] https://ageing-better.org.uk/context-state-ageing-2022