

PUBLIC HEALTH



Ageing Well

Supporting Information and Intelligence

I. Summary Document

April 2017





East Riding of Yorkshire Council Public Health Team

Ageing Well – Supporting Information and Intelligence

This document provides a summary of “Ageing Well - Supporting Information and Intelligence” compiled by East Riding of Yorkshire Council Public Health Intelligence Team. The aim is to provide key points to inform recommendations, target interventions and potential commissioning decisions.

The World Health Organisation (WHO) states that most countries in the developed world agree the definition of an older person as 65 years and over. Most of the supporting information summarised here uses this age range, however some sources are slightly younger or older (60+ or 75+). Comparisons with East Riding can be made against England Averages and with “nearest neighbours” – local authority and CCG areas that allow comparisons in terms of social and economic features to facilitate statistical comparisons.

Characteristics of ER

East Riding of Yorkshire is the largest unitary authority in England, covering 2,479 square miles. The population is predominantly White British, with half the population living in dispersed rural communities, the largest settlements are Bridlington, Beverley, Goole, Cottingham and Hessle.

Inequalities are highlighted by Lower Super Output Area Indices of Multiple Deprivation (LSOA IMD) scores with the areas in and around Bridlington, Goole, Drifffield, Hornsea, Withernsea and some parts of Beverley and Cottingham experiencing the greatest multiple deprivation.

Population Structure

The East Riding has a higher than average older population and lower than average younger population compared to the England average and our “nearest neighbours”. The proportion of people aged 65 and older (in 2014 at 24%) is also expected to increase at a much higher rate than the national average, to 33.5% by 2039. Elderly population figures are also represented at ward level and those with the largest numbers of older residents correspond with some of the LSOA IMD scores; Bridlington and Holderness particularly in this respect.

Healthy and independent living - Support Needs

Household characteristics are described in Experian’s Mosaic Public Sector tool and provide some insight into ward level need. The segments of particular interest describe older people or retired people with support needs, including single older people and those living in rural / coastal areas. Highlighted wards are:

Bridlington South, North, Central and Old Town, Cottingham North and South, North, South East and South West Holderness, Beverley Rural, South Hunsley, East Wolds and Coastal, Wolds Weighton.

Isolation and Loneliness

When we examine data on living alone, which can contribute to feelings of loneliness (there are well documented links of the impact of loneliness on both physical and mental health) we again see that although nationally we compare favourably there are still ward variations in people living alone. 49% of Adult Social Care Service Users have as much social contact



as they would like, this is higher (but not significantly) than the England average of 45% but still means that over half of the people with an assessed social care need would like to have more social contact.

The Data Observatory has estimated potential loneliness in over 65s via a range of criteria, including living alone, having day to day activities limited a little or a lot and barriers to Housing and Services. North Goole, Broomfleet, Paull, Withernsea, Barmston, Carnaby and Cottingham are highlighted.

Income deprivation

This is significantly lower amongst older people than the England average, with ERY situated centrally compared to “nearest neighbours”. However four wards experience a notably higher proportion compared to ERY average, of older people living in poverty; Bridlington South, Bridlington Central and Old Town, Goole South and South East Holderness.

Unpaid Carers aged 65+

In 2015 there were estimated to be 11,500 unpaid carers aged 65+ in East Riding. This is projected to increase to 15,000 by 2030. Mid Holderness, Beverley Rural, Tranby, Bridlington North and South Hunsley are the top 5 wards in respect to numbers of people in this situation.

Transport

The rural nature of East Riding can make accessing services, employment and education a challenge. Census data (2011) provides us with a picture of vehicle ownership. Bridlington, Goole, South Cottingham, Tranby and South East Holderness have the highest percentage of households with no car ownership. The Data Observatory has examined availability of good coverage of bus routes and these tend to be focused on links from main population centres surrounding Hull, Beverley, Driffield, Beverley, Pocklington, Hornsea, Withernsea, and Cottingham. Even then journey times may be lengthy due to the circuitous routes encompassing B roads.

Life Expectancy at 65

This indicator measures estimated survival of people reaching 65. This has seen an upward trend for both men and women since 2000 but with the women’s rate flatlining more recently. For East Riding men in 2014 this was 19 years and for East Riding women 21 years. This is very similar to the England average but is significantly lower than our “nearest neighbours”. Again there are variations across East Riding with Bridlington South being significantly lower for men than the ER average and Bridlington South and Hessle being significantly lower for women than the ER average.

Healthy Life Expectancy

This is an estimate of the average number of years a person is expected to live for in “very good” or “good” health. The most recent data (2011-13) is 65.2 years for males and 66.7 years for females. Although this is significantly higher than the UK average and compares well to our “nearest neighbours” it is important to consider this in relation to the gap between Healthy Life Expectancy and Life Expectancy at 65.

Disability Free Life Expectancy at 65 years

For both East Riding Males and Females during 2012-14 this was 11 years which is slightly better than both the England Average and our “nearest neighbours”.



Long Term Conditions

Disease prevalence is reported from GP practice registers which provide information from patients of all ages and isn't age standardised, so this data does have some limitations. However it is useful in that it demonstrates an increase in prevalence from 2006 to 2015 across the following conditions and pinpoints places of highest prevalence. The increase could have occurred for a number of reasons, e.g. the ageing population, improved diagnosis rates. Prevalence rates are higher than the England average, but this would coincide with our ageing population in comparison to the whole of England.

- **Hypertension:** generally a higher prevalence in the Bridlington practices, with prevalence mainly above the England average. Undiagnosed prevalence is also of concern with the number across ER being diagnosed is 60% of expected prevalence.
- **Obesity:** a higher prevalence in Bridlington (Wolds View practice at nearly 25%).
- **Diabetes (type 1 and type 2):** practices in Bridlington and Holderness have higher rates.
- **CHD:** Bridlington generally has a higher prevalence as does South Holderness.
- **COPD:** a higher prevalence in the Bridlington practices and South Holderness.
- **Dementia:** prevalence data gives rise to more concern over the increase related to the ageing population rather than on a geographical basis. We have 0.9% of the ER practice population on the dementia register.
- **Age related macular degeneration:** prevalence also projected to rise with the ageing population

Whilst there is no specific data related to numbers of people living with multiple long term conditions in the East Riding, information can be extrapolated from a range of sources that pull together evidence describing that numbers of long term conditions experienced by an individual increase as they age and are more prevalent in people living in more deprived communities. Additionally, the most deprived experience greater co-morbidities of pain, depression and anxiety. In 2015, in ER, we can estimate that at age 60 years and over 58% experience a long term condition and 25% had two or more.

Falls and fractured neck of femur

The 65+ age group has the highest risk of falls which are the largest cause of emergency admission within this age group. Estimates are that 30% of older people living at home will experience a fall at least once a year, which increases to 50% for 80+ residents in care homes. East Riding data is significantly lower than England for 65-79 year olds but there is an increase for the 80+ age group, similar to the England average. Mortality is high from a fractured neck of femur (hip fracture) and for those that recover there is often a loss of mobility and independence. There is no significant variation in rates for fractured neck of femur compared to England; however South East Holderness, Hessle, Goole and Cottingham have the highest rates in East Riding.

Alcohol

The impact of alcohol is considered through a range of data, including hospital admissions and the impact on cardiovascular disease and cancer. Whilst in general alcohol admissions in East Riding are lower than the England Average, cardiovascular related alcohol admissions are a concern with Bridlington and Goole showing elevated rates compared to the East Riding average.



Vaccination

The Seasonal Flu Co-ordination Group ensures co-ordinated activity to maximise uptake of the flu vaccination against targets, including amongst older people 65+ and anyone with long term health conditions. Shingles immunisation is now being offered to people 70+ with the programme being administered by GPs.

Mortality

Looking at causes of death at all ages, the highest rate is for Heart Disease, then dementia, then lung cancer. Under 75, 75% are from cancer, the largest incidence being lung cancer, COPD is also prevalent.

Age-standardised rates for premature mortality (under 75) show significantly higher rates compared to East Riding for all-cause mortality in Bridlington South, Hessle, Goole South, Snaith, North Holderness and Driffild and Rural. Cancer has significantly higher rates in Bridlington South and Hessle. CHD and CVD are significantly higher in South Bridlington. COPD is significantly higher in Goole. Dementia mortality is significantly higher in Snaith, Hessle, Goole North, Bridlington South and North Holderness.

Excess Winter Deaths in 85+ - East Riding is not significantly different to the England Average or our “nearest neighbours”, for all persons. However for ERY males aged 85+, excess winter deaths are significantly higher than England. Death at the usual place of residence is considered to be more desirable than in hospital or hospice and East Riding rates have been rising and are better than the England Average.

In conclusion, East Riding has a proportionately larger older population, predicted to increase into the future, prevalence of multiple long term conditions in older people related to inequalities in specific locations such as Bridlington, South East Holderness Goole. The rural nature of East Riding creates particular challenges in relation to access to services and social connections. Recommendations on methods to address these challenges and an implementation plan can be seen in accompanying documents.

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